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CURRICULUM & TEACHING STUDIES | RESEARCH ARTICLE

Participation in higher education: Voices of students with disabilities

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Abstract: Since the attainment of political independence in 1980 coupled with the paradigm shift from exclusion to inclusion in education in Zimbabwe, the number of students with disabilities in higher education is significantly increasing. Entrenched in qualitative research approach, this study draws from a sample of 17 students with disabilities at a university. It gathered data regarding the barriers to and facilitators of participation of students with disabilities in learning. A constant comparative approach was used to analyze data. Most of the students disclosed their disabilities on admission and registration in order to be supported in their studies. However, some of the students only disclosed their disabilities during the course of their studies for fear of the stigmatization which is associated with exceptionalities. The incompetence of lecturers in inclusive education, lack of provision of handouts and notes prior to presentation of lectures, inflexibility in assignments and examination, focus on disabilities rather than abilities, and patronizing behavior were barriers to participation of students with disabilities in learning. Disclosure of disabilities, disability resource unit support services, and facilities that met the needs of students with disabilities were facilitators of the participation of these students in learning. Individual and institutional capacity building in inclusive education including institutionalization of professional development of lecturers, alternative assessments, disability awareness campaigns, and

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PUBLIC INTEREST STATEMENT

Universities are hubs of higher education; institutions for the generation of positive attitudes, knowledge, competencies, skills, understanding, and experiences of the advancement of humanity. Because of the significantly increasing access to higher education of all people regardless of their individual differences including disabilities since the global paradigm shift from exclusivity to inclusivity in education in 1994, complications and opportunities abound for both students and staff. Embedded in qualitative research methodology, this study interrogated the barriers to and facilitators of participation in learning for students with disabilities at a university. Two key themes, namely, facilitators of and barriers to participation in learning in higher education emerged from this study.

supportive policies could enhance the participation of students with disabilities in learning in higher education.

Subjects: Adult Education and Lifelong Learning; Inclusion and Special Educational Needs; Classroom Practice

Keywords: higher education; students with disabilities; stigmatization; support; training

1. Introduction

Students with disabilities have historically been marginalized and discriminated against in higher education the world over (Macleod & Cebula, 2009; Madriaga, 2007; Mutasa, Goronga, & Tafangombe, 2013). In Zimbabwe, students with disabilities are learners with visual impairments including blindness, intellectual disabilities, hearing impairments including deafness, speech or language impairments, orthopedic impairments, traumatic brain injuries, health impairments, autism, emotional disturbances, and specific learning disabilities (Jenjekwa, Rutoro, & Runyowa, 2013; Majoko, 2017; Phiri, 2013). Prior to the attainment of political independence from Great Britain in 1980, most Black, Indian and Colored students with disabilities were excluded from higher education because of the racist colonial regime (Chataika, 2008; Majoko, 2005). Since the passing of the Zimbabwe Education Act of 1987 as revised in 2006, the Zimbabwe Constitution Amendment Number 20 of 2013 section 75, and the Disabled Persons Act of Zimbabwe of 1996, all students including those with disabilities have a fundamental right to education (Majoko, 2017; Mutsvanga & Mapuranga, 2014). These policies and legislation safeguard equity and equality of educational opportunities for individuals with disabilities in compliance with civil rights movements as expressed in international human rights instruments (Chikwature, Oyedele, & Ntini, 2016; Majoko, 2013) including the Universal Declaration of Human Rights (United Nations, 1948) and the Convention on the Rights of Persons with Disabilities (United Nations, 2006) (Majoko, 2017). Despite the underrepresentation of people with disabilities in higher education, the number of students with disabilities enrolling in universities is nationally increasing significantly, as is the diversity of identified needs (Mafa, 2013; Phiri, 2013). Since the shift in paradigm from exclusive to inclusive education in 1980, the number of students with invisible disabilities including epilepsy, asthma, diabetes, attention deficit, dyslexia, bipolar mood disorder, and autism educated in higher education has been escalating remarkably (Mutasa et al., 2013). This is attributable to the disclosure of students because of positive attitudes due to increased knowledge and information on disabilities (Majoko, 2017).

Policies and legislation in Zimbabwe require higher education institutions to support students with disabilities and to guarantee that they are afforded educational opportunities equal to those of their typically developing peers (Chataika, 2008; Chikwature et al., 2016; Majoko, 2005). This includes technological, financial, human, time, and material resources; support; and the provision of enabling teaching and learning content, process, environment, and assessment (Chataika, 2010; Mutswanga & Mapuranga, 2014). Such support should be designed to meet the diverse needs of individual students with disabilities (Chikwature et al., 2016; Majoko, 2013). Consistent with procedures in the global arena, support services for students with disabilities are put in place before the commencement of their studies (Majoko, 2017). Since support of all students with disabilities in higher education is complex, further research to ascertain their needs is imperative for improved service delivery. Specifically, this study addressed the following research question:

What are the barriers to and facilitators of participation of students with disabilities in learning at a university in Zimbabwe?

