

# **A critical analysis of the challenges faced by young people with neurodevelopmental disorders in accessing Sexual Reproductive Health Services in Zimbabwe. A case of Zimcare Trust, Zimbabwe**

Ashely Ropafadzo Tome  
Lecturer in Social Work, School of Social Work, Midlands State University. [tomeropash@gmail.com](mailto:tomeropash@gmail.com)

## **How to cite using ASWDNet style**

Tome A. R. (2024) A critical analysis of the challenges faced by young people with neurodevelopmental disorders in accessing Sexual Reproductive Health Services in Zimbabwe. A case of Zimcare Trust, Zimbabwe. *Journal of Social Issues in Non-Communicable Conditions & Disability*, 3(1), 209-222.

## **Abstract**

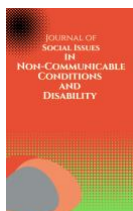
Young people with neurodevelopment disorders constitute a part of the minority population in Zimbabwe who are often sidelined from participating in activities that emancipate and educate the youth because of their differences from the mainstream population. It should be noted that although policies and awareness campaigns have been introduced to promote the inclusion of Persons with Disabilities previous research has not looked into the struggles and agonies associated with the accessibility of Sexual Reproductive Health services by young people with intellectual challenges. This is because young people with neurodevelopment disorders have been subjected to immense derogatory treatment, stereotyping and labelling since time immemorial, they have often been regarded as “retarded”, “crazy” and “inadequate” beings to mention but just a few. Young people with intellectual challenges are often deprived of their rights to sexuality, love, intimacy, reproduction and marriage because of the fear of producing children with similar characteristics by family and community members. Disability in Zimbabwe is often associated with God’s wrath, curses from ancestral spirits, *kuromba* which is a local name for money ritual and the manifestation of avenging spirits which is known as *ngozi* among the Shona people hence Persons with Disabilities experience severe stigma, discrimination and marginalization with their family members. Therefore, the main objective of the study was to explore the challenges associated with the accessibility of Sexual Reproductive Health services by young people with neurodevelopment disorders. The researcher used a qualitative method with a descriptive multiple case study design to examine the well-being of the young people. Six in-depth interviews with the young persons with neurodevelopmental disorders were conducted. Three key informant interviews with the Director, Superintendent and Sister in charge at ZimCare Trust were also carried out during data collection. Data were transcribed, translated and thematically analysed. The experiences of young people with neurodevelopment disorders in accessing Sexual Reproductive Health services are a reflection of a broken society, infringed polities and economic catastrophe.

## **Key words**

young people, neurodevelopment disorders, Sexual Reproductive Health, Zimcare Trust, Zimbabwe

## **Key points**

1. Stigma and discrimination of young people with neurodevelopmental disorders in medical facilities and the mainstream society.
2. Most of the health personnel and members of the mainstream society lack knowledge and awareness about neurodevelopmental disorders and Sexual Reproductive Health.
3. Young people with neurodevelopmental disorders often encounter social, cultural and economic barriers in their quest to access Sexual Reproductive Health services.



4. Young people with neurodevelopmental disorders are often excluded from participating in decision and policy making hence the legal and policy gaps in addressing their special needs.

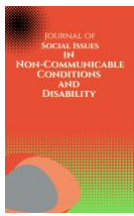
## **Introduction**

The study examined challenges associated with the accessibility of Sexual Reproductive Health (SRH) services by young people with neurodevelopmental disorders at Zimcare Trust, Zimbabwe. The objective of the study was to explore domains of the well-being and sexuality of young adults with intellectual disabilities. An investigation of the challenges encountered by young people with neurodevelopmental disorders in accessing SRH services was made in order to achieve the outcomes of the study. With regards to the study methodology, the researcher employed the qualitative approach, adopting a descriptive multiple case study design with basic data collection, management and analysis procedures. The article provides the background to the study, an outline of the methodology, a discussion of the study findings, conclusions and then implications.

## **Background**

The Disability is a holistic term for impairments, activity limitations and participation restrictions, (World Health Organization, 2012). Young people with disabilities often encounter many challenges in accessing Sexual Reproductive Health services especially women (Rugoho and Maphosa, 2017). Neurodevelopmental disorders are disabilities associated with the functioning of the brain and neurological system, (Munambah et al, 2020). Neurodevelopmental disorders include Down Syndrome, Cerebral Palsy, Autism, learning disabilities, mental retardation and attention deficit/hyperactivity disorder to mention but just a few.

