

## Title

# Multiple barriers encountered by persons with injuries sustained from road traffic accidents in Zimbabwe: implications for development work

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## Abstract

This article explores the multiple barriers that are faced by persons with injuries sustained from road accidents in Zimbabwe. To gain deeper insight of the realities that they encounter, the study embraced a qualitative methodology using in-depth interviews with people who were recovering from injuries from road traffic accidents. An Ubuntu approach was embraced as the theoretical framework for analyzing these barriers. Ubuntu is an African worldview that values positive, humane and reciprocal relationships in family, community and society. Ubuntu is also about justice, inclusion, engagement, humanness, and recognition of people who are often marginalised. The research findings show that persons with injuries sustained from road accidents face a plethora of barriers which include attitudinal, communication, physical, policy, programmatic, social, and transportation. Using the Ubuntu framework, these barriers show that there is usually lack of justice, inclusion, humanness, respect and engagement towards persons with injuries sustained from road accidents. This article posits that the treatment of persons with injuries sustained from road accidents in Zimbabwe is not cast in stone but can be restructured and renegotiated through community engagement to represent genuine inclusion.

## Key words

inclusion, injuries, barriers, road accidents, Ubuntu, Zimbabwe

## Key dates

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## Introduction

The article problematizes the barriers faced by persons with injuries sustained from road traffic accidents in Zimbabwe with the intention of contributing to available literature on the subject and provide options for development practitioners. The study used the Ubuntu perspective in examining how society's response to persons with injuries sustained from road traffic accidents is linked to barriers. It was prudent to conduct this study as there are limited academic studies that have explored the barriers that are faced by persons with injuries sustained from road traffic accidents in Zimbabwe.

## Ubuntu perspective

The Ubuntu perspective was adopted as the theoretical framework for the article. Ubuntu is an African worldview that values positive and reciprocal relationships in family, community and society. Ubuntu is also about justice, inclusion and recognition of people who are often marginalised and their needs. A person is not considered a true human being unless one is concerned about the well-being of other people. One of the main characteristics of Ubuntu is communality or communal well-being. This principle is mainly expressed in the Zulu saying *Umuntu ngumuntu ngabantu* (A person is a person through other people). This saying can exist in most African languages. Letseka (2012) argues that Ubuntu is based on the etiquette of humanity, which includes caring for each other's well-being and reciprocating kindness. Louw (2003) postulates that Ubuntu is more than just being who you are through others; he extends Ubuntu to how people relate to others around them. Louw's concept of Ubuntu emphasizes the importance of having a mutual understanding of how people treat each other. Different authors have defined Ubuntu as the ethic of care (Waghid & Smeyers 2012) and 'a theory of right action' or 'moral theory' (Letseka 2000; Metz 2007; Teffo 1994), as a pedagogical principle (Letseka 2013) and as a constitutional and jurisprudence principle (Mahao 2010; Mokgoro 1998). As Ubuntu concerns the way in which people treat each other, this article focuses mainly on the treatment of people with injuries sustained from road accidents in Zimbabwe. The main research objective guiding the study was to establish the barriers faced by people with injuries sustained from road accidents in Zimbabwe. The research also sought to investigate how different players including development workers could work with this group to improve their wellbeing and inclusion.

## Injuries from road traffic accidents

A car accident can cause serious injuries to virtually any part of the body. Spinal cord injuries and paralysis (quadriplegia/tetraplegia and paraplegia) are common. The impact of a crash and torque on the body can cause long-term disability from spinal cord injuries. Fractures and broken bones that is, broken legs, ribs, arms, ankles, and wrists are common in car accidents. Limb loss and amputation can occur. This means an arm, leg, finger, toe or other appendages can be severed in a crash or damaged severely enough to require surgical amputation. Knees can be injured in car crashes by smashing into any part of the vehicle. Foot and ankle injuries are common in car accidents as feet and toes can also be severed in a crash. Shoulder injuries can result from force absorption after bracing the hands against the steering wheel or dashboard in a motor vehicle crash. Crush injuries can be a direct result of road accidents whereby a part of the body is caught between two objects being pushed together under pressure resulting in a person sustaining crush injury for example minor bruising and lacerations or serious damage to tissue, organs, muscles and bones can result. Post-Traumatic Stress Disorder (PTSD), that is a mental and emotional illness can be caused by road accidents considering not all injuries sustained from road accidents are physical. Other impacts include disfiguring facial injuries and scars, neck injuries, internal injuries, burns, and back injuries.