2. Non/disclosure

Worldwide, students are expected to disclose their disabilities to higher education institutions before the commencement of their studies in order to be supported, and these institutions encourage early disclosure (Chataika, 2010; Jacklin, 2011). This is, nevertheless, not mandatory

since internationally students are not bound to disclose their disabilities or furnish higher education institutions with any information (Carey, 2012; Chataika, 2010; Riddell & Weedon, 2014). Studies reveal that some students do not provide higher education institutions with information on their disabilities before admission for fear of negatively impacting their admission and registration (Jacklin, 2011; Redpath et al., 2013; Vickerman & Blundell, 2010). Globally, disclosure of disabilities can be done at any time during the course of study (Cunnah, 2015; Majoko, 2013; Mutswanga & Mapuranga, 2014). Although there are benefits to disclosure, some students are reluctant to disclose their disabilities and ultimately forfeit their support entitlements (Gibson, 2012; Liasidou, 2014).

Non-disclosure has been attributed to stigmatisation associated with disabilities (Habib et al., 2012), concerns about different treatment (Hargreaves, Dearnley, Walker, & Walker, 2014), and students' non-acknowledgement of disabilities as components of their identities (Chikwature et al., 2016; Choruma, 2007; Jacklin, 2011; Riddell & Weedon, 2014). Because students do not want to be perceived negatively or as a problem they do not disclose their disabilities to their lecturers (Madriaga, 2007). The assumption of the medical model that individuals with disabilities experience complications fitting in with "normal societal values, rules, and practices" contributes to students' non-disclosure (Chataika, 2008; Phiri, 2013). The medical model views disability as a problem of the person that is directly caused by an injury, some other condition of health, or a disease, and requires medical care in the form of rehabilitation and treatment (Cunnah, 2015). It attributes the problem to the person with a condition that is not wanted and that places her or him in the "sick role" (Goode, 2007). The medical model considers people to be disabled on the basis of inability to function as a "normal" individual; hence it is strongly normative (Jacklin, 2011). Rehabilitation plays a fundamental role in bringing individuals close to or back to the norm as they are viewed as broken and requiring to be fixed (Hopkins, 2011). Providing rehabilitation and health care services is the primary concern of the medical model at the political level (Madriaga, 2007). These services are provided in special educational settings by specialist staff such as physiotherapists, educational therapists, specialist lecturers, and occupational therapists. The medical model operates as if people live in isolation and separation, with disability located solely within individuals. Regardless of the concerns surrounding non-disclosure, self-disclosure of any disability is an individual decision (Couzens et al., 2015; Majoko, 2005).

3. Barriers

In spite of the agenda to widen access which is a political imperative to redress social injustice and social exclusion, and appropriate policies and legislation developed to guarantee non-discrimination in higher education, students with disabilities continue to confront barriers to learning (Black, Weinberg, & Brodwin, 2015; Couzens et al., 2015; Hopkins, 2011; Morina Diez, Lopez, & Molina, 2015; Mutswanga & Mapuranga, 2014; Smith, 2010). Students with disabilities in higher education institutions are more vulnerable to poor academic performance in comparison with their peers without disabilities because of several barriers they experience (Jenjekwa et al., 2013; Reed, Kennett, & Emond, 2015). These include disabling attitudinal, social, and environmental barriers but not the inability of students with disabilities (Chataika, 2008; Crow, 2003; Musengi & Chireshe, 2012), which is in accordance with the premise of the social model of disability (Chireshe, 2013; Jenjekwa et al., 2013; McLeod & Cebula, 2009) that disability is caused by the way society is organized, rather than by a person's impairment or difference (Majoko, 2013; Mandina, 2012). The social model views disability as created by institutions, people, and structures (Chataika, 2010) such as higher education institutions, lecturers, and students support units. The social model does not attribute disability to the individual as it is perceived to be a creation of the social environment which needs social change (Choruma, 2007). Thus, lack of accommodations within higher education institutions curriculum and environment results in disability for students. It advocates that people with disabilities confront discrimination and segregation through cognitive, economic, physical, attitudinal, and sensory

barriers. The social model views an individual as a whole and views the society as broken and requiring to be fixed (Carey, 2012).

Entrenched in a social model perspective, this study examined barriers to and facilitators of participation of students with disabilities in learning in higher education as a context for informing the development of policies to enhance the support of these students. Environmental barriers include the physical environment with complexities in accessing the institution, accommodation, libraries, rooms and support services (Chataika, 2010; Redpath et al., 2013). Attitudinal barriers include negative attitudes of students without disabilities towards those with disabilities (Chikwature et al., 2016; Jenjekwa et al., 2013; Liasidou, 2014) and disablist practices and attitudes of higher education institutions staff (Macleod & Cebula, 2009; Madriaga, 2007). Disablist practices constitute restrictions on the life activities, psycho-emotional well-being and aspirations of individuals categorized as "impaired" by those who are deemed to be "normal" (Beauchamp-Pryor, 2012). The lack of teaching staff awareness of the different needs of students with disabilities is a barrier to participation for students with disabilities in higher education institutions (Gibson, 2012; Majoko, 2013). Students with disabilities in higher education institutions continuously request reasonable adjustments including slides or lecture notes prior to the lecture (Chataika, 2008; Hopkins, 2011) or permission to record lecturers. This kind of support is not usually provided (Mortimore, 2013). Such barriers interfere with full inclusive teaching and learning of students with disabilities, and disadvantage them in comparison to their typically developing peers (Chikwature et al., 2016; Majoko, 2005; Mortimore, 2013).

