

**AVAILABILITY AND USE OF SOCIAL SUPPORT AMONG PARENTS OF  
SCHOOL CHILDREN WITH DISABILITIES IN DAR ES SALAAM,  
TANZANIA**

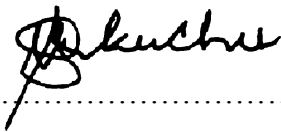
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**A THESIS SUBMITTED IN FULFILLMENT OF THE REQUIREMENT FOR  
THE DEGREE OF DOCTOR OF PHILOSOPHY IN EDUCATION OF THE  
OPEN UNIVERSITY OF TANZANIA**

**2017**

**CERTIFICATION**

The undersigned certify that the thesis has been read and hereby recommend for acceptance by the Open University of Tanzania, the PhD thesis titled “Availability and Use of Social Support among Parents of School Children with Disabilities in Dar es Salaam, Tanzania” in fulfillment of the requirements for the degree of Doctor of Philosophy in Education of the Open University of Tanzania.



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.....

Signature

.....

Date

## **DEDICATION**

This work is dedicated to my Lord God and I can do all this through him who gives me strength to accomplish the task (Philippians 4:13).

## ACKNOWLEDGEMENT

I found myself indebted to many individuals who motivated and assisted me in the whole processing of making this thesis a success. The list includes Dr. Sydney Mkuchu and Prof. Mary Kitula, as my supervisors. They encouraged and supported me throughout, starting from the initial stage of the proposal and fieldwork to the final product of this thesis. They were always available with their constructive ideas and support and shared with me the anxieties and the burdens of reading the earlier drafts of this thesis. It could have been difficult to accomplish this task without their support.

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**ABSTRACT**

Social support, as a crucial resource for parents of children with disabilities, is defined as assistance in form of human endeavour such as material gain, emotional maturity, specialized trends, and access to information and pieces of advice that parents of children with disabilities obtain from different institutions, associations or organizations. Researchers have mostly focused on educational needs of children with disabilities by partly ignoring parents' needs. Therefore the purpose of this study was to explore parents and their children with disabilities, and teachers' opinions on availability and use of social support among parents of school children with disabilities in Dar es Salaam Region. Qualitative and quantitative research approaches were used with cross - sectional as the design employed for this study. Thirty nine school children with disabilities purposively selected and thirty parents raising children with disabilities conveniently selected were interviewed whereas a questionnaire was administered to seventy eight teachers for special schools who were purposively selected. Two techniques used for data analysis included content and path analysis. The main findings showed that social support available and used by parents bringing up school children with disabilities included that of emotional, instrumental, appraisal and informational support. These types of social support were considered significant in education and in the daily care of children with disabilities. However, socio-economic status, cultural beliefs and proximity were the factors determining the use of available social aid. The study implies a need for raising awareness regarding provision of social buttressing among parents of such children.



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**LIST OF ABBREVIATIONS**

CBOs	Community Based Organizations
CCBRT	Comprehensive Community Based Rehabilitation in Tanzania
CHAVITA	Chama cha Viziwi Tanzania (Tanzania Association for Persons with Hearing Impairment)
CHAWATA	Chama cha Walemavu Tanzania (Tanzania Association for Persons with Disabilities)
CWD	Children with Disabilities
DAS	District Administration Secretary
EFA	Education for All
FBOs	Faith Based Organizations
MoEVT	Ministry of Education and Vocational Training
NGOs	Non-Governmental Organizations
PDA	People with Disability Act
PWD	People with Disabilities
RAS	Regional Administration Secretary
TAMH	Tanzania Association for Mental Handicapped
TLB	Tanzania League of the Blind
UNESCO	United Nations Educational Scientific and Cultural Organization
UNICEF	United Nation International Children Emergency Fund
URT	United Republic of Tanzania

## **CHAPTER ONE**

### **1.0 INTRODUCTION AND BACKGROUND OF THE STUDY**

#### **1.1 Introduction**

This chapter presents the background of the study by discussing the need of social support among parents of children with disabilities, system of social support provision in Tanzania, children with disabilities and if the support given to their parents improve the progress of their education particularly in Tanzania. The chapter also presents the statement of the problem, purpose of the study, objectives and research questions, the significance, the scope and limitations of the study in addition to the conceptual framework and definition of the key terms.

#### **1.2 The Background of the Study**

Availability and use of social support among members in various groups in any society is one of the critical areas that need attention (Sigalla et al., 2017; Clark, 2000; Cohen, 2007). This is mainly because social support is said to be effective in promoting the coping with and reducing the effect of stress among individuals facing major life crises (Kassile et al., 2015; Cohen, 2007). The current study focused on availability and use of social support among parents of school children with disabilities in Dar es Salaam, Tanzania.

The term social support is understood in a perceptive sense, as is said to be the help for people in difficult state of affairs (Kassile et al., 2015; Cohen, 2007). Furthermore, Schaefer, Coyne and Lazarus (2002) view social support as an individual conviction that, they are cared for and loved, esteemed and cherished as

they belong to a network of communication and mutual obligation. It could also be the information that leads the individuals to believe that they are valued, respected, and loved which facilitate the coping with, with the challenges of everyday life. In the same line Whittaker (2002) adds that social support is a special kind of interaction that appears in different ways; psychological or tangible resources provided by the social network as for example, by consanguine relationships, affinity and the peer group.

In the case of parents of children with disabilities, social support is viewed as the fundamental experience that parents must strive to keep healthy psychologically, in order to enable them live an ordinary life, and assist them to get the needed comfort from family chores while enjoying the interaction with the society at hand (Clark, 2000). The most important motive for the provision of social support is that, parents are usually overwhelmed by all the demands of taking care of the children with disabilities coupled with other family activities (Msangi, 2008; Mbwilo 2010; Clark, 2000). Parents often feel burdened because it demands much responsibility to take care of children with disabilities besides other social demands (Msangi, 2008). Therefore, their awareness with the knowledge that they are valued by others is important in mitigating the negative aspects of their lives that would make them accept themselves positively about their situation, hence preventing the development of hopelessness, anxiety and alienation from occurring frequently.

Different studies indicated that social support is significant experience for parents of children with disabilities (Msangi, 2008; Mbwilo 2010). The study on the role of

social support for African- American parents having children with disabilities in America revealed that having a child with disability is coupled with more somatic indicators. However, the reduction of negative consequences crop up when parents are supported by the families (Ha, Green & Seltzer 2011).

Study done in Zambia showed that parents of children with disabilities experienced physical problems as a result of having to lift and carry their children while doing other useful activities (Singongo et al., 2015). Moreover, parents experience social isolation as a result of fear that community would not acknowledge their children or hold them responsible for the children's condition. Another important observation was that some of the marriages were broken up because of lack of acceptance of the children and humiliation especially by the male relatives, thus poor spousal support and hence poor coping mechanisms (Singongo et al., 2015).

Another study in Kenya indicates that parents of children with disabilities experience challenges including disgrace, lack of suitable treatment, financial and caring burden regardless their religion and cultural background. Parents applied various mechanisms including beliefs in supernatural powers, prayers and spiritual healing of their children's disabilities (Gona et al., 2015)

Like other parents elsewhere, parents of children with disabilities in Tanzania are also facing challenges in nurturing children with disabilities (Msangi, 2008; Mbwilo, 2010). This is because of disability or persistent illness of a member that affect the entire family as an interactive unit (Fewell, 1986; Seligma & Darling, 1997). In this

case, some efforts should be done with the major goal of providing social support to parents and their children.

The Ministry of Health and Social Welfare and the local government that include social welfare departments in all districts of Tanzania are expected to provide social support for the citizens including parents of school children with disabilities so as to adhere to Disabilities Act of 2010 article 20(3) that could have administered in the form of providing counseling services to parents, guardians, relatives and persons with disabilities for the purpose of curbing or wiping out stigma among them.

Furthermore, different social organizations such as organizations of persons with disabilities, Non-Governmental Organizations, Community Based and Faith Based Organizations and some international organizations as for instance UNICEF, work hand in hand with the Ministry of Health and Social Welfare to ensure quality provision of social support and services for those who in dire need.

However, it has not been well established how parents of children with disabilities in Tanzania are assisted or informed on the availability and used social support among those of children with disabilities. Parents might need specific information on the needs of their children on the basic prerequisite skills on how to manage the distresses they experience. The central concern of this study thus addressed the gap by examining what is deemed important and its impact on education of children with disabilities in order to determine the relationship between availability, use of social support and outcome for education of children with disabilities.

### **1.2.1 Social Support Overview**

The world is currently undergoing various social, economic and contextual changes that have impacted most parents, above all parents of children with disabilities (Cohen, 2007). He further explains that the highly developed medical care and technology have made it possible for children with disabilities to attain adulthood, the state of affair which increases the demand of social support to their parents.

In supporting the view, Pandey (2004) adds that family organization and models of family life have diversified dramatically in the past few decades. This condition lead to the increased number of children with disabilities living in a single parent household and more mothers in working force, thus making a decline in purchase power of the families' income needed to provide basic needs for children with disabilities. Yanicki (2005) is also of the view that the care giving demands dictated by children with disabilities condition attached with an increase in residential mobility often separate parents of children with disabilities from their relatives and their natural support systems. Therefore, the specific threat related to raising children with disabilities include isolation from community (Fewell, 1986), stressed extended family relationship and isolation from friends and family (Fox et al., 2002).

Parents of CWD have a range of needs and their worries. They may need time to relax away from the work days, information about their children's future, they also need counseling services to deal with depression and discouragement that are accompanied with the birth of the child with disability and unfulfilling financial assistance required in raising children with disabilities (Valentine, 1993; Reyes-



Blanes, Corra & Bailey, 1999; Skinner & Schaffer, 2006). Therefore, the social support provision to parents of children with disabilities should address the concerns, priorities and resources of the parents.

This general situation and circumstance explained above created much stress for parents of children with disabilities, the condition that attracted more research and the number of intervention programmes dealing with provision of social support for parents (Cohen, 2007). It was also indicated that the increasing intervention programmes can be credited to factors such as psychological influence achieved in understanding the advantages and disadvantages of social support, let alone in the providing of treatment and rehabilitation programmes to the benefits of these individual changes of their behaviour and emotional conditions. However, Cobb (1976) differs with the statement on his belief that the increased attention does not reflect the discovery of new idea because social interactions have been long and widely shared.

Cohen (2007) further explains that the concept of social support given that it provides an integrative description of the findings of factors that affect health and well-being. Betty et al., (1988) in the same line assert that social support is instinctively understood though it is one of the potential keys to the well-being of individuals who experience major life transition and crises that includes bearing a child with disability. The intervention influence on the specific life crises was found to be focused on both the direct role of social support in promoting recovery from stress or crisis experiences by the individual (House, 1981). Since parents of children

with disabilities are living amongst us, their well-being is our responsibility. Researches indicate that there are many factors that affect the extent to which parents of children with disabilities seek social support. Dunkel-Schetter, Folkman and Lazarus (1987) believe that one such factor is culture. The research on culture and social support seeking explain that some parents are less likely to seek social support in dealing with stressful events in caring for children with disabilities. Taylor, Kim, Takagi & Dunagan, (2004). assert that the cultural differences in support is due to feeling concerned with negative implication of social support seeking and their relationships, such as troubling others and embarrassment.

### **1.2.2 Parents of Children with Disabilities**

Parents of CWD undergo disparaging problems associated with their children's conditions. The birth of a new baby in the family is usually anticipated with great excitement, as parents usually dream of what their children would be like. Therefore, the birth of children with disabilities affect the entire family as an interactive unit since when something affects one member in the family, all members of the family are affected (Fewell, 1986; Seligman & Darling, 1997). Most parents envision having normal children; however their dreams are shattered when any of their children is diagnosed as having a disability. Since parents expect their infant without problems, diagnosis showing that something is wrong with a child is probably the most difficult and shocking experience. Therefore, numbers of natural reactions such as shock, disbelief and even grief come to surface (Nielsen, 2002).

Hasselt et al., (1988) explained that the presence of children with disabilities in a

family poses challenges to parents' social life because they have to make adjustment to accommodate the life of children with disabilities and with other members of the family. Time spent for caring of children with disabilities draws parents away from the community and other social activities which generally turn them to be less supportive, less thoughtful and partly not responsive to community needs. This situation leads to isolation by other community members (Nielsen, 2002). It is essential therefore, for communities to consider these parents human, who ought to be content despite the augmented responsibility of looking after children with disabilities.

According to Nielsen (2002), parents' reaction to the birth of a child with disability is likely to be negative that would be similar to those related to bereavement. Nielsen further explains that, as the parents' anticipation of having a child without disability is disrupted, the encompassing emotions can be devastating. These feelings may cause self-blame that they are the cause of the child's disability, therefore, feeling of worthlessness and the development of defensive mechanisms to cope with the situation. According to Kirk et al., (2003), most parents who must care for a child with disability face two major crises. The first crisis is "a symbolic death" of the child to be; which occurs when a child is first diagnosed with the disability. Most of the parents with children diagnosed with disability are stricken by shock, denial, guilt, anger and sadness before they finally adjust to the situation. The second crisis is the problem of providing daily care of the child, for example the three basic needs of shelter, clothing and accommodation a responsibility that often pegs such families down (Kirk et al., 2003).

Parents of CWD are also susceptible to many social problems. Special equipment for example, possibly in special schools, and engaging in caretakers when parents are absent at home due to a variety of reasons may impose financial tension to them (Cohen, 2007). In addition, children with disabilities, exert more stress to marital relationships since one of the parents especially mothers, may be obliged to resign from their jobs thus leading to further problems, such as culminating into poverty in the family.

The presence of a child with disability can also can have negative and positive effects in the family, be the cause of family breakdown or be the cause of family unit. Nielsen (2002) argues that the presence of a child with disability puts more stress on marital relationship due to the presence of outburst of blames and accusations with each spouse blaming the other as being the cause of the disability. Conversely, Beckett, (2000) claims that the presence of a child with disability in a family can bring positive outcomes as it can strengthen the marriage. The stresses of caring for such a child sometimes bring the family together into a strong mutual supportive system. However; experiences of parents vary since parental adjustment varies from parents who experience distress and those who successfully adjust to it (Horton & Wallander, 2001).

Although parents of typically growing children encounter many challenges in raising their children in today's complex society, parents of children with disabilities have additional and longer-term responsibilities necessitated by their children's condition

which may start at the earliest and continue into their children's adulthood (Hasselt et al., 1988; Darding, 2008).

Nurturing a child with disability is likely to affect a family in a more profound way unlike that family with children without disabilities. For example, parents of children with disabilities may experience negative reactions including unfairness, discrimination and segregation from the community and /or government policy. They can also experience labeling, stereotyping and status loss (Green, 2003). A number of practical problems may make living with a child with disability especially demanding that brings financial constrains for medical expenses and for special equipment, and that of obtaining relevant special school (Cohen, 2007; Darding, 2008). They further explained that the problem presented by children with disabilities might not only affect the family but also the community in general since such a community will have an increase of population which needs assistance.

In Tanzania, similar challenges of rearing children with disabilities are experienced by parents of children with disabilities as experienced elsewhere. They are faced with psychological drawbacks like fear, frustrations, guilt in dealing with children and becoming worried about the future of their children especially when it comes to accomplishment of personal and social needs such as time for relaxation and community responsibilities (Msangi, 2008; Mbwilo, 2010). They end up with inadequate social support, alienation and remain burdened with responsibilities in their social life (Msangi, 2008). Those living in the outskirts of cities face transport problems since most of the schools and health services are found in city centres

barring them access since they could not afford bus fare. Poverty in most families also interferes with parents' income generating activities and cause unforeseen expenditure due to children's condition that need immediate attention. Some parents have to give up their jobs to spare enough time to care for their children with disabilities and that intensifies the challenges encountered by parents of children with disabilities (Msangi, 2008; Mbwilo, 2010).

Generally, to cope with the negative outcomes of raising a child with disability, social support may prove to be an important element to foster parents' hope and strength they need in caring for the affected children as well as other family members.

### **1.2.3 The Need of Social Support Among Parents of Children with Disabilities**

It has been highlighted in the literature, the significance of social support as a crucial resource for individuals who are dealing and coping with stressful situations in nurturing children with disabilities (Msangi 2008; Sarason, Pierce & Sarason, 1990). Social support is seen as a resource for parents since it allows them to feel loved and cared for, by being acknowledged or as belonging to a certain group (Dunst et al., 1986; White & Hastings, 2004). According to Dunst et al., (1986) and Mickelson (2001), parents of children with disabilities have less social support than parents of children without disabilities hence social support could act as resource in alleviating alleged segregation and negative interaction within the family and community. However, poverty and cultural values seem to determine parents of children with disabilities use of social support (Mickelson, 2001).

Studies indicate that although all parents use the common social support, those with children with disabilities go for two system of social support which their counterparts do not deploy such as specialists and other parents of children with disabilities (Dunst et al., 1986). In educational performance, communication between teachers and parents is important although other community members and support groups also contribute in providing resources for educating children with disabilities.

The stress of nurturing a child with disability in a family is compared with family member poor health or parent's loss of job. Consequently, the family capacity to cope with negative outcomes of having such a child depends on external resources such as the parent's confidence in their ability to teach the child, problem solving skills, attitude toward life and religious values. Therefore, social support from friends, relatives, schools and social service agencies is useful and supportive to the family (Crnic et al., 1983).

#### **1.2.4 Values of Social Support to Parents of Children with Disabilities**

Literature describes various values of social support. Parents need social support because it provides a sense of self-realization since individuals' identity is shaped by the people who are part of life and if this is threatened by presence of children with disabilities, parents will learn about themselves through interaction with social support systems (Maguire, 1991). Parents of children with disabilities also need encouragement and positive feedback that they are also worth and valued. Thus, when parents feel hopeless, they need social support systems to be provided with assurances and sense of hope. Social support also protects parents against stress as

individuals with strong technocratic system are competent in handling daily stressors more successful than those who lack it (House, 1981; Pearson, 1990; Groze, 1996).

Social support gives knowledge, skills and resources to people with challenging situations. Hence, systems help them define their situations so that they can move forward with problem solving strategies (Froland, 1979). It is also noted that some bread winners develop poor social skills as a result of difficulties experienced due to presence of children with disabilities; therefore, a need of social support systems to provide socialization opportunities for the parents (Hasselt et al., 1988). Interactions with others reduce isolation and provide parents with an opportunity for discussion of issues which are similar to what they experience.

Social support operates as a moderator to parents with stress and with demands of rearing a child with disability (Cobb, 1976). Parents who report higher levels of social support have the lower level of stress (Beckman & Bristol 1991; Boyd, 2002). This is because those who lack smooth social support systems are likely to have little provision needed and very few break away from the constant pressure of caring for their children. Social support mediates personal well-being and improves parental attitudes towards their children. Parents with more helpful social systems were less protective of their children, despite of their children's disability, indicating that when the level of social support increases; they felt less of a necessity to overcompensate by overprotecting their children (Dunst et al., 1986).

Dunst, Trivette and Hamby (1994) claim that social systems and social support not only do they help parents from the stress of caring of children with disabilities, but



also protect them from the unpleasant psychological effects of experience of their well-being through enhancing the coping process. Rapport with others, particularly spouses, friends, and other kinfolk help individuals sustain emotional health, especially during stressful periods of ongoing life tensions. Research with families of children with disabilities showed that family support has a positive effect on maternal interaction since parents often rely on others to make ends in the environmental demands of child care (Seligman & Darling, 1997).

Clark (2000) suggests that parents' awareness on how they are valued by others can be translated into mitigation of the negative aspects of life by thinking optimistically about their situation that would help in preventing them from developing hopelessness and anxiety. Moreover, social support provides socialization opportunities for parents who had developed poor social skills as a result of dedicating most of their time caring for children with disabilities (Hasselt et al., 1988).

Parents' interactions with others might reduce loneliness by providing them with opportunities in discussing issues relating to their experience. Sharing ideas provide strategies to cope with problems at hand and increases parents' confidence and competence for the benefit of themselves and that of their children (Lazarus & Folkman, 1984). Accessibility to receiving information about the child's disability coupled with the provision of social support assists parents to feel worthy and to turn their stressful life experiences a quality life.

### **1.2.5 System of Social Support Provision in Tanzania**

Traditionally, a family is the basic social institution that performs the functions of socialization in the human endeavour. Members of the extended family included not only biological parents but also uncles, aunts, cousins, grandparents and others. Parents with the help of other relatives are generally supposed to devote their time to the care of their offspring by exercising empathy and understanding to any one in need. They are normally expected to play a role to support other members, care for the elderly, the sick, the orphaned and the poor. However, the interaction of different cultures due to trade, religion migrations, colonization and the like, the system of social support provision has remained dynamic.

Pandey, (2004) asserts that a societal transformation brought by intermingling with other cultures has greatly affected the system of social institutions. The dynamism of social institutions caused families to shift from their natural settlements that later separated them from their extended families and natural support systems (Yanicki, 2005). This situation culminated into lack of extended family support resulting into more stress for parents of children with disabilities, which escalated demands on responsibilities and the need of social support from other social organizations.

Tanzania, like other nations experiences the changes brought by the amalgamation of different traditions, hence the introduction of new systems of social support provision. The supply of social support to parents of children with disabilities in Tanzania is viewed as a new phenomenon since children with disabilities were discriminated in societies (Bagandanshwa, 1993; Possi, 1994). The changes of social

organizations have borne a social support characteristic brought by the emergence of NGOs, religious and international organizations to effect provisions. The government has also endorsed policies and acts on eleemosynary and alms of social support provision to its citizens, the responsibility which was assumed under the local government. For example, article 20(3) of the Persons with Disabilities Act of 2010, states that the local government through a social welfare officer shall provide counseling to parents, guardians, relatives and persons with disabilities for the purpose of alleviating the degree of dishonour among them. Therefore, the provision of social support in Tanzania is in the hands of local governments and social welfare departments in collaboration with other social organizations dealing with social support provision.

Although families, relatives, friends, Non-Governmental Organizations (NGOs), Community Based Organizations (CBOs) and Faith Based Organizations (FBOs) are among the social institutions providing social support to parents of children with disabilities, some of the NGOs and CBOs are not directly connected to provision of social support. As elaborated by Brocco (2012) that most of these NGOs provide educational support to children with disabilities and their parents which in turn assist parents in managing the burden of educating their children, reduce the disgrace and endure the stress. For example, “Under the Same Sun” is an organization which protects and supports children with albinism from poor families by providing instrumental support in form of cash and kind in school facilities for education. It also has programmes to educate communities about (i) albinism (ii) challenges those children and their parents encounter and (iii) advocacy against discrimination and the

eliminating of people with albinism (Anderson, 2015). The situation of securing protection, educational support for children with disabilities and education for community awareness might be amicably interpreted by parents, hence enhance improvement of their psychosocial wellbeing.

Dunst et al., (2000) explained that, parents of children with disabilities encounter a number of care giving challenges and therefore the need for social support is important as a vital resource for them. Usually social support provided by family members, friends and community members; provide a range of experiences that influence the development and behavior of the child and the entire family. These experiences encourage the feelings of competence and realizing new skills that are important in helping parents deal with children with disabilities.

### **1.2.6 Children with Disabilities**

Children with disabilities are among the most marginalized and discriminated class in societies. They experience day to day prejudice in the form of alienation, lack of affection, unfavourable guiding principles and biased legislation, hence excluding them from being recognized of their potential in healthcare, education and survival (UNICEF, 2016). The perceptions of children with disabilities have varied significantly depending on the community. History shows that during ancient times, physical abnormalities were not known beyond infancy as most societies practiced child euthanasia to new born babies with any abnormality. Ancient Greeks and Romans saw the children with disabilities as bad premonition, cursed by the gods and unworthy of life and living. Physical fitness at that time was important for

survival therefore persons with disabilities were abandoned or thrown into the wilderness to die (Hasselt et al., 1988).

Before the onset of Christianity, the treatment given children with disabilities in America was similar to the parts of the world. Parents killed their children with schizophrenia and the practice was greatly supported by physicians and even clergymen. There was common consensus resolved among them that nothing can be done in case of panacea or remedy for such children (Possi, 1994).

During the 16<sup>th</sup> century, Christians believed that schizophrenia, hydrocephaly, mongoloid mental retardation and other disabilities were signs of demonic possession, thus these Christians and other religious leaders subjected these individuals to mental and /or physical pain as a means of exorcising the evil spirits. However, of late, individuals with such disabilities receive more humanitarian care. Many of them were haboured in lazarettos or isolation institutions where they were nursed but still quarantined from the community. In the early 1800s such institutions for intellectually impaired and other disabilities were established in Europe as well as in America and other parts of the world. The scope of the Catholic Church also changed from regarding the individuals with disabilities as children of innocence to products of sins and devil (Hasselt et al., 1988).

Tanzania, like other countries, had individuals with disabilities who were killed or thrown to the wilderness to die or they were hidden from the public for most of time. Children with intellectual disability were abused, teased and assigned such tasks as

fetching water, firewood and working in farms for different people. Furthermore, these children were considered less challenging compared to normal ones and hence they were not involved in matters promoting their well-being (Bagandanshwa, 1993; Possi, 1994).

Generally, children with disabilities were considered helpless, incompetent, unproductive and dependent, the attitude which led to rejection, interaction strain, distress and other emotional consequences for both parents and the child. In some communities, a child with disability is considered a curse befalling the whole family and a shame to the family hence the rejection by the family. Children who are subjected to such wanton beliefs had no chance to develop to their full potential since they get less attention, given negative reinforcement, deprived of education, denied medical attention and nourishment compared with other children (Possi, 1994).

Disability is not only just about physical abnormalities but also about the reaction of others, including families and societies as a whole. Perspectives may differ from society to society or even from family to family. At the societal level, they might include widely held cultural beliefs (in some cultures the birth of a child with disability is viewed as a punishment from God), while at the family level they would include the family's own unique beliefs and ideas about disability (Beckett, 2002). Therefore, parents of these children are in need of social support to help them overcome the impact which may be caused by community attitudes towards disability.

### **1.2.7 Education for Children with Disabilities in the World**

Education for children with disabilities started in the 1800s in Europe. In early this era institutions for imbecility and other disabilities were established as well as in America and other parts of the world by a few who advocated themselves to protect such individuals. In America, the first boarding institution was built for individuals with hearing impairment in Connecticut in 1817 and a school for individuals with visual impairment was established in Watertown, Massachuset in 1832 (Peterson, 1987). In early 1900s through the late 1950s, education services for individuals with disabilities expanded gradually as portrayed by spurts of interest before periods of stagnation and disinterest. There were abysmal planned programmes and half-baked trained teachers which contributed to the irresolute support given to individuals with disabilities. Although the programmes multiplied in numbers, the approach was largely segregative and isolating the individuals with disabilities from the rest of the society (Hallahan & Kauffman, 1999). segregative

Many ideas, practices and principles that are assented to today are the products of intuitive ideas from early pioneers in this field. For example, the scientific attempt to educate children with intellectual disabilities originated from Marc Gaspard Itard (1775-1838) a French physician and otologist who tried to educate the boy who had been found running wild in the woods of Aveyron. His student Edouard Sequin (1812-1830) devised educational methods that used physical and sensory activities to develop the cognitive domain. Sequins work influenced Maria Montessori (1870-1952) who was an educator and innovator of eidetic training to young incompetent and culturally deprived children in Rome in the 1890s and early 1900s. Louis Braille

(1809-1852), a Frenchman who lost his sight when he was 3 years as a result of an accident, developed an embossed form of writing used for visual impaired individuals (Heward & Orlansky, 1988; Hallahan & Kauffman, 1999).

According to UNESCO (2007), of 72 million primary school aged children worldwide that were out of school, one third comprised of children with disabilities. Despite the general increment in school involvement over the past decades, children with disabilities continue to lag behind. In Africa alone less than 10% of children with disabilities attend school. Filmer (2011) suggests that disability has a greater impact of access to education unlike gender, household, economic status or rural/urban divide. Further, Household survey data from 13 low and middle-income countries indicate that children with disabilities aged 6-17 are less likely to be enrolled in schools than peers without disabilities (UNESCO, EFA Global Monitoring Report 2010).

### **1.2.8 Education for Children with Disabilities in Tanzania**

In Tanzania, education for children with disabilities followed the trend that most developed countries passed (Mmbaga, 2002). Services for certain disability groups for example visually impaired and hearing impaired followed by physical and mental disabilities were provided by the church and charity organizations. The first education services for children with disabilities were for visually impaired boys developed and supported by the Anglican Church in 1950. In 1962, the Moravian Church established another school for visually impaired students whereas the



Lutheran Church launched the school for visually impaired in Tanga Region (Mmbaga, 2002).

In 1963, the Roman Catholic Church established the first school for hearing impaired children whereas the school for physical impaired children was established by Salvation Army at Mgulani Dar as salaam in 1967. The first school for children with addle brains was established in Mtwara by the government in 1982. However, there were limited services for deaf-blind and autistic children (Mboya & Possi, 1996; Mmbaga, 2002).

Tanzania as a member of international community has signed various international document such as The Universal Declaration of Human Rights (1949) and The UN Standard Rules on the Equalization of Opportunities for Persons with Disabilities (1994). It has also signed other international policies document on Education for All (EFA) such as Jomtien Declaration of 1990 in Thailand and the Salamanca Statement and Framework for Action on Special Education of 1994. The Salamanca statement clearly states that every child regardless of social, economic, cultural, linguistic, physical and health background has to get access to and receive appropriate education in neighbourhood schools.

In implementation of the international declarations, the government introduced the Tanzania education disability policy in 2004 which emphasized on the importance of education for children with disabilities by declaring that children with disabilities should be given priority. The government also introduced inclusive education

programme according to the Salamanca statement of 1994 and sensitizing parents to send their children with disabilities children to inclusive school. Although the programme was faced with many challenges, many benefits are apparent.

According to Mariga et al., (2014), inclusive education not only provides school improvement for children with disabilities but increases an awareness of individual rights and reduction of intolerance for disability. This is because inclusive education promotes an inclusive society and at a personal level it promotes a better understanding of disability at an early stage and prepares a child for inclusion in the school and the sense of safety and security. Children with disabilities need a close and loving relationship with other members of the community.

