Views of people with physical disabilities on accessibility of public toilets in Bindura urban

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Abstract

The study was set to assess the extent of compliance of Bindura local authority with legal instruments on accessibility and inclusion of People with disabilities (PWD) in the provision of sanitary infrastructures within Bindura urban. This study was motivated by the United Nations (UN) 22 standard rules on the equalization of opportunities for people with disabilities which included accessibility to buildings and other community infrastructures, (United Nations, 2006; USIS, 1998). Most nations world over, including Zimbabwe have domesticated these UN policies. In Zimbabwe, we have; The Disabled Persons Act (1992; 2006) and Ministry of Education P36 (1996). The Disabled Persons Act (1992; 2006) for instance makes it an offense for denial of access to infrastructure for PWD, (17:01; b). The current Zimbabwean constitution mandates government to ensure that buildings and amenities to which the public has access are accessible to persons with disabilities (section 22. 4; 27, 2013). In Bindura Urban, both Government and Non Governmental Organisations have been involved in the provision of public sanitary facilities. In spite of the Government policies on sanitary facilities that meet the needs of PWD, it was observed that some toilets in Bindura Urban did not meet these requirements. We were not aware of studies that had been carried out to assess how widespread the level of non-compliance was in Bindura Urban. Hence the following questions backed our study; What monitoring strategies does B use to ensure inclusivity in the public sanitary infrastructure development plans? Does the Bindura Municipality have any by-laws governing inclusion of PWDs? Are Bindura urban school toilets inclusive of pupils with disabilities? What are the views of adults with disabilities regarding accessibility of public toilet facilities? Mixed methodology in the form of concurrent embedded strategy was used for this study. Data was collected in the form of descriptive survey method.

Key words: inclusivity, sanitary infrastructure, toilets, People with disabilities, accessibility, local authorities.
Introduction

A number of conventions on equal participation for all have been adopted internationally. Article 28 of the UN Convention on Human Rights is about the rights of every person “to an adequate standard of living for themselves and their families”. UNDP (2007) stated that equal access to sanitary facilities and safe and clean water was a basic right of all people. UNICEF and WHO (2009) submitted that inaccessibility of sanitation facilities and clean water negatively impacted on health, education and ability to work and participate in social activities. To this end, some central and local governments, working with other stakeholders, have committed themselves to reach those without access (Gill, 2009; Holmes, 2011; Ssekandi, 2013; Coakes and Steed, 2003; Castetter and New, 2003). Zimbabwe has made strides in putting in place legislation that mandate stakeholders to provide access to disadvantaged and vulnerable groups especially those with disabilities.

The Zimbabwe Disabled Act was enacted in 1992 and revised 2006. The Section 8:1 of the Act stipulates that no disabled person shall, on the ground of his/her disability alone, be denied:

a) Admission into any premises to which members of the public are ordinarily admitted; and,

b) The provision of any service or amenity ordinarily provided to the public, unless the denial is motivated by a genuine concern for the safety of the PWDs.

Section 22: 4 of the new Zimbabwe Constitution (2013) goes on to state that:

a) The State must take appropriate measures to ensure that buildings and amenities to which the public has access are accessible to persons with disabilities; and,

b) Arms of Local Government such as urban municipalities and rural councils should comply with these laws on inclusivity.

In Bindura Urban, the central and local governments, together with NGOs, have been involved in the provision of public sanitary facilities for quite some time. However, no comprehensive evaluation of the inclusivity of public sanitary facilities has been carried out. Therefore, this study was prompted by the need to know the extent of compliance with Government policies of inclusion of PWDs in Bindura Town. The main objective of our study was to evaluate the extent of compliance of the Bindura Local Authority with the legal instruments of inclusivity by seeking the views of adults with disabilities regarding their ability to access public toilets. The study therefore sought views of people with disabilities regarding accessibility of public toilets.

