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MOTHERS' VOICES: A NARRATIVE STUDY OF THE EXPERIENCES AND PERSPECTIVES OF MOTHERS RAISING SCHOOL AGE CHILDREN WITH DISABILITIES IN ONE OF ZIMBABWE'S URBAN AREAS

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DISSERTATION

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DEDICATION

I would like to dedicate this dissertation to my parents, and older brother [who was my first English language teacher/mentor] whose ideals of hardworking and never giving up easily, continue to inspire and shape my experiences in varied ways. My mother always said that everybody is capable of succeeding with the right tools, opportunity, and exposure. She taught me to face challenges with a smile and laughter whenever possible, which sustained me as I was working on this dissertation. I would also like to dedicate this study to the participants who took time off their busy schedules to talk to me. Their stories of resilience in the face of so many challenges encouraged me to keep on working on this research to project their voices. To my wonderful cheerleaders: my husband, children, and siblings who were always there, supporting me throughout this journey especially when I would cry, stumble, rise again, and fight on, thank you for believing in me, and for all your unwavering support.

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ABSTRACT

This narrative study examined (1) how women raising school age children with disabilities in one of Zimbabwe's urban areas, articulated and conceptualized (a) their children's disabilities and (b) their experiences as mothers of children with disabilities and (2) how their social status, marital status, age, ethnicity, and/or race intersected with their experiences of raising children with disabilities. A localized understanding of how mothers view their children's disabilities was important because it influences results of any interventions their children might receive. Eight participants volunteered to have three interviews each, with me. Utilizing the social construction of disability, intersectionality, and thematic analysis in Dedoose [an online software] to analyze the interview data, three major themes emerged: *six A's of access*, *identity construction, reconstruction, and deconstruction narratives,* and *coping mechanisms*. Results show that participants conceptualized their children as diverse individuals who were good children, capable children, and children like any other children. Some mothers viewed their experiences of raising their children with disabilities as "a battle" and "a problem" to emphasize how raising children with extra needs could be challenging and that these children need parents who fight like warriors fighting a "battle" for them to be successful. Additionally, participants' religion, ethnicity, race, nationality, gender, the country's economic situation, social, economic, and marital statuses were some factors that combined in ever-changing and mutually compelling ways to fashion their experiences. Results also point to the need for parent and teacher education, appropriate and contextually relevant resources, services, and supports for students with disabilities in Zimbabwe.

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Chapter 1

Disability is viewed differently across the globe (Reid-Cunningham, 2009). For instance, McDermott and Varenne (1995), commenting on what physical disability can be, noted that “depending on how a physical difference is noticed, identified and made consequential, the lives of those unable to do something can be either enabled or disabled by those around them” (p. 328). These authors further acknowledged that in some instances, a behavior that is considered a simple deviation from the social norms in one culture carries different connotations in a culture that uses that difference for shame. This observation is supported by the results of a study that investigated how Bengali families viewed what constituted normality as well as cultural understandings of intellectual disability. The results suggest that families and professionals viewed intellectual disability differently in India than in the US (Rao, 2006). According to Rao (2006), families used different benchmarks to determine what constitutes intellectual disability. Families’ perceptions of intelligence were different from what professionals ascribed.

In the same vein, Reid-Cunningham (2009), also noted that different cultures understand disability differently. According to Reid-Cunningham, the literature suggests that many Australian Aborigines associate disability with social or ritual disobedience. In addition, some African cultures associate disability with witchcraft (Reid-Cunningham, 2009). Similarly, results of a study by Daudji et al. (2011) suggest that different social and cultural factors, ranging from conventional South Asian to Western biomedicine, influenced how South Asian immigrant mothers viewed their children’s disabilities. This, in turn, influenced the kind of interventions their children received. All this suggests that the way disability is conceptualized and viewed by different societies influences the way individuals with disabilities are treated and the services they receive (World Health

Organization, 2017). Extrapolating from this, the ways mothers perceive their children's disabilities has implications on how they treat, talk of, and feel about them.

Experiences and Perspectives of Mothers Raising Children with Disabilities

This study focused on women with school age children, in one of Zimbabwe's urban areas. To understand mothers' perspectives and experiences of raising children with disabilities, I reviewed research specific to women who were mothers of children with disabilities, which I describe in greater detail in Chapter Two. The results of this review suggest that mothers have many different experiences, some positive and rewarding, and others negative. For instance, some mothers reported a variety of positive changes such as the ability to achieve individually set goals, change in personal resourcefulness, and improved relationship with others and in faith/spirituality (Konrad, 2006). Some mothers viewed their children and others with disabilities positively because they believed that it was destiny (karma) that caused their children's disabilities (Huang, Fried, & Hsu, 2009; Ying-Ting, Fried, & Tsu-Hsuan, 2009). While some research studies suggested that some mothers had positive and rewarding experiences, other studies reported negative experiences. In general, those negative experiences emanated from the negative treatment those mothers received from society. For instance, some fathers refused to accept their children with disabilities (McHatton, 2007; Shang & Fisher, 2014). Some mothers reported experiencing social discrimination and inadequate social support as there was local failure in the implementation of national policies, social services, and income support (Shang & Fisher, 2014). In a different study, mothers reported wrestling with either staying home with children who had severe behavioral conditions due to autism spectrum disorder or placing their children outside of the home, either in a residential treatment care facility or a foster-care home (Corman, 2013). As Corman discovered, several mothers felt that placing their children in some care facilities meant going against modern cultural norms and beliefs that encourage staying home with their children who have disabilities. However, the mothers in this study reported that they chose to take their children into some care because they did not have a choice. Instead of blaming themselves, these mothers saw themselves as good mothers who could make decisions that could safeguard every family member's interests. They realized that lack of enough and appropriate resources and interventions for their children escalated their children's behaviors, thereby making it unsafe for other family members. Consequently, lack of appropriate resources was responsible for their children's difficulties, hence their decision to put them in residential treatment care. I discuss the full extent of how women communicated their experiences and perspectives in the literature review in Chapter Two.

In line with the literature regarding the perception of disability elsewhere, some people in Zimbabwe view disability negatively (Mandipa & Manyatera, 2014). For instance, many people still view disability as related to the mother's witchcraft. This association of witchcraft and mothers has implications for how these mothers are treated. In addition, many children with disabilities have limited opportunities to attend school (Mandipa & Manyatera, 2014; Ncube & Hlatywayo, 2014). During economic hardships, when some families can no longer afford to pay school fees, they remove children with disabilities from school first (Chitiyo & Wheeler, 2004). Those children with disabilities are then not given educational opportunities, thereby violating their human right to access education (Mandipa & Manyatera, 2014; World Health Organization, 2017). Children with disabilities still suffer from inequalities despite the fact that Zimbabwe is a ratifier of the Convention on the Rights of Persons with Disabilities Treaty as of year 2013 (United Nations Treaty Collection, 2016).

Education is considered a gateway to success in Zimbabwe, as in most other countries. Given this, it is important for all people to access it so that they can fully develop their potential. It was against this background that I was convinced that it was important to examine how women in Zimbabwe who are raising school age children with disabilities, articulate and conceptualize their children's disabilities, because how they view and articulate their children's disabilities and experiences, influence their children's interventions. When I embarked on this study, very little was known about Zimbabwean women's experiences and perspectives of raising children with disabilities. I also believed that it was important to investigate how their social status, marital status, age, ethnicity, and/or race intersected with their experiences as mothers of children with disabilities.

Background of the Problem

To understand the problem, it is important to provide a brief educational, social status, and geographical context of women, and their children with disabilities in Zimbabwe. Zimbabwe is a landlocked country in the southern part of Africa. Zimbabwe shares borders with Botswana to the west, Zambia to the north, Mozambique to the east, and South Africa to the south. A former British colony, Zimbabwe gained independence in 1980 (Chitiyo & Wheeler, 2004; Shizha & Kariwo, 2011). As Meekosha and Soldatic (2011) observed, poverty, mismanagement of economy, and dependency are the aftermaths of colonialism. Colonial legislation put in place to discriminate against the majority number of black Zimbabweans also increased women's economic reliance on men (Gaidzanwa, 1994). Ninety five percent of the population in Zimbabwe is Black, and the rest are White, Asian, and people of mixed race (Shizha & Kariwo, 2011). However, during colonialism, the small number of White people was in control of politics and economy of Zimbabwe. Although the black majority gained political power after independence, the white minority still held onto the economic resources, inequitably. Economic inequalities based on race, still exist in Zimbabwe and Black women are affected the most since they rely on men economically, as Gaidzanwa (1994) noted.

Language. English is the formal language in Zimbabwe (New World Encyclopedia, 2013; Simons & Charles, 2017). In addition, English is a native language to a few White people of predominantly British descent, as well as colored people of mixed races who comprise 2% of the Zimbabwean population (New World Encyclopedia, 2013). The rest of the population speaks Bantu languages, which include Chichewa, Ndebele, Shona, Tonga, Tsonga, and Tswana (New World Encyclopedia, 2013; Simons & Charles, 2017). About 76% of the Zimbabwean population speaks Shona and 8%, Ndebele (New World Encyclopedia, 2013). A majority of Zimbabweans speak English, although people in the rural areas use mostly local Bantu languages (New World Encyclopedia, 2013).

Zimbabwe's current economic situation. Zimbabwe's economy depends heavily on agriculture, mining, and manufacturing (Mutepfa, Mpofu, & Chataika, 2007). However, in 1991, Zimbabwe adopted an economic policy known as the Economic Structural Adjustment Program (Chitiyo, 2006; Riphenburg, 1997). This economic program was meant to stimulate economic growth and reduce poverty, but the opposite happened. This occurred because the government needed to borrow money from the World Bank and the International Monetary Fund (IMF). These institutions demanded that the government meet certain obligations “in the areas of budget deficit reduction, fiscal and monetary policy reforms, trade liberalization, public enterprise reforms, deregulation of investment and labor, and price controls” (Riphenburg, 1997, p. 33). This program negatively affected those in small businesses and informal sectors as the country's economy deteriorated (Riphenburg, 1997). In addition to the Economic Structural Adjustment Program, the Zimbabwean government embarked on a land redistribution program meant to empower the indigenous people. Instead, as Chitiyo (2006) observed, the land redistribution initiative created controversy and many people questioned its integrity. The land redistribution program's implementation spawned instability and many Non-Governmental Organizations (NGOs) and charitable organizations, as well as countries that used to fund and assist Zimbabwe, pulled out or reduced their economic support. Special education programs, which relied on financial support from donors, suffered greatly (Chitiyo, 2006). Additionally, more recently, Zimbabwe has suffered from terrible droughts and floods that have had a negative economic impact.

At the time of this study, Zimbabwe had adopted the U.S. dollar to curb inflation. However, there were serious shortages of this currency in the banks and people were scrambling to withdraw funds, standing in lines at banks all day long, but the shortages were becoming more critical. People who had bank cards were being advised to use them where possible, such as when buying groceries in shops. The government had also tried to ease the shortage of money by introducing bond notes that would only circulate within Zimbabwe. However, that did not seem to help, as shortages of money continued. Doing business for many people was getting tougher every day.

Zimbabwe is among the countries that are also fighting and trying to cope with the impact of HIV and AIDS (Chitiyo, 2006). This disease has left many children orphaned, which has implications for their health and disabilities. The government also shifted the available funds from many programs, including special education, to fight this disease. This further derails any development for special education programs (Chitiyo, 2006). Zimbabwe's economy has continued this downward spiral since the introduction of the aforementioned policies. There have not been any marked alternative policies to improve the economy because Zimbabwe had the same government since it attained independence in 1980, even though a different president was sworn in recently in 2018. Thus, the political and economic atmosphere of Zimbabwe, at a policy level, has great implications for the education of children with disabilities.

Education in Zimbabwe: 1980 to present. Education in Zimbabwe is not free. Parents pay school fees for their children at all levels of primary education throughout university level. They also pay for their children to write examinations. In cases where children do not have enough money to pay the examination fee but are allowed to write their examinations, they might not be allowed to obtain the results before paying the required examination fee. Private schools, including church-run mission schools, charge relatively higher fees than government-run schools, whether these are boarding or day schools. Due to the economic woes the government is experiencing, there are few grants and loans available for university students. Students at all levels can obtain financial assistance from private donors, if one gets to know of specific programs they offer. These monies, however, are limited.

Primary education: Grades 1-7. With the attainment of independence in 1980, the Zimbabwean government made great efforts to ensure that education was freely available to every child. This was because officials understood that education is both a human right and the most important way of achieving equity. This initiative boosted the Zimbabwean literacy level to above 90% (Chitiyo & Wheeler, 2004; Gordon, 1994; Mutasa, 2000; Riphenburg, 1997; Shizha & Kariwo, 2011). The Ministry of Primary and Secondary Education is in charge of primary and secondary education in Zimbabwe. The legal age of entry into primary school in Zimbabwe is six years. A smaller number of students start at five or seven years old. Primary education consists of seven years.

The language of instruction is English. Shona and Ndebele, the two major indigenous languages, are taught as separate subjects in regions where people speak those languages. In rural schools, students begin learning in their indigenous languages, but by Grade three all reading and writing materials are provided in English, except materials for the two major indigenous languages, Shona and Ndebele. Zimbabwe has a national curriculum. At the end of their first seven years of schooling, students write a national Grade 7 examination in Math, English, Content [a combination of sciences and social sciences], and Shona or Ndebele. Aside from the Shona or Ndebele portion, this examination is administered in English. Grade 7 students compete for Form 1 places in private secondary schools on the basis of their Grade 7 examinations, as well as by writing school-based interviews and placement tests. The rest of the students proceed to Form 1, joining government- and rural- or city council-run schools, whether they pass Grade 7 exams or not.

Secondary education: Forms 1-6. Secondary school consists of two levels: a four-year ordinary ("O") level (Forms 1-4) and a two-year advanced ("A") level (Forms 5-6) curriculum. Form 1 students are usually 12-13 years old. Zimbabwe stopped offering a national Zimbabwe Junior Certificate examination for Forms 1 and 2 in 2001. Since 2001, Zimbabwe has maintained the same curricular framework for Forms 1 and 2 education, with math, science, English, history, and Shona/Ndebele, as core subjects. In addition, students choose one practical subject, such as woodwork, fashion and fabrics, building, or agriculture. There is no national examination for these forms. Forms 3 and 4 are comparable to Grades 10 to 11 in the US. At this stage, students in government and rural schools often take up to nine subjects. In private and mission schools, students who can afford it can study more than nine subjects for the "O" level examinations, which are written at the end of Form 4.

From the early 1990s up until 2002, the Zimbabwe Schools Examinations Council (ZIMSEC), in conjunction with the University of Cambridge International Examination General Certificate of Education system, set and graded “O” level examinations in Zimbabwe. This move localized the setting and grading of Zimbabwean examinations. The year 2002 saw the fast-tracked localization of examinations. As a result, some independent/private schools adopted and started to offer the British Cambridge International General Certificate of Secondary Education (IGCSE) examinations, while others now offer IGCSE exams in addition to ZIMSEC exams (Teach for Zimbabwe, 2013). Students who can afford the IGCSE examination fees can write the IGCSE examinations. A student needs to pass these examinations with at least a “C” grade or better. Grades of D, E, and U are failing marks. The English and mathematics “O” level examinations function as gatekeepers, as students cannot proceed to colleges or universities without them. Entrance into “A” level programs is quite competitive. Only those with the best grades manage to find a high school place for an “A” level program. As such, many “O” level students who do not qualify for an “A” level program go back to small-scale farming, join the informal or formal work force, or attend vocational-technical schools, nursing, or teaching colleges.

Students choose at least three subjects among science, commercial, and art subjects to study for Forms 5 and 6. A limited number of gifted students pick four subjects. Additionally, many “A” level students take English for Communication. This is an examination that evaluates English academic writing proficiency.

Higher education. The Ministry of Higher and Tertiary Education, Science and Technology Development is responsible for the twelve universities across the country (Ministry of Higher and Tertiary Education, Science and Technology Development, 2016). Two of these universities are private universities. There are also nine primary and three secondary teacher's colleges (Ministry of Higher Education, Science and Technology Development, 2016). In addition, Zimbabwe has Polytechnics and Information Technology and Communication Services colleges, two of which offer Bachelors of Technology degrees (Ministry of Higher Education, Science and Technology Development, 2016). Only teachers with prior general education qualifications attain a special education teacher certification (Mutepfa et al., 2007). The curriculum underscores pedagogy, child development, and the learning needs of exceptional children in general (Mutepfa et al., 2007). The curriculum prepares teachers to work with students with intellectual disability, visual impairments, and hearing impairments (Chitiyo, 2006). Therefore, most teachers come out of these colleges with little or no knowledge of working with students with other learning needs.

Students with disabilities' education. The Zimbabwe Ministry of Primary and Secondary Education has different divisions. According to Mutasa (2000), the Schools Psychological Services and Special Needs Education department exists within this ministry. This department identifies, evaluates, and places children with special education needs in Zimbabwe (Council for the Blind Zimbabwe, 2017). In addition, it is responsible for "in-service training and support in the application of applied behavior analysis and teaching of students with disabilities" (Mutepfa et al., 2007, p. 342). Mutasa (2000) acknowledged that because of a policy that seeks to integrate students in general education classrooms, special needs education is now offered by the general school section. Children with disabilities receive different forms of educational services in some general education schools, which include "resource centers for children with visual impairment, special classes for children with specific learning difficulties and resource units for children with hearing impairment" (Mutasa, 2000, p. 925). However, these kinds of supports are not adequate, as they do not target individual student needs

(Mutasa, 2000). Mutepfa et al. (2007) and Ncube and Hlatywayo (2014), outlined four types of curricular options available for children with disabilities in Zimbabwe. The first option is the "locational inclusion" (Mutepfa et al., 2007, p. 343). According to Mutepfa et al., under this option, students who require extensive to pervasive supports attend general school but are taught in segregated resource rooms and do not have access to the full national curriculum and examination, both of which are needed to move to secondary school. Their learning goals comprise guidance in simple self-care and social skills and after primary education these children leave school (Mutepfa et al., 2007).

The second option is "inclusion with partial withdrawal" (Mutepfa et al., 2007, p. 344). According to Mutepfa et al., students identified for this option attend general education classrooms for most of the day, but resource teachers pull them out to resource rooms for math and reading. This option is typically given to students who have intellectual disability, hearing impairment, or visual impairment, and who need intermittent to limited supports. A tiny percentage of these students write the examination required for secondary school education (Mutepfa et al., 2007).

The third option is "inclusion with clinical remediation" (Mutepfa et al., 2007, p. 344). Students take the full curriculum in general education classrooms and receive instruction that is meant to address specific problem areas individual children experience. These services are provided when the child needs them outside school hours (Mutepfa et al., 2007). According to Mutepfa et al., Specific Learning Disability is targeted under this option. In addition, a team of general education teachers offers two hours per week to students who need such remediation. Students' performance in general education classrooms help to identify areas that need improvement. Some high schools utilize this option too (Mutepfa et al., 2007).

The fourth option is the "unplanned or de facto inclusion," where children receive the complete national curriculum in general education classrooms (Mutepfa et al., 2007, p. 345). According to Mutepfa et al. (2007) and Ncube and Hlatywayo (2014), unplanned inclusion is the most common type of program for students with disabilities in Zimbabwean schools. Parents and guardians place their children in these regular schools because they have inadequate choices. As such, many parents are forced to withdraw their children with disabilities from school before the end of primary school education because many of these schools lack necessary resources for students with diverse educational needs (Mutepfa et al., 2007; Ncube & Hlatywayo, 2014).

Even though more than 90% of Zimbabwean teachers hold college degrees in education and some additionally have graduate degrees, many are not adequately trained to teach students with disabilities (Mutepfa, et al., 2007). Chitiyo (2006) acknowledged that programs introduced in universities and colleges do not prepare teachers to work with children who have different types of disabilities, with the exception of intellectual disability, visual impairment, and hearing impairment. All children in Zimbabwe are entitled to be in school by law, but students with severe disabilities are generally discouraged to be in schools where the general classroom teachers regard themselves as unqualified to teach these students (Mutepfa et al., 2007). Many students are forced to drop out as a result.

Education in Zimbabwe has been a contributory factor to developing life skills (Shizha & Kariwo, 2011). To try and address the disparities perpetrated during the colonial era, the government made primary education free. This increased enrollments at all levels. However, the government ended up with a big budget for educational services by the1990s (which was also partly caused by Economic Structural Adjustment Program) and was forced to introduce tuition fees (Riphenburg, 1997; Shizha & Kariwo, 2011). With time, education, especially at higher levels of secondary and university, became expensive (Shizha & Kariwo, 2011). This has had adverse implications for children with disabilities. These implications stem, at least in part, from some Zimbabweans who view disability negatively and so, in some families, when school tuition is not enough for all children to attend school, it is the children with disabilities who are pulled out of school first (Chitiyo & Wheeler, 2004). In addition, the government shifted the available funds from many programs, including special education, to programs considered more urgent such as fighting AIDS. In other words, in times of economic hardships, because they are lower priority, the needs of children with disabilities get negligible attention.

Thus, the government's vision to expand education for all does not equitably include children with disabilities and their families (Gordon, 1994). This is because little was and is still being done to advance education for children with disabilities. For instance, Ncube and Hlatywayo (2014) noted that policies and legislation do not support the individualized education programs of children with disabilities. Hence, during economic troubles, many children with disabilities do not have access to school or medical treatment. Churches and other non-profit organizations help, but this help is limited to a few children (Mandipa & Manyatera, 2014). Those who live in remote areas have especially reduced access because services are scarce, and information is harder to come by.

Zimbabwean women's education: Implications for their social status. In this section I discuss the history of education for women in Zimbabwe, beginning in the colonial period in 1890 to 1980 when Zimbabwe gained independence.

Women's education in colonial Zimbabwe 1890-1980. Typically, women in Zimbabwe have been responsible for taking care of the whole family. As such, Zimbabwean women's education has great implications for the way they view and articulate their children's disabilities and their own experiences of taking care of their children with disabilities. Before colonialism, women were both producers and reproducers. However, British settlers arriving in the late 19th Century brought policies that treated women as dependents of men, establishing the inequalities of the sexual division of labor in Zimbabwe (Gaidzanwa, 1994; Seidman, 1984). Under the white colonial rule from 1890 to 1980, education for black children was neither free nor compulsory. In contrast, it was both free and compulsory for white settlers' children (Gordon, 1994; Shizha & Kariwo, 2011). In addition, while it was hard for the black majority to access education during this period in general, it was particularly difficult for black girls to get formal education (Seidman, 1984). Seidman also noted that during that time, colonial educational administrators forced girls who became pregnant in school to drop out. This practice is still prevalent today, thereby further reducing the number of girls who complete school. As a result, Seidman (1984) contended that women in Zimbabwe generally produced commodities related to domestic skills they learned when growing up.

When men later started migrating to the cities to work in factories and white farms during the same colonial era, black women stayed back "in the overcrowded, eroded tribal trust lands where they were responsible for feeding children, the aged and infirm from what they could scratch from the soil" (Seidman, 1984, p. 423). The men received low wages and could not afford to send money back home to support their wives (Seidman, 1984). As a result, women increasingly took more responsibilities with limited resources. According to Seidman (1984), these women sometimes migrated to the cities to sell farm produce to supplement incomes. Teaching and nursing were professions that were mainly reserved for women. Girls who managed to attend school had to follow homemaker curricula similar to the one for women in the traditional Western countries (Seidman, 1984). This manner of treating women did not take into consideration the central role that Zimbabwean women played and still play in agriculture (Seidman, 1984). The end result has been very few women owning land.

Women's education in the independent Zimbabwe. As aforementioned, at independence in 1980, the Zimbabwean government made remarkable efforts to ensure that education was readily available to every child, as officials understood that education is both a human right and the most important way of achieving equity (Chitiyo & Wheeler, 2004; Gordon, 1994; Mutasa, 2000; Riphenburg, 1997; Shizha & Kariwo, 2011). Zimbabwe is largely a patrilineal society and in traditional family structures, women have limited voice and their experiences are often not taken seriously (Riphenburg, 1997). In extreme cases, "the male has ultimate decision-making power, controlling all forms of property including his wife" (Riphenburg, 1997, p. 34). However, Riphenburg acknowledged that the Zimbabwean government has made great strides in enacting laws that safeguard women and personal status. For instance, the Legal Age of Majority Act of 1982 changed the status of women within the family and made all Zimbabwean women legal adults once they become eighteen years old. This gave women the right to sign and enter into contracts although many women, especially those in rural homes, do not really understand this law. These women reportedly feel that it allows for children to become morally decadent (Riphenburg, 1997). Riphenburg also discovered that many women still experience injustices because they are not aware of the laws that protect them, and authorities do not systematically and consistently enforce these laws. As such, women continue to face injustices that in turn affect how they take care of their children, including those with disabilities.

The Legal Age of Majority Act also allows divorced and single mothers to get full custody of children. The 1985 Matrimonial Causes Act accords equal distribution of property when divorced in courts. However, as Riphenburg (1997) noted, some women still do not know or lack detailed knowledge about these laws. For instance, some women are still disadvantaged if they divorce outside the courts. The second system of law, the civil/customary law, is still in place in Zimbabwe. It favors men and allows men to send women back to their homes without anything, even if they would have contributed equally to the accumulation of property. Leaving their matrimonial homes empty-handed adversely affects the way they take care of their children. Therefore, Riphenburg argued that “the passage of new laws alone is insufficient to remove all forms of discrimination against women and to upgrade their social and economic status” (p. 38). Access to important information for women requires literacy most of the time. As a result, one way to increase access would be to increase education levels and awareness for women, Riphenburg asserted.

In addition to the Legal Age of Majority Act, “the Labor Relations Act, the Matrimonial Causes Act, the Maintenance Amendment Act and the Finance Act” (Riphenburg, 1997, p. 37) were also passed to safeguard the status of women in Zimbabwe. The Labor Relations Act protects women from sexism in employment. It allows them ninety days maternity leave at full salary if the woman in question has been employed for a year. The 1985 Matrimonial Causes Act recognizes women's direct and indirect contribution to the accumulation of property. This law gives the courts power to order a fair distribution of property upon divorce (Riphenburg, 1997). All of these established protections for women potentially affect how they care for their children, including those with disabilities.

As noted earlier on, the Economic Structural Adjustment Program was one of the factors that affected the Zimbabwean economy drastically and this had negative implications for women and children with disabilities. As Riphenburg (1997) noted:

> In deteriorating economic circumstances and faced with the choice of whom to

> send to school, parents would rather educate their sons than their daughters. Traditional culture maintains that it is more beneficial to the family to educate the male children, since the female children will marry and leave the natal family to live with the husband's family. Also, female labor in the household is valued more than that of males. When rising school fees force parents to withdraw children from school, the girls are sacrificed first. The dropout rate from school by female students is disproportionately high; in some rural schools enrollment declined by almost 20 percent between 1991 and 1993 (p. 41)

The introduction of Economic Structural Adjustment Program eroded the economic gains of many women after independence and so, the literacy and “education gap between men and women in Zimbabwe is not closing” (Riphenburg, 1997, p. 41). The economy of Zimbabwe has never recovered from these disparities and continues to spiral downhill. This has implications for whatever women do, because “a mother's educational level is one of the most important determinants of her children's school participation and achievement” (Riphenburg, 1997, p. 41). Therefore, when mothers lack educational skills, their ability to access important information, which benefits all their children, is compromised. Mothers’ illiteracy and lack of strong economic standing affects their children’s life.

Women’s economic status in Zimbabwe. Since the economy of Zimbabwe depends heavily on agriculture and mining, property ownership, especially owning land, is fundamental for women. Gaidzanwa (1994) acknowledged that Zimbabwean women’s rights to economy are closely linked to their social and political rights. Unfortunately, women have always had restricted access to land, formal education and high paying jobs (Gaidzanwa, 1994; Seidman, 1984). Gaidzanwa affirmed that Zimbabwean women have traditionally obtained land for farming through their connections as wives to their husbands. Unmarried and divorced women would have some pieces of land apportioned to them in their mothers' fields to use before they get married. As a result of such a trend, most women lack security as primary landholders up to date (Gaidzanwa, 1994). In addition, since most black women are either poorly educated or uneducated altogether, it is difficult for them to obtain land directly without men facilitating the process for them (Gaidzanwa, 1994). Jacobs (1983) asserted that existing land resettlement frameworks discriminate against women and that policies continue to support the domestic dependency of women, regardless of how they contributed to Zimbabwe' struggle for political and economic independence. As a result, many peasant, working class, and urban women are participating in other sectors, such as trading, retail, and investing in "liquid property such as shares in companies, banks and funds" respectively (Gaidzanwa, 1994, p. 16). According to Gaidzanwa, women are participating in these sectors because they can do so without the arbitration of men.

Disparities that prevent women from getting land, education, and jobs still exist in some families today. These inequalities limit women's ability to take care of their families. It is therefore a problem that women are expected to take care of families, yet they are not fully empowered to do that. Nevertheless, Seidman (1984) acknowledged that many Zimbabwean women are willing to challenge attitudes and institutions that subordinate them and thus, negatively affect their children, including those with disabilities. Therefore, because of what these women are expected to do in taking care of their families, it was important for me to investigate and understand what they think disability is, how they view their experiences of taking care of these children, and how their social status, ethnicity and or race intersect with their experiences as mothers of children with disabilities.

Statement of the Problem

The results from some studies regarding experiences of mothers and their children with disabilities in Zimbabwe suggest that discrimination of individuals with disabilities is still prevalent, although often subtle (Chitiyo & Wheeler, 2004; Mandipa & Manyatera, 2014). Results from these studies also suggest that many children with disabilities and their families face challenges that prevent them from participating fully and freely in Zimbabwe, because of negative beliefs and perspectives concerning individuals with disabilities. For instance, some people still believe that disability is caused by witchcraft, or that the mother must be a witch for her to have given birth to a child with a disability (Mandipa & Manyatera, 2014). Such beliefs foster the discrimination of women who give birth and raise children with disabilities.

The experiences and perspectives of mothers who raise children with disabilities are well documented across the globe (e.g., Blum, 2011; Green, 2004; Huang et al., 2009; Konrad, 2006; McHatton, 2007; Rao, 2006; Shang & Fisher, 2014; Ying-Ting et al., 2009; Zhang, Yan, Barriball, While, & Liu, 2015). However, narratives that focus on how Zimbabwean women conceptualize and articulate their children's disabilities and experiences of raising these children and how their social status, marital status, age, ethnicity, and/or race intersect with their experiences as mothers of children with disabilities are very limited. It was therefore important to carry out this study. This is because, as mentioned earlier, how disability is conceptualized has implications on the kind of resources and treatment individuals with disabilities receive (World Health Organization, 2017).

Despite the continued discrimination of people with disabilities and their families in Zimbabwe, the Zimbabwean government signed a range of regional and international conventions, treaties, declarations, and protocols geared at supporting and creating an environment that is conducive to the realization of equality and empowerment of all citizens, including individuals with disabilities (Chitiyo & Wheeler, 2004; Ncube & Hlatywayo, 2014). Examples of such conventions that seek to protect all individuals from discrimination include the International Covenant on Civil and Political Rights, the Convention on the Rights of Persons with Disabilities, the Convention on the Rights of the Child and the Convention on the Elimination of All Forms of Discrimination against Women (United Nations Treaty Collection, 2016). However, even with the government signing these agreements, some individuals with disabilities still face discrimination (Ncube & Hlatywayo, 2014). For example, much as opportunities for education have expanded in Zimbabwe, one still finds very few students with disabilities in general education schools, as compared to their peers who have no disabilities. Acquiring even the basic education is still a struggle for many children with disabilities, especially during times of economic difficulties (Chitiyo & Wheeler, 2004; Mandipa & Manyatera, 2014). Mandipa and Manyatera also confirmed that non-governmental organizations and churches provide most of the education and health services for children with disabilities. Non-governmental organizations and churches provide these services mainly as charity, meaning that most children's fundamental rights to these resources are violated because not every child with disabilities can access these services.

On the other hand, some organizations that work with children with disabilities, such as the Jairos Jiri Association and King George VI Memorial School in Bulawayo, provide supports for these individuals. However, these supports are either expensive or unattainable for many students with disabilities in the country. In addition, the general education schools that are available in the country are inaccessible to children with disabilities. For instance, school buildings are not designed to allow children with physical disabilities to access them (Mafa, 2012). There are also no well-structured curricula for learners with disabilities in schools (Mutepfa et al., 2007; Ncube & Hlatywayo, 2014). In addition, most teachers lack the teaching skills to effectively teach children with disabilities, as teachers' colleges programs have not yet included the needs of children with disabilities into their programs (Mutepfa et al., 2007; Ncube & Hlatywayo, 2014). For this reason, teachers graduate from universities and teacher-training colleges without the skills necessary to teach children with diverse needs (Mafa, 2012; Mutepfa et al., 2007; Ncube & Hlatywayo, 2014). To cap it all, there are no binding and well-defined laws or policies that safeguard the educational rights of students with disabilities, and define the specific special education services in Zimbabwe (Mutepfa et al., 2007). Individuals with disabilities and their families have diverse experiences and lives and in turn, distinct aspirations and desires. Hence, it is important to value those differences by addressing them instead of clustering them together.

On another note, according to Mandipa and Manyatera (2014) there seems to be a positive relationship between poverty and disability in Zimbabwe. This relationship helps to explain the presence of the charity model as the common service delivery to people with disabilities in the country. Thus, churches and non-governmental organizations render medical and educational services to individuals with disabilities as charity, instead of the government providing these services as a right for these children. While a potentially problematic model, it does serve to ensure some of the children in most need receive some supports.

Generally, the beliefs held about disability, what causes disability, and interpretations of disability differ from one culture to another. In turn, what is taken as the appropriate treatment for individuals with disabilities in one culture could be viewed as discrimination in another (Rao, 2006; World Health Organization, 2017). All this affects the nature of services individuals with disabilities receive. As such, I argue that it is important to have localized understandings of how mothers view their children's disabilities. Their understanding of disability influences results of any interventions their children might receive.

In this dissertation, I proposed to focus on women because, as I previously discussed, they are the primary caregivers of children with disabilities in Zimbabwe. As a result, women typically are the sole caregivers of children with disabilities (McHatton, 2007). Thus, women were the focus of this study because of the major role they play in their children's lives.

Women who raise children with disabilities are not homogenous. They differ in many aspects. Accordingly, women in Zimbabwe are located differently from other women in other parts of the world. Their geographical location, cultural and political background, and social status are all unique factors that contribute to their experiences. The way they understand and communicate their experiences, their children's disabilities, and how their social status, marital status, age, ethnicity, and/or race interconnect with their experiences of having children with disabilities, have implications for the interventions their children receive and how society at large perceives their children. Families' perceptions have the potential to upset conventional and major ideas of what constitutes ability or disability (Rao, 2006). In addition, mothers are best placed to be advocates for their children. I therefore assert that it was important to research their perceptions of disability and how they conceptualize raising a child with disabilities.