Students with disabilities experience challenges with respect to modes of assessment used in higher education institutions (Hanafin, Shevlin, Kenny, & Neela, 2007; Mutasa et al., 2013). Some assessments including examinations are restrictive and constitute a barrier (Fuller, Bradley, & Healey, 2004). Students with specific learning disabilities including dyslexia require alternative assessment strategies (Musengi & Chireshe, 2012; Pavey, Meehan, & Waugh, 2010). Academics may be unwilling or disinclined to provide alternative assessment to students with disabilities (Pavey et al., 2010). The segregation of students with disabilities from their peers without disabilities during examinations is a stigmatizing mode of provision as it identifies students with disabilities as different from their peers without disabilities (Liasidou, 2014; Mafa, 2013). Although the difficulties and issues that students with disabilities confront differ not only within but also between disability-specific groups (Beauchamp-Pryor, 2012; Couzens et al., 2015; Mutswanga & Mapuranga, 2014), a general overhaul in several areas is imperative to eradicate barriers that cause difficulties (Majoko, 2005; Morina Diez et al., 2015).

4. Methods

4.1. Sample
To ensure anonymity and confidentiality of the participants, pseudonyms were used. The participants were (n = 17) 14 males and 3 females, final year final semester students from a university in Zimbabwe. Participants were studying for either an undergraduate or postgraduate degree in education. Because of the small-scale nature of the study as it was embedded in qualitative research methodology, it was not necessary to select participants across faculties and departments. A total of 14 of the participants had disclosed their disabilities to the university on admission and registration. Three of the participants had not disclosed their disabilities to the university on admission and registration. Table 1 displays the study level and the nature of disabilities of individual participants.

4.2. Ethical considerations
Before the execution of any study, researchers need to seek and secure permission from the gatekeepers (Silverman, 2009). Permission was sought and secured from the Ministry of Higher

Table 1. Details of participants		
Participant	**Level of study**	**Disability**
Chake	Undergraduate	Arthritis
Taku	Undergraduate	Asperger's Syndrome
Tocha	Undergraduate	Asthma
Tsvaro	Post-graduate	Dyslexia
Chombe	Undergraduate	Physical disability
Tambo	Post-graduate	Learning disability
Rwiyo	Post-graduate	Diabetes
Zuze	Undergraduate	Visual impairment
Ngoda	Undergraduate	Hearing impairment
Chikanya	Undergraduate	Epilepsy
Ndamba	Undergraduate	Epilepsy
Gora	Undergraduate	Hearing impairment
Tsanga	Post-graduate	Physical impairment
Sango	Post-graduate	Visual impairment
Goda	Post-graduate	Visual impairment
Nyota	Undergraduate	Visual impairment
Chando	Undergraduate	Visual impairment

Education Science and Technology Development of Zimbabwe and the management of the participating institution through written letters.

4.3. Research approach

A qualitative research approach was used. Purposive sampling was utilized (Silverman, 2009). Students were recruited through the coordinator of the disability resource center who sent out a generic email to all students on the institutional database of faculty of education spelling out the purpose of the study and the contact details of the researcher. Students who were interested in participating in the study contacted the researcher to schedule a convenient time and venue to be individually interviewed. Initially, 21 students volunteered to participate but four students later withdrew citing lack of time owing to work overload and personal commitments. Students who volunteered to take part received a letter of appreciation for agreeing to participate in the study. Informed consent was sought and secured from the prospective participants through providing them with a precise and concise research profile. The researcher distributed and collected the consent forms, ethics forms, and information sheets to individual participants in person for familiarization with them prior to the interviews.

Semi-structured interviews were used to ascertain barriers to and facilitators of the participation of students with disabilities in learning in higher education. Semi-structured interviews afforded the researcher the flexibility to omit or add questions during interviewing (Grbich, 2007) and afforded more depth and personal qualities to the responses of the students (Creswell, 2009). Interview questions were presented to interviewees in a pre-determined order (see Appendix A1 protocol). Face-to-face interviews with individual participants took place at times and venues that were convenient to them. Audio recording and verbatim transcription of all interviews were done with the consent of the participants. All the participants were informed about the focus of the study, their right to amend any transcribed interview, to not answer any questions with which they were uncomfortable, the right to end the interview at any time without giving reasons, and confidentiality and anonymity should they take part in the study (Silverman, 2009). On average, each interview lasted 90 min.

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Data analysis started with three critical readers who were experts in qualitative research and the researcher independently reading through each individual interview several times and noting key emerging themes. Development, examination, and redefinition of codes with similar meanings were done as necessary. Throughout the analysis, a constant comparative approach of organization of data with continuous adjustment and discussion among the critical readers and the researcher was utilized (Grbich, 2007). They extracted quotes that were reflective of each theme. To ascertain the trustworthiness of the findings, code-recode, and examination of peers were used (Grbich, 2007). An audit trail was kept of analytical decisions with respect to the themes.

