

**Livelihood occupations of women with disabilities in Bulawayo, Zimbabwe: A
case of Occupational Injustice?**

By

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Therapy) in the Faculty of Medicine and Health Sciences at Stellenbosch**

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DECLARATION

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Abstract

Introduction: Globally, persons with disability are faced with unemployment and reduced income opportunities, with an outlook that is worse for women. Barriers to employment tend to be severe for women with disabilities who occupy marginalised positions in labour markets. ‘Livelihood occupations’ are conceptualised for this research to denote everyday activities, including those that are non-sanctioned, that are done for subsistence and survival, and to broaden presentations of activities normally termed ‘work’, ‘employment’, ‘job’ or ‘productivity’ that people do for monetary and non-monetary gain. Livelihood occupations of women with disability and the experiential features thereof, are not well understood

Methodology: In this dissertation, an analysis of experiences in livelihood occupational engagement for livelihoods is done using interpretative phenomenological analysis.

Firstly, a scoping review was done to map literature on experiences of livelihood occupations for women with disability. The framework proposed by Arksey and O’Malley, and PRISMA extension for scoping reviews guidelines were utilized to guide the five-stage scoping review. Data from selected sources were further synthesized using deductive qualitative content analysis to fit experiential components into equity categories determined a-priori from the Equitable Total Rewards model. The equity perspective was applied to explore how experiences connote equity or lack thereof.

Secondly, purposive sampling was used to select twelve participants. Nine participants were recruited from two disability organizations and three were approached individually and directly to diversify participants’ range of experiences. Twelve semi structured interviews were conducted, audio recorded, transcribed verbatim, and analysed using an interpretative phenomenological approach. To ensure trustworthiness, consistent and iterative meetings to discuss data collection and analysis were done between the researcher and supervisors.

Findings: From the scoping review, fifteen sources, mainly from high income countries, were identified. Aspects of benefit and career inequity were largely evident in the experiences of the women across all sources. From the interpretative phenomenological analysis, five superordinate themes were identified. Theme 1:

'Framing livelihood occupations' was foundational to the four experiential themes; Theme 2: 'Disability is always present'; Theme 3: 'We are not in it alone'; Theme 4: 'Livelihood is part of a larger context' and Theme 5: 'It's more than just engagement'. These findings are then situated into a broader theoretical framework comprised of Occupational Injustice Framework, Bourdieu's 'habitus, capital and field' theory, and Sen's Capability Approach.

Conclusions: The scoping review revealed that there is considerable lack of research on experiences in livelihood occupations in low income contexts calling for further research. Women with disability reported experiencing inability to realize career goals and occupational choice. Participants' experiences show that the women with disability have great resilience, initiative, personal causation, and volition. Intrapersonal resources, such as resilience and will, were drawn on to dispel perceptions of women with disabilities as unable, passive, and dependent. Extra-personal factors, such as relationships, COVID19, policies, opportunities, stigma, and discrimination, were influential in shaping experiential facets of livelihood occupational engagement. Occupational therapists can benefit from an understanding of experiential features of occupational engagement for livelihoods to incorporate community participation for women with disability.

Key words: Disability, livelihoods, occupation, equity, engagement, injustice, capabilities, habitus.

Definition of terms

Capabilities - the ability to achieve. Capabilities, “are notions of freedom, in the positive sense: what real opportunities you have regarding the life you may lead” (p.36)(1).

Capital - Material and non-material attributes individuals or collectives may possess. Capital is classified into cultural, social, economic and symbolic capital (2,3).

Cultural capital - Signifiers of cultural competencies such as educational qualifications, skills, knowledge, tastes, codes, norms and rules, communication; that apply to certain fields (4).

Employment - Employment is defined a work agreement between an employer and an employee who is aged 15 years or older and works for at least one hour a week for some payment, either for a wage or for profit, or commission, or without pay in a family business. Employees, self-employed or family workers are covered. Illegal workers are included (5,6) The employer typically controls what the employee does and where the employee works (7).

Competitive employment - Competitive employment is work or a job that occurs in the community, takes place in the integrated, mainstream labor market, and one in which the worker is full- or part-time and compensated for their work by means of a wage and other benefits (8–10).

Disability - the result of interactions between health conditions and environmental and personal factors (11).

Economic capital - defined by Sen and Bourdieu as assets, wealth, finances, work and property (3).

Equity - equity in is the absence of systematic disparities between groups with different levels of underlying social advantage/disadvantage—that is, wealth, power, or prestige with conditions that allow all to participate, reach their full potential and prosper (12,13).

Field - Bourdieu conceptualises fields as the various social and institutional arenas in which people compete for the distribution of different kinds of capital (14) for example

networks, family, school, work, social groupings or sets of relationships which may be intellectual, religious, educational and cultural (15).

Functionings - the various things a person may value doing or being (16) which include working, resting, being literate, being healthy, being part of a community, being respected, and so forth (17).

Habitus - “The way society becomes deposited in persons in the form of lasting dispositions, or trained capacities and structured propensities to think, feel and act in determinant ways, which then guides the individual” (p.16) (38).

Health - A state of complete physical, mental and social wellbeing and not merely the absence of disease or infirmity (18).

Livelihood - A combination of the resources used and the activities undertaken in order to live or activities and interactions that emphasizes the diversity of ways people make a living (19).

Livelihood creation - The term is conceptualised for this study to mean the act of engaging in an occupation for the purpose earning livelihoods assets. Livelihood creation is subsumed within livelihood occupations.

Livelihood occupations - The term ‘livelihood occupations’ was conceptualised for this research to denote any everyday activities that are done for subsistence and survival, and to broaden presentations of activities that people do to earn money and non-monetary gain including occupations that are non-sanctioned. The term livelihood occupations denotes occupations with a particular livelihood-creation purpose.

Marginalisation – A multidimensional process, and a condition, that prevents individuals or groups from full participation in social, economic and political life (20). “Marginalisation describes the position of individuals, groups or populations outside of ‘mainstream society’, living at the margins of those in the centre of power, of cultural dominance and economical and social welfare” (p.7) (21).

Non sanctioned occupations - “Occupations that, within historically and culturally bound contexts, tend to be viewed as unhealthy, illegal, immoral, abnormal, undesired, unacceptable, and/or inappropriate” (p.342) (22).

Occupation - Personalized "everyday activities that people do as individuals, in families, and with communities to occupy time and bring meaning and purpose to life" (para. 2) (23). These activities include "connotations of income,...levels of skill and educational entry requirements, and therefore lifestyles; sets of options, values and attitudes and therefore political behaviours; collectives of work-based friendships, and therefore group identity; social prestige and therefore influence outside of the work setting ..." (p.19) (24).

Occupational Injustice - the non-availability of "equitable opportunity and resources to enable people's engagement in meaningful occupations" (p.212) (25).

Occupational Justice - "The promotion of social and economic change to increase individual, community, and political awareness, resources, and equitable opportunities for diverse occupational opportunities which enable people to meet their potential and experience well-being" (p. 257) (26).

Social capital - Social and personal networks, associations with certain titles and positions of influence (27).

Symbolic Capital - Commonly designated as prestige, authority. "...the acquisition of a reputation for competence and an image of respectability and honourability..." (p. 291) (28).

Social Justice – "The fair and equitable distribution of power, resources, and obligations in society to all people, regardless of race or ethnicity, age, gender, ability status, sexual orientation, and religious or spiritual background" (p.2795) (29).

Wellbeing - a state of overall contentment or perceived state of harmony with one's physical/mental health, self-esteem, sense of belonging, personal and economic security, and with one's opportunities for self-determination, meaningful occupation, maintenance of valued roles, and ability to contribute to others (26).

List of Abbreviations

IPA – Interpretative Phenomenological Analysis

NCDPZ – National Council of Disabled Persons Zimbabwe

UN – United Nations

FODPZ - Federation of Disabled Persons of Zimbabwe

SAFOD - Southern African Federation of Disabled Persons

UNCRPD – United Nations Convention of the Rights of Persons with Disabilities

WFOT – World Federation of Occupational Therapists

WHO – World Health Organisation

GDP – Gross Domestic Product

HIV/AIDS – Human Immuno Virus/Acquired Immuno Deficiency Syndrome

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Preface

“Behind every qualitative thesis there is a story—an impetus for engaging in the research...” (p.1495) (30)

The beginning

My academic interest in livelihood creation as an occupation stems from completion of undergraduate studies and then practising as an occupational therapist in Zimbabwe, a country that has faced socio-economic challenges. The desire to know more about what I perceived to be the realities and real needs of people in general and persons with disability in particular, gave impetus to my interest developing into this dissertation. The *real needs*, I presumed, included survival in difficult circumstances. My thinking was captured in the following chronology of thought, which was prompted by one of the facilitators of the pre-doctoral course I attended during my initiation into doctoral scholarship:

Once upon a time researchers believed that: *occupations (things that people do) could be used to improve health and wellbeing, especially if the occupations have meaning...*

But then I thought that maybe: *I could look at how this philosophy applies in contexts that are typified by poverty, inequality and lack of resources, where survival and livelihood take precedence...*

So what I will do is: *to look at how issues or dimensions of occupational injustice embedded themselves within the occupations that marginalised populations, such as women with disabilities, engage in, and to explore what these occupations are and how they are structured...*

And I expect that I might find: *that the experiences of women with disabilities point to occupational injustice characterised by limited choice and participation in occupations that do not promote inclusion...*

Which could change the way that we: *have to approach occupational therapy interventions to focus more on occupational injustice, promoting livelihood creation and survival in addition to activities of daily living, leisure and work (which is mainly viewed as being employed).*

Am I a feminist?

I was asked by one of the facilitators during my pre-doc course whether I was a feminist. The question was based on the focus of my attention on women as research participants and the notion of justice as espoused in the occupational injustice framework, capabilities approach and Bourdieu's habitus-field-capital concepts. Upon reflection, I would think that indirectly, and perhaps secondarily (as a consequence of having embarked on this doctoral journey), I may be one. Primarily, my pre-occupation was with occupation and social injustice, an inclination that manifested from my tertiary schooling, disability advocacy and work experience.

Perhaps the feminist in me owes its genesis from my upbringing, wherein my mother experienced what I can refer to as *rough and tough times* raising me, my sister and her siblings. I identify with the suffering of a woman, my mother in particular, and the generality of women living in a patriarchal and unforgiving societies. I also identify with persons with disability and their challenges (see section on my positioning in the disability field and its influences on the research project in this preface). The greater part of literature pertaining women with disability has been written by women themselves; some have spoken in anger and with bitterness, while others seems to celebrate surmounting challenges (31). This dissertation adds the voice of one more man to the discourse. In the study the pronouns 'her' and 'she' are used to refer to persons in general; considering that the study is centred on women. No prejudice is intended by not specifying other sexes. The pronouns 'his', 'he' and 'him' are used where there is need for specific reference to males, male authors or to the researcher

Understanding IPA

Phenomenology is not for solving problems or fulfilling research questions per se. It starts with wonder. Wonder is a disposition. Wonder cannot be simply caused (32).

My social positioning is of a somewhat privileged, heterosexual and educated man with inclinations and curiosities on occupation and disability that are informed by my background already alluded to. I am also, to an extent, confronted by similar hardships that every other individual in Zimbabwe is faced with, day to day. My choice of a qualitative research paradigm responded well to notions I hold, that at times what people want out of doing is the experience, the feeling and the sensation of having done or participated in doing. My notions are also that one's view of the world cannot

be separated from who one is, or ideas that one already has about the world we live in.

The initial confusion between hermeneutic, interpretive and interpretative phenomenological analysis took time to clear. With my background and clinical practice I then sought interpretation, which drew me to the interpretative dimension of phenomenology. I had preconceived notions around disability, occupation and justice. I could not keep these preconceived notions at abeyance, more so, due to the desire to reconcile them with what was actually on the ground as depicted by the experiences of women with disability in their endeavours to earn a livelihood.

Theoretical Frameworks

My initial encounter with Bourdieu's conceptual canon was through proofreading a D. Phil (Health Studies) research project by one of my mentors titled: A Medico-judicial framework for the rehabilitation of forensic psychiatric patients in Zimbabwe (33). I became fascinated with the concepts of habitus, field and capital and how these were applicable in explaining my position in various social spaces, which included the disability fraternity. These concepts would henceforth influence my navigation within and between these social spaces. Most importantly, and in relation to this dissertation, the concepts helped explicate my position relative to that of the research participants and to that of my supervisors.

I would have *light bulb moments* during sleep where I would come up with how conceptualisations of the theoretical frameworks and their various components would confluence, especially in relation to my research concept.

Choice of research paradigm

Drawing on further reading during the course of my research project, I got to appreciate that interpretative phenomenology is a relatively novel methodology with comparably low utilisation in occupational therapy research. However, it is an important methodology within the context of occupational science with the component of occupational injustice and its elements of occupational apartheid, imbalance, deprivation and marginalisation; all of which are best viewed and explained from an experiential viewpoint. Furthermore, the choice of the research paradigm was confirmed with the realisation that co-construction of knowledge is not only an event

between the researcher and the researched but also between the researcher and supervisors (as gatekeepers of an epistemic community). As such, for this research the epistemology utilised was not based on authoritative knowledge; instead, it allowed for broadening of the creative horizon of the researcher. Throughout the dissertation, I use the phrase, 'the researcher' - to refer to myself. This form of writing is most comfortable because it stems from the way I was taught to report research from Bachelors level.

My position in the disability “field” and its influences on the research project

An occupational therapist can be an agent of change (Townsend & Polatajko (34))

Since completion of my Bachelors qualification and becoming an occupational therapist, I have been involved in voluntary disability advocacy work as; Vice Chairperson of Epilepsy Support Foundation, Vice Chairperson of the Regional Advocacy Committee of the National Society of Associations for the Care of the Handicapped and member of a National Taskforce on the development of the Zimbabwe National Disability Policy. I was also the team leader for Bulawayo Metropolitan Province in the Living Conditions Among People with Disability Survey and a focal person on disability issues in the 2012 census for Bulawayo Province.

The impression I got from my interactions in these various activities was heavily inclined towards the notion that people with disabilities in general, and especially women, are marginalised. Essentially, the playing field was skewed against them in terms of capital. The only capital women with disability seemed to derive was that which they got through their association with other people with disabilities. On the other hand, my assessment also pointed me towards the view that people with disabilities experienced 'felt stigma' and therefore marginalised themselves, that is, their habitus directed them at projecting themselves as a helpless group. The notion of reflexivity was not applicable only to me but I questioned whether the participants would also be reflexive individuals and evaluate their own habitus, so to speak, and identify how they themselves are enablers or hindrances to their own transformation and emancipation to achieve their livelihoods.

My battle with anxiety and depression

Growing up, I had always been a shy, quiet, reserved and low esteemed person. My culture made me regard these attributes as *a just regular* attribute, considered to be part of the male personality. However, my culturally engrained acceptance of these attributes reinforced those aspects of my personality which became more pronounced and pathological over time and culminating into part of a disabling episode of depression and anxiety that would require treatment. I never really came close to disclose what I was suffering from to my supervisors. I did not want to appear weak and I did not want to give excuses to them and to myself. The impact of the anxiety and depression on my studies and identity as a doctoral scholar, board member and head of an occupational therapy department was huge and negative. I missed deadlines and found it difficult to be a participating and/or leading member of the respective collectives I belonged to. This deeply personal experience I had with anxiety and depression influenced my studies in untold ways, as I would reflect on the internal battles that I had, and juxtapose them to similar or worse faced by my research participants, women with disability and the collective or persons with disability. I was continuously reflexive on these experiences during the research process.

Structure of dissertation

Chapter One: Introduction

This chapter introduces the study and outlines the study context, the aims and objectives. The chapter outlines disability in general and narrows this outline from the global context to the study context, and to women with disability in particular. It also gives a brief overview of the development of occupational therapy in Zimbabwe, justifying why the study was necessary and what it might contribute to the body of knowledge and to the practice of occupational therapy.

Chapter Two: Literature Review

This chapter comprises a scoping review of literature on livelihood occupations of women with disability was presented. The concepts of livelihoods and occupations are scoped and an equity perspective is utilized to analyze the literature.

Chapter Three: Relevant Conceptual Frameworks

Relevant theoretical frameworks are presented namely; Bourdieu's habitus and field conceptual framework, Sen's capabilities approach and the occupational injustice framework. Emphasis is placed on how these frameworks interface with livelihood occupations of women with disabilities.

Chapter Four: Methodology

This chapter presents the methodology and study methods. A conceptual background is given on the use of phenomenological inquiry, particularly interpretative phenomenological. The use of interpretative phenomenological analysis in this dissertation is justified.

Chapter five: Methods

This chapter will provide a step by step outline of how the study was conducted, including, sampling, data management and analysis procedures. Importantly, the chapter details how the researcher drew on the aforementioned theoretical frameworks to attend to reflexivity issues.

Chapter Six: Results

Data analysis is presented in this chapter. Results of a synthesis of participants' experiences in while engaging in livelihoods occupations is provided. The chapter describes the livelihood occupations that women with disabilities performed starting with Theme 1: 'Framing livelihood occupations', which illuminated the push-pull factors that were foundational to the four experiential themes; Theme 2: 'disability is always present'; Theme 3: 'we are not in it alone'; Theme 4: 'livelihood is part of a larger context' and Theme 5: 'it's more than just engagement'.

Chapter Seven: Situating experiential components into theoretical framework

An occupational injustice lens is used to situate participants' experiential facets of their livelihood occupations within the different components. This informed development of a nexus drawing on Sen's and Bourdieu's theoretical frameworks described in Chapter Three.

Chapter Eight: Discussion, Conclusions and Recommendations

The dissertation is concluded by summarizing the study findings and outlining the ways in which the study findings might contribute to the development of occupational therapy in Bulawayo, Zimbabwe. The chapter serves as a platform to highlight reflexive issues and cast a spotlight on experiences of the researcher during the whole research process and production of the final report.

CHAPTER 1: Introduction

We not only want a piece of the pie, we also want to choose the flavor, and to know how to make it ourselves. (Ela Bhatt, founder, Self-Employed Women's Association (SEWA) (35)

1.0. Introduction

The discipline of occupational therapy is premised on the philosophy that humans are occupational beings who actively engage in pleasurable, productive and restorative occupations (36) to influence their health, wellbeing and survival (26,37). Health and well-being are desirable outcomes of successful engagement in livelihood occupations of choice. The concept of wellbeing refers to “a state of overall contentment—or perceived state of harmony—with one's physical/mental health, self-esteem, sense of belonging, personal and economic security, and with one's opportunities for self-determination, meaningful occupation, maintenance of valued roles, and ability to contribute to others” (p.108) (26). Wellbeing intersects with this study's dominant themes of experience and meaning.

Contemporary occupational therapy thinking, premised on occupational science, calls for viewing occupation with a context-oriented lens that emphasises meaning and experiential features of occupation. In the sub-Saharan African context, occupational therapists practice to a large extent in settings that are poorly governed and under-resourced, which has bearing on the meaning placed on occupations and how occupations are experienced. The users of occupational therapy services in these settings are more often than not, individuals or groups that are marginalised, poor, powerless and lacking opportunities, for example women¹ with disability. This study uses an occupational justice lens, leaning on Sen's Capability Approach and Bourdieu's concepts of habitus, field and capital, to analyse the occupations that women with disability do for survival, and the experiential components thereof, in a context characterised by a deteriorating economic climate.

¹ The words 'women', female are used in this study and female pronouns 'her' and 'she' will be used throughout the study and where there is specific reference to males the words males or men will be used.

As one of the essential services health delivery systems, occupational therapy can benefit from incorporating insights from occupational science² into practice, particularly occupational justice³. Occupational justice enables focusing more towards fostering a just and inclusive world, that gives individuals and groups an opportunity to participate and function optimally in their day to day occupations (38,39). Having such a focus can make the profession more contextually relevant. People need the essentials that produce health and wellbeing, and occupational therapy is founded on the philosophy that engagement in occupations is one of these essentials. The Universal Declaration of Human Rights (40) encompasses civil rights, one of which is relevant to this dissertation, namely, the right to freely choose one's occupation, be paid and treated fairly. Therefore, an understanding of occupations that are done by individuals or groups of people who mostly use the services is also necessary.

This study explores the livelihood occupations that women with disability in Zimbabwe engage in, and their experiences of these occupations within a context of poverty, economic collapse and hardship. The term 'livelihood occupations' was conceptualised to denote any everyday activities that are done for subsistence and survival, and to broaden presentations of activities that people do to earn money and non-monetary gain. This include the terms 'work', 'employment', 'job' or 'productivity', used in literature and dominant occupational therapy models. Within this conceptualisation, livelihood occupations include everything that people do to earn an income (or a living). Even occupations that are non-sanctioned, i.e., illegal, unhealthy or deviant occupations are included. The term livelihood occupations denotes occupations with a particular livelihood-creation purpose. Such a lens is especially relevant in low-to-middle-income countries, where livelihood occupations might be more diverse and less conventional than in higher income contexts. This thinking resonates with the argument that there is questionable value in categories of work and other occupations that are standardised, especially when these are named and valued differently by different cultures (41) and provides impetus to build a rationale for

² Occupational Science is the study of humans as occupational beings (528) and it addresses minimally the substrates, form, function, meaning, and sociocultural and historical contexts of occupations(529). It seeks to define occupation, its value, meaning, complexity and commonality (530). Occupational science offers a broad view on human occupations a part of an active process of living and include more than work (531).

³ Occupational justice is a concept central and it is the promotion of social and economic change to increase equitable opportunities for diverse occupations. The concept is discussed further in chapter 2.

scholarships that embrace a more inclusive understanding of human occupations (22). The term 'livelihood occupations' is used in this study with a view to link occupational terminology to contemporary political, economic, spatial and cultural conditions within which such occupations occur, and also to reflect the purpose for which such occupations are engaged in, which shapes meaning and experience. Payne's (24) conceptualisation of occupation includes "connotations of income,...levels of skill and educational entry requirements, and therefore lifestyles; sets of options, values and attitudes and therefore political behaviours; collectives of work-based friendships, and therefore group identity; social prestige and therefore influence outside of the work setting..." (p.19). The conceptualisation is by no means exhaustive. The concept of 'occupation' also connotes health and wellbeing, experience and meaning (42,43). In this study these occupations include those considered maladaptive but are a means of subsistence, achievement of self-sustenance and survival. These occupations are not necessarily a component of the open labour market, gainful employment or competitive employment; where competitive employment is defined as work in a job that meets the following four criteria: pays minimum wage or higher; is located in a mainstream, integrated setting; is not set-aside for mental health consumers; and is [not] consumer-owned (44).

Zimbabwe is one of the countries on the African continent that has not been immune to socio-economic-political challenges. The country is struggling to recover from more than two decades of political, economic and social upheaval. Social protection systems are weak or non-existent. The country has outlined various policies that include the National Development Strategy 1 (NDS 1) (45). Through the NDS 1, the government aims to improve livelihoods for the poor and vulnerable who include persons with disabilities. Specifically, the aim is to increase the number of people with improved adaptive, absorptive, transformative resilience.

Determinants such as chronic poverty, unemployment and inequality that typify the lives of people living in the country (46,47) potentially present unique circumstances affecting human occupation. Bulawayo⁴ in particular, has been affected by de-

⁴ Bulawayo, the study setting, is the second largest capital city of Zimbabwe and was until the advent of economic challenges the manufacturing hub of the country. It is also the capital of the western region

industrialization⁵ that “has worsened the plight of its citizenry that largely depended on the manufacturing hub” (p.2) (48). In situations such as this, there is scarcity of services and opportunities (including employment, both formal and non-formal) which leads to entrenchment of extant poverty-disability interdependency and worsening the plight of those in need (49).

During the course of this study the world was affected by the COVID19 pandemic. Industries and business had to be shut in what was called ‘lockdowns’ to limit the spread of the infection. In economies driven by informal trade, such as in Zimbabwe, the closure of markets and restrictions on movement largely affecting the poor, who include most persons with disability, whose household economies are anchored on occupations such as vending with an ultimate objective of survival. Tolerance of persons with disability⁶ tends to diminish during such periods of hardship (50) and women with disability are more affected as they suffer multiple prejudices. The possibilities for occupational justice are consequently limited (51), especially for disadvantaged groups that include women with disability. For women with disability, occupation, including work, can provide a trajectory towards personal development, financial independence and can be a source for social gain (52).

Against such a background, the discipline of occupational therapy needs to embrace an enabling approach that promotes participation in society. The thinking around application of occupations as interventions to remedy dysfunction and/or improve health and wellbeing has to be extended beyond regarding occupations as a hospital, clinical or institutional phenomenon. This thinking is also applicable to populations that are ‘well’. At the macro level occupational engagement and/or performance occurs in community contexts which have their own peculiar political, policy, cultural and economic contexts. At the micro level the person engaging in an occupation is unique and has intrapersonal factors interacting with inter and extra-personal factors in the performance of the occupation. Operating at these micro and macro levels within the

that was traditionally home to the Ndebele tribe and associated minority tribes such as the Nambya, Tonga, Kalanga, Venda and Xhosa

⁵ De-industrialization is defined as a sustained decline in the share of manufacturing in both employment and GDP (532). This may be caused by retrenchments, closure or transfer of industrial businesses.

⁶ The term ‘person with disability’ or its plural will be used, throughout the study, consistent with the terms used in the UNCRPD (80). Where there will be need to be gender specific ‘men/man with disability’ or ‘woman/women with disability’ will be used.

African context is the person seeking occupational therapy services who is most likely part of the minority, powerless, vulnerable and marginalized. Therefore, there is need for the occupational therapy profession to move away from largely impairment-based interventions and embrace an approach that encourages societal transformation; to promote social inclusion for vulnerable populations whose need for occupations may go unnoticed, especially persons with disability.

Hammel (53) observes that as a profession, occupational therapy has paid less attention to assessing whether people's contexts provide the right mix of conditions to the occupations they would like to do and the occupations *they have the right*⁷ to do. With a voice largely absent during the UN Millennium Development Goals' time frame⁸, occupational therapy practice can cement its relevance in the Sustainable Development Goals⁹ agenda and create resource for solving problems beyond the "triad of privileged occupations" (53). Women with disability can and want to be productive members of society but they have limited possibilities of overcoming their disablement and as such taking part in community life is made more difficult (54). The spectrum of occupations they engage in is restricted and not much is known about their livelihood occupations and wellbeing.

1.1. Disability, Poverty and Occupation

1.1.0. The application and meaning of disability

Defining disability is a contentious issue that is influenced by various models, contexts, and epochs and for different purposes. An impairment is a prerequisite to disability,

⁷ Researcher's emphasis.

⁸ Millennium development goals – these were adopted by global leaders at the Millennium Summit in September 2000. The declaration committed nations to a new global partnership to reduce extreme poverty and setting out a series of targets, with a deadline of 2015. The first MDG is to reduce extreme poverty and hunger while the next six focused on the underlying causes of poverty, such as lack of access to education, health care, and employment; gender inequality; poor housing conditions; and environmental degradation. The eighth goal was to develop a global partnership for development, and focused on how the industrialized countries could work with the poorer countries to enhance the latter's standard of living (www.adb.org).

⁹ These were adopted at the expiry of the MDG timeframe. With a deadline of 2030, this framework has 17 goals and 169 targets. The commitment is to end poverty and hunger; to combat all forms of inequalities; to build peaceful, just and inclusive societies; to protect human rights and promote- gender equality and the empowerment of women and girls; and to ensure the lasting protection of the planet and its natural resources. Emphasis is also on the creation of conditions suitable for sustainable, inclusive and sustained economic growth, shared prosperity and decent work for all (533).

but it is only one of the factors, along with the person's other characteristics (e.g., age, gender, race), the resources available, and the environment, that lead to capability or functioning deprivation (55). Within this research the definition of disability follows the approach taken by Washington Group of Disability Statistics and looks at a person's inability to do some things on the background of an existing impairment. The Social Model of Disability conceptualisation is of essence. It is worth emphasizing that in terms of the social model, disability resides in a nexus of social relationships connecting those socially identified as impaired and those deemed non-impaired or "normal", relationships that worked to exclude and disadvantage the former while promoting the relative inclusion and privileging of the latter (56)

An impairment may be observable or not observable. Impairments that may not be immediately noticeable include mental health disorders and neurological conditions such as epilepsy. Disability was determined via a verbally and subjectively reported inability to do an activity by the respondent, and this had to be verifiable through observation by the researcher. For the purposes of this study, Disability was defined by using the Washington Group Questions (WGQ) on Disability (see Appendix 15). If an individual has "some difficulty" with two or more of the six questions, or has "a lot of difficulty" or is "unable to do" for one or more questions, they may be categorized as a person with activity or functional limitations, and categorized as 'disabled' A person is considered disabled if she is limited in the ability to work (57). This focus on work performance, that is, on work functioning, was somewhat convenient for the researcher, because work is an observable variable from which an individual's disability can be inferred (55).

1.1.1. The Global Context

Poverty leads to increased disability, which in turn leads to increased poverty (58–61). The effect of poverty on people with disabilities is profound. According to Narayan and Petesch (62), poverty infringes on the fundamental human rights of persons with disability, depriving them of the means of livelihood creation and basic necessities of life including, health, education, safe water, food, shelter and clothing.

According to the World Health Organization Disability Report, more than a billion people are estimated to live with some form of disability and this constitutes about 15% of the world's population (63). The report goes further to acknowledge the plight

of persons with disability by highlighting that, on average, persons with disability and households with a disabled member experience higher rates of deprivation. It is also estimated that of the world's poorest people, meaning those who live on less than one dollar a day and who lack access to basic necessities such as food, clean water, clothing and shelter, one in five is a person with disability (64).

Globally, persons with disability are faced with unemployment and they have reduced income opportunities, with an outlook that is worse for women (65). Research has shown that women with disability earn lower wages than their male counterparts and women without disabilities (66–68). Disparities in employment have been shown to cause low self-assessed quality of life for women with disability (69). Barriers to employment tend to be severe for women with disability who have been observed to occupy marginalised positions in labour markets (66) and lack career development opportunities (70). McKinsey (71,72) showed that women's jobs have been 1.8 times more vulnerable in the COVID19 crisis when compared to men's jobs. Further, women have reported experiencing exhaustion and burnout at work and take the major responsibility for domestic duties as caregivers (71).

Access to work has been placed as the panacea to overcoming exclusion, marginalization and the disability-poverty cycle (73–76). Also, it has been contended that lower rates of participation in the labor market are one of the important pathways in which disability leads to poverty (74,77–79). While there seems to be consensus on the importance of work as one of the thematic areas for disability is concerned, employment rates for persons with disability remain lower, as compared to the overall population of persons without disabilities worldwide. According to data collected from several countries women with disability are generally underrepresented in productive activities with employment rates of 52.8% for men with disability and 19.6% for women with disability (61). International conventions and treaties such as the UNCRPD (80) and The Standard Rules on Equalization of Opportunities for Persons with Disabilities (81) mandate both high and low-to-middle income countries, to take responsibility and cooperate in taking measures for the improvement of living conditions of persons with disability in low-to-middle income countries. In particular, Article 27 of the UNCRDP recommends recognizing the right of persons with disability to work on an equal basis with others; this includes the opportunity to gain a living by working freely in chosen or accepted work environments that are open, inclusive and accessible to people living

with disabilities. Notwithstanding, Kotze (82) points out that the lives of the majority of persons with disability in Southern Africa are characterized by severe poverty and deprivation; lack of access to most essential services; low levels of education (and therefore high levels of illiteracy); limited access to formal employment and other income-generating opportunities; social marginalization; and, a high level of vulnerability to HIV infection.

In the African context over half of the countries have a current disability policy and that the majority of countries have ratified the UNCRPD (83). Further many of the countries that have neither ratified the UNCRPD nor implemented national policies on disabilities are characterized by conflict and/or weak or absent governments (83). In the South African context, the Small Enterprises Finance Agency (84) notes that:

“financial institutions regard entrepreneurs with disabilities as high-risk funding applicants; entrepreneurs with disabilities often lack access to entrepreneurial education and mentorship; and broad-based stigma around disability means they must innovate for market share. These realities, and the fact that having a disability costs money – for assistive devices, for example – collude to make it exceedingly difficult for persons with disabilities to fulfil their entrepreneurial potential and ambition”.

Additionally, other researchers (85) have documented challenges such as lack of equipment and machinery, discrimination, business networking, hardships in obtaining start-up capital, knowledge of support centres for entrepreneurs living with physical disabilities, and lack of education and training. In a study meant to build capacity for entrepreneurs with disability in Cape Town, South Africa, challenges that were identified through analysis from the experiences of participants were starting with nothing, lack of capacity and complexity of establishing working relationships (86).

1.1.2. The Zimbabwean Context

The prevalence of disability in Zimbabwe is 7% according to the Living Conditions Among People With Disability in Zimbabwe survey (87). The country has faced political, economic and social strife since the late 1990s and has been characterized as a failed state (49). The socio-politico-economical strife is coupled with a high disease burden from non-communicable diseases and communicable diseases with

the top four causes of Disability Adjusted Life Years (DALYs)¹⁰ being HIV/AIDS, lower respiratory infections, diarrheal disease and tuberculosis (88). As a result the prevalence of disability may rise.

The country's population as per the latest census conducted in 2022 was at 15 million inhabitants (89). In Zimbabwe, there are more women (52%) than men (48%) and the life expectancy is higher for females, at 62 years than for males, at 59 years (90–92). This mirrors the prevalence of disability which is higher for women than for men (12.9% versus 9%) (60,87,93). Women are more likely than men to be disabled in their lifetime (94) with the mean age of disability onset being 32.7 years (95). Disability and being a woman are 'minority' identities that can interplay to accentuate the burden of discrimination because of the perceptions of disabled and feminine bodies as weak (31,96,97). Added to these, are other categories of difference that include geography, ethnicity, sexual orientation, religion, race and creed which can make women with disabilities a group with multiple-minority status (98).

Retrospectively, the outlook of the country had changed with the ushering in of a unity government in 2009. However Chitiyo and Kibble (99) highlighted that though the economy stabilized from 2009 to 2013, the gains in economic growth were 'dead' growth, that is, growth indicators yielded and reflected impressive figures that in reality did not result in any substantial increases in human development indicators or employment.

The country has also attempted to enhance its disability data by initially incorporating a question that captured disability data in the 2002 census data collection questionnaire. This was followed by a more detailed survey done by SINTEF (100) which revealed that people with disabilities made up 10% of the population in Zimbabwe and that the unemployed/inactive portions of mild, moderate, severe and very severely disabled were 70.6%, 70%, 78.5% and 83% respectively. With the economic crisis in Zimbabwe, and in view of the recently upgraded global disability prevalence estimates of the proportion of people with disabilities worldwide by the World Health Organization (63), these figures are likely to be higher now. The SINTEF survey was followed by other notable studies which confirmed the adverse challenges

¹⁰Disability adjusted Life Years are the sum of years of healthy life lost due to premature death (YLL) and years of life lost through disability/years lived with disability (YLD) (534).

faced by persons with disability and lack of disability data; these were The Forgotten Tribe: People with disabilities in Zimbabwe (101), a scoping study by Lang and Choruwa (102) and the National Living Conditions of People Living with Disabilities Survey (87).

The GDP per capita in 2021 was determined to be \$1737.20 (103). However, the country has an uneven distribution of wealth with over 72% of the population living below the poverty datum line (104); as far as employment is concerned, only 10% of the population is formally employed while close to 71% is in informal employment (88). In Zimbabwe the need for justice and equalization of opportunities for persons with disability is acknowledged in the Disabled Persons Act (105). The act called for the establishment of the Disability Board whose mandate is to, inter alia, develop mechanisms:

1. to achieve equal opportunities for disabled persons by ensuring, as far as possible, that they obtain education and employment, participate fully in sporting, recreation and cultural activities and are afforded full access to community and social services;
2. to enable disabled persons, as far as possible, to lead independent lives;
3. to encourage and put into operation schemes and projects for the employment of or generation of income by disabled persons who are unable to secure employment elsewhere;
4. generally, to improve the social and economic status and condition of disabled persons and to advance their interests;
5. to keep measures for the welfare and rehabilitation of disabled persons under constant review and to reassess and evaluate those measures in the light of experience.

In addition, the country also has an advisor for disability issues in the Office of the President and Cabinet. The country has recently introduced a disability policy; in the preamble, President Mnangagwa undertakes to uphold the rights of person with disability to enable them to occupy space in all facets of life including in employment, education, healthcare, housing, music, sport, disaster risk management and many other areas (106). Further, The Ministry of Public Services, Labor and Social Services, as the ministry responsible for disability affairs, stated the policy's aim to "explore,

create and strengthen opportunities for among other things, decent work, protection of labor rights, as well as promotion of access to information, education, healthcare, housing and justice by persons with disabilities” (p.5) (106). However, the Government has not developed the necessary administrative infrastructure for its effective implementation.

Traditionally the disability fraternity in Zimbabwe as well as policy makers have raised issues with regards to the inadequacy of disability data. As a response to these concerns, the data collection questionnaire used in the 2012 population census included a more detailed section that was directed at collecting a disability specific data set from the each of the respondents’ households. The Millennium Development Goals Status Report (46) acknowledged the plight of disabled people by noting people with disabilities face a slightly higher prevalence of extreme poverty (61%) than people without disabilities (58%). The subsequent report, the Millennium Development Status Report (47) however, gave a cursory glance at funds which are said to have been created to benefit, women, youth and people with disabilities, as indicated earlier in this chapter. The exact amounts of these funds were not specified. The commitment to ensure livelihoods for people with disabilities can thus be questioned. With regards to the plight of women, Lang and Chawora (102) highlight that the plight and situation of women with disability is particularly precarious, as they are invariably subjected to harassment, sexual abuse and exploitation. This is further compounded by the fact that even where the country has scored well on empowerment of women, the country is still patriarchal and just like their non-disabled counterparts, women with disability are less likely than men to benefit from the scant, inadequate services that are available.

Persons with disability continue to voice their dismay at the lack of opportunities for economic empowerment through various forums. For instance, the National Association of Societies for the Care of the Handicapped (107) expressed concern that persons with disability confront social exclusion of people with disabilities on a daily basis in the employment sector where institutionalized discrimination, restrictive practices and negative attitudes conspire to deny people with disabilities employment opportunities. Weak social systems, poverty and inequitable wealth distribution add layers to the experience of disability and the consequent subordinate status of women with disability (108). The livelihood occupations of persons with disability in general,

and women with disability in particular, and the experiential features thereof, are not well understood in Zimbabwe, particularly for Bulawayo, a province historically regarded as marginalised.

1.1.3. The Bulawayo Context

Historically, rehabilitation of disabled people in Zimbabwe typically developed under colonial regimes to serve primarily the colonial elite, and has consisted mainly of modern urban institutions modeled on those of the West (109) and carried over into the post-independence era by postcolonial governments. Examples of such institutions in Bulawayo included Abilities and Jairos Jiri. The funding of these institutions was mainly accommodated under social welfare, with some of it from donors.

Disability issues in the government of Zimbabwe are a mandate of the Ministry of Public Service, Labour and Social Welfare. What this effectively means is that disability remains a social welfare issue. Currently Zimbabwe has no government grant administered through the ministry for those who are marginalized and experience extreme levels of poverty. Rather, the ministry administers seasonal cash transfers in selected districts and selected households in major towns and cities with the aid of international partners. However, there is no empirical evidence on the effect of these cash transfers in the suburbs where they are implemented or the extent to which persons with disability benefit. In Bulawayo, these suburbs include Makokoba, Mzilikazi and Nguboyenja, which are among the poorest suburbs. The reasons why funds cannot be availed in order to support a working grants system is that companies have been closing and this has resulted in the tax base shrinking. This situation makes inquiries on livelihood occupations pertinent.

Chitiyo and Kibbler's (99) observed that there had been more business closures in Zimbabwe than at any time since 2008; emigration has increased, as has the cost of living; and poor service delivery remains an area of national concern. Their observations are more relevant now than in 2014 because of social and economic indicators that have continued in a downward trend. The same observations have been characteristic of the Covid19 pandemic. The common occurrence has been that funding is continuously and arbitrarily cut in times of crises periods. Persons with

disability have thus continued to assume a dependent role, deprived of the opportunities to be proactive in meeting the demands of their own livelihood creation. The new Constitution of Zimbabwe which became operational in 2013 improved its emphasis of disability issues and dedicated Section 83 to outlining disability rights and the responsibility of the government and community as duty bearers towards the upholding of disability rights.

Availability of social safety nets through grants and cash transfers is considered a panacea to extreme poverty, poor standards of living and inequitable income distribution in society (110). In Zimbabwe there is lack of these social safety nets. Albert (56) asserts that unavailability of social nets is extremely problematic as it means that promises of listening to people with disabilities have been empty. Disability remains an issue trapped within a 'special needs ghetto' and the needs of disabled people for equality, dignity, and social inclusion and poverty alleviation remain unfulfilled. Options available to people with disabilities then become limited to survival by, for example, being cared for within their families or communities or by charity and begging (111). Disability has not been mainstreamed into development and there has not been enough attention paid to adjusting policy in line with the shift from a social welfare to a human rights approach.

The disability movement has been vibrant and prolific in Zimbabwe. This is largely attributable to the fact that the struggle against stigma and discrimination for persons with disability occurred concurrently with the struggle for national independence (102). The major disabled people's organizations are headquartered in Bulawayo. Some of these are Federation of Disabled Persons of Zimbabwe (FODPZ), Southern African Federation of Disabled Persons (SAFOD) and the National Disabled Persons Council of Zimbabwe (NCDPZ). These organization encompass women with disabilities but there are organisations that advance the agenda of women with disabilities in Zimbabwe. Examples include the Disabled Women's Support Organisation which is headquartered in Harare. The NCDPZ has two women in the top leadership who are vice presidents. International organisations such as UNDP have also been partnering local organisations such as Leonard Cheshire Zimbabwe to provide women and girls with a platform to learn about their rights and include them in law and policy making processes (112). However concerns are still raised on the extent of coverage and lack of commitment to provide targeted interventions for women with disabilities (113,114).

1.2. Occupational Therapy in Zimbabwe

A brief look at the history of occupational therapy in Zimbabwe highlights its Northern origins and orientation. This history is largely not documented but anecdotal evidence suggests that it can be traced to the pre-independence period when the field was dominated by expatriates. Training of the first cohort of occupational therapists commenced in 1987 at the then University of Zimbabwe Faculty of Medicine under the Department of Rehabilitation. The training was largely Euro-American-centric, and modelled on western literature and paradigms. The Euro-American-centric premise of occupational therapy was moulded around a privileged occupational therapy service user who had access to opportunities and choice to do, be and become what he/she aspires (115,116).

From the preceding paragraph, the calls for constructing an African-centric knowledge and practice base, which will empower the occupational therapy practitioner and the service user, emerge. Currently, the implication is that there is a gap between the service provider and service user, who probably is at the receiving end of remedies that do not respond adequately to his/her needs and experiences as these are not known. This study is a contribution towards filling that gap. The need to adopt sensitivity to contextual influences within occupational therapy practice has been highlighted in western literature (117–120), but Zimbabwe has lagged behind in this regard. Sabelo Gatsheni Ndlovu (121) observes that Africa is saddled with irrelevant knowledge that rather disempowers than empowers individuals and communities. The key consequence of this historical precedence (coloniality) and its intellectual capital is a vastly inequitable practice that has not served the interests of the majority of black (South) African population (120).

Guided by this position, this dissertation does not seek to usurp the foundations of occupational therapy but rather to explore, through the use of the term livelihood occupation, an alternative naming, categorisation or description of occupation that is relevant to the study context and better serve the service user and the service provider. In this regard, the Canadian Association of Occupational Therapists aptly observes that occupations are idiosyncratic (39). If occupations are idiosyncratic then the advancement of an agenda to develop context specific practices and taxonomies is justified. Ndlovu-Gatsheni's ideas to achieving what he calls 'ontological plurality' (121)

can be applied here, but his ideas seem to be more radical. Ndlovu-Gatsheni regards the struggle from colonisation as being the same as that which should be waged to gain 'epistemic freedom' (122). To him, decoloniality is remaking of the world such that enslaved, colonised and exploited people can regain their knowledge and ontological density (123,124). Theories generated from Euro-North American-centric modernity is an obstacle towards understanding contemporary human issues (125). Some authors (126) prefer a more subtle approach that promotes generation of both universal and context specific theories of occupation. In this regard, this dissertation uses the term 'livelihood occupation' out of the realisation that some of the occupations that people engage in to earn a living across different contexts, though similar, may be named differently according to the purpose¹¹. These names may be placed within extant and orthodox occupational therapy practice but used for particular contexts where they better express and explain the occupations engaged in therein. Livelihood occupations are viewed as distinct from, but include, "real work" (see Leufstadius, (p.24) (127)) which is viewed as having a defined role or function of the worker, salaried or with wages, structured leave and work processes. With 'real work', there is security and possibly a pension, or some form of pay-out, or grant after termination of work.

In Zimbabwe there has been no published research on how, why and whether meaning placed on particular occupations can change within contexts that are continuously evolving and for different cohorts of occupational therapy service users. The dearth of research persists despite calls in contemporary academic discourse to engage with Euro-American-centric epistemologies and push for the production of knowledge that is informed by geo- and bio-graphical understanding of occupations within their contextual conditions. This dissertation aims to understand occupation in a dynamic environment with the anticipation that this can enable the positive effects of enriching occupational therapy practice by equipping the practitioner with knowledge of how people in contexts that are continuously changing engage in their occupations. Duncan (128) acknowledged the importance of the need for research on occupations in contexts where long term poverty is a characteristic that compromises health and wellbeing. Watson (129) corroborated this position noting that the

¹¹ In Zimbabwe the term "hustling" is now popular and used to describe anything that brings in survival. This implies that people go with the flow and engage in whatever they can that can give them money. This cannot be viewed as work but livelihood creation. Traditionally "hustling" would have been a preserve of marginalised poor minorities such as persons with disability and now they face competition.

profession of occupational therapy has not yet fully acknowledged the need for a theoretical and practical position regarding service from a population perspective (that is, beyond individual and small group therapy).

1.3. Problem Statement

The conceptualisation of occupation has largely not taken cognisance of specific contextual nuances and realities of the consumers of occupational therapy services. Duncan (128) argued that occupation, poverty and disability only have meaning in the contexts where they exist. Further, Duncan (128) underscored the fact that individual experiences of phenomena matter. In this regard this study explored; the gaps caused by lack of data on the local context and the occupations inherent therein, the need for a shift towards promoting occupational therapy with an African identity through generation and use of local/indigenous knowledge, research on cohorts that are under-represented in the literature, the need to concentrate more on issues of justice and enabling of occupation for those at the periphery, and the need to focus more on the nature of occupations and the dimensions of meaning and experiential features of occupation.

Generally, there is dearth of information on disability globally, and particularly in the study context - especially on the qualitative and experiential nature of disability and occupation for women with disability. This aspect has been echoed by the United Nations (26) which noted that many countries have a scarcity of reliable data on people with disabilities. In a review of thirty-two disability related studies, Chalken and colleagues (130) noted that within the area of skills development (labour/market related) and employment of people with disabilities, the involvement of persons with disability remained largely undocumented and under-researched.

Equally, livelihood occupations of women with disability in Zimbabwe are not adequately researched from an occupational perspective and using theoretical lenses from Sen and Bourdieu. The literature on the subject of livelihood occupations has also not been systematically reviewed. Literature on livelihoods in Zimbabwe has focused on livelihoods of rural Zimbabwe women (131–133) and informal trading (134), access to land (135–140) and urban women traders (141,142). A UNESCO rapid assessment of the impact of COVID found that persons with disability were affected by the COVID-19 pandemic and experienced many challenges related to and

worsened by lockdown and containment measures (143). According to the report, the restrictions placed on carrying out of informal livelihood activities such as vending and begging led to persons with disability experiencing acute challenges due to disruption of income sources. In addition persons with disability experienced lack of access to healthcare, education, justice and accessible information. The report highlighted the major issues to be about sexual and reproductive health confirming results of earlier studies, for example, by Rugoho and Maphosa (114). A study by Munsaka (144) with women with disability in Binga revealed that women with disability, like their male counterparts, had a strong desire to participate in the development initiatives of their communities but challenges encountered by women to enable their participation was largely a result of living with a disability. Rugoho and Chindimba (145) have observed that women with disability in Zimbabwe are concentrated in light industry entrepreneurship namely vending, buying, and selling of cloth and electrical items, others are involved in cross-border trading. These observations make a strong case for an occupational therapist to understand these livelihood occupations with an occupational lens.

1.4. Aim and purpose of the study

This dissertation is aimed at giving an interpretative phenomenological analysis of the experiential features of livelihood occupations of women with disability in Bulawayo. Its purpose is to contribute to efforts directed towards generating knowledge to influence policy and occupational therapy practice. The introductory section has highlighted the foundations of this dissertation beginning with an outline of the characteristics of the study context and the need for an occupational perspective.

The study will use the occupational injustice framework because of its ability to espouse a human rights approach in understanding how occupations of disabled women shape or are shaped by their experience of disability. By understanding this phenomenon occupational therapists, in their advocate role, can bring the need for occupation for disabled women to the attention of policy makers. The need to re-examine occupational therapy to recognise a broader, global and social responsibility and acknowledge a need for the profession to address inequality and poverty as well as to form an allegiance to the millennium development movement has been highlighted (146). In the same regard authors, such as Guajardo (147) encouraged

the profession to also place the advancement of the civic freedoms of individuals on their agenda noting their communities' right to choice of occupations is such a freedom.

