THE RIGHT TO PRIVACY AND INDEPENDENT LIVING: AN INTERROGATION INTO THE CAPACITATING STRATEGIES FOR WOMEN AND GIRLS WITH VISUAL IMPAIRMENT TO ENJOY THE RIGHT, IN PRIVATE AND PUBLIC SPACES, IN HARARE, ZIMBABWE

BY

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Abstract

The population of persons with disabilities is estimated to constitute 15% of the world population (WHO, 2011). General estimations may indicate that there are more than two million persons with disabilities in Zimbabwe and a sizable number of them are women and girls with visual impairment. Some people are born with visual impairment, whilst others may acquire it at a later stage in life. Different sicknesses, medical conditions and even accidents can cause the impairment. Some people may have total sight loss, whilst others may be partially blind. Like other women, women and girls with visual impairment, can be found in different social classes, although many of them are poverty stricken, evidenced by the high prevalence of street begging in Harare. International human rights instruments, including the Convention on the Rights of Persons with Disabilities (CRPD), recognise their rights to privacy and independent living. Zimbabwe also provides for these rights in sections 57 and 83, respectively, of its Constitution. Practically however, women and girls with visual impairment in Harare are not equipped, legally, technologically or socially, to enjoy these rights. The perceptions of policy makers, duty bearers, service providers and the population in general are locked in the biological inferiority model. The model sees the limitations of the persons with disabilities as a result of their impairment. I drawing my analysis, conclusions and recommendation in this paper, I have borrowed strands of thought from the rights and needs based approaches to disability, from the social model of disability. The social model acknowledges that the visually impaired are people like everyone else and that their limitations are as a result of barriers they encounter in society, not as a result of their impairment. These take the form of physical or attitudinal barriers in their environment. The experiences of women and girls with visual impairment in relation to their right to live independently in Harare and enjoy their right to privacy while doing so have never been documented. This has left a void in the disability discourse, and the effects of this gap are seen and felt in decision and policy making in a number of ways. Women and girls with visual impairment suffer violations of these rights in many different forms. Consultations, self-representation, provision of assistive technologies, joint and deliberate efforts between the government and private actors, continuous education and awareness raising are just some of the recommendations I have put forward in addressing the infringement of these rights.

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Declaration

I, Jules Daudi, certify that this dissertation is my original work; it is an honest and true effort of my personal research. I certify that the work has not been presented anywhere else before for any other thesis.

Signed ....
Date ....

This dissertation was submitted for examination with my approval as the University Supervisor, Professor Julie Stewart

Signed ....
Date ....

Signed ....
Date ....
Professor Julie Stewart
Director of the Southern and Eastern African Regional Centre for Women's Law, University of Zimbabwe (SEARCWL)

Dedication

To all my colleagues,
Who have made it and/or are making it in life, in defiance of their disabilities;
Our families, parents, departed or alive;
Policy makers, implementers and duty bearers,
Academics, interested and non-interested parties,
This piece of work comes from my heart of hearts, to you all!

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Munashe and Simba, my sons, for all their support and to Simba, for being so ready and punctual driving me daily from Mabelreign to SEARCWL;
Above all, the Lord God Almighty, my adoration to Him.

List of abbreviations and acronyms

AIPPA	Access to Information and Protection of Privacy Act (Chapter 10:27)
CBD	Central business district
CEDAW	Convention on the Elimination of All Forms of Discrimination Against Women, 1979
CRPD	Convention on the Rights of Persons with Disabilities
DPA	Disabled Persons Act, 1992 (Chapter 17.01)
DPO	Disabled persons organisations
DRC	Disability Resource Centre, University of Zimbabwe
FDG	Focus discussion group
ICCPR	International Covenant on Civil and Political Rights, 1966
Maputo Protocol	Protocol to the African Charter of Human and Peoples' Rights on the Rights of Women in Africa, 2003
POSA	Public Order and Security Act
PWD	Person with disability
RBZ	Reserve Bank of Zimbabwe
SEARCWL	Southern and Eastern African Regional Centre for Women's Law, University of Zimbabwe
UDHR	Universal Declaration of Human Rights
ZEC	Zimbabwe Electoral Commission

List of human rights instruments

African Charter on Human and Peoples' Rights

Protocol to the African Charter of Human and Peoples' Rights on the Rights of Women in Africa, 2003 (Maputo Protocol)

Draft Protocol to the African Charter on Human and Peoples' Rights on the Rights of Persons with Disabilities in Africa

Convention on the Elimination of All Forms of Discrimination Against Women, 1979 (CEDAW)

Convention on the Rights of Persons with Disabilities (CRPD)

International Covenant on Civil and Political Rights, 1966 (ICCPR)

Universal Declaration of Human Rights (UDHR)

List of local legislation

Access to Information and Protection of Privacy Act (Chapter 10:27), 2003 (AIPPA)

Constitution of Zimbabwe Amendment (No. 20) Act, 2013 (the Constitution)

Disabled Persons Act, 1992 (Chapter 17.01) (DPA)

Public Order and Security Act (POSA)

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Executive summary

The experiences of women and girls with visual impairment in relation to their right to live independently in Harare and enjoy their right to privacy while doing so have never been documented. This has left a void in the disability discourse, and the effects of the gap are seen and felt in decision and policy making in a number of ways. Women and girls with visual impairment are not enjoying these rights due to the fact that policies and regulations are not sensitive to the rights and needs based approaches to disability, which would promote their inclusivity. I therefore, undertook this research, so as to venture into:

- A documentation of the private and public experiences of women and girls with visual impairment in Harare in response to the international human right to independent living and respect for privacy.
- An exploration into the extent to which women and girls with visual impairment have been capacitated to exercise these rights.
- An analysis of the implementability and practicality of the strategies being used for the protection, promotion, fulfilment and exercise of these rights.
- A set of short, medium and long term legal and non-legal recommendations to address the identified gapes.

To expand my research I developed some objectives, which influenced my assumptions. From my assumptions, I then formulated research questions and these became the tools for my research. The women's law and the sex gender approaches are the methodologies I used. I needed to find out the visually impaired women and girls' lived realities and experiences when it comes to the exercise of independent living and privacy in Harare. The experiences are the starting point from which I then would establish the legal and/or administrative gaps as well as social barriers which limit their full enjoyment of the rights. I employed the sex gender approach to make a comparison between men and boys in a similar situation as well as the part they play in the perpetuation of women and girls' subordination. For data gathering, I needed to 'hear straight from the horse's mouth' as well as from the community and duty bearers so I used qualitative methodology. As a woman with visual impairment in Harare, battling with issues of living independently and exercising privacy, I really needed to collect as much data as possible from respondents in order to protect my research from personal biases. Strands of the social and medical models of disability were very handy in establishing gaps in perceptions and practices of both the communities and duty bearers in

Harare. The needs and rights based approaches of the social model influenced my conclusion and recommendations. The medical model and its dovetailing with the social model is largely responsible for the perpetuation of negative and harmful prejudices that prevent women and girls from exercising their rights to independent living and privacy in Harare. In my findings, the following are the expressions of the violation of these rights:

- Dependence on sighted guides, when it comes to personal mobility;
- Institutional overprotection;
- Inaccessibility of information available to the general public;
- Forced sharing of personal information and documents;
- No ownership or possession of property, i.e, land, houses, vehicles or assistive gadgets;
- Having no families of their own;
- Unemployment and limited career development and social mobility;
- Holding no positions of leadership in DPOs or women's organisations;
- Lack of self representation;
- Absence of female models with visual impairment;
- Legal pluralism;
- Absence of the national disability and inclusive education policies;
- Total absence of law and policy enforcement strategies;
- Unavailability of literature in an accessible format, suitable facilities and knowledgeable manpower to effectively implement inclusive education;
- Lack of co-ordinating mechanisms when it comes to the availability and use of assistive technologies;
- Absence of psycho-social support facilities;
- Negative, cultural and religious perceptions, that all limit the women from equal enjoyment of these rights in Harare.

For a complete change of the scenario, multiple faceted short and long term approaches should be employed. Firstly, comprehensive documentation of the government's capacitating strategies, their strengths and weaknesses, needs to be in place. Then, women and girls with visual impairment need to group themselves together and hold frequent meetings, to share experiences and ways of overcoming their barriers. The policy makers and service providers should implement consultation and self-representation, as a matter of urgency. Government and civil society should come together to work out programmes for capacity building for women and girls with visual impairment, psycho-social support systems, locally designed and made interventions, including assistive technologies, education of the community, awareness raising and sensitisation of the duty bearers, resources and facilities for inclusive education the creation of a separate foreign currency allocation by the central bank for assistive technologies and also the promotion of the employment of women with visual impairment.

As a medium term intervention, there is a need for resource mobilisation for targeted programmes for women with visual impairment to have houses of their own. Most importantly, in the long term, the realignment of the law to the Constitutional provisions, as well as law reform, where necessary. Of course, the law reform should be accompanied by law enforcing strategies that are subject to periodic reveals and evaluation. The national disability policy is also long overdue; disability is not occupying its rightful place in the developmental process because there is no national policy. A draft has been awaiting executive signature since 2007 and it speaks negatively of the government's attitude towards disability. Sadly, Zimbabwe is paying more attention to its policy on wild life than for its persons with disabilities (PWDs).

Taking a cue from South Africa, their constitutional provisions on disability rights are strengthened by deliberate self-representation in all sectors, including in important organs such as its Human Rights Commission. One of its visually impaired commissioners developed a 'toolkit' for the promotion of employees with disabilities. I used the 'toolkit' as a template for a detailed framework with monitoring mechanisms to ensure that it is implementable and practical. It is not just tokenism. Self-representation is one such strategy that can capacitate women and girls with visual impairment and bring them to a place where they can exercise their right to independent living and privacy, rather than continuing to have others articulate their view point.

Acts in Zimbabwe such as the Access to Information and Protection of Privacy Act (Chapter 10:27) (AIPPA) and the Public Order and Security Act (POSA) are used by the state to interfere with the privacy rights of individuals including, as this study's findings show, the rights of vulnerable women and girls with visual impairment to live independently. Since the international human right to privacy was developed in order to control state powers exerted against its citizens, women and girls with visual impairment could sue the government for the breach of their rights to privacy and independent living. They could institute such action through the Zimbabwe Blind Women Trust and other disabled people's organisations (DPOs). Women and girls with visual impairment in Harare should raise the public profile of their interests, rights, needs and concerns by making extensive use of print and electronic media platforms. They can also make use of social media which, though informal, is extremely far-reaching and can be a very effective tool if used wisely and strategically.

CHAPTER ONE

1.0 INTRODUCTION AND BACKGROUND TO THE STUDY

1.1 General introduction: *Would you like to hear straight from the horse's mouth?*

How would you feel if someone used a toilet after you and says, 'You know, you might have flushed, but the toilet bowl is still full'? How would you feel if after using the toilet you needed someone to use a bucket of water to flush away your ablutions? And imagine if you were an adult sharing a bathroom with other women and were having your period and a young girl walks up to you and says, 'I don't think you cleaned the bath properly after you bathed. You left behind some blood.' You know that if anyone leaves the toilet or bathroom in a mess everyone is silently accusing you; but if you find such a mess you can't say anything or accuse anyone. Or worse still, what if you enter the same bathroom and you smell the strong odour of something you strongly suspect is menstrual blood and you can't see it but have to feel about for its source only to end up touching a used sanitary towel left open and discarded by an unknown previous visitor. This is just what it is like for some women and/or girls with visual impairment. Now, you may ask, 'How is this possible?' Well, just read on!

Just imagine a girl:

- Who loses her sight at the age of 6;
- Who spends the next 4 years with her parents who are poorly informed about visual impairment because they have been influenced by the traditional out-of-touch medical, religious and cultural modes of thought;
- Whose parents hope she will one day wake up with her sight having put their trust in every possible healer they can think of from medical to faith-based, herbal to traditional, but all to no avail;
- Who only manages to start school at 11;
- Who grows up as a boarder in a mission school for ten years;
- Who manages to enter university and lives and studies on campus for three years;
- Who throughout her studies must depend on her colleagues, who kindly read out loud to her the books she borrows from the library because there are no Braille books;

- Who obtains employment with a Ministry for many years;
- Who is blessed when she secures accommodation at the institution;
- Whom society suddenly rejects and casts aside;
- Who gets locked up in institutional accommodation *for years*.

- **Does she know what independent living is or what it means?**
- **Does anyone respect or give her privacy?**
- **She remains under the regulations of the institution yet she is no longer a child!**

1.1.1 Where does this all come from?

The development of the disability discourse in Zimbabwe started in the mid 1940s with the social hero and legend, Jairos Jiri. Unfortunately, the immediate historical background is that there was outright social and cultural rejection of the phenomenon. Persons with disabilities (PWDs) were viewed as outcasts. This was influenced by such cultural and religious models that perceived disability as a curse or punishment from God or one's ancestors. The families of persons with disabilities would cast away the victim. Sometimes and this is still going on a wife or mother who gave birth to a child with a disability was cast out of her marital home. This was to rid the family of whatever curse was being brought through such an abnormal child. Jairos Jiri's intervention was an eagerly awaited and greatly welcomed development. His model provided welfare, hope, future and even homes for the homeless and rejected.

Unfortunately, the vibrations of the Jairos Jiri model still echo loudly in our ears. Systems still keep persons with disabilities confined in institutions. It is even worse for women and girls with visual impairment of whom society is over-protective. These can be formalised or non-formalised institutions. Unfortunately, the living arrangements are not conducive for propagating the human rights of the women and the girls in a number of ways. Notably, their rights to independent living, personal mobility and privacy are compromised and violated in different ways as this research seeks to unearth.

1.1.2 Harare residential expenses and the right to independent living and privacy

Independent living in private and public space entails:

- Being able to live on your own.
- Being able to pay for your own accommodation.
- Being able to live by yourself, if you so wish.
- Being able to own your own home.
- Being able to have a family of your own.
- Being able to move from one place to another whenever you want.
- Being able to participate in public affairs whenever you want.
- Being able to access information and services available to the public on an equal basis with everyone else.
- Being able to participate in activities in your community in its social, political, recreational and financial affairs.

On the other hand, from the layman's point of view and to an ordinary person the concept of privacy means confidentiality in the following areas:

- Banking records and details.
- Health records and matters.
- Sexual and reproductive health.
- Some family issues.
- Hygiene.
- Menstrual issues.
- Personal ablutions and hygiene.
- Electoral preferences.
- Official records in the work place.

The systems in Harare are prohibitive in every way for any such scenario. Furthermore, the concept of independent living and privacy is achievable through responses to public information. Decisions and choices are formulated and shaped by interaction with public information. In Harare information is available to all through:

- Posters;

- Bill boards;
- Electronic media;
- Print media; and
- Radio.

Women and girls with visual impairment access information through large print, Braille and soft copies. Information is hardly made available in such accessible formats. The result is that women and girls with visual impairment lag behind which adversely affects their choices and as they always trail behind their sighted counterparts.

Property ownership is, arguably, one of the economic bases through which the right to independent living can be realised. Of the 31 persons with visual impairment I interviewed including men and women, very few women were house owners in Harare, as shown in the Table 1.

Table 1: Showing details of home ownership of men and women with visual impairment

PROPERTY OWNED	**No. of MEN (out of 8)**	**Percentage (%) of MEN**	**No. of WOMEN (out of 17)**	**Percentage (%) of WOMEN**
House	4	50%	4	23,5%

Attitudinal barriers from landlords and ladies raise a barrier against any such idea. The Convention on the Rights of Persons with Disabilities (CRPD) notes that a person finds that they ‘become disabled’ at the point where their impairment meets the barriers their society erects against them. House owners are often misled as to how persons with disabilities live their lives. For example, one couple both of whom have a visual impairment shared their experience:

> ‘We meant to live nearer town but our efforts to find a place to rent were all in vain. Landlords had too many questions which we got tired of and gave up. They would ask about who would take us to the toilet when nature calls…

> they would ask who was going to pay for the bills and all such other funny questions.'

This kind of understanding is influenced by the biological inferiority model which sees the person's impairment before the person. Attitudinal barriers formed by negative perceptions, prejudices and misunderstandings around the subject of disability prevent persons with disabilities from accessing accommodation on an equal basis with their sighted counterparts. To an extent, this has been the situation of persons with disabilities world over, regardless of their category of impairment, social status, level of education or professional background.

> 'In many countries of the world, disabled people and their allies have organised over the last three decades to challenge the historical oppression and exclusion of disabled people' (Driedger, 1989).

Land barons are another obstacle. Many people in Harare including PWDs have lost money to such criminals trying to buy their own homes. I talked to Sibongile (pseudonym) one woman with visual impairment and she recounted how she got cheated even by another visually impaired professional who works for a government department. She was given to understand that there were serviced stands for sale to persons with disabilities in Chishawasha Hills. She paid her hard earned US$500 only to discover later that the endeavour was just a wild goose chase. I asked her if she managed to recover the money and she replied:

> *'Ha, hapana zvayakazomboita iyo. Ndakaidzorerwa ndatambura.'*
>
> 'Oh! The money did not serve any real helpful purpose. It was returned to me after a struggle.'