However, parents are unconvinced about the inclusive education approach because most of them had fear that their children will be ill-treated, laughed at and neglected. They also felt that their children will not have the individual consideration they have in special school units (Mariga et al., 2014). This makes other parents to hide their children thus educating parents was an important thread in implementation of inclusive education something which is not easily done since parents are often under pressure for resources to be obtained for the children's need.

Despite the government's efforts, data regarding the number of children with disabilities in Tanzania experiencing difficulty in accessing education are still unsatisfactory. There are considerable barriers to education for such children and their educational needs have yet to be made a priority (Karakoski & Ström, 2005).

The UNICEF (2011) report on adolescence in Tanzania states that, children with disabilities in Tanzania represent a significant but largely unnoticeable population. About half of all children enrolled in primary schools were children with disabilities, a number extremely low compared with the estimated 7.8 percent of Tanzania population with disabilities.

According to URT (2007) national data, a total number of 24,003 children with disabilities were enrolled in primary schools whereas URT (2008) national data indicated that a total number 34, 661 children with disabilities were enrolled in primary schools. The URT (2011) national data indicated that the increased enrollment of children with disabilities reached a total number of 36,787 students with disabilities enrolled in primary schools. Table 1.1 indicates the highest enrolment rate of pupils with physical disability and those with mental disability as contrasted to other disabilities (MoEVT, 2011).

**Table 1.1: Enrollment of Children with Disabilities in Primary Schools in Tanzania by Type of Disability and Sex**

<b>Type of Disability</b>	<b>Boys</b>	<b>Girls</b>	<b>Total</b>
Deaf	2541	2207	4748
Deaf Blind	745	600	1345
Physically Impaired	8137	5798	13935
Mentally Impaired	4855	3281	8136
Autism	332	225	557
Multiple Impaired	413	293	706
Albino	1568	849	2417
Visually Impaired	931	684	1615
Others	1951	1375	3326
<b>Grand Total</b>	<b>21473</b>	<b>15312</b>	<b>36785</b>

Source: MoEVT, (2011)

### **1.2.8.1 Challenges in facing Education of Children with Disabilities in Tanzania**

The study by Kesho Trust Fund (2012) revealed that the large number of children with disabilities out of schools in Tanzania is due to several reasons. Parents of children with disabilities are skeptical about children with disabilities attending and doing well in schools, thus deprive their children of the right to education. Some parents bear stereotyped attribute about their children; feeling ashamed of their children with disabilities they eventually lock their children in houses instead of sending them to school. Discrimination of children with disabilities by community members, with staunch negative traditional beliefs and maltreatment of children with disabilities dwindle the number of such children attending school.

Further, Kesho Trust Fund study (2012) reported that government policies and practices add another reason decimated enrollment of children with disabilities in schools. The absence or inadequate pedagogical skilled personnel to handle children with disabilities, scarcity of special units and hardly any schools serving children with disabilities, absence of supportive facilities in schools, lack of health services at learning institutions, poverty stricken parents of children with disabilities, lack of security, lack of awareness in disability rights issues in the families and many more with negative pause and maladjustment and displaced aggression in them.

Other reasons reported by Kesho Trust Fund study (2012) are poor infrastructure in schools, for example some buildings are not user friendly for children with disabilities. Some children come from afar but lack mobile devices or vehicles such

as wheelchair/ tricycle that would ease locomotion that mostly they could ensure aid in order to make them worthy of education attainment.

Although Tanzania has signed various UN disability treaties including the Declaration on the Rights of People with Disabilities (1975), Standard Rules on the Equalization of Opportunities for persons with Disabilities (1993), Conventions on the Rights of the Child (1989) and Education for All (Jomtien declaration of 1990) and the Salamanca Statement and Framework for Action on Special Education of 1994, she has not supported them nor had the voluntary set of rules put in place. The government through the Department of Social Welfare had been providing services to individual persons with disabilities without comprehensive policy not until 2004 when the National policy of Disability was adopted. However, the rights for education of children with disabilities were not recognized until 2010 when the Persons with Disability Act was adopted which brought about the amendments of legislation and the orientation of inclusive education in both special and mainstream schools. The right of education to children with disabilities was also recognized by various stakeholders in 2010 an awareness which was brought by the dreadful killing of people with albinism (Kesho Trust Fund, 2012).

Thus, in order to increase and manage the number of children with disabilities in schools, various measures should be taken in areas such as the need for the government and other stakeholders (NGOs, civil societies, political parties and mass media) to educate and advocate for the rights of education for these children. It is also important for the government to allocate the budget that reflects on the needs of

special schools (training enough personnel, improving infrastructure and assisting poor parents in providing necessary school facilities for their children). Communities should also be educated to do away with stereotype beliefs and discrimination against those children with disabilities. The able-bodied should be able to respect people with disabilities as human being vying in every rite of passage and competition.

### **1.3 Statement of the Problem**

According to Tanzania Basic Education Statistics (2011), Tanzania has a total number of 36785 children with disabilities in primary schools. These children have parents who need to be given assistance to make it possible for education of these children. The government of Tanzania has assigned the Ministry of Health and Social Welfare under the district social welfare departments the task of assisting individuals facing life crisis including parents of children with disabilities (Tanzania Disability Act, 2010). This is because procreating and bearing children with disabilities are an ascribed task which bring with it challenges to parents to sacrifice part of their responsibilities for the well-being of children. Parents may encounter financial constraints for education and upbringings of children with disabilities which may urgently require assistance that could enable meet the demands well in their situation. This is in line with Freedman and Boyer (2000) and Nielsen (2002) thought that parents of children with disabilities appear to have taken on an addition responsibility and unexpected challenges that require assistance and information to make sound decision about their life style. They have to adjust themselves to fit the

nature and nurture controversy in the life of the children with disabilities and other members of the family.

This study was not specifically meant for school children with disabilities but it was solely meant for parents in dire need of social support for the education of their children. However, it has not been well established as to whether these parents in Tanzania are sufficiently enabled to encounter challenges associated with rearing children with disabilities. For that reason, it could be said that social support among parents of school children with disabilities in Tanzania is an area that requires to be researched on. Thus, the present study aimed at finding out (i) availability and use of social support among parents of school children with disabilities, (ii) types of social support considered helpful to parents of children with disabilities, (iii) how social support for parents assists in educating children with disabilities and (iv) the relationship between availability, consumption and education for children with disabilities. This may possibly create a broad knowledge on available social support to benefit parents of children with disabilities. It might also allow the establishment of easy social networks for interactions between parents and various social organizations easy.

#### **1.4 Purpose of the Study**

The purpose of this study was to examine the availability and use of social support among parents of school age children with disabilities in Dar es Salaam region.

#### **1.5 Specific Objectives of the Study**

The specific objectives of the study were as follows:

- i. Explore the types of social support available that could be used by parents of school children with disabilities in Dar es Salaam region.
- ii. Examine the types of social support considered to be most helpful to parents of school children with disabilities in Dar es Salaam region.
- iii. Assess the outcomes of social support to parents of children with disabilities in the education of their children.
- iv. Investigate the relationships between availability and use of social support and the provision of education of school children with disabilities.

## **1.6 Research Questions**

This study was guided by the following questions:

- i. Which types of social support services were available and used by parents of school children with disabilities?
- ii. Which types of social support did parents of school children with disabilities consider most useful to them?
- iii. What were the outcomes of social support in the education of the children with disabilities among the parents concerned?
- iv. What was the relationship between availability and use of social support, and education of school children with disabilities?

## **1.7 Significance of the Study**

Parents, children with disabilities and the ones without disabilities including their teachers are considered as sources in collecting information on social support available and used by parents. The data collected could be useful for the community



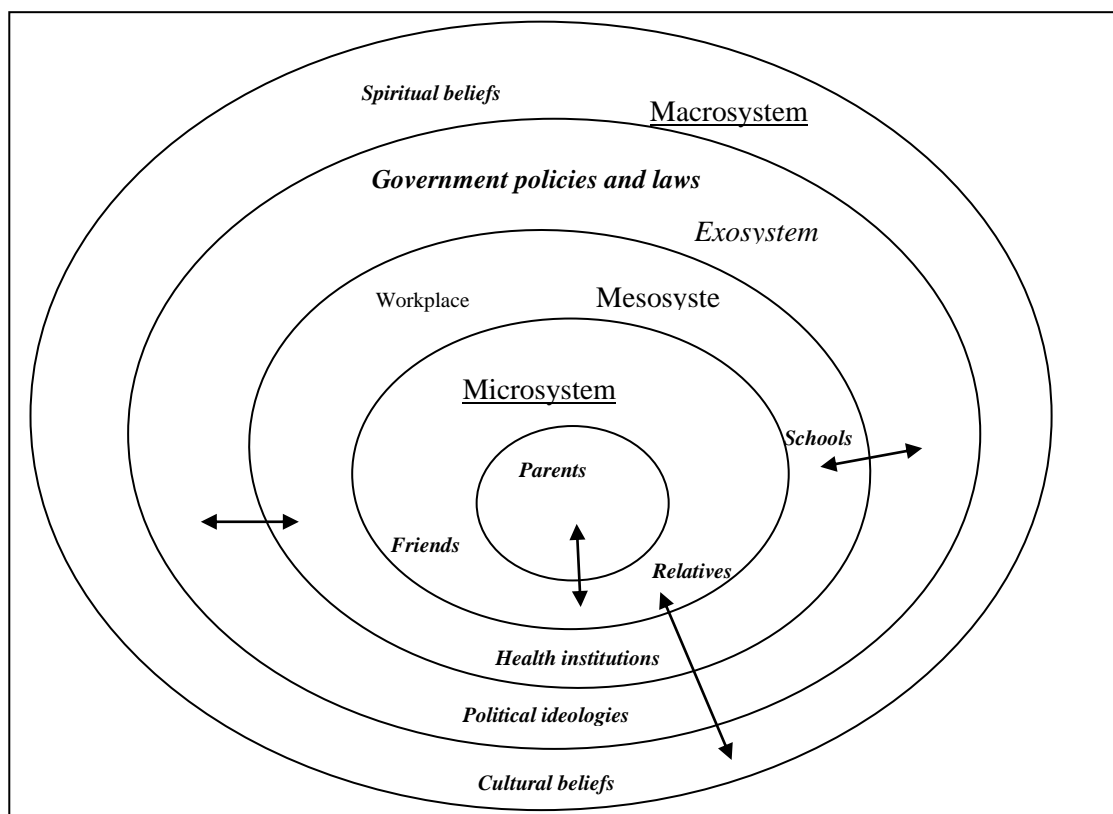
in the contribution anticipated of giving parents knowledge about available sources of social support and the ability to interact and use available social support to lessen the severe difficulties they face. In addition, findings from this study are expected to raise awareness of communities and the public in general by advocating groups and educational programmes on the needs and benefits of social support provision to parents of school children with disabilities.

The awareness might lead to formulation of social networks in helping parents in reaching, evaluating and eventually executing social support available in their localities to minimize difficulties encountered through disseminating information that could be helpful in planning programmes and support services to impact on children's education as well as parents' *sine qua non*. The findings from the study are also expected to treasure to the literature of social support, thereby arousing other studies in Tanzania and beyond.

### **1.8 Conceptual Framework**

Bronfenbrenner's (1979) ecological model was used as a conceptual framework for this study. This model was used to describe how parents of children with disabilities can interact with the systems outside their environment to get and use the available social support in diminishing challenges encountered. Bronfenbrenner's (1979) ecological model is in general portrayed as a set of concentric circles one within another. The centre of the circle is generally the parents and their children with disabilities. The peripheral and the next circle represent parents' family itself, friends, and extended family members and neighbour.

The third circle represents the parents' workplace, professional helpers such as schools, health institutions and other social organization (local and international). The fourth circle characterizes the environment that parents are not directly participating in but what happens in that environment could directly or indirectly affect parents of children with disabilities. These include government policies, laws and political ideologies. The final circle represents community spiritual and cultural beliefs. The social groups represented by the circle have an effect on how parents obtain social support through interaction with other individuals in other systems (Dunst, et al., 2000).



**Figure 1.1: Conceptual Framework for Social Support for Parents of School Children with Disabilities**

Source: Adapted from Bronfenbrenner's Ecological System Model (1979)

Parents of CWD are not isolated and do not exist in a self-sufficient manner, rather they receive and provide support to others (McMillan, 1990). Figure 1.1 illustrates how different systems outside the family interact for creation of social support for parents of school children with disabilities. The figure also develops ones understanding of the suitability of each system in the society and how parents of children with disabilities function within and outside the family circle.

The model indicates the four subsystems that show how parents of children with disabilities could interact with outside environment to obtain social support available. According to Bronfenbrenner (1979), the first setting or microsystem is the environment where attitudes, level of acceptance from extended family, support and acceptance from friends, neighbour or practical help from other parents of children with disabilities has the great impact on parents' well-being (Seligman & Darling, 1997).

The second setting or mesosystem consists of the array of environments in which parents take part; including schools, health institution, churches, work place and other social organizations such as international agencies and local agencies. The interaction within parents and the microsystem have an influence on the interaction with mesosystem, since the extended family and friends will influence on how well parents are able to seek assistance from medical and health workers, workmates, schools, religious institutions and other professionals. The level of support and assistance from each of these settings has an effect on parents of children with disabilities views of their children's condition (Hornby, 1994).

Another setting shown in the model is the external setting or exosystem which includes political ideologies, government laws and policies. According to Bronfenbrenner (1979), exosystem is the environment which parents are not immediately present although events occurring at this setting have an impact on their wellbeing. Government policies, economic and political elements are extremely important since they can determine the level of support and programmes that will be available for parents and children with disabilities. This environment or exosystem could provide financial support, health care and accessibility to appropriate education for the children (Bronfenbrenner, 1979). The quality and availability of government support can be an important factor in determining how well parents of children with disabilities cope as parents who have increased level of social support with skills to handle any situation that may arise (Hornby, 1994).

The last setting or macrosystem consists of society and its spiritual beliefs, cultural beliefs and laws. Seligman and Darling, (1997) contended that the societal beliefs and laws will largely decide how the public will treat parents of children with disabilities; the availability of support and what type of attitudes will be shown. If the community feels that a child with disability should not be exposed to the public, that society will not be as eager to assist parents of children with disabilities as the communities that accept people with disabilities.

Interactions of parents of CWD with each setting could be largely influenced by various factors. According to Hornby (1994), parents could get support from the microsystem but it depends on acceptance from family members, extended family,

neighbours and other community members. The interactions on the microsystem could also be influenced by the external system or mesosystem. The level of acceptance in this system has the great impact on how parents perceive the environment and how well they can deal with stress experienced. Hornby further maintained that the microsystem is influenced by the actions in the mesosystem and exosystem. Availability of quality support and services from the two settings can be a substantial factor in deciding how well parents manage their task in caring for children with disabilities.

Each of the three systems, microsystem, mesosystem and exosystem are again influenced by microsystem, especially the way disabilities are depicted. The cultural beliefs associated with disabilities, will mostly determine how the society thinks about parents of children with disabilities and influence the availability of social support and services. Thus, the effects of children with disabilities can be influenced by the social environment, including extended family, government policies and community attitudes (Seligman & Darling, 1997)

### **1.9 Limitation of the Study**

The present study had various limitations. Firstly, some parents initially agreed to participate in the study, but then changed their mind. They claimed either to be busy or not interested anymore since some studies related to their children had been conducted without any benefit to parents. In that case the sample for parents used was small since it consisted of 30 parents of school children with disabilities. A large sample size would be appropriate since it might include more parents and provided a

wider range of information on the question under investigation. For this reason, parents were categorized as one group without considering children's disabilities and their severity, whereas the social support parents needed could have differed across the types of disability and the severity. Therefore, the small sample size meant that the researcher should take cautions in interpreting data.

Secondly, parents involved in the study lived in the same geographical area (Dar es Salaam) therefore, social support availability and use could be similar, to parents' experience of problems and of community attitudes, affecting on how they perceived social support received and utilized. Thirdly, in order to get views of hearing impaired children, the researcher had to use sign language interpreters. This process made it difficult to remain within the time frame allocated for each interview sessions. Some questions for children had to be repeated several times or reframed for children to understand. In this case, the researcher had to be tolerant and very attentive to grasp the real meaning of the information given.

### **1.10 The Scope of the Study**

The study confined itself to the availability and use of social support systems in Dar es Salaam Region. Both qualitative and quantitative research approaches were used in data collection and analysis. The study also used cross sectional as a study design. Questionnaires were used in soliciting information from teachers of children with special education needs whereas interviews were employed in data collection procedures for the parents. In data analysis, content and path analysis methods were employed. Therefore, data obtained from content analysis, were presented in

narrations whereas data from quantitative part were presented in tables and models indicating how availability of social support and use correlate with education of children with disabilities.

## **1.11 Definitions of Key Terms**

Key terms used in this study have been defined in the following subsections:

### **1.11.1 Emotional support**

Emotional support is defined as having someone to talk to about problems, feelings as well as receiving intimacy and affection (Valentine, 1993). In this study emotional support is defined as the support in kind of warmth, kindness, appreciative and recognition of parents of children with disabilities from other community members.

### **1.11.2 Instrumental Support**

This is a tangible support and includes supplies and services, fiscal backing and information made available to parents to attend to a requirement (Krahn, 1993). In this study, instrumental support is defined as the form of social support which is concrete and direct that enable parents of children with disabilities to put up with their delicate tasks of caring children with disabilities including other members of the family.

### **1.11.3 Appraisal Support**

Appraisal support or esteem of social support is defined as the kind of social support that adds to one's awareness or cognitive system by transmission of information in the form of confirmation, opinion and social evaluation (Krahn, 1993). In this study

appraisal support is used as the communication that facilitates to give self-assurance expertise, capability and basic value to parents of children with disabilities.

#### **1.11.4 Informational Support**

Informational support is the information on social support and services available for parents of children with disabilities on how to handle their children behaviour and how and why their children might require special equipment (Thoit, 1986 & Ellis et al., 2002). This study defined informational support as the information that includes comprehension of details such as guidance or feedback on measures as regards to children with disabilities.

#### **1.11.5 Disability**

This term refers to any restriction or lack of ability to perform an activity in the manner or within the range considered normal for human beings. Therefore UNESCO (2004) defined people with disabilities as those with physical, sensory, emotional, intellectual, healthy or other disability that may be visible or invisible, stable or progressive, congenital or acquired. In the context of this study disability refers to the condition ensuing from individuals' impairment state that may be physical, cognitive, sensory, and developmental or some combination of some of the mentioned conditions.

#### **1.11.6 Parents of Children with Disabilities**

The term refers to fathers or mothers who have children with disabling conditions as a result of a physical, cognitive, sensory impairment and development delay that



substantially limits them to participate in some or majority of life activities. Therefore, in this study parents who have children with the disabling conditions were identified as parents of children with disabilities.

#### **1.11.7 Children with Disabilities**

The term portrays all children with physical, sensory impairment and mental disabilities that prohibit/bar them from performing activities that they would otherwise do. In this study, the term refers to the children who are discriminated by other community members because of their disabilities.

#### **1.12 Organization of the Study**

The study covers six chapters. Chapter one presents the background of the study while chapter two discusses theories underpinning the study and literature review focused on objectives of the study, empirical study and literature gap. Chapter three justifies the arguments by using different approaches in carrying out the study on focus while chapter four presents and analyses the research findings. Chapter five discusses and interprets the research findings whereas chapter six presents the summary, inferences and recommendation of the study.

## **CHAPTER TWO**

### **2.0 LITERATURE REVIEW**

#### **2.1 Introduction**

The literature review discusses availability and use of social support in relations to parents of school children with disabilities. Bronfenbrenner (1979) ecological system theory is discussed as the theory guiding this study. The theory was discussed assuming that readers could have an understanding on the effects and relationship between social support systems outside the family system and parents of children with disabilities. It was also assumed that the theory could give an insight on available and used social support in relationship to context and experiences of parents of children with disabilities. Social support is discussed in terms of available support for parents of school children with disabilities and the importance of that in the education of their children with disabilities.

#### **2.2 Theoretical Perspective of the Study**

Availability and use of social support for parents of school children with disabilities is better understood when guided by the ecological system theory so that the study may adds to our understanding about social support and its influence on the well being and health of the affected individuals. It needs the awareness of the context from parents of children with disabilities exist. Therefore Bronfenbrenner (1979) ecological system theory was used to offer a potential framework to understand and explain the study in focus.

According to Bronfenbrenner ecological system theory (1979), the world is like an environmental system in which development of human being occurs. Bronfenbrenner perceives every individual as a lively being intermingling with their surrounding that affects them to restructure it. Thus, the relationship between the individual and the ecological setting is typified by the reciprocity (Bronfenbrenner, 1979). The setting comprises five subsystems that overlap and the interaction between them occurs as well as from the outside influence. The study intended to assess the availability and use of social support among parents of school children with disabilities, thus Bronfenbrenner theory (1979) is relevant because it depicts how parents interact with other systems such as friends, workmates, schools, government laws and spiritual leaders. These systems affect the quality of social support provision, therefore it is important to see how they are interrelated and affect one another.

Bronfenbrenner believes that individual quality of life is as a result of multifaceted mutual interaction between and individual, the significant others and the surroundings all called the proximal process as that are based on the individual's attributes, the environmental context and the nature of developmental products. Furthermore, the results of the proximal process are more pronounced for the individual than that of the environment in which they occur. The development of the individual occurs in the subsystems that include the microsystem, the mesosystem, the exosystem and the macrosystem (Bronfenbrenner, 1979). The theory points to the consequences of relationships within the family's interactions with other systems outside. While the family is an important basic sphere of individual development and security, the systems outside the family play important roles as well.

Hornby (1994) elaborated the theory by emphasizing how well parents could be affectionately function towards the child with disability depending factors associated with acceptance and support from family members and relatives, friends and other parents of normal children and also the interactions from the external systems like workplaces, religious and health institutions, which may have beneficial and great effects on parents' perception of their environment in dealing with the stresses they experience, influenced by actions at government level, especially the way disabilities are portrayed.

Availability of quality services and support from government can be a substantial factor in deciding how well parents manage their role of caring for the children with disabilities. The government support may include financial support and health care services in case of severe disability and the availability of education services. Each of these systems is again influenced by societal cultural values and norms which include beliefs associated with children with disabilities and mostly determined by how society ponders about parents of children with disabilities and accessibility to social support systems (Hornby, 1994).

The present study assesses availability and use of social support for parents of school children with disabilities within the microsystem setting that has a great influence on the focus of the interactions and quality of life for both parents and children with disabilities in creating the psychological wellbeing of each member of the family.

The relationships created by the variables in the mesosystem (schools, health centres, counseling service etc) also influence services provided such as information on the

needs children's disabilities, medical care available for children and counseling services for parents which may enable them in overcoming challenges associated with raising children with disabilities.

Furthermore, dependency on the variables in exosystem (government political decisions, laws, regulation and policies) can affect the quality of life of parents of children with disabilities (Bronfenbrenner, 1979). For example, Tanzania's Peoples Disability Act (PDA) of 2010 emphasizes on the importance of how families should be supported by committees at each political level by counseling parents, guardians and relatives of children with disabilities in order to lessen or eradicate hopelessness among them. The amount and quality of services provided encourage parents to appreciate the sound effects of education on their children with disabilities.

Culture has also great influence within the variable domain in the macrosystem setting (spiritual and traditional beliefs, and ethnicity) that may determine community perceptions on parents and children with disabilities and the effects on the use of available social support on education of their children (Bronfenbrenner ecological system theory, 1979).

In summary, ecological systems theory (1979) examines the effects on the immediate family operating in the external environment in explaining the number of factors that influence how parents are able to function at the microsystem level for them to be able to cope and receive support with less stress but more positive on family relationships. The attitudes of society can also play a role to determine how the child

and family are welcomed by the community. A society that believes children with disabilities are a taboo into the public arena scarcely assists the parents compared to a society that embraces people with disabilities and readily willing to assist the parents. Government policies can determine the level of professional support that parents are able to receive by being provided cash or in kind and other physical and psychological assistance beneficial to the immediate family environment unlike that of government that is not able or does not provide much financial assistance.

Furthermore, the ecological system theory (1979) has been used as a guide to study in examining the question under investigation because it points to the consequence of relationships of the family interactions with systems outside and denotes family as a sphere of individual development and adjustment creating the ability to increase or decrease the challenges experienced by parents of children with disabilities.

### **2.3 Social Support**

Social support is defined in varying terms. According to Hirsch (1981) it is the support provided by other people to someone or a group of people who need such support. Generally social support arises within the context of interpersonal relationship and it could be made accessible to an individual, groups and/or the large community. Cobbs (1976) and Schaefer, Coyne and Lazarus (2002) view social support as help for people in a difficult state of affairs. It is considered as an individual conviction that, he /she is cared for and loved, esteemed and cherished and belongs to a network of communication and mutual obligation. House (1981); Tracy and Whittaker (2000) describe social support as a special kind of interaction that

feature through different ways; such as psychological or tangible resources provided by social networks. For example, social support could be provided by family members, friends, and/ or colleagues.

Dunst et al., (1986) and White and Hastings, (2004) depict social support as a multidimensional construct, which includes physical and instrumental assistance, attitude transmission, resources and information sharing, emotional and psychological support. It involves various dimensions and numerous features. These features include support from spouses, the extended family/members, friends, and outreach from community programmes, professional help and any service programmes that are accessible to individuals who are in need (Siklos & Kerns, 2006).

Social support refers to the assistance and help that an individual receives from others. It is also an interpersonal interaction between individuals involving emotional concerns, instrumental aid, information about the environment and/or information relevant to self-evaluation (House, 1981). It is again described as information or social environmental situations that allow an individual to feel loved and cared for, acknowledged or as belonging to a certain group of persons with common aspirations and beliefs (Dunst et al., 1986; White & Hastings, 2004). An individual's view of social support is thought to be a characteristic related not only to the actual availability of support but also to the measure that persons use in understanding behavior as either helpful or not (Schaefer, Coyne & Lazarus, 2002).

In some instances, social support has been explained within the framework of family systems approach in which the family's social network is regarded as important in providing the resources required for daily income, in carrying out parenting tasks and in supporting child learning and development. This means that social support is provided by family members, friends and community agencies and organizations, the practice that eventually influence the development of behavior of the child and the whole family (Dunst et al., 2000). Social support generally strengthens parents by instigating feelings of belonging to a certain social group, ability to function as a member and encouraging new talents that are instrumental in helping children with disabilities.

Generally, social support is information or environmental conditions that enable individuals to feel loved, cared for, affirmed, or as belonging to a group of persons with common goals and beliefs. This information or environment could be emotional, informational, instrumental or appraisal support (White & Hastings, 2004; Pennington, 2007). In this study, social support refers to assistance or help in a form of tangible materials, psychological, professional or information and feedback that parents of children with disabilities receive from family, relatives, community, professionals, local and international organizations and how it impacts them on the education of their children with disabilities.

### **2.3.1 Dimensions of Social Support**

Findler (2000) defined social support in a multi-dimensional perspective with the aim of understanding more about sources of social support for parents of children with



disabilities. The first dimension is formal versus informal social support. The differences between formal and informal social support are shown by the type of person involved in the system and the families' relationship with that individual. However, it is normal to see individuals use both formal and informal support to successfully find the way through the difficulties they encounter.

The informal social support system is the group which is expected to provide social support for daily life routine which is helpful to the well-being of the parents of children with disabilities. Informal social support network consists of individuals such as family members and friends as well as social groups such as religious affiliations and social organizations (Findler, 2000; Boyd, 2002). In this case, this group consists of individuals who are not trained or do not have expertise in the area of social support provision (Valentine, 1993). Informal support network and the support they provide act as a protection and are instrumental to the well-being of parent in the context of the child's disability (Hauser-Cram et al., 2001).

On the other hand, formal social support constitutes social, psychological, physical and financial support provided either for free or in exchange for a fee through an organized group or agencies. It is provided by or through professionals such as physicians, social workers, pediatricians and therapists, agencies such as hospitals, other health institutions and intervention programmes which are organized to provide assistance to individuals with specific needs (Boyd, 2002; Dunst, Trivette & Deal, 1988; Findler, 2000). Although some parents may have access to formal social support for free, sometimes there are barriers to such support that may influence

utilization. These barriers include lack of awareness of such services, dissatisfaction with the services provided and inaccessibility due to distance and transportation. Formal support is necessary as it meets certain needs that other forms of support may not provide. For instance, formal support can provide understanding of specific disability as well as the needs specific for the child with such disability (Findler, 2000; Whitaker, 2002).

The second dimension is the received versus perceived social support which are described in terms of certain behaviours. According to Findler (2000), received social support is described in terms of behaviours that assist the individual in attaining a goal while the perceived social support is described in terms of the recipients' cognitions regarding the support given by others. The recipient simply infers the behaviours and objectives of others being helpful. Dunst, Trivette and Hamby (1994) contend that the receivers' views of the nature of the support given by others are related to fulfillment with support rather than the amount of support received. They further assert that social support in terms of individuals' perceptions is the most important feature of social support process. Information regarding individual's assessment of their support network is more significant than the information of the quantity of social support obtainable. Dunst, Trivette and Hamby (1994) further claim that parents of children with disabilities believe that the nature of the support provided by others was related to contentment with the support rather than the quantity of support received. Therefore, parents' awareness of support is directly interconnected to their well-being.

The third dimension is structural versus functional measures of social support which are described in terms of characteristics and qualities of social support. Structural measures take an account of characteristics such as the amount, variety and interconnectedness of the social support networks. It is defined by the existence or lack of essential social relationship and attachment (Ferrari & Sussman, 1987).

On the other hand, functional measures of social support refer to the emotional, informational and instrumental behaviours of social support (Wills, 1985; Findler, 2000). Emotional support is described by the behaviours such as expression of love, care and unity and realization of individual needs. Instrumental support is physical deeds that make possible for another person to carry out their individual tasks (House, 1981). The instrumental behavior of social support includes assistance such as goods, money, helping with tasks such as running household tasks, help with the child's transportation or providing care for the child to give parents a relief in care taking task.

