IMPLICATION OF COMMUNITY PERCEPTIONS ON EARLY IDENTIFICATION OF CHILDREN WITH DEVELOPMENTAL DISABILITIES IN TANZANIA. A CASE OF SINGIDA MUNICIPAL DISTRICT

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RESEARCH PROPOSAL SUBMITTED IN PARTIAL FULFILLMENT OF THE REQUIREMENTS FOR THE DEGREE OF MASTER OF SOCIAL WORK

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CERTIFICATION

The undersigned certifies that he has read and does hereby recommend for acceptance by The Open University of Tanzania a dissertation titled *"**Implication of community perceptions on early identification of children with developmental disabilities in Tanzania: A case of Singida municipal district**,"* in partial fulfilment of the requirements for the degree of Master of Social Work at the Open University of Tanzania.

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DECLARATION

I, **Avith Venutha,** do hereby declare that this Research Report is my own original work and that it has not been presented and will not be presented to any other University for similar or any other degree award.

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Signature

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Date

DEDICATION

This Dissertation is dedicated to my cherished parents; my father, Mr. Venutha Bonephace Bashaija and my mother Mariana Modest in sincerely appreciation to their unwavering support and love that they always reveal throughout my carrier.

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ABSTRACT

This study examines the implications of community perceptions on early identification of children with developmental disabilities in Tanzania, with a focus on Singida Municipal District. The objectives were to explore the experiences of professionals involved in early identification, examine the impact of early identification on family support systems, and understand parental perceptions of socioeconomic status in relation to early identification. Using the Social-Ecological Theory as a framework, the research adopted an interpretivist philosophy and a qualitative design, with purposive sampling of 27 participants, including social welfare officers, nurse officers, and parents.

Data were collected through in-depth interviews and focus group discussions (FGDs), and thematically analyzed. Findings revealed that early identification improves access to social support and specialized services, yet is hindered by community stigma, limited resources, and inadequate training for professionals. Socioeconomic status was also found to significantly impact access, with lower-income families facing greater challenges due to financial constraints and limited awareness. The study concludes that addressing socio-cultural barriers, enhancing professional training, and increasing funding are essential for effective early identification. Recommendations include community awareness campaigns, strengthened partnerships with NGOs, and targeted capacity-building programs. These insights aim to guide policymakers and social workers in fostering a more inclusive environment for children with developmental disabilities in Tanzania.

Keywords: Early Identification, Developmental Disabilities, Community Perceptions, Socioeconomic Status, Social Support, Singida Municipal District, Tanzania.

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LIST OF ABBREVIATIONS AND ACRONYMS

BOT - Bank of Tanzania

CDC - Center for Disease Control

CRC - Convention on the rights of the child

CRPD - Convention on the rights of persons with disabilities

CWD - Children with disabilities

EI - Early Intervention

FGD - Focus Group Discussion

LCA - Law of the Child Act

NBS - National Burau of Statistics

RCH - Reproductive Children Health

SES - Social Economic Status

SWO - Social Welfare Officer

UNICEF - United Nations International Children Emergency Fund

URT - United Republic of Tanzania

CHAPTER ONE

INTRODUCTION AND BACKGROUND OF THE STUDY

1.1 Chapter Overview

This chapter introduces the study, which aims to explore the implications of community perceptions on the early identification of children with developmental disabilities in Singida Municipal District. The purpose of the study is to understand how community attitudes, professional practices, and socioeconomic factors influence early identification processes and to provide actionable recommendations to improve outcomes. By undertaking this research, the study seeks to enhance early identification practices, foster inclusivity, and strengthen support for families raising children with developmental disabilities. The chapter also presents the study's objectives, research questions, significance, and scope while outlining the structure of the entire dissertation**.**

1.2 Background of the Study

The challenges associated with early identification of children with developmental disabilities are not confined to resource-limited settings; they resonate globally, albeit with variations in context and magnitude. In 2018 it was reported that, lower- and middle-income societies often lag on early interventions for peoples with disabilities due to limitation of resources that influence their decision making in budget allocation, of which they primarily prioritize to allocate the budget on children and reproductive health while early identification of disabilities among disabilities is less attended (Global research on developmental disabilities 2018). Governments in these settings primarily prioritize funding for children's and reproductive health while early identification of disabilities receives less attention (Global Research on Developmental Disabilities, 2018). In the United States, Europe, Asia, Africa, and particularly in Tanzania, disparities in healthcare infrastructure, cultural beliefs, socio-economic conditions, and policy frameworks significantly influence the early identification process.