The findings will illuminate issues of inequality and injustice as these relate to livelihood occupations, at individual and collective levels and reveal possible factors along the occupational therapy practice spectrum that may culminate in some people not actively participating in occupations of their choice, causing occupational therapy interventions to fail. Occupational therapists need to know more about these circumstances in order to promote contextually relevant practice and to specifically pinpoint relevant points of intervention (148). In line with the need for occupational therapists to engage with those issues that influence equitable access to resources and opportunities, the step was to attain a picture of how these issues are structured through research (149).

1.4.1. Research question

The question that this study sought to answer is: What are the experiential features of livelihood occupations of women with disabilities and do these experiences indicate occupational injustice?

1.4.2. Study aim

This study aimed to explore the experiential features of livelihood occupations of women with disability and the meanings they attach to these occupations.

1.4.3. Objectives

- a) To explore the livelihood occupations of women with disability
- b) To explore the experiential features of livelihood occupational engagement and the meanings women with disabilities ascribe to livelihood occupations
- c) To situate participants' experiences and meanings of livelihood occupation within a nexus of occupational injustice and the theoretical frameworks of Sen and Bourdieu.

1.5. Significance of the study

An ethical and non-confrontational approach was taken to explore the occupational rights of the wider population and women with disabilities in particular. This was done to contribute to the constructs of occupational rights and occupational injustice for possible expansion of occupational therapy practice beyond clinical practice.

Focusing on women with disabilities and their livelihood occupations was necessary and borne out of the realisation that they are a small part of a larger constituency whose occupations need exploration. By illuminating how and why particular occupations for specific populations arise from defined socio-political contexts, the results of this study uncovered new areas of research on livelihood occupations and occupational injustice for the broader constituencies of persons living with and without disabilities. Through deploying concepts of justice, equity and equality, impetus was given to occupational science research and application of occupational science concepts in low-to-middle-income contexts.

Wilcock acknowledges the successes of the social justice movement in successfully advocating for marginalized groups, but however notes that recognition of the occupational perspective in the achievement of a just society is less well established (26). This study represents an effort towards bringing an occupational perspective to the injustices faced by women with disabilities. The World Federation of Occupational Therapists (WFOT) encourages “occupational therapists to have a role and responsibility to develop and synthesize knowledge to support participation; to identify and raise issues of occupational barriers and injustices; and to work with groups, communities and societies to enhance participation in occupation for all persons” (p.1) (150). Occupational therapists are equipped to work with cohorts or populations with different needs, however Duncan (128) noted that occupational therapists do not have access to profession specific literature on human occupation in the context of poverty and disability.

1.6. Conclusion

This chapter has given the background of the study. Major highlights have been on disability and its interface with women issues and poverty. The multiple forms of discrimination and women with disability challenges in accessing opportunities were

shown. Insights need to be generated to understand occupations and the meanings women with disability ascribe to occupations. Weinblatt and Avrech-Bar (151) highlighted the impossibility of assigning meaning to a person's occupation, other than the subjective meaning that an individual chooses to give. Within this line of thinking, it can be presumptuous to generalize that women with disabilities in Zimbabwe suffer some kind of occupational injustice in their day-to-day livelihood occupations, when in fact their engagement in these occupations has an underlying motivation and may not amount to occupational injustice. The study took a qualitative approach to probe these taken for granted assumptions and explore their subjective experiences and perspectives.

CHAPTER 2: Literature Review

2.0. Introduction

In this chapter a scoping review is presented. This scoping review, done to map research on the subject of livelihood occupations for women with disabilities, is framed around the concepts of occupation, livelihood, disability and gender. The results are presented from an equity perspective using parameters of pay, benefit and career equity as they are defined in the Equitable Rewards Model. A discussion is then given leading to the conclusion of the chapter.

Livelihoods provide the assets people draw on including the range of activities, choices and strategies people develop to make a living (152). Livelihoods also connote the contexts within which a livelihood is developed and those factors that make the livelihood more or less vulnerable to shocks and stresses (153–155). The focus on experiences in livelihood occupations stems from an interest in the lived realities of members of poor and vulnerable groups in low-to-middle income countries and how these groups make their living in the context of risk and stress caused by socio-economic challenges. Studies on experiences of work or livelihood creation in occupational therapy have tended to look at *transition into employment* or *return to work* and have not focused greatly and specifically on women in general and women with disabilities in particular.

2.0.1. Equity

The notion of equity implies a state of fairness where everyone has access to similar opportunities (156). As such, equity is the absence of avoidable or remediable differences among socially, economically, demographically, or geographically defined groups of people (157). Equity relates to social justice. Both these terms are subsumed within occupational justice. Groups of people may experience inequity by virtue of being poor, female, and/or members of a disenfranchised racial, ethnic, or religious group (12). Categories of difference can put women with disabilities in multi- and intersecting forms of disadvantage (158) evidenced by gaps in access to, utilisation and quality of livelihood occupations, and work opportunities that promote health and wellbeing. Therefore, women's experiences have to be distinctly examined as being unique.

Although conversations around the concept of equity have occurred in occupational therapy, the discourse has focused on health equity and equity within occupational therapy services (159–162) but not equity as it relates to the occupations people engage in. Instances of where an equity lens has been used in occupational therapy include health equity and disparities (163–165), and epistemic dominance of the Global North (164). Equity and justice are represented in occupational therapy practice in ways that are complex and varied by settings and roles (159). For the scoping review, the researcher opted to use an established framework, that is, The Equitable Total Rewards model, to comprehend the state of equity in livelihood creation as it is experienced by women with disabilities. The Model is made up of three main equity categories (pay, benefits, and career) that are further delineated according to four dimensions of well-being (emotional, financial, social and physical).

In the Model, pay equity is defined as fairness and adequacy of pay/wages including whether or not income was fair, competitive and aligned to skills. Benefits equity is viewed in terms of tangible and intangible things that accrue to the participant outside pay and career growth, for example, how the occupation helps grow social networks, opportunities for savings, having an identity and fulfilling roles. Career equity is defined as those aspects of the experience that reflect career development, equal access to opportunities, personal growth in the workplace and fairness in terms of up-skilling and reskilling. The Model was developed for assessing equity in employment during the COVID19 era and to improve health, wellbeing and access. Although the Model embraces the notions diversity and inclusion (161) only the equity dimensions will be used for this scoping review; it was chosen as it focuses on both process and outcomes and is applicable across different livelihood creation activities. Instances of where an equity lens has been used in occupational therapy include health equity and disparities (163–165), and epistemic dominance of the Global North (164). The use of the Model in this paper reflects the lack of a custom occupational therapy equity lens for analysis of livelihood oriented occupations.

There has been an increasing need for occupational therapists to pay more attention to inequitable contextual and environmental factors that constrain occupational opportunities (166); this will require re-directing some of the focus given to remediating occupational performance components (167). Having a livelihood occupation can be a way to enable independent living and foster engagement in other livelihood

occupations, and it is therefore part of the service that occupational therapists need to provide for their service users. An occupational therapy service is not complete if it strives to address the individual abilities of clients without attending to unjust and/or unfair occupational opportunities.

2.1. Aim of the scoping review

Scoping review methodology is a multidimensional approach of synthesising literature (168) in disciplines with emerging evidence and a growing knowledge base (169). The aim of this review was to map available literature on the subject of livelihood creation as an occupation for women with disabilities. The scoping review was envisaged to provide a window into the extent and nature of knowledge available globally on the subject of livelihood occupational engagement for women with disabilities.

The following questions were addressed:

- a. *What is the distribution of research pertaining to livelihood occupation experiences in terms of location and research tradition utilised?*
- b. *What are the experiences of women with disabilities when engaging in livelihood occupations? and;*
- c. *What are the equity characteristics of these experiences, and the link, if any, to occupational justice?*

2.2. Materials and Methods

A protocol (Appendix 22) was developed a-priori as is the standard for all well-conducted systematic reviews (170,171). A framework by Arksey and O'Malley (170) and the Preferred Reporting Items for Systematic Reviews extension for Scoping Reviews (PRISMA-ScR) (172,173) provided guidance. The framework comprised five-stages that were followed in the scoping review as follows:

Stage 1: Identifying and articulating the research question

The question was premised on the person, concept and context (PCC) mnemonic: Population - women with disabilities involved in livelihood occupations; Context – low

to high income countries as ranked by World Bank and; Concept - Livelihood activity, workplace, work, occupation, experience, and productivity.

Stage 2: Identifying relevant studies

Selection criteria were iteratively developed, refined and applied with the assistance of three librarians, two from Stellenbosch University and one from Worcester University. Sources were included if these contained primary research on adult women with disability's experiences of livelihood occupations and were published in English, between January 1992 and October 2022.

The significance of the year 1992 is tied to a broader interpretive phenomenological study exploring the livelihood occupations of women with disabilities that this scoping review forms part of. A progressive piece of legislation that recognized the value of livelihoods for persons with disability, namely the Disabled Persons Act (Chapter 17:01) (sections 9-11) (105), was passed into law in 1992 in the study context; it provided for criminalization of workplace discrimination. These changes were in keeping with international trends of human rights-based disability legislation in the 90s, for example in Russia (The decree of the President of the Russian Federation of 22 December 1993, No. 2254, on measures of state support for the activity of all-Russian associations of persons with disability. 1993), United States of America (The Americans with Disabilities Act 1990), Zambia (The Persons with Disabilities Act 1996), United Kingdom (Disability Rights Act 1999), and Australia (Disability Discrimination Act 1992) (174,175). In addition to the selection criteria, the participants in the sources must have been residing in their communities NOT in institutions of care or under a treatment program. Thus, studies on women with disabilities in institutions of care or those enrolled in an intervention program were not considered in order to align this scoping review with the broader study to which this scoping review was foundational.

Stage 3: Search, data management and review

Librarians assisted in the search process by advising on appropriate Medical Subject Headings (MeSH terms). The librarians also assisted with modifying MeSH terms for

the different databases and locating articles that were not readily available or accessible. The MeSH terms build up and definitions is presented in Table 2.1 below.

Table 2.1: Terms and meanings of corresponding MeSH headings used in PubMed Search builder

Term	MeSH headings	Definition in PubMed
Experience	Personal Narratives	Works about accounts of individual experience in relation to a particular field or of participation in related activities
	Personal Satisfaction	The individual's experience of a sense of fulfilment of a need or want and the quality or state of being satisfied
	Thinking	Mental activity that is not predominantly perceptual by which one apprehends some aspect of an object or situation based on past learning and experience.
	Mental Recall	The process whereby a representation of past experience is elicited
	Personal Narrative [Publication Type]	Work consisting of accounts of individual experience in relation to a particular field or of participation in related activities.
	Learning	Relatively permanent change in behavior that is the result of past experience or practice. The concept includes the acquisition of knowledge.
	Imagination	A new pattern of perceptual or ideational material derived from past experience.
	Attention	Focusing on certain aspects of current experience to the exclusion of others. It is the act of heeding or taking notice or concentrating.
Livelihood Occupations	Occupations	Crafts, trades, professions, or other means of earning a living
	Workplace	Place or physical location of work or employment
	Employment	The state of being engaged in an activity or service for wages or salary
	Work	Productive or purposeful activities
	Work Engagement	Extent to which members of a workplace perceive their emotional commitment to and involvement in the organization and its goals.
Disabilities	Disabled persons	Persons with physical or mental disabilities that affect or limit their activities of daily living and that may require special accommodations
	Intellectual Disability	Subnormal intellectual functioning which originates during the developmental period. This has multiple potential etiologies, including genetic defects and perinatal insults. Intelligence quotient (IQ) scores are commonly used to determine whether an individual has an intellectual disability. IQ scores between 70 and 79 are in the borderline range. Scores below 67 are in the disabled range. (from Joynt, Clinical Neurology, 1992, Ch55, p28)
	Learning Disabilities	Conditions characterized by a significant discrepancy between an individual's perceived level of intellect and their ability to acquire new language and other cognitive skills. These may result from organic or psychological conditions. Relatively common subtypes include DYSLEXIA, DYSCALCULIA, and DYSGRAPHIA.

Communication Disorders	Disorders of verbal and nonverbal communication caused by receptive or expressive LANGUAGE DISORDERS, cognitive dysfunction (e.g., MENTAL RETARDATION), psychiatric conditions, and HEARING DISORDERS.
Mentally Disabled Persons	Persons diagnosed as having significantly lower than average intelligence and considerable problems in adapting to everyday life or lacking independence in regard to activities of daily living.
Chronic Disease	Diseases which have one or more of the following characteristics: they are permanent, leave residual disability, are caused by non-reversible pathological alteration, require special training of the patient for rehabilitation, or may be expected to require a long period of supervision, observation, or care. (Dictionary of Health Services Management, 2d ed)

Notes: MeSH terms are as they are defined in PubMed at the period of development and implementation of the search strategy unless otherwise cited.

Systematic searches were initially and iteratively done in PubMed with the MeSH terms being refined in meetings until an agreement was made on the final search string for PubMed (see Table 2.2). The MeSH terms were then respectively tailored and applied in the four remaining databases namely EBSCOhost (Academic Search Premier, Cinahl, ERIC, Africa Wide Information), PROQUEST, Scopus and Sabinet (see Table 2.2). These five databases were selected because they provide wide coverage of material on livelihoods, occupations and occupational therapy including topical issues on disability, gender and social justice. Grey literature appearing in selected databases was also parsed and included conference abstracts, book reviews, commentaries or editorial articles from the databases. The Sabinet database was included to broaden chances of locating grey and unpublished literature from the African context.

Table 2.2: Search strings used in respective databases

Database	Search Terms	Search Strategy
Pubmed	("Personal Narratives as Topic"[Mesh] OR "Personal Narrative"[Publication Type] OR "Thinking"[Mesh] OR "Mental Recall"[Mesh] OR "Learning"[Mesh] OR "Imagination"[Mesh] OR "Attention"[Mesh] OR "Personal Satisfaction"[Mesh]) AND "Occupations"[Mesh] OR "Work"[Mesh] OR "Work Engagement"[Mesh] OR "Workplace"[Mesh] OR "Employment"[Mesh] AND ("Learning Disabilities"[Mesh] OR "Disabled Persons"[Mesh] OR "Mentally Disabled Persons"[Mesh] OR "Chronic Disease"[Mesh] OR "Communication Disorders"[Mesh] OR "Intellectual Disability"[Mesh])	Filters activated: Abstract, Publication date from 1992/06/01 to 2022/10/31, Female, Adult: 19+ years.
Ebscohost Databases: Academic Search Primer, Africa wide information, Cinahl, ERIC	SU (Experiences OR Attitudes OR Perceptions OR Views OR Feelings OR Perspective OR Satisfaction) AND SU (Women OR Females OR Woman OR Female) AND SU (Disability OR Disabilities OR Impaired OR Disabled OR Impairment OR Chronic illness OR Chronic disease) AND SU (Livelihood OR Work OR Productivity OR Career OR Job OR Occupations OR Employment OR Labour Market)	Limiters - : - aged, 80 & over : - aged: 65+ years : - middle aged: 45-64 years : - adult: 19-44 years : - all adult : - english - Boolean/Phrase. Additional limits - Date: From 01 January 1992 to 31 October 2022
Scopus	(TITLE-ABS-KEY (experiences OR attitudes OR perceptions OR views OR feelings OR perspective OR satisfaction) AND TITLE-ABS-KEY (women OR females OR woman OR female) AND TITLE-ABS-KEY (disability OR disabilities OR impaired OR disabled OR impairment OR chronic AND illness OR chronic AND disease) AND TITLE-ABS-KEY (livelihood OR work* OR productivity OR career OR job OR occupations OR employment OR labour AND market)) AND PUBYEAR > 1991	Additional limits - Date: From 01 January 1992 to 31 October 2022
Sabinet	Experiences OR Attitudes OR Perceptions OR Views OR Feelings OR Perspective OR Satisfaction AND Women OR Females OR Woman OR Female AND Disability OR Disabilities OR Impaired OR Disabled OR Impairment OR Chronic illness OR Chronic disease AND Livelihood OR Work* OR Productivity OR Career OR Job OR Occupations OR Employment OR Labour Market	Additional limits - Date: From 01 January 1992 to 31 October 2022
Proquest	mainsubject(Experiences OR Attitudes OR Perceptions OR Views OR Feelings OR Perspective OR Satisfaction) AND mainsubject(Women OR Females OR Woman OR Female) AND mainsubject(Disability OR Disabilities OR Impaired OR Disabled OR Impairment OR Chronic illness OR Chronic	Additional limits - Date: From 01 January 1992 to 31 October 2022 Applied filters:

disease) AND mainsubject(Livelihood OR Work* OR Productivity OR Career OR Job OR Occupations OR Employment OR Labour Market)

NOT (adolescent AND child AND children AND children & youth AND disabled children AND child, preschool)

Sources from each database were exported to separate folders in Mendeley®; then merged into a composite folder for de-duplication. The composite folder was then exported to Covidence® for further de-duplication. Screening of titles and abstract ensued for the remaining 7274 titles. The PRISMA flow chart in Figure 1 illustrates the search process and how the 19 sources that were then synthesised in this review were obtained. Of the grey literature, none ended up in the final list of articles.

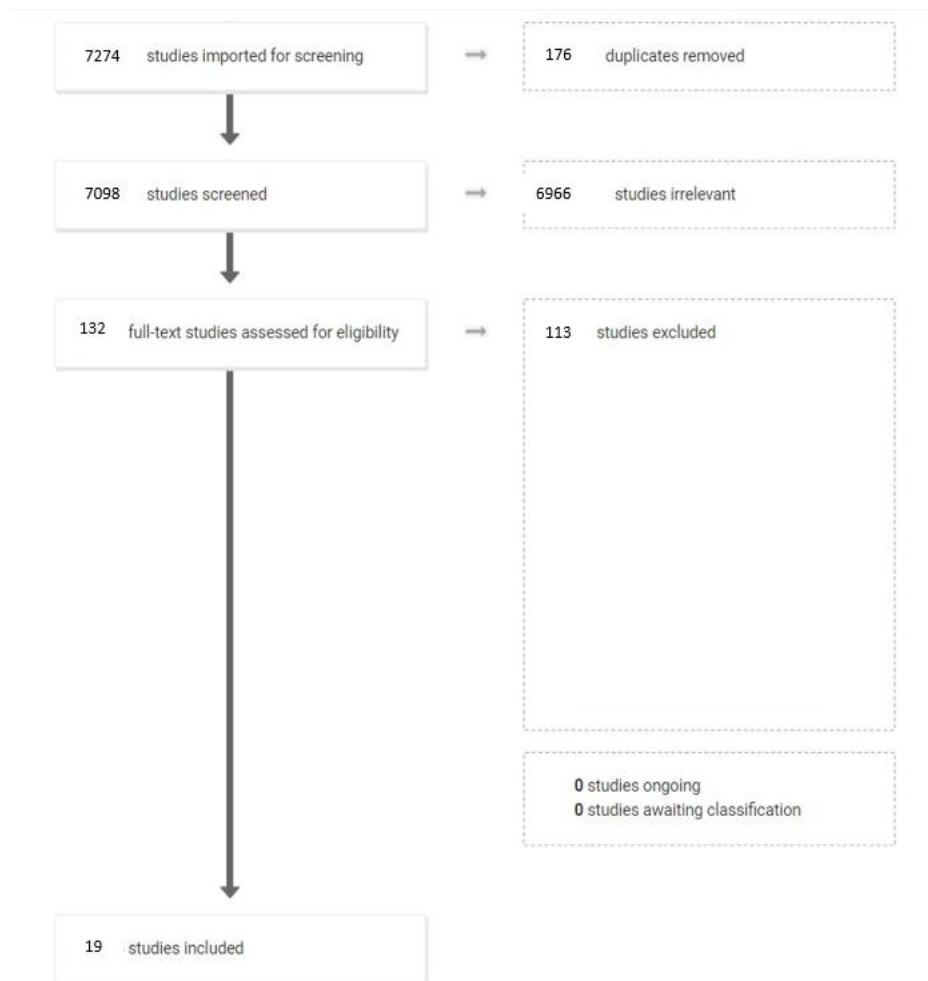


Figure 2.1: Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA-ScR) (176) flow diagram for a scoping review exploring literature on livelihood occupational engagement experiences

The screening process commenced with all three authors screening the first fifty sources using the predetermined selection criteria, followed by a meeting to discuss and refine the selection process and criteria. The remaining sources were then all reviewed by the researcher, with the supervisors sharing the responsibility of second reviewer. Full text screening followed, using the same review pattern. Conflicts were managed by way of iterative meetings with the mentors alternately assuming the roles of second and third reviewer respectively.

Stage 4: Extracting and charting the data

A nineteen item data extraction template was iteratively developed on the Covidence® platform to extract data from the fifteen included sources. Extracted data covered the

following: author (s), year and type of publication, country of origin, aim/purpose, study population and sample size, methodology and experiential facets. The data extraction categories were confirmed in a meeting, held to ensure that the process maintained consistency with the aim of the review. Data were then extracted and charted by the researcher (see Table 3). The supervisors then verified accuracy of the data extraction undertaken by the researcher by checking 20% of the extracted and charted data for accuracy.

Stage 5: Analysis, summarizing and reporting the results

A basic numerical analysis was undertaken to quantify studies fitting into specific criteria as per the data extraction criteria. Qualitative content analysis was then used to explore data on the experiences of women with disabilities. Themes, meanings or concepts within textual matter were derived from the sources in order to distill the meaning (177,178), which is a recommended method (179). Deductive content analysis was then undertaken using the three main considerations (pay, benefits, career) and four well-being dimensions (emotional, financial, social and physical) contained in the Equitable Total Rewards Model as priori categories (180). In the coding process, the theoretically derived dimensions, of equity namely; pay, benefits and career equity were coded as priori categories for the experiential text (181) in a methodologically controlled assignment of concepts and key words from the equity theory as initial coding categories (182,183). The aim was to identify the implied equity characteristics within the experiential descriptions.

2.3. Results of the scoping review

2.3.1 Description of Included sources

Table 2.3, below, provides a summary of sources included in the review. The publication period of included sources ranged from 2004 to 2022. The majority [n=16] of the papers were from high income countries namely USA [n=5] (52,184–187), Canada [n=2] (188,189), Australia [n=3] (190–192) and New Zealand [n=3] (193–195), Saudi Arabia (196), Spain (197) and Netherlands (198) [n=1 respectively]. Three sources was from a low-middle income country, namely Zambia [n=1], India (199)

and Jordan [n=1] (200). The included studies were generally aimed at exploring experiences/perceptions of work and/or while trying to earn a living as a woman with a disability. All but one sources fitted a qualitative research paradigm (n=18). The research traditions used were ethnography [n=1] (197), collective instrumental case study [n=1] (194), and case reports (n=3) (184–186). A few of the sources [n=6] reported using a conceptual framework, namely intersectionality (201), feminist perspective (197), convention on the rights of persons with disabilities (184), Yosso's cultural capital conceptual framework (196), Bourdieu's notions of social capital and habitus (194) and, critical disability theory and intersectionality (192) while thirteen did not report using a conceptual framework.

Table 2.3: Characteristics of included sources

Authors and year of publication	Study context	Study paradigm/theoretical framework	Study participants/target population	Disability Type	Occupations	Tradition
Hanlon and Taylor 2022	Australia	Qualitative/Critical Disability Theory and Intersectionality	8 females (aged 20 to 29 years)	Physical, hearing and visual disability	Middle to high skilled	Descriptive
Varshney 2022	India	Qualitative/Not specified	18 Females (aged 25 to 45 years)	Physically disabled	Low to middle to skilled	Interpretative Phenomenology Analysis
Rose. Hughes and Trip. 2021*	New Zealand	Qualitative/Not reported	9 Females, 1 Male (aged 20 to 69 years)	Varied	High skilled	Descriptive
Ababneh and AlShaik 2020	Jordan	Quantitative/Not reported	306 Females (working in the Jordanian public sector)	Physical, hearing, visual and mental disability	High skilled	Descriptive analytical approach
Auerbach and Richardson 2005*	USA	Qualitative/Not reported	Four females and two males– (ages 21 to 60 years)	Severe persistent mental illness	Not specified	Grounded theory
González, M. L 2009	Spain	Qualitative / Feminist perspective	Twenty six females (ages 20 to 60 years)	Physical, Hearing, Visual	Not specified	Ethnography Course Life perspective
Korzon 2014	New Zealand	Qualitative research /Not reported	Females (aged Mid-20s to early 60s aged)	Varied	High skilled	Descriptive
Peter et al 2018	Saudi Arabia	Qualitative research/ Yosso's cultural capital	Nine Females (ages 28 to 52 years)	Visual, hearing, Physical	High skilled	Phenomenology
Bricker-Katz, Lincoln and Cumming 2013*	Australia	Qualitative research/ Not reported	Four females and five males (ages 29 to 61 years)	Stuttering	High skilled	Interpretative phenomenological analysis.
Njelesani et al 2015*	Zambia	Qualitative research /Intersectionality	Twelve females and nine males (Demographics not given)	(HIV) Physical, Hearing, Visual, Developmental	not reported	Interpretive
Fadyl and Payne 2016*	New Zealand	Collective Instrumental case study /Bourdieu's notions of social capital and habitus	Two females and two males (Demographics not given)	Traumatic brain injury and Spinal Cord Injury	Low to high skilled	Foucault's Discourse analysis

Minis et al 2014*	Netherlands	Qualitative research /Not reported	Five women and eleven males (ages 41 to 46)	Slow progressive adult type neuromuscular disease	Low to high skilled	Constant comparison method inspired by hermeneutics
Crooks 2007	Canada	Qualitative research/ Not reported	Eighteen females (ages 26 to 69 years)	Musculoskeletal disease. fibromyalgia syndrome, lupus, osteoarthritis or rheumatoid arthritis	low to high skilled	Descriptive and Interpretive
Sabatello 2014	USA	Case report /CRPD	One Woman in mid thirties	Traumatic Brain Injury	High skilled	Descriptive
Siporin and Lysack 2004	USA	Qualitative case study/ Not reported	Three females ages 49, 61, 46yrs old	Developmental disability	Low skilled enclave	Constant comparative method
Mackenzie et al. 2013*	Australia	Qualitative research/ Not reported	Ten females and eleven males (ages 23 to 70 years)	Mental health	Unskilled to high level skilled	Framework analysis
Jennings et al 2013*	Canada	Qualitative research/ Not reported	Six Females and six males, (ages 43 to 73 years)	Hearing Loss	High skilled	Descriptive
Quinton 2014	United States	Case report/ Not reported	One 53-year-old woman	Multiple severe physical disabilities	High skilled	Descriptive
Helfrich et al 2006	United States	Qualitative research/ Not reported	Seven women (ages 26 to 47 years)	Physical and mental health	low to high skilled	Constant comparative method

Notes: * Studies with male participants were considered if there was clear delineation or disaggregation of data on women. The occupations were classified by the authors into unskilled, low, medium and high skilled due to their wide range. Examples of low skilled were care work, medium – sales work and high skilled – specialist nurses, doctors and management positions.

A combination of one or more agencies/communities of persons with disability, advocacy groups and service providers assisted in participant recruitment for the majority of sources. The strategies employed were posters, snowballing and posts on websites of the organisations and groups. The term “livelihood occupation” was not used in any of the sources. The terms “work”, “employment” and “productivity” were used interchangeably across all the sources.

2.3.2. Experiences pertaining livelihood occupations

This section looks at experiences and equity characteristics of the included studies. Table 2.4, below, was drawn up to chart the result of the content analysis of experiential features of the occupations and the equity dimensions of included sources. The table shows the experiential facets from the sources, and how the facets were deductively situated into the three dimensions of equity derived from the Equity Total Rewards model.

Table 2.4: Qualitative content analysis of experiential claims and equity

Category	Definition of equity	Experiential examples of Equity	Experiential examples of Inequity	Coding Rules
Pay Equity	Physical n/a			Consider fairness and adequacy of pay/wages, whether occupation is paid or not paid
	Financial - Competitive pay, Pay progression, wealth creation-	“Access to loans” (186)	“Trying hard to succeed - (additional income not enough from social security payments, food stamps and relatives)” (185) “low salaries and not being paid for overtime” (191)	
	Social - Fair pay, Pay for skills/value, Pay transparency		“Wages and conditions – inequitable” (191), “Performing the work; housework” (197)	
	Emotional - Living wage, Aligned incentives, Pay clarity			
Benefits Equity	Physical - Health benefits, Paid time off,			Aspects considered should be those tangible and intangible things that accrue to the participant outside pay and career growth for example how work helps grow social networks, opportunities to have and grow savings, having an identity and fulfilling roles
	Financial - Retirement/savings benefits, Financial literacy/decision support,	“Work Was an Antidote to the Person's Problems...External Motivators Drew the Person to Work” (52)		
	Social - Benefits access, Flexible, customized benefits, Family-friendly; caregiving benefits, Purpose-driven benefits	“Work Was a Contributor to the Person's Identity” (52), “The value and contribution of paid work (work is valued and being part of the community, having responsibility)” (197), “Satisfaction in the exploration and development of roles such as mother, family member, church member, community participant, and hobbyist” (187), “Experiences regarding the meaning of work: Work is belonging”	“ambivalence towards the worker role, impact of disability on the worker role, and the relationship of the worker role to other life roles” (187), “people that see [my autoimmune disease] and then just [write me off]...I don't even get interviews nowadays”(195).	

		(198), "Having a buddy system" (189)	
	Emotional - Behavioral and Mental health benefits, Real-time emotional support, Stress management	"clients show compassion and sympathy"(200), "Solving problems oneself: I am not going to tell; Reaching a turning point: I have to be realistic; and Taking into account environmental aspects: I can understand both sides" (198), "Feeling comfortable" (189), "beneficial to mental health" (191), "a sense of belonging and support" (192)	"Psychosocial Work environment causing stress" (191), "clients do not prefer them to do their transactions" (200), Lack of confidentiality (195)
Career Equity	Physical - Flexible work arrangements, Physically safe work environment	"generally comfortable and satisfied with the design of the workplace and the availability of furniture"(200), "I started full time now I am part time and comfortable" (199)	"special tools and equipment for persons with disabilities (such as elevators, voice and light alarms, chairs and tables) are the lowest in availability" (200), "needs to enable her to perform were also often unmet, job termination during probation and after raising complaints of unfavorable environment" (184), "Number and scheduling of hours" (191), "Success with use of IT/Assistive technology and reduced direct interaction with clients" (186) "Seeking out, Modified duties, Modified hours of employment, Physical accommodation, Having little control over being accommodated, Working in jobs that did not allow for modified hours, Wanting to work from home, Difficulties commuting to work, Wanting to work part-time while receiving income assistance" (188), "I always work extra assignments and duties...to compensate for being a misfit", "Most of the value assignments are given to the employees who are normal... I have missed out on key projects" (199), "no organisation wide help and support", "seeking out their own resources and supports for accommodations" (195), No workplace accommodations and negative accessibility experiences (192)
			All the aspects of the experience have to reflect aspects of career development, equal access to opportunities, personal growth in the workplace

<p>Financial - Reskilling/upskilling, Career journeys, Career progression</p>	<p>“Was a Conduit to Personal Growth and the Development of Competencies” (52), “having work and career aspirations, persisted in their job search”(196),</p>	<p>Job suitability motivation and training and development (200), “Wanting some more” (185), “Employment insecurity” (191) “Using personal resources” (189) “Stuttering limits occupational progression” (190) None were able to realize career goals and occupational choice (187) “Difficulties in obtaining a job” (197) “lacked instrumental assistance in accessing work KSA policies to support women and people with disabilities to obtain employment are not adequately enforced, and negative attitudes toward people with disabilities are widespread” (196), “Qualification, disqualification or limitation of value associated with the impaired body...the individual task of producing an employable self” (194), “... Awareness of impairment as a source of dissatisfaction and criticism of performance”(184), “diminished access to the labor market” (188), “managers did not think that women with disability held leadership aspirations”, “at the high end [of management] is not where women belong” (192)</p>
<p>Social - Inclusive representation, Anti-bullying/harassment, Culture of dignity</p>	<p>“an opportunity to show they can do” (193), “navigated barriers” (196), Workplace acceptance building confidence (192)</p>	<p>“supervisors and colleagues have a negative view toward them that they do not communicate or find it difficult to communicate with them, evaluate them incompetent and do not invite them participate in social events as it should be due to their disability”(200) “Disability discrimination, Public attitude to disability” (186), “Disability and HIV is not inability, How work influences HIV” (201), “sense of otherness...hindered them from being an equal member” (192)</p>
<p>Emotional - Fair goals and performance expectations, Emotionally safe culture</p>	<p>“Outperformed colleagues” (184), “Feeling comfortable, It gets easier with time” (189), “I plan my work carefully beforehand... taking an extra step ahead to prevent being left behind” (199), “whether I am disabled or not doesn’t count at all” (199), Helpful and</p>	<p>“treated by supervisors and colleagues with compassion and kindness, but they do not receive reasonable assistance to perform their tasks” (200), “Doing what I am told” (185), “Stuttering is always there, Stuttering at work reveals a problem, Stuttering impacts communication” (190), “A triple burden” (201), “Co-workers and employers’ attitudes, disbelief, and lack of understanding, maintaining their roles in the paid workforce was a particularly stressful experience” (188) “colleagues planning for them without their input, feelings of pity, excluded out of work based on disability, disclosure dilemma” (193), non-disclosure of disability due to fear of discrimination (199), “It is a heavy load on me to act smarter and more able than my colleagues without disabilities... also, sometimes the sympathy and concern make me feel low”, “I</p>

caring individuals,
receiving support from
supervisor (195)

feel mentally inferior to (my non-disabled colleagues”
sometimes” (199), “fear of disclosing”, and whether the
disability or impairment was “visible or invisible” and “if you
disclosed, you (are) treated unfairly” (195),

2.3.3. Experiential facets

The experiences of women with disability were varied. The negative experiences were largely attitudinal defined by lack of reasonable accommodations in the workplace. Participants reported experiencing challenges such as difficulty acquiring employment or limited access to the job market (188,193,194,197) largely due to perceptions of inability associated with disability. Another cause of limited access to the job market was a lack of instrumental support (196) reported to be experienced by women in Saudi Arabia. Some of participants were not accommodated in terms of flexible working hours (184,188,191,192) and/or physical environmental modifications (188). Disability was indicated as limiting occupational progression which influenced day to day experiences (190,192). Participants also experienced being given commands and being directed as to what to do while engaged in the occupation (185) while some had work planned for them without their input (193).

Participants indicated experiencing roles such as mother, hobbyist and community participant (187) through the livelihood occupations. Livelihood occupations were cited as a contributor to the person's identity (189). Two sources (192,198) highlighted "belonging" as a dominant experience marked by generally being recognized as part of the community, playing a part in the community life and having a buddy system. The livelihood occupations also enabled positive self-value, ability to contribute to the community and assist spouses with household expenses (197). Participants also reported opportunities to show they are capable of doing or carrying out activities expected of them in the workplace (193) and outperforming colleagues (184) despite their disability.

2.3.4. Equity and Inequity facets

Aspects of equity and inequity were evident in the experiences of the women across all sources. Benefit equity, the most prominent of the three categories of equity, was pronounced in terms of belonging, identity formation and building connections especially for persons with mental illness (52,191). For the preceding sources (52,191), livelihood occupation was viewed as an antidote for the participant's problems and also beneficial to mental health. The contribution of livelihood

occupations to achieving benefit equity was shown through enabling an identity (52), being valued as a member of the community and family (187,197).

One source reported positive experiences related to pay equity. The participant in the source opted to start her own business and managed to access loans after initially experiencing discrimination in a competitive employment setting (186). On the other hand, pay inequity was indicated in only three sources (185,191,197) where additional income from social security payments, food stamps and relatives was not enough, and participants had low salaries with unpaid overtime.

Disability had significant negative impact on experiences relating to career equity. Career inequity was indicated in sixteen (184–197,201,202) of the sources. Notably, experiential facets leading to career inequity included lack of reasonable accommodation related to the physical environment modified hours (188,191), and discrimination related to disability (186,188,193). Employment insecurity related to disability was also cited. Participants reported being sexually harassed and not reporting because of fear of being fired. Many were employed on a temporary basis which gave room for their hours to be reduced to encourage them to leave (191). Participants with stuttering reported having a constant reminder and awareness of its presence (190) and indicated that this presented problems as it limited occupational progression. Career inequity was similarly identifiable for persons with neuromuscular disease as they reported that maintaining roles in the paid workforce was stressful (188). Conversely career equity was indicated through livelihood occupations being a conduit for personal growth and developing competences (196). Although engagement in livelihood occupations also presented opportunities to demonstrate that participants were competent, they were faced with disclosure dilemmas and their colleagues planned work for them due to pity (193,195).

2.4. Discussion

A significant gap in research pertaining women with disability, and their experiences in livelihood occupations was illustrated. This is the case particularly for Africa, and other low to middle income contexts, as only three of the nineteen studies were from a low-middle income context in Southern Africa. The WHO (203), noted that data on disability for low to middle income countries are lacking. This has been the case since the beginning of the new millennium. Historically, there has been little data on disability

in the developing world and available data had deficiencies in quality, applicability and comparability, was unreliable and out of date (203–205). Low income contexts are comparatively characterised by social and institutional environments which have challenges that affect equity in health promoting occupational opportunities and how occupation is experienced. There is evidence that occupation is a determinant of health and well-being (167,206) yet, in the African context in particular, women with disabilities struggle to access health promoting occupational opportunities and little is understood in this regard. These challenges inevitably affect the ability of people to engage in occupations of their choice, leading to occupational injustice which is conceptualised as the non-availability of equitable opportunity and resources to enable people's engagement in meaningful occupations (164,207).

The lack of research and pursuant lack of data on disability in low to middle income countries accompanies substantial gaps in service delivery for persons with disability in general and in particular women with disabilities, with the result that disability is associated with a lower standard of living (208,209). The paucity of reliable and empirical data on disability is acknowledged by scholars in the field of disability (208–210). This paucity is underscored by the fact that disability prevalence is higher in low-income countries (211) , and are more common among the poor (212,213). An estimated one billion people have disabilities and eighty percent of these live in the developing world (214).

Some of the sources identified in this review covered a range of disabilities. Those sources that concentrated on one specific disability had a focus on less common disabilities which may be overlooked in research and policy, for example, stuttering (190), hearing loss (189) and neuromuscular disease (198). These disabilities, also termed 'low incidence disabilities' are visual or hearing impairment, or simultaneous visual and hearing impairments, or a significant cognitive impairment, defined by rare or low occurrence within the general population (215,216). Some of these can be deemed invisible because of their lack of immediate apparentness to the onlooker (217). These disabilities are characterized by lack of research as empirical studies on them are scarce (218). Norstedt (218) looked at working life of people with invisible disabilities in Sweden and found out that despite the relatively well regulated work environment people with low incident disabilities were faced with vulnerabilities. Visibility of an impairment can amplify performative difficulties, as observed by

Ababneh and AlShaik (200) who found out that persons with physical disabilities experienced more difficulties when compared with hearing, visual and mental disability. Hughes, Trip and Rose confirmed the same (195) for nurses using aids, for example walking sticks and hearing devices.

Experiential features of the livelihood occupations were largely attributable to attitudinal and work environment factors. Positive experiential facets were mainly related to benefits accruing to the individuals by virtue of 'doing' which buttresses the need for inclusive policies that place importance on equitable access to occupations promoting health and wellbeing. The importance of having an equitable livelihood occupation environment was also shown through women with disabilities in the sources having benefits equity. Social markers such as having an identity belonging, contributing to family and community and having roles such as mother and family member contributed to benefit equity in the selected sources. The implication is that women with disabilities who do not have livelihood occupations might face a dual loss as the social status or identity of not being a livelihood or income earner, is added into the dimensions of intersectional discrimination that they experience. Additionally, discrimination is perpetuated on the basis of being viewed as people who need to be looked after as they have no social standing as a contributor to community. In systematic reviews (219,220) the disadvantages that women experience resulting in poor employment outcomes was confirmed but the reviews have not used an equity perspective. In another review Bend and Fielden (221) observe that women are more likely to experience the 'glass ceiling' effect, a metaphorical barrier that they cannot get beyond in terms of progression, and if they do progress to higher occupational status they can encounter a 'glass cliff' effect in that their positions become prone to discriminatory practices. In the current review, gender was found to have resulted in the disadvantage of reducing the opportunities for securing employment for women while promoting employment for men. Occupational therapists can thus focus on occupations that promote development and growth of connections and belonging as this can significantly reduce the prejudices experienced by women with disabilities and enrich their livelihood creation opportunities?

The high income countries, where the majority of the studies were carried out, generally have progressive disability legislation, relatively well-developed social protection systems with disability benefits and some women with disability hold high

skilled jobs. According to International Labor Organisation (222), social protection systems in high-income countries offer near-universal coverage of persons with disabilities thanks to a combination of contributory and tax financed schemes. This might explain why pay inequity was less pronounced when compared to benefit and career equity. However, observations show that in western society, gender and able-bodied norms are heavily ingrained (221) and that positive attributes associated with being in the workplace are more rhetoric than reality (192). Even when characterized by progressive legislation, Hammell (164) observes that the occupational therapy profession in the Global North, has neither advanced occupation as a determinant of health, nor provided sufficient professional attention to ensure equity of occupational opportunities.

In the selected sources, pay inequity was experienced by persons with persistent serious mental illness and developmental disabilities. Persons with mental health conditions, speech and communication challenges, intellectual disabilities have been found to be particularly disadvantaged in terms of pay inequity (223). As a result, persons with intellectual disabilities, communication challenges and mental health conditions find themselves working in sheltered employment whose aims, activities, wages and benefits, conditions of work, opportunities for advancement and levels of community involvement differ (224). On the contrary, sources included in the review, showed that women with disabilities can occupy highly skilled occupational positions. An explanation for this can be the importance placed on adherence to disability legislation in high income countries where most of the literature was from. For example Canada has moved in the direction of fully implementing the UNCRPD (225). Further 66% of high income countries have legislation with broad base prohibitions on disability discrimination in the workplace (226). Blanck (227) gives a case study of how a woman with a spinal disability was assisted to have workplace accommodation using the American With Disabilities Act. The case study shows that women with disability, when supported with progressive policy, are able to work across all work categories, including skilled positions. In some instances, employers may be liable to punitive damages if they engage in discriminatory practices. Avoidance of liabilities may lead to tokenism in terms of equality and employment of women with disabilities. However, where there is existence of equality in terms of opportunities and pay equity, it has been shown that other forms of equity might not (228). For example, able-bodied and

gendered performative expectations may result in inability to maintain employment (221). Brown and Moloney (229) have also found out that women with disabilities are more affected by “inequitable workplace situations partly because they earn less, are exposed to more workplace stress, and are less likely to experience autonomous working conditions” (p94).

Experiences of the women with disabilities in the studies highlight inequity concerns, particularly career inequity marked by discrimination based on perceptions of lack of value associated with disability, difficulty acquiring a job and lack of reasonable accommodations. Gupta (223) has also shown the same phenomenon where lack of minimal accommodations preclude people from the labour market. The impact of the disability also shaped career inequity where the participants were constantly conscious of the presence of disability, the limitations it imposed and the consequent reactions of workmates. It is difficult to distinguish where, when, and how workplace discrimination occurs, for example, determining whether or not disability or lack of performance is the cause of lower wages (230). An equity lens informed by occupational science can enable such analysis and hence promote sustainability of occupations that marginalised groups of people can engage in over their life course. Black, disabled and indigenous peoples are groups of people that are “equity deserving” as the College of Occupational Therapists Ontario (COTO) (159) observes. These equity deserving groups, COTO adds, are those who feel or are made to feel that they do not belong. Such groups, including women with disabilities, therefore should not be the ones to have the burden of seeking equity or getting it as a privilege from those who have the power to give it, because those with the power to give can also have the power to take it back, COTO concludes. COTO in this instance advances the ideal that equity should be an attribute readily inherent in all livelihood spheres. Essentially occupational therapy practice needs to take into cognisance the inequitable situations that persons with disabilities are discharged into as it may perpetuate equity disparities by discharging rehabilitated persons to inequitable situations. Women with disabilities, in the study by Ababneh and AlShaik, “recommend (ed) training and rehabilitation programs as a major crucial suggestion to overcome most of the difficulties they face at work” (p335). The participants in Hanlon and Taylor’s (192) study adopted strategies where they projected themselves as *distinct* rather than *different* in order to be valued and also assumed disability advocacy roles.

None of the selected studies in the review had a direct and explicit focus on occupational justice, but some reported such implications. For example, participants in Gonzalez's study were willing to accept poor conditions in order to work, and visible disabilities were a disadvantage for a woman who wanted to work (197). In one study (231) the women reported experiencing inability to realise career goals and occupational choice. Occupational choice is a long-term process through which individuals developed their skills and abilities, self-interests and self-evaluation across their life span (232). The process is dependent on individual and environmental factors influencing how individuals experience belonging and wellbeing. Deprivation of occupational choice lends the experiences to be indicative of occupational justice. The concept of occupational justice emphasizes an individual's choice in accepting opportunities and resources that support their enablement and empowerment (233). The complexity of issues impacting occupational justice called for the use of an eclectic approach in identifying and addressing these.

Lastly, issues of equity are more closely aligned with experiential dimensions of engagement in occupations and are shaped by governance, capital and power. For instance, pay equity which is viewed in terms of fair pay, pay progression is affected by governance, that is; statutory, institutional, structural and regulatory frameworks that may be in application. Benefits equity which include behavioral and mental health benefits, real-time emotional support, stress management are linked to one's habitus. Benefits equity may also relate to social capital, that is, social networks that one may get to be part of as work enables one to be part of the community. In summary, where inequity prevails occupational injustice may also be present.

2.5. Strengths and limitations

The Equitable Total Rewards Model is not an occupational therapy model; it was used to provide a lens for identifying equity dimensions of livelihood occupations, however, it may not provide a comprehensive picture. The study excluded non-English sources which might have added additional perspectives to the scoping review, especially considering that many non-English speaking countries are in the low-to-middle-income strata where research was deemed to be scant as per the findings of this review.

2.6. Conclusion

Knowledge and awareness of experiential facets of occupations can direct occupational therapists towards key interventions needed within environments in which livelihood occupations occur, particularly targeting reasonable accommodations and attitudinal barriers. Research is needed to understand occupations and experiential facets of these occupations in low-to-middle-income contexts. The scoping review mapped literature, mainly from high income countries, which indicates a dearth of research on the subject of livelihood occupations, equity and experiential facets of occupations for women with disabilities in low to middle income contexts. Livelihood occupations are a means to deriving benefit equity with disadvantage experienced in terms of career and pay equity. This knowledge is beneficial for occupational therapy, particularly those targeting reasonable accommodations and attitudinal barriers experienced as part of career inequity. More research is needed to understand occupations and experiential facets of these occupations in low to middle income contexts.

CHAPTER 3: Theoretical frameworks

3.0. Introduction

Scholarship on disability and women are broad interdisciplinary and multidisciplinary fields, which are aimed at practical social and political inquiry to investigate, uncover and remedy constructions, concepts and structural barriers that have traditionally resulted in the segregation of individuals that do not conform to bodily ideals (234). Any social reform agenda or knowledge generation must ideally be informed by diverse epistemological and methodological approaches (235). This position is acknowledged by WFOT (150) in their position paper on human rights. Consequently this study called for a framework of analysis that combined and utilised different theoretical perspectives.

Myths that typify the experiences of women with disabilities lie in the dialectic between exclusion and belonging, liberation and constraint (236). Within these dialectic interactions there is an essence of power, oppression and inequality which demanded that the researcher approach the analysis of the research from multiple viewpoints. The use of multiple viewpoints reduces tendencies to problematize the individual or societal structures. In addition adoption of such a viewpoint allows the position that what an individual chooses to do cannot be separated from her identity, nor from the social structures that inform the choice of occupation and identity (237). As such the occupational injustice conceptual framework was blended with Armatya Sen's Capability Approach and Bourdieu's concepts of field, habitus and capital. Adoption of Sen and Bourdieu's conceptual canons allowed findings to be viewed in a wider context; thus moulding and interpreting the experiential features of participant's livelihood occupations into components of occupational injustice in later sections of the dissertation.

The overarching position influencing the realities of occupational therapy service users are shaped by social policies and the political discourses. Governance, which works through policies and political discourse, embodies the determinants of occupational injustice. However, the elements of governance do not work in isolation when they influence or define the experiences of women with disabilities in their livelihoods. Personal factors also play a crucial role. Bringing together the interplay of the

Capabilities Approach and Bourdieu's concepts illuminated how the experiences then resulted in occupational injustice. Therefore, in order to provide plausible explanations of why these experiences occur the capabilities approach and Bourdieu's habitus and field framework were deemed by the researcher to be appropriate frameworks for this study. The resultant analysis using these two theoretical frameworks in chapter six was used to link the experiential components to the dimensions of occupational injustice in order to respond to Objective 3. This would then respond to Tuffour's (33) notion that research inquiry seeking to examine experiences of its participants should also seek to explore the historical or social-cultural conditions that triggered the experiences. The use of a multi-theoretical approach demonstrates that occupational therapy and contemporary occupational science thinking are part of a nexus that involves ideas from diverse fields such as development economics, politics, psychology and sociology among other fields of inquiry.