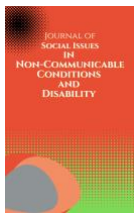
Culturally people with neurodevelopmental disorders are viewed as sexually inactive and it is of paramount importance to note that even the Zimbabwean government has failed to address the difficulties associated with the accessibility of SRH services by young people with intellectual disabilities as they often experience stigma, discrimination and stereotyping from health personnel, family members and the community at large due to lack of sufficient knowledge about intellectual disabilities. It is believed that the ignorance of health practitioners and mainstream society is responsible for the raising barriers that impede the access of SRH services by PWDs and not the disabilities, (World Health Organization, 2012). Regardless of the fact that sexuality, right to marriage, reproductive health and starting a family are human rights for all citizens, persons with neurodevelopmental disorders (intellectual disabilities) continue to be deprived of these rights, (Curiel, Vicente, Moran and Gomez, 2023). Marrying off young people with intellectual disabilities poses as taboo to the family members and mainstream society as they fear that the parties in question will give birth to children with similar characteristics with their parents who have neurodevelopmental disorders. The Zimbabwean government including institutions which cater for people with neurodevelopmental disorders such as Zimcare Trust have put in place local policies that protect the rights of PWDs and they also adopt international policy instruments such as the United Nations Convention on the Rights of Persons with Disabilities (UNCRPD) to help with the promotion of the rights of PWDs but still rights of marriage and sexuality are often



compromised for persons with neurodevelopmental disorders. Their sexual needs and protection against Sexually Transmitted Infections S(TIs) are often overlooked as they are viewed as incapable of being sexually active. Article 23 in the UNCRPD declares that PWDs have a right to family and home which implies that they can marry, reproduce, make sexual choices and should have access to SRH services and information like everyone else in the mainstream society, (Curiel et al, 2023). However, most family members of young people with neurodevelopmental disorders are often ashamed of their children as neurodevelopmental disorders are associated with madness, craziness and they are often labeled as *sascam* thereby referring them as idiots. Derogative language and words are used to label people with neurodevelopmental disorders, and this has contributed to creating uncomfortable surroundings for them at home, medical facilities and within the community. Most of the young people with neurodevelopmental disorders feel much more comfortable when they are at their institutions as they can meet their peers with similar characteristics with the for example at Homefield Zimcare Trust Center there, young people can interact without interruptions and judgmental attitudes. Article 25 refers to rights of PWDs in accessing health and this includes sexual health, (Curiel et al, 2023). Young people with neurodevelopmental disorders have a right to access appropriate information on health-related issues, justified and adjusted medical treatment, health screenings tests and prevention of STIs to mention but just a few, (Curiel et al, 2023).

### **Theoretical framework**

Some The study is hinged on the Ubuntu theory and social model of disability. The concept of Ubuntu on societal level is at the core and the heart of African life, (Shutte, 2001:2). The concept of ubuntu involves the comprehension of what it is exactly to be human and the need for humans to grow and find fulfillment, (Shutte, 2001:2). Ubuntu is humanness and this humanness is revealed when a person is welcoming, respectful of the dignity of others, compassionate, caring and empathetic towards others, (Manyonganise, 2015). The idea of ubuntu was obtained from the Nguni dictum, *Umuntu ngumuntu ngabantu* that translates as, “A person is a person through other persons.” Dolamo (2013) explains that in African communities the most important value observed is that no person should exist in isolation or be excluded from the web of life. Ubuntu promotes equality in that people are not defined by their differences in race, abilities, gender or any dichotomy. It should be noted that the concept of ubuntu values dignity, equality and existence whereas dichotomies invoke fear within members of the society which often results in the marginalization, discrimination, stigmatization and isolation of those who fail to conform to the normative or are different, (Kasomo and Maseno, 2011). Fear of the differences encourages the development of defensive strategies within some other people such as avoidance, running away, isolation and exclusion of persons with disabilities in particular. This is most of what is experienced by the women under study. They are segregated because of their physical and emotional differences. Fear can be healthy and unhealthy depending on where it is directed and how it is exhibited. Fear that is directed towards disability is unhealthy as it negatively impacts the wellbeing of persons with disabilities especially women. This fear of the unknown is linked to the supernatural world in traditional African communities where people are afraid of death, witchcraft and sickness, (Kasomo and Maseno, 2011). In Zimbabwe some communities view disability as punishment

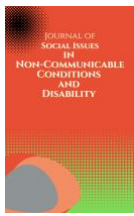


from God, gods and ancestral spirits. Disability is viewed as a result of wrongdoing by the parents or relatives of the person with the disability. Some communities view it as a curse hence the avoidance by community members to associate with persons with disabilities and their families. Disability can be said to contradict a normative body and the fear and belief is that it is linked to evil and supernatural ancestral powers, (Dolamo, 2013). The adoption of the ubuntu ideology in politics can improve and accelerate service delivery and also promote good governance, (Nzimakwe, 2014). Ubuntu at political level can be described as a call to service and participation as it involves serving humanity in a practical way, (Nzimakwe, 2014). When applied in politics the ubuntu ideology encourages political leaders and government officials to put people first and not exploit the nation's resources for their selfish gain. The ubuntu theory ensures that policies are formulated and implemented in a manner that includes everyone and expels exclusion marginalization.

