

THE INTERNATIONAL JOURNAL OF HUMANITIES & SOCIAL STUDIES

A Critical Analysis of Experiences of Street Vendors in Harare Urban: A Case of Females who are Deaf

Phillipa Mutswanga

Department of Disability Studies and Special Needs Education
Zimbabwe Open University (ZOU), Zimbabwe

David Chakuchichi

Professor, Centre for Student Management & Virtual learning Centre
Zimbabwe Open University (ZOU), Zimbabwe

Abstract:

The presence of both male and female street vendors with hearing impairment on the city of Harare streets particularly young mothers gave impetus to this study. The study focused on identification of causes, effects and remedies to the issue of workplace child rearing by mothers with hearing impairment. Using the qualitative research paradigm the research employed the ethnographic design to collect data. Snowballing was used to select deaf participants who had vending experience of two years and above. The researchers were the main instruments using observations, narratives and in-depth interviews to collect information. Using six accounts of narratives and extensive in-depth interviews with six female street vendors with hearing impairment in the city of Harare, this study explored how their workplace child rearing practices impacted on the livelihoods of their children. The study identified unemployment and low education level as key prompters driving females with hearing impairment into vending for survival. Vending influenced the way most females who are deaf managed their children's upbringing. The study noted with concern that, although vending promoted self sustainance and empowerment it had its own challenges such as, exposure to abuse and other negative street experiences. The family systems theory and the ubuntu philosophy formed the platform for this study. The findings from the study revealed a high need for the City Council of Harare to create decent authorised vending systems and how to mitigate challenges of street life. Increase in street toilets was highlighted as essential for both the vendors and their customers and the public in general. Revealed experiences from the study were expected to influence social policy on child rearing practices for parents with disabilities and the quality of parenting in line with the children's rights.

Keywords: female street vendors, hearing impairment, upbringing experiences, life implications

1. Introduction

A number of female street vendors with hearing impairment (HI) (deaf) have invaded the streets of Harare in order to make a living. The street vendors with HI were found mostly selling airtime, refill cards and other small items. In this business venture, the vendors with HI had to communicate mostly with the hearing public most of whom could neither sign nor understand Sign Language (SL). This situation created both challenges and opportunities for awareness on deafness. Deafness is a hearing disability referred to as hearing impairment (HI). Thus, in this study the terms HI and deaf were used interchangeably. HI exists when one has diminished sensitivity to sounds normally heard by others (Bartha, 2005; Moores, 2001; Davis and Silverman, 1978). Hearing loss can either be acquired or congenital. It is acquired when the loss is experienced after birth and congenital where the child is born without any appreciation to sound, (Nsamenang and Tchombe, 2011; Webster and Wood, 1991; Bouvet, 1990; Calvert and Silverman, 1983; Davis and Silverman, 1978; Ballantyne, 1977). Most of the published research studies relating to people with HI do not identify specific levels of hearing loss yet these are important in planning for their welfare (Lang, 2009; Johnson, 2006). Hearing losses differ in the way people with HI perceive clarity of sound (Nover, 1995; Davis and Silverman, 1978). Due to the language barrier imposed by hearing loss most people with HI fail to attain high school education, such that most of them end school at Grade 7 Level. The researchers observed that the majority of young people who are deaf obtained sheltered workshop training skills. Regarding that, the researchers further noted that, both the unskilled and skilled people with HI were driven into the streets because of lack of support or seed money to start their own incoming generating projects. The high numbers of deaf female street vendors poses a lot of questions as to the effectiveness and authenticity of the sheltered workshop skills and deaf education in Zimbabwe.

1.1. Background to the study

Zimbabwe is a landlocked area in Southern Africa with Botswana and Namibia to its west, South Africa to its South, Zambia to its North and Mozambique to its East. Harare is the capital city of Zimbabwe. After the 1980 declaration of independence, Zimbabwe made attempts to improve the quality of living of its people for both disabled and non-disabled through establishing more education and training institutions. Despite, this increase, unemployment has remained unresolved and has even increased in Zimbabwe. That also increased the number of female street vendors with HI. Women with HI are regarded as facing double discrimination in that they face gender discrimination as well as discrimination due to their impairment. Previous research work on street vending experiences of women with HI are reported limited but just mentioned in passing in most literature (Raaber, 2012; Jordan and Keller, 2008; Abraham *et al* (1999) and Brooks, 1991). As observed by the researchers, people with visual impairments appeared to be better researched on than people who are deaf. Vending is any unlicensed business carried out on the illegal open space without a shop and in some cases without a fixed place of operations. According to the Zimbabwe National Association for the Deaf (ZIMNAD), Harare streets are estimated to be populated by about 400 males and females with HI. Mitullah (2004) asserts that, estimation of numbers of street vendors is not easy to define due to the nature of their operations, such as, no place of fixed aboard. The same author suggests that, this poses challenges of estimating the number of vendors that operate in any country or city. In addition, literature notes with concern that, poor people with disability (PWD) are caught in a vicious cycle of poverty and disability as each is a cause and a consequence of the other (Choruma 2006). Hence it should be noted that, not all PWDs are poor or significantly disadvantaged or are a result of poverty. Disability is therefore a development issue because of its linkage to poverty. Ezin (2012) and UN Commission for Social Development (2008) suggest, disability may increase the risk of poverty and poverty may increase the risk of disability. Thus, often PWDs on the African continent are often poor, least educated and least likely to be employed. However, such situations drove people out in search of greener pastures while most resorted to vending as self-employment.