Informational support is described by provision of educational aids and resources that empower individuals and increase their knowledge to improve their condition. It is common for parents of children with disabilities to request additional information from professionals regarding the children's condition especially health care professionals (Skinner & Schaffer, 2006).

In this study, social support is defined as being multidimensional, consist of both instrumental (goods and services), emotional (affection, sympathy, understanding

and acceptance from others) informational and appraisal support provided by family members, extended family, neighbours, other parents of children with disabilities, professionals, community and other social organizations. Parents of school children with disabilities could use one or more type of social support depending on their need and the effects that social support would have on the education of the children.

### **2.3.2 Types of Social Support for Parents of Children with Disabilities**

Types of social support for parents of children with disabilities could be available in four forms including emotional support, appraisal support, informational support and instrumental social support (Cobb, 1976). All types of social support are seen to be instrumental in reducing challenges faced by parents of children with disabilities.

#### **2.3.2.1 Emotional Support**

Emotional support is the most commonly recognized form of social support from family, relatives, friends and religious organizations. This type of social support is important in meeting ones basic social emotional needs and it is demonstrated through behaviours such as expression of love, care and solidarity, and accomplishment of personal needs (Cobb, 1976).

According to Prudhoe and Peter (1995), emotional support is offered to a person who is faced by varying feelings during difficult time. The type of emotional support is supposed to be offered to such person may be in the form of encouragement and comfort. At such a time, the individual facing the difficult condition needs someone to talk to about the problem, feelings, and outlook as well as receiving closeness and

warmth (Krahn, 1993; Valentine, 1993). Emotional support can be also from formal or informal sources including family members, friends, neighbor, counselors and other individuals (Most & Zaidman-Zait, 2001).

Most and Zaidman-Zait (2001), explain that, parents of children with disabilities look for emotional support from family members, professionals, and friends or other parents, though depending on other family members may add to stress if they cannot meet the need of information or parents' aspiration. Moreover, friends may not have the ability to relate to the feelings of parents or understand their situation; therefore, parents may turn to social workers, psychologists and other sources of counseling for help. Naseef (2001) and Skinner et al., (2001) explain that other forms of emotional support can be counselling services from group organizations such as church affiliations, support groups and other groups that parents spend time with.

Parents of children with disabilities may find relief in talking with counsellors, social workers, or someone affiliated to their church/mosque. However, social workers and other professionals appear to be important to parents of children with disabilities to assess the social support needs and priorities for parents (Valentine (1993). Church affiliation can serve as a resource for parents of children with disabilities because some of the parents may feel that there is a higher power looking after them and speaking with the ministers that bring about a relief to them. For such parents church community has been a place that their children are accepted and allowed to participate in and interact with other individuals (Skinner et al., 2001).

Several studies have shown religion as a potential in offering many different forms of support to families of children with disabilities. They include that of confidence, an interpretive outline or a way of understanding and relating to the disability. Other forms of support such as social support for parents, social support and activities for the children with problem behaviour and support in evaluating community based resources are also offered (Skinner et al., 2001).

### **2.3.2.2 Instrumental Support**

Instrumental support is the most concrete and direct form of social support which includes tangible action that enable other persons to carry out their personal responsibilities. It includes goods, material, services, financial assistance, transportation and information given to address parents needs (Krahn, 1993). Financial assistance is important to parents of children with disabilities because they often experience financial tensions associated with their children conditions. Singer and Irvin (1991) declared that parents of children with disabilities are normally less monetarily stable than parents with children without disabilities. This is because many mothers give up their careers to stay at home and care for the children with disabilities. Therefore, instrumental support in form of finance is needed to meet the costs such as hospital bills and other services that children with disabilities may need (Turnbull & Turnbull, 2001).

Another type of instrumental support to parents of children with disabilities may be respite care provided by a short – term caregiver who watches children when parents go out for social events. Another member of the family can provide the respite

services when parents become involved with other people in social gathering which in turn alleviate the stress of having children with disabilities (Ellis et al., 2002).

Instrumental support could have psychological implications since provision of material aids could be interpreted by the receiver as evidence of love and esteem of the giver (Heller et al., 1997). It could be available from different social organizations such as family and relatives, friends and various government institutions such as schools and health organizations and also from Non-Governmental Organizations, Community Based Organizations, Faith Based Organizations and a number of international organizations.

### **2.3.2.3 Informational Support**

Parents will request for information regarding their children's disability, thus they will go for informational social support provided by formal social workers, counselors and other specialists. Parents need to have information on social support and services available, to look forward to about their children in the future for information on how to handle their children behaviour and how and why their children might require special equipment (Ellis, et al., 2002). According to Turnbull and Turnbull (2001), parents who use informational support from professionals and other service providers were able to cope with handling children with disabilities. This type of support is obtained from professionals and is a form of information that allows individuals to improve their capability to alter their situation (Thoits, 1986). It includes advice, suggestions or directives which assist a person to respond to personal or situational demands. This type of social support could also be obtained

from other parents of children with disabilities, social workers, teachers, doctors and professionals (House, 1981).

#### **2.3.2.4 Appraisal Support**

Appraisal support or esteem of social support is the type of social support that contributes to one's knowledge or cognitive system by transmission of information in the form of affirmation, feedback and social comparison. This information can be evaluative and can also be available from family, friends, co-workers, or other community sources expressed in the form of confidence or encouragement (Cobb, 1976).

Someone offering appraisal support points out the strength that, individuals have to let individuals know that they believe in them. According to Lazarus appraisal theory (1999) individuals are continuously assessing their wellbeing in relationship to the environment. Therefore, for parents of children with disabilities, appraisal support is significant to enable parents to evaluate the situation, individual values, beliefs about self and the world as a whole (Lazarus, 1999).

#### **2.3.3 Categories of Social Support**

Findler (2000) categorized types of social support that could be available and be used by parents as formal or informal social support. Informal support is said to be given by group consisting of individuals such as family members and friends as well as religious affiliation and other social organizations that provide for daily life routines. The support could be emotional, instrumental, appraisal and informational support;



which could be available from different social organizations. The support provided must be helpful to the well-being of parents in the context of the child's disability. On the other hand, formal support is provided by technocrats from various professionals organized to provide assistance to individuals with specific needs (Dunst, Trivette & Deal, 1988).

Generally, types and available social support for parents of children with disabilities is well explained by using an ecological model employing four subsystems to describe how parents can interact with the external environments for the social support. The ecological paradigm explains how parents of children with disabilities could interact with other people outside the family and how they could use support obtained from the extended family, friends and neighbours, workplaces, schools, health institutions and other agencies specialized in much schemes (Skinner & Schaffer, 2006). Other parents might look for support elsewhere, especially from those who have had related experiences. Meeting with such parents creates a sense of belongingness which reduces feelings of alienations and reprobation as common experiences. Parents can as well provide a credible model on how to cope in a positive way with extraordinary events (House, 1981). Detailed explanations of parents of children with disabilities on how they interact with other systems are found under the section of the theory used as a guide in this study.

#### **2.3.4 Sources of Social Support for Parents of Children with Disabilities**

Literature reveals social support to parents of children with disabilities which could be from various sources such as significant others, grandparents, consanguine

affinity and different agencies (Maguire, 1991; Findler, 2000; Dunst et al., 2000; Boyd, 2002; Cassidy et al., 2008). Parents tend to seek support from consanguinals first, as informal sources are believed to be more effective at reducing mental tension than those from formal sources (Boyd, 2002). Informal systems provide support for parents on daily routine through private individuals, religious affiliations and social organization and are able to discuss concerns with parents who have similar problems. Parents can also use formal support of professionals and other agencies organized to provide assistance to individuals with specific needs (Dunst, Trivette & Deal, 1988; Findler, 2000).

#### **2.4 Available and Used Social Support Among Parents of Children with Disabilities**

Social support is found in different forms and can possibly vary in terms of sources which could be formal or informal. Formal sources include professionals with skills in the area of support comprising physicians, doctors, social workers, counselors, teachers and other trained personnel in the area. Informal sources include individuals who do not have official skills in the area of support provision (Unger & Powell, 1980).

Available support by parents of children with disabilities normally includes emotional, appraisal, informational and instrumental support and some types can be provided by a group of individuals from informal sources which however may be sources of stress to parents if information expected or desired is ambiguous (Most and Zaidman-Zait, 2001). This is due to the fact that the providers of the support do

not have the ability to relate to the parents' feelings or understand their positions that consequently let parents turn to other sources (Valentine, 1993).

Although it is accepted that social support is a necessary factor in curbing pressure among parents of children with disabilities, they have less social support available to them than those parents with categorically growing children (Dunst et al., 1986). The alleged blot associated with children's characteristics that deviate from societal norms, means that parents are less likely to seek help, or that other people are less likely to be willing to help. Dishonour has been found to be related with support from family members and or little or unwelcoming interaction with the family (Mickelson, 2001).

Beckman and Bristol (1991) conducted a study on the system of support for families of children with disabilities in United States. They were concerned about how systems that were designed to be supportive to families, frequently did not shown support. In this study, poverty, access to services and cultural values were revealed as variables that determined availability of social support to parents. The study also noted that support was typically designed for middle-class and non-minority; therefore, there was a wide gap in available support to parents. Besides, support for parents was available at certain period of year rather than year-round while other support providers were impolite, haboured negative attitudes and yet others becomes insensitive to parents' problems.

Tsibidaki and Tsamparli (2007) studied the support systems in Greek families with preschool or school-aged children with disabilities. The sample of the study

randomly picked sixty families of medium social economic status; thirty families of children with disabilities and thirty families of children without disabilities. Thirty children with disabilities were included (fifteen girls and fifteen boys). Data collection instruments were genogram, family's ecomap, social support questionnaire and semi structured interviews. Quantitative data were analyzed using SPSS 12 while qualitative data were analyzed using content analysis.

The study revealed that families of children with disabilities use the common social support just like they do in families of children without disabilities. It was also revealed that families of children with disabilities use other two networks which their counterparts do not. These are of specialists and other parents of children with disabilities.

Cassidy et al., (2008) studied on the impact of preschoolers with autism spectrum disorder on families and the support available. The sample consisted of 104 self-selected parents nursing children with autism spectrum disorder aged less than five years. A structured interview schedule which consisted of the mix of open and closed questions was used. Scales used include Vineland Adaptive Behaviour Scale (Sparrow, Balla & Cicchetti, 2005) Gilliam Autism Rating Scale (Gullium, 2001) and Questionnaire on Resources and Stress (Friedrich, Greenberg and Crnic, 1993) were used. Findings indicated that social support most used by parents came from their own family and less from friends, neighbours, and church members. They also reported receiving help from professionals such as health service providers, pediatricians; educational psychologists, social workers and teachers.

In addition, Freedman and Capobianco-Boyer (2000) studied family support in the context of developmental disabilities. In their exploratory study, focus group discussions were used to obtain the information on parents caring for individuals with developmental disabilities within the family context. In their study, social support was described as services, resources and other types of assistance that enable any individual with developmental disabilities to be accepted in their families and communities. The study reported that parents used respite services, home health care, family education and training, family counseling, support groups and case management. The findings also showed that social support mentioned was of benefit to parents and children on educational, emotional, and financial aspects.

Furthermore, Skinner et al., (2001) studied religious support of families of children with developmental delay. The study used a sample of 250 parents of Mexican and Puerto Rican of origin living in United States who had children with stunted developmental. Quantitative approach was used to determine the role of religion on the life of parents. Results indicated that parents viewed themselves as religious and their church faith was supportive and it excelled to provide support. It was also revealed that parents used religious institutions to assist them understand and accept their children's disabilities in helping to successfully encounter the daily experiences and situations associated with the condition of child. All in all, varieties of social support groups from local and international ones, parastatal and government agencies were also described as viable settings from which parents of children with disabilities obtain social support. Although support is obtained in a range of environment settings, cultural and spiritual beliefs of the particular society could influence the use

of social support. For some societies children with disabilities are regarded as a disgrace in the family, the belief that affects the parents fully participation when social support is available.

## **2.5 Important Social Support for Parents of Children with Disabilities**

Parents of children with disabilities and their families require different types of social support such as love and care, financial aid, information and esteem needs so as meet demands they encounter in care giving task. However, the requirement and urgency of a certain type of social support will differ depending on the type and severity of the child disability. Several studies suggest that important social support for parents of children with disabilities can come from different social organizations of society, as earlier discussed. Boyd (2002); Siklos and Kerns (2006) mentioned support from spouse and family as the most urgent sources of support accessible to families of children with disabilities which are most effective at reducing stress than from other sources. The family assistance is one of the most urgent sources of social support, as families may be willing and able to provide instrumental and financial help useful to parents of children with disabilities.

Most literature identified urgent social support for parents of children with disabilities. Jones et al., (1998) found that parents perceived variety of social support to be important to them including school staff members, spouses, and other professionals. This is in accord to Elliot et al., (2002) who revealed schools to be important even though parents had other needs to be met. Again, the study by Tsibidaki and Tsamparli (2007) on support systems for Greek families with

preschool or school-going children with disabilities revealed that the most urgent social support network are in the family of origin especially grandparents, the relationship with the priest and faith in God and other families with children with disabilities.

Gousmett (2006) studied the well-being of the sibling and their family condition, social support and the families of children aged 6-20 years with progressive disabilities at Christchurch in New Zealand. Twenty-two parents and nineteen siblings of children with autism participated in the study. Different strategies tests used included the General Questionnaires, Adaptive Behaviour Questionnaire, Family Support Scale, Family Environment Scale, and short form of Questionnaires, Piers-Harris children self-concept Scale and Satisfaction with Relationship Scale. The study revealed the parents' positive perception of environment in parents with a higher level of social support. They also reported that, support from professional cadres were very helpful while support from family and friends were hardly helpful although it indicated a higher level of cohesion within the family.

Dunst et al., (1990) studied the relationship between social support, family well-being and children characteristics in families of children with disabilities in the United State. 47 mothers of children with disabilities ranging from middle to lower socio-economic class participated in the study. Respondents completed the Family Support Scale, the Maternal Social Support Index to measure the resources and social support. The Health/Mood, Time Demands and Family Integrations Subscales of the questionnaire on resources and stress were also used. In addition to self-report

measures, the Carolina record of individual behavior was administered to each child.

In the study, the authors used the concept of embeddedness to describe the relationship between the child's well-being in the family and the association between the family and the larger social units such as schools, secular and non-secular communities and faith community. Dunst et al., (1990) described that demands, stress and support from other charity organizations are aspects that play a major role in influencing parents of children with disabilities have an influence on parents' performance and responsibilities which appear to be correlated with the child's characteristics and other support such as the support material and physical resources that help to buffer their acute, episodic and chronic stress.

## **2.6 The Outcomes of Social Support among Parents in Education of Children with Disabilities**

For effectiveness of providing education of school children with disabilities, parents must engage in tasks that do not rely on help from the community but on human resources such as teachers, doctors, family members and friends in order that they may fulfill their parenting role in educating their children. Thus, parents building up expectations about their children's education based on their own experience with the help of other parents. They should anticipate high quality learning and academic progress with contentedness sound discipline and access to information (Russell, 2004). Russell further indicated that, parents' inspiration might not improve if



information received about their children's educational needs does not bring optimistic expectations.

Teachers are the best resource in educating children with disabilities despite their inadequate support in classroom. Teachers should be able to engage other specialists in helping when the needs of their students are inadequate, for instance supplying pocket frames and stylers for Braille or computer- based instruction (UNICEF, 2013). Though, such specialists are scarce supply especially in such low-income areas in the Sub-Saharan Africa, it is an obligation to provide appropriate support from providers of financial and technical support trickling down from the higher to the lower class.

Although teachers are a viable social support system for parents, conflict between schools and parents are inevitable. Lake and Billingsley (2000) assert that the main cause of conflict is the inconsistency between the particular views of the children and their needs. Children's needs are usually connected to their disability instead of their ability. To solve the problem, the social model of disability insists on focusing on the child's strong point, parent's objectives and opportunities, something which will involve parents and other cadres in sharing information about what they need and expect. This would result into cultivating a health relationship between parents of children with disabilities and stakeholders for the effective education for children. Similarly, parents of school children are consumers within the educational systems; hence it is important that parents and teachers establish an effective rapport with each other for the benefit of the children (Solity, 1992).

Rörich (2008) studied on the support on parents of children with learning disabilities in White River, Mpumalanga in South Africa. Ten parents included in the study were purposively selected using the list of parents whose children had been diagnosed with learning disabilities. Interviews were used in data collection and the findings revealed that, mothers required more communication from the teachers and support group to help them work through a condition they see as degrading.

## **2.7 The Knowledge Gap**

The empirical studies revealed wide range of studies on social support for example Sigalla et al., 2017; Kassile et al., 2015; Cassidy et al., 2008; Rörich, 2008; Tsibidaki and Tsamparli, 2007; Gousmett, 2006; Skinner et al., 2001; Freedman and Capobianco-Boyer 2000; Beckman and Bristol, 1991; Dunst et al., 1990). However, the considerable proportion of available studies on social support concentrated in developed countries where the environment and support system for parents of children with disabilities differ from that of the developing countries like Tanzania. Therefore, there is a scarcity of studies on availability and use of social support for parents of school children with disabilities in developing countries particularly in Tanzania.

Studies on social support conducted in Tanzania investigated on social support and intimate partner violence during pregnancy (Sigalla et al., 2017) and health and social support services for HIV/AIDS infected individuals in Tanzania (Kassile et al., 2015). On the other hand studies from developing countries including the impact of preschoolers with autism spectrum disorder and the support available in United State

(Cassidy et al., 2008), support system in Greek families with school aged children with disabilities (Tsibidaki and Tsamparli, 2007), the system of support for families of children with disabilities in United States (Beckman and Bristol, 1991), religious support of families of children with developmental delay (Skinner et al., 2001), well-being of the sibling and the family condition, social support and families of children aged 6-20 with progressive disabilities at Christchurch in New Zealand (Gousmett, 2006), the support on parents of children with learning disabilities in White River, Mpumalanga in South Africa (Rörich, 2008).

It was clear that so far there has been no specific study or little evidence existing if any study investigated the availability and use of social support among parents of school children with disabilities in Tanzania. For that reason, there was need to conduct a study on the said subject and the present study is an attempt to bridge the gap by assessing the availability and use of social support among parents of school children with disabilities.

## **2.8 Summary of the Chapter**

The chapter has described the theory underpinning the study and reviewed the literature related to availability and use of social support among parents of school children with disabilities. Social support available and used was of different types. The sources of social support available and used were from informal and informal sources such as family, neighbours, friends, professionals and agencies (Cobb, 1976; House, 1981) included emotional, appraisal, informational and instrumental social support. The fact that parents of children with disabilities are consumers within the

educational systems, it was recommended that parents and teachers should establish a kind of social network for the benefit of the children's learning and their academic progress (Solity, 1992).

## **CHAPTER THREE**

### **3.0 RESEARCH METHODOLOGY**

#### **3.1 Introduction**

This chapter presents the research methodology used in eliciting information in order to achieve the purpose of this study. It begins by the discussion of research approach and design. Location, population, samples and techniques employed in the study was also discussed. Together with discusses data collection, management and data analysis technique and procedures. Other features necessary in ensuring trustworthiness and credibility of the study were the research ethics and logistics issues related to the research.

#### **3.2 Research Approach**

A research approach refers to the general orientation to conducting the research as a useful means of organizing research methods and approaches to data analysis (Bryman, 2004). There are basically two distinct approaches namely qualitative and quantitative. For the purpose of this study the research approach was a mixed approach whereby both qualitative and quantitative approaches were used. Qualitative part of the study was used to explore experiences, opinions and respondents' feelings and knowledge on availability and use of social support among parents of school children with disabilities and quantitative approach measure the relationship between availability and use of social support by parents and educational development of school children with disabilities.

The choice of mixed method was used in order to benefit from the strengths of each approach and disconcert their weaknesses. Patton (2005) highlighted the purpose of using different approaches like quantitative dealing with numerical representation and manipulation of observation for the purpose of describing and explaining the phenomenon that the observation reflects. Qualitative research on the other hand is the approach which uses content analysis and interpretation of observations, for the purpose of understanding the underlying meaning of patterns and relationships.

### **3.2.1 Qualitative Approach**

Qualitative approach was used in this study due to the researcher's desire to understand how respondents perceive their own world in life and the meaning of their experience of having children with disabilities since the approach is said to be the most appropriate in scouting for people's views. This observation is supported by Gall, Borg and Gall (2007) proposition that qualitative research is a social science that involves watching people in their own territory and interacting with them in their own language, and in their own terms. They also observed that in qualitative research, the researcher is concerned with understanding behaviour from the respondents' own surroundings individual uniqueness.

The decision to use qualitative approach was further guided by Bryman (2012) who brought up traditions of qualitative research stating that it seeks to understand social realities in its own terms as it really is. Secondly, it seeks to understand how social order is created through talk and interaction. Thirdly, it exhibits a concern with subjectivity and gaining access to inside experience concerned with the inner reality

of human beings. Fourthly, it is sensitive to the different ways through which social reality can be construed.

Miles and Huberman (1994) advocated qualitative research as an attempt to understand circumstances in their uniqueness in particular situation through interaction. It is an approach that directly investigates how consciously subjects' experience a phenomenon. Hence, the approach captures the actual life experiences and makes possible generation of information on the question under study by interacting with the respondents to gain first-hand information as well as understand what is going on in the particular situation (Auerbach & Silverstain, 2003). In this study, qualitative approach was used to examine parents and children's views on social support available and used among them.

Qualitative approach helped the researcher to retrieve information related to inner feelings, opinion and attitudes of the targeted group, vital and suitable for social support to parents of school children with disabilities. It also enabled the researcher to interact with the respondents so as to gain first-hand information of the study under investigation as well as the full understanding of what was going on in that particular environment.

On the other hand, qualitative approach has its disadvantages since it is very difficult to prevent biasness. The approach requires labour intensive data collection which is costly. The main interest of the approach is to obtain fruitful data that are detailed and absolutely adequate to provide full informative picture of what is going on. The

approach demands a lot of time for processing and coding data hence giving out results may take long (Bogdan & Biklen,1992). Data analysis in this approach is not well formulated than few guidelines for protection that may lead to unreliable conclusions (Miles & Huberman, 1994).

### **3.1.2 Quantitative approach**

According to Bryman (2006), quantitative research can be interpreted as the kind of approach that emphasizes quantification in the collection and analysis of data. In this study, it was used owing to its advantage of firmly following the original set of research goals in order to arrive at more objective conclusions, achieving high levels of gathered data due to observations and eliminating bias of judgments (Miles & Huberman, 1994). Quantitative approach, however, has some limitations. Bazeley (2002) argues that quantitative approach fails to provide information on the context or the situation of the phenomenon under study. There is also lack of ability to control the environment for the respondents provide to answers to the questions in the survey. Quantitative approach has restricted products to only those outlined in the research proposal due to the closed type questions and the structured format which does not encourage development and continuity of inquiry in a research problem.

Generally, the study employed qualitative and quantitative approaches as a means of triangulation to overcome each method's weaknesses and limitations. Triangulation refers to the use of multiple approaches and thus proposed to be applied in various forms. Patton (2005) identifies different types of triangulation, namely data triangulation (the use of variety of data sources in a study), theory triangulation (the



use of multiple perspectives to interpret a single set of data) and methodological triangulation (the use of multiple methods to study a single problem or programme).

### **3.3 Research Design**

Research design refers to the researcher's plan on how to administer a research or as a detailed outline of how an inquiry will take place (Bogdan & Biklen, 1992). According to Bryman (2012), the outline is expected to include ways in which data will be collected, with instruments that will be employed, and used with the planned notation of data analysis. However, the research design appropriate for a particular study depends on the nature of the problem under investigation. Furthermore, the study in focus employed cross-sectional design.

#### **3.3.1 Cross- Sectional Design**

Cross- sectional design was used in the current study since the study intended to find out participants' views on available and use of social support among parents of school children with disabilities. Information was collected at once from the defined population at a particular point. In accordance to Muijs (2008) and Fraenkel and Wallen (2006) who established that cross-sectional design is the types found in survey research from which information is collected from a sample that has been drawn from a defined population. It is a research design in which data is collected at just one point in time, though the time it takes to collect data desired may take anywhere within a fortnight. The design was used because it was conducive to generalize findings to real settings and was efficient in terms of gathering sufficient data considering the cost and urgency to administer at one place only.

### **3.4 Research Location**

The research was conducted in Dar es Salaam region. It is situated on a natural harbour of the Eastern Coast of Africa. Dar es Salaam covers an area of 1,590.5 km<sup>2</sup> with population of 4.5 million people of different ethnic groups from all over the country (URT, 2012). The region is bordered to the north, west and south by the Coast region and to the east by Indian Ocean.

The choice of Dar es Salaam was influenced by various reasons that include being a heavily populated region in the country, differences in cultural and spiritual backgrounds, education level and social economic status. Providing a concomitant combination of people's background and its regional hegemony beneficial for the study, it was a major parameter in the study although it may not satisfactorily portray a broader picture of the situation in Tanzania in general.

Second, Dar es Salaam hosts an overrepresentation of government special schools located in the three municipalities with children of varied types of disabilities allowing the researcher to contact a good number of schoolchildren with disabilities, parents and teachers in the thirty-two schools with thirteen schools in Kinondoni, twelve in Temeke and seven in Ilala. These factors prompted the interest to conduct a study in Dar es Salaam region. The map of Dar es Salaam where the study was carried out is found in Figure 3.1

As indicated in Figure 3.1, the region divided into three districts; Kinondoni, Ilala and Temeke respectively. Temeke is the southern most of the three districts and

covers an area of approximately 631 km<sup>2</sup> with 1, 368,881 people (URT, 2012). To the east Temeke is bordered by the Indian Ocean and Ilala to the north the Coastal region to the south and the west. Kinondoni in the other hand covers 320 km<sup>2</sup> with 1, 775, 049 people (URT, 2012) bordered by the Indian Ocean to the north east and Ilala to the south, Bagamoyo to the north, Kibaha to the west and Kisarawe to the south west.



**Figure 3.1: Map of Dar es Salaam Region and Special Schools Involved in the Study**

Ilala municipality covers 273 km<sup>2</sup> of area with 1,220,611 people (URT, 2012). The district is centered within three towns of the region with Kinondoni to the north and Temeke to the south and bordered by the Indian Ocean to the east and Coast region to the south west.

### **3.5 The Population, Sample Size and Sampling Techniques**

This section discusses the population of the study the sample size and the sampling procedures. It also explains the reasons for using each sampling technique.

#### **3.5.1 Population**

According to Vans (1990), population constitutes all members, groups or elements from which research information can be obtained to enable the researcher draw conclusions. The target group of this study included 2,344 school children with disabilities from thirty-two government special schools in Dar es Salaam region, and 309 teachers of children with special educational needs. Since the targeted population size of school children with disabilities was 2,344, thus the targeted population size of parents of children with disabilities was the same as population size of children. Children were included assuming that they were the ones affected by the disabilities and the availability and use of social support by their parents while parents were the primary caregivers of these children.

Care giving responsibilities for children sometimes become a challenge to parents especially when their children have disabilities. In such cases parents expect to have specialized/ specific experiences to share with the researcher on the subject under

investigation. Teachers on the other hand were included under the assumption that they were the ones who deal with children regarding their behaviour and education and frequently interacted with parents. These teachers were expected to have relevant information on children's educational needs and parents' needs from social support. Furthermore, teachers could be a rich source of information on availability and use of social support and how this social support among parents could either enhance or weaken educational development of their children with disabilities.

### **3.5.2 Sample Size**

Cohen et al., (2011) define sample as a small group of representation drawn from the population in such a way that the group represents key features of the population. A sample was necessary since it was not possible to include all special needs of schools, parents, children with disabilities of different categories and their teachers.

The sample of this study included 147 participants, 78 special school teachers, 30 parents of children with disabilities and 39 school children with disabilities. To reach children with disabilities, seven schools, and teachers of children with special educational needs selected. The selection of participants was made purposively to gain a deeper understanding of the subject under investigation (Creswell, 2014). The quality of a good study does not only depend on the appropriateness of the method, but on the appropriateness of the sample of the study also (Patton, 2005). The disability composition of children participated in the study was not homogeneous. In this study purposive sampling was used to have a near understanding of the research problem by collecting data directly from participants with experience of the matter

under investigation. According to Gall, et al., (2007) correct sampling at utmost produces correct data for the study probed and thus sustains absolute interpretation of what is studied. In this study the sample of the selected schools, category of children's disability, and parents who participated in the study is found in Table 3.1

**Table 3.1: Schools Selected, Category of Children's Disability, Number of Children and Parents Participated in the Study**

S/N	School	Disability Category	Children Population	Children Sample	Parent Sample
1	Buguruni Deaf	Hearing Impairment	233	8	8
2	Maweni	Hearing Impairment	25	4	2
3	Mugabe	Hearing Impairment	108	4	6
4	Sinza maalum	Intellectual Impairment	87	0	2
5	Mtoni maalum	Intellectual Impairment	36	0	4
6	Salvation Army	Physical Impairment	327	12	0
7	Uhuru Mchanganyiko	Visual Impairment	76	11	8
TOTAL			892	39	30

The table 3.1 indicates that, of the seven schools selected, three schools were for hearing impaired, one for visually impaired and two for intellectually impaired children. There were sixteen hearing impaired, twelve physically impaired and eleven visually impaired children influenced by their age, class and the severity of their disability, factors that marred the number of children who participants in the study compared to the total number of children with disabilities at the time of the study. However, the table indicates that parents who participated were fewer that children due to the fact the geographical area was broadly scattered leading the researcher to manage to get only thirty parents participant as shown in the table.

### **3.5.3 Sampling Techniques**

Payne and Payne (2004) define sampling as the process of selecting a subset of people or social phenomena to be studied from the universe set to which they belong, determined by the balance between resources available, anticipated technique of analysis and how much variation of the population believed to be in the entire set on the basis of the data from the sample. Cohen, et al (2011), recommend that the selection of sampling strategy must be directed by the criterion of appropriateness, the option of which the strategy to adopt for the awareness of the research purposes, the time scale and limitations on the research, the method of data collection, and the methodology of the research. Therefore, the sampling of the study respondents was obtained through purposive and convenient sampling strategies respectively.