4.4. Limitations

The limitations of this study include the small size of the sample and lack of students from other faculties and departments who may have had different experiences regarding the study focus. Nevertheless, the study elicited the voice of a group of students with disabilities, offering rich data regarding their lived experiences at the university. Because of the use of purposive sampling, the experiences of the student participants may not be representative of the experiences of other students with disabilities within the university or other universities. Despite this drawback, the individual in-depth interviews provide rich data that tell detailed stories.

5. Findings and discussion

Following is a presentation of the summaries of the themes and their subthemes that emerged through data analysis. Table 2 shows themes and subthemes that emerged from analysis of data.

5.1. Barriers

5.1.1. Lecturers

A total of 14 of the participants perceived that the perception of lecturers about them and the lecturers' failure to meet their needs interfered with their participation in learning. Previous studies, similarly, show that the incompetence of lecturers (Vickerman & Blundell, 2010) and work overload hamper the participation of students with disabilities in learning in higher education (Mafa, 2013; Redpath et al., 2014). Chake, for example, expressed:

> Lecturers focus on my arthritis. This curtails their expectations about my abilities such as independent working, originality, creativity and team working. Lecturers reserve sitting space for me in the lecture rooms. This bars my participation in learning as fellow students view me as exceptional.

Lecturers' identification of students with disabilities hindered their participation in learning as they undermined their capabilities because of low expectations for them. Patronizing behaviour of lecturers toward students with disabilities also hampered the participation of these students in learning as it lowered their self-esteem because they felt that their peers without disabilities perceived them as deviating from the norm. Lecturers' treatment of students with disabilities was embedded in the medical paradigm as they viewed impairments as intrinsic "abnormal-

Table 2. Themes and subthemes	
Theme	**Subtheme**
Barriers	Lecturers Handouts and notes Assignments and examinations
Facilitators	Disclosure Resources Services and facilities

ities" or "deficits" that barred these students from executing daily tasks which in turn prevented them from fulfilling valued social roles (Majoko, 2017).

From a different angle, Nyota added:

> Because of the democratization of education opportunities since the attainment of independence, we (students with disabilities) are too many for lecturers to meet our individual needs. Lecturers are also overloaded with work including research projects, student supervision and teaching to spare time to comprehensively plan and deliver lectures that meet our diverse individual needs.

The failure of lecturers to meet the individual needs of students with disabilities due to their large numbers in lecture rooms barred them from participating in learning. Limited time of lecturers for comprehensive planning and delivery of lecturers in response to the individual needs of students with disabilities because of work overload also impeded the participation of these students in learning.

Gora elaborated:

> Most of the lecturers lack information and knowledge on inclusive education including curriculum differentiation. They lack competencies and skills in using assistive devices such as Perkins and reading braille and simple adjustment of a hearing aid when it makes noise. Lecturers view all students as having the same style, pace and modality of learning. They only use the lecture method.

The lack of training of lecturers in inclusive education including curriculum differentiation and the use of assistive devices impeded the participation of students with disabilities in learning since they were not afforded pedagogical content and environment in response to their needs. The lack of training of lecturers in diverse teaching methods also hampered the participation of students with disabilities in learning as they could not deliver the curriculum in response to the unique learning modalities of these students.

5.1.2. Handouts and notes

Seven of the participants felt that the lack of provision of lecture handouts and notes prior to the presentation of lecturers interfered with their participation in learning. Previous studies, similarly, demonstrate that lack of provision by lecturers of lecture notes and slides before their presentation hinder participation in learning of students with disabilities (Mortimore, 2013). For instance, Tambo articulated:

> Lecturers refuse to give us (students with disabilities) lecture handouts and notes before their presentations. Most of them feel that giving us lecture handouts and notes in advance pre-empts their lectures. Some of the lecturers feel that giving us lecture handouts and notes in advance interferes with our motivation and commitment to participate in their presentations. We cannot cope with the presented content and catch up with our counterparts without disabilities because we use different learning strategies.

Lecturers' lack of provision of lecture handouts and notes to students with disabilities in advance of their presentations for fear of pre-empting such presentations and demotivating students with disabilities hindered the participation of these students in learning. This was because students with disabilities could not grasp the learning content on its first presentation in the lectures as well progress at the same pace as their peers without disabilities as they used different learning strategies.

Chando added:

> When I take my recorder to the lecture room, I become an object of pity from lecturers and fellow students. They make me to sit where they want claiming to facilitate my accurate recording of lecture notes. Lecturers and peer students also remind each other not to make noise to facilitate my accurate recording of notes. I do not want to disturb the natural culture of the lecture room. I leave my recorder in my room although it is complicated for me to understand the presented content.

The lack of use of assistive devices by students with disabilities because of the overprotective behavior of their typically developing peers and lecturers towards them and the motivation of these students to maintain the "natural" educational environment interfered with their participation in learning. It was difficult for students with disabilities to understand the content taught in lecturers without assistive devices.

