

*Introduction on Comparative
study on adapted physical
activity,*

*Overview of the Development of Adapted
Physical Activity in Zimbabwe*

**A paper Presented
By**

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Zimbabwe is one of eight countries in Southern Africa together with Angola, Botswana, Malawi, Mozambique, Namibia, South Africa, and Zambia. The country got its independence 18 April 1980 (from the UK)

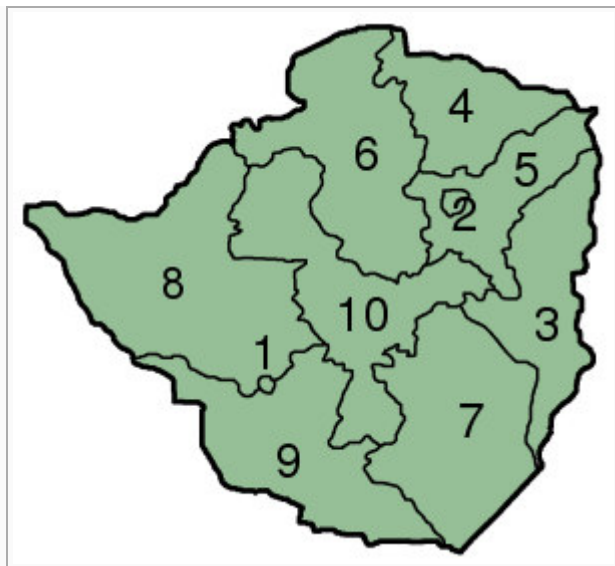


The country has a total area of 394490km² of which 390 580 km² is land, and 3 910 km² is water and has borders with the following countries, Botswana 813 km, Mozambique 1,231 km, South Africa 225 km, Zambia 797 km. The population of Zimbabwe in 2003 was estimated by the United Nations at 12,891,000, which placed it as number 67 in population among the 193 nations of the world. In that year approximately 3% of the population was over 65 years of age, with another 44% of the population under 15 years of age. There are 98 percent Africans (Shona 82%, Ndebele 14%, Mixed and Asian >1%, Other 2%, Whites < 1%) There were 99 males for every 100 females in the country in 2003. According to the UN, the annual population growth rate for 2000–2005 is 0.49%, with the projected population for the year 2015 at 13,031,000. The population density in 2002 was 32 per sq km (82 per sq mi). The Government of Zimbabwe Inter-Censual Demographic Survey (1997) established a total of 218,421 people with disabilities in the country (56% males; 44% females). This prevalence is equal to two percent of the national population. Seventy-five percent of people with disabilities lived in rural areas and 25% in urban areas. According to the Sunday News (05/08/07) 1.2 million people living with disabilities in Zimbabwe.

It was estimated by the Population Reference Bureau that 35% of the population lived in urban areas in 2001. The capital city, Harare (formerly Salisbury), had a population of 1,686,000 in that year. Other large cities included Bulawayo, 621,000; Chitungwiza, 274,000; Gweru, 125,000; Kwekwe, 75,000; Kadoma, 67,000; and Masvingo, 52,000. According to the United Nations, the urban population growth rate for 2000– 2005 was 2.9%. The prevalence of AIDS/HIV has had a significant impact on the population of Zimbabwe. The United Nations estimated that 33.9% of adults between the ages of 15–49 were living with HIV/AIDS in 2001. The AIDS epidemic causes higher death and infant mortality rates, and lowers life expectancy. The table bellow shows a predicted population growth.