For a long time, women's experiences in Zimbabwe have been clustered into one category or simply ignored. Their voices have been systemically stifled and denigrated. Therefore, I wanted to carry out a study that would allow these mothers to tell their stories. This ensured that no biased or distorted understanding of these women and the world around them was produced (Harding, 1987). They had an opportunity to tell their own stories and interpret them. Thus, a study that helps to disentangle the intricacies, nuances, relationships, and divergences in the interpretations of mothers regarding the important issues and concerns of raising children with disabilities is important and has great potential to influence their care-giving decision-making process. This study has implications for women advocating for their children with disabilities' rights and education.

Purpose of Study and Questions Addressed

The purpose of this study was to examine how women raising school age children with disabilities in one of Zimbabwe's urban areas, articulated, and conceptualized (a) their children's disabilities and (b) their experiences as mothers of children with disabilities. I also investigated how their social status, marital status, age, ethnicity, and/or race intersected with their experiences of raising children with disabilities. The questions this study addressed were:

1. How do mothers of school age children with disabilities in Zimbabwe conceptualize and articulate (a) their children's disabilities and (b) their experiences as mothers of children with disabilities?
2. How do their social status, marital status, age, ethnicity, and/or race intersect with their experiences as mothers of children with disabilities?

Rationale

Many women whose children have disabilities in Zimbabwe have limited resources to take care of their children (Seidman, 1984). As a result, these children do not have equal opportunities to go to school as their peers without disabilities (Mandipa & Manyatera, 2014; Ncube & Hlatywayo, 2014). It is possible that disability and issues that affect children who have disabilities are not fully understood and that this lack of understanding has impacted the limited support the government currently provides.

Therefore, an understanding of what disability is and what it means to have a child with disabilities could help illuminate what resources these children and their mothers need. Mothers' opinions were a major factor in this study because they care for these children.

Importance of the Study

I designed this study to give some Zimbabwean mothers, who are often marginalized and do not have a platform to share their stories of raising children with disabilities, an opportunity to share their voices. Their experiences may have implications for other mothers experiencing the same. Additionally, this study could influence policies that affect mothers and their children with disabilities. It also has some implications for social attitudes towards mothers and their children with disabilities. Finally, this study has the potential to contribute to fields of education, disability, women, and feminism.

Theoretical Framework

Many researchers agree that disability is a complex phenomenon and many societies interpret it differently (e.g., Ben-Moshe & Magaña, 2014; Grue, 2016; Rao, 2006; Sommo & Chaskes, 2013; Watson, 2012). Often, disparities in service delivery may be caused by lack of understanding of disability socially (Thomas, 2014). As such, in this study, I utilized the perspectives of the social construction of disability and intersectionality to understand how mothers of school age children with disabilities in Zimbabwe conceptualized and articulated (a) their children's disabilities and (b) their experiences of raising children with disabilities. Intersectionality helped in clarifying how aspects of the participants' identity such as their socioeconomic status, ethnicity, race, marital status, age, family composition and support, occupation, and location of residence (e.g., urban or rural) intersected with their experiences of raising children with disabilities. I discuss perspective of disability as a social construction and intersectionality in detail in the following sections.

Social construction of disability. Social construction of disability is a framework that posits disability as an interpretation of human differences through discourses that are invested by social and political power (Molloy & Vasil, 2002). Disability is therefore widely considered to be a social construct (Annamma, Connor, & Ferri, 2013; Devlin, & Pothier, 2006; Jones, 1996; Liasidou, 2014). As a socially constructed phenomenon, disability integrates the experiences of individuals living with disabilities as they interact with their social environments (Goffman, 1963; Jones, 1996). Social relations construct the experiences of individuals with disabilities (Watson, 2012). In other words, disability results from how society is organized (Anastasiou & Kauffman, 2011). As such, the social construction of disability is generally understood to be the by-product of humans' perceptions of what is different rather than laws resulting from divine will or nature (Rao, 2006). For instance, social institutions can influence the distribution of educational and social opportunities, whether they intend to do so or not. A school curriculum that does not accommodate the needs of all students can also create and exacerbate barriers to learning, and functional limitations for children identified with disabilities. To this end, Putnam (2005) observed that social frameworks of disability view disability contextually hence, disability rights ideology emphasizes the need to both adjust the environment and improve individual capacity. This ideology focuses on public policies that shape opportunities to pursue both the adaptation of the environment and improvement of individual capacity**.**

According to Priestley (1998), there are many different perspectives debated within disability theory. For instance, some social perspectives emphasize the need for structural and material barriers to change while others focus on culture and representation: the need to change disabling attitudes and representations. However, Watson (2012) acknowledged that disability is multi-dimensional and involves the political, social and cultural experiences. As such, he cautioned against being simplistic by focusing only on certain positions such as material or cultural barriers. Additionally, Priestley maintained that people experience disability differently. Thus, individuals with disabilities are not homogenous nor do they share common interests and identity. Consequently, Watson acknowledged many critics who asserted the need to recognize individual experiences of impairment. Watson also noted that at times, limitations caused by conditions might not have a lot to do with society. According to Sommo and Chaskes (2013), the academic understanding of disability as principally a social construction is not sustainable. They granted that it is hard to mark the point where social limitations start and end, as well as mark where physical constraints start and end. They added that while it is true that entities such as gender, ethnicity, and disability produce barriers that are constructed socially, it is individuals with disabilities who need to cope with the limitations of their disabilities. For instance, some disabilities affect individuals' health medically. Subsequently, it is always important to consider disability in its complexity instead of privileging one approach of looking at disability.

Arguing against reducing everything to social constructions, Anastasiou and Kauffman (2011) also acknowledged the need for disability labels and diagnoses. They argued that by diagnosing and labeling disabilities, individuals with disabilities can benefit from special education, medical, and paramedical professionals' help. This help could maximize these individuals' functioning or could assist with overcoming much of their impairment (Anastasiou & Kauffman, 2011). Shakespeare and Watson (2001) also recognized the importance of understanding social barriers or cultural meanings. However, they too warned against reducing disability solely to social barriers or cultural meanings because to them, disability has no core meaning. Different cultures treat it differently. As such, Shakespeare and Watson asserted:

> Disability is the quintessential post-modern concept, because it is so complex, so variable, so contingent, so situated. It sits at the intersection of biology and society and of agency and structure. Disability cannot be reduced to a singular identity: it is a multiplicity, a plurality (p. 19)

Shakespeare and Watson (2001) argued that both social barriers and people's bodies can restrict people. Hence, it is not viable to distinguish between impairment, which is the biological difference and disability, which is the social construction.

To understand disability as a social construction is to recognize that the environment, structural, and cultural perceptions of disability all have strong bearing on individuals living with disabilities and on how disability is defined (Jones, 1996). Such understanding has implications on services, advocacy, and research (Jones, 1996). Viewing disability as a social construction allows for an analysis that acknowledges the connection between the individual and social factors, instead of solely focusing on the physical condition (Jones, 1996). In addition, Devlin and Pothier (2006) affirmed that ableist discourses of efficiency and productivity condemn individuals with disabilities to an inferior status. This in turn, has implications for the distribution of resources. The concept of disability as a social construction is therefore free from these discourses and can challenge binaries such as superiority and inferiority, as well as disability versus ability (Gergen, 1985; Jones, 1996). Finally, to view disability as a social construction is to value experiences of those with disabilities and their families and challenge assumptions made about all groups in any society (Jones, 1996). To understand disability as a socially created obstacle is to shift responsibility and accountability to the larger community and away from the individual with disabilities.

Social construction of knowledge. Andrews (2012) asserted that knowledge is constructed. According to Andrews, the world of lived experience is better understood from the perspective of those who live in it. It also focuses on uncovering the ways in which individuals and groups participate in the creation of their perceived social reality (Molloy & Vasil, 2002). It involves looking at the ways social phenomena are created, institutionalized, known, and made into tradition by humans (Molloy & Vasil, 2002).

Therefore, social constructionism posits that "social processes sustain knowledge and that knowledge and social action, go together" (Young & Collin, 2004, p. 376). Language creates reality and so, analysis should focus on people's practices (Berger & Luckmann, 1966; Cromby & Nightingale, 1999; Young & Collin, 2004). Language is considered to be central in organizing and producing meanings of activities in societies (Cromby & Nightingale, 1999; Young & Collin, 2004). Knowledge is therefore rooted in history and culture (Berger & Luckmann, 1966; Cromby & Nightingale, 1999; Young & Collin, 2004). Berger and Luckmann (1966) affirmed that there are multiple realities and that individuals construct and hold different realities from each other, a notion grounded in symbolic interactionism. As such, it was important to the formation of this study to consider women whose children live with disabilities as active members of this study by listening to what they said and their opinions. This philosophical perspective assumes that women adopt an active role in the decision-making processes regarding their children's needs. The participants' interpretation of their children's disabilities and how their social status, ethnicity, and/or race intersected with their experiences of raising children with disabilities, were crucial parts of this study because of these women's role as their children's primary caregivers.

From the above discussion, the perspective of disability as social construction holds that society creates disability through discriminatory laws and in public and private institutions that diminish these individuals' full potentials. Additionally, individuals with disabilities are "disabled" or "enabled" through the names they may be given. This perspective therefore encourages a broader research agenda that opens room for a positive discussion on appropriate services, programs, and advocacy for individuals with disabilities and their families that acknowledges the experiences of these individuals.

Intersectionality. Intersectionality is a word that Crenshaw (1989) coined to discuss systemic domination. She argued that intersectionality is an analytical tool that targets mostly marginalized groups of people especially Black women, who are "multiply-burdened" to avoid distorting these people's experience, noting that oppression does not take place "along single categorical axis." (p. 140). According to Thomas (2014), service providers' analysis of interconnecting identities, such as gender, race, and sexual orientation, is limited in the disability community. Thomas argued that failure to understand the effect of how different components of identity interconnect may result in social obscurity of people with disabilities (and their families) from culturally different societies, even from within their own community. According to Sommo and Chaskes (2013), intersectionality posits that oppression may happen within the framework of other variables such as class, race/ethnicity, religion, gender, sexual orientation, and disability. Furthermore, intersectionality emphasizes how women are positioned within unjust power realities (Collins, 1998). Oppression has implications on how resources are distributed.

As such, intersectionality is a tool for analysis and activism and can help to develop policy (Symington, 2004). According to Symington, intersectionality helps in the understanding of the many identities one may have and the various kinds of discrimination they may experience. In addition, it recognizes the importance of historical, social, economic, and political contexts, and the distinct experiences of individuals that occur when different types of identities intersect. Hence, I also utilized intersectionality in this study as an analytical tool. The aim was to understand how participants' social status, ethnicity, and/or race intersected with their experiences of raising children with disabilities since intersectionality has the potential to help a researcher to appreciate how different identities crisscross.

In addition, intersectionality is a normative and empirical research paradigm that could address, broadly, how power and justice are distributed as well as how governments work (Erevelles & Minear, 2010; Hancock, 2007). As Hancock affirmed, when intersectionality is taken as a body of research (a paradigm) instead of a content specialization, its theorists would be able to affirm that any group's position in "a socially stratified political system is a product of the dynamic interaction between individuals and institutions" (p. 253). Consequently, this study focused on the connection between the individual and social factors.

Collins (1998) argued that the construct of intersectionality works well with issues of individual agency and human subjectivity. As such, it can explain everyday life. People can clearly see intersections of race, gender, class, and sexuality in how they form their identities as individuals. Additionally, intersectionality offers an interpretive framework for thinking through how connections of race and class, or race and gender, or sexuality and class, for example, shape any group's experience across specific social contexts (Collins, 1998). For instance, Collins noted that although Black and White American women participate in the same system of institutionalized racism and sexism, each group ascribes a different prominence to race and gender. Most Black women would identify race as a primary, if not the most important, feature shaping the experiences of Black women as a group (Collins, 1998). Therefore, intersectionality as a tool for analysis provides the opportunity to understand the fluidity of identities and the need to conceptualize these multiple and shifting identities of women (Collins, 1998).

Thus, race, class, and gender may all be present in all social settings, yet groups will experience and view them in dissimilar ways.

As I previously argued, intersectional discrimination is a distinctive and different form of discrimination that stands alone and results from a combination of grounds such as gender, race, class, disability, sexual orientation, and many others. In light of this argument, Aylward (2010) acknowledged that intersectionality allows "Black women, Aboriginal women, other women of colour, women with disabilities, lesbian women, or poor women, to base a claim of discrimination" under the law "as a *distinct* group of women who are subject to a form of discrimination quite apart from that experienced by Black men and White women" (p. 16). Accordingly, intersectionality analysis would allow women with disabilities to have a claim of discrimination that is different from that faced by women and men who have no disabilities.

Aylward (2010) asserted that "add-on' arguments of discrimination tend to leave the unstated 'norm' of the White, heterosexual, able-bodied, middle-class woman intact and does not question the underlying white supremacist, able-bodied, or heterosexual notions attached to this 'norm'" (p. 18). Thus, an "add-on" approach to multiple oppression works against women who suffer from racial discrimination and have many different disadvantages (Aylward, 2010, p. 27). In other words, intersectionality has the power to advance the social psychological analyses of inequalities beyond models that only focus on the experiences of "unmarked, typically hegemonic, categories" such as race and gender (Howard & Renfrow, 2014, p. 95). Intersectionality as an analytical tool has power to show that people belong to many categories. These categories shape how people interpret and understand the world in which they live (Howard & Renfrow, 2014). These categories of people in turn, show how their lives are complicated and enmeshed in systems of inequalities that simultaneously oppress and privilege (Howard & Renfrow, 2014). In the same line, Davis (2008) acknowledged the idea that intersectionality tailored “neatly into the postmodern project of conceptualizing multiple and shifting identities” (p. 71). Arguing for the success of intersectionality, Davis noted that it promises to tackle important issues of difference and diversity without upsetting the feminist ideal to produce theories that can address concerns of all women. In addition, Davis acknowledged that it is applicable to any situation and can be used to analyze any social practice, experiences of groups or individuals, or any organizational arrangement. It can be used universally, she affirmed. By so doing, it indicates strongly that emphasizing difference will not in any way affect feminist theory. Davis argued further that intersectionality is a successful theory despite the many controversies around it. She acknowledged that the impression of crossroads, which is associated with intersectionality, seems applicable to nearly any context. This provides a useful way for visualizing how differences crisscross within a particular person’s identity, or in a specific social practice or location.

Davis also argued that intersectionality is also successful because it is “paradoxically, inherently ambiguous and obviously incomplete” (p. 76). Thus, according to Davis, intersectionality’s lack of clear definition or specific boundaries allows it to be useful in any context of inquiry. As such, Davis (2008) argued that intersectionality is a good feminist theory because it seeks to encourage “complexity”, stimulate “creativity”, as well as avoid “premature closure, tantalizing feminist scholars to raise new questions and explore uncharted territory” (p. 79). Shields (2008) noted that defining intersectionality differs by research context but there is a consistent thread across definitions. According to Shields, “social identities which serve as organizing features of social relations, mutually constitute, reinforce, and naturalize one another” (p. 302). Therefore, intersectionality can be an analytical tool or perspective for analyzing discrimination, power relations, or identities. It can also be utilized to understand intersecting discourses or any social aspect, especially those that mainstream feminism has chosen to overlook.

By focusing on groups that have been neglected, a researcher contextualizes understanding of the groups' or individual's experiences instead of viewing them from norms that are based on domineering groups. For that reason, I wanted to carry out a study that honored individuals' multiple identities, hence the importance of intersectionality in this research study. Analyzing how categories depend on each other for meaning gives a researcher a holistic understanding of those categories. Additionally, conceptualizing categories such as race, gender, social class, and sexuality, helps to capture historical and ongoing relations of political, material, and social inequality experienced by participants because intersectionality posits that all social phenomena such as race, class, and gender jointly construct one another (Collins, 2000). Finally, intersectionality is an important tool for analysis as it addresses the nuances that any other analysis might not bring out.

Researcher Experience

I worked with women who were raising children with disabilities both in Zimbabwe and in the United States. When I was in high school in Zimbabwe, I belonged to a Christian group that entertained and obtained donations for those mothers and their children during festive seasons, such as Christmas. Many of those mothers' husbands had abandoned their families when they discovered their child had a disability. These men left their wives to fend for themselves and their children, all alone. The women's children were not in inclusive schools. As I observed, those women often came together to support one another. They would come together to find a footing and a voice to express and share their experiences. The mothers would sit together and share their experiences while my peers and I would play, sing, and dance with their children. I noticed that this was a place where the mothers could share their experiences without being judged.

After I completed my undergraduate studies at the University of Zimbabwe, I taught in different government and church-run secondary and high schools. While I was teaching in public schools, I witnessed many struggling students left behind because their teachers did not attend to these students and avoided going to those students' classes. These schools used a screening process where students were given a placement test. Students' class categories depended on their performance and perceived abilities. In some schools, each grade had up to ten classes and by the fifth class some students began to show signs of needing extra help. Many teachers tried to avoid classes with the lowest performing students because they learned more slowly than other students and many had behavior difficulties. Teachers who rarely attended to the lower ranked classes justified their actions by claiming that those students were lazy and troublesome, hence, hard to work with. Other teachers thought those students could not and did not want to learn.

However, these students still paid school fees even though they were not receiving proper instruction. I remember a student in one of these classes asking me why I bothered to attend to their class when most other teachers never did. I credit my devotion to teaching every student to my background as a teacher at a Catholic school where it was not only mandatory for every teacher to attend to all his or her classes, but to preserve the ethics of a good teacher. There were marked differences in the way teachers treated students in public schools when compared to the Catholic school where I had previously taught. I do recognize it is possible this is because students in most church and private schools compete to be in those schools. Hence, those schools screen their students from the onset before they join the schools by administering entrance and placement tests as aforementioned. These tests ensure those schools get students who have less behavior difficulties and are academically gifted.

In some of the public schools where I taught, some teachers spent the whole period in the staff-room ignoring their duty to attend to struggling students, without consequences. Notwithstanding, students who struggled academically and at times behaviorally had no diagnosis of any disability. I suspect that was why they were considered stubborn or lazy. Additionally, in all my time teaching in regular schools, I never saw children with physical disabilities or those who needed extensive to pervasive supports in these schools.

Later on, when I became a special education teacher in the US, I worked with mothers and their children with disabilities. During this time, I could not help but observe that most of the time, the mothers whose children I worked with appeared to be more involved in their children's education than fathers. For example, the mothers were more likely to attend their children's Individualized Education Program (IEP) meetings or student-led conferences. In addition, most of the correspondence I had was with mothers. In my experience, most of the students' mothers accepted what teachers said concerning their children's programs without questions and I often wondered why this was so. As a result of all these experiences, I decided to carry out a study focused on women's experiences and perspectives of raising children with disabilities. Accordingly, this study aimed at giving these women a chance to report their experiences and allow others to hear their stories.

Researcher's Positionality and Conceptual Assumptions

Because of my previous experiences with women raising children with disabilities, as well as with students who struggled in school in Zimbabwe, I concluded that women whose children had disabilities were sometimes marginalized and excluded. I also assumed that mothers were the primary caregivers of the children with disabilities. This was based on my experiences working with mostly mothers during those times I taught in special education settings. My interactions with Zimbabwean women raising children with disabilities led me to assume that some fathers abandon their families when their wives give birth to a child with disabilities. What it meant for these women to have children with disabilities remained their secret. Apart from the small group of women coming together, as I mentioned above, there is limited literature that sought to bring on the open experiences of mothers raising children with disabilities in Zimbabwe. As such, I wanted to carry out a study that allowed women in similar positions to tell their stories. This could have important implications for researchers and educators working with women in similar situations.

Although women I described above had children with disabilities, I understood that their experiences were unique. I strongly believe that there are multiple subjectivities and understand that mothers are all situated differently. I therefore used the frameworks of intersectionality and the social construction of disability to analyze and interpret participants' stories in order to understand how mothers raising children with disabilities constantly negotiate and conceptualize their multiple and shifting identities. As Andrews (2012) acknowledged, the world of lived experiences is better understood from the perspective of those who live in it. As such, I sought to understand how each one of the mothers who participated in this inquiry understood her story. Furthermore, I did not seek to generalize findings to a larger population.

Lastly, I understand that education plays a crucial role in every Zimbabwean citizen's life. As such, education should be accessible to all citizens. Accordingly, I consider access to appropriate accommodations and supports necessary, and a right for students with disabilities. I therefore deem lack of such support a contributory factor to the social construction of disability of these individuals.

I was aware of my biases entering into this study as a black Zimbabwean woman, a mother and an educator. As England (1994) affirmed, my life and positionality as a researcher were important in the study process through production of the final text. I listened and projected participant’s voices by using verbatim quotes from the participants wherever possible in the final text. However, some power relations issues still existed. For example, I remained responsible for deciding what portions of the women’s stories got to be included in the study and how they were presented to readers. Therefore, I constantly reflected on my role and biases/assumptions as a researcher throughout this study through vehicles such as journaling and discussion with doctoral student peers.

Scope and Delimitations of the Study

I carried out a narrative study that focused on experiences and perspectives of mothers who were raising children of school age with any form of disability in one of Zimbabwe’s urban areas. Eight mothers volunteered to participate in this inquiry. I used a narrative inquiry approach because a narrative research produces richly detailed accounts of life as lived -- well-interpreted studies that are full of nuance and insight (Braun & Clarke, 2006; Creswell, 2007, 2013; Josselson, 2006). A narrative study focuses on lived experiences for single or small number of individuals (Creswell, 2007, 2013). By carrying out this investigation, I was able to understand how these women articulated and conceptualized their children’s disabilities. I also gained an appreciation of how their age, social status, marital status, ethnicity, and/or race intersected with their experiences of having children with disabilities.

A narrative research does not seek to generalize results, although results may be transferred to other individuals sharing the same experiences (Hunter, 2010). Therefore, this study did not seek to generalize results to all women who raise children with disabilities in Zimbabwe even though some mothers sharing similar experiences may benefit from this inquiry. Thus, I was not able to understand the experiences of all the women who raise children with disabilities in Zimbabwe through this research.

Chapter 2

Review of Literature

Women are the predominant caregivers of children with disabilities in many societies (Blum, 2011). Therefore, in this study, I focused on mothers of children with disabilities. In this chapter, I will discuss the literature specific to the experiences and perspectives of mothers who raise children with disabilities.

Perceptions of Disability

As I discussed in Chapter One, disability is viewed differently across the globe (Reid-Cunningham, 2009). For instance, McDermott and Varenne (1995) conceded that a behavior that is regarded as simply unconventional from the social norms in one culture can carry different meanings in a culture that uses that difference for shame. In the same vein, results of a study on what Bengali families considered normal and their cultural understandings of intellectual disability suggest that families and professionals perceived intellectual disability differently (Rao, 2006). Thus, different cultures conceptualize disability differently (Daudji et al., 2011; Reid-Cunningham, 2009). This in turn impacts the kind of interventions children with disabilities receive (World Health Organization, 2017). As noted before, Mandipa and Manyatera (2014) confirmed that some people in Zimbabwe view disability negatively. For instance, some people still view mothers who give birth to children with disabilities as witches who possess evil magical powers. Because of such negative understanding of disabilities, mothers and their children with disabilities are marginalized.

In a study carried out in Canada, mothers reported having to wrestle with the idea of either staying home with children who had severe behavioral difficulties due to autism spectrum disorder or place their children outside of the home in a residential treatment care facility, a foster-care home, or a group (Corman, 2013). For these mothers, autism caused their children to have difficult behavior. Taking these children into some care meant going against modern cultural norms and beliefs which suggested staying home with children who have disabilities. However, these mothers reported choosing to put their children into some care because they did not have a choice. Instead of blaming themselves, these mothers regarded themselves as good mothers who could make decisions that could safeguard every family member's interests. They realized that lack of appropriate resources and interventions for their children escalated their children's behavior thereby making it unsafe for other family members (Corman, 2013).

In several studies carried out in the US and Canada, mothers reported fighting hegemonic tendencies towards them by redefining and rejecting socially constructed perceptions of normalcy, motherhood, and disability (Lalvani, 2011, 2013; Landsman, 2005; Levine, 2009). They redefined disability and refused to accept the definition of disability as innately caused by impairment but to take disability also as something that the body feels. In addition, they resisted discourses that situated their children with disabilities as the 'other' to justify placing them in segregated settings. Thus, mothers in these studies constructed counter-narratives to disrupt hegemonic representations of themselves and their children as the "other." In contrast, some participants in a phenomenological study carried out in Australia, regarded educating their child with autism at home as a positive move to improve the child's behavioral and psychological well-being (Kidd & Kaczmarek, 2010). Overall, mothers' support for certain educational programs depended on how they viewed their children's disabilities.

Methods for Selecting Articles

Inclusion criteria. To understand mothers' experiences and perceptions of raising children with disabilities, I reviewed research specific to mothers of children with disabilities. The objective was to provide both a comprehensive examination of the research and to identify themes in the research. My inclusion criteria for selecting articles were: research articles about women whose children have disabilities; articles about the mothers' perspectives concerning having and raising a child with disabilities; all articles in English; research articles from all over the world and peer reviewed articles from 2004-2015. The searches included search mode: *Boolean/Phrase.*

Exclusion criteria. For this research review, I excluded review of literature articles, book reviews, dissertations, book chapters, non-peer reviewed articles, position/opinion papers and articles in other languages other than English. I also excluded research articles about fathers' experiences and articles about mothers who had disabilities. In addition, I excluded articles about both fathers and mothers' experiences where experiences of mothers were not easy to distinguish and separate from fathers' experiences.

Procedures for Selecting Articles

I conducted computer searches of EBSCOhost (PsycARTLCLES, PsycINFO, Education Research Complete, ERIC, CINAHL Complete and Academic Search Complete databases) to search for research articles about women whose children have/had disabilities. My search terms were *children with disabilities* and *mothers.* I examined abstracts, titles of the articles, and read the articles to decide whether the research articles focused on experiences of women whose children had disabilities and their perceptions on raising children with disabilities.

Following my inclusion and exclusion criteria, I combined the terms *mothers* and *children with disabilities* and found 72 articles in the ERIC database. Among those articles, I found 19 research articles about mothers' experiences and perspectives on raising children with disabilities. The rest of the articles were not exclusively about mothers' experiences and their perspectives concerning raising children with disabilities and I therefore excluded them.

I combined the same terms *mothers* and *children with disabilities* in PsycARTICLES database. Five articles came up. However, all of them were not relevant to the purpose of this research review: exploring mothers' experiences and perceptions concerning raising children with disabilities. I also combined the same words, *mothers* and *children with disabilities,* in the CINAHL Complete database. I got 85 articles. Twenty-eight articles were relevant for my research review purpose: exploring mothers' experiences and perceptions regarding raising children with disabilities. Five were an overlap from the previous search I had conducted. The rest I excluded because they were not about mothers' perceptions or experiences of raising children with disabilities.

I combined the same terms, *mothers* and *children with disabilities*, in the Education Research Complete. I used the same inclusion and exclusion criteria for selecting articles for this research review. I found 364 articles. Of the 364 articles, 78 articles were relevant, and 57 articles were an overlap from the other searches I had conducted. The rest of the articles were not relevant. I excluded them because they did not meet the inclusion criteria for the selection of articles for this dissertation. In addition, a combination of *mothers* and *children with disabilities* in PsycINFO yielded 162 articles. Of the 162 articles, 91 articles were suitable for this research review purpose, but 79 articles were repeats from previous searches. The rest were not appropriate for this research review, as they did not fit the inclusion criteria.

Finally, I combined the same terms *mothers* and *children with disabilities* in the Academic Search Complete database. I found 522 articles. I got 163 articles about mothers' experiences and perceptions concerning raising a child with disabilities, but 116 articles were a repeat from the previous searches I had already conducted. Altogether, I found 122 for this research review.

Experiences of Mothers of Children with Disabilities

The research I reviewed specific to mothers of children with disabilities suggests that mothers had an array of experiences. Some experiences were positive and rewarding while others were negative. The following were the different experiences mothers highlighted in different research studies I reviewed above.

Positive/rewarding. Among the hundred and twenty-two research articles I reviewed, specific to mothers of children with disabilities, participants in eighteen studies reported having positive and rewarding experiences parenting their children with disabilities. Of these eighteen, seven studies were conducted in the US (Blum, 2011; Green, 2004; Klein & McCabe, 2007; Konrad, 2006; MacInnes, 2008; Orsmond, Lin, & Seltzer, 2007; Taylor et al., 2005). Three studies were conducted in Japan (Kimura & Yamazaki, 2013; Sato, Araki, Ito, & Ishigaki, 2015; Wakimizu, Fujioka, & Yoneyama, 2010). Two studies were conducted in Taiwan (Huang et al., 2009; Ying-Ting et al., 2009). Two were conducted in Australia (Esdaile, 2009; Lilley, 2013). The remaining four studies were done in Mexico (Amaya & Tomasini, 2014), Canada (Michaud & Orsmond, Temple, 2013), and Pakistan (Yousafzai, Farrukh, & Khan, 2011) respectively.

In these studies, some participants reported having positive attitudes towards their own children, as well as other children with disabilities (Konrad, 2006; Huang et al., 2009; Ying-Ting et al., 2009). Several mothers recognized that they needed to cooperate and collaborate with professionals to enable their efforts of taking care of their children to pay off (Amaya & Tomasini, 2014; Klein & McCabe, 2007). In addition, a number of mothers acknowledged that seeing their children develop positive experiences in their lives brought about positive effects for themselves (Yousafzai et al., 2011). Some mothers also stated that while caregiving responsibilities were demanding, they were also rewarding, as there were positive aspects to raising a child with a disability (Esdaile, 2009; Kimura & Yamazaki, 2013; MacInnes, 2008; Orsmond et al., 2007). For instance, mothers faced challenges but were resilient in their efforts to raise their children with disabilities (Lilley, 2013; Sato et al., 2015; Taylor et al., 2005). Members in these families learned to manage and balance the challenges and joys that having a child with disabilities could bring.

Additionally, some mothers affirmed that they eventually felt empowered to cope with their children's conditions. Family empowerment depended on collaboration among care teams (Michaud & Temple, 2013; Sato et al., 2015; Wakimizu et al., 2010; Zhang et al., 2015). Not only that, some mothers reported developing a new philosophy of life. They learned to appreciate life, relate to others, have personal strength and spiritual change (Konrad, 2006). As those mothers related, all these changes were possible because they had social support: other women who shared the same experiences to learn from, effective coping styles, and valuing the effort they were making to make differences in their children's lives (Zhang et al., 2015). Thus, availability of services, supports, and expertise were crucial to those women.

Some mothers in the literature I reviewed reported having opportunities to choose what was best for their children (Blum, 2011). For instance, when asked to weigh in on the benefits and risks of labeling and medicating their children, those mothers reported that it was better for their children to get medication if it allowed them to function in schools, although they remained skeptical about medicating their children (Blum, 2011). According to Blum, the skepticism was rooted in the fact that disorders such as attention deficit disorder (ADD) and attention deficit hyperactivity disorder (ADHD) need thorough blood tests to get better diagnoses instead of relying heavily on the questionnaire's teachers use in schools, only. However, mothers in this study noted that the dangers of forgoing labels and medication were more than the risks posed by accepting these labels and medication.

When empowered to choose what was best for their children, the results of this research review reveal that some mothers had to make tough decisions that could be viewed as both positive and negative. For instance, some mothers reported that making decisions for the future of their children, such as placement, was one of the difficult decisions they had to make (Green, 2004). As they put it, making such a decision was difficult because they usually were torn between choosing to stay with their children forever at home and continue to care for them, or consider their children's freedom and send them away to residential facilities. According to Green (2004), single mothers whose children needed extensive to pervasive supports were more likely to consider placement than those who had stable economic resources and housing that was secure. This finding points to the intersections of poverty, marital status, class, age, sex, and disability. Green found the availability of resources was a major determining factor in considering residential placement. In addition, Green reported that poverty influenced single and older mothers to place their children who required extensive to pervasive supports in residential facilities. Overall, the above-mentioned research suggests that parents have positive outlook about raising children with disabilities when the services and the expertise to help them with raising their children are available.

Negative. In addition to reporting positive and rewarding experiences, participants reported negative experiences in some of the studies I reviewed. These negative experiences emanated from society's negative attitudes towards and treatment of these mothers. The following are the negative experiences mothers reported in the literature.

Discrimination. The Human Rights Committee's General Comment 18, (adopted from Article 26 of the International Covenant on Civil and Politics Rights) described discrimination as:

> Any distinction, exclusion, restriction or preference which is based on any ground such as race, colour, sex, language, religion, political or other opinion, national or social origin, property, birth or other status and which has the purpose or effect of nullifying or impairing the recognition, enjoyment or exercise by all persons, on an equal footing, of all rights and freedoms (Office of the High Commissioner, Human Rights, 2017)

Consistent with this definition, mothers in a UK case study (Gray & Donnelly, 2013), recounted that health professionals normally dismissed their concerns. Participants complained of being criticized negatively in their endeavor to cater to their children. Moreover, these mothers' opinions were not valued when educators made school choices for those families, which were reported to adversely affect family lifestyle. Lack of cooperation between professionals and mothers was similarly recorded in two studies carried out in Canada with immigrant mothers **(**Lai & Ishiyama, 2004; Lai & Vadeboncoeur, 2013). Those studies suggested that language, cultural beliefs, and practices also influenced maternal participation in schools by mothers of children with disabilities. For example, Lai and Ishiyama (2004) concluded that difference in cultural values between Canadian immigrant mothers and professionals created conflicts. Additionally, Lai and Vadeboncoeur (2013) reported that immigrant parents felt that school professionals undermined their efforts and knowledge. Dichotomies entrenched in policy and practice further alienated mothers as they were positioned as unprofessional and subservient in relation to the teacher, who was positioned as professional and dominant (Lai & Vadeboncoeur, 2013). The ideal mother was also viewed as one that followed the expected standards, such as being a mother who was proficient in English, middle class or heterosexual (Lai & Vadeboncoeur, 2013). Thus, social class, language, culture, and sexuality determined the ideal mother.

In other studies, conducted in Canada (Corman, 2013), the US (Green, 2004; McHatton, 2007), and China (Shang & Fisher, 2014), participants reported experiencing discrimination from service providers, strangers, family, and friends. For instance, in McHatton (2007), Mexican and Puerto Rican single mothers of children with disabilities reported experiencing direct, structural, and social psychological discrimination. These mothers recounted being tormented when receiving services, such as food stamps for failure to speak English and for just being different (McHatton, 2007). Some mothers also added that in different contexts, fathers refused to accept their children with disabilities because they could not stand having a child with a disability (McHatton, 2007).

Results from other studies also reported that professionals sometimes alienated and ostracized culturally diverse mothers of children with disabilities. For example, in Cho and Gannotti (2005) and Shogren (2012), mothers reported that professionals were disrespectful of the participants' cultural values, Asian American and the Hispanic cultures respectively, by not considering them when setting goals for their children's future. In addition, research acknowledged failures to implement centralized policies, social services, and income support in at least some contexts (Shang & Fisher, 2014).

