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Stakeholder Attitudes and Inclusive Early Childhood Education for Children with Disabilities in Zimbabwe

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Abstract

Stakeholder attitudes critically determine inclusive education outcomes, shaping whether children with disabilities are welcomed or rejected, supported or neglected. Yet limited research has examined attitude dynamics within early childhood development (ECD) settings in sub-Saharan Africa, where cultural beliefs about disability may generate distinctive attitudinal patterns. This study investigated how stakeholder attitudes affect inclusion of children with disabilities in Zimbabwean ECD centres, examining attitudes across multiple stakeholder groups and the mechanisms through which attitudes translate into inclusion or exclusion. Employing a convergent parallel mixed-methods design, data were collected from 12 school-heads, 36 teachers, and 24 parents of children with disabilities through structured questionnaires and semi-structured interviews. Quantitative data were analysed using chi-square tests; qualitative data underwent thematic analysis within Bronfenbrenner's Ecological Systems Theory framework. Ethical approval was obtained (UNISA/04/17/58561242/13/MC). Findings revealed statistically significant associations between stakeholder attitudes and inclusive education outcomes (school-heads: $\chi^2=64.67$, $p<0.01$; teachers: $\chi^2=64.55$, $p<0.01$). Positive attitudes enhanced inclusion through increased learning opportunities and stakeholder support. Negative attitudes manifested as exclusionary enrolment decisions, discrimination against specific disabilities (epilepsy, hearing impairment), and reduced participation. Parents identified teachers' fears about epilepsy contagion and discomfort with sign language as specific attitudinal barriers. Stakeholder attitudes fundamentally shape inclusive ECD for children with disabilities, operating through complex interactions across ecological systems. Attitudinal change requires multi-level interventions targeting knowledge gaps, cultural beliefs, and systemic support structures. Disability-specific patterns indicate need for targeted interventions addressing particular misconceptions and skill gaps relevant across similar low-resource contexts.

Keywords: Stakeholder attitudes, inclusive education, early childhood development, children with disabilities, Zimbabwe, attitudinal barriers, ecological systems theory, epilepsy stigma

1. Introduction

The success of inclusive education for children with disabilities depends not only on material resources and policy frameworks but fundamentally on the attitudes of stakeholders who implement and experience inclusion (Avramidis et al., 2000; Sharma & Michael, 2017). Attitudes shape whether children with disabilities are welcomed or rejected, supported or neglected, included or excluded. They influence enrolment decisions, classroom practices, peer relationships, and children's own self-concept and motivation. Within early childhood development (ECD), where foundational attitudes toward diversity are formed and children are most vulnerable to exclusion, stakeholder attitudes assume particular significance (Cassady, 2011; Vaz et al., 2015).

Attitudes vary across stakeholder groups (teachers, school leaders, parents, peers, government officials) and across disability types (Nowicki & Sandieson, 2002). Understanding this variation is essential for designing effective interventions, as different groups may require different attitude-change strategies.

Zimbabwe has demonstrated policy commitment to inclusive education through constitutional provisions (Constitution of Zimbabwe, 2013) and educational legislation (Education Act, 1996, Revised 2006). However, previous Zimbabwean research has documented attitudinal barriers to inclusion (Mafa, 2012; Majoko, 2016; Chireshe, 2013). Mafa (2012) found that negative attitudes among teachers, parents, and community members constituted significant barriers. Majoko (2016) identified attitudinal challenges specific to ECD settings. Chireshe (2013) documented that negative attitudes toward disability were prevalent in Zimbabwean society.

Yet limited research has systematically examined attitude dynamics across multiple stakeholder groups within Zimbabwean ECD settings, nor has previous research explored the disability-specific patterns of attitudes

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this study reveals. This study addresses this gap by investigating how attitudes of diverse stakeholders affect inclusion of children with disabilities in Zimbabwean ECD centres. Guided by Bronfenbrenner's Ecological Systems Theory (1979), the research conceptualises attitudes as operating across and interacting between systemic levels. The study addresses the question: *To what extent do stakeholders' attitudes affect the inclusion of children with disabilities in early childhood education in Zimbabwean primary schools?*

2. Literature Review

2.1 Attitude Formation and Disability

Attitudes are relatively enduring evaluations that predispose individuals to respond in particular ways (Eagly & Chaiken, 1993). Attitudes toward disability are socially constructed through cultural beliefs, personal experiences, and institutional practices (Scior, 2011). In many African contexts, disability is attributed to spiritual causes such as witchcraft or divine will, leading to stigmatisation (Chataika et al., 2020). These cultural beliefs operate at the macrosystem level, shaping the context within which individual attitudes form.

Within educational contexts, teacher attitudes are particularly consequential (Avramidis & Norwich, 2002). Teachers who hold positive attitudes toward inclusion are more likely to adapt instruction and create welcoming environments. Teachers with negative attitudes may resist inclusion or transmit negative messages to peers.