This dissertation is premised on the assumption that occupational therapy can push an agenda of social transformation through occupation, and that knowledge construction and practice in this area of scholarship can best be achieved through collaborative efforts with people experiencing diverse challenges within their occupational engagement.

3.1. Occupational Justice and Occupational Injustice

In this section the researcher briefly describes the concept of occupational justice, then shifts the discussion to its converse, occupational injustice, which is the major theoretical thrust of the study.

3.1.1 Occupational Justice

Occupational justice is a concept that evolved from discourses on occupational science. Its central theme is the interconnectedness of health, wellbeing and occupation (42,167). The premise of occupational justice is that occupation is a human rights issue that is influenced by morals, ethics and political ideas of justice (238–240). The understanding of occupations as a rights issue stems from the belief that occupation is a biological necessity that is central to people's survival, health and wellbeing. If this is the case, then people have a right to that which is central to giving them a life that is

worth living. The construct is akin to social justice¹² due to its belief in just governance, fairness, empowerment and egalitarianism, as well as sharing of rights and responsibilities (241,242). Occupational justice should thus be viewed as opportunity, process, and outcome with the desirable outcome of accomplishment of equitable opportunities (25,240), a position further elaborated in the next paragraph.

The 'occupation' in occupational therapy refers to more than just work or labour. When viewed within the context of occupational injustice the term implies the ability of people to engage in occupations of their choice¹³, and to do so in an environment that fosters this capability and enables access to resources for participation in meaningful, culturally-defined & health building occupations (26). The concept of occupational justice was first defined by Wilcock (26) as "the promotion of social and economic change to increase individual, community, and political awareness, resources, and equitable opportunities for diverse occupational opportunities which enable people to meet their potential and experience well-being" (p. 257). Through occupational justice the ability of people to find meaning and purpose through doing, being, belonging and becoming within the context of their circumstances, can be restored (129).

Where there is occupational justice, individuals and collectives can realize their needs through participation in culturally-defined, health building occupations that foster and encourage individual and communal strengths (243). As a principle, the WFOT deems occupational justice to underpin the belief in a fair and just society, recognising and catering for occupational needs of individuals and collectives in advancing healthy living (150). This principle, when applied to the study, is reflected through the following stances adopted by the researcher on livelihood occupations:

- Livelihood occupations should enable people to flourish, fulfil potential and experience satisfaction.
- Support to participate in [livelihood] occupations should be accorded and people to be included and valued as members of their family, community and society.

¹² Social justice relates to how social structures apportion or deprive power within society and institutions resulting in the oppression and domination of some social groups, such as people with disabilities

¹³ Here the researcher emphasizes purposeful and meaningful everyday choice

- People have the right to choose [livelihood] occupations for themselves
- There should be valuing of each person's contribution to value and meaningful societal [livelihood] occupations with concurrent equitable access to participation.
- Poverty, disease and social discrimination threaten the right to [livelihood] occupation (241).

3.1.2. Occupational Injustice

The notion of injustice relates to situations where there is inequitable distribution of resources and opportunities. Inequity is a dominant narrative in contexts where resources are scarce, which is typical of Zimbabwe. It should also be noted that even where resources are in abundance injustice can occur. There has been scholarship on what is called 'the resource curse' (244–246), where an abundance of resources leads to conflict and impoverishment of some populations. In such situations, resources and opportunities are kept within reach of a few people because there is perceived potential that power and control can shift if resources are available to those without. Occupational injustice is a construct mooted by Townsend (247) to illuminate the occupational therapy professions' realisation of the need to cast attention on how ethical, moral and civic factors can hinder or facilitate participation in health promoting occupations within various contexts. The concept of occupational injustice denotes deprivation of opportunity and choice of occupations for individuals and collectives, for example through exclusion, with the inevitable negative impact on their well-being (240). Injustice occurs when there is denial of universal access to the physical, social, economic or cultural resources or opportunities for people to be engaged in meaningful, culturally-defined, health building occupations (248).

The current work that has been done on occupational injustice largely points to structural influences as the source of injustice. For example, Townsend and Wilcock (249) are of the view that occupational injustices are reflected by stressful occupational experiences that are borne out of socially structured and socially formed conditions. The dimensions of social structure that determine the distribution of power have been identified as social policies and forms of governance which result in people experiencing restrictions to participate in occupations (250).

Occupational injustices refer to inequitable circumstances that hinder the ability and opportunity of individuals to fully realise their occupational rights (25,251). Violations can also exist at the collective level where the injustices affect social groupings that can be qualified according to age, sex or gender, disability, race, creed and geographical location. Rights are defined as “the right of all people to engage in meaningful occupations that contribute positively to their own well-being and the well-being of their communities” (p.62) (149). Discourse on occupational injustice isolates five occupational rights that, if infringed, may result in a consequent injustice, as described in Table 3.1 below.

Table 3.1: Descriptors of occupational injustice

Outcome of injustice	Descriptor	Rights – Outcome to justice
Occupational Alienation	People experience daily life as meaningless and purposeless (51)	Right to experience occupation as meaningful and enriching
Occupational Deprivation/ Disruption (243,249,252)	Deprivation is prolonged whereas disruption is fleeting	Right to develop through “ participation in occupations for health and social inclusion” (p.80) (51)
Occupational Marginalisation	People have no choice and may engage in occupation due to the obligatory nature of those occupations.	Right to exert individual or population autonomy through choice (232,233) in occupations
Occupational Imbalance	People are under/over/un-occupied. Emphasis is placed on quantity and quality of occupations	Right to benefit from fair privileges for diverse participation in occupations
Occupational Apartheid	The segregation of groups of people through the restriction of “denial of access to dignified and meaningful participation in occupations of daily life on the basis of race, colour, disability, national origin, age, gender, sexual preference, religion, political beliefs, status in society, or other characteristics” (p. 67) (238)	All groups of people participating in productive occupations have equal access to rewards from those occupations.

3.1.2.1. Occupational Alienation

The central point to alienation is whether populations have opportunities and choices within reach to experience meaningful and enriching occupations (249). It should be

noted the while some occupations are meaningful and enriching to an individual or group, the same may not have a similar effect on another group. While this researcher was initially inclined towards the opinion that enriching and meaningful occupations are a preserve of those who possess capital¹⁴, Hammel and Beagan (240) caution that occupations that one may regard as mundane, for example begging for alms, may not necessarily be meaningless. This observation speaks to different experiential features of the same occupation when performed by different individuals or to occupations, such as begging, that some may consider to be dehumanising, yet literature (253,254)¹⁵ talks of professional beggars¹⁶. In the same vein, Stadnyk and colleagues (255) observe that in some instances engagement in occupations is spiritually and mentally enriching to the doers and conversely some other occupations may be boring or lack meaning. For example, sheltered workshops may project a 'vision of meaningful occupation' to adults with disabilities yet be experienced as demeaning, soulless, coercive and tiresome by others (51).

Those who experience alienation may generally feel that they are *not part of* their environment, both the human and non-human elements can be experienced as alien to them. In terms of the dimensions of meaning¹⁷ they can be said to lack *belonging*. They thus experience prolonged disconnectedness, isolation, emptiness, lacking a sense of identity, having limited or confined expression of spirit, or a sense of meaninglessness (51). Alienation can be a prominent feature of institutionalised individuals who exhibit *soulless behaviour* due to long periods without engaging in meaningful and enriching occupation. Soulless behaviour means actions that lack human qualities, individuality and the ability to feel or produce deep feelings; activities that are soulless are tedious and uninspiring (256). The same characteristics are observable in non-institutionalised individuals who engaged in occupations (both paid and non-paid) that are guided by norms and routine, structured and devoid of opportunities for exercising choice and creativity (255). For instance, Bryant (257) identified these key issues in community mental health care; meaninglessness and

¹⁴ The word capital is applied in the manner in which Bourdieu theorizes it.

¹⁵ The literature quoted here is in non-occupational therapy related literature indicating a gap in occupational perspectives of begging

¹⁶ This is one instance where the researcher's prejudices came out. To the researcher begging for alms is a generally a dehumanizing occupation that is accompanied with negative experiences by those engaging in it.

¹⁷ See Hammell (429)

isolation as perceived by the individual and by others, and the lack of opportunity to be creative or control occupations and tasks.

The characteristics of occupational alienation influenced the decision to broaden the characteristics of respondents outside those considered within the requirements of homogeneity¹⁸ of the sample. A judgement on whether or not one can be said to be experiencing occupational alienation may need the first-hand narrative of the one being researched because the researcher may wrongly conclude based on their own foregrounding.

3.1.2.2. Occupational Deprivation

Occupational deprivation is a state where individuals' or collectives' access to participate in occupations of necessity and meaning is denied or restricted due to factors outside their control (252). Examples of such factors include age, ethnicity, race, disability, sex and gender roles. The latter three factors are central themes in this study. Another perspective of occupational deprivation is the view that limited choice in occupation, due to an 'isolated location', also result in occupational deprivation (51,240). Though the study site, Bulawayo, is not 'isolated' in the geographical sense it is isolated politically, developmentally and ethnically (258,259)¹⁹. Development is influenced by governmental policies; thus certain regions may lag behind. This potentially adds layers to the marginalisation the women with disabilities may experience. With regards to deprivation in institutions, Whiteford and colleagues (260) documented how occupational therapists utilised practice based inquiry to refooster an occupation-centred focus in an Australian mental health institution.

3.1.2.3. Occupational Marginalisation

This is an injustice that operates invisibly and through stereotyping how, where and when people should participate; it works through influencing subtle, day to day choices and decision making power as people engage in occupations (51). For people with disabilities marginalisation occurs when they are excluded from employment opportunities and have low expectation that employment is even possible (261). Some

¹⁸ See methodology chapter detailing aspects of how diversity was sought within the sample

¹⁹ See the reflexivity section in chapter 3 for further explanation

policies are developed under the guise of empowerment - where persons with disability are given income generating projects even where they can also compete in the open labour market. Decision making within social, political and economic spaces may be influenced by ideas of normalcy and ablement, with the outcome of exclusionary environments being created for people with disabilities by restricting their physical access or social opportunities (262). Choice and control are essential components of participation in occupations. These two attributes give power and agency and are the basis of empowerment, and individual and communal health.

3.1.2.4. Occupational Imbalance

Occupational imbalance can be described according to quality (variation) and/or quantity (range) of the occupation. As such a person can be un-occupied, under-occupied, over-occupied and occupationally overburdened (51). These terms are applicable to both the quality and quantity perspectives. The applications of these descriptions are subjective and can be influenced by personal experiences. Some authors (240) raise questions as to who has the prerogative to ascribe imbalance and how it is measured. The reasons cited is that imbalance is mainly identified amongst those who are powerless, marginalised and poor while there is lack of inquiry on how the injustice manifests itself in the elite.

The basis for occupational imbalance is the right to equal privileges and opportunities as well as the benefits associated with occupations (249). Under-employed people experience less mental, physical and social exercise while over-occupied people can be overwhelmed with demands placed on them. Those people that are unemployed may be over-occupied with livelihood creation through multiple paid and unpaid occupations. Occupational imbalance is also contextual and temporal. For example, a woman with disability who is a vendor can be deemed to be over-occupied when she goes to seek for wares at the market in the morning because the demands placed upon her when doing this part of her livelihood occupation are high. The task may require using public transport, which is not ideal for persons with disability, then have to navigate a busy potholed market place with a wheelchair or cart. However, this part of her livelihood occupation may also be the most meaningful when compared to just sitting at her stall and selling her wares.

3.1.2.5. Occupational Apartheid

The prevailing themes within descriptions of occupational apartheid are the role of politics and the segregation of large groups of people from participation and/or benefiting from the outcomes of occupations. The concept is in many respects akin to the first four described above, but there have been development in it conceptualisation. The concept was initially defined by Simo´-Algado and colleagues (263) and subsequently conceptualised by Kronenberg (238) as the “systematic segregation of groups of people from occupational opportunity that occurs on the basis of skin colour, social status, or gender through the restriction or denial of access to dignified and meaningful participation in occupations of daily life” (p.67). Townsend and Wilcock (243) later described occupational apartheid involving situations in which some groups within a population experience social isolation on the basis of not having the capability to derive a share in the benefits of economic production. Since the cause of occupational apartheid is identified as political and systemic forces, occupational therapists need to focus their interventions on the political nature of structures, both systemic and institutional, that cause the exclusion of individuals and groups from social participation (238). Professionals are regarded as duty bearers and social agents who are influenced by and should also influence political forces for the removal of mechanisms and barriers that restrict them from accessing occupational opportunities.

3.1.3. Bourdieu’s habitus, capital and field framework

Bourdieu viewed individuals as having objective and subjective dimensions. The objectivist dimension conceptualises humans as being part of wider and multidimensional society which is composed of a multitude of spaces that he called ‘fields’. Fields are the various social and institutional arenas in which people compete for the distribution of different kinds of capital (14) for example networks, family, school, work, social groupings or set of relationships which may be intellectual, religious, educational and cultural (15). A disabled young man in Hammell’s (264) doctoral thesis remarked: “... *We’re [all] doing the best we can with what we have*”. The phrase “*what we have*” can be viewed as depicting capital that the respondent had access to; it also acknowledges others in his environment in which he forms part of a community and the environment.

As alluded to earlier, individuals compete for, and can have access to one or more of the various forms of capital within a particular field. Capital is an attribute that is further disaggregated into economic, cultural and social capital as shown in Table 3.2.

Table 3.2: Types of capital in Bourdieu's theory of practice

Form of Capital	Description
Economic capital	Assets, wealth, finances, work and property
Cultural capital	Signifiers of cultural competencies such as educational qualifications, skills, knowledge, tastes, codes, norms and rules, communication; that apply to certain fields
Social capital	Social and personal networks, associations with certain titles and positions of influence
Symbolic Capital	Commonly designated as prestige, authority. "...the acquisition of a reputation for competence and an image of respectability and honourability..." (p. 291) (28)

Economic capital (which is a direct benefit from livelihood occupations) can be converted into other forms of capital over time. Capital can only matter if it is recognised or accepted as such, a concept Bourdieu refers to as 'legitimation'. Social capital is a multidimensional concept which is defined as a collective and shared resource that shows itself as a characteristic of social networks. It directly impacts opportunities for people to act collaboratively and provide each other with social and other forms of support geared towards effective attainment of shared goals (265). Reciprocity and symbiosis are implied in social capital which involves the mutual exchange of supports, benefits or resources. Of importance is the centrality of individuals within their networks and the value that connections bring to individuals. High levels of social capital are associated with better coordination of tasks, cooperation and positive mental well-being (265). Social capital emanates from experience and opportunities that those not involved in the world of work may be excluded from (266). The researcher was interested in determining whether livelihood occupation resulted in the creation of social capital and whether engagement in these occupations was influenced by social capital.

Cultural, social and economic capital can evolve into symbolic capital within particular fields. Symbolic capital relates to how other players within a field perceive the value/amount of capital that one holds and as such ascribe to her a position/class within that particular field. One's positioning into a class or movement in-between

classes is also subject to the combinations of the types of capital one has. Bourdieu also introduced the notion of *doxa* which constitute the rules, norms and beliefs that govern how the specific field operates. For example, the *doxa* determines what is acceptable or not and how people get assigned different positions in the field.

The subjectivist dimension was based on the view that individuals express and reproduce their own way of 'being'²⁰ into a field. This 'being' is reflected through a learned, internalised and predisposed composite way of thinking, acting, interacting, wanting and moving in/through the social environment; including posture, physical/psychological demeanours, outlook, expectations, and tastes (267,268). The habitus is significantly shaped by characteristics such as level of education, ethnicity, religion, gender, race, sexuality and social class. It represents socialised norms or tendencies that guide behaviour and thinking and is associated with being part of a broader societal group and the activities that form part of everyday life. Habitus is "the way society becomes deposited in persons in the form of lasting dispositions, or trained capacities and structured propensities to think, feel and act in determinant ways, which then guides the individual" (p.16) (38).

The habitus emerges in concrete social systems that can comprise anything from loose social networks to groups and organisations. The habitus is remarkably durable and forms with influences from childhood. Habitus is a historically determined attribute in that it is socially and culturally acquired over time. It influences the way an individual responds to various aspects of the environment around her, which shows through attitudes, mannerisms and actions. From this influence, a person is able to perceive and decide on what is achievable or not achievable in his or her life. The habitus plays an important role in shaping experiences as well as it is also shaped by a person's experiences. As such, the habitus can be a transforming structure or, otherwise one that limits perception of and achievement of one's livelihood goals. Early experiences have a greater influence on the habitus and the perceptions or practices emerging from it; so, when confronted with new or challenging situations, the habitus can be an important resource or can have a tendency to protect its own constancy and defend itself against change and questioning (269). Where the habitus assumes a limiting

²⁰ For more notes on the 'being' concept refer to the section of this chapter outlining the theoretical nexus. The existence and similarities in the explanation of the concept by Heidegger, Wilcock and Bourdieu further strengthens the linkages between the theoretical frameworks and methodology.

role, women with disabilities can have experiences that might make them averse to new opportunities.

The habitus is a fluid concept that is constantly subject to new experiences and is continuously transformed over a long (historical) period through an interplay between it and the individual's environment (15). It operates as a lens through which new experiences are received. As individuals enter a field, the conditions of existence in that particular field hail the individuals to respond to themselves and their surroundings in specific ways - to the point of habituation (270). This implies that if conditions of existence are adaptive and enable function the individual may respond as such. The position the individual occupies in the field's social space also influences how his/her habitus becomes structured. However, where the habitus is in action not all of its traits or layers are operational. Some can be inhibited, emphasized or reinforced depending on the newness, intensity or repetition of the experience (269).

Habitus manifests in the individual and collective action of the agents within a particular social system. These agents within the same social space or class possess identical conditions of existence and conditionings on the basis of possessing similar capital which then cultivates a similar *habitus*. This implies that at the collective level injustice to a particular homogenous grouping can cause a perception (or experience) of that injustice permeating to every member of that grouping. Likewise, any improvements within the conditions of existence of that grouping can have a spill over effect onto other members of that grouping within and between different fields. The phrase 'conditions of existence' means the individual's relative position from resources and the experience that this then generates (271). Atkinson (ibid) goes on to explain that the conditions of existence shape "the dispositions, schemes of perception, and subjective aspirations of the habitus" (p.60) (272) as the individual strives to accumulate capital (goods, powers and services). Bourdieu referred to 'feel of the game' when individuals or collectives, through their habitus, are able to determine or map what goods, practices, and aspirations are accessible, reasonable or otherwise; this is done through a subconscious learning process (271,273,274). An illustration of the preceding point on the negative influence of the habitus is reflected in Hilger's (269) observation that agents conscious of their potential exclusion from a social space often end up excluding themselves from it.

People often experience power or lack of it in varying ways, depending on which field they are in at a given moment (14) therefore, context and environment are key influences on habitus. What this essentially implies is that if society promotes the perception that one is incapable, one can become such. If society does not create opportunity within the various social spaces one is inclined to act in a way that corresponds to that extant situation. Habitus is created through a social process that is dynamic and constantly mutative, evolving and leading to patterns that are enduring and transferrable from one context to another. Agents perceive, understand, evaluate, adapt, and respond to their circumstances according to their habitus. The habitus is useful in addressing the gap that the occupational injustice framework has, that is, it can help to explicitly explain how person factors contribute to the denial of occupational rights. In this study the habitus concept helps explain why women with disabilities 'choose'²¹ to engage in the livelihood occupations that they engage in.

Lastly, the researcher draws parallels between 'habitus' and 'habit'. These two are different concepts. The term habit is a well-known concept in occupational therapy. Work done on developing and explaining the concept was notably done by Gary Kielhofner in the Model of Human Occupation. Habit is defined as the automatic, mechanical repetition of the same behavior (275,276). In other words, habit is a concept which is mainly reproductive and not productive, as habitus is (373). Like habitus, habits are dependent on context and environment but habits are considered 'notoriously' resistant to change (275) while habitus is dynamic, constantly mutative and evolving. According to Fritz, habits are behaviors that form part of one's lifestyle and they evolve and are operational through repetition of personal experiences in specific contexts (277).

3.1.4. Sen's Capabilities Approach

Conceived by Amartya Sen, the Capabilities Approach propositions that social arrangements, in this case the livelihood occupations of women with disabilities, together with pursuant experiential factors, should be primarily evaluated according to the extent of freedom people have to promote or achieve plural functionings they value

²¹ The word 'choose; is used cautiously here since it depicts conscious choice but the researcher recognizes that factors other than personal choice can influence why women with disability engage in the particular livelihood occupations they engage in. The researcher combined three frameworks in recognition of this respect to avoid being reductionist and stereotype women with disability.

(16). The concept of freedom is pervasive but not given equal degrees of attention across the three theoretical frameworks used in this study. As is seen in Sen's conceptual canon where, it is a more pronounced notion, freedom is an attribute that's not uniform across individual, an observation mirrored by Hilgers who noted that "The degree of freedom varies, in fact, with the social position of the individual and the degree of officialization, institutionalization, and ritualization of the context" (p.741) (269). Privileged classes have access to higher degrees of freedom. Free choice often appears as an "obligatory freedom whereas it should be a conscious freedom" (p. 95) (448). It may seem that the choices that women with disabilities make are obligatory, that is, those choices are the ones that are available.

The core concept under consideration in the Capability Approach is the type of life that people are able to live (what people are effectively able to do and to be), that is, their capability to achieve or accomplish the life they want (17,55). According to Sen, functionings are different from capabilities as follows:

"A functioning is an achievement, whereas a capability is the ability to achieve. Functionings are, in a sense, more directly related to living conditions, since they are different aspects of living conditions. Capabilities, in contrast, are notions of freedom, in the positive sense: what real opportunities you have regarding the life you may lead" (p.36) (1).

A valuable life is reflected through the beings and doings, which are referred to by Sen as achieved functionings (16,278). Capabilities (freedoms²²) are those functionings that are effectively possible while 'achieved functionings' are those that have been realised. Functionings include working, resting, being literate, being healthy, being part of a community, being respected, and so forth (17). The question that the Capabilities Approach asks is whether or not people have the capabilities to lead the lives they have reason to value, that is, do what they want to do and be the persons they want to be. Central to doing and being, is the notion of choice. Attention is placed on the

²² From a Bourdieusian perspective, "Freedom is conceived as the knowledge of constraints (self-objectification through sociological analysis), as the capacity for self-determination toward a chosen finality, and as relatively free action despite the obligations that stem from a given position in the social space. It supposes the dispositional capacity of the agent but also the configurational (i.e., relative to the field) and situational (i.e., relative to the concrete interactions that actualize the structure of the game for the actor) capacity to adopt a free behavior that is probably more difficult to foresee for his or her partners. At the moral level, freedom becomes an instrument of struggle against social inequalities..." (269)

variability of choices that people have not only what they can do. Further, more focus is placed on the choices that people can envision and identifying the enabling or constraining social structures influencing the opportunities that people have (279).

Capabilities differ depending on the setting and nature of occupation. They do not always lead to the same functioning. This results in different experiential features of the livelihood occupational engagement, even for individuals in a homogenous group. For instance, two people can have different substantial opportunities and resultant functionings with the same capability set. When compared to their non-disabled counterparts, women with disabilities can do less with the same income. The same can also be observed when they are compared to their male counterparts. Distinction should be drawn because the disabled person cannot, thus, be judged to be equally advantaged — with the same opportunities — as the person without any [impairment] but with the same set of means or instruments (such as income and wealth and other primary goods and resources)(280).

The philosophy of the Capability Approach resonates well with the person-centred philosophy of occupational therapy as well as the subjective philosophy of the qualitative research paradigm. As an example, Sen is of the view that people are very unique, a thought further elaborated by Britz and colleagues (281) who noted that “it seems counter to justice to assume that we must treat the needs of a person who requires only a piece of bread to be happy as equal to those of a person that requires expensive caviar to achieve similar levels of happiness” (p.108). Sen clarifies this by noting that the contribution of commodities to a person’s life is reliant on personal and contextual factors. He gives the example of a bicycle and notes that the utility of a bicycle to a person’s mobility is very much reliant on their physical condition (personal conversion factor), the social norms, for example whether women are socially allowed to ride a bicycle (social conversion factor), and the availability of decent roads or bike paths (environmental conversion factors) to enable effective use of the bike. Similarly, for a person with a spinal cord injury, a wheelchair has the characteristic of providing transportation; it does not have such a characteristic for a person who can walk (55). Further, personal choices may also affect what type and level of functionings an individual can achieve (17).

The Capabilities Approach is characterised by a broad and open applicability and has been used to analyse gender, disability and poverty. To Sen, disability is defined at two levels; deprivation of capabilities and deprivation of functions (55). The Capability Approach is thus a useful framework for analysing disability. Disability is looked at from three dimensions, that is; disability at the capability level, potential disability, and, at the functioning level, actual disability. This framework also helps explain how disability may result from three types of factors: the individual's personal characteristics (e.g., impairment, age, race, gender), the individual's resources, and the individual's environment (physical, social, economic, political). In the capabilities approach, disability is looked at as capability deprivation and occurs when an individual is deprived of practical opportunities as a result of an impairment (55). This definition aligns with that given in the CRPD which looks at disability as physical, mental, intellectual or sensory impairments which in interaction with various barriers may hinder their full and effective participation in society on an equal basis with others (282). Therefore, presence or absence of resources in the environment is one of the fundamental factors that produces disability.

3.1.4.1. Use of the Capabilities Approach

The capabilities approach is a cross-disciplinary framework which also focuses on rights, which, from an occupational therapy perspective, provides an unambiguous mandate for occupational therapists to inform rights-based practices (25). The intersection between the capabilities approach and occupational justice is the issue of rights. The capabilities approach is considered to be a comprehensive, broad and a loose paradigm; an enabler to think and conceptualise normative issues (17,279). Mitra (55) suggests that Sen left the Capability Approach open to allow for plurality. The approach's broadness allows for looking at simple and basic abilities to complex ones, which allows for a broader qualitative evaluation of a person's lived experience especially where taken-for-granted assumptions are concerned. The broadness also allowed, in this instance, for infusion of other ideas and detailed analysis of the phenomenon under investigation. The thinking around the capabilities perspective was influenced by the argument that development (theories, social evaluation and policies) should be focused, not on monetary or empirical indicators of access

measurement such as GDP, but on what people are able to do and what they can become (281).

For the purposes of this research, the capabilities approach was used to deepen thinking and extend ideas surrounding occupational justice. In conclusion of this section, Sen's Capability Approach provides a powerful framework for examining various forms of deprivation, such as disability, gender discrimination, and poverty, and point to neglected areas of research (55). Sen's conceptualisation of capabilities as being context specific brings flexibility in the application of the Approach. The fluidity allows for both longitudinal and cross-sectional analyses of people's livelihood creation leading to appropriate policy responses.

Theorists, including Nussbaum have provided critiques to Sen's approach, suggesting a canonical perspective in which capabilities are definitive and listed should be developed. For the field of occupational therapy, Mousavi and colleagues (283) favour Nussbaum's approach. However, the researcher felt that Nussbaum's conception leaves less room for use alongside other perspectives due to its prescriptive nature.

3.1.5. Occupational Justice, Capability Approach and Bourdieu: A nexus

In this section the three theoretical frameworks are brought together as conceptualised for this study, showing linkages between them. The conceptualisation does not surmise that any of the theories is more dominant than the other two. The linkages presented in the conceptualisation are by no means exhaustive, but are complex and need further research and validation. The linkages serve as premise for the theoretical positioning adopted for this study. Consequently, the researcher notes in advance that the data collected in this study can be looked at from multiple points of view and thus produce new useful interpretations. The thrust is to answer what the experiences of women with disabilities are in converting available goods into meaningful opportunities to fulfil a valuable end, which in this context is achieving a livelihood. From Sen's viewpoint, "...what matters...is not what you have, but what you can do with what you have" (p.108) (281). Using this theoretical framework the researcher extends the thinking by asking what causes women with disabilities not to have or to have, what is their perception of not having or having and how does this shape their experiences of their livelihood occupations.

Occupations can be looked at from the angles of what people *want to-*, *need to -* and *can do* considering their contextual environments (255). With its inherent emphasis on rights, responsibilities and liberties that facilitate occupational engagement, occupational injustice is a relevant frame of reference in conversations on denial of resources and opportunities for vulnerable and marginalized groups such as women with disabilities. Occupational injustice relates to violation of occupational rights, which according to Hammel and Beagan (240), are vaguely defined. The capabilities approach has the utility of identifying and addressing occupational rights (25,240).

Bourdieu and Sen's approaches provide valuable insight into processes that inform or culminate into injustice. In light of this observation the researcher notes Bowman (3) who positions that:

“Sen's capability approach emphasises normative understandings of freedom and capability (but) Bourdieu's concepts of field, forms of capital and habitus...enable a deeper understanding of the processes and experience of inequality” (p.3).

Persons' ability to engage in their livelihood occupation is dependent on their capabilities that are influenced by their conversion factors. Conversion factors comprise of environment (climate, infrastructure, and the availability of related public goods and services), social (hierarchies in society, social norms, public policies, and cultural practices) and personal (intellectual capacity, level of education, skills and physical conditions) (17,281). Within the nexus conversion factors also incorporate the person's habitus and the capital that they possess.

Hammell (284) expresses concern about the less attention paid by occupational therapists to determining how power influences the experience of occupational engagement more so, the definition of disability. Empowerment is a relational concept, where empowerment of one may contribute to disempowerment of others to whom the person is related. Power relations are inherent in shaping empowerment, which is viewed as enhancing ability to make a choice. Empowerment implies that an ability was previously denied, and to empower a person involves changing existing power dynamics. In the theoretical nexus depicted in Figure 3.1, power/agency is an important component that shapes experiences and meaning of livelihood occupations. Women with disabilities can be empowered or disempowered through and by the

components under the conversion factors, that is; habitus, governance and capital, acting individually or in combination.

Choice is an important concept; capabilities allow for choice where these capabilities are available or accessible. Choice is also referred to as 'the freedom to achieve' and differs from individual to individual and from context to context (281). The concept of choice is covered significantly within the occupational justice subcomponent of occupational marginalisation (237,285). Within the context of occupational marginalisation, people may have no choice in occupation due to obligatory or default nature of those occupations. The importance of choice in the theoretical nexus (Figure 3.1.) cannot be overemphasised. Choice basically is a function of ability and opportunity (determined by personal and environmental diversity) and implies responsibility on the person making the choice²³ (281). This buttresses Sen's argument that capabilities are individually and contextually determined. Therefore, a clear understanding of individual, social, structural and environmental conditions and circumstances is a prerequisite for understanding and knowing the abilities of people to put available products and services to use to enable certain functionalities (281). Within the capabilities framework, choice exists where there are opportunities and options, what Gasper (286) calls the O-capability.

Within the nexus, disability is not strictly associated with impaired body parts, but rather with addressing an oppressive social environment. If disability is associated with social oppression, then people with disabilities can be viewed as disempowered and therefore the collective victims of an uncaring, discriminatory and unknowing society (287). As such, society and its institutions are thought to create disability through legislation, social attitudes and barriers. Therefore, society's failure to provide appropriate services is thought to contribute to the exclusion and marginalization people, and thus creating disabling conditions for persons who are excluded from opportunities to participate on an equal footing (283).

The three theoretical perspectives used in this study, that is, occupational injustice, the Capability Approach and Bourdieu's habitus, capital and field do not locate disability in impairment; instead they confluence on the understanding that disability

²³ Choice can be made not to engage in livelihood occupations and as such these should not be construed as the be all and end all goal of occupational therapy. Other daily occupations can be preferred in the pursuit of occupational justice and achievement of health and wellbeing.

results from a deficiency of opportunities arising from the interaction of personal factors, social factors, environmental aspects and the available goods. Another common feature of the three frameworks is that they attempt to look at society as being composed of different fields, for example, home and work, within which an individual functions. Each field has its own instruments that an individual can utilise. These instruments can be transferable from one field to be an advantage in another, for example information and knowledge. Do women with disabilities recognise what the instruments are, are these instruments a points of strength or can they identify cultural, social or economic spaces in which these certain instruments and advantages are? For instance, in livelihood creation there are certain customs instruments that give advantages, for example, persons with disability can import vehicles duty free into Zimbabwe. Such vehicles can then assist them in mobility and carrying merchandise.

Within the theoretical nexus (Figure 3.1) functionings are achievements, which can be extrapolated to correspond to dimensions of meaning, namely; being, belonging, doing and becoming. Both theories provide a perspective that capture interrelatedness between doing and the corollaries of such doing. Scholars like Hammell (288) and Gewurtz (289) have recommended a refocusing of the discourses on occupation to newer understandings that centre on dimensions of meaning rather the traditional categorisation of occupations into self-care, leisure and work. The current categorisation is viewed as reductionist, value laden, simplistic, decontextualized and does not sufficiently accommodate subjective narratives of experience (290). Disregard for the impact of economic, political, and social structures on opportunities for occupational engagement and the consequent experience of occupational engagement objectifies occupations reflects an unchallenged positivistic approach to knowledge (291) on occupations. Where people perceive the environment as restrictive they may lack power leading to disrupted capabilities resulting in cessation of doing, being, becoming and belonging²⁴.

The dimension of 'doing' concentrates on the task and what attributes engagement in the task gives. These attributes relate to the capacity for experiencing, finding

²⁴ Belonging implies that occupations foster interdependence with and connections to human and non-human elements of the environment, that is; nature, others and ancestors, collaborative, collective, contributive and reciprocative occupations and relationships, and those valued for their social context and potential to strengthen social roles (535). Also see Adams and Casteleijn (536) and Ramugondo (537) for insights on "belonging"

meaning, interaction, decision making skills, managing, trying out, exploring, creating, clarifying values and beliefs, coping with stress and adapting to changes in life circumstances and demands (289,292). Doing can form the basis of being, belonging and becoming. 'Being' is a dimension of meaning that focuses on the self and how engagement in occupations creates a space for people to be true to themselves, their identity, and appreciate their uniqueness within our interactions with others (292). The notion of 'being'²⁵ is not static and is context- and temporally specific. 'Being' can be revealed through introspection and reflection on how one is positioned within and by social structures. 'Becoming' points towards a continuous evolving of one into what one aspires to be through engagement in occupations. The notion of 'being' is not necessarily career oriented but it is identity oriented and points towards a quality or characteristic of being, for example, through livelihood occupations one may desire to experience being a useful person in society or to be a person with a capacity for possible future work participation. Figure 3.1. below outlines the conceptualisation of the theoretical nexus:

²⁵ "Being" is a concept that has prominence in hermeneutic phenomenology which is a foundational methodology theoretical perspective. Referred to as 'Dasien' by Martin Heideger, "being" denotes the existence of a person as a being both in and of the world. Our being-in-the-world influences how we perceive our experiences and meaning, how we construct our identities. As such, it is not something we can eliminate or bracket (538)

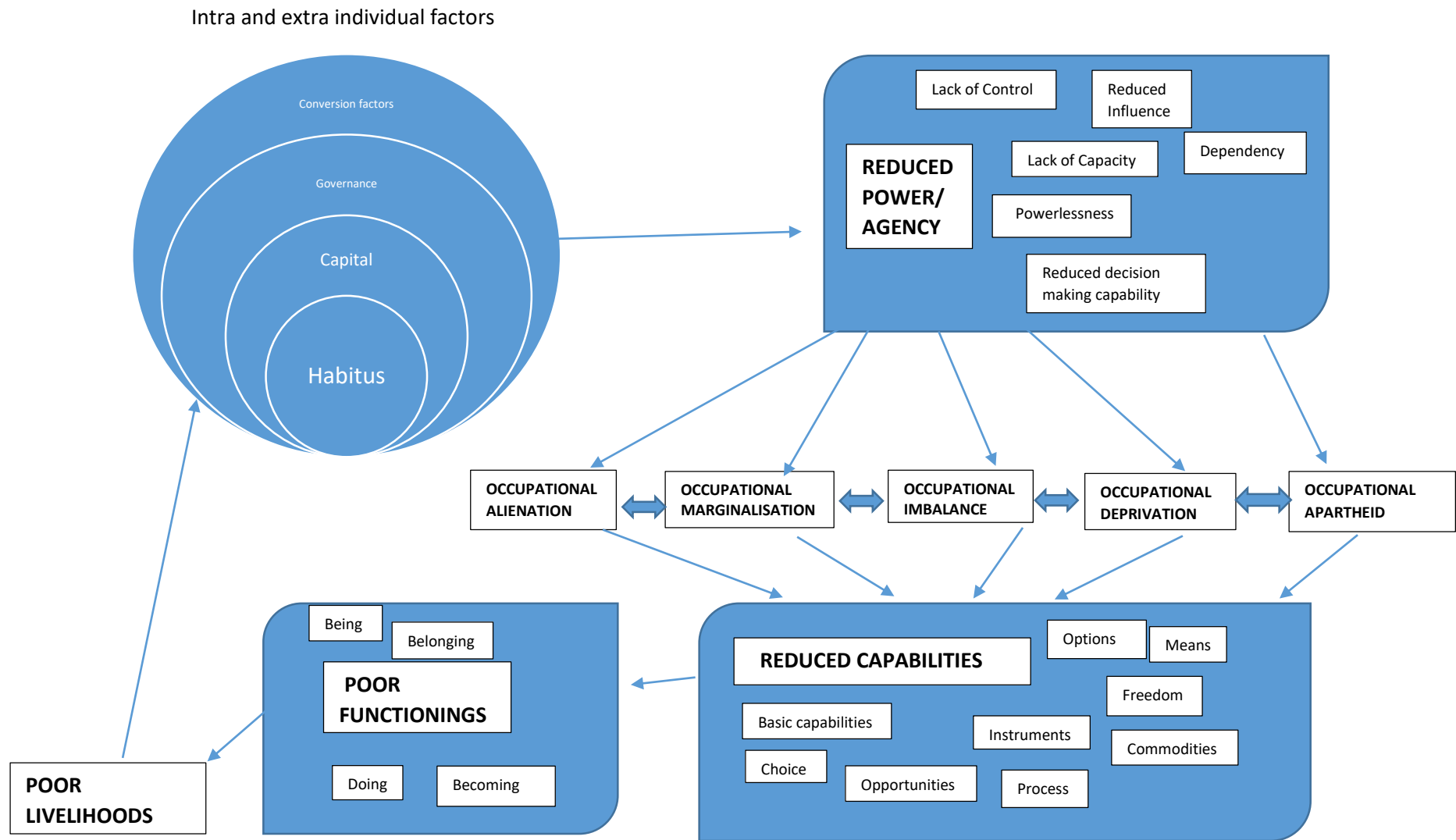


Figure 3.1.: The habitus, capital and occupational injustice nexus as conceptualised for this study

Within the nexus (Figure 3.1), the forces influencing occupation and its consequential experiential factors are illustrated. Furthermore, the notion that an individual cannot be separated from their environment is reinforced. Conversion factors include the person and environmental factors which influence each other in determining experience and meaning placed on the livelihood occupations. The conversion factors determine the power that one has and the extent to which this power can be exercised through decision making, making choices, being in control of one's situation and having the knowledge or capacity to engage in occupations. As highlighted earlier power is a relative concept and it is one's power viewed vis a vis others' that shapes experience and meaning. Gallagher notes that is relative inequality that impact greatly on health (237).

3.2. Conceptualisation of the notions experience and meaning

In this study 'experience' and 'meaning' are crucial components. The centrality of these two concepts necessitates their interrogation in order to then reveal them in their entirety as they relate to livelihood creation. Therefore, a conceptualisation of these two concepts is given in this section. It was of significance that the researcher attempts to minimise any gap between the participants' perspectives as they are narrated and his resultant interpretation of these narratives. This section was deemed necessary to ensure that the characterisation of 'meaning and experience' and corresponding MeSH terms used in the search builders of the different databases fall within parameters of "meaning" and "experience" as they relate to the study objective and IPA as the methodology.

Daher and colleagues (293) observed that participants' perspectives are commonly thematized in terms of experiences and their meaning leaving aside the discussion of what these terms actually stand for. This section looks at what meaning and experience are, how they operate, whether they are individual or collective and how they can be accessed.

3.2.1. Conceptualising meaning

Within IPA, researchers are concerned about people's orientation towards and involvement in the world and how they make sense of it (294). The 'meaning' that is

of importance to this is not what is denotative²⁶ but that which is existential. The latter implies infusing purpose, mattering, coherence, continuity, self-worth and value into the lives that people live and the activities that people do every day, which is a core philosophical element of occupational therapy. Giving meaning to something does not imply merely defining it but suggests a personal connection and assigning it a position (293) that is determined by a dynamic mix of personal history, current identity and activities, and future identities and goals (295).

Meaning is constructed through a cognitive process that involves mentally connecting present physical events to existing knowledge structures. Ikiugu (296), describes meaning as highly subjective and dependent on a persons' past experience, current circumstance and preferences. It is therefore mutable and identifiable within interactions between a person and the elements of his or her environment (human and non-human). This interaction is mediated by language.

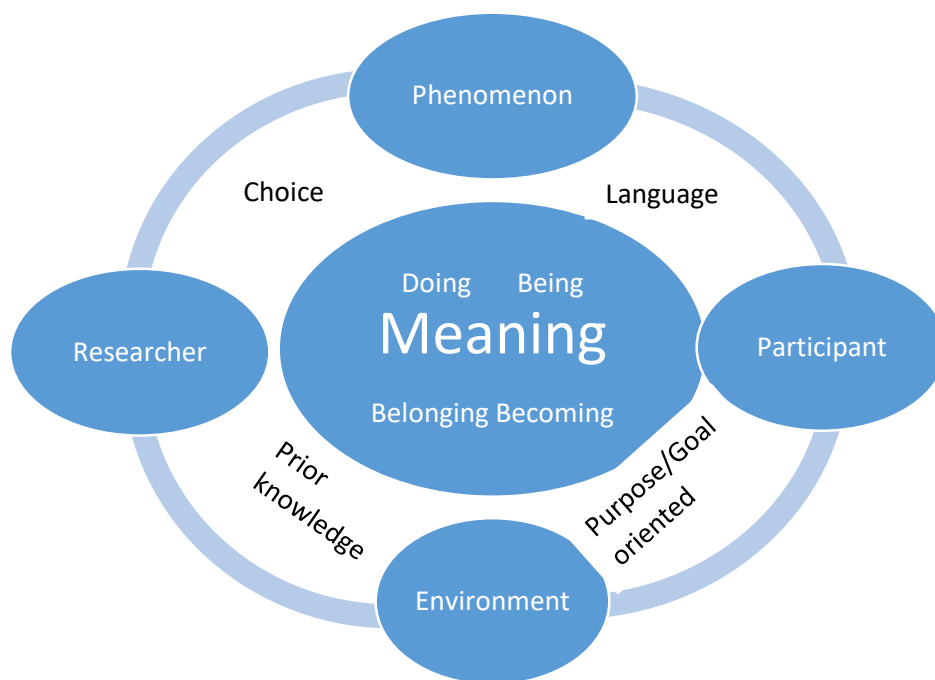


Figure 3.2.: Meaning dimensions and co-creation of meaning

People's involvement in the world is through doing (53,297) and how they make sense of it is projected through what they say about this 'doing'. Doing does not necessarily

²⁶ "Denotative" dimension refers to the basic everyday usage of the word in English language for example "the meaning of a word or sign or symbol", that is, plainly what something stands for.

refer to behaviour but implies culturally-located, goal oriented actions (293). Four dimensions of meaning, namely; doing, being, becoming and belonging (53,297) are identified in literature. There is an interplay of the reflexivity by the researcher and meaning components of the livelihood occupation of the women with disability as depicted in Figure 3.2. above. The concept of co-creation of meaning is central in IPA and is explained in the next section.

3.2.2. Conceptualisation of experience

The perspective of a particular people within a particular context is defining of how a phenomenon can be experienced, yet experience is often taken for granted as routine and ordinary. Within this precept Smith and colleagues (294) note that experience is complex, uniquely embodied, situated and perspectival, a position echoed by Daher and colleagues (293) who then call for the experience to be captured using methods that are able to do so within the confines of this uniqueness. Experience of a phenomenon is a personally unique perspective of a person's relationship or involvement with or in that phenomenon. Access to that experience relies, to a greater extent, on how and what the individual shares about that experience. Figure 3.3 below shows the synthesis of factors that interact to bring out experiential facets from the narratives of the participants. Hermeneutics provide a useful framework with which to inquire into how people construct meaning basing on how they experience the world, themselves and others²⁷.

²⁷ See Chapter 3 for complete detail on the methodology as it is informed by hermeneutics

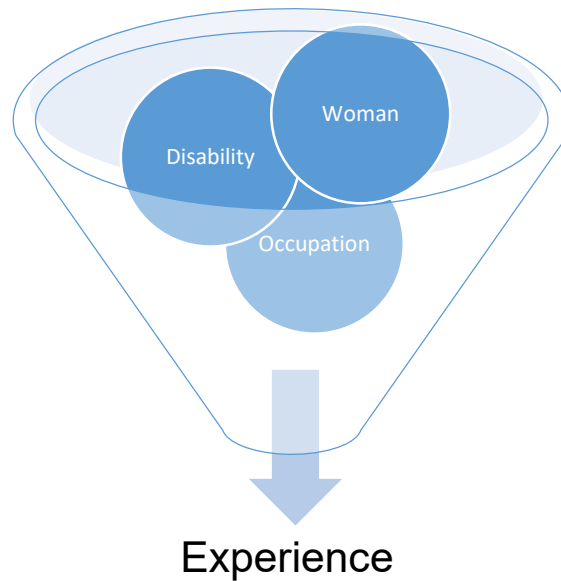


Figure 3.3: Illustration of synthesis of participants' characteristics to derive experience

An experience has significance in a person's life and one has to be aware or be conscious of what's happening for it to be called an experience. For this study the constructs of disability, being a woman and occupation (livelihood) are looked at in relation to how they shape and are shaped by the experience of engaging in livelihood occupations as shown in Figure 3.3 above. These three constructs can generally be experienced individually and it is important to identify where this shows and how then it contributes to the holistic interpretation of the woman's narrative when it is viewed in terms of the theoretical constructs of occupational injustice.

3.3. The link between interpretative phenomenology and the theoretical frameworks

This section bridges this chapter and the next chapter by looking at the synergy between the theoretical frameworks and the methodology. The three schools of thought applied in this study are compatible with interpretative phenomenological analysis (IPA). Atkinson (271) notes that there are links and convergences between Bourdieu's system of thought and phenomenology as a philosophical school of thought (and therefore, IPA as a prescribed methodology that is informed by phenomenology). One shortcoming of IPA has been that it gives rich information and understanding on

a person's life experiences but does not provide an explanation of why these experiences occur (33). The utility of the theoretical perspectives employed in the interpretive phases of the research is therefore underscored by Sutton and Zubin (31) who draw attention to the position that interpretation of data in IPA relies on the theoretical standpoint that the researcher has taken. As such the researcher acknowledges the interconnectedness of the discipline of occupational therapy with other cognate fields. Therefore, it was the researcher's position that describing what people can or cannot do can be complemented by an attempt to explain the likely cause and consequences of the same. This should ultimately culminate in suggesting solutions, which is a process that relies on strong theoretical foundations.

Grigoriou (298) writes that "IPA permits the researcher to open a dialogue with the existing literature, an interrogation that aims at the illumination of the theories" (p.8). Carpenter (299) highlights that the lived experience gives meaning to one's perception of a given phenomenon as influenced by everything internal and external to the individual. Bourdieu and Sen's theories provide essential explanations of the likely external and internal features that can illuminate why women with disabilities experience livelihood occupations the way they do.

In addition to the concepts of habitus, field and capital the researcher locates the notions of individuation, doxa, legitimation and reflexivity/reflexive sociology within Bourdieu's theorisation as being relevant to his interaction with the research concept. These additional concepts are an extension of the first three and are infused into the research as follows: firstly, individuation goes hand in hand with the concept of idiography. Individuation is defined as "the ability to explain the multitude of differentiating factors among individuals in similar [homogenous] relational [circumstances] that make them—their habitus and hence their practices—idiosyncratic" (p.5) (271). Idiography is an important formative concept of IPA and it recognises the peculiarity of individual experience and how it fits into that of the whole. IPA thus provides the means to enable grasping *in abstracto*, as Bourdieu (300) puts it, the intersection between individual and social or, the comprehension of "particularity in generality and generality in particularity" (p.75). Individuation and idiography are mutual concepts that enabled the researcher to conceptualise the individuality of the respondents' habitus and its relationship to the experiential features of their livelihood occupations.

The strength of the habitus concept, which is relevant to this study, is in its ability to capitalize on the supposed homogeneity of habitus between individuals. This strength is responsive to the tenet of using homogenous samples in IPA and therefore, becoming an important theoretical tool to analyse experiential facets of livelihood occupations. While the habitus brings about a 'unique integration' of experience it remains an integration of "the experiences statistically common to members of the same class" (p.60) (272). Further to this, individuals who share the same habitus, identical condition and origin cannot live the same situation (269). The habitus relates to a person's personality structure and can thus be said to be the one that influences one's experience; how the person perceives the environment and the opportunities in it as well as what choices the individual makes.