The inauguration of the United Nations Convention on the Rights of People with Disabilities (UNCRPD) (2008) signaled the recognition of disability as a human rights issue. Lewis in *The Global Poverty Project* (2013) argued that there is no greater emblem of international hypocrisy than the promise of women's rights. At Gender and Women Conferences all women ululate to a lot of promises which are never practically fulfilled. As far as women's contributions to the economy are concerned there is no doubt to families about their role. However, women with disabilities still face challenges in getting their contributions acknowledged in such an individualistic, competitive system of production. The importance of employment for PWD is a key issue (Barnes, 1991, DAA, 1995). Training empowers females with HI to build confidence in business work (Radebe, 2007). It also gives voice to the marginalised as discovered by Aspis (2000). The observed high numbers of street vendors with HI (disabilities) led the researchers to question all that.

Harare streets are full of females with HI and hearing vendors who are vying for attention from clients. One wonders how females with HI are managing vending with such tight competition. A lot of information is hoped to be deduced from the experiences. Thus, guided by the family systems theory and the ubuntu conceptual framework, this study sought to gain insights into the vending experiences of females with HI and how as mothers with HI they brought up their children. Understanding the personal experiences of females with HI and their employability may help us appreciate why they are flooding the streets as vendors.

1.2. Statement of the problem

Looking at the increasing number of women who are deaf street vendors in the city of Harare, the study sought to answer the question, What are the experiences of female street vendors and how have they influenced the livelihoods of their children?

1.3. Purpose of the study

The purpose of the study was to find out the possible ways of legitimatising vending as a formal way of making people with disabilities (HI) active contributors to the economy and development of Zimbabwe. The study is also expected to change the mindset of Harare City Council authorities and even other authorities towards the legality of vending and availing provisions that can make better their street life, such as, toilets proximity and disability friendly toilets. Furthermore, the study is expected to elicit possible models of child rearing by street vendor mothers with HI.

1.4. Objectives of the study

In order to fulfill this purpose the following research questions were used:

- What factors force or drive females with hearing impairment into street vending?
- What are the street vending experiences of females with hearing impairment?
- What impact does street vending of females with hearing impairment have on child up-bringing and parenting styles?
- How can the revealed experiences be managed or improved?

2. Related Literature Review

This section highlights related literature reviews.

2.1 Family Systems Theoretical and Ubuntuism Framework

The family systems theory introduced by Bowen suggests that, individuals cannot be understood in isolation but rather in the context of their family because it is an emotional unit. Families are systems of interconnected and interdependent individuals, none of whom can be understood in isolation from the system. According to Bowen, a family is a system in which each member has a role to play and rules to respect. To gain understanding of how emotional systems operate one should establish the family

tree or family genogram. The genogram creates graphical pictures of the family, helping the user to identify patterns of behaviour and dysfunctions that need to be addressed. Members of the system are expected to respond to each other in a certain way according to their role, which is determined by relationship agreements. Within the boundaries of the family system, ubuntu bids the family together in both happy and sad moments. In most instances the family does not work, as well as, it should when one of its members has a child with disability, such as deafness. There are tendencies of blame shifting to the birth of a child who is deaf or later life deafness. Thus, in such cases, sober members driven by the ubuntu philosophy are expected to intervene with a view to build family integrity, respect and love for each other according to the African perspectives. This approach eschewed the traditional focus on who we are and how we do our things. This inevitably brings in issues of being African such as, what is being an African? The family existence and ubuntu provisions are questioned as deaf mothers tend to rear their children in the street without any distinct family structure or system. These mothers are driven into the streets in order to get finances to fend for their families. Guided by the family systems theory which is embedded with ubuntuism, female vendors with HI are expected to be supported by their family networks. That is, *you are what you are, because of the others*.

The ubuntu philosophy is an African worldview which claims that a person disabled or not, cannot be understood as an individual, but he/she is better understood with reference to other people within society. So, as one cannot exist alone but corporately, one owes one's existence to others including contemporaries and those of past generations (Mbiti, 1969). Therefore one can safely say an individual with disability or more specifically with HI is part of the whole society. In terms of disability and child rearing practices, the western human rights based philosophy has deficits when compared to the African perspective of collectivism. The western perspective is likely to alienate PWDs from the community and leave them as individuals or individual family's problem. Hence, according to ubuntu principles, families are there to live and promote continuity of species. The growth is nurtured through family support and its pillars within the ubuntuism. The communal worldview agrees that, an impaired child means an impaired family, thus members on the genogram would be expected to intervene, assign each member or group a part to play on the impairment so as to maintain emotional stability and promote ongoing healthy relationships.

According to Rukuni (2007:18-19), there is no need to reinvent a wheel as ubuntuism reckons that:

My voice is not the only one; unless we Africans rediscover ourselves, our roots, heritage, embrace and understand, even love everything that made our ancestors to survive and thrive for millions of years, unless we understand how our ancestors succeeded so well in creating a dynamic society in the past, we cannot create a new, modern African society.

However, the advent of the western philosophy and globalisation led some Africans as noted by Tutu (2012) and Rukuni (2007) to reject their ubuntu concept without reason. It is time Africans use this concept to produce a great modern African society. This study is critical because it also reminds Africans to be aware that they are losing a lot by abandoning their own culture or creating destitute people operating as illegal street vendors.

The family structure in the African sense was meant to last or remain forever. In the African family and extended family structures Rukuni (2007) proposes that, we should not have destitute(s). However, Africans are slowly losing this brilliant system through following western ways of life while despising their own. The idea is not to westernise Africans but to modernise our own society. It is the purpose of this study to reverse the negatives stereotypes about females with HI and make people understand that disability is a condition that may befall anyone at anytime. Every revealed experience in this study shall be viewed and analysed in the perspective of the ubuntu framework in order to help both the Africans and non Africans understand the people with disabilities within the family systems. Mbiti (1969) explains ubuntuism well when he says, *'I am because we are. We are because you are.'* The family systems theory and ubuntu conceptual framework complement each other. Thus, the family systems theory and the ubuntu ideology were the best frameworks for this study, where each member is expected to meet the needs of the other member.