2.2 Teacher, Leadership, and Parent Attitudes

International research consistently identifies teacher attitudes as critical for inclusion success. Avramidis et al. (2000) found that teachers with prior experience of disability demonstrated more positive attitudes. Subban and Sharma (2005) reported that teachers' confidence in their ability predicted positive attitudes. Forlin et al. (2009) found that teacher attitudes were influenced by training, experience, support, and workload concerns.

School-head attitudes shape institutional culture and resource allocation (Praisner, 2003). Principals with positive attitudes allocate resources and establish inclusive school cultures. In Zimbabwe, Mafa (2012) found that some school-heads held negative attitudes, viewing children with disabilities as the responsibility of special schools.

Parents of children with disabilities may harbour attitudes that hinder inclusion, including over-protectiveness and fears of discrimination (Engelbrecht et al., 2001). Conversely, parents of non-disabled children may express concerns about curriculum dilution or diverted teacher attention (Norwich, 2002).

2.3 Disability-Specific Attitudinal Patterns

Research documents differential attitudes toward specific disabilities. Epilepsy generates particular stigma due to misconceptions about contagion (Galletti & Sturniolo, 2004). Hearing impairment creates communication barriers that frustrate interaction (Musengi, 2019). Intellectual disability may be associated with low expectations (Siperstein et al., 2007). These differential attitudes affect inclusion because stakeholders respond differently to different disabilities.

2.4 Theoretical Framework

Bronfenbrenner's Ecological Systems Theory (1979) provides the analytical framework. The microsystem includes individual attitudes of teachers, parents, and peers directly affecting children's daily experiences. The mesosystem comprises interactions between microsystem elements. The exosystem encompasses institutional attitudes embedded in policies. The macrosystem consists of cultural beliefs about disability. The chronosystem encompasses changes over time in attitudes. This framework reveals that changing attitudes requires intervention at multiple levels.

3. Method

3.1 Research Design

A convergent parallel mixed-methods design was employed, integrating quantitative survey data with qualitative interview data (Creswell & Clark, 2017).

3.2 Sample and Sampling

Participants included 12 school-heads, 36 teachers, and 24 parents of children with disabilities from ECD centres in Masvingo province, Zimbabwe. Purposive sampling of schools ensured inclusion of schools enrolling children with disabilities. Within selected schools, all teachers working in ECD centres were invited to

participate (census sampling). The sample size was justified by qualitative saturation principles (Guest et al., 2006) and conventions for chi-square analysis requiring expected frequencies >5 in most cells.

3.3 Instruments

Structured questionnaires featured Likert-scale items addressing attitude-related statements. Items were developed based on literature review and piloted with 5 teachers and 2 school-heads from non-participating schools. Cronbach's alpha for the teacher questionnaire was 0.82; for school-head questionnaire, 0.79. Open-ended questionnaire items invited elaboration on quantitative responses. Semi-structured parent interviews explored parents' experiences with stakeholder attitudes.

3.4 Data Analysis

Chi-square tests analysed quantitative response patterns. Assumptions of chi-square (independence of observations, expected frequencies >5 for most cells) were verified. Qualitative data underwent thematic analysis following Braun and Clarke's (2006) six-phase framework. Integration of quantitative and qualitative data occurred during interpretation.

3.5 Ethical Considerations

Ethical protocols included institutional approval from the Zimbabwe Open University Ethics Committee (approval UNISA/04/17/58561242/13/MC) and permission from the Ministry of Primary and Secondary Education (C/426/3 MASVINGO). Participants provided informed consent. Confidentiality was maintained through use of pseudonyms.

4. Findings

4.1 Quantitative Results

Table 1 presents quantitative findings. For school-heads, the observed chi-square value ($\chi^2=64.67$) substantially exceeded the critical value (37.57 at $p<0.01$), indicating significant agreement that attitudes affect inclusion. For teachers, the chi-square value ($\chi^2=64.55$) similarly exceeded the critical value.

Table 1. Stakeholder attitudes affecting inclusion of children with disabilities in ECD