Secondly the notion of doxa brings into the discussion the importance of rules within fields, particularly the academic space and the disability sphere. According to Bourdieu "experiences of the life world are structured by, among other things, one's positions in social space and fields, such that while the actual articulation of experience is particular to the individual it remains patterned by the material and cultural conditions (doxa) of existence and field effects associated with his or her positions" (p.9) (271). Besides the reflexivity²⁸ considerations put forward in Chapter 4, the researcher is also a student and researching a field with established scholars. These scholars are part the various 'epistemic communities' that are relevant to this research for example, phenomenology, occupational science and disability academic communities. The scholars are experts and guardians of the conceptual, theoretical and methodological fields, and therefore, set the norms and standards²⁹ of what is researched and how it's researched. The researcher employed principles from the theory of 'epistemic reflexivity'³⁰ in order to enhance the acceptability of the thesis and its components by

²⁸ Bourdieu is considered to have proposed "reflexive sociology" before reflexivity became fashionable. In Reflexive sociology one recognises their biases, beliefs and assumption and how they affect the act of sense-making (pp. 15 -16) (15). The theme runs throughout this study due to the epistemological orientation.

²⁹ So called 'epistemic values' are "values that communities of scholars use to weigh one theory against another. They vary from community to community, but typically include such values as accuracy, consistency, scope, simplicity, and fruitfulness" (p.250) (539) (See Kinsella and Whiteford (539))

³⁰ Epistemic reflexivity pertains to a never-ending process of critical self-reflection which offers researchers a disposition for grasping the principles of their knowledge production (540) (also see Kinsella and Whiteford (539) in an article titled "Knowledge generation and utilisation in occupational therapy: Towards epistemic reflexivity. "Epistemic reflexivity" is deployed, not at the end of the project, *ex post*, when it comes to drafting the final research report, but *durante*, at every stage in the investigation" (p.169) (541).

the relevant sections of the occupational therapy epistemic community, a concept referred to as 'legitimation' by Bourdieu. The epistemic community in this instance included, the PhD TAS group in the Division of Occupational Therapy (Faculty of Medicine and Health Sciences) at Stellenbosch University, supervisors and scholars in phenomenology and occupational science. Further to this, the research subject that included women with disability imposed the need to be sensitive to the doxa (rules and dictates) of the disability field in terms of nomenclature during interactions with the respondents and stakeholders. From this paragraph it can be noted that knowledge generation cannot be entirely value free. It derives from, and thrives on influences from epistemic communities as well as the researcher himself.

3.4. Conclusion

An occupational injustice lens illuminates the various angles by which occupations can potentially cause challenges with health and wellbeing. The framework highlights issues of inequity and inequality as they relate to occupations. For women with disabilities, injustice pertaining their livelihood occupations can influence experiential and meaning components of engagement. The next section will consider Bourdieu's habitus, capital and field framework. As a concept with evolving applicability in the occupational therapy epistemic space Sen's Capability Approach will be used to contextualise findings in the study due to its flexibility, broadness and relevancy to livelihood occupation and disability. As noted, women with disability occupy various spaces, or fields, with rules that have influence on their choices and/or ability to engage successfully in their livelihood occupations. The success, or lack thereof, of these livelihood occupations is also determined by their habitus. Equally the relevance of social structures in enabling or disabling women with disabilities from 'doing' cannot be overlooked. The researcher notes that the rules or structures (or doxa) in the fields which influence their livelihood occupations can be changed, or alternatively their habitus, which has been noted to be a fluid construct. From an interventionist perspective, the habitus can be regarded as a mediating construct in line with a suggestion by Harker (301).

The researcher highlights that the broadness of disability and its confounding factors such as race, creed and geographical positioning call for a multiple vantage points during analysis. For this research, disability and feminist theories, despite having over-

arching themes with the theoretical framework that was applied, were not ideal as they do not adequately illuminate the experiential dimension from an occupational perspective. This research adds to Hammell's (227) call by highlighting that refocusing to dimensions of meaning and experience can be done within a concert of relational theoretical frameworks. This chapter has looked at theoretical frameworks and also explained the key concepts of this study as they relate to the IPA methodology. It lays the base for the next chapter that looks at IPA in detail.

CHAPTER 4: Methodology

“The gendered multiculturally situated researcher approaches the world with a set of ideas, a framework (theory/ontology), that specifies a set of questions (epistemology), that he or she then examines in specific ways (methodology and analysis).” (p.28) (302)

4.0. Introduction

The thrust of this chapter is to describe the methodology used to answer the research question. A qualitative approach was chosen because it is consonant with the research aim - to explore the experiences of women with disability during their engagement in livelihood occupations. As shown in the scoping review presented in Chapter 2, this phenomenon is relatively novel and under-researched within the research context as was shown by the scoping literature review.

A qualitative approach was chosen because of its utility of providing rich in-depth insights into complex phenomena; in the present study, the lived experience of disabled women was explored, since their voice has been relatively omitted in research (303) especially in the study context. Scholars such as Lambert and McKeivitt (304) note that qualitative research in health care is criticised for separation of method from theory, or technique from conceptual underpinnings. Therefore, in the first section of this chapter, the reader is brought closer to qualitative inquiry and why it was chosen as a methodology for this current study. This chapter also provides an explanation of interpretative phenomenology analysis (hereafter called IPA). The relevance of interpretative phenomenology is also detailed, illustrating how its elements were fused into the study.

4.1. Philosophical Stance

A social constructionist stance was adopted for this study. Social constructionists hold that the social world is comprised of multiple realities, hence experience, is manufactured through human interaction and language, examining actions and perceptions of subjects (305,306). Within understandings of social constructionism philosophy, people construct their own understanding and knowledge of the world through experiences and reflecting on those experiences (307). Elliot (308) defines

constructivism as “an approach to learning that holds that people actively construct or make their own knowledge and that reality is determined by the experiences of the learner” (p. 256). According to Dewey (309), learning is a social activity – an activity that people do in interaction with each other. The livelihood occupations for women with disabilities form part of a personal reality that is social in nature (197), done within fields where there is interaction with others. Therefore, a social constructionist philosophical stance was used for this study.

4.2. Epistemological orientation of the study

This interpretivist epistemological orientation was chosen because the data required to address the research objectives could only be obtained through in-depth exploration of the perspectives of women with disability engaging in some form of livelihood occupation. There was need for constant reflexive consciousness throughout all the stages of the study. Furthermore, the researcher believed that the human interaction alluded to earlier could be done through dialogically engaging the women with disabilities through individual semi-structured interviews required to meet the analytical objective of situating these perspectives within an occupational justice framework.

The subjectivity of the meaning making process was critical to the study and consonant with the social constructionist perspective. Subjective meaning making was derived through the stories participants narrated from their own subjective perspective while the researcher’s subjectivity was applied through the interpretative and reflexive processes. Since qualitative research is emic and idiographic, the researcher adopted an open-minded, empathetic, curious and flexible stance in listening to people narrating their own stories in their natural contexts shaped by economic, cultural, social and historical worlds (310).

4.3. Research design

4.3.1 Qualitative approach as a research design

A qualitative research paradigm was chosen for this study. The qualitative research paradigm covers a wide array of interpretative techniques which aim to describe,

decode, translate and explain the meaning of more or less naturally occurring phenomena in the social world (311). The approach is empirical in that it aims to investigate people's perception and experience of the world together with its phenomena (312). The primary foci of the qualitative approach pertain the thoughts and feelings (313) of the participants and the quality and texture of their experience (314).

Participants' subjective narratives were paramount in the current study. Guajardo et al (147) noted:

Occupational therapy knowledge is found...in human occupations, not outside of them. It is found in occupational experiences. The human occupations are not something external to the subjects...The human occupations are social practices, relationships, in which subjects are constituted and produced. Occupational therapy knowledge is not beyond that. The knowledge is in the subjects themselves, in many places, in many actors" (p.9).

The relevance of a qualitative approach was further underlined because it espoused the subjectivity of reality, that is, the reality which is constructed by the individual within their context (315). Though diverse, the methods of qualitative approaches converge in the context of how meaning-making occurs (310). The qualitative paradigm was well suited for this study aligned with the objectives. In this case the researcher sought to determine the 'why', 'how' and 'what' (8,13,14) of the livelihood occupations of women with disability and the experiential features thereof.

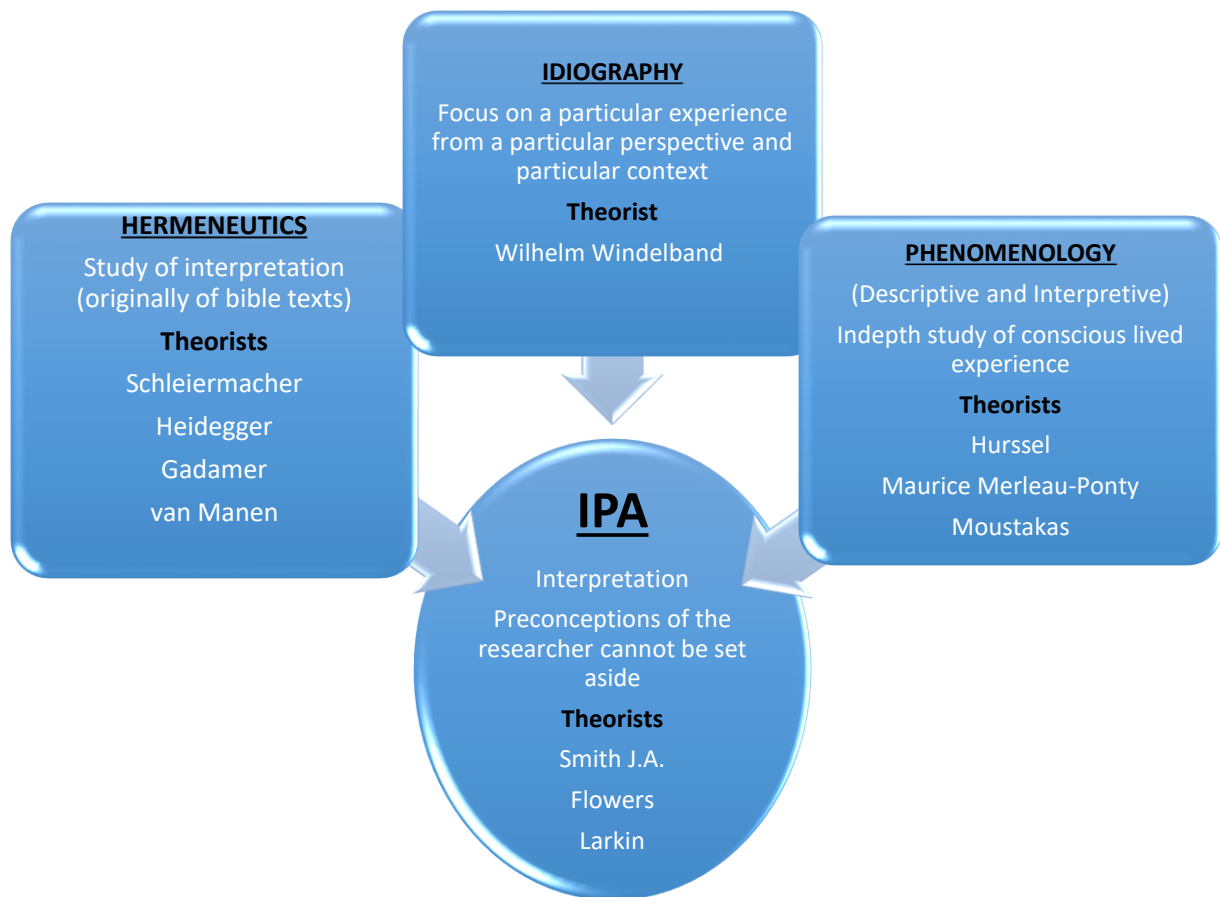
Qualitative methods allowed for development and analysis of concepts in an interpretive and reflective interplay with existing theories (312). As occupational therapy service users engage in their day-to-day occupations, the experiences and the meanings they attach to these occupations are not that easily perceptible. Finlay (317) noted that qualitative means have frequently been used in occupational therapy to explore meaning and experiences, and bridge the gap between research and practice. This has been achieved through the utility of qualitative approaches to provide "elucidating, explanatory, interpretative, representational, reflexive, and critical" (p.52) (318) means to examine these concepts.

The qualitative paradigm was thus well suited for the study as it enabled the researcher to locate meaning that people place on practices, events, processes, presuppositions,

perceptions, assumptions and structures of their lives (311) within specific settings, locations, time, contexts, events, incidents, activities and/or experiences (319,320). Importantly, the researcher interacted with the research participants within the contexts in which the meaning-making occurred.

4.4. Philosophy of Interpretative Phenomenological Analysis

This section provides the reader with an understanding of interpretative phenomenological analysis. Interpretative phenomenological analysis synthesises ideas from phenomenology, hermeneutics and idiography (294,299,321–323). Interpretative phenomenological analysis uses hermeneutic, idiographic and contextual analysis. ‘Idiographic’ means that the researcher must give considerable attention to each case, analysing it in detail basing on its own merits and move on to convergence and divergence between cases (310). The uniqueness of individual cases “illuminates a dimension of a shared commonality” (p.47) (323) and sets the foundation for knowing what the nature of the collective experience is. In this vein Smith and colleagues (294) argue that searching deeper into details of the particular can get us nearer to the significant aspects of the universal. The diagram below shows the philosophical underpinnings of IPA.



Sources: Shinebourne (323); Smith (294); Carpenter (299)

Figure 4.1: The foundations of Interpretative Phenomenological Analysis

4.5. Phenomenology

Phenomenology represents a systematic epistemological orientation to explore and describe internal meaning structures of lived experience that are intuited or grasped through studying the particulars or instances as they encountered (324). These particulars or instances are the times, places, or events that lead somebody to pause and reflect (32). The emergence of phenomenology can be attributed to Husserl and later to Heidegger who, inspired by a desire to have a better understanding of existence, steered phenomenology in a more existential direction (299). Its focus is on the subjective experiences of research participants within the cultural, social and historical contexts of their lived worlds. The utility of phenomenology is in its ability to study diversity and variability of the human experience (314), an aspect which was paramount to the current study. Two major schools of phenomenological thought from which IPA derived are the interpretive and the descriptive branches.

One of the assumptions of phenomenology is that knowledge is obtained from interaction between a researcher and participants (325). To this end, phenomenological research is subjective, inductive and dynamic. Thus, phenomenology was an appropriate choice for this inquiry as it sought to describe meanings and experience as lived in the everyday existence (326) for a cohort of individuals whose voices might otherwise not have been heard, whose experiences have been ignored or construed differently by mainstream theoretical models (321). Temporality is also important in phenomenology as experiences can be fluid and are relative to the particular time that they are experienced (327).

The interpretive branch is also referred to as Heideggerian, hermeneutic or existential phenomenology. Merleau-Ponty was a notable figure in the development of interpretive phenomenology. He was of the position that language did not make sense if it was only comprehended within the context of what was verbalised (328). According to this position, the non-verbal elements of an interaction play a crucial role in the interpretative process. These should be captured as they add an important dimension to the interpretative process, for example, to convey the feeling behind what is being said. These nonverbal phenomena include non-linguistic³¹ and para-linguistic³² phenomena (329). The 'interpretive/hermeneutic approach' is used to examine contextual features of an experience in relation to other influences such as culture, gender, employment or wellbeing of people or groups experiencing the phenomenon (330). More specifically, this research derived its influence from a branch of phenomenology known as "hermeneutic phenomenology", which is associated with the work of Heidegger. The distinction between Heidegger's approach with more classical phenomenology, was that Heidegger placed more emphasis on pure description of experience and the quality of "being in the world" (331). Phenomenological inquiry has the goal of revealing experience in context.

³¹ Includes gestures, body postures, facial expression, eye contact, head and body movements, and physical distance or proxemics

³² Paralanguage refers to the non-verbal elements of communication used to modify meaning and convey emotion. Nonverbal elements that modify our speech: intonation, stress, emphasis, rate of delivery, pause or hesitation

4.6. Hermeneutics

Hermeneutics is a word derived from the Greek word 'Hermes' meaning 'messenger'(306). Hermeneutics moves from mere description of the experience to seeking meaning that is embedded in everyday occurrences (325). Prior to adoption of hermeneutics into mainstream science the hermeneutical methodology was used to study and interpret scriptural (exegesis³³), literal and other difficult texts (especially of law and judgements) (306,332). The approach has been made integral to interpretive phenomenology due to the methods of recording people as they speak, transcribing what is said into texts which are then interpreted (333). In the 21st Century, texts have come to include multimedia in all its forms as well as the people who produce the same (306).

Considered the founder of modern hermeneutics (334,335), Schleiermacher is recognised to have "freed hermeneutics from all dogmatic and occasional moments by conceiving of it as a universal (allgemeine)³⁴ doctrine of understanding and interpretation" (p.34) (336). Schleiermacher looked at hermeneutics as the art of understanding the meaning of another person's words correctly (337) but he opined that one's historical particularity of the item to be understood and the historical knowledge of the reader were irrelevant to understanding (338).

The theoretical positions that influenced the current study are those of Gadamer and Heidegger. Departing from Schleiermacher's conception, Heidegger's description of hermeneutics was founded on the position that the interpreter (or researcher in this instance) bring their own preconception into the analysis (321). Heidegger was detached from the traditional Husserlian philosophy which is hinged to the principles of epoche, intentional analysis and eidetic reduction (8). He believed that interpretation is a critical element to understanding, arguing that reduction was impossible because the researcher becomes enmeshed in the experience (325).

As a methodology, hermeneutic phenomenology strives to give a detailed examination of participants' life-world, and experiences of a particular phenomenon (in this particular instance their livelihood occupations); how they make sense of experiences and the

³³ An exposition or explanation of text especially a religious one

³⁴ 'allgemeine' is a German word means universal or general

meanings attached to them (339,340). This way, the methodology also brings the participants closer to their own reality. A hermeneutic approach involves a concern with meaning in context (315). However, 'meaning', within the world of hermeneutics is fluid and continuously open to new insights, revision, interpretation and re-interpretation (294) as it is dependent on context. Hermeneutic research demands self-reflexivity, which is a form of self-analysis and self-evaluation (310) but can also be defined as "an ongoing conversation about the experience while simultaneously living in the moment - actively constructing interpretations of the experience and questioning how those interpretations came about" (p.30) (341). This interpretive process is deemed to be complete at a stage where sensible experiential meanings are obtained and these meanings must not be under the influence of personal contradictions (342).

4.6.1. Martin Heidegger on hermeneutics

Heidegger opined that every encounter involves an interpretation influenced by and connected to an individual's background, historicity and fore-structures that cannot be eliminated (331). He motioned scholars to use people's views as the lens through which they can see the everyday world taking into cognisance the social and cultural contexts as the shapers of everyday life and common sense (293). Some scholars of phenomenology, for example Spinelli (31), argued in support of Heidegger's stance by noting that setting aside pre-conceived knowledge is simplistic and not attainable. The relevance of this is that the researcher, in this current thesis, reconciled his own fore-projections with reality as it unravelled during data collection and analysis. The focus was toward *spotlighting* seemingly trivial aspects and details within the experience of livelihood occupations that could be taken for granted with the aim of creating meaning and achieving a sense of understanding (341). According to Heidegger, accessibility to knowledge about a phenomenon was only through an interpretative stance (315).

4.6.2. Hans-Gorg Gadamer on Hermeneutics

Another scholar of note in hermeneutics is Hans Gadamer. Gadamer held the view that experiences are not static but are always dynamic (306). He extended Heidegger's thinking, by highlighting that hermeneutics always involves an encounter with the opinions of another person that are expressed in words (336). This other person, Gadamer opined, must attempt to be understood by unfolding their own powers of

persuasion. During the process of understanding, a process of hermeneutical reflection occurs wherein the critique of oneself occurs concurrently with the act of understanding another person or matter (336). In essence, true experiences are those that are dialectical (343). This means that they can be obtained from the interaction between the expectation of the interpreter (researcher) and the meaning of the text (transcript of the participant's narrative) without any position having superiority over the other. Ascribing superiority to one view results in one being locked in a circle of personal prejudices. In this respect, Gadamer viewed the growth of individual comprehension to be important and postulated that with growth the individual would be more enlightened, rendering any of his or her prejudices non-consequential (306). Relating this to the research process highlighted in the next section, iterative reading of the transcripts (back and forth movement within the Hermeneutic circle – as shown in Figure 4.2. below) can be regarded as continued comprehension which would then lead the researcher to be aware of their own prejudices and how they influence the interpretive exercise.

To Gadamer, a conversation could not occur if one considered oneself to hold a superior view of another's erroneous prejudgements. Hermeneutics is a self-reflexive and self-critical process (344). Interpretations are bound by the participant's ability to articulate their thoughts and experiences and the ability of the researcher to reflect and analyse (339). Gadamer opined that for a person to be able to see far enough he or she had to have a horizon (345). He went on to clarify this notion by highlighting that having a horizon enables one to see beyond what is close at hand and not to overvalue what is nearest.

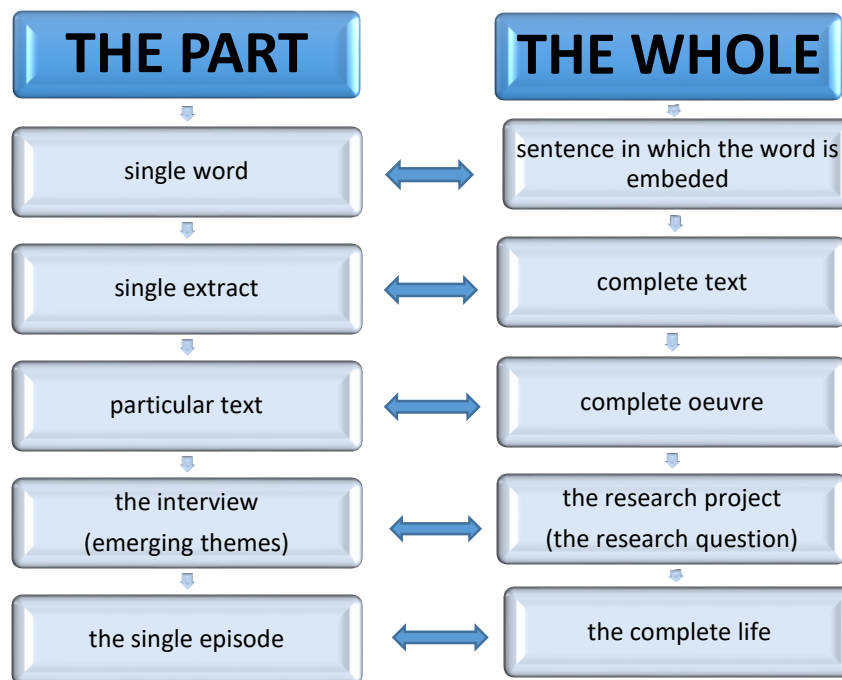
4.6.3. Hermeneutic circle

The process of understanding takes place through the *hermeneutische zirkel* (hermeneutic circle) (337). The hermeneutic circle is a dynamic, non-linear and iterative process involving a constant back and forth interplay, or shift of attention, between a part and a whole (**and vice versa**)³⁵; or between researcher and object (294,328,346). To explain the hermeneutic circle, Palmer (347) highlighted that if we understand the whole before we can understand the parts then we can never understand anything at all. An excerpt from Landa and Angel (328) provides more clarity. They note that:

³⁵ Researcher's addition and emphasis

“As we interpret, we continually re-elaborate, in a retrospective or retroactive way, what is already known, in the light of the global coherence between those already-known elements and the new context” (p.157).

The hermeneutic circle can be construed as subsisting and permeating throughout all facets of interacting with the research participants. It consisted of a constant back and forth re-evaluation of what the researcher thought to have comprehended, and reconciling what he already knew (295,306). The more movement there is within the hermeneutic circle the more the understanding (332). Within the Heideggerian tradition the reciprocity between the text and its context represents the hermeneutic circle (306). This is to say that the interpretation of the text will reveal something about the context in which that particular text was formed. The following diagram illustrates this:



Adapted from Eatough and Smith (348)

Figure 4.2: An illustration of the hermeneutic circle

The hermeneutic circle is a complex analytic process which makes it possible to develop superordinate themes, which according to Harris (305), represent to an extent the common, almost nomothetic, lived experience of the collective. Fig 4.2 illustrates how the researcher moved in-between the participants' individual and collective narratives.

4.7. Interpretative Phenomenology In the context of the research and occupational therapy

Interpretative phenomenological analysis is used for understanding process, complicated (difficult to explain), under-examined or novel phenomena (349–351). Phenomenology is concerned with meanings that are hidden and implicit (317). Interpretative phenomenological analysis is compatible with the values and philosophy of occupational therapy, particularly the humanistic and client-centred practice philosophy which emphasises the uniqueness of each individual client. In line with this position, IPA was considered ‘participant oriented’ allowing the participants to express themselves and their lived experience the way they see fit without distortion or prosecution (351,352). The participants’ subjective realities are understood through their own interpretations of their lived experience and the meanings they attach to these experiences (353). It is assumed that people are self-interpreting beings, which means that they are actively engaged in interpreting the events, objects, and people in their lives (322).

The client centred practice philosophy of occupational therapy uses phenomenological processes to understand, describe and interpret human behaviour and function but Finlay (354) opines that the processes are not phenomenological methods in the strictest sense but the results have a phenomenological flavour. The use of research methods that are compatible with the organismic and humanistic philosophy of the occupational therapy profession has been advocated for (355). IPA’s acceptability to the occupational therapy profession lends itself to its assumption that experience is a cognitive and perceptual product (298), which makes the experience unique. This preceding view further buttresses the similarities between IPA principles and the client centred philosophy of occupational therapy.

IPA attends to those experiential facets that *matter*³⁶ to people, what Yanchar (356) calls ‘concernful involvement’, that is, differentiating between parts of the experience and choosing parts to focus on. When illuminating those things that matter to people, IPA aims to be transformative, enabling self-reflection that influences or changes the way people think about themselves and their position in the world. The experiential

³⁶ The researcher’s emphasis. What matters relates to those facets of being that are of considerable importance to the participants.

facets that matter are looked at from a holistic perspective, that is; “wishes, desires, feelings, motivations, belief systems through to how these manifest themselves or not in behaviour and action” (p.8) (348). The emphasis is on the given-ness of the phenomenon to the individual, who is the experiential expert, and there must be a narrative of how it is like to experience that particular phenomenon (348).

The IPA methodology is regarded as a growing, valuable, useful and appropriate method of enquiry in occupational therapy practice and research (315,357–360) especially for therapists who have an interest in understanding how occupation is experienced and how meaning is ascribed by individuals (12). From an IPA perspective appreciating meaning and experience can be regarded as having a good appreciation of the “texture and quality” (p.3) (348) of the subjective experience of having an impairment and in the context of this study, engaging in livelihood occupations whilst having an impairment that resulted in disability. Understanding the subjective meaning of occupations for such individuals can help occupational therapists to identify how an occupation influences well-being (53) informing and enabling occupational therapy practice that enhances well-being in the lives of those we work with (361). An IPA researcher uses a hermeneutic approach to inductively unveil and reveal first person perspectives using a third person lens while situating the meaning in context (317).

The interpretative branch is rooted in a phenomenological base which stipulates that person and world are inextricably related through the person’s lived experience of the world (352,362). Smith and colleagues (294) express the phenomenology and hermeneutics foundational link of IPA as follows: “Without the phenomenology, there would be nothing to interpret; without the hermeneutics, the phenomenon would not be seen.” (p.37). From an IPA viewpoint, aspects such as desires, wishes and motivations affect people’s perception of reality and therefore the phenomenon, and the experience thereof (305). The approach is also rooted in symbolic interactionism which holds that human beings are not passive perceivers of an objective reality but they understand and interpret the world by formulating their own biographical stories in a form that makes sense to them (339).

The position of the researcher was that the livelihood occupations of women with disabilities occurred in a context characterised by features that were in a state of continuous flux. This position responds to Cabell’s (363) observations that our activities

and experiences are always ‘in the world’, we cannot separate ourselves from the context in which these activities and experiences occur.

IPA has two objectives according to Smith and colleagues (294). Firstly, IPA analyses how someone makes sense of life experience and secondly, IPA gives a holistic interpretation of the account giving a detailed, reflective, ‘fine grained’ first person account and analysis of the lived experience. The word ‘interpretative’ signifies the dual facets of the approach wherein joint reflection of the researcher and participant culminate into an analytic account of the experience, which has been described as co-creation of meaning (317), joint meaning making³⁷ (294,350), fusion of horizons^{38 39}(345) or double hermeneutic⁴⁰ (294,351). The double hermeneutic is composed of hermeneutics of empathy/affirmation and a hermeneutics of suspicion. These are described by Eatough and Smith (348) as serving the purpose of:

“...on the one hand (assuming) an empathic stance and imagine what-it-is like to be the participant, whilst on the other hand, to be critical of what appears to be the case and probing for meaning in ways which participants might be unwilling or unable to do themselves” (p.14).

It is acknowledged that interpretations are thus bounded by participants’ abilities to articulate their thoughts and experiences adequately (364) and, it would follow, by the researcher’s ability to reflect and analyse. A well-articulated thought or experience is what Smith (353) referred to as a shining gem. The gem illuminates and enhances interpretation and understanding (348). Of the concept of the gem Smith (353) writes:

“The thing that stands out when you’re reading a transcript, it’s the extract that demands attention and prompts further analytical work. Proportionately, gems, almost by definition, are in the minority, so there may be, in a particular transcript, just one gem, but its value is much greater than the part of the transcript that it

³⁷ Meaning making is considered to be always unfolding for both the researcher and the researched and the essence of “double meaning making” comes in as the story being developed is interpreted by both the participant and the researcher (321).

³⁸ “Fusion of horizons” occurs through the medium of language and the meaning of a text is always emergent through the “conversation” between the text and interpreter, and that such meaning is not delimited by authorial intentions (344).

³⁹ Horizon is defined as a the breadth of vision that includes everything seen from a the highest possible point (318).

⁴⁰ Double hermeneutic is a situation in which the researcher is trying to make sense of the participant making sense of their experience. It is also referred to as “two-fold sense making” (351).

represents...(gems) offer analytical leverage, they shine light on the use of the phenomenon, on the transcript and on the corpus as a whole” (p.7).

Furthermore the researcher discovers the ‘gem’ through ‘mining’ the material for possible meanings which allows the phenomenon of interest to shine forth (348). Gems can be shining, suggestive or secret (348). The shining gem is that utterance that stands out and whose meaning is expressly manifest. The suggestive gem is one that requires the researcher to work harder, moving within and around the hermeneutic circle, as it is less evident. The secret gem reveals itself through careful and attentive engagement with the text as it is elusive.

In conclusion of this section, IPA is thus not interpretive phenomenology or hermeneutic phenomenology. Rather, interpretative phenomenological analysis has its roots in and is closely related to the hermeneutic tradition of interpretation (339).

4.8. Reflexivity

Qualitative research is inherently subjective as it demands that the researcher be as perceptive, insightful, and discerning as one can be (363). Therefore, the researcher can be considered the primary tool of data collection, which according to the phenomenological tradition, has to then be strongly acquainted with the phenomenon under investigation in a unique and personal way (365). Denzin and Lincoln (366) wrote: “Behind all research stands the biography of the gendered researcher, who speaks from a particular class, racial, cultural and ethnic community perspective” (p.21). The implication is that the researcher gets into the research with preconceived ideas and fore-projections that are likely to influence the research process and outcomes. The researcher in the project had to enter the research with a consciousness of the various ways in which his personal, social, political, academic and funding influenced, interacted and affected the research process.

The point of departure for the reflexive process was the determining whether the study was an interpretative phenomenological research project? Deciding on the approach meant reviewing other qualitative methodologies since they also, to a large extent, are concerned with explicating experiences of participants.

According to IPA, preconceptions or fore-understandings are not something that anyone can put aside or step outside of (367) as they form an 'indissoluble unit' with an individual (346). The individual and the world (experience) interact as they form and are formed by each other (333) and are unable to exist independent of each other. Departing from classical phenomenology, IPA does not call for 'bracketing'⁴¹ but demands from the researcher a constant awareness of how these pre-conceptions and fore-projections influence the research. As such the researcher was constantly reconciling his own preconceived notions with the knowledge that was constantly being generated during the study from the scoping review up until the data analysis.

The recognition of the importance of pre-conceptions (or 'prejudices' as Gadamer (368) puts it) of the researcher in the process of understanding does not imply that all pre-conceptions are useful in the process. A distinction is made between 'productive/legitimate prejudices' that aid understanding and those that hinder the process leading to misunderstanding (368). As part of the reflexive process the researcher was constantly asking himself, as the analysis progressed, which of his foregroundings would facilitate or hinder understanding and interpretation of the participant's experience. Gadamer (336) stated that unless we become conscious of our prejudices we may never become able to suspend our unproductive prejudices.

Reflexivity is one critical component of the interpretative phenomenological approach because the researcher is not considered separate from his or her own biases and ideological inclinations. The reflexive process was carried out through allowing exercise of the researcher's subjective judgment while remaining conscious to how his preconceptions would shape the knowledge produced (310). A reflexive diary was kept by the researcher to enable self-analysis and self-evaluation (see Appendix 19).

The role of the researcher had to be reconciled with reflexive considerations. Accordingly, the researcher was not only being aware of their own biases and preconceived notion but was also of how the participants perceived the biases and preconceived notions. In this instance the most prominent features in the biography of the researcher that could draw attention from the participants were race, class⁴², culture

⁴¹ Bracketing is a "method used in qualitative research to mitigate the potentially deleterious effects of preconceptions that may taint the research process" (p.80) (542).

⁴² Though the researcher had a difficult upbringing the fact that he was pursuing higher studies and utilizing the participants' views would, to an extent put him in a privileged position. In addition, the

and ethnicity⁴³ and sex⁴⁴. As well the researcher had to have a consciousness of how his own values, experiences, interests, beliefs, social identities would influence the research process (315).

In addition, participants have been known to modify their behaviour or give responses that they think are appropriate in order to please the researcher or at least appear to be answering “correctly”. Prolonged engagement, mixing of qualitative research tools (observations and semi-structured interviews) and, most importantly, keeping of a reflexive diary (see example Appendix 19) addressed the likely effect of this phenomenon on the results. The reflexive diary was an important aspect because the researcher had to record their own preconceptions and share these with the reader as part of the reflective process. The researcher prepared a semi-structured approach to the diary entries by providing himself with questions such as;

- What was surprising about the experiences of the participant?
- What was uniquely different from what is commonly known about particular aspects of the participant’s livelihood occupations?
- What were your emotions like before the interview?
- What were your emotions like during the interview?
- What were you thinking during the interview?
- Did you modify the way of conducting the interview according to what you were feeling? If yes, how?
- Are there any topics that you regret having broached?
- Are there any topic/aspect you did not investigate because of your feelings, even though you were supposed to, and if so, which?
- Did you have any recurrent or embarrassing feelings which make you feel uncomfortable during the interview? (369)

researcher is from a middle class and some of the participants were from lower and underprivileged socio-economic position.

⁴³ The researcher is from the Shona ethnic group and the research context is in Matabeleland region which is the capital of the predominantly Ndebele South Western region of the country. The Shona are the majority ethno-cultural group in the country. Through migration they have become one of the dominant tribes in Bulawayo and are seen as taking positions of authority and occupying positions that should ordinarily be occupied by Ndebeles. This adds to ethnic tensions that still persist due to political disturbance that occurred in the 1980s.

⁴⁴ The researcher is an able-bodied male and interviewed female respondents who also had an impairment that resulted in a disability.

The researcher prepared a statement detailing his own notions about the livelihood occupations of women with disabilities as part of the preamble and Chapter Seven of the study. As such, the researcher did not explain his observations nor make conclusions with authority but rather determined the meaning placed by the participants of the experiential features of their livelihood occupations through a process of reflexive description (370). In conclusion of this section, Heidegger's thinking aligned well with the researcher's fore-grounding. He noted that:

“Hermeneutics must start from the position that a person seeking to understand something has a bond to the subject matter that comes into language through the traditional text and has, or acquires, a connection with the tradition from which it speaks” (p.295) (368).

4.8.1. Epistemological reflexivity

As part of the reflexive process, the researcher had to question himself on aspects of the methodology. This questioning is called epistemological reflexivity and is an important part of qualitative methodology. The researcher adopted the line of questioning proposed by Willig (371,372) to facilitate this process. Some of the questions were:

- How does the research question define and limit what can be found?
- How does study design and method of analysis affect data and its analysis?
- If the research problem were defined differently, how would this affect the understanding of the phenomenon under investigation?

4.9. Conclusion

In this chapter provided an overview of the methodology used, detailing the philosophical orientation. It is important to note that interpretative phenomenological analysis is a relatively new methodology in occupational therapy practice and research. Though beyond the scope of this study, scoping or systematic reviews of papers using the methodology in occupational therapy is necessary to further develop its use within the profession.

CHAPTER 5: Methods

“Methods of investigation, what I will call techniques, form a practice that carries with it the knowledge needed to have a result faithful to the chosen epistemology.” (p.106)
(373)

5.0. Sampling

This section will give detail to how sampling was done. The following components of sampling will be discussed: Sample universe, sample size, sample strategy and sample sourcing. These strategies were not implemented in a linear fashion but in an iterative manner as decisions affecting one could affect the other. Non probability sampling is a key component of qualitative studies and the strategies and methods are determined by the purpose of the study (374). IPA sampling tends to be purposive and broadly homogenous as a small sample size can provide a sufficient perspective given adequate contextualisation (351). The aim is not to be statistically representative but information rich (375).

5.1. Sample Universe and selection criteria

Commonly referred to as the study population, the sample universe is the totality of cases from which cases may be legitimately sampled for inclusion in a study (376). For this study the sample universe was delineated to comprise women with disabilities residing in Bulawayo. The women were then selected according to predetermined selection criteria, that is, the woman had to adult women (aged above eighteen years), with disability, residing in Bulawayo and actively engaging in livelihood occupations. The participant had to be capable of conversing in and understand any one of the three languages Ndebele, Shona and English⁴⁵.

5.2. Sample homogeneity

The measure of sample homogeneity of any sample universe is subject to the dictates of the theoretical framework used for the study as well as practical⁴⁶ aspects (376).

⁴⁵ These are the common languages in Bulawayo. Other minority languages spoken include Tonga and Kalanga

⁴⁶ Practical reasons include logistical considerations, funding, and manpower

However, some of the questions that have not been adequately answered in literature is the extent to which a sample should be homogenous or what homogenous means in respect of samples that are purposively selected. Phrases like ‘reasonably homogenous’ (321,377,378), ‘fairly homogenous’ (322,351,379,380)⁴⁷, ‘relatively homogenous’ (381–383)⁴⁸ have been applied to describe homogeneity. For example, Callary and colleagues highlight that they “strove for a degree of uniformity” in their study to determine perceptions on the use of IPA in a sports coaching research projects (384). Other sources advise that the level of homogeneity depends on two factors, namely, interpretative concerns (degree of similarity or variation that can be contained in the analysis of the phenomenon), and the pragmatic considerations (ease or difficulty of contacting potential participants, relative rarity of the phenomenon) (322). In another IPA study on stroke in young women, Leahy and colleagues (385) determined their parameters of homogeneity as; age, work, childcare and family responsibilities. On the other hand, Onwuegbzie and Leech (319) note that all sample participants should possess similar characteristics and have membership of a subgroup necessary to accomplish the objectives of the research. With reference to psychological homogeneity, Creswell (386) stated that “It is essential that all participants have [similar lived] experience of the phenomenon being studied” (p.155).

The opaqueness of the criterion for homogeneity led to the researcher’s conclusion that homogeneity can thus be theoretically and purposively determined. Smith and colleagues (294) observe that the extent of homogeneity varies from study to study and is determined by the selected group of respondents and how easily they can be reached. They also advised that IPA requires small homogenous samples with the definition of homogeneity being reliant on the purpose of the study (294).

The selection criteria and the subsequent variation within the sample were determined with the preceding considerations in mind. Furthermore, since the study required the participants to be women with a disability⁴⁹, the questions from the Washington Group of Six screening tool⁵⁰ were used for each respondent to determine whether

⁴⁷ These references include a book, journal article while the latter is a PhD thesis respectively

⁴⁸ These sources are PhD theses

⁴⁹ The researcher recognises that disability has varying and changing definitions across different contexts, times and spaces

⁵⁰ The tool is based on the World Health Organisation International Classification of Function (ICF) conceptual framework which provides standardized concepts and terminology that is used in disability measurement. This provides a useful base for replication and comparison of this study to other similar

participants had some form of impairment that results in participation restriction (see Appendix 16). The questions however have limitation when it comes to identifying psychosocial disabilities, The Washington Group Short Set on Functioning – Enhanced (WG-SS Enhanced) (387,388) was developed to address this but it still falls short on the majority of mental health disorders as it focuses on depression and anxiety. The tool, which was adopted for the 2012 census to enumerate disability, requires the participant to self-report any functional limitations. It therefore enabled the study to be consistent with the framework that is used to capture data relating to disability prevalence at a national level.

Levels of homogeneity considered for this study are shown in Figure 5.1.:

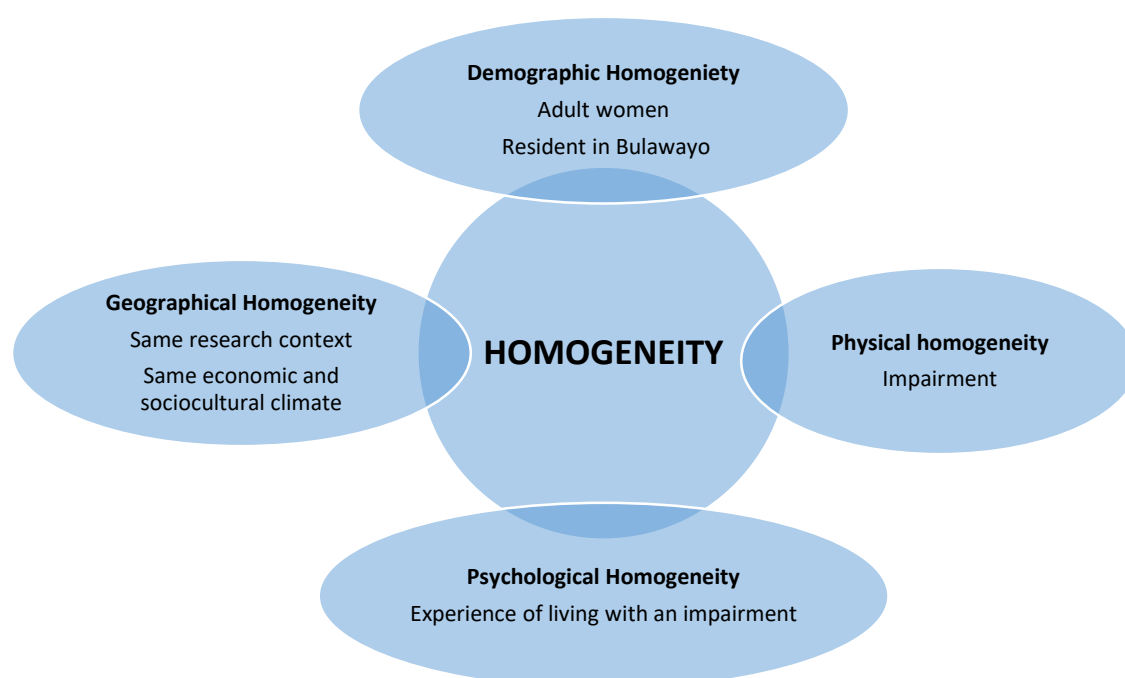


Illustration adapted from Robinson (376).

Figure 5.1 Degrees of homogeneity considered for this study

5.3. Sample size

IPA requires small homogeneous samples and demands collection of rich and personal data on participants' lived experiences (384). Twelve participants were selected using purposive sampling. In as much as literature refers to the concept of data saturation,

studies. The data from the study can also be relevant and applicable across a wide spectrum of contexts and users.

this study aimed to acquire rich in-depth textural descriptions of experiences of livelihood occupations for women with disabilities and a provision for flexibility was instituted. There was provision for a smaller or larger number of participants. The sample size generally depends on: 1. the depth of analysis of a single case study; 2. the richness of the individual cases; 3. how the researcher wants to compare or contrast single cases; and 4. the pragmatic restrictions (for example time constraints and access to participants) one is working under (322). While single person case studies have been favoured for the resolute idiographic effect, the argument for a small sample has been put forward by Eatough and Smith (348) who observe that:

“Beyond single person cases, IPA studies more commonly use small and situated samples so that each individual can be attended to idiographically before attempting a comparative analysis of participant material. The commitment to detailing the diversity and variability of human experience alongside demonstrating what are shared experiences amongst participants can create a tension, albeit often a productive one, that encourages creative thinking in how to retain the insights of both” (p.12).

Patton notes that there are no rules when it comes to sample sizes for qualitative studies (374). A study of phenomenological studies (that included fifty theses and between five hundred to one thousand research reports) by Alexandersson (362) revealed that the point of saturation was reached at around twenty participants for studies that considered saturation as a limiting point for recruitment of participants. However, interpretive phenomenological studies have an idiographic⁵¹ agenda, as such small samples (ranging from three to sixteen) have been suggested (294,322). While Turpin and colleagues (389) suggested six to eight participants, Smith and colleagues (294) suggested between four and ten participants as being advisable for a doctorate research. The latter argued that larger sample sizes can ‘dilute’ the idiographic nature of analysis due to the time required for analysis of each participant narrative. For ontological reasons, sampling in this study was done to a point where these rich-in depth textural descriptions were acquired.

⁵¹ Idiographic perspective is contrasted with a nomothetic perspective which aims at averaging individual variations and making claims at population level (See Smith et al (294))

5.4. Sampling strategy

Purposive sampling was chosen based on the desire to target “information-rich” participants whose perspectives on the research question was appropriate, unique, meaningful and important to the study (374,376,390). The participants had to have experience of engaging in livelihood occupations within the Bulawayo context, be willing to give a narrative of their experiences, and have some diversity that would enable the researcher to obtain rich and peculiar stories of the livelihood occupation experience (326,365). Patton’s (374) suggestion for strategies that can be employed in purposeful sampling was used. Patton suggested 16 strategies for purposeful sampling in qualitative research. These included intensity sampling, which involved use of information-rich participants that could provide in-depth information on matter being researched. Another strategy informing the approach to using established networks with NCDPZ and Jairos Jiri was adopted from Patton (374) who advised that purposeful sampling requires access to key informants in the field who can help in identifying information-rich cases.

5.4.1 Establishing diversity within the sample⁵²

IPA relies on convergence and divergence of experiences (310). This necessitated consideration of variation of respondents’ demographic and personal attributes. One of the assumptions of IPA is that people have varied ways of experiencing the same event or condition (for example experiencing disability and engaging in livelihood occupation) due to differences in thoughts, beliefs, judgement and attitudes (314). In this respect, the methodological framework goes hand in hand with the theoretical framework. For instance, Bourdieu acknowledges that there is diversity within homogenous collectives. He noted: “It is in a relation of homology, of diversity within homogeneity reflecting the diversity within homogeneity characteristic...that the singular habitus of the different members of the same class are united” (p.86) (391). The current study was concerned with the experiential features of livelihood occupations of women with different types of impairments to “identify important common patterns that (then) cut across” (p.5) (374)

⁵² The researcher aimed to have an objective way of establishing some diversity within the sample to enhance possibility of obtaining unique stories of the experience. (See the preceding paragraph on purposive sampling, line 5-7)

the disability spectrum. Also, having some form of diversity within the sample responds to the interpretative problem, that is, in what ways do the experience of participants vary from one another and how much of that variation can be contained in the exploration of the phenomenon (294). The study was not focused on a specific type of impairment; it used a social model orientation, which draws attention to the universality of societal exclusion faced by persons with disability. For purpose of this study the disabling consequences of societal exclusion, was a homogenous characteristic. However, the experiential component of having disability and engagement in livelihood occupation depends on the socioeconomic and demographic characteristics (153).

5.4.2. Sample sourcing

Nine participants were recruited from disability organisations; six through the National Council of Disabled Persons of Zimbabwe and three through the Jairos Jiri Association. Of the three participants who were not recruited through agencies, two (Annia and Maria) were recruited through a direct individual approach and one through snowballing (Anne was referred by Maria). The use of a combination of recruitment strategies was to add depth to the experiential features through variation of the types of disability that the participants had.

For this stage of the study, existing networks established during voluntary disability advocacy work were accessed. A link was made with the National Council of Disabled Persons of Zimbabwe (NCDPZ) which is headquartered in Bulawayo⁵³. Necessary permission for identification and recruitment of participants was sought from the Director who served as the recruitment gatekeeper⁵⁴. The researcher's request for assistance was forwarded to the Organisation's Board for approval. Once the approval was granted, the director referred the researcher to one of the program officers who dealt directly with women with disabilities in the organisation. The program officer assisted in the identification of participants who matched the descriptions determined through the criteria described earlier. The program officer also assisted in sharing information about the research with members of the sample universe. Similarly, the Jairos Jiri Association was approached through its program officer who assisted in

⁵³ NCDPZ is an organization of disabled persons and maintains a database of persons with disability who benefit from their programs and linkages with other organizations for and of persons with disability.

⁵⁴ Recruitment gatekeepers are individuals with access to channels of communication used in an organization (401,543).

identifying participants, establishing initial contact with potential participants and informed them about the research.