## Research methodology

This article is based on qualitative data resulting from in-depth interviews carried out at St Giles Rehabilitation Centre in Harare for four months. The researcher engaged and was granted permission from the Ministry of Public Service, Labour and Social Welfare and St Giles Rehabilitation Centre. The research participants voluntarily participated in the study with the guarantee that their identity would not be divulged as per the ethical requirements. Purposive sampling was utilized to select five (5) people with injuries sustained from road accidents to generate data for this study through in-depth interviews. Mtetwa (2015) also adopted purposive sampling when researching needs of persons with road accident injuries in Harare. Pseudonyms were used to safeguard the real identity of the participants. For analysis, the qualitative raw data were arranged into thematic categories which included physical barriers, attitudinal barriers, and environmental barriers.

Table 1 illustrates the participants’ pseudonyms, their real gender and age.

*Profile of research participants*

| Participants | Gender | Age |
|--------------|--------|-----|
| PWI 1        | Female | 23  |
| PWI 2        | Female | 20  |
| PWI 3        | Male   | 35  |
| PWI 4        | Female | 21  |
| PWI 5        | Female | 29  |

The participants had different injuries, and most had multiple injuries as a result of road traffic accidents.

## Findings and implications for development work

### Attitudinal

The findings show that attitudinal barriers are one of the barriers that people with injuries sustained from road accidents face. One participant had this to say:

*My friends after a while...grew tired of me. They got tired of all my problems. I was alone because I could not do the things I could before the accident with my friends were like, going to high school games and everything, going to a party, go shopping, I was a good student (PWD 2).*

The above narrative is indicative of the fact that behaviors, perceptions, and assumptions that discriminate against persons with injuries sustained from road accidents are a barrier. People with disabilities prompted by road traffic accidents face negative attitudes in the society. These barriers are the most basic and contribute to other barriers. For example, some people may not be aware that difficulties in getting to or into a place can limit a person with an injury from participating in everyday life and common daily activities. Examples of attitudinal barriers include, stereotyping that is, people sometimes stereotype those with injuries, assuming their quality of life is poor or that they are unhealthy because of their impairments; stigma, prejudice, and discrimination that is, within society, these attitudes may come from people’s ideas related to disability; and people may see injury as a personal tragedy, as something that needs to be cured or prevented, as a punishment for wrongdoing, or as an indication of the lack of ability to behave as expected in society. Through embracing Ubuntu, the society’s understanding of injury can improve as people will recognize impairments as what occurs when a person’s functional needs are not addressed in his or her physical and social environment. By not considering injury a personal deficit or shortcoming, and instead thinking of it as a social responsibility in

which all people can be supported to live independent and full lives, it becomes easier to recognize and address challenges that all people including those with injury experience. Attitudinal challenge is one of the formidable barriers persons with injuries encounter in Zimbabwe.

### Communication

The findings show that communication barriers are of the barriers that people with injuries sustained from road accidents face.