2.2. Why deaf females resorted to vending?

Street female vendors with HI are more vulnerable to HIV and AIDs ravage than any other marginalised individual. Thus, Chataika (2010) pointed out that, promised human rights to all women particularly women with HI is situated in the midst of intolerable social ills, poverty, political instability and community disintegration. Due to these ills in the country many people have been driven into street vending in order to fend for their families. Although street trade or vending in Africa is an activity for men, women and children with the majority aged between 20 and 50 years, studies suggest women to be dominating street informal trade, which is, vending (Lawoko, 2013; Jordan and Keller, 2008; Abraham *et al*, 1999).

Women with HI are another world wide group that is traditionally marginalised by the hearing world. Davis and Silverman (1978) propose that, people with HI usually experience their impairment keenly when they interact with people who can hear. Women with disabilities in sub-Saharan Africa are among the most disenfranchised and victimised population (Lawoko, 2013). HI affects more than just the females who are deaf. Emerging disability scholarship in humanities, social sciences and the growing field of disability studies has put forth alternative frameworks that view the construction of disability from a critical lens (Hiranandani, 2005). These developments challenge traditional perspectives of disability in social work and call the profession to examine alternative analyses of disability (Lawoko, 2013; Lewis, 1993). It calls on the respect of the adage, *disability does not mean inability*. Citing Pfeiffer (2001), Raske points out, that if the social system is truly flexible and fully accommodates PWDs, disability would disappear. In many societies, women struggle with exercising their rights, fulfilling their basic needs and particularly in decision making (Lewis, 1993). Women with HI in Africa are terribly undermined and thought incapable of economic potentials. African nations need to recognise the untapped human resources of the population with disabilities, such as, HI (The Global Poverty Project, 2013; Lewis, 1993).

2.3. Policies and Legislation

Lack of adequate public toilets and drinking water sources (Mitullah, 2004) made vending life difficult for most females with HI. A Health Handbook for Women with Disabilities (2013) and OHCHR (2013) discovered that, the social stigma of disability and inadequate care continues to disadvantage females with disability. There are no clear employment policies to mandate employers to consider disability mainstreaming in Zimbabwe. If Zimbabwe is one of the few countries in sub-Saharan Africa with legislation on disability, why then, is street vending undocumented and rife amongst Zimbabwean females with HI? The discrimination of females with disabilities is ubiquitous and historical amongst the world's poor societies and nations. Traditionally all women are undervalued and labelled as care givers.

2.4. Benefits of vending

The majority of females with disabilities in Africa lack access to education and skills necessary for employment. Although vending is illegal it creates an opportunity for females with HI to gain economic independence. Through vending females with HI claim to break barriers in business work and gain independent living (Lawoko, 2013). As observed by the researchers, self-employment and vending seems to provide great economic solutions to young women with HI. Furthermore, the researchers felt that, although there is no much literature on vendors with HI, it is crucial to address women's poverty and inequality because of the potential role they play in turning poverty on its head. Like hearing women, women with HI also have the growing burden of providing for livelihood of their families.

3. Methodology

The study used the qualitative research paradigm and the ethnography design. Ethnography is a qualitative research method that answers the question how true and how useful is it (Patton, 1990)? To understand its application to this study, it is further defined, as a study of social interactions, behaviours and perceptions that occur in group, communities and organisations (Hind, 2008; Nkwi, Nyamongo and Ryan, 2001). So here, ethnography documents the culture, perspectives and practices of female deaf vendors in the streets of Harare, in Zimbabwe. Ethnography aims to study the past and present complexities of female deaf street vendors. Through this design, the female deaf street vendors naturally provided practical narratives of their personal experiences and how they influenced child rearing.

The study participants were selected with the help of the Key Informant (KI). In this study the KI played a dual role both as KI and Sign Language (SL) interpreter. He was purposively selected for his familiarity with the history and situations of most street vendors in the streets of Harare and knowledge of the Zimbabwean SL. Snow balling was employed to select participants who had percular stories to tell about street vending. Participants' consent was sought with the help of the SL interpreter. Combined techniques of purposive sampling and snow balling were employed to select participants for the study including the SL interpreter who played a major role in selecting six female deaf vendors for the in-depth interviews and six other female deaf vendors with HI who were ready to write narrative accounts of their vending experiences. The narratives were augmented by in-depth interviews with one hard of hearing woman, one profoundly hearing impaired woman [90+dBs] and the rest who had severe to moderate hearing loss [70+dBs]. In order to get rich information the sampling methods assisted in selecting experienced street vendors who had been in the vending business for more than two years. Point of saturation determined the number of participants, thus there was no a determined sample. Informed consent was sought from each participant who participated in the study, as an ethical consideration. Pseudo names were used in this study to protect the participants.

This approach was used for this study as the best means to elicit information about female street vendors with HI in their natural setting. Data was collected through in-depth interviews, narrative accounts and observations which inevitably augmented the collected information. Combined observations and interviews allowed the research to understand in-depth meanings of everyday vending activities held by female street vendors with HI in Zimbabwe. Data was presented in summarised narratives and emerging themes. All participants were asked open ended questions with the help of a seasoned SL interpreter. The SL interpreter was selected with the assistance of ZIMNAD. Probes were applied to each individual response depending on how each individual responded. As data was collected and analysed shifts and modifications were done to create understanding (Marshall and Rossman, 2006). Collected data were drawn into emerging patterns and themes which were later discussed in response to the research questions.