Rejection/isolation. Participants in some of the studies I reviewed also reported being socially rejected. In a study carried out in Qatar (Kay, 2011), mothers reported experiencing social rejection because of their children's disabilities. In this research, mothers recounted having to avoid visiting the community to avoid negative reactions towards them and their children. For instance, some participants reported that, at times, other children would run away from theirs and even hit them because they did not understand their children's disabilities (Kay, 2011). Similarly, Howell and Pierson (2010) reported their participants' concern that their children with autism spectrum disorders experienced a lack of inclusion and opportunities for interaction with those without disabilities, outside Sunday school settings. In a study conducted in the UK, Runswick-Cole (2010) described mothers' feelings of isolation from both family and friends. Their participants stated that supports and services were lacking and/or inappropriate and mothers worried about the future of their children. The results of this investigation indicate that mothers experienced a lack of practical and appropriate supports from extended families and friends. This led to a dependency on external services that were hard to get (Runswick-Cole, 2010). Thus, society's negative understanding of issues related to disability contributed to the isolation of mothers and their children with disabilities.

Othering. Othering, or the tendency to focus on differences to justify excluding others (Levine, 2009), was also reported by the participants of some studies; four carried out in the US **(**Jacobs, Lawlor, & Mattingly, 2011; Lalvani, 2011, 2013; Landsman, 2005) and one in South Africa (Muthukrishna & Ebrahim, 2014). These studies described how participants resisted societal hegemonic tendencies that viewed them as the "other" who did not belong to the conventional group of mothers. Black American participants in Jacobs et al. (2011) reported instances where they needed to resist being seen as a collective instead of persons who had individual problems that required unique attention. According to Jacobs et al., this distinction enabled those Black American mothers to find alternative futures for themselves and their children. Thus, this study examined the intersections of race, gender, ethnicity, and disability, showing that mothers are not a homogeneous group. Much as those Black American mothers had children with disabilities, their experiences were not the same. Therefore, they fought to be regarded as individuals first, before society clustered them together as a group of women whose children had disabilities as well as having identical experiences.

In separate studies carried out in the UK (Craig & Scambler, 2006) and Canada (Michaud & Temple, 2013), researchers found that participants reported feeling guilty and being blamed for not being able to make critical decisions when expected to do so regarding their children. For example, participants reported that some interventions, such as the gastrostomy tube that provided nutritional support for their children, presented many problems. Mothers reported needing to weigh the benefits and costs of using such techniques. However, they also described feeling like failures in the eyes of others, when such techniques were recommended because their child needed this type of intervention. When the technique failed to work, mothers blamed themselves for accepting to use it. When it did help, they still blamed themselves for taking time in deciding to use this technique. Thus, mothers understood that whatever choice they made, others would be judgmental about their choices.

In a different study done in Canada (Stewart, 2012), participants reported that although individual professionals, such as the police, went out of their way to try to help mothers whose children had disabilities and had been sexually abused, the abuse made mothers feel guilty and wondering if they could have done something to prevent it in the first place. They reported fear of being unfairly judged by therapists and others who might feel they did not protect their children well enough. These participants described feeling as though no one understood what they were going through. The participants also felt let down by a judiciary system that gave their children's abusers lenient jail terms and let them free. The respondents in this study conveyed their perspectives that all the blame was placed on them and their children, rather than the abusers. Nevertheless, the results of this analysis also show devoted and strong-minded mothers who were dedicated to do the best for their children.

Lack of time for other activities. In three studies, conducted in Kuwait (Al-Kandari & Al-Qashan, 2010), the US (Konrad, 2006) and Japan (Sato et al., 2015), participants reinforced the idea that children with disabilities required a considerable amount of caregiving, which was primarily their responsibility. These responsibilities were described as stressful and demanding and had potential to cause psychological distress. The results suggest it was hardest for mothers whose children had severe behavior difficulties. Controlling their children's behaviors and emotions were areas that most mothers reported to be difficult in these studies.

Additional research also confirmed that mothers who need to be around their children all the time have little to no time for activities other than caring for their children. For instance, mothers in studies carried out in Australia (Bourke-Taylor, Howie, & Law, 2011; Crettenden, Wright, & Skinner, 2014; Gordon, Rosenman, & Cuskelly, 2007), Norway (Hauge et al., 2013), and the US (Parish, Seltzer, Greenberg, & Floyd, 2004; Scott, 2010) reported difficulties with job stability. In addition, participants in studies carried out in Canada (Weeks, Bryanton, Kozma, & Nilsson, 2008) and Turkey (Yagmurlu, Yavuz, & Sen, 2015) reported trouble obtaining employment in the first place. Participants also reported having no recreational time as most of their time was spent caring for their children in studies conducted in South Africa (Adams & Galvaan, 2010), Turkey (Cavkaytar, Batu, & Cetin, 2008), the US (Crowe & Florez, 2006; Smith et al., 2010), and Australia (Sawyer et al., 2011). Mothers with children who needed extensive to pervasive supports were affected more, as they needed to be with their children constantly (Cavkaytar et al., 2008). This research indicates how being a mother of a child requiring extensive to pervasive supports interconnects with her need for time to do other activities, such as looking for a job or keeping a job.

Depression and stress. Some of the studies I reviewed focused on mothers' health, in different parts of the world other than Zimbabwe. In studies conducted in Australia (Dillon-Wallace, McDonagh, & Fordham, 2014; Giallo, Wood, Jellett, & Porter, 2013), the US (Green, 2004; Smith, Seltzer, & Greenberg, 2012; Wheeler, Skinner, & Bailey, 2008), Canada (Magill-Evans, Darrah, & Galambos, 2011), and South Korea (Jung, Lee, Yoo, & You, 2007), some participants discussed health problems related to stress and depression, with differing levels of stress and depression reported. In studies carried out in Turkey (Bumin, Gunal, & Tukel, 2008; Tekinarslan, 2013), Australia (Chu & Richdale, 2009), Iran (Feizi, Najmi, Salesi, Chorami, & Hoveidafar, 2014), as well as Brazil, Colombia, Malaysia, and Thailand (Osada et al., 2013), depression and stress were reported more frequently by mothers who had children needing extensive to pervasive supports than by mothers whose children either did not have disabilities or needed intermittent to limited support.

A higher prevalence of depressive symptoms and stress in mothers whose children had intellectual disability or chronic illnesses were reported in studies done in Australia (Bourke-Taylor, Howie, Law, & Pallant, 2012), India (John, 2012), Vietnam (Park, Glidden, & Shin, 2010), Iran (Rashedi, Rezaei, Morasae, & Weisi, 2013), Pakistan (Sajjad, 2011), and Turkey (Sipal & Sayin, 2013; Tekinarslan, 2013). Financial limitations and lack of resources or support for mothers were reported as responsible for increasing their depression and stress. Research conducted in Vietnam, (Shin & Nhan, 2009) found mothers who had poorer and less education, coupled with less social support, reporting higher levels of maternal stress and depression. Feeling hopeless about the future of their children was reported as another factor that caused anxieties and stress in mothers whose children had disabilities in studies conducted in Turkey (Ceylan & Aral, 2007) and in India (Karande, Kumbhare, Kulkarni, & Shah, 2009). Mothers also had physical and mental exhaustion as shown in a study conducted in the US (Orsmond et al., 2007).

Coping strategies. Some researchers studied strategies mothers used to deal with such issues as discrimination and health problems. The results from these studies indicate that mothers coped in a variety of ways and that social supports played a great role in helping mothers cope with taking care of their children. For example, participants in studies carried out in Sweden (Bruce, Lilja, & Sundin, 2014), South Korea (Cho & Hong, 2013), Taiwan (Chou, Fu, Pu, & Chang, 2012), the US (Correa, Bonilla, & Reyes-MacPherson, 2011; Lightsey & Sweeney, 2008), and Japan (Kimura & Yamazaki, 2013) acknowledged support that included family networks, having flexible times, and good incomes for those mothers who had jobs. Additionally, results from studies conducted in Russia (Kaplan, 2010), Serbia Novi Sad (Krstić & Oros, 2012), and Canada (Trute, Benzies, & Worthington, 2012) suggest that feeling strong and positive about their ability to manage their daily activities was a strategy for participants to manage their circumstances. Furthermore, results of two studies carried out in Canada (Trute et al., 2012; Trute, Benzies, Worthington, Reddon, & Moore, 2010) suggest that staying positive was a psychological resource for coping some mothers utilized. Results in studies conducted in Sweden (Bruce et al., 2014) and the US (Kuhaneck, Burroughs, Wright, Lemanczyk, & Darragh, 2010) indicate that mothers also needed to focus on themselves sometimes. For example, Kaplan (2010) reported that participants needed to sustain social supports, prepare for the future and overcome structural barriers. Therefore, results from all these studies suggest that mothers of children with disabilities need to have coping strategies in place to deal with their different experiences.

Maternal trust for service providers. Mothers' trust in service providers has also been examined. In two studies carried out with Caucasian, Hispanic, and Black American women in the US (Angell, Stoner, & Shelden, 2009; Mawdsley & Hauser-Cram, 2013), the results illuminate different factors that can influence maternal trust in service providers. These factors included communication, knowledge of the child's personalities, genuine caring, and the climate of the school. The results suggest that understanding what factors can enable or impede trust helped assuage mothers' fears and worry or trust during formal transitions in their children's lives (Mawdsley & Hauser-Cram, 2013). Commenting on the relationship that they think should exist between parents and professionals, most participants in studies carried out in the UK, Japan, and the US respectively, explained that they preferred nonhierarchical relationships that ensured equality, mutuality, interdependence, trustworthiness, and cooperation (Hubert, 2011; Kasahara & Turnbull, 2005; Kimura & Yamazaki, 2013; Shelden, Angell, Stoner, & Roseland, 2010). These results highlight the importance of collaboration between mothers and service providers.

Conclusion

From the literature I reviewed above, little was known about Zimbabwean women's individual experiences and perspectives, as most research studies were carried out in other countries. Because of this, I proposed to use a narrative methodology that targets participants' life experiences. That way, I was able to closely examine the experiences of women in Zimbabwe and how they interpreted their children's disabilities. The literature above suggests that mothers' experiences of raising children with disabilities intersect with their social status, age, ethnicity, and/or race. This dissertation contributes to the field of study that seeks to advance such issues as empowering women by giving them a place to articulate their experiences of raising children with disabilities in Zimbabwe.

Chapter 3

Methods

The purpose of this study was to examine how women raising school age children with disabilities in one of Zimbabwe's urban areas, articulated and conceptualized (a) their children's disabilities and (b) their experiences as mothers of children with disabilities. I also investigated how their social status, marital status, age, ethnicity, and/or race intersected with their experiences of raising children with disabilities. The questions this study addressed were:

1. How do mothers of school age children with disabilities in Zimbabwe conceptualize and articulate (a) their children's disabilities and (b) their experiences as mothers of children with disabilities?
2. How do their social status, marital status, age, ethnicity, and/or race intersect with their experiences as mothers of children with disabilities?

Research Design

I carried out a narrative research, conducting repeated interviews with eight Zimbabwean women whose children had disabilities. This methodology was ideal for this study because narrative research produces richly detailed accounts of individuals' lived experiences. In addition, narrative studies are well interpreted inquiries that are full of nuance and insight that suit the complicated nature of human lives (Braun & Clarke, 2006; Creswell, 2007, 2013; Josselson, 2006). As I stated in chapter 1, I focused on women's experiences and their perspectives because women are the main caregivers in Zimbabwe and because it is very rare to hear these women's stories. Accordingly, personal descriptions of life experiences can help to shed light on neglected and significant areas of human beings as it focuses on "the meaning life events hold for people" and "how people understand situations, others, and themselves" (Polkinghorne, 2007, p. 474). Consequently, narrative research helps readers to understand the distinctive nature of human beings and provides readers access to participants' stories and voices (Oliver, 1998). One of the key qualities of a narrative is the idea of lived experiences for single or small numbers of individuals (Creswell, 2007, 2013).

In analyzing the data, I used thematic analysis. I used English and Shona to communicate with prospective participants. I allowed participants to use the language they felt more comfortable using during interviews. The following is a detailed description of narrative inquiry and thematic analysis.

Description of narrative inquiry. According to Polkinghorne (2007), the past several decades have seen knowledge development divided between conventional and reformist researchers. As Polkinghorne noted, narrative research belongs to the reformist community and is the study of stories that focus on an individual's life experiences (Creswell, 2007, 2013; Denzin, 1989; Hendry, 2009; Josselson, 2006; Oliver, 1998; Polkinghorne, 2007; Rossman & Rallis, 2012). Spector-Mersel (2010) acknowledged that the quest for alternative methods of investigation and the liberation movements of the 1960s and 1970s that conceived of personal narratives as a principal channel for listening to silenced voices and a major source of feminist research, contributed to the rediscovery of the narrative research.

Josselson (2006) and Spector-Mersel (2010) acknowledged that the narrative paradigm is rooted in the constructivist paradigm, informed by phenomenology, hermeneutics, and poststructuralism, all of which regard social reality as created and multidimensional. Oliver (1998) added that the images, myths, and metaphors that stories create have great moral significance and contribute to how we acquire knowledge as well as how we are in turn, understood. For Oliver, "our stories and the stories of others are an invitation to come to know our world and our place in it" (p. 247). Interpretive processes that are subjective and rooted in culture make it possible for human beings to understand themselves and their world (Spector-Mersel, 2010). This has implications for the meanings mothers place on their experiences. Consequently, questions arise as to whose meanings are dominant. Additionally, narrative inquiry is a methodology that acknowledges the researcher and respondents as both seeking to understand and show phenomena collectively (Connelly & Clandinin, 1990; Medeiros, 2016). According to Connelly and Clandinin (1990) and Medeiros (2016), participants are at the center of narrative studies as active agents closely connected to the explored phenomenon. As a result, narrative inquiry is a research methodology that has the likelihood for empowering participants as it accords them a sense of equality (Connelly & Clandinin, 1990; Medeiros, 2016).

In addition, owing to telling their stories, people can expose a certain awareness of social and political relationships (Feldman, Skoldberg, Brown, & Horner, 2004). Oliver (1998) also noted that human beings are historically situated in cultural contexts and so, the meanings they give to their lives and experiences make it possible for their histories and contexts to develop and be upheld. To this end, knowledge is contextual and historical, with language as well as culture influencing subjectivity and identity formation (Josselson, 2006; Peterson & Langellier, 1997). As a result, narrative inquiry was a suitable methodology for my study because I sought to understand how women in Zimbabwe who are raising school age children with disabilities, articulated, and conceptualized their children's disabilities and experiences. By using a narrative inquiry that advocates for meaning making, I sought to understand meanings mothers assigned to their experiences in relation to their age, social status, marital status, ethnicity, and race. Furthermore, since knowledge is contextual, it was important to note the different meaning mothers upheld.

Theoretical assumptions. Researchers' theoretical positions tend to guide how they analyze data (Braun & Clarke, 2006; Glesne, 2011; Vaismoradi, Turunen, & Bondas, 2013). I carried out a thematic analysis. I conducted this narrative study from a social constructionist perspective. A social constructionist method observes how language constructs events, realities, meanings, and experiences (Braun & Clarke, 2006). Thus, this standpoint considers meaning and experience as socially created and reconstructed. As such, a thematic analysis rooted in a social constructionist perspective "seeks to theorize the sociocultural contexts and structural conditions, that enable the individual accounts provided" (Braun & Clarke, 2006, p.84).

I also used intersectionality to analyze data so as to help answer the research question concerning the ways participants' race, age, ethnicity, social status, and/or marital status overlap with their experiences of having children with disabilities. Davis (2008) argued that intersectionality seeks to conceptualize multiple and shifting identities. Additionally, intersectionality offers an interpretive framework for thinking through ways in which connections of race and class, or race and gender, or sexuality and class, for example, might shape people's experience across specific social contexts (Collins, 1998; Symington, 2004). Accordingly, by using intersectionality, I examined how mothers conceptualized their multiple and shifting identities. For instance, I evaluated the relationship between marital status and social status in relation to taking care of a child with a disability in Zimbabwe. I also assessed what it meant to belong to a certain ethnic group, in relation to raising a child with a disability within Zimbabwe's economic, political, and social context.

Using intersectionality helped me refute some and confirm other accounts in the extant literature I reviewed, in relation to the eight participants' stories I collected for this dissertation. I also determined whether this study would bring about new insights through the analysis of their stories. Therefore, a thematic analysis grounded in an intersectionality perspective assisted me to unravel what it meant for the participants to be a married or single, old or young, Black, rich or poor woman, raising a child who needs intermittent, limited, extensive, or pervasive supports in Zimbabwe's social, historical, or economic contexts. I thus understood how participants constantly negotiated and conceptualized their multiple and shifting identities as Davis (2008) established.

Selection of Participants

I recruited the first five out of eight participants for the interviews from a school that caters to individuals with disabilities. Through snowball sampling, one of the participants recruited three more women whose children had disabilities. I recruited eight volunteers in order to enhance the trustworthiness of the subsequent analysis. I conducted three interviews with each participant, which added to the robust of this study. I will provide additional information later in this chapter about the repeated nature of the interviews I had with each participant.

Recruitment procedures. After the University of New Mexico's Institutional Review Board (IRB) office approved this study, I recruited participants by contacting administrators/principals of both private and public secondary and primary schools (equivalent to K-12) and segregated schools (including boarding schools) that are in and around the central business districts (CBD) or the city centers of one of the cities in Zimbabwe. I created a flyer detailing the purpose of my research, criteria for participation in the study, and my contact information. See appendix A for a copy of this flyer. I used both English and Shona to communicate with prospective participants.

English is a language of literacy in Zimbabwe and many people can read English. However, I prepared the recruitment flyer in English and Shona in case some participants felt comfortable and were more fluent reading Shona. To identify schools I would contact, I searched the Internet for primary and secondary schools in the city that I intended to call and visit by typing the key words “primary schools in [name of city]” “secondary schools in [name of city]” on Google. I added the names of the schools I got through this process to those I already knew about. From this list, I checked each school’s distance from the city center with using Google Maps and identified those that I would be able to visit, based on transport costs, safety of the neighborhoods, and convenience of public transport to those schools. I recognized it was possible that there would be additional schools near the schools I contacted that were not on my original list. Therefore, when I contacted first set of schools, I asked if they knew others I could contact that might enroll students with disabilities. In total, I contacted nineteen private schools, eight public schools, and three private segregated schools for individuals with disabilities in the city center. I called the school administrators/principals to (a) inquire as to whether students with special needs attended their school and if so, (b) let the them know about my interest in interviewing mothers whose children had disabilities. I did not have positive feedback from any the schools I contacted, except for one school specifically for individuals with disabilities. This was partly because when I got the green light from IRB to start recruiting participants, schools had just closed for the August holiday and nobody was in some of these schools.

I then gave the principal of that one school my flyer in person. I printed out more flyers that I also gave to the principal. I asked the principal to give the flyers to potential participants and encourage them to participate in this study. Potential participants texted and called me directly. Following their initiation of communication, I answered questions they had about the study and verified whether they met the inclusion criteria. I recruited the first five out of eight participants for my interviews from this school that catered to individuals with disabilities. One of the participants recruited three more women whose children had disabilities. Altogether eight mothers whose children had disabilities volunteered to participate in this study. All met the inclusion criteria for this research.

Potential participants contacted me and gave me their own contact details so that we could arrange to meet and discuss scheduling interviews. I scheduled a time for the interviews with each interested participant at a time and location of their choosing. I reviewed the research requirements and obtained their informed consent, as described below, during our first meeting. I picked participants on first come - first served basis. I stopped recruiting participants when I had obtained the first eight consented participants.

Selection of participants. I selected participants according to the following inclusion/exclusion criteria:

Inclusion criteria. To be included in this study, participants had to have been:

1. Mothers of children of school age, between five and twenty-five years old, with any type of disability and any level of need for support. While the participants' children were of school age, they did not need to be in school.
2. Living in accessible, urban areas of Zimbabwe.
3. Either English or Shona speakers.

The justifications for these criteria were as follows: Firstly, in some cases, Zimbabwean children with disabilities start school when they are older than five years. As a result, some children could still be in school at the age of twenty-five. Secondly, visiting areas that were accessible and that minimized costs for accommodation and travelling was necessary for me. Finally, I only enrolled mothers who spoke either Shona or English because those are the two languages I speak fluently. Narrative inquiry stresses the importance of a researcher to be acquainted with participants' language and culture (Polkinghorne, 2007). Being familiar with the interviewee's language was not a prerequisite for carrying out this narrative research. However, while I could have used translators if I did not speak participants' language by selecting participants who spoke either English or Shona, I reduced verification issues and improved the quality and credibility of the study. Utilizing the services of a translator could also have meant additional costs I needed to avoid.

Exclusion criteria. For this study, I excluded:

1. Fathers.
2. Women who did not have children with disabilities.
3. Mothers of children with disabilities who were younger than five or older than 25 years.
2. Mothers who did not speak either English or Shona.
3. Mothers who resided in remote rural areas.

The rationale for these criteria were as follows: First, as mentioned earlier on, some Zimbabwean children with disabilities start school when they are older than five years. As a result, it is possible that some children could still be in school up till they reach 25 years. Thus, I did not consider children below five years or above 25 years because the study focused on school age children. Second, including women who did not speak English and Shona would mean requiring a translator, which would have been financially difficult as this study was not funded by external sources and might have compromised the credibility of this research. Finally, many remote areas were difficult to reach at the time of this study. Some roads were inaccessible after heavy rains had washed away bridges. Excluding populations from those areas did not affect this study as a narrative analysis does not seek to generalize results though results may be transferred to other individuals sharing the same experiences (Hunter, 2010). As a researcher, I purposefully chose participants because the aim was to privilege those particular women's stories.

Description of participants. Eight women participated in this study. The participants and their children were diverse in terms of mothers' marital status, age, occupation, and level of education, and their children's type of schooling, child's age, gender and disability diagnosis. There was no diversity with regard to religion; all participants were Christian. With regard to the mothers' characteristics: three were married, three divorced, and two were widowed; three were in their early 30s, four in their mid 40s to early 50s and one was older than 60; two were employed, five were self-employed, and one was retired; and one's maximum level of schooling was Grade 1-7, one Form 1-2, and six attained Form 3-4. With regard to child characteristics: five boarded at a segregated school for students with disabilities, two were out of school, and one was a day scholar at an inclusive school; three were pre-teens, one was a teenager and four were in their early 20s; four of the children were female and four were male; one child had Down syndrome, three cerebral palsy, one intellectual disability, one physical disability, one hemiplegia, and one hemiparesis/epilepsy.

Consent procedures. I provided the university IRB-approved written consent forms to participants at the time of the first interview. Although English is a language of literacy in Zimbabwe and many people can read English, I prepared consent forms in both English and Shona in case some preferred to read Shona. Thus, I gave participants a choice of receiving the consent form in English or Shona. Before participants signed the consent forms to participate in this study, I answered questions they had pertaining to the investigation. I also let the participants understand that they were free not to answer any question that made them uncomfortable. Additionally, I let them know that they could ask me to stop recording at any point during the interviews. I collected the signed consent forms and gave participants an unsigned copy for their records. I kept the signed consent forms as outlined under the data management section.

Withdrawal of participation. Ability to withdrawal from a study is an important component of consent. I explained to participants that they were free to withdraw from the research at any given time before the data was de-identified. If it had happened that a participant informed me she wished to withdraw from the study prior to de-identification of the data, I would have let that individual know that I would destroy all information related to them –interview recordings, transcripts, translations and research notes – immediately. Because of the study design, it was important that all participants completed all three interviews. Therefore, if any participants had indicated they did not wish to continue by failing to show up for our scheduled interviews, I would not have analyzed any of their data, even if they had not informed me of their intent to withdraw from the study or requested that I destroyed their previously collected information. I would have replaced participants after data collection had commenced if the number of participants had fallen below the minimum of four participants. However, no participants withdrew their consent or failed to complete all three interviews.

Data Collection and Recording

There are many sources and methods of collecting narrative inquiry data. These include interviews, documents, observation notes, and letters (Connelly & Clandinin, 1990; Feldman, et al., 2004). However, the data sources for this research project were individual interviews with each of the participants and field notes.

Interview data. I conducted three semi-structured interviews with each of eight Zimbabwean women who fitted the inclusion criteria outlined above. See appendix C for the interview questions. I scheduled the interviews by phone, times and locations of the interviewees' choice. I interviewed three participants at a tea shop and five participants chose a classroom at their children's school. Each interview was at least one hour long.

I conducted all the interviews over a two-week period during Fall 2017, when schools in Zimbabwe were closed for August school holiday.

As results show, all eight participants were extremely busy trying to fend for their families. As such, they all expressed difficulty finding time to return after the first interview. Those who were employed were given limited time to come for the interviews. Once, one of the participants failed to come for the scheduled second interview and I could not reach her for several days. Fortunately, she finally called me to reschedule the meeting. Those who had their own businesses to run, expressed concern that they could not be away from running their businesses for long. As such, participants for this study dictated spacing of the interviews. I consequently conducted interviews two and three on the same days, so the participants would not need to take an additional day off. I had originally anticipated spacing out all three interviews, to allow for transcription and initial analysis between each. However, due to participants' busy schedules, I conducted all of the interviews within a two-week period. I conducted the second and third interviews with five of the participants three to five days after their first interview. I had the second and third interviews with the other three participants two days after their first interview. I had at least two hours in between the second and third interviews. This spacing of the interviews did allow me to listen attentively and repeatedly to each recorded interview for each participant prior to conducting the next.

I adapted the structure of an in-depth phenomenological interviewing process (Seidman, 2013) to the topic of this study. In-depth interviews offered depth, as opposed to breadth, an important quality for a narrative study (Creswell, 2013; Polkinghorne, 2007; Seidman, 2013). According to Seidman (2013), if interviewing is one of the methods of collecting data, a researcher should carry out three long iterative interviews. I adapted these three interviews to the purpose of my inquiry as follows:

1. The first interview investigated the interviewee’s life history, including that of their child with disabilities. This involved how the participant became a mother/caregiver of a child with a disability.
2. The second interview informed both the interviewee and me, of the specific experiences of raising a child with a disability. The interviewee provided details of her role as a mother of a child with a disability. I also added questions on their treatment by others, the services and supports the children received, the attitudes of others, and their perceptions of the reasons for this treatment. At the end of the second interview, I asked participants to bring photos of their families for the third interview.
3. The third interview tied the first two interviews together in a reflective dialogue about the meaning of the interviewee’s experiences in light of her life history. The interviewee provided insight into what it really meant for her to be a mother whose child had a disability. The participant reflected on how she made sense of her role as a mother of a child with a disability as well as how her race, age, ethnicity, social status, and/or marital status intersected with her experiences of having a child or children with disabilities, within the Zimbabwean social, political, historical, cultural, and economic contexts. To assist in this, I asked the participants to show me photos they had brought to elaborate on aspects of their relationship with their child and others. I asked them to say who was in the picture, when that picture was taken, why it was taken, and of what it reminded them. That way, I used the photos as a strategy for telling a story. I did not collect the photos or take photos of these pictures. They were an additional means of eliciting information and stories from the participants. They all brought photos to show me and used the photos as examples of information they were providing

about their children. I did not analyze the photos per se, separately from the comments they elicited. However, the additional recollections spurred by them were part of the interview transcripts and analyzed as such.

I utilized a dialogic approach to interview participants. A dialogic approach advocates “a decentered non -authoritarian approach to all human relationships and to thinking about those relationships” (Kaufman, 1996, p. 167). According to Kaufman, decentering allows researchers to learn from participants and, in turn, participants and researcher(s) learn from each other. Kaufman also asserted that decentering recognizes that voices are contextual, situational, and have positionality. As such, I encouraged a thinking that paved way for several perspectives and mobile subjectivities, collaborations, and associations, as well as contrasting and comparing of different viewpoints. I audio-recorded all interviews using a small digital recorder.

Field notes. During the interviews, I wrote down notes and questions (field notes) I needed to ask later. I let participants know that I would write notes in addition to recording the interviews to help me remember important issues. I typed up my field notes for each interview onto my computer. I guided myself with “who, what, when, how, where, and why” questions, in order to focus on what happened during the interview, without filtering or adding my own ideas. After describing the interview activities, I reflected on my subjective experience of the interview. For example, I typed ideas that came to mind because of the interviews and what emotions the interviewee’s statements provoked. In addition, I wrote about ways in which I thought I might have influenced proceedings of the interview, wrote about my perceived successes and failures of the interview, and made notes about how I might improve or change things for the better in future interviews. I also included my feelings about how things proceeded as I reflected.

Data Processing and Analysis

Transcription. I played and listened to the recorded interviews several times to hear exactly what participants were saying. I used Express Scribe software that made it easy for me to rewind and fast-forward when listening to the audiotapes (NCH Software, n. d) so I could confirm what I heard. I typed everything exactly (verbatim) as I heard it. I did not fix grammar or what sounded inaccurate to me.

I kept informants' personal information confidential in the transcriptions by de-identifying any information that could reveal their identities by using pseudonyms for all persons and places referenced in the interviews. I did so by typing a general term for such places or people, for instance typing: "*city," "school"* or "*country"* in place of a specific name of a city, school or country. This indicated that a specific location, agency or person was cited in the recordings.

Translation. Six participants used English for their interviews and two used Shona. I transcribed the interviews as described above, under the transcription section. I transcribed the Shona interviews and after first transcribing them in Shona, I translated the Shona transcriptions into English making sure what the translated version of what these participants said stayed as close as possible to the original Shona version. Thus, I listened to the audio-recorded interviews in Shona then translated them, typing these Shona transcripts in English. I personally translated the Shona transcripts to English because I am a native speaker of Shona. In addition, I have a degree in both Shona and English languages and Literature. I therefore believed that I was qualified to translate the consent form and the interviews as required by the University of New Mexico Office of the Institutional Review Board (2016).

Data analysis. Narratives are analyzed in varied ways (Creswell, 2013). I conducted a thematic analysis. A thematic analysis focuses on what was said, centering on themes, rather than the structure or form of the narratives (Braun & Clarke, 2006). I therefore described data, interpreted it, and critically self-reflected on the topic and research questions related to this study as Braun and Clarke (2006); Rossman and Rallis (2012) and Vaismoradi et al. (2013) suggested. This process was also recursive and requires continual reviews in line with what Braun and Clarke (2006), Petersen (2012), Rossman and Rallis (2012), and Vaismoradi et al. (2013) established.

Once I began to review the data and obtained a general understanding of the extent and context of the important experiences in this study, I began to develop initial codes I then used to identify what I saw as recurring notions in the transcripts. I recorded my initial ideas on hard copies of the interviews – jotted in the margins and my researcher journal. During this process, I repeatedly discussed my initial impressions and ideas about coding with my doctoral advisor. Once I felt as though I had read the transcripts sufficiently to identify some initial ideas of codes, I uploaded the de-identified interview transcripts into an on-line qualitative software analysis program, Dedoose. Dedoose is online software that allows for the analysis of qualitative and mixed research data (Dedoose, n.d.). Dedoose software has different security systems that protect data (Dedoose, n. d.). For instance, each software user has an individual logon name and password. The individual setting up the project (i.e., the project administrator) or others the project administrator invites onto the project, can only access the individual projects to which they have been invited (Dedoose, n. d.).

Using Dedoose, I began to develop a list of potential codes to identify excerpts from the data to be coded and to tag excerpts with codes. Codes are descriptions researchers assign to whole documents or parts of documents. These could be paragraphs, sentences, or words that aid to record key concepts, at the same time, maintaining the context in which these ideas appear (Bradley, Curry, & Devers, 2007). In other words, codes reflect a characteristic of the data that is noteworthy to the researcher. Braun and Clarke (2006) emphasized that codes are narrower than themes, which are larger units of analysis

The process of moving from codes to themes initially involved clustering codes into categories. Some ideas of names for categories came from theoretical conceptions that shaped this study, but most emerged from the recurring ideas the participants expressed. Thus, while names for categories may come from theoretical conceptions that shape the study, reviewed literature, or words and phrases participants use (Basit, 2003; Bradley et al., 2007; Braun & Clarke, 2006; Miles & Huberman, 1994), I relied more on what I understood the participants said to generate those category names. The themes for this study developed from the conceptual codes, sub-codes, and the relationship codes that described data, which link ideas together, as Bradley et al. (2007) maintained.

According to Braun and Clarke (2006), a theme is a unit of analysis. Themes are accounts that emerge from different and rich detailed experiences of participants and they provide repeated and a unification of concepts that relate to the subject of study (Bradley et al., 2007). In other words, a theme can bring out some aspect of data that is important and is related to the research question (s). That characteristic should denote some level of recurrence of responses or meaning in the data set (Braun & Clarke, 2006). The purpose of developing a code structure, of parent, child, and grandchild codes is to develop the final thematic analysis.

I finalized codes and the code structure at the point where no new apparent concepts were emerging from evaluating successive data as Bradley et al. (2007) determined. I asked for a critical friend’s assistance and support from the rest of my doctoral student colleagues to critique my analysis. They gave me oral and written feedback during our doctoral meetings. All these individuals were included in the IRB proposal, in the team member document. They did not have access to participants' real names and only viewed selected de-identified portions of the transcripts.

Accordingly, a thematic analysis is a method researchers use to identify, analyze, and report recurrences (themes) in data and is concerned more with interpretation than describing data sets in detail (Braun & Clarke, 2006). It offers a complete and nuanced interpretation of data (Braun & Clarke, 2006). According to Braun and Clarke, a thematic analysis can be at a semantic or a latent level. I conducted my analysis to the latent level. At the latent level, analysis goes beyond the semantic content of the data, to identify or assess the fundamental ideas, suppositions, and philosophies that shape the meanings of the data (Braun & Clarke, 2006). In other words, themes develop at an interpretive level and the analysis is theorized beforehand (Vaismoradi eta al., 2013). Thematic analysis is not tied to any pre-existing theoretical framework (Braun & Clarke, 2006; Vaismoradi et al., 2013). Therefore, this type of analysis was ideal for this study because it is flexible and can be used within many theoretical frameworks. Following this method, I looked for themes in the participants' interview transcripts that centered on the experiences, perceptions, or interpretations of mothers' stories of raising children with disabilities. I conducted the analysis based on the research questions, theories, and previous research published in the professional literature.

Member checking. I could not carry out formal member-checking. I returned to the US immediately following the collection of the participant interviews. Due to financial and time constraints, I was unable to return to Zimbabwe to carry out this formal member-checking. I described this as a limitation under the *limitation* section.

Trustworthiness

Evidence, validity, and evaluation for a narrative study can refer to the measure of a study's credibility, accuracy, trustworthiness, believability, completeness, and worthiness (Polkinghorne, 2007). According to Polkinghorne (2007), there is sometimes a disconnection between the internalized meaning narrators ascribe to events and their descriptions of these events. In other words, it is critical to consider whether the "assembled texts… express the actual meaning experienced by the participants" (Polkinghorne, 2007, p. 480). This disconnection can threaten the credibility of a study. Polkinghorne identified four areas this disconnection can emanate from:

> (a) limits of language to capture the complexity and depth of experienced meaning, (b) limits of reflection to bring notice to the layers of meaning that are present outside of awareness, (c) resistance of people because of social desirability to reveal fully the entire complexities of the felt meanings of which they are aware, and (d) the complexity caused by the fact that texts are often a co-creation of the interviewer and participant (p. 480)

There are several steps a researcher can take to curb such disconnections (Polkinghorne, 2007). Polkinghorne suggested a researcher needs to listen and attend carefully to the unexpected and unusual participant responses. That way, the researcher can suggest, where possible, alternative vocabulary to participants, asking whether that alternative vocabulary helps capture what they mean. This underlines the importance of a researcher's knowledge of the language and culture of participants. Thus, I listened attentively as each participant spoke and avoided unnecessary interruptions. I only probed when the participant gave too little information. I ensured they shared their stories freely using language they felt comfortable using.