She could not do anything constructive with the refunded money like using it to purchase another property because she got it back in dribs and drabs which rendered it useless for this purpose. She only recovered it after the intervention by the President's Office and the Cabinet. I discovered in my interviews that quite a number of women with visual impairment had had such experiences and I managed to interview some of them. I visited and received confirmation of such reports from the President's Office and the Cabinet from the desk of the Advisor to the President on Disability Affairs. Coupled with uncertainties surrounding property acquisition in Harare are such other factors as:

- The high cost of stands and houses;

- The long queues to receive attention at Remembrance House;
- Long waiting list of those applying for housing;
- The inconvenience of having to renew one's application every year;
- The threats of evacuation from and destruction of illegal settlements during clean-up operations such as the controversial Operation *Murambatsvina* (Clean-up the rubbish).

All militate against independent living and privacy for women and girls with visual impairment. This calls for urgent intervention. Legislative and or administrative measures must, as a matter of urgency, be put in place to abolish immediately some of the negative stereotypical identities that prevent women and girls from enjoying their right to an independent living and privacy.

1.2 Problem statement

'The right to privacy embodies the presumption that individuals should have an area of autonomous development, interaction, and liberty, a "private sphere" with or without interaction with others, free from arbitrary state intervention and from excessive unsolicited intervention by other uninvited individuals.'

Privacy, especially for PWDs, is a fundamental human right, enshrined in a number of international human rights covenants, including the CRPD. It is key to the protection of their human dignity. It also supports and reinforces other rights, such as independent living, the liberty to access information and exercise personal mobility without having to rely on counterparts.

Women and girls with visual impairment continue to suffer violations of their rights in Harare despite the existence of protective Constitutional, legal and human rights provisions.

> 'The needs of persons with disabilities, including women with disabilities, still remain a peripheral issue. People with disabilities continue to be treated as second-class citizens' (Rugoho & Siziba, 2014).

Several factors are intricately interwoven to prevent women and girls with visual impairment from enjoying their rights to independent living and privacy. Among such factors are:

- Cultural and traditional beliefs;
- Social, attitudinal and environmental barriers;
- Negative stereotypical practices, prejudices and marginalisation;
- Absence of an effective and functional psycho-support system;
- Inefficiencies in the legal and educational systems; and
- Gaps in adoption of technologies.

All these remain a barrier to the fulfilment of these rights. Yet, independent living and privacy are both crucial for the attainment of self-respect and confidence so crucially needed by and important to all women and girls with visual impairment. The proper exercise of these rights is inextricably connected to their ability to claim and exercise all their other rights.

The government of Zimbabwe uses, among other things, the Public Order and Security Act (POSA) and the Access to Information and Protection of Privacy Act (AIPPA) to restrict the public's right to privacy and other inherent freedoms. Yet, General Comment No. 31 demands the state to protect individuals from the violation of this right by private actors. Failure to do so amounts to a violation of the right. In general PWDs are subjected to the infringement of this right by private actors, such as families and institutions. Yet, privacy, including their privacy, is clearly enshrined in sections 57 of the Zimbabwe's Constitution and article 22 of the CRPD. The right to independent living is implied in section 83(a) of the Constitution which obliges the state to take steps to enable PWDs to become self reliant. It has been observed, e.g., by Eddie Cross that under the former leadership of the late President Robert Mugabe, the government persisted in ignoring the country's human rights record. It failed to enact laws to put provisions of the Constitution into effect or to amend existing laws to bring them into line with the Constitution and Zimbabwe's international and regional human rights obligations. Based on surveys to assess the general public's experiences of the rule of law, the World Justice Project Rule of Law Index 2015 ranked Zimbabwe 100th of 102 countries.

1.3 Research objectives

In carrying out my research, I formulated three objectives, to keep me targeted. And these are:

- To document the experiences of women and girls with visual impairment in both private and public spaces in Harare in relation to the international human right to privacy and independent living;

- To examine the extent to which women and girls with visual impairment enjoy and exercise this right in Harare;

- To critically assess the applicability, practicality and implementability of the right to independent living and respect for privacy for women and girls with visual impairment in both public and private spaces in Harare and given the social and legal background of Zimbabwe.

1.4 Research assumptions

When I was working on my research design my intent was to research the topic of respect for the right to privacy of women and girls with visual impairment. Guided by my objectives, I formulated six assumptions and took them into the field together with questions which would test these assumptions. I then realised that the right to privacy and the right to independent living were inseparable as both were burning issues for women and girls with visual impairment. I quickly incorporated the aspect of independent living into my assumptions and formed seven assumptions as follows:

1. Women and girls with visual impairment are not enjoying their right to independent living and privacy on an equal basis with their sighted counterparts.

2. In contrast to men (and boys) in a similar situation, women and girls with visual impairment are always in the company of their sighted counterparts.

3. The absence of psycho-social support systems prevents women and girls with visual impairment from fully enjoying and exercising their right to independent living and privacy.
4. Economic challenges and shortages of assistive technologies are a barrier to the fulfilment of the right to independent living and privacy for women and girls with visual impairment.

5. Family and institutional over-protection of women and girls with visual impairment paralyses them and prevents them from exercising their right to independent living and privacy.

6. Inefficacies in education and disability discourse continually contribute towards challenges faced by women and girls with visual impairment in accessing their right to independent living and privacy.

7. The law does not recognise the need for the state to create a technologically conducive environment in which women and girls with visual impairment can enjoy their right to independent living and privacy.

1.5 Research questions

Following the incorporation of the aspect of independent living and personal mobility, I then had to work out key questions, which were derived from my assumption, so as to keep a balanced and controlled focus in my study.

1. Is it the case that women and girls with visual impairment are not enjoying their right to independent living and privacy on an equal basis with their sighted counterparts?

2. Is it the case that, in contrast to men (and boys) in a similar situation, women and girls with visual impairment are always in the company of their sighted counterparts?

3. Does the absence of psycho-social support systems prevent women and girls with visual impairment from fully enjoying and exercising their right to independent living and privacy?

4. Are economic challenges and shortages of assistive technologies a barrier to the full enjoyment of the right to independent living and privacy for women and girls with visual impairment?

5. Does family and institutional over-protection of women and girls with visual impairment paralyse them and prevent them from enjoying their right to independent living and privacy?

6. Is it the case that inefficacies in education and disability discourse continually contribute towards challenges faced by women and girls with visual impairment in accessing their right to independent living and privacy?

7. Does the law recognise the need for the state to create a technologically conducive environment in which women and girls with visual impairment can enjoy their right to independent living and privacy?

1.6 Demarcation of the field of study

I carried out my study in Harare Central Business District (CBD) based on the important status of the city by virtue of it being the nation's capital (Figures 1 and 2 of Appendix 1 which contains all this paper's Figures). It is from a nation's capital that policy decisions are made and then disseminated to the rest of the country. All my key informants were drawn from the CBD except for those selected from three strategic institutions being the universities, the Zimbabwe Electoral Commission and the Parliament of Zimbabwe. The women and girls with visual impairment themselves together with their families and companions were however sampled from all over the city. The plan of the city is such that the residential areas are far apart and quite some distance from the CBD. So, women, girls, men and families of persons with visual impairment from different residential suburbs formed a crucial part of my research for I needed to 'hear directly from the horse's mouth,' so to speak.

1.7 A glimpse into the lives of PWDs with visual impairment as pedestrians on the streets of Harare and their rights to privacy, independent living and personal mobility

Harare (Appendix 1, Figure 1), the capital of Zimbabwe, formerly known as Salisbury (the capital of Rhodesia), was founded in 1890 by the British pioneer column. It was accorded city status in 1935. Its present day population is estimated at around 2.8 million. It is the centre of life for many sectors of Zimbabwe society including government, commerce, religion, education, health, law and finance. It attracts many job seekers, including persons with disabilities (PWDs), into its CBD. Figure 2 is a photograph of a map of some of the major streets of Harare's Central Business District (CBD) and the location of some government offices.

Walking along the crowded streets of Harare's CBD allows pedestrians, especially PWDs, to test their right to privacy, independent living and personal mobility. Pavements full of vendors displaying their wares (including vegetables, fruit, sweets, cigarettes, clothing, etc.) cause obstructions (Figure 3).

In some cases, vendors and their wares even spill off the pavements and cascade into and invade the city's roads (Figure 4).

One visually impaired professional woman I interviewed recalled how one day she had come to town on banking business and had accidentally bumped into a vendor's unstable table which sent some of her tomatoes rolling into the street. Her guide was made to pay for the damage. Her dignity impugned, the woman had felt embarrassed by the whole incident, especially in view of the nature of the business she intended to conduct.

The congestion in town caused by obstructive vendors and their goods has become so serious that it is even difficult for the able-bodied to walk along Harare's pavements. While the situation is worse for persons with disabilities (PWDs) in general, it is the worst for the visually impaired and the physically challenged who find it difficult even with the assistance of an aide. Independent living and personal mobility for women and girls with visual impairment becomes a nightmare in Harare's CBD, especially in the rainy season when even carts and motor vehicles are known to take to the pavements (Figure 5).

Apart from the intricate difficulties of having to find one's way from one point to another through a maze of street vendors on the city's pavements, the experience also exposes women and girls with visual impairment to the emotional trauma arising from frequent confrontations with vendors whose wares they accidentally disturb as they try to move around. This has the effect of undermining their confidence to exercise their independence and personal mobility.

Since many city dwellers buy from vendors, flea and open markets scattered throughout the city, its streets have become noisy presenting a particular challenge to the visually impaired who sense their environment through their ears more than their eyes. This has a negative effect on the development of independent living for women and girls with visual impairment.

Gender prescribed roles dictate that mothers often go out shopping with their children. Mothers with visual impairment, however, now find this difficult because of the city's noisy streets. Communication becomes a challenge. One woman said that she used to enjoy shopping in town before the dawn of flea and open markets. She would go shopping with her two children who were then still in their early teens. Now she stays behind and she just sends her young sister or even her children to do her shopping. The last time she had ventured into town to try and do some shopping it turned out to be a hugely impossible task. This situation has turned a once independent woman into a dependant. This is contrary to the progressive development of disability discourse. This woman has slid back into what is called the medical model of disability in which charity is the order of the day. Her young sister and children now take the responsibility of shopping for her now that the task has become impossible for her to perform.

Current trends in the CBD are considered negative in terms of the progressive developmental rights based approach which holds that a woman is entitled to go out and make her own choices. Her situation reiterates the social model of disabilities which separates the person from the impairment and states that disability is an experience. Once upon a time, when the environment was user friendly, she would go shopping with her children. Now there are barriers in the CBD which have suddenly disabled her and she can no longer exercise her independence.

Unfortunately, the legal system is not corrective of the situation in support of the rights of the women and girls with visual impairment. In this regard, Kanyerere aptly observes:

> 'In the present *status quo*, the legal rights of the visually impaired are still dependent on the goodwill of their able-bodied counterparts, therefore preventing them from controlling their own destiny' (Kanyerere: 15).

Furthermore, the administration of the City is totally failing to take cognisance of its residents and shoppers with disabilities. I engaged the City of Harare in my research. I had an opportunity to go through one of their policy documents which is silent on all disability issues. Such omissions have the effect of depriving this vulnerable group of people of their rights. The City needs to take into consideration the issue of disability in all of its activities for the progressive development of disability rights.

The open flea markets which sell second hand clothes have become the shops of choice for literally everyone. While experienced shoppers may sometimes venture into these places alone, this is not possible for women with visual impairment who must be accompanied by an assistant. For them it is not a matter of choice but necessity. This is a clear infringement of the right to privacy and dignity for women and girls with visual impairment, especially in view of the fact that society tends to fear for and therefore seek to protect them more than men and boys with visual impairment.

Another example of the City's failure to consider the plight of PWDs, especially those who are visually impaired, is reflected in the poor maintenance of its streets.

Figure 6 is a photograph of an open drain on a road which poses a danger to the general public. The fact that it contains old rubbish is evidence that it has existed for quite some time. In fact this particular drain is situated about 100 metres from the Braille Library and therefore poses a direct threat to the visually impaired who people who visit it.

Figure 7 is a close-up photograph of the same drain in Figure 6 showing the rubbish that has accumulated in it.

Figure 8 is a photograph of a dangerous pot hole on the edge of a tarred road. It is a threat to both motor vehicles and pedestrians especially considering that it is at an intersection. In fact this particular pot hole is situated about 50 metres from the Braille Library and is therefore also a major threat to its visually impaired visitors.

Figure 9 is a close-up photograph of the same pot hole in Figure 8 which shows that it has existed for some time as it is several centimetres deep and several attempts have been made to repair it.

In some parts the City has become a serious hazard as a result of open and unprotected ditches, drains and holes along roads and pavements. On one occasion a man with visual impairment fell into a deep open drain. Also, billboards are erected without thought for the safety of the visually impaired. On another occasion one of us hit their forehead against a low billboard which had been erected at the intersection of Second Street and Nelson Mandela Avenue. In fact, Figures 6 to 9 (above) show that the state of at least one road and pavement near one of the Braille libraries in town poses a serious danger to the personal mobility and independent living of persons with visual impairment. The failure to observe the right of people with visual impairment to self-representation in programming, planning and policy making leads to violations of their rights including threats to their health and sometimes even their lives. The social impact of such omissions limits their development and deprives them, particularly women and girls, of their right to self-reliance and actualisation.

> ‘Visually impaired women are not receiving the right attention from policy makers thus many still occupy the bottom rungs of Zimbabwe’s social ladder. Planning and building of social infrastructure does not take this constituency into account, and they lack opportunities to participate in policy making and decision making bodies’ (Kanyerere, 2012).

It further reduces women and girls with visual impairment to mere objects and liabilities who are deprived of becoming active participants and partners in the development processes. ‘That they are viewed as broken objects has made their plight remain on the periphery of policymakers’ (Choruma, 2007) and has excluded women and girls with visual impairment from the legal framework.

1.8 Conclusion

In this chapter I discussed in my introduction the challenges faced by women and girls in exercising their rights to living independently and privacy. I also elaborated on the factors that fuel inequalities between women and girls with visual impairment and their sighted counterparts. The chapter also includes the research’s problem statement, objectives, assumptions, questions and its demarcation. Chapter 2 focuses on the frameworks which mould the social perceptions of women and girls with visual impairment.

CHAPTER TWO

2.0 DISABILITY, GENDER, LEGAL AND THEORETICAL FRAMEWORK

2.1 Introduction

In this chapter I explain the frameworks that influenced my research. Women and girls with visual impairment, like their able bodied counterparts, are equally affected by gender stereotypes. It is even worse for women and girls with visual impairment in that they suffer multiple forms of discrimination, especially on account of their being both female and disabled, which intersect and target them. I have included some strands or lines of thought of the disability models and theories that I perceive to play a role in forming the dialogue around my topic.

2.2 Disability models

Disability models which basically explain how disability is perceived may be economic, social, physical, spiritual, religious or cultural. Each model is characterised by strands or lines of thought which explain perceptions surrounding disability. The current dominant models are developmental and are based on internationally recognised human rights. In this paper I relied mostly on the social and medical models. It is important to note that these models almost always dovetail at some point. They have also influenced policy making and implementation. Some models, such as the medical model, are retrogressive while others are extremely progressive. Sometimes the collective influence of more than one model can have a negative effect on the promotion, development and fulfilment of independent living and privacy for women and girls with visual impairment.

2.2.1 The biological inferiority model

The biological inferiority model sees the impairment before the person. The individual is treated as a patient. This prevents women and girls from exercising their right to independent living in different ways. One woman tells of how she was denied the right to travel on a luxury coach from Harare to Bulawayo if she did not have a sighted guide with her. She complained:

> ‘It is very difficult to be able to travel on your own. Some buses (name withheld) will not allow a person with a disability to travel on their own.’

I needed to find out exactly the background to this complaint, so I visited the bus company on the pretence of being a client. True enough, I was denied passage and I was required to travel in the company of a helper. This prevents the fulfilment of the right to independent living and privacy. Of course, later on, I asked for the reason behind this practice. The response was that a PWD without an aid would become a burden and an expense to the bus company if, after reaching the end of the trip, they found themselves stranded with no one to escort them to wherever they needed to go. The response from the bus company representative confirmed the charity model which regards PWDs as objects of pity and charity. The model reasons that they cannot be left to fend for themselves. They need a caregiver at all times and when they do not have one, they threaten to become a burden to others around them. The concept of inclusivity is foreign to this particular bus company. One would have expected them to reason that if a person, including a PWD, can afford to buy a ticket to travel to a particular destination, they must obviously have also already decided they are also capable of managing to take the trip.

Many of my respondents with visual impairment complained that some health workers did not know how to interact with them, especially in the presence of their assistants. Often they communicate through their assistant instead of directly with the person concerned. This limits the degree to which women and girls with visual impairment can feel free to share confidential sexual and reproductive health information with health workers. I personally testify to that. Every time I meet new people or engage with those with whom I am still becoming acquainted, I find that they will always talk to me through my assistant. Even as I was carrying this research, some respondents persistently communicated with me through my assistant to the point that in some cases, I had to politely excuse my assistant before commencing the interviews. I would then explain myself to the key informants who generally were very understanding.

2.2.2 The social model

‘The social model was created by disabled people themselves and looks at the barriers erected by society in terms of disabled people being able to participate fully in day to day life. The social model seeks to remove unnecessary barriers which prevent disabled people from

participating in society, accessing work and living independently. The social model asks what can be done to remove barriers.'