The study was also underpinned by the social model of disability. The social model of disability is a crucial way in which through which inequality can be perceived because it views disability as stemming from communities, spaces and services that are not accessible or inclusive, (Chitereka, 2010). According to this model of disability society is responsible for placing limits on a person not their disability, (Chitereka, 2010). The social model of disability has immensely influenced the way in which disability is understood, (Chitereka, 2010). The social model of disability emerged as a reaction towards other models of disability such as the religious, charity, medical and traditional models of disability. The above-mentioned models were centered upon the functional analysis of the body in that persons with disabilities are seen as machines which need to be fixed in order for them to conform to the normative values rather than exploiting the physical environment so that it addresses the needs of persons with disabilities, (Chitereka, 2010). Disability is often imposed on people through discriminations, prejudices, stereotypes and inaccessibility, (Chitereka, 2010). Chitereka (2010) observes that the social model of disability generates a refined agenda for social change.

## **Methodology**

The paper employed the qualitative data collection method. Ten participants and three key informants were interviewed. Convenience and purposive sampling methods were employed by the researcher to identify and recruit those with the capacity of providing relevant information with regards to the research question the researcher seeks to address. The research considered the views of five young women and five young men with neurodevelopmental disorders. Three key informants involved a health officer, safeguarding officer and a housekeeper and these people directly interact with the primary participants of the research as they cater for the needs of young people with neurodevelopment disorders, therefore they happen to have reasonable knowledge that can assist with achieving the research objectives. Data were collected, transcribed, translated as the researcher used Shona language in communicating with research participants, coded and thematized. Themes were identified, cross-checked with original data and data was discussed according to the notes and memos that were gathered during the interviews. The researcher used to pseudo names to hide and keep the identities of the participants private and confidential.



## **Study area**

Zimcare Trust is a non-profit making organization which caters for children and young people with neurodevelopmental disorders. It is registered under the Private Voluntary Organization Act (Chapter 17:05). Zimcare offers care and provides an enabling environment for persons with intellectual disabilities so that they realize their full potential. At Homefield center young adults with neurodevelopmental disabilities engage in vocational training to attain skills such as weaving, carpentry, farming and household chores that involve cleaning their space.

## **Demographic profile**

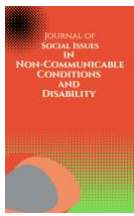
The participants enrolled in the study were ten young people with neurodevelopmental disorders between the ages of eighteen and thirty-nine years old. There were five young women and young men with neurodevelopmental disorders. Among the participants were young people with cerebral palsy, autism, attention deficit/ hyperactivity disorder schizophrenia and intellectual disabilities such as down syndrome All the participants shared different backgrounds.

## **Ethical considerations**

The researcher used the San Code of Research Ethics during the research study. The researcher observed care for the research participants as this is one of the significant sections of the code. The section for stipulated that the research study should be in alignment with local needs and should be focused on improving the lives of the research participants, (The San Code of Research Ethics, 2017). The section for caring for the research participants demands that care be shown to the young people with neurodevelopmental disorders who happen to be under study, hence the research study is meant to improve the welfare and accessibility of Sexual Reproductive Health services by young people with neurodevelopmental disorders.

The researcher was respectful towards the participants as there was an engagement of the participants and the researcher prior to the research, (The San Code of Research Ethics, 2017). The researcher briefed the participants about the research. It was also made known to the research participants what the research study was all about to promote the informed consent of the participants. Participants were also informed by the researcher that participation in the research study was voluntary. The identities of the participants were kept private and confidential by the researcher.

The San Code of Research Ethics (2017) demands that researchers be honest with the research participants. It is of paramount importance that the researcher carries out an open and clear conversation with the research participants, (The San Code of Research Ethics, 2017). The language used must be clear and not academic and so the researcher used Shona Language in communicating with the research participants.



## Findings

### **Underlying challenges associated with the accessibility of Sexual Reproductive Health services (SRH) by young people with neurodevelopmental disorders**

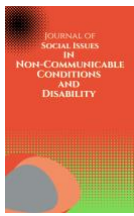
#### *Discrimination of young people with neurodevelopmental disorders and insensitivity by health practitioners, family and community members*

The discrimination of young people with neurodevelopmental disorders comes in different forms. The findings reveal that they are either treated unfairly, unequally and some of the derogative words used to refer to them may cause them to have low or lose their self-esteem.