Narrative researchers need to empower participants by acknowledging that they are active in the meaning making process of their experiences. Polkinghorne (2007) argued that researchers have to produce interpretations that minimize the distance between what participants say about their experienced meaning and their actual experienced meaning. This way, researchers can assist participants by ensuring that their own voices are heard, and the text is not primarily the researcher's own creation. Therefore, I relied heavily on excerpts from the interviews to expressed participants' voice during the analysis of data. While my voice is apparent where I made direct statements and in regulated reflections, as Michie (2013) suggested, I tried wherever possible to provide direct quotes from the informants when describing the results of the analysis .

Connelly and Clandinin (1990) added that in narrative inquiry, there are several "I" s. As such, it is important to be clear in the writing of a narrative as to whose voice is central when writing the "I." The "I" may include the "researcher, man or woman, commentator, research participant, narrative critic, and a theory builder" (Connelly & Clandinin (1990, p. 9). I also tried to show this throughout this dissertation, as I reflected on my positionality. As Medeiros (2016) noted, it is important for narrative researchers to reflect on the multiplicity of viewpoints found in detailed personal experiences and record events correctly. Medeiros affirmed that any claim by the researcher of being detached or objective compromises the quality of a narrative. Spector-Mersel (2010) referred to the researchers' presence in narrative study as reflexivity, where they take great effort and honesty to reflect on the ways they influence participants' stories and interpretation.

Reflexivity also empowers participants to participate actively in the study as both the researcher and participants construct meaning (Medeiros, 2016). Additionally, Polkinghorne (2007) and Rogan and de Kock (2005) acknowledged that a narrative researcher can confirm texts by member checking, where the researcher repeatedly goes back to participants to get clarification that help further explore questions that come up when interpretation of texts occurs. Researchers can provide participants with generated texts to verify whether the researchers' description captures the important descriptions of the meaning participants felt. If they do not capture that meaning, participants can thus offer suggestions to change and expand the text so that it approximates their meaning (Polkinghorne, 2007; Rogan & de Kock, 2005). While I could not carry out a formal member checking as I originally intended, I asked questions during the first interview and in subsequent interviews to ensure that I was capturing the participants' meaning clearly.

Thus, involving participants at every level of the narrative inquiry: data collection, data analysis, and distribution of research findings, can help to assure the equal representation of viewpoints and research interests of persons engaged in the study (Medeiros, 2016). However, according to Medeiros, researchers retain some power over the type and quantity of information they need to collect, even if the process is collaborative. To address this, I provided detailed descriptions of participants' stories in chapter four. This serves as another way of demonstrating Polkinghorne's (2007) acknowledgement that in some cases, a researcher's rich, nuanced, and detailed description of a story may be adequate verification of a narrative because that rich description of a story provides insight into the participants' lived experiences. Polkinghorne maintained that evidence from stories is not used to determine accuracy of the stories but is about the meaning that people telling the stories ascribe to life events they experienced.

Additionally, provision of new insights into the phenomena researchers study improves the quality of studies since new insights increase understanding of these phenomena (Vaismoradi et al., 2013). I have confidence that viewing disability and the experiences of raising a child with disabilities from a standpoint of Zimbabwean women whose children have disabilities under the prevailing cultural, historical, economic, and political contexts, has potential to boost understanding of these issues. The participants revealed unique ways of understanding their experiences and disability and added new insights to the discussion of how disability and the experience of raising a child with disabilities are viewed in different global contexts.

Connelly and Clandinin (1990) asserted that “when I disclose what I have seen, my results invite other researchers to look where I did and see what I saw” (p. 7). This assertion invites the reader to verify the trustworthiness of a narrative research. In other words, the procedure for doing narrative inquiry should be well-defined. I believe that I have explained how I carried out this study with sufficient clarity and details to verify the credibility of this narrative research. Lastly, as DeSouza (2004) noted, triangulation, where two or more methods, data sources, theories, or analyses are used to create judgements that are verifiable and thorough, also helps to show completeness of an investigation which in turn helps with the understanding of the phenomenon under study. To show the completeness of this inquiry, I used two theories, the social construction of disability and knowledge and intersectionality to understand the data. I also carried out three interviews with each participant. I used a robust interview protocol, where questions in interview one had similarities with those in interview three. This also helped to verify consistency of the interviewees’ stories.

Honesty and trust. Ensuring honesty and trust between a researcher and research participants is also important to the trustworthiness of a study’s findings. DeSouza (2004) argued that as part of ensuring honesty and trust, narrative researchers should disclose their particular social and cultural positioning, as well as misrepresentations that may impact the study. Thus, in the section under researcher positionality in chapter 1, I made evident my position as a researcher, detailing the process of reflexivity where I deliberately reflected on the ways in which I could influence the participants’ stories and their interpretation of their stories (Spector-Mersel, 2010). This was intended to boost trust during the research process, as Spector-Mersel (2010) asserted.

Ethical Considerations

According to Barton (2004), narrative ethics draw on ethical theories that express a view of “morality as an intelligible telling and living of a life over time in which the importance of personal identity, the virtues of character and story form an approach towards ethical reasoning that frame human relations in research” (p. 523). Negotiating a relationship with participants was part of recognizing that they were active agents of this research study. Hence as a researcher, I needed to protect their autonomy. My proposal went through the university’s IRB process. IRBs are associated with universities, hospitals, and other agencies where researchers engage in medical and social research. They oversee policy and procedural guidelines for human participation in research and provide training and guidance to researchers (Maxwell, 2013). These procedural guidelines for human participation in research, and the trainings and guidance researchers get, ensure that researchers protect participants from any harm, as well as treat participants with respect and fairness. As required, I sought IRB approval for this study from the University of New Mexico and undertook implementation in accordance with the approved protocol.

Miles, Huberman, and Saldaña (2014) added that when working with human participants, researchers should consider issues of informed consent. In addition, they asserted that researchers should consider cost, benefits, and reciprocity, risk of harm, honesty, trust, and participants’ privacy, confidentiality, and anonymity. Below, I discuss how I protected the privacy, confidentiality, and anonymity of participants. I also discuss the risks and benefits they could experience from their participation in this research.

Privacy, anonymity, and confidentiality. According to Miles et al. (2014), privacy involves limits to (a) offering information that is safeguarded and (b) obtaining information that is not required. It is partly connected to having no disclosure of information (Miles et al., 2014). Privacy concerns participants and their right to be safe, as well as feeling that they have control over what other people can access about them (University of California, Irvine Office of Research, 2015). On the other hand, confidentiality and anonymity are issues that a researcher and participants promise and agree on from the onset of the study (Miles et al., 2014). According to Miles et al., confidentiality involves having formal contracts with regard to the different undertakings of the study, while anonymity is concerned with the absence of identifiers that would reveal people and organizations that provide particular data. Thus, confidentiality is concerned with detectible data, agreement on the way that data should be secure, and determining who should have access to classifiable data (University of California, Irvine Office of Research, 2015).

Therefore, to protect the privacy of participants I used pseudonyms. Before I started the interviews, I made lists of sixteen most common female names and sixteen most common male names in Zimbabwe. The first participant to be enrolled got the first name on the list. I told participants that I would use a fake name when transcribing data so that their privacy and confidentiality would be protected. Their real names appeared only on the consent forms. When saving files, I saved them using participants' pseudonyms. I also had fake names for their children and anyone else participants talked about.

I kept a list of the participants' real names and their pseudonyms as a paper copy only. I stored this list in a locked locker in my home office where no one else could access it. I did not keep in the same file cabinet where I stored the consent forms and copies of the transcripts. I used the list of names on this copy to allow me to ask follow-up questions during the second and third interviews. As soon as I transcribed the interviews, I shredded the list and the data remained with pseudonyms only. This procedures helped avoid the possibility of people linking participants' pseudonyms with their real ones.

I did not also ask participants for private information unrelated to this study. In addition to using pseudonyms, I kept informants' personal information confidential by de-identifying any information in the transcriptions that could reveal personal information and identify the participants. This included using pseudonyms for all people and places referenced in the interviews. With regard to locations, I used general terms, such as typing "*city*", "*name of school*" or *"country*" in place of a specific name of a city, secondary school or country. Thus, I protected data and the participants' privacy by de-identifying the data. Data could no longer be linked to any participant. I uploaded the de-identified English interview transcriptions to an online qualitative analysis software program, Dedoose.

Data management and storage. There are several ways of managing data and confidential study materials. Data may be stored electronically or as hard copies. I will describe how I stored and managed my data below.

Hard copies. The hard copy data and confidential materials for this study included hand written field notes [interview questions with my notes], signed consent forms, the link between participants' real names and their pseudonyms, and printouts of interview transcripts. I filed all hard copies in locked file cabinets in my locked home office when not in use. I was the only one with access to this file cabinet or home office. I filed the link between participants' real names and their pseudonyms separately. I put it in a different locked file cabinet, different from that with other data until I shredded it.

Electronic data and confidential study materials. The data and materials in electronic form included digital audio recordings from the interviews, interview transcripts, and translations. I saved all data on my private laptop, which has a password known to me alone. I also saved data on an external hard drive or a USB flash drive that I protected using a password as well. I used data encryption for all electronic files related to this study.

I put my computer and the external hard drive/USB flash drive, into a cabinet I always kept locked in my home office. I transferred all collected data to an external hard drive or thumb drives via my laptop. I stored these data using pseudonyms and locked away the external drives or thumb drives in a secured cabinet with any hard copies in my home office. I was the only one with access to the keys to these cabinets and I kept my keys where no one else could access it. I encrypted all data I put on thumb drives and secured them with a complex password. I did not use public computers for data management or analysis.

As I mentioned earlier, I used Dedoose software for data analysis. This online program has different security systems to protect user data (Dedoose, n. d.). For example, each software user has an individual logon name and password. The individual setting up the project (i.e., the project administrator) or others the project administrator invites onto the project can only access the individual project to which they are invited (Dedoose, n.d.). I allowed only my advisor and IRB approved doctoral student peers to access the data on the Dedoose system.

Data deletion. I kept the list of the link between the participants' names and their pseudonyms in a different locked locker from all other data. I shredded this list after I completed all three interviews with each participant and transcribed the interviews. At this point, the data was de-identified. I will hold on to permitted IRB documents, any audiotapes, transcriptions, and other data collection instruments, for a period of five years. After that, I will delete all electronic files, such as the audio recordings of the interviews and shred hard copies as prescribed by the University of New Mexico's Office of the Institutional Review Board (2016). During this five-year period, I will continue to protect confidential data as I described earlier to prevent breach or loss. I will report any data loss or a breach of confidentiality of identifiable research data to the Institutional Review Board (IRB) within seven days of detection, as stipulated by the University of New Mexico Office of the Institutional Review Board (2016).

Risks to participants. To prevent potential social stigmatization for taking part in my study, I used pseudonyms for monitoring the safety of participants and reporting of data. During the collection of data, interviews may cause mothers anxiety, stress, physical and emotional distress. These are additional possible risks to participants although no one expressed any of that for this research. I however had told them that should any of these happened to them, they could stop the interview, withdraw from the study at any time until the interviews were transcribed, and negotiate times for data collection as a way to reduce these risks. I allowed the participants to choose settings for our interviews as well.

Benefits and reciprocity. This study gave a platform to mothers who are normally marginalized to voice their experiences. This dissertation provided an opportunity for these women to communicate their experiences and be heard. It was possible that these women have few opportunities to speak with others about their experiences. Therefore, I believe that this was an empowering experience for them to be able to express their opinions, share their experiences, and be listened to for as long as they wished to speak during each of the interviews. As Harding (1987) asserted, allowing these mothers to tell their stories ensured that no biased or distorted understanding of these women and the world around them was produced. This is particularly important in a culture that systemically silences and devalues the voices of women. As a result of the final analysis and dissemination of the results, this study could influence policies that have implications for the services provided to mothers of children with disabilities. In addition, this analysis contributes to the fields of education, disability, women and feminism. Finally, I did not pay the participants for participating in this study.

Chapter 4

Results

The purpose of this study was to examine how women raising school age children with disabilities in one of Zimbabwe's urban areas articulated and conceptualized (a) their children's disabilities and (b) their experiences as mothers of children with disabilities. I also investigated how their social status, marital status, age, ethnicity, and/or race intersected with their experiences of raising children with disabilities.

Description of Participants

In this chapter, I will present my research findings as themes and sub-themes. First, I will describe the participants and the schools their children attended. A total of eight mothers whose children had disabilities volunteered to participate in this study: Bertha, Blessed, Chipo, Nyasha, Tafadzwa, Tambu, Tariro, and Shamiso. I used pseudonyms for each of the participants, their children, other family members, and other people the participants mentioned during the interviews to protect their confidentiality. Below, I present short descriptions of the participants and the schools their children attended at the time of this study.

Bertha. Bertha is married and lives with her husband and Chenge their only daughter who is still in primary school. Bertha described her daughter Chenge as having cerebral palsy. She talked affectionately about her daughter and affirmed that she loves her daughter so much that she frequently visits her at the boarding school she attends. As she recounted, Bertha takes her daughter home every weekend and she brings her back to school the following Monday. She also talked about how she travels with her daughter everywhere without feeling embarrassed that her daughter has a disability, as some people said she should. She asserted that her daughter brings joy to both herself and her husband so much that, whenever she is at school, they miss her. She also expressed that other people showed love to their daughter because they had observed that they, the parents, loved her. While speaking and laughing softly at times during our interviews, she was somewhat reserved in her demeanor. At the time of the study, she spoke of her self-employment that involved buying and reselling goods. She talked of crossing the Zimbabwean border to the neighboring countries to buy goods to resell back in Zimbabwe.

Blessed. Blessed described her daughter Kudzai as having brain damage. She spoke fondly of her daughter, who is a boarder at a segregated boarding school for individuals with disabilities. She expressed how happy she is that her daughter is able to do certain chores like other girls, such as making the staple meal sadza, sweeping, and washing plates. She also talked proudly of her family and how they all were doing everything possible to make her daughter feel cared at all times, despite some frictions with some of her family members. At the time of the study, she was the family breadwinner, as her husband had lost his job several years earlier. She described how tough and complicated her experiences had become because her employer was struggling to pay her salary regularly, due to the country's economic hardships. However, she relayed how her faith in God was sustaining her. She communicated freely and eloquently about her experiences during the interviews, laughing softly at times. She has another child without a disability. At the time of this study, she was living with her mother-in-law as well.

Chipo. At the time of this study, Chipo was a single mother who was self-employed. Chipo's son Junior has physical disabilities. She spoke of how hard it is for Junior to move around, as well as up and down their apartment stairs. She was very reserved during the interviews. As a result, I had to frequently probe for additional information, as she mostly provided short answers to the interview questions. During the interviews, she affirmed her Christian faith. She also talked warmly of her son, who she described as capable of doing certain chores. She expressed how she was so proud of him when everybody at school complimented her for successfully teaching him to toilet himself. Her son attends a segregated boarding school for individuals with disabilities.

Nyasha. Nyasha is a soft-spoken single mother of Anesu, a son with Down syndrome who also boards at a segregated boarding school. She is a widow. She also has a granddaughter with speech problems. At the time of the interviews, Nyasha was retired from her formal job. She has older children without disabilities. Nyasha blamed herself for having her last- born son with Down syndrome after the age 40. She emphasized that, from her reading, she understands that age contributes to a woman having a child with Down syndrome. Nyasha was very pleasant to talk to. She talked freely even on our first interview, laughing softly at times. She communicated fondly about her son throughout the interviews and praised herself for doing well in taking care of him. She spoke of visiting him frequently at his boarding school for individuals with disabilities and taking him home during some weekends. She told warmly of how her son would brag to everybody at school that her mother loved him so much. Each weekend, she said, he would have his bag packed, ready for her to take him home for the weekend.

Tafadzwa. Tafadzwa is a widow whose son Happy was born with cerebral palsy and has physical disabilities. She is self-employed and started to work and be the breadwinner when her husband passed away. She described herself as a caring mother who is teaching her son about God. She also confirmed her Christianity. She was somewhat reserved during the interviews. However, even though she was a woman of less words, she answered graciously all my questions. According to her, her son had attended a school for both individuals with physical and hearing impairments and those without disabilities, up to form four, and he passed two subjects. She has older children without disabilities.

Tambu. Tambu described herself as a single mother of a daughter, Tsungai, with cerebral palsy. She is self-employed. Tambu spoke softly with a stutter. She stated that individuals without disabilities need education regarding disability issues, as she recognized that her attitude towards people with disabilities changed when she had the experience of raising a child with disabilities. She asserted that knowledge was empowering and additionally noted that attending workshops helped her understand much about disability issues. These matters included gaining much knowledge about how to respond to aggressors, and how to treat and take care of her own child with a disability. Her daughter is a day scholar at a school for individuals with physical and hearing impairments. The school also admits students without disabilities. Tambu has other older children without disabilities.

Tariro. Tariro is a self-employed, active, and cheerful single mother who described her eldest daughter Rudo as having a physical disability and using a wheelchair. Rudo has younger siblings. At the time of the study, Rudo was in her early 20s and no longer in school. Tariro noted that Rudo’s father deserted her after discovering that she had had a disability. In addition, the father to her other children without disabilities, reportedly refused to marry her and left her with the children because she had refused to send away her child with disabilities. At the time of the interviews, she confirmed that her children were living with her and she was fending for them alone as her parents had also abandoned her because she had refused to send away the child with disabilities.

Shamiso. At the time of this inquiry, Shamiso was a vivacious mother who was full of energy and was humorous. She was formally employed. She spoke of her son

Tatenda as having a physical disability and epilepsy. Like Chipo, Shamiso acknowledged her Christianity. She conceded learning a lot from being a mother of a child with disabilities and so, was thinking of taking disability studies to further her understanding of disability issues. She confirmed that her child attends a segregated boarding school for individuals with disabilities. She expressed that her husband had been opposed to putting their son in the boarding school because of the conditions at the school. However, she revealed that she had pleaded with him to let their child have experience outside their home to try to be independent. She talked of being involved in the life of their child both at home and school. As she described it, her family visits their child at school to bring him extra food whenever they can so that he does not miss home. Shamiso has other children, none of whom have disabilities and they live at home.

Description of Schools Participants' Children Attended

School 1. At the time of this study, school 1 was a private and segregated school which admitted individuals with mild to severe intellectual and physical disabilities, according to several of the participants whose children were attending that school. Students included some younger than ten years old and some who were older than 24. Some students were boarders and others were day scholars. This school offered both academic and technical subjects, as well as some rehabilitation, according to some participants.

School 2. This private school, at the time of this study, admitted students with intellectual and physical disabilities, as well as those without disabilities. However, students were required to leave once they reached eighteen years, according to some of the participants in this study.

School 3. At the time of this inquiry, participants reported this government-funded school accepted students from pre-school to secondary school up to age eighteen, with physical and hearing impairments. The school also reportedly took in students without disabilities. As some mothers in this project asserted, once students turned eighteen, they would be asked to leave. The school also provided rehabilitation and had both day and boarding school facilities.

Presentation and Description of Research Themes and Sub-themes

Three themes emerged from the analysis of the participants' responses to the interview questions. These themes encapsulated varied experiences of mothers who were raising children with disabilities in one of the urban areas of Zimbabwe. The themes that emerged were: a) *six A's of access*, b) *identity construction, reconstruction, and deconstruction narratives,* and c) *coping mechanisms*. Table 1 gives an outline of these themes and their sub-themes for this study.

Table 1: Themes and Subthemes from Research Data

Six A's of access.	**Identity construction, reconstruction, and deconstruction.**	**Coping mechanisms.**
1. Acceptability. ***2. Accessibility.*** ***3. Accommodation.*** ***4. Affordability.*** ***5. Attitudinal Barriers/catalysts.*** • *Language.* ***6. Availability.***	**1.** ***Complexity/multifariousness of children.*** • *Capable child narrative.* • *Good child narrative.* • *Like every other child narrative.* ***2. Good/astute mother narrative.*** ***3. Gendered work*.** ***4. Economic hardships.***	***1. Social support.*** ***2. Faith in God.*** ***3. Focusing on the medical diagnoses.*** ***4. Crying.*** ***5. Denial centered on hope.*** ***6. Passage of time.*** ***7. Downward comparison.***

Below, I will discuss the above themes in detail.

Six A's of access. Penchansky and Thomas (1981) described access in health policy as "a concept representing the degree of 'fit' between the clients and the health care system" (p. 128-129) that comprises a set of elements. According to these authors, the components of access are "acceptability, accessibility, accommodation, affordability, and availability" (Penchansky & Thomas, 1981, p. 128-129). I borrowed this concept to describe five of this study's sub-themes of six A's of access theme: *acceptability, accessibility, accommodation, affordability,* and *availability*. I added one additional component not identified by Penchansky and Thomas, *attitudinal barriers or catalysts.*

Access was a key concern of all the participants. Through their conversations, six critical components of access emerged. The five sub-themes of the theme *six A's of access* (*acceptability, accessibility, accommodation, affordability, and availability*) denote the extent to which the participants considered the resources, services or supports they were receiving, fitting. The sixth sub-theme, *attitudinal barriers or catalysts*, signifies the attitudes and behaviors of people. These attitudes and behaviors included views or behaviors such as stereotyping, prejudicing towards, discriminating against, and accepting individuals with disabilities and their families. The following is a description of these six sub-themes.

Acceptability. *Acceptability* as one of the sub-themes for *six A's of access* theme expresses the connection of the participants' views of what constituted appropriate qualities of service providers and the services they provided, to the prevailing characteristics of providers and services they provided. It also communicates what providers reportedly viewed as acceptable characteristics of participants who were the consumers in this study. This sub-theme speaks to the usefulness and appeal of the resources, services, or supports [that participants and their families could access], as well as providers who provided them.

Some participants in this study expressed concerns regarding some of the services offered to them and their children. Some of these mothers argued that teachers emphasized functional needs skills, such as self-care and carpentry, at the expense of academic skills, such as reading and writing. For example, Shamiso maintained that she was seeing less productive academic school work for her child, stating that as parents, “we just get books that they have done coloring. Like the report, on his report, we just see that they will be saying that he has colored, he has what.” In addition, the participants contended that those functional skills alone would not help their children after school. For example, Nyasha also expressed how the quality of academic education her son was receiving from his current school was unsatisfactory. According to Nyasha, her son could only count up to ten and that was it. He could not read even if her family had tried to teach him, she added. Speaking about that issue, she said, “Reading, up to ten. Writing, [laughs]. He just writes whatever, although he has a saying that you can write whatever. Uh, reading is impossible. We tried then we failed.” She pointed out that he could not engage in any business because he had no clear concept of money and added that once she had “encouraged them [administrators] last time here. Teach him at least to know that I went to the grocery with $5. He doesn’t know. If he buys the drink and they don’t give him the change, he would just walk out.” Nyasha argued that it was not enough to “teach him to take care of himself: to wash his clothes and clean his room. Do a bit of carpentry.” She argued, “what can he do with that? He would cut himself. There is not much really, which he can do after this school?” These comments revealed her criticism of the school curriculum as ineffective and insufficient.

Sharing Nyasha and Shamiso’s sentiments was Blessed, who contended that school authorities at her child’s previous school were saboteurs who failed her child because she never got anything from that school. She disclosed that she took those teachers’ failure to tell her about her child’s academic progress as “sabotage because every time I asked the teachers, ‘when is she going to write grade seven?’ You find they will tell you, 'she is not yet ready.'" She also recalled teachers making comments such as "Kudzai makes my day at work." Blessed did not appreciate the fact that some teachers would say that her daughter made their day because "I am expecting them to teach her something," not to make teachers happy. Although the teachers claimed to have had expertise in teaching children with disabilities, Blessed was not convinced. She argued that "the teachers were saying they were trained for special school but Kudzai didn't gain much that side." Thus, according to Blessed, her daughter did not show any improvement even though her teachers claimed to have had the qualifications to teach her. These teachers could not tell Blessed what exactly her daughter was learning.

In addition to getting poor quality education, Nyasha expressed displeasure with the way her son was losing those skills he had mastered before going to his current school. Nyasha also blamed her son's regression to the fact that she had no choice but to bring her son to the current school for students with severe disabilities. Commenting on this, she said:

> Before he came here, as you can see, how smart he was [pointing to her son's photo]. Now when he started to come here and mix with those who are not able to take care of themselves, whenever he comes home, I ask, "why are you so dirty? Why are you so dirty?" Before coming here, he was so smart. He didn't want anything dirty near him but now, I think what was worse was, there is a time when there was no water [at the school]. So, they couldn't wash for these kids every day. So, he has adopted it. It's now part of him. He will put on a dirty shirt.

She added that her son was also losing his speech skills the family had taught him. Instead of improving, she noted that "he is not improving much." She confirmed that, at times when he got home for the school break, the family had difficulties understanding him but, in contrast, before he started to attend this school, they used to understand what he would say. She expressed these concerns saying:

> So now I can’t tell whether it’s because he is used to these other children here or not because at times we see him imitating not speaking very well. Some of the children here do not talk much so he imitates what these other children do, who cannot talk much. So, I think if he was staying with others who are doing better maybe he would have improved but now, I don’t know.

Thus, Nyasha acknowledged the need for inclusive settings where children with and without disabilities learn together and help each other to improve their skills.

In addition to pointing out how some educational skills were unacceptable, some participants voiced concerns with regard to the delivery and quality of some services their children were getting, such as physical therapy and speech therapy. For instance, Bertha alluded to the fact that those who were offering her daughter speech therapy were not really offering productive services for her daughter. Expressing her dissatisfaction, she said:

> They just try their best to help her, trying to talk to her, trying to make her sing but I can see that there, the speech part is hard because they too will be doing their job, yes. They will be doing their job, but they try as someone who will be doing their job, yes, making her sing, teaching her to talk yes, but she can’t talk. Yes. She currently cannot talk. Sometimes when she wants, she just says, “mama” or “father” in Shona, yes. When she wants, she just says, “mama,” “father” in Shona only. Those are the words she says.

Her comments demonstrate that speech services her daughter was getting were unhelpful as her daughter did not exhibit any noticeable improvement.

While some participants argued that the quality of services was inacceptable, others contended that quality of services was also contingent on who offered those services. For instance, Blessed expressed satisfaction with the progress her child had made in her current school when contrasted to the non-progress she had made at her previous school. She proclaimed that, in comparison to her daughter's previous school, "here, they train them here. They go to school then they go to the workshop. They get trained here. She didn't grasp that much that side." Her expression of satisfaction with services offered to her daughter at the current school was in contrast to what she confirmed as negligence on the part of administrators at her child's first schools.

Accessibility. *Accessibility,* as a sub-theme for *six A's of access* theme, is the association between the location of resources/services/supports and the location of participants. This includes the participants' transportation resources, time, distance, and cost of traveling. Participants never volunteered how much they spent, or how much time they spent as they tried to access resources, but from their description of how they went about seeking resources and services, it was clear that they spent quite some time and money, and at times, it was pricey to travel. Sometimes some services and resources were far from their homes and schools, making some resources and services unreachable. For example, Tambu, describing her typical day, relayed that she kept thinking about the expensive trips her daughter took to school. She acknowledged that the public transportation her daughter used was expensive. As she put it, she had to endure insults from the operators of those mini buses whenever they demanded for their money each time she delayed paying them. She had the following to say:

> Uh, my day is fine because I get used but, I am only thinking, if I don't have money for transport it's where I am thinking that some of the minibuses drivers they said, "Uh, you should pay my money on Friday." So, I have been praying to

> God that hey, if my stuff can give me $10 on Friday and then pay them because they are shouting us, insulting us that "we can't carry your kids free. You are supposed to work for your kids."

In this case, school for her child became inaccessible because of the exorbitant transport fees.

Tafadzwa also described how the family church became inaccessible for her son because of his physical disability. He could not manage to walk long distances to that church. The family could not afford transportation to take him there, so they ended up allowing him to attend a different church closer to their house. Commenting on this issue, Tafadzwa said:

> We go to different churches. The reason why we are going to different churches is that Happy could not walk. Where we go for church is far. You know around 2000 things were hard in Zimbabwe, so we used to walk on foot, going to church. We could not afford to take Happy along with us. And then, there is another church which is just near our home. So, Happy attends that church which is near, yes.

Therefore, Tafadzwa reported that a family church became inaccessible because of distance and the inability of her family to afford the cost of transport for their son to get there.

Additionally, Blessed commented that educational trips, such as visiting game reserves or museums, were unfortunately inaccessible to their children with disabilities because parents could not afford them. Regarding entertainment as well as educational trips for their children, she maintained that:

> They can go to Chipangali, or go to museum, or go outside and see what is happening outside. At least if they can have games you know, something that they

> can do in their spare time not just go and just sit there in the TV lounge. But at least if they are at the same level of school as those outside, [other children without disabilities] if they go out they won't feel out of place.

Blessed further noted that extra curriculum activities, such as games, were minimally offered at her child's school as compared to other schools where children without disabilities attended.

When the hospitals in Zimbabwe could not provide an appropriate diagnosis for their son, Shamiso and family decided to go outside the country to seek further help. That meant spending money to prepare for a long journey outside the country. Once more, the process of accessing appropriate services proved to be pricy. Describing how her child first got sick and was admitted to the local hospital, then their decision to take him abroad, she had this to say:

> Yeah, like a child that has been struck by terror or fright, like that. And it was all like that. He was admitted to [name of public hospital in Zimbabwe] and they tried to do some tests, but they found nothing. Then we go to [neighboring country], it was 2009. When he started getting ill, it was 2009. We go to [neighboring country], they discovered, they do some, what do you call them? Scans, and they discovered that he had had what is called Hemiparesis. That was it.

Shamiso further described how gaining access to services in a foreign country was only possible through family support since it was costly.

Tariro also described a situation where she had to spend a lot of money and time moving from one doctor to another, including traditional doctors and churches, seeking answers for her child's condition, which doctors had initially described as ensuing from jaundice. In the following excerpt, Tariro explained how she went about seeking help for her daughter:

> Nobody was see that there was something wrong. Then I started going to the doctors. "What's the problem?" Uh, the doctors told me saying, "Uh, she is gonna be fine. Other children they grow slowly, slowly, slowly." I start going to physiotherapy. I end up going to churches, to the witch doctors, because no one was telling me what was happening. You end up wasting money going up and down, up and down trying, but I end saying, "uh, nothing you can do." But she end up, now she can sit alone.

Tambu also reported the countless times she visited the hospital without getting an appropriate diagnosis for her daughter, only to finally get it after relentless visits to medical professionals. She acknowledged getting a diagnosis for her daughter after a long time saying:

> Then I go back to the hospital again and then I told them that she is still doing the same and now she is six months and she is not able to sit. Then they said, "Uh, she has got a disability. Her disability is called cerebral palsy.

Thus, access to some services, such as getting a proper diagnosis for their children, was time consuming and costly for these mothers.

Chipo and Blessed corroborated the fact that getting appropriate diagnoses became costly as these mothers made several visits to professionals to finally obtain them. In their quest to get correct diagnoses for their children, they too reported making endless trips to the medical professionals who kept telling them that all was well without saying exactly what was going on. When Chipo first took her child to the clinic as was required for every baby, she claimed that nobody said anything to her regarding her son's condition and she just kept him at home. Blessed as well, like other mothers in this study, maintained that medical professionals let her down because they never told her what was exactly going on with her daughter. They kept telling her that all was going to be well, yet something was wrong. She stated:

> I think when she was a year plus, she used to have fits and they [medical professionals] did say that she had tonsils. I had them removed. But then if her temperature goes high she would develop fits. That ended up affecting her eyesight. When I asked, they said she would grow out of it. She did grow out of it, but damage was already done.

In the same vein, Tafadzwa maintained that she lost her job because she could not continue walking long distances to work and back home. This created more hardships for her family after losing the only job she had. She said the following, about all this:

> In, 2007, things were very tough for us to, things were very tough, so it was very difficult for us to go to [name of private hospital where she worked] from [name of high- density suburb]. We didn't have money for transport. So, we were going to [name of private hospital] to and from on foot from [name of high- density suburb] to [name of private hospital], on foot. It was very hard. Then I went to [neighboring country] for four years and then I came back in 2010.

She stated that she had to search for another job outside the country, suggesting lack of access to resources in Zimbabwe that could better her family's life.

Accommodation. *Accommodation* as a *six A's of access* sub-theme represents the fit between the way the service and resource providers addressed factors such as time they worked and ways they signed up participants for appointments, and the participants' capability to adapt to those factors. The participants' views on whether those considerations were appropriate, counted as well. This sub-theme addresses how, and whether or not participants had supports and services that could allow them to conveniently access resources or services for their children.

Tariro described a situation where as a single mother, she had difficulties balancing her shifting identities as a mother, caretaker, and breadwinner for her children. She attributed all that to the lack of time to take her daughter with disabilities for physical therapy regularly. Because she needed to work and get money for other essentials such as rental fees, she ended up frequently failing to take her daughter for such services as physical therapy. Commenting on this matter, she proclaimed:

> Hospital, I go there sometimes, once to the hospital with her for exercises, but I always say, if I get someone to love, I can continue to go. Because, sometimes if you think about you want hospital time, yes, but no one can find money to pay you rent and others. But at hospital she don't pay. I don't pay but it's tough for me to go every time with her because I am the one who is looking for her alone.

Shamiso also relayed concerns regarding lack of enough time to meet the hospital schedules for regular physical therapy for her son. She confirmed that they used to take him for physical therapy but "we just stopped. Uh, because time. But he used to go. I think he used to go for almost three sessions. We just ended up stopping." Tariro and Shamiso, therefore, could not adapt to the hospital times as they had other responsibilities to take care of.

Nyasha was the only participant who recalled getting accommodations that allowed her to go home and feed her son. She asserted that:

> When he was a year, isn't they give us a breast-feeding hour? Although I was not breast-feeding, but I would go and feed him. Uh, I used to work far from home, so it wasn't easy. I had no car to go home, feed him and come back. So, what we

> agreed on was instead of knocking off at two, I would leave at three. So, whenever I got home, the first thing was to feed him.

As she put it, when her son was still a baby, Nyasha had access to feeding time from work. She was able to negotiate time that permitted her to go home and feed her son, since she did not have her own private form of transport.

Affordability. *Affordability* as a different sub-theme for *six A's of access* theme, entails the prices of the services or resources in relation to the participants' income and ability to pay for those services or resources. Consideration is also given to the participants' views of whether the quality of such services and resources were worth the price, as well as whether the participants had knowledge of the total cost, prices, and other payment options available.