*I broke my back in three spots and I lost vision in my left eye, I broke both arms, I had severe, lacerations to my head and brain damage. It is difficult for me to what is happening in the world as the information is not usually in readily accessible format such as braille. I grew up with my sight intact so it’s also a challenge to learn braille now but I have no choice but to adjust (PWI 3).*

Communication barriers are experienced by people who have injuries that affect hearing, speaking, reading, writing, and or understanding, and who use different ways to communicate than people who do not have these injuries. Examples of communication barriers include written health promotion messages with barriers that prevent people with vision impairments from receiving the message. These include, use of small print or no large-print versions of material, and no Braille or versions for people who use screen readers. Auditory health messages may be inaccessible to people with hearing impairments, including, videos that do not include captioning, and oral communications without accompanying manual interpretation (such as, American Sign Language). The use of technical language, long sentences, and words with many syllables may be significant barriers to understanding for people with cognitive impairments. Ubuntu is about inclusion, it is about leaving no one behind but, in this case, others are being excluded.

### Physical

The findings unravel that physical barriers are some of the barriers that people with injuries sustained from road accidents encounter. One participant had this to say in an in-depth interview:

*When I came home, I still remember that moment clearly. I could not enter my home. People had to carry me and my wheelchair in. Every time I would say, ‘Ma, can you help me with this?’ Ma, can you help me with that?’ (She laughed a little). I kind of like went to the living room by the window and burst out crying. Everything was different. There are some things put on shelves of supermarkets that you can see it but cannot pick it (PWI 3).*

Physical barriers are structural obstacles in natural or manmade environments that prevent or block mobility (moving around in the environment) or access. Examples of physical barriers include steps and curbs that block a person with mobility impairment from entering a building or using a sidewalk; mammography equipment that requires a woman with mobility impairment to stand; and absence of a weight scale that accommodates wheelchairs or others who have difficulty stepping up.

### **Policy**

The findings reveal that that policy barriers are one of the barriers that people with injuries sustained from road accidents face. One of the participants had this to say:

*In my case, I suffered a permanent injury in a car accident that was caused by someone else's negligence. I was very overwhelmed. I was facing this crisis alone. I had no money to seek for legal counsel (PWI 4).*

Policy barriers are frequently related to a lack of awareness or enforcement of existing laws and regulations external icon that require programs and activities be accessible to people with injuries. Examples of policy barriers include, denying qualified individuals with injuries the opportunity to participate in or benefit from federally funded programs, services, or other benefits; denying individuals with injuries access to programs, services, benefits, or opportunities to participate as a result of physical barriers; and denying reasonable accommodations to qualified individuals with injuries, so they can perform the essential functions of the job for which they have applied or have been hired to perform.

### **Programmatic**

One participant had this to say:

*In total from date of crash to date, both major and minor, I can count maybe six operations in and out of hospital and these are expensive. I remember the one in June this year costed \$18000 United States Dollars. These were the expected out-of-pocket expenses (PWI 4).*

The statement indicates that the human rights of persons with injuries sustained from road accidents are disregarded by those without injuries. Programmatic barriers limit the effective delivery of a public health or healthcare program for people with different types of impairments. Examples of programmatic barriers include inconvenient scheduling; lack of accessible equipment (such as mammography screening equipment); insufficient time set aside for medical examination and procedures; little or no communication with patients

or participants; and provider's attitudes, knowledge, and understanding of people with injuries.

Article 25 of the UN Convention on the Rights of Persons with Disabilities (CRPD) reinforces the right of persons with disabilities to attain the highest standard of health care, without discrimination. Section 83(d) of the Constitution of Zimbabwe Amendment No.13 of 2013 states that, the state must take reasonable measures to ensure that persons with disabilities are given access to medical, psychological and functional treatment. The Government of Zimbabwe acknowledges that all people should have the opportunity to enjoy long and healthy lives; avoidable deaths, diseases and injuries prevented; and people have the ability to function, participate and live independently. According to Part VI Section 1649 of TSP, in the health sector, investment in health services will be guided by the 2016-2020 National Health Strategy, which seeks to sustain the gains achieved thus far through a comprehensive response to the burden of disease and strengthening of the health system to deliver quality health services to all Zimbabweans. This is in line with Sustainable Development Goal 3 that strives to ensure healthy lives and promote well-being for all at all ages. This is in congruence with commitment 6 of World Summit on Social Development which calls on States to promote and attain universal and equitable access to quality health. The wide-ranging feeling of participants however is that legal provisions are yet to be implemented, that is much to the disadvantage of persons with injuries sustained from road accidents. Studies by, Mwapaura (2019), Mwapaura and Chikoko (2020), and Mwapaura *et al.*, (2021) these persons face discrimination from adequate health care because of expensive medical treatments. The narration above confirms the argument by World Health Organisation (2018), that prohibitive costs is one of the barriers encountered by people with disabilities when they attempt to access health care. Affordability of health services is one of the main reasons why people with disabilities do not receive needed health care in low-income countries. This is similar to one of the study findings in Dilla (Ethiopia) which shows that hospitals and health centers charged some amount of money for registration and laboratory service that woman with disability could not afford (Berhanu 2015:180). However, contrary to that case, interviewee 5 managed to get funds through donations to undergo several operations.