Review of related literature

Several declarations and conventions that emphasise equal participation for all have been adopted internationally. These conventions include a focus on the rights of every persons “to an adequate standard of living for themselves and their families” (UN Convention, Article 28) and ensuring equal access to sanitary facilities and clean water services. Access to safe and clean water and sanitation facilities is a basic right of all people, the denial of which can have serious implications for their well-being. Inaccessibility of clean water sources, hygiene and sanitation facilities negatively impacts on health, education, the ability to work, and the ability to partake in social activities.

Access to safe water, improved hygiene and sanitation

Access to safe water, improved hygiene and sanitation is a human right. These essential services underpin human development and transform lives, enabling people to overcome poverty (UNICEF, 2013). Local authorities are
expected to be committed to working with other stakeholders, such as NGOs, to reach those without access, including people with disabilities who are likely to be marginalised.

**Sanitary accessibility in other countries**

Bangladesh adopted inclusive models for toilets. Rural communities have been encouraged to adopt plans that make use of indigenous resources. These models have facilitated preservation of dignity of persons with disability. There are other alternative plans of action, such as the Sector Development Plan of Policy Support Unit of Bangladesh and the Bangla SAN Declaration, (www.unicef.org/bangladesh/wes.html). The most comprehensive planning in this area of water supply and sanitation has so far been the Sector Development Plan (SDP) 2011-2025, designed by relevant organizations of the country and led by Local Government Division (SDP, 2011) under the Ministry of Local Government and Rural Development and Cooperation (MOLGRD&C).

Some countries in Africa have also taken important steps to eliminate or reduce barriers by enabling persons with disabilities to access safe and clean water as well as other sanitation facilities.

Plate 3 shows that by 2008, Nigeria had started developing new sanitary facilities and hand washing stations that were meant to accommodate persons with disabilities. Nigeria is an African country found in the Western part of Africa. South Africa, a neighbor to Zimbabwe, has also made efforts of implementing international requirements of inclusive sanitary facilities. Within this country, the provision of sanitation services is the constitutional responsibility of local government. The Department of Water Affairs and Forestry (DWAF) are the sector leaders for sanitation and, as such, are responsible for setting out policy and design requirements, and for monitoring that these are adhered to. Provincial governments provide support to local government where required (www.wsp.org). DWAF has plan development guidelines for institutions and community infrastructure (www.wsp.org).
Research Methodology

The research study used mixed methodology to collect data in the form of Concurrent Embedded Strategy. The primary methodology was qualitative. More and more researchers have come to conclude that “It is better to select a variety of research methods when approaching a problem, rather than rely on any single method” (Creed et al., 2004:60; Anderson and Herr, 2013; Tashakkori, and Teddlie, 2003). The use of mixed methodology in data collection and analysis is...
usually associated with rigour, the quality of being thorough and careful. For this objective, qualitative methodology was used to collect data. Data was collected in the form of descriptive survey method. Group interviews and observations were used to collect data to purposively selected informants.

Findings

Focus group discussions were held among people with disabilities in Bindura Urban. It was a one session discussion and it went on for 3 hours. The idea was to source deeper understanding about accessibility and inclusivity of sanitary infrastructure in Bindura. It was also about harvesting their deeper feelings and emotions as they discussed. Ten People with disabilities participated, Table 1 presents their profiles.

Opinions of adults with disabilities are captured below. Most used the local language and this was captured verbatim then was translated into English:

On the issue of inclusivity and accessibility of toilets in Bindura Urban, the following key responses are captured below:

- Most toilets in Bindura are not user friendly for us in wheelchairs, we can’t access so we can’t spend day at home (meaning, because toilets are inaccessible there).
- Hatidiwi mother isu vanhu vakaremara, ndosaka vasingatifungi panyaya yematoilets anodiwa nemunhu wese. Literally meaning, “Society does not like us mam, that’s why we are excluded from public toilets accessibility, an infrastructure needed by all.
- Women with disabilities like me face great problems, especially during the time of menstruation, we greatly need access to toilets so we confine ourselves to our homes.
- Some of us are single mothers and we need to fend for our families but we are afraid of spending our day in the home industries or flea markets because toilets there are not meant for us in wheelchairs.
- Hatina varume saka tinodawo kunotsvaga mabasa asi chikoro chacho hatina, tinodawo ma self job asi kuma industry kwacho ndokune matoilets asingapindike (Literally meaning; As single mothers we