This is the most recent and influential of the current lines of thought among disability models. I specifically looked at the rights based aspect of the social model. It asserts that disability is an experience. It is not part and parcel of the person. It is an attitudinal or environmental experience. This happens at the intersection between or at the point/s at which the impairment meets or converges with the barriers that may be attitudinal, environmental, physical, economic, political or social. This means that disability is a social construct, just like gender. Persons with impairments are not disabled unless and until they encounter barriers in their living. The removal of those barriers brings the PWDs on to a 'level playing field' so to speak with everyone else, particularly when substantive equality is achieved. When I visited Gross Care International, a company that specialises in assistive technologies, I acquired a very much better understanding of the social model of disability which extols that once barriers are removed, equal access will no longer remain a dream, but become a reality. I shall discuss this further in the analysis chapter 5.

2.3 Gender framework

Gender, like disability, is a social construction. Male and female identities are defined by the society in which they live. Roles are prescribed according to environmental and cultural perceptions. Their identities are limited to the moulds and models that are socially erected around them. Feminism, on the other hand, is:

> 'the political theory and practice that seeks to free women of all colours, classes, abilities, sexual orientations and ages, from all forms of oppression' (Smith, 1982).

According to Smith's definition, it is clear that women are not a homogenous group and so there is no one-size-fits-all approach in addressing their issues. Similarly, women and girls with visual impairment are not to be lumped together and treated as a single group. I took cognisance of the aspect of individuality in my research work. It gave me an open mind in my interviews, particularly with women and girls with visual impairment. Therefore I would first ask each person I interviewed for their unique details:

- Name;
- Sex;
- Date of birth;
- Physical address and whether or not they owned it or otherwise;
- Level of education;
- Employment status, where applicable;
- Marital status, where applicable; and
- Family background.

2.4 Local provisions: Constitutional and legal provisions

2.4.1 The Zimbabwe Constitution, 2013

2.4.1.1 Section 57: Right to privacy

Section 57 of the Constitution of Zimbabwe Amendment (No. 20) Act, 2013 (the Constitution) contains the provision for privacy. Of particular interest to my research are subsections (d) and (e) concerning the privacy of personal communications and personal health, respectively. Taking the exercise of the right into a contextual framework, women and girls with visual impairment are suffering violations of this right in both private and public spaces given the challenges in accessing information. Most information on public domains is in formats which are inaccessible to women and girls with visual impairment because, being unable to read by themselves, they have to depend on their sighted counterparts to read such information to them. The absence of large print, Braille and audio documents has created a huge gap (between the theory and reality of being able to enjoy independent private access to information) and hence a major barrier to accessing information. Assistive technologies are a perfect interventional strategy to bridge this gap. Women and girls with visual impairment, apart from having their personal information exposed to public consumption, do leg behind in some crucial matters that concern them, because they fail to access the information, at the same time with their sighted counterparts. Philippa (pseudo name) related how she missed out the appointment for a job interview, because the information was relayed in print and she could not get someone to read to her on time for the interview. Philippa, possesses a phone with a voice output. She however, missed out on the crucial appointment, because the invitation was an unreadable scanned document. Assistive technologies are a perfect interventional strategy to bridge this gap. Women and girls with visual impairment, apart from having their personal information exposed to public consumption, can easily find themselves at a disadvantage and lose out on crucial opportunities because they fail to access information at the same time as their sighted counterparts. For example, one of my respondents, Philippa (a pseudonym), related how she missed out on a job interview because the information was relayed in print format and she could not get someone to read it to her in time for her to attend a job interview. Although Philippa possesses a phone with a voice output facility she missed out on the crucial appointment because the invitation was sent as a scanned document, unreadable to her without human assistance.

2.4.1.2 Section 83: Rights of persons with disabilities

The 2013 Constitutional framework on disability rights is highly commendable, especially considering that section 23 of the former Constitution did not include disability as grounds for prohibiting discrimination. Although there are some non-derogable provisions, section 83 of Zimbabwe's 2013 Constitution lays down:

> 'The State must take appropriate measures, within the limits of the resources available to it, to ensure that persons with disabilities realise their full mental and physical potential, including measures –
>
> (a) to enable them to become self-reliant.'

Self-reliance is the key as well as the door to living independently and achieving privacy.

2.4.1.3 Obstacles to self-reliance

Assumption 7, which the study's findings confirmed at least to some extent, is that the legal system is not informing and instructing the state to create a technologically conducive environment for women and girls with visual impairment to enable them to realise their rights. Through the use of assistive technology the global market has now made available many devices and means by which persons with visual impairment can enjoy their right to privacy and independent living. In its allocation of foreign exchange in terms of its regulations and practices, however, the Reserve Bank of Zimbabwe (RBZ) fails to consider the interests and needs of PWDs from a human rights point of view. As a result, their allocation falls under the medical vote which does not consider disability an ailment and therefore is less demanding of attention than, for example, urgent medical treatment for life threatening situations. Given their low priority, the interests of PWDs will continue to languish near the bottom of national budgetary foreign currency allocation lists. Be that as it may, it remains obligatory for Zimbabwe to improve this process in order to assist PWDs realise their full potential to becoming self-reliant.

2.4.1.4 Conceptualising disabilities

Disability reaches beyond the use of white canes and wheelchairs. There are so many categories of impairments, the list is almost inexhaustible. Within the scope of my presentation, I will explore the world of the visually impaired with a particular interest in women and girls and their right to independent living and privacy. Disability is a term often used interchangeably with physical challenges. As a matter of fact, disability goes beyond the visible physical deformities or abnormal appearances or even the traditional comprehension and perception of what disability is. The Convention on the Rights of Persons with Disabilities (CRPD) appropriately defines it as an evolving concept that occurs from the interaction of persons with various impairments with their environments, physical or attitudinal. Categories of disabilities/impairments include:

- The physically challenged include: the monoplegia, paraplegic, club foot, amputees;
- The visually impaired include the congenitally blind, those with acquired sight loss, the partially sighted;
- The hearing impaired may mean the congenitally hearing impaired those with acquired hearing impairment, those with speech impediments and those with either hearing or speech losses;
- Persons with intellectual challenges, include those with learning difficulties, dyslexia, Down's syndrome and autism;
- Persons with albinism,
- Dwarfism;
- Those with dual sensory loss, that is the deaf-blind; and
- Those with multiple sensory losses and the like.

So, although I narrowed down my research to women and girls with visual impairment through desk research, it is established that, generally, women and girls with disabilities are at a higher risk of having their rights violated regardless of the exact nature of their impairment.

2.4.2 The Disabled Persons Act, 1992 (Chapter 17.01) (DPA)

The Disabled Persons Act, 1992 (Chapter 17.01) (DPA) defines a person with disabilities (PWD) as follows. A 'disabled person' means:

> 'a person with a physical, mental or sensory disability, including a visual, hearing or speech functional disability, which gives rise to physical, cultural or social barriers inhibiting him from participating at an equal level with other members of society in activities, undertakings or fields of employment that are open to other members of society.'

Already the definition in the Act is prejudiced to negative perceptions that PWDs are prone to encountering limitations and barriers in society. It points to the medical model that the person and the disability are inseparable. Thus, the Act is retrogressive, particularly for women and girls, who are already marginalised on grounds of their gender. The legal provision here then inhibits the fulfilment of the rights.

Commendably and remarkably, Zimbabwe was one of the first countries in the region to promulgate legislation that is disability specific. Unfortunately, failure to implement the Act has been a disappointment to persons with disabilities. It must be said however that as I write, efforts are underway to harmonise the provisions of the DPA with the standards of Zimbabwe's Constitution and the Convention on the Rights of Persons with Disabilities (CRPD). However, it is important to note that although section 3 of the Act makes it peremptory for a Director of Disabled Persons' Affairs (whose office shall be a public office and form part of the public service) to be appointed, no such Director has ever been appointed since the passing of the Act in 1992. This is a serious failure since this office is a very important and high profile one through which the interests and rights of PWDs could and should be significantly promoted, enforced and protected. The failure of the DPA has contributed greatly to violations of the rights of women and girls with visual impairment especially as a result of the absence of a Director of Disabled Persons' Affairs whose interventions could have helped to resolve many of their challenges. It is hoped that the DPA will soon be aligned both to the Constitution and the CRPD in early course to bring much needed relief to PWDs.

2.5 Regional provisions and women’s autonomy

2.5.1 Draft Protocol to the African Charter on Human and Peoples’ Rights on the Rights of Persons with Disabilities in Africa

This draft Protocol was crafted after consideration of article 18(4) of the African Charter which provides:

> ‘ … [T]he disabled shall also have the right to special measures of protection in keeping with their physical or moral needs.’

This is one of the legal platforms through which women and girls can fight for recourse. Special measures need to be put in place for women and girls to enjoy their rights to independence and privacy. The clause from the Preamble of the disability Protocol refers to the concept of substantive equality and problematizes formal equality. The problem with a formal model of equality is that it is limited in several important ways. While this model might be used to address some situations of discrimination and inequalities, it fails to offer full protection against others. It implies and assumes that the quality of services available to all the other women is being received by everyone else and yet there are so many issues to do with access when equality is further examined. Yes, the right to living independently is implied in the wording of section 83(a) of the Constitution which talks of the obligation of the state to enable persons with disabilities to be self-reliant, but there is still a need for special measures to fast forward the fulfilment and promotion of such rights. Yes, the right to privacy for ‘everyone’ is enshrined in section 57, but there is still a need for legal and administrative frameworks to be established which should specifically protect and promote this right for women and girls with visual impairment to enable them to enjoy the right on an equal basis with their sighted counterparts.

Article 25 of the draft Protocol is of interest in this paper. It provides for the specific needs of women and girls. It is both rights- and needs-based. Of particular interest are subsections (a) and (b) which speak of:

- The promotion of women and girls’ participation in public spaces;
- Political decisions; and
- The elimination of social barriers that contribute to the infringement of their rights.

Notably, women and girls with visual impairment are being hindered from accessing their rights because of socially constructed barriers. Once they are removed the fulfilment of their rights is attainable.

2.5.2 Protocol to the African Charter of Human and Peoples' Rights on the Rights of Women in Africa (Maputo Protocol)

Article 23: Special protection of women with disabilities

The Protocol to the African Charter of Human and Peoples' Rights on the Rights of Women in Africa, 2003 (Maputo Protocol) provides for the special protection of women with disabilities in order to ensure, in particular, their participation in decision making and the realisation of their right to be treated with dignity. I was interested in these two provisions because they speak directly to independent living and privacy. Once women and girls with visual impairment can speak for themselves, represent themselves, and decide for themselves that will be the foundation for the realisation of their autonomy from oppressive systems and stereotypes.

2.6 International human rights instruments and 'independent living'

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

The Convention on the Rights of Persons with Disabilities (CRPD) is one of the most powerful instruments which deal with disability specificities. It provides a model of the rights-based approach which I found very useful in both my field work and data analysis. Article 22 of the CRPD echoes the importance of respect for privacy provided for in the Universal Declaration of Human Rights (UDHR) and the International Covenant on Civil and Political Rights (ICCPR). It reiterates the prohibition of unlawful and arbitrary interference with the privacy of individuals. It also obliges the state to protect individuals against such attacks on a person's dignity.

Article 19 specially speaks to independent living and being included as a member of one's community. 'Independent living' includes, *inter alia*:

- Choices of where one wishes to reside;
- Who to live with;

- Not being obliged or forced to live in a certain arrangement, but rather being given all possible support for inclusion in the community;
- Enjoying access to responsive community services on an equal basis with others so as to achieve the status of living independently in the community with others.

2.6.2 Convention on the Elimination of All Forms of Discrimination Against Women, 1979 (CEDAW)

The Convention on the Elimination of all forms of Discrimination against Women (CEDAW) calls for the repeal of all cultural and legal provisions that perpetuate harmful practices and negative stereotypes[1] against the women. My interest in the CEDAW is twofold. The second level being that it calls for temporary measures that should be put in place by states parties to deal with any forms of discrimination. In my research I found that there are some forms of overt and covert discrimination that are subtlety militating against women and girls with visual impairment. This is especially in view of the fact that they find themselves confined to homes and institutions paralysed to the point that they are not enabled to own their own homes and have limited opportunities to start their own families.

2.6.3 International Covenant on Civil and Political Rights, 1966 (ICCPR)

Article 17 of the International Covenant on Civil and Political Rights, 1966 (ICCPR) expounds on article 12 of UDHR on the components of the right to privacy. It lays obligations on the state party to refrain from interference with the home, family, correspondence, reputation and honour of the person. The right to privacy is both an entry to and exit from independent living. Once the right is fully realised, women and girls with visual impairment will be equipped to live independently and comfortably as full members of communities of their choice. They will then be in a position to develop to their full potential which is unlike the present situation in which they are made subject to decisions presumptuously made for them.

2.6.3.1 General Comment No.16

General Comment No.16 explains that article 17 of the ICCPR is a negative right in that the state and its natural and legal agents are to be prevented from interfering with the right to

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[1] Generalised perceptions, attributes and sets of characteristics ascribed by the society, to a particular group of people. The perceptions give birth to uniform but negative and harmful prejudices about the group in question.

privacy. The implementation strategy for this right for women and girls with visual impairment must, however, take both a negative and positive approach. There is a need to rethink the concept of interference. On the one hand, natural actors must be prevented from the rampant violation of and interference with the privacy of women and girls with visual impairment; yet, on the other hand, they ought to interfere with the privacy of women and girls with visual impairment in so far as is necessary to ensure that they enjoy their right to privacy.

2.6.4 Article 12: Universal Declaration of Human Rights (UDHR)

The right to privacy falls under the first generation of rights. These are civil and political rights and they are non-derogable. These civil and political rights are not like the socio-economic rights which the state is permitted to achieve through a process of progressive realisation. It means they are immediate and enforceable. These include the right to life, the fundamental freedom of movement and freedom from torture. The nature of the right to independent living and privacy influenced my thinking in the sense that I discovered that women and girls with visual impairment were not aware of the Constitutionality of this right and hence I had to take up the work of advocacy and awareness. As a result, my field work created such awareness that there arose among women and girls with visual impairment in Harare a growing desire for immediate enforceable actions against the violation of this right.

2.6.5 General Comment No.31

States parties must refrain from violating the rights stipulated in the ICCPR. An effective remedy implies that a violation must cease immediately. This General Comment empowers women and girls with visual impairment, through an organised framework, to take judicial action against the state for immediate recourse. I held one focus group discussion with mixed informants. There were two girls, four women, three young men and two adult men all with visual impairment and three sighted young women. After a lengthy discussion about the research topic we could all see that every one of the members with visual impairment related personally and passionately to the topic. After I introduced the topic it sparked so much discussion that a chat group has developed out of it on a social media platform as well as other meetings and activities. I see steps being taken towards seeking judicial interventions against the perceived violation to the right to privacy.

The effectiveness of the abovementioned instruments can only be achieved through strong political will which is clearly absent. Moreover, the post of the Director of Affairs of Persons with Disabilities has only been provided for on paper. Government has not implemented the provision. Such attitudes undermine the effectiveness of available legal tools. The CRPD has however gone a long way in influencing the formulation of the Constitutional provisions and even the amendment of the DPA. Once success is achieved in removing attitudinal barriers then the legal instrument may be effective in closing the disability gap. As it is, women and girls with visual impairments are deprived of their rights.

2.7 Theoretical framework

2.7.1 Relational theory

Robin West talks of the intricacies of the relations in which women are naturally entangled. The hierarchic, historic and normative characteristics of relations make them so complex and inextricable for women. Women tend to be bound to valuing these relationships to the point of self-deprivation. They often become victims to social and biological relationships. The biological inferiority models put women and girls with visual impairment at the bottom of the social ladder where they find themselves 'on the receiving end of life', receiving both the positive and negative and as a result are disempowered from making personal choices.

Coupled with this understanding, I incorporated the concept of victimhood, which seems to influence the thinking of women and girls with visual impairment. I became particularly interested in Allan Johnson's theory of victimhood in those biological and social relations in which women find themselves. The more developed strand or line of thinking of the medical model, which is the religious model, has led families to believe that taking care of a person with a disability is, in fact, a special gift. Mothers with children who have a disability immerse themselves in the life of their child with disability. They sometimes sacrifice themselves for the sake of the children. They put themselves second to the child's needs. They find their self-worth in taking care of the child or person with disabilities. I discovered this when I encountered a family whose daughter lost her sight as a toddler. Her mother actually resigned from work so that she would be available for all the girl's needs. I call this the trophy model, which occurs when persons with disabilities are sometimes viewed as special gifts from God or 'the gods'. In turn, women and girls with disabilities feel indebted to their mothers or female relatives who take care of them to the point that they become so paralysed that they cannot make choices against those who ‘take care’ of them. This is the entanglement in which women and girls with visual impairment find themselves. It hinders them from the fulfilment of their right to independent living and respect for privacy.