Purposive sampling of teachers and pupils was considered appropriate because it permitted the researcher to reach well-informed people concerning the research (Cohen et al., 2011). All teachers of children with special educational needs who participated in this study were qualified in special education training colleges with experience in teaching in special primary schools of those with disabilities.

#### **3.5.3.1 Schools**

According to Best and Kahn (2006), purposive sampling is judgmental, hence based on the prior knowledge of the population and the specific purpose of the research. The researcher used her subjective in selecting the schools to be included in the study using the knowledge she had on the characteristics of those particular schools. Purposive sampling was therefore used because the special schools selected

were the anticipated sample needed in generating data on the phenomenon under study.

Although Dar es Salaam region had a total number of thirty-two government- owned special schools only seven schools with specific disability were deliberately selected for the study because of the presence of children with hearing, visual, intellectually and physical impairment. The schools for cognitive impaired children were selected because teachers on these schools agreed to participate in the study; meanwhile the schools were used as avenues to meet parents of such impaired children. The selection of schools was also based on the nomination of District Education Officers (DEOs) of each municipality based and the number of children with disabilities.

#### **3.5.3.2 School Children With Disabilities**

Sixteen hearing, eleven visually impaired and twelve physically impaired children were purposively selected to participate in this study based on the fact that each category of disability chosen had a good number of children attending primary school. Before meeting the children, school heads were contacted so as to obtain permission in order to conduct the study by informing them on the purpose and nature of the study, process of the study and the rights of participants' confidentiality for the consent of the children to participate in the study.

Although, the number of intellectually impaired children was higher than that of hearing impaired children and visually impaired children (Table 1.1) they were not included in the study because of the complications in the verbal communications.



However, some of the parents of intellectually impaired children and teachers from these schools were willing to take part in the study.

### **3.5.3.3 Parents**

Convenient sampling strategy was also used to select parents involved in this study because of its advantage and suitability in dealing with cases, procedures, circumstances or informants involved. Muijs (2008) explains its merits in terms of cost and convenience, though with the only biasness as non-representative of the population since it limits the generalization of results to other similar population. Parents participated in the study were conveniently selected because some of them were within the school premises either doing petty businesses or waiting for their children's escort home. The school authorities took initiative to introduce the researcher to parents by a thorough explanation of the purpose of the study to get their consent. While others got the spread information given by the schools concerned through physical contact, addresses and mobile phones provided by their children in collaboration with the school authorities. The participants in the study were given an opportunity to set a schedule for interviews and focus group discussion (see Table 3.1).

### **3.5.3.4 Teachers of Children with Special Educational Needs**

One hundred and two teachers of children with special educational needs were selected to participate with permission from the heads of these schools and given information on the nature and the purpose of the study. However only seventy-eight teachers participated as the duly filled questionnaires returned depicted. The criteria

for choosing these schools and teachers were based on the fact that each school had children with disabilities taught by the selected teachers. Table 3.2 presents the number of schools and teachers background information from each district.

**Table 3.2: Number of Government-Owned Special Schools and Teachers Background Information by Municipality**

Category Level		Kinondoni	Temeke	Ilala	Total
<b>Schools</b>					
	Total	13	12	07	32
	Selected	02	02	02	06
<b>Teachers' Background Information</b>					
Gender	Male	06	17	13	36
	Female	13	13	16	42
Education	Certificate	08	12	06	26
	Diploma	16	10	15	42
	First Degree	04	03	03	10
	Postgraduate Degree	00	00	00	00
<b>Years of Teaching Children with Special Needs</b>					
	0 – 5	04	07	08	19
	5 – 15	10	12	14	36
	15 – 25	05	09	05	19
	25+	00	02	02	04

Source: Field data 2014

The Table 3.2 shows 32 government-owned special schools in Dar es Salaam with only seven selected. The information for the phenomenon on the table further portrays that of the 78 teachers who participated in the study, 36 were males and 42 were females. Table 3.2 further depicts that, twenty-six teachers were of certificate level, forty-two were of diploma and ten of undergraduate degree level. Moreover, the table indicates that the majority of the special school teachers had five to fifteen years teaching experience, nineteen had five teaching experience and other nineteen had fifteen to twenty-five years of teaching experience.

### **3.6 Data Collection Methods**

The study used different data collection methods since the conclusion of the study is based on what the data reveals Gall et al., (2007). According to Robson (1999) selecting methods is based on the kind of information sought and circumstances from which such information is obtained. Thus, the kind of data to be collected and methods used for data collection have been considered with care according to Gall et al., (2007). Data collection in the current study relied on interviews, focus group discussions and questionnaires. Triangulation of instruments authenticated data obtained from parents and children's interviews and by focus group discussions administered. Data obtained from interviews and focus group discussions was validated by questionnaires administered to teachers of children with special educational needs.

Collection of data for the study was mainly from primary sources to obtain information from the respondents. The interview guide was specifically designed for the purpose of the study with questionnaire used in order to solicit information about the subject under investigation. Research questions elicited parents to identify types of social support available and used among them in order to the kinds of social support beneficial to parents of school children with disabilities. Research questions thus addressed the expectation of social support among parents in educational development of school children with disabilities and the existing relationships between social support utilities and the education of children with disabilities. Data obtained from interviews and Focus Group Discussions were analyzed by applying

content analysis while data obtained from questionnaires were analyzed by using path analysis method.

### **3.7 Instruments for Data Collection**

Data for this study were obtained through different instruments including questionnaires, interview guides and focus group discussion.

#### **3.7.1 Demographic Characteristics Information for Parents**

Demographic characteristics of parents were collected using demographic information sheet. The demographic information sheet aimed at eliciting information on gender, marital status, number of children in the family, number of children with disabilities, relationship with the child with disability, level of education, employment and annual income as is the information sheet found in Appendix A.

##### **3.7.1.1 Administration of the Demographic Information Sheet For Parents**

Before filling in the information sheets, parents' consent about the study were elaborated and established so that they confide in the study observing anonymity and privacy. Given ample time to fathom the items on the question paused within duration of twenty minutes given for each respondent to finish filling in the information sheet. The instructions on the demographic questionnaire required to tick appropriate items and then collected by the researcher after completion.

#### **3.7.2 Interview Guides for Parents and School Children with Disabilities**

Interviews have been highlighted as one of the major tools of social research and a key technique of data collection. Kvale (1996) emphasized that a reasonable

justification for using interviews is in line with the fact that the best ways to find out what people ponder about something, is to inquire from them. Patton (2005) adds that researchers cannot observe feelings, thoughts and intentions of people, how they organize the world and the meaning they attach to what goes in their minds unless they inquired from them regarding those attitudes.

The purpose of interviewing in this study then was to permeate into respondents' perspectives. Again, interviews are flexible and adaptable ways of collecting information that is not directly observable unlike other research methods. Interviews are advantageous in that they probe deeply into informant's answer to obtain opinions and feelings because a skilled interviewer is able to follow up answers clarifying vague arguments (Gall et al., 2007).

Unlike questionnaires, interviews help in building trust and rapport with the informants thus, it is possible to obtain information that individuals would not reveal by any other data collection methods (Robson, 1999). Much as interviews have advantages discussed, they also have shortcomings. Marshall and Rossman (2006) state that since interviews involves personal interaction, assistance is necessary. Respondents may be reluctant or uncomfortable to share the entire interviewer's hopes to explore. Again, the interviewer may not ask questions that stir up long narratives from respondents either due to lack of expertise or fluency with languages or lack of skills. Gall et al., (2007) declare that interviews are also prone to bias that arise from the interviewer. This can be due to poor design of questions or the manner

in which the questions are presented to interviewees. The bias can also occur while the interviewer is taking notes or when interpreting the recorded interviews.

Interviews may also be time consuming since they require skillful preparations. Robson (1999) caution that arrangement to visits, securing necessary permission, confirming arrangements and appointments and rescheduling appointment needs a lot of time. Moreover, mass data obtained through interviewing can consume much time during analysis. Therefore, to overcome the factors which could bring the weaknesses mentioned above, the interview procedure using an interview guide was followed. The aim of using interviews was to solicit information on availability and use of social support for parents of school children with disabilities. Interview guides for parents and school children with disabilities are found in Appendix B and C respectively.

#### **3.7.2.1 Administration of the Interview For Parents Of School Children with Disabilities**

Before the interview sessions, contacts were made with participants. The approach aimed at building the rapport with the participants and to inform them about the rationale and nature of the study and the interview procedures. The approach also provided an opportunity to communicate with the participants that they were important and respected as advocated by Seidman (2006). The second aim was to familiarize with the study sites and agreeing on schedules for carrying out the interviews. Participants were given the opportunity to set dates, time and places convenient for them and agreed to meet at the school premises. The interviews were

guided by interview guides, examining views on availability and use of social support among parents of school children with disabilities. Several items were covered referring to the objectives of the study. Each interview session took approximately an hour. The information obtained was recorded through note-taking in field notebook and tape recording upon respondent's consent to supplement to what was written down. Voice recording is important in that it can be replayed and transcript improved, preserve the sequence of dialogue and thus help make recollection of what could not be noted down (Silverman, 2001). The parents' interview guides are found in Appendix B. The following are some of the questions which were in the parents' interview guide:

Which types of available and used social support are identified among parents of school children with disabilities? What were the sources of available and used social support among parents? Which types of social support parents consider important to them? Is social support available and used helpful to parents of children with disabilities?

### **3.7.2.2 Administration of the Interview For School Children with Disabilities**

Before conducting the interviews, contact with the school authorities was considered. With the help of school authorities, children were informed on the purpose of the study and made decisions to participate in the study. Time and place for the interviews with the school children was set. All interviews were conducted in the school premises, specifically in the classrooms where the school authorities considered being convenient and comfortable for the children. For the hearing-impaired children, teachers helped in interpreting what was being responded by the children using sign language text to the common text. Each interview session took roughly an hour since children needed ample time to listen carefully in order to get

the meaning of the question. The interviews were conducted in Kiswahili, the medium of instruction in the public primary schools in Tanzania. The items covered in the interview guide were related to the specific objectives and research questions although in some, alterations were made to fit in the children's understanding.

The interview proceedings were recorded through note-taking and voice recording upon participant's consents that enabled the researcher to preserve the participants' actual words though, sometimes it raised the tension and nervousness to children. To minimize tension of the participants the researcher built a trust with the children by informing them the right to secrecy of the information provided. The interview guides for children with disabilities is found in Appendix C. The following are some of the questions in the children's interview guide:

Are there any types of social support available and used by your parents?  
Are they available and used much of the time? Which types of social support are available and used for your education needs and satisfaction?

### **3.7.3 Focus Group Discussion for Parents of School Children With Disabilities**

Focus Group Discussion (FGD) was also used as a method in data collection. In FGD the range of participants is normally composed of four to twelve unfamiliar to each other but share certain characteristics relevant to the question under study (Marshall & Rossman, 2006). FGD was used due to its characteristic of open use of the interaction with small group of people to produce data and insights that would be less accessible without the interaction found in group (Morgan, 1988 cited in Punch 2010 and Patton, 2005). Group interaction assists in exposing aspects perceptions, motives and reasons that would not otherwise be expressed if interviewed as individuals (Gall



et al., 2007). FGD is also affordable, flexible, stimulating, recall-aiding, cumulative and elaborative (Punch, 2010). Therefore, focus group discussion was employed as a means of validating data collected by individual interviews and minimized the limitation that would have been caused by respondent's reservation.

Like interviews, the limitation of the FGD is in loss of time discussing irrelevant issues since it gives freedom to individuals to express their views fully. Sometimes other participants fail to express their ideas because they are introverts while some extroverts tended to dominate the discussion (Marshall & Rossman 2006). Thus, it is important to know how to manage a focus group interview so that it is not dominated by one or two people so that the respondents who tend not to be highly verbal are able to share their views (Patton, 2005). To minimize the limitation of FGD especially for those who wanted to dominate the discussion, the researcher had to intervene and requested others to share their views as well.

### **3.7.3.1 Administration of the Focus Group Discussion for Parents of School**

#### **Children With Disabilities**

Sessions for focus group discussion were arranged after the interview sessions with parents ended. Participants of FGD agreed that the convenient place to conduct the FGD was the school premises because most of parents who participated in the focus group discussion were in the schools waiting for their children. Twenty-four parents were able to participate thus; FGD devised four groups with 6 participants in each depending on their presence in schools. Four schools including Uhuru Mchanganyiko, Buguruni primary school for deaf children, Mugabe primary school

and Mton Maalum were used as the avenues for parents Focus Group Discussion. All FGDs followed a discussion guide, to examine views on availability and use of social support among parents. Several items were exhausted with reference to the specific objectives and questions of the study. Owing to the limitations mentioned, time for each response was set and leading questions were directed to those who was always shy. Each FGD session lasted for about 60 minutes. Information generated was recorded on notebooks and voice recorded upon respondents' consent. The FGD guide is found in Appendix D. The following are a few questions found in focus group discussion guide.

Is the social support available and used benefited by all parents regardless of socio-economic status? Are you well informed on how to obtain the social support available and used?

Is the social support available and used enough and suitable for educational needs of the children?

#### **3.7.4 Questionnaires for Teachers of Children with Special Educational Needs**

The questionnaire for teachers was used with the aim of inquiring their points of view on availability and use of social support among parents in relation to the education of their children with disabilities. According to Muijs (2008), questionnaires are of open-ended and close-ended questions. This study used close-ended questions in a rating scale with five points; strongly disagree (SD), disagree (D), undecided (UD), agree (A), strongly agree (SA). Rating scale was used due to its advantage of permitting the respondent to pick one of several alternatives representing the level of agreement or view on the item (Muijs, 2008). The rating scale in this study consisted of the three items; the available social support used social support and education item for children with disabilities.

**Availability of social support for parents:** This item was designed to elicit teachers' opinion on the available social support to parents of school children with disabilities. The item had eight indicators which respondent ought to respond to with varying level (Omari, 2011). This item had five scale points which were strongly disagree (SD), disagree (D), undecided (UD) and agree (A) and strongly agree (SA). Respondents were asked to use the five-point scale to show their attitude regarding available of social support for parents of school children with disabilities by circling preferences of the scales in each statement. This item was constructed assuming that availability of social support among parents could have an influence on its use and educational development of children with disabilities.

**Used social support among parents:** This item had seven indicators designed to seek teachers' opinion on types of social support mostly used by parents of school children with disabilities. It had five points scale which ranged from strongly disagree (SD) to strongly agree (SA). Respondents were required to show their level of agreement or disagreement by circling an intended scale in each statement constructed to have an influence on educational development of children with disabilities.

**Outcomes of social support in education of children with disabilities:** This item was constructed to assess the output of availability and use of social support by asking respondents to use five points' scales to rate the extent to which such support influence education of children with disabilities. The scale had eleven items with its scale that ranged from strongly disagree (SD) to strongly agree (SA).

#### **3.7.4.1 Administration of Questionnaires for Teachers of Children with Special Needs**

Before the actual field, the questionnaires were pre-tested by having colleagues read them. Thereafter, the questionnaire was administered to a small group sampled from the population intended. The feedback provided was used to check if there was any odd response patterns that could point out that certain items have not been well understood. Suitable additions, deletions and adjustment to the questionnaire were made.

During the actual field, the purposively selected schools were visited and the physical contacts with teachers of children with special educational needs in the study were done in their school premises. The purpose of the study was thoroughly explained with guaranteed confidentiality that allowed respondents ample time to go through the questionnaire and pose questions for more elaborations. A day was scheduled to read the questionnaire thoroughly so as to produce sincere responses of the questionnaire items. Each respondent was required to rate all items personally and according to their level of knowledge of the subject examined. The researcher had to go to those schools to collect the answered questionnaires as agreed. The instrument was used to guide the respondents on how to score all responses in items 1, 2 and 4 as indicated in appendix E. The rating scale for each objective is provided in appendix E.

### **3.8 Data Analysis**

Data analysis as observed by Bogdan and Biklen (1992) is the process that encompasses

classifying and breaking data into manageable units, synthesizing them, searching for patterns, discovering what is necessary and what is to be learned and to be disseminated to others. Both qualitative and quantitative approaches of data analysis were employed in this study.

### **3.8.1 Qualitative data analysis technique**

Analysis of the information generated through interview can be approached in several ways. Kvale and Brinkmann (2009) argue that there is no formula that exists on how to go about analyzing qualitative data. Patton (2005) added that guidelines for analysis can be found in abundance although they are not the matters. The analysis of interviews and focus group discussion was guided by qualitative content analysis, the method used to analyze written text, spoken and visual communication in which the materials can be reduced into minimal amount of content linked groups (Elo & Kyngas, 2007) and it was used because it enabled the researcher to study human behaviour in an indirect way, through analysis of their communication (Fraenkel & Wallen, 2006). Each respondent's interview was recorded, summarized by developing appropriate categories and ratings that allowed the researcher to arrange them into pattern and themes.

Furthermore, data analysis should make a sense out of text and perceived data. Therefore, analysis of data generated from the interviews and focus group discussions were approached in different ways for instance preparing and organizing data for analysis, creating categories/themes and coding, presentation and interpretation of the meaning of the data.

### Step 1: Organizing and Preparing the Data for Analysis

Data generated by qualitative method are usually enormous; therefore, it requires constant perusal scanning through data. This process helped the researcher to identify the salient themes, recurring ideas of language and patterns of belief that link people and settings. This process was described as inductive analysis for discovering patterns, themes and categories in data (Marshall & Rossman, 2006). Organizing and preparing the data for analysis started instantly by the researcher listening to the audio taped interviews and focus group discussions in order to obtain orient to the sense of data, followed by transcribing the interviews verbatim so as to retain information to its original trends. The transcripts produced were processed in the computer software programme (SPSS version 20) to assist in the process of creating themes and coding.

### Step 2: Creating Themes

In the first step, themes were derived from research questions, conceptual framework and literature related to the subject of investigation. Therefore, the data were approached inductively based on the assumption that very little was known regarding the subject of study. In this step, each transcript was read repetitively and carefully which allowed the researcher to note unforeseen themes and to establish whether the deductively derived themes were supported by the data from the field. The researcher made a list of themes, a cross-case analysis was done and similar themes were grouped together, the process involved going back and forth between the conceptual framework and data to refine the identified themes. Table 3.3 indicates the themes, sub-themes, the emerging issues and working titles.

**Table 3.3: Question Guided the Study, Themes, Sub-themes, Emerging Issues and Working Titles**

<b>Questions guided the study</b>	<b>Themes</b>	<b>Sub-themes</b>	<b>Emerging issues</b>	<b>Working titles</b>
<b>Which types of social support services were available and used by parents of school children with disabilities?</b>	<i>Types of available and used social support</i> Instrumental support, Emotional support, Appraisal support, and Informational support	Financial support, clothes, school facilities, transport cost, Kind words, encouragement, love, affection, knowledge, ,change of attitude	Miscellaneous expenditures, treatment and routine checkups, relative and friends, information, education	Types of available and used social support among parents of school children with disabilities
<b>Which type of social support did parents of school children with disabilities consider most useful to them?</b>	<i>Types of important social support</i> Instrumental support, Emotional support, Appraisal support, and Informational support	Money, showing sympathy, Using experts	Paying school fees and consultation bills, purchasing facilities, acquired skills	Types of social considered important to parents of children with disabilities
<b>What were the outcomes of social support in the education of children with disabilities among the parents concerned?</b>	<i>Outcomes of social support to education of children</i>	Suitable and adequate social support, Timely provision of social support, diverse types of social support	Think positively, being comfortable, feel worthy, meet educational needs of the child, appreciation, reaching higher level of education	The outcomes of social support in the education of children with disabilities

Source: Created from Research questions

### Step 3: Coding, Presentation and Interpretation

After creating themes identified in step 2 the transcripts were read for coding which involved associating data with the themes identified in step two. Creation of codes sometimes may be subjected to researcher's preconception; therefore, they were presented to other researchers to cross check them. In this study coding was done by

identifying text elements (words, sentences, and or paragraphs) from each transcript and classifying them into respective themes. This is described as a cross-case coding which means that similar text elements from each transcript were brought together under the related themes. The researcher reviewed the recorded data and each subtheme to establish whether they formed a logical pattern. To minimize the researcher's bias effect, the senior researcher expert was consulted to cross check the developed coding system and themes created. The meanings and relationships of themes and concepts were processed using SPSS version 20, the meaning of the messages within the text were established. The data generated were reported in percentages and quotations depending on the type of question that is probed into.

Although the interviews were conducted in Kiswahili, the quotations were translated into English. The translation was initially done by the researcher by using mirror translation method (from Kiswahili to English, then from English to Kiswahili) to check whether the original meaning was preserved in the translation. Thereafter, experts of Kiswahili and English translations from the linguistic department of the Open University of Tanzania cross checked the text for correct interpretations.

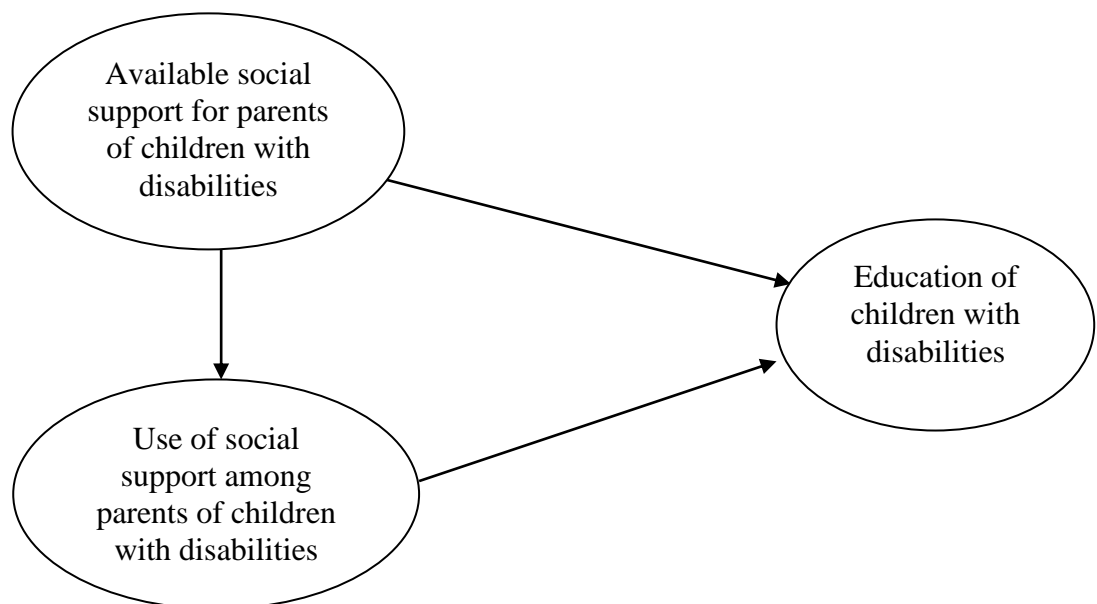
### **3.8.2 Quantitative Data Analysis Technique**

Data obtained from rating scale were analyzed using path analysis; a statistical technique mainly used to examine the strength of deductive and inductive relationship among variables. According to McWayne (2004) the aim of path analysis was to provide estimates of degree and significance levels of assumed causal connections among sets of variables displayed through the use of path diagram.



Therefore, path analysis was used in the study on focus since it is a simplified model with only three factors; it is easy to use with small sample size (78 respondents) its simplicity of the methodology (McWayne, 2004).

Since path analysis assesses the relative strength of different effects on outcomes, the relationship between variables in this paradigm was expressed in terms of correlations and the research questions proposed. Other advantage of path analysis is that it elicits the researcher to clearly specify how the variables relate to one another and thus encourages the development of clear and logical theories about the process influencing a particular outcome (McWayne, 2004). Figure 3.2 illustrates the concept of path analysis with the help of diagram which illustrates three variables used to test the relationship between availability of social support, use and children's education.



**Figure 3.2: A Model of Relationship of Availability of Social Support, Use of Social Support and Education of Children with Disabilities**

The following steps were used in analyzing information from questionnaires provided to teachers:

Step 1: Questionnaire in a rating scales with five points which were strongly disagree (SD), disagree (D), undecided (UD) and agree (A) and strongly agree (SA) was run into SPSS version 20.

Step 2: The reliability of the items was tested using Cronbach Alpha Statistics

Step 3: To test the relationship path analysis was used to convert categorical data into continuous data in order to determine the averages of the three items. Item one had eight indicators, item two had seven indicators and construct three had eleven.

Step 4: The factor analysis using SPSS AMOS version 20 (Analysis of Moment Structure) was administered to estimate the path coefficients to determine the degree of the relationship between variables.

Step 5: The structural model of influence of availability and use of social support and education of children with disability was tested. The aim was to observe if there was any relationship between the three variables.

### **3.9 Pilot Study**

Pilot study was conducted before the actual field work aimed at helping the researcher to evaluate herself as a researcher or to develop her ability to manage the research questions by modifying different aspects as she continues with the research (Marshall & Rossman, 2006). The pilot study was also conducted to check whether the instruments for data collection (Interview guides, FGD guide and questionnaires) were well formulated to generate reliable data.

The pilot study was conducted in two stages; one involved a discussion of interview guide and focus group discussion guide with five parents of children with disabilities and five children with disabilities conveniently selected from one school not involved in this study. With the help of the school authority, parents and teachers were contacted and willingly agreed to participate in the discussion. The questionnaire was also discussed with three conveniently selected teachers from the same school. During the discussion, questions on the interview guides, focus group discussion guides and questionnaires were asked as written on the guide and participants were given opportunity to respond, discuss and comment on each question and that of the guide in general. Although some questions were found to be unnecessary, it was agreed that the questions were relevant and unambiguous.

The second stage of the pilot study used the revised data collection instruments by conveniently selected child, a parent who had school child with disability and a teacher from the same school. The participants were briefed on the purpose of the study prior to the administration of the interview and the questionnaire. This process aimed at refining the data collection instruments in case of faults and to test if the recording instrument was properly reliable. The process was administered in one of the classrooms after teaching hours for 60 minutes. After the interview, the participants were given an opportunity to comment on the interview questions and questionnaire, duration and procedures used and any relevant observation related to the instruments. It was agreed that instruments were fine and the procedure appropriate.

### **3.10 Validity and Reliability**

Researchers use several techniques to convince their audience about the findings of the study that deserve attention and can be accounted for. The techniques used are well-established in the validity and reliability concepts. Each concept was established to ensure the trustworthiness and quality of the study. Since this study is qualitative and quantitative in nature the reliability and validity in search of quality was considered by addressing credibility, transferability, dependability and confirmability as advocated by (Creswell, 2014)

#### **3.10.1 Credibility**

Credibility is used in addressing quality in qualitative study. Credibility is similar to internal validity, which seeks to ensure that the study portrays what it actually intended to measure (Bryman, 2012). Furthermore, Creswell (2014) argued that credibility aims to answer the question on how identical the findings are with reality. Therefore, Bryman (2012) identified several techniques that can be used to address the credibility of the study as triangulation so as to confirm the results of the study by seeking the study participants' approval or member check and by the use of appropriate methods.

To ensure credibility in this study, the study used a multiple sources of data collection (triangulation of instruments) including interviews, focus group discussion and questionnaire (Gall, *et al.*, 2007). In order to achieve variety of information in this study, parents of children with disabilities, teachers of children with special educational needs and children with disabilities participated in the study. According

to Creswell (2014), the use of diverse informants permits the researcher to verify parts of information spread across them that guarantee credibility.

Furthermore, the researcher conducted a pilot study prior data collection to gain an awareness of the organization of the study. During the study, the researcher managed to adjust some interview questions and questionnaire and to be familiar with the instruments used in data collection. Finally, the study used direct quotations during data presentation to ensure validity of the data gathered because they represented what were actually said by the participants during the interview.

### **3.10.2 Transferability**

Transferability matches the concept of external validity as used in research. According to Bryman (2012) a qualitative study engages in an intensive examination of a small group of participants or of persons sharing certain characteristics. This results into the findings which are contextually unique and noteworthy to the environment being investigated. Seidman (2006) asserts that in a qualitative study, the researcher is anticipated to communicate the process used to generate explanation and claims and present the familiarity of the people studied in detail and in reasonable intensity that the readers can connect to that experience, learn how it is constituted, and expand their understanding of the issue it reflects.

In this research, transferability was guaranteed by the provision of information about the study process including research location, research methods and participants experiences. Participants with varying backgrounds e.g. gender, economic

background, education level, teaching experience, income and family size were included in the study. The aim of using participants with varying experience was to improve the prospect of the results of the study to be applicable in a greater range of other parallel conditions.

### **3.10.3 Dependability**

Dependability corresponds to reliability in quantitative study and it focuses on ensuring that the findings of the study are consistent with the data generated (Bryman, 2012). Therefore, the researcher should show that the result of the study is supported by data and be consistent with the degree that the result can be trustworthy and acknowledged by the readers and customers (Patton, 2005). To ensure dependability in this study, the researcher explained the methods and the procedures used and excerpt taken from the participants. The purpose was to permit readers to study the process and judge whether the data gathering procedure, results and interpretation positively related. The researcher discussed the research process and cross-checked the themes established. Findings and interpretation were also perused through by other doctoral students, senior researchers and supervisors. The initial transcripts and interpretations were also scanned by some participants and conceded agreed that data, results and interpretations were consistent.

### **3.10.4 Confirmability**

The term refers to the degree that the findings of the study could be reputable or confirmed by others (Creswell, 2014). On the other hand, confirmability is associated with objectivity of the study though it is inevitable to err in any scientific study as

instruments such as questionnaires or interview guides are constructed by humans (Patton, 2005; Bryman, 2012). To attend to confirmability issue in this study, research approaches, procedures and their rationale were described. Pilot study was conducted; the back and forth reading of transcripts of data analysis and interpretation was conducted. Moreover, the findings were supported by quotations from the interviews and focus group discussions.