### **Social**

Social barriers are one of the barriers that people with injuries sustained from road accidents face. On participants had this to say:



*Employers sometimes believe that the person cannot discharge his or duties that is, perceived disability. As history has shown, disability does not always translate to inability (PWI 4).*

From the Ubuntu perspective, social barriers are related to the conditions in which people are born, grow, live, learn, work and age or social determinants of health that can contribute to decreased functioning among people with disabilities. Here are examples of social barriers, people with injuries are far less likely to be employed. Adults aged 18 years and older with injuries are less likely to have completed high school compared to their peers without injuries. People with injuries are more likely to have income people without injuries. Children with injuries are more likely to experience violence than children without disabilities.

The testimony also indicates that the human rights of persons with injuries sustained from road accidents are disregarded by those without injuries. In relation to Article 23 (1) of the United Nations Declaration of Human Rights, states that everyone has a right to work and protection against unemployment (UN, 2015:48). Locally, Section 22 of the Constitution of Zimbabwe Amendment No.13 of 2013 articulates the rights of people with disabilities to employment, a life with dignity and respect. The wide-ranging feeling of participants however is that this constitutional provision has not yet found expression within the current legal instruments such as statutes and policies, much to the disadvantage of persons with injuries sustained from road accidents.

### Transportation

The findings show that transportation barriers are one of the barriers that people with injuries sustained from road accidents face. One of the participants had this to say:

*We face challenges in day to day living, from those who we stay with, or those who we work with, to those whose vehicles transport us, they cannot understand injuries (PWI 1).*

Transportation barriers are due to a lack of adequate transportation that interferes with a person's ability to be independent and to function in society. Examples of transportation barriers include lack of access to accessible or convenient transportation for people who are not able to drive because of vision or cognitive impairments, and public transportation may be unavailable or at inconvenient distances or locations.

## Recommendations

- To ensure inclusivity, the Ministry of Transport and Infrastructure Development should procure buses accessible for persons with injuries sustained from road accidents. The current ZUPCO buses are difficult to board for them.
- There is a need to raise awareness among all stakeholders including government, civil society organisations, private voluntary organisations and citizenry to safeguard the rights and interests of persons with injuries sustained from road accidents.
- There is a need for the implementation of health programmes that are sensitive to those who sustain road traffic injuries so as to reduce out of pocket costs that push them further into poverty.
- There is a need for construction or renovation of buildings so that they can be accessible to persons with injuries sustained from road accidents particularly their homes, workplaces, places of worship among other places.
- Development workers should prioritise this group in research.

## Conclusion

As discussed above, persons with injuries sustained from road accidents encounter a plethora of barriers which include but are not limited to attitudinal, communication, physical, policy, programmatic, and social. The author used Ubuntu perspective to provide insight on how these barriers posed by the society show lack of care, respect and compassion for persons with injuries sustained from road accidents. A number of recommendations are also given so that several stakeholders, especially those that have a mandate to ensure the wellbeing of this group, can take action. A lot needs to be done to ensure the wellbeing of persons with injuries sustained from road traffic accidents.

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