*Kana ndiri kumba ndikaenda ndega kuchipatara kunobatsirwa maererano nekurapwa kana nezveSexual Reproductive Health iyoyi manurses vanondituka. Ndakamboenda ndega kuchipatara ndikatukwa, and ndakaona kuti inyaya yecondition yedown syndrome yandiinayo nekuti vamwe vanhu vanga variko havana kumbotukwa so these days ndinoperekedzwa nabhudhi vangu. (When I am at home, and I decide to go alone to a clinic to access SRH services I am usually insulted by the nurses. I know this because I once visited the clinic unaccompanied and was harassed by the nurses but other people there were treated well. I realized that it was because I have down syndrome. These days when I visit any local clinic or hospital my brother accompanies me)- Tinashe 39 years old.*

*Tinodzidziswa zveno sex before marriage nezveHIV panapa. Kuvipatara zvekudhuze nekumba manures havabvume kutipa macondoms. Ivo mhamha vakatondiudza kuti ndisaite boyfriend nekuti ndinoita nhumbu asi ini hangu boyfriend yangu ndinayo kunoku but hatiite sex. (We are taught that we should not engage into pre-marital sex and about HIV here at the center. When I visit a local clinic whilst at home nurses will not give us condoms. My mother is even against me having a boyfriend because she told me that if I have a boyfriend, I will have an unwanted pregnancy. However, I do have a boyfriend here at the center, but we do not indulge in sexual practices). Chenai 28 years old.*

*Some health practitioners from local clinics tend to be rude and discriminatory towards our children because of their disabilities. They lack an understanding of disability issues and so this serves as a barrier to the accessibility of SRH services by our children from surrounding health facilities in Zimbabwe. Young people with neurodevelopmental disabilities are viewed as incapable of having normal sexual feelings and unsuitable for marriage or intimate relationships. They are often viewed as mentally unstable, retarded or idiots, this usually results in derogative treatment towards them by some health practitioners, some community and family members. Our children are treated differently, unequally and unfairly by the mainstream society. Hence, we offer sex education and SRH services to our children here at the center. Our children are now adults and so we ensure that we teach them about these important issues so that they are safe from sexual buses, STIs and unwanted pregnancies. When*



*disseminating SRH services and information to them they feel comfortable as they will be amongst their peers and people who understand them. However, this is not enough as our children need to be integrated and included in the mainstream society. They should be treated fairly and equally with others regardless of their disabilities. -Key informant (K11).*

***Limited knowledge about neurodevelopmental disabilities by health care providers, family and community members***

It is revealed by the findings that very few people have in-depth knowledge about neurodevelopmental disorders. There is need to raise awareness campaigns to help enlighten health care providers, community and family members about neurodevelopmental disorders and also about the essence of SRH education among the young people with the disability in question. There is also need to introduce technological advancements to promote effective and accurate diagnosis of the disability in the young people.

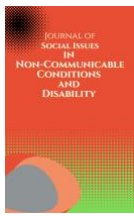
*Most people lack adequate knowledge about neurodevelopmental disorders. They think our young people are crazy, mad, stupid or idiots. This insufficient knowledge about neurodevelopmental disorders serves as a barrier to accessing healthcare services from local clinics in the mainstream society by our children. For example, intellectual disabilities have degrees of severity, and these are divided into four classes such as mild, moderate, profound and severe. Young people who fall in the first two classes that I have mentioned are trainable and can be educated easily however, the ones who fall in the last two classes tend to struggle with acquiring motor skills. Most community members, health practitioners and family members do not know this as they continue to deprive these young people from engaging in intimate relationships, becoming sexually active with their partners, getting married and starting their own families. – KI2*

*Young people within the mild and moderate classes with disabilities should be taught even from local clinics in mainstream society about SRH and their access to these services should be made easier. Health care providers, community and family members need to consider the interests of their children as they are also human. Nurses need to communicate prenatal, antenatal and postnatal care information with young people with mild and moderate intellectual disabilities to help promote inclusion and their integration in the mainstream society. Young people with neurodevelopmental disorders need to have access to SRH services without any difficulties. KI3*

*Neurodevelopmental disorders can be hereditary but that should not be used by family and community members to prevent young people with these disorders from getting married and having their own families. Any person without neurodevelopment disorders can give birth to a child with such a disability. Caesarean delivery can cause neurodevelopmental and psychiatric disorders in children as well. – KI1*

***Unaffordability of Sexual Reproductive Health services***

Most young people with neurodevelopmental disorders such as schizophrenia, cerebral palsy, down syndrome and autism to mention but just a few are dependent on their family members. They are unemployed as most employers desist from employing PWDs. Young people with



neurodevelopmental disorders have no access to employment opportunities and so have no means of generating income hence they cannot afford to pay for SRH services at local clinics.