Table 1: Profile of Participants with Disabilities  N=10

<table>
<thead>
<tr>
<th>Pseudonym Name</th>
<th>Gender</th>
<th>Occupation</th>
<th>Work Experience</th>
<th>Marital Status</th>
<th>Nature of Disability</th>
<th>Age</th>
<th>Length of Stay in Bindura</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alfred</td>
<td>male</td>
<td>None</td>
<td>None</td>
<td>single</td>
<td>congenital</td>
<td>23</td>
<td>Life time</td>
</tr>
<tr>
<td>Mr benedict</td>
<td>male</td>
<td>None</td>
<td>None</td>
<td>Married</td>
<td>acquired</td>
<td>35</td>
<td>20 years</td>
</tr>
<tr>
<td>MrCarlington</td>
<td>male</td>
<td>None</td>
<td>None</td>
<td>Married</td>
<td>acquired</td>
<td>30</td>
<td>10 years</td>
</tr>
<tr>
<td>Ms Chamu</td>
<td>female</td>
<td>None</td>
<td>20 years</td>
<td>Single</td>
<td>congenital</td>
<td>55</td>
<td>Life time</td>
</tr>
<tr>
<td>Mr Fredy</td>
<td>male</td>
<td>None</td>
<td>None</td>
<td>single</td>
<td>congenital</td>
<td>31</td>
<td>Life time</td>
</tr>
<tr>
<td>Ms Farai</td>
<td>female</td>
<td>None</td>
<td>None</td>
<td>single</td>
<td>acquired</td>
<td>52</td>
<td>Life time</td>
</tr>
<tr>
<td>Ms Madziva</td>
<td>female</td>
<td>None</td>
<td>None</td>
<td>Single</td>
<td>congenital</td>
<td>38</td>
<td>Life time</td>
</tr>
<tr>
<td>Mr Munda</td>
<td>male</td>
<td>None</td>
<td>None</td>
<td>Married</td>
<td>congenital</td>
<td>44</td>
<td>Life time</td>
</tr>
<tr>
<td>Mr Sando</td>
<td>male</td>
<td>None</td>
<td>19 years</td>
<td>Married</td>
<td>acquired</td>
<td>48</td>
<td>28 years</td>
</tr>
<tr>
<td>Mr Guta</td>
<td>male</td>
<td>None</td>
<td>17 years</td>
<td>Married</td>
<td>acquired</td>
<td>43</td>
<td>25 years</td>
</tr>
</tbody>
</table>
so wish to have gainful employment but due to lack of education we can't. We try to opt for self employment but we can’t spend much time out there in the industries, the toilets are inaccessible for us in wheelchairs).

- most woman with disabilities give birth in homes because hospital and clinic toilets in Bindura are inaccessible”.
- We fail to take our babies for immunization and other baby health care programmes because we dread the challenge we are likely to face in accessing toilets out there. I usually request friends or relatives to take baby for but at times these people will be committed.
- You see mother, it’s not only about access to toilets, and it’s also about health issue for us people with disabilities and our children.
- Mother, I had a friend who used to lift me from a wheelchair into the toilet since the wheelchair could not enter, one day he could not manage my weight and we both fell in the messed floors of the toilet.
- Mom these toilets are inaccessible. The only alternative is to leave wheelchair outside and crawl on hands and feet. The Ministry of Health emphasise on prevention of diseases but they do those emphasis without us in mind.

Below are presentations of toilet photographs of public toilets that were conveniently selected in Bindura Urban. The photographs were taken by the researcher.

The designs of all public sanitary infrastructure above made it difficult for people with physical disabilities to enter. They have steps at the entrance, there are no ramps, they have no rails for support and the insides are narrow for the wheelchair to manuvre. This made it difficult for people with disabilities to access the toilets.