The interviews faced a lot of interruptions but we could not take these female deaf vendors out of the streets as we wanted to carryout the study in their situation so as to learn more through observations and environments or situations surrounding them. As agreed 45 minutes interview sessions were held once a week every Wednesday for three weeks with each of the participants. One of them suggested, '*Give us money equivalent to more interview time, then you can go on.*' Despite all these hiccups, the participants ended up enjoying the study and contribution more than the requested information. I enjoyed the study too. Content analysis was applied to analyse the collected data.

Data was placed into emerging themes as in-depth interviews took place. That helped to code the narrative accounts into created themes and the created new themes where possible. Data was revised several times to make sure that it belonged to the particular theme or was placed in another theme. That was done to align the information and keep the findings the focused on the topic. Where possible the information was further supported with the related literature review. The collected data was triangulated, thus, the researchers count findings from study as trustworthy and credible. This was further strengthened by probes that the researchers made to help understand any misunderstood contributions from the study participants.

4. Findings and Discussions

The findings were presented in this section. Narratives were presented as accounted by the participants so as to give readers of this study rich insights into the lived experiences by female street vendors with HI. Data from in-depth interviews was presented in emerging themes format while discussions were supported by both narrative and in-depth interviews.

4.1. Themes and patterns emerging from the study

The females with HI who were in the vending business in the streets of Harare expressed the following sentiments in their narrative accounts:

4.1.1. Female deaf vendor Narrative Account 1

I am a deaf woman and I am not handicapped or disabled. I know what I can do and what I cannot do. I can do all work if you teach me facing me. I prefer deaf to hearing impairment. Hearing impairment is discriminatory and vague. People must know that most of us cannot hear and talk. So, we take long to understand conversations and even in classrooms. You should be patient when talking with us. We take long to complete school. I have two 'O' level, Maths and Accounts. I failed school, I cannot get a job. I turned to vending to earn a living and feed my children. I want to send my children to best schools. I want my children taught by teachers who know how to teach people who are deaf. I use my hands to speak and work at the same time. My husband went to South Africa long back and did not come back. He does not send home anything for children. He used to text messages but now he is quite. I now sell in the streets to get money for food. I am very unhappy. The money I get from the streets is not enough to send my children to school. I thank ZIMNAD for entrepreneurship training. It assisted me on what I could sell on the streets and how to budget and use money and they trained me not sell pirated CDs because they attract the police.

4.1.2. Female deaf vendor Narrative Account 2:

I am a deaf woman. My deafness is between severe and profound. My parents and siblings love me. Parents bought me books and helped me read and demonstrate meanings. I learnt at a conventional boarding school. I completed 'O' level and passed 6 subjects including Mathematics, English, Sciences and even English Literature. 5'O' Level minimum requirements for training colleges is not easy to obtain. I passed through self-determination and perseverance. I want to compete with hearing peers. I did secretarial work, worked for a Government Ministry but love for more money drove me to leave government and work for an NGO where I was stopped before end of year. The NGO went broke. After failing to get employment I stayed home. I cannot hear completely but can talk. The school forced me to talk but my talk is awkward and not nice to listen to. I got depressed and went into street vending. It was tough the first days but with time I got used to the street challenges. I am now used to the conditions. I do not feel isolated because there are many deaf peers to share jokes with. I have three children with two different fathers who were deaf. I am currently divorced. I am vending for my children on my own. I am happy in the streets because I am free to use sign language. At first I had communication challenges. I could not hear or speechread my clients' needs because they spoke while not facing me. That made me, make very little sells. The misunderstanding made my clients leave my table without buying. A friend who was deaf told me to put price tags on my goods and that I should show interest in my clients. My clients are now happy with my services and the majority of them are now used to my awkward speech.

4.1.3. Female deaf vendor Narrative Account 3:

In 2007 I went begging in streets of Harare and sometimes boarded buses to beg from passengers. I continued begging but in 2009 the country economy was down and I hardly managed to get a dollar in a day. One day I meet a deaf peer in the streets of Harare. She looked health, good looking and smart. This told me that she was a street vendor, selling juice cards, men's socks, sweets and face towels. I imagined whether I could make life out of that and dreaded to join her. After a second thought I joined. The first week of joining the city council police took our goods and chased us away from the streets. It pained me. I thought the losses and decided to resort to street begging. My experienced peer told me not to panic and that we should go to the city council to claim back our goods. I went with her but feared to be beaten. We recovered some of our goods from a Good Samaritan [police officer] who realised that we were disabled. I was not happy to lose some of my goods. Street vending and police invades became part of my life. They are currently minimal but when they invade streets they beat and take away goods from all street vendors. It is only an officer who knows you who will leave you when he/she comes across you. I am now used to the life. I now think vending is better than begging. These days no one can give food or money for free. I was helped by friends that, when customers cannot understand me I ask them to write or speak while facing me so as to speechread them. Some customers are not happy about or they indicate that they have no time to write and leave without buying from me. They used to go and buy from other hearing street vendors but others are patient to write or ask next hearing vendor help me understand their needs. I have now stuck paper prizes on the goods that I sell. I sign and speech read. I smile at customers. Have regular customers. I have hearing friends. I teach them sign language. In the street I have established many networks. I meet other deaf peers daily and we discuss, share news and information. We meet at table of our representative chairperson before we go home. Here, we discuss best selling goods, where to find them and give each other cash rounds.