Once potential participants were identified they were approached by the researcher in the company of the program officer for an in-person meeting during which the study was explained and the Washington Group of Six questionnaire was administered.

5.5. Data collection

Consistent with the ideals of research in a qualitative paradigm and interpretative phenomenological theory, data was collected close to or within the specific context where the experience occurred (392). Participants were first contacted by telephone for the researcher to introduce himself, establish initial rapport, explain the purpose and process of the study, and to schedule an appointment with the participant. Use of the telephone was opted for in order to minimize contact with participants as the data collection was being done during the COVID pandemic.

After this the researcher met with the participants at scheduled meeting settings where the research process was explained again to the participant, the consent obtained and the WG6 form administered. Data collection was done within a week from initial telephone contact. The whole process of data collection for all participants was completed within 6 months from the interviewing of the first participant. After an interview was done it was transcribed and analysed, then another interview done immediately after. The interviews took between 38min to 90min.

Data collection comprised observations and semi-structured interviews. The questioning process was developed and structured to focus specifically on the livelihood occupations and the essence of the participants' experience. There were no follow up interviews conducted. Observations were not structured and included those aligned with the interview process, for example, tone of voice, language content and any silence as dictated by IPA. In addition the researcher also observed the environment where the occupation was engaged in and also the interactions that the participant had with human elements in her environment.

5.5.1. Semi Structured interviews

Smith and Osborne (351) advocate for the use of semi-structured interviews in interpretative phenomenological analysis. Semi-structured interviews enable personal and in-depth discussion, creating space for participants to think, speak and be heard (294) which corresponds well with the dictates of IPA. As a data collection tool, semi-structured interviews enable questioning, which according to Gadamer, is an essential part of the interpretive process which enables making of new horizons and understandings possible through shared agreement (345,393).

A semi structured interview tool (Appendices 13,14,15) was designed in such a manner that the questions would be open ended. The benefits of semi-structured interviews were that they offered conversational and dialogic flexibility, enabled the researcher to explore new areas, produced rich data through uncovering issues or concerns that the researcher did not anticipate and offered an opportunity for clarifying points raised during the interviews (311).

The questions in the semi-structured interviews were exploratory in nature, open-ended and focused on meanings rather than outcomes (294). Questions that were asked were framed along the lines of: can you tell me about the activities you do to meet you day to day to survival needs, what is it like to do these activities, how worthwhile is it to do the activities, if you were to describe what the occupation means to you what would you say? The primary interview questions were developed with the aim of identifying the livelihood occupations, experiences in engaging in the occupations and the meanings attached to the occupations.

Critical to the interview process was “paying attention to the silence, the absence of the speaking, the silence of the unspeakable and the silence of being or life itself, as it is herein that one may find the taken for granted or the self-evident” (p.19) (326). This was due to the fact that verbatim transcriptions of the interview are limited when it comes to capturing what is said outside of the verbally expressed narrative (394) for example the nonverbal behavior. In this regard, Kvale (342) emphasised the significance of capturing all that is said, including what can be regarded to be in-between the lines.

Sutton and Zubin (313) advise that the researcher takes field notes whose utility coding as they can be a useful complementary source of information in view of the

gap in time between an interview, transcribing, and coding. This gap, Sutton and Zubin (313) add, can result in memory bias regarding nonverbal or environmental context issues that may affect interpretation of data. Coding of data using computer software has its own disadvantages in that the process does not adequately substitute 'immersion' in the data as well as the knowledge of the researcher that enables making comparisons, identifying patterns and making interpretations. A field diary allowed the researcher to record and comment on impressions, contextual factors, behaviours and non-verbal cues (313) which are not captured by audio recordings. The observations were handwritten as they occurred during the interview and during reflection immediately after the interviews. As a form of triangulation observations and field notes were also kept. The field notes were managed through use of files as follows: transcript file containing raw data, personal file containing accounts of participants and their settings, other people present and reflective notes on research experience and methodological issues (395). The field notes were also incorporated into the respective transcripts (Appendix 20).

The researcher conducted all the semi-structured interviews and did the verbatim transcription. The interviews were carried out at a location which was most comfortable for participants bearing in mind space and time constraints, privacy, interruptions, and noise constraints. The interviews were conducted in a language of the participant's choosing. The interview tool was translated into Shona and IsiNdebele. The researcher explained the informed consent procedures to each participant before written informed consent was obtained. A dialogical approach was adopted during the interviews to enable the participants to open up. One interview was done in IsiNdebele, four in Shona while the remainder had a mixture of all three languages. Each interview was transcribed and analyzed before the next was conducted. Reverse translation of the interviews done in local languages and the portions of local languages for those done in a mixture of the languages was done and checked by occupational therapist colleagues who worked with the researcher.

5.5.2. Role of the interviewer in the interview process

The researcher's role was not limited to the interpretative phase of the study, he influenced the narrative through active listening, prompting and encouraging the respondent to provide a more in-depth disclosure of the experiential components of

their livelihood occupations. The researcher's role in the data collection process was informed by prescriptions the ontological and epistemological positions that were utilised.

The researcher also had to ensure that the interview remained within its parameters, while reasonably allowing for divergence that could be beneficial. In line with this, Smith and Osborn (351) suggest that if there is to be any movement away from the structured interview schedule there must be recognition that such movement may open new lines of exploration of the phenomenon under investigation. They, however, caution that the researcher should decide how much movement is acceptable.

The researcher played the role of an enabler, providing an environment that enabled the respondent to evoke and bring to life the phenomenon that was being explored (348). In addition the researcher had to assume an empathetic stance, that is, rather than play an investigator he had to enter the life-world of the respondent moving between guiding to being led the respondent; being consciously naïve to being open; and being receptive to change and ambiguity (348).

5.6. Data management

Interviews were digitally audio recorded. Recordings were transcribed and stored in electronic files that were protected with passwords. Transcribing involved converting the spoken word into written word to facilitate analysis (313) and it was conducted verbatim. Once a transcription was done for each interview the researcher went over the transcript while concurrently listening to the audio in order to correct spellings and other errors and anonymise the transcript to avoid identification of the participants through mention of places and events. In addition, insertions were made; notations for laughter and looks of discomfort. Punctuations were inserted, for example commas and full stops and any additional relevant aspects such as environmental variables that may have affected the participant were included. Data organisation was done manually. Three files were kept as part of the data management process (as detailed in the data collection section).

5.6.1. Data analysis

Data analysis processes described in Smith and colleagues (294) and Finlay (317) were followed. IPA analysis prioritizes rich idiographic accounts (294,322,396) and make immersion in the data necessary. The researcher went through the first interview several times as a way to commence the data analysis process. The respective audio recording was listened to soon after the interview and subsequently during the transcription. After transcription, the completed transcript was then read while listening to the recording to check for errors in transcription, pauses, punctuation and missing data on the transcript. The researcher then went through the transcript making exploratory notes on the left margin and inductively analyzing emergent themes based on the text and exploratory notes; these were noted on the right hand margin (see an example on Appendix 21). These processes created opportunity for the researcher to immerse himself in the data while coming to terms with his own taken-for-granted assumptions about the experiences of women with disability. A reflexive diary was kept for the purpose. From the first transcript, the data management and analysis process by the researcher was iteratively discussed with the research supervisors to reach consensus on the analysis.

The same process was repeated for all the transcripts while attempts were made to set aside previous themes and preserve the individuality of each case. After each transcript was analyzed, the researcher went back and forth between the completed ones noting patterns of higher order qualities, convergences and divergences across cases (317) until the data analysis was complete. The emergent themes were further synthesized into fourteen subordinate themes. From the subordinate themes there was further condensation yielding five superordinate themes.

The Phenomenological tradition does not offer a single definitive way to carry out the analytical process ("how to code and interpret narrative data as well as generating analytic research findings") (p.470) (397) but there are pathways and techniques that have been consistently employed as viable to the research approach (350,370). This lack of standardisation has been one of the points of criticism by some scholars such as Giorgi (398). However Smith and Osborne (351) advise that the researcher adopts an attitude of methodological creativity, which is what this researcher strived towards.

This researcher observed that while some exponents of interpretative phenomenology have outlined different protocols for analysis, they have not included the aspect of self-reflection as a distinct stage in their protocol outlines (399). These inconsistencies confirm the position by Patton, that the uniqueness of each qualitative approach demands judgement and creativity from the researcher (374). Guidelines from several whose works are grounded in the research paradigm were used (Smith and Osborn (288), Ajjawi and Higgs (331), Lavery (280) and Finlay (336)); and self-reflection was added as a distinct stage, culminating in the process with stages described in the Table 5.1.

Table 5.1: Interpretive phenomenological data analysis stages

Stage	Tasks Completed and elements covered
1 Self-reflection	Occurs initially and throughout the research Writing down the reflections (becoming aware of one's biases but not necessarily setting them aside or bracketing them) Researcher gives a reflection of his own experience and predisposition and how it influences the phenomenon that he is researching
2 Transcription	Organizing the data set (field notes and interview recordings) into texts Transcriber leaves margins on both sides of the transcript Transcription should highlight prosodic elements such as false starts; significant pauses, laughs and sighs as well as non-verbal behavior.
3 Immersion	Iterative reading of text and listening to the audio recording Aim is to empathize with the participant's situation gain sense of the whole (verbal and nonverbal communications). Preliminary interpretation of texts to facilitate coding
4 Understanding	Identifying first order (participant) constructs- participants' expressions in their own words or phrases which capture the precise detail of what the person is saying Constructs consists of comments are made on the left margin – summarizing use of language, similarities, amplifications and contradictions of what the person is saying as well as paraphrasing, noting associations or connections and making preliminary interpretations) Manual coding was done instead of using computer software)
5 Abstraction	Identifying second order (researcher) constructs (abstractions of first order constructs generated using the researchers' personal and theoretical knowledge) Grouping second order constructs into subordinate themes

6	Synthesis and theme development	Grouping subthemes into themes Further elaboration of themes (analytical and theoretical ordering of themes - themes may cluster together into super-ordinate themes and these checked to make sure connections work for the primary source material) Producing a table of themes ordered coherently with themes listed according to the corresponding super-ordinate themes
7	Continuing analysis with other cases Analysis of the general	Process is repeated with first case being used to orient subsequent analysis-by being aware of what came before new and similar themes can be identified as well as responses which articulate extant themes. Comparing themes across individual participants (noting convergences and divergences)
8	Illumination and illustration of phenomena	Linking the literature and theoretical frame to the themes identified Reconstructing interpretations into stories
9	Integration and critique	Critiquing of themes by the researchers and stakeholders Reporting final interpretation of the research findings

The researcher manually organised the data which had the advantage of enabling him to immerse self in each case, offering detailed and nuanced analysis, with each case valued on its own merits before general cross-case analysis for convergence and divergence between cases is done (294), that is, moving from the particular to the shared and from the phenomenological to the interpretative. This gave an opportunity for the voice of individual participants to be located and given an identity rather than be subsumed into an anonymous part of a larger whole.

Analysis of data was an ongoing process throughout the data collection stages. In keeping with the ethos of hermeneutics, the analysis was an iterative, fluid and multi-directional process (366) in which pre-research assumptions about the livelihood occupations were continually tested by comparing, contrasting and cross-checking them with the findings in the research text. Holroyd (400) describes this as “a willingness to engage in progressive letting go of what we currently know and understand” (p.5). This is true to phenomenology because in a world of meanings/interpretations, there are multiple realities beyond a single reality (354). ‘Testing pre-research assumptions’ enabled reconciling the findings and any prejudices stemming from the literature and theoretical framework consisting of occupational injustice construct, Capability Approach and Bourdieu’s concepts of field, habitus and capital. As well, the hermeneutic circle came into play as themes were developed through re-reading of the transcripts

Qualitative studies tend to report findings rather than results (313). According to Smith and Osborn (351) IPA is not opposed to making general claims for larger populations, but is committed to analysis of small numbers of cases which may subsequently lead on to generalisations. Generalisation should however be approached cautiously.

5.7. Quality assurance

The four criteria; credibility, transferability, dependability and confirmability (401,402) in addressing trustworthiness were combined with those suggested by Yardley (403) namely sensitivity to context, transparency and coherence, and, impact and importance. The table below gives the strategies that were be employed under each criteria:

Table 5.2: Quality assurance procedures

Criteria	Strategy
Credibility (truth value and believability of the findings)	Prolonged engagement with a sufficient number of participants Time sampling (systematising all contacts and sampling all possible situations and different times of the day and social setting when conducting interviews. Debriefing by subjecting the categories and interpretations to checks by colleagues and supervisors Adequacy of the sample in terms of ability to provide the required information for comprehensive analysis
Transferability	Providing dense enough background information of informants and study setting to facilitate any future endeavors directed towards making transferability judgments.
Dependability	Peer examination of themes, categories and interpretations Code-recoding (repetition of stage 1 of data analysis - recoding of data segments two weeks after the initial recoding and then comparing the results Maintaining a reflexive journal
Confirmability/ Transparency and coherence	Creating an audit trail with all documentation pertaining methodology choice data collection methods, analysis documents indicating a clear link between theory and data collected as well as analysis, as well as analyses at idiographic level.
Sensitivity to context	Relating the study to the prevailing socio-politico-economical environmental context. Peer examination of research process, purpose and interpretations
Impact and importance	Interviewing relevant stakeholders namely policy makers of line ministries (ministry of gender, ministry social services and ministry health and child care), leaders of four selected disabled people's organisations for validation of the study

5.8. Critiques of IPA

Criticisms of IPA have arisen from issues aligned to its perceived lack of rigour. Positivists have noted that the methodology is characterised by lack of validity and reliability (404).

However, proponents of IPA have defended the methodology in this regard highlighting that the methodology has a focus on credibility, thus aims for theoretical transferability rather than empirical generalizability (294). Emphasis is placed on the richness of the information obtained, applicability to the wider context and fit with contemporary literature on the subject of the study.

Since the methodology is informed by the view that experience occurs within and is influenced by the context, the historicity and fore-projections of the researcher cannot be bracketed or put at abeyance. Thus, the researcher is not a passive observer of the phenomenon, justifying calls by positivists that the methodology is prone to researcher or confirmation bias. Sutton and Zubin (313) caution that bias and subjectivity in IPA are unavoidable but they are not inherently negative. Disability research is viewed as characterised by medical and academic interests which are considered objective while the social model perspective is considered biased and subjective (405,406). Further Sutton and Zubin (313) go on to say that its best that the researcher clearly and coherently articulates biases upfront, for readers to better understand the filters through which questions were asked, data gathered and analysed, and the findings reported; this allows the reader to contextualise the work.

Measures that have been deemed to counter perceived bias are the idiographic orientation of the study and the interviewing process that seeks to probe and clarify, thereby deepening the sense-making process (407). Further to this, prolonged engagement also facilitates validation of data and correction of instances where initial observations are 'tainted' by the researcher's fore-grounding and pre-conceptions. These processes also assist in reducing bias. In addition, different observers can have different inferences. In this regard, Yilmaz (337) cautions that understanding is always prone to misunderstanding. The fact that IPA involves interpretation that covers the non-linguistic and para-linguistic aspects of social interaction means that there is a limitation in terms of adequately capturing these and interpreting them for one who is not experienced.

5.9. Ethics

Four ethics codes were relied on to navigate the ethical terrain, namely The Belmont Report (408), the South African Good Clinical Practice Guidelines (409), The Helsinki Declaration (WMA) (410) and the Nuremberg Code (411). The broad ethical principles that were followed included: respect for persons (participation was based on individual

informed consent and withdrawal from the study at any given time granted without consequences), beneficence (no harm, physical or otherwise, was expected to befall participants through participation in this study) and justice (their challenges were spotlighted possibly influencing distributive policy and justice). Confidentiality was protected through use of pseudonyms and strict data management mechanisms.

5.9.1. Worthiness and Competency dimensions

Miles and Huberman (392) consider this aspect to forecast whether or not the project will contribute in some significant way to the body of knowledge and also to the lives of the participants as well as the broader population. With regards to worthiness of the project, reference is made to the section on significance of the study⁵⁵. The competency boundary on the other hand, relates to professional competency judgements on whether the researcher possesses adequate knowledge and experience on the research subject, theoretical aspects and methodology. Since the researcher was the primary tool in the qualitative research project, he provided a profile of himself which included information on: prior experience, training, and perspectives that he brought to the field, pre-existing connections he had to the people, program, or topic studied (412).

5.9.2. Clearance

Ethical approval was obtained from the Medical Research Council of Zimbabwe (Appendices 17 and 18) as well the Health Research Ethics Committee of Stellenbosch University (Appendices 1,4,5,6,7,8,9). The National Council of Disabled Persons of Zimbabwe was approached and granted consent to facilitate recruitment. The organization also acted as gate keeper and facilitated access to some of the participants who were part of their membership.

5.9.3. Consent

Participants were asked to indicate their willingness to participate by signing a consent form (Appendices 10,11,12); this was done after ensuring they understood what giving consent means. Annia, who had a visual impairment, opted to give verbal consent which was recorded. Participants were not pressured into signing the consent forms. The

⁵⁵ See Chapter 1

consent form contained detailed information, including how data would be used. Participants were informed that they free to withdraw their participation at any point during the study without adverse consequences. A section that informed the participants of the need and the reasons for doing audio recordings of the interviews was included.

The South African Good Clinical Practice Guidelines (342) prescribes that consent must be achieved via the use of culturally acceptable practices, including the use of the participant's language of choice under conditions that must be free of coercion, undue influence or incentives. The consent forms were provided in the three main languages in the study context, that is, Shona, Ndebele and English. To maintain its meaning, the consent form was translated into ethnic languages then reverse translated back into English.

In the event that a participant was not willing to participate, another one with a desired profile was sought. For individuals with mental disabilities the researcher was guided by the presumption that having a mental illness does not preclude one from being competent to make informed decisions about participation or nonparticipation in research. The presumption was also based on the fact that the participant would not be a resident of a health institution and would be actively engaged in an occupation from which they derived a livelihood and as such should be able to make the decision to participate or not to participate.

5.9.4. Anonymity and Confidentiality

No personal identifiers or markers were used in the interview transcripts or the final report to protect the identification of participants. To augment this and to uphold confidentiality, pseudonyms were introduced during data transcription. Respondents were notified as part of the consent process of how the data would be used and those institutions that may be granted access to it. These institutions are limited to the University of Stellenbosch and the Medical Research Council of Zimbabwe who may need it for verification and compliance checking purposes. Audio recordings will be destroyed in line with ethics statutes.

5.9.5. Protection from harm

Participants were not expected to suffer physical or psychological harm. Reasonable steps were taken for participants to give only information that was relevant to the study. The consent form also informed participants that they would not be expected to answer questions that they were not comfortable to answer and that they could withdraw from the study without consequences should they feel that they could not continue.

5.9.6. Compensation

Travel fares were reimbursed for both the participant and her assistant (where applicable). The reimbursement was made on the basis of receipts where a taxi cab was used. Where a personal vehicle was used, fuel was reimbursed in the form of fuel coupons or cash (prevailing maximum pump price) at a rate of 1 litre gasoline for every 10km. Where public transport was used compensation was at the rate of US\$1 per trip.

5.9.7. Value of the research from an ethics perspective

Amongst the aforementioned of ethical codes, The Nuremberg Code is the one that explicitly prescribes a principle that relates to social value. It dictates that researches be relevant by stating that "...experiment should be such as to yield fruitful results for the good of society..." (411). Other types of value are also applicable to the research. For the health value of research, Casarett, Karlawish and Moreno (413) distinguish between immediate and future health value. The same authors also refer to knowledge value, highlighting that a study with this characteristic would "produce knowledge that is 'important', 'fruitful' or that will have value" (p.1).

In this instance the research was not envisaged to have immediate direct benefits to the participants, that is, benefits accruing there and then by virtue of merely participating. Rather the research was envisaged to provide useful results for the good of society as it is focused on issues of gender, justice and fairness. By focusing on occupation and livelihood creation the research was envisaged to give a voice to women with disabilities with the intention to influence distributive policies⁵⁶ so that they include the needs of people with disabilities in general and women with disabilities in particular. One inevitable

⁵⁶ Distributive policies legitimize the allocation of resources to individuals or groups (p.279) (544).

attribute of qualitative researchers is that they give voice, in particular, to those who are otherwise rarely heard (414).

In terms of health and knowledge value, the study can have future health value as it might help inform the practice of occupational therapy by giving a reflection on the type of livelihood occupations that women with disabilities engaged in. The practice of occupational therapy is premised on use of occupation as an intervention and livelihood creation are part of the dominant discourses on the Zimbabwean landscape. Generating such knowledge can promote contextually relevant practice because the knowledge can then be incorporated into the repertoire of occupational therapy interventions and approaches that are used in the research context.

For the research cohort, issues of survival, livelihood creation, justice and occupational opportunities are highly relevant; these respond to the dimension of relevancy. Reference was also given to Helsinki Declaration which echoes other ethical guidelines but particularly advocates that “populations that are underrepresented in medical research should be provided appropriate access to participation in research” (p.1) (343).

5.10. Conclusion

In conclusion the words of Larkin, Watts and Clifton (396) mould the whole thrust of this chapter and provide the first building blocks for the coming section. They notion that: “in choosing IPA we commit ourselves to exploring, describing, interpreting and situating the means by which our participant make sense of their experiences” (p.110). There is need for clarity or further development of the IPA methodology to define what homogeneity means. The fact that homogeneity can be described as being purposive can leave the ‘door open’ for many interpretations. The use of IPA in occupational therapy studies needs further exploration.

CHAPTER 6: Findings from Interpretative Phenomenological Analysis

6.0. Introduction

In this chapter, findings of the interpretative phenomenological analysis (IPA) of experiences of the participants in their engagement of livelihood occupations are presented. Engagement in livelihood occupations was conceptualised as initiating and sustaining participation in everyday activities for the purposes of acquiring survival and material goods for subsistence and survival. Initially, the analysis yielded a conceptualization of the livelihood occupations. Secondly, the analysis produced a synthesis of the meaning and experiential facets of the occupational engagement.

6.1 Participants' characteristics

Participant demographics and characteristics are presented in Table 6.1 below. The participants' age range was 38 to 60 years. Participants had different types of impairments that resulted in disability. Only four of the participants were formally employed. Three of the formally employed participants also had additional livelihood occupations. The remaining eight were exclusively self-employed, with one of them involved begging for alms. One participant had a university qualification, four had college diplomas and five had certificate level qualifications. Of the two with the lowest level of education, one completed secondary level education while the other completed primary level education. Half of the participants were involved in livelihood occupations that utilized, to varying extents, the skills obtained from their education; the education of the other half was seemingly redundant and not relevant to the livelihood occupations that they were involved in. The participants had dependents who included biological children and extended family; in addition, some of the participants assisted other vulnerable members of the community, including orphaned children, persons with disability and girls with HIV/AIDS.

Table 6.1: Participant Profiles

Code	Age	Impairment/ Mobility device	Livelihood Occupation(s) /Duration	Marital status	Education level	Dependents	Assets	Monthly approx... income USD
Gray	51	Injury at 13years deforming left leg. /Crutches	Technician/ stores person/ smallholder farmer (22 years)	Married	Certificate level qualification in stores and assistive devices	2 Children (Brother's children)	Housing plot, Car, Smallholding, Livestock	250
Jean	43	Polio /Wheelchair	Street Vendor (12years)	Single (In a relationship)	Diploma in electronics	3 Children (Sister's children)	Household furniture	150
Maria	48	Bipolar mood disorder/ Mild stroke a side effect of medication`	Business owner (26years)	Divorced	Diploma in secretarial studies/ Diploma in office management	3 Children (Adopted children, who live with HIV) Employees	House (low density suburb)	4000
Anne	41	Osteogenesis Imperfecta (Crutches)	Personal Assistant/Front desk operator/ Small Business owner (14years)	Married	Diploma	2 Children (Adopted), Husband Father	Household furniture, Car	300
Joy	40	Polio at 2 years	Street Vendor/Sportswoman (18 years)	Single	Ordinary level Till operator trained	1 child 4 other dependents	Household furniture Housing plot	150
Tamy	42	Polio / Wheelchair	Street Vendor/Downline Marketer (17 years)	Widowed	Advanced level Business management Course	3 Children 1 extended family member	Household furniture	50
Annia	60	Visual Impairment	Beggar (29years)	Married	None	Children Grand Children Husband, Daughter in law	Housing plot with house under construction	70
Prim	49	Deformed short right leg following an RTA (# femur, tibia, dislocated toes and pelvis)	Small scale business- sewing, street vending for (20years). College student	Widowed	Certificate in sewing Currently-enrolled college student	1 Child, Mother	None	120

Katie	39	Above knee amputation Prosthetic leg	Street vendor (CBD) for 26 years, Hairdresser, tailor	Married	School: Form 4	3 Children	None	30
Sammy	42	Below knee amputation following diabetes mellitus/ (Below knee prosthesis	Street vendor (home), backyard cooperative chicken farmer for 21years	Married	School: Grade 7	3 Children, 2 family members, 1 other dependent	None	50
Chloe	38	Right shoulder level amputation at age 6	Project manager/small holder farmer for 14 years	Married	Secretarial studies/Degree in Development Studies/Master Degree Student	2 Children, extended Family members	Livestock/house under construction	450
Paige	58	Polio at age 11/ Crutches; Wheelchair	Receptionist for 34years, Disability activist for 38 years	Married	Diploma in secretarial studies	3 Children and grandchildren	House	150

Notes: Pseudonyms are used. The livelihood occupations indicated in the table are occupations that the participants were currently engaged in.

6.2. Themes

From the analysis, five superordinate themes were identified. Theme 1 related to conceptualization of the livelihood occupation, thus laid the foundation for the other four themes. The other four themes were experiential. These were: Theme 2: “disability is always present”; Theme 3: “we are not in it alone”; Theme 4: “livelihood is part of a larger context” and Theme 5: “it’s more than just engagement”. The experiential themes comprise twelve subordinate themes (see Figure 2). Although not hierarchical, these inter-related themes interacted in shaping the experiences and meaning of livelihood occupations of participants.

6.2.3. Theme 1: Framing of Livelihood Occupations

This theme captured the *driving forces* for the participants to engage in livelihood occupations. Two subordinate themes framed this theme: a) push and pull factors, and b) enablers and deterrents (see Figure 6.1.).

6.2.3.1. Push and Pull factors

Push-pull factors were those aspects that drew and sustained engagement of the participants in the livelihood occupations. The main impetus for engagement in livelihood occupations was to acquire basic survival goods, depicted in the narratives as “*managing rentals*” and “*putting food on the table*”. Innovation, strategy and willpower were utilized to initiate, support and sustain livelihood occupations. Other push-pull factors included acquisition of assets, which in some instances were utilized to create additional livelihood occupational opportunities. For example, Gray and Chloe became small holder subsistence farmers in addition to their primary livelihood occupations. Maria started off as a secretary and grew a business selling clothes, then bought a house that she converted into a venue for weddings and picnics. The incomes arising from additional livelihood occupations would cover gaps for the primary livelihood occupation during lean times. For example, Gray mentioned selling some of her livestock to meet her needs when the organization she worked for had poor income flows. Livelihood occupational engagement reinforced participants’ firm desire to challenge and dispel stereotypes of

disability embodiment being conflated with weakness and sickness. A strong internal locus of control was characteristic of all the participants; even though they raised concerns with environmental and contextual factors that affected their performance.

6.2.3.2. Enablers and deterrents

Livelihood occupations were characterized by enablers in the form of the participants' internal attributes, such as resilience, self-confidence and determination. External enablers were organizations of persons with disability and the local municipality. The organizations offered small loans, business skills and moral support while the local authority made concessions to allow the participants to do their vending on the pavements, thus exempting them from raids on illegal street vendors. Deterrents included the physical environment, disability and lack of information. On the aspect of the physical environment, the livelihood occupations were mostly done on downtown street pavements. This environment was not ideal because of issues to do with mobility, lack of ablution facilities, weather elements and noise pollution. The environment was also associated with high crime levels and therefore less attractive to high profile clientele.

Most of the participants were faced with lack of/limited choice when it came to vocational choice and further training. After college they defaulted into street vending because it was an option which they could easily access. Regarding her qualification in electronics and eventually ending up being a street vendor, Jean said: *“you would have realized that with the way I am I won't manage to carry televisions and I won't manage to carry the radio so better I sit down and sell my wares”*. The livelihood occupations were not referred to by their actual names, even in the local language. Annia used the phrase *“getting into town”* to refer to begging for alms while street vending was referred to as *“being in the road”*. Adjunct livelihood occupations were termed *“side hustle”* (Anne).

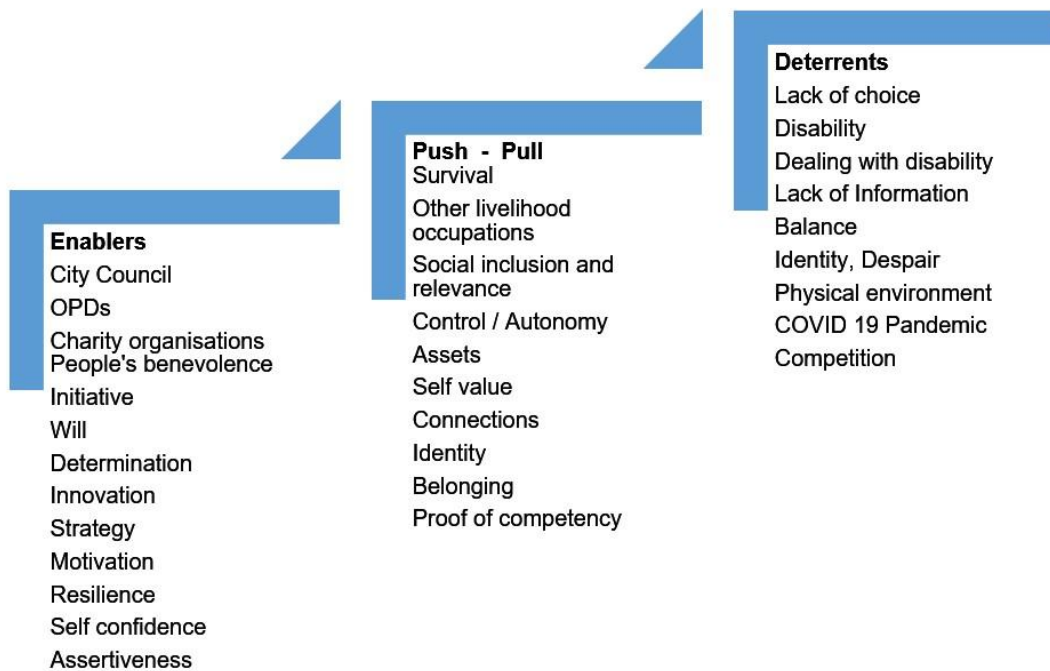


Figure 6.1: Illustration of theme 1: Framing livelihood occupations

6.2.4. Experiential Themes: Theme 2 to Theme 5

The synthesis of the narratives into experiential themes is presented in Figure 6.2 below. Themes two to five resulted from the interplay of the core concepts, namely, livelihood occupations, being a woman and disability. Four experiential superordinate themes were yielded from twelve subordinate themes. There were divergences in some of the themes and these are explained below.

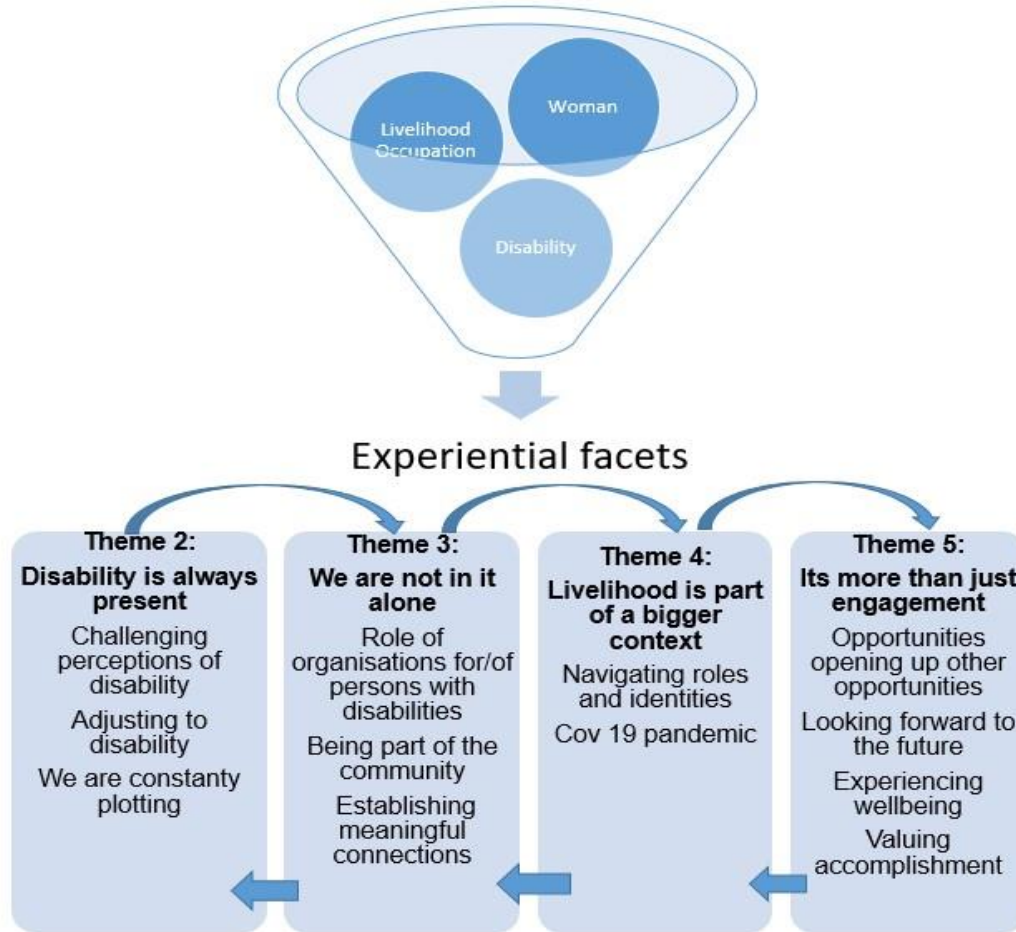


Figure 6.2: Experiential facets of occupations

6.2.4.1. Theme 2: Disability is always present

Theme 2 indicated the centrality of disability to the experiences of the participant. This theme was informed by three subordinate themes.

6.2.4.1.a. Challenging negative perceptions of disability

Participants engaged in livelihood occupations with the aim of projecting an able and a pro-active doer identity, if given the opportunity. It took more effort for Sammy, who had both disability and a chronic condition (diabetes), to sustain a livelihood occupation with relapses. Maria, a participant with bipolar mood disorder, highlighted that her condition *“... is a chronic disease, I will have it for the rest of my life, life is not easy if you are person*

like me, sometimes you relapse...". Participants who acquired an impairment during adulthood reported that accepting and dealing with resulting disability was much difficult. For instance, Chloe said *"...my disability came when I was young and accepting it was not a challenge"* while Sammy who had an above knee amputation at the age of 31 indicated that *"...I did manage to go out and sell...after they cut my leg it became hard for me because I could not walk anymore..."*. More effort was put into having to think about adaptations and navigate the environment to minimize obstacles that impeded successful engagement in livelihood occupations.

Prim who acquired disability later in life, after she was involved in an accident, experienced discouragement from people who advised her to take her son out of his current school to a rural, less expensive one. She mentioned that, *"...through sewing I was able to send him to school...I paid no mind to what people were saying because it would demotivate me"*. Anne who different from the other participants in terms of her personal causation indicated that she multitasked at her work place, saying *"...I am a personal assistant by profession...work there as a front desk operator, cum secretary, I do sales as well I do a lot of things...you don't just do one thing you do everything under one job description...but I am paid for one profession"*. This was in addition to her own side-business as a make-up artist; for which she often used the company premises with the consent of her employer.

The participants perceived themselves to be better in terms of resolve and achievement relative to persons without disabilities, notwithstanding being denied opportunities, as highlighted by Gray: *"...but for us we are showing them what we need the land for because the able bodied cannot do what we are doing"*; Chloe affirmed: *"they would ask what do you need housing plots for...but after you have built people then see ahh but you are also capable you can do much better than someone who is able bodied"*.

Challenging negative perceptions of disability was not an easy task. Some participants first had to enact agency in overcoming a combination of impairment and a difficult upbringing characterized by exclusion and overprotection. Those who grew up in such situations had to consciously make decisions to change the situation for self and others. Anne had started a YouTube channel meant to show her everyday life with disability while

Maria registered a trust and was involved in various activities to demystify mental health issues. Being seen to be objects of charity and dependence was experienced by all the participants, including Annia who was involved in begging for alms. Endurance to the participants' livelihood occupations was a dominant theme across all the cases as most of the participants had been in their livelihood occupations for long periods of time. The livelihood occupations, while liberating the participants from some challenges such as dependence and abuse, also brought new challenges such as being approached by "wolves" who were looked at by Anne as men who lured women with disabilities into relationships with the intent of material gain.

6.2.4.1.b. Adjusting to disability

The participants portrayed themselves as very capable, at the same time acknowledging the limitations brought by disability and also being a woman. For instance, the participants acknowledged facing difficulties in performing physically exerting activities such as lifting heavy items. The result was a symbiotic relationship with 'able bodied' people. The term 'able bodied' was used across all cases to refer to persons without disabilities. For Gray, 'able bodied' people could be persons with hearing impairment who could also then benefit by having a livelihood occupation: "...we employ the deaf at times, ...yeah they help, it's an opportunity to the deaf we would desire that they employ three able bodied people, then the rest of the employees should be persons with disability so that we help each other effectively". Maria cited that her employees were instrumental in ensuring that her businesses ran during times she was incapacitated. "when (I was) sick...I would even chase clients away, clients who gave me money...and lucky enough people like Timothy here...took care of everything". For the participants involved in street vending, their colleague vendors compensated for their limited mobility by moving between stalls to look for loose change or carrying merchandise from the market place. In other settings the able bodied were important for task sharing wherein they would be responsible for physically exerting activities such as carrying consumables and equipment.

6.2.4.1.c. “We are constantly plotting”

The participants were engaged in some form of active thinking and strategizing to maximize returns from the livelihood occupational engagement. Annia had developed a daily routine based on income at particular times of the day, that is, she realized that people who were generous are those who came into town late in the day to do shopping; so she would “*come into town*” in the afternoons, which also allowed her grandchildren an opportunity to attend school in the mornings. Other strategies involved drawing on internal attributes such as willpower, assertiveness, self-esteem and confidence. For instance, Anne did not regard herself as a woman with a disability: “*...Maybe it’s also because of the way I carry myself, I have never carried myself as a physically challenged uhh person because I have always told myself that what I can do you can’t, what I can’t do you can, do so it’s a 50-50 set up...I have always been out there, outgoing*,”. For some of the participants these attributes were acquired through organizations for persons with disability.

6.2.4.2. Theme 3: We are not in it alone

This theme illustrates the importance placed on the involvement of and roles played by other people and organizations to make engagement meaningful and rewarding. This theme was explained by the following three subordinate themes.

6.2.4.2.a. The role of organizations for/of persons with disability

Organizations of/for persons with disability (OPD) were instrumental in the livelihood creation of the participants. Gray owed her existence to an OPD: “*...if it wasn’t for the organization maybe I would be dead or maybe I would be something else...we could have been finished by now...*”. The same OPD is the one that facilitated her acquisition to employment and training. Prim had access to loans offered by another organization supporting women with disabilities in the community while Sam and Katie had been provided with prosthetic limbs. Gray questioned how other women survive without involvement with OPDs: “*I would say other women really struggle because sometimes even this place (her organization), they do not know it. For them to know organizations*

that can help them...” Conversely Anne had not benefited from any OPD as she had grown up with a strong disinclination towards organizations of persons with disability. She emphasized: *“I think there are things (OPDs) like that...they can help, yes, but you know what...some of these organizations are there, but at the same time it, you know, you don’t want to be a beggar”*. She was of the opinion that OPDs epitomize charity and use pity to gain funds.

6.2.4.2.b. Being part of a community

Being part of a community by virtue of having a disability, or not, resulted in benefits accruing to participants. Annia, who resided in a community of persons with visual impairments, explained: *“we do share...if you have heard of something with potential benefits you also come and tell others”*. She was part of a close-knit community which had groups of older persons with visual impairments who moved around with minor children and begged for alms. Anne, on the other hand, drew parallels between fields such as schools for persons with disability and persons without disability. She mentioned that *“there is no Bulawayo for the differently able and Bulawayo for the so called able bodied”*, thus highlighting the need for inclusion in what she termed *“real world”*, where there is no protection for persons with disability. On the other hand, Jean had no opportunity to be involved in any of the activities of the community she resided in. She mentioned *“...to the community I don’t contribute anything, I spend most of my time outside my community”*. Most of her time was spent engaged in her livelihood occupation.

6.2.4.2.c. Establishing meaningful connections

Livelihood occupations opened up opportunities to establish connections which could be purely supportive or from which more opportunities could be accessed. Joy described the value that her connections and relatedness brought: *“you see there are a lot of people where I am situated...I help others that is why I also get help...I was helped to get an identification card...there was this doctor who was also my customer, my sibling had a problem...but I did not have money at the time and he said we can come to him and he will halve the price of the treatment required”*. The livelihood occupations opened opportunities to be part of community savings clubs and also exposure to other schemes

such as burial societies being done by collectives in the fields that the livelihood occupations were carried out. Joy mentioned that *“aah right now most vendors have residential stands now, others have cars, and others have bought cattle at their rural homes. The reason is that we all save money somewhere about \$10 each and we’ll be about 10. You will be saving your profit regardless of how much it is maybe \$10 or \$20 leaving some money aside to buy stock for the following day. We usually distribute it at the end of the year around 23 or 24 December so that those who wish to travel to holidays can go. The more the money you put in the more the returns. Others can get as much as \$3000 depending on the investment. If I get \$200 I see it as a bonus because I would have been putting in small figures”*. In her narrative Tammy, also added the following: *“With vending I have a club that I do wherein I pay five dollars (USD) everyday so I can say per week I can actually manage to get something like 25USD...we give the money for the week to one person then another week another person gets, then to another I can also get. It’s the three of us so when my turn comes I get 75USD...Then we also contribute and the day that one person is being given s/he is supposed to be given an extra 5 dollars from each person to buy groceries. So if we give one person 75USD there is 15USD on the side to buy groceries and its strict that the groceries have to be bought and shown to the other club members...We don’t worry what you do with your 75USD but the 15USD we want to see what you would have bought...Because we will be assuming that maybe you want to restock with the 15usd or to pay your rentals but then you are also supposed to eat at home as well”*. On the other hand Annia was fearful of joining savings clubs due to her unpredictable income. She highlighted that *“I will be having a strong desire to join a club/stokvel with others but then (sighs) if I join the club and then fail to then pay the person who gave to me the last time then there will be difficulties, you will be thinking about all these things in your thoughts”*.

6.2.4.3. Theme 4: Livelihood is part of a bigger context

This theme illustrates the connectedness of the livelihood occupations to other life areas, roles and responsibilities, such as family life and relationships. Four subordinate themes contributed to this superordinate theme.

6.2.4.3.a. Navigating between roles and identities

Being a mother was deemed important and tied to being able to provide for the family. Sammy mentioned that “...*being a woman is very hard, to just sit a child will just show up and tell you that they want something to eat and they never say daddy I am hungry, they say mummy I am hungry, mummy I don't have school supplies*”. For Annia it was a default advantage that in the mornings she did not get significant income and that this time coincided with the time that her grandchildren would be at school, otherwise she would have been “*going to town*” for the whole day. She would use the time in the mornings to wash and clean. For all the participants, there was need to balance livelihood occupational engagement and other domains, for example, Anne considered being a wife important, and mentioned that: “*I still have to go home I still have to cook. My husband is the type who will not have the maid cook*”.

Identity played an important role in the livelihood occupations that the participants chose to do. Maria, who started off as a beauty pageant model before the onset of bipolar, highlighted that “*I started baking cakes, from there I realized the baking cakes was not for me being a beauty queen*”. Positive identities and roles were mentioned by the participants and they dynamically interplayed between being a provider, breadwinner, mentor, employer, role model, confidante, “*like other people*”, mother, being someone, doers (we can also do), helper and partner. Negative identities that the participants had were “*mad woman*” which was particular to Maria and the more general “*people like us*” and “*these people*”.

6.2.4.3.b. Impact of Covid19 pandemic

The study was undertaken during the Covid19 pandemic, thus the livelihood occupations were experienced in this context. Most persons without disabilities who experienced job losses were driven into the informal market, where there was already a lot of competition. For example, Jean narrated that “...*there is a lot...competition from able bodied for vending goods and space as well as welfare products*”. The participants mentioned that they would be working longer hours if it was not for Covid19 restrictions. The indication was that Covid19 restrictions would mean reduced number of working hours, which in

turn reduced their income. With respect to challenges faced in light of the Covid19 pandemic Anne expressed: *“...we as makeup artists have really felt it, especially in this Covid19, especially, I personally have felt it, it’s really hard especially with the lockdown and our job again requires close contact so you can’t risk because I have kids at home so I can’t risk, so it’s been a bit rough but we soldier on”*. There was also need to protect themselves and loved ones from possible infection which reduced the amount of business.

6.2.4.4. Theme 5: It’s more than just engagement

This theme captured how the participants’ narratives indicated that engagement had more important gains than just engagement for the sake of it. The following four subordinate themes contributed to this theme.

6.2.4.4.a. Opportunities opening up other opportunities

Engagement in livelihood occupations gave ideas for other livelihood occupations. Some participants had desires to move beyond what they were currently doing but were limited by varying factors such as fear of people’s perceptions, lack of space and resources, and lack of government support. Progression was desired within the confines of what they were already doing, for example those doing vending expressed desire to expand and have shops. There were challenges encountered with access to micro-finance with regards to terms and conditions, accessibility and the processes required to access them: *“...Then there were those loans which were to be accessed by the disabled, they were asking for a lot of things which was just confusing that I had to walk away”* said Joy. Some of the participants managed to acquire assets such as rural farmland and livestock that would then be converted into usable income during times when the primary livelihood occupation failed to sustain them. For example, Gray acquired cattle that she would sell to compensate when her salary was delayed.

6.2.4.4.b. Looking forward to the future

Having an occupation enabled the participants to plan and look forward to the future. Maria planned to help others, and from her experiences with mental illness she planned

to build a facility for equipping persons with disability with life skills. She had approached a rural district council for land to build the facility. *“Having a source of income to lean on”* in case of emergency situations was important for Anne, who worried over her father, whom she cared for. Chloe also indicated that the livelihood occupation meant she could look forward to the future: *“...because when you start the New Year you would have plans that you want to do this...”*. Chloe had had an unfortunate incident that resulted in her suffering burns on her remaining upper limb, her face and left leg, giving her another temporary disability which affected her plans further.

6.2.4.4.c. Experiencing wellbeing

Phrases like *“peace of mind”*, *“elevating my mood”*, *“it keeps me from trouble”* and *“I escape the stresses at home”* were common across all narratives. Anne spoke glowingly of her livelihood occupations, highlighting that: *“the work office thing, it pays the bills (but)...my place of sanity is make up...I am happy, I love enhancing people’s beauty...it gives me a sense of well-being, a sense of purpose...I have a purpose in my life. I am also empowering other people. That gives me a lot of satisfaction, huge satisfaction”*.

Tamy said *“Uhhh stress free, you spend the day laughing (giggles) so you won’t stress, you won’t think about your challenges, it just ends”*. Wellbeing was also connected to the desire to avoid being dependent. For Anne, the livelihood *“means the world, it means everything because if I did not do what I do then...I will have to be dependent on someone of which I can’t afford that, I am trying to avoid a situation whereby you are nothing without me”*. For Annia begging had a negative effect on wellbeing, as it not only affected her but also her grandchildren: *“uhm I can say that this work, I do not like it, but then I do not have a choice as to what else I can do to survive but if I had something I can do, it would be alright because moving around is painful, to be always on your feet moving around ah its painful, and always begging people to just give you something it would be better to have something that one can do for themselves...because some of them will even be shouting obscenities, the kids get scolded and that is not right”*. The participants also reported being satisfied with their activities at the end of the day depending on whether they would have realized income.

6.2.4.4.d. Valuing accomplishment

A theme that was evident in the experiences of all the participants was “valuing accomplishment”; which was derived from a sense of achievement of ‘basics’, such as putting a meal on top of the table and paying rent. Jean mentioned: “...*I won’t fail to buy bread, I won’t fail to buy relish I won’t fail to buy bathing soap everything will be going on alright if I manage to buy basic needs...*”. Joy stated: “...*I just want to thank God that I am getting the money before people complain that there’s no mealie-meal. My family does not sleep on an empty stomach...*” Notwithstanding, some of the participants expressed despair when they did not manage to get enough income to meet the day’s needs, especially for Annia who was involved in begging for alms. She indicated that it can be possible to go home without anything. “...*I have never really failed to get money to go back home but with things are just hard, you may find yourself not getting anything...[shows heartache] you just feel that the burden is too heavy and think to yourself how will we survive? It will just be burdensome.*” Accomplishment meant survival and failure to get anything led to despair.