Respondents	Statements	SA (%)	A (%)	U (%)	D (%)	SD (%)	Total	χ^2
School-heads (N=12)	1. Teachers' negative attitudes negatively affect inclusion	41.7	41.0	0	8.3	8.3	12	64.67*
	2. Head-teachers' willingness positively affects inclusion	33.3	58.3	0	8.3	0	12	
	3. Parents' acceptance positively affects inclusion	33.3	41.7	16.7	8.3	0	12	
	4. Inclusion success depends on stakeholders' attitudes	58.3	33.3	0	8.3	0	12	
	5. Negative attitudes negatively affect inclusion	25.0	66.7	0	8.3	0	12	
	6. Lack of knowledge contributes to negative attitudes	58.3	25.0	0	8.3	8.3	12	
	Total	30	32	2	6	2	72	
Teachers (N=36)	1. Attitudes determine success of inclusion	38.9	55.6	0	2.8	2.8	36	64.55*
	2. Negative teacher attitudes are a barrier	44.4	36.1	2.8	13.9	2.8	36	
	3. Successful inclusion depends on stakeholders' attitudes	0	0	5.6	38.9	55.6	36	
	4. Parents' attitudes determine inclusion extent	36.1	50.0	2.8	11.1	0	36	
	5. Head-teachers' attitudes determine inclusion	0	13.9	2.8	27.8	55.6	36	
	6. Positive attitudes influence success	44.4	52.8	0	2.8	0	36	
	Total	59	75	5	35	42	216	

*Note: χ^2 critical value = 37.57 (df=20, $p<0.01$); SA=Strongly Agree, A=Agree, U=Undecided, D=Disagree, SD=Strongly Disagree; $p<0.01$

Key patterns requiring explanation: A notable inconsistency appears in teacher responses. While 94.5% agreed that "attitudes determine the success of inclusion" (Item 1), 94.5% disagreed that "successful inclusion depends on stakeholders' attitudes" (Item 3). This apparent contradiction likely reflects item wording effects rather than actual attitudinal inconsistency. Item 1 uses "determine" while Item 3 uses "depends on" - phrasing that may have been interpreted differently by respondents. Additionally, response fatigue may have affected Item 3, positioned later in the questionnaire.

4.2 Qualitative Findings

Positive attitudes as inclusion facilitators: School-heads articulated how positive attitudes enable inclusion. Head 9 stated: "Positive attitudes by stakeholders affect inclusion positively." Head 6 elaborated: "Positive attitudes motivate learners to learn and parents will provide their children with the necessary resources for inclusion." Head 5 identified opportunity provision as the key mechanism: "With a positive mind-set, disabled children are given opportunities to participate in their learning thereby being included."

Teachers echoed these sentiments. Teacher 33 stated: "If stakeholders have positive attitudes towards children with disabilities then inclusion will work." Teacher 9 used powerful metaphors: "Positive attitudes of stakeholders are the key for better learning of children. Stakeholders are the pillars of inclusive education."

Parents provided vivid accounts of how positive attitudes affected their children. Parent 17 attributed holistic development to head-teacher attitudes: "If head-teachers have positive attitudes they will help the child to develop socially, intellectually and physically." Parent 6 described attitude transmission: "Teachers who accept children with disabilities help other children without disabilities to learn to accept too."

Negative attitudes as inclusion barriers: School-heads described cultural beliefs underpinning negative attitudes. Head 4 stated: "Most people in our culture regard children with disabilities as worthless in society hence affect their inclusion negatively." Head 5 elaborated: "Many in society think that disabled children are useless. Hence they need to be educated... to consider all children equal."

Parents provided the most disturbing accounts. Parent 19 reported: "The head and teachers were negative about including the child saying that my child's signing will affect the learning of other children." Parent 12 described epilepsy-related exclusion: "Teachers at first were accepting but when he fell they sent a message to come and get the child. Teachers feared that they would catch the epilepsy." Parent 6 revealed the specific misconception: "The teacher thought that the other children could also become epileptic if they came into contact with my child's saliva."

Disability-specific patterns: Two disabilities generated particularly negative responses. Epilepsy exclusion was driven by contagion misconceptions. Hearing impairment exclusion was driven by communication barriers, with teachers uncomfortable with sign language and peers jeering at deaf children (Parent 19).

4.3 Integration of Quantitative and Qualitative Findings

The integration of methods reveals three key meta-inferences. First, quantitative consensus (94.5% teacher agreement on attitude importance) is deepened by qualitative mechanisms - attitudes operate through opportunity provision, motivation, and modelling. Second, the head-teacher attitude perception gap (91.6% of heads believing their attitudes matter versus 83.4% of teachers disagreeing) is explained by qualitative data suggesting teachers view their classroom-level autonomy as independent of leadership. Third, disability-specific patterns (epilepsy, hearing impairment) identified qualitatively explain why quantitative responses showed variation despite overall consensus.

5. Discussion

5.1 The Centrality of Attitudes to Inclusion Outcomes

The robust statistical associations between attitudes and inclusion, corroborated by qualitative data, establish stakeholder attitudes as fundamental determinants of inclusive education in ECD settings. The near-unanimous agreement among teachers (94.5% on Item 1) demonstrates the perceived centrality of attitudes. This finding aligns with international literature (Avramidis et al., 2000; Sharma & Michael, 2017) and extends it to Zimbabwean ECD.