2.7.2 Self-representation theory

Self-representation is a political theory that works well for marginalised groups. Women and girls with disabilities may be vulnerable to exclusionary and restrictive policies and programmes that are formulated without their consultation. Without self-representation imposed interventions may be inappropriate and irrelevant and, in the event, violate their rights to independent living and privacy. Let me quickly acknowledge, however, the representation of persons with disabilities in the Upper House of Parliament by one male and one female. The female representative has a physical challenge and the male representative has a visual impairment. I made efforts to interview both of them without success. This probably is an indication that the work is just too overwhelming for the two of them. Their constituency must be so large that their representation, though a noble initiative, is insufficient. My argument is supported by the WHO statistic that 10 to 15% of any population are persons with disabilities. If I may use approximate estimations, there are roughly 2 million persons with a disability of some kind in Zimbabwe. Unfortunately to date there are no statistical or demographic records for persons with disabilities in Zimbabwe, nor is there a record of women and girls with visual impairment in Harare. What this then implies is that for self-representation to be effectively significant it must factor in the following:

- Various categories of impairment
- Gender
- Age

Otherwise the intervention lacks impact and simply becomes a token. For women and girls with visual impairment to fully realise their right to independent living and privacy there must be clear representation of their interests.

2.8 Conclusion

The plurality of factors that surround women and girls with visual impairment made my research complex and interesting. Needless to say the whole of this chapter is also a reflection of my own life. The rights for women and girls with visual impairment fall at the intersection of disability and gender. The two theories I engaged in this study are both an effort to explain their plight and find the point of exit. The legal framework may be one of the avenues for redress of the women and girls with visual impairment.

CHAPTER THREE

3.0 METHODOLOGICAL FRAMEWORK AND DATA GATHERING METHODS

3.1 Introduction

In this chapter I have included the methodology to my research. In line with my first objective, I sought for data from four different categories. Women and girls with visual impairment were the primary source of the data collected. The second category was data from families of persons with visual impairment. Then I also interviewed men and boys with visual impairment for a soft comparative study. Finally, I sampled informants from companies, institutions, organisations, government departments and other persons with disabilities to ascertain and triangulate the data collected from the primary source. In line with my first objective, I will include, in the next chapter, many of the sentiments from my respondents in endeavouring to document the experiences in relation to the right to privacy and independent living.

3.2 Methodology

3.2.1 Qualitative research

I needed to gather date relevant to my topic. So, my first port of call was to locate the women and girls with visual impairment. This was not a difficult task as I am a member of a number of disabled persons organisations (DPOs), including the Zimbabwe Blind Women Trust of which I am the current Director. To ensure that I captured good quality data I first of all used purposive sampling and targeted specific women and girls with visual impairment. I located 12 women and one girl to begin with. I made appointments with them on the phone. Four of the women and one girl were able to pay me a visit. I had to visit three of them at their homes and the rest were engaged in telephonic interviews. The political environment was tense and not conducive for us as to move about freely. At the same time, cash was not available from the banks which meant that public transport (which only accepts cash) was a challenge.

When I had face-to-face interviews I used a recording device which I borrowed from the Disability Resource Centre of the University of Zimbabwe library. The gadget is loaned out on a fortnightly basis. In the earlier stages of my research it was really a challenge for me to have to visit the University in order to periodically renew the loan. I later discovered that the librarian at SEARCWL was kindly able to arrange for the device to be loaned for longer periods. I then used the recording device for the rest of my interviews. Later on, after the field work, I would play back and compile my field narrative. In some instances, I took photographs in the field and have included them in this paper to illustrate the data collected.

As the research progressed I also employed random sampling just to cross check and verify the data with views of the community. Initially in my research design I had planned to carry out random sampling in the CBD. With the help of a friend, I intended to set up a desk in one of the supermarkets but after one day I discovered that this proved to be too difficult. I therefore resolved to interview randomly people from the same community as the women and girls I had purposively sampled. The strategy I used was to have the women and girls introduce the people to me either as their neighbours or housemates. With the introductions and greeting I would then slot in my first research question. This was in line with my third assumption that: The absence of psycho-social support systems prevent women and girls with visual impairment from fully enjoying and exercising their right to independent living and privacy.

3.2.2 Women's law approach (WLA)

From experiential data I was conscious of the experiences that we undergo as women and girls with visual impairment. Having lost my sight at age six and grown up and lived with this impairment, I have experienced a great deal of the topic I am researching. As a result of my interaction with persons with disabilities, particularly women and girls with visual impairment, as Director of the Zimbabwe Blind Women Trust and as a high school teacher, I became very conscious of our lived realities. Having had the privilege of participating in some professional dialogue in the disability discourse, I then became more conscious of the rights of persons with disabilities. Finally, the women's law course for this Masters Degree 'opened my eyes' to the indivisibility and interrelatedness of human rights, especially those of the disabled. It gave me an appreciation of the sanctity of all human rights, inclusive of the right to living independently and privacy. I became conscious of the legal implications arising from violations of these rights. Since the starting and continual reference point of the WLA is women and their position or lived reality in society and law, this approach became my main methodology in researching this topic. It made the most sense as its focus on the lived realities we share as women and girls with visual impairment as professional women in institutions, girls, mothers, wives, vendors and students and learners with visual impairment explain most clearly our experiences and challenges within the framework of women's human rights which, in turn, offers us a clear path to address our issues.

3.2.3 Sex gender analysis and the right to privacy and independent living

Comparing the plight of women and girls with visual impairment to that of men and boys it is clear that the boys are afforded more freedom when growing up unlike the girls who are over-protected by those around her. As a result, men with visual impairment become more assertive and independent than women and girls. I incorporated a little quantitative methodology into the research to achieve a soft comparative illustration between men and women with visual impairment. Higher rates of literacy among men (though this could not be proven quantitatively) also gives them an advantage over women in the case of legal literacy. Even though the Constitutional provisions protecting the disabled are intended to be enjoyed universally, this does not always mean that men and women actually access the law on an equal basis. This is because, unlike a visually impaired man, a visually impaired woman has to deal with intersectional and multiple forms of discrimination on the grounds of, among others, disability, class, social and marital status, sex and gender. Proof of this can be seen in the world as more men than women are found walking on their own with their white canes, even in town; more men than women marry and find employment and more men than women drive about in Harare.

I interviewed a total of 31 respondents (17 women, four girls, two boys and eight men) all with visual impairment in Harare and compared women's to men's independent living on the following grounds:

- Employment
- Families of their own
- Vehicle ownership
- House or property ownership

Tables 2 and 3 demonstrate my findings that men enjoy the right to independent living and privacy more fully than women.

Table 2: Showing details of property ownership and employment status of men and women with visual impairment

PROPERTY OWNED	No. of MEN (out of 8)	Percentage (%) of MEN	No. of WOMEN (out of 17)	Percentage (%) of WOMEN
House	4	50%	4	23,5%
Vehicle	6	75%	1	5,8%
Formal employment	5	62,5%	5	29,4%

Table 3: Showing details of the marital status of men and women with visual impairment

STATUS	No. of MEN (out of 8)	Percentage (%) of MEN	No. of WOMEN (out of 17)	Percentage (%) of WOMEN
Married	8	100%	3	17,6%
Divorced	0	0	3	17,6%
Single parent and/or widowed	0	0	6	35,2%

3.3 Methods of data collection

3.3.1 One-on-one or face-to-face interviews

In my quest to gather data I employed the use of one-on-one or face-to-face interviews. I found this method most exciting as I collected more than just data, especially when I met expectant key informants. I made appointments with key informants through their secretaries or public relations officers who least expected to host a visually impaired interviewer. In some instances, I alerted them by leaving a Brailed questionnaire transcribed into print by my daughter. I was intrigued by their tentativeness and could only imagine at their curiosity and uncertainty of what lay in store when they agreed to be interviewed by me. In five out of eight cases, they confessed ignorance as to the Brailled questionnaire and to some uncertainty about what they had let themselves in for. To begin with, I could not quite understand their reaction or its meaning. I later became aware of the gaps in sensitisation processes. It helped me demystify some of the awkwardness women and girls with visual impairment come across when interacting with others in their pursuit of trying to live independently, particularly when trying to access services available to the general public. We often hear that duty bearers are unwilling to play their party in assisting the impaired, yet, when I interviewed key informants I came to realise that theirs is a more of a problem of unawareness or ignorance and less of unwillingness. My observation made me think of the important issue self-representation. As long as actors in structures are not willing to 'hear from the horse's mouth', Zimbabwe will keep going round in ignorant circles in its attempts to effectively assist the impaired. Unfortunately it will be the women and girls with visual impairment who will remain the victims of this failure.

3.3.2 Telephonic interviews

There are countless instances when I found telephonic interviews very handy and convenient. As indicated earlier, my personal mobility was challenged and so I took advantage of telephone facilities. With many of the women, girls and even men with visual impairment, the facility of voice note texting has become very popular. It is one of the assistive technologies which has made participation and inclusion for us achievable. Instead of spending ages using one's fingers to locate letters on a keyboard, it is often easier to send voice messages. They are as good as talking on the phone. I used this facility on both WhatsApp and Facebook. One very big advantage with this method is that it is very affordable and after their interview allowed the interviewees to send me voice notes if they felt they needed to add to their responses. It made the research findings richer because it allowed me to continue communicating with my interviewees after their interviews. In one case, one of the women with visual impairment actually sent me a voice note from South Africa where she had gone on personal business. She encountered a talking ATM. She sent me a voice note immediately explaining how she had exercised and enjoyed the independence of doing personal banking transaction with minimum assistance. Later, however, she also described her fears in relation to the lack of security and safety that she also experienced.

3.3.3 Focus discussion groups (FDGs)

I managed to hold three focus discussion groups (FDGs). I needed to mix my respondents at some stages. As I said, in the earlier stages of my research I concentrated on women and girls with visual impairment. I then realised that the data collection was becoming a bit monotonous. So I broke away from the routine and assembled groups comprising one woman or girl with visual impairment and several able-bodied respondents. In two of the instances, it was the family members of the person with visual impairment. In one very exciting incident, it was women, girls, men, and boys with visual impairment. There were four boys, three girls, two women and two men all with a visual impairment; only one of the men was partially sighted. There were also three sighted guides. I went out with these respondents to Steve Magolis on 22 December 2017 for a day's outing (Figure 10).

Lined up were many activities, among which was a discussion on independent living and privacy. I, with the help of the sighted members, took photographs. I also recorded the discussion, although I must admit that the task was not easy because of the loud noise from the radio that was entertaining everyone. We sat in a circle and allowed everyone to give their opinion which was recorded. Part of the task we needed to practically achieve was to exercise some independence of some kind. So, I had requested that everyone was to find their own way to the venue as a way of introducing my topic.

During the FDG I started by asking everyone to give an account of how they had found their way to the venue. My second question was whether they had registered to vote in the upcoming elections. All 11 of them had registered, although they all expressed the urgent need for electoral reforms. Under the current electoral law, visually impaired persons are assisted when they cast their vote. This is a violation of their right to privacy, as I shall later discuss. I longed to balance the views and responses so as to document richer data which is not biased or one-sided. I then used the FDGs to balance opinions and perceptions and draw from the debates. At the end of the day I looked for one of the attendants at Margolis and asked him the following questions:

- What did you think when you saw a whole group of persons with visual impairment coming to your premises?
- What was the reaction of your usual clients?
- How did you feel personally?

- What do you think your company can do to accommodate clients with visual impairment as possibly equal to everyone else?

At the beginning of our conversation I deduced ethnographically that the man was not comfortable. His discomfort could have been as a result of the fears that they had experienced earlier when we had arrived. It is a probability that the influences of the charity model could have effects on their perceptions of the group. After I had made some introductions of who we were he was more relaxed and even openly showed his excitement of having this rare opportunity to interact with clients with visual impairment. His response to my last question was just spot on. He said:

> 'Today I have discovered that you are just like us. We were all in confusion in the morning when you arrived here as a group. It was good that we waited to see what was to transpire. Otherwise *dai takumhanyirirai, taizonyara*.' (*Shona* more or less for, 'If we had acted with preconceived ideas we would have been embarrassed.')

It is so true that prejudice is indeed a big barrier to the exercise of independent living. We then agreed with this group of respondents to hold frequent outings to such public places as a tool to help raise public awareness at the same time as we enjoy living independently with other members of our communities. So far, we have already had one such outing at Lake Chivero, a few kilometres outside Harare, which took place on the first Saturday of February this year.

3.3.4 Experiential data

Frequently in my research I related some of the findings to my own experiences. Having been visually impaired from childhood I have also encountered similar struggles of trying to live independently and exercising the right to privacy. This experience gave me understanding and empathy when meeting for the first time those with visual impairment. They quickly identified with me when I introduced myself. I also grew to appreciate the different experiences women and girls undergo. Experiential data made me appreciate the uniqueness of our experiences.

3.3.5 Ethnography observations

I served as an observer in both the 2008 and 2013 harmonised elections. On one occasion, I heard a voter comment, ‘If people like this woman are allowed to observe the elections there will be no rigging.’ Many people at the polling station must have viewed my presence sanctimoniously. Although they were wrong in their perception, they were not far from the truth as far as the accuracy of my observations were concerned. It was one of the methods I used in data gathering. Observation is very easy even when one is visually impaired. In fact, because I cannot see with my eyes, I use my other senses to their fullest. For example, I got to one bank and the front office was sceptical of my request. Immediately, I asked my assistant to leave so that the attendant would be left with no choice but to attend to me individually. As soon as she saw my assistant leaving, she called her back to find from her how best I could be helped. Already it made me establish and prove my third assumption:

- The absence of psycho-social support systems prevent women and girls with visual impairment from fully enjoying and exercising their right to independent living and privacy.

Some of the policy implementers and duty bearers out there do not know how to deal with women and girls with visual impairment. In some instances they see a person who is in search of alms or charity which is what the charity model explains. The woman or girl with visual impairment is surrounded by negative prejudices which create a barrier to her rights to privacy and independent living.

In another instance in which I employed observation, I visited a colleague with visual impairment at her flea market table in town. I spent some time with her observing how she conducted her business. I just went there as a visitor. I spent five hours by her side and observed the following:

- The way she identified the presence of a customer despite being totally blind;
- The way she would attend to her customer;
- What she would do to ensure that her wares were safe from mischievous customers; and
- How she would identify coins and notes.

It was quite amazing how she developed a system of managing her business with the help of her colleagues. She was definitely in charge of her business. For the record, this particular respondent accompanied me from her flee market table on Robert Mugabe Road to Copacabana,[2] a very busy part of Harare.

In another instance, I used the method to establish the level of independence for women who would have lost their sight at a later age in life. I took one of my visually impaired female colleagues to Lake Chivero. She seemed hesitant about going near the water. I assured her that I would be there with her. So, we shared a white cane. She held one end of it and I the other as I slowly led her into the lake. I could see that she was really hesitant and not as adventurous as the congenitally blind or those of us who lost their sight when we were still quite young. After some time and after she had gained some confidence this respondent friend of mine relaxed and we enjoyed the experience of some happy moments together in the water (Figure 11).

3.3.6 Desk research

For some of the organisations I sampled, such as the city of Harare, Parliament and the Zimbabwe Electoral Commission (ZEC), it was not enough to secure interviews. I needed to go through some of their policy documents and regulatory frameworks to establish what interventions, if any, they had for persons with disabilities and for women and girls with visual impairment. Interestingly, at ZEC I was presented with Braille material on voter education and registrations. I found this to be a very noble initiative to enhance the right to privacy and independent living for persons with visual impairment. The notable gap however was that information dissemination as to the availability of such resources was absent. I asked how then persons with visual impairment would know that such material was available to them from the ZEC. I was told that whenever voter education was conducted such Braille material was included as part of the IEC material. Another loophole of this strategy is the assumption that persons with visual impairment would obviously attend voter education sessions. This may not be the case, however, due to one or more of the following reasons:

- Challenges in accessing information on voter education sessions in the community;

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[2] Copacabana is the name of a very busy bus terminus with a lot of traffic comprising vehicles, shoppers, traders and bus operators.

- Apathy towards voter education and public gatherings, whose information delivery systems are not disability sensitive;
- Ignorance of communities on the voting rights for persons with disabilities.

These weaknesses need to be addressed in order to level the playing field for the participation of women and girls with visual impairment.

3.4 Limitation of the study

I must admit that I really enjoyed the field work. I did, however, encounter some limitations in my research, some of which I had foreseen while I working on my research design. A major factor was the highly charged and volatile political climate in Zimbabwe during November 2017 when a new dispensation was ushered in. Life on a day-to-day basis became extremely uncertain and unpredictable for ordinary citizens and the immediate reaction of everyday people like me was to avoid Harare's CBD at all costs. This persuaded me to delay the securing of appointments with my respondents at banks, companies, government departments, institutions and organisations that were located in the CBD. My first appointment with key informants of this category was on 30 November. During this period, however, I took advantage of the opportunity to locate and sample respondents from among women and girls with visual impairment. Before that I took time to visit, call, invite and chat with them gathering data from them and their families.

One other limitation was that of the 21 females with visual impairment I interviewed only four of them were girls. I could not secure as many as I would have liked as they were still at school and mostly out of Harare.

As a teacher, another limitation I faced was that my Form 4 students were preparing to write their end of year examinations and I discovered that they needed my attention more than I had envisaged.