6.3. Conclusion

The narratives gave a picture of women who have great resilience, initiative, proactiveness, personal causation and volition in order to dispel perceptions of them as unable, passive and dependent. This reflected their choice and type of livelihood occupations they engaged in which largely took the form of self-employment.

CHAPTER 7: Situating findings into the context of the theoretical framework

Ultimately, the discipline of critical moral scrutiny requires, among other things, “endeavoring to view [our sentiments and beliefs] with the eyes of other people, or as other people are likely to view them” (The Theory of Moral Sentiments, III, 1, 2; in Smith, 1976, p. 110).

7.0. Introduction

This chapter shifts the experiential and meaning facets of engagement in livelihood occupations presented in the preceding chapter into the theoretical framework presented in Chapter 3. In this chapter, the findings are situated into the theoretical nexus to which the Capabilities Approach, Bourdieu’s field and habitus theory and the occupational injustice framework contribute.

7.1. Situating the study into the theoretical framework

Occupational engagement can be considered to be occurring within a field in which there is interaction of four domains: intra and extra individual factors, Power/agency, Capabilities and Functionings, as depicted in the theoretical nexus in Chapter 3. These domains can interact dynamically, culminating in poor or favourable conditions for livelihoods creation. The contexts in which the participants engage in livelihood occupations participated in, can be considered fields. According to Bourdieu a field is a ‘site’ of struggle’ where people seek to acquire capital, and use the capital which they already have, in an endeavour to dominate the field (300,391). A Bourdieusian perspective can inform and contribute to the advancements in research on livelihood creation; Bourdieu provides a comprehensive social theory which can address individual weaknesses of some livelihoods frameworks and at the same time integrate the pieces into a coherent picture (415).

7.1.2. Intra and extra individual factors

Within the context of the study, the experiential features which are a by-product of livelihood occupational engagement) were determined by the individual's habitus, amount of capital and position in the fields within which livelihood occupational engagement occurs. The individual's position in a field is dependent on the type, amount and structure of his/her capital (416,417). However, these spaces cannot be looked at in isolation as they influence and are influenced by other fields, for example the family and the community.

7.1.2.1. Habitus

Habitus, as an embodied internal compass, comprise a set of lasting and transferrable dispositions defined in terms of the particular ways of one's being; that is, propensity to think, feel, act, talk and understand (418,419). Within the theoretical nexus (See chapter 2), habitus forms the core of an individual's functioning. According to Asimaki and Koustarakis (418), these dispositions or ways of being are acquired during childhood through pedagogical processes, acculturation and socialization processes. Studies on the determinants of occupational success in Britain found that the foundations of occupational success are determined early in life (420). The pedagogical, acculturation and socialization processes are important for both persons with disability and those without disabilities. For the former, habitus shapes their determination, resilience and confidence and for the later, it is important in shaping attitudes, acceptance and response to the needs of persons with disability which in turn can influence how persons with disability experience occupational engagement for livelihoods.

The possibilities of habitus are realized all the more freely when they have a conducive fields in which to become manifest (269). The habitus of the participants required complementarity from that of other human agents within their contexts in terms of accepting and understanding disability. A partially-symbiotic relationship seemed to exist between the participants involved in vending and their counterparts without disability in the same trade. The counterparts without disabilities would look for loose change for the participants while the participants would also patronize their businesses. For example,

there were street vendors who sold face masks and lunch, and the participants bought from them. This complementarity seemed to be without conditions and perhaps an indication that the conditioning in the habitus of the counterpart vendors without disabilities was towards acceptance and understanding of disability. However, such conditioning, has been described to be more effective if undertaken through pedagogical processes (301). The participants highlighted the value of instilling information on disability issues in young children, while also highlighting the importance of teaching children with disabilities various skills, including survival skills. In this regard Anne was of the opinion that

"...it all starts when we are young, you know, maybe the world needs to be taught, I don't know what to say but they need to be, their minds need to shift to understand that we are both women, we are all women...So I really feel maybe we can do something maybe educate kids, especially from, catch them from like from, young yeah so that when they you see next they not, what wrong with her, why is she like this, teach them, make them see."

'Dealing with disability' was an overarching superordinate theme, marked by subordinate themes (**'challenging perceptions of disability'**, **'adjusting to disability'**, **'we are constantly plotting'**) that indicated an ongoing cognitive process. Livelihood occupations are rooted in and shaped by actors' embodied dispositions, their specific way of perceiving and valuing the world, which explains, for example, why some opportunities are not even considered by some groups (415). The participants were more inclined towards being self-employed. In addition to habitus being allowing improvisation, creation, and innovation, it is a system that draws on principles of choice (418). This implies that the women with disabilities had to make a conscious choice to identify and confront the impediments, both perceived and real, that would affect their occupational engagement for livelihoods. Navarro (15) described habitus as an attribute that is neither fixed nor permanent, and being liable to change under unexpected situations or over a long historical period. The participants' habitus was akin to Navarro (15) conceptualization of habitus, also influenced by how they derived meaning from their contexts and regulated improvisation. The participants' upbringing had a significant influence on their approach

to occupational engagement or livelihoods. Most of them had had an upbringing that was characterized with adversity, as is the case with most persons with disability. Women who acquire disability later in life and those that have congenital disabilities have different experiences because they face different challenges and barriers (188). Bertin and Sirven (421), observed that socialization instills creative capabilities and that the effectiveness of such capabilities is determined by the limits of the conditions of their existence, their dispositions and context, and their adaptations to situations.

According to Bourdieu, the family field equips individuals with dispositions that implant a long-lasting and more decisive habitus (419). With time, habitus becomes a reservoir of principles from which one can draw on unconsciously in practice and that influences perception and every reaction of the individual in day to day life (422). Within this perspective, Bourdieu confirms and prepositions habitus as a system of continuous transferrable dispositions. The transferability of dispositions was shown in the life stories of the participants. For instance, Anne alluded to what she and her peers were taught during their years in school:

“...yeah it’s actually a class on its own. Home management or something like that. You are even taught how to cook, you taught how to clean you are taught how to sew, it’s a thing on its own, a class, a subject on its own you know you learn all these things so you can’t tell me that out of all those you can’t pick one whereby you can do, from home, you don’t even need to or from the street corner start there but don’t...”

The skills and attitudes she gained were used throughout the course of her life and continuously reinforced. The expected outcome is that these ways of doing are transferable throughout one’s life course. These way of doing are also important for persons without disability as they interact with persons with disability in their occupational engagement for livelihoods. Paige recalls what her mother taught her:

“...she always said to me you are a girl child you never know you may get married so I will teach you house chores sweeping cooking so every house chore she taught me so as a result when I had my family it was not difficult for me”.

The findings of this study add to existing evidence (423–426) that people who are disabled and those who acquire disability undergo a conceptual transformation, such that they change the way they think about disability. For example, Gray managed to cope with her own disability by engaging in her livelihood occupation in the same environment with other people with disabilities:

“I am very much okay coz way back I did not like it because I had not stayed in close proximity with other persons with disabilities because I got disabled at an older age, so was afraid of [persons with disability] but now I am used I don’t mind”.

Qualitative research done with women who have chronic illnesses (427) and persons with life threatening illnesses (428) has shown that people may lose their regard of themselves as people who are capable and competent when they can no longer perform valued occupations; to an extent that they feel useless and devalued. The subordinate themes **‘challenging perceptions of disability’** through occupations and **‘valuing accomplishment’** confirm Hammell’s (429) observations that women with disabilities, like other persons with disability, choose to minimize losses and focus instead on abilities and accomplishments - they perceive themselves to be competent and capable. The concept of habitus allows for the possibility of the relative autonomy of the actor in his everyday practices. Maria, who attributed her habitus to the organization for persons with disability of which she was a member, highlighted:

“...isn’t us we were taught to be assertive and say out what we want to say...we will go there and get into their offices if we know where the offices are, we go there and speak out”.

Anne, who projected herself as a *feisty individual*, narrated how she managed to negotiate with her employer to allow her to see clients of her own make-up business during working hours on company premises; she was of the opinion that:

“...the world is there, it’s not gonna adjust itself to us, we have to attack it, we have to get up, you know, think of what you want to do and get up and go and do it...”.

An individual's internal disposition is an important attribute that should be developed or enhanced as it enables navigation within fields in which occupational engagement occurs. Although the dispositions are also 'transferable', they are not fixed or permanent. This means that the set of dispositions that agents acquire through their experiences, socializations and possess over the course of life, influences and acts effectively in other (different) contexts of experience (430). The transferability of dispositions is demonstrated in the case of Paige who said:

"I could not speak to you as I'm doing now because you know you don't have confidence you don't have anything but though lessons workshops which we did, there the confidence increased and I am happy with the ability...I think it is because of the ability that I have to lead... that has lead me to assume the position of the vice president".

Paige thus used her improved confidence to the gain capital in her community. She approached women who were having a burial society meeting and requested to join them based on the recognition that she was also a woman, a wife and a mother. It is through the individual's habitus that she can influence her surroundings and the fields that she inhabits. Any habitus must be looked at relative to the context in which it mediates the behavior of an individual. In what Bourdieu calls *feel for the game*, he notes that individuals can determine through a subconscious map what goods, aspirations or practices are accessible within collectives. The adverse circumstances in which the participants found themselves (some of them from a young age), seemed to shape their resolve and contributed to their persona. There was adversity in the contexts in which the participants grew up and thrived. These contexts included other people who had their own beliefs and behaviors, that included perceptions of persons with disability as vulnerable, incapable, non-functional and in need of protection. Chloe indicated:

"Even when we we're at home, I grew up with my grandmother, paternal grandmother; she was very protective...such that when others were doing chores or something, she would say I should sit down: "she cannot do that". So you would find that I was someone people were feeling pity for, most of the time".

It took internal conviction for the participants to confront these limitations.

Where individuals lack an internal drive and internal disposition to challenge and influence their surroundings, it follows that there may be little, or no, power or agency to change their situation. Hilgers (269) observed that agents who are conscious of their potential exclusion from a field can end up excluding themselves from it. For example, there was a general feeling amongst participants that persons with disability are disadvantaged from the onset when seeking employment. Consequently occupational injustice can ensue, not necessarily brought by environmental or contextual factors, but rather the individual's own inability to summon and use internal resources or her personal disposition. For the participants, their internal drive to confront their disability, which was a constant and overarching feature of their experiences, would not yield any accomplishments if overridden by perceptions of potential exclusion. The subordinate themes that illustrate the significance of one's habitus, namely; **'challenging perceptions of disability'**, **'adjusting to disability'** and **'we are constantly plotting'** project the use of a conscious drawing upon cognitive processes to deal with disability and the challenges that it brought about within occupational engagement.

Habitus can be classified into class habitus and individual habitus (431). Class habitus perhaps informs the collective ethos on which the concept of belonging is premised. Class habitus seemed to play a role in the constitution and organization of groupings of and for persons with disability, which yielded positive results in terms of gaining all forms of capital. Belonging, in turn, could yield dividends when considered with Bourdieu's (272) concept of freedom: "freedom is not something given: it is something you conquer—collectively" (pp. 15–16). In this study, belonging to collectives through the agency of engagement in livelihood occupations gave the participants certain dispositions that facilitated their access to various or fields from which more resources could be obtained. Examples included access to community savings clubs and acquisition of housing plots. Conversely, Townsend (432) observed that members of disadvantaged communities belong to fewer social groups and have weaker bonds to these groups. Further, they have a smaller range of opportunities to engage with and contribute to community life by virtue of having few influential connections within and outside these groups. Persons with disability are typically

members of such disadvantaged communities alluded to. A potential point of intervention is to grow supportive and influential networks for individuals or groupings that have potential to become marginalized by virtue of their minority collective identity.

Notwithstanding, belonging needs have also been identified as potentially stigmatizing. Hvalsøe and Josephsson (433) found that disabled individuals who needed to be with others for assistance, due to the challenges of doing things on their own, experienced feelings of differentness and therefore (potentially) not belonging (434). For example, while Jean relied on her vendor counterparts without disability to look for change on her behalf, Gray drew attention to the risk that colleagues with disabilities might overburden their 'able bodied' counterparts. Studies (435–438) have shown that carers or assistants of persons with disability can experience negative impacts on their resilience, due to being overburdened by providing care.

Livelihood occupations were performed to meet the needs of others, who included the participants' core families, dependents and employees. There are potential spin offs from empowerment of a woman with a disability. Economic empowerment becomes the entry point, with the effect of bringing other empowerment forms and many positive impacts on many levels namely, the household, community, markets and government as well as all aspects of life (439). Asimaki (418) sums the value of sentimentality and thinking that individuals can gain through belonging by citing (Accardo, 1991: 95-99) who stated "Indeed the social habitus constitutes the common denominator in the various practices of an individual actor, as well as the 'common womb' of all the practices of all those actors who lived in the same or similar conditions of existence within the social space".

7.1.2.2. Capital

Social capital is defined by Bourdieu as the current or potential resources a person can have access to by virtue of possessing durable social networks of more or less institutionalized relationships of mutual knowledge and mutual acknowledgement which are linked to integration into a group (233). Apart from tangible or material resources, social capital can be understood as the actual bonds or relationships of mutual recognition and mutual acquaintance between individuals within the family, groups or social networks;

or the bridges that link together different associations and other civic organizations; and, ties between institutions from the civil society and local or national governments (386). Social capital, i.e. the sum of an individual's resource-containing social network connections, has been proposed as a facilitator of successful engagement in occupations. Networks that define social capital can be social relationships that are permanent and fixed; these are beneficial and productive for the one who has them and maintains them (300,391). Social capital refers here to the entirety of and rights an agent has over the resources of his social network. It is an asset households can mobilize in event of need (421). Capital possessed can be used to navigate positions in various fields to accomplish the life actors want (that is, what they are able to do and be).

For the women in this study, the theme **“we are not in it alone”** speaks to the importance of capital, and what capital can enable one to accomplish and achieve. Some of the participants managed to acquire assets by virtue of having a livelihood occupation tied to an organization of persons with disability. Organizations of and for persons with disabilities are a source of capital. Grey mentioned:

“ihhhh this one for the housing stands... we got it through/by virtue of being from here”.

and Chloe said:

“...Also the house in [suburb] I also got it through disability because the (name of organization) also sends names of people saying...‘when giving land/ housing stands you are forgetting people with disabilities...yet they can also buy’...”.

Social capital can improve people's capabilities and functional independence. There are some 'productive' forms of social capital as well as some 'perverse' ones (421). An example of productive capital is access to community savings clubs⁵⁷ and the benefits accruing from such membership. For example one participant, Prim, mentioned that:

⁵⁷ “Informal savings clubs, such as, are community pools where members each pay in a set amount at certain intervals, and the full sum is paid out to one member at a time on a rotating basis...these clubs are based on reciprocity and trust in the social and familial bonds among those who are involved, and they leverage those ties to create the motivation for saving” (545).

“we had female groups where we would have a local cooperatives like where one brings money and then this month it would be given to someone this month, the next month to another person until we complete the circle, for example 20 USD per head. In the same clubs we would also buy groceries for each other throughout the year, so what I would then buy for myself will be something other than the basics that wasn't bought during the year like relish”.

The benefit derived from being part of community savings clubs is illustrated in Clary, Dolfsman and Figart (eds) as follows:

“For example, if agent [A] is given money by members [B], [C], [D]... of his network at time t ; in turn, one can expect [A] helps [B] at time $t+1$. Such reciprocity is guaranteed by strong norms and values that discourage free riding behaviours. In other words, every time agent, [A], asks his network for help, he has in turn, the obligation to provide subsequent social support to other members that already helped him. Note that the result being the same if [A] provided social support before asking for help” (p.195) (440).

Community savings clubs work on the premise that a predetermined amount of money is collected from each of the members, then given to one person on alternate basis each month. Within networks or clubs people tend to form bonds beyond the purpose of the network or club. In such cases the network is no longer seen as social capital, but rather as the social structure in which social resources are embedded (441). These clubs may grow to allow members to gain bigger assets and also offer other forms of support. Where one does not have access to a livelihood occupation, the probability of accessing a club is very low because of not having something to contribute.

Forms of capital which individuals possess determine their positions and capabilities in the various fields (442). The level of capital that participants had was different in various social spheres. For example, Prim had more capital in the general community and with her clients than with her family, where she was regarded as someone who should be asking for help from her family members - to the extent that decisions were made about

her in family meetings to which she was not invited. She mentioned this about her involvement in groups of persons with disabilities:

“...but thanks to the groups that I attended with other people with disabilities, they pushed me. Confidence comes from being with other persons with a disability... and you find in there other people who have achieved...”

Her feelings and experiences associated with family were different:

“If there was nothing I was doing I’m sure they would not have thought about me; they would think you are a burden to them. From my family side, they wanted me to go and stay at our rural home... They would have these conversations alone and then I would get the information, from one amongst them, that this is what they are planning and when they would then approach me I would already be knowing the story”.

On the micro-level, field relations are governed by social norms, informal institutions, and personal relations and negotiations. Capital can be a mechanism for the perpetuation of unequal power relations. Thieme and Siegmann (443) address the role of social capital from a gender perspective and highlight how social capital perpetuates the structure of masculine domination and a gender-differentiated pattern of vulnerability. This can perhaps explain why some participants mentioned that they were denied access to land when they requested or applied for it from the respective authorities. Firstly, being a woman and secondly, having a disability can be attributes of prejudice that may be used as means through which women with disability are excluded from resources. This exclusion was despite indications from the participants that were actually putting the land to better use when compared to other smallholders in the area. Bhatasara (444) showed that “the Fast Track Land Reform Programme⁵⁸ diminished opportunities for women to be empowered and shrunk the democratic spaces for genuine participation of women in the development process by denying them rights to land, widening gender inequalities and ultimately failing to alleviate their poverty” (p.316). This was echoed by Dziva (445) who

⁵⁸ The Fast Track Land Reform Programme (FTLRP) in Zimbabwe facilitated the transfer of land to nearly 170,000 households in response to inequalities in terms of access to land (546)

noted that the majority of rural women with disability have limited access to productive resources. According to Bourdieu, a fundamental propriety of social classes is to ensure their reproduction by excluding non-class members from the resources (e.g. social capital) of the social network (421). In this case, where women with disability are excluded from the class of those with means for livelihood creation, social capital becomes exclusionary, not a public good as suggested by Coleman (27). Occupational injustice may thus arise from a lack of occupational choice; as such, understanding more about occupational choice may reveal ways to promote occupational justice for marginalized groups that include women with disabilities (233).

The thrust to ensure inclusion usually has its challenges and does not always have desirable outcomes. An example of such challenges is lack of cohesion (446) between various groups, reducing the effectiveness to collectively create and influence policy. In times of economic challenges, there is increased demand for few goods/capital or positions within specific fields. During such times, persons with disabilities have traditionally been excluded on the basis of gender and disability. Women with disability can also be excluded on the basis of few goods and this is seen where even persons without disabilities engage in occupations that have traditionally been for disadvantaged populations. Social capital is defined as the rights an agent can exercise over her social network so as to access some particular resources (421). Ideally persons with disabilities need to be part of social networks that include persons without disabilities and influential persons who have authority to legitimate various forms of capital.

Symbolic capital in this study relates to how the participants were perceived. Symbolic capital is crucial to reducing stigma and discrimination. Perceptions of women with disability as doers and accomplishes comes through engaging in occupations. The themes **'Its more than just engagement'**, **'Challenging perceptions of disability'** and **'Navigating roles and identities'** attest to the importance of symbolic capital. Symbolic capital stems from possessing other forms of capital. For example, economic capital, related to money and property rights, is derived from engaging in a livelihood occupation. Having money and status also enhance how one perceives herself, as a form of symbolic

capital, which can be a self-reinforcing attribute that affects functioning. Self-perception relates to one placing value on oneself.

In this study, capital was the currency that enabled women with disability to earn a living in the fields in which they engaged in livelihood occupations together with the rules and codes governing these fields. Within these fields, or spaces in which livelihood occupational engagement occurred, women with disability brought in capital and gained capital, that is, they influenced and were also influenced by what happened in the fields. For example, where society stigmatizes disability, a woman with disability engaging in vending may not gain customers because of the stigma. For this study the women with disabilities gained respect, and consequently more patronage, for the effort that they put into attaining economic independence. Over time their capital increased as they expended their labor. Capital also influenced the 'belonging' aspect of functioning; as the amount of capital participants had determined whether they could belong ('buy their way into or be accepted') to certain groupings or a social class. Livelihood activities probably produce the most important kind of capital, that is, economic capital.

7.1.3. Governance

Livelihood creation strategies are embedded in structures and are governed by institutions (447). Institutions and organizations may uphold and perpetuate systems of oppression through legislation, policies, and other structures. These systems may then influence an individual's experiences of health and occupation (159). This implies that institutions make rules that direct human behavior (including relationships) within fields in which livelihood creation occurs. Rules govern relations and exchanges in the field. The rules are also objects of struggle between actors: dominant actors have the power to set rules, which are accepted, but sometimes also contested (415). Persons with disabilities have always struggled for inclusion in decision-making structures. Lower socioeconomic status is correlated with many social identities, including identities associated with disability. Such identities are shaped by systems that create privilege and disadvantage through law, policy, and other institutions (159). It follows that if persons with disabilities are involved in structures that make decisions, they may effect decisions that promote

opportunities and functionality of women with disability. The impact of policy decisions, or lack thereof, was highlighted by Anne who was dependent on her car for mobility and for running her make-up business:

“...remember there is the [fuel shortages]...you know... not even one garage would give me fuel, they would always make it difficult, yet they could see that, (I have a disability and) I am the one driving, I am the one who needs the petrol. Because it's different when [persons without disability] don't get, you can catch public transport, but I can't catch public transport. I depend on my car...Let the community be aware let the top people... let the second in line, the second in command, you know let it flow like that...like circulate a letter to the banks, circulate a letter to the petrol station people, circulate a letter to I don't know, whoever is responsible”.

The petrol era Anne refers to is a period in the year 2019 to 2021 when Zimbabwe, as a result of its socioeconomic challenges, experienced acute petrol shortages with some garages pricing in US dollars at a time when many people had no access to this currency. These challenges, which she felt the government could do something to change, affected her livelihood creation. Anne's experiences illustrate De Haan's (447) observations that, where people are perceived to have livelihood creation options that are driven in part by their own preferences and priorities, these options are also determined by the structures (such as the roles of government or of the private sector) and processes (such as institutional, policy and cultural factors) which people face.

Anne added:

“I always had to fight...I wish the government had a law like in overseas countries, in the United States I believe, you know... where, physically challenge people are given first preference, it's a law”.

The role of local and central government was highlighted across all cases, with the former making concessions towards enabling occupational engagement for livelihoods for women with disability. Despite ratifying the UNCPRD and launching the disability policy, the central government and its agencies are perceived to not be performing their roles.

The local authorities had made concessions, such as halting raids on street vendors with disabilities. The disadvantage of this concession was that it did not allow for expansion of their street stalls.

As alluded to in the preceding chapter, where the government does not play its role, social and occupational justice may be difficult to obtain. Observations by SIDA (93) and Choruma (101) that persons with disabilities are left with little support when government and donors divert funds to 'urgent' matters, are relevant. The participants' narratives highlighted that the government, through its respective departments that are responsible for the rights and needs of persons with disabilities, is not performing its role. The notion of justice encompasses fairness in the relationship between people and the government, equal opportunities and equal access to resources and goods, including sharing of rights and responsibilities (62). Occupational therapists need to be equipped with expertise to incorporate community participation for women with disability.

If agents can master the objective rules that structure a field, they tend to be at ease navigating through the field. Thus, livelihood creation strategies can be used to influence or to change structures. However, these did not always seem to work as noted in the case of Gray and Chloe. Gray highlighted the challenges that they faced:

"...where they receive people's grievances, when the donors come they get the donations for themselves. We were made to write a lot of proposals with Chloe. We wanted to do pen fattening...we write the project proposal... we give to the councilor... then we heard from others...he takes that information and changes the names, it becomes his proposal, he submits it as his own".

One can surmise that occupational rights of women with disability were infringed upon by the duty bearers and those who hold power, who in this case were the councilors. Thus, the processes and opportunities are not equitable. Conversely, the outcome or accomplishment of land ownership for small holding or urban housing was achieved for some of the participants. In this instance occupational injustice was process-based but if accompanied by action such as physically presenting self to the authorities in order to remedy the injustice, favorable outcomes could be experienced.

7.1.4. Conversion Factors

Conversion factors can hinder or enable the translations of resources into capabilities. Conversion factors include a number of external conditions, such as the natural and/or man-made environment in which we operate, formal or informal rules and regulations to which we subscribe, and social or family dynamics that determine our daily lives (which may result in part from existing rules and regulations) (448,449). Types of conversion factors are: personal conversion factors, social conversion factors and environmental conversion factors (450). These conversion factors occur at the individual, social, institutional (formal or informal) and environmental levels. Habitus, capital and governance also illuminate rules that operate in environments within which livelihood occupations are done; as such providing a clear picture for occupational therapists to understand the mechanisms that reinforce occupational injustice.

Conversion factors link diverse individual biographies to social arrangements, further underscoring the difficulty of focusing solely on the subjective wants of people, since these might be adapted in ways that do not necessarily serve their best interests (449). When applied to the study, a livelihood occupation became a conversion factor where it gave rise to additional livelihood occupations. For the participants in this study the livelihood occupation was “**more than just engagement**” as it gave rise to other capabilities. These capabilities included participation in other life domains and providing for others. Social or family dynamics are also relevant in converting resource inputs to health outputs of value. Individual factors that determine how a given resource will be used include, for example, age, gender and knowledge. The importance of knowledge was highlighted in some of the cases, for example where there was ignorance on where and when there was availability of loans, how to access them, and the benefits that the loans brought once accessed. Tamy pointed out that the major limiting factor to her fulfilling her wish of having a shop was finances. However, with regards to loans she said:

“...I think it's financial, I am not stable of which that is something that can bring the dream to reality...(loans) I don't take, I don't want things that give me stress

because I saw that it's something that is not in me because I really tried and saw that at the end of the day I end up straining myself to pay it off".

Joy had tried to access a loan but was unsuccessful because she had been excluded from the group application she had been part of. Some of the requirements were also stringent and cumbersome, to such an extent that she gave up. She mentioned that:

"...yes because the applications will go but they will just say they haven't been approved, then someone goes after you and their application gets approved. So I will just wonder what would be happening. Then there were those loans which were to be accessed by the disabled, they were asking for a lot of things, which was just confusing... that I had to walk away. I discovered that I was wasting my time, let me stick to selling what I had".

On the other hand Katie did not have information on which banks had loan facilities:

"...I don't know which banks to go, or even how the paper work goes. All I have is hearsay from people but the bank procedures, I don't know".

Lack of information on, or the absence of, for example, microfinance facilities can preclude women with disability from fulfilling their potential. The application processes of such loan facilities can also be tailored to be *fail proof* to avoid situations where potential applicants are afraid to access them.

The WHO Commission on Social Determinants of Health has called attention to factors they refer to as 'social determinants'; these effectively encompass a variety of conversion factors that differ between social groupings (449). Essentially, an occupation is in itself a determinant of health and a conversion factor but it also has its own conversion factors. The occupational therapy practice framework and occupational therapy practice models align the social determinants of health with the context and environment domains (12,451,452). It is now widely acknowledged that persons with disabilities and women with disabilities in particular face the highest risk of inequities in accessing health and opportunities. Deneullin (449) advised that by failing to account for relevant conversion factors and disregarding individual choices and constraints, we may not be efficient in our

efforts to improve health. Furthermore, Deneullin's notions about health policy are not only about providing treatment for people but about dealing with the social and economic drivers of functioning.

7.2. Power and Agency

Power and agency are strongly correlated to alienation. Where there is no power there is no autonomy and independence of the actor. Lack of autonomy is central in the definition of occupational alienation (453). In the theoretical nexus (See Chapter 3) of this study, power and agency are deemed by-products of conversion factors that are, one's habitus, governance, and capital. De Haan (447) identified that discourses on livelihood creation have neglected power relations. Likewise, Rudman (454) observed that "work addressing the situated nature of occupation has tended to neglect how social relations of power are enacted in ways that create and perpetuate situations of discrimination, marginalization and oppression" (p.27). Livelihood occupations are not neutral, in part because of power dimensions at play. Livelihood creation activities are interpreted as processes and outcomes of struggle within unequal fields of social relations (415). Activities engender processes of inclusion and exclusion and are embedded in contested and conflicting arenas (455). Power can be located within gender and structural or institutional arrangements.

Agency is relevant to occupation because the ability to choose and act enables people to negotiate challenges and find solutions to everyday problems, thereby impacting daily routine, identity, collective occupations and 'becoming' (456). Human agency is influenced by one's habitus. Like occupational therapy philosophy, the livelihoods approach is premised on people-centredness and actor orientation. The implication, therefore, is that analysis of livelihood occupations should place a strong emphasis on actors' agency and the objective of understanding how these actors make a living in the context of stress (415). Agency enables reshaping of social conditions by integrating experiences into livelihood creation strategies and by looking for outlets of aspirations, ambition and solutions to problems (447). Where actors enact agency to change their situation, institutional arrangements and subordinate positions in the field can cause

disadvantage. In this study, lack of power that came through relying on authorities, as an example, limited the opportunities available to persons with disabilities as shown in the situation where councilors would take proposals as their own or where livelihood goods meant for persons with disabilities were diverted. The end result is that the women with disability end up lacking control and being perpetually dependent. This was evident in the case of Annia who was involved in begging, especially in situations where she was unable to achieve desired outcomes. Anne experienced similar circumstances when she could not access petrol for her car which was a key enabler for her mobility during the petrol crisis. According to Mirowsky and Ross (457) powerlessness stems from a lack of control over a situation, leading one to think that outcomes are determined by chance or fate, or by someone with more power or authority. Occupational therapy can assist by advocating for social conditions that enable the creation of robust, adaptive and creative habitus so that one can have control and not perceive outcomes as determined by fate. Habitus is a mutative and evolving concept that can be molded to foster power and agency.

Power is a relational attribute. Giving power to some people may need to rely on or contribute to taking power from others. As such, enabling the livelihood occupations of marginalized or powerless groups may be challenging, especially where it may be perceived to disadvantage others. The behavior of the councilor (who took proposals by two of the participants as his own), might be explained by the assumption that he was holding on to the capital (and power) rather than facilitate the empowerment of the women with disability. Those perceiving disadvantage may want to resist the opportunities for others to realize their right to occupational engagement for livelihood. Rudman (454) encouraged the analysis of occupation with a lens that takes cognizance of broad relations of power to raise awareness of, and inform actions to address how power relations shape and perpetuate occupational inequities.

7.3. Occupational Injustice

Occupational justice is a process (26) and an outcome (458). As a process the concept is defined “as the promotion of social and economic change to increase individual, community, and political awareness, resources and equitable opportunities for diverse

occupational opportunities which enable people to meet their potential and experience well-being” (p. 257) (26). From an outcome perspective, occupational justice ensues from "...social policies and other forms of governance that structure how power is exerted to [promote] participation in the everyday occupations of populations and individuals" (p. 58) (458). From the perspective of the theoretical nexus described in Chapter 3, conversion factors involving habitus, capital and governance can result in lack of power and agency leading to occupational injustice. Descriptors of occupational injustice include occupational deprivation, alienation, marginalization and imbalance. The discussion looks at injustice for individuals and collectives.

Occupational alienation was identified in the case of Annia, who was involved in begging for alms. She reported that her livelihood occupational engagement, though providing for her basic needs, was largely not meaningful and not enriching because it negatively affected her well-being. The only semblance of control over her occupation was the times that she would ‘come into town’ but this was determined by her perception of when she would get more income. People in lower status occupations experience higher strain and, because they have less control over their working conditions, they are less able to instigate changes that may reduce workplace stress than those in higher status occupations (459,460). This observation was converse for those in vending as they narrated that they had much control in vending and desired to expand along that line of business. However their working conditions were not desirable as the street pavements they worked on were susceptible to harsh weather conditions. Notwithstanding, the initial occupational marginalization at the collective level (that led them to default into street vending) they were exempt from raids on illegal vendors. Their occupational marginalization was noticeable from the narratives, due to lack of choice and inappropriate placement in vocational training programs. All the participants expressed that their chances of being hired for formal employment were slim because of attitudes towards disability and also limitations imposed by the environment. Persons with disabilities in Zimbabwe are usually the last to be hired and as a result most of them resort to begging and vending, selling items such as cell phones, airtime, sweets, clothes, watches and fruit from the pavements, competing with able-bodied fellow vendors (461).

For the participants, efforts to grow livelihood creation choices through accessing land resulted in occupational injustice as some of the participants would be questioned as to why they needed the land. Such questioning arose from perceptions of the participants as being unable to utilize the land due to being women and having a disability. Enabling participation and access to livelihood creation fields should be a goal for occupational therapists and this can be done in collaboration with authorities and training institutions.

A less talked about form of occupational injustice, is occupational apartheid, wherein certain members or groups within a given become socially isolated due to lack of access to their share of the benefits of economic production (238,263,462). Occupational apartheid is "...occasioned by political forces, its systematic and pervasive social, cultural, and economic consequences jeopardize health and wellbeing as experienced by individuals, communities, and societies" (p.67) (238). Advocacy for social, political and economic inclusion by occupational therapists plays an important role in this instance. Social inclusion is defined as the process of improving the terms of participation in society, particularly for people who are disadvantaged, through enhancing opportunities, access to resources, voice and respect for rights (463). Zimbabweans were affected by being economically excluded before Covid 19, which may have exacerbated multiple exclusions they experienced as policies which are determined by political forces excluded them (464) of which persons with disability in general and women with disability in particular were affected more. Persons with disability are amongst the beneficiaries of occupational therapy services and the responsibility for achieving occupational justice lies within policy structures and with policy makers as identified in a systematic review by Hocking (207). One aspect that is also worth noting is that occupational apartheid may need to be addressed even for persons without disabilities or so called 'well populations'.

The findings led to the problematization of attribution of occupational justice to particular occupations, for particular individuals or groups in particular contexts. In this study the occupation of street vending, for instance, was illegal under municipality by-laws. In Zimbabwe, the occupation is labelled as illegal, undesirable, a threat to formal business and poses a challenge to the control and policing of the central business districts (465). Other reasons include the perceived potential to prompt national insecurity as a ready

recruiting ground for violent mass protests (466). Other negative effects include lawlessness, environmental pollution and public health hazards. There are occasional raids on street vendors and hawkers by the municipality authorities and the police. In some situations there are conflicting approaches to dealing with the issue. For example, the former First Lady of Zimbabwe questioned the morality of chasing away poor street vendors and encouraged them to continue operating from the streets in a measure that was thought to garner support for the ruling party (465). Municipalities would then not conduct raids. On some occasions, when raids are conducted they target only persons without disabilities. This demonstrates that legitimization of occupation is bound by contextual factors and objectives of different political epochs. A reflective question, therefore can be, to what extent and at what point is occupational justice attributable to a livelihood occupation?

Recently there has been discourse on the challenges that are inherent in the occupational justice framework. Hammell and Beagan (240) and Hammell (467) raised a number of questions when critiquing the occupational injustice concept of balance. For example, they asked whether occupational balance is applicable to quantities of time engaged in specific occupations or to the quality of experience while engaged in occupations; to a balance of engagement among “categories” of occupation prioritised by Western theorists (self-care, productivity, leisure) or to a balance of engagement among categories of occupation valued and prioritised by those engaged in occupation; to a balance among a range of occupations that are meaningful to the individual, or those that are meaningful to a collective; to a balance among occupations undertaken to fulfil individual or collective needs, aspirations or priorities; to a balance between obligatory and chosen occupations, between active or restful occupations, or between solitary, co-operative or collective occupations; or to a balance among the locations (e.g. within the home, in a building, on one’s land or in nature) where occupational engagement occurs. These same questions arose in this study. Occupational injustice appeared to be context dependent, temporal and spatial. It occurred along certain points of the participants’ occupations and occupational trajectories. Further questions with regards to temporality included the amount of time that imbalance has to exist for it to be called an injustice.

7.4. Capabilities

Capabilities imply freedom (1) and from a Bourdieusian perspective, freedom is conceived as knowledge of constraints and the capacity for self-determination towards a given finality. In the absence of capabilities (or freedoms), marginalized people cannot adopt sustainable livelihoods [occupations] (468) and cannot live the type of life that they are able to live, that is, they cannot effectively do and be. In terms of capabilities the participants lacked choice and had few options. However this lack of choice was matched with resolve to derive benefit from the available options. The processes involved exposed the limitations imposed by two identities of disability and being a woman.

There were mixed experiences with regards to instrumental capabilities such as transport. The introduction of a national public transport system brought challenges for some of the women as the buses did not ply routes in suburbs where they stayed. Consequently, they had to walk or use wheelchairs for long distances in order to catch a bus. Clearly, there were disadvantages when the women were compared to persons without disability. There were challenges with mobility and lifting heavy loads. The habitus was an instrumental capability in some of the participants. One of the participants reported abandoning selling perishables from the market because of potential sexual abuse from men who sold the perishables wholesale. For other participants their habitus was instrumental in ensuring that they had no challenges such as being made to pay an additional fare for their wheelchair on public transport.

In terms of instruments, the livelihood occupations also gave the participants assets, or commodities in Sen's language, such as livestock and housing plots. Bebbington (469) emphasized that assets are not only means for "instrumental action (making a living); assets are additionally a source of 'hermeneutic action' (making living meaningful); they also have emancipatory power in that they enable people to challenge the structures within which they make their living" (p.2022). Further, the assets, such as land, give the capability to be what one desires and to do (perform). Having assets can enable actors to influence institutions and rules direct the control, utilisation and conversion of resources. Martha Nussbaum's (470,471) formulation of ten basic capabilities

encompass aspects of being; life, senses, emotion, affiliation and point to the capacity for occupation (health, bodily integrity, thought, planning one's life), the motives for occupation (adequate nourishment and shelter, sexual satisfaction, education, producing expressive works, pleasurable experiences, showing concern for other people, living with animals and plants, play and recreation, employment) and the resources required to participate (property, goods).

For the participant involved in begging a pattern was evident in that her family members had no choice but to beg. The same pattern was also evident for one of the participants involved in vending. The participant's spouse was also doing the same livelihood occupation with little satisfaction as their conditions were similar. Exclusion can lead to cognitive adaptation as observed by Oxoby (472). Cognitive adaptation is the abandonment of mainstream norms and development of separate subcultures such as people engaging in maladaptive or socially unsanctioned occupations. Some people may be averse to starting a business, or fear applying for loans as in the case of some of the participants, because of perceived or real negative outcomes.

In the African context most of the challenges that people seeking occupational therapy services face go beyond the clinical condition that they may be presenting. Due to various factors, for example, resource limitations, occupational therapy practice in low-to-middle-income contexts gets constrained when looking beyond the patient to their personal struggles. The Capability Approach is useful in the preceding regard as it enables analysis of what people are able to be and to do given their own characteristics, context (familial, political and economic), resources and services that they can draw on. On a minute level the context is inclusive of institutions, structures and legal frameworks within the societies that the people live in. The preceding factors can be an asset or impediment to attaining a level of integrity, education or some degree of choice for women with disability, yet the opportunity to enact choices and assert control over one's occupations and one's aspirations is central to the experience of quality of life (245).

7.5. Functionings

Functionings are the range of identities one may have (or acquire) and those activities one may value doing (16). They correspond to dimensions of meaning and experience which have been covered in Chapter 6 of this dissertation. The dimensions are being, doing, belonging and becoming. According to Sen (1) (p36), “A functioning is an achievement, whereas a capability is the ability to achieve”.

For some of the participants in this study there was a tradeoff between some of the functionings between and within spheres. For instance one of the participants traded off ‘doing and belonging’ in her community for ‘doing and belonging’ in the field where she engaged in her livelihood occupation. Work life balance is about the portions of time dedicated to different life domains (473). Brough (473) noted that participation in multiple life roles can deplete resources thereby causing strain and stress, on the other hand participation in multiple life roles can derive rewards, gratification, energy creation, and growth. There were more rewards for the women, though not coming from multiple life roles, but from the networks obtained and wellbeing attained from participating in the livelihood occupations. The themes **‘it’s more than just engagement’** and **‘we are not in it alone’** provided insight into the functionings deriving from the livelihood occupation.

7.6. Livelihood creation

Livelihoods research focuses on the actualities of the lives of members of poor and vulnerable groups in an attempt to determine how these groups make their living in the context of risk and stress (474). The realities can only be given by the participants themselves, which was reflected in the methodological choices of the researcher to have participants share narratives of their own life world. Livelihood creation has previously been regarded within an economic perspective, placing the emphasis on material aspects such as production and income, and analyzing livelihoods in neo-liberal terms of economic investments and gain (31). This research showed that livelihood occupations were done for purposes broader than gaining material goods. Singh (475) regarded livelihoods as an important essence of human life. He further noted that livelihood creation

is more than earning money or mere sustenance of one self, it is about earning dignity, self-confidence, self-esteem, social status, respect and social security.

Analysis of livelihood creation has been criticised as having paid insufficient attention to spatial and temporal dynamics (415). Fields are not isolated entities, but exist within a set of relations with other fields. Actors are seldom embedded in only one field, it is crucial to take into account the relations between fields, and the multi-embeddedness of actors within them. This study has shown that livelihood creation occurs and is embedded in contexts which are influenced by and influence existing conditions as revealed in the theme **'livelihood is part of a bigger context'**. As Scoones and Wolmer (476) point out, "livelihoods emerge out of past actions and decisions are made within specific historical and agro-ecological conditions, and are constantly shaped by institutions and social arrangements" (p.27). For people with disabilities, chances to find or keep work are negatively affected by multiple problems like lower education, poverty and poor health (477). The flexibility of making resources, assets and capital interchangeable is a reality for those who have access. For example, a poor family might lack enough land, but could rent it through financial capital or borrow it through social capital. From Sen's viewpoints, what matters is not what one has but what one can do with what one has. An occupational therapist can enable 'having' and foster a creative habitus to make this 'having' meaningful. When habitus is in action, not all of its traits or layers are operational - some are inhibited, emphasized or reinforced depending on newness, intensity or repetition of the experience. Occupational therapy can assist by modifying the experience, identifying those aspects of habitus that need activation or reinforcement, and the capitals one has to enable adaptive or new doings, and also identifying what is possible.

CHAPTER 8: Discussion, Conclusion, Recommendations and Reflexivity

8.0. Introduction

This chapter concludes the dissertation by drawing key learnings together from the findings in the scoping review, the IPA and situating the experiences into the theoretical nexus (see Chapter 3). A discussion culminates in implication for occupational therapy and future directions. The last part of this chapter shares reflexive insights by the author.

8.1. Discussion

Experiences in other low income countries such as India have shown that promoting self-employment seems to offer the most hope for women with disability but the income generated is usually limited (478). Despite the low pay, self-employment has advantages which include undertaking tasks for which workers have aptitude and competence, and working close to their homes at a pace compatible with their disability (65). The occupation also requires little investment to start and sustain. Klangboonkrong and Baines (479) note that “firms founded by entrepreneurs with disabilities (EWDs) can make significant contributions to the economy and generate jobs for other PWDs as they grow creating a virtuous cycle for those with similar challenges” (p427). Studies have also shown that some women with disability prefer self-employment as they can be autonomous and self-determining by having a customized work-life schedule (480). This flexibility is said to be serving as a ‘pull’ factor, particularly for women who are then able to combine their work with other household chores such as childcare (481). The women in the current study were largely self-employed and reported valuing autonomy and self-determination. Ryan and Deci (482) attributed self-determination and autonomy to the conditions in which people develop and function. Depending on the conditions people can either be passive and alienated or pro-active and engaged. The women in the present study were largely proactive and engaged despite conditions of adversity. The Small Entrepreneurs Finance Agency observes that “persons with disabilities are frequently creative, innovative and practical problem-solvers; their disability in a world designed for persons without disabilities makes them so” (84).

In Zimbabwe, persons with disabilities are more likely to be in low status occupations or informal employment (46,47,87). In this analysis, these occupations were characterized by increasing competition for physical space, products to sell and market share from people without disabilities who found themselves unemployed and losing their employment due to the economy and the COVID19 pandemic. Dimas (483) viewed people who engage in vending occupations as living on the edge of subsistence. The women thus experienced further comparative disadvantage due to mobility problems. They also face institutional and structural barriers in other areas like crossborder trading which is also a source for some of the wares that street vendors sell. Matsaure and colleagues (484) observed that the existing road entry points' management systems are not informed by considerations from PWDs, hence the existence of hidden challenges for persons with disabilities intending to engage in cross border trading.

The experiential components of the women with disability's livelihood occupation resonate (as shown in theme 2 to theme 5) with those proposed by Moll et al (485): activating the body, mind and senses; connecting with others; contributing to community and society; taking care of self; building security and prosperity; developing and expressing identity; developing capabilities and potential; and, experiencing pleasure and joy. Similarly Minis et al (198) and Blank et al (486) have found that reasons for work being meaningful for persons with neuromuscular disease and mental health challenges, respectively, are the same as those for 'healthy persons'. The reasons include deriving economic benefits, developing talent, self-realization (self-esteem, social contacts, and pleasure) and contributing to society. There have been observations suggesting that "perceiving an occupation as possessing some kind of value strongly contributes to the experience of meaning, and that this experience of meaning contributes to health and well-being" (p277) (487). Traits associated with meaningful engagement in occupations include prior experience, pursuit of knowledge, joy and personal reward, goal achievement, religious practices, extroversion, mood and low anxiety, skills, interests, choice, affiliation and a fulfilling social life in family and other groups (488,489). Findings of the study showed that livelihood occupational engagement means survival of self and others, social connectedness and contribution, and self-value show through the ability to do. This meaning is subjective, dynamic and motivates participation (490).

Disability was accepted as a constant feature in the lives of women with disability and it mediated their day to day occupational engagement. Some of the women gained resolve due to their negative experiences of disability in childhood or later in adulthood. They then took action to portray themselves as capable. Goffman (329,491) noted that, due to perceptions of difference attached to disability and bodily differences, people who are stigmatized fight to constantly strengthen themselves and build a positive self-identity. Meaningful occupations, particularly those which are aimed at livelihood creation can be an enabler to building self-identity and inner strength. Persons with disability can develop strategies that can compensate for their disability. However these strategies may not serve as effectively as the functioning of the women changes with age, especially in their work spaces (492). There is thus a need to constantly adjust and occupational therapists can assist with this constant adjustment as one progresses on their life trajectory.

While participants' personal drive and resolve are commendable, there was an indication that this drove the women to want to achieve more, in their effort to deal with disability and to challenge perceptions of disabilities. Consequently, they would potentially over exert themselves while attempting to show their abilities and the desire to take on more tasks and do additional income generating activities would culminate in over-employment. Using a space time perspective, McQuoid et al (493) gave an example of employees who feel compelled to prove themselves and may not take time off even where they were entitled to such privileges. Women in their diversity report felt overwhelmed, exhausted and burned out at work, and were disproportionately responsible for duties at home as caregivers (particularly within the contemporary Covid19 context) (71,72,494). The participants valued their roles and responsibilities as spouses, children and dependents and reported that the Covid19 pandemic had had an effect on their occupations. Some of them were the primary breadwinners in the family despite having spouses or partners without disabilities. The women had to balance housekeeping, homemaking activities and their livelihood activities despite having disabilities. More research needs to be done to determine the impact of pandemics such as Covid19 on occupational engagement of different groups of people in different occupations within low-to-middle-income contexts.

The aspect of “belonging”, illustrated by the theme “**we are not in it alone**”, has been consistently demonstrated to be a valued result of occupational engagement. It is through occupations that people can connect with the world and create meaning, thus enabling health, wellbeing and survival (53,495). Willingness to belong has emotional, behavioral and cognitive elements (434). The participants managed to establish meaningful and beneficial connections through their livelihood occupations. Social relations, shared identifications, belonging, connectedness and relatedness are linked to social groups which in turn are related to how we live and how well we are (434). Attending to collective/community, mediated through their livelihood occupations, contributed to meaningful engagement and meaningful inclusion too as evidenced by the inclusion in community savings clubs and burial societies, described by the participants.

Apart from keeping the women connected to the world around them, occupations gave structure to their day in addition to a dynamic sense of identity. They had achieved identities such as a provider, spouse and carer that came through the agency of the occupations. The importance of sustainable occupations can therefore not be overemphasized here because identities require performance and consistent doing in order to be sustainable. Groups give affiliative identity, making people who they are (434). This follows that if women with disability are confined to groups of persons with disability their identities may conform to these groups which is why occupations also need to foster belonging to various other groups. Occupations inform people’s achieved identities and affiliative identities, and likewise, identities influence occupations. The disabled body, just like its able counterpart, is a desiring body that seeks to live and function without shame (234). Occupations assist in developing roles that can culminate in positive identity formation.

The ‘belonging’ component can also result in outcomes that can have negative impacts. For instance one participant prioritised community belonging in preference for belonging to her livelihood occupation connections. Members of marginalized groups are observed to be part of fewer social groups, have weaker bonds to these groups and form less influential social connections (434). Potential effects of having *disability only* physical spaces were observed by Hvalsoe and Josephsson (433) including that persons with

disability experienced differentness and therefore the potential of not belonging when they were with other persons from whom they derived assistance to counter challenges of doing things on their own. Further, the participants had relatively fewer social groups; those they had tended to be confined to those around their livelihood occupations. One of the many ways in which occupational therapy can be responsive is to embrace the concept of 'social occupational therapy' - to build on the collaborative and integrative strengths that are derived from the organization of persons with disability into groups or associations.