Year	Population
2007	12,311,143
2006	12,236,805
2005	12,746,990
2004	12,671,860
2003	12,576,742
2002	11,376,676
2001	11,365,366
2000	11,342,521

The main religions are Syncretic (Part Christian part indigenous belief) 50%, Christian 25%, indigenous beliefs 24%, Muslim and Other 1%. Languages spoken are English (official), Shona (official), Ndebele (official) and numerous other dialects. Zimbabwe is divided into 8 provinces and 2 cities with provincial status:



1. [Bulawayo](#) (city)
2. [Harare](#) (city)
3. [Manicaland](#)
4. [Mashonaland Central](#)
5. [Mashonaland East](#)
6. [Mashonaland West](#)
7. [Masvingo](#)
8. [Matabeleland North](#)
9. [Matabeleland South](#)
10. [Midlands](#)

Map of Zimbabwe with the provinces numbered



Flag description: seven equal horizontal bands of green, yellow, red, black, red, yellow, and green with a white isosceles triangle edged in black with its base on the hoist side; a yellow Zimbabwe bird representing the long history of the country is superimposed on a red five-pointed star in the center of the triangle, which symbolizes peace; green symbolizes agriculture, yellow - mineral wealth, red - blood shed to achieve independence, and black stands for the native people.

During my information gathering I had the opportunity to talk to Joshua Theke Malinga, a senator in the Zimbabwean government, former mayor of Bulawayo, Executive member of the first lady's national Paralympics games trust fund, who is and has been secretary, chairman founder member of over 40 national and international disability organisations. I also got access to some of his writings. This was in his words an accident of fortune as this is one man who has lived with disability since

the age of two years (in 1946) when he was attacked by polio(poliomyelitis) which resulted in his legs being withered and paralysed. Malinga.

He says at the end of the day people are judged by their own activities, until we are businessmen, politicians, community leaders, people at all levels of society we will be marginalised and segregated. A personal characteristic that is not disabling in less complex societies can be a disability in more complex, industrialized societies (Brown, 1991). Hence people with disabilities in rural areas are seen by significant others (who are often fellow villagers and or relations) in more socially valued social roles (e.g., livestock-tending, home-keeping, child-care) than those in urban areas. This positive visibility mitigates the perceived social role function of individuals with disabilities in rural as compared to urban areas. Thus, people with disabilities in urban areas may be defined more by their role marginalization than peers in rural areas.

The post colonial Zimbabwean government was more sensitive to disability related issues because of the need to rehabilitate returning war veterans, it defined disability as "a physical or mental condition which makes it difficult or impossible for the person concerned to adequately fulfil his or her normal role in society" (Department of Social Services, 1982, p. 8). This definition of disability was consistent with the perception by the Zimbabwean government that a majority of victims of the war of liberation had physical and mental disabilities. A large number of organizations for and of people with disabilities in Zimbabwe were set up with the help of "sister" organizations from the developed countries. From a modern Zimbabwean perspective, rehabilitation is regarded as the restoration of lost physical, mental or sensory functions or their amelioration through medical and psychosocial interventions.

“The government is not doing enough to assist disabled persons and that the voice of the disabled is not being listened to. Government officials have been making pledges to assist disabled people but to date very little has been done.” Alexander Phiri: director of the Southern Africa Federation of the Disabled (SAFFOD) (April 2006)

There must be lot of coaching clinics and training of trainer so as to get quality athletes: (2006) Chrispen Manyake of the Zimbabwe Paralympics Committee (ZPC). Sports Organization, Sports and Recreation Commission (SRC) and the Zimbabwe Olympic Committee (ZOC in conjunction with International sporting organizations conduct several courses in sports, officiating, coaching and some in sports administration, but these do not usually take into consideration people with

disabilities or members of their organizations. Teachers' colleges like the United College of Education (UCE) in Bulawayo has a department that "trains" teachers who will specialize in teaching children with Hearing Impairment (HI), Visual Impairment (VI) and Mental Retardation. Other organizations and schools such as Jiros Jiri, Kapota School of the Blind, Sir Humphrey Gibbs, Danhiko do offer vocational training to people with disabilities. The categories of disability to be considered in APA are hearing disability (HD), Visual Disability (VI), Mental Disability/Intellectual disability (MD), physical disability –wheel chair users (PW-W) physical disability –amputees (PD-AM), and physical disability – cerebral palsy (PD –CP).