*I cannot buy pads and condoms because I cannot afford them. I do not go to work. Besides we get them here at the center but condoms I do not use them. My mom said not to have a boyfriend because a baby is expensive. – Shelly 39 years old.*

*Most of our young people at this center are dependents. They do not go to work and so they have no means of generating income. This actually makes it difficult for them to make independent decisions with regards to types of contraceptives to use and many other stuffs with regards to their sexuality. -KI 2*

### ***Fear and embarrassment***

The fact that disability is often associated with punishment from God or ancestral spirits and witchcraft young people with neurodevelopmental disorders are often treated as outcasts. This strips them off and denies them the fulfillment of their need of belongingness which according to Abraham Maslow's hierarchy of needs is crucial in every individual's life. Mental disabilities are rarely understood in African settings hence the use of derogatory language when referring to persons with neurodevelopmental disorders. In Zimbabwe most parents often feel ashamed of their children with such disabilities and so they keep them in doors or send them to institutions. Derogative words used are usually *saskamu*, *benzi* and *mudown* to mention but just a few.

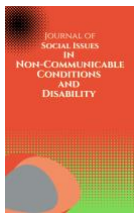
*Kana ndiri kumba vamwe vanhu vanondiseka vamwe vana vadiki vachindikandira marara. Handidi kuenda kuchipatara nekuti vamwe vanhu vanondiseka vachinditi ndinopenga. (When I am at home some people make fun of me whilst children throw dirt at me. I do not like visiting the hospital because some people laugh at me thinking that I am crazy). – Tarisai 24 years old.*

*Kunoku tine chipatara chedu. Kana ndiri kumba ndinoperekedzwa asi vanhu vanotarisisa unotozoregedza kutaura zvimwe zvaunenge uchida nekuti ndinenge ndakunyara. (We have a clinic here. When I am at home, I am usually accompanied to the clinic but people tend to stare at me a lot so I end up not opening up because I will be feeling embarrassed). Tonde 24 years old.*

*I am dating a 26-year-old lady who has schizophrenia. My family and hers were not in support of our relationship at first but they later came around and agreed that we start dating. When I have questions with regards to SRH I do not go to local clinics because people stare a lot. Imagine if I get to ask for condoms even the nurses will be astounded. I do not like to attract unnecessary attraction to myself. People think that I cannot have sexual feelings because I have cerebral palsy and am constrained to a wheelchair. – Elvis 34 years old.*

*People do not know that they treatment and attitudes they show to the young people with neurodevelopment disorders really affects them. Our young people are often ridiculed by some health care professionals and even family members because they think its inappropriate fand not normal for them to have sexual feelings or engage in an intimate relationship with someone. Young people with neurodevelopment disorders are not different from anyone else. They are human and so should be treated as such. – KI 1.*





### ***Misconceptions***

There are certain misconceptions and mythical beliefs that are often associated with neurodevelopmental disorders and these came into play due to lack of adequate understanding of neurodevelopmental disorders. These misconceptions have resulted in persons with neurodevelopmental disorders being denied a number of rights such as the right to marry, to engage in intimate relationships, right to start families of their own and right to accessing SRH services.

*Young persons with neurodevelopmental disorders are often stereotyped as either non-sexual or incapable of controlling their sexual impulses. KI 2.*

*Some parents do not want their children to be taught sex education because they believe that this will encourage them to engage in sexual activities. They fear that if their children get pregnant, they will give birth to children with similar disorders as well. - KI 3.*

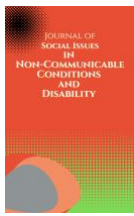
*Here at the center, we are not limited to offering SRH information only we also offer a few of SRH services such as contraceptive implantations like jadelle but you find that some parents fear that these may have side effects on their children Some are afraid the children will be maimed. KI 2.*

*Parents do not want responsibilities of looking after children who are a result of unprotected sexual practices by our young people here. They think that if their children get to access SRH services and information it may encourage them to engage in sexual activities. These young people need to know and access SRH services to help protect them from STIs and unwanted pregnancies. This is because when they go for holidays some of them are exposed to sexual practices, we do not know how and by who and so they come and impart that knowledge on others here. Young people with neurodevelopmental disabilities need to access SRH services for their own safety. – KI 1.*

### **Discussion**

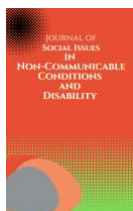
#### ***Discrimination of young people with neurodevelopmental disorders and insensitivity by health practitioners, family and community members***