In addition to expressing concerns about educational skills their children were receiving, some participants like Shamiso commented about the poor quality of food for students at her child's school as well as its short supply because it was not affordable. The school had no money to buy the food as she put it. She attributed this shortage to the predominant ailing economy that saw the government failing to pay for the students on the Basic Education Assistance Module [BEAM] scheme, which is one of the Zimbabwean government's safety nets meant to pay school fees for children who are orphaned and those who are socially vulnerable. Commenting on those issues, Shamiso said:

> But as for food, house parents also were complaining. They were telling us that "Uh, we are not happy about food that is given to who? Children." Yes, they were complaining. They were saying that sometimes the students are given like, a small piece of meat. They were complaining about the quality and quantity of the food. But all that is because there is nowhere they can create money to buy food

> because the students who are there do not pay school fees. They are on BEAM as you know. They are on BEAM. The government is not paying the fees.

According to Shamiso, the government's non- payment of the expected school fees affected both the amount and quality of food at the school because money from the few parents who were paying was not enough to provide food for everybody.

Bertha raised the concern that some parents brought their children at the school and "dumped" them there. She said, "and others [students] who are just left at school as I mentioned that time, that some [parents] come when schools open, open day, and just dump their child and never come back." Bertha corroborated Shamiso's assertions that those children shared the same food and services few parents paid for, but her main concern with this situation was attitudes of those parents towards their children.

To support her argument concerning both the shortage and poor quality of food, Shamiso talked about how she would visit her son frequently, to bring extra food he would enjoy eating while in boarding school. She said the following regarding supplementing her son's food:

> Almost every week we would come weekend, we would pick him, or we would take him to Chicken Inn and buy him food then he would go back to school. We would make sure he had food stuffs such as cerevita, what, what because we would say that, it was better to buy him supplement because he generally likes food that tastes good. So, we thought that if boarding food tastes bad for him, it would be better that he had something.

That also implied that the family had to spend more money in addition to the school fees they were paying. On the other hand, talking about how unaffordable the school fees were, Bertha held that:

> It is hard because at times if you look at the fees charged, they are exorbitant, it is expensive a lot [laughs]. Huh, they are exorbitant. The fees are so high. Here at my child’s school, we pay $740 that is the school fees plus groceries on top of that. I think the groceries cost $60 something. So, it ends up as $800 something. Some people cannot afford that. It is actually not affordable, I can’t say “some.” It is not affordable. That is why some people stay with their children in these homes because it is not affordable.

Consequently, Bertha concluded that the reason some people kept their children at home could be the exorbitant school fees schools required.

Bertha also commented on how much mothers like herself had an additional challenge as they were required to buy diapers in addition to all the groceries. That required her to be an industrious and warrior mother, who would fight to get money for her daughter’s needs. She stated:

> Some of us whose children use pampers like Chenge, it is actually hard. You need to buy packs and packs of pampers so that she stays clean all the time because if you don’t buy those pampers, it will not look good. It is really hard, we can’t lie about that, yes. It is so hard because their [children with disabilities] life, I can say, is expensive [laughs]. Yes. One needs to be resilient, yes. One who is spirited to say, “whatever happens.” But it is so hard in this country.

Bertha mentioned diapers because her daughter had severe physical disabilities and needed to be in diapers all the time to stay clean. According to her, diapers were pricey, but she had to buy them. Bertha also reported how expensive other items such as wheelchairs were beyond most people. Commenting on the same issue, she said:

> Even, on the issue of wheelchairs like Chenge uses a wheelchair. Wheelchairs are so expensive also. Yes, so much that if it breaks down, to get it serviced, it is

> expensive. A very tiny thing, they charge $20, Yes, a very small thing that you will be hoping that perhaps, here they will say $2 or $3, you get there and be told that it's $20. So, it is so expensive, yes. That is why I say these children, I don't know. Their life is so expensive. That is why some people don't get even the wheelchair because they are also expensive.

Again, accessing resources as wheelchairs was a tall order for many people as Bertha related, because the prices were exorbitant, making those items unaffordable.

Blessed corroborated what other participants had said regarding expensive access to school for their children. She also noted that extra items their children needed to take to school, such as the groceries Bertha talked about, made school expensive. However, she contended that, as parents, they had to strive to provide those groceries. For Blessed, failure to provide those items would make one's child be "out of place." Therefore, parents made every effort to supply what the children required. She avowed that "we have to provide what we think she needs but definitely you have to buy her something because other kids will be having things. It won't be fair cause she will feel out of place." Accordingly, most of the participants volunteered that accessing school was costly but they had to try to get what their children needed.

Tambu also talked about how unaffordable school for her child was, even though her daughter was a day scholar. As a day scholar, her daughter needed transport fare plus school fees which Tambu said, was high-priced. Commenting on the school fees at her child's school, she said, "And then [name of school for children with and without disabilities] is too expensive. The fees, day school is $100 per term. Then there are some boarders there. Boarders is $600." Thus, even day schooling was costly hence difficult to access for some students, as Tambu reported.

Most of the mothers in this study reported having difficulties securing their own homes because they were pricy. One aspect of this was the difficulty in to affording housing with suitable accommodations for their children's conditions. For example, Chipo acknowledged the unsuitability of her apartment for her son who had physical disabilities. Describing his situation, she said:

> Uh, we are living in a flat. He is going very bad up and down stairs as we are at the higher level. Sometimes it is hard for him. Sometimes he starts to cry. Sometimes all the trousers are teared because he uses his buttocks to move those steps. We want even ground floor.

As Chipo recounted, her son was finding it hard to climb up and down the stairs to their apartment. Unfortunately, she stated that she could not afford a better place for her family and was aware that she needed even an apartment on the ground floor. Shamiso noted that owning one's own home was safer for their children because the house would be designed with the child's needs in mind. She stated:

> Plus, as I said before that such problems demand that you be economically, in a better way/ situation not a worst situation. As it is, I am able to run around because I have something to run around with [a car]. I mentioned before, we used to stay here in the city center, but you realize that you cannot say I live at the top there with a child who has such a problem. The best thing will be for you to have your own place where it is his level and where he will be free to play without limitations where you will not always say, "Be careful, the child may fall, what, what." We managed to work and got some money and bought our own house.

Shamiso recognized that she was able to buy a car and home because she had a sound financial standing. However, most of the study participants did not have the necessary financial resources to provide housing that accommodated their children's needs. Several participants identified problems in obtaining the resources just to pay for document fees related to housing. For example, Tariro recognized that she needed her own home that would be safe for her daughter. However, she shared the problems she experienced in obtaining such a home:

> If I get accommodation I can be free because I know that if you have something like accommodation and money you can operate better. She [daughter] already have a waiting list form and I registered her waiting list form to get a house or a stand, anything. I take it last year from the city council for $16 and renew it every year, every year, every year, for a house or a stand. At the moment, I don't have funds to do that.

Thus, Tariro reported further that she had set in motion a process to acquire a piece of land for her daughter but the form~~s~~ she had bought needed to be renewed yearly at the sum of $16. Due to the widespread economic difficulties at the time of the study, she could not afford to renew the form, she confirmed. As these excerpts all demonstrate, affordability clearly was one of the major aspects of accessibility for the women in this study, and all of the participants recognized difficulty in accessing needed services due to financial barriers.

Attitudinal barriers/ catalysts. *Attitudinal barriers or catalysts* as the fifth sub-theme for the theme *Six A's of access*, reveals attitudes and behaviors of people such as stereotyping, prejudice, discrimination, and acceptance of individuals with disabilities and their families in this study.

Bertha raised the concern that some mothers of children with disabilities mistreat their children. She stated that such mothers hit their children or left them locked up all day at home. She additionally noted that "you will see the child wearing tattered and torn clothes, he/she does not get bathed and just be left there because she/he is disabled."

Shamiso reported that negative attitudes and behaviors in some families when they have a child with a disability, could end up tearing those families apart. She commented that “most people fight, you know it! Most people have fights when they get a child with a disability. They fight, and people will discover that some marriages get destroyed.” She added that some parents end up rejecting their children and “running away” because of those negative attitudes about parenting a child with a disability. To support her contentions, she told a story of a student at her son’s school whose parents had abandoned her there. Luckily, according to Shamiso, that girl’s aunt eventually took care of her and sent her to that current school. However, Shamiso remained concerned that not all parents have the capabilities or needed positive attitude to care for their children with disabilities.

Tafadzwa and Shamiso provided different reasons for why some people exhibit negative attitudes towards individuals with disabilities. They reported that those reasons stemmed from lack of knowledge regarding disability. Tafadzwa argued:

> But the community now, especially children, they don’t, umm, they don’t understand the condition of your, your son when they are playing outside there. You can tell that this person is avoiding me even if I try to come closer to you, they avoid. Some, they do it.

Shamiso asserted that people displayed negative attitudes and reacted negatively towards individuals with disabilities and their families because of the novelty of that experience to those people:

> It is not a common thing maybe, to people to see a child with a disability. Some get surprised. Some do not even know that we have a child like that. So, the moment they get to know about it, they get surprised that, “Uh, is this your child?” So, they get surprised that, “Uh, oh, you have a child like this?”

Bertha also affirmed that at times people would mistreat her because they lacked information concerning disability issues. She relayed that when her family would go to church, some strangers would stare at them or ask why she would be feeding her daughter. She confirmed that she would take that time as a teaching moment to let them understand why she would feed her daughter instead of her feeding herself:

> People can ask why we will be feeding her. Then we can start telling them that, "no, she cannot, so, so, so, so," but people will be, their way of looking! There are some people who have a certain way of looking at you that, "uh, you have a child who is disabled" but others feel pity and accept it. But people are different. Some just see a person whose child is disabled, and they look down on her, regarding her in a certain way.

Corroborating the idea that some people looked down on mothers whose children had disabilities, and that those attitudes were barriers to the acquisition of vital information, Tariro said:

> Even in the community, the people don't like you because they just hear that you are somebody else. They take you down, down. Even if something happens in the community, they don't even tell you. Even funeral, they don't even tell you. They don't care about you. They thought you are somebody else.

Thus, these mothers argued that people's negative attitudes towards them and their children affected their interactions in their community and access to certain information.

Affirming that looking down on mothers whose children had disabilities had negative implications for mothers, Bertha argued:

> People should stop looking down on others or giving each other names that, "that mother who has a disabled child, this and that." No. That is not acceptable in life

> because if people are saying such words, it will bother us mothers who have these children living with disabilities.

As Bertha maintained, looking down on mothers whose children had disabilities or calling them names, could hurt these mothers' feelings.

Additionally, Tafadzwa argued that some mothers locked away their children because they feared that people would laugh at them. She reported that she too experienced such hostility from people shouting, "Uh, that one gave birth to a disabled child, this and that." She also acknowledged that her son had experiences of exclusion. She talked about other children without disabilities who would "use many words" to mock her son. They would say, "Uh, the disabled person! Uh, this disabled person. Uh, this and that. Uh, how are you walking? You are falling on the ground. Uh, you are falling. This one cannot talk." she added. Similarly, Tambu and Tariro both mentioned that some people claimed that their children were either "stupid" or "sick" because they had disabilities. According to Tambu, people mocked her daughter, likening her to a "fool or a person that is deformed." They would call her "other name like stupid/fool/crazy, in [name of ethnicity], that somebody who is not normal." According to Tariro, people called her daughter different degrading names such as "a big fool, great darkness or someone without light; unenlightened." Others, called her "sick," or "cripple." As she put it, Tariro always asked why people remarked that her daughter was sick. She asserted that, she always responded to those aggressors by telling them that if her daughter was sick, she would have been in hospital. Therefore, as these mothers reported, people demonstrated hostility towards them as mothers of children with disabilities and their children.

Tariro talked about some beliefs about people with disabilities that cast them in a supernatural light or as the fault of the parent. For example, she stated that "I always hear that other people believe that if you have HIV, if you sleep with somebody with disabilities, the HIV will stop." She also talked about some people who still believed that witchcraft caused disability, including her husband who she recalled proclaiming that "to their family they don't have disabled children. So, this disabled child must go to stay with my family because maybe my parents have done witchcraft." She added that others maintained that there were some people with the power to turn someone into a person with a disability for the sole purpose of gaining riches. Thus, she charged that, her parents were certain that her daughter had been turned into a person with a disability to enrich the perpetrators. She confirmed:

> The uncles of my husband have got businesses. They have got stores and taxis. My family says they are the ones using your child for businesses so go and give them to fully use her and come alone because you, you are not disabled. You can stay here, not your child.

Tariro also spoke about people who still reckoned that "if you play with someone or if you share with someone who is disabled, you gonna catch it." Similarly, several mothers in this study confirmed that when they had their children, others insinuated that they might have done something bad that caused them to give birth to a child with a disability. As Nyasha noticed, "people in our culture just say that there must be something bad, which she did," that "somewhere in life, there must be something bad" that she did, "or her parents, maybe, must have done something." Nyasha acknowledged that "it is difficult in the African culture to come and say you have a child like that. They say, "there must be something, which you did." Nyasha also noted that blaming mothers, as well as displaying negative attitudes and behaviors towards them, could instill negative attitudes in some parents of children with disabilities who then might end up refusing to let their children out "because they are afraid of what other people will say." In her case, Nyasha blamed herself for having a baby after the age of 40. She spoke of how she had partly accepted what people were telling her, to stop having children lest she ended up having a child with Down syndrome. She stated that her own education had taught her the same, that the older one is when conceiving a child, the higher the possibility for her to have a child with Down syndrome. All these comments demonstrate that some people still hold negative beliefs regarding disability and having a child with a disability.

Some of the participants in this study reported that the negative attitudes and behaviors they observed directed towards individuals with disabilities made several of them worry about how their children would fare if they were to die first. Bertha, for instance, talked about how hard it was to watch a child with a disability who had been left tied to her wheelchair in the city center, begging for money. She communicated that once she said, “God if you get to take me, take me together with my child,” when she saw how that child would always be tied to her wheelchair in the city center to beg for money. Tariro, Nyasha, and Blessed similarly relayed fear of dying first and leaving their children behind in an environment that was unfriendly to them.

An important note is that two participants, Tambu and Shamiso, recognized that prior to having their children, they too had similar attitudes about individuals with disabilities. For example, Tambu stated that “us, before not having that child, you are going to call them like that [derogatory names for people with disabilities].” That was striking because what she implied and admitted here was that having a child with a disability gave her a different perspective regarding individuals with disabilities. In other words, had it not been for her experience of taking care of a child with disabilities and understanding her needs, she still could be thinking and viewing disability the same way those without the same experiences as hers, did. Shamiso similarly asserted that her attitude towards children with disabilities changed for the better when she had a child with disabilities. She asserted that:

> To be his mother taught me a lot. In fact, it taught me to have guts, to be someone with guts. It's not easy to take care of a child with a disability but it taught me to have courage. Sometimes when he faces these attacks, it's not easy but it taught me to be what, to be a person who is brave in life and it made me be mature. It also taught me to pull closer children with disabilities. I love them. It actually taught me that. Yeah, I also learned a lot so much that if things permit, I will also do those courses about special needs because it taught me to love them.

Accordingly, Shamiso acknowledged that her attitude and behavior changed positively, and she affirmed her love for children with disabilities and her desire to pursue disability studies. The mothers in this study acknowledge the pervasiveness of negative attitudes and resulting behaviors toward people with disabilities and how lack of knowledge contributed to this situation.

Some mothers in this study expressed concern at the unavailability of family support. Several of them proclaimed fear for the safety of their children and would trust better, relatives or family members to help them take care of their children. For instance, Blessed, appreciating that her daughter needed maximum supervision, she acknowledged that, "At times in a family if you have got a child with a disability, not everyone accepts that and not everyone will be giving you a hand." In this case, Blessed expressed concern on the lack of supports from families as a result of their negative attitudes towards people with disabilities. For Tafadzwa, support from relatives was unavailable as they "were only telling stories and stories." In other words, they were only offering excuses each time she asked for their help. Tambu talked about lack of support from her husband who, upon hearing the news of their daughter's disability, said, "What is that? To my family I have never seen that. So, it means this thing is at your family." He "then he leaves me with that kid." Tariro echoing Tambu's experiences narrated how the father of her daughter, upon realizing that their daughter had a disability, left Tariro to fend for the child alone. Tariro affirmed that she attempted to obtain help from her own parents, but they equally refused because she had declined to abandon her child. As she recalled, they wanted her "to take my child to their village" but she refused. According to Tariro, they then suggested that she took the child to an organization for individuals with disabilities, "and then you can come alone and stay with us. You are free to stay with us," but she still turned down that offer and so, they too rejected her, she asserted. All this confirms that negative attitudes are an obstacle to accessing resources, services or supports.

Tariro also reported that the father to her other two children refused to help her or marry her because he wanted her to desert her first daughter with disabilities before she could live with him permanently. As she relayed, she chose her daughter over that suitor, forfeiting his support in the process as he also left her. Chipo also disclosed that she and her husband divorced because he did not want to support their son with disabilities. As she put it, she fought hard to secure a place for her son's education without him or his family because "they don't want him to come to school. They said this boy is useless, how can he go to school while he is disabled, so that is why it forces me to divorce." Nonetheless, as these mothers confirmed, the unavailability of family support did not stop them from continuing to thrive, taking care of their own children, and not relegating that duty to someone else or some organization. Blessed, Shamiso, Nyasha, Bertha, and Tafadzwa on the contrary, reported that their husbands accepted their children's disabilities and were as supportive as they could. They affirmed that their husbands would stay home or bath the children whenever they could render such support.

Language. This sub-theme represents the choice of words participants used. It is my contention that word choice is attitudinal. I also believe that language equals power and so, it can be a barrier or a catalyst towards accessing resources, services, or supports. Most of the mothers in this study referred to their children as “gifts from God,” or serving a “purpose” that only God knew. Others such as Blessed called their child a “special child.” It appeared that by accepting their children as gifts from God, God-given, or special, it gave these mothers power to refuse negative attitudes and adopt positive attitudes towards their children’s disabilities. As Tariro confirmed, mothers whose children have disabilities need to:

> Be brave and don’t care about what people say and look at your child and thank the Lord for what he has done for you because God has a reason. And then He makes you brave, He makes you intelligent and wherever you go, you don’t fear anything as you are the mother of a disabled child.

These mothers’ positive attitudes towards their children was a catalyst for them to accept, love, and provide for them as they would children without disabilities. In contrast, as reported above, people without disabilities called these mothers’ children with disabilities names such as “cripple,” “crazy,” “fool,” “useless,” and “darkness.” In my opinion, such words are denigrating, and they write off these children. As Tafadzwa affirmed, these words were hurtful. In that case, negative words influence negative attitudes that in turn bring about behavior that hinders access to resources, services, or supports. For example, Chipo affirmed that her husband’s family refused to allow her son to go to school because to them, “this boy is useless, how can he go to school while he is disabled?” In other words, they did not consider him capable of learning and understanding anything in school, but her mother considered him capable and “started to bring him here [school] when I already divorced.” Additionally, Tariro and Tafadzwa spoke of some children who called their children "cripple." These children isolated these children with disabilities showing that words people choose to use influence their attitudes which in turn, affect their behavior.

Availability. *Availability,* as the sixth sub-theme for the theme *six A's of access*, denotes the connection between the participants' amount and type of needs, and the amount and type of resources, services or supports currently offered [available]. As discussed earlier, mothers in this study commented on the affordability of services and resources that existed, but sometimes, resources, services, and supports that could enable participants and their children to participate fully in their communities were nonexistent or were insufficient, regardless of finances. In a long soliloquy, Shamiso summarized the many shortages at her child's school. In her narrative she reported that:

> There isn't even a penny. There is need for the employment of a physiotherapist, and machines bought then there can be rehabilitation- like. Otherwise, as it is, it is just babysitting. The children's diet needs to be assessed then they get help. Then there should be even a speech therapist who works with the children with regard to their speech with the speech therapist getting paid as well. The school then should also have even its own school doctor. If funds permitted, children need to also have medications bought for them effectively because sometimes you just see that here, it's simply negligence; lack of resources has caused children to be like this. You can see the children with sores. Employees have salary arrears about two years old. They were not getting their salaries. The buildings also need to be suitable for children with disabilities. They should be built to suit their conditions not to just shove them in, yes. Their beds need to suit their conditions. There are not even window panes at the hostels. Mosquitoes!

Accordingly, Shamiso expressed concerns at the scarcities of key services and resources because of the affordability problem. Thus, the queries about shortages of resources or services were interlinked with questions regarding the suitability/acceptability of such a school.

Some participants reported that, in addition to limited availability of schools for children with disabilities, services such as educational psychology were available. On explaining how she got to know about her child's disability as well as the school she ought to attend, Blessed said:

> I had to go back to the doctor and then she [daughter] was referred to an education psychologist. That is when we discovered that Kudzai has a disability. They did say that part of the brain was damaged; she needs to go for a special school.

Shamiso too, acknowledged that the education psychologist helped them to get a school deemed suitable for her son. She said:

> It's like when we discovered that he was turning 6 years, we went to the education offices and they assessed him. They are the ones who wrote the school to take him to. So, they said these are the schools that we have but this one is suitable for him.

Thus, these mothers got an idea of which schools were better for their children through the services of the educational psychologist, they all affirmed.

Nevertheless, Tambu argued that, those who were assessing their children would do so then decide schools for their children. She maintained that:

> Because the physiotherapists they are the ones whom they assess the children that this child is supposed to have school, she should go to [name of school for children with and without disabilities], I don't have any choice. But they are only

> choosing schools for us. And then [name of school for children with and without disabilities] is too expensive.

Unfortunately, as Tambu expressed, educational psychologists never assessed whether parents would afford the school fees at those schools they were choosing for them. For her, it was a critical problem. She however acknowledged that schools were selected based on the needs of the child and that educational psychologists [she called physiotherapists] carried out the assessment process. Thus, availability of resources, services, or supports depended on cost of such resources, services, or supports.

Some participants in this project also reported that, although schools for individuals with disabilities were somewhat available, once that child was out of school, there was not much they could do. Tariro mentioned that her daughter was once in school but once the daughter was out of school, there were no real plans for her to do something to better her life. She said, "Yeah. It's like, at [name of school for children with disabilities and those without disabilities], if you become 18 years old without improving, they remove you." She affirmed that her daughter was currently "not doing anything." Blessed narrated also that at one point, she did not know what to do with her daughter when she turned eighteen and the school she was attending could not keep her anymore. She relayed the incident saying:

> From the education psychologist, they recommended her to go to [school for children with intellectual and physical disabilities as well as those without disabilities]. By then my father was working here. So after, from there, they said after eighteen they cannot keep her there. Then I found my father and asked him, "what am I going to do with Kudzai if they are saying they cannot take her anymore? She is over eighteen?" That's when he said, "No. You can come to

> school and then fill the forms and see if he can get a place for her." Here, [current school] there are some who are older than her.

So as Blessed put it, she was fortunate to have a family member refer her to another school for individuals with disabilities after her child reached 18 years and was supposed to be out of school according to that school's regulations. However, from what she said, that was not a transition program. As such, she talked about starting to teach her daughter functional skills hoping that she could find something to do after school. Commenting on those plans for her daughter, Blessed said, "As I was saying, as it is now, I am going with her to my work. At least if she can try to grasp something. We are trying to teach her if she can do something with her hands." Thus, from their comments, these mothers were establishing that there were no defined transition programs for their children after school.

Nyasha also expressed concern about what her son would do after school. Nyasha disclosed that her son was a good child who had empathy, was helpful, and cheerful but, "the problem is that he cannot find work to do or something good to do so that he can take care of himself. People have got to always supply him." Therefore, as some participants reported, availability of services, supports, or resources, could enhance experiences of mothers and their children with disabilities, while the opposite was true when those supports, services, or resources were scarce or unavailable.

Some mothers in this study noted that informational support was not always available.

For instance, Nyasha remarked that many mothers who had children with disabilities lacked knowledge regarding access to appropriate aid for themselves and their children with disabilities because no one offered that information. She stated:

> They don't know how they can take them [their children] to such schools. They don't have money; they don't even know how to do it. We don't even know our

> rights. When it comes to such children, we don't know our rights. So, if there could be, we could have lessons where even with those whose children are here [her son's current school], we can be told about the children's rights, our rights as parents, what we can claim from the government or whatever, that would help. We don't know.

Thus, even though resources may be available, lack of information concerning their availability affects their accessibility to people. Nyasha noted as well that her granddaughter "is also not doing well. I understand, she has problems with her speech" and that "she is three years now, but you cannot converse with her or talk to her." Nyasha added that it could be that "they didn't take her to crèche at an early age." Thus, Nyasha indicated that her granddaughter's parents lacked information or knowledge about the benefits of early intervention. As such, they failed to take the child to school at an early age. Consequently, lack of knowledge regarding issues to do with disability affects negatively, the availability of resources and services for individuals with disabilities.

Additionally, Nyasha demonstrated that she was aware of the critical issues in special education such as early intervention and prevention done from birth to about five years or when the child displays indications of any disability regardless of age. As she argued, if her granddaughter had been sent to creche early, she could have received some help. Thus, as Nyasha conceded, information regarding disability matters such as parents and children's rights, where, and how to get appropriate schools for individuals with disabilities, was scarcely distributed, which in turn compromised the availability of services and resources for children with disabilities.

Shamiso echoing Nyasha's assertion that a few people knew about the few existing services and resources for individuals with disabilities, also noted that people in the remote areas were affected the most. For instance, Shamiso related that people in remote rural areas had difficulties accessing services for their children with disabilities because such services are concentrated in cities and most of the time, these parents are not aware of the availability of such services or supports. She affirmed that she herself got to know about schools for individuals with disabilities when she moved to the city. She stated:

> Plus, the schools, isn't you see that they are limited plus they are in town? The schools for children with disabilities are very limited in number. I only got to know about these schools when I came to the city. Otherwise those in remote rural areas they just 'sit' there quietly. Just 'parked' there! There is nothing.

Shamiso's use of the word "parked" emphasized how people in remote areas had little chance of getting help for their children with disabilities. In other words, they would just sit there with no intention to move as does a car that is parked. Thus, long distance from the city and lack of knowledge regarding the few available resources, services or supports influence negatively their availability to individuals in remote areas.

On a different note, Shamiso confirmed that lack of conversations around issues to do with disability was becoming a problem in her family. She stated that siblings to her child with disabilities were beginning to ask questions regarding his condition. Commenting on this issue, she said:

> People, uh, you know especially small children. Right now, I am discovering his young brothers are now asking why he does not speak, you see. Like small kids, some do not understand. You know kids! They, when they first see him, they get scared that "uh!" You see what I am saying? But with time, they get used to him.

Thus, educating Shamiso's younger children on their brother's disabilities was important as Shamiso alluded, to prevent his son from losing supports as sibling friendship or other friends outside her home who could be afraid of her son. Therefore, lack of knowledge regarding issues that affect individuals with disabilities influences negatively, the availability of resources, services, or supports for these individuals.

Identity construction, reconstruction, and deconstruction. The mothers who volunteered to participate in this study constructed, reconstructed, and deconstructed for themselves and their children different identities that debunked those that society constructed for them in different ways. These were captured under the following sub-themes: *complexity and multifariousness of children, good/ astute mother*, *gendered work*, and *economic hardships* narratives. The sub-theme, *complexity and multifariousness of children*, had three sub-themes: *capable child, good child,* and *like every other child.*

Complexity/ multifariousness of children. This theme represents the idea that children have diverse personalities and behaviors. Here, the participants provided narratives divorced from the traditional disability identity narratives, that commonly define their children as unable and impaired. These mothers constructed positive identities of their children; as children who had varied personalities and abilities. The narratives these participants constructed contrasted with descriptions of their children based solely on having disabilities. These counternarratives included the *capable child, good child*, and *like every other child narratives.*

Capable child narrative. Mothers in this study constructed a *capable child narrative* to demystify the notion that a child with a disability is a powerless child. Blessed spoke glowingly about the day her daughter was able to prepare the Zimbabwean staple food, sadza. After worrying about whether she would ever be able to do that, the day she finally did, Blessed recounted being so happy, and thanked "God for that. Kudzai now can cook." It is an important feat to accomplish for a Zimbabwean girl, as aforementioned. In addition, Blessed described her daughter as able to prepare breakfast for herself, and at times, her grandmother. Blessed also acknowledged Kudzai’s participation in sports at school.

Several participants described their children as perceptive. When she shared how her son always reminded her about important things she would have missed, Nyasha referred to her son as one with “common sense” and a companion who is “helpful.” She recounted that her son noticed that when she was busy, he needed to prepare something for her to eat. She also emphasized that he would be the first one to greet her when she woke up in the mornings and whenever she got home. In addition, when Blessed talked about how her daughter became capable of taking care of her menstruation, she characterized her as someone who gained an understanding of expectations considered sacred, such as realizing “that no man must see her blood.” Blessed reported that even when her mother-in-law gave her daughter conflicting instructions that she was expected to follow, her daughter was able to comprehend that “now I got to do this. My mama tells me to do this and granny says to do this, she will say, “mummy I am coming. I am doing this for my grandma.” Then she would do what her mother would have told her afterwards.

While Nyasha spoke about her son’s struggle to read or write proficiently, she also talked cheerily about his ability to “identify things” and follow instructions. She stated that he was helpful and would “fry eggs,” make coffee for his mother and brothers, and water the garden. Chipo also related how her son helped in the garden, despite having a physical disability that prevented him from doing more work. Tafadzwa painted a picture of a son who was diligent, as he would wake up to do all that he was required to do before “he rushes to his market to sell his items.” According to Tariro, her daughter could “wash her panties and bras for herself” although “her hands are still weak.” Thus, these mothers painted pictures of capable children, as a counternarrative to that of powerless and incompetent children with disabilities.

Good child narrative. Mothers in this study portrayed their children as “good children.” Tafadzwa, when describing her son, likened him to a good preacher because when she would look at him, she would see “maybe, God’s creation. Maybe, I see a preacher because he likes to preach the gospel. Yes. Maybe I see a pastor.” Considering that she also talked about how people teased him because he had a physical disability, Tafadzwa was reconstructing an identity narrative about her son that was contrary to the one society had formulated for him. Thus, she changed the narrative from that of a person with a disability to the one of a person who loved things to do with God, hence a good child.

Blessed described her daughter as a companion who is “there for me and I am there for her.” She added that “she is more of a friend” to her. Tariro too talked of her daughter as having “common sense,” one who had empathy for others. She recalled her daughter, at one stage, consoling an adult who used a wheelchair. As Tariro reported, her daughter told the woman to stop crying about using a wheelchair but to accept it because “I ride one every day. I don’t cry. Me I am not crying. I am born like that. I use it every time, but I am not crying. Accept it.” Additionally, Bertha attested to the fact that she accepted her child’s disability and stated that, “when I am looking at her, I simply see her as an admirable child among other people. I say, she is a good child.” Thus, these mothers’ accounts revealed that they acknowledged their children as good children, who displayed good human qualities and characteristics.

Tambu maintained that her daughter was “clever” and “intelligent’ because “even if they [children with disabilities] are not talking they can tell with signs.” Nyasha affirmed that her son was a “handsome boy” who was equally “clever” because he would walk home alone on the correct pedestrian side, while Tariro spoke of “my lovely child.” Tafadzwa talked of her son as a “well behaved boy,” who was “obedient,” and would always follow instructions whenever he was told “Happy do this or that.” Chipo, Tariro, Nyasha, Blessed, and Bertha all spoke of their children as “good” children who liked to be “clean.” All these positive descriptions these mothers gave of their children, spoke of mothers who had admiration for their children and regarded them as good children. Thus, a good child, as they put it, was a child who was empathetic, helpful, reliable, well-behaved, and obedient, among other traits that are considered desirable in the society. This narrative runs counter to one that focuses on these children’s disabilities.

Like every other child narrative. In addition to speaking highly of their children, several mothers in this study claimed openly that their children were like other children. Chipo spoke of her son as a “blessing from God *like other children* [emphasis added].” Bertha declared that she had accepted her child the way she was and “personally love her the way I would love other children who are not like her.” All the mothers in this research study noted that, like any other children, their children were also “cheerful and sociable.” These mothers described their children as children who would mix and mingle with other people, playing, laughing, or sharing jokes, just like any other children would do.

To demonstrate that they loved their children like they would children without disabilities, Nyasha and Bertha spoke of going to their children’s school to bring them home most weekends. According to Nyasha, the administrators asked why her family would buy extra food for her son. Visiting her son and bringing extra food for him was one way of showing love for her son. When the mothers brought photos as requested for one of our interviews, they showed me photos with all their family members, including their children with disabilities. That was something that signaled that they treated their children equally. They also articulated that their children were not an embarrassment to them. Bertha described traveling everywhere with her daughter, even in neighboring countries, without feeling that her daughter was an embarrassment to her. These mothers saw their children as children first, albeit as unique individuals, not just as a disabled child, just like they see their other children. The participants shared other examples of ways in which they treated their children as important and valued members of their families.

In Zimbabwe, a child's twenty-first birthday is a significant birthday because that is when parents give their children a symbolic key to show that they have become of age. Blessed recalled that "we did throw a twenty-first birthday for her. We bought her a twenty-first key. She added that, "we did that for her because we did that for her brother." Tariro emphasized how she had fought hard to keep her child with disabilities. Even though her parents and husband abandoned her, she was taking care of her daughter the same way she was taking care of her other children; she affirmed that she was sending Tsungai to school the same way as Tsungai's siblings. She confirmed: "I am taking all my kids that they are the same. I don't have tribalism that this one is disabled, this one is okay because they are all my kids." In addition, when the participants spoke of advice they would give to other women whose children had disabilities, all the women in this study spoke of mothers' need to accept their children with disabilities, making sure that they had the "right to go to school, right to work" if they managed, and their "right to do everything that the other children do." Tafadzwa added that, as a piece of advice, mothers should "not discriminate against their children with disabilities, suggesting parents should not say, 'Uh, this one is disabled, let me place him/her aside and the one who is able-bodied, let me put him/her here. We must not discriminate against them." All these statements mothers made regarding their children, captured pictures of children who were treated like every other children.

The research participants also spoke of their children's good health despite having disabilities. Some of them relayed that their children were just like other children whose physical health was good, despite their disabilities. Bertha described her daughter as "not difficult," as she was not that child "that would make me visit the hospital all the time like what I sometimes see with other people who are always at the hospital with that child: in today, in again tomorrow." She added that "she is a very healthy child except that she has a disability." Nyasha too, pointed out that her son's health "is ok" as they did not have to "take him to hospital for any problems." She also detailed that he could control his bladder at night, which meant that he was in good physical health. Shamiso highlighted also that her son, despite being on medication for epilepsy, "could eat well" and that he had "no problem with his bowel movement as well." These mothers emphasized their children's good physical health as a way of emphasizing ways in which they are just like other children who do not have disabilities. By emphasizing how children were like other children, they argued their children also deserved to be treated well, cared for, accepted, and loved. Disability did not define them.

Good/astute mother narrative. Several of the women in this study attested to fighting hard to keep their children with disabilities. They reported that they had choices to either place their children into organizations that took care of individuals with disabilities or send their children to rural homes and hide them there. They asserted that they refused and decided to take care of their own children. Reportedly, taking that stance and vowing to work for their children, qualified them as good and astute mothers.