3.5 Conclusion

In order to collect quality data for this research it was really necessary to include respondents from every sector I had targeted in my research design. I therefore tried to incorporate as many categories of interviewees as possible. This enabled me to gather a wide range of data which I later sifted, categorised and analysed. Naturally, the women and girls with visual impairment themselves were a paramount source of data. I then needed to make a mini comparative study between them and men and boys with visual impairment which meant that I also had to interview this category of respondents. The families and communities of women and girls with visual impairment were an equally important source of information. Finally, I also had to access the duty bearers as they were my key informants.

CHAPTER FOUR

4.0 KEY FINDINGS AND DATA ANALYSIS: THE LIVED REALITIES OF THE WOMEN AND GIRLS WITH VISUAL IMPAIRMENT

4.1 Introduction

In line with my first objective, my quest is to document the experiences of women and girls with visual impairment in relation to the right to living independently and access to privacy in order to identify the strengths and weaknesses of implementing strategies (legal or administrative) that are available for them to exercise these rights. So, I combined the description of their accounts with analysis of the data I collected.

4.2 Is the voice of the people (visually impaired women and girls) the voice of God?

Women and girls with visual impairment shared a variety of experiences in the realisation of their right to independent living and respect for their privacy. In order for me to gather data on what exactly is taking place among women and girls with visual impairment I collected data from:

- The women and girls with visual impairment;
- Members of their families and communities;
- Men and boys with visual impairment;
- Duty bearers in Harare.

I tackled respect for privacy separately from the right to living independently with the community. I discovered six indicators of levels of data appreciation among the women and girls with visual impairment and these are discussed below:

(1) Privacy taken by force through the radical initiative of women and girls with visual impairment which has been eventually accepted by natural and private actors

Generally, the women I interviewed complained bitterly that they were deprived of these rights. Some of them were not aware that it was their Constitutional right, while others said that they knew that it was a right but could not quote its legal source. Of the 21 women and girls with visual impairment I interviewed, only 4 acknowledged that they were aware of the constitutionality of the right and that they were making every effort to exercise their rights to privacy and to independent living. I attribute their poor levels of knowledge to the inaccessibility of information. One of them narrated how for years she had desired desperately to break out of institutionalisation:

> ‘For 19 years I stayed in an institutionalised form of accommodation. I only managed to break away when I got a new job and managed to build my own house. That was how *I escaped from that prison.*’

She related how she had to make some tough decisions and announcements to her family. Being single, her mother actually wanted to leave the village so that she could stay with her. Rutendo (a pseudonym) told her family that she needed to stay alone. It was not easy to convince them but she found a way. Ever since 2012 she has learnt to free herself. At first, the family was not happy but they eventually accepted that she also could live on her own. Once she achieved her freedom from being over-protected by her family she had another challenge to address and that was the community around her. She related countless occasions on which her neighbours and people from her neighbourhood would ask to assist her cooking, sweeping her yard, doing her garden or laundry and other household chores.

She battled to convince them that she, too, could live among them independently like everyone else. She said that on numerous occasions she would hear people saying negative things about her family such as:

> *‘Mhoti mweya waMwari uyu! Shuwa vanhu vkakwana vangasiye munhu akadai achigara ega? Ko, chakaipa chikaitika kwaari, vanonyarirepi zvomene? …apa mukadzi futi!’*
>
> (Meaning: ‘How could they leave such a soul living on her own? Won’t they be so ashamed of themselves if something wicked happens to her, after all, she is only a woman!’)

On one occasion, which could not be verified, she said she was told by one of the children in the neighbourhood that the police were informed that she was staying on her own and that they instructed the neighbours to be on the lookout and report to them if she ever came into any danger. I had an opportunity to talk to three of her neighbours, including a young lady.

They all expressed gratitude that Rutendo had taught them something that they would have never believed, namely, that a visually impaired person could make it on their own in life. The young lady (Pattie) said:

> '*Sis* Ruru is a great blessing in the community here. You should see how she hangs her clothes on the laundry line. I wonder how she does it. Her clothes will be in order of their colours. How she does that, God knows!'

Once again I see here a combination of the twin influential forces that work together to perpetuate the subordination of women and girls with visual impairment. The charity model perceives that persons with disabilities are objects of pity. Rutendo's neighbourhood could not cope with a situation in which the object of their pity was growing rebellious. This confirms assumption number 6 in which I attribute the violation of the right to independent living and respect for privacy to the inefficacies of the current disability discourse. There is an urgent need to educate the general public about the needs of the various categories of disabilities. Failure to do so will mean that the attitudes of society will remain imprisoned in the medical model of disability and cultural and religious perceptions. It is these perceptions that make Rutendo's community think that her idea of desiring to live an independent life is their fault. They also make Rutendo's mother and family feel the shock of losing her and go through the very difficult process of having to let her go. Understood from the cultural and religious models of disabilities of 'care and cure', Rutendo's family and neighbours were expected to help carry her 'burden':

> 'It would not be inaccurate to say that religious and customary laws and practices on family relations have been regarded as the primary address for ideas of superiority or inferiority of women and men and for stereotyped gender roles.'

The second twin at the intersectionality of women's oppression is the concept of gender. Gender in itself is also embodied in religious, cultural beliefs and norms.

Rutendo's positive reaction to seizing the opportunity to becoming independent proves that the work of advocacy and capacity building can yield tangible results. Rutendo has become empowered and overcome her 19 years of family and institutional over-protection. Her new job in a non-governmental organisation exposes her to a great deal of dialogue in society on human rights and this work affords her the refreshing and rare opportunity of engaging in activism on a daily basis which bolsters her newly acquired independent lifestyle.

So, what does it take for women and girls with visual impairment to enjoy their right to independent living and respect to privacy? Based on the evidence, I suggest the following:

- Capacity building towards personal development is crucially necessary;
- Women and girls with visual impairment themselves have the potential to and must claim their rights to independent living and respect for their privacy;
- Ownership of property and resources is an ideal basis on which women and girls can stand firmly and confidently claim their rights. Their own experience gives them unassailable authority to engage effectively in such dialogue.

In other words, independent living and privacy is entirely possible for women and girls with visual impairment and may be enjoyed once social barriers, enshrined in negative perceptions, are removed.

(2) Privacy taken by force by women or girls with visual impairment whose family or institution is still taking time to accept

In my field work I also came across a scenario in which, on the one hand, the woman or girl with visual impairment has forcibly taken up her right to independent living and privacy, but her society, on the other, has not appreciated this move. In one interview, a visually impaired woman in her mid-forties explained that even her youngest eight year old daughter was so over-protective of her and felt so offended at the thought of her trying to get by unassisted that she once said:

> *'Mave kuenda kupi' munobondera apo, mukada kufamba mega. Mashaya anokubatai ruoko here?'*
>
> (Meaning: 'Why would she try to walk alone, as if there were no people to hold her hand and guide her, so that she would not bump into objects?')

Yes, such a woman is conscious of her rights and tries to exercise them but she is still made to feel answerable to her family in a way that is not befitting for a woman of her age. They are continuing to treat her as though she were still a teenager.

(3) Monitored privacy and independent living offered by families and institutions with which women and girls with visual impairment are merely satisfied

This is another environment in which women and girls with visual impairment said they could enjoy their right to privacy and independent living. Idah said that she was happy that she had a place to stay at her work place. They have rules about visitors and times for locking the main gates. Movement is often restricted after working hours. To her that is not an issue:

> 'I don't mind the regulations. As long as I can make decisions on what to do in my little private space.'

She laughed when she said this. These sentiments were echoed by Fari, a 19 year old girl in a high school. She said that at home they monitored her whenever she went out to be with her friends during the holidays. The family sent someone to stalk her, for want of a better word. She did not know about it until one day when she was giving an account of the day's events and her brother corrected her. Then she discovered that they were monitoring her movements. She said that she did not mind. She just enjoyed her independence. Analysing these similar responses of Idah and Fari reveals that they have adopted an attitude of resignation and compromise toward their family's response to their condition. When women and girls with visual impairment choose to be satisfied with learning to accept less than what they deserve and hide themselves from society in this manner, they unfortunately miss out on opportunities to discover their full potential, which is crucial for them to enjoy self-reliance and independent living. This shows that there is therefore a need for external intervention, legally or judicially.

(4) Monitored privacy and independent living with which the women and girls with visual impairment are not at all satisfied and who would love to enjoy their autonomy

Then I found instances in which women and girls appreciated that they were given the opportunity to enjoy their privacy and independent living, but that it was monitored. Deep down they longed to be autonomous and to live with no controls. They longed to be like everyone else. Anna did not mince her words:

> *'Unonyatsooona kuti uri kubatirirwa! Handisi munhu here ini? Ndorambidzirwei kuita machoices anguwo? Kana hembbe dzekupfeka chaidzok uhotoita zvekufungirwa, as if hatigoni kufunga tega!'*
>
> (Meaning: 'Are we not human beings like others? Are we not able to make choices on our own? Why should people decide things for us, including what clothes we should wear?')

In one sad instance a 24 year old young lady was deceived by her guardian into being put on a contraceptive without her knowledge or informed consent. This incident confirmed to me that women and girls with visual impairment have limited freedom. Other people make choices for them. This was also confirmed by Chido, who lost her sight in her adulthood who explained:

> 'At one time, I just got tired of faith based and traditional healers! I had to tell my family that I was not a patient any more. They would bring home all kinds of *n'angas* (witchdoctors) and prophets, without my consent. Imagine the torture! Up to now, whenever I am moving about, doing my business, people always walk up to my guide and start talking about my condition. They ask such questions as, "What happened to her eyes? Have you have taken her to prophet so and so, or such and such a church?" The disappointing part of it is that my family may go ahead and make plans to go with me there.'

(5) No privacy at all which women and girls with visual impairment have resigned themselves to accept as the natural order of things

In one instance, another woman in her fifties said she had no privacy at all. She was not independent. At first, when she was young, it did not bother her much, but as she grew older it did; nevertheless, she resigned herself and adapted to the situation of imposed shared privacy:

> *'Aaah, semunhu asina pake paanoti apa, ndinotochengetwawo namhamha. Saka, ndinorara nevazukuru vavo mu1 room. It's ok zvakadaro. Kare zvaimbondibhowa, but ndatozvijaira kuti ndihwo upenyu hwandakapihwawo.'*
>
> (Meaning: 'Since I have no place of my own, I accept the status quo where I share a bedroom with my little nieces. That's my lot in life and it's ok.')

This is yet another voice of resignation. I picked up, however, a fighting spirit in this woman. Despite her condition and age, she is still trying to sit her Advanced Level examinations (usually taken by eighteen year olds in their final year of secondary school). It is an indicator that she is still hoping to live independently one day.

(6) No privacy at all with which women and girls with visual impairment are bitter

I also encountered other women and girls with visual impairment who are not enjoying their right to privacy and are very bitter. They are aware that they should enjoy their own private space but it is just not available. One woman told of how her aunt would accompany her to the clinic and speak to the nurses on her behalf. On one occasion she decided to be accompanied to the clinic by her nine year old son. Her aunt was absent. To her disappointment, the nurse went ahead and asked her son:

> *'Ko, mhamha vanzweiko nhasi?'*
>
> (Meaning: 'What is the problem with your mother today?')

And registering her disappointment, the woman said:

> *'Makambondinzwira mashura akadaro?'*
>
> (Meaniing: 'When did such a thing like this ever happen [When did a mother ever receive such treatment]?')

4.3 *'Some animals are more equal than others!'* The case of men and boys with visual impairment

My findings confirmed my first assumption that women and girls with visual impairment are not enjoying their right to independent living and privacy on an equal basis with their sighted counterparts. I also established that:

> 'Women in general are still battling with many issues in connection with the fulfilment of women's rights. In the feminist movements much noise has been made for freedom from all forms of discrimination against all women but minority groups still suffer violation of their rights in a number of ways. So, women and girls with visual impairment, as a minority group in the struggle, need to fight on, for equal recognition and for the realisation of their right to independent living and respect for privacy.'

This well articulated sentiment was made by a professional in the field of disability studies, Doctor Chataika of the Faculty of Education at the University of Zimbabwe. In the fast developing world of communications, 12 out of 21 researched women and girls had phones which did not have a screen reader. They depended on others who read and wrote messages for them on their own phones. This is a clear violation of the right to privacy of personal communications. Technology has since advanced to the point that some phones now have talk-back facilities that make cell phones personally usable by those with visual and/or hearing impairments. The barriers that inhibited these 12 friends of mine from enjoying their right to privacy and an independent experience with their telephonic communications included the following:

- Lack of availability of information concerning such assistive technologies;
- Financial constrains that inhibit the acquisition of phones with a talk-back facility;
- The RBZ's allocation regulations and practices, as discussed earlier;
- Family over-protection;
- Self resignation on the part of the women and the girls with visual impairment;
- The culture or syndrome of dependence.

4.3.1 Are men and boys with visual impairment as over-protected as their female counterparts?

Being inspired by the sex gender approach, I took an interest in the experiences of men and boys with visual impairment. I interviewed eight men and two boys in total. Persons with disabilities are not to be considered a single indistinguishable group. I discovered that the socially defined roles ascribed to males and females, in general, have their cousins among persons with disabilities. Visually impaired boys and men enjoy more freedom from outside assistance or interference than their female counterparts, although they also have their own struggles. They are assigned a higher level in society and enjoy more liberties than women and girls of similar condition. In terms of mobility, men and boys learn to cope better on their own. Using white canes, more men than women exercise their personal mobility even in Harare's CBD. Men themselves confirmed that, as men, they felt that they had to be brave and confront whatever environmental and social barriers presented themselves. One young man from the University of Zimbabwe testified that there were a great many physical barriers but that, as a man, he felt he had to tackle them head on. He spoke of the minor injuries and humiliating moments he had suffered but jokingly laughed them off with these words:

> '…but a brave soldier is measured by the number of his scars!'

This was confirmed by one duty bearer at a medical aid society who remembered:

> 'I have seen a few men coming for our services here while they are by themselves but I don't remember attending to any woman with visual impairment actually.'

This reminds us of the perpetuation of gender identities and calls for the empowerment of women and girls to realise their full capacity. It is also a call for the implementation of temporary measures that should help eliminate the negative stereotypical female identities that women and girls are fragile and vulnerable and, hence, incapable of coping on their own and left to their own devices. Informed by articles 2 and 5 of the CEDAW, the state needs to engage the principles of substantive equality to put women and men with visual impairment on a par with their sighted counterparts. According to a professional in the field from the Zimbabwe Open University, this can be realised through establishing programmes of mobility training and orientation which include equipping the women and girls with assistive technology and exposing them to female role models with visual impairment who successfully manage their personal mobility in private or public spaces. Failure to take such steps will keep women and girls in bondage under the yoke of subordination.

True to the application of the sex gender approach employed, I discovered that young men with visual impairment were more assertive than women and girls in claiming their private space. For example, Philip related how he would take command of his own private space in terms of telephone communications:

> 'Whenever I receive a message with an image, I quickly delete it. I never at any point share my messages with anyone. I don't allow myself to be bothered by picture messages.'

This is contrary to how women and girls would commonly react. Their quest is to maintain their social relations and not to do anything to hurt anyone by acting what is considered to be antisocially. Yet, in the process, their right to privacy is compromised.

In a different incident, however, Briton admitted that he also, as a man, has had his private space compromised. The creation and use of Zimbabwe bond notes exposed his privacy. He had no way in which to identify and distinguish the notes. I found that this is absolutely true after confirming it with a total of 16 of my respondents. Briton confessed that he and his colleagues have no choice but to let people know what notes they have in their possession. He said:

> ‘Men are known for keeping away some sums of money from their wives. I don’t have such a privilege. My wife has to know every note in my pocket. She is the one who does the budgeting, not out of choice, but necessity.’

Briton’s wife is sighted. Briton relies on her for the identification of all his money.

4.4 Where are the psycho-socio support systems?

Concerning assumption 3, there was a common consensus among my respondents that psycho-socio-support systems were conspicuously absent in Harare. Many of the women and girls with visual impairment together with their families all complained of the gap in disability discourse borne out by a lack of counselling facilities, services and resources. For example, having lost her sight at the age of 32, Chido recounted the emotional trauma she underwent: her denial of her new condition, regrets, guilt, rejection, fear, uncertainties, withdrawal, anger, disappointment, deep hurt, tears and sorrow and eventual acceptance all of which she went through without appropriate support. Instead, her family, church and community, shuttled her back and forth between one spiritual opinion and approach to her condition and another. This is reflective of the social perception formed by the medical model of disability.

This model also contains an economic strand that regards the employment of employees with disabilities as an economic burden. I asked Chido what other losses she incurred when she lost her sight. Unfortunately, for Chido, as well as many others, their loss of sight is often also followed by another blow … job loss. Chido said:

> ‘For the first time in 12 years, I have opened this part of my heart to someone. I was battling with the nasty reality of falling blind and suddenly I got the news that I was to retire on medical grounds.’

If found this shocking! Chido has been visually impaired for the past 12 years and until I interviewed her, she had never had the opportunity to share and seek help for the heavy burden she has carried alone. Then when her job was taken from her she received yet another blow to her prospect for independent living.