In establishing adapted education (APE) programmes, educators work together with parents, students, school teachers and administrators and professionals in various disciplines and related services. Zimbabwe has the Disabled Persons act, of 1992 and Article 8 (1) of the act states that no disabled person shall, on the ground of his disability alone, be denied: (a) Admission into any premises to which members of the public are ordinarily admitted, or (b) The provision of any service or amenity ordinarily provided to members of the public. Unless such denial is motivated by genuine concern for the safety of disabled person concerned.

The Disabled Persons Act of Zimbabwe was enacted in 1994 for the purpose of enhancing the educational, social and occupational interests of Zimbabweans with disabilities. The Disabled Persons Act of Zimbabwe, among other things, mandates a National Disability Board whose purpose it is to help with advising on issues relating to people with disabilities. Specifically, the National Disability Board has the following responsibilities to (a) formulate and develop measures and policies on the rights and welfare of people with disabilities; (b) maintain a register of people with disabilities and disability-related organizations; and (c) advise government and non-governmental organizations on the welfare and rehabilitation of people with disabilities. (Government of Zimbabwe, 1996).

At the moment the government is providing financial assistance to disabled people through social welfare department and ministry of health and child welfare. The Zimbabwean Ministry of Labour and Social Welfare provides grants for the vocational training of people with disabilities who are registered with training centers in the country. The Ministry of Health and Child Welfare has rehabilitation units at each of the 15 referral hospitals in the country. It also shares responsibility with the Ministry of Labour and Social Welfare for rehabilitation services provided at the nine national rehabilitation centers. In this connection, the Ministry of Labour and Social Welfare has

responsibility over the administration and management of the centers as well as the vocational skills programs, whereas the Ministry of Health and Child Welfare runs the hospital within the rehabilitation centers. The Ministry of Labour and Social Welfare also manages the Workman's Compensation Fund (WCF).

Zimbabwe Parents of Handicapped Children Association (ZPHCA) is an organisation for parents that have concern with disability issues. Some of the disability-related organizations have coordinating functions, examples are the National Association of Societies for the Care of the Handicapped (NASCOH), and the Southern African Association for People with Disabilities (SAFOD). NASCOH is an umbrella organization for 53 organizations for and of people with disabilities. SAFOD is the coordinating body for organizations of and for people with disabilities in Southern Africa. Zimbabwe is also home to the Africa Rehabilitation Institute (ARI). The African Rehabilitation Institute is a multinational organization whose primary goal is to promote the initiation and development of rehabilitation services in sub-Saharan Africa.

The government has special teachers for Physical Education and Sports, coaches, instructors, volunteers, officials, experts and specialists. There are people responsible for architectural structure design and, construction and facility management. There are employment opportunities in the sports manufacturing industry. Here there is need for manufacturing and marketing of additional apparatus or assistive devices e.g. wheel chairs, prosthesis, visual and hearing aids, special exercise aids, etc. in the medical related areas there are psychologists, occupational therapists, physiotherapists, clinical social workers, medical doctors, nurses, educators and rehabilitation technicians.

School attendance is lower among people with disabilities, and in general they achieve lower levels of education and as a result very few receive vocational education. According to government policy people with disabilities have free public transportation, and are eligible for a government disability allowance. Schools enrolling students with mental and sensory disabilities are paid a higher grant for each child with a disability that they enrol. If the number of students with disabilities attending an ordinary school reaches seven for students with visual impairment or hearing impairment or ten for students with mental retardation, the government deploys a special needs teacher at that school to assist with the teaching. Zimbabwe is the only country in sub-Saharan Africa with a Schools Psychological Services and Special Needs Department whose responsibility it is to identify, assess, and place students with disabilities in schools. Zimbabwe has nine large, state rehabilitation centers

covering developmental and acquired disabilities (five), and psychiatric disabilities (four). In addition, each of the country's 10 provincial hospitals has a rehabilitation unit. (Mpofu, 2003).