In the United States, a well-developed healthcare system and comprehensive supportive systems, legislation, including the Individuals with Disabilities Education Act (IDEA), have led to relatively efficient early identification processes. Early intervention services are widely available, and robust data collection and surveillance systems enable the monitoring of disability trends. Nonetheless, disparities in access to services and varying levels of awareness among healthcare providers remain challenges (Centre for Diseases Control, 2020). The process of early identification typically begins with developmental monitoring by parents, caregivers, and healthcare providers, who observe a child's development. If concerns arise, standardized screening tools such as the Ages and Stages Questionnaire (ASQ) are employed (Sand, Silverstein, & Glascoe, 2005).

In Europe, countries exhibit a diverse landscape in terms of early identification practices. The approach to early identification of children with disabilities is guided by international agreements and regional strategies, ensuring consistency and support for children with disabilities. While many European nations boast advanced healthcare systems and comprehensive social support networks, disparities exist within and between countries. Some countries have highly developed early intervention services, whereas others face challenges in reaching remote or marginalized populations. Variations in cultural perceptions and regional policies also contribute to differences in early identification processes (Eurostat, 2019). The European Agency for Special Needs and Inclusive Education provides valuable resources, research, and best practices to European countries to promote early identification and inclusive education (European Agency for Special Needs and Inclusive Education, 2019).

In Asia, countries exhibit a diverse range of approaches to early identification of children with developmental disabilities. While some nations have made significant strides in healthcare and education, resource limitations, cultural beliefs, and socioeconomic factors still present hurdles. For instance, in some parts of Asia, cultural stigmatization around disabilities can delay early identification efforts (UNESCAP, 2018). In urban areas, access to pediatricians and healthcare facilities is often available, facilitating early identification. Thus, rural and remote areas may face healthcare access challenges (Das, 2017). Among the strategies put into place includes training healthcare professionals, educators, and caregivers in recognizing early signs of developmental issues is a common practice. Public awareness campaigns aim to reduce stigma and increase knowledge about childhood disabilities (Government of Singapore, 2021; UNICEF, 2018). While challenges like disparities in access persist, many Asian countries increasingly recognize the importance of early identification for the well-being of children with disabilities and are taking steps to improve their approaches. In Africa, approach to early identification of children with disabilities is influenced by its diverse cultures, healthcare infrastructures, and economic contexts. While the strategies employed vary across countries (Smith & Johnson, 2021). Some African countries have established government-led initiatives to address the early identification and intervention needs of children with disabilities. For instance, Kenya has the National Early Identification and Intervention Programme (NEIIP) (Government of Kenya, 2021). Due to the rich cultural diversity in Africa, approaches often incorporate cultural sensitivity, recognizing that local beliefs and practices may influence perceptions of disability and early intervention (Mji & Chappell, 2013). Eventually, many countries around Africa have ratified the UN Convention on the Rights of Persons with Disabilities (CRPD) as well as the UN Convention on the Rights of the Child (CRC). Despite these important policy priorities, in many countries, social, cultural, material, physical or attitudinal barriers to identification and care of children with disabilities still exist, adversely affecting the lives of many families (Global Research on Developmental Disabilities, 2018).

In sub-Saharan countries Early identification of children with developmental disabilities presents a multifaceted challenge. These regions face various structural and socio-economic constraints, including limited access to healthcare facilities and trained professionals, particularly in rural areas (WHO, 2020). Cultural beliefs and stigma related to disabilities often lead to delayed identification (Ingstad & Whyte, 2016). Additionally, the lack of early screening and intervention programs hinders timely support for affected children. These factors collectively result in delayed or missed opportunities for early identification and intervention, impacting the developmental trajectories of children with disabilities (Alderman et al., 2017). Addressing these issues is crucial for ensuring better outcomes and inclusivity for children in Sub-Saharan Africa.