5.1.3. Assignments and examinations
A total of 11 of the participants felt that inflexible administration of assignments and examinations hampered their participation in learning. Ndamba, for instance, expressed:

> Due-dates for assignments are never extended for me despite my indication several times that I do not cope with the timelines because of my epilepsy. None of the lecturers care about my lamentation.

The lecturers' refusal to extend due-dates for assignments for students with disabilities despite these students' call for such extension hampered their participation in learning. This was because they could not meet the due-date for the assignments.

> Tsvaro added:

> Assignments and examinations are presented in written form only. We are all boxed into writing. We are unique individuals. Oral presentations can be a panacea to my grammatical and spelling mistakes in my writing which are a result of dyslexia.

The lack of use of alternative forms of assessments in assignments and examination impeded the participation of students with disabilities in learning. The written form of assessment used in assignments and examinations was not commensurate with the capabilities of these students.

> From a divergent angle Zuze expressed:

> I cannot keep on disclosing my residual sight to lecturers lest I can be stigmatized. Disability is an indicator of bad omen. So I do not remind lecturers to write assignments and examinations in large font size. I have to adjust my visual acuity to the small font size.

The failure of students with disabilities to continuously remind lecturers about their unique learning needs for fear stigmatization because of negative beliefs toward exceptionality hindered their participation in learning. This resulted in lack of adaptation of assignments and examinations of lecturers to meet the unique needs of these students.

> Goda added:

> Our source of support (disability resource center) is oversubscribed. Sometimes we do not get services including transcription of our assignments and examination in time. But the support staff are committed and assist us.

The oversubscription of the disability resource center barred students with disabilities from participating in learning. This was because the provision of support services was erratic despite the commitment of the personnel of the resource center.

5.2. Facilitators

5.2.1. Disclosure

A total of 14 of the participants disclosed their disabilities on admission and registration for diverse reasons. As a result, lecturers could meet their individual learning needs through adaptation of the pedagogical environment, teaching methods, strategies and techniques, subject matter and assessment. Similarly, previous studies reveal that students need to disclose their disabilities to higher education institutions before the commencement of their studies in order to be supported (Jacklin, 2011; Richardson, 2009). Sango, for instance, expressed:

> I know the difference between the visual world and the blind world. I became blind when I was 10 years old. I cannot hide my blindness and I am used to it. I declared it on my admission and registration to be supported throughout my study.

The disclosure of disabilities of students on admission and registration because of their awareness of the visibility of such disabilities, and their acceptance of such disabilities facilitated their participation in learning. The institution afforded them the support that they needed.

> Goda added:

> You (Interviewer) can see that I do not have visual perception. This was evident as soon as I entered registration offices, lecture rooms and dining hall. I subsequently reaffirmed such disclosure to access support inclusive of materials, resources, technology, funding, and accommodation.

The disclosure of the students of their disabilities to the institution because of the awareness of their visibility to the stakeholders supported their participation in learning. This facilitated their access to supportive resources.

> Tsanga further elaborated:

> My wheelchair reveals to the university, its stakeholders and the public that I am disabled. It is a visible integral component of my body just as the feet of anyone. My wheelchair transports me while feet transport those without disabilities. No doubt, to be supported, I put it in black and white that I am disabled when I was registered at this university.

Students' disclosure of their disabilities on registration because of the visibility of these disabilities to the institution and other stakeholders due to the assistive devices that they used and the integral role of these devices in their life promoted their participation in learning. This was because the disclosure facilitated the provision of support to them.

> From a divergent perspective, Ngoda articulated:

> Because of the national economic meltdown, several students drop out of universities because they are secretive about their disabilities to these institutions. I divulged my residual hearing as I was admitted and registered to receive support to study. Besides financial, residential, and technological support, I receive psychological support that keeps me ticking.

Disclosure of disabilities of students on admission and registration because of an awareness of peer students with disabilities who had dropped out of universities because of lack of support from these institutions as a result of non-disclosure of disabilities facilitated their participation in learning. This was because the institution offered psychological, technological, residential, and technological support to these students.

From yet a further perspective Taku expressed:

> I have Asperger Syndrome but I excel academically since preschool. I disclosed my disability to all educational institutions I attended and to both people with and without disabilities to make them aware that every individual can succeed in the academic domain regardless of his or her disability provided he or she accepts it and is committed to succeed.

Students' disclosure of their disabilities to the institution because of their academic excellence regardless of their disabilities promoted awareness in people both with and without disabilities that individuals can succeed academically regardless of their disabilities. This fostered in them a sense of equal participation in learning with their typically developing counterparts, which promoted their participation in learning.

Three of the participants only disclosed their disabilities during the course of their studies instead of on admission and registration to avoid perceived stigmatization and jeopardization of their enrolment in the institution. This was because their disclosure of disabilities at primary and high school levels had resulted in their typically developing peers segregating them in playing and teaching, as well as in learning pair, trio, and group work activities. Teachers also patronized them for example by not assigning them certain tasks at school including sweeping the classrooms with their typically developing counterparts because they perceived them as ill because of disabilities. Consistent evidence reveals that some students do not disclose their disabilities on admission and registration in higher education institutions because they can be perceived as different and suffer from the stigmatization associated with disabilities (Liasidou, 2014). For instance, Rwiyo articulated:

> I only made the university administrative and support staff, lecturers, and peer students aware that I am diabetic the day I fell in the lecture room and recuperated from the hospital. Social-cultural norms, mores, values, and practices benchmarks typical and atypical human development. We [Students with disabilities] are social misfits at this university and in the whole country.