Participants reported experiencing a sense of wellbeing and relief of stress. Well-being requires a healthy 'social self', the self-concept which develops in interaction with others. However, one participant involved in begging reported poorer well-being compared to others. Research has shown that people in lower status occupations experience strain and poor mental health (496,497). The narratives also showed that access to opportunities for occupations is a determinant that, if attained might have spill-off effects on attainment of other determinants of health for the participant and others. Meaningfulness was reflected in the occupations giving the women positive influence in the lives of others. They managed to give advice and socialize with the people they interacted with, which gave value to them. If women with disability are empowered, that power is redistributed, extended and transferred to others through mentorship, support and provision for family members, employees, other women with disability and young women demonstrating the transformative nature of occupation. This transformative potential is shown through projections of occupation as a precursor or end product of adjustment and survival. Furthermore, persons with disability and those without should be differentiated by their abilities to achieve outcomes not by bodily differences.

8.2. Implications for Occupational Therapy

Occupational therapy is a profession that empowers individuals of all ages to participate in their activities of daily life and those that bring them joy (498). In low-to-middle-income countries, a perspective of doing that is informed only by a therapeutic position is limited. Identifying experiences within community settings will help equip users of occupational

therapy services to better deal with physical and political barriers. Part of an occupational therapist's responsibility in enabling functioning would be, for example, approaching authorities to facilitate routing of public transport through areas where persons with disability reside. An occupational therapist's understanding of community experiences can also help therapists and clients to develop strategies to overcome potential occupational injustice. Occupational therapists can be involved in the placement of women with disability in training and occupations that respond to goodness-of-fit principles and enable persons with disability to acquire skills that they can use.

Occupational therapists need to be equipped with expertise to incorporate community participation for women with disability. A balanced pattern of occupations enhances the health and satisfies the needs of individuals, families, communities, and populations (42). Satisfaction was reported by the participants when they managed to help someone or raised enough income to buy basic goods. Locke defines satisfaction as a pleasurable or positive emotional state resulting from appraisal of one's job or job experience (499). Satisfaction should however be an experience associated with both the process and the outcome of occupation.

Occupational therapists are encouraged to explore the meanings and experiences that occupations provide to individuals and to gauge if some occupations provide more opportunities for meaningfulness than others (495). Use of IPA in occupational therapy research responds to the call for practitioners and researchers to place importance on the experiential features of occupations (500). Interpretation is inherent in occupational therapy practice through interpretation of service users' clinical and functional problems, including reflexivity that is at play during clinical and professional reasoning processes. Finlay (354,399) affirms notions that the person centered practice philosophy of occupational therapy uses phenomenological processes to understand, describe and interpret human behavior. The meaning of occupation cannot be known simply by observing elements of the respective occupation but must be uncovered in its entirety as experienced by the individual (488). Phenomenology is suited for this purpose as it enables the study of complex phenomena such as agency and the essence of occupation (456).

The research sought to answer whether livelihood occupations can be said to increase or reduce occupational injustice. The IPA highlighted possible confusions among definitions of the five variants of occupational injustice that had been named and then cited frequently within the Anglophone occupational therapy literature – deprivation, alienation, imbalance, marginalization and apartheid – and identified significant problems with the criteria by which occupational injustices are judged (242). Hammell cautioned that careful attention should be paid when using the term occupational injustice (467). Livelihood occupations, like other occupations, are complex, contextual, dynamic and multidimensional. As observations in this research have shown, an occupation that can start off as an occupational injustice can evolve, with favorable or unfavorable conditions, into an acceptable occupation for the actors partaking in that occupation. Also, legitimation by authorities of an occupation that is unsanctioned and occupationally unjust, for example street vending, can make it acceptable especially where authorities, for example, authorize it in an attempt to cover up for inability to create employment. In this case an illustration can be observed from the concessions that the local authority made in granting vending spaces for the participants involved in vending and also exempting them from occasional raids on illegal vending activities. “Occupational justice requires occupational rights for all [and] is the fulfilment of the right for all people to engage in the occupations they need to survive, define as meaningful, and that contribute positively to their own wellbeing and the wellbeing of their communities” (p.1) (501).

Occupational injustice can become acceptable where there is lack of choice or alternatives. The participants seemed to default into vending. This was the same scenario with their peers without disabilities who found themselves occupying the same vending spaces due to the socio-economic conditions that were worsened by the COVID19 pandemic. Various forms of vending can be observed in Zimbabwe; these constitute hawking, street vending, using push-carts and selling from car boots. These have become acceptable businesses and contribute to employment statistics. However, there is increased competition for market share, physical space and commodities to sell between women with disability and persons without disability. For the occupational therapist, thought has to be given to how to assist people from transitioning out of some livelihood creation activities into health giving ones. A facilitative approach respects the individual

agency of the occupational therapy service user to make choices that he/she values and not impose (502). Some occupations need optimizing. Also in such context, occupational therapy can go wider and talk about livelihood creation rather than only work

Besides being bound by disability as a common attribute, the participants had access to various resources and capabilities. Occupational therapist can think of creating support groups and task groups in which similar principles of social capital should apply. In support groups, those with resources can support those without. Individuals who share an identity (and abide by the same behavioral prescriptions) tend to view one another as included in the identifiable group. This facilitates the presence of 'theory of mind'⁵⁹ among individuals who identify with one another, thereby facilitating strategic and cooperative interactions. As a result individuals may identify with one another (in the absence of any identity threat) and feel a bond of inclusiveness with one another. However when these groups are looked at relative to other groups, the binding factor can be used as an exclusionary excuse from other groups and/or resources. One participant emphasized that if all physical spaces for conducting informal trading are to be made available there should not be spaces for persons with disability only; all should be inclusive. A further strategy can thus be to include women without impairments. Another question is what are other options for livelihood creation?

Occupational therapy can indeed profit from understandings of social capital. Since the concept implies resources one can acquire by virtue of belonging to a network, occupational therapists can assist with identifying and growing social networks from which individuals and groups can derive both tangible and non-tangible benefits. The questions by Sakdapolrak (415) can guide this thinking: How is the field constituted? What is at stake in the field? What actors have an interest in the stake of the field? What is the relation of the vulnerable focal actor to other actors in the field? What forms of capital are relevant in the field and how are they distributed and used in the struggle over the stakes? What are the "rules of the game" in the field, which determine the value and exchange

⁵⁹ Theory of mind refers to the abilities underlying the capacity to reason about one's own and others' mental states. This ability is critical for predicting and making sense of the actions of others, is essential for efficient communication, fosters social learning, and provides the foundation for empathic concern. (547)

rate of capital? By addressing these questions, the embeddedness of livelihood occupations within a web of power relations can be concretized. Thinking can be channeled towards low cost, local interventions that contribute positively to individuals' social, emotional and physical well-being through the development of social capital and community cohesion within safe spaces in which participants reportedly experienced a sense of belonging through the opportunity to participate in meaningful occupations (462).

Occupational therapy can also benefit from being informed by Sen's Capability Approach. The use of the capabilities approach within occupational therapy practice has been advanced by WFOT in its Position Statement on Human Rights (150). Amartya Sen (280) outlined the 'capabilities' approach as a way to address human wellbeing, poverty and inequality from a human rights perspective. The capabilities approach demands consideration of whether a person is able to do the things they would value doing (their abilities), and also whether the environment is conducive for them to use their abilities to do what they prefer to do (their opportunities). The capabilities approach requires recognition (467).

This study has added confirmation that occupation is a conduit to health and wellbeing. The women experienced occupation as meaningful and enriching. Individuals who lack opportunities to develop their potential, to foster their social inclusion and can become susceptible to low mood, low self-esteem, isolation, and limited perception of possible futures (434). Such diminished social capital and marginalization from meaningful occupation, negatively impacts health and wellbeing (432). Occupational therapy practitioners practicing from a social justice paradigm have a responsibility to ensure that client goals to live in the least restrictive environments possible are realized. Activities that build on social networks and those that amplify abilities can be included in goal setting. This has implications for long-term-care referral practices, advocacy-based interventions, and partnership with the disability community.

An occupational therapist would be concerned about what accommodations can be made at community and individual level to enable occupational justice in livelihood occupations. The language of capabilities can be integral to occupational therapy philosophy. Bertin and Sirven (421) note that the metaphor of social capital seems to stress that the social

environment (norms, values, networks, social activities, etc.) has an effect on individuals' well-being. It follows that if occupation is central to wellbeing then its inherent components, such as capital and capabilities need to be understood. To fully enact this responsibility, occupational therapists need to be politically aware of the power relations and processes through which occupational injustice is created and sustained. Ryan and Deci (482) suggest that people enjoy psychological wellbeing if they have a well-developed sense of competence, autonomy, and of relatedness which, in their opinion, form the basic structure of wellbeing. Equipping women with disability with job seeking skills and abilities should take into consideration the experiences of those already in the job market. The notion of vicarious learning is useful here as other women with disability can learn from the experiences of others.

The World Federation of Occupational Therapists (150) articulated that occupational rights are human rights. Specifically, all people have the right to participate in occupations that are meaningful, necessary for survival, and contribute to personal and community wellbeing; to “[c]hoose occupations without pressure, force, coercion, or threats”; and to “[f]reely engage in necessary and chosen occupations without risk to safety, human dignity, or equity” (p.1) (159). In the instance of low income settings such as the study context the role of the rehabilitation worker might well be to act less as a provider of specialised, exclusive services, and more as a facilitator, to help people with disabilities within their family and their community, so that they can continue to use their previous skills, interests and associations. This includes using the wealth of skills, interests and social contacts in each community that the occupational therapist should ideally be familiar with. Campos (65) emphasized that such community integration, far from diminishing the role of the [occupational therapists] requires exceptional organizational talent and skills in networking and establishing contacts.

8.3. Implications for influencing policy

The local government played an important role as an enabler of livelihood occupations while the central government was viewed as not playing its role with one of the participants metaphorically describing the central government as an “absent father”.

Occupational therapists can utilize levels of governance to deal with issues of occupational injustice. At the local level the municipalities have been shown in this study to have been capable of making concessions that enabled engagement in livelihood occupations.

The notion of justice encompasses fairness in the people-government relationship, equal access to opportunities and resources including sharing of obligations (503,504). The participants' narratives highlighted that the government, through its respective departments, is not performing fulfilling its role. Central government has adopted the UNCRPD and also passed the disability policy but operationalization and implementation are challenging. Where the government does not play its role, social and occupational justice may be difficult to obtain. Observations by SIDA (93) and Choruma (101) that persons with disability are left with little support when government and donors divert funds to 'urgent' matters are relevant.

The impetus to promote occupational therapy practice beyond clinical settings can place the profession as an important component in the WHO Rehabilitation Agenda 2030: Call to Action (505,506). The priority areas for the call to action are, inter alia, sub-national, national and global level strengthening of rehabilitation planning and harnessing strong leadership and political support for rehabilitation. This is in view of an envisaged increased need for rehabilitation services due to an increased aging population and increased number of people living with chronic illness. The need for rehabilitation is also across the lifespan.

8.4. Future directions

There is considerable value in the internal drive of women with disability in determining how they move along their occupational trajectories. This drive also impacts how they make meaning of and respond to adverse life circumstances. More research can be conducted to look at how internal drive impacts engagement in occupations amongst populations in Zimbabwe.

Assistive devices play an important role in enabling function, however in the study the women with disability also relied on their colleagues without disability and those with

hearing impairments, the so called, 'able bodied'. There is a gap in research on how assistants of persons with disability perceive or experience their role of assistance or providing care in work settings. Research into how this assistance is experienced in the workplace can give more insights into how livelihood occupations are experienced. For example, answers to what aspects of performance are enhanced by this form of assistance and what challenges are experienced.

Impairment types have been observed to influence the kinds of experiences that women and girls with disability go through; women with intellectual disabilities are singled out as most affected (507). This research did not cover disability such as albinism and hearing impairment and future directions can focus on giving other women with disability a voice. Intersectionality can also be a useful analytical framework as it looks at women's disadvantage from the convergence of various dimensions which include creed, race, socio-economic class, gender, sexuality, ethnicity, religion and age. However, intersectionality puts a strong emphasis on the multidimensional oppression of the black woman (508,509). Other relevant theories can be utilized to look at livelihoods not for only women with disabilities but for the broader populations of persons with disabilities. Such theories include the Feminist Disability Theory (96,97), Critical Disability Theory (236,287,510) and the Human Scale Development (511,512). The Community Based Rehabilitation model (58,513–516) can also an important framework of analysis.

Family is also regarded in occupational therapy practice as an important source of all forms of capital and can be the default reservoir for occupational therapists seeking to mobilize social support. However this study has shown that, for women with disability, capital can be harnessed from other social networks in the community and also organizations for and of persons with disability.

8.5. Conclusion

This study confirms the need for occupational therapy's fundamental orientation in low income contexts to be on occupations and what they contribute to people's lives in terms of doing, being, belonging and becoming dimensions of meaning and experience (53).

Research is needed to understand occupations and how they are experienced by marginalized groups. Ikiugu's (296) observations, based on early research on meaningful and psychologically rewarding occupations was that the general consensus is that occupations that engender meaningful experiences are an important determinant of life satisfaction and overall health. Occupational therapy in low-to-middle-income contexts can benefit from this understanding and be better placed to address health and wellbeing concerns that stem from occupational inequities in different contexts.

Inferences can be made from findings about the gaps occupational therapy can fill in terms of promoting function as a continuum beyond the redress of functional components within clinical settings. Occupational therapy can be the bridge between marginalized groups and organizations, particularly government agencies whose mandate is to offer capability goods as an addition or adjunct to therapeutic intervention. The occupational role is not complete until the functioning of service users has been facilitated as both means and an end towards having a livelihood occupation within the community context.

In light of the findings, the challenges for occupational therapists and occupational therapy associations lie in the following areas as outlined by WFOT (para. 3) (150): "Accepting professional responsibility to identify and address occupational injustices and limit the impact of such injustices experienced by individuals; Raise collective awareness of the broader view of occupation and participation in society as a right; Learn to work collaboratively with individuals, organizations, communities and societies; and promote participation through meaningful occupation".

Occupational therapy practice can profit from including the understandings, if not the language, of Bourdieu and Sen into its epistemologies. According to Sen (280), development involves expanding the freedoms enjoyed by individuals and removing the sources of unfreedoms, such as poverty and poor economic opportunities. Disability is a source of unfreedoms due to its potentially restrictive nature on individual functioning. Development involves alleviating or removing disability while promoting capabilities (improving access to opportunities for livelihood engagement in this case). For some authors such as Rawls (517), justice means fair and impartial distribution of opportunities

rather than, for example, a redistribution of resources to ensure all citizens have equal status and rights.

According to the American Occupational Therapy Association (AOTA) Vision 2025 , occupational therapy is an inclusive profession that “maximizes health, well-being, and quality of life for all people, populations, and communities through effective solutions that facilitate participation in everyday living” (p.1) (518). This vision aligns with ideals of expanding occupational therapy practice horizons to embrace community, system, and population-level approaches beyond contemporary individualized, person-centered practice (519), which is essential in low resourced and emerging practice settings.

The findings identified and contributed to the covering of policy gaps within economic empowerment frameworks as far as people living with disabilities are concerned. The research sought to determine the disabled people’s perspective leading to a “more informed view of policy options and impacts, as well as enables decision makers to better understand how to formulate policies that narrow the gap between persons with disability and their peers without disability” (p.9) (520). In this regard the researcher followed the encouragement by Hammell (521) to commit to providing knowledge and tools to appraise and address the forces that restrict occupational opportunities and options thus violating rights of disabled other marginalized people. Such a commitment will enable occupational therapists to be competent and practice within ways mandated by the WFOT and UNCRPD (521). Hammell (53) suggested that the contemporary discourses on occupation glorify purposeful activities and ‘a privileged triad of occupations’ which do not minister to the intrinsic needs of individuals. The findings brought to the fore the role that occupational therapy can play in activism and advocacy by identifying intervention points in. This is in tandem with calls by Hammell (522) to transform rhetoric into practice by targeting interventions at social, legal, economic and political spaces. To sum it, Hammell (53) noted that forms of practice that are pre-occupied with self-care, productive and leisure activities maybe inadequate to address clients’ needs for meaning.

To conclude this dissertation, the researcher borrows from Ms. Alice Mawerera-Moyo’s words in one of the professional occupational therapy social media platforms she posted on. Ms. Mawerera-Moyo, considered the mother of OT in Zimbabwe, is one of the pioneer

members of occupational therapy professional education in Zimbabwe since 1987. In this post she emphasizes that the intention of occupational therapy is not limited to clinical settings:

“When the founders of ZimOT labelled the one part of the curriculum “Psycho-social” OT we were very conscious of the debate on and still on today about the heavy “bio-medical” leaning of the “medical professions” and wanted to emphasize that OT is wider than e.g. PT which very heavily clinic/ medicine based!! And that was not easy to sell either to students, fellow UZ authorities and fellow Lecturers/ colleagues because some of the things we included were and are still frowned upon by all these people to this day!! So now you are stuck in a problem of your own creation by excluding yourself from the Social Rehabilitation yet you know that is what you also do! I underline also because you should realise that your “OT service” does not need to be boxed in some neat package because it isn't, its scope is wide and complex because often solutions are unique and individual and not always uniform. OTs are missing huge opportunities by clinging to working within limits of past practices and not taking into account and embracing current and new challenges globally” (Alice Mawerera Moyo, 2021)”.

Her words are true to many occupational therapy practice epistemologies in Africa and beyond and highlight the importance of seeing occupational therapy as an intervention implementable beyond the impairment of the occupational therapy service user.

8.6. Strengths and Limitations

The study had the strength of the variability in the participants in terms of social and educational backgrounds bound by the homogeneity criteria. Also a strength is the small sample, rich data, and close attention to data analysis as per IPA. A combination of recruitment strategies were used to broaden the range of experiences. To ensure trustworthiness consistent and iterative meetings were held between the authors to discuss data collection and analysis. The researcher conducted the interviews in the locations in which the livelihood occupational engagement occurred and had a feel of what it was like to be engaged in the occupations through observations during actual

engagement. However, a broader age range would have been desirable to determine if there is variability in the experience with early to middle adulthood participants. More variability in terms of disabilities could be ideal to include conditions like hearing impairments and albinism. The study looked at the experiences of women in a non-rural environment and research for those in rural environments is needed.

8.7. Reflexivity

I came into this research as a privileged male, researching female participants who had disabilities. I came in with pre-conceived ideas about their livelihood occupations. These notions included beliefs that these women were uneducated, struggled and would have very low skilled occupations. I pictured women who were overcome with despair and were hopeless. My thoughts and emotions during the interviews were varied. I was particularly saddened by some and surprised by others that challenged my pre-conceived notions about the women and their occupations. The interview that saddened me was that of Annia, who was the oldest participant and was engaged in begging. To the researcher begging for alms is a generally dehumanizing occupation that is accompanied by negative experiences for those engaging in it. The dehumanizing experiences came out of Annia's narrative. She recounted sad moments where her grandchildren were insulted by would-be benefactors. She also recounted her challenges with her legs which affected her mobility. The other case that touched my emotions was that of Sammy who had diabetes and subsequently a below knee amputation. Her living conditions were dire and she experienced occasional blackouts due to inability to purchase diabetes medicines; then had to use brown sugar for her to come to. In these cases I found myself having to be more empathetic during the interview process. I also felt the impact of my own powerlessness to do anything to change their situations at particular moments during the interviews.

I anticipated to experience challenges with respect to meeting the participants and getting them to tell their stories. I was however surprised with the desire the participants had to tell their stories; to the extent that some gave suggestions that I should take the interviewing process to the rural areas while some of the participants referred me to their peers for

interviewing. This affirms observations that women have generally been found to show more inclination towards self-disclosure in qualitative studies as compared to men (523–527). This enabled access to greater depth and detail of data on the experience from the participants and presented an opportunity to clarify meaning.

The interview with Anne held surprises. First I did not expect her to come to the venue driving, because of my preconceptions about the participants' livelihood occupations. My interaction with her illuminated the possibilities that confidence can bring. Anne is a figure from which women with disability can learn, as she is a person who shunned dependency and put in place mechanisms to ensure that she accomplished her goals despite her condition, osteogenesis imperfecta. She did not like being affiliated to organisations of persons with disability, something I consider a potential disadvantage because it meant she missed some of the benefits that came with being affiliated to a disability organisation.

When interviewing some of the participants, for example Maria who had bipolar disorder, I found myself correcting her to use terms that were not stigmatizing herself as a mad woman. This potentially hindered expression of some of her experiences from her own perspective as a woman fighting prejudices that she would also reinforce when processing what she thought people saw in her. The study illuminates health and wellbeing challenges that some occupations for example begging for alms bring. The occupation of begging is regarded as unconventional or not socially sanctioned. There is more to the various factors that come with this livelihood occupation. For example, how it affects the occupations of significant others like the children who had to assist their grandmother to beg for alms. Women with disability have been regarded as vulnerable for so long and to the extent that I found this perception also forms part of the biases of some clinicians, including myself. I expected to see an impoverished, hopeless and helpless woman in each of the participants **BUT** I saw empowered successful women with disability, who had people who actually depended on them too. Initially my inclination was on problematizing what these women did as part of their livelihood occupations. My view was that their occupations are mainly directed towards survival but more was actually achieved from the occupations.

During my interview with Tamy, a lady from whom she had bought some chickens brought the chickens that Tamy's daughter collected and took home. These were valued moments as shown by her expression which was reinforced by her statement that she wanted her children to live the way any other children from 'normal families' lived. I found the problematisation of bodily differences by participants particularly disturbing. The instances where the normal-abnormal dichotomy was used presented challenges for me because as a disability advocate and occupational therapist, a person with a disability is a normal person who comes from a normal family. The able bodied-disabled dichotomy was prominent and it was Anne who tried to balance it using the term 'differently abled'.

I met an interesting collective of women who were on different levels of, what I would describe as a 'interdependency spectrum', (a term that captured my own experience during the course of the research) ranging from those who were highly depended on various organizations for persons with disability to those who were not dependent on anyone to those who had other people dependent on them. Other entities on which dependency was identifiable were the city council and other people including peers without disability in the various places in which the livelihood occupations were conducted. I saw women who grew content with the injustice they experienced and wanted to grow in the livelihood occupations they had embraced. The livelihoods were 'psychologically rewarding' which refers to an experience of absorption into the occupation and a positive mood at the time when the person is engaged in the occupation (296). Here I found myself thinking as well that just because one is a woman with a disability that does not automatically make them vulnerable. Vulnerabilities may come courtesy of environmental factors and their dispositions towards the disability and how they perceive the community understands about the disability.

Vocational training is another aspect that stirred my thoughts. From the participants' narratives, there was no free choice in selecting training options, and the available options did not fit the needs of participants. The courses did not correspond to choice and abilities of the participants. The choices, which in some situations were imposed by the training institutions, can be considered obligatory freedoms which then become entrenched. Vocational training institutions can benefit from involvement of occupational therapy input

to customize vocational services to the needs of their service users. The other points that I found myself being rhetorical about were, 'Are we doing enough and what is necessary; firstly, to understand the occupations that people engage in generally and particularly for survival outside of formal service settings; secondly, to understand what are their experiences when engaging in these livelihood occupations are and do these experiences matter and thirdly to develop occupational therapy service beyond formal service settings by incorporating a livelihood focus into the repertoire of occupational therapy activities. The questions are NOT necessarily for occupational therapists alone to answer, but for various organizations with the purpose to assist women with disability. One can imagine the disappointment of attaining a practical vocational qualification which will not be put to use. Some of the participants were made to acquire certification in courses that were not practical to their wishes and desires. The majority of the participants were relatively well educated but despite their education they could not obtain decent jobs. This was a reflection across the participants but I was left wondering if the finding would be different if the participants had the same disability, for example, mental illness. I can't help but think if we lived in an occupational just society, then people like the lady begging would have been assisted to engage in more decent work. The women who were vending might also have been engaged in more decent work; seeing that their current working environment was not conducive and they had their own misgivings

Why was it that training programs were imposed? Was a thorough needs assessment done? Is there a need to evaluate the education that various organizations, which claim to train livelihood competency/ work skills? Who is benefiting here? These are questions that can be answered through further research. The study brought some insights as to why they could not use their various work skills besides having the qualification for a particular job.

8.7.1 Epistemological Reflexivity

There were limitations imposed by the Covid 19 pandemic on the methodology. Focus groups and prolonged engagement were not possible. There were restrictions on member checking, but then these were compensated for by the flexibility that the philosophy of IPA allowed. Notwithstanding, if focus groups were conducted, the women would

probably have benefited more from sharing experiences and the researcher from further enrichment of the data by obtaining how the women would view their narratives relative to those of their research counterparts.

As part of the ethical requirement participants were compensated for their time and travel. The way the participants appreciated their fuel and time compensation was an emotional experience for me. The compensation in some of the instances was more than a day's income for some of the participants.

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Appendix 1: HREC Research Approval



UNIVERSITEIT • STELLENBOSCH • UNIVERSITY
Jou kennisvenoot • your knowledge partner

Approval Notice **Response to Modifications- (New Application)**

24-Jun-2016
Chitapi, Unity UM
Stellenbosch, WC

Ethics Reference #: S16/04/059

Title: **LIVELIHOOD OCCUPATIONS OF WOMEN WITH DISABILITIES IN BULAWAYO, ZIMBABWE – A CASE OF OCCUPATIONAL INJUSTICE?**

Dear Mr Unity Chitapi,

The **Response to Modifications - (New Application)** received on 20-Jun-2016, was reviewed by members of **Health Research Ethics Committee 1** via Expedited review procedures on 24-Jun-2016 and was approved.

Please note the following information about your approved research protocol:

Protocol Approval Period: 24-Jun-2016 -23-Jun-2017

Please remember to use your **protocol number** (S16/04/059) on any documents or correspondence with the HREC concerning your research protocol.

Please note that the HREC has the prerogative and authority to ask further questions, seek additional information, require further modifications, or monitor the conduct of your research and the consent process.

After Ethical Review:

Please note a template of the progress report is obtainable on www.sun.ac.za/rds and should be submitted to the Committee before the year has expired. The Committee will then consider the continuation of the project for a further year (if necessary). Annually a number of projects may be selected randomly for an external audit.

Translation of the consent document to the language applicable to the study participants should be submitted.

Federal Wide Assurance Number: 00001372

Institutional Review Board (IRB) Number: IRB0005239

The Health Research Ethics Committee complies with the SA National Health Act No.61 2003 as it pertains to health research and the United States Code of Federal Regulations Title 45 Part 46. This committee abides by the ethical norms and principles for research, established by the Declaration of Helsinki, the South African Medical Research Council Guidelines as well as the Guidelines for Ethical Research: Principles Structures and Processes 2004 (Department of Health).

Provincial and City of Cape Town Approval

Please note that for research at a primary or secondary healthcare facility permission must still be obtained from the relevant authorities (Western Cape Department of Health and/or City Health) to conduct the research as stated in the protocol. Contact persons are Ms Claudette Abrahams at Western

Cape Department of Health (healthres@pgwv.gov.za Tel: +27 21 483 9907) and Dr Helene Visser at City Health (Helene.Visser@capetown.gov.za Tel: +27 21 400 3981). Research that will be conducted at any tertiary academic institution requires approval from the relevant hospital manager. Ethics approval is required BEFORE approval can be obtained from these health authorities.

We wish you the best as you conduct your research.
For standard HREC forms and documents please visit: www.sun.ac.za/rds

If you have any questions or need further assistance, please contact the HREC office at 219389819.

Included Documents:

Social Services response.pdf
Email from Supervisor re changes addressed.pdf
Focus group discussion guide.docx
Consent form.doc
Protocol Synopsis.docx
NCDPZ Approval of research.pdf
CV A Blank.docx
CV U Chitapi.doc
Protocol.docx
Application form.pdf
20160623 MOD Consent form
Individual Interview Guide .docx
Checklist.doc
20160623 MOD HREC- Modifications Required
Declaration A Blank.pdf
PhD application_Evaluation Committee report.pdf
Declaration L van Niekerk.pdf
CV L van Niekerk.doc
20160623 MOD Protocol
Declaration U Chitapi.pdf

Sincerely,

Ashleen Fortuin
HREC Coordinator
Health Research Ethics Committee 1

Appendix 2: Application to National Council of Disabled Persons Zimbabwe

1797/69
Ingutsheni Central Hospital Staff Quarters
Ingutsheni central Hospital
Box 8363
Belmont
Bulawayo

22 December 2015

The Director
National Council of Disabled Persons of Zimbabwe

Dear Sir

Re: Application to conduct research with women living with disabilities in Bulawayo

I am a prospective PhD student at Stellenbosch University and do hereby apply for permission to conduct a research thesis in Bulawayo province. The thesis is titled: **Livelihood occupations of women with disabilities in Bulawayo-An occupational Injustice?**. The broad aim of the thesis is to explore the experiential features of livelihood occupations of women with disabilities and the meanings they attach to these occupations in order to determine if they are indicative of occupational (in)justice.

The objectives are as follows:

- To explore the livelihood oriented occupations of women with disabilities
- To explore the experiential features of livelihood oriented occupational engagement and the meanings women with disabilities ascribe to livelihood oriented occupations
- To situate participants narratives of their experiences and meanings of livelihood occupation within the occupational (in)justice theoretical framework.

Your organisation is the major organisation of persons with disabilities in Bulawayo and I am kindly requesting that, as the gatekeeper, you will facilitate access to your members and facilitate making this project a success by encouraging those selected to participate. For more information on the thesis I have attached the proposal of the thesis containing the methodology and other relevant information. You can also contact me on the addresses above and telephone numbers.

Yours sincerely

U. M. Chitapi
09-474148/0773667011

Appendix 3: Response from National Council of Disabled Persons Zimbabwe

NATIONAL COUNCIL OF DISABLED PERSONS OF ZIMBABWE

W.O. 16/75

ALL CORRESPONDENCE TO BE ADDRESSED TO:
THE EXECUTIVE DIRECTOR
P.O. Box 1952
BULAWAYO
ZIMBABWE
TELEPHONE : 263-9-214426 / 214434
FAX: 263-9-208023
E-MAIL: ncdzim@mweb.co.zw



NATIONAL OFFICE
FREEDOM HOUSE
OLD FALLS ROAD
BULAWAYO
Opp. MPIOLO CHEST HOSPITAL

U. M. Chitapi

Ingutsheni Central Hospital Staff Quarters
Ingutsheni Central Hospital
Bulawayo

Dear Sir

RE: Application to conduct research

In response to your application in which you seek permission to conduct a research thesis in Bulawayo targeting disabled women, I write to inform you that our organization is granting you permission to conduct your research.

Our Officer responsible for membership in Bulawayo will facilitate your meetings with the disabled women. Please come and make arrangements with our Officer. We hope your research findings and recommendations will meet the requirements of your studies and also positively inform our future programmes.

Wish you the best in your studies.

Yours faithfully

Goliath Zinhumwe
Acting Executive Director

BRANCHES : - BINDAMOMBE, BINDURA, BULAWAYO, CENTENARY, CHAWARURA, CHIVHU, CHIRUMANZU, DAMBUDZIKO, EMPANDENI, GOKW
GURAMATUNHU, GURUF, GUTU, GWERU, HARARE, KEZI, KUWIRIRANA, KWEKWE, MABOLENI, MAKUNI, MARONDERA, MASVINGO, MAYOBOD
MBFRENGWA, MHINTU, MURUMBO, MUTARE, NGIGENI, NKAYI, NKWIZHU, NYENGETERA, RAMBANAPASI, SENGUKAYI, SILALABHWA
TANGANDA, TATE, WENDELANE, ZAMANGOTHANDO, ZHAWADOMA, CHEGUTU, MATEZWA, M'ZVIHWA, VENG
TAKAVARASHA, SIKARIBA, SAHUMANE

Appendix 4: HREC Ethics Renewal



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100 Kennisvriende • Your knowledge partner

Ethics Letter

28-Jun-2017

Ethics Reference #: S16/04/059

Title: LIVELIHOOD OCCUPATIONS OF WOMEN WITH DISABILITIES IN BULAWAYO, ZIMBABWE – A CASE OF OCCUPATIONAL INJUSTICE?

Dear Mr Chitapi

Your request for extension/annual renewal of ethics approval dated 20 June 2017 refers.

The Health Research Ethics Committee reviewed and approved the annual progress report you submitted through an expedited review process.

The approval of the research project is extended for a further year.

Approval date: 24 June 2017

Expiry date: 23 June 2018

Kindly be reminded to submit progress reports two (2) months before expiry date.

Yours sincerely,

Franklin Weber
HREC Coordinator,
Health Research Ethics Committee 1



Fakulteit Geneeskunde en Gesondheidswetenskappe
Faculty of Medicine and Health Sciences



Afdeling Navorsingsontwikkeling en -Steun • Research Development and Support Division

Postbus/PO Box 241 • Cape Town 8000 • Suid-Afrika/South Africa
Tel: +27 (0) 21 938 9677

Appendix 5: Application for HREC ethics extension

Occupational Therapy Department
Ingutsheni Central Hospital
Box 8363
Belmont
Bulawayo

23 October 2020

Health Research Ethic Committee
Stellenbosch University
Faculty of Medicine and Health Sciences
Cape Town
South Africa

Dear Sir/Ma'am

Re: Application for ethics extension – Lapse of approval Ref: 4922 (Unity M. Chitapi. Student number 20643349)

The above issue refers. I am kindly applying for ethics extension following lapse of approval. I had made timeous efforts to apply for renewal in March 2020. I made follow up on the application but the application had not been processed and I was advised that I had two my.sun accounts. I was appointed as an external worker but my student and external worker accounts were not synced. I had this resolved but on subsequent follow up of the ethics application, I was advised I had filled in the SBER application. I attempted to fill in the HREC form but it is indicating it's locked for review. It is also not showing the 2019-2020 renewal. I am currently making efforts to have this resolved.

Thank you in advance for your consideration of my application.

Yours faithfully



Unity M. Chitapi

Appendix 6: HREC renewal



26/11/2020

Project ID: 4922

Ethics Reference No: S16/04/059

Project Title: LIVELIHOOD OCCUPATIONS OF WOMEN WITH DISABILITIES IN BULAWAYO, ZIMBABWE – A CASE OF OCCUPATIONAL INJUSTICE?

Dear Mr Unity Chitapi

We refer to your request for an extension/annual renewal of ethics approval received 27/10/2020 .

The Health Research Ethics Committee reviewed and approved the annual progress report through an expedited review process.

The approval of this project is extended for a further year.

Approval date: 26 November 2020

Expiry date: 25 November 2021

Kindly be reminded to submit progress reports two (2) months before expiry date.

Where to submit any documentation

Kindly note that the HREC uses an electronic ethics review management system, *Infonetica*, to manage ethics applications and ethics review process. To submit any documentation to HREC, please click on the following link: <https://applyethics.sun.ac.za>.

Please remember to use your Project Id 4922 and ethics reference number S16/04/059 on any documents or correspondence with the HREC concerning your research protocol.

Please note that for studies involving the use of questionnaires, the final copy should be uploaded on *Infonetica*.

Yours sincerely,

Mrs. Melody Shana

Coordinator: Health Research Ethics Committee 1

National Health Research Ethics Council (NHREC) Registration Number:
REC-130408-012 (HREC1)-REC-230208-010 (HREC2)

Federal Wide Assurance Number: 00001372
Office of Human Research Protections (OHRP) Institutional Review Board (IRB) Number:
IRB0005240 (HREC1)-IRB0005239 (HREC2)

The Health Research Ethics Committee (HREC) complies with the SA National Health Act No. 61 of 2003 as it pertains to health research. The HREC abides by the ethical norms and principles for research, established by the World Medical Association (2013), Declaration of Helsinki: Ethical Principles for Medical Research Involving Human Subjects; the South African Department of Health (2006), Guidelines for Good Practice in the Conduct of Clinical Trials with Human Participants in South Africa (2nd edition); as well as the Department of Health (2015), Ethics in Health Research: Principles, Processes and Structures (2nd edition).

The Health Research Ethics Committee reviews research involving human subjects conducted or supported by the Department of Health and Human Services, or other federal departments or agencies that apply the Federal Policy for the Protection of Human Subjects to such research (United States Code of Federal Regulations Title 45 Part 46); and/or clinical investigations regulated by the Food and Drug Administration (FDA) of the Department of Health and Human Services.

Appendix 7: Application for amendment Appendix 8: Approval of amendment



17/12/2021

Project ID: 4922

Ethics Reference No: S16/04/059

Project Title: Livelihood occupations of women with disabilities in Bulawayo, Zimbabwe: A case of occupational injustice?

Dear Mr UM Chitapi

we refer to your amendment request received 30/11/2021.

The Health Research Ethics Committee (HREC) reviewed and approved the amendment through an expedited review process.

The following amended documentation was reviewed and approved:

- I. Unity Chitapi - Ethics Submission Protocol - Amendments

Where to submit any documentation

Kindly note that the HREC uses an electronic ethics review management system, *Infonetica*, to manage ethics applications and ethics review process. To submit any documentation to HREC, please click on the following link: <https://applyethics.sun.ac.za>.

Please remember to use your project ID 4922 and ethics reference number S16/04/059 on any documents or correspondence with the HREC concerning your research protocol.

Yours sincerely,

Melody E Shana
Coordinator: Health Research Ethics Committee 1

National Health Research Ethics Council (NHREC) Registration Number:

REC-130408-012 (HREC1)+REC-230208-010 (HREC2)

Federal Wide Assurance Number: 00001372

Office of Human Research Protections (OHRP) Institutional Review Board (IRB) Number:
IRB0005240 (HREC1)+IRB0005239 (HREC2)

The Health Research Ethics Committee (HREC) complies with the SA National Health Act No. 61 of 2003 as it pertains to health research. The HREC abides by the ethical norms and principles for research, established by the World Medical Association (2013). Declaration of Helsinki: Ethical Principles for Medical Research Involving Human Subjects; the South African Department of Health (2006). Guidelines for Good Practice in the Conduct of Clinical Trials with Human Participants in South Africa (2nd edition); as well as the Department of Health (2015). Ethics in Health Research: Principles, Processes and Structures (2nd edition).

The Health Research Ethics Committee reviews research involving human subjects conducted or supported by the Department of Health and Human Services, or other federal departments or agencies that apply the Federal Policy for the Protection of Human Subjects to such research (United States Code of Federal Regulations Title 45 Part 46); and/or clinical investigations regulated by the Food and Drug Administration (FDA) of the Department of Health and Human Services.

Appendix 8: Request for approval of minor amendments

Ingutsheni Hospital
Box 8363
Belmont
Bulawayo

13 October 2021

The HREC
Stellenbosch University
Cape Town
South Africa

Dear Sir/ma'am

Re: Request for approval for minor amendments. Ethics Reference No: S16/04/059. Study I.D. 4922. Study title – Livelihood occupations of women with disabilities in Bulawayo, Zimbabwe: A case of occupational injustice?

I am kindly requesting for approval for minor amendments to the data collection procedures. Initially the data collection was to be done through two mechanisms; an initial focus group discussion followed by individual interviews. Focus group discussions have been excluded due to the fact that they were deemed repetitive and capable of influencing the participants in the subsequent interviews as they would be answering more or less the same questions.

The team instead opted to establish rapport by contacting the participants individually prior to each interview and have the interviews conducted in a setting of their choosing. Conducting the interviews with the participants individually, in their natural setting was deemed to provide rich information which would enable achievement of the study objectives. Also logistical challenges would be offset in light of gathering the participants for the focus groups and COVID implications.

This application has the blessing of my two supervisors: Prof L van Niekerk and Prof A. Blank.

Thank you for your consideration.

Yours faithfully



Unity M. Chitapi
Student number – 20643349

Appendix 9: HREC ethics renewal



03/01/2022

Project ID: 4922

Ethics Reference No: S16/04/059

Project Title: LIVELIHOOD OCCUPATIONS OF WOMEN WITH DISABILITIES IN BULAWAYO, ZIMBABWE – A CASE OF OCCUPATIONAL INJUSTICE?

Dear Mr UM Chitapi

We refer to your request for an extension/annual renewal of ethics approval dated 30/11/2021.

The Health Research Ethics Committee reviewed and approved the annual progress report through an expedited review process.

The approval of this project is extended for a further year.

Approval date: 03 January 2022

Expiry date: 02 January 2023

Kindly be reminded to submit progress reports two (2) months before expiry date.

Where to submit any documentation

Kindly note that the HREC uses an electronic ethics review management system, *Infonetica*, to manage ethics applications and ethics review process. To submit any documentation to HREC, please click on the following link: <https://applyethics.sun.ac.za>.

Please remember to use your Project Id 4922 and ethics reference number S16/04/059 on any documents or correspondence with the HREC concerning your research protocol.

Please note that for studies involving the use of questionnaires, the final copy should be uploaded on *Infonetica*.

Yours sincerely,

Melody E Shana
Coordinator: Health Research Ethics Committee 1

National Health Research Ethics Council (NHREC) Registration Number:
REC-130408-012 (HREC1)+REC-230208-010 (HREC2)

Federal Wide Assurance Number: 00001372
Office of Human Research Protections (OHRP) Institutional Review Board (IRB) Number:
IRB0005240 (HREC1)+IRB0005239 (HREC2)

The Health Research Ethics Committee (HREC) complies with the SA National Health Act No. 61 of 2003 as it pertains to health research. The HREC abides by the ethical norms and principles for research, established by the *World Medical Association (2013), Declaration of Helsinki: Ethical Principles for Medical Research Involving Human Subjects*; the *South African Department of Health (2005), Guidelines for Good Practice in the Conduct of Clinical Trials with Human Participants in South Africa (2nd edition)*; as well as the *Department of Health (2015), Ethics in Health Research: Principles, Processes and Structures (2nd edition)*.

The Health Research Ethics Committee reviews research involving human subjects conducted or supported by the Department of Health and Human Services, or other federal departments or agencies that apply the Federal Policy for the Protection of Human Subjects to such research (United States Code of Federal Regulations Title 45 Part 46); and/or clinical investigations regulated by the Food and Drug Administration (FDA) of the Department of Health and Human Services.

Appendix 10: English Consent Form



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STELLENBOSCH UNIVERSITY CONSENT TO PARTICIPATE IN RESEARCH

Livelihood occupations of women with disabilities in Bulawayo, Zimbabwe: An Occupational Injustice?

You are asked to participate in a research study conducted by Unity Marvellous Chitapi, from the Faculty of Medicine and Health Sciences at Stellenbosch University. The study is being done as part of a Doctor of Philosophy in Occupational Therapy degree. You were selected as a possible participant in this study because you are a woman living with disability and your experiences in the activities that you do to survive are valuable to this study's objectives which are written below.

1. PURPOSE OF THE STUDY

The purpose of the study is to find out what activities you do to meet your day to day survival needs. Also the study intends to find out what your experiences are when you are doing these activities. The experiences will be looked at to determine how to help improve lives of women with disabilities and the practice of occupational therapy.

2. PROCEDURES

If you volunteer to participate in this study, we would ask you to do the following things:

- a. Participate in discussion groups with up to eleven other women with disabilities who are involved in this study.
Discussion groups are expected to last one hour and thirty minutes. Three discussion groups will be held at the National Council of Disabled Persons headquarters hall situated in Bulawayo at the National Council of Disabled Persons offices in Mzilikazi Surburb.
- b. Participate in follow up interviews to get more information about the activities that you do to obtain your day to day survival needs.
Two follow up interviews will be held with you at a place convenient to you but preferably where you carry out the activities that enable you to meet your survival needs. These will be prearranged with you for your convenience. Interviews are expected to last one and a half hours or less.
- c. Agree to have the discussion groups and interviews recorded on audio recorders.
Voice recorders will be used but the information will not be disclosed to anyone without your knowledge.

3. POTENTIAL RISKS AND DISCOMFORTS

It is not expected that your participation in the study will result in you suffering any physical or psychological harm. Reasonable measures have been put in place to protect your confidentiality. You are allowed to withdraw from the study at any given time without any negative consequences. You are also allowed not to answer any questions that you feel may upset you.

4. POTENTIAL BENEFITS TO PARTICIPANTS AND/OR TO SOCIETY

You will not immediately benefit from participating in this study. However the study will show what women with disabilities do to meet their survival needs and the challenges they meet in doing so. The findings will be disseminated to relevant ministries and expected to help in addressing the challenges faced by women with disabilities.

It will also help the occupational therapy practice to understand better what women with disabilities do for survival. This will assist in coming up with better occupational therapy treatments and rehabilitation for women with disabilities and other clients.

5. PAYMENT FOR PARTICIPATION

You will be reimbursed for your travel expenses for the trip to the venue as well as the return trip, (this includes costs incurred for your assistant if you have one). Compensation will be made basing on receipts where a taxi cab is used, where a personal vehicle is used fuel will be reimbursed in fuel coupons or cash (prevailing maximum pump price) at a rate of 1litre per 10km travelled. Where public transport is used compensation will be at a rate of US\$1 per trip. You will be compensated immediately after group discussion (and interviews where necessary). Refreshments will also be provided during group discussions. An additional \$5 will be given to each participant as an incidental allowance

6. CONFIDENTIALITY

Any information that is obtained in connection with this study and that can be identified with you will remain confidential and will be disclosed only with your permission or as required by law. Confidentiality will be maintained by means of:

- a. Use of first names during group discussions
- b. Using initials on interview transcripts
- c. Locking up any audio recordings when not in use
- d. Limiting access to your recording (Only the researcher, yourself, Stellenbosch University and the Medical Research Council of Zimbabwe can have access).

Stellenbosch University and the Medical Research Council of Zimbabwe will be given access to the information obtained in this study as a way to protect you. They will need to check from time to time if the study is being done following rules and regulations. You will however be notified when this happens.

The discussions and interviews will be audio recorded. You have the right to review the audio recordings at any time after the recording is done. The audio recording will be kept locked away and will be protected by passwords. They will be destroyed after the study is completed in line with regulations.

The study will be published in journals and books. Your name will not appear in any of the publications.

7. PARTICIPATION AND WITHDRAWAL

You can choose whether to be in this study or not. If you volunteer to be in this study, you may withdraw at any time without consequences of any kind. You may also refuse to answer any questions you don't want to answer and still remain in the study.

8. IDENTIFICATION OF INVESTIGATORS

If you have any questions or concerns about the research, please feel free to contact the Principal Investigator:

Unity M. Chitapi
Ingutsheni Central Hospital
Box 8363 Belmont
Bulawayo
Tel: 00263773667011, 00263716053075, 002639474148

9. RIGHTS OF RESEARCH PARTICIPANTS

You may withdraw your consent at any time and discontinue participation without penalty. You are not waiving any legal claims, rights or remedies because of your participation in this research study. Ethical approval has been sought from University of Stellenbosch and the Medical Research Council of Zimbabwe. If you have questions regarding your rights as a research subject, contact Ms Maléne Fouché [mfouche@sun.ac.za; 002721 808 4622] at the Division for Research Development. You can also contact the Medical Research Council of Zimbabwe (MRCZ) on telephone (04)791792 or (04) 791193 and cell phone lines 0772 433 166 or 0779 439 564. The MRCZ Offices are located at the National Institute of Health Research premises at Corner Josiah Tongogara and Mazowe Avenue in Harare.

SIGNATURE PAGE

Livelihood occupations of women with disabilities in Bulawayo, Zimbabwe: An Occupational Injustice

Offer to answer questions

Before you sign this form, please ask any questions on any aspect of this study that is unclear to you. You may take as many time as is necessary to think it over

Authorization

You are making a decision whether or not to participate in this study. Your signature indicates that you have read and understood the information provided above, have had all your questions answered and have decided to participate

I AGREE TO AUDIO RECORDERS BEING USED TO RECORD FOCUS GROUP DISCUSSIONS AND ONE TO ONE INTERVIEWS

Name of Participant

Signature

Date

Name of Legal Representative (if applicable)

.....
Relationship to participant

Signature of Participant or Legal Representative

Date

SIGNATURE OF INVESTIGATOR

.....
Name of investigator

Signature of Investigator

Date

If you have any questions concerning this study or consent form beyond those answered by the investigator, including questions about the research, your rights as a research participant or research related injuries; or if you feel you have been treated unfairly and would like to talk to someone other than a member of the research team, please feel to contact Ms Maléne Fouché [mfouche@sun.ac.za; 002721 808 4622] at the Division for Research Development. You can also contact the Medical Research Council of Zimbabwe (MRCZ) on telephone (04)791792 or (04) 791193 and cell phone lines 0772 433 166 or 0779 439 564. The MRCZ Offices are located at the National Institute of Health Research premises at Corner Josiah Tongogara and Mazowe Avenue in Harare.

Appendix 11: Shona Consent form



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jou kennisvenoot • your knowledge partner

CHIKORO CHEDZIDZO YEPAMUSORO CHESTELLENBOSCH UNIVERSITY MVUMO YEKUVA NHENGO YETSVAKURUDZO

Livelihood occupations of women with disabilities in Bulawayo, Zimbabwe: An Occupational Injustice?