All the participants reported working hard to take care of their children. For instance, Tariro stated that "at the day I am coming to the flea market, at the night I am doing knitting." To demonstrate that she was enterprising, Tambu said, "yes, I, I am selling tomatoes and chips and some of the little stuff. And then I am a volunteer at a preschool." Chipo, who was in the business of buying and reselling things like tomatoes, airtime, and soap, said "sometimes I am selling these things at home, even at 8 o'clock p.m. and if you want sunlight liquid, if I have it, I will sell it for you. If you say I need airtime, I will sell it for you." Chipo also talked about supplementing what she would get from buying and reselling, by doing "this and that, working, washing clothes for other people so that I can feed them [her children] and pay their school fees." Bertha acknowledged that she worked "alone, self-employed" and did "work in a variety of businesses, anything that comes up." She talked about going outside the country, to Zimbabwe's neighboring countries to buy items to resell back in Zimbabwe. Tafadzwa and Tambu also talked about crossing the border at one time to go and seek employment when the economic situation in Zimbabwe was really distressing. Thus, as their narratives confirmed, these participants worked hard and were enterprising in order to give their families a decent livelihood.

Furthermore, Tambu averred that, being a mother of a child with a disability meant that she was a good mother. She stated:

> It means that I am a good parent. If I was somebody else I was only said, "uh, this kid is disabled, so let not take her to school but I have got that heart that she can be a pilot, she can be something, so let me take her to school.

Thus, Tambu expressed that taking care of her child without discriminating against her and sending her to school gave her the qualities of a good mother. Tafadzwa also reflected this notion when she said that she understood herself as a good mother "because some when things get tough, they run away and go away but I am always by his side in every situation we face. We are always together. Whatever we have, we share." Consequently, as Tafadzwa put it, being a good mother meant supporting her son.

Some mothers in the study suggested that they cared about the results of their efforts of taking care of their children and expressed pride in the persons their children had become. Nyasha, commenting on her son's photo, captured that pride when she said "see how smart he is? It reminds me that I did a good job of taking care of him. He is smart like all the normal children." With this, Nyasha recognized that she took care of her child well, which resulted in a well-groomed child and that this was part of what it means to be a good mother.

Shamiso and Blessed commented about the need for their children to also have the same opportunities that their peers without disabilities had. Those opportunities included going on educational trips and visiting holiday resorts or museums. Blessed noted that if presented with such opportunities, these children would not be left out. Shamiso relayed donating a satellite dish to her son's school "to create an environment similar to that at home." Her son and other students therefore had the chance to "watch different programs" such as those they would watch if they were at home. Thus, these mother relayed doing all they could to treat all their children equally as a way to show them that they cared about them just like any good mother would do.

Furthermore, some of the participants for this study argued that they had to make good judgments when making critical decisions for themselves and their children. One of the important and difficult decisions they had to make was whether to put their children into a boarding school or keep them home as day scholars. Both of those choices had their merits and demerits, according to the participants. Several argued that it was expensive to put their children into boarding school, but they opted for that choice because it saved time and allowed them to engage in other activities. They also maintained that becoming boarders prevented their children from missing any school days. These mothers contended that if their children had been day scholars, their chances of missing school would have been high because some days they might lack transport fare or have busy schedules. In addition, those who chose the boarding school option argued it was advantageous for children with physical disabilities as it reduced the physical efforts involved in commuting to and from school daily. Consequently, these mothers affirmed that making critical decisions for their children and themselves made them good and astute mothers.

Several participants suggested that their ability to tell when their children needed a bath, food, or that they were uncomfortable, meant that they were astute mothers. For instance, Bertha reported that because she was used to her daughter, she was able to tell "if things are like this, it will be like this. That, if at times she is crying, I know that sometimes she will be hungry then I feed her. Then I see her calming down." Thus, Bertha noted that being a mother of a child with severe disabilities who could not talk, required her to be an astute mother who could perceive her child's needs.

Several mothers in this study also talked about noticing that there was something unusual about their children first, before the medical professionals did. They spoke of their ability to be especially discerning, hence qualifying as good and astute mothers. For example, Nyasha asserted that "the doctors then did not notice that there was something wrong, but I did. I saw, the eyes had problems. He couldn't suck" and that was how she noticed that something was wrong. Chipo stated that she "started realizing his [her son's] disability when he was two years because all things he was doing was slow. He was slowly crawling, and he started late to walk, and I started discovering that my baby has a disability." Thus, these mothers shared that they were aware of their children's conditions before others, as a way of emphasizing their capability as mothers.

Additionally, the participants also talked about their care and love for their children as an aspect of being good mothers. Several of them spoke about how they washed for their children, cooked, and bathed them, especially those who could not do that for themselves because of their physical disabilities. For example, Tariro reported doing “everything for her. I lift her to the toilet. Doing everything. Even now she is grown up, she has got MPs (menstrual periods). I take care for that” because as she put it, “no one can accept that.” She communicated that she kept her daughter clean and she enjoyed compliments people would give her saying, “Your child is always smart” [neat]. Therefore, although she said that the reason she was doing that for her daughter was because no one else would, she took pride in the results of her labor, which were rooted in the pride she had for her daughter. This in turn, characterized her as a good mother.

Mothers in this study reported fighting for their children’s independence because they were aware that if they were to die first, those children would face many challenges. Blessed talked at length about the need to expose children with disabilities to different opportunities so that they could learn to stand up for themselves in the event that their parents died before them; “at least you introduce the child to the world whilst you are still there personally, the child will be able to take care of him or herself” when the parent is dead. So, while all the mothers in this study talked about doing almost everything for their children because of their disabilities, they emphasized the need to teach those children some lighter chores as life skills, such as washing their clothes, plates, watering the garden, sweeping the house, or whatever each child was able to do. This is consistent with literature I reviewed where some mothers relayed having to make tough decisions such as placing their children in residential facilities to facilitate those children’s freedom, and stop those mothers from continuing to take care of those children (Green, 2004). Accordingly, like warriors, participants in this study reported protecting their children from hostile family members, friends, or strangers. They spoke of different ways they fought to make sure their children survived the harsh economic conditions in the country, just like any good mother would do for her family.

Gendered work. All the mothers in this study acknowledged doing all the house work for the family. For instance, Bertha pointed out that all the work that needed to be done in the home, including taking care of their daughter with disabilities, she did. Echoing Bertha's sentiments, Tafadzwa talked about spending the whole day outside the home, "trying to make ends meet." She stressed meeting other women whose children had disabilities and planning how they could survive. She related selling peanut butter, advancing one of their businesses of buying and selling. She said she would "go back home after selling. I cook and do everything because he (her son) can't cook and there is no one else to help. But they [children] help washing the plates." She added that she would "wake up in the morning" and "start cleaning." Thus, some of these participants maintained that they were both the breadwinners and did all the household chores.

Some of the participants were married and living with their husbands. However, all provided an important contribution to their families' income. Even so, they related that they also had primary responsibility for doing most of the domestic chores and taking care of their families. Nyasha's husband died several years prior to these interviews. At the time we spoke, she was staying with her three sons, including the youngest, with disabilities. The two older boys had no jobs. Even so, she remarked that she was "the one taking care of everybody," both financially and by doing all the work at the house. She needed help from them, but she justified their lack of support for her by blaming their "stress" for not getting jobs. Hence, she expressed appreciation of help from her son who has Down syndrome and spoke of leaving the other young men alone. Blessed, relayed as well that every week day she had to get up early. She would:

> Leave for work at half eight or twenty past eight. I spend the whole day at work and I only knock off at half six or at 7 o'clock in the evening. When I get home, I start preparing my supper. After that I wash my dishes and sees that my uniforms if I need to iron or do my washing, I do my washing at night or I do my ironing at night. Then the following day, I will get my clothes outside and ask my neighbors that when I am gone they will remove them out for me. Then I have to do the washing for the family, that's for my husband, if he comes. And if washing is there I will have to do that and make sure that everything for him is done. I prepare his breakfast before I go to work in the morning and when I get home in the evening I will start the cooking.

Meanwhile, her husband "most of the time he will be at home" she reported.

According to Blessed, her husband had lost his job. Blessed said that her husband was supportive by staying home with their daughter and that before he lost his job, he used to be a wonderful family provider. Bertha and Shamiso also talked about how supportive their husbands were especially helping them stay home with their children with disabilities and helping with the bathing of the children. However, they still affirmed that they did the bulk of the work. For instance, Shamiso said, "at sunrise, I get up and clean. After cleaning, I cook porridge and the children eat, Tatenda and other kids eat. After they eat right, I bath them, and we all have breakfast." She emphasized that after she prepared breakfast, she prepared lunch for the family. She maintained that she was always busy "as I go to work, I will start doing school work, writing and scheming, and what. So, you end up being busy all day. Washing, doing what, all those things, you don't have time to just sit." Just like Blessed, Shamiso stated that she was employed and brought home an income; she would "go to work every day- Monday through Friday. In the morning 7 o'clock I start work, and I end work at 4 o'clock." Like the other participants, after work, she still had to go home and do the house work. Bertha acknowledged that she decided to work informally, to help bring more money home. Like Blessed and Shamiso, she still had to go home and do all the house work and take care of their daughter with disabilities after work. She added that “there is no other person who will be helping me no, unless I look for someone else to help me, otherwise I do all the work myself alone. I am the one who looks after her alone.” Chipo, Tambu, and Tariro, all single mothers, also talked about how busy their days were and similarly noted they were responsible for doing everything for their children. These mothers displayed some level of pride that they were doing well, what was expected of them. Yet, it is clear that while providing all or a part of their families’ income, all of these women had primary responsibility for all labor in the home.

The interesting part of these mothers’ narration was that they did not seem bothered that they were doing all the household chores with minimal help from their husbands, for those who were married, and none help, for those who were single. Instead, they all disclosed how busy their schedules were and not necessarily why those schedules were busy. One strategy the participants revealed was to either get hired help or have their own daughters or a female relative help them, when they needed help around the house. For instance, Nyasha affirmed that when she had her son with disabilities, she was still employed. As a result, she hired a maid who would help with the baby at home while she was at work. Shamiso also talked about hiring a maid when her son was still young, and she was still going to school. However, at the time of this study, Shamiso revealed that she was getting help from her “niece, my aunt’s daughter who is at the polytechnic.” Blessed reported that she once hired a maid as well. At the time of this inquiry, she stated that she was getting help from her daughter, who she said was then able to do some chores at home. These participants demonstrated behavior that could be understood as hegemonic because those women tended not to problematize nor challenge their roles. They considered what they were doing as ordinary, hence they narrated with pride how they diligently did their work.

Some stories the participants told, revealed also that there was some level of understanding that certain duties were for women and others for men. For instance, when commenting about why she was having challenges raising her family alone, Tambu said, "Uh, we are having many challenges because I am the father and the mother, so uh; life is too tough for me." Tambu implied that she was playing the roles of both a father and a mother signifying that the two have distinct duties. Blessed also implied that she was having difficulties taking care of the family when she conceded that, "being a mother and a breadwinner, it is not easy." These comments imply that Blessed was playing the role of both a mother and family provider, yet, for her, the two roles were mutually exclusive, and one person could not perform both roles. Tariro as well brought to light how difficult it was to be a single mother because of the stigma of being a single mother and because of how hard it was to afford all she needed. She suggested that it would be easier if she had a husband or partner who would help her. She said, "you need someone to help you. Because I am doing everything. Like now I am paying the rent. This is not my duty. He pays the school fees. This is not my duty." Tariro implied that she was playing two roles when she was not supposed to do so. As she put it, if she had someone, a husband or partner, he would be the one to pay for rent and school fees, expressing that in a family, parents play distinctive roles. Tariro suggested such thinking is rooted in her traditional culture. She said:

> Like in our culture [name of ethnicity], you know that if you are a mother, male will do everything for you. You just be [laughs] you will be expected working like, like you are supposed to be treated with importance. As a woman you are

> supposed to do work that is easy not hard jobs. You do things like washing, cooking, just simple jobs not thinking about money, thinking of everything. It's hard. Me I do other men's jobs instead of women's jobs. You end up getting used to that but it's hard.

Tariro added, that doing "men's work" as she called it, had its downside. She acknowledged that the disadvantages of doing that work included having difficulties finding a suitable suitor who would be able to afford all she could afford when working for herself. Thus, as Tariro put it, "Even now if someone says I want to marry you, I tell him that "no, you can't" because I ask, "can you afford to do this and that?," that he ends up saying, "I can't take such a person." Tafadzwa stated that she also joined the workforce because of need: "I started working" when her husband died. Previously, she was a stay home mother, and he was the breadwinner. Consequently, from those women's stories of how they all worked at home and then went out to bring money back home, their labor was the fiber that stitched their diverse families together.

In contrast to their work outside of the home, some participants considered domestic work as "not work." For instance, when Tafadzwa introduced herself to me, she said, "I stay home. I have worked with [name of private hospital] for, eight years then I left the job but now I am not working." Later on, she narrated how her day looked like and said, "I am not that kind of a person who likes just sitting at home. I do this and that, yes. I will be going from one point to another, yes, trying to make ends meet." She also added that she had a group of other women whose children had disabilities with whom she would meet and work together, after doing her own household chores. She said, "We rotate giving each other money as a group. Sometimes we sell peanut butter. We sell cobra [floor polish]. We sell vegetables. We go to the garden. We do a lot of things. We don't spend the day at home." In view of those comments, Tafadzwa implied that the job she once held at a hospital qualified as “work” but all other enterprising work she was doing was not work. Nyasha too, referred to herself as not working by saying, “right now I am, I am not working. Before then, I used to work” but later, she talked of all the work she was doing to take care of her family as a widow. To say they did not work while they did a lot of household work, indicated that these mothers were conditioned to consider gendered work as insignificant since it is not employment that brings home an income. In other words, the implication was that their household contributions as well as their informal trade did not qualify as proper work because those two did not give them a salary. By not questioning or problematizing these social assumptions, these mothers were inadvertently participating in upholding social norms that devalue all their household and informal work.

Economic hardships. In narrating their experiences, all the participants in this study noted that the economic situation at the time of this research was depressing and making their experiences of raising their children hard. Referencing the shortage of cash in the country at that time, Blessed talked about how she was receiving part of her salary for August of the previous year, and was still waiting to be paid salary for that current year. She reported that it was hard because she was the breadwinner, since the husband had lost his job several years prior.

Nyasha who confirmed that she was also a breadwinner, acknowledged having problems taking care of her children because she had retired. She expressed concern that her pension fund was yet to be released and her husband had died. She also told of her older sons, who had all graduated from colleges and universities but were still staying with her as aforementioned. They were all living on her savings because they could not get jobs due to the prevailing economic meltdown in the country, with unemployment rate pegged well above 80% at that time.

Chipo, Tariro, Tambu, Bertha, and Tafadzwa who all worked in the informal sector, acknowledged that their experiences were getting more difficult because of the harsh economic conditions in the country. Chipo, Tariro, Tambu, and Tafadzwa conceded that their businesses of buying and reselling were low because the economic situation in the country was dire. Tariro captured the general feeling by saying, "if the economy is high, there was no problem. Sometimes you end up enjoying doing this because if you got money, I think the trouble is money. If you get money, there is no problem," she added. Thus, these mothers confirmed that the economy of the country was making their life experiences difficult. As Tariro attested, the problem was shortage of money. She asserted that if money were readily available, raising one's children with or without a supportive husband or family would still be manageable, hence shortage of money was the problem. Corroborating Tariro's assertion that the economy made their experiences hard, Bertha avowed that "to be a mother of a disabled child in this country is very hard. I can just say, it is difficult, because at times if you look at the fees charged, they are exorbitant." She also referenced the other extra groceries that the school required for each child in boarding school like her own daughter. The groceries included diapers that she had to supply every two weeks. Tambu, like Bertha, noted that her daughter required additional or specific items, such as soft meals like "cerelac [instant cereal for babies], minced meat, and other soft foods." According to Tambu, those food stuffs were recommended at workshops she attended. Unfortunately, she affirmed that such food stuffs were expensive. Therefore, for parents whose children needed special food stuff or extra items, such as Tambu and Bertha's daughters, financial difficulties made it hard to acquire such supplies. In a poor economy like Zimbabwe, accessing all those supplies was harder for these mothers, thereby making their experiences even more challenging.

Coping mechanisms. Given all that the mothers and their children experienced and endured at the hands of the society, as well as what they anticipated would happen when society or families discovered that they had children with disabilities, the results suggest that they adapted to and handled their experiences in different ways. These coping strategies are captured under the sub-themes: *social support; faith in God*; *focusing on the medical diagnoses; crying; denial centered on hope*; *passage of time;* and *downward comparison.*

Social support. Social support comes in different packages. Thus, *social support* as a sub-theme denotes a network of social interactions and personal relationships that encouraged the sharing of resources or services to improve the participants' welfare. This help was in the form of goods, and services [instrumental support], information [informational], and emotional support.

When Blessed first learned that her daughter had a disability, she received emotional support via counseling, although she maintained that it did not really help her that much. Blessed stated that she cried when she was told that her daughter had brain damage, because she was not expecting to hear such news. According to Blessed, medical professionals "tried to give me counseling and told me, "no, that's not the end of it. She will be fine. There are some kids who are worse than her" but that counseling did not help much.

In contrast, Shamiso maintained that counseling helped her. Her advice for those who could not handle their experiences on their own was to seek professional counseling. She asserted that if parents who had experiences like her own could not counsel themselves, "they will have to go to counselors." She commented that "Some of us are good, we are able to counsel ourselves," meaning that she did not need professional help. She added that those who could not support themselves had to "look for counselors, and then get counseled if they cannot do it, otherwise they go mad." Tariro and Chipo talked about joining an organization or a group of people who were supportive of their initiatives and causes. They argued these groups could offer other people outside their network help, such as encouraging them to bring out their children and not hide them. Tariro asserted:

> Like me I am staying at (name of high- density suburb) but I have got a group in (name of high- density suburb) and (name of high- density suburb). We are buying peanut butter and selling to people around. We buy at $4.75 six bottles and we sell and gain $1.25 per six bottles. We meet once a month. We offer support to each other. If we hear that in that room there is a child who is always in the house and don't always go to the other children, we go and tell them to come out.

In addition to the importance of emotional support, Chipo noted that informational support was helpful and that such help would open doors for other forms of assistance. She stated:

> We started a group of people with children with disabilities and we started talking about our children. We start speaking that our children have got the right to go to school, our children have got the right to go to hospitals, and I started to apply a BEAM for him so that it would pay for him, fees.

Thus, mothers in this study confirmed that receiving information pertinent to issues that affect their children was important. They contended that they needed information regarding where and how to send their children to school, and how to obtain services or resources. As they put it, getting such information affirmed that they were esteemed and valued in their community. This was critical for mothers like Tariro who were single and maintained that society looked down on them because they did not have husbands. As some of the mothers avowed, including Tariro, having shared information, such as death of someone, birthdays, marriages, and where to get what food stuffs, meant a lot to them.

Tambu talked about valuable information she learned from attending workshops which included information on how to take care of children with disabilities. She remarked, “And then they need like cerelac because if you are going to the workshops, they are telling us that they are still, they are growing younger than their age, yes. They are always young. So, they need that food.” Cerelac is the popular instant cereal for babies who are six months and above in Zimbabwe. Babies who cannot breastfeed can get it too. However, it can be expensive. Tambu‘s daughter was growing at a slower rate than her peers and that she had problems eating adult food. Therefore, information about nutrition gained from these workshops was important to her. In addition, she reported getting information on how to deal with people who would be insulting and calling mothers, and their children with disabilities names saying:

> But as we are doing the workshop they said we should get used to all those names. Only God will question them. You should not fight with the people. You should tell them that “no, even if you are not disabled but you can be on accident or something can happen to you but don’t laugh this child who is disabled. She was born like that.” So, I get used to that.

Tambu added that the workshops she attended helped to provide her with important information on how to view and treat children with disabilities. She stated:

> Now, I have got that child and then you are always going to workshops. They are telling us that it’s a normal person like you. And then God doesn’t like that if you are calling them names. Don’t call them names. And then if you are calling them names they will do worse than that. Like if you can call somebody stupid/fool/crazy, so she will do as you confess.

She added that she learned that self- fulfilling prophecies, where children with disabilities learn to behave as they are called, was one of the effects of mistreating children with disabilities. She got such information by attending workshops.

Nyasha acknowledged as well that it was important to receive informational support. She confirmed that she got to know about a preschool for children with disabilities through her sister's daughter. From there, her son's teacher helped her secure government funding for children with disabilities. Narrating how important informational support was for her, she relayed:

> To start with, he attended preschool where my sister's daughter was, then he went to the school where the teacher helped us with fees. We filled some forms and we had an organization, which helped us pay for the fees. It was the [name of foundation]. Then later it stopped, and we had to pay fees. Then she [teacher] went ahead and asked, there is a committee of people there at [high density suburb] where we used to stay which selects children who should go into this scheme, which is known as BEAM. She is the one who helped us, and they selected us. We just have got to renew the forms every year. So far, it's been renewing. It is the government fund, but they don't pay unfortunately.

Chipo also acknowledged getting information about government support through someone who had knowledge about this support. She said, "and the other one is Joy, who is working umm, with people with disabilities. She is the one who helped me filling some other forms. Those forms are the ones that makes Junior to come to school." Thus, informational support assisted some parents to access resources and services.

In addition to getting emotional and informational support, mothers in this study received help in the form of goods and services from different people and organizations. Nyasha noted that before her family moved to the low- density suburb, where people are scarcely populated and live behind gated walls, they used to live in the high- density suburbs. She argued that it was easier to seek material support there because the houses were close together. She shared the following:

> But where we used to stay, the environment there was okay. We used to treat each other well. Even, at times when you find you don't have salt, it was easy for someone to go to the neighbors and to say, "I don't have this and that."

Tafadzwa attested that she got help from different donors for her son to be able to attend school. She stated:

> Okay. So, from the, the start, I was helped by [name of organization for individuals with disabilities]. They helped me with a pre- school to pay fees when he was in preschool. And then later on I went to [school for children with and without disabilities]. I didn't manage to pay school fees again. So, I spoke to the headmistress. I lay my problem to her that I can't afford to pay school fees for Happy. And then she found a donor for me. And then the donor paid school fees for Happy from grade one to 7. So, me I was only paying transport money for transport.

She confirmed that donors "were helping with fees, and sometimes they helped with T-shirts, and school uniforms" as well. Tariro also acknowledged receiving funding for her flea market, food, and wheelchairs for her daughter from an organization. She reported that each time her daughter's wheelchair got worn out, she would go and exchange it for a new one at that same organization. Recognizing that help, she said:

> Like me, I am doing flea market. They [name of organization] gave me money for boosting my flea market, $120 per year. My flea market is at the city, along [name of street]. That's where I have my flea market there. And then they give me the wheelchairs. I didn't buy the wheelchairs since she was a child. I go to

> [name of organization] and change if they got some. I give the old and they give me the new one. If they have food, they give us.

Blessed, Chipo, and Nyasha reported receiving the government funding, Basic Education Assistance Module [BEAM], for their children. Blessed related that "there is a fund, BEAM, which caters for them, but they are behind in paying the fees. They don't buy the groceries." Chipo also pointed out that "I started to apply a BEAM for him so that it would pay for him, fees" and Nyasha stated, as noted earlier, that she had the same government help, though the government was not paying consistently. Shamiso talked about receiving an epileptic hat [a hat to protect her son's head, because he has epilepsy] from a certain mother living in diaspora, whose child had the same disability as her son. She recounted:

> The help that I got, as I mentioned the other time, is only one. A certain mother who is in [name of foreign country] helped us with a hat for the child. I can say, that is the help I got. Eh, it's said to be an epileptic hat. He wears it always. It's nice. Leather hat that is protected. That is an example of help that we never used to get but I managed to get it through that mother.

As mentioned before, mothers who participated in this inquiry reported getting different kinds of support, ranging from informational to instrumental help, some family members offered. Family support was essential to these mothers, as that helped to affirm that their families cared about them and their children. For instance, Chipo received money for her children's school fees from her sister. Shamiso also confirmed receiving help from relatives, although it was minimal. Bertha too, acknowledged that her husband was supportive of her when she stated that:

> No, the father helps a lot. He is not that kind of a father who says, "that is yours" as I sometimes see happening to some people. No, he helps me. He also helps

> even by staying home with her when I am not there. He loves her as she is. We just love her, both of us it is the same. Yes, he does not discriminate against her or what. We just accepted it as it is. Even him, he accepted it as it is, yes. There is no problem with the father. There is none, yes.

From her story, Bertha suggested that family support was an assurance to mothers that those family members had accepted their child with disabilities. She argued that family members that did not accept these children offered no support.

Shamiso talked about how her husband helped her to drive their child to and from school before the child became a boarder. She argued that, without unity as a family, she would not have managed to do all that they needed to do. Blessed conceded as well, to receiving help from strangers. Tambu and Tafadzwa related that their children received scribing support at school and from friends because they could not write. In some schools, scribing is considered an important accommodation for children who cannot write. Thus, such help enabled these children to participate at school and in their community. Describing her daughter's help, Tambu detailed that:

> If she is at school, she is learning like normal children, but she is not able to write. At school there they can draw something like a cat and then they are, they are asking her, "What is this?" She is telling them that "it's a cat." And then the assistant, write for her, because she is not writing.

Tafadzwa also attested to the fact that her son got help from an assistant or friends whenever he wanted to write something. According to Tafadzwa, he also received such help when he was still in school. When talking about her son's scribing support, Tafadzwa asserted:

> Whatever he writes he has an assistant. He tells them what to write and they write for him. Some of his friends, help him to write because he can't write. Whatever he wants to write, he takes it to his friends to help him write it.

Thus, support in the form of goods and services was as important as informational and emotional help to mothers and their children. Consequently, receiving different kinds of support was one of the methods mothers used to cope with their different experiences.

Faith in God. All eight participants in this study acknowledged their Christianity. As such, Faith in God as a sub-theme of *coping mechanisms*, emerged because some mothers repeatedly referred to God as a provider of so many things, including answers to some of their challenges. For instance, Tafadzwa admitted that her faith in God helped her cope with being a mother and a breadwinner when her husband died. Detailing her challenges and how she coped, she said:

> Within three years, after he was born, the father passed away. You become so depressed you know [laughs]. I was very depressed; "Hey, what am I going to do. How am I going to handle this issue? What am I going to do to this child since he is not normal like other children? What is the community going to say? How are they going to handle him?" You ask yourself a lot of questions you know. But sometimes if you are somebody who knows how to pray, you say, "Uh, let me just shift my mind and put everything into God's hands" you know. God will take care."

When describing how the economic situation was making it hard for her as a sole breadwinner, to support her family financially, Blessed talked about how her faith kept her strong. She avowed:

> And being a mother and a breadwinner, it is not easy. As it is now she is at school. It is not easy to get all what she wants, but I have to scrounge here and

> there for her to get all what she needs. I don't know, I am not able to provide all her needs, but I am trying with the help of the God. The Lord is always there for us. He improvises, and I appreciate that.

She maintained that God had provided answers and strength for her to be able to deal with her situation ever since her husband lost his job. She added that the family had been thriving because God provided for his people.

After Nyasha gave birth to her son with Down syndrome, she recognized that he could not feed well, and she affirmed she had to be strong and place hope in God. She attested that she still did not believe that her son had Down syndrome and kept hoping that the diagnosis would change. She recalled that "at times I used to think, "Uh, no, maybe he is going to be okay. Is he really a Down syndrome? Maybe not." She hoped that "maybe God will make a way where there is no way." She argued that God actually "made" a way because doctors would tell her that the child had a mild intellectual disability; "borderline Down syndrome." Even when she talked about how hard and concerning it was that her annuity was not yet released when she needed it to take care of her family, Nyasha still asserted that God would provide for her family once her current savings ran out. She maintained that "God is going to take care of us." Thus, her spirituality kept her hopeful.

When I asked Tariro the kind of advice she would give other women who had children with disabilities, she first told me that God gave experiences to people for a reason. She said:

> Thank the Lord for what he has done for you because God has a reason. And then He makes you brave. He makes you intelligent and wherever you go, you don't fear anything as you are the mother of a disabled child. Even people speak, you don't mind.

Tariro added that she would tell other mothers to have faith in God because God would provide them with strength, wisdom, and valor to deal with their experiences. She cautioned those who refused to accept their gifts saying:

> There are some people who are still saying, “Uh, why did this happen. He/she was bewitched, this and that, and more.” Even if she/he was bewitched, just say God made that. Sometimes once you chase that child, you gonna suffer more because God is the reason you have that child.

She thus asserted that God gives people different gifts and it is important to accept whatever gift He gives one, to avoid His wrath.

In addition to regarding God as a provider, some participants maintained that God was a protector. Tambu recalled an incident her child escaped death when she was three years old. She attributed her survival to God’s protection. She reflected saying:

> Uh, now if I am looking at her she is able to walk and then I am always looking at her that hey, I am always thanking my God that she was three years old. Now she is eleven years old otherwise I am not having her at all when she was passed away but only God said, “no, it’s something, which is minor.” So, I can’t forget that [laughs a little].

As a consequence, Tambu affirmed that it was God who protected her daughter and prevented her death.

Furthermore, some participants in this project reported that they deemed God a righteous judge. Tambu spoke about how her daughter would condemn some friends’ ill-treatment of her, but argued that only God could render justice. Recalling what her daughter would say, whenever she came back from playing, Tambu stated that she would say, “only God knows. God will see them because they were chasing me away. They said you, you can’t keep the ball.” Blessed also detailed an incident where some family members had privately vowed that her daughter would never be able to cook Zimbabwe's staple food, sadza. In the Zimbabwean traditional context, it is imperative for a girl to be able to cook such a meal and so, Blessed recounted being hurt hearing that some family members decreed failure on her daughter. That failure reflected badly on her as a mother, as she was supposed to teach Kudzai the skills. When her daughter finally managed to cook the meal, Blessed recalled learning what those family members had said, but confirming her belief that God was the only righteous judge in that case. She said, "I was very pained. It was very painful to me, but I didn't ask them. I just kept quiet. I said God will take care of it." Blessed affirmed as well that God only could resolve some of the challenges and conflicts between her and her mother-in-law, who she was living with. At one point in the interview, she spoke of how her mother-in-law did not accept that Kudzai had a disability and kept giving her conflicting orders instead of training her well and considering that she would need to learn to do household chores differently. Talking about her mother-in-law and how she contended that her faith would pull her through challenges, she said:

> Culturally, I got my mother- in- law. You know in our culture how it is for the daughter- in-law and the mama-in-law. At times there are always those frictions, but I am used. Some of the things you just, you know, you just take it easy and just say, "God please help me out."

Thus, spirituality was one of the coping methods some participants affirmed to have utilized and it helped them cope with some of their experiences.

Focusing on the medical diagnoses. Each time the mothers in this study talked about their children's disabilities, they highlighted their children's medical diagnoses. That suggested a strategy they utilized to debunk names some people called their children such as "cripple" or "stupid." All of them referred to their children with the diagnoses the doctors gave them. For instance, Shamiso had the following to say about her child's condition:

> The child? He is Tatenda. Eh, he has this problem of getting fits. Epilepsy. When he started getting ill, it was 2009. We go to [name of neighboring country] and in [neighboring country] they discovered, they do some, what do you call them? Scans, and they discovered that he had had what is called hemiparesis. That was it.

Additionally, Blessed defined her child's condition in terms of the description she got from the education psychologist that "part of her brain was damaged." Blessed emphasized the fact that her daughter had brain damage because she used to have seizures. Chipo too, focused on her son's medical diagnosis and described her son's condition, instead of referring to him using derogatory terms when she said, "I have a child with a disability. And he has a left side hemiplegia. He is not speaking well but sometimes other words I hear, other words but sometimes, no." Nyasha similarly stated her son's condition. However, she spoke of him as "a Down syndrome." While equating her son with his condition, this is not considered an offensive or insulting way when discussing people with disabilities in Zimbabwe, as few people are aware of people-first language. Throughout the study, she spoke of her son proudly, which suggested that she meant no disrespect when she said her son was a Down syndrome. For example, she said of him, "he enjoys music. As it is right now I am sure he is busy dancing. He is a Down syndrome." She also noted that the doctors told her that he was "a borderline Down syndrome." For Nyasha, to say his son was a Down syndrome was equivalent to saying he had Down syndrome, a diagnosis he got from medical professionals.

When Bertha talked about her child's disability, she also talked about it in relation to her medical diagnosis. She said that her daughter Chenge "has CP, yes. She has cerebral palsy." Tafadzwa also identified her son relative to his medical diagnosis. She acknowledged that "Happy was born with cerebral palsy, and he was paralyzed one side, the, right side, the whole right side." Tambu also defined her daughter using the medical terms she was told that, "Uh, she has got a disability. Her disability is called cerebral palsy." Thus, all of these mothers used medical terms or described their children's conditions instead of labelling them scornfully, the way many people in the community were reported as doing.

At one stage during this study, Tariro talked about some people who still considered witchcraft to be responsible for their children's disabilities, making it difficult for them to accept the medical diagnoses. When I asked whether she held the same views, she stated that she was focusing on the diagnosis the doctors told her, that her daughter's disability was a result of jaundice she had had. She also emphasized that she no longer accepted that witchcraft caused disability because, for her, disability was found among all races even those that spoke less about witchcraft, such as White people. Tariro concluded that:

> Uh, me I end up saying no because even among White people there is. Do White people bewitch each other? I end up saying, "Uh there is no witchcraft there [laughs]. Just I understand that as the doctors told me that it was jaundice, I end up saying if someone else asks me, "What happened to your child?," I say she has been affected by jaundice.

Therefore, these mothers' interviews suggest that focusing on the medical diagnoses of their children helped them avoid using contemptuous names like other people were using for their children, and prevented them from upholding certain beliefs about disabilities. Such views included considering witchcraft as the cause of their children's disabilities.

Crying. When overwhelmed and at a loss of what to do, some mothers in this study affirmed that they handled such experiences by crying to clear their minds. They reported that with time, they all found other ways to cope with those experiences. Most of these mothers acknowledged having no idea how to deal with their children's conditions at first, and that they did not know what it all meant for their children. They recalled that those were new experiences for them. All that, they asserted, compelled them to cry. When Shamiso got to hear about her son's disability, she conceded that she cried. She said, "you get stress the first days. I was so stressed and was crying all day even in [name of neighboring country] I was always crying but huh, for now I am okay." Blessed also confirmed that she cried because she did not know what would become of her daughter in the event that she died, plus, she had not expected to hear that her child had had brain damage as a result of frequent seizures she used to have. She said:

> I took her to the doctor, and the doctor referred me to the education psychologist. Then, when I went there, they did the assessment and they told me that part of her brain was damaged. I cried myself out. I didn't know what to do. I asked them, "What's going to happen to my child next? What if I die, who is going to look after her?" because I wasn't expecting that they were going to tell me something like that. The first month it was not easy for me because every time I used to think of it, I would cry myself out. Now at least I can talk about it without shedding my tears. It was very difficult for me.