The research findings show that young people with neurodevelopmental disabilities are often subjected to all forms of discrimination and marginalization by health care providers, community and family members. This is because disability in Zimbabwe and Africa at large is often associated with God's wrath and curses from ancestral spirits. Stone and Butera (2012) are of the view that persons with mental disabilities in Africa are generally not considered as Persons with Disabilities rather they are perceived as outcasts under evil spells for some unacceptable deeds or victims of witchcraft performed on them by some other people. Disability in some parts of Zimbabwe is perceived as punishment from God and ancestral spirits and very few people tend to accept and embrace disability particularly neurodevelopmental disorders. Resultantly, young people with neurodevelopmental disorders are often denied certain rights available to other populations for example the right to SRH



services, (Chitiyo and Chitiyo, 2019). The deprivation of these rights has a negative impact on the quality of lives lived by persons with neurodevelopmental disorders. It should be noted that young people with neurodevelopmental disorders such as autism, down syndrome, schizophrenia and cerebral palsy to mention but just a few are often denied the right to engaging into intimate relationships, getting married and starting families of their own. Their quest for the SRH services is viewed with so much negativity due to misconceptions and myths concerning their sexuality. Young people with neurodevelopmental disorders are treated so differently by society and family members as their disability is perceived as stupidity, idiotic, craziness and madness. Derogatory words are constantly used to describe them and this usually reinforces ostracism as they continue to be viewed as outcasts in society. However, the implementation of the ubuntu philosophy in addressing challenges associated with the accessibility of SRH services by young people with neurodevelopmental disorders can yield positive results that can promote the inclusion of persons with neurodevelopmental disorders in the mainstream society. Ubuntu is humanness and this humanness is revealed when a person is welcoming, respectful of the dignity of others, compassionate, caring and empathetic towards others, (Manyonganise, 2015). Fear of the differences encourages the development of defensive strategies within some other people such as avoidance, running away, isolation and exclusion of persons with disabilities in particular. This is most of what is experienced by the young people under study. They are segregated because of their physical and intellectual differences. Fear can be healthy and unhealthy depending on where it is directed and how it is exhibited. Fear that is directed towards disability is unhealthy as it negatively impacts the wellbeing of persons with disabilities especially young persons with neurodevelopmental disorders. This fear of the unknown is linked to the supernatural world in traditional African communities where people are afraid of death, witchcraft and sickness and disability is perceived as God's wrath, (Kasomo and Maseno, 2011). It should be noted that the concept of ubuntu values dignity, equality and existence whereas dichotomies invoke fear within members of the society which often results in the marginalization, discrimination, stigmatization and isolation of those who fail to conform to the normative or are different, (Kasomo and Maseno, 2011).

Ubuntu philosophy in conjunction with the social model of disability will help eliminate discrimination from hindering the accessibility of SRH services by young persons with neurodevelopmental disorders. Chitereka (2010) has it that the social model of disability focuses on negative attitudes, systematic barriers and the exclusion of PWDs from the mainstream society. The social model of disability is a crucial way in which through which inequality can be perceived because it views disability as stemming from communities, spaces and services that are not accessible or inclusive, (Chitereka, 2010). According to this model of disability society is responsible for placing limits on a person not their disability, (Chitereka, 2010). Disability is often imposed on people through discriminations, prejudices, stereotypes and inaccessibility, (Chitereka, 2010). It is therefore important to educate and raise awareness about neurodevelopmental disorders so as to ensure that societies embrace the disability and begins to fairly treat persons with typical disabilities.

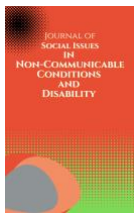


***Limited knowledge about neurodevelopmental disabilities by health care providers, family and community members***

Namazzi et al (2020) has it that access to information and professional care for young persons with neurodevelopmental disorders is limited especially in developing countries. The neurodevelopmental disorders in question include, autism, down syndrome, attention-deficit hyperactivity disorder (ADHD), hydrocephalus, microcephaly cerebral palsy and other learning disability. Namazzi et al (2020) further explains that in African countries it is commonly believed that mental disabilities are associated with spiritual causes of illness such as witchcraft or avenging spirits to mention but just a few. Chitiyo and Chitiyo (2019) explains that although parents can easily detect of neurodevelopmental disorders such as autism or ADHD they lack precise knowledge on the signs and symptoms. Family and community members usually engage in consultations with traditional healers to help find a remedy for neurodevelopmental disorders. There is a tendency in believing that neurodevelopmental disorders can be cured. In Zimbabwe where mental and support systems exist, they are usually managed by few providers with insufficient information and inadequate supplies. Some parents with children who have neurodevelopmental disorders reported that the process of accessing health services is difficult and diagnosis outcomes are inaccurate, (Chitiyo et al, 2017). There is need for the Zimbabwean government to adopt the ubuntu philosophy in politics to help address issues with regards to limited knowledge and inadequate resources which seem to hinder the accessibility of health services particularly SRH services by young persons with neurodevelopmental disorders. The adoption of the ubuntu ideology in the health system and politics can improve and accelerate service delivery and also promote good governance, (Nzimakwe, 2014). Ubuntu at political level can be described as a call to service and participation as it involves serving humanity in a practical way, (Nzimakwe, 2014). When applied in politics and medical industry the ubuntu ideology encourages political leaders, government officials and health practitioners to put people first and not exploit the nation's resources for their selfish gain. The ubuntu theory ensures that policies are formulated and implemented in a manner that includes everyone and expels exclusion and marginalization.