According to Elias Mpofu (2003); Modern (formal) rehabilitation services in Zimbabwe are manned by professionals with a variety of back grounds; occupational therapists, psychologists, physiotherapists, clinical social workers, medical doctors, nurses, educators and rehabilitation technicians. The formal rehabilitation services also tend to be more available in the urban areas than the rural areas.

J.T. Malinga says “We always emphasize the independent role of the disabled organizations and our movement from the government. The reason we stress the separate role of our organizations is that we must advocate for ourselves always. We should not rely on political parties to liberate ourselves. So our task is to break that relationship up. We do this because we must be dependent so we can criticize anyone, even the government.” Mr. J.T. Malinga also believes that Zimbabwean traditional or indigenous conceptions of disability tend to regard disability as a limitation in social role function resulting from physical, sensory or emotional abnormalities and is of spiritual causation.

Special Olympics Zimbabwe has been assisted by several organisations to put up training camps in preparation for major games. The support is from companies, schools and other organizations examples are, Toyota Zimbabwe, Prince Edward High School, University of Zimbabwe, these offer financial and material, in the form of transport, training facilities, equipment and attire. Individuals like Dr Fred Sorels, who has assisted Paralympics 100m gold medalist Eliot Mujaji through training and competition funding have also assisted APA course in Zimbabwe. Notable names in Paralympics are Wheel chair athletes Wilson Nyako, has won several road races in the region, Ellford Moyo 1999 All Africa Games 100m wheel chair race medalists, Eliot Mujaji an Olympic gold medalist. Connie Sibanda, commonwealth gold medalist (bowling) Bheki Lunga track athlete, and an International Cricket Council (ICC) blind cricket commentator.

Disabled people were killed at birth and/or later, this is because people were busy trying to survive and had no time to “care” for them. They had to be institutionalised because they were seen as the “deserving” poor and “surplus “or superfluous” populations who could not engage in normal activities within the society (John 1992: Peters 1964) cited by (J.T.Malinga 2004) Two models used in the care and rehabilitation of the disabled people were discussed with senator Malinga and these are “the social model” and the “the medical model”. Within *the social model* disabled people are

seen as citizens with rights first and foremost and also as clients of social services, where as *the medical model* is associated with traditional practices in medicine, dating back to ancient history. Views disabled as sick good for nothing, weak, stupid, as sexual objects, a shame and tragedy, a consequence of sin, as people needing protection that cannot do anything for themselves but need other people to do things to/for them.

In many communities in Zimbabwe disability is viewed as a form of oppression because disabled individuals are systematically excluded from normal systems of society and community services and subjected to political, economic, cultural or social degradation because they belong to a class. The main types of discrimination being institutional, environmental and attitudinal. This supported by J T Malinga (2004) when he says “I was treated as an object of pity, shame and tragedy to the family. I was a misfortune, insulted by gods, bewitched and was a punishment for something done by my parents or grandparents. And the gods were angry”

Sometimes disabilities are presumed to be of spiritual origin. The disability causing spirit is often regarded as a malevolent spirit (the winds) (or mamhepo: Shona language), an avenging spirit (ngozi: Shona/Ndebele), or a benevolent spirit (mudzimu: Shona language; Indlozi: Ndebele). A malevolent spirit is one that is cast on a person by his or her enemies and may cause a disability at anytime in a person's life. A malevolent spirit may be regarded as behind any disability causing injuries that are sustained at work. Malevolent spirits could be in the form of "thokoloshis" (Ndebele) or "zvikwambo" (Shona) (i.e., goblins) who impregnate women in their sleep, leading to the birth of a child with a disability. (Elias Mpofu 2003)

Benevolent spirits are those of departed relatives (e.g., parents, grandparents). The spirit is often regarded as a positive influence in the family in that it is considered to look after all surviving members in its lineage. People are supposed to keep themselves in a favourable light with the benevolent spirits by maintaining good family relations, looking after any property they may have left behind, and observing prescribed rituals (e.g., throwing an annual beer party for the family in remembrance of the departed ancestors). Breaking any of the basics of good conduct as just described could lead to punishment by a benevolent spirit or spirits, and the punishment might be disability or a child with disability.