Plate 4: Clinic Toilet and Steps at Door Entrance

Plate 5: Clinic Toilets with Squatting Chambers and No Supporting Rail
Plate 6: Flash Tank Too High to Reach for a Person in Wheelchair

Plate 7: Hospital Toilets with No rails for Support
Plate 8: Bindura TM Flea Market Male Side

Plate 9: Inside View of TM Flea Market Public Toilet
Plate 10: Bindura Bus Terminus Toilets

Plate 11: Entrance at Bindura Bus Terminus Toilet
Plate 12: Squatting Chambers in Toilets at Bindura Bus Terminus

Women with Disabilities
Giving Birth in Homes

Most clinic toilets were found by the study to be inaccessible to people with disabilities and the findings revealed that most women with disabilities gave birth in their homes. The reasons given were that of lack of access to these infrastructures which included access to toilets.

What the researcher drew from the above findings was that women with disabilities preferred to give birth in their homes because sanitary infrastructures in clinics and hospitals were difficult to access. Inaccessibility of sanitary infrastructure posed more difficulties on an expecting mother. Thus, expecting mothers and their unborn babies were found by the study to be at high risk of death in Bindura, as long as this practice continued. Inaccessibility of toilets in clinics and hospitals put new born babies of women with disabilities to high risk of mortality. Such findings are at variance with MDG number 5 which emphasise on improving maternal health.

Discussion

The findings revealed that inaccessible sanitary infrastructures in clinics had seen most persons with disabilities avoiding visiting clinics for treatment. Whilst the issue of health is key to all human beings, difficulty to access toilets exposes people with disabilities to high risk of contracting diseases and dangers to multiple disabilities. Such situations have been compounded by inaccessible clinic infrastructures where most entrance to buildings did not have ramps and this included toilets too.

Children of women with disabilities denied baby clinic and access

The findings revealed that, because of accessibility problems to clinics and hospitals, some women with disabilities requested family members, friends or neighbours to take their babies to baby clinics or for treatment.

The researcher noted that inaccessibility of sanitary infrastructures in clinics and hospitals deprived mothers with disabilities first
hand information about the health of their children. It was revealed that in other instances, babies of women with disabilities were denied baby clinic access because the mother dreaded going out there where sanitary infrastructures were inaccessible or difficult to access.

The researcher drew from the findings that people with disabilities represented the largest socially excluded group in Bindura urban and most lived without access to basic sanitary services such as health services, for example child delivering, thus exposing them to high mortality rates. These findings were in contradiction with MDG Number 4 which emphasised the reduction of child mortality. UN progress review conference in September 2010 adopted new commitments that targeted women’s health and a new initiative in the worldwide battle against poverty, hunger and diseases (UN, 2011). Hence the exclusion of a certain category of women from participation in the health sector and job empowerment activities was a violation of the UN millennium development goals.

Community Business Centre Toilets and Socio-Economic Empowerment of PWDs

Research findings revealed that Public toilets such as those in community business centres were not inclusive of PWDs. It was noted that new toilets that were being developed were not inclusive despite inclusive policies and laws that had been enacted in Zimbabwe. The research also found that old community business centre toilets were not being renovated or rehabilitated so that they become accessible to all in compliance with the inclusive policies and laws of Zimbabwe. These findings contradicted the findings made by the World Vision in Mali (Maliwaterproject.wmv) where projects are being carried out by the locals to develop low cost alternatives to improve access to latrines and wells for individuals with disabilities. UNICEF survey model also revealed the Bangladesh inclusive toilets models which were a result of the Bangla SAN declaration (www.unicef.org/bangladesh/wes.html). These toilet models made use of indigenous or local materials which were sustainable, durable and cost effective. This meant that some communities were making efforts to make adaptations and modification of toilets that were accessible and inclusive of PWDs.

The findings of this research also revealed that lack of access to public toilets denied persons with disabilities participation in socioeconomic activities. In other words, adults with disabilities in Bindura urban could not participate in sustainable development programmes such as venturing into business because of public sanitary infrastructures that were inaccessible.