***Unaffordability of Sexual Reproductive Health services***

Due to lack of financial empowerment most young people with neurodevelopmental disorders are denied the right to self-determination and having control over their own bodies. They are stereotyped as objects of charity as most of them are unemployed. These young people especially young women have become recipients of money and mercy at the hands of potential sex predators who after offering them financial help will demand sexual favors in return. Young women with neurodevelopmental disabilities cannot even afford to purchase sanitary pads to help maintain their menstrual hygiene. For married young women with disabilities birth control is another of the challenges they struggle with as they lack power over their bodies and reproduction, (Tome, 2022). The lack of financial independence by young people with neurodevelopmental disorders often exposes them to sexual exploitation and violence. The adoption of the ubuntu philosophy and social model of disability will help with the creation of employment opportunities to promote financial independence for young persons with neurodevelopmental disabilities as no one desires to employ them.

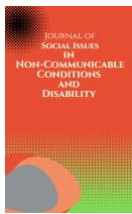


### ***Fear, embarrassment and misconceptions***

Individuals with neurodevelopmental disorders in Zimbabwe face acute problems that often go unattended for example they face challenges in accessing SRH services, (Mugweni and Dakwa, 2013). The ignorance towards the well-being of Persons with Disabilities together with the lack of effective disability legislation can promote overlooking the needs and rights of PWDs by the mainstream society, (Chitiyo and Chitiyo, 2019). The Zimbabwean government has adopted a number of international, regional and local policies to help improve the welfare of PWDs but it seems the government has embraced the theoretical aspects of the policies and not practical. This is so because the mythical beliefs and misconceptions surrounding the sexual and reproductive health of PWDs especially persons with neurodevelopmental disorders can be abolished by implementation of disability legislation. Young persons with neurodevelopmental disorders are afraid and embarrassed to access SRH services at local medical facilities as they fear to be judged and ridiculed since society lacks in-depth appreciation of the nature of their disability. The quest of young persons with neurodevelopmental disabilities to engage in sexual and intimate relationships is perceived by some members of the mainstream society to be governed by uncontrollable and child-like sexual impulses. It should be noted that such perceptions have resulted in young persons with neurodevelopmental disorders being deprived of getting into intimate relations, getting married and starting families of their own. Young persons with neurodevelopmental are viewed to be very much different from their counterparts who have physical disabilities as their type of disability is associated with spiritual connotations that are perceived to be unfathomable by the human mind by African societies hence, they remain ostracized from society. Some members of society view them as potential perpetrators of sexual abuse whereas they are the most vulnerable to sexual exploitation thus they need to have access to SRH services to help equip them with knowledge of abstinence, STIs, unwanted pregnancies and the essence of reporting sexual abuse and violation. Ubuntu is humanness and this humanness is revealed when a person is welcoming, respectful of the dignity of others, compassionate, caring and empathetic towards others, (Manyonganise, 2015). The idea of ubuntu was obtained from the Nguni dictum, *Umuntu ngumuntu ngabantu* that translates as, "A person is a person through other persons." Dolamo (2013) explains that in African communities the most important value observed is that no person should exist in isolation or be excluded from the web of life. Ubuntu promotes equality in that people are not defined by their differences hence the diversities which come as a result of disability should be embraced to accommodate everyone.

### **Summary**

The goal of the study was to uncover the circumstances surrounding accessibility of SRH services by young people with neurodevelopmental disorders. The study uncovered the challenges faced by the young people in question in accessing Sexual Reproductive Health services and these include the discrimination, lack of adequate knowledge by health care providers, fear and embarrassment to access SRH services and misconception which entails lack of understanding of neurodevelopmental disorders by family and community members to mention but just a few.



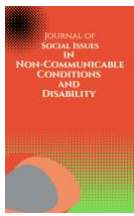
The research would contribute to a better knowledge with regards to the accessibility of SRH services by young people with neurodevelopmental disorders. The research would contribute towards the very little information that is available so far about the challenges associated with the accessibility of SRH services by young people with neurodevelopmental disorders. The study is also meant to guide social workers and policy makers as well as community leaders, traditional leaders, political leaders, schools, organizations and other stakeholders on ways of addressing the challenges that hinder the accessibility of SRH services by young people with neurodevelopmental disorders. The findings made the study a peculiar phenomenon as no such study has been conducted in the Mashonaland region of Zimbabwe.

