

Rejected People: Beggars with Disabilities in the City of Harare, Zimbabwe

TAFADZWA RUGOHO (MSc, BSc, ZIM)

Lecturer, Christ Centre College, an affiliate of the Great Zimbabwe University

BEKEZELA SIZIBA (MBCChB UZ)

Medical practitioner, Chitungwiza Central Hospital

Abstract

In Zimbabwe most of the beggars found in streets are disabled people. Most of these poverty-ridden disabled persons have taken advantage of the economic situation of most urban centres to remain permanent residents (legal or illegal) of these cities. Poverty and unemployment are some of the major reasons why disabled people develop a begging behavior. The government and local authorities seem to be clueless on addressing this phenomenon. Due to the ever increasing number of beggars joining the streets cut-throat competition have emerged, which resulted in some vendors being innovative by employing several begging strategies.

Keywords: Begging, disabilities, beggars, colonial

Introduction

Begging has been in existence since time immemorial. Religious texts demonstrate the existence of begging in the early years of creation. Begging is a social problem which poses a challenge on urban planners Menka, Jabir Hasan Khan, Tarique Hassan (2014). Other countries such as Nigeria have invested millions of dollars in education as a way of empowering its population so that they do not become beggars, A. Onoyase (2010). Begging has become a style of life for other people especially in India, John (2006). Begging is a universal phenomenon and highly visible socio-economic and physical problem of most cities in Africa. Even in developing nations begging exists, however there are different begging strategies employed by beggars in developing countries. Khan (2013) observed that beggars get money in developed countries by performing their arts and skills yet in developing countries they survive on the mercy of society. Marginalised women from countries such as Bulgaria are forced to go and beg on behalf of notorious gangs, A. Onoyase (2010). Mohd Ramlan et al 2014 notes also that the generosity of the public also causes the increase in street begging.

In Harare, beggars are mainly found in public spaces, such as filling stations, restaurants, etc. Most of them are disabled people. These poverty-ridden disabled persons have taken the advantage of the economic situation of most urban centres to remain permanent residents (legal or illegal) of these cities. They have many reasons why they resort to begging. A state of anomie has developed amongst themselves. They no longer care what society thinks of them. Adedibu, A. A. & Jelili (2008,) found out that most disabled people are on the street begging as a way to acquire money quickly. The strategy of street begging is also employed by migrants to get cash quickly. (Kwankye, Anarfi, Tagoe, & Castaldo, 2007, V. Mitullah, 2005).

In Zimbabwe begging emerged due to urbanization under the colonial government. The Zimbabwean culture did not allow one to be treated as a beggar or destitute. Colonialists brought with them their foreign culture which broke the African norms and values. When the whites introduced a range of taxes, life became unbearable for families and they soon adopted "each man for himself policy". Family values of caring for one another were broken. Pressures from urbanization and changing patterns of employment leading to urban migration have resulted in the breakdown of the extended family system (Peters and Chimedza, 2000).

The colonial government introduced draconian laws to control begging by black indigenous people. The Natives Accommodation and Registration Act of 1946 legislation obliged local authorities to finance and administer urban black townships, and provided them with the machinery to do so. Vagrancy Act was enacted in 1960 to regulate the flow of male migrants to town according to the availability of employment. The pass law was also introduced, the law prevented the accumulation in urban centres of large numbers of unemployed who were perceived by the colonial local authorities and government to be a threat to civil peace in the urban areas. The size of the black urban population (including dependents) was therefore very much a function of the availability of employment and the provision of housing. The colonial government enacted laws which barred black people to be seen in the towns and cities. It was only those who were employed by the companies and the colonial government who were allowed to come to the city. From the time of the colonial occupation in the 1890s until the independence of Zimbabwe in 1980, the urban areas were considered a preserve of the white population. (Dian Patel 1988).

In 1980 when Zimbabwe attained its independence from the colonial government it opened the flood gates of rural to urban migration. Between 1980 and 1990 the number of people who migrated to Harare increased at astronomical levels. This can be attributed to a number of factors including the removal of the influx

control legislation, the fact that average incomes for blacks in the urban areas were much higher than in the communal lands, and opportunities for employment were perceived to be greater in the urban areas and the impact of the drought on the rural areas. The bright city of Harare attracted the youth and disabled people from the rural areas.

In the 1990s due to economic hardships in Zimbabwe, the management of disability issues also shifted from institutionalization to community based care. Disabled people in Zimbabwe were being kept by organizations such as Jairos Jiri, Leonard Cheshire Homes and many others. In the mid 1990 these homes started removing this disabled people from their homes back to their communities. Some could not be taken back by their families. Some were released from these homes without livelihoods options and companies were shutting down to employ those with skills. Faced with no option street begging become the only option for survival.