Another unbelievable revelation born of the medical model of disabilities emerged when I visited Thembi's family. The family has one of those unique experiences of having two children with disabilities. It is not really unusual for there are medical explanations for such phenomena. However, the absence of psycho-socio-support systems in Harare has led Thembi's family to making a very tough decision of having to stop child bearing for the fear that they would give birth to another child with a disability. Thembi's father said:

> 'We did not receive any professional advice apart from doctor … who advised us to stop making children lest we would have another one who is not okay.'

One may question the integrity of such a doctor but the truth of the matter is that the models to which I have referred tend to influence society's perceptions and interventions towards disability. Needless to say, some of the perceptions and interventions can be very retrogressive, as shown in the case of the advice given to Thembi's family. Eventually, such interventional gaps are costly to the development of the disability discourse and unfortunately, women and girls with visual impairment are negatively impacted by this. Why? In the following, I deal with the intricacies of social and biological relations.

4.5 The paralytic effect of family and institutional over-protection on women and girls with visual impairment

In relation to assumption 5, I discovered that mothers of children with disabilities are entangled in relational issues. Women in general often battle with these issues, hence my interest in relational feminism. Often, from the cultural strand of the medical model, mothers are blamed for giving birth to babies with disabilities. It is an unwelcome development for any couple. This is worsened by the notable gap in antenatal courses. I was reliably informed by one professional that the antenatal modules completely fail to prepare expectant mothers about what to do in the event of giving birth to a baby with disabilities. My efforts to find out more on this from Mbuya Nehanda Maternity Hospital were not successful. I also failed to find any antenatal module to enable me to triangulate this information. If the data supplied is correct, however, there is a glaring gap influenced, of course, by the medical model of disability. Confirmed by the religious and cultural strands of the same model that the birth of a baby with a disability is a punishment or curse, it often puts women in a vulnerable position in which they stand to lose for example:

- Their marriages;
- The joys of giving birth to as many children as they wish;
- Jobs. For instance, in the case of Beula's mother, she quit her job so that she could take care of her visually impaired daughter.

All this speaks negatively to the girl and woman with visual impairment. She becomes entangled in these relational issues. She feels indebted to the mother or woman who has sacrificed her life so that she may experience life. She feels she cannot be free from her care giver to whom she owes everything. She feels she cannot hurt her 'life supporter' by seeking independence from her. She also feels however that she is and is expected to remain 'their trophy' or 'prize'. Her role is to fulfil the family's self-worth and she cannot escape it. Within such complex and bound-up relationships, it is no wonder that the girl and now woman with visual impairment, although she is an adult, has never been allowed to grow up and she remains a minor in the minds of her family and carers. For example, Chido recounted:

> 'My daughter could not stand it when I asked her to take me to the bus, so that I could attend this focus discussion group. She even insisted that the discussion be held at my place, so that I would not need to travel on my own.'

She had to explain to her daughter why she wanted to attend on her own. She had just finished her Ordinary Level examinations (usually taken by students in the fourth year of secondary school when they are about 16 years old). The whole exercise was meant to help her become independent. Her daughter and cousin with whom she stayed were dissatisfied as they did not understand why she needed to be independent. They said that they were always there to help her. She admitted feeling indebted to them as they had been with her over the years and had shared her pain and sorrow, and she wondered whether she should repay them by behaving in what they thought was such a rebellious way? Entangled in such relationships and environments and encountering such barriers, it is very difficult for women to exercise their right to privacy and independent living.

4.6 Inclusive education

Delving deeper into the experiences of girls with visual impairment, some degree of independent living has been achieved through inclusive education. Inclusive education is greatly celebrated in that it has required that local educational facilities be made accessible to all children, regardless of whether they are disabled or not. It prepares them for the real world in which they interact with able-bodied people on a daily basis. Ideally, it also keeps children with disabilities with their families. This is a very important progressive step in comparison to the institutionalised approaches of the past. Many people with disabilities lost touch with their families and, worse still, with society because of the closed nature of institutions for persons with disabilities. This was made worse in Zimbabwe by the fact that culturally disability has often been viewed as a 'curse' or 'punishment' from the gods. Some families with children or members with disabilities were immensely relieved be able to off-load the burden of their disabled members on these institutions. This resulted in many persons with disabilities living very restricted lives within the narrow confines of such institutions which hardly ever exposed them to life beyond their walls. This was particularly the case for women and girls with visual impairment, who were found half as likely to marry as their male counterparts, according to the Choruma survey of 2007. Inclusive education will hopefully gradually turn around this unfortunate situation.

Inclusive education allows for the availability and accessibility of education facilities to children with disabilities from the nearest school possible. This means that girls with visual impairment are no longer condemned to life in institutions. It is no longer 'life in prison'. It encourages families to take care of their own children regardless of their ability to see. In many instances, however, families hit a brick walls in more ways than one.

4.6.1 Barriers to inclusive education

These are the main barriers to inclusive education:

- Firstly, there is the unavailability of suitable facilities for learners with visual impairment to benefit the most from main line schools.
- Secondly, facilitators are not fully equipped to assist the challenged learners.

- Thirdly, educational material and the appropriate assistive technologies may not be available to enhance the learning process for the children. It is very important to recognise that disability is a very 'rich' evolving and 'complex' concept.

The economic reality of most families in sub-Saharan Africa is that of dire poverty. It has also been established that disability and poverty often converge. Some authorities have even gone as far as claiming that poverty may lead to disability and vice versa. Both disability and poverty are complexities with no rigid measurement (Braithwaite, 2008). In extreme poverty people live on a budget of as little as US$1.25 a day. With the weakening Zimbabwe economy and its high rate of unemployment, families with women and girls with visual impairment, particularly those with acquired blindness, are faced with great hardship. As a result, some families turn to faith based solutions when faced with life challenges. Poverty in this case maybe said to reinforce disability and its consequences, worsening its sting for individuals with different impairments and their families of persons.

The World Bank defines poverty as:

> 'Being powerless, lack of representation and freedom. They are powerless.'

Why? This category of people within our population does not represent itself. So, women and girls with visual impairment are among Zimbabwe's poorest and most invisible on the political landscape. They are the 'the forgotten tribe of Zimbabwe' as Tsitsi Choruma puts it. The state seems to have put families of children with disabilities in serious jeopardy. Inclusive education seems open to all and yet disregards the fact that there are children with impairments from very poor families. Given the right education and support, they have the potential to contribute just as much as, if not more than, their able bodied counterparts to the country's development.

4.7 Conclusion

Once again, the question arises as to what then should be done to ensure that no woman or girl with visual impairment should be deprived of their right to independent living and privacy? The CRPD proposes adopting an individualised rights-based approach by implementing the capital based theory. It requires that facilities and resources have to be individually designed. Resource allocation and distribution could be channelled through nationally recognised facilities such as government departments or even schools. These facilities could also take care of training in the use and maintenance of necessary devices. Government would also need to partner with the civil society and other private players to ensure that the intervention is fully resourced and funded.

As noted earlier, it is very important to recognise that disabilities are often complex and varied. This means that even when it is possible to distinguish separate categories, those within such categories are not homogenous. In other words, there are no two people within the same category of impairments who suffer equally or in the same way from the effects of their disability. How is that possible? Two individuals in two different geographic locations may be visually impaired but their degree of disability may differ conspicuously. The CRPD defines disability as the result of the interaction of various impairments to the physical and attitudinal barriers around. A person is not disabled because of the impairment itself but because of the interaction of their impairment with the physical environment and attitudes they encounter on a daily basis. So, the woman living in a progressively developed city like Harare should be less disabled in her personal mobility in comparison to one who lives in a far out mountainous village because of the terrain. Interestingly, in most instances, it is not the physical barrier that is the real nightmare. Attitudinal blocks are a more serious menace. There are some very corrosive formidable prejudices and stereotypes that have been allowed to be conceived, grown and matured into the society's thinking processes and these need to be undone and eliminated as a matter of urgency.

CHAPTER FIVE

5.0 RETHINKING DISABILITY

5.1 Introduction

In this chapter I have incorporated the description and analysis of the data I gathered mainly from the duty bearers who owe certain obligations to women and girls with visual impairment. The chapter generally represents the professional perceptions, reactions, interventions towards the right to privacy and living independently for women and girls with visual impairment. While largely discursive in nature, this chapter contains several findings. There are, however, three major findings. Women and girls with visual impairment sometimes fail to enjoy their right to privacy and independent living because of:

- A lack of awareness of them and their needs on the part of duty bearers;
- The unaffordability, unavailability and inaccessibility of services and amenities of duty bearers; and
- Apathy on the part of and delays caused by duty bearers.

5.2 *The tables get turned!* The interviewer gets interviewed

Brandishing my SEARCWL letters of authorisation, I ventured out into the field full of zeal to test my research assumptions. Some of the companies I approached required that I attach my own application and a questionnaire. I did exactly that and also attached the Braille version of the documents. The first company I was invited to was a bank which accepted my request within 24 hours of my application, although initially they had turned down my request. The speed of their response made me speculate as to their motives and I wondered whether as duty bearers their reaction meant one or more of the following:

- That they had a very positive attitude toward women and girls with visual impairment;
- That they were merely curious as to what the research was all about;
- That they were suspicious as to what the research was about;
- That they were uncertain and thought that the research might have something to do with the new political dispensation.

This was one of those unexpected yet exciting interviews in which the tables were literally turned against the interviewer and I found myself being interviewed. During the interview, I observed that the interviewee responded to my questions with highly commendable knowledge and keenness. To begin with, her company had turned down my request for the interview despite my having complied with their request to bring a personal application letter and a copy of the questionnaire. The officer I interviewed went out of her way to slot in my interview with her. Her attitude was terrifically positive. This observation was reinforced by two additional unusual factors:

- My interview was arranged for just before 15:45, when the day's business was about end.
- She took pains to explain why my application was not accepted yet continued to justify her personal reasons for agreeing to see me.

This gave me confidence in the interviewee. Before I reached end of the interview the atmosphere was so relaxed that I even responded to her questions including those in an impromptu questionnaire presented to me, such as:

- How had I managed to come upstairs without my sighted guide?
- What was I doing to assist other women and girls to exercise such freedom?
- Who shops for my clothes?
- How did I manage to match my clothes so well?
- Was I married?
- Did I have a life partner?
- What did I think I was doing without a husband and children of my own?
- Was I not letting myself in that area?

I responded sincerely to many, if not all, of the questions and felt sufficiently at home to venture into even deeper more emotional woman-to-woman talk. I deduced from this interaction the need for more sensitisation among duty bearers. More often than not service providers are blamed for lacking political will to respond to the interests and needs of PWDs but now, as a result of this experience, I realised that, in some cases, it is more a case of unawareness or ignorance as opposed to unwillingness on their part.

5.3 Privacy and independent living in the banking business

My questions to the bank representative were specifically focused on banking transactions and the right to privacy and independent living. The officer I interviewed admitted to the fact that she had never seen any woman or girl coming into the bank by herself without any assistance, apart from one white woman who would frequent a branch of the bank in a low density suburb with a white cane and a guide dog. She said, however, that she would still require assistance from the bank officials to fill out her banking forms.

The bank official revealed that as a company they had engaged in some interventions that could promote the exercise of privacy and independent living for persons with visual impairment. One example is labelling their main entrances in Braille. The intervention is meant to encourage their clients with visual impairment to build trust in the bank. The notable gap with this intervention, however, is that PWDs are unaware of the facility and continue to depend on sighted guides. Although this intervention facilitates their physical access into the bank, they still need someone to guide them when they access the bank's services since all its forms are available in print form.

Electronic banking could be the way to deal with this challenge. Women and girls with visual impairment could have equal access to privacy and independent living if electronic versions of the bank's services were made available. This could be one way of solving the challenge, especially for those who are computer literate. If the bank can afford to install computers with voice output then persons with total visual impairment would be able to enjoy their right to privacy and independent living. Another intervention would be by simply enlarging the font the bank uses on its forms which would assist women and girls with partial loss of sight.

As things stand, banking business for women and girls with visual impairment cannot be called 'personal' meaning private and confidential as such customers still have to rely on others to conduct it on their behalf which necessarily breaches their right to privacy as such assistants get to know, access and use their personal, private and confidential information. The existence of this gap was confirmed in an interview with some professional women with visual impairment, two teachers and a switchboard operator. They complained that their payslips were not given to them in an accessible format. One of them explained:

> ‘Someone has the privilege to see and read my pay slip, before I read it myself. Thank God for mobile banking, but if there is an anomaly, then I have to engage someone, even my child.’

Professional civil servants revealed even worse experiences. Although they are professionals they have to rely on assistants who are junior to them in order to access the bank’s services and this means that they must entrust their confidential information to them in the process. Although this seems a commendable intervention, David Kaulemu observes that it is actually a ‘socially ambivalent’ solution which exposes customers to potential harm.

Women who are not computer literate risk violations of their privacy. The officer I interviewed explained that the bank’s solution (which is a common practice with most banks) is to station officials in their banking halls to be on the lookout for and assist persons with visual impairment. They are posted to assist people who cannot write for themselves and they can be trusted to assist them since, the interviewee explained, banks are in the business of making profits from managing the finances of all their customers honestly. Therefore, such officials can be trusted with the personal information of their visually impaired clients.

5.4 Are duty bearers unwilling to help or are they simply and genuinely unaware of how to do so?

I also visited a medical aid society and had a FDG with three office bearers. Two of the officers identified a gap in mobility and orientation for women and girls with visual impairment. They noted the absence of guide dogs in Zimbabwe. My phone rang and I answered it. They were all thrilled to learn that my phone has a screen reader. Suddenly, as I had experienced during my interview with the bank official, I found myself being interviewed again and these were some of the questions I was asked:

- Do computers come in Braille?
- Are you able to type using a convectional keyboard?

One of them suddenly recalled the information they learned at a workshop they had held as a department. The facilitator had discouraged them from touch typing and provoked them by informing them that even blind people can type by simply placing their forefingers on F and

J. I explained the phenomenon of universal designs and their cost effectiveness and demonstrated that persons with visual impairment could type using their own office desktop.

The conclusions drawn from the two experiences (at the bank and medical aid society) are:

(1) The concept of self-representation needs to be urgently addressed.
Once women and girls with disabilities are allowed to speak for themselves then society is prepared to listen.

(2) In both interviews I observed a passionate and zealous interest from the officers and their different perspectives about persons with visual impairment.

The officer at the bank had even indicated that although the banks had turned down my application, she wanted to arrange a private interview with me, having realised that I was a woman with visual impairment. Apparently, she had encountered PWDs when she was at college. Her interest in me and my research show the positive effect of mainstreaming PWD students during their education. She shared with me that young women with visual impairment at her university were:

- Seen and lived among their peers;
- Given an opportunity to participate in University affairs;
- Taught and treated with equality by lecturers and tutors.

She found however that there was a sudden change when she entered the workplace and found that women with visual impairment were absent, thus confirming assumptions 4 and 5. The fact is that the absence of assistive devices in the market and workplace suddenly disempowers the once vibrant university student with visual impairment who, fully equipped, had been looking forward to pursuing a career and life in the exciting world that lay ahead. On-going confinement within government institutions keeps women and girls with visual impairment limited in their public participation. As a result, ‘institutionalised discrimination, isolation and stereotyping of women with disabilities continue unabated’ (Rugoho & Siziba, 2014).

To address this gap, there is a need to take a cue from best practices employed elsewhere. Lessons can be learned from the South African Human Rights Commission which took upon itself the implementation of a 'Toolkit' (whose framework is modelled after the social model of disability) to actively promote the employment rights of PWDs in both the public and private sectors of South Africa. Active promoter and Commissioner, Advocate Bokankatla Joseph Malatji, himself a person with a visual impairment, claimed that both public and private employers need to ensure that accessibility at the work place for PWDs is both physical and technological to promote independent living:

> 'This Toolkit will assist in raising the profile of persons with disabilities and at the same time send out a strong message that disability makes business sense'.

The weaknesses of the legal system in relation to labour markets, employment and job recruitment all limit the extent to which women with visual impairment can live independently. This means that, after college, the combined controlling forces of family and institution brutally yank young aspiring women with visual impairment back into their old over-protective world where, robbed of the freedom assistive technologies once briefly gave them, they are imprisoned and left to shrivel up.

On the discourse of disability, my respondents noted that there is really a need for empathy as opposed to sympathy for their situation. One of my key informants recalled a visually impaired man and traditional beer lover who lived in Mrewa, in the rural areas, some distance from Harare. She excitedly related how he would open his own scud[3] and place it between his legs, protecting it from those who would playfully try and snatch it from him. He could play the drum while keeping guard of his scud, he would not let it go. He had recently asked his community to help him find a wife so he could have his own children who could take him traditional beer parties.

While the fulfilment of his desire might improve the exercise of his right to privacy and independent living, his children, however, would most likely have their right to education violated, like so many other children of persons with visual impairment. The two officers were curious to know if the government has done anything to protect the rights of the children whose parents were visually impaired so that they realise their basic right to

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[3] A packaged traditional brew which is quite difficult to open on account of its well fermented contents.

education. I told them about the interventions of children’s organisations and campaigns against child abuse which promote the rights of those children.

5.5 Legislative and administrative gaps

At the moment, the law does not recognise the need for the state to create a conducive environment which will enable women and girls with visual impairment to enjoy their right to an independent and private life. The participants’ view was that the laws exist but the government lacks the means (organs and agents) to monitor their implementation. They gave an example of ramps, which they said were mandatory according to the law, but pointed out the great number of buildings which are constructed without them and that nothing is done to ensure ramps are installed. They lamented that gay persons, as opposed to PWDs, were gaining access to the lion’s share of funds since they have more representation and yet PWDs are actually more vulnerable and therefore in greater need of assistance and funding.