### **3.11 Ethics and Logistics Issues**

Since this study deals with human beings, the issue of ethics and logistics are crucial. Ethics serve to protect the informants' privacy and relationships with them and increases credibility of the study (Hoyle et al., 2002; Bryman, 2006). In conducting research, ethical issues cannot be ignored since they relate directly to the integrity of a piece of research and of the disciplines that are involved thereof and so it should be considered at different stages of the research process (Bryman, 2006). Identifying appropriate study area and contacting the relevant people and authorities to obtain permission are important steps in research (Gall et al., 2007). The researcher should observe protocol by taking care that, the relevant persons and authorities have been consulted and informed and that the necessary permission and approval have been obtained (Shaughnessy et al., 2000; Fraenkel & Wallen, 2006).

In adherence to the research ethics, the relevant authorities were consulted, informed and permission sought. A research clearance letter was obtained from the Directorate of Research and Publication of the Open University of Tanzania. The research permit letter was addressed to the Dar es Salaam Regional Administration Secretary (RAS)

for permission to conduct research in the region. The researcher was given an official letter to the Districts Administration Secretaries (DAS) seeking permission of conducting the research in the stated district. It introduced the researcher, stated the research topic, the purpose of the study and the expected duration of the study. The research introductory letter to the RAS and DAS are found in Appendixes F, G and H.

After permission to visit the study site, the researcher sought permission to conduct a study by requesting the District Educational Officers; heads of the selected schools and the study participants with the purpose of the study was explained before contacting the prospective participants. Furthermore, verbal requests were made to participants that depended on their willingness to accept or reject the request. Thus, before any attempt was made to conduct an interview and administering the questionnaires, the researcher sought consent from the prospective participants, explaining the purpose of the study. To obtain participants consent, they were informed on (i) the criteria used in their selection to participate in the study, (ii) the purpose of the study, content, procedures and reporting, (iii) possible benefits of the study, (iv) the right to participate, procedures used to protect their rights and confidentiality treatment of the information (v) the availability of opportunity to ask for clarification from the researcher about any aspect of the study.

As regards to protection of participants' rights to privacy and confidentiality, the researcher explained that information and materials to be generated through all instrument for data collection would be kept in secure place, protected and used for



the purpose of this study only. Participants were also informed that no identifiable features or details of the participants would be included in the report. Participants were given an opportunity to ask questions and thereafter they were given oral informed consent to participate in the study.

### **3.12 Summary of the Chapter**

The chapter has presented the methodology part of the study and presented the research design and approaches that guided the method the study carried out especially in collecting information that generated answers to the research questions. The rationale for employing such approaches was discussed including the process used in the selection of the sample, administration of the interviews and questionnaires. Data collection and analysis methods and its rationale have also been discussed. Methods used for data collection were interviews for parents of children with disabilities and school children with disabilities, FGD for parents and questionnaires for teachers whereas, content analysis and path analysis were discussed as methods employed during data analysis. The chapter also discussed the aspects that the researcher has considered logical in ensuring the credibility of the study. They included reliability and validity of the study. The chapter ended by discussing research ethical issues in conducting the study.

## **CHAPTER FOUR**

### **4.0 DATA PRESENTATION AND ANALYSIS**

#### **4.1 Introduction**

This chapter is divided into five parts. The first part presents demographic characteristics of the parents of school children with disabilities. The variables presented include gender, marital status, number of children in the family, relationship with the child with disability, parents' level of education, employment status and parents' income per month. The focus of the study was to examine availability and use of social support among parents of school children with disabilities, thus demographic characteristics of parents were explored to determine whether these variables had association with the availability of social support among parents of children with disabilities. The characteristics were also used to find out whether the use of social support was determined by demographic characteristics of the parents.

The second part of the chapter discusses available and used social support among parents of school children with disabilities. This part has five sections including types of available and used social support among parents of school children with disabilities, sources of available and used social support among parents of school children with disabilities and factors determining use of available social support for parents. Part three discusses the social support considered beneficial to parents, sources and the role of the government on provision of social support to parents of school children with disabilities.

Part four presents the outputs of social support and the significance of the help in education and presentation of data generated from questionnaires administered to teachers from selected special schools in part five by discussing the relationship between available and used social support in education of children with disabilities. The general summary of the findings was also presented.

Generally, the findings of this study were obtained through the use of qualitative and quantitative approaches of data collection and analysis. The source of materials for the analysis was from field notes obtained during interviews with 30 parents and 39 children, focus group discussion administered to 24 parents and questionnaires administered to 78 special school teachers. The presentation is based on the five research objectives.

#### **4.2 Demographic Characteristics of Parents**

In order to obtain information on the demographic characteristics of parents, demographic questionnaire was filled in by 30 parents who participated in the study. The sheet was intended to obtain data on gender, marital status, number of children in the family, relationship with the child with disability, parents level of education, employment status and parents income per month. Table 4.1 demonstrates frequency and percentages of demographic characteristics of parents of children participated in the study.

**Table 4.1: Frequency and Percentages of Parents Demographic Characteristics**

<b>Characteristics</b>	<b>Frequency (N=30)</b>	<b>Percentage (%)</b>	<b>Total</b>
<b>Gender</b>			
Male	8	27%	30(100%)
Female	22	73%	
<b>Marital status</b>			
Married	21	70%	30(100%)
Single	4	13%	
Divorced	1	3%	
Widowed	1	3%	
Separated	3	10%	
<b>Number of children in the family</b>			
One	4	13%	30(100%)
Two	8	27%	
Three	8	27%	
Four or more	10	33%	
<b>Number of children with disabilities</b>			
One	30	100%	30(100%)
Two	-		
Three	-		
Four or More	-		
<b>Relationship with the child with disability</b>			
Father	8	27%	30(100%)
Mother	18	60%	
Grandmother	1	3%	
Guardian	2	7%	
Others	1	3%	
<b>Level of education</b>			
Primary level	12	43%	30(100%)
Secondary level	16	53%	
Undergraduate	1	1%	
Postgraduate	1	1%	
<b>Employment Status</b>			
Public sector employed	5	17%	30(100%)
Private sector employed	8	27%	
Self -employed	17	57%	
<b>Parents' Income per month in Tsh</b>			
Below 150,000	6	20%	30(100%)
Between150,000-550,000	14	47%	
Between550,000-1,500,000	7	23%	
Above 1,500,000	2	7%	
Not specified	1	3%	

#### **4.1.1 Gender of Parents of Children with Disabilities**

The study included a total of 30 parents of primary school children with disabilities in Dar es Salaam region. The data revealed that seventy three percent (n= 22) of participants in this study were female while twenty seven percent (n=8) were males. The results indicated that females were expected to look after the children and other family members while males were expected to search and provide the family with food and other requirements. This is according to society gender roles and division of labour that females have double roles (reproduction and community roles) while males have production role (to support the family financially, guiding the family and providing security). In this case more females were available in the school premises to bring back home their children after classes thus it was easy for most of them to participate in the study.

#### **4.1.2 Parents Marital Status**

In case of marital status, data showed that seventy percent (n=21) of the parents who participated in the study were married while thirteen percent (n= 4) were single. Data also indicated that ten percent (n=3) of the parents were separated while three percent (n=1) divorced and another three percent (n=1) were widowed. The findings show that Dar es Salaam Region consisted of married population more than that of singles (URT, 2012). The big number of married respondents in this study was influenced by the big number of married couples in the region.

#### **4.1.3 Number of Children in the Family**

In reference to the number of children in the family, parents reported having one to

four or more than four children. Thirty three percent (n=10) of the parents had at least four children, twenty seven percent (n= 8) had three each, twenty seven percent (n=8) had two each and thirteen percent (n=4) had one child each. The number of children in the family depends on the parents' preference since each couple had their choice on the number of children. Some parents choose to have many children while others desired to have a few.

#### **4.1.4 Number of Children with Disabilities**

Referring to the number of children with disabilities in the family, a hundred percent (n=30) of parents who participated in the study reported having only one child with disability. Data showed that fifty three percent of parents reported that their children with disabilities were males whereas forty seven percent reported their children to be females.

#### **4.1.5 Relationship with Children with Disabilities**

Regarding the parents' relationship with children with disabilities, the data showed that 60 %( n=18) of the participants were mothers while 20% (n=8) were fathers. Three percent (n=1) of the participants were grandmother and 7% (n=2) the guardians. Findings indicated that since mothers were expected to take care of children and giving them attention and care that was required (primary caregivers), they comprised a number of the respondents.

#### **4.1.6 Level of Education of Parents**

The highest level of education parents attained ranged from postgraduate degree to primary education level. Data specified that 3% (n=1) of parents who participated in

this study had attained postgraduate degree and 3% (n=1) undergraduate degree. Fifty three percent (n=16) of the parents had attained secondary education while 40% (n=12) attained primary education. The findings portrayed the educational level of many parents was secondary level education. Parents reported it was not possible for most of them to afford education up to secondary level which was caused by several factors such as failure to meet the requirements to attain higher level education (for example fifty three percent and forty percent of parents whose education level was of secondary or primary level), lack of sufficient resources in their families and the unawareness of the benefits of education in their communities.

#### **4.1.7 Employment Status**

In case of parents' employment status, data revealed that 57% (n=17) of the parents were self-employed; 27% (n=8) were employed in private sector while only 17% (n=5) were employed in public sector. The findings indicate that the employment opportunities were scarce in either public or private sectors therefore most parents who participated in the study had other ways and mean to sustain their families.

#### **4.1.8 Parents Income Per Month**

With regard to parents' income per month, data indicated that the current income for parents per month ranged from 150,000 to over 1,500,000 Tanzanian shillings per month. Twenty percent (n= 6) of parents who participated in the study reported to earn less than 150,000 Tshs as their monthly income and 47% (n = 14) percent earned between 150,000 and 550,000 Tshs. The other 23% (n = 7) earned between 550, 000 and 1,500,000 while 7% (n =2) earned above 1,500,000Tshs per month.

The big number of parents who earned low income can be explained by employment status, kind of employment or kind of business most parents engaged in. Some parents reported in engaging themselves in petty business like selling fried cassava, sweet potatoes, exercise books, pens and pencils at the school premises while waiting to take their children home after the school.

#### **4.1.9 Summary of Parents' Demographic Characteristics**

Demographic characteristics of parents who participated in this study indicated that seventy three percent of parents in the study were females. It was also revealed that seventy percent parents were married and the number of children in the family ranged from one to over four. Sixty percent happened to be mothers of children with disabilities of who fifty three percent had attained secondary education and forty percent primary school education respectively.

### **4.3 Available and Used Social Support among Parents of School Children with Disabilities**

This section presents data on available and used social support. Data are presented in subsections such as types, sources, factors determining accessibility and existence of information on available and used social support. To address the question two instruments of data collection were used namely interviews and focus group discussion. Interviews were administered to 30 parents of children with disabilities, 39 school children including those with hearing, visual and physical impairment. Focus group discussion was also administered to 24 parents and data obtained was presented in accordance to the research objectives. Table 4.2 shows respondents'



responses on available and used social support among parents of school children with disabilities

**Table 4.2: Respondents' Answers on Available and Used Social Support among Parents of School Children with Disabilities**

<b>Respondents' Answers on Available and Used social support</b>	<b>Researchers' Classification of the responses</b>
Warmth, understanding, kindness, care, listening, concern, consideration and recognition	Emotional support (Ellis, et al., 2002)
Tangible goods such as money, food stuffs, school facilities (school uniforms, exercise books), taking care of the child when parents are not present.	Instrumental Support
Communication to enhance self-assurance and capability, social evaluation, competence and value	Appraisal Support
Information on how to handle children's behaviour and the equipment that children may need.	Informational support

The list of terms used in Table 4.2 aim to show terms that was used by respondents used when responding to the question on available and used social support among parents of school children with disabilities. These terms were used to eliminate the misunderstanding of such term like emotional support, instrumental support, appraisal support and informational support which might be difficult for make respondents to grasp the meaning of such terms. The terms were used in sections 4.2.1, 4.2.2 and 4.2.3

#### **4.3.1 Types of Available and Used Social Support among Parents of School Children with Disabilities**

To solicit information among parents of children with disabilities, 30 parents were interviewed. Data indicated that 97% (n =29) of parents interviewed agreed social

support among them included emotional, instrumental, informational and appraisal support. Parents reported that even though all types of social support were available and used among them, emotional type of support was readily available and frequently used since most of the parents have their own families, relatives and friends. Parents preferred the use emotional social support from their friends and relatives who were ready to talk to them about their children's condition and about challenges associated with such conditions. A parent of child with hearing problem elaborated:

The support available and frequently used by most of us is in the form of sympathy and goods such as money and clothes. I am very grateful to my family and relatives who are usually ready to listen to what I am going through and support me when I am in need of money for transportation to and fro school or from health centre. I could see their eagerness to help us and to know how we deal with the everyday challenges associated with raising the child with disability...

This indicates that parents frequently use emotional support as their family show empathy and at the same time supporting them by giving material things which in turn help in lessen challenges associated with rearing children with disabilities. Along with emotional social support, instrumental social support was also mentioned as available and frequently used among parents. This type was supplemented by the extended relatives and friends and sometimes by other social organizations that help to provide money for the purpose of miscellaneous expenditures. Some parents were not living within the vicinity of their children's schools or healthcare centres. Therefore, they needed help to take their children to and from schools and for treatment or routine checkups by the physicians. Although parents appreciated the services they were eager to see other social support organizations extend support to them in order to add to what they earned and to what was provided by relative and

friends. A father of a hearing-impaired child commented:

I am living far from the school where I have to board two commuter buses to reach the school. Remember that my income is not big enough to satisfy all the family needs including schooling for the girl and her medical checkup. Though my relatives and friends give me support that helps in school expenses for this child proper medical attention, social support from other social organizations could be cherished...

The question of time factor which social support was available for parents generated different answers and according to the data 20% (n = 6) of parents received social support all the year round whilst 80% (n =24) claimed to receive social support at a certain time of year. The periods mentioned also varied as some of the parents claimed that some types of social support were available during religious festivals, at the beginning of school term, new school year or New Year eve. One of them said:

You could see a lot of our relatives, friends and different social institutions visiting us during Christmas and other religious festivals. They sympathized with us and brought something for us and our children. This performance is also carried out during the new school year as we receive a lot of school facilities for the children from members of our extended families, different social organizations and friends...

Data obtained from parents' interviews were authenticated by focus group discussion administered to twenty-four parents asked to identify types of social support among them. The findings indicated that there was a common agreement that emotional, instrumental, informational and appraisal support were available and frequently used by most of the parents. Though much support was available to parents, knowledge provided by any social organization made them recognize that some of the social support was not meant for them. Parents perceived social support provided by their kinsfolk as the only solution to their problems. This attitude was the cause of parents'

inability to use other social support available for them. One of the parents had this to say:

I never thought that I could go to any support institution such religious organization and ask for help to assist the education of my child. I usually go to either my parents or in-laws and other relatives. For information on my child condition, I usually visit the school and the physicians. To me those are the available support for me...

During focus group discussions, parents claimed that although informational and appraisal support was also available and used, emotional and instrumental were commonly used more when compared. They claimed emotional support and instrumental support was easily available used because it was from their close relatives, workmates and business acquaintances. Parents added that support in monetary terms was very helpful because some of their children not in the boarding needed financial support for fare to and schools. Since some of the parents resided in distant areas from schools and health centres, the monetary support was useful for them in managing transportation cost. One of the parents commented:

I often seek help where available and where easily obtained. Since we have families, friends, extended families we can do with what is offered. The support offered especially money is useful in transportation to school or to hospital for both of us...

During focus group discussions, parents declared that they occasionally use informational and appraisal support from formal institutions. They contended that although it was costly to attain the informational support, it happened to be useful, enabling them to manage living with children with disabilities by relying on the help they got from their relatives besides recognizing support from other social organizations such as NGOs and different organizations for disabilities. One of the parents of intellectually impaired child said:

I normally get help from different institutions particularly extended family and friends. However, from time to time I used support from schools and health institutions. They offer information that is very useful in managing my boy. I occasionally used assistance from NGOs and the organization of mentally retarded persons...

Focus group discussions revealed that the use of informational and appraisal support, was determined by availability of other types for example, the use of support from professionals depended on of instrumental support, and the use of emotional support was not determined by the use of any other social support. This was because most parents were living within a social environment where emotional social support was available. Parents regarded social welfare officials as responsible in social welfare of the citizens. They expected these officials to disseminate information to them particularly the availability of appraisal and informational support. One of the parents exclaimed:

I wonder if these people know what they were supposed to do. People are suffering but I have never seen them visiting people with problems like us. They are staying in their offices I don't know what they are doing. Maybe they are waiting for us to go for them. Are they employed just to wait for us to go to them or find us and know what we are going through?

Again, focus group discussion concurred with parents interviewed that other types of social support were used all the year around while for others it was at a particular time of year. Social support from schools and health institutions mentioned by parents was perennial. On the other hand, instrumental, social support involved money and school facilities at a point in time of a year. Results also indicated that although social support from other social institutions were available and used all the year round, parents could have been more comfortable if all types would be made available throughout the year. Education is needed to make parents and other

community members to be aware that having children with disabilities is unpredictable to any parent so what is needed is required is to provide support needed. One of the parents declared:

The help from our families and friends, schools and health institutions could be available at any time we needed them, though other support from other social groups were available in a certain time especially during religious festivals. The problems come when you need to see the child's doctor or to have something to ask the school teachers. Money is needed for fare or even to see the child's specialist. Sometimes we don't want to expose ourselves that we have children with disability and that we are in need of any type of help. We are afraid of other people's reaction when they discover that we have children with disabilities...

During the interview with school children with disabilities, different answers were provided. Data indicated that 82% (n=32) of children agreed that social support available and regularly used by their parents was an emotional support because it provided concern, love and empathy and instrumental support in the form of money and other assistance. One of the children commented:

The available and used assistance are in forms of sympathy and materials such as money, food stuffs and sometimes clothes. I mentioned these kinds because that is what I feel. I cannot see but I usually hear my mother thanking our friends and whoever comes to our home with something. She said she was very grateful for what they have brought for me and the kind words to encourage the family...

Besides emotional and instrumental support, children claimed that sometimes appraisal support and informational was available and used by their parents. This was because parents visit professionals such as schools and doctors. A physically impaired student acknowledged:

My father used to come to my school and talk to my teachers. I am not sure about what they were discussing but I feel that it has something to do with my condition. Sometimes my father takes me to the doctor and other health service providers especially CCBRT...

Children with disabilities were asked how often different people visited their homes. Data revealed diverse information. The findings indicated that 30% (n=12) of children confirmed to see visitors once a week while 67% (n=26) claimed to see visitors during religious gatherings or when they were sick. It was discerned from this observation that, different types of social support for parents were available; though it was not clearly established how often parents received the visitors and social support. It also means that parents were not living near their extended families, where it could be possible enough to be visited thus it was difficult to be supported regularly. A physically impaired boy observed:

May be these people come when I am at school. But I usually meet them during religious festivals and in some occasions during New Year festival. However, I am grateful to them because they bring comfort and material things for me and my parents. You can't blame someone for not visiting you frequently because most of our relatives are living far from us and life is hard for everyone nowadays...

The allegation that social support available and used by parents of children with disabilities was influenced by their socio-economic status was refuted by most children. Analysis of data revealed that 95% (n=37) of children interviewed claimed that social support was available to any parent regardless of his/her socio-economic status was beneficial. However, it was difficult for other parents to get in touch for social support available. The inability to reach some sources of social support most used was said to be caused by different factors such as lack of knowledge, lack of information and sometimes cultural beliefs associated with disability. Parents were not discriminated by the socio-economic status. Social support is meant to be available and used by every parent who has children with disabilities. What is

lacking is the mechanism to make them comfortable in using the diversity of social support. Parents needed assistance in resources, information on supposed social support and education in order to abandon the negative cultural beliefs. A physically impaired child asserted:

I don't believe that our socio-economic status has something to do with the assistance which are available and used by our parents. Sometimes parents would need information, sometimes education on the importance of the help to our parents and us and sometimes they have to do away with the held cultural beliefs that children with disabilities are a bad omen in the family...

In general, parents were appreciative to what was done by relatives and friends, schools and health institutions but they would have liked to see more from other organizations. It was easy for parents to use instrumental support provided by their close relatives to cater for transport costs to schools and health services. Parents also acknowledged the significance of social support from NGOs and organizations of people with disabilities. Since all types of social support were meant for every parent, what was needed is the mechanism to make parents use available social support without restraint. Information on availability of social support, assistance in forms of material resources and education to abstain from the negative cultural beliefs that it was a curse to have a child with disability is needed. The education for parents of children with disabilities and community members might be of help in using available social support.

Generally, the study found that emotional, instrumental, informational and appraisal support were available and used by most parents of school children with disabilities. It was also found that support from technocrats depended on instrumental support in



form of money. However, it was found that some of the social support was not available and used throughout the year. It was also noted that parents perceived that some of the social support are for parents with certain socio-economic status.

#### **4.3.2 Sources of Available and Used Social Support among Parents**

During the interview, parents gave varied information on the sources of social support among them. The results indicated that 70% (n=21) of the parents interviewed mentioned different social institutions ranging from nuclei family to Non-Governmental Organizations (NGOs). Thirty percent (n=9) of parents mentioned that the source of support was from nuclei and extended family. This observation indicates that relatives particularly nuclei and extended families and other social institutions such as schools, health institutions and NGOs were the sources from which support could be obtained. The support available and used was expressed by providers' readiness to listen to what parents were undergoing. One of the parents asserted:

When I feel like talking to someone about the condition of my child, my mother and aunties are ready to listen. I am also very grateful to this school authority because I am free to talk to teachers about what I am going through. Sometimes this lady from a certain NGOs would visit me and share a moment talking about the condition of my child...

Focus group discussion with parents produced results that were not much different from parents' interviews. Parents observed that there were many sources of social support for example their next of kin, workmates and colleagues. They also mentioned other social organizations such as churches and mosques, NGOs, CBOs, schools, health institutions and parastatal organizations. Although some of the parents have knowledge from different sources of social support some of them do not

know other sources besides those close to them. According to one of the parents, sources of such support can be put into different groups. He said:

There are different sources of assistance for us. You could get help from either family which includes immediate family and extended family. However, some of us don't know that there are other social institutions such as NGOs and international organization which can offer social support...

Interview with school children with disabilities exposed different sources of social support used by parents. They explained that their relatives and good Samaritans and their friends at school had been the source of social support available. Besides the afore mentioned sources, children mentioned their teachers, religious leaders and physician as very reliable sources. A visually impaired girl had this to say:

It is easy for my parents to go to my grandmother or to my uncles or aunties for a help. They thought that it was their duty to help a relative in need. Our teachers are also ready to do something...

Generally, social support available and used by parents of children with disabilities could be obtained from different social organizations. They include family as the first social organization, community, religious organizations, schools, health institutions and international organizations.

### **4.3.3 Factors Determining the Use of Available Social Support**

The question of factors determining the use of available social support generated different answers. The results indicated that 60% (n=18) of parents claimed to easily get and benefit the available social support while 40% (n=12) of parents interviewed complained of the difficulty in receiving and benefitting from available social support. Lack of sufficient family resources was the reason behind parents' inability

to use available social support. Parents claimed that some institutions were located in the city centres while they live in the outskirts of Dar es Salaam. It could not be easy for parents to reach such support as a result of inadequacy of resources such as money. Parents were facing difficulty in using social support from professionals because of poverty. Parents needed to be supported financially to enable them access to social support available in areas far from their residential areas. The parent of the physically impaired child remarked:

Even if assistance is available and in plenty, some of them are located in areas where I couldn't reach because I need other means to reach them. This is as well as being not available. For example, to consult doctors and other professionals, money for fare and consultation fees which amount to twenty-three thousand Tsh for each visit is needed. Who could give me such money every time I needed to see the child's physician, doctors or other specialists? It is real difficult though these social supports are meant for me but I cannot reach them...

Results also indicated that parents needed to use available social support located in the city like informational and appraisal support but distance was a barrier. Types of social support concentrated on town centres was most used by parents living in such areas while parents living far from these centres were obliged to use whatever was available in their localities. One of the parents inquired:

How could you use such kind of help available in town centres while you are living in the distant part of the town? They are for those who are living near the town or those who are able to go there. For us who are livings far from town centres have to depend and use social support which is available at our localities...

Another factor mentioned to determine the use of available social support was parents' level of education. Data indicated that 60% (n= 18) of parents interviewed established that social support from the blood relations and from faith communities were the only social support which can be easily received regardless parents'

education level. This was because every parent belongs to a certain family or certain faith community (Muslim community or Christian community). Other types of social support such as those from professional and experts were available and used by parents of a higher education level since the higher the education the higher the income thus easy to manipulate and exhaust support from them. On the contrary, data indicated that 40% (n=12) of parents interviewed were against the idea that social support availability and use has the relationship with the education level of parents. They observed that it does not matter the education, social support was available to everyone. A father of visually impaired child elucidated:

Actually, the assistance is not available for a certain group of parents. We have relatives and friends available when we needed them. Therefore, the support is for everyone though some of us are ignorant of how to access them. Again, it is somehow difficult to get information from other people since some of us are isolated and do not have the means to get such information. Other organizations to help us are heard on radio or TVs which some of us don't have. Somehow, we receive information on availability of certain types of available social support from different sources though we sometimes get the information when it is too late...

With regard to socio-economic status, most of the parents explained that different types of social support were available and could be used by all parents of school children with disabilities regardless of their socio - economic status. Results indicated that 83% (n= 25) of parents refuted the notion that other types of social support were available and used by parents with high socio-economic status. They argued that the available social support was meant to be used by all parents of children with disabilities regardless their socio- economic status. Data indicated that poverty among parents of children with disabilities and attitudes held by some community members on the presence of children with disabilities in the family determined the use of the available social support. Some parents of children with

disabilities sympathized with other parents, due to their ignorance of the privilege of using available social support. They could not believe that other parents of children with disabilities could not use available social support because of their socio-economic status. One of the parents remarked:

Every parent of school child with disability is entitled to all types of available assistance. How could some of them think that social support is for a certain group of people? In any case such help is for both parents of low, middle and high economic classes. I would like to urge all parents in need of assistance....

During focus group discussion, it was established that use of available social support was determined by factors such as family resources, education level and unwelcome beliefs on disability by some parents. Findings illustrated that parents concurred that support from clansmen and neighbourhood, supplemented to their meager income.

One of the parents commented:

The meager resources which we had do not allow us to have everything we needed for our child and the family. Due to my educational level, my income is not enough to cover expenses for the child education and health services. Therefore, I am ready to use whatever comes regardless the sources...

Another factor that determined the use of available social support was the prejudiced ideas by parents and community. During the focus group discussion parents explained that it was difficult for them to use social support available because they were not ready to be ridiculed by other people that they have become beggars. Results also showed that parents were in need of support but the perception in the community they live, made it difficult for them to ask for social support. They depended on what was given willingly rather than by asking for it, therefore informational and appraisal support was needed to enable parents to do away with

the community attitudes in order for them to attain and use social support available for them. A mother of a visually impaired child commented:

What our family has for the needs of the child and that of school facilities were not inadequate still, I am not ready to be laughed at by asking help from other people. The child is mine and it is my responsibility to look after him...

During the interview with children it was discovered that distance from parents' relatives was another drawback in determining use of available social support. Analysis of data illustrated that 95% (n=37) of children interviewed maintained that most of their relatives are not living in Dar es Saalam therefore social support was not easily received because they were staying far away from their relatives and they felt that neighbours are either not willing to help or were preoccupied by their own problems. A visually impaired boy exclaimed that, "Our relatives are not living in this town. People who could provide support are our neighbours but you never know with people. Perhaps they may not be willing or they also have their own problems..."

Children's observations on parents' education level as a determinant in using available social support produced varying answers. Analysis of data indicated that 79% (n= 31) of children interviewed disagreed that parents' educational level could deter the use of available social support. It was also revealed that informational and appraisal support was frequently used since parents visited schools in case of children's problem or during parents' teachers' meetings. One of the hearing-impaired children said:

My parents are not educated but they know where to look for available social support. I was able to be enrolled in this school because my father

was ready to ask for the help from different social institutions. He went to the district social welfare in Ilala and he was provided with the information on which school children with hearing impairment could get education...

Conversely, 21% (n= 8) of children interviewed argued that their parents were ignorant, not ready to change and interact with other community members. This state made it difficult for them to have knowledge on social support available and used by other parents of children with disabilities. One of the visually impaired children commented:

My parents have not gone to school and have the attitude that it is a shame having a child with any kind of disability. It was even difficult to allow me to go to school had it not been for my aunt who is living near this school. Therefore, it will also not be easy for them to try reaching and use any kind of help...

Interviews with children with disabilities on socio-economic status as one of the factors determining the use of available social support produced different answers. The findings indicated that 70% (n =27) of children disagreed while twenty three percent agreed that socio-economic factor determine the use of available social support. This was not contrary to their parents because findings from parents demonstrated that the use of available social support was not determined by the socio-economic status. The few children who believed that socio- economic status had something to do with the use of social support explained that if parents are poor and having children with disabilities, they have fewer friends, thus less social support networks to provide social support. One of the children showing her concern said that, "My parents are poor. Do you think it is easy for them to have help from other people? I usually hear my father saying that this is the world of give and take..."

In short, parents' ability to use available social support was determined by factors such as family available resources far away from available support, parents' level of education and wanton beliefs within the family itself and community parents of children with disabilities live. Instrumental support was mentioned as important in assisting parents using appraisal social support and informational social support.

#### **4.3.4 Information on Available and Used Social Support among Parents of Children with Disabilities**

Parents were asked if they were well informed how to reach available social support besides those from family, friends and relative. The results indicated that 77% (n=23) of parents were insufficiently informed on other types of social support available and how to reach them whereas twenty three percent of the parents reported to be well informed on how to access the social support available. They mentioned different sources of information such as other parents, friends, schools and social institutions. These parents thought that if they were enlightened on how to access available social support, it would have been possible for other parents to receive information as well.