Negative attitudes towards people with disabilities are still prevalent in Zimbabwe, Tsitsi Choruma(2006). People with disabilities in Zimbabwe are marginalized and treated as if they are not capable of functioning on their own. Disability is equated with inability (Peters and Chimedza, 2000). People with disabilities treated from two viewpoints in Zimbabwe. The first one is the medical model, which views them as sick, as requiring medical attention to help improve them. And the community should pity them. The second view point is the curse phenomena. Disabled people are viewed as a result of curse of the family. It is seem as bad omen to give birth to a disable child. Those who give birth to a disabled child try to hide it from the community. Or the birth of a disabled child can result in the break of the family. The wife is usually divorced being accused of promiscuity or witchcraft.

As one of many developing countries, Zimbabwe is facing a variety of differing social and economic problems. Some of the most serious problems are high degree of poverty and unemployment, rampant HIV/AIDS infection, rapid population growth and migration on a massive scale (Mulat, 2002). The collapse of the economy also lead to the collapse of social protection grants for disabled people. People with disabilities used to access a monthly grant to cushion them from the economic challenges. Though the money was not much, but it contributed towards the buying of food for the family. Its demise also contributed to an influx of vulnerable people into urban centers and in particular to the streets of Harare.

Zimbabwe has become a country of confounding paradoxes where poverty has become one of the chief social problems, especially for the vulnerable such as the disabled people (Raftopolous(2009). In particular, the dollarization of the economy in 2009 left many disabled people in the city of Harare in particular and Zimbabwe in general with a myriad of challenges (Hanke, 2009). According to World Health Organization estimates, there are about 1,3million people with disabilities in Zimbabwe, which is about 10% of the total population (Economic Commission for Africa, 2011). In common with the fate of people with disabilities the world over, people with disabilities in Zimbabwe suffer from widespread violation of their fundamental freedoms and rights.

In 2004, the country's unemployment rate stood at 80%, and the deteriorating economic meltdown led to many companies closing their businesses (Mpofu, 2008). Ligthelm (2008) suggest that the rise in unemployment is a result of the country's formal sector incapacity to have new businesses. According to Dhemba (2011), in June 2009, about 3 to 4 million Zimbabweans were in the informal sector employment, supporting another 6 million people. With the highest unemployment rate in the region, Zimbabwe's disabled people are usually the last to be hired and as a result most of them resort to begging, selling items such as cell phones, airtime, sweets, clothes, watches and fruit from the pavements, mixing with able-bodied fellow vendors (Bloch, 2009). As noted by National Association for the Societies of the Care and Handicapped (NASCOH) the aggressiveness of disabled beggars emanates from desperation from the shaky economic times (*The Standard*, September 2011)

Paradoxically, Non Governmental Organisations and other donor agencies have focused their poverty alleviation strategies and programmes principally on rural areas, thereby ignoring the urban poor and disabled. For instance, a survey by Together for Justice and Peace (CTJP) in Harare townships revealed that more than 55 percent of family households lived on a single meal a day (Jones, 2009). Additionally, Ndlovu (2008) points out that the disabled people in the towns face exclusion from education and employment and hence become more vulnerable to poverty, lack of access to health care, and neglect. Researches by Mpofu (2011) found that only 33% of children with disabilities in Zimbabwe have access to education, compared with over 90% for the able-bodied populace. Thus, persons with disabilities have found it difficult to enter into the job market due to lack of education. Ampofo et.al (2004) elucidate that the absence of education and training acts as stumbling blocks that limit the disabled persons from getting formal sector employment.

The concept of in Zimbabwe

Begging is generally viewed as an activity emanated from poverty and destitution. One is useless to fend for himself hence need the mercy of other for survival. Begging is an indicator of abject poverty (Kennedy and Fitzpatrick , 2011). It is a major way out for the helpless poor. Nora Groce and Barbara Murray (2012) also supports that begging is a result of poverty. The presence of beggars is perceived to be indicative of larger social

ills or issues and can cause others to avoid beggar-inhabited areas (Clapper 2012, 1). Begging is commonly defined as the act of stopping people on the street to ask for assistance, for example in the form of food or money (Bose and Hwang 2002, ; Collins and Blomley 2003,). It is a request directed to the rest of the society to bring oneself out of misery and poverty. Ahamdi (2010), states that begging is a social problem which has not only psychological consequences such as the development of inferiority complex in the beggars' family members and their network of kinship, but also problem of begging will affect , as an unpleasant problem, the geographical and social structure of the urban areas. Begging is also associated with other social ills such as stealing, violent and criminal behaviour Menka, Jabir Hasan Khan , Tarique Hassan (2014)