The disclosure of disabilities of students after mishaps manifesting from their disabilities facilitated their participation in learning. This was because university stakeholders were aware of their disabilities and supported them accordingly.

Tocha added:

> Our Zimbabwean philosophy of growth is grounded in causation. Explanations about causes of disabilities such as infidelity of the mother, being bewitched or being cursed inflect pain in us. Asthma symptoms kicked in because of extremely hot weather as my study year unfolded. I therefore disclosed to the whole institution that I am asthmatic for necessary intervention to avoid my succumbing to it.

Disability disclosure of students to the entire institution because of the manifestation of their symptoms during their course of study supported their participation in learning. This was because the stakeholders of the institution afforded them responsive interventions.

Chikanya further elaborated:

> I could not declare that I have epilepsy for fear of being denied registration. A university cannot train a teacher who may be epileptic in the classroom. However, it became an open secret when I had seizures a few days after my registration. It was then that I declared my disability to the institution, lecturers, and other students for their support.

Students' disclosure of disabilities to the institution after certain incidents revealed these students to the whole institution promoted their participation in learning. This was because the institution, lecturers and peer students supported them.

5.2.2. Resources

A total 14 of the participants who disclosed their disabilities on admission and registration were provided with supportive resources that facilitated their participation in learning. This finding aligns with previous research which established that early disclosure of disabilities facilitate early intervention for students with disabilities (Chikwature et al., 2016; Jacklin, 2011). Sango, for example, expressed:

> We (students with disabilities) are funded. All our basic needs for studying such as food and accommodation are provided to us for free.

Institutional support facilitated the participation of students with disabilities in learning. This met their physiological needs.

> Chando added:

> The center supports all students with disabilities provided they are registered as such. The support includes braille machines, computers, printing, and transcription of braille. The unit is an all services providing outlet.

The provision of all services including technological and transcription support to students with disabilities by the disability resource center promoted their participation in learning. Such support facilitated accessibility of study materials to these students.

> From different angle Gora expressed:

> The physical infrastructure of our institution is disability friendly. Rails and ramps, toilets and lecture rooms that are disability friendly are in place. The ground is paved for easy mobility of wheelchairs.

Disability friendly physical infrastructure at the institution supported participation of students with disabilities in learning. It facilitated their ease of mobility and access to institutional facilities.

5.2.3. Services and facilities

Six of the participants felt that special facilities and arrangements that met their needs supported their participation in learning. Hama, for instance, expressed:

> Some of us are uncomfortable in tackling assignments by presentation as our counterparts stare at our disabilities rather than listening to our presentations. Some lecturers are psychological enough to pick it up and they pair us with counterparts without developmental challenges who present on our behalf.

Lecturers' use of alternative forms of presentation of assignments facilitated participation of students with disabilities in learning. Alternative forms of presentation safeguarded the self-esteem of these students as their unique needs were met.

> Tsanga added:

> We are provided with extra examination time and separate examination venues. This affords us space and time to prove our academic prowess.

The provision of extra time and separate examination venues to students with disabilities facilitated their participation in learning. It afforded them the opportunity they needed to write the examinations.

Rwiyo elaborated:

Some lecturers extend due-dates for submission of our assignments without our request. They even extend due-dates for submission of assignments to students without disabilities as well provided they substantiate the necessity for such extension.

The extension of due-dates for assignments for students with and without disabilities facilitated the participation of these students in learning. They had adequate time to work on their assignments before submitting them.

From a different perspective Chombe expressed:

Student support services links us with peer students with physical disabilities and other conditions in the university. I am networked with other peer students with disabilities in other faculties and departments. We share our successes, challenges and how to by-pass them.

The linking by the students' support services of students with disabilities to other students with disabilities in the institution facilitated participation of these students in learning. Such linking networked these students which enabled their sharing of their achievements, challenges, and solutions in their studies.

6. Discussion

This study established several social, attitudinal, and environmental barriers to the participation of students with disabilities in learning in higher education. Previous studies, similarly, reveal that despite a political impetus to redress social injustice and social exclusion and the passing of supportive policies and legislation to safeguard non-discrimination within higher education, students with disabilities continue to confront barriers to learning (Black et al., 2015; Hanafin et al., 2007; Maruzani & Mapuranga, 2016; Smith, 2010). Teaching and learning in higher education do not meet the individual needs of students with disabilities. Past research, similarly, found that teaching staff's lack of awareness of the individual needs of students with disabilities is a barrier to learning for these students (Chataika, 2008; Redpath et al., 2013). The participation of students with disabilities in higher education requires individual and institutional capacity building including pre-service and in-service training of lecturers in inclusive education and the pooling of human, material, financial, time and technological resources to meet the individual needs of these students.