Thus, these mothers asserted that they cried because of what they deemed would befall them. Blessed further confirmed that she was afraid that her family would not accept her and her child, as they would ask, "where does that come from?" once she told them that her child had a disability. She remembered that it was overwhelming for her to anticipate such response from her family. Tambu corroborated Blessed's assertions and recalled the day she got the news from the hospital of her daughter having a disability. She maintained that her husband asked where that disability had come from, claiming that in his family, there were no people with a disability. Speaking about her experience, she recounted:

> Uh, I was crying. Every time I was crying and then the father at that time was alive and then I told him that, "Uh, I am coming from the hospital. They told me that the kid is disabled." Then he said, "What is that? To my family I have never seen that. So, it means this thing is at your family." And then he, and then he leaves me with that kid.

Thus, as these mothers relayed, realizing for the first time that their children had disabilities, was an overwhelming feeling that evoked tears for some of them. They asserted that their reasons for crying ranged from understanding that their communities were hostile to children with disabilities, to perceiving that, their children's lives would be challenging in the prevailing fragile economy. Consequently, crying and expressing these emotions through tears seems to have been an important coping mechanism, at least in the early stages of learning about their children's diagnoses.

Denial centered on hope. Some mothers in this study recalled being unable to acknowledge their children's diagnoses, and were unconvinced that their children had disabilities when their first got the news. They recalled refusing to readily accept that diagnosis. With time, they maintained that they figured out how best they could deal with their experiences. Tariro, explaining her experiences, said:

> I start going to physiotherapy, but I was not satisfied that my child is disabled. I said, "Huh, maybe she is gonna be right. The doctors told me that the jaundice affected her but she gonna be right." I started going for physiotherapy. I was going every month, every month, every month. Me I thought if I go somewhere

> else, I will get something better than I was getting. I end up going to churches, to the witch doctors, because no one was telling me what was happening. From when she was sixteen, I accepted. Huh, before that I was not because I was thinking, she can walk. She can stand up and walk. She can do this. She is 24 now.

Nyasha also confirmed that she kept hoping for a different diagnosis. Recounting her experiences, she said:

> At times I used to think, "Uh, no, maybe he is going to be okay. Is he really a Down syndrome? Maybe not." So, I would take my time, leave everything, leave cleaning, sit down and feed him, even if it meant feeding him for an hour or more. I just fed him and see what happens. Maybe, God will make a way where there is no way. But I think He did make a way because when I took him to the doctors for review, they would say, "no, he is okay. He is a borderline Down syndrome." Whether they were encouraging me, or they were telling the truth, I don't know. I didn't care.

In addition, Nyasha recalled a moment her thoughts engulfed her while driving on the wrong side of the road until a stranger stopped her. She acknowledged that she could not make herself believe or accept that her son had a disability. She reported:

> When he was born, [sighs]. It was tough. I couldn't take it. I remember one day I was driving a car in town [laughs]. Somebody said, "Mother, if you got problems, please just park your car there and go over what is worrying you then you can continue." I think I was driving on the wrong side of the road [laughs]. I couldn't just take it. I had seen some mothers with such children, but I never thought that it could happen to me. I just couldn't take it.

Based on their reports, these mothers' denial of the diagnoses of their children when they first got them, was centered on hope that their children's conditions would improve. Judging from their accounts and the context of those stories, this was also rooted in their understanding that the society they live in has some people who still ill-treat individuals with disabilities, and they feared for their children's future.

Passage of time. Some participants reported using passage of time as a strategy to deal with their experiences of getting to know about their children's disabilities. Thus, they attested to the fact that, as time went by, they got used to their children and accepted their conditions as part of their lives. As they put it, they accepted their children's disabilities as part of their lives and moved on with their lives as any other families would do. Tambu stated that her daughter "was born like that. So, I get used to that." Nyasha too, acknowledged that she used to say, "why me? But now I am used to it. I am okay," she added. Bertha confirmed that the first days when she got to know about her child's disability, "it used to trouble me here and there until I got used to it, yes. I just accepted it readily even with the counseling I got at the clinic." She also pointed out that "even her father accepted it that, that is what it is. It is distressing but with time, you get to a point where you understand it, getting used to it." Blessed echoing the same sentiments stated:

> With time I got to accept that, that's what it is. Whom do I expect to happen to? Anything that happens in your life, there will be a reason why. I took it that Kudzai is a special child. But the first month, it was not easy for me because every time I used to think of it, I would cry myself out. Now at least I can talk about it without shedding my tears. It was very difficult for me.

Thus, according to these mothers, time allowed them to figure out their children's conditions and then understood them as something that was going to be part of their lives. However, they conceded that they had accepted their children, but their continued source of worry was the community's ill-treatment of their children, which might stem from a lack of adequate knowledge about disability issues. Tafadzwa affirmed as well that she eventually accepted her child's disability, saying:

> Yes, I end up accepting the situation. But the community now, especially children, they don't, umm, they don't understand the condition of your, your son when they are playing outside there.

Notwithstanding those fears, these mothers' accounts demonstrate that the passage of time allowed them to accept their children's disabilities and eventually conceptualize their children's disabilities as something that was going to be part of their lives. Additionally, as described prior, these participants uniformly found ways to recognize their children's accomplishments and personal strengths.

Downward comparison. The mothers who volunteered to participate in this research study made statements where they clearly appraised themselves against others whose children had more severe disabilities than their own children as a means for dealing with their own situations and adjusting to the fact that, their child had a disability. They openly assessed themselves against those they acknowledged to be at a more disadvantaged position than themselves, as a means of reassuring themselves of their relatively positive experience. For example, Shamiso conceded feeling better about her situation after realizing that there were other children who had more severe disabilities than her own son. She also affirmed that she then recognized that she was not the only mother whose child had a disability. That helped her cope with her own experiences:

> It's like uh, that, uh, that even when he came to school, you realize that he is better than others. The idea that you realize that, "uh so this is what is in the

> world?" Such experiences! But by the first time you will be saying it's me only. You see! You will be saying it's me in this world who has a problem like that but now huh, I realized that, "uh, we are many and it's much better.

Tambu acknowledged as well that when she visited her child's preschool, she found out that there were "some of the kids who are many who are having worse than mine. It's where I was so certain that uh, mine is better, when I was looking to some other children." Blessed also affirmed that realizing that some children had more severe disabilities than her own daughter made her feel better. She confirmed that "there are some kids who are worse than her of which I didn't know that some are worse than her." Even Tariro declared that when mothers whose children had disabilities got the chance to see other children with disabilities, and compare their conditions with their own children's conditions, they would feel better when they realized that their circumstances were better than other mothers' situations. She said, "if you meet [other people] you will see that 'uh, mine is better than that one, mine is better than that one." As these mothers reported, downward comparison as a coping strategy made them accept their experiences, understanding that there were others who had worse experiences. Their stories suggest that they counted their blessings, making them reflect and focus on the positive side of their experiences. Nevertheless, in so doing, they revealed the contradiction that they too, were constructing disability [of those other children] as something that one would want to avoid. Such contradictions are inherent in society today.

Summary

In their interviews, the mothers participating in this study (de)constructed, reconstructed, and problematized the normative versions of motherhood and disability. All the participants in this study reported perceiving themselves as doing the good to enhance their families' welfare. Given this scenario, they beheld having the agency to do good as power that is empowering. This power inspired them to build capability in their family members. In addition, by referencing themselves as good mothers, these parents were challenging the ideology that set them apart from other mothers whose children had no disabilities. They were asserting their motherhood by affirming their equal competence as mothers in general. They were working hard for their families and doing everything mothers whose children had no disabilities would do for their own families.

These mothers also refused to claim disability as an overarching identity for their children. For them, their children with disabilities were ordinary people, just like any other children, capable of enjoying their life and deserving access to resources and services that are acceptable, accessible, affordable, and with accommodations where possible. Consequently, factors such as time, cost, language used to address these mothers and their children with disabilities and attitudes towards these individuals interconnected to impact the acceptability, availability, accessibility, and affordability of resources, services, and supports for these mothers and their children in this study.

Viewing their children as complex -- good and admirable, capable children, as well as children like any other -- had an impact on the choices and decisions these mothers took for their children. All the mothers in the study attested to taking care of their children, both those with and without disabilities, equally. Where they faltered, they acknowledged that the prevailing social and economic conditions in the country were the reason they failed. The participants in this research also became their children's advocates when society mistreated them. These mothers also conceded that their children were full human beings, whose humanity or existence was unquestionable. As a result, they deserved the same treatment any human being should be accorded. That served to at least deconstruct the names meant to dehumanize them.

Some of the participants for this study also reported working outside their homes, even when they had young children. They acknowledged juggling between taking care of their families, doing most of the household chores, and working outside their homes. However, even if they too brought an income home, their reports demonstrate that they still considered themselves, and their husbands and other family members identified them, as primary caregivers. Lastly, when participants in this study faced different experiences, they employed a variety of coping methods consistent with their diverse experiences.

Chapter 5

Discussion

The purpose of this study was to examine how women raising school age children with disabilities in one of Zimbabwe's urban areas articulated and conceptualized (a) their children's disabilities and (b) their experiences as mothers of children with disabilities. I also investigated how their social status, marital status, age, ethnicity, and/or race intersected with their experiences of raising children with disabilities. The questions this study addressed were:

1. How do mothers of school age children with disabilities in Zimbabwe conceptualize and articulate (a) their children's disabilities and (b) their experiences as mothers of children with disabilities?
2. How do their social status, marital status, age, ethnicity, and/or race intersect with their experiences as mothers of children with disabilities?

I utilized the frameworks of intersectionality and the social construction of disability to understand how women raising school age children with disabilities in one of Zimbabwe's urban areas articulated and conceptualized (a) their children's disabilities and (b) their experiences as mothers of children with disabilities. Using intersectionality as an analytical tool allowed me to examine how these mothers' social status, marital status, age, ethnicity, and/or race intersected with their experiences of raising children with disabilities. I will first summarize the results and then discuss these findings in detail. I will then discuss the limitations and implications of this study and finally conclude with implications for research and practice.

Summary of the Results

Three major themes emerged from the interview data. They were: (a) *six A's of access*; (b) *identity construction, reconstruction, and deconstruction* and (c) *coping* *mechanisms*. I will first summarize these themes and sub-themes before I discuss the results in the following paragraphs.

Six A's of access. The *six A's of access* is a theme that addresses issues related to access to resources, services, and supports for mothers who participated in this study and their children with disabilities. According to these participants, access to resources, services or supports involved questions about availability, accessibility, acceptability, or affordability of those resources, services, or supports. It also involved whether there were accommodations to be able to access these resources, services or supports. In addition, participants reported that attitudes and behaviors impacted their access to resources, services, and supports. Some of the mothers in this study recounted that some services and resources such as schools for individuals with disabilities, and educational psychology were available, but access to schools was costly. They related too, that at times these resources, services or supports were limited to people who knew about them. Additionally, those resources, services, and supports were concentrated in cities.

On the other hand, these mothers argued that services and resources, such as physical therapy or speech therapy were offered in some schools and hospitals. However, some of those services were unacceptable to the participants for a number of reasons. For example, some of the delivery methods were ineffective. In addition, time for mothers to be able to take their children to get services at hospitals, was a limited or scarcely available accommodation. Subsequently, the cost and shortage of accommodations affected the availability and accessibility of services and resources as well.

The general attitudes toward individuals with disabilities also contributed to whether services or supports were available and acceptable, as well as whether they were affordable. The participants reported that some people showed and demonstrated negative behaviors towards them that included withholding important information, looking down on them as mothers of children with disabilities, and calling them derogatory names. These types of marginalizing behavior at times discouraged these mothers and their children with disabilities from getting resources, services, or supports.

Identity construction, reconstruction, and deconstruction. Theme two, *identity construction, reconstruction, and deconstruction,* focuses on how participants in this inquiry constructed, reconstructed, and deconstructed narratives that could make them appear less than other mothers, and children without disabilities. They focused mostly on the positive descriptions of their children and themselves, instead of the negative names or attitudes some people called or showed them. They constructed the narratives that portrayed their children as having diverse capabilities and personalities. These counternarratives served to deconstruct common portrayals of their children as incapable or helpless children with disabilities. As Devlin and Pothier (2006) affirmed, ableist discourses of efficiency and productivity condemn individuals with disabilities to an inferior status. As such, it was important for mothers in this study to debunk them since those discourses had in turn, implications for access to resources, services and supports.

These mothers described their children as good, capable children who had different skills, and who were like any other children. Thus, these mothers constructed counternarratives of children who possessed qualities of good children, children who were able to engage in a variety of activities, as well as children who were loved and cared for just like other children without disabilities. All the mothers in this study asserted that they viewed and treated their children both with and without disabilities equally. These mothers constructed as well, counternarratives of themselves as good and astute mothers. These new narratives deconstructed and resisted those that portrayed them as less than other mothers, simply because they had children with disabilities. In these counternarratives, the participants painted pictures of themselves as mothers who were as competent as mothers whose children had no disabilities.

On the other hand, these mothers constructed a gendered work narrative that reflected the traditional identities imposed on themselves. These identities included those they self-imposed, possibly unwittingly. Under this sub-theme, some mothers seemed to embrace the gendered identities of caregivers and custodians of household chores graciously, because for them, taking care of their homes was in their best interest when in actuality, it might not have been. I argue that these narratives qualify as hegemonic as the participants did not see any problems in being responsible for all the domestic work in addition to participating in the workforce. Some recognized how hard it was to do both, but they still accepted that it was their duty to take care of the children, while fathers provided income, even when most of them brought home money as well. Thus, they constructed narratives of the good wife and mother without recognizing that the expectation of responsibility for all the domestic work without their spouses, sons or partners' help might be considered a form of gendered oppression. They simply wanted to depict themselves as good wives and caregivers who were just like any other wives and caregivers in the country.

Finally, some of the participants constructed an economic hardships narrative when they talked about how the country's economy was making their experiences hard to bear. Due to the economic meltdown, some participants who worked in the informal economy asserted they suffered because there was no money. The narrative of economic hardship became the apex of their resistance as these women described themselves as hard workers, and argued that where and when they faltered, it was due to the economic troubles in the country at the time of this study, rather than due to their failure as mothers of children with disabilities. Thus, this notion connects with their refusal to be defined as failures because they had children with disabilities, but rather, to their insistence they be viewed as all other mothers who were doing everything to safeguard their children's welfare in the face of economic hardships. The participants constructed themselves and were constructed by others, as caregivers in the gendered narrative related to responsibilities in their homes, as well as economic responsibilities. However, in the economic hardships narrative, mothers depicted themselves as fighters despite the country's economic woes. Compared with the good/astute mother narrative, the economic hardships account enables us to understand that these women were doing everything they could to take care of their children with disabilities, but nation-wide financial challenges were stifling their efforts. This in turn affected their children with disabilities, as, cultural, environmental, and economic factors contributed to their construction as people with disabilities and a burden to their families.

The third theme *coping mechanisms* demonstrates the different methods the participants employed to deal with their distinctive experiences. These included utilizing social support, faith in God, and a focus on the medical diagnoses of their children. Some participants used downward comparison to deal with their experiences, while others cried and did not readily accept their children's diagnoses when they first learned of them. Several of these mothers in this study also reported allowing time to pass as they acclimatized to their experiences. If we look at these methods critically, these mothers dealt with their experiences positively and refused to look at their children as less than other children without disabilities rather, as children who deserved the same treatment as those without disabilities. They did so by refusing to abandon their children even if friends and families presented them with various options to do so. These coping methods helped them to remain positive as they went through their different experiences.

Thus, under the theme *six A's of access*, participants highlighted barriers and incentives to success for their children. By shifting the blame to social and environmental barriers, these mothers resisted the normative definition of disability. The second theme; *identity construction, reconstruction, and deconstruction* focuses on accounts of these mothers that sought to deconstruct normative definitions of the identities of their children and themselves by reconstructing more positive identities. Finally, coping mechanisms became the peak stage of these women's resistance to normative versions of motherhood and disability. They refused to acknowledge derogative names for their children and dealt with their experiences positively. In dealing with their experiences as mothers whose children have disabilities, these mothers kept hoping for the best, giving themselves time to understand their children and their own experiences.

Discussion of Results

In this section, I will discuss in detail the findings I reviewed above in relation to the connections that exist among the themes, their sub-themes, the theories that apply to these findings, and the literature I reviewed relevant to this study. I also draw from the extant literature to discuss how this study's findings confirm, refute or expand on that literature.

Six A's of access. As results indicate, the different aspects of access suggest that they were all intertwined. It was insufficient that resources and services were available. Participants showed that they needed quality and useful resources, or services, which were affordable and attainable. In addition, most mothers in this study reported getting limited, to no family support. Among many other needs, school fees for their children was difficult to access. As a result, these mothers sought the government's Basic Education Assistance Module for their children's school fees. That help was ineffective since the government was not paying. Concerns were also raised regarding the quality of education and other services. Accordingly, expression of dissatisfaction over inappropriate resources, services, or supports was a similar feature in a study conducted in the UK, Runswick-Cole (2010). In that study, participants indicated that they lacked appropriate supports and services. Those mothers worried about the future of their children the same way mothers in this study were doing. Like participants in this study who lacked family support and turned to the government aid, results in Runswick-Cole (2010) indicate that mothers experienced lack of practical and appropriate supports from extended families and friends, which led to reliance on external services as well, that were difficult to get.

Most of the participants also noted that the hostile economic environment in the country compounded their financial difficulties. They impacted their ability to access some of the resources and services. In addition, some traditional beliefs of disability and single motherhood also made it hard to access resources, services, and supports for some mothers. All those barriers mothers and their children with disabilities faced to access resources, services, and supports, limited their full potential, indicating that disability as a social construct, can be exacerbated. As a result, in acknowledging experiences of these mothers and their children, the social construction of disability gives us the opportunity to understand that individuals with disabilities and their families require accessible, suitable, and useful resources, services, and supports. Additionally, as Jones (1996) argued, regarding disability as a social construction is to value experiences of those with disabilities and their families and challenge assumptions made about all groups in any society.

Some mothers in this study noted that schools for individuals with disabilities were available but they also noticed that those schools were limited in number and concentrated in cities. Additionally, some of these mothers expressed concerns about conditions and type of education their children were receiving at one of their children's schools. According to some of the participants whose children attended this school, it was predominantly a school for individuals with intellectual disability, although some students with physical disabilities also attended at the time of this study. Considering the history of how individuals with intellectual disability have been treated worldwide, the conditions [as these mothers described] at this school parallel the state of affairs in institutions at the close of the 19th century that Beirne-Smith, Patton, and Kim (2006), described. According to Beirne-Smith et al., during that time, attitudes towards individuals with intellectual disability shifted from concern about these individuals to fearing them and hence, a need to protect society from them. Several ways were introduced to control them, including putting them in institutions. Life in those institutions also shifted their main purpose from being training services where individuals would attend and then left to go back into their communities, to being custodial facilities (Beirne-Smith et al., 2006).

Thus, while one of the schools the participants' children attended was referred to as a private school and was expensive, its description did not befit its designation as a school. Instead, it resembled an institution. As some mothers in this study remarked, the conditions at that school were unpleasant and some of these mothers were aware that all they were doing was sending their children there for "babysitting" services only. However, these mothers were mindful that the economy and mismanagement of funds could have contributed to all those problems and hoped that with a new administration, conditions might change. All this is evocative of the notion of *doublethink* Orwell (1949) introduced in his popular fiction book *1984*. Accordingly, Orwell acknowledged that it is possible to be:

> conscious of complete truthfulness while telling carefully constructed lies, to hold simultaneously two opinions which cancelled out knowing them to be contradictory and believing in both of them, to use logic against logic, to repudiate morality while laying claim to it…Even to understand the word "doublethink" involved the use of doublethink. (p. 36)

Thus, George Orwell, as a 20th century social critic and playwright, recognized in this dystopia narrative that powerful people twist truth knowing well that many people are easily convinced and can believe anything. That way, society remains controlled even with the absence of physical force to make them comply. In the same manner, the powerful maintain power and the public remain dominated usually, unassuming, which speaks to the concept of hegemony that the Italian politician and critical theorist, Antonio Gramsci, who lived from 1891- 1937, expounded (Rosamond, 2016). Commenting on this concept, Rosamond (2016) noted that the word hegemony is "today often used as shorthand to describe the relatively dominant position of a particular set of ideas and their associated tendency to become commonsensical and intuitive, thereby inhibiting the dissemination or even the articulation of alternative ideas" (para. 1). Consequently, Orwell noted that language has the power to distort and camouflage the truth mostly due to constitutional indoctrination. In view of all that and given that language has power to misrepresent reality, it is possible these mothers accepted simultaneously that their children's school was a private school while acknowledging that it was really not suitable to be called so.

Accordingly, intersectionality posits power as relational. As Collins and Bilge (2016) noted, power relations concern people's lives, how people interact with each other and realizing who is privileged or disadvantaged during that process. As such, those responsible for the daily running of that school put these women and their children at a disadvantaged position. There was the possibility that these mothers had been socialized to accept that private boarding schools were prestigious [though it is possible that they did not have a choice but to send their children there]. Consequently, these mothers continued to send their children to this school and pay expensive school fees. This was despite the fact that they were not getting much out of it and were aware of those unacceptable conditions and type of education their children were receiving. Subsequently, going by what these mothers reported, services and resources that were ineffective could compound their children's limitations. Thus, ineffectual supports could prevent these children from mastering necessary skills they needed to survive in their communities after they left school.

On a related note, Nyasha expressed discontent with the students being taught technical subjects at the expense of academic subjects. Her expression of dissatisfaction with technical subjects has some context. During the colonial era, a larger percentage of Black people in Zimbabwe were forced to study practical, as opposed to academic, subjects. That was meant to prevent them from competing with the White people for jobs (Mungazi, 1989). Thus, the colonial government offered practical subjects deliberately because the "ultimate purpose of colonial educational policies was to train the colonized as laborers" (Mungazi,1989, p. 468) requiring these colonized and laborers to offer low skilled employment in the industry. Inevitably, the colonial government's "policy of practical training was detrimental to the educational development of the Africans because this policy was designed to serve solely the political and socioeconomic interests of the colonial government" (Mungazi, 1989, p. 476). Given that historical background, technical subjects were often viewed as prejudiced against Black Zimbabweans and they were detested as students discovered that that type of education was unhelpful towards their educational development (Mungazi, 1989). That background helps to explain why practical subjects, such as carpentry, woodwork, fashion and fabrics, or agriculture did not gain prestige even after Zimbabwe gained independence, when these subjects were reintroduced in some schools as technical and vocational fields of study. Many schools and parents still tend to emphasize academic training over those technical.

Furthermore, as mentioned in Chapter 1, to get a passing Zimbabwe Ordinary ("O") level general certificate of Education, one has to pass at least five subjects that are considered core. Those core subjects include English, math, history, integrated science, Shona, or Ndebele. Among those subjects, English is privileged. People who fail English will have to continue taking this exam until they pass it. Without passing English, it is difficult to enter university or college, let alone get employed. This is true, regardless of whether one has passed five or more other subjects. As a result, when teachers do not focus on those academic skills, parents worry about the future of their children, even if they understand that there is need for a curriculum that is relevant to the needs of their children and the communities they will serve. It is against this backdrop of the regretful history of vocational education and the privileging of some academic subjects that the participants' concerns regarding deemphasized academic education for their children can be understood. This goes to show that these mothers' understanding of some issues related to disability was situated in their cultural and historical background. Accordingly, that also affirms that knowledge is embedded in history and culture (Berger & Luckmann, 1966; Cromby & Nightingale, 1999; Young & Collin, 2004). Most importantly, all that, is a confirmation that a school or its curriculum that does not accommodate the needs of all students can also create and exacerbate children with disabilities' limitations/disabilities.

According to Collins and Bilge (2016), intersectionality empowers us to think and examine the complexity that is found in the world, in individuals, and in personal experiences. As such, using intersectionality as an analytical tool, we realize that some of the problems in accessing services could be framed as a direct result of neo-liberalism ideas, mostly the emphasis on reduced government involvement in economic and social affairs (Collins & Bilge, 2016). As I mentioned in Chapter 1, many government programs that used to promote the welfare of the average people were scratched when the government adopted the International Monetary Fund's proposition to adopt policies that encouraged privatization of many of those government programs and entities. Doing so was one of the country's conditions to qualify to borrow money. As a result of this adopted economic policy, known as the Economic Structural Adjustment Program (Chitiyo, 2006; Riphenburg, 1997), as well as other factors, those in small businesses and informal sectors were negatively affected as the country's economy deteriorated (Riphenburg, 1997). Additionally, the implementation of Zimbabwe's land redistribution program during the 2000s generated uncertainty and many Non-Governmental Organizations (NGOs), charitable organizations, and countries that had funded and assisted Zimbabwe pulled out or decreased their economic support. Special education programs that used to rely on donors for funding suffered greatly (Chitiyo, 2006).

Thus, as most services were privatized, they became out of reach for the majority of people. For instance, in the past, the government had a viable and cheaper transport system in cities, but with the erosion of the country's economy and after the adoption of neo-liberal policies that favored privatization of entities and deregulation of investments, private transportation in cities is now the norm and the government transport network is history. Mini buses run by individuals in cities and referred to as Kombis are the form of transport for commuting to and from, school, or work for the general populace in Zimbabwe. In some instances, for example in Tambu's case, parents make arrangements for drivers to take their children to and from schools, on a fixed amount of money which the parents must pay on an agreed day or date. Therefore, Tambu's concerns regarding minibus people demanding their money can be appreciated from this angle. Ten dollars, in a country where a majority of people are unemployed, is a lot of money for her to pay. Therefore, as Collins and Bilge (2016) asserted, utilizing intersectionality as an analytical tool underlines the importance of social institutes in fashioning and explaining problems. Without all the programs that were meant to be safety nets, the economic inequality gap among people continues to grow. Already, as discussed before, the labor market discriminated against some participants and their families such as Bertha, Chipo, Tafadzwa, Tambu, and Tariro, by pushing them into informal jobs that did not give them a stable income, or benefits. Blessed's husband and Nyasha's sons were rendered unemployed. Consequently, intersectionality helps us to understand that these participants and their families' gender, nationality, age, and race among other factors, positioned them differently, first in Zimbabwe, and secondly, globally in relation to social inequity.

Shamiso, though she could have said it unwittingly, expressed dissatisfaction with the quality of services, blaming those who could not afford to pay for bringing down the quality of those services. According to Shamiso, the government's non- payment of the expected school fees, affected both the amount and quality of food at the school because money from the few parents who were paying, was not enough to cover the gap those who were not paying left. Students who were not paying school fees, she reported, included those who were on that government scheme Basic Education Assistance Module, as well as those whose parents had deserted them there. Nyasha remarked that she knew that people who were paying school fees resented those who were not paying. Once more, neo-liberal philosophy blames the socially vulnerable for their ordeal, even though results for this study demonstrate that all the mothers who participated in this study were enterprising and hard workers who were not waiting for hand- outs and that social factors such as the country's economic meltdown, impacted their efforts negatively.

On a different note, Nyasha spoke of how her son was regressing and that it was possible that students with severe speech disabilities influenced undesirably her son's progress. Since intersectionality is a tool that allows us to think and examine the complexity that exists in the world, in people, and in personal experiences (Collins & Bilge, 2016), the intersection of oppression, through Shamiso and Nyasha's comments, makes us understand that even among the marginalized populations, there still exist hierarchies.

Allport (1958) argued that a stereotype is "an exaggerated belief associated with a category" (p. 191) and functions as a justification for our behavior in relation to that group. Its function is to justify [rationalize] our conduct in relation to that category. He added that stereotypes can be both negative and positive. Allport also defined prejudice as "an avertive or hostile attitude toward a person who belongs to a group, simply because he belongs to that group and is therefore presumed to have the objectionable qualities ascribed to the group" (p. 7). He affirmed that unlike a simple misconception, a prejudice defies aggressively, all evidence that would overthrow it. Therefore, negative attitudes towards individuals with disabilities and their families could be influenced by prejudices or stereotypes people hold concerning these individuals. Unfortunately, such attitudes act as barriers to individuals with disabilities and their families for them to access resources, services or supports.

In view of Allport's definition of stereotypes and prejudice, participants reported that most of the people's attitudes were either impediments or catalysts to accessing services or resources for them and their children. For instance, Bertha argued that mothers who failed to accept their children's disabilities had the highest temptation to desert them. She thus offered her advice to such mothers saying:

> Giving other mothers advice, my piece of advice will be that, let us accept our children as they are, because if you let it bother you all the time, it remains like that even if it bothers you. That is why some mothers end up dumping their children anywhere, with others leaving them at school and run away.

Hence, how mothers viewed and articulated their children's disabilities and experiences, influenced their children's interventions. A case in point was all the mothers in this study who considered that, their children's disabilities were part of their lives and therefore, their children had different ways of learning. That understanding led them to fight hard for their children to be in school. Those who could not afford the high fees, looked for help such at as the government Basic Education Assistance Module that helped pay for their children's school fees. If mothers hold negative attitudes towards their own children, they might mistreat them or deprive them the opportunity to move out freely and participate in their own community. The community whose attitudes are negative can prevent individuals with disabilities and their families from accessing resources, services, or supports that could allow them to participate fully in their society

However, it is my contention that individuals at times act negatively towards people with disabilities not because they are malicious, but because they lack knowledge regarding disability issues. Availability of information that affect individuals with disabilities may help people without such knowledge to change their stances. However, their behavior can only change if it is genuinely unmotivated by prejudice because behavior driven by prejudice is hard to change in spite of evidence that seeks to topple it (Allport, 1958). Several of the participants argued similarly regarding the need for information related to disability issues. The impact of the absence of education related to disability issues was also evident from Shamiso's testimony when she stated that, her other children without disabilities were now asking why their brother was not talking. In other words, Shamiso needed to discuss disability issues with her other children to let them understand what was going on with their sibling. That would mitigate misunderstandings regarding his disability.

There are other several reasons people might hold negative attitudes towards individuals with disabilities in addition to lack of knowledge concerning issues related to disability. As Shamiso asserted, people might display negative attitudes and react negatively towards individuals with disabilities and their families because of the novelty of that experience to those people. This argument nonetheless hinges on the lack of education regarding disability issues and implies that if such topics are discussed openly, people would not be surprised to see those with disabilities. Similarly, that could stop parents from hiding their children with disabilities as participants reported. Shamiso revealed that her family was private and did not enjoy talking about their experiences to people and so, that could explain why people would be surprised the first time they saw their child with disabilities.

As discussed before, some participants pointed out that fathers who viewed negatively their children's disabilities, left their families. These fathers generally blamed the mothers for their children's disabilities. The notion that posits a baby's disability as the woman's fault is flawed in most cases. According to Collins (1998) intersectionality posits that people are positioned within unjust power realities. As such, these women due to patriarchal domination that exists, as Zimbabwean Black women, they were positioned within unequal power relations that prevented them from questioning such flawed arguments. Negative views towards children with disabilities also seem to be long-standing misconceptions whose roots are unclear but resemble those underlying Western eugenics (Beirne-Smith et al., 2006) even though they may stem from deep -rooted cultural traditions.

Notwithstanding their origins, these misconceptions are highly problematic, as participants who experienced this situation reported that their spouses' decisions to leave had negative implications on how they survived alone with these children, including facing difficulties accessing critical help, resources, or services. In addition, names that people use for individuals with disabilities have the power to hinder or facilitate access to resources, services, or supports as discussed before.

Intersectionality as a critical feminist perspective (Glesne, 2011; Marshall & Rossman, 2011; Mayan, 2009) posits experiences and perspectives of people as socially, politically, and historically positioned. Accordingly, it appeared some of the participants' social, political, and historical experiences shaped their understanding of some issues regarding disability such as beliefs surrounding disability. For instance, certain participants related that some people still believed that witchcraft caused disability. However, it appeared most Christians such as Tariro, seemed to view this position as flawed probably because, early Christianity denounced most of the African traditional beliefs and customs (Chitando, 2001). Inevitably, many people were socialized to think that only Africans practice or believe in such activities as witchcraft. Tariro thus, declared that she was unconvinced that witchcraft caused disability because among White people there was no witchcraft. Subsequently, it was not surprising that Tariro mentioned, and probably accepted as accurate that White people who had introduced Christianity to Africans, did not practice nor acknowledge the existence of witchcraft.

Additionally, for many years, Zimbabwe's criminal courts did not recognize the existence of witchcraft because the colonial government had enacted a law that deemed illegal the acknowledgement of witchcraft in the country: the statute known as the

Witchcraft Suppression Act [Chapter 9:19]. This was mainly because witchcraft in the court of law was hard to prove. Under that enactment, it was illegal to accuse anyone of witchcraft. It is therefore possible some people, like Tariro, ended up accepting that White settlers did not practice or credit the existence of witchcraft since they prohibited its recognition in the courthouse. Ultimately, Tariro was saying that since White people whom she regarded as not practicing witchcraft, could have children with disabilities, then witchcraft could not cause disability. Accordingly, some participants' historical and social experiences fashioned their perspectives about disability.

Overall, six A's of access addressed matters related to barriers or incentives to getting resources, supports and services showing clearly that these factors can create disability, ability, or impairment. Consequently, as Jones (1996) argued, viewing disability as a social construct allows for an analysis that acknowledges the connection between the individual and social factors, instead of solely focusing on the physical condition.

Identity construction, reconstruction, and deconstruction. The mothers who participated in this study assigned to themselves and their children meanings that were different from what other people ascribed to them. This is in keeping with what Braun and Clarke (2006) asserted, that language construct meanings and experiences among other things. So, the results indicate that through language, the participants constructed different meanings for their children who had disabilities, disability, and motherhood, than is common. As noted in the previous chapters, some people view disability negatively in Zimbabwe. In a country where some people still hold negative understandings about individuals with disabilities, it was significant for participants in this inquiry to redefine their children as well as their own identities. Participants choosing to deconstruct their own identities to counter the negative narratives society constructed for them was not unique to this study. In several studies carried out in the USA and Canada, mothers recounted contesting hegemonic tendencies towards them by redefining and rejecting socially constructed perceptions of normalcy, motherhood, and disability (Lalvani, 2011, 2013; Landsman, 2005; Levine, 2009). These mothers reported challenging discourses that positioned their children with disabilities as the “other” to justify placing them in segregated settings as well.

However, results for this study also show that there were instances some mothers themselves showed forms of othering. For example, Tafadzwa stated that when her husband died, one of the issues that bothered her was that her child was not “normal like other children” and she acknowledged that she was concerned about how people would treat him and what they would say because of his disability. Tambu’s comments about her daughter attending school and learning as other “normal” children and that some people were treating her as though she was not “normal” demonstrate also another way in which these mothers revealed their own ableist assumptions when they expressed the desire for their children to be like other children. This shows that mothers with disability, just like those of typically developing children consider those without disability as the standard, thereby reifying the concept of *normal*.