4.1.4. Female deaf vendor Narrative Account 4:

I am a female deaf vendor. I have three children but I cannot get time to look after them because I spend most of my time selling in the streets. My children like me more than their father because I buy them food and clothes while their father works but drinks all money. I work hard everyday. I go to the streets very early morning and come home in the evenings. I love my children. One day I left my three children playing and found the youngest sick and with a very hot body. I had sleepless nights while my child

carried all night. Next day I took the child to the hospital. The nurse asked me many questions. I was confused since we did not understand each other. The nurse wrote when I last took the child to the baby clinic. I wrote zero. Ah the nurse was angry with me and shouted at me. She did not understand me. She asked what I do for living and I told her that I was a street vendor and that added more anger. It was only one male nurse who came to my rescue and advised me to have time with my children even though I spent most of my time in the streets. The male nurse wrote that I should take the child to the baby clinic as prescribed by baby clinic cards. I agreed but now my child is old and never went to the clinic again. I was happy about it because I do not like to talk to nurses they are a problem. Life in the streets is terrible, everyday we run away from city council police and we lose our goods. We street vendors have toilet problems and toilets are too distant from the other. Even the proximity of water tapes is unfriendly. I suggest that city council should legalise vending as incoming generating projects for people with disabilities.

4.1.5. Female deaf vendor Narrative Account 5:

I am profoundly deaf female vendor. Many people comment and tell me that I am beautiful. I use sign language and speechreading for communication. I completed 'O' level but I failed all subjects. I was sent to the village when I failed school. Life was tough in the village. I migrated from my rural village to Harare hoping to get employment but without 'O' Levels and a course I could not get a job. When I saw other people who were deaf selling in the streets I admired them. I begged and got a few dollars and asked some friends how I could join them. I was trained by one married woman who was deaf and started to sell small items as a vendor. I was a smart and a beautiful girl and many people liked me. I then, obtained renting accommodation which I shared with hearing friends. These friends were prostitutes but I was not aware of it before I joined them. Slowly I was introduced into prostitution. I was impregnated by a sugar daddy who later on gave me tablets to make the pregnancy strong yet they were met for abortion. As a result I had a miscarriage. This sugar daddy disappeared. I did not learn lessons but I continued to run around with other men and got infected with HIV and AIDs. Now I am living positively. I regret my bad behavior and choosing wrong friends. Now I work seriously as a street vendor in order to get money to look after self and buy health food.

4.1.6. Female deaf vendor Narrative Account 6:

I am a street female vendor. I am a mother of 2 deaf children. These children are now going to school. I used to come with them to do street selling. I used to put the younger one in a card-box while the sister played around him till we dismissed in the evening. My children endured the street climate because I could not get enough money from street vending sells to buy them warm clothes. My children learnt sign language, speech reading and Deaf Culture. They also learnt street bad language and insults, such as, 'pfitseki' 'fool sack'. I had difficulties in de-teaching the vulgar language and signs they learnt from the street. I felt that city council should legalise street vending because running away from the police with children was a problem. I advertise my goods by sticking paper prices. New customers first expect me to talk, but when they realize that I am deaf they point or touch what they want. I always make eye contact to read what they want.

My deaf daughter recently completed Grade 7. She refused to go to secondary school because she said she is not happy and felt isolated when she was in school. She wants to sell on the streets. She wants money. She suggested that school was bad because people who are deaf never get a job but pointed out that, street selling was good because one get money. She has since stopped going to school and is currently selling with me in the streets. She is stubborn and am not happy about it.

From the in-depth interviews vendors 1, 4 and 6.were selected for analysis to give insights into the topic.

4.1.7. Female deaf vendor interviewee 1:

I am a female deaf vendor. I sell in the streets. I carry my child with me because there is nobody to look after him at home. My child runs around and everyday I fear a car may run over my only child. My child plays with hearing and deaf peers. My child picks and plays with dirty objects and at times eats dirty food from bins. The child imitates his playmates and I am not happy with that. He also begs food from people he sees eating. It is very difficult to keep the child smart. I am worried my child might get sick. Currently my child is attending school. I love my child. I want him to go to a good school and I am working hard as a street vendor to pay for his fees. I go with the child to Jehovah's Witness Church. This church uses sign language interpreters. I want my child to love God. I stopped school at Grade 7 level and I want my child to advance in education. We used to run away from the police but now they know us and treat us well once they know that we are deaf. The police no longer arrest us. The problem is that deafness is invisible the police always return us our goods after mistreating us. Street hygiene is very bad because water and toilet facilities are found far and one has to make a journey to get them. I suggest that the city council should establish play centres for the children of street vendors. Every street needs to have accessible and friendly water taps and toilet facilities.

4.1.8. Female deaf vendor interviewee 4:

Families treat people who are deaf differently. I was discriminated against by my family members and that drove me into street vending. Lack of spoken language and hearing limited my educational and job inspirations. My family doubled my limitations as they considered me a problem. My parent were not rich but a bit below average, they said, 'You are a women. You can always marry. Do sheltered workshop training as your friend Bee is now a tailor at company Cee.' I accepted. After failing Form 2, I did a sheltered workshop course hoping to start my own business or projects in later life. I passed well the dress making course. Unfortunately parents could not give me money to start my own business. Parents asked me to go and look for a job. I went every morning look for a job but I failed to get it. Friends who were deaf advised me to sell on the streets a vendor. I took up the idea and almost gave up after facing police challenges, unclean streets without nearby water tapes and toilet facilities. On the other hand, the hearing public favoured to buy from hearing street vendors. After a deaf friend trained me how to capture the interests of

customers I started to make better sells. I am still not happy the little cash that I get from street vending because my aim is to seed capital for a dress making business and from the daily collections I make I do not think I will be able to make it.