Non-disclosure of disabilities of students for fear of stigmatization and refusal of admission and registration in higher education interfered with their participation in learning because they were not supported in their studies. Previous studies also indicated that some students do not disclose their disabilities because of the negative attitudes of society towards disabilities (Beauchamp-Pryor, 2012; Chiparaushe, Mapako, & Makarau, 2016; Gibson, 2012) and the negative impact of these attitudes on their careers (Choruma, 2007; Macleod & Cebula, 2009; Morgan & Burn, 2000). Thus, a shift in paradigm from a medical model of disability to a social model of disability is needed for students to disclose their disabilities so that they can be supported in response to their needs to facilitate their participation in learning. Lecturers' identification of students with disabilities interfered with their participation in learning as they undermined their capabilities. Similarly, previous research indicates that staff disablist practices and attitudes are barriers to participation for students with disabilities in higher education (Chiparaushe et al., 2016; Lang & Choruwa, 2007; Madriaga, 2007). Sympathetic behavior of lecturers towards students with disabilities fostered in

them negative self-perception which hampered their participation in learning. This finding aligns with past research which revealed that overprotection of students with disabilities by lecturers is a barrier to participation of these students in learning (Chataika, 2008; Phiri, 2013).

The inability of lecturers to meet the individual needs of students with disabilities because they were too many in lecture rooms hindered their participation in learning. Some previous evidence reveals that staff may not identify students with disabilities in large cohorts (Madriaga, 2007). Lecturers' planning and delivery of lectures that were not responsive to the diverse needs of students with disabilities because of limited time due to work overload interfered with these students' participation in learning. Past studies also reveal that lecturers are too overburdened with work to meet student diversity in higher education institutions (Mutasa et al., 2013). The inaccessibility of the curriculum to students with disabilities because of the incompetence of lecturers in inclusive education barred them from participating in learning. This finding resonates with previous studies which show that students with disabilities continuously inform lecturers that they have exceptionalities and require individualized support, but to no avail (Fuller et al., 2004; Goode, 2007). Lecturers' incompetence in using assistive technological devices hampered the participation of students with disabilities in learning as they could not support them in their operation. Some consistent evidence reveals that most lecturers lack training in the use of assistive gadgetry in inclusive education (Chireshe, 2013; Mandina, 2012). The incompetence of lecturers to use diverse teaching strategies hindered the participation of students with disabilities in learning as they were not responsive to their diverse learning modalities. Previous research, similarly, indicates that lecturers tend to use a "one size fits all" approach to teaching and learning (Chataika, 2010; Chiparaushe et al., 2016).

Non-provision of lecture handouts and notes to students with disabilities in advance of the presentation of lectures impeded their participation in learning because they failed to cope with the taught content on first presentation and progress with their typically developing counterparts, on account of their use of diverse learning strategies. This finding aligns with previous research which indicates that lecturers' lack of consideration of the unique learning strategies of students with disabilities curtails their learning and progression in the community of their typically developing peers (Mafa, 2013). The lack of use of assistive devices of students with disabilities to avoid sympathy from their peers without disabilities and lecturers as well as to avoid interfering with the regular lecture room environment hindered their participation in learning because it was difficult for them to master the presented content without these devices. Inconsistent evidence reveals that students with disabilities need empathy instead of sympathy from their peers without disabilities and lecturers to participate in learning (Choruma, 2007; Lang & Choruwa, 2007; Maruzani & Mapuranga, 2016). The absence of extension of due-dates for submission of assignments for students with disabilities hampered their participation in learning since they could not meet the deadlines. This finding resonates with previous research which revealed that some lecturers are inflexible in assessment (Pavey et al., 2010). The presentation of assignments and examinations in written form only interfered with the participation of students with disabilities in learning since their capabilities were not considered and their unique learning needs were not met. Previous research, similarly, indicates that over-dependence on written assessments including examinations disadvantages some students with disabilities (Chiparaushe et al., 2016; Madriaga, 2007). In the same vein, some consistent evidence indicates that the use of alternative forms of assessment such as presentations including poster presentations facilitates the participation of students with disabilities in learning (Pavey et al., 2010; Redpath et al., 2013).

An unawareness of lecturers of the individual needs of students with disabilities due to their non-disclosure for fear of stigmatization interfered with their participation in learning because they were not provided with the required support to meet their needs. This finding aligns with previous research which shows that lecturers who are unaware of the disabilities of students provide inflexible support which is tailored to the need of the institution instead of the students (Chataika, 2008; Mafa, 2013; Mortimore, 2013). The oversubscription of the disability resource

centre impeded the participation of students with disabilities in learning because they were not supported timeously. Similarly, past research indicates that limited resources in disability resource centres constitute a stumbling block to their provision of adequate support to students with disabilities (Majoko, 2013). Disability disclosure because of the visibility of their exceptionalities, acceptance of such exceptionalities as well as willingness to receive institutional support and to raise awareness about their capabilities facilitated their participation in learning because of self-motivation. This finding contradicts studies which demonstrate that students do not disclose their disabilities because they do not want to identify with exceptionality (Beauchamp-Pryor, 2012; Majoko, 2005).