They said that PWDs are almost invisible in public spaces and they were pleased and grateful that I had chosen their society as part of my research field. They said they had learnt a great deal from the experience. Apart from me, they could recall only one other PWD in the public domain and was not sure if he was a parliamentarian. They said he often appears on ZTV saying, ‘Disability is not inability’. They said that my interview was an eye opener for them.

In conclusion, they asked me about one of their facilities at the service centre which offered preferential service to the aged and PWDs and genuinely wanted to know whether this would offend PWDs. I said that all services should be individual and needs-based. I analysed this data as follows:

- While there are general innovative ideas and strategies to make opportunities equally available what is lacking are the legal and administrative tools to implement them.
- There is an appreciation that women and girls with visual impairment are not accessing their rights on an equal basis with others.
- There is a need to consult with PWDs over interventions that concern them.

No single umbrella approach should be used. It is important to find out from clients how they could best be helped.

5.5.1 The dovetailing of the disability models

I discovered that, unfortunately, some of the medical aid society's policies and interventions were crafted based on the disability model of biological inferiority according to which the impairment overshadows and takes precedence over the individual. Yes, in the case of certain disabilities there are times when treating a PWD the same as everyone else will aggravate their condition, e.g., requiring a PWD with a walking disability to wait in a queue. Apart from that, however, a visually impaired woman or girl, like all the other citizens, should be allowed to experience unavoidable inconveniences like everyone else. There are exceptions to this however and they could include the following scenarios:

- If the impairment is recently acquired and the woman or girl is still in need of psycho-social support.
- If the woman or girl depends on another for mobility and they would not want to inconvenience their sighted guide.
- If the woman or girl is by herself and may probably be picked up by a sighted guide, who could, in the meantime, be attending to her personal business.

Such instances can only be dealt with and managed once the woman or girl with visual impairment is consulted on whether they would need preferential treatment. This is the principle behind the needs-based approach. It prevents stigmatisation which occurs when a PWD does not require assistance and giving it would be unwelcomed and make them feel uncomfortable. Although this approach may be abused it does give women and girls with visual impairment a voice in public spaces.

Often interventions, in both private and public spaces, are enforced without first consulting persons with visual impairment. For example, a local university academic said:

> 'Rarely, can anyone just walk up to me and grab my hand. But I have seen people walking up to these students with visual impairment and just grab their hand to guide them, even without asking if they need such help. It really disarms the young women and girls.'

Apart from invading their personal space, unwelcome assistance from a person insensitive to the real needs of a PWD (including their desire to be respected and left to find their own way), becomes a social barrier and prevents women and girls with visual impairment from exploring their potential and exercising their right to independent living.

5.5.2 Efforts to create inclusivity

It is commendable that the medical aid society uses visual displays accompanied by audio output and sign language on a big screen to convey information to their clients. Furthermore, their headquarters are equipped with 'talking lifts' whose controls are also written in Braille for the convenience of persons with visual impairment. Sadly, failing to understand its purpose, I was told one of its senior officials tries to make a joke of it by saying that the elevator is like a radio that makes a noise continually because of the audio output. Actually, it is a big plus for the company. They have adopted recommended universal or worldwide standards and designs in some of their building and equipping of facilities which accommodate members of the public who are challenged. For example, any visually impaired person can visit their premises and use their services in confidence being able to operate the same elevator used by their sighted counterparts as long as they can read Braille and have a good sense of hearing. But there are some women and girls with visual impairment who may not be able to read Braille because, for instance:

- They only recently became visually impaired;
- They are illiterate;
- They are only partially sighted in which case the best intervention would be large print as opposed to Braille.

But there were some notable gaps in the interventional efforts and strategies of the services providers and they include the following:

- The absence of information as to the availability of the various interventions and technologies;
- The use of English only as a mode of communication;
- The incorrect assumption that all clients are able to read Braille;
- The failure to advise the public of the accessibility packages that are available;
- Ignorance of the availability/accessibility of helpful technologies.

5.6 Duty bearers need to inform PWDs of the availability of their services

I interviewed a total of 31 persons with visual impairment in Harare. 16 of them, by virtue of their social status, could have used the facilities of the medical aid society I had visited. Not one of them, however, was aware of the facilities that the two officials talked about. 7 of my respondents had not heard that there were elevators labelled in Braille, although 8 of them said that they had used elevators controlled by a lift operator who would announce to passengers the floor they were at and what was offered at that floor. This had been a welcome intervention of city department stores like Meikles, Greatermans and Barbours. Such availability of information would promote the realisation of the right to privacy and independent living for women and girls with visual impairment. It would motivate them to be daring enough to engage such services and thereby enjoy at least some command over their environment.

5.7 Kicking down the barriers! But who constructs them?

The social model of disabilities asserts that disability is an experience results from the interaction between a person's impairment and the environment in which they live. These barriers can be physical or attitudinal. A combination of the two creates obstacles that deprive women and girls with visual impairment from living independently and enjoying their privacy in both public and private spaces.

5.7.1. Affordability

Why were the services not being fully utilised by persons with visual impairment? It could be a matter of affordability. Rights cannot be realised as long as issues of affordability are not dealt with. Earlier in this paper I demonstrate that women and girls with visual impairment are less economically well off than their male counterparts (Tables 1, 2 and 3). I asked one of the women, who is a vendor in the CBD, if she had medical aid. She replied:

> *'Policy ndiyo yandakashingirira kuti ndisazovigwa sembwa. Ndisazove mutoro kihama kana ndafa.'*
>
> (Meaning: 'I fought for a funeral policy, so that I would have a decent burial and not like that of a dog when I die eventually.')

This shows that the cost of medical aid services was beyond the reach of many of my interviewees, although I found some professionals participated in a scheme with the assistance of their employers:

> ‘It is even a double trouble to a disabled woman when *de jure* there is equality but *de facto* it’s nowhere to be found. “Disability” is a complex phenomenon, especially in developing countries. Under-development in itself is a further disabling condition for a disabled person’ (Mtetwa, 2008).

This interviewee, like some of women and girls with visual impairment, survives as a vendor. Zimbabwe’s unstable economy has a disproportionately greater impact on PWDs than their able-bodied counterparts which further thwarts their ability to live independently. There is no doubt that generally economic challenges at least partly explain why women and girls with visual impairment struggle to exercise their rights to live independently.

5.7.2 Accessibility

Any right that is not accessible can be considered violated. Yes, some service providers are making efforts to mainstream disability but for women and girls with visual impairment accessibility to the available information is a challenge. I have seen packages for some medicines in Braille and that is a very noble intervention. But have you ever paused to ask yourself: What would happen, if one day you woke up and suddenly found that you could not read the label on your medicine bottle? You would feel completely shut out and in the dark. There are so many barriers that frustrate women and girls with visual impairment in terms of access to information. For example, a 17 year old student, Thembi, who learns in a mainstreamed environment, complained:

> ‘At school I have to depend on my desk mate to dictate to me the work that my teachers write on the board. Sometimes there is so much work that I cannot finish at the same time with others. Before I am done with one subject, the next teacher walks in. It is frustrating.’

Another complaint comes from a respondent who finds it difficult shopping in her local supermarket. Although her partial sight allows her mobility, she is unable to read the size of the fonts used to label the goods on display:

> ‘It is very stressful and frustrating to have to find someone to announce the prices of goods on the shelf in the supermarket whenever I go out shopping. I

> have tried to alert the supermarket operators from my local shopping centre, seeing that I have been a resident year for the past 11 years, but no change has been affected.'

She would benefit if the labels were written in large print. An intervention to rectify this could easily be implemented as a matter of policy requiring that all goods be labelled in large print and this would benefit an increased number of customers.

5.8 Elections: My vote, our secret

At the popular FDG held on 22 December 2017, all the 11 participants with visual impairment had registered to vote. One of the questions I asked was:

> 'Are anyone of you an aspiring candidate?'

At first they all laughed at the 'joke'. Little did they realise that I meant it. Two of them, however, one man and a girl, later stepped forward that they wanted to be representatives of persons with disabilities. I followed up with another question:

> 'Why not stand as representatives of the constituencies where you come from?'

One of my young men with visual impairment, who earlier on had said that he would not bother with picture messages on his phone and deleted them immediately, said:

> 'As long as our vote is not valued, they forget about being promoted as a candidate in the same election which places no value on you as an electorate.'

It is the frustration of many persons with visual impairment that they do not enjoy the same level of privacy as their sighted counterparts in the elections. The ballot paper has not been adapted to accommodate voters with visual impairment. Again, I made a quick comparison between men and women on the frequency of having exercised this right. In 2008, 5 of the 6 men who were eligible voters exercised their right. 8 of the 13 women who were over the age of 18 voted in the same election. This shows that women with visual impairment are insufficiently empowered to exercise their right to vote. So, weaknesses in the law and its implementation have a disproportionately greater negative impact on women than men with visual impairment. In fact, one of the two High Court cases instituted by persons with visual impairment challenges breaches of their privacy in elections. Simon Bvindi, a visually impaired man, litigated against the President and others in 2010 because his right to privacy was violated. To date the situation remains unchanged.

I studied the electoral systems of some neighbouring countries, such as Kenya, Namibia, and Uganda. I discovered these countries are making efforts to protect the secrecy of votes cast by those with visual impairment. I read through the Kriegler Report on Kenya's 2007 elections. Administrative inadequacies in the electoral processes can provoke violence which in turn can cause voter apathy among vulnerable groups. The Kriegler Report advocated the use of BVR.[4] There is a problem of under-representation of disability interests in the election process. In 2010 Uganda implemented BVR and inspection in a way that was user friendly for the wider population, including PWDs, in that:

- One could go physically and get their name checked at the inspection centres.
- One could also go online, on the website and cross check whether they were registered.
- One could send a sms with the registration code on their slip or certificate and get confirmation as to whether they were registered or not (page 54). This intervention limits the disabling factors that could deprive PWDs who have mobility challenges from public participation, inclusive of women and girls with visual impairment.

An academic at the University of Zimbabwe said:

> 'Elsewhere, in Sierra Leon, visually impaired voters exercise their right in privacy.'

I also visited the Zimbabwe Electoral Commission library. I spent some hours going through its literature. I discovered one video disk produced by NAAASCOH on the participation of persons with disabilities in elections as well as their call for secrecy. Years have gone by and this intervention has still not been implemented. Men with visual impairment have been sufficiently confident to go and cast their vote but women have not, fearing possible victimisation which has characterised past elections. Although the ZEC has made efforts to

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[4] Biometric Voter Registration.

reproduce material in Braille, greater and quicker progress could be made if the following suggestions were considered:

- Consultation with PWDs at all stages of the electoral process;
- Consideration of self-representation of women and girls with visual impairment;
- Self representation for categories of PWDs in all processes;
- Monitoring tools to measure consultation and participation of PWDs;
- Periodic evaluation frameworks to identify the levels and progress of such consultation and participation.

These interventions should be implemented at every stage of the election process (i.e., before, during and after elections) based on the important rationale that the ZEC and all other organisations, government and non-government, should value the principle of self-representation.

5.9 Employment of PWDs

The there is a need for legal reform that does not just promote the employment of PWDs but makes it mandatory as long as they have the necessary qualifications since they are capable of working just as well as their able bodied counterparts and are in particular need of assistance by virtue of their vulnerable situation. There are many examples of PWDs who are unemployed, yet qualified to work. While ordinary Zimbabweans are hit hard by the country’s high rate of unemployment, a greater percentage of PWDs suffer unemployment as a result of the following challenges which uniquely affect them including:

- Negative attitudes
- Ignorance of the potential and abilities of PWDs
- Unwillingness of employees influenced by several models of disability
- Prejudices and stereotypical opinions and perceptions that view PWDs as objects of charity and pity
- Incorrect assumptions that the PWDs are an expensive burden.

Failure to positively assist PWDs as suggested here will mean that they will remain sidelined and forgotten. Women and girls, like all the other persons with disabilities, are tired of the old adage that goes, ‘nothing for us, without us’ which, according to a well-known female activist with visual impairment, ‘is becoming monotonously ineffective by virtue of its falling on deaf ears.’

5.10 *Canaan, the Promised Land, is reachable*: The world of technology and its possibilities

The world of technology is the Promised Land for women and girls with visual impairment.
I caught a glimpse of it for a moment. Gross Care International is an organisation that specialises in the acquisition and supply of assistive technologies. I enjoyed the blissful experience of visiting the company’s premises for about 3 hours in the company of my supervisor and assistant. After the interview with the attendant she took us through a whole range of devices that could make a great difference in the lives of persons with visual impairment.

They enhanced accessibility to information and communication with the sighted world in so many amazing ways. These devices (whose photographs are contained in Figures 12 to 18 in Appendix 1) included a recorder, talking thermometers, balls and machines. Many of the machines perform multiple functions including scanning documents, converting them into audio as well as Braille output. The machines are so user friendly that you can move back and forth within the text and do much more, including the following:

- Scheme reading
- Reducing the speed of the reading
- Adjusting the volume
- Changing from female to male voice and vice versa
- Checking the spelling of words
- Converting to Braille, if preferred
- Using ear phones, if preferred
- Printing or projecting the document, if needed

Apart from a machine that assists in reading, she also showed us and demonstrated how to use one for writing. These are equally fascinating. One writes in Braille and there is a Braille display, which one can:

- Convert into audio
- Emboss into Braille
- Print copies for sighted reader

This can be achieved through the use of external printers or embossers.

Appendix 1 contains photographs of the various devices which my assistant took (Figures 12 to 18)

Smart phones have also opened up a world of possibilities for persons with visual impairment in general. Women and girls can experience privacy and independent living through the use of screen readers. This is one means by which information is accessible. The Apple IPhone provides other facilities such as *Screen Curtain*, which turns the screen black and allows for the voice over to read to the owner, whilst enhancing privacy; *Money Reader* is an application that helps to identifying currency. There are many other applications that can assist the visually impaired in describing images, identifying colours, vehicles showing directions and much more. One woman in her fifties with visual impairment commented:

> *'Tinongohwa kuti mafoni akadaro ariko, asi hatina mari dzacho.'*
> (Meaning: 'We often hear of such cell phones but we don't have money to buy them.')

This was said by one women with visual impairment, who is in her fifties. It reiterates that the state is not helping women to realise their Constitutional right to self reliance.

5.11 *Yes, Canaan is reachable! But what about the Red Sea?*

Earlier, I talked about the obstacles experienced by women and girls with visual impairment due to the RBZ's allocation of foreign currency. Gross Care International has also been affected by its regulations and processes. They have made endless applications for foreign currency without success. They have had to obtain foreign currency from other sources which is very expensive. As a result, their products are beyond the reach of almost all of my respondents. Only two of them had a gadget similar to the ones I had seen at Gross Care.
One professional from the Zimbabwe Open University admitted:

> 'The use of assistive technology is the way to go.'

Then he mentioned their challenges:

- Their cost is well beyond the reach of its users
- There is no expertise in how to use some of the devices
- There are no experts to maintain and repair them

He then encouraged the use of locally made devices which is advocated by the CRPD. As things stand, presently, Zimbabwe's harsh economic climate militates against such production, although some time ago a local company did manufacture white canes for the visually impaired. This situation calls for strong legislation which would oblige the state to set aside a budget for the provision of assistive technologies.

5.12 Conclusion

This chapter has discussed three important findings. Women and girls with visual impairment sometime fail to enjoy their right to independent living because of:

- Unawareness as opposed to unwillingness on the part of duty bearers;
- Unaffordability, unavailability and inaccessibility of their services and amenities;
- Apathy on the part of and delays caused by duty bearers. These are attitudinal barriers that need to be addressed through legislative, administrative and judicial interventions.

CHAPTER SIX

6.0 WHERE DO WE GO FROM HERE?

6.1 Introduction

In this chapter I summarise my findings and analysis. I also set out the study's conclusions and based on them propose recommendations for short and long-term interventions in the quest for the rights of women and girls with visual impairment in Harare.

6.2 Summary of conclusions

The exercise of privacy and independent living, for women and girls with visual impairment in Harare, in both private and public spaces, is greatly restricted, in a number of ways. They are prevented from accessing amenities, information and services in numerous ways. The inaccessibility of amenities, information and services has been worsened by both physical and attitudinal barriers. The physical environment of the Harare CBD has become hazardous to women and girls with visual impairment challenged as it is with open drains, dangerous pot holes, open flea and vegetable markets on the streets and pavements all of which militate against their attempts to move around freely in pursuit of their right to enjoy an independent life. As a result and out of a sense of pity, their families, friends and fellow citizens tend to treat them as objects of charity who need to be rescued from these hazards. Therefore instead of being consulted and offered help in a spirit of equality to encourage self-reliance in accordance with the international human right narrative, women and girls with visual impairment remain over-protected and controlled thus inhibiting their personal development.