4.1.9. Female deaf vendor interviewee 6:

I am an unmarried abused mother of one child. I am a deaf single mother. I had a regular customer who always came to buy airtime from me. This customer used to be fatherly to me and to even ask me to keep change. He never got out of his car but I always served him from the window. I did know that he was after abusing me. I trusted a wrong person. This customer began offering me groceries and other small gifts. I at first refused to receive them but he forced saying, "you are my child, please receive this small gifts." The customer continued to bring me gifts and I equally respected him as "my father". He invited me out and always behaved like a father and always called me, daughter. One day he asked to take me for shopping and take the goods to where I stayed. I innocently accepted. After the shopping he took me home. Before we got to my place he sexually abused me twice and promised to marry me since he claimed to be a widow. He also told me not to tell anyone about our affair. All these communications were through writing on a piece of paper and some gestures. After two months I told him I had missed my periods. It meant that I was pregnant. After this communication the man disappeared out of my life. When I reported the matter I was asked his name, phone number, workplace, home and I did not even know. After 3 months I became sick on and off till delivery. When I gave birth I hated the baby. I condemned the baby for the abuse and even neglected it. Friends who visited me with gifts and just to see how I was admired the baby and showed it great love. I then, asked myself why I could not do the same for my baby. As a result I changed and started to love my baby. I started selling things while at home and friends helped. I was fortunate to be HIV negative. Women who are deaf need education on challenges of street vending and how it influences the upbringing of children. I learnt a lot from this experience.

4.2. Themes from the Findings

4.2.1. Vending more lucrative than begging for Deaf Mothers

Most female vendors with HI found the vending business more lucrative than begging in the streets where one could spend the whole day without getting a dollar. Besides that, the economic crisis in the cities which were cited by Chakaita (2010) also drove females who were deaf into street as beggars or as vendors. Regarding that view, Narrative 3 echoed, '*no one can give food or money for free*'. Vending therefore creates an opportunity for females with HI to gain economic independence. It can therefore be deduced from the transcribed narratives and in-depth interviews that, vending made the females with HI in the streets of Harare economically active. In other words it empowered them.

4.2.2. Vending provides Empowerment for Deaf Mothers in the streets

Single and divorced female vendors with HI seemed to imply that although obtained cash was little, the mere idea of handling their own finances empowered them. They suggest that through vending, the profits they made directly translated into their income which enabled them to meet their basic needs. Women were generally instrumental to social and economic progress as also discovered by Lawoko (2013)'s study. As observed by the researchers, it was because they used every cent to the physical benefit of the family members unlike men who may consider leisure at the expense of family needs. This was evident by Narrative, 4 who recalled:

I have three children but I cannot get time to look after them because I spend most of my time selling in the streets. My children like me more than their father because I buy them food and clothes while their father works but drinks all money.

Economic discrimination against women with HI in employment creates huge barriers that are a hinderance to national development (Lawoko, 2013). Why? Children are the owners of tomorrow.

On the other hand, Narrative, 2, felt financial freedom as a single mother. Women generally take greater direct responsibility for raising children which contributes to national development; that often impedes their ability to progress academically and even economically as supported by one interviewee, who says, *I was good in all my school work and subjects but married before completing secondary education. My husband and children are deaf. When I wanted to return to school my husband said, "enough education for deaf woman. Look after children."* Female street vendors often have the sole responsibility of looking after children and this can negatively impact on their ability to work as more time is spent on family care. As a result when their children are too young for school going age they go with them to the densely populated streets. It is here where this study suggests that, through the family systems theory which is embraced by principles of ubuntu, the nuclear family should give support to parents with disabilities. For example, in this study the extended family members, such as; grandparents could remain with children while their deaf parents operated as street vendors, rather than take children with them into the streets.

4.2.3. Vending impacts negatively on child up-bring in the streets

Vending impacts on parenting styles and child up-bring and their livelihoods. One can get addicted to street vending as reflected by the findings and statements by Narrative, 6 who echoed:

My deaf daughter recently completed Grade 7. She refused to go to secondary school because she said she is not happy and felt isolated when she was in school. She wants to sell on the streets. She wants money. She suggested that school was bad because people who are deaf never get a job but pointed out that, street selling was good because one get money. She has since stopped going to school and is currently selling with me in the streets. She is stubborn and am not happy about it.

The study further revealed that pregnant deaf female vendors delayed or avoided anti-natal clinics out of ignorance. The problem may be that, female vendors with HI developed high value towards vending than their health. Another factor was communication barriers between the health staff and females with HI which made them hate visiting health centres even when their children became ill as echoed by Narrative 4 who reported:

One day I left my three children playing and found the youngest sick and with a very hot body. I had sleepless nights while my child carried all night. Next day I took the child to the hospital. The nurse asked me many questions. I was confused since we did not understand each other. The nurse wrote when I last took the child to the baby clinic. I wrote zero. Ah the nurse was angry with me and shouted at me. She did not understand me. She asked what I do for living and I told her that I was a street vendor and that added more anger.

Female vendors with HI feared and hesitated to visit health centres because it caused them depression and lowered their self-esteem as they felt classified as ignorant by the nurses.

The findings also showed that vending did not allow females with HI enough time to check on how their children played on the streets. Actually they had divided attention between vending activities and their children. Most female vendors who brought their children with them expressed haunted fear in case their deaf children ran into cars or were run over by cars. Female with HI also expressed fear that their children were likely to contract diseases from eating food picked from garbage. Some of the participants wished they could afford money to send their children to play centre education. Regarding that, researchers proposed that city councils should establish child street care corners where most children highlighted in the study can start their early childhood education. The researchers felt city fathers should always the welfare of people who occupy their premises. While good skills and vending ideas could possibly be learnt from peer vendors, the study realised that, some female deaf vendors ended up socialised into prostitution. Family intervention could help control the situation through sharing family values and expectations. Findings also deduced that females with hearing impairment did not notice bad teachings and language their children acquired from older hearing persons and peers with hearing impairment until late. From the same narration the researcher notes that some school age children practicing vending were reported to have refused to continue with their education in order to join the vending business. All the above suggestions should be embraced with the principles of the family systems theory and the ubuntu frameworks.