Nyasha too, when commenting on how good a job she had done keeping her son “smart like all the other normal children” revealed her desire for her child to fit in with the norm, similarly demonstrating a form of othering those who are different and those with disabilities. This suggests these perceptions are pervasive, problematic, and contradictory, and reveals an internal battle within these participants in their attempts to resist the socially constructed meanings of disability. Thus, in their quest for their children to be like other children who did not have disabilities, they were unconsciously accepting the socially constructed perceptions of normalcy that they were simultaneously fighting against and trying to resist. However, the hostile environment in which they were raising their children could necessitate such behavior, leaving them with insufficient room to accept their children completely as they are, without also feeling the need to measure up to the traditional definitions of normal.

In the good/astute mother narrative, participants focused on their gendered roles as a positive thing. Those women constructed themselves in relation to other women whose children had no disabilities. By so doing, they conceptualized their power as one that is bent to reconstruct, seeking to act as a force of change in their families' wellbeing (Allen, 2016). Focusing on their gendered roles as a positive thing also suggests resistance to the normative definitions of a good mother and to a society that denigrates mothers and their motherhood of children with disabilities. As Allen (2016) acknowledged, power has been undoubtedly viewed as a significant principle for feminist theory. She stated that feminists have used three main approaches to conceptualize it, namely, "as a resource to be (re)distributed, as domination, and as empowerment" (para. 1). Allen further asserted that feminists who embrace the concept of power as empowerment, view it "as an ability or capacity, and present it as an alternative to putatively masculine notions of power-over" (para. 47). She affirmed that for such feminists, to view power as domination or control implies "masculinist" (para. 47) hence the need to reconceptualize power as capability that is inspiring and tries to change oneself and other people. Although this kind of thinking may have the potential to essentialize and normalize women by endorsing personal differences based on stereotypes and flawed conceptions of those differences, it brings to the fore other overlooked powers of change. In keeping with these assertions, participants in this study constructed a good/astute mother narrative to depict themselves as mothers who had power to inspire and change their children's lives. Subsequently, as Andrews (2012) acknowledged, knowledge is constructed. In keeping with this notion, mothers in this study constructed their own narratives that expressed how they perceived themselves and their children with disabilities. Accordingly, as Molloy and Vasil, (2002) affirmed, social constructionism focuses on uncovering the ways in which individuals and groups participate in the creation of their perceived social reality, which participants in this study did. They participated in constructing and reconstructing their own realities as they understood them.

All the mothers in this research reported going about both their domestic work and employment outside their homes, without complaint. That was striking as this called to mind Antonio Gramsci's concept of hegemony Rosamond (2016) explained, and the tendency to normalize certain problematic behaviors such as these women were displaying. Donaldson (1993) also noted that hegemony integrates the persuasion of many people, mostly via the media and the organization of social institutions. These institutions use methods, for the powerful to maintain their dominion, that seem ordinary to people. Thus, it is hegemonic when the most powerful in society manage to persuade the general, and less powerful populace that what they do is in their best interest while it is actually against their beliefs and serve the most powerful people's interest. By so doing, the powerful maintain dominance over those less powerful people. Institutions that perpetuate hegemony include family, religion, education, the economy, and the government.

Consistent with this perspective, it appeared normal for these mothers to bring home an income and still return home to be in charge of all the household chores. Domestic work was gendered, since household work seemed to have been divided along gender lines, echoing Acker (1990), who affirmed that one approach to gendering is through the formation of divisions along lines of gender. As noted before, gender relations equals power relations (Collins & Bilge, 2016). Hence household work is gendered as it relies on the rationalities of gender. Additionally, by examining intricacies in the participants' experiences, there is a recognition that, as black Zimbabwean women, these participants' traditional culture, gender, race, ethnicity, and religion, intersected to render them incapable of challenging being responsible for all the household chores despite participating in the workforce or participating in the informal economy to bring home an income. In other words, as black Zimbabwean, Christian mothers and wives, they would come home and take care of their children both with and without disabilities, and were expected to be responsible for all the domestic chores possibly because, that is in accordance with the Zimbabwean traditional culture, and religious norms that expect women to be dutiful and nurturing.

Although investigating reasons why women did all the household chores and still helped to bring home a salary was beyond this dissertation, several theories have been put forward to try and explain similar observations. For instance, Poortman and Van Der Lippe (2009) examined the gendered meaning of household work by investigating the role men and women's attitudes toward household work played. They contended that women had more positive attitudes, as evidenced by their setting high standards for, their enjoyment of, and higher feelings of responsibility for such work. Poortman and Van Der Lippe argued that these results confirmed the gendered meaning of domestic work, adding that household chores were understood to be predominantly women's job. However, they argued that even if women felt the need not to do this work, they tended to feel powerless and submit to doing more work because of gendered power differences. They found these power differences emanate from many reasons, including earning less than men in most cases. Similarly, Breen and Cooke (2005) maintained that even where there is room for negotiating a division of labor at home, many women still lack the necessary economic negotiating power because of the constant differences in gender income. These findings are consistent with the results of this dissertation research.

Additionally, Poortman and Van Der Lippe (2009) conceded that it is possible that attitudes toward domestic work are also gendered. As a result, caring for children and domestic work are considered women's job and it is probable that those views function as an important component of men and women's gender identities. As such, these authors asserted that gendered attitudes toward domestic work might provide an understanding of continued gender inequalities in how housework is divided.

Contrary to the assertions of Poortman and Van Der Lippe (2009) described above, Huston and Holmes (2004) argued that involvement of fathers in primary caregiving is dependent on "the comfort level of the fathers and the mothers' comfort with them as caregivers" (p. 116). However, they also maintained that "women's identities as mothers appear to be an integral part of their perception of female roles and responsibilities" (p. 116). Another feasible explanation could be what Donaldson (1993) called hegemonic masculinity. According to Donaldson, hegemonic masculinity is a culturally romanticized form of hegemony. He posited that it is a scheme that is both personal and collective, whose functionality are breadwinning and manhood. At its center, and entrenched in business, is competitiveness, which is rooted in a type of cold heartless planning that is egocentric and aggressive. He asserted that hegemonic masculinity upholds a structure of supremacy and domination in the gender order. Thus, in hegemonic masculinity, it is the women's job to nurture and give care and not men (Donaldson, 1993). All those assertions could help explain why women in this study did all the domestic chores proudly.

Breen and Cooke noted that today, as more women work outside the home, there is a shift in the strict gendered division of labor for some societies. As they put it, this in turn has created vagueness in the marriage market since women and men no longer have that common knowledge of who should do what in their marriage. However, it is important to note that these researchers wrote from the context of Western societies. The study I conducted in Zimbabwe shows that some women still consider strict divisions of labor, with women primarily responsible for taking care of all the household chores and taking care of the family. As noticed from the results, mothers in this study concentrated on fighting normative narratives of a good mother and wife that positioned them as less than mothers or wives just because they had children with disabilities. They did that through the construction of good/astute mother narrative where they focused on how good and astute they were as mothers, and the gendered work narrative, where they focused on showing how good they were as wives. Those who were single expressed how hard it was to be single and play roles of both parents showing that they understood roles of parents as distinct.

The results for this study suggest that some women see household chores as their duty in order to preserve their marriages and live in peace. That was the picture Blessed painted when she talked about how hard it was for her growing up with separated parents. Because of this she vowed to do everything in her power "to make sure that I am always there for them [her children] and their father is always there." She added that "the way I grew up I don't want it to happen to my kids." Given this background, it may be easier to appreciate why she reported getting up early every week day to do domestic work before going to work as she detailed in chapter 4. Listening to her account, there is a sense of pride in the manner she narrated her typical day; pride rooted in the fact that she was able to take care of all that was demanded of her, judiciously. Contextually, this behavior is common. Growing up in Zimbabwe, I realized that there was an unspoken norm that placed the onus of a successful home in a woman's hands. I often heard people saying that if one’s home is broken, for any reason, it was the woman’s fault. There is even a Shona adage that speaks to this. The literal translation of it is: “a home is a home because of a woman.” This implies that a successful home depends primarily on the wife and that there is no home without a wife.

Subsequently, a successful home is a woman’s responsibility mantra, can give men permission to do whatever they want including misbehaving, without consequences. In contrast, every woman should strive to keep their husband from getting another woman, lest they are shamed for allowing their husbands to leave them. As Tariro noted, single mothers or unmarried women command no respect in society and so, women endeavor to keep their husbands at all costs. That involves being responsible for all the domestic work without complaining. As a result, girls generally are groomed to understand that they have a responsibility to keep their homes, no matter what.

Unfortunately, all this allows for women to stay in toxic marriages or relationships because they fear the humiliation of losing their husbands to another woman. In addition, divorced women stand to lose economic support from their husband as aforementioned in chapter 1. Accordingly, as some participants in this study related, a woman is generally blamed for many ugly things that happen in families and so, they typically strive to please their husbands to keep their homes, lest society mock them for wrecking their own homes. However, all this is hegemonic because women behave in such manner under the pretext that they are being esteemed or it is in their best interest to “preserve” their homes, even though they normally are the ones to carry all the burden of keeping a successful family unit without sharing that weight with their partners. Therefore, the intersection of gender and cultural identity [ethnicity] intersect to make their experiences hard. Subsequently, while the women in this study showed signs of resistance to some inequitable issues, they also unwittingly yielded to many other traditional norms.

Furthermore, all of these women in this analysis identified themselves as Christians. It is not clear how much the religious doctrine of being a dutiful wife influenced these women, given that religion is one of the institutions that perpetuates hegemony in society. Also, Tariro's assertion that in her traditional culture women do less difficult work, serves to confirm Breen and Cooke's (2005) observation that strong traditional gender ideologies can help to explain why women still do more household chores despite participating in the labor force. However, as Tariro confirmed, once a woman gets used to doing work that is deemed "men's job," the downside could be difficulty finding a suitable suitor who could buy what that woman could afford when working for herself. Tariro observed as well that it can become difficult to find a man who accepts such a strong woman. Generally, such a woman is berated and equated to "being a man," hence no longer acceptable wife material. Again, here we see the impact of the intersection of gender, religion, and ethnicity [cultural identity]. Per Zimbabwean traditional culture, Black Zimbabwean women are expected to preserve their homes, placing a huge burden on their shoulders.

Conversely, women may inadvertently preserve and reinforce gender inequalities when they justify men's unsupportive behaviors. For instance, Nyasha and several other women in this study affirmed that their husbands were helpful by mainly staying home with their children with disabilities when the mothers were out of the house. The kind of help these women claimed their husbands were rendering was insignificant when compared to what these women were doing. Additionally, Nyasha justified her sons' nominal help around the home, blaming their behavior on their stress and failure to get formal jobs. The likelihood of these sons also treating their wives the same if they were to get married is high, judging from their current conduct and their mother's condoning of their behavior. It thus becomes a vicious cycle of hegemonic behavior perpetrated towards women, that some women help to promote.

On another note, some of the mothers in this study claimed that they were not working even while they engaged in informal businesses that brought home income. This is in line with Acker's (1990) argument that the idea of "employment" implies a gendered concept as it holds in itself, the gender-based division of work and the split-up between the public and the private circles. It presupposes a special gendered organization of household life and social production. Thus, Tafadzwa and Nyasha who described themselves as not working, implied that they did not have a job in the public sphere since they were conditioned to think that their household contributions, as well as their informal jobs, did not qualify as proper employment. Accordingly, the intersection of injustices stresses the construction of an imaginary norm where the ideal worker is usually a privileged heterosexual man (Whitehead, 2013).

Despite any explanation that can be given, the consequences of inequality in family responsibilities influence individuals' work lives in addition to their lives in the home (Geist, 2005). If for instance, a woman keeps asking for breaks or leave to take care of the child, she is likely to lose opportunities for promotion. As such, Geist affirmed that as long as there is no active promotion of a specific gendered division of labor, obstacles women face in employment may continue to result in more female homemakers, but if a curriculum that emphasizes gender equality is put in place, this may result in high levels of progressive ideology on gender that may promote higher levels of equal sharing of home responsibilities. Consequently, why men still minimally participate in domestic work despite a rise in women's participation in labor force, remains to be investigated in Zimbabwe. Thus, this is an issue future research may need to tackle with respect to women in Zimbabwe.

Coping mechanisms. As aforementioned, to be able to handle and adjust to their experiences, mothers in this inquiry employed different coping strategies, which eventually allowed them to understand and accept their children's disabilities. Employing coping strategies was consistent with the literature I reviewed which showed that mothers whose children had disabilities needed strategies in place to deal with their varied experiences. For example, support from relatives, friends, strangers, and the government helped mothers in this study to cope with their experiences. Support occurred in different forms, including information concerning disability issues, financial help, and emotional help, such as counseling. Where such support was offered, these mothers and their children confirmed living their lives much the way other people who had different experiences from theirs, did. Utilizing different support systems as a coping mechanism was not unique to this study. Participants in studies carried out in Sweden (Bruce, Lilja, & Sundin, 2014), South Korea (Cho & Hong, 2013), Taiwan (Chou, Fu, Pu, & Chang, 2012), the US (Correa, Bonilla, & Reyes-MacPherson, 2011; Lightsey & Sweeney, 2008) and Japan (Kimura & Yamazaki, 2013) acknowledged support [that included family networks, having flexible times and good incomes for those mothers who had jobs], as a coping strategy.

Some mothers in this study used downward comparison to cope with their experiences. As Miller and Major (2003) noted, comparison with others presents a benchmark against which one can measure their identity and outcomes. According to Taylor and Lobel (1989), this could be a way of adapting to one's outcomes by making oneself feel better when contrasted with the others at a seemingly, more disadvantageous position. However, Wills (1981) affirmed that people do not deem such comparison something upright and he argued that people take such comparisons with mixed feelings. As noted in chapter 4, by clearly evaluating themselves against others whose children had more severe disabilities than their own children, these participants exposed the contradiction that they too, were constructing disability [of those other children] as something that one would want to avoid. Such contradictions are inherent in society today. Additionally, the participants in this study used their spirituality as a coping method. Research also indicate that spirituality was one of participants' coping methods in Konrad (2006). However, there was stark difference between the results of that research and the findings reported here. While all participants in this current study talked about their spirituality as a source of their strength, these Zimbabwean women reflected a group of people whose spirituality and faith in God is the bedrock of their strength, and not something that they had to turn to or renew when they discovered their children's disabilities, such as reported in Konrad (2006).

Overall and to a greater extent, results for this study were consistent with the literature I reviewed. A few exceptions included reports concerning stress and depression. The literature suggests that mothers with children with disabilities experience depression. For instance, greater incidence of depressive symptoms and stress in mothers whose children had intellectual disability or chronic illnesses were reported in studies done in Australia (Bourke-Taylor, Howie, Law & Pallant, 2012), India (John 2012), Vietnam (Park, Glidden & Shin, 2010), Iran (Rashedi, Rezaei, Morasae & Weisi, 2013), Pakistan (Sajjad, 2011) and Turkey (Sipal & Sayin, 2013; Tekinarslan, 2013). However, while some of the participants in this study talked of experiencing stress the first few days after learning of their children's diagnoses, most of them did not report being depressed. Research also suggests that financial shortages and lack of resources or supports contributed to mothers' depression and stress (Shin & Nhan, 2009). Yet, while most mothers participating in this study experienced quite serious economic difficulties, they did not report having depression or its symptoms.

Furthermore, while Chitiyo and Wheeler (2004) noted that during economic hardships, some families remove their children with disabilities from school when they can no longer afford to pay school fees, the mothers in this research study reported fighting for their children. However, it is important to recognize that these differences in findings may be an artifact of the type of participants for this study. All of them were educated mothers who had at least a Grade 7 certificate of education. This also affirms Riphenburg's (1997) assertion highlighted earlier, that children are likely to have better educational outcomes if their mothers are educated. Therefore, it is possible that these participants' gender and level of education influenced their views regarding education for their own sons and daughters. Finally, the resilience mothers showed in this study is reminiscent of the determination participants reported having in Lilley (2013), Sato et al. (2015), and Taylor et al. (2005). In these studies, mothers recounted facing challenges, but they were strong in their efforts to raise their children with disabilities.

Limitations

The limitations of this study relate to the data collection, including lack of member checking, the method of data analysis, participant characteristics, and research setting. With regard to data collection, I was unable to conduct formal member checking, due to time limitations. I returned to the US following the collection of the interviews and before their final analysis. The cost to go back to Zimbabwe to perform a formal member checking would have been prohibitive. I recognize that formal member checking was one way that could help project participants' voices. Going back to these participants would have enabled me to ask for clarifications on the information they shared and on the development of the themes that emerged from the data analysis. However, I was able to ask for some clarifications after the first interviews, and I obtained answers to questions I asked in subsequent interviews. I was also able to mitigate this limitation by using other ways to project participants' voices, such as using verbatim quotes from participants wherever possible in the final text. Those rich detailed excerpts from the participants' interviews help to offer an understanding of the participants' lived experiences. By using a robust set of interview questions, I was able to also check for consistency. Some questions in interview one were similar to questions in interview three. In this way, I was able to identify whether there were inconsistencies in the way mothers narrated their stories. In the same vein, Seidman (2013) acknowledged that the goal of the interview process is to understand how participants appreciate and construct meaning of their experience. Therefore, this study successfully confirmed the different meanings the mothers who participated in this research adopted for their experiences and how they understood their circumstances, other people, and themselves.

With regard to the data analysis, I conducted a thematic analysis. It is a method researchers use to identify, examine, and report recurrences [themes] in data and is concerned more with interpretation than describing a data set in detail (Braun & Clarke, 2006). I chose it because this type of analysis is flexible and can be used within many theoretical frameworks as it is not tied to any pre-existing theoretical frameworks (Braun & Clarke, 2006; Vaismoradi et al., 2013). However, a narrative analysis could have facilitated an understanding of the distinct nature of participants, and offered readers access to their stories and voices by describing the data set in detail, in line with what Oliver (1998) maintained. Such an analysis might have allowed me to grasp how and why ideas were offered, since a narrative analysis is broader in scope than a thematic analysis. Yet, there are always trade-offs when selecting analytic frameworks. While certainly these were limitations to the choice of a thematic analysis, this also allowed me to provide a complete and nuanced interpretation of my data as Braun and Clarke (2006) expounded.

I also based my analysis on mostly, two specific theories: intersectionality and social construction of disability. In addition, my discussion of the findings included information from other disciplines to allow me to understand the experiences and perspectives of participants in this study. Accordingly, my positionality is connected to my findings and the conclusions I made. Inevitably, there are possibilities that the same data could generate additional or different implications, conclusions, or findings if other researchers were to analyze this same data in a different way.

There are also limitations associated with participants. The selection of women as the research participants was intentional on my part because one of the assumptions of this study was that women are the primary caregivers of children with disabilities in Zimbabwe. As such, I assumed that they would be well-positioned to offer better insights on what it means to raise children with disabilities in Zimbabwe under the prevailing economic and historical contexts. However, getting fathers ‘perspectives on raising children with disabilities could also have implications for policy, needed supports, and interventions. As a result, it would be interesting to hear what fathers say concerning raising children with diverse needs.

The women who volunteered to participate in this study were all Black mothers whose children had disabilities. I did not have the opportunity to interview other mothers of different races, such as White and Asian mothers. Experiences and perspectives of these women also have potential implications for policy or required supports considering that there still exist clear economic and cultural differences among races in Zimbabwe. Additionally, the participants in this study were mostly from low-income families. Most lived in high-density areas. Their experiences and perspectives on raising children with disabilities may differ from those of middle or high-income mothers, who live in low-density suburbs. Those middle or high-income mothers' perceptions and experiences on raising children with disabilities have implications as well for interventions or services for children with disabilities. Finally, all eight research participants lived and worked in the city. This was deliberate on my part [choosing participants from accessible urban areas due to time and cost constraints] and so, interviewing participants living in remote rural areas, or small towns may shed light on some of the contextual differences in programs they perceive to be best for their children, since women whose children have disabilities, are situated differently and thus, are not monolithic. The contribution of mothers of different races, from different socioeconomic statuses, or from other geographic areas, could add different perspectives on what it means to be a parent of children with disabilities in Zimbabwe although results for this study may be transferred to other women who have similar experiences. As such, it is important to recognize that further research, utilizing different analytic frames, theoretical frameworks, and different participant populations, would certainly add to the knowledge base about the experiences of mothers of children with disabilities in Zimbabwe. Therefore, these limitations have implications for future research.

Implications

Recommendations. The results of this dissertation have implications for both practice and future research. In the following paragraphs, I will detail first, practical recommendations for the government of Zimbabwe, mothers, school administrators, and teachers. Secondly, I will describe implications for future research. To start with, through the ministries of primary, secondary, and higher education, I contend that Zimbabwe's federal government should establish what works best for students with disabilities and their families. This should be done by utilizing the available research.

Additionally, clear laws that safeguard the rights of mothers and their children with disabilities are necessary. Furthermore, I argue it would be helpful for the government to set up systems for distributing information about disability, to mothers of children with disabilities. For instance, some mothers in the study expressed concern regarding their children's sexuality, abuse, and the prospects of having their own families. Accordingly, mothers and their children with disabilities need information on the common laws pertaining to sexuality, the age of consent, incest, and sexual abuse. Government agencies, such as the public hospitals, schools, and universities, could serve as avenue for such information dissemination.

Although the Basic Education Assistance Module (BEAM) is available to some students with disabilities, the main concern the participants raised was the government's non-payment of the fees. As such, there is need to put in place effective ways to get these funds to those families, timely. As Collins and Bilge (2016) noted, there is evidence that safety nets assist people to overcome their setbacks and better their situations. In addition, schools for individuals with disabilities are expensive. This is because most are private schools. Therefore, more affordable and inclusive government schools need to be available for students with diverse needs. That means that universities and teachers' colleges should prepare teachers who will be equipped to deal with students from various backgrounds and varied needs. As noted in Chapter 1, many teachers graduate from colleges and universities without the skills necessary to work with students with different abilities in the same classroom. That is because universities and colleges do not have a wide range of children with disabilities' needs incorporated into their programs (Mutepfa at al., 2007; Ncube & Hlatywayo, 2014). Therefore, it would be helpful if teachers' colleges and the universities would include information about the needs of children with varied disabilities in their teaching programs.

Some mothers in this research expressed the need to know their rights and the laws that protect them and their children. Unfortunately, under the current economic context in Zimbabwe, it may not pay to wait for the government to do that for them. Therefore, one possibility is for groups of mothers to come together as a group, to visit government complexes, and advocate for the dissemination of information about disabilities. By so doing, these mothers could advocate for many other people, in addition to their own families. Additionally, it could be helpful if mothers with more experience would educate and work with others who lack resources and information about disability issues. Working as one big united voice could force the government to listen and act on their concerns.

Finally, some mothers in this study expressed dissatisfaction about the academic work of their children. Blessed, for instance, noted that teachers claimed to have had the qualifications to teach students with diverse needs, but the results did not corroborate these claims. In order to address such problems, schools could provide human resources development programs that keep teachers informed of new ways of teaching students with diverse needs. School administrations also need to engage in researching practices that are relevant, and best for their students. Teachers ought to be trained on new technology that can help students to succeed. Teachers, parents, and administrators also need to research on what transition programs work for particular students. That also includes exploring early interventions that can support students when they display symptoms of a disability. Parents, students, teachers, and administrators should also engage in conversations about choosing the correct setting for each student by weighing the advantages and disadvantages of each setting.

Implications for future research. The results of this study illustrate the concerns the participants expressed about the prevailing delivery systems of services. There was no mention of what they accepted as best practices and delivery systems. However, they reported that they were told that teachers had the skills to teach their children, even though they were doubtful this was the case. Therefore, future research investigating what works best, at a cultural level, for students with diverse needs and backgrounds in Zimbabwe, is needed. This research strongly suggests that it is important to understand what strategies would be helpful for students with disabilities in Zimbabwe.

Some participants talked about parents who brought their children to school and never returned for them. Others raised the concern that some fathers left their families once they learned about their children's disabilities. The reasons for these situations were unclear. As such, future research into the reasons why some parents [including fathers] might leave their children at school without contacting them until end of the semester or without returning for these children at all, might be of value. Interviewing people involved in the alleged behaviors could shed light on factors that drive them to do so. This in turn has implications for policy, interventions, and supports for individuals with disabilities.

As mentioned before, I intentionally chose women as my participants. Therefore, future research could explore either fathers or both mothers and fathers' perspectives and experiences of raising children with disabilities in Zimbabwe. Fathers' perspectives might add more light on different ways to understand disability issues. In turn, this could foster continued discussion of how people with disabilities can overcome and eliminate barriers they face in Zimbabwe.

As I mentioned in chapter 1, many women are unaware of the laws that are in place to safeguard them and their children. Many of the participants in this study expressed the need to be informed about disability issues. As such, it would be worth investigating first, how much mothers know about the laws that are already in place to protect the rights of individuals with disabilities and second, what they view as needed procedures to protect their children.

Several participants noted that their children were not taken seriously academically. It is consequently my contention that the way teachers view individuals with disabilities may influence the way they teach them. As a result, it might be important to investigate teachers' experiences and perceptions of teaching students with a variety of disabilities, including those with severe disabilities in Zimbabwe, since teachers' perceptions and experiences have implication on policy, interventions, and teaching strategies that affect individuals with disabilities.

Finally, this study's findings also confirm that many women are responsible for the household work despite working outside their homes and contributing to their family income. As such, the reasons why women are in charge of domestic chores warrant further study. It is possible that understanding the reasons could contribute toward equalizing gender relations, at least with regard to domestic work. For instance, if results showed that women did not actually prefer to be responsible for house work and prefer their partners to help more, some men might help more around the house. I postulate this because it is my assumption that many men take it for granted that women enjoy doing household chores and that they should. However, systematic research is needed to move beyond speculation and provide answers to questions such as these.

Answers to the Research Questions

The purpose of this research was to answer two questions. The first was how mothers of school age children with disabilities in one of Zimbabwe's urban areas conceptualized and articulated (a) their children's disabilities and (b) their experiences as mothers of children with disabilities? At the time of the study, mothers of school age children with disabilities in Zimbabwe who participated in this study conceptualized their children as diverse individuals who were good children, capable children, and children like any other children. To them, these children were “gifts” from God and “special.” Some mothers, like Shamiso, viewed and spoke of their experiences of raising their children with disabilities as “a battle” and “a problem.” Shamiso used that language when she was emphasizing the need for both parents to be united and work together when they have a child who needs extra care. Most of these mothers did not refer to their children using person- first language, yet, they spoke of them with respect and pride. Participants also suggested that having a child with extra needs could be challenging and that these children need parents who fight hard for them to be successful. These mothers regarded themselves as good mothers who were, as Shamiso said, like warriors fighting a “battle.” They worked hard to support all their children, those with and without disabilities. They also described themselves as loving mothers who cared and protected all their children. Hence they saw themselves as good and astute mothers.

The second question asked how participants’ social status, marital status, age, ethnicity, and/or race intersected with their experiences as mothers of children with disabilities. I used intersectionality as a tool to analyze each one of the participants’ lives since it allows for an analysis that looks at multiple identities and how these identities combine to influence each other in shifting ways (Collins, 1998; Collins & Bilge, 2016; Crenshaw, 1989; Davis, 2008). Results show that factors that included these mother’s social, economic, and marital statuses, race, gender, nationality, ethnicity, religion, level of education, age, and the country’s economic circumstances, intersected in fluid and reciprocal ways to influence their experiences of raising their children with disabilities.

Conclusion

This study’s findings illustrate that disability was not the overarching identity the participants ascribed to their children. They refused to define their children by disability, while still recognizing the diagnoses assigned by medical personnel. I found this to be one of the most striking results of this study. In addition, these mothers were as proud to be mothers as any other mother would be, showing that they valued their children with disabilities the way they would cherish those without disabilities. This was also extremely positive, especially given the atmosphere under which they were raising their children, one that is characterized by economic hardships and commonly negative attitudes towards individuals with disabilities.

These results also confirm that the greatest impediment to these mothers and their children's participation in society was lack of access to resources and services, supporting the notion that disability is a social construction. Despite facing barriers, all mothers in this study avowed going about their daily businesses without worrying a lot about those who shunned them. Instead, they strengthened relationships with those who accepted them as they worked for their families. Some mothers in this inquiry also demonstrated that they were aware of some critical and topical issues in special education, yet that more parent education is needed. Their reports reveal that there was need for clear transition planning for their children at every stage of their life. Their accounts also bring to light the fact that it is important for mothers to have the ability to choose schools with the best services for their children and that schools must be accessible to them in terms of distance and finances.

These stories illustrate too, that the least restrictive environment for their children should be discussed to determine the right placement for them – the majority of the participants' children were being educated in segregated settings. In addition, these mother's narratives reveal the need for qualified teachers to teach their children, educator knowledge, and use of effective research-based strategies. This should include assistive technology, such as sign language or communication boards to help students with communication needs, and early intervention services. All that means that there should be an ongoing discussion among the government, educators, parents, and individuals with disabilities concerning those issues in Zimbabwe.

Equally important, by examining the intersections of race, ethnicity, social status, marital status, gender, age, level of education, and disability, the results for this study show that mothers are not a homogeneous group. Much as all these Zimbabwean mothers had children with disabilities, their experiences were not the same. They all had different experiences of raising their children and diverse strategies of handling those experiences. Thus, the research reveal the intersections of the participants' fluid and heterogeneous identities. Yes, all the participants were women who were in the grip of patriarchy and had children with disabilities. But they claimed a discrimination different from that faced by women who did not have children with disabilities in varied ways. As a consequence, these mothers and their children in this study experienced and endured sexism interconnected with ableism and classism in different ways. They also dealt with those challenges uniquely. Accordingly, intersectionality shows that these women belonged to different categories and these categories shaped how they interpreted and understood their experiences.

Overall, participants in this study demonstrated what Oliver (1998) asserted, that human beings are historically situated in cultural contexts and so, the meanings they give to their lives and experiences make it possible for their histories and contexts to develop and be upheld. When I embarked on this research, there was little research on perceptions and experiences of individual mothers whose children had disabilities in Zimbabwe. Therefore, this study uniquely adds to the existing international literature on this phenomenon. These mothers' cultural, historical, religious, and political understandings of disability provide insights into the experience of mothering children with disabilities.

While not generalizable, these results may be transferable to other women globally who have similar experiences and might help other mothers to understand and adjust to their own experiences. As noted throughout this dissertation, this study could impact policies that affect mothers and their children with disabilities both in Zimbabwe and elsewhere. It could also be an inspiration for change in social attitudes towards mothers and their children with disabilities. Subsequently, this inquiry contributes to fields of education, disability, women, and feminism as it succeeded in respecting individuals' multiple identities and empowered these women by giving them a place to articulate their experiences of raising children with disabilities in Zimbabwe.

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Appendices

Appendix A: Volunteer for a Research Study Flyer [English]

THE UNIVERSITY *of*
NEW MEXICO

Volunteer for a Research Study

Study Title: Mothers' Voices: A Narrative Study of the Experiences and Perspectives of Mothers Raising School Age Children with Disabilities in One of Zimbabwe's Urban Areas

I am looking for volunteers to help me examine how women in urban areas of Zimbabwe, who are raising school age children with disabilities, articulate and conceptualize their children's disabilities, and how their social status, marital status, ethnicity, age, and/or race intersect with their experiences of raising children with disabilities.

You may be eligible to participate if you...

- Are a woman raising a child/children of school age, about five years old or older to about twenty -five years old with any form of disability and any level of disability support.
- Live in one of the urban areas of Zimbabwe
- Speak either English or Shona.
- Want to share your experience of raising a child with a disability
- Want to be involved in a study that could influence policies that have implications on services for mothers whose children have disabilities and their children

Participation includes 3 interviews that will take about 1-1.5 hours each plus a follow-up member check conversation that will take approximately thirty minutes.

Participants will not be compensated for their time.

For more information, contact:
Emillia Masaka
[Phone number]
[Email address]

Appendix B: Volunteer for a Research Study Flyer [Shona]

Gwaro rinoshambadza mashoko etsvakurudzo richashandiswa nevanhu vekutanga vachatsvaga vanoda kuva mutsvakurudzo

Muri amai vane: mwana wechikoro anorarama nehurema, vanotaura Shona kana ChiRungu, uye vanogara mudhorobha?

Kana zvakadaro, ndinoda kuziva nezvezviitiko zvamunosangana nazvo uye maonero enyu seamai vemwana anorarama nehurema.

Chii Chinonzi Hurema?

Pfungwa dzenyu mutsvakurudzo ino dzakakosha zvikuru!

Kana imi muchida kupinda mutsvakurudzo ino uye kana muchida kudzidza zvakawanda pamusoro payo, taurai naEmillia Masaka pa[nhamba dzerunhare] kana kutumira imero pakero inoti [kero yeimero].

Iyi tsvakurudzo yabvumwa neYunivhesiti yeNew Mexico uye ichaitwa naEmillia Masaka, mudzidzi muDhipatimendi reSpecial Education (chikamu chedzidzo inopihwa vana vane zvido zvakasiyana) paUNM.

Appendix C: Interview Questions

Questions for interview 1

During the first interview I will investigate the interviewee's life history, including that of the child with disabilities (the history behind the child's disabilities). This will involve how the participant became a mother/caregiver of a child with a disability.

I will ask grand tour questions to allow the participants to answer questions freely.

1. Tell me about yourself.
   Probe: Tell me about your age, ethnicity, education, location, work history, and family structure (e.g., other children), living arrangement, and family support
2. Tell me about your child.
   Probe: Tell me about when your child was born. Tell me about your child growing up. Tell me about your life with your child.-

Questions for Interview 2

The second interview will inform both the interviewee and me of the specific experiences of raising a child with a disability. The interviewee will provide details of her role as a mother of a child with a disability. I will also add questions on their treatment by others, the services and supports the children receive, the attitudes of others, and their perceptions of the reasons for this treatment.

1. Tell me about the people who have helped you as you raise your child and the different ways they have helped you.
   Probe: Are there people who you would describe as supportive in helping you raise your child? Who are they/ what kinds of support do they provide?
2. Describe your relationships with friends and relatives.
3. Describe the relationships you have with other people who are in contact with you and your child.
4. Could you tell me how a typical day for you as a mother, is?
   Probe: Please describe activities, supports and treatment by others
5. Please describe a typical day for your child.
   Probe: Could you tell me about your child's education, services, formal and informal supports?
6. What kinds of interactions does your child have with others?
7. Could you describe a memorable event for you and your child? What made it so memorable?

Questions for Interview 3

The third interview will tie the first two interviews together in a reflective dialogue about the meaning of the interviewee's experience in light of her life history. The interviewee will provide insight into what it really means for her to be a mother whose child has a disability. The participant reflects on how she makes sense of her role as a mother of a child with a disability as well as how her race, age, ethnicity, social status, and/or marital status intersect with her experiences of having a child or children with disabilities, within the Zimbabwean social, political, historical, cultural and economic contexts. I will start the conversation by saying:

"We've had a chance to talk together several times. And you've had a chance to think about things in between.

1. So today I'm going to ask you to describe your child for me again.
   Probe: What do you want other people to know about him or her

2. Show me the photos you brought with you. Show me each one and tell me what the photo makes you think about.
3. Tell me what it is like to be X's mother.
4. If you were to offer some advice to other mothers who have children like X, what would you tell them?