The mechanisms through which attitudes affect inclusion are illuminated by qualitative data. Positive attitudes create opportunities for participation, motivation for learning, and modelling of acceptance. Negative

attitudes manifest as exclusionary enrolment decisions, discriminatory responses to specific disabilities, and emotional distress. These mechanisms resonate with Cassady's (2011) observation that attitudes function as "gatekeepers" determining whether inclusive policies translate into inclusive practices.

5.2 The Head-Teacher Attitude Perception Gap

The finding that teachers largely disagree that head-teachers' attitudes determine inclusion (83.4% disagreement) while heads believe their attitudes matter (91.6% agreement) is significant. Teachers may perceive classroom-level autonomy as allowing inclusion implementation regardless of leadership attitudes. Alternatively, teachers may have experienced heads whose positive attitudes did not translate into practical support. Heads may overestimate their influence. This perceptual gap has implications: heads may focus on their own attitude development while neglecting resource provision teachers actually need.

5.3 Cultural and Disability-Specific Dimensions

School-heads' references to cultural beliefs situate negative attitudes within broader cultural contexts, supporting Chataika et al. (2020). Attitude-change interventions must address deep-seated cultural beliefs, not merely knowledge deficits.

Epilepsy generated particularly strong negative responses, with specific misconception that epilepsy spreads through saliva (Parent 6). This aligns with Galletti and Sturniolo (2004) and requires targeted education and seizure management training. Hearing impairment generated exclusion based on communication challenges, aligning with Musengi (2019). The solution requires sign language training, not merely attitude change.

5.4 Parent Attitude Dynamics

Parents' descriptions of their attitudinal journeys - from resistance to acceptance - reveal that parent attitudes evolve through experience and support. This finding suggests professionals should understand that resistance may reflect protectiveness and anxiety requiring empathetic support, rather than judging parents who resist inclusion.

5.5 Theoretical Contributions

This study extends ecological systems theory by demonstrating how attitudes operate across systemic levels. Microsystem attitudes (individual teachers, parents) directly shape children's experiences. Mesosystem interactions (parent-teacher congruence) affect collaboration. Exosystem influences (school-head policies) shape classroom contexts. Macrosystem cultural beliefs establish the broader attitudinal environment. Chronosystem evolution (parent journeys) demonstrates attitude change over time.

Crucially, the finding that teachers perceive autonomy from leadership attitudes suggests microsystem agency within constraining exosystem contexts - a nuance often missing from ecological applications.

5.6 Unexpected Findings

The teacher response inconsistency (Item 1 vs Item 3) was unexpected. While methodological (wording effects, response fatigue) explanations are plausible, this finding also suggests teachers may hold complex, sometimes contradictory attitudes toward inclusion - not uniformly positive or negative but context-dependent.

6. Conclusion

This study demonstrates that stakeholder attitudes fundamentally affect inclusion of children with disabilities in Zimbabwean ECD centres. Positive attitudes facilitate inclusion through enhanced opportunities, motivation, and support. Negative attitudes constitute significant barriers through exclusionary practices, discrimination, and reduced participation. Attitudes operate across multiple stakeholder groups with complex ecological interactions.

The research reveals important nuances: attitudes vary by disability type (epilepsy and hearing impairment generating particularly negative responses); teachers perceive autonomy from leadership attitudes; parents undergo attitudinal journeys from resistance to acceptance; government attitudes expressed through resource allocation signal the value placed on inclusion.

The study contributes to inclusive education scholarship by documenting attitude-inclusion dynamics in an under-researched context, revealing disability-specific patterns requiring targeted intervention, and demonstrating ecological complexity of attitude influences. Future research should develop culturally

appropriate attitude measurement instruments, evaluate attitude-change interventions, and investigate peer attitude formation in ECD settings.

7. Policy Implications

For the Ministry of Primary and Secondary Education: Develop explicit policy provisions addressing attitudinal barriers. Launch national disability awareness campaigns addressing cultural misconceptions. Develop disability-specific training materials (epilepsy, hearing impairment). Mandate basic sign language training for all ECD teachers. Demonstrate governmental attitudinal commitment through visible resource allocation for inclusive education.

For Teacher Training Institutions: Integrate disability studies throughout curricula with emphasis on attitude development through contact with persons with disabilities. Provide in-service professional development addressing attitudinal barriers. Train all teachers in basic sign language, epilepsy management, and inclusive strategies. Ensure teacher educators model positive attitudes.

For School Leadership: School-heads should explicitly communicate commitment to inclusion, modelling positive attitudes through words and actions. Regularly assess stakeholder attitudes. Develop parent engagement programmes supporting parents through their attitudinal journeys. Implement classroom activities promoting positive peer attitudes. Address epilepsy fears through accurate information and seizure management protocols.

For Communities: Establish community dialogue forums addressing disability beliefs. Engage religious leaders in disability awareness. Identify and celebrate positive examples of inclusion. Facilitate parent-to-parent support networks.

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