Findings also indicated that social support from other social institutions and international organizations concentrated on specific areas of the region. Some parents took for granted that because they had information on the available social support, then all parents were aware. Conversely, some parents did not have the information simply because of either poverty or lack of consistent interaction with other members of the community or any other social groups. A mother from a remote part of Dar es Salaam put in that:



You cannot blame anyone if you are not well informed on the existence of certain types of assistance. If I am well informed of different types of available help, then I think that everyone has the information. I am certain of what I am talking about because whenever I come to visit my child, teachers give me information I needed, for example where to get healthcare services for my child or which agency can help out in case of the need of assistance in a form of money, school equipment and other needs of the child...

Information on different types of social support used was confirmed by parents who participated in the focus group discussion. Parents claimed to have less information on the presence of other available social support besides the ones they were using. The location of social support institutions made them feel excluded from availability of social support. Parents needed more assistance in kind to make it possible for them reach and use available social support meant for them. One of the parents maintained:

Something should be done to make us able to reach institutions which are not near our residential areas for help. This could help us to minimize the use of meager resources we have. If more assistance could be provided we would have power to reach and use different types of such assistance. It might help us, and make us stronger in care taking duty...

Moreover, during focus group discussion, parents mentioned schools, faith based organizations and health institutions like CCBRT and other NGOs as informational sources that were intermittent on social support and on different disabilities. Likewise, different organizations dealing with different kinds of disabilities such as Tanzania Association for Persons with Disabilities (CHAWATA), Tanzania Association for Persons with Hearing Impairment (CHAVITA), Tanzania Association for Mental Handicap (TAMH) and Tanzania League of Blind (TLB) were some of the sources of informational and appraisal support.

Children with disabilities were also asked about availability of information regarding support among their parent. They contrasted with their parents' views on information available among them. It was discovered that 87% (n= 34) of children reported that parents were well informed on how to reach the available social support. They explained that schools remained the reliable source of information but some parents were avoiding information provided. They also maintained that their parents get such information from other parents of school children with disabilities and from other friends. With the help of interpreter, a hearing-impaired student remarked:

Besides schools being the source of assistance needed for our parents, they are also the very good source of information on the available help for them. Whenever something comes up our teachers usually inform our parents. Teachers are the ones who inform them about health services, counseling services and other programmes which are important for us and our parents...

On the other hand, 13% (n=5) of children declared that their parents lacked information and that made them not to seek available social support immediately. However, findings illustrated that the information for parents was available and easily accessible but due to some reasons unknown to children, parents failed to get that information. Children regarded their teachers as good sources of information though some parents seemed to disregard it because they categorized teachers as not having children with disabilities, therefore ignorant of what was best for parents.

#### **4.3.5 Summary of the Findings**

In summary, all types of social support were available and used by parents of school children with disabilities, although parents claimed to use emotional and instrumental support more often than other types. The use of social support depended on different

factors by parents such as lack of confidence to ask for assistance, socio-economic status, knowledge of available social support, availability of information and beliefs harboured. Parents could at least use types of social support that are within reach or could not use depending on the knowledge of the benefits of social support and information available.

There were different views on sources of social support available and used by parents of school children with disabilities. They came from single or different sources, the family the friends, neighbours and other social institutions. Views on accessibility also differed. While others face difficult others claimed easy accessibility. The accessibility and use of informational and appraisal support was difficult to some of the parents since it needed other resources like money.

Family resources, education level and cultural beliefs were mentioned as factors determining accessibility and use of available social support. Time provision for social support used was observed to differ. Some parents received social support at any time needed while others received it at an unstipulated time of year. The question on information of social support available and used by parents evolved different answers. Seventy seven percent of parents reported lacking information on some available support, while children believed it was available since schools were responsible in releasing information.

#### **4.4 Important Social Support to Parents of School Children with Disabilities**

The findings on social support to parents are presented in four subsections. The subsections include (i) most important social support (ii) sources of important social

support (iii) the role of government in provision of social support. Data were obtained from two categories of respondents (a) parents of children with disabilities (b) school children with disabilities. Interviews and the focus group discussion were used to establish data for this section. Table 4.3 illustrates respondents' responses on social support considered to be important by parents of school children with disabilities.

**Table 4.3: Respondents' Answers on Social Support Considered Important by Parents of School Children with Disabilities**

<b>Respondents' Answers on social support Important to Parents</b>	<b>Researchers' Classification of the responses</b>
Compassion, kind words to them and children, understanding of what they are going through and being valued as parents.	Emotional support
Financial aids, transportation of children to schools and health services centres.	Instrumental Support
Enhancement of parents' confidence, skills to value the ability of their children.	Appraisal Support
Provision of knowledge on the children's disabilities and how to live with the child and the treatment if any.	Informational support or professional support

Table 4.3 gives a list of terms that respondents used when responding to the question on social support that were considered to be important to parents of school children with disabilities. These terms were more elaborated in responses in section 4.3.1, 4.3.2 and 4.3.3.

#### **4.4.1 Types of Social Support Considered Important to Parents of Children with Disabilities**

During the interview with parents, emotional support was considered most important to parents according to the analysis of data because a 100% (n= 30) of parents

interviewed responded with an positive attitude in that they were cared for, loved, talked to about their children and were checked on progress to make their life less miserable. It also gave them assurance that other people understood what they were going through. The research portrayed that all types of social support were valuable especially the emotional one. As a result, parents were appealing to the society to sympathize with them and fathom what they were experiencing. Parents should be given love, care, advice and encouragement in coping with stresses of living with children with disabilities. A mother of a deaf blind boy asserted:

I won't say that other assistance available and used are not important to me. Yet, what is most important to me is to see other people around me caring and understanding what I am going through. What I need is for my relatives, neighbours and other community members to regard me and my child as a part of them...

Interviews with parents revealed earlier that instrumental support was very supportive to parents. The result interpolated that 90% (n=27) of parents benefited from support especially provided in the form of money helpful to pay fees, purchase facilities and foot consultation bills for the health services and that same were in great need since it was fulfilling children's needs and the researcher also illustrated that poverty was the common phenomenon in the household where there was a child with disability. Parents have to sacrifice their jobs in order to take care of the child. It also takes a great deal of resources they had to seek professional help for the child. Such parents believed emotional social support and instrumental social support as a salvation to them. A mother of hearing impaired child had this to say:

Before this child was born, I was working in a certain private company as a typist. After the birth of this child and a realization that she has hearing problem, we started visiting physicians frequently. Finally, I had to resign from my job to attend to the child. To me assistance in a form

goods and services such as money and showing sympathy are the most important...

Few parents had different opinions on social support. Ten percent (n= 3) believed that there was no social support which was surpassing the other. However, they also needed informational and appraisal support. These parents emphasized the importance of social support from the experts such as teachers with skills to deal with children with disabilities. Some parents have also acquired skills to deal with their children, something which brought parents and children together. These skills learned from schools have been appreciated by parents as it brought harmony and improvement in their families. A mother of a hearing-impaired child said:

Before my child went to this school we were often fighting because it was not easy for me to understand what she needed. After one year in school I also learnt their language of communication. I think teachers as professionals are more important to our family. Now I am the interpreter between the child and other members of the family...

Focus group discussion was also used in collection of data about social support considered most important for parents. During discussions, parents who participated agreed to have common social support that was and instrumental social support. They pointed out that it was not possible to get informational or appraisal support because was required most was instrumental support. They also claimed that if you are emotionally maladjusted you cannot work hard and earn enough to support your family. The findings confirmed that some parents were depressed by the situation of taking care of children with disabilities. Misery forced them to engage in something in order to get help and sympathy from others. This condition culminated into good to parents and the school children with disabilities. One of the male parents contributed:

Sometimes I felt like sleeping the whole day, but then I thought of what my relatives and friends were doing for my family. They are encouraging me to send the child to school and usually contribute a lot in case of school uniforms and other facilities. Actually, it has worked because I now work hard to boost what was contributed by other people...

In the discussions, most parents mentioned school teachers as a very important social support. Analysis of data revealed that who participated in the FGD agreed that teachers were doing a tremendous job on them and their children. They explained how school teachers had helped them in changing the behaviour of their children and their own attitudes that children with disabilities are worthless in the society. The findings proved that parents had realized the benefits of schools and their teachers as one of the most important social support to them. One of them claimed:

My child is blind and I thought that she will never be able to do anything valuable in the family. I was shocked one day when she told me that she can do simple household errands to help me. I thought she was joking but to everyone's amazement she took dishes and started washing...

Another parent had this to say:

I thought it was a waste of resources to send this child to school, but now I know the value of sending these children to school. They taught them not only mathematics and other subjects but also, they were equipped with skills to manage themselves and to defend themselves against dangers...

The interview with children with disabilities revealed that their views on support which parents considered most important could not concur with those from others. Children who participated in the interview had common agreement on the social support for parents. The results indicated that a 100% (n=39) of the children agreed that different types of social support were very suitable to their parents. Instrumental support was mentioned to be very meaningful for those not living within the stone

throw because parents needed money for health services, transportation to and from health centres and schools. One of them said: “Different types of assistance given are important to our parents; however money is important to make transportation to schools or health services easier...”

Children added that, besides these supports would be worthless if they got something tangible like money, clothes or even foodstuffs from a person without pity for a parent of a child with disability. They said that what their parents wanted was to see that at least other people around them have compassion for them. The findings indicated that children were overwhelmed about people who provide assistance to the needy simply because they were the have-nots. What brought fulfillment to these children was for the givers to show empathy to the beneficiaries of the assistance given. A visually impaired girl commented:

You know that other people have a lot to give. However, some of them give for the sake of giving but they don't feel anything for us or our parents. I know that what my parents need is not material things only. What they need is encouraging words to make them feel that they are worth. They are also human beings and needed to be supported emotionally...

In addition, children talked positively about the support their parents received from teachers and physicians. By a hundred percent that informational in lieu of others like advice, information regarding education from school teachers and in case of the health services from CCBRT, where physicians would talk to them on how to manage the child's disability. Support provided by the specialists in the health institutions depended on the type and severity of the disability was considered. Children explained that they were not bothered by the social support parents



considered viable as long as it was accessible. Findings indicated that children believed that their parents were in need of all types of social support. Each type of social support has its advantages and benefits to parents. With the help of an interpreter a hearing-impaired child said:

There is no aid which I can say is most important and the other not important. Our parents would need all types of assistance for example money for school fees and other contributions, emotional support to make them cheerful when dealing with us. More than that parents need information and sometimes education on the causes and management of our conditions. All these are equally important to our parents...

Some of the children participated in this study believed that their faith based communities (churches and mosques) were very important in provision of social support. Thirty eight percent (n=15) of the children interviewed affirmed that their faith based communities were very supportive to their parents. They elucidated that their church members frequently came to their homes, praying together and provided emotional support and alms. A visually impaired girl elaborated:

My parents belong to that faith community and the church has made it a point that after Sunday mass, they had to visit the needy including my parent. During the visitations, we sing praises to our Lord and pray together. I enjoyed that time very much which made me forget that I am blind. I have also learned how to sing and I anticipate being a great gospel singer one day. I think this is most important to my parents because seeing me happy makes them also happy...

School children regarded themselves as a source of social support because it was not possible for parents to fragment schools all the time. Therefore, children had to support each other in the school premises. The data indicated that a 100% (n=39) of children had friends in the school and confirmed to support each other in various ways such as assisting their friends with locomotion problem, aptness, sharing in

various lessons and sometimes inviting each other during different festivals. The findings hinted that school children needed friends and they were pleased with friendly relations among themselves in the school. A physical impaired child explained that all school children with disabilities should have friends in schools or at home. He commented that, “It is important for us to have assistance from our friends because you may need help for example one to help you wash your clothes since some us cannot do it alone due to our disability...”

#### **4.4.2 Sources of the Important Social Support for Parents of Children with Disabilities**

The data denoted that 97% (n=29) of parents recognized the sources of social support as relatives, friends, neighbours schools and health institutions. However; 3% (n=1) of the parents recommended the work place as the source of the support. One parents received support from her extended family far away from Dar es Salaam that it had so far decreased the burden of caring for the child commented:

Although my aunties and uncles are not living in Dar es Salaam, they usually call me to know how we are doing and through Airtel Money we received some money which helped in fares and other needs of our child...

A self-employed mother added:

The school and my fellow business colleagues are the source of material support I was using because the school has offered me a premise in the school arena where I could conduct my petty business to add to my income...

Besides the school being the source of emotional support, provided informational support for her to gain knowledge about the child’s condition and of course not

forgetting her confidants and constituents giving her strength for caring of her child. Moreover, she added that relatives, neighbours, and other social institutions helped her by inducing the feelings that she was worthy and that positively reinforced her strength, courage, and the perception to view any life circumstance acceptable. The other findings showed that some parents could not benefit from the social support in spite of proper and effective communication between them and that made possible to receive support in terms of money to enable them to send their children to school. Again, schools have always been a source of information for parents who would not have immediate information on their children, no connections with other parents and opportunities to have small business which supplement to the family income. She elaborated:

I am very grateful to the school authority for allowing me to do something here while waiting for the end of the school session. Teachers usually give me skills on how to deal with the child's problem. At the same time, I am adding something to the family income. Additionally, I have gained friendship with other parents who are doing business here, something which is very important and helpful to me...

During the interview, more than a half of parents revealed that religious organizations were also important source of social support. The results confirmed that 60% (n=18) of parents reported their religious organizations were supportive to them in one way or another. They believed that their religious clergymen were there to provide spiritual guidance and counseling. Parents also talked about how their faith in God helped them to cope with the stress related to child's disability. The findings indicated that parents' faith and beliefs enabled them to deal with the difficult situations, something which is unusual for most parents who have children with disabilities. Some parents would see that it is not fair to have such children and

get discouraged by such situation. In regard to their faith in God, a father of visually impaired child commented:

I believe that God is the only one who is giving us the strength to deal with the child. If it was not for him, we would have given up caring for this child. We believe that God has his reasons for giving us such child; therefore, he will also assist us to deal with her. We also believe that he would not put on us something that we would not handle...

Responses during focus group discussion did not differ from parents on sources of support that was provided by different social institutions except that they received were different depending on the social institution. For example, support from family friends and from clergymen, from schools, health institutions and charities. The findings demonstrated that parents of children with disabilities had faith to God and the church leaders since it is not common for a person who does not believe in God to go for a help in churches. Parents have seen that there was hope from on religious leaders depending on the social support. One of them explained:

To me my religious leaders are very important. They are the source of important assistance which I am using. My husband died long time ago and no one cares for me anymore. I went to my priest and told him what was going on and he agreed to help me on the condition that the boy has to be sent to school. He arranged for it and now you could see that he is doing fine; he could go to the toilet without any help. I am very grateful to this church leader...

Parents were asked if they know other parents of children with disabilities in their localities. During the focus group discussion, parents claimed not to be aware of other parents of school children with disabilities besides those they met in the school premises. Some of the parents were familiar with other parents of school children with disabilities in their localities, whereas others reported not to be acquainted with other parents of such children except for those they meet in school. Parents showed

eagerness in having a network to help each other instead of waiting for other people who do not know exactly what they were going through. The findings demonstrated that parents would like to be near other parents with the same condition and help one another. However, there was a feeling that even though they would like to be supportive to each other, sharing ideas and resources which they had, is impossible since they had the same problems. One of them commented:

I think it could be so nice if we know and support each other in one way or another. Other parents of children without disabilities do not know exactly what we are going through. It is a pity that each one of us has to deal with his/ her misery. I think we could be of more help to each other if we have our own helping group...

#### **4.4.3 The Role of Government on Provision of Social Support**

During the interviews, parents expressed both negative and affirmative responses about the government providing social support. Few parents reported having received some types of social support from the government while majority claimed not to be aware of the supposed help and the results showed that only 30% ( n=9) had received instrumental support from government while 70% ( n= 21) were not aware of it. The extrapolation depicted that some of the parents perceived the government negatively it was not concrete for support coming their way from the government. This could be caused by how parents encountered with some government officials. One of the parents cried out, “Which government are you talking about? Do they know what we are going through...?”

Focus group with parents produced results different from parents’ interviews. Parents reported that, the government has a great role in supporting parents of children with disabilities. They explained that it could not be easy for some of the children to go to

school if it was not for the government's initiatives. Findings demonstrated that some of the parents had trust in the government and what it was doing with children with disabilities. A mother of deaf blind child said:

My child would have not been in the school if it was not for the government initiatives. One of the local government officials educated me on the benefit of sending children with disabilities to school. He also helped me to secure vacancy for my child...

Children had different views from their parents' views on the role of government provision of social support to parents of children with disabilities in recognizing the government's much contributing support to them and their parents. The results revealed that 82% (n =32) of the children believed they were in schools because of the government. They use beds and mattresses in their dormitories, exercise books and textbooks in the class and meals from their schools provided by the government. This was contrary to parents' views because parents thought that the government provides very little social support while some of the parents were not even aware if the government could be a source of such necessary support. The findings illustrated that children were indebted to what the government was doing for them. They believed that the government had made their life in school a success. With the help of interpreter, a hearing-impaired boy commented:

The government has big contributions in helping me and my parents. I am from upcountry and we don't have relatives in this town therefore, I have to stay in school. The school provides us with dormitories where we are given a bed and a mattress and meals to keep us studying. I sometime think what would happen if it was not for the government...

#### **4.4.4 Summary of the Finding**

In brief, respondents believed that there was no kind of social support that flourishes in isolation. All types of social support were important to parents since they were

needed to enable them cope well with their children. Religious leaders were also among the sources of social support to parents. However, it was interpreted differently since parents felt that nothing was done by government while children were in favour of the government because they thought that because of the government's initiatives they are able to benefit the education rights like other normal school children.

#### **4.5 The outcome of Social Support to Parents on Education of Children with Disabilities**

This section discusses the outcomes of social support to parents of school children with disabilities on the usefulness of education, the appropriateness and sufficiency and the effects of inadequacy of support to parents. In assessing the outcome, interviews and focus group discussion with school children and parents were conducted.

##### **4.5.1 Significance of Social Support to Parents in Education of Children with Disabilities**

In the interview, nearly all parents agreed that all types of social support were significant in education of their children for 97% (= 29) of the parents reported and elucidated them helpful in tackling problems they were facing in paying school fees and purchasing other needed school facilities. Owing to the conditions of the children, the big amount of income was spent either on transportation or on hospital bills. Therefore, it is an appeal to different charity groups to support them financially for the reasons of children's education. A parent of an intellectually impaired child explained:

At some point, I have to pay school fees or buy school uniforms. At times, I have to take my child to the specialists, which means paying consultation fees. All these needed money; therefore, to me financial support which would be given by individuals or organizations could be very helpful in the education of my child...

Parents also identified emotional support as a useful social support in assisting the education of their children. They explained that parents who were emotionally mature would think positively about life circumstances hence would go along educating children with disabilities. Interviews also revealed that instrumental support outweighed by emotional support because a 100% (n =30) of parents assessed it to be worthless if the providers are not compassion but clung to thought emotional support as valuable. For parents valued by others, would curb the anxiety of sending a child to school safely. One of the parents who claimed emotional support to be most useful in children education said:

Even if I received a lot of assistance in forms of money and other school facilities for the child, I would not be comfortable if they don't feel anything for me and for the child. What I needed is something even not tangible but given because the one who gives understand me. This is very important to me since sometimes I need someone's assurance that everything is right and the child is safe out there....

Almost all parents interviewed believed that appraisal support was also useful in changing parents' attitudes on education of their children. Analysis of data indicated that 87% (n= 26) of parents agreed that appraisal support was very useful to education of their children. Parents explained that talking to professionals, other parents with similar experience and children with disabilities who have been successful in education made them think positively about sending their children to school. Parents also pointed out that informational support especially advice and directive from teachers had been helpful in making wise decision on their children. It



paved way to helping their children settle in schools. The findings indicate that some parents needed encouragement and help from other people. Parents might have the intention of sending their children to school but, they harbour the phobia of enrolling their children since exemplary people to emulate from are absent. One of the parents of a hearing-impaired child said:

I am very grateful to this boy who is also deaf but a student from one of the universities. He would come to my house and encouraged me to send my girl to school. I didn't know where to begin but he wrote a letter to this school and asked them for an admission for my girl. Fortunately, they accepted her and now she is doing fine. If it was not for the information given by this university student that even people with hearing problems could have education, my child would have been at home doing nothing...

During FGD parents accepted that social support was very helpful in education of their children. Parents believed that support provided by different social made it possible for them to send their children to school because parents received support. Some parents were over protective of their children and therefore could not believe that children would be safe outside the home environment. They only managed to send their children to school after the realization that other children with disabilities were going to school and no harm had so far occurred to them. One of them had this to say:

If it were not for support in forms of money and school uniforms I received from different social institutions, it could be difficult for me to send my girl to school. Again, other parents have encouraged me because I was so afraid of the safety of my child. Eventually I managed to send her to school after seeing that other children with disabilities are in schools and are doing well...

Majority of parents who participated in the FGD suggested that a combination of social support could be more supportive in education of their children. They

recommended that they could get emotional support to make them feel worthy and counted even though other aids were equally vital for educational needs. They further said that, education of their children could be impossible if it were not for what they received from different social institutions. Parents of school children with disabilities thought that emotional support was significant for their well-being and education of children together with other types as well. One of the parents elucidated:

Sympathy and kind words usually helped me very much. This is because I feel that other people value and cared for me. They helped me to concentrate on other things knowing that my child is also in good hands especially when she is at school. Actually, I feel happy and thinking that I have nothing to worry about because my child will have the same education opportunities like other children. However, to make my dreams come true, other types of help will be convenient since I need money, I need to be informed on development and learning of my child. I need to know about the health status of the child and on different issues concerning the children's disabilities and how to manage it. Life will be easier if such education will be available for me...

The majority of children in the interviews agreed that to a great extent social support in their educational development and learning was good and the data pointed out that 85% (n=33) of school children interviewed agreed that their parents use one or more types of social support in order to meet their educational needs. Conversely, 15% (n=6) of the children interviewed reported that their parents managed without social support outside their family. One of the children said that, "My father is employed, my brother and sister are also employed therefore, I think they don't need help from anyone..."

Seventy percent (n=27) of the children who were interviewed reported that although emotional support was necessary, other types of social support were equally fundamental whereas 30% (n =12) of the children regarded emotional support more

useful in their education compared to other types. The findings show that parents of children with disabilities were distressed when their children are not at home. They were suspicious that their children could be mistreated by other, which denied the children's right to education. However, they had to send their children to school because it is an obligation. One of the children explained:

If our parents feel that other fellow countrymen cared and loved us, they will be more positive about sending us to school. My mother will ask me if I have been treated well by teachers and other people. My father is of the opinion that he is wasting a lot of time and resources to send me to school since he has to escort me to and from school for my safety. He said that he is obliged to send me to school because if he doesn't will be in trouble with the government...

#### **4.5.2 Suitability of Social Support to Parents of Children with Disabilities**

Social support provided and received were appropriate although they were not sufficient for educational needs of the children with disabilities. Analysis of data indicated that 90% (n=27) of parents who were interviewed declared that, the support was not sufficient though to a certain extent it assisted in covering costs associated with children's education. Therefore, an appeal was made for society to help parents, specifically in matters concerned with education for disabilities. Finding demonstrates that parents could feature well towards education of their children even if the support received was monetary let alone those that are instrumental for the education of the disabilities. One of the parents said:

We are grateful that our relatives, schools, NGOs, faith based communities, and even healthcare institutions are doing something for our children. We sometimes receive clothes, money and encouragement from friends and relatives but I think we need something more for the education needs of the children especially from the local government which seemed to be quiet about our problems....

On the contrary to parents' interviews, during focus group discussion, showed dissatisfaction on the suitability support provided. The findings indicated that parents who participated in focus group discussion reported social support provided were not adequate and suitable for the educational needs of their children.

Parents in the FGD suggested that they needed more help from government since what they got from informal settings were not enough because most of them were also poor apart from the emotional support which is right but you cannot get help for school uniforms, fare and medical expenses. This means that parents could feel much happier if the local governments subsidized from other social organizations. The parents' beliefs were that the government should be responsible for education of all children regardless of their capabilities. A parent of hearing impaired child said:

I can't blame our relatives and friends that what they give us is not enough. The help which they give us is very much appreciated, but due to the nature of the problem we need something more. We need more than what they could offer, why shouldn't the local government fill the gap of what is needed for education of these children....

The interviews with children aligned with parents' interviews and that of FGD. Analysis of data indicated that 74% (n=29) of the children interviewed agreed that social support provided was unsuitable and unsatisfactory for the educational needs whereas 26% (n=10) of the children thought that social support received by their parents were suitable and sufficient. Children were of the opinion that even if social support were available for parents, sometimes what they received was not expected or inappropriate for them at the time. Parents may receive clothes or foodstuffs while they were in need of money for hospital bills, fare to and from school or other important school facilities. Parents may also need information and resources to reach

another social support source for example educative programmes. The finding demonstrates an appeal to the social support institutions to examine types of social support suitable before provision. Sometimes parents needed different support from what was provided and it would be difficult for them to reject what was provided. A physically impaired girl recounted:

I was supposed to come back to school after a vacation. A priest from our local church back home came and we prayed together and comforted my parents and told them to have faith in God because he has reasons for giving them such a child. You could see that those were not the only social support needed at that time because I have to travel to school with exercise books and other school equipment. The help in a form of school uniform, pocket money, fare and other school facilities, could be more appropriate in this situation...

During the interviews children were asked if unsuitable and insufficient social support caused any challenges to parents and 80% (n =31) of children agreed that parents might run into many challenges whereas twenty percent thought that there were no challenges at all. Children commented that challenges which parents faced depended on types and the period the social support was most needed. For example, at the beginning of the school year the challenges parents faced based on school facilities, payment of school fees and fare to school and boarding fees. For day scholar's parents also faced challenges of school facilities. With the help of interpreter, a hearing-impaired girl explained:

I am not a boarding student. I have to come in the morning and go home in the afternoon. One of my parents has to leave his/her other activities to escort me to and from school. We have to board two commuter buses to school. Where do you think we can get enough money for that and other expenses? Educating someone like me is somehow expensive...

Children also believed that unsuitable and insufficient social support had an impact on their educational development. They reported that parents need different social

support from different social groups. For example, appraisal support could help parents to change negative attitude on sending children with disabilities to school. Children with disabilities had shown determination to go as far as the university level even if the social support provided was not sufficient. They felt that their disabilities were not an impediment to the realization of their potential. However, parents were pessimistic, thinking that the destination of the child with disability is nowhere. Children also made an appeal for something to be done for their parents to change their perception in order to educate them. During the interview, a visually impaired boy elaborated:

I need to study as far as university level. My mother is not encouraging because she said that it is not easy for a blind person to reach a higher level of education. I heard that there are blind people in the Universities nowadays; hence someone should make her think positively about my education. Maybe she can change and work hard to help me fulfill my dream...

#### **4.5.3 Summary of the Findings**

In summary, the findings from interviews and focus group discussion on the extent to which social support was important in education have demonstrated that all types of social support were functional to parents of children with disabilities. They also believed that if other community members cherished them and their children, it would be possible to change their attitudes towards education of children with disabilities by sending them to school.

Instrumental support could provide a fortune to get enough school facilities in turn make children learn effectively. Search for information regarding children disabilities, exchange of ideas with technocrats and other parents of children with disabilities or without disabilities has improved the teaching-learning of children

with disabilities. However, parents believed that, the provision of social support could be more meaningful if it was given with an understanding of parents' condition and children's needs. Therefore, sympathy, affection, encouragement, advice and information could be more discerned for parents than support provided without empathy.

#### **4.6 The Relationship between Availability, Use of Social Support and Education of School Children With Disabilities**

The first section of this chapter presented and analyzed findings from the qualitative part of the study. The primary purpose was to discuss the existing relationship between availability of social support, use and education of children with disabilities. Randomly selected teachers were given questionnaires intended to execute teachers' opinions on availability and use of social support to parents of children with disabilities.

##### **4.6.1 Teachers Opinion on Availability and Use of Social Support among Parents of School Children with Disabilities**

To investigate the relationship between availability of social support for parents of children with disabilities, use of support on education and the questionnaire in a rating scales with five points, strongly disagree (SD), disagree (D) undecided (UD), agree (A) and strongly agree (SA) were used. The rating scale consisted of three questionnaires (i) the available social support among parents of children with disabilities (ii) use of social support among parents of children with disabilities and (iii) education for children with disabilities questionnaires. To test the reliability of the items in each questionnaire, Cronbach Alpha statistics were used. The reliability

coefficient of the items were available social support for parents of children with disabilities (0.8), used social support among parents of children with disabilities (0.72) and education of children with disabilities (0.75).

The relationship significance among the three scales was tested and it was found out that the relationship was significant at 0.01 levels meaning that there was a positive relationship between available social support for parents, use of social support among parents and education of children with disabilities. Table 4.4 illustrates the correlation coefficient matrix among available social support for parents, use of social support among parents and education for children with disabilities.

**Table 4.4: Correlations Coefficient Matrix of Available Social Support for Parents, Use of Social Support among Parents and Education for Children with Disabilities**

	ASSP	USSP	SSCE
ASSP	1	.794**	.632**
USSP	.794**	1	.647**
SSCE	.632**	.647**	1

**\*\*.** *Correlation is significant at the 0.01 level*

Table 4.4 indicates the findings of the correlation between available social support for parents of children with disabilities (ASSP), use of social support among parents of children with disabilities (USSP) and education for school children with disabilities (SSCE). The relationship between ASSP, USSP and SSCE was tested using scores obtained from the three questionnaires administered to special school teachers. The procedure to obtain these scores was explained in chapter 3 section



3.8.2. Analysis of data indicated that, the correlation between ASSP and USSP was 0.794 whereas the correlation between USSP and SSCE was 0.647. Further, the correlation between ASSP and SSCE was 0.632. Since all scores were above the significant level which is 0.01, the findings have shown positive and significant relationship between the three variables (ASSP, USSP and SSCE).

Since path analysis approach was used in quantitative data analysis, the magnitude or the strength of the path estimate was tested. The factor analysis was run using SPSS AMOS (Analysis of Moment Structure) to estimate path coefficient. This was important in determining the degree of relationship between availability of social support for parents, use of social support among parents and its influence on education of children with disabilities. Table 4.5 illustrates the unstandardized path estimate between the ASSP, USSP and SSCE.