Molsa (1992:2) defined begging as a method of earning one's living from the income obtained from other sectors of society using age, health and economic conditions as a means of gaining sympathy. O. A. Fawole, D. V. Ogunkan and A. Omoruan, (2011) treat begging a social deviance. For the purpose of this study, however, the concept of begging or beggary can be conceptualized as an act of asking gifts as a means of livelihood and hence is essential for survival. It is not possible to attribute begging to a single cause.

Legislation in empowering people with disabilities

The constitution of Zimbabwe is the supreme law of the land. In it exists the Education Act of 1987 with amendments of 1986 and 2006. The disabled Persons Act of 1992 with amendment 1994 and the empowerment act. The country recently adopted a new constitution. and signed the united nation convention These laws were meant to protect and empower the disabled people. Existing legislation appears not to be effectively cushioning people with disabilities as far as empowering them through various programmes is concerned. This may be because the legislative provisions are not comprehensive enough or that persons with disabilities are not taking advantage of the legislation. Nyathi (1984) expressed concern that despite this commitment Zimbabwe's approach to empowerment and employment issues of people with disabilities remained lukewarm. Despite the fact that the Government of Zimbabwe has indeed enacted disability legislation, disability issues, when compared with other competing economic and developmental challenges, remains a low priority. However, in recent months the President has appointed a special adviser on disability issues, but it remains very unclear what is his mandate, and what strategies

The extent to which disability is really prioritized by the Government of Zimbabwe is unclear. The Government perceives disability as a non-threatening and non-political issue. Disability issues are the last to be addressed. Therefore, it welcomes the involvement of non-governmental organizations in the disability sector. This is somewhat ironic, considering that the international disability movement, which in the past has been spearheaded by some very prominent Zimbabwean disabled people, has a very strong, overt political agenda, which places a great deal of emphasis on human rights, nondiscrimination, empowerment and choice.

Theoretical framework

The study employed the two theoretical framework vicious *circle of poverty* and *livelihoods theory*. The "vicious circle of poverty" theory seeks to explain the perpetuation of poverty in communities and indicates that poverty as a subculture, passes from one generation to another and becomes institutionalized amongst the poor (Namwata, 2012). The poor end up being trapped by their poverty. It is one of the factors which condition someone to the phenomenon of begging. The theory emphasizes on people's inability to manage risk rather than their attitude to risk as a way of breaking the vicious circle of poverty. Other characteristics of poverty which make escape difficult are low levels of education, low self esteem, poor health, lack of skills, absence of support mechanism, remoteness from market, lack of physical asset or borrowing power, malnourishments or combination of the above (Ogunkan and Fawole, 2009). As a result, the poor are trapped in the situation with little chance of escaping such that in a vicious process, poverty is maintained among the poor across the generations. Therefore, in order for the poor to meet their basic needs, they have to resort into begging. The vicious circle of poverty helps to explain the existence of begging across the generations (Jelili, 2006).

Livelihood is the recognition of multiple activities and assets that are available to a person that can be engaged to ensure survival and well-being. At the centre of the theory are the different kinds of assets a person can draw from to build their livelihoods. These are influenced by the context, which refers to the sources of insecurity to which people and their assets are vulnerable. Access to and the use of assets is influenced by policies, organizations and relationships towards and between individuals and organizations. To use the words assets and access when describing the livelihood strategies of very poor people feels weird because being deprived.

THE LOCATION AND METHODOLOGY OF THE STUDY

This study was conducted in Harare central Business. The study targeted busy street roads, entrance of supermarkets and food outlets. As observed by beggars frequently these areas with high population density. The beggary problem in the Harare has a lot to do with poverty, high employment rate , the collapse of the social disability fund and failure of social institutions to address social disorder like street begging. This study has been

done by employing a cross-sectional research design. Semi -structured questionnaire was used to collect data; focus group discussions (FGDs), key informant interview and observation were also used. The data was collected from 63 people with disabilities and 16 key informants from shop owners and municipal police. Primary data were collected from street beggars found in any public area begging for alms; using convenience or accidental sampling method. Since the street beggars keep on moving from here and there, it would have been very difficult to prepare any sampling framework, out of which to select the desired sample by applying principles of random method. Instead, selection of the interviewee was based on their easy accessibility or their availability on the streets. The focus groups were stratified into men adults, women adults and youth group. Each group consisted of 8 to 13 members separately from the municipal police and shop owners . In total 5 focus groups were established for discussions.