4.2.4. Advantages of Street Vending to Deaf Mothers

Street vending exposed people who are deaf to many hearing customers. Although the study discovered street vending to have some ills towards female deaf vendors, it improved socialization between the deaf and the hearing. On the other hand, female deaf vendors got connected to more females and males who are deaf from all walks of life. According to the respondents this has also created and strengthened deaf clubs and promoted Deaf Culture. A lot of unconscious learning took place between the hearing and the deaf. In these scenarios, female deaf vendors learnt a lot through what transpired in streets. Despite the fact that some female deaf vendors were victims of circumstances and vending was considered an inferior activity, the majority of them had positive lessons to tell. As observed by the researcher, poverty was associated with vulnerability, voice-lessness and power-lessness as evident by interviewee, 6 who was sexually abused by one of her regular customers. With regards to that, what can the city council do to counter the challenges experienced by female vendors who are deaf? Regarding that, the researchers equally supported the participants by proposing that, vending should be legalised and the operation spaces should be demarcated and kept clean. In other words, vending should not be taken as an informal means of surviving but it should be considered as an indigenous incoming generating programme where individuals are regularly trained to keep their spaces and the goods they sell smart.

As suggested by the majority of the study participants, the city council should build more user friendly toilets and increase drinking tapped water facilities. The majority of women also felt that, the bath-rooms needed to be improved so as to compete with international sanitary ware standards and they should have space where women can change their babies' nappies. The researchers also proposed the establishment of street corner clinics to meet the health concerns of vendors and their children. Why? Because as, deduced from the study, the study participants felt that, through visiting distant clinics, the female deaf vendors lost their customer and that in turn reduced their take home cash.

4.2.5. Challenges

Findings suggested that, female street vendors with HI were burdened with the responsibilities of child rearing and family care and this limits their vending trading. Female deaf vendors in this study were found victims of crime and abuse as they experience a sense of helplessness in the hands of the rich unscrupulous men. Females with HI found themselves victims due to language barriers (Berry, 2009). The other experienced problem was lack of space and fights for space with hearing peers were very common, thus one female deaf vendor reported, *Hearing women forget, a woman is a woman, we are all sisters in the struggle.* One female deaf vendor echoed, *My ears are closed but my hands are at work.* The assumption is that all female deaf vendors have had some form of basic education. Most participants said that, as jobs became scarce, the only answer to unemployment of deaf females was vending. The study found that many female deaf vendors had migrated from rural areas to the city of Harare in search of work. Low level of acquired education and lack of skill also resulted in failure to secure employment and vending became the only option for most female deaf vendors in the Streets of Harare. As noted by the researchers, all females, including females with HI, were an asset to the up-bringing of children. There is need to protect pregnant deaf women from street vending hardships. All challenges faced by female deaf vendors could be overcome or solved through family intervention and the ubuntu framework. The study found that most female deaf vendors did not have enough socialisation time with their children as much time was spent on vending with a view to fend for the family. It noted that, some female deaf vendors had challenges in removing their children from street vending after socialising them into it.

5. Conclusion

The study revealed that, the majority of female deaf vendors saw street vending as a legal source of income generating which the city council of Harare should equally legalise. It emphasised that vendors should have specific spaces which they should keep neat and tidy. The study further noted that, the majority of female deaf vendors went into vending for a good cause. It was suggested that, lack of employment drove people into the streets with a view to fend for themselves and their families. Female deaf vendors expressed discontentment over the police invasions, thus, the majority of them proposed that, street vending should be legalised and be taken as an activity which empowered the unemployed. With regards to all that, it should be supported by friendly and accessible toilets and clean water. Through employing the family systems theory and ubuntu principles the city council and the public should see each individual as an essential asset for the well being of the other.

6. Recommendations

The narrative accounts of deaf street vendors show a number of complicated issues relating to communication barriers, some of which affect their growing children on the streets. It is therefore imperative that the study recommends the following

- City councils should establish street counselling outlets with Sign Language interpreters, whose whereabouts should be known by all females who are deaf to help them cope with any form of problems and where they can open up to issues of abuse and any other crimes
- There is need for city councils to plan for legalised street vending on marked legitimate places
- Councils should educate the public and people who deaf using Sign Language on the need for approved vending centres with decent shelters and sanitary provisions and how they should be maintained according to health by-laws
- The state should create attractive sign language facilities for the public use particularly now that sign language is one the 16th official languages in Zimbabwe with a view to increase the participation of females who are deaf in development
- There is need for the state to establish Deaf Cultural Centres where the public can learn about the d/Deaf so as to respect each other as equal contributors to the economy
- Advocacy and awareness campaigns should be taken as a key issues in addressing the needs of females who are deaf
- There is need for councils to increase public toilets/baths and drinking water sources in the streets in line with international standards.
- There is need for city councils to establish accessible street clinic outlets which should be strategically placed and known by all female who are deaf.
- There is need to highly involve the city council social welfare in the affairs of female street vendors. Such a department should develop policies that support and protect every person in the city especially people contributing to the economy and development of the city. Embraced by principles of ubuntu, policy awareness campaigns should be done so that members stay informed.