**Table 4.5: Unstandardized Path Estimate between the Available Social Support, Use of Social Support and Education of Children with Disabilities**

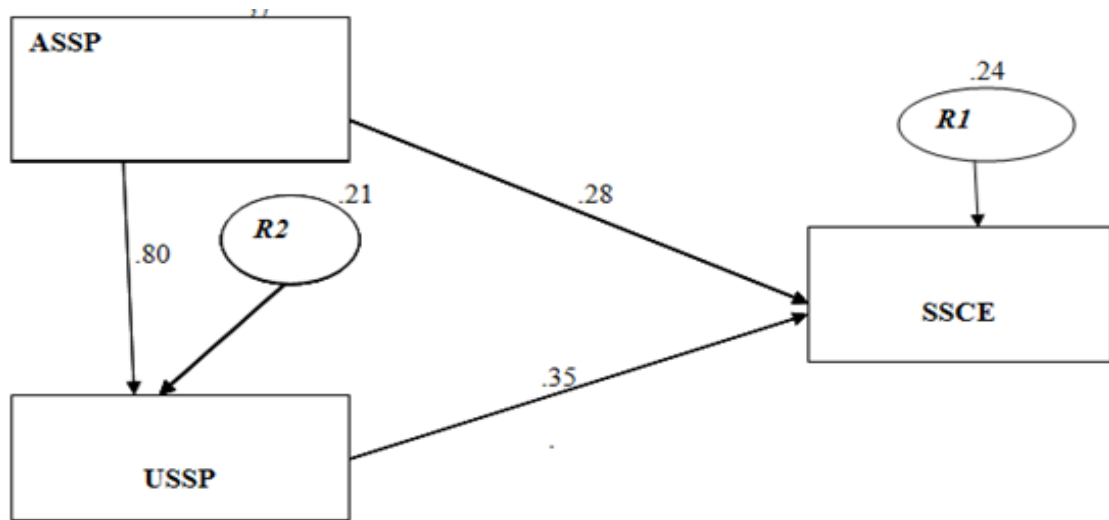
Paths	Estimate	S.E	C.R	P	L. S
ASSP → USSP	.799	.070	11.448	***	***
ASSP → SSCE	.284	.122	2.325	.020	**
USSP → SSCE	.345	.121	2.842	.004	***

Table 4.5 indicates the path estimate of available social support for parents of children with disabilities, use of social support and education of children with disabilities. The findings indicated that the path estimate of available social support for parents (ASSP) and use of social support among parents available social support

(USSP) was .799. This is a sort of regression which means that if available social support for parents increased by 1 point, the use of social support among parents increased by 0.799. It was also found out that the path estimate between available social support among parents (ASSP) and education of children with disabilities (SSCE) was .284, the indication that if available social support among parents increased by 1 point the education for children increased by 0.284. Findings indicated the path estimate between use of social support among parents (USSP) and education of children with disabilities was .345 which means that if the use of social among parents increased by 1 point the education of children with disabilities increased by 0.345.

Unstandardized regression weight was used based on the raw data when comparing groups, therefore when the critical ratio (C.R) is greater than 1.96 for a regression weight, that path is significant at the 0.05 level or better. Therefore table 4.3 indicated that the significant level of all measured paths were significant. P value indicates the statistical significance and in the table the significant level was indicated by asterisks. Three asterisks indicate the significant level smaller than .001.

In path analysis it is important to measure the model fit by testing the magnitude and the direction of the correlation coefficient among the variables used. Based on the number .24 and .21 in the circle R1 and R2 is the indication that the model fit is good. The more these numbers approach zero the better the model fit. Figure 4.1 illustrates the output path diagram which summarizes the magnitudes and directions of the correlation coefficient among the three variables (ASSP, USSP and SSCE)



**Figure 4.1: An Output Path Diagram Showing the Direction and Magnitude of the Path Coefficient of Relationship between Available, Use and Education of Children with Disabilities**

The path diagram in Figure 4.1 have three variables, available social support for parents of school children with disabilities (ASSP), use of social support among parents of children with disabilities (USSP) and the outcome of social support and children's education (SSCE). The diagram indicates how available social support for parents influenced the use of social support among parents which in turn influenced education of children with disabilities. The coefficients in the output path diagram as indicated in Figure 4.1 demonstrated the magnitude and direction of the available social support for parents of children with disabilities and the use of social support among parents was estimated to be .80.

This is the indication that when available social support increased by 100% the use of social support among parents increase by 80% and when the use of social support

among parents increased by 100% the education of children with disabilities increased by 35%. Likewise, when the available social support among parents of children with disabilities increased by 100%, the education of children with disabilities increased by 28%. This means that the availability of social support for parents of children with disabilities would increase the use of social support among parents and eventually, positively affect the outcome in education of children with disabilities.

The findings in the output path diagram indicated positive direction among all the variables measured. In path analysis, the path for which the coefficients are below 0.05 or which do not reach significant level was deleted from the output path diagram. All the path coefficients in the output diagram was more than 0.05, thus no path was deleted in the output diagram which mean that all paths were important. This means the three measured variables have shown direct relationship i.e. availability of social support for parents hand a positive effect on the use of social support among parents of children with disabilities which also had an influence on children's educational development.

#### **4.6.2 Summary of the Findings from Quantitative Data**

In summary, results indicated the positive relationship between available social support for parents of school children with disabilities, use of social support among parents and education of children with disabilities. It is important to note that directions of all the path ways in the model were positive which means non-existence of inverse relationship among the three variables. This is the indication that available

social support for parents has a direct influence on the use of social support among parents which also has a direct influence in education of children with disabilities.

#### **4.7 Summary of the Chapter**

Generally, the study has identified social support as an essential element of parents of children with disabilities. The study suggested that social support among parents of children with disabilities, save as a moderator of stress and demand of raising a child with disability. The available and used social support includes emotional, instrumental, informational and appraisal supports. The available and used social support in this study was from formal and informal sources including family, extended families, friends, teachers, physicians and other experts. Despite their isolation, parents reported friends and business friends as available source of social support used since most of them were not employed.

Various social organizations including family, extended families, friends, schools, health institutions, NGOs, CBOs, FBOs and international organizations were found as instrumental in supporting parents dealing and managing children's educational needs by providing a variety of support. Types of social support provided included emotional social support (someone to talk about the challenges related with the child's disability, instrumental support (example money for transportation to school and health services), informational social support (information from professionals regarding child's disability and appraisal support (judgments of what parents of children with disabilities are going through compared to what other parents with the same experiences are going through).

In reference to use of available social support finding indicate that it depended on factors such as parents' resources, family beliefs and information on available sources. Lack of adequate resources in form of money was seen as an obstacle to utilization of social support, as money was used to access other social support available. Findings regarding the important social support indicated that parents of children with disabilities proved that all types of social support were important to parents. However, parents wanted social organizations to assist them in overcoming challenges associated with having children with disabilities. All types of social support were significant in education of children with disabilities because availability and use of social support would change parents' perception and influence their views on educating children with disabilities. This process could make parents learn from others, preventing isolation and reducing stigma for having children with disabilities.

Results from teachers indicated positive relationship between available social support, use of social support among parents and education of school children with disabilities. Findings from this study offered parents of school children with disabilities an opportunity to interact with different social institutions in search of available and suitable social support beneficial to education of children with disabilities. It also gives community members chance to understand parents of children with disabilities thus provide social support needed.

## **CHAPTER FIVE**

### **5.0 DISCUSSION AND INTERPRETATION OF THE FINDINGS**

#### **5.1 Introduction**

This study examined availability and social support among parents of school children with disabilities. Specifically the discussion of the findings is organized in four main themes that emerged after the synthesis of study findings from data sources including; (i) social support available and used among parents of school children with disabilities, (ii) the social support considered to be important to parents, (iii) the outcome social support in education of children with disabilities and (iv) the relationship between available social support and use and education of children with disabilities. The chapter begins by discussing the demographic variables of parents of school children with disabilities.

#### **5.2 Parents' Demographic Characteristics**

It was important to have the knowledge of parents' demographic characteristics such as: parents' gender, income, employment status, education level, marital status and the number of children that they had and those who had disabilities.

##### **5.2.1 Gender**

The findings indicated that majority of parents who participated in this study were females. This was so since females in Tanzanian communities particularly mothers are more responsible in looking after children and other family members. This is similar to Hauser- Cram et al., (2001) observation that both mothers and fathers may

experience the same level of stress yet, due to mothers' responsibilities in the family, they are in need of support compared to fathers. It is obvious that, in most cases females would be near their children, providing help physically or emotionally, the state of affair that need social support to facilitate them in carrying well the mission of caretaking. In this case, females would be seen in the front of every situation which concerned their children for example escorting them to school.

### **5.2.2 Parents' Marital Status**

In case of marital status of parents, the findings indicated that most of the parents in the study were married. This finding is supported by McCubbin (1989) who suggested that marital status has an influence on social support for parents of children with disabilities. He explained that single parents especially mothers had difficulties in raising children with disabilities. This was due to lack of supportive spouse with whom to share the burden of children daily care, personal concern and issues around family management.

However, Sloper and Turner (1993) were of the view that what is important in the supportive contribution of the spouse in the provision of emotional support is the quality of marital relationship.

Although in this study parents of children with disabilities use social support from other social organization, support from a marital partner was seen as more important compared to any other support from outside. Parents would be emotionally protected if the spouse is around helping in taking care of children and everyday chores. The presence of one's spouse will greatly reduce the burden and stress of caring children



with disabilities. The helping hand from the spouse is the reliable source of available social support which reduces social support sought from other sources.

### **5.2.3 Number of Children and Including Those with Disabilities in the Family**

The study discovered that the family size of the respondents were different. Families had one child to four children whereas other families had more than four children. The number of children in the family could be explained by various factors such as order of the birth of the child with disability, as the birth of child with disability could influence the birth of other children. Parents of child with disabilities use their experience with the children with disabilities to decide whether to have other children or not. The observation is consistent with MacInnes (2008) and Hogan et al., (2012) that parents of children with disabilities have lower chances of having a second child since rearing a child with disability slows or hinders further child bearing and the decision to have other children determined after having child with disability is difficult because they must decide whether to dedicate all their resources to one child with disability hence limiting the child with sibling network to rely on.

It is obvious that after the experience of having a child with disability with associated challenges, some parents would not like such an experience again. The phobia of having another child with disability might hinder parents from any attempt to have another child (Park et al., 2003). This situation will contribute to a few numbers of children in the family. Park also observed that the birth of a child with disability in the family might lead to big numbers of children in the family as parents would desire to have child without disability and to compensate with the one with disability.

This situation will call for more support from other sources as family resources might not be adequate to cater for them.

#### **5.2.4 Relationship with the Child with Disability**

Most of the participants in this study were mothers as mothers are the primary caregivers as customarily mothers are expected to care for children while fathers are expected to provide protection to the family. For this reason mothers were in the position of participating in this study. The findings were in accord with (Sen & Yurtserver, 2007) that traditionally, the roles of the family have been divided in such a way that mothers have to stay home and provide the care for children while fathers are primary bread winners.

Most mothers in the school premises who go to fetch their children with disabilities suggest that mothers in the community are expected to provide care and support for their children. Mothers of children with disabilities in this study spent long time in school premises to do small businesses while waiting for their children. This is indication that the financial position of the family was not good and thus the need for more social support from other systems. Children's school turnout and school facilities require support available from other social organizations rather than from their families alone.

#### **5.2.5 Parents Education Attainment**

Most parents who participated in the study had attained secondary education. This kind of education has some influence on employment status and income hence the need of social support because their education level did not allow steadfast

employment for income generation activities or business. This means that parents needed more social support compared to parents who attained higher education level. The findings in this study indicated that there was a relationship between level of education and employment since parents with higher level of education have reliable employment compared to those with lower education level.

The finding correlates with that of White and Hastings (2004) that due to the relationship between education attainment and income, it was expected that educational attainment similar to parents' income will influence the use of social support. In this study, most parents needed social support because their education level was related to their income. This means that the lower the education level of parents, the lower the income hence more stress echo for social support for such parents.

#### **5.2.6 Employment Status**

The study discovered that few parents who participated in the study had reliable employment. Generally, most of parents depended on petty business in the school premises while others decided to stay at home and taking care of the family. This has the implication that most parents who participated in the study were in great demand for social support. The observation is in consistent with that of Thyen et al., (1999), that parents' employment is very important since they needed financial resources to help children especially in schools, health care and transportation. However, parents of children with disabilities especially mothers did not have reliable employment.

This is because most of them decided in favour of children with disabilities care taking thus, the need of more social support to alleviate challenges encountered.

It is apparent that, parents of school children with disabilities need reliable employment or big businesses which generate reliable income for their children with disabilities as well as other family members. Adequate family internal resources are important to parents to enjoy nurturing tasks without depending on resources from other systems outside their families. It is concluded that the need of social support for parents from other systems outside the family could be reduced if parents had reliable sources of income.

### **5.2.7 Income Per Month**

The study indicated low income of most of parents, due to their employment status and the kind of businesses in which most parents were engaged. Low income had been seen as a hindrance for parents' accessibility to social support hence more stress in dealing with children with disabilities. This finding is similar to that of Thoits (1995) who states that parents with low income experience much strain making them particularly helpless in additional task to caring for children with disability. The observation is also in line with Johnson et al., (2003) that limited income worsens parenting stress by the quantity and quality of coping resources available. As observed in the study, parents with low income needed more social support compared to parents with higher income. Therefore, it was interpreted that the lower the income of parents the higher the stress was hence the need of social support.

Generally, the study found out that parents' demographic variables have an influence on availability and use of social support among parents of children with disabilities. The responsibility of the family have been divided in such a way that mothers have to stay at home and expected to be in charge of running the household. They also took care of the children, giving them the care and attention that was required. Fathers were expected to look after families' financial matters. They also had the responsibility for guiding the family and made a final decision on most of family matters. The presence of child with disability in the family would necessitate both parents to look for other resources and other income generating sources to supplement to their internal resources. In this study mothers were doing business in school compounds to buttress to what fathers brought home. This practice helped parents to increase the family income instead of depending entirely on assistance from outside systems.

Educational attainment also related to employment status and income of parents which eventually influenced availability and use of social support. Parents with low income were expected to seek social support to support financially the family income in order to meet the needs of children with disabilities and the household.

### **5.3 Available and Used Social Support among Parents of School Children with Disabilities**

It was found out that social support was available and used by parents of school children with disabilities. The finding clearly indicates that most parents of children with disabilities needed someone to talk to about challenges encountered in raising

children with disabilities, money for transportation to and fro schools or health centres and the fees. They also needed information on child's disability, information on available social support and feedback from other parents with similar experience. However, other parents of children with disabilities had limited knowledge on social support available for them.

The reasons for parents' limited knowledge on types of social support available for them were due to levels of education and poor interaction with social organizations. With few social networks, it was possible for parents to have strained communication with community members leading to loneliness and limited knowledge on available types of social support. The finding is consistent with that of Mickelson (2001) that stigma associated with children with disabilities create a strained interaction with other members of the community which eventually lead parents of children with disabilities to have reduced communication with other people hence and partial knowledge on social support available for them.

While the finding of this section indicates that socio-economic status of parents of children with disabilities do not affect availability and use of social support, some variations associated with socio-economic status of parents emerged. Parents with low education and low income felt that their socio-economic status put them in a situation of not being able to use available social support.

As pointed out in the finding, it was clear that there was a consequence of relationships between income of parents, the interaction of parents and systems

outside the family that play a very important role assisting in meeting the educational needs of children with disabilities. It is apparent that interactions with systems outside the family could be very significant to parents of children with disabilities as they would be able to use different kinds of social support available in support systems outside the family system.

Information from the finding also indicates that some organizations made their support available during the New Year's Eve or religious celebrations. The observation is in accord with that of Beckman and Bristol (1991) that poverty would determine availability and use of social support by parents of children with disabilities since the support was designed for middle-class and minority while it was only available at a certain time of year. It is evident that parents of children with disabilities needed social support throughout the year therefore; provision of social support in certain occasion would not be of advantageous to parents as social support is crucial in everyday life for them and their children.

The finding indicates various sources of available and used social support among parents of children with disabilities. However, the availability of social support was said to be expressed by the support providers' interest to pay attention to what parents come across. The sources of social support are vital to parents particularly that they help parents in dealing with problems facing them in caring for of their children if the required types of social support are provided. The finding is in line with Bronfenbrenner (1979) that social support provision as behaviour is commonly provided by a range of settings that parents of children with disabilities participate

and interact with. Therefore, parents of children with disabilities could first seek social support from their families before going to other social support institutions.

This is because it is common practice for parents of children with disabilities to use the family as a source of social support. It is easy for parents to go to other family members including spouses or the siblings of the child with disability; as it is the business of the family members to perform the functions of social welfare of the family members. Parents in this context have the responsibility of taking care of the family members whereas others are available to support those in dire need of support.

The study finding indicates that parents face challenges in reaching other types of social support due to the location and lack of family internal resources. This necessitates parents to have their own resources to reach such social support. The observation backs with Boyd (2002) and Findler (2000) that barriers such as distance and transportation made interaction with available social support for parents complicated resulted from lack of resources. Resources in a form of money are influential mechanism for permitting parents of children with disabilities to reach other sources of social support with or without difficulty.

As pointed out, parents had shown the need of reaching and using available social support. However, distance was a hindrance as some of the available social support concentrated in areas that the accessibility depended on other resources which some of the parents could not afford. It is also evident that, failure to access some of the



social support for example from professionals associated with the distance as most of these supports are located in areas that parents could not easily reach. Therefore, resulted into parents' inability to utilize support and alleviate difficulty they faced in raising children with disabilities.

The finding also shows that availability of information on social support from professionals depended on the parents' eagerness to seek help from them. Cultural beliefs and alleged prejudice related to children with disability, barred parents' effort to seek information available from professional expertise. This observation asserts with Dunst et al., (1986), Hornby, (1994), Mickelson, (2001) that parents of children with disabilities have less social support available to them than parents of typically developing children due to the alleged blemish associated with children's characteristics that deviate from societal norms.

It was also noted that the sources of easily reached and used social support include family, extended family, friends and faith communities whereas accessibility to social support from other sources depend on education level and income of the parents. This study finding is in line with Beckman and Bristol (1991) study findings that lack of resources, access to support and cultural value determined availability of social support for parents. Therefore, there was the need of provision of material support and education to fill the gap in parents' use of available social support for them.

As noted earlier, parents of children with disabilities use various support from different sources. Some of the communities' beliefs and label on disability lead to

parents less interaction with society thus lack of information on available social support. Therefore, there is a need of intervention programmes to strengthen the interaction between parents of children with disabilities and the community. This will create flexibility in interaction among community members and enable parents obtain information on available social support.

In case of the most used social support the findings indicated different kinds of social support as used by parents. They used emotional support because most of them had families and close relatives who usually visited them and talked about the challenges related with the child's disability. This type of social support was easily reached and most significant social support in reducing the level of stress of caring such children. This form of social support was mainly from nuclear family, relatives, friends and neighbours, therefore were reached easily by most of the parents. The finding is consistent with that of Dunst, et al., (2000) who observed that emotional support from family system was most used since family as an interactive unit was regarded as a social organization providing the resources required for daily income, carrying out parenting tasks and supporting child learning and development.

Instrumental support was also a kind of social support that was most used by parents of school children with disabilities. Sources of instrumental support included family and community based organizations, religious based organizations, NGOs and international organizations. Support in the form of money was considered as helpful to parents since they needed this kind of support for transportation, school fees, and hospital bills. In the same vein Dunst, Trivette, & Hamby (1994), Findler (2000),

Sarason, Pierce, and Sarason (1990) regarded instrumental social support as fundamental resources for individual who are dealing and trying to manage traumatic situations including raising children with disabilities. Contrary to beneficial sides of instrumental support, Most and Zaidman-Zait (2001) contend that the use of such social support from the informal sources may be the source of stress to parents if they cannot be providing information anticipated.

Parents need to use various types of social support but they should be from sources that are easily accessed. Therefore, parents of low income had to go for social support provided by individuals who are near their dwelling places including family members, friends or neighbours instead. However, parents could reject the support provided by either neighbours or friends as they may feel that providers do not have compassion for them and lack skills to relate to what parents of children with disabilities feel.

Findings showed that, parents regularly use social support from formal sources. These sources were schools, health institutions and NGOs. However, lack of enough resources in the form of money did not allow easy movement in searching for social support from formal sources. The finding is in accord with Cassidy et al., (2008) that social support most used by parents come from their own family and less from other social support groups. Thus, parents of low income and those living in distant parts of the city are at a disadvantage since the use of social support from formal sources including expertise and NGOS was difficult due to the aforementioned reasons.

It is appeared that social support from skilled people was instrumental to parents of children with disabilities. This is because other parents needed to get information on their children disabilities; possible treatment and/or referral information. Parents would also need information on good schools for their children, physical therapy and other intervention programmes. Although support from professionals is important to parents of children with disabilities, other social support are equally useful as support from cadres required parents to have other resources.

The findings on the social support frequently used, had shown that the held attitude by some communities and parents themselves has been the root cause of parents' reluctance in using social support available. Some societies believe that parents are solely responsible for raising their children. Thus, it is a common practice for such societies not to offer any kind of social support to parents of children with disabilities and parents would never ask for any help. The finding is cited in Atkins (1988) observation that individuals who seek services for disability come with a particular set of beliefs, attitudes, values and goals which are determined to a large extent by the individual's existing life experiences. The finding is also congruent with that of Hornby (1994) observation that, in some society, the use social support is influenced by cultural and spiritual beliefs of the particular society. Therefore, the commonly held cultural beliefs and social orientation affects individuals, thus shaping the level of social support use by parents of children with disabilities in that particular society. In this study some of the parents were not ready to use available social support due to the belief that asking for help for your child implies that you are neglecting your responsibilities as a parent.

The above explanations offer the reasons as to why other parents were hesitant to use social support offered by other community members. Since parents from such society regarded themselves as solely responsible in taking care of their family members, they would show tolerance even if there were sufferings in doing so. Such parents would never be ready to accept any support offered, thinking that other society members would scorn them for disregarding their responsibilities. Parents from these communities are likely not to make public what they are going through. Even though it is not simple to identify them, parents of this kind are apparent in need of counseling services to get away with what was implanted by community beliefs.

The finding also indicates that parents' beliefs about disability influenced the use of social support. This is in line with Seligman & Darling (1997) study findings that parent's responses to the child with disability are subjective to the family's ideological approach that could be connected to the beliefs about disability and pattern of interaction with persons with disabilities and so influencing the use of support. Dunst et al., (1986), Mickelson, (2001) described the alleged dishonor related to the characteristics of the child that deviate them from societal norms, as the barrier for parents to seek help or to be offered any help by other people.

Experiences from a good number of regions in Tanzania point out that, disability were viewed as bad sign or a punishment from God thus these children were killed or hidden and not given quality services including education and health services compared to the children without disabilities (Possi, 1994). It is clearly and approved that disability carries blemish that lead to discrimination and isolation for both

parents and children with disabilities. Consequently, parents of children with disabilities should be assisted in form of education to inculcate coping skills. Besides, there should be a kind of communication mechanisms which allow information on available social support to reach parents easily and on time.

### **3.1 Important Social Support for Parents of School Children with Disabilities**

Findings showed that although emotional support and instrumental support were important to them, other types of social support were as well as important to them. However, what was found to be most important to parents of children with disabilities was closeness to other community members. Parents needed someone who understood what they were going through and material support like money since some of them experienced economic hardship as a result of resignation from their jobs in to take care of their children.

The finding is similar to that of Schaefer; Coyne and Lazarus (2002); Dunst et al., (2000) observations on the importance of social support to parents of children with disabilities. The authors assert that social support allows parents to feel treasured and as belonging to a group of persons with common objectives and values. Social support is helpful in providing the resources required to adequately care for children with disabilities including resources for everyday livelihood. The finding also concurs with that of Boyd (2002), and Siklos & Kerns, (2006) remark that the most important types of social support possibly are from spouses, the extended family, friends, and outreach from community programmes, professional help and services and programmes that is handy to families who have children with disabilities.

In any life predicament, it is not easy for individuals to decide on which type of social support is most important to them. Yet, one could go for the nearest sources of social support whether friends or any of their relatives. Parents would also need to be part of the community by participating in social activities, being respected and valued. Although tangible support could be important to parents, the provider should understand how parents of children feel and express sympathy towards them. Parents of children with disabilities valued support given by someone who gives because he/she understands what they are going through and have sympathy for them.

The research finding points out that, some parents were contented with support from professionals especially what school teachers were doing. They felt that each type of social support has its importance although it depended on how it was viewed and how much it helped individuals. Though other parents regarded emotional and instrumental support as most important to them it did not mean that professionals such as teachers and healthcare professionals were not significant sources of social support. In this study parents had shown the need of informational support in forms of information from school teachers and physicians regarding the children's condition. In this study parents also had the need of communication with teachers regarding children development and learning. Sometimes a child may be difficult to deal with whether at home or school, teachers had to communicate with parents as they were equipped with techniques to manage such child. This is consistent with Rörich (2008) study findings that parents of school children with disabilities required more communication from the teachers and other support groups to help them work through a condition they saw as complicated.

As highlighted above, professionals including teachers and physicians have been doing a remarkable job of helping children with disabilities to change and live a normal life. Support and information provided by physicians regarding children's disabilities helped to change how parents perceived the life of their children. For example, CCBRT has been providing rehabilitation services for individuals with disabilities which had brought a lot of changes to parents and their children with disabilities. For example, children with physical disabilities, visual impairment are provided with assistive devices like wheelchairs and white canes to make movement from one place to another easy. In this study parents explained how teachers made parents change their attitudes as they had witnessed the change in their children's behaviour. Children with disabilities have become independent and able to do different things on their own, for example washing dishes, their clothes and moving from one place to another without assistance from other people. The mentioned situation has proven that disability does not lay within individuals intellectual or physical capabilities but is a product of socialization.

The finding also indicated that parents of children with disabilities regarded their own families and extended families as most important social support sources although other social organizations such as schools were important as well. Consistent with the study finding, Unger & Powell, (1980) mentioned three levels of important sources of social support for parents of children with disabilities which include the nuclear family members, close friends and other significant persons as first level, whereby neighbours, more distant friends and relatives and professionals who are not very close to family as second level of sources while other social



organizations as third level sources of social support since they are less intimate thus defined by superficial or rare contact with parents.

Parents' adjustment to the daily challenges as a result of their children's condition needs social support from different institutions. Although family members are very important in maintaining individuals' emotional health, other social institutions are also important in individuals ongoing life stress. In such cases different social support institutions could work together to contribute to alleviate the unpleasant psychological impacts and to enhance parents well-being.

The finding of important social support also indicated the social support from faith communities and religion organizations to be important to parents of school children with disabilities. Faith communities as stated in this study could include traditional faith organizations and activities for example cultural practices which help parents in coping with stress, and other religious activities such as prayers, attending churches or other personal reflection on the issue at hand. Parents felt that their beliefs and faith in God had become helpful in managing the distress of caring children with disabilities. This means that religious beliefs and practices had helped parents to manage the negative attitude of having children with disabilities hence alleviating the burden of care taking. This is consistent with Elliot et al., (2002) study finding and parents' testimony that they were strengthened by their belief and relationship with God in dealing with children with disabilities. They perceived their children as blessings and had been chosen by God to do something which others could not do.

In case of children with disabilities, parents ought to seek social support from different sources including the church/ mosque. Religion was used to help parents understand and accept their children condition. Some parents could find it difficult to join others for prayers but, they believed that faith in God is something that gives them strength to carry on care taking responsibilities. Parents believed that their faith in God served them from desperation in dealing with the daily challenges of raising a child with disability.

The finding indicates negative and positive responses about the position of government in providing social support for parents of school children with disabilities. It was alleged that government was not supportive to parents of children with disabilities. However, the parents' perceptions varied from children's perceptions since children perceived that the government had done a lot for their parents and themselves. For example the government was the main source of school facilities and other necessities for their school daily living.

Parents' negative responses could be perceived as a parents' misunderstanding of functions of the government. It could also be due to the different parents' encounters with the government officials in seeking assistance for their children. Sometimes government officials could be offensive to individuals seeking support from the situation which led to negative attitudes towards the government. The negative encounters with some of the government officials eventually made parents of children with disabilities to built doubts about the existence of a helpful government. Generally, it was pointed out that parents of children with disabilities do not only

need to be supported emotionally but also to be supported in material things for daily functioning and care of children with disabilities. The common concern of parents of school children with disabilities was that there is a need of a wide range of social support system in order to meet the need of children particularly educational needs. It is important to make sure that parents were first emotionally supported, that is when provision of instrumental and other support could be meaningful.

#### **5.4 The Outcome of Social Support to Parents in Education of Children with Disabilities**

Finding revealed there is the relationship between availability and use of social support among parents of school children with disabilities and educational development of children. Social support had been found to be significant in education for children with disabilities because parents' capacity to deal with challenges of educating their children seemed to be strengthened by presence and use of different social support. Parents believed that availability and the use of different types of social support is very helpful for them and the education of their children. It is clear that parents of children with disabilities needed different types of social support for educational needs of their children.

This is because social support could help parents to change their perceptions on educating children with disabilities. It could also support parents greatly in transportation to schools, health services and paying for other services which are beneficial to children's education. For children with disabilities' education, communication between professionals and parents was important though community

members were as well as important in providing the needed resources for education of children with disabilities. Therefore, community should create programmes to educate parents on values of educating children with disabilities.

The study identified emotional and instrumental support as very important in facilitating education for children. Emotional support made parents feel that they were valued and cared for by other members of the community they lived in whereas instrumental support would assist in school facilities, hospital bills and transportation. Therefore, parents were encouraged to take their children to school after being assured that they would be well taken care of. Parents felt that it is important to be healthy psychologically because in dealing with educational issues of a child with disability, a good mental state is important.

Various literatures show that parents of school children with disabilities are experiencing psychosocial problems including guilty, grief and discrimination from community members. This state leads parents to emotional confusion that interferes with their decisions on issues relating to their children's education. Therefore, it is important that parents of school children with disabilities are supported emotionally for the benefit of their children. If parents of children with disabilities are emotionally supported it could be easy for them to think positively about sending their children to school.