The RBZ views and treats PWDs as patients and so their financial needs do not attract a separate budget allocation, which they could utilise to acquire assistive technologies which are key to their realisation of independent living and privacy. They are not equipped to realise their privacy and independent living. The city has not afforded them the opportunity to be house owners, where they can enjoy their privacy. Some of them have remained shut up within institutions and family homes, where they work or are kept. Others have achieved academically, but the job market has confined them to limited choices. Unlike other states, such as South Africa, Zimbabwe has not effectively promoted the principles of self-representation or positive public role models to encourage the recognition and support for PWDs. The state has not honoured its Constitutional and international human rights' obligations to protect them from private agents who have infringed on their right to independent living and respect for their privacy.

Unfortunately, there are legislative, administrative and judicial gaps in the disability discourse. These gaps are the result of social misconceptions on disabilities. The misconceptions and perceptions are influenced by the biological inferiority model of disability. This model views disability as one and the same as the person who is disabled. Furthermore, law and policies feed from the social context of disability while the social context takes its cue from the medical model of disability, which treats PWDs as burdens or patients in need of help. It is worse for women and girls with visual impairment, who, unlike their sighted counterparts, battle not only with the issue of gender but also from a multiplicity of other grounds of discrimination (including literacy, social status, class, race and even religion) which intersect to make them more vulnerable. So serious is their situation that even the very sanctity of their dignity and private spaces are under siege and attack. These factors all reinforce negative prejudices and stereotypes which surround women and girls with visual impairment and they combine to push them to the remotest, most neglected and hidden edges of Harare's community. The conclusion of the matter is that women and girls with visual impairment are simply not enjoying their right to privacy and independent living.

Influenced by the social model of disabilities, I draw the following conclusions about my research:

- The practice of persistently ignoring and overlooking the issue of disability by the City fathers in policy making needs to be corrected immediately.

- There is no legal promotion and protection of the right to independent living and privacy because of the public/private divide. This failure also jeopardizes the sanctity of the private space of the visually impaired.

- Inclusive education, if well implemented, offers the hope of freedom for girls with visual impairment from the practice of institutionalisation.

- Negative stereotypical over-protection in the job market infringes the exercise of independent living and privacy of women with visual impairment.

- There are no implementation strategies to give effect to the education policy and the Constitutional provisions which promote the rights of PWDs.

- The absence of a co-ordinated information package of available technologies and interventions prevent the realisation of the right to independent living and privacy for women and girls with visual impairment.

- Restricting access by young women and girls with visual impairment to assistive technologies in schools and colleges and then suddenly withdrawing them is a traumatic disempowering experience which disconnects them from a world of possibilities and severely damages their capacity to live independently enjoying their right to privacy.

- The dovetailing of various disability models exerts a negative influence on policy making, service provision and social perceptions in general.

6.3 Recommendations

6.3.1 Short-term: What must be done immediately?

1. Women and girls with visual impairment need to assemble and form groups on social platforms.

2. They need to promote the recognition of their human rights in civil society.

3. They need to be empowered to claim the space they need to represent themselves in all sectors of society.

4. A framework needs to be put in place quickly to promote the employment of women with visual impairment for economic and financial empowerment. This will, in turn, enhance their entry into the competitive world where they can promote, enforce and protect their rights.

5. Government needs to partner with civil society and the private sector to create a technologically accessible environment in both private and public spaces for all persons with visual impairment.

6.3.2 Medium and long term recommendations

Zimbabwe is excellent at drafting laws and policies but is poor at putting strategies in place to implement them. The strategies that are needed most include:

1. A continuous national awareness campaign on the needs and rights based approach for women and girls with visual impairment.

2. National role models of women and girls with visual impairment must be the key drivers of such campaigns.

3. The deliberate inclusion of women and girls with visual impairment should be made mandatory in public spaces in order to close the disability gap.

4. There is a need for constitutional reform and modification of section 83 of the Constitution. It is commendable that subsection (a) provides for self reliance and independent living, but the rest of the section is welfaristic in nature. It limits the rights holders from the full exercise of their rights. Currently, the international right to privacy adopts a negative approach to the state's role in its realisation in that it is prohibited from interfering with the right. In order to best meet the needs of women and girls with visual impairment, however, the state's role in helping to realise this right requires it to adopt, as a matter of urgency, a more proactive or positive role in the drafting, interpretation and implementation of its strategies, policies and laws. In other words, in order to promote and protect the rights of PWDs the state's obligations relating to their right to privacy and independent living should be positive ones. This means that the state should be allowed to interfere with the private lives of women and girls with visual impairment for the sole purpose of freeing them and bringing them into a more liberated space to allow them to enjoy a richer experience of their right to privacy and independent living. Using the principle of substantive equality to address gaps in equal access and correct past oversights, the state must

enable women and girls with visual impairment to enjoy their privacy to its fullest possible extent.

6.4 Conclusions

On a continuum, this paper has investigated six levels at which the right to privacy and independent living is being realised by women and girls with visual impairment and these are as follows:

- Privacy claimed and demanded by women and girls with visual impairment which private actors have gradually come to accept.

- Privacy exercised by women and girls with visual impairment which has put them at loggerheads with their families and certain private actors who accuse them of unacceptable ‘radical rebellion.’

- Monitored privacy that some women and girls with visual impairment have been accorded by institutions and families with which they are satisfied.

- Monitored privacy which women and girls with visual impairment find fails to realise their right.

- Shared or compromised privacy with which women and girls with visual impairment are only partly satisfied.

- Shared or compromised privacy which women and girls with visual impairment find inadequate but which they have resigned themselves to accept.

- Total ignorance of the constitutionality of their right to privacy on the part of women and girls with visual impairment.

The abovementioned notable gaps in the exercise of respect for the privacy of women and girls with visual impairment has, no doubt, a bearing on their enjoyment of their right to independent living; and this, in turn, impacts on their ability to enjoy all of their other human rights. The evidence of this research shows that the state’s interventions are falling sadly short of its obligation to assist women and girls with visual impairment to become self reliant by living full private independent lives. This is unlikely to change unless the state radically changes its thinking about women and girls with visual impairment and actively involves them in drafting and implementing their policies, strategies and laws. In particular, the state should actively assist in providing them with technological interventions to help them connect with and empower them to become valuable members of Zimbabwe society.

Bibliography

Barker, G. et al. (2000).*Urban girls: empowerment in especially difficult circumstances.* London, Intermediate Technology Publications.

Benson A.W et al (1998) *Pursuing grounded theory in law*. Oslo, Tano-Aschehoug and Harare, Mond Books

Braithwaite J and,Mont D. (2008).*Disability and poverty: A survey of World Bank Poverty Assessment.* Social Protection and Labour, The World Bank. (SP discussion paper, no. 0805) (Available online at: http://siteresources.worldbank.org/DISABILITY/Resources/280658-1172608138489/WBPovertyAssessments.pdf - Accessed on 22 March, 2018)

Chataika T. (2007) 'Inclusion of Disabled Students in Higher Education in Zimbabwe: From Idealism to Reality – A Social Ecosystem Perspective'
Thesis Submitted in Fulfilment of the Requirements for the Degree of Doctor of Philosophy (PhD) in Special Educational Needs The School of Education The University of Sheffield (Available online at: http://etheses.whiterose.ac.uk/3606/ - Accessed on …)18 December 2017

Choruma T. (2007). *The Forgotten Tribe of Zimbabwe; People with disabilities in Zimbabwe.*Progressio. London .

Currie & De Waal J.*The Bill of Rights handbook*, (2013)Cape Town, Juta.

Hellum A.and Katsande,R.(2017)"Gender human rights and legal pluralities in Southern Africa:a matter of context".In:Conradi,G (eds*)Human rights encounter legal pluralism*.Hart Published Oxford pp119-136

Kanyerere, W. 2012. 'Water in theory not in practice: interrogating the provision of water to women managing visual disability in Epworth and Mabvuku.' Dissertation submitted in partial fulfillment of the requirements for a Masters Degree in Women's Law, Southern and Eastern African Regional Centre for Women's Law, University of Zimbabwe. (Unpublished)

Mapimhidze R. *Newsday* article, Trust for blind women established NewsDay Zimbabwe (22 July 2015)

Ncube, F. (2016). 'Gender and social security in Zimbabwe: an analysis of the efficacy of social security for women with disabilities in the informal sector.' Dissertation submitted in partial fulfilment of the requirement for a Masters in Women's Law degree, Southern and Eastern African Regional Centre for Women's Law, University of Zimbabwe. (Unpublished)

Rugoho, T. & Maphosa, F., (2017), 'Challenges faced by women with disabilities in accessing sexual and reproductive health in Zimbabwe: The case of Chitungwiza town', *African Journal of Disability*. (Available online at: https://doi.org/10.4102/ajod.v6i0.252or https://ajod.org/index.php/ajod/article/view/252/562 - Accessed on 19 February, 2018

Tsanga A.S. and Stewart J.E., eds. (2011) Women and law: Innovative approaches to teaching and research analysis. Harare, Weaver Press~~.~~, in association with Southern and Eastern African Regional Centre for Women's Law.

West, R.L. (2011) 'The difference in women's hedonic lives: a phenomenological critique of feminist legal theory.' *Wisconsin Women's Law Journal*, 3(81). (Available online at: https://www.researchgate.net/publication/48957667_The_Difference_in_Women%27s_Hedonic_Lives_A_Phenomenological_Critique_of_Feminist_Legal_Theory DOI: 10.4324/9780203094112 -Accessed on 14 March, 2018

Yard, M. et al, (2011) The KRIEGLER report

International conventions and instruments

National statutes and policies Fact Sheet AsdInfoWales
Millennium Development Goals
Standard Rules, December 1993, United Nations

Zimbabwe. Access to Information and Protection of Privacy Act (Chapter 10:27), 2003. (Available online at: http://www.parlzim.gov.zw/acts-list/access-to-information-and-protection-of-privacy-act27)

Disabled Persons Act, 1992, Zimbabwe

Public Order and Security Act and the Access to Information and Protection of Privacy Act(Available online at: http://www.parlzim.gov.zw/acts-list/access-to-information-and-protection-of-privacy-act27)

Government of Zimbabwe, 2013, Constitution of Zimbabwe (Amendment 20), GoZ, Harare.

Government of Zimbabwe, 2006, National Reproductive Health Policy, GoZ, Harare.

African Charter on Human & People's Rights (1986)

Constitution of South Africa

CEDAW - Convention on the Elimination of All Forms of Discrimination against Women, New York,

CEDAW/C/AUS/CO/7 Human Rights Watch , 2013, 'Letter to United Nations CRPD on half day of general discussion on women and girls with disabilities',Human Rights Watch, New York.

Convention on the Elimination of All Forms of Discrimination against Women, New York, 18 Dec. 1979, *reprinted in* 19 ILM 33 (1980).

Disability Protocol

ICCPR

Optional Protocol to the African Charter on Human & People's Rights (2003)

South Africa constitutional rights for persons with disabilities.pdf
Promoting the Right to work of Persons with DisabilitiesToolkit for the Private Sector
Message from the South African Human Rights CommissionAdvocate Bokankatla Joseph MalatjiCommissioner_Bokankatla Malatji.JPG

United Nations Convention on the Rights of Persons with Disabilities, 2006

United Nations Declaration on Human RightsAvailable at https://www.article19.org/data/files/pdfs/publications/zimbabwe-aippa-report.pdf. Human Rights Watch, World Report 2016,available at http://www.opc.gov.zw/. Accessed on: 22 March, 2018

ACHPR (2016) Draft Protocopl to the African Charter on Human and People's Rights on the Rights of Persons with disabilities in Africa. Adopted at the 19th extra-ordinary session of the ACHPR held between 16 – 25 February 2016 in the Islamic Republic of the Gambia. (Available online at www.acpr.org/files/news/2016/04/d216/disability-protocol.pdf)

Appendices

Appendix 1: Figures

Figure 1: Aerial photograph of Harare

Figure 2: A street map of Harare CBD

Figure 3: Photograph of a vendor and her wares obstructing pedestrian on a street pavement

Figure 4: Photograph of vendors displaying their wares ON the tarmac of the road called Albion Street, Harare

Figure 5: Photograph of a rain storm in Harare during which both a minibus and a vendor with his cart of bananas have left the road and joined the crowds seeking the protection of the pavement

Figure 6: Photograph of a dangerous open drain situated about 100m from the Braille Library in Harare

Figure 7: Close-up photograph of the dangerous open drain shown in Figure 6 showing the rubbish which has accumulated in it

Figure 8: Photograph of a dangerous pothole at a traffic intersection about 50 metres from the Braille Library in Harare

Figure 9: Close-up photograph of the dangerous pothole shown in Figure 8

Figure 10: Group photograph of visually impaired women, girls, boys and men taken after their FGD at Steve Margolis on 22 December 2017

Figure 11: Photograph of the researcher and one of her respondents holding the ends of a white cane, stepping into Lake Chivero and enjoying the moment

Figure 12: Photograph of a zyfuse heater which can be easily and safely used by the visually impaired

Figure 13 Photograph of a Braille Note Touch Note Taker for the visually impaired. The user can use it to type on a Braille keyboard or to read, so it can be used interchangeably. It can also be used as a keyboard if it is connected to a computer. It enables fast and convenient typing.

Figure 14: Photograph of a writing board used by the visually impaired to write notes in Braille. It comes with a Braille alphabet.

Figure 15: Photograph of an Eye Pal Solo

Figure 16: Photograph of a Prodigi Duo 20

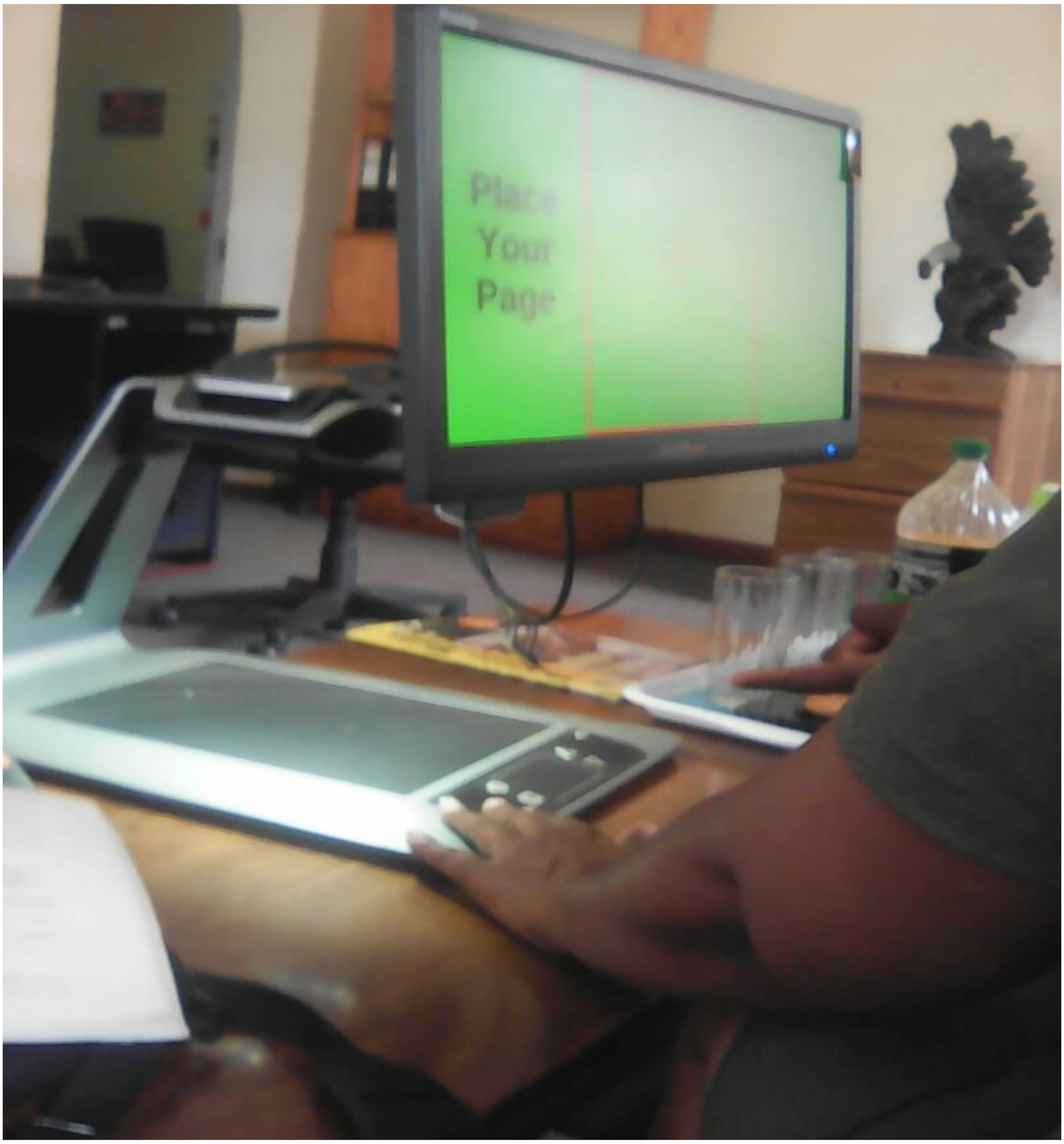

Figure 17: Photograph of a Goalball for the visually impaired. The ball has material inside which emits sound which allows one to detect its location.

Figure 18: Photograph of a chess set for the visually impaired