Students' disclosure of disabilities on admission and registration promoted their participation in learning because they were supported throughout their studies. Past studies also show that students who disclose their disabilities are afforded entitlements that support them (Choruma, 2007; Cunnah, 2015). Previous studies, similarly, indicate that students in higher education need to disclose their disabilities before the commencement of their studies in order for support to be provided (Hanafin et al., 2007; Hopkins, 2011; Richardson, 2009). Disability resource centers supported the participation of students with disabilities in learning through affording them technological, human, and material support. Some inconsistent evidence shows that disability resource centers lack resources to provide students with disabilities to fully participate in learning (Couzens et al., 2015; Lang & Choruwa, 2007). Disability friendliness of the physical infrastructure of the institution promoted participation of students with disabilities in learning because it facilitated their ease of mobility. This finding contradicts previous studies which demonstrate that students with disabilities confront environmental barriers in higher education institutions (Beauchamp-Pryor, 2012; Chikwature et al., 2016; Maruzani & Mapuranga, 2016).

Pairing of students with disabilities with their typically developing counterparts who presented assessments on their behalf facilitated their participation in learning. Previous research also reveals that some students may be greatly disadvantaged when alternative provision is not made available (Jenjekwa et al., 2013; Maruzani & Mapuranga, 2016; Musengi & Chireshe, 2012). Similarly, past studies reveal that assessment needs to be designed from the outset with the requirements of the students with disabilities in mind (Choruma, 2007; Jenjekwa et al., 2013).

Special examination arrangements for students with disabilities including extra time and separate examination venues promoted their participation in learning since their individual needs were met. This finding contradicts previous studies, which show that students with disabilities experience difficulties in examination (Fuller et al., 2004; Hanafi et al., 2007). Some inconsistent evidence also reveals that segregation of students with disabilities from their typically developing peers during examinations is a stigmatizing form of provision as it identifies these students as different from their typically developing peers (Liasidou, 2014; Majoko, 2005). The extension of due-dates for submission of assignments for students with disabilities supported their participation in learning, because they were afforded adequate time to tackle these assignments. Past studies, similarly, show that some lecturers are flexible in managing the assignments of students (Mafa, 2013; Mutasa et al., 2013). Networking of students with disabilities with their counterparts who were enrolled in other schools and departments within the institution supported their participation in learning because they supported one other psycho-socially. Past studies, similarly, indicate that students with disabilities need to support each other to circumvent individual and systemic barriers to their participation in learning in higher education (Choruma, 2007; Maruzani & Mapuranga, 2016).

In line with previous studies, the current study showed that students with disabilities continue to experience attitudinal, environmental, and social barriers to participation in learning in higher education despite the paradigm shift from exclusivity to inclusivity in education coupled with the passing of supportive policies and legislation in compliance with international human rights policy and legislative infrastructure. In spite of the positive perception of the provision of support services and disability friendly infrastructure, lecturers and typically developing students constituted

a human barrier to the participation of students with disabilities in learning in higher education. Individual and institutional capacity building in inclusive education could facilitate equity and equitable participation of students with disabilities in learning in higher education.

7. Conclusion and recommendations

This study illuminates several individual and institutional barriers to participation in learning of students with disabilities in higher education. Some consistent evidence reveals that students do not disclose their disabilities for diverse reasons (Mutswanga & Mapuranga, 2014). Institutionalization of support in universities could motivate students to disclose their disabilities on admission and registration as this could guarantee their support throughout their studies. Mounting of disability awareness campaigns of universities at national, provincial, district and institutional levels could change negative cultural attitudes of stakeholders towards exceptionalities. Previous studies reveal that recruitment fairs and open days at universities can foster in stakeholders positive attitudes towards individuals with disabilities (Mortimore, 2013). Professional development of lecturers on inclusive education could equip them with the competence to meet the diverse needs of individual students with disabilities. Past studies have indicated that lecturers require in-service training to be equipped with the positive attitudes, knowledge, skills, competencies and understanding to meet the individual needs of students with disabilities in higher education institutions (Chiparaushe et al., 2016; Phiri, 2013). Universities could consider collaborating with individual stakeholders, organizations, and institutions including lecturers, students with and without disabilities, administrative staff, support staff, parents, and the government to develop and enforce policies that mandate the inclusion of students with disabilities in all faculties and departments. Lecture handouts and notes could be provided to students with disabilities in advance of presentations of lectures to ensure that these students participate in learning. Consideration of the use of alternative assessment and different teaching and learning methods, strategies, and techniques could facilitate participation of students with disabilities in learning in higher education.

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Appendix A1. Interview Protocol

(1) Describe the nature of your disability.

(2) Do you view yourself as having a disability? Explain..

(3) For how long have you had this disability? (Probe for demographic information such as age, programme of study, year of study).

(4) What is the impact of this disability on you?.

(5) To whom did you disclose your disability at this university?.

(6) How are you supported at this university?.

(7) How do you view the support provided to you at this university?.

(8) How do staff members at this university perceive your disability?.

(9) How do you view the training of staff at this university on disabilities?.

(10) What is the attitude of your student peers towards disabilities?.

(11) How does your disability impact your learning?.

(12) What else would you like to add that we did not talk about regarding your experiences at this university?

Thank you for your participation in this interview