Although instrumental support was mentioned to be very helpful in backing up parents' income, it was evident that the support was inadequate to meet the

educational needs of the children. So, an appeal was made for different social support groups to find a way to support children with disabilities attaining their educational goals. It was believed that the provision of financial aids could be instrumental to parents in provision of adequate facilities needed in children everyday learning and suitable health services. The finding coincides with Russell (2004) that parents depend on other resources in their community for example teachers, doctors, family members and friends to carry out their responsibilities in education of their children. He further, stated that since social support was important in determining the outcomes of children educational accomplishment, social groups should bank on provision of social support which would enable parents of children with disabilities to function well towards education of their children. Parents of school children with disabilities expect high quality learning and academic progress, fair discipline and information. This is because parents have built their trust on teachers and believed that they are skilled to change the children's behaviour.

As highlighted that support for parents of children with disabilities are inadequate and inappropriate, schools in developing countries have shown a shortage of teaching and learning facilities. It was advocated that although school children with disabilities are fewer compared to children without disabilities, their right to quality education is a nightmare. Therefore, governments should think careful the ways to change the situation. Enough budgets should be allocated for improving infrastructure and training more specialists to support children with disabilities education and learning. Russell (2004) observe that parents' encouragement might

not change as a result of information received but about children's educational needs which means a change in parents' anticipation.

Finding indicated out that appraisal and informational support were also important in assisting children's education. Information and feedback from other parents and children with disabilities especially individuals with disabilities who have been successful in education, might help parents in changing their views in educating their children. It was also suggested that the informational support in forms of advice and directive from professionals had been important for parents in decision making especially on sending children to schools and made possible for them in helping their children doing better in schools. This finding concurs with Solity (1992) observations that parents of school children with disabilities are users of educational systems; so it is essential that parents and teachers establish an effective relationship with each other for the benefit of the children. In this study parents realized the importance of teachers and respected what has been done by teachers regarding their children. Teachers-parents relationship has been strengthened by the products of what children learned especially self-management skills.

Referring to the learning of children with disabilities, parents needed information and feedback from different individuals including teachers, persons with disabilities who attained higher level of education and other parents of children with disabilities. It was also very important for parents to seek advice from professionals including teachers, physicians and counselors for information regarding children condition and learning. Feedback and information from individuals with similar experience like

parents of children with disabilities and successful individuals who have disabilities was important and helpful in changing parents' views on education of children with disabilities.

The research discovered that, for education development of children with disabilities, parents use different types of social support from different social institutions that were useful to children's education, though the support was not appropriate for children's educational needs. This is because parents received whatever came in their way even if they were not in need of such support at that particular time. For instance parents may receive material support while they are in need of emotional support or the other types. Given that extended families and friends are also poor, what parents could get and use from them is emotional support which is important though couldn't help in other needs such school uniforms, fare and medical expenses.

Individuals in need of any support receive whatever comes in their way even if it is insufficient or inappropriate for them. Sometimes parents of school children with disabilities have to accept whatever is given to them as they would not like to offend the givers, thus their problems would remain unsolved. Therefore, parents made a plea to social support organizations to make needs assessment before the provision of social support. Some parents would need more informational support than instrumental support, or other kind of support compared to what was given. Needs assessment is important because it could make parents of children with disabilities to receive what they needed in that particular time.

Generally, finding indicated that parents of children with disabilities can think positively towards education of their children even if the support they receive is not of instrumental type. Other types of social support such as emotional, informational and appraisal social support are also instrumental towards education of children with disabilities. However, what was important to parents in this study was not just any social support because providers had and think that they can give. Parents put it clear that social support should be accompanied by understanding of parents' condition and children's needs. Therefore, parents needed sympathy, affection, encouragement, advice and information that could help them in changing their situation and education condition of children with disabilities. It was also shown that although something was given, something more was expected from different social organizations and government to make education of the children more meaningful.

### **5.5 Relationship between Availability and Use of Social Support and Education of Children with Disabilities**

The study indicated that there was a positive relationship between available social support for parents and use of social support among parents of children with disabilities. Finding also indicated the positive relationship between the use of social support and education of children with disabilities. This means that availability of social support will determine the use of social support which eventually will influence education of children with disabilities. The finding is in agreement with Russell (2004) that resources from other community members such as help from teachers, doctors, other family members and friends were important to parents in carrying out their responsibilities in educating their children.



Furthermore, the use of social support was important in education of children with disabilities compared to availability of social support. This is because social support for parents could be available but due to various reasons could not be used, therefore having no positive impact on children's educational development. This implies that availability of social support could be of no help to children education, if parents were not using them. This is in line with Hornby (1994) and Mickelson (2001) that social support could be available but cultural beliefs and stigma associated with children who deviate from societal norms could hold back the use of them. As a result, availability of social support would not have an impact on education of children.

The study discoveries also indicated that when the available social support for parents increases the use of social support also increases. Similarly, when the use of social support increases, there is an increase in education development of children with disabilities whereas the availability of social support will not show a big result if it is not utilized. This means that the three measured variables have shown direct relationship i.e. availability of social support for parents hand a positive effect on the use of social support among parents of children with disabilities which also had an influence on children's educational development.

Therefore, based on the finding, social support providers should made social support available for parents. This is because the finding indicates that availability of social support for parents of children with disabilities would increase the use of social support among parents and eventually, positively affect the outcome in education of

children with disabilities. This means that if social support is insufficient, parents would not use it hence negative impact on children's education.

## **5.6 Summary of the Chapter**

The chapter interpreted and discussed the findings of the study. It discussed demographic characteristics of parents in relation to social support. The findings on availability and use of social support among parents were discussed relating to objectives of the study. Different types of social support and the sources were discussed and interpreted against the researcher's experiences, scholarly literature and social encounters. The chapter also discussed that factor such as cultural beliefs, proximity to available social support and socio-economic status thwart usage of available social support. All types of social support were discussed to be important to parents and that provision of social support influenced education of school children with disabilities. The last part of the chapter discussed findings from quantitative data which indicated that there was a positive and significant relationship between availability, use of social support and educational development of children with disabilities.

## **CHAPTER SIX**

### **6.0 SUMMARY, CONCLUSION AND RECCOMENDATIONS**

#### **6.1 Introduction**

This chapter presents the summary of the study and draws major conclusions with respect to the main findings. It further presents the recommendations for action and further research.

#### **6.2 Summary of the Study**

The study examined availability and use of social support among parents of school children with disabilities in Dar es Salaam. The study offered an insight of the available and used social support among parents of school children with disabilities in Dar es Salaam region. Parents highlighted that both family systems and outside systems were important in supporting them encountering the challenges related with managing and dealing with school children with disabilities.

Literature review described the theory underpinning the study, social support and different types of social support which parents could go for. They included emotional, instrumental, informational and appraisal social support. Such support could be obtained from different social institutions including family friends, relatives, schools, health institutions and religious institutions and NGOs and international organizations. Moreover, the literature discussed that social support could help parents to diminish stress and give them opportunities to develop positive

relationships with children and other community members. Literature review also discussed empirical studies related to the present study and literature gap.

The study was conducted in Dar es Salaam Region involving thirty parents of school children with disabilities, seventy-eight school teachers and thirty-nine school children with disabilities. Teachers and children were from Salvation Army, Mugabe, Buguruni, Maweni and Uhuru Mchanganyiko primary school were used in this study. Some of the parents and teachers from Mtoni Maalum and Sinza Maalum participated although their children could not participate due to the nature of their disability.

The study used both qualitative and quantitative approaches for data collection and analysis. Data was collected using interviews, focus group discussion and questionnaires. Information obtained from data collection instruments was run through Statistical Package for Social Sciences (SPSS) version 20 while analysis was done using content analysis. Path analysis was used to analyze quantitative data. The findings of the study were presented and analyzed in accordance with the four research questions.

### **6.2.1 Available and Used Social Support by Parents of School Children with Disabilities**

The findings from this objective revealed different things. It was established that the available social support for parents of school children with disabilities were emotional, instrumental, informational and appraisal support. Sources of these supports were found to be from different social institutions. Results also

demonstrated that social support was not available all the year round except for a certain time of the year. However, the accessibility of social support depended on socio-economic status of parents and parents' knowledge and information on different social support available. It was also discovered that some parents lacked information on available social support while other parents acknowledged getting information from other parents of children with disabilities or without disabilities. Again findings from teachers revealed the relationship between availability of social support and use among parents of school children with disabilities.

Furthermore, all types of social support were used by parents of children with disabilities. Types of support used by parents were mainly from different social support institutions such as the family itself as the first social organization, relatives, friends and professionals such as teachers and health workers. It was also found that it was difficult for some parents who were living in areas far from schools and health centres to access some such support such as informational and instrumental support. Lack of resources such as money was considered a hindrance to parents' use of social support from professionals.

Also some parents lack courage to ask for assistance from some sources even if what they were using was not enough. Most parents used one type of social support depending on its availability and how easily the support itself could be reached. Results from quantitative part indicated significant relationships between the use of social support and education of children with disabilities.

### **6.2.2 Important Social Support to Parents of School Children with Disabilities**

Findings for important social support indicated that, parents consider all types of social support to be important to them, though the degree of importance varied from parent to parent. Some parents considered emotional support and instrumental support to be most important to them whereas others parents thought otherwise. Parents thought that what was important to them was to see different social organizations work together in helping them to overcome challenges associated with having children with disabilities.

### **6.2.3 The Outcome of Social Support to Parents in Education of Children with Disabilities**

Results of this objective have shown that availability and use of social support among parents have a positive influence on children's education. It was also confirmed that social support was useful to parents in education of their children. It was noted that parents who have enough resources were in a position to have enough school facilities for their children, better health services, ability to search for information regarding children disabilities thus interact with others and reduce isolation and stigma of having children with disabilities.

### **6.2.4 Relationship Between Availability, Use of Social Support and Educational Development**

The study discovered the positive and significant relationship between availability, use and education of children with disabilities. The availability of social support would increase the use hence the positive outcomes in education.

### **6.3 Conclusion**

The study reflected on the experiences of parents, children and teachers on available social support for parents, most used social support by parents, important social support for parents and the relationships between availability and use of social support for parents of children with disabilities and education of school children with disabilities. The composition of parents and children with disabilities used in this study may give results which cannot be generalized to all parents of children with disabilities since the need and use of social support would depend on type and severity of the disability and economic status of the parents.

Although the study results had given an insight on availability of social support among parents of school children with disabilities, it could be either difficult or easy for parents to access them. This situation was caused by factors including family internal resources, knowledge on available sources of social support, closeness to social support, cultural beliefs and government policies and laws. In order to overcome challenges associated with caring of children with disabilities parents needed reliable sources of social support and information.

Based on the findings of the study, parents and children have common understanding on the most important social support for them although parents differed from their children on government contribution in their children's education. Parents have to appreciate government initiatives in educating children with disabilities though they have also to make efforts which could make possible for children to be in schools. However, parents might not make such move because of attitudes held by parents

and community towards disability instead children with disabilities would have been hidden and denied their rights to education. To make education for children with disabilities more meaningful parents should invest their time and whatever resources they have in educating children with disabilities.

Generally, social support has been presented as significant for parents who have school children with disabilities to enable children use their rights to education effectively. Despite the existing inconsistency of times the support was presented and the kind of support offered, parents reported contentment on support provided since it gave them relief in dealing with some of family matter and children's education needs. Although parents reported dissatisfaction with government social welfare support system, they were satisfied with the care of teachers of children with special educational needs, who have played a major role in changing children's behaviour which made families' everyday life much easier. Therefore, parents showed the desire for more support from different organizations for the benefit of children with disabilities. Parents needed government and private initiatives in educating and sensitizing the community in understanding families with children with disabilities and including persons with disabilities in their communities. Based on the findings of this study, families, relatives, friends and coworkers, schools, health centres and social welfare department are encouraged to work with parents of school children with disabilities to find out what support will suit parents in their care taking responsibilities.



## **6.4 Recommendations**

In accordance with the findings and conclusions derived from the study, the following are the recommendations for action and for the future study.

### **6.4.1 Recommendations for Actions**

- i. Social support can be of different types and available from different sources, but due to different factors such as negative beliefs associated with disability, parents felt that communities around them do not care for them. Others perceived social support as nonexistent or they considered such support only for a certain group. In that case, government, especially local governments, district social welfare departments and staff in their departments have to work hand in hand not only with parents of school children with disabilities but also with the general public helping parents of children with disabilities to access and use available social support.
- ii. The use of social support among parents of school children with disabilities depended on proximity of such support to parents, family internal resources and cultural belief of such community. Therefore, there is a need of initiating social networks which deal with social welfare of parents of children with disabilities in their localities; instead of parents traveling a long distance looking for assistance. It is also important to have education programmes and intervention programmes for parents of children with disabilities and other community members to change the cultural beliefs held about disability. This could help parents to have strengths to search and use available social support.

- iii. Other types of social support for parents seemed to be available only at certain times of the year, therefore; social institutions should make social support available throughout the year both in remote areas and in cities or towns. Outreach programmes should be established so that parents can reach them easily and at times in need.
- iv. Finally, social support provided seemed to be inadequate and unsuitable, thus the social institutions such as NGOs, CBOS and international organizations have to conduct need appraisal before provision of social support. They should first make evaluation of what parents need and what time such support is needed, since unsuitable and inadequate social support will negatively affect children's education.

#### **6.4.2 Recommendation for Further Study**

This study involved a small sample size of parents, children with disabilities and their teachers. It also involved only parents of school children in Dar es Salaam region which may influence the findings, because parents live in the same geographical area, could use the same social support and share related community attitudes. Therefore, there is a need for further study to be carried out on available and used social support among parents of children with disabilities, using a larger sample, from upcountry regions and special schools in order to substantiate the findings of this study, and give an extensive picture on availability and used social support for parents of school children with disabilities. The aspect which need further explored should base on whether community cultural beliefs have an impact on availability and use of social support among parents of children with disabilities.

This is important because it may contribute to the process of development of better relationship between parents of children with disabilities and other community members.

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## APPENDICES

### APPENDIX A: DEMOGRAPHIC INFORMATION SHEET FOR PARENTS OF SCHOOL CHILDREN WITH DISABILITIES

*Instructions:*

Please answer the following questions by placing a tick in the appropriate space provided. The information provided here will remain anonymous; therefore, do not write your name.

1. Gender of parent-----

2. Marital status:

Married\_\_\_\_\_ Remarried\_\_\_\_\_ Single\_\_\_\_\_

Divorced \_\_\_\_\_ Widowed \_\_\_\_\_ Separated\_\_\_\_\_

3. How many children do you have?

None\_\_\_\_\_ One\_\_\_\_\_ Two\_\_\_\_\_

Three\_\_\_\_\_ Four or more\_\_\_\_\_ (Specify the number)

4. How many children with disabilities do you have?

One\_\_\_\_\_ Two\_\_\_\_\_ Three\_\_\_\_\_ Four or more \_\_\_\_\_ (Specify the number)

5. Relationship with the child:

Father \_\_\_\_\_ Mother \_\_\_\_\_ Grandchild\_\_\_\_\_

Guardian\_\_\_\_\_ Other (Specify) \_\_\_\_\_

6. Your highest level of education:

Never been to school \_\_\_\_\_ Adult Education\_\_\_\_\_

Primary education \_\_\_\_\_ Secondary education \_\_\_\_\_

Undergraduate degree \_\_\_\_\_ Postgraduate degree\_\_\_\_\_

Other (Specify) \_\_\_\_\_

7. Employment:

Not employed \_\_\_\_\_ Public sector employed \_\_\_\_\_

Private sector employed \_\_\_\_\_ Self employed \_\_\_\_\_

Other (specify) \_\_\_\_\_

8. Current income from all sources per month

Below 150,000 Tsh \_\_\_\_\_ between 150,000-550,000 Tsh \_\_\_\_\_

Between 550,000-1,500,000 Tsh \_\_\_\_\_ above 1,500,000 Tsh. \_\_\_\_\_

**APPENDIX B: INTERVIEW GUIDE FOR PARENTS OF SCHOOL CHILDREN WITH DISABILITIES**

The following questions aim at collecting views and experiences of parents of school children with disabilities on availability and use of social support among them. Please answer them in terms of your present experience. Your answer will remain anonymous. Thank you.

1. Available and used social support among parents of school children with disabilities.
  - i. Which types of social support are available and used by you and other parents of school children with disabilities?
  - ii. What are the sources of social support available and used by you and other parents?
  - iii. Are the available and used social support easily accessed? If no, what problems do you come across in accessing the available social support used?
  - iv. Is the available social support accessible to all parents regardless of socio-economic status?
  - v. Is the social support available to you available all the year round or in the certain time of the year?
  - vi. Are you well informed on how to reach social support available? If yes, What re the sources of your information on the availability of social support
  
2. Types of important social support to parents of school children with disabilities

- i. Which types of social support do you consider most important to you and other parents of school children with disabilities?
  - ii. What are the sources of the social support you consider most important to you?
  - iii. Are there any other parents of school children with disabilities in your locality? How do you help each other?
  - iv. How do the institutions such as schools, church/mosques and health institutions able to provide social support for you and other parents of school children with disabilities?
3. The outcome of social support parents in education of children with disabilities.
- i. Is the social support available and used helpful in education of the children if your answer is yes, explain how it is helpful.
  - ii. What do you think is the most helpful type(s) of social support among those you are using?
  - iii. Is the social support available and used suitable for your child's educational need?
  - iv. What should be done to improve the quality of social support in order to assist in education of children with disabilities?



## **APPENDIX C: INTERVIEW GUIDE FOR SCHOOL CHILDREN WITH DISABILITIES**

The following interview guide aims at collecting children's experience and views on availability and use of social support systems among. Please answer them in terms of your present experience. Your answer will remain anonymous. Thank you for your valuable time and cooperation.

1. Available and used social support among parents of school children with disabilities
  - i. Are there any types of social support available and used by your parents?
  - ii. What are the sources of social support available and used by your parents?
  - iii. Is the social support available and used by your parents accessible? If your answer is no, explain why.
  - iv. Is the social support your parents use available all the time? If no, when is the social support available for your parents?
2. Important social support for parents of school children with disabilities.
  - i. Do you have any friend(s) in your class/school?
  - ii. Do they give you any type of support? Which types of the support your friends (s) give you?
  - iii. Do these friends visit you at home? How often and when do they visit your home? If no, why don't you have any visitors?
  - iv. Are these visitors the source of social support your parents use? If yes, which kind of social support do they provide to your parents?

3. The outcome of social support for parents in education of school children with disabilities
  - i. Which types of social support do your parents use for your educational needs?
  - ii. Is the social support available and used by parents appropriate and enough for your educational needs?
  - iii. Are there any challenges in accessing social support for your education?
  - iv. How appropriate are the social support your parents are provided with.

**APPENDIX D: FOCUS GROUP DISCUSSION GUIDES**

The following questions aim at collecting views and experiences of parents on availability and use of social support among parents of school children with disabilities. Please answer them in terms of your present experience.

1. Social support available and used by parents of school children with disabilities
  - i. What are the types of social support available and used by parents of school children with disabilities?
  - ii. What are the sources of social support available and used by parents of school children with disabilities?
  - iii. Is the social support available and used easily reached by you? What problems do you come across in accessing the social support needed?
  - iv. Is the social support used available all the time or at the certain time of the year?
  - v. Is the social support used available to all parents regardless of socio-economic status?
2. Types of social support which is important to parents of school children with disabilities
  - i. Which types of social supports you consider most important to you?
  - ii. What are the sources of the social supports you consider most important?
  - iii. Which source of social support you consider more helpful to you?

3. The outcome of social support for parents in education of school children with disabilities.
  - i. Is the social support available and used appropriate and adequate for the educational need of your children?
  - ii. Does the social support available and used by parents helpful in your children's education?
  - iii. What problems do you face in case of inadequate and inappropriate social support for the children's educational needs?
  - iv. What should be done to improve quality of social support currently available and used by parents of school children with disabilities?

**APPENDIX E: QUESTIONNAIRES FOR TEACHERS OF CHILDREN WITH  
SPECIAL EDUCATIONAL NEEDS**

Below is the list of statements which aim at collecting teachers' opinion and attitudes on availability and use of social support among parents of school children with disabilities in Dar e s salaam Region. The scale given below range from strongly disagree (SD), disagree (D), undecided (UD) and agree (A) to strongly agree (SA). To indicate the level of your agreement or disagreement, circle the letters SD, D, UD, A and SA. Please be assured that the information you provide will be used for research purposes only, and your participation in this study will be treated confidentially. Kindly, be as honest as possible. Thank you in advance

1. Types of Social support available for parents of school children with disabilities

S/N	STATEMENTS	SCALE				
		1	2	3	4	5
a.	The e Emotional support from family, friends and relatives such as love and empathy is the only type of social support available for parents of school children with disabilities.	S D	D	UD	A	SA
b.	The sources of social support available for parents of school children with disabilities are family, parents' work place, schools and health institutions.	S D	D	UD	A	SA
c.	Churches/mosques and other faith organizations are the social support networks currently available for parents of school children with disabilities.	S D	D	UD	A	SA
d.	Social support from CBOs and organizations of persons with disability are currently available for parents of school children with disabilities.	S D	D	UD	A	SA
e.	The straightforward social support networks available for parents of school children with disabilities are from professionals.	S D	D	UD	A	SA
f.	NGOs and other international organizations such as WHO and UNICEF are among the social support systems available for parents of school children with disabilities.	S D	D	UD	A	SA

g.	Government leaders and politicians are available sources of social support currently available for parents.	S D	D	UD	A	SA
h.	The social support systems available for parents of school children with disabilities are spiritual leaders and traditional healers.	S D	D	UD	A	SA

2. Types of social support used by parents of school children with disabilities

S/N	STATEMENTS	SCALE				
		1	2	3	4	5
a.	Social support in form of money, time and other assistance from friends and relatives are easily accessed and mostly used by most parents of children with disabilities.	SD	D	UD	A	SA
b.	Social support from organizations for persons with disabilities are easily accessed and mostly used by parents of school children with disabilities.	SD	D	UD	A	SA
c.	Religious leaders and parents' working place are the source of social support parents of school children with disabilities currently use.	SD	D	UD	A	SA
d.	Types of social support mostly used by parents of children with disabilities are informational and appraisal support from physicians and special education teachers.	SD	D	UD	A	SA
e.	Local government authorities are another source of social support parents of children with disabilities mostly use.	SD	D	UD	A	SA
f.	Parents of children with disabilities mostly use social support from faith based communities and international agencies	SD	D	UD	A	SA
g.	Parents of school children with disabilities mostly use traditional healers as a source of social support.	SD	D	UD	A	SA

3. Types of social support most important to parents of school children with disabilities

S/N	STATEMENTS	SCALE				
		1	2	3	4	5
a.	Friends, relatives, extended family and siblings of the children with disabilities are the type of social support networks parents of children with disabilities consider most important.	SD	D	UD	A	SA
b.	Parents of school children with disabilities have no specific social support network which they consider important to them.	SD	D	UD	A	SA
c.	Schools, health institutions, churches/ mosques are considered to be most important sources of social support for parents of school children with disabilities.	SD	D	UD	A	SA
d.	NGOs and other international organizations such as WHO and UNICEF are the most important social support network for parent of school children with disabilities them.	SD	D	UD	A	SA
e.	Help from government leaders and politicians are important for parents of school children with disabilities.	SD	D	UD	A	SA
f.	Traditional healers are the most important social support network for them.	SD	D	UD	A	SA

4. The outcome of social support for parents in education of school children with disabilities

S/N	STATEMENTS	SCALE				
		1	2	3	4	5
a.	Parents ability to interact with different sources of social support networks help to facilitate education of children	SD	D	UD	A	SA
b.	Social support from family is an important support which facilitates education of school children with disabilities.	SD	D	UD	A	SA
c.	The types of social support needed for facilitating children's education are from professionals.	SD	D	UD	A	SA
d.	Poor academic performance of school children with disabilities is caused by parent's inability to access appropriate social support.	SD	D	UD	A	SA
e.	Availability and use of instrumental social support from government facilitates education of the children with disabilities.	SD	D	UD	A	SA

f.	Use of counseling services from professionals encourages parents of children with disabilities to follow up education development of their children.	SD	D	UD	A	SA
g.	Use of informational support from other parents of children with disabilities result into parents' ability to think about education of their children.	SD	D	UD	A	SA
h.	Parents of school children with disabilities do not need specific type of social support for education of their children.	SD	D	UD	A	SA
i.	Parents' ability to think positively about education of their children is affected by lack of social support.	SD	D	UD	A	SA
j.	Use of social support has positive effects on education of children with disabilities.	SD	D	UD	A	SA
k.	Availability and use of different types of social support among parents facilitates children's education.	SD	D	UD	A	SA



## APPENDIX F

## Research Clearance Letter

THE OPEN UNIVERSITY OF TANZANIA  
 DIRECTORATE OF RESEARCH, PUBLICATIONS, AND POSTGRADUATE STUDIES

P.O. Box 22409  
 Dar es Salaam, Tanzania  
<http://www.uot.ac.tz>



Tel: 255-22-2666752 2668445 ext.2101  
 Fax: 255-22-2668759  
 E-mail: [dpp@uot.ac.tz](mailto:dpp@uot.ac.tz)

REF: HDRE/07/T.11

Date: 16/06/2013

TO WHOM IT MAY CONCERN

**RE: RESEARCH CLEARANCE: MSANGI, BILINDA M.**

The Open University of Tanzania was established by an act of Parliament no. 17 of 1992. The act became operational on the 1<sup>st</sup> March 1993 by public notes No. 55 in the official Gazette. Act number 7 of 1992 has now been replaced by the Open University of Tanzania charter which replaced the university act of 2000. The charter became operational on 1<sup>st</sup> January 2007. One of the main objectives of the university is to generate and apply knowledge through research. For this reason the staffs and students undertake research activities from time to time.

To facilitate the research function, the vice chancellor of the Open University of Tanzania was empowered to secure research clearance to both staffs and students of the university on behalf of the government of Tanzania and the Tanzania Commission of Universities and Colleges.

The purpose of this letter is to introduce to you Msangi, Bilinda M., a PhD student at the Open University of Tanzania with Reg. No. HDRE/07/T.11. By this letter the student has been granted clearance to conduct research in the country. The title of the research is "Availability and use of Social Support Systems among Parents of School Children with Disabilities in Dar es Salaam." The research will be conducted in Dar es Salaam from 19/06/2013 to 30/06/2014.

In case you need any further information, please contact the Deputy Vice Chancellor (Academics), The Open University of Tanzania, P.O. Box 22409, Dar es Salaam, Tel: 022-2668020.

We thank you in advance for your cooperation and facilitation of this research activity.

Yours sincerely,

Prof. S. Mbogo

For: VICE CHANCELLOR

THE OPEN UNIVERSITY OF TANZANIA

## APPENDIX G

## Letters of Permit

The United Republic of Tanzania  
PRIME MINISTER'S OFFICE  
REGIONAL ADMINISTRATION AND LOCAL GOVERNMENT

DAR ES SALAAM REGION

Phone Number: 2802081/2863718

In reply please quote:



REGIONAL COMMISSIONER'S OFFICE,

P.O. Box 5429,

DAR ES SALAAM

Reg. No. FA: .....

Date: 19<sup>th</sup> Aug 2013

District Administrative Secretary:


KINNDONI .....

## RE: RESEARCH PERMIT

Pro/Dr /Mr./Mrs./Ms/Miss: Msangi Billinda M is a student/researcher from The Open University of Tanzania has been permitted to undertake a field work research on Availability and use of Social Support Systems among Parents of School Children with Disabilities

from 19<sup>th</sup> August 2013 to 30<sup>th</sup> June 2014

I kindly request your good assistance to enable him/her to complete his/her research.

  
For: Regional Administrative Secretary  
DAR ES SALAAM

Copy: Municipal Director,  
.....  
DAR ES SALAAM

Principal/Vice Chancellor

The United Republic of Tanzania  
PRIME MINISTER'S OFFICE  
REGIONAL ADMINISTRATION AND LOCAL GOVERNMENT

DAR ES SALAAM REGION

Phone Number: 2860081/2863718  
In reply please quote:



REGIONAL COMMISSIONER'S OFFICE  
P.O. Box 5429,  
DAR ES SALAAM

Reg. No. FA:.....

Date: 19<sup>th</sup> Aug 2013

District Administrative Secretary,

TEMBE.....

RE: RESEARCH PERMIT

Pro/Dr./Mr./Mrs./Ms/Miss: Mzungu Billudya M is a student/researcher from The Open University of Tanzania has been permitted to undertake a field work research on: Availability and use of Social Support Systems among Parents of School Children with Disabilities

from 19<sup>th</sup> August 2013 to 30<sup>th</sup> June 2014

I kindly request your good assistance to enable him/her to complete his/her research.

*P.*  
For; Regional Administrative Secretary  
DAR ES SALAAM

Copy: Municipal Director,  
.....  
DAR ES SALAAM

Principal/Vice Chancellor

The United Republic of Tanzania  
PRIME MINISTER'S OFFICE  
REGIONAL ADMINISTRATION AND LOCAL GOVERNMENT

DAR ES SALAAM REGION

Phone Number 2860081/2860716  
In reply please quote.



REGIONAL COMMISSIONER'S OFFICE,  
P.O. Box 5429,  
DAR ES SALAAM

Reg. No. FA:.....

Date: 19<sup>th</sup> Aug 2013

District Administrative Secretary


.....ILALA.....

RE: RESEARCH PERMIT

Pro/Dr./Mr./Mrs./Ms/Miss: Mwangi, Billyda M is a student/researcher from The Open University of Tanzania has been permitted to undertake a field work research on Availability and use of Social Support Systems among Parents of School Children with Disabilities

from 19<sup>th</sup> August 2013 to 30<sup>th</sup> June 2014

I kindly request your good assistance to enable him/her to complete his/her research.

  
For: Regional Administrative Secretary  
DAR ES SALAAM

Copy: Municipal Director,  
.....  
DAR ES SALAAM

Principal/Vice Chancellor