7. References

1. Abraham, K. N., Galloy, M. R., Ntarangwi, M., Cawthorne, M., Mufema, E. and McFadden, P. (1999). Reflections on Gender Issues in Africa. Harare: SAPES Books, Strand Multiprint.
2. A Health Handbook for Women in Disabilities (2013). <http://en.hesperian.org/hhg/> accessed 20/04/ 2014.
3. Bouvet, D. (1990). The Path to Language: Bilingual Education for the Deaf. Philadelphia, Multilingual Matters LTD.
4. Brooks, N. (1991). Self-empowerment among adults with severe physical disability: A case study. *Journal of Sociology and Social Welfare*. 18 (1), 105-120.
5. Brzuzy, S. (1997). Deconstructing disability: The impact of definition. *Journal of Poverty*. 1, (1), 81-91.
6. Corker, M. (1998). Deaf and Disabled or Deafness Disabled-Towards a Human Rights Perspective. Buckingham: Open University Press.
7. Calvert, D.R. and Silverman, S.R. (1983). Speech and Deafness. Wahington, D.C.: Alexander Graham Bell Association for the Deaf.
8. Chataika, T. (2010). Inclusion of Disabled Students in Higher Education in Zimbabwe. In J. Lavia and M. Moore, 2010 Cross-Cultural Perspectives on Policy and Practices. New York: Routledge, 116-129.
9. Choruma, T. (2006). The Forgotten Tribe: people with Disabilities in Zimbabwe. Progressio Report.
10. Davis, H. and Silverman, S.R. (1978). Hearing Deafness. New York, Holt Rinehart and Winston.
11. Denzin, N.K. and Lincon, Y.S. (2000) (eds) Handbook of Qualitative Research. London: Sage Publications, 105-117.
12. Dube, M. (2013). Beggars turn to vending to survive. Community news. Bulawayo: The Standard. April, 14.
13. GenoPro (2013) Family Systems Theory. <http://www.genopro.com/genogram/family-systems-theory/> accessed 27/04/2013.
14. Hind, M. (2008) Conducting qualitative research with people with learning, communication and other disabilities: Methodological challenges. National Centre for Research Methods, Economic and Social. Research Council. University of Southampton.
15. Hiranandani, V. (2005) Towards a Critical Theory of Disability in Social Work. *Critical Social Work, An Interdisciplinary Journal dedicated to social justice*. 6, (1).

16. Hindley, P.A., Hill, P. and Bond, D. (1993) Interviewing deaf children, the interviewer effect: A research note. *Journal of Child Psychology and Psychiatry*, 34, (8), 1461-1467.
17. Johnson, A. L. (2006). Students with Disabilities in Postsecondary Education: Barriers to Success and Implications for Professionals. VISTAS Online.
18. Jordan, B. and Keller, H. (2008) The success of Blind Vendors who also have Hearing Loss. WWW. HKNC.org accessed 30/04/2013.
19. Lang, R. and Charowa, G.M. (2007). Disability Issues in Zimbabwe. Final Report, DFID Scoping Study.
20. Moores, M. (2001). *Insider Perspectives on Inclusion: Raising Voices, Raising Issues*. Sheffield: Philip Armstrong.
21. Mbiti, J.S. (1969). *African Religions and Philosophy*. London: Heinemann.
22. NICHY, (2010). Deafness and Hearing Loss: Educational Implications. *Disability Fact*, 3.
23. Nkwi, P., Nyamongo, I. and Ryan, G. (2001). *Field Research into Social Issues: Methodological Guidelines*. Washington, D.C: UNESCO.
24. Nover, S. M. (1995). Politics and Language: ASL and English in Deaf Education. In C. Lucas (Ed) *Sociolinguistics in Deaf Communities*. Washington D.C.: Gallaudet University Press.
25. Nsamenang, A. B. and Tchombe, T. M. S. (2011). Higher education noted as a hub of transformational education. A Generative Teacher Education Curriculum. *Handbook of African Educational Theories and Practices*. Cameroon: Human Development Resource Centre.
26. OHCHR, (2013).
<http://www.ohchr.org/EN/HRBodies/CRPD/Pages/CRPDIndex.aspx> accessed 27/04 2014.
27. Patton, M.Q. (1990). *Qualitative evaluation and research methods*. Newbury Park: CA: Sage.
28. Pelto, P. and Pelto, G. (1997). Studying knowledge, culture and behaviour in applied medical anthropology. *Medical Anthropology Q.* 11 (2), 147-163.
29. Pfeiffer, D. (2001). The conceptualization of disability. In S. N. Barnatt and B.M. Altman (Eds), *Exploring theories and expanding methodologies : Where we are and where we need to go*. New York: Elsevier Science.
30. Raaber, N. (2012). Promote Gender Quality and Empower Women. *The UN Post-2015 Development Agenda. A Critical Analysis*. AWID.
31. Raske, M. (2005). The disability discrimination model in social work practice. In G.E. May and M.B. Raske (Eds), *Ending disability discrimination: Strategies for social workers*. Boston: Pearson Education, Allyn and Bacon.
32. Rukuni, M. (2007). *Being African: Rediscovering the Traditional Unhu-Ubuntu-Botho*. Pathways of being Human. Cape Town: Mandala Publishers.
33. Stein, A. (2013). HIMSS 2013: Vendors Help Healthcare Providers CIOs Overcome Challenges. <http://www.xchange-events.com/newsletter-articles/himss-2013-vendors-help-healthcare-provider-cios-overcome-challenge/accessed> 02/05/2014.
34. Tutu, D. (2012). *No Future without Forgiveness*. South Africa.
35. World Health Organisation (WHO) (2001). *International Classification of Functioning, Disability and Health*. Geneva: WHO.
36. Young, A. and Hunt, R. (2011). *Research with d/Deaf people*. School for social care research. London: National Institute for Health Research. www.sscr.nihr.ac.uk accessed 20/04/2014