Munokumbirwa kuva mumwe wevachange vari mutsvakurudzo iri kuitwa na Unity Marvellous Chitapi, mudzidzi mubazi rezveutano rekuchikoro chedzidzo yepamusoro cheStellenbosch University. Tsvakurudzo iyi iri kuitirwa zvidzidzo zveDoctor of Philosophy in Occupational Therapy. Imi makasarudzwa semumwe wevachange vachizobvunzwa mibvunzo mutsvakurudzo iyi nekuti muri mumwe wemadzimai anorarama hupenyu vane mitezo kana nhengo dzemuviri dzakaremara. Nhorondo yemaramiro enyu mukubata mabasa amunoita muchitsvaga kuzvibatsira muupenyu yakakosha uye ine hudzamu kutsvakurudzo ino.

10. Zvakanangana netsvakurudzo

Tsvakurudzo ino yakanangana nekuwana ruzivo rwemibato nemabasa amunoita kuti muwane kurarama zuva nezuva. Zvekare tsvakurudzo iyi inonangana nekutsvaga ruzivo rwezvibingaidzo mukuita mabasa aya kana izvo zvinoita kuti mabasa aya aite nyore zvamunosangana nazvo. Zvichabuda mutsvakurudzo iyi zvichashandiswa mukubatsira kuvandudza hupenyu hwemadzimai anorarama hupenyu vane mitezo kana nhengo dzemuviri dzakaremara uyezve mukuvandudza bazi rezvekurapa reoccupational therapy.

11. Zvamunotarisirwa kuita

Kana mukasarudza kuva mutsvakurudzo ino, munokumbirwa kuti muite zvinotevera:

- a. Kupinda munhaurwa ichaitwa muri muboka nemamwe madzimai anosvika gumi neumwe vachange vari mutsvakurudzo ino. Nhaurwa idzi dzinotarisirwa kutora nguva inoita awa rimwe chete nemaminiti makumi matatu uye dzichaitirwa pamahofisi National Council of Disabled Persons kuMzilikazi muBulawayo.
- b. Kuita nhaurirano dzingakwane mbiri nevarikuita tsvakurudzo iyi kuitira kuti vawane zvizere pamusana pemabasa amunoita kuti muwane kurarama zuva nezuva. Nhaurirano idzi dzichange dziri mbiri uye dzichaitirwa panguva dzakusununguka kwamuri nenzvimo yamunosarudza imi kunyange zvazvo varikuita tsvakurudzo iyi vane chishuvo chekuti nhaurirano iitirwe panzvimo pamunoitira mibato kana mabasa anokupai kurarama zuva nezuva. Imwe neimwe yenhaurirano idzi dzinotarisirwa kutora nguva dzinoita awa rimwe chete nemaminti makumi matatu.
- c. Kutu nhaurwa nenhaurirano dzitapwe pama *audio recorders*. Zvinobuda munhaurwa nenhaurirano hazvizoshambadzwa imi musina kupa mvumo yekuti izvi zviitike.

12. Kukuvara kana kusagadzikana nekuda kwetsvakurudzo

Hazvitarisirwe kuti kubvuma kwenyu kuva mutsvakurudzo ino nekuita zvinotarisirwa mairi kunozogona kukuvadzai kana kukonzera kusagadzikana kwenyu mumafungiro kana muzviito zvenyu. Varikuita tsvakurudzo iyi vaita zvose nepavanogona napo kuti kana musina kupa mvumo yekuti zvizivikanwe kuti mune chekuita netsvakurudzo ino uye pasave neangaziva kuti maiva mutsvakurudzo ino. Munobvumirwa kubuda mutsvakurudzo ino pamunodira pasina zvamunosungirwa kuita uyezve kana pane mibvunzo yamusina kusununguka kupindura mune mvumo yekusapindura mibvunzo iyoyo.

13. Kubatsirikana kunowanika nevari mutsvakurudzo uye nevagari vemunharaunda

Hamutarisirwe kuwana ipapo-ipapo zvamunobatsirikana nazvo nekuva kwenyu mutsvakurudzo. Zvakadaro, tsvakurudzo iyi ichanan'anidza nekuratidza zvizere mibato nemabasa anoitwa nemadzimai anorarama hupenyu vane mitezo kananhengo dzemuviri dzakaremara mukutsvaga kwavo kurarama uye zvibingaidzo zvanosangana nazvo zuva nezuva mukubata mabasa aya. Zvichabuda mutsvakurudzo iyi zvichaendeswa kumapazi ehurumende anechekuita nevanhu vane mitezo kana nhengo dzemuviri dzakaremara kuti vashandise ruzivo urwu muzvirongwa zvekuvandudza upenyu hwevanhu ava.

Zvikuru sei tsvakurudzo iyi ichabatsira vabazi rezveutano reoccupational therapy kuti vanzwise zvinotwa nemadzimai ane nhengo kana mitezo yakaremara mumabasa nemibato yekutsvaga kurarama. Izvi zvinotarisirwa kuti zvizobatsira kuvandudza bazi rezveutano reoccupational therapy muzvirongwa zvekurapa madzimai nevana uye varume vane nhengo kanamitezo yemuviri yakaremara.

14. Muripo wekuva mutsvakurudzo iyi

Muchadzorerwa mari yakaringana neyamashandisa kubhadhara vemabhazi kuuya kumahofisi kuri kuitirwa nhaurwa uye neyekuti muve munokwanisa kudzokera kumba (Mari yamunodzorerwa inosanganisira yamabhadharira anokubatsira kune avo vanenge vauya nevatatsiri vavo). Mari yamunopiwa idhora (US\$1) parwendo rwumwe (one way). Kune avo vanenge vashandisa mushikashika munokumbirwa kuti muve neumbowo hwekuti mashandisa mushikashika uye umbowo hwekuti mari yamabhadhara imarii. Kune vashandisa motokari yavo muchapiwa mari inoenderana nemafuta amashandisa, muripo wacho uchienderana nemutengo wemafuta uriko mazuva ano uye nekuti motokari dzinotarisirwa kushandisa rita rimwe rwemafuta pamakiromita gumi.

Mumwe neumwe achapiwa muripo wake wakafanira pasure pekunge vanhu voparadzana panopera nhaurwa kana nhaurirano imwe nweimwe. Muchapihwa tweekudya nekunwira-nwira pese panenge pachaitwa nhaurwa dzetsvakurudzo ino.

15. Kuvanzika kwekuvamo kwenyu mutsvakurudzo ino

Vari kuita tsvakurudzo ino vanosungirwa nemitemo kuti zvine chekuita netsvakurudzo ino uye zvese zvingazivikanwa kuti zvine chekuita nemapinduro amaita zvisashambadzwe pasina mvumoyenyu. Naizvozvo kuitira kuti zviri kuitwa mutsvakurudzo ino zvisanganiswa nemi: a. Tichashandisa mazita enyu ekutanga chete munhaurwa nemunhaurirano

- b. Pachanyorwa zvinenge zvichitaurwa munhaurirano nemunhaurwa mavara ekutanga pamazita enyu ndiwo chete chashandiswa
- c. Zvese zvine chekuita netsvakurudzo iyi zvichange zvavharirwa nguva dzose panzvimbo inokwanisa kuvhurwa nevarikuita tsvakurudzo iyi chete.
- d. Pane nguva dzichadiwa zvinenge zvichiitika musarudzo iyi kuti zvionekwe kuti zviri kuitwa pamutemo. Naizvozvo vekuchikoro cheStellenbosch neveMedical Research Council vanogona kuratidzwa zviri kuitika mutsvakurudzo iyi. Chinangwa chazvo izvi ndechekuchengetedza imi

vachiona kuti hatisi kutyora mitemo yakafanirwa kutevedzerwa newese ari kuita tsvakurudzo. Pazvinoitika izvi muchange muchiziviswa.

Sezvataurwa pamusoro nhaurwa dzichaitwa muboka nemadzimai uye nenhaurirano dzichatevera dzichatapwa pamidziyo inotapa mazwi. Makasungunuka kuteerera zvese zvatapwa munhaurwa nenhaurirano ndzmunenge maita nevari kuita tsvakurudzo iyi. Midziyo iyi nemashoko anenge atapwa zvinochengetedzwa zvakadzama uye zvinozoparadzwa zvichienderana nemutemo panopera tsvakurudzo iyi. Muchange muchiziviswa kana izvi zvoitika.

Zvinobuda mutsvakurudzo iyi zvichashambadzwa mumagwaro ezvedzidzo maJournal uye nemumabhuku. Zita renyu hapana parichabuda rakanangana nemashoko enyu pakushambadzwa kwetsvakurudzo iyi mumagwaro umu.

e. Kusarudza kuva mutsvakurudzo ino nekubuda mutsvakurudzo

Mune mvumo yekusarudza kuva mutsvakurudzo iyi kana kusavamo. Kana masarudza kuva mutsvakurudzo ino, mune mvumo yekuzobuda pane nguva ipi zvayo kana manzwa kusingunuka kuti muve munoenderera mberi muri mitsvakurudzo iyi. Pamunosarudza kubuda hamuna mhosva yamunobatwa nayo kana dambudziko ramunosangana nro nekuti maita sarudzo yekuti hamuchadi kuenderera mberi nekuva mutsvakurudzo iyi. Munemvumo yekusapindura mibvunzo yamunonzwa kuti hamuna kusingunuka kupindura.

f. Kero yavari kuita tsvakurudzo

Kana mune mibvunzo nguva ipi zvayo makasungunuka kutaura nemutungamiriri wetsvakurudzo ino pakero nerunhare zvinotevera:

Unity M. Chitapi

Ingutsheni

Box

Bulawayo

Tel: 00263773667011, 00263716053075, 002639474148

Central

8363

Hospital

Belmont

g. Kodzero dzevari mutsvakurudzo

Mune kodzero yekubuda mutsvakurudzo pane nguva ipi zvayo pasina muripo wamunobhadhara kana dambudziko ringakuwirai. Hakuna kodzero dzenyu dzinobviswa kana dzamunorasa nekusarudza kwamaita kuva musarudzo kwenyu ino. Varikuita tsvakurudzo ino vapiwa mvumo yekuita tsvakurudzo ino neve chikoro cheUniversity of Stellenbosch uye neveMedical Research Council of Zimbabwe. Kana mune mibvunzo nezvekodzero dzenyu semunhu ari mutsvakurudzo makasungunuka kutaura na Ms Maléne Fouché [mfouche@sun.ac.za; 002721 808 4622] kubazi re Research Development kuchikoro cheStellenbosch. Makasungunuka zvekare kutaura neveMedical Research Council of Zimbabwe (MRCZ) parunhare rwunoti (04)791792 kana (04) 791193 kana pambozhanhare 0772 433 166 kana 0779 439 564. Mahofisi eMRCZ anowanikwa paNational Institute of Health Research panosangana migwagwa Josiah Tongogara na Mazowe muHarare.

PEJI REKUISA SIGINECHA

Ndinobvuma kuti vari kuita tsvakurudzo ino vashandise *audio recorder* kutapa zvandiri kuzotaura mutsvakurudzo:

Musati masaina mune mvumo yekubvunza pamusiru kunzwisisa nezvetsvakurudzo ino. Torai nguva yenyu kufungisisa zvamungade kubvunza.

Kunyora siginecha yenyu kunotaridza kuti matsanangurirwa mukagutsikana, uye kuti mubvunzo yenyu yapindurwa uye kuti mabvuma kuva umwe wevachapa huchapupu mutsvakurudzo ino.

Chirevo nekusaina kwevabvuma kuva mutsvakurudzo

Zviri mugwaro rino zvatsanagurwa kwandiri ini [*mudzimai asarudza kuva mutsvakurudzo*] nava..... [*mutungamiri wesarudzo*] nerurimi rwe [*English/Isindebele/Shona*] uye ini ndinonzwisisa mutauro we[*English/Isindebele/Shona*]. Ndinobvuma kuti ndapiwa mukana wekubvunza mubvunzo uye mibvunzo yangu yapindurwa zvandagutsikana nazvo.

[*Ndinobvuma kuva mutsvakurudzo iyi*] Ndapuwa mufananidzo wegwaro iri.

Zita

Zita remumiririri kana mubatsiri (kana aripo)

Siginecha

Zuva

Siginecha yemutungamiri wetsvakurudzo

Ndinotsidza kuti ndatsanangura zviri mugwaro rino kuna _____ [*zita reuyo ari kupinda mutsvakurudzo*] nemumiririri kana mubatsiri wake _____ [*Zita remumiririri kana mubatsiri*]. Ndamupa mukana wakakwana wekubvunza. Tsanangudzo yezviri mugwaro rino yaitwa nerurimi rwe [*English/*Isindebele/*Shona*] uye nhaurirano ino yasandurwa kururimi rwe[*English/*Isindebele/*Shona*] na _____[kana tsanangudzo yaiswa kune rwumwe rwurimi].

Siginecha yemutungamiri wetsvakurudzo

Appendix 12: Ndebele Consent Form



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INYUVESI YE STELLENBOSCH IMVUMO YOKUPHATHEKA EMKHANKASWENI WOKUCUBUNGULA

Livelihood occupations of women with disabilities in Bulawayo, Zimbabwe: An Occupational Injustice?

Uyacelwa ukuthi ube ngomunye walabo abazaphatheka ekucubunguleni okuzayenziwa ngu Unity Marvellous Chitapi, isifundi kugatsha lwezempilakahle enyuvesi yeStellenbosch. Ukucubungula lokhu kuqondane lezifundo zeDoctor of Philosophy in Occupational Therapy. Wena wakhethwa njengomunye wabazaphatheka ekucubunguleni lokhu ngoba uphila impilo yalabo abagokekileyo. Indlela ophila ngayo udinga ukuziphilisa empilweni yakho iyiso isiqokoqela salowo mkhankaso.

16. Okuqondane lalowo mkhankaso wokucubungula

Ukucubungula lokhu kuqondane lokudinga ulwazi lwemisebenzi oyenzayo ukuthi uziphilise mihla ngemihla. Ukucubungula lokhu kuqondane lokuxwayisisa inkinga oqondane lazo emisebenzini oyiphathayo. Lokhu kuzakwenza ukuthi imisebenzi yakho ibelula. Impumela yalowo mkhankaso izasetshenziswa ukuthuthukisa impilo yabomama abaphila impilo yalabo abagokekileyo. Kuse njalo impumela izathuthukisa ukusebenza kogatsha lwezempilakahle olwe Occupational therapy.

17. Elikhangelelwe ukukwenza

Uma ukhethe ukuphatheka kulo mkhankaso, uyacelwa ukuba wenze okulandelayo:

- a. Ukungena kunkulumo ezakwenziwa phakathi kwabomama abalitshumi lambili abazabe bephatheka kulokhu kucubungula. Ingxoxo eyakwenziwa ikhangelelwe ukuthatha ihola elile mizuzu engamatshumi amathathu njalo izayenzelwa emahofisini eNational Council of Disabled Persons eMzilikazi esigodlweni sakoBulawayo.
- b. Ukwenza ingxoxo ezimbili labacubunguli abaphethe lo umkhankaso ukwenzela ukuthi baxwayisise imisebenzi oyenzayo ekuziphiliseni kwakho mihla lemihla. Ingxoxo lezi zizabe zimbili njalo zizakwenziwa ngezikhathi oyabe ukhululeke ngazo lendaweni oyabe uyikhethile noma abacubunguli bebefisa ukuthi ingxoxo le yenzelwe endaweni osebenzela kuyo ukuthi uziphilise mihla ngemihla. Ingxoxo inye ngayinye ikhangelelwe ukuthatha ihola elilodwa elilemizuzu engamatshumi amathathu.
- c. Kungxoxo sisebenzise ama *audio recorders*. Impumela yengxoxo kayisoze itshelwe omunye umuntu ngaphandle kwemvumo yakho.

18. Ukulimala kumbe ukungahlaliseki ngenxa yalokhu kucubungula

Ukuvuma kwakho ukuphatheka kulo umkhankaso kungeke kwafaka impilo yakho engozini kumbe ukwenza ukuthi ungahlaliseki emoyeni wakho. Abaphathi bokucubungula lokhu bayenze konke okusemandleni abo ukuthi kungaziwa ukuthi libeyingxenywe kulo umkhankaso. Uyavunyezwa ukuphuma kulesi senzakalo uma ufuna kungelamuntu ozakubeka icala njalo nxa ulemibuzo ongakhululekanga ukuyiphendula uyavunyezwa njalo ukungayiphenduli.

19. Ukuphathiseka kwalabo abaphatheke kulo umkhankaso labasesigabeni

Ukuphatheka kwakho kulo umkhankaso kakusoze kukunikeze umvuzo obambekayo. Kusenjalo ukucubungula lokhu kuzaxwayisisa ngokugcweleyo imisebenzi yezandla eyenziwa ngabomama abaphila begogekile ekudingeni ukuziphilisa ngcono, lenkinga abahlangana lazo mihla yonke. Impumela yokucubungula lokhu izahanjiswa kugatsha lukahulumende oluqondane labantu abaphila begogekile ukuthi uhulumende enelise ukuthuthukisa impilo yabo.

Njalonje, lokhu kucubungula kuzaphathisa ugatsha lwezempilakahle olweoccupational therapy ukuthi babelolwazi ngemisebenzi eyenziwa ngomama abaphila begogekile ukuthi baziphilise. Lokhu kufinyelela ukuthuthukisa ugatsha lwezempilakahle olweoccupational therapy ekwelapheni omama, abantwana njalo labobaba abaphila bagogekile.

20. Imbadalo yokuphatheka kulo umkhankaso

Uzabuyiselwa imali elingene laleyo oyisebezise ukubhadala imota ekubuyeni emahofisini okwenzelwa khona ingxoxo eziqondane lalokhu kucubungula njalo lemali yokuthi uyenelise ukubuyela endlini. (Imali oyibuyiselwayo ihlanganisa laleyo oyibhadalele umuntu okuncedisayo). Imali ozayiphiwa lidola (US\$1) ehambeni lunye (one way). Kulabo abayabe besebenzise ezinye indlela zokubuya kuzadingakala ukuthi kubelobufakazi bokuthi uhambenjani njalo uhambo lolu lwabizamalini. Kulabo abayabe besebenzise imota zabo bazaphiwa imali ehambelana lentengo yamafutha emota esetshenziswa kulezi nsuku njalo imota zikhangelelwa ukusebenzisa ilitha linye lamafutha kumakhilomitha alitshumi

Omunye lamunye uzanikezwa imbadalo efaneleyo ngemva kwengxoxo esiyabesiyilandile. Kuzabe kulokudla lokunathwayo ngaso sonke sikhathi esihlangana ngaso.

21. Imfihlo ngokuphatheka kwenu khulo ukucubungula

Abaphatheke kulokhu kucubungula bamele ngomthetho bengakhulumi ebantwini loba yini ephathelene lalokhu kucubungula ngaphandle kwemvumo yakho. Ngakhoke ukuthi okwenziwa kulo umkhankaso kungaphambaniseki siyenza okulandelayo:

- h. Kuzasetshenziswa amabizo enu okuzalwa wodwa angela zibongo kule ingxoxo
- i. Kuzabhalwa okuyabe kukhulunywe yini ngamazwi okuqala kuphela kumabizo enu
- j. Konke okuphathelene lokucubungula lokhu kuzagcinwa endaweni engenelisi ukuvulwa loba ngubani ngaphandle kwalabo abaphathelene lalo umsebenzi.
- k. Kuzakuba lesikhathi sokuthi okuzabe kusenzakala emkhankasweni lo kuxwayisiswe ukuthi kusemthethweni na. Ngakhoke abenyuvesi yeStellenbosch labeMedical Research Council kuyakwaniseka ukuthi batshengiswe okwenzakalayo ekucubunguleni lokhu. Isiqokoqela kuyikuthi bebone ukuba asiyeqi umthetho omela labo abaphatheka ebucubunguleni. Uma kuzakwenzakala lokhu uzabe uzaziswa.

Njengoba kuke kwatshiwo ingxoxo zizakwenziwa exukwini labomama njalo ezinye ingxoxo ezizalandela kuzasetshenziswa imitshina kumbe izigxingi ezithatha amazwi. Ukhululekile ukulalela ingxoxo oyabe uyenze kumitshina leyo kuwonalo umkhankaso. Izigxingi lezi azilamazwi athethwe ngomutshina zizagcinwa endaweni efihlekileyo okuhambelana lomthetho, uma ukucubungula lokhu sokuphelile lezozigxingi zizatshiswa. Uyabe uzakwaziswa uma lokho sokusenzakala.

Impumela yokucubungula lokho izakhankaswa engwalweni zezifundo ezithiwa ngamaJournal njalo lengwaleni ezijayelekileyo (emabhukwini). Ibizo lakho kalisoze livezwe liqondane lengxoxo esiyabe siyithethe kuwe ekukhankasweni kwale impumela kulezo zingwalo.

i. Ukukhetha ukuphatheka kuloluhlelo lokuphuma kilo

Ulelungelo lokuphatheka kuloluhlelo kumbe ukwala ukuphatheka. Uma ukhetha ukuphatheka ekucubunguleni lokhu, ulelungelo lokuphuma lobayisiphi isikhathi uma ungezwa uhlelo lungakuphathi kuhle. Ungakhetha ukuphuma kawetheswa cala kumbe ukubalenkinga engavela kulesosinqumo. Ulelungelo njalo lokwala ukuphendula imibuzo ozwa ungakhululekanga ukuyiphendula.

m. Ikheli yabacubunguli

Nxa ulemibuzo loba yisiphi isikhathi ukhululekile ukubuza umkhokheli waloluhlelo kukheli locingo okubhalwe lapha:

Unity M. Chitapi		
Ingutsheni	Central	Hospital
Box	8363	Belmont
Bulawayo		
Tel: 00263773667011, 00263716053075, 002639474148		

n. Ilungelo lalabo abaphatheke ekucubunguleni lokhu

Ulelungelo lokuphuma kuhlelo lolu loba yisiphi isikhathi kungela mbadalo kumbe inking ongahlangana lazo. Kakula lungelo lakho elikhitshwayo kumbe elilahlekayo ngokuphatheka kwakho emkhankasweni lo. Abakhokheli baloluhlelo bavunyelwe ukucubungula yinyuvesi ye Stellenbosch njalo layiMedical Research Council of Zimbabwe. Uma ulemibuzo ngamalungelo akho langobuntu babacubunguli ulelungelo lokukhulumisana lonkosazana MaléneFouché [mfouche@sun.ac.za; 002721 808 4622] kugatsha lwe Research Development eStellenbosch. Ukhululekile njalo ukuxoxisana labeMedical Research Council of Zimbabwe (MRCZ) kucingo oluthi (04)791792 kumbe (04) 791193 kumbe umakhalekhukhwini othi 0772 433 166 kumbe 0779 439 564. Amahofisi eMRCZ atholakala eNational Institute of Health Research okuhlangana khona imigwaqo uJosiahTongogaralo Mazowe esigodlweni seHarare.

Isibonelo sokuncindizela kwalabo abavume ukuphatheka kuloluhlelo

Okukuleli gwaliba kucasisiwe kimi..... [umama okhethe ukuphatheka kuloluhlelo] lo..... [umkhokheli waloluhlelo] ngolimilwe [Singisi/Isindebele/Shona] njalo ngizwisisa ulimi lwe [singisi/Isindebele/Shona]. Ngiyavuma ukuthi ngnikezwe ithuba lokubuza imibuzo njalo imibuzo yami iphendulwe ngokugcweleyo ngasuthiseka ngakho

[Ngiyavuma ukuphatheka ekucubunguleni lokhu] Ngiphiwe igwaliba elifana laleli.

Ibizo

Ibizo lomncedisi (Uma ekhona)

Isicindezelo

Ilanga

Isicindezelo somkhokheli wohlelo

Ngiyafunga ukuthi ngichasise ngokugcweleyo okusegwalibeni eliku_____ [*ibizol ikalowo ophatheke kuloluhlelo*] *lalowo omncedisayo*_____ [*Ibizo likalowo omncedisayo*]. Ngimunikeze ithuba eleneleyo lokubuza. Ingcazelo yegwaliba leliyenziwe ngolimi lwe [*Singisi/*Isindebele/*Shona*] njalo ingxoxo le iphendulelwe kulimi lwe [*Singisi/*Isindebele/*Shona*] ngu_____ [uma ingcazelo iphendulelwe kolunye ulimi].

Isicindezelo somkhokheli wohlelo

Ilanga

Appendix 13: Shona interview guide

Kaziwai, zita rangu ndinoitwa Unity Marvellous Chitapi. Ndinokumbira kuti titaure nebasa kana mabasa amunoita kuti muwane kurarama. Nhaurirano yanhasi yakanangana nemwi. Makasungunuka kutaura zvizere uye ndinokuyeuchidzai kuti hapana mhinduro yamuchapa isiyo. Ndichatapa nhaurirano yedu zvekare hatishandisi zita renyu muzvinyorwa nemagwaro atichanyora anechekuita netsvakurudzo iyi.

Main questions	Additional questions	Clarifying questions
Mabasa amunoita kuti muwane zvinokuraramisai ndeapi (tsanangura zvinoreva “kurarama” mutsvakurudzo)	Mungatsanangura here zvizere kuti ndezvipi zvinoitwa mubasa iri?	Mungawedzere her pane zvamataura kuti mupe tsanagudzo izere? Pane zvimwe here
Munonzwa zvichiita sei pamunenge muchibata basa iri (mundangariro, mafungiro kana mupfungwa, mumutezo yenyu)	Zvinenge zvaita sei kana kuti ndepapi pamunonzwa zvichidaro? Dai ndaiti mutsanangure mabasa kana basa iri kuti rinorevei mukati meupenyu hwenyu mungapindure muchiti chii? Mungatsanangudze sei kukosha kwebasa iri? Hugaro hwenyu kana mararamiro enyu anovandudzwa sei nebasa iri? Kuita mabasa aya kanabasa iri kunoita here kuti mukwanise kuita zvimwe zvamunenge muchida kuita?	Mungandipewo here muenzaniso?
Semafungiro enyu munonzwa here mune mikana inowanikwa nevamwe vanhu vasina nhengo kana mitezo yakaremara?	Takatarisa nhau yemikana, munozviisa papi kana makazvitarisa muchizviinzenisa nemamwe madzimai kana varume vasina nhengo dzemuviri kana mitezo yakaremara. Munofunga kuti kuva mudzimai ane mutezo kana nhengo yemuviri yakaremara kune chekuita here nekuwana kana kushaya mikana?	Huremu hwamunoisa

<p>Takatarisa ramangwana mungaita here mabasa kana basa ramuri kuita parizvino?</p>	<p>Ndeapi mabasa kana basa ramunonzwa kuti mungadai muchiita kuti muwane kurarama.? Mungatsangure here kuti ndezvipi zviru kukumisai kuti muite mabasa amunoda kuti muve muchiita? Kuremara kwakaita nhengo kana mitezo yemuviri wenyu kunopinda here musarudzo yezvamunoita kuita? Kana muchiti hongu mungatsangure here kuti kunopinda sei musarudzo iyi?</p>	<p>pamabasa kana basa renyu ramunoita kutsvaga kurarama hwakakura sei? Makasungunuka here kuita basa iri kana kuti mamwe mabasa amunonzwa kuti mungade kuva muchiita?</p>
<p>Munonzwa here zvine chirevo kana zvakakosha kubata mabasa kana basa ramunoita kuti muwane kurarama? Zvinovandudza mufungiro kana muraramiro wenyu here?</p>	<p>Munonzwa kuda kuramba muchiita here basa iroro? Takatarisa shungu kana chido chekuti muite basa iri mungatsanangure here manzwiwo enyu musati maita basa iri uye zvamunozonwa pamunenge mapedza? Mungatsanangure here kugutsikana kwamunoita nekubata kana kuita basa iri? (munoburitsa here zvamunenge makatarisira takatarisa, mafungiro, muitiro kana mararamiro enyu) Munonzwa here mubato webasa iri uchikuitai kuti muve nhengo izere yenharaunda yenyu kana kuti muve muchipawo nekuwedzera muraramiro evamwe vamunogara navo munharaunda yenyu?</p>	
<p>Mungatsanangura here zvibingaidzo zvamunosangana nazvo mukubata basa iri?</p>	<p>Munozvigadzirisa sei zvibingaidzo izvi? Mune wamunofungidzira here kuti ndiye anokonzeresa zvibingaidzo izvi? Ndiani wamunofungidzira kuti anofanira kugadzirisa zvibingaidzo izvi uye kuti angazvigadzirise sei?</p>	

Appendix 14: English Interview Guide

Interview Guide

Hello, my name is Unity Marvellous Chitapi. I would like to discuss what you do to obtain your day to day survival needs. This time I will be asking for information that is more specific to you. I encourage you to be open and give as much information as possible, No answers are wrong or right. I will be using a tape recorder to record the discussion and again the information you give will not be identified with you and will not be released to anyone without your permission.

Main questions	Additional questions	Clarifying questions
Can you tell me the activities you do to meet your day to day survival needs (researcher explains what livelihood means in the context of the research)	Can you describe what the activity entails?	Can you expand a little on this? Can you tell me anything else? Can you give me some examples?
What is it like to do it (prompts-physically, emotionally, mentally)?	Under what circumstances do you feel that way? If you were to describe what the occupation means to you, what would you say? How does engaging in this activity affect your livelihood and everyday life? Does the activity enable you to have a balance with other activities that you would want to do?	
Do you feel you have the same opportunities as other people? (achievement)	How would you compare yourself your counterparts (women without disabilities and men with disabilities) in terms of opportunities? How do you think being a woman with a disability affects your access to opportunities?	

<p>If you found yourself in a similar situation in future, would you do the same?</p>	<p>What is that you feel you could do besides what you are doing now to meet your day to day survival needs? Can you describe those things that are stopping you from doing other things? How does the impairment/disability influence your autonomy and choice</p>	<p>What value do you place on the activity you do to meet your day to day survival needs? Do you feel you have the freedom to participate in the activity and any other activities you may feel like participating in?</p>
<p>Do find doing the activity to be meaningful and enriching?</p>	<p>How worthwhile is it to do the activities? Describe your level of motivation before, during and after doing the activity? How would you describe the level of satisfaction you have with the activity? (do you achieve what you want to achieve by engaging in it) Do you feel the activity enables you to contribute and belong in the community</p>	
<p>Describe the challenges you face in doing.</p>	<p>How do you deal with the challenges Who do you feel is responsible for those challenges? Who do you feel is responsible for their removal?</p>	

Appendix 15: Ndebele Interview guide

Interview Guide

Salibonani, ibizo lami ngingu Unity Marvellous Chitapi. Ngizacela ukuba sixoxe ngemisebenzi yezandla eliyenzayo ekuziphiliseni kwenu. Inkulumo yalamuhla iqondane lani njalo likhululekile ukukhuluma ngokugcweleyo. Ngiyalikhumbuza njalo ukuthi konke elizabe likutsho siyakwamukela. Ngizancindezela ingxoxo yethu ngisebenzisa isigxingi sokuthatha amazwi. Njalo kasisoze sisebenzise ibizo lenu engwalweni eziphathelane lomkhankaso lo.

Main questions	Additional questions	Clarifying questions
Yiphi imisebenzi eliyenzayo ukuthi liziphathise?(chasisa ukuthi “ukuziphilisa” kutshoni kuloluhlelo)	Lingachasisa ngokugcweleyo ukuthi yikuphi okwenziwa kumsebenzi eliwenzayo?	Kukhona na elingafisa ukukugcizelela kulokhu ebelikutsho? Linganginika umzekeliso?
Lizizwa njani uma liphatha umsebenzi lo?(Umcabangweni, emoyeni, engqondweni kumbe emzimbeni wenu)	Kuyabe kutheni uma selizizwa njalo kumbe yisiphi isikhathi elizizwa khona kanjalo? Uma bengingathi lichasisa imisebenzi kumbe lumsebenzi ukuthi ulesitsho bani empilweni yenu lingaphendula lisithini? Lingatshengisa njani ukuqakatheka kwalo umsebenzi? Inhlalo yenu lempilo yenu ithuthukiswa njani ngumsebenzi lo? Ukwenza imisebenzi kumbe lumsebenzi kuyenza yini ukuthi lenelise ukwenza okunye eliyabe lifuna ukukwenza?	Isisindo elisifaka emisebenzini kumbe emsebenzini wenu ekudingeni ukuziphilisa singaba nganani?
Ngombono wenu libona lilamathuba afanayo emsebenzini lalabo abaphila bengagokekanga?	Sikhangelene lendaba yamathuba, lizibeka esigabeni siphi uma lilinganiswa labanye omama kumbe obaba abangagokekanga? Licabanga ukuthi ukuba ngumama ophila ngokugokeka kungaba yimbangela yokuthola kumbe ukuswela amathuba empilweni kumbe emsebenzini?	Lizizwa likhululekile ukwenza

		umsebenzi lo kumbe eminye imisebenzi ongafisa ukuyenza?
Uma sikhangelela elakusasa lingayenza yini imisebenzi kumbe umsebenzi eliwenza okwakhathesi?	<p>Yiphi imisebenzi kumbe umsebenzi elifisa ukuthi lingabe liwenza ekuziphiliseni? Lingachasisa ukuthi yini ukungabe kuliphazamisa ukuba lenze imisebenzi elingabe lifisa ukuyenza?</p> <p>Ukuphila ngokugogeka kungaba imbangela yini ekhetheni imisebenzi eliyenzayo?</p> <p>Uma uvuma ungachasisa na ukuthi kwenzakala njani lokhu?</p>	
Lizwa kulesitsho na kumbe kuqakathekile yini ukuphatha umisebenzi kumbe imisebenzi eliwezayo ukuthi lithole ukuziphilisa? Kuyathuthukisa emgqondweni, ekwenzeni kumbe inhlalo yenu na?	<p>Lingafisa ukuqhubeka lisenza lowo msebenzi na?</p> <p>Uma sikhangelene lesifiso sokuthi lenze lowo msebenzi lingachasisa ukuthi lizwa njani uma lingakaqali umsebenzi lo kumbe nxa seliqedile? Lingachasisa njalo ukusuthiseka eliba lakho ekuphathekeni kulo umsebenzi? (kuba lempumela eliyabe liyifisela na kumcabango kumbe ekuphileni kwenu)</p> <p>Lizizwa lisiba njengomunye wesigaba uma liphatha lumsebenzi kumbe ukuzibona lithuthukisa impilo zabanye esigabeni elihlala kiso?</p>	
Lingachasisa na inkinga elihlangana lazo ekuphatheni umsebenzi lo?	<p>Lizilungisa njani lezonkinga? Ukhona ongabe ebangela lezo nkinga na? Ngubani elicabangela ukuthi amele azilungise lezo nkinga njalo ukuthi angazilungisa ngandlela bani?</p>	

Appendix 16: WG6 Questionnaire

WG Short Set on Functioning Questions

Preamble to the WG-SS:

Note: The purpose of the introduction is to serve as a transition from questions in the census or survey instrument that deal with other subject matters to this new area of inquiry, and to focus the respondent on difficulties they may have doing basic activities.

Use of the introductory statement may not be needed in all situations, especially if including the statement may interrupt the flow of question administration.

Interviewer read: "The next questions ask about difficulties you may have doing certain activities."

VISION

VIS_SS [Do/Does] [you/he/she] have difficulty seeing, even if wearing glasses? Would you say... [Read response categories]

1. No difficulty
2. Some difficulty
3. A lot of difficulty
4. Cannot do at all

HEARING

HEAR_SS [Do/Does] [you/he/she] have difficulty hearing, even if using a hearing aid(s)? Would you say... [Read response categories]

1. No difficulty
2. Some difficulty
3. A lot of difficulty
4. Cannot do at all

MOBILITY

MOB_SS [Do/Does] [you/he/she] have difficulty walking or climbing steps? Would you say...[Read response categories]

1. No difficulty
2. Some difficulty
3. A lot of difficulty

4. Cannot do at all

COGNITION (REMEMBERING)

COG_SS [Do/does] [you/he/she] have difficulty remembering or concentrating? Would you say...[Read response categories]

1. No difficulty
2. Some difficulty
3. A lot of difficulty
4. Cannot do at all

SELF-CARE

SC_SS [Do/does] [you/he/she] have difficulty with self-care, such as washing all over or dressing? Would you say... [Read response categories]

1. No difficulty
2. Some difficulty
3. A lot of difficulty
4. Cannot do at all


COMMUNICATION

COM_SS Using [your/his/her] usual language, [do/does] [you/he/she] have difficulty communicating, for example understanding or being understood? Would you say...
[Read response categories]

1. No difficulty
2. Some difficulty
3. A lot of difficulty
4. Cannot do at all

Appendix 17: Ethical extension from MRPCZ

Telephone: 791792/791193
Telefax: (263) - 4 - 790715
E-mail: mrcz@mrcz.org.zw
Website: <http://www.mrcz.org.zw>



Medical Research Council of Zimbabwe
Josiah Tongogara / Mazoe Street
P. O. Box CY 573
Causeway
Harare

Ref: MRCZ/A/2121 12 December, 2017

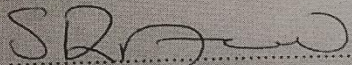
Unity M Chitapi
Stellenbosch University
Division of Occupation Therapy
Tygerberg campus
South Africa

RE: Application For Extension of Study Period for an Approved study: - Livelihood occupations of women with disabilities in Bulawayo:- An occupational injustice

We refer to your correspondence dated 28 November, 2017 on the above mentioned subject.

Please be advised that the Medical Research Council of Zimbabwe has reviewed and **approved** your request for extension of the study period up the **31 December, 2018**. On the same note, please be reminded that the study should have a valid MRCZ approval during study round up and data analysis

Yours Faithfully



**MRCZ SECRETARIAT
FOR CHAIRPERSON
MEDICAL RESEARCH COUNCIL OF ZIMBABWE**

MEDICAL RESEARCH COUNCIL OF ZIMBABWE

2017 -12- 12


APPROVED

P.O. BOX CY 573 CAUSEWAY HARARE

PROMOTING THE ETHICAL CONDUCT OF HEALTH RESEARCH

Appendix 18: Approval from MRPCZ

Telephone: 791792/791193
Telefax: (263) - 4 - 790715
E-mail: mrcz@mrcz.org.zw
Website: <http://www.mrcz.org.zw>



Medical Research Council of Zimbabwe
Josiah Tongogara / Mazoe Street
P. O. Box CY 573
Causeway
Harare

APPROVAL

Ref: -MRCZ/A/2121 12 December, 2017

Unity M Chitapi
Stellenbosch University
Division of Occupation Therapy
Tygerberg campus
South Africa

RE: - Livelihood occupations of women with disabilities in Bulawayo:- An occupational injustice

Thank you for the application for review of Research Activity that you submitted to the Medical Research Council of Zimbabwe (MRCZ). Please be advised that the Medical Research Council of Zimbabwe has **reviewed** and **approved** your application to continue conducting the above titled study.

This approval is based on the review and approval of the following documents that were submitted to MRCZ for review:-

- Research Proposal
- Research Summary
- Informed Consent Forms, version 3 dated 7 November, 2017
- Data Collection Tools

• APPROVAL NUMBER	: MRCZ/A/2121
-------------------	---------------

This number should be used on all correspondence, consent forms and documents as appropriate.

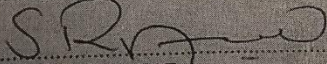
• TYPE OF MEETING	: Expedited
• EFFECTIVE APPROVAL DATE	: 12 December, 2017
• EXPIRATION DATE	: 11 December, 2018

After this date, this project may only continue upon renewal. For purposes of renewal, a progress report on a standard form obtainable from the MRCZ Offices should be submitted three months before the expiration date for continuing review.

- SERIOUS ADVERSE EVENT REPORTING:** All serious problems having to do with subject safety must be reported to the Institutional Ethical Review Committee (IERC) as well as the MRCZ within 3 working days using standard forms obtainable from the MRCZ Offices or website.
- MODIFICATIONS:** Prior MRCZ and IERC approval using standard forms obtainable from the MRCZ Offices is required before implementing any changes in the Protocol (including changes in the consent documents).
- TERMINATION OF STUDY:** On termination of a study, a report has to be submitted to the MRCZ using standard forms obtainable from the MRCZ Offices or website.
- QUESTIONS:** Please contact the MRCZ on Telephone No. (04) 791792, 791193 or by e-mail on mrcz@mrcz.org.zw

Other

- Please be reminded to send in copies of your research results for our records as well as for Health Research Database.
- You're also encouraged to submit electronic copies of your publications in peer-reviewed journals that may emanate from this study.

Yours Faithfully

MRCZ SECRETARIAT
FOR CHAIRPERSON
MEDICAL RESEARCH COUNCIL OF ZIMBABWE

MEDICAL RESEARCH COUNCIL OF ZIMBABWE
2017 -12- 12
APPROVED
P.O. BOX CY 573 CAUSEWAY, HARARE

PROMOTING THE ETHICAL CONDUCT OF HEALTH RESEARCH

Appendix 19: Snapshots from the Reflexive Diary

OT in pre thinking

c

→ How do we improve the experiences of women with disabilities in low/less occupational engagement
 * lifting heavy equipment

* Issues - aspects of control, choice / Motivation ← internal
← external

* Obtaining & maintaining employment

3

Occupation

* I had an opportunity to be part of ^{the path of} their world
 I sat in the heat with them on the pavements
 listening and observing them

* Sense of fulfillment
 Sense of restoration
 Social, cultural & intergenerational ^{social/community support} connections
 Identity shaping

My impression of the interview so far - refining my interview skills as I go, noticed in the participants a desire to help other WtWD and be an influence, a dependence on the "able bodied", spaces they do their occupations in are in a way marginalised, their feeling is that they are "someone" because they do and they provide not for themselves but for others, they feel I should talk to more women

Appendix 21: Analysis of transcript data

257 because she doesn't ask for anything and my mother was shocked with that. My response to that situation was a tip that I borrowed from
 258 one of our workshops, I told them we were taught and continuously
 259 encouraged to be economically independent. Because of the
 260 impression made by people about people with disabilities, no one is
 261 really pleased with seeing someone with any form of disability knock
 262 through their doors because they would think that person is here to
 263 ask for some sort of help either financially or otherwise. They took a
 264 leaf from that conversation and I told them that if I want to be helped
 265 I will ask for help in the meantime I don't want to be treated as a
 266 charity case. Even though I have a physical disability I should be
 267 able to manage things on my own.
 268
 269 **Yes that's true, with your own hands.**
 270
 271 Exactly. Before the pandemic, there was a time when things were
 272 not running smoothly in our country when we transitioned to using
 273 the United States dollar. I was still making sofa covers and I would
 274 pack them in my bags and go to (name of country) with them, with
 275 my crutches and go to (name of country) with them, with
 276 the security personnel at the (name of border) side would start feeling pity for me and they would ask me
 277 where I am going whilst I am sick. I corrected them that I wasn't sick
 278 and that I had a disability and that doesn't mean I can't do some
 279 other stuff. So, when I would get to the immigration offices I would
 280 ask them to give me 7 days, and from these 2 days were set aside for
 281 travelling to and from and the rest of the days would be for service
 282 delivery. From this I would get money, and I can say confidently that
 283 the economic hardships never really got to my doorstep.
 284
 285 **That's nice.**
 286

People expect PWD to ask for assistance but PWD provide lessons to foster self reliance and independence
Persons with disability associated with seeking for assistance
Person with disability associated with seeking for assistance
Determination is shown by being resilient and to get what she wants.
Stigma and discrimination also comes from authorities
Following self reliance and independence
Associated with reliance and dependence
Valuing not being treated as a charity case
Being associated with sickness and incapacity
Valuing accomplishment and work

10

13 disability from. I grew up with disability upto now. Eeh right now
 14 I am now 40 years old. I am living with... Just after school I
 15 worked at a shop for sustainability. After that I joined the
 16 **National Council of Disabled People** where we carried out
 17 sporting activities. I relied on sports and sometimes if I am not
 18 doing sporting activities I'd be merchandising. I represented the
 19 country five times at the all Africa games at the International
 20 Paralympic games. There I would be doing athletics wheelchair
 21 racing and other field events.
 22 **UC: okay... were you being paid?**
 23 **MM:** when it comes to people with disability we were paid lowly.
 24 **UC: yes...**
 25 **MM:** it was as if it was charity work, we were given only \$10 but
 26 it was not enough for sustenance but we only did it for the love
 27 of the game and also to represent the country. It was even
 28 difficult to go and represent the country because of funding but
 29 the allowances they gave us made it easier. Although we were
 30 given those allowances they were not enough to take care of
 31 our families. That is how we lived. Right now the local games
 32 that we play are basketball and wheelchair racing. Here in
 33 Zimbabwe the able bodied will be running the 41km and 21km
 34 races. We were lucky that they put us in races because they
 35 saw our love for sports. The prizes in those races differ by
 36 about 100% or even 150%. Sometimes the same distance that
 37 we run, say 21km, the able bodied were given \$20 000
 38 meanwhile we got \$5000.
 39 **UC: were the sponsors different?**

Connection to the organizers/started with sports
Discrimination in terms of difference in payment
Involved activity was charity (in that they offered services just for their sake or that the sports organizers just included them at a party)
Engaged in the occupation for the love of it but allowances were less
Representing the country is difficult because there is no funding
Discrimination
often playing a role
Really pride it achievements
Being paid less than others
Involved as a charity activity
Providing less than adequate

2

Appendix 22: Scoping review protocol

Topic:	Livelihood occupations of women with disabilities in Bulawayo, Zimbabwe: An occupational injustice?									
Scoping review Question	What is the characterisation and distribution of research on experiences of women with disabilities in their livelihood occupations and the link of these experiences to occupational injustice?									
Sub questions	<ol style="list-style-type: none"> What are the livelihood occupations that women with disabilities in low income countries engage in? What are the experiences of women with disabilities when engaging in these livelihood occupations? What is the link between the experiences to occupational justice? 									
Objective	<ul style="list-style-type: none"> Map the available literature on the profile of livelihood occupations for women with disabilities in low to middle income countries Determine the experiences of women with disabilities when engaging in these occupations Determine the link between the experiences of these livelihood occupations to occupational injustice 									
Databases	EBSCOhost, CINAHL PubMed, PsychInfo, OT Search, OTSeeker, PROQUEST, Cochrane Library, REHABDATA from NARIC (National Rehabilitation Information Centre) and CIRRIE (Centre for International Rehabilitation Research Information and Exchange)									
Selection Criteria	<ul style="list-style-type: none"> Documents published from 1992 to June 2018 Documents published in peer reviewed journals Content includes experiences of women with disabilities in their livelihood occupation engagement. Sample included women with disabilities with any type of disability Studies done in low to medium income countries Sample included women with disabilities aged 18 and above Sample including women residing in their communities NOT domiciled in institutions of care. Source detailing livelihood occupations AND/OR experiences Sources in English language Primary empirical qualitative studies: Case study, narrative enquiry, ethnography, phenomenology, participatory action research, grounded theory 									
Search Strategy	<p>PubMed</p> <table border="1"> <tr> <td>Topic</td> <td>Experiences</td> </tr> <tr> <td>AND Topic</td> <td>Livelihoods</td> </tr> <tr> <td>AND Topic</td> <td>Occupation or activity or work</td> </tr> <tr> <td>AND Topic</td> <td>Women OR woman OR females OR persons (sample had to have females in it)</td> </tr> </table>		Topic	Experiences	AND Topic	Livelihoods	AND Topic	Occupation or activity or work	AND Topic	Women OR woman OR females OR persons (sample had to have females in it)
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AND Topic	Livelihoods									
AND Topic	Occupation or activity or work									
AND Topic	Women OR woman OR females OR persons (sample had to have females in it)									

	AND Topic	Disability OR disabilities OR disabled OR disablement OR disabler												
	AND topic	Occupational injustice												
	<p>Other Databases:</p> <p>Depending on the database, Truncation marks and wildcards were used to generate enough depth for the study by making it possible to look up all the possible word variations in some of the search terms which in the process saved time by helping the reviewers avoid having to type all word variations. For example:</p>													
	Topic	Experiences												
	AND Topic	Livelihoods												
	AND Topic	Occupation or activity or work												
	AND Topic	Wom\$n OR females OR persons (sample had to have females in it)												
	AND Topic	Disabi* OR disable*												
	AND topic	Occupational injustice												
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		<p>Two researchers independently review articles for inclusion</p> <p>Third reviewer came in where there were disagreements.</p> <p>Appraisal of the quality of studies included is not typically done</p>
4	Charting the data	<p>Sifting, charting, sorting</p> <p>Team collectively developed the data charting form</p> <p>Team determined the variables to extract in order to answer the research question.</p> <p>Charting was iterative with continuous data extraction concurrently done with updating data charting form.</p> <p>Two researchers independently extracted data from the first five to ten included studies to determine whether their approach to data extraction is consistent with the research question and purpose.</p> <p>Qualitative content analysis was done.</p>
5	Collating, summarizing and reporting the results	<p>Analysis (including descriptive numerical summary analysis and qualitative thematic analysis)-Organise the data into themes</p> <p>Analytical re-interpretation of the data-consider the meaning of the findings as they relate to the overall study purpose, discuss implications for further research, practice and policy.</p> <p>List of studies included studies, a PRISMA diagram and at least one complete search strategy.</p>
6	Consultation exercise	<p>Consultation should basically be throughout the process and involve stakeholders: practitioners, information consumers and key informants.</p> <p>Incorporate opportunities for knowledge transfer and exchange with stakeholders in the field.</p>