Secondary data were derived from the findings stated in published and unpublished documents related to the research problem. These were based from the recent literatures related to street begging and the concepts cited by the respondents. The secondary data were collected from various documentary sources such as journal papers, internet materials and other documents relevant for the study. Qualitative and quantitative data were analyzed separately in order to complement and supplement each other. Qualitative data obtained from observation, focus group discussions (FGDs) and interview with key informants were analyzed through themes and contents. Subsequently, responses from questionnaires were coded, summarized and analyzed using the excel package. Descriptive statistics was used to obtain frequency and percentages of coded responses.

Discussion of Findings

Young males dominate street begging. Those with the ages between 15 to 24 demonstrate that there are more male beggars. However as people become old it is female numbers increase more than their male counterparts. This is as a result of many factors. In Zimbabwe life expectancy of females is higher than males. Women tend to have more responsibilities as they get older as they have to take care of their orphaned grand children. Beggar use their processed to buy food, paying rentals, medication, entertainment ,payment of fees and with 16% using alcohol. These group claims that the reason of buying alcohol is to manage stress. One beggar claimed that begging is stressing. Being seen by all the people as a useless person who only can survive from hand outs from the members of the society. It shows that you have no capacity to look after yourself.

People with physical disabilities dominated begging in Harare. They constitute 57% of beggars in Harare. The number also reflects world disability trends. Worldwide there are more people with physical disabilities than other types of disabilities. 33 percent are visually impaired people. Only ten percent are mentally disabled. The research revealed that in Harare there exists three categories of begging namely passive begging, active begging and aggressive begging. The three categories were also identified by (Burke, 1999, Horn & Cooke, 2001). Passive beggars involve a person either sitting or standing in one place with a sign or receptacle entreating donations. The receptacle are purported to have been written by organization representing persons with disabilities. These cards claim that the individual is suffering from a disease which needs operation to be undertaken. This category is dominated by those aged 45 years and above. 67 % consist of active beggars. This group is dominated by 15 to 44 years. There is also a group which constitutes 5% which I called the aggressive beggars. This group constitutes those who are aged between 15 and 19. This group is still young and do not understand the dynamics of building relationships.

Beggars with disabilities have low level of education. Forty seven have no formal education. These are also supported with Tsitsi Choruma who observed that a good number of disabled people do not receive education and this have made it difficult for them to get employed. A SINTEF study conducted in 2003 (SINTEF, 2003a and 2003b) indicated that 32 per cent of people with disabilities in Zimbabwe have had no schooling. World-wide, the vast majority of adolescents and youth with disabilities do not attend school. Many have never attend school or attended only once in a while, a fact reflected in UNESCO's estimate that the literacy rate for those with disabilities world-wide is only 3 per cent. The rate for girls and women with disabilities hovers closer to 1 per cent.

The major causes of begging disabled people in Harare are poverty and unemployment. 89% cited poverty as one major cause that have driven them to begging. 96 agreed that begging is the only available to them to earning living because they are not employed. They agreed that if they are given employment opportunities they are willing to quit vending. 16% agreed that they beg for extra cash. One of the strategies used by vendors is that one of showing the disabled part. Showing the public the disabled part wipes their emotions. They began to see that you are disabled. Those with prostheses limbs remove them and hide them somewhere during the times of begging. Crutches and white cans are displayed in front so that the public can see them.

Vendors usually get gift in form of money. Coins are dropped into their begging plates. Depending on the place one is begging from. Those who beg from the entrance of food outlets and supermarkets usually get gifts in form of food. They will in turn sell this food to other beggars and get money. There is cut-throat competition at busy places and these are dominated by men while women are found on the outskirts of the central

business district. Vendors have got a strong communication network. Over the years they have known each other and were that vending begs from. Verbal war erupts when enters the territory of the other. It is only in small incidences that such verbal laws result in physical fights.

Conclusion and recommendations

The research has demonstrated that people with disabilities in Harare engage in begging a result of poverty. Disabled people had been neglected both by government and society. The government does not have any active policy to promote the livelihoods of disabled people. Society in turn condemns them and does not offer them opportunities to exploit their potential. There is need for companies and government to employ people with disabilities with skills and to equip those without skills so that they can be employed. The government should resuscitate the social grants which are meant to cushion the disabled from the economic hardships.

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