### **Recommendations**

The study recommends that all forms of discrimination towards young people with neurodevelopmental disabilities should be addressed through awareness campaigns. The awareness campaigns on neurodevelopmental disorders will be instrumental in educating people about disability and its differences. People will be encouraged to accept disability and accommodate it as a unique feature that exists among humans. It is of paramount importance to create platforms that will encourage young people with neurodevelopmental disorders to participate in SRH education. This will ensure that their needs and challenges are effectively addressed. The ubuntu concept should be synchronized with initiatives that will be put in place to address disability so that people grasp the essence of humanness in disability. Sexual Reproductive Health is every human's right, therefore the study recommends that young people with neurodevelopmental disorders be treated in local clinics and SRH facilities without any stigma and discrimination. The medical facilities' environments should be conducive for the young people in that they should have access to information and facilities like any other patient.

### **Conclusion**

The study concluded that the difficulty in accessing SRH services by young people with neurodevelopmental disorders is being overlooked. To enhance their wellbeing special policy frameworks should be designed and put in place in the country. Social workers could play a pivotal role in facilitating and ensuring that SRH services are readily available for young people with neurodevelopmental disorders. Finally, the study implies that economically empowering young people with neurodevelopmental disorders through provision of formal and informal employment opportunities would reduce their vulnerability and susceptibility to abuse and menstrual hazards.



## References

- Chitereka, C. (2010). People with disabilities and the role of Social Workers in Lesotho. *Social Work and Society International Journal*, 8(1), 1-10.
- Chitiyo, A. and Chitiyo, J. (2019). Autism Spectrum Disorder in Zimbabwe: A brief review of trends, conditions, challenges and intervention practices. *International Journal of Educational research*, 6(1), 50-59.
- Chitiyo, M., Hughes, E.M., Changara, D. M., Chitiyo, G. and Montgomery. K.M (2017). Special education professional development needs in Zimbabwe. *International Journal of Inclusive Education*, Volume 21 (1), 48-62.
- Curiel, P. P., Vincente, E., Moran, L.M. and Gomez, L.E. (2023). The right to sexuality, reproductive health and found a family for people with intellectual disability: A systematic review. *International Journal of Environmental research and public health*, 20(1).
- Dolamo, R. (2013). Botho. Ubuntu the heart of African Ethics. *Scriptura: Journal for Biblical, Theological and Contextual Hermeneutics*, 112.
- Kasomo, D. and Maseno, L.M. (2011). A critical appraisal of African feminist ideology. *International Journal of Current Research* 2(1), 154-162.
- Manyonganise, S.M. (2015). "Oppressive and liberative: A Zimbabwean woman's reflection on Ubuntu." *Verbun at Ecclesia* 36 (2). Art # 1438.
- Mugweni, R.M. and Dakwa, F.E. (2013). Exploring the implementation of "Education for All" in Early Childhood Development in Zimbabwe: Successes and challenges. *International journal of case studies*, pp 1-9.
- Namazzi, G., Hanson, C., Nalwadda, C., Tetui, M., Nampijja, M. and Waiswa, P. (2020). Caring for children with neurodevelopmental disability: Experiences from caretakers and health workers in rural Eastern Uganda. *PLoS One*, 15(7), 1 -15.
- Munambah, N., Gretschesell, P. and Sondag, A. (2020). Being a mother of a child with HIV related Neurodevelopmental Disorders in the Zimbabwean context. *South African Journal of Occupational Therapy*, 50(1), <http://dx.doi.org/10.17159/2310-3833/2020/vol50n1a6>
- Nzimakwe, T. I. (2014). Practising Ubuntu and leadership for good governance. *School of Management. University of KwaZulu-Natal, South Africa*.
- Rugoho, T. and Maphosa, F. (2017). Challenges faced by women with disabilities in accessing sexual reproductive health in Zimbabwe: The case of Chitungwiza town. *African Journal of Disability*, 6, 252.
- South African San Institute. (2017). The San Code of Research Ethics. *Kimberly: South African San Institute*.
- Shutte, A. (2001). Ubuntu. *Cluster Press, Pietermaritzburg*
- Tome, A. R. (2022). The unavailability of employment opportunities for young women with disabilities. A case of Mashonaland Region, Zimbabwe. *Journal of Social Issues in Non-Communicable Conditions and Disability*. Volume 1(2), 51-62.
- United Nations Convention on the Rights of Persons with Disabilities. (2006). United Nations.
- World Health Organization. (2012). Promoting Sexual and Reproductive Health for persons with disabilities. *World Health Organization, Geneva: Switzerland*.