These findings concur with the Ban Ki-moon (2008)’s findings which revealed that people with disabilities in developing countries generally faced difficulties in entering the open market. Whilst this is so, Habib (1997) viewed unemployment from a gender perspective where men with disabilities were noted to be almost twice as likely to have jobs as women with disabilities. What was however peculiar to the findings of this research was that it brought out the metaphor of inclusivity of toilets and their effect to employment opportunities of men and women with disabilities. One of the themes that came out of focus group discussions was that difficulty to access public toilets deprived women with disabilities of job opportunities.

The above findings suggested that inaccessibility of toilets posed more challenges on women with disabilities in terms of employment or job opportunities in Bindura urban. These findings concur with O’Reilly’s (2003) findings which revealed that women with disabilities often experience unequal productive resources and they rarely participate in economic decision-making. The implication is that whilst people with disabilities generally face difficulties in entering the job market due
toilet access problems in Bindura, the image of disability is intensified by disability and gender stereotype – an image of intensified passivity and helplessness among African women with disabilities.

The findings revealed also that most women with disabilities were single. All women with disabilities who participated in the focus group discussion were single and thus living on their own. Others were in their parental family whilst most men with disabilities were noted to be married. What these findings revealed was that women with disabilities lived a more poorer life than men with disabilities, especially those who were single and happen to be heads of households.

People with Disabilities and Access to Empowerment Opportunities

The findings noted that Bindura local authority was indirectly depriving persons with disabilities with economic empowerment and socio-political opportunities being enjoyed by other citizens of Bindura. These findings contributed to the findings of the World’s Bank (1999) where it was revealed that an estimate of one in five of the World’s poorest people were people with disabilities. The reason being a result of discriminatory practices by most societies as had been revealed by this research. Thus, some statutory instruments such as the Disabled Persons Act (1992) which emphasise non-discrimination practices for job opportunities reflect the economic interests of the Zimbabwe Government to invest in persons with disabilities in order that they can become effective members of the labour force through self sustainable projects and formal employment opportunities. A study in Canada showed that if, persons with disabilities are kept outside of the labour market, the production loss amounts to 7.7 percent of Gross Domestic Product (GDP) ($55.8 billion) and this represents a huge loss of potential (World Bank, 2015). The total value of GDP lost due to disability is between $1.4 and $1.9 billion, (ibid). In other words, the lack of accessibility to public toilets by PWDs in Bindura Urban means losing human productivity, losing human potential and losing wealth and well being by Bindura community and the country as a whole.

Chapter 4, 56 (3) of the Constitution of Zimbabwe Amendment (No.20) Act (2013) state that every person has the right not to be treated in an unfairly discriminatory manner on such grounds as their nationality, sex, gender disability etc. Section 4(a) further says that a person is treated in a discriminatory manner for the purpose of subsection (3) if they are subjected directly or indirectly to a condition, restriction or disability to which other people are not subject. What this legal law implies is that, no one should be discriminated on the basis of their conditions, thus sanitary infrastructures should be designed in a way that should not disadvantage a certain group of people. Basing on the findings of this research, it can be deduced that Bindura Municipality as the local authority, had not made efforts to monitor the development of inclusive public sanitary infrastructures in the Bindura urban area as well as to monitor renovations of old sanitary infrastructures in key areas such as clinics, schools, hospitals and community business centres. Hence basing on the findings, Bindura Municipality has directly and indirectly discriminated the people with disabilities from participation in socio-economic activities for sustainable development and empowerment purposes.

Conclusion

Based on the findings, the research concluded that Bindura Local Authority had directly and indirectly discriminated persons with disabilities by failing to put in place inclusive public sanitary infrastructures. Thus, the local authority was to a larger extent, not complying with the national and international legal
instruments of inclusivity in the provision of public sanitary infrastructures.

**Recommendations**

- The Bindura Municipality, in partnership with WASH funded projects should carry out a comprehensive need assessment among persons with physical disabilities to determine the public toilet models that are inclusive of them.
- The Government of Zimbabwe, through the Ministry of Local Government, Public Works and National Housing, should develop a monitoring mechanism at national level that sees to it that local authorities are complying with national policies and laws regarding inclusivity of persons with disabilities.
- Similarly, architectural engineers need to do further research so as to develop toilet models that are inclusive to people with disabilities, for example, an inclusive Blair toilet.

**References**