These traditional beliefs have an impact in the way people view disability and how they treat those with disabilities it is also why rehabilitation in Zimbabwe is a combination of systems involving

formal (scientific) and no formal (traditional) systems. The role of traditional healers in rehabilitation and health services delivery was recognized by the government of Zimbabwe by passing of the Zimbabwe Traditional Healers Act of 1984, which saw the founding of the Zimbabwe National Traditional Healers Association (ZINATHA) headed by the former vice chancellor of the University of Zimbabwe Professor Gordon Chavhunduka. Conceptions of disability and the associated rehabilitation practices vary widely across societies, and are influenced by the unique socio-political and cultural histories of those societies. (Eilas Mpofu 2003), and Zimbabwean societies cannot be an exception. J.T. Malinga (2004) During the interviews Malinga said disability is about human rights about social change about organisations of the disabled. He goes on to say "... disability is what people did to me and how they saw me and how they treated me" and as opposed to impairment which is the after effects of the disease (poliomyelitis) which rendered me a polio paraplegic."

There is lack of unity amongst the voices of people with disabilities and Disabled Peoples' Organisations (DPOs) meaning that their voice is diluted and makes little impact amongst decision makers. "In my view, the role of disabled people should be left to the disabled people themselves as their own best spokesperson. As I see it, they should be understood in their situation because they can best define their needs" J. T. Malinga (2007). This means the disabled people themselves must be proactive and fight for their rights, try to overcome all barriers in their lives.

There is need to carry out research in on disability and disability issues in Zimbabwe especially in Adapted Physical Activity, data collected locally is likely to be better understood and used as tools for advocacy and influencing the disability issues. Currently most organizations for and of people with disabilities are more involved with vocational and psychological rehabilitation than with occupational and physiotherapy. There are few or no donors targeting income generating projects so as to empower people with disabilities. Donors in Zimbabwe mostly fund advocacy and human rights. Chrispen Manyuke chairman Zimbabwean chapter of the International Paralympics Committee observed "I am testimony to how sports has developed me physically and psychologically and will share these experiences with any colleagues in the IPC". Mr. Manyuke strongly believes that sports is a good means of empowering the disabled, through empowering their self concept and self esteem in the journey towards self actualization.

References

Chimedza, R. (2000). *Study of disability organizations in Zimbabwe*. Copenhagen: Danish Council of Organizations of Disabled Persons.

Claudine Sheriill (1993) *Adapted Physical Activity and Sport* McGraw hill

Joseph P. Winnick (2004) *Adapted Physical Education and Sports* Human Kinetics; New York

Mpofu, E. (2003). Rehabilitation in international perspective: A Zimbabwean experience. *Disability and Rehabilitation*, 23, 481-489. *The Journal of Rehabilitation* | Date: 10/1/2002 | Author: Harley, Debra Elias Mpofu The Pennsylvania State University and University of Zimbabwe **01 August 2007**

<http://www.chronicle.co.zw/inside.aspx?sectid=4409&cat=1> **01 August 2007 Disabled people not happy with Act.** *Health Reporter*

<http://www.ms.dk/sw17169.asp> *HIV and disability: a Jairos Jiri perspective* By Grace Kamanga, Jairos Jiri Association **03 August 2007**

http://www.specialolympics.org/Special+Olympics+Public+Website/English/Program_Locator/Africa/Zimbabwe/default.htm **03 August 2007**

http://www.paralympic.org/release/Main_Sections_Menu/Membership/IPC_General_Assembly/IPC_General_Assembly_2005/GB_Candidates/Manyuke.html **04 August 2007**