Tanzania particularly comparable other countries, the number of peoples with disabilities significantly increases. Country wise, the overall disability prevalence rates in the United Republic of Tanzania (URT) comprises 6.8% (5.73% (Male); 7.78% (Female) in Mainland Tanzania and 3.2% (3.03% (M) and 4.06% (F) in Zanzibar. The rate of disabilities among children and young people is significantly increasing. About 600,000 (2.3%) of the young population lives with different types of disabilities where 1.5% have trouble in seeing, 1.3% difficult in hearing, 1.2% difficult in walking, 1.7% difficulty in remembering, 1.2% difficulty in communicating, 1.2% difficulty in self-care and 0.6% Albinism (HBS 2018/2019)

Tanzania government has invested on establishing internal frameworks which aligns with the global disability rights protection measures to contextualize the situation. Among the adopted frameworks includes Tanzania constitution 1977, The persons with disabilities act of 2010, national policy on disability 2004, The law of the child act 2009 RE 2019, Strategy for identification of peoples with disabilities in households benefiting with social action Fund (February 2020),

Recently, the government of Tanzania under Prime Minister’s Office, Youth, Labor and peoples with disabilities have launched the National strategy on early identification and appropriate interventions of children with disabilities (September 2021). Therefore, it’s not only the premature of the strategy that calls for enough research findings to ensure effectiveness of the process, but also the variations of social- economic and environmental conditions that exist within the country. Despite of adopting international conventions towards ensuring the protection of the rights of peoples with disabilities especially for the young population, the implementation process could differ depending on the nature of the available of resources as well as variations in social- cultural structures and practices. Ultimately, it has noted that, despite these important policy priorities in several countries, social, cultural, material, physical and attitudinal barriers to identification and care of children with disabilities still exist, adversely affecting the lives of many families (Global Research on Developmental Disabilities, 2018).

Towards implementation of the guideline for early identification of children with disabilities, the government of Tanzania in collaboration with stakeholders has now put into place significant efforts of implementing measures including providing trainings to some of social welfare officers (PMO Office 2021). This is just to equip them with the knowledge and skills so that they be able to provide education to parents regarding key disability signs and symptoms as instructed in the guideline. The available measures have just covered a very small scale of the population that real need to have such kind of awareness as per its vital consideration. Singida Municipal District, in particular, faces unique socio-economic constraints, with limited resources and a high poverty rate affecting early identification efforts (BOT, 2022; URT-Singida, 2023).

Therefore, this study focused to explore underlying perceptions of across the early identification process in a resource-limited context capturing the insights from professionals, and parents basing on their understanding and experiences. Ultimately seeking to inform and improve early identification strategies for children with disabilities in Singida municipal district and similar settings.

1.3 Statement of the Problem

Ideally, children with developmental disabilities should be identified early to enhance their developmental outcomes and social integration (Lai et al., 2014). Early identification systems, supported by adequate resources, trained professionals, and community awareness, are essential for ensuring that children with disabilities thrive in their environments. Globally, early identification and intervention are considered fundamental in addressing developmental challenges, reducing long-term burdens on families and healthcare systems, and fostering inclusive societies.

In Tanzania, however, the reality contrasts sharply with this ideal. A significant number of children with developmental disabilities are identified very late, and some remain undiagnosed (UNICEF, 2021). Consequently, they lack access to early interventions that could significantly improve their developmental trajectories (Mmbaga et al., 2017). Although the Tanzanian government, in collaboration with stakeholders, has developed and adopted guidelines and frameworks to promote early identification—including the Law of Persons with Disabilities Act (2010) and the National Strategy for Disability Inclusion (2022), the National guideline for early identification (2021)—implementation remains inadequate, particularly in resource-limited areas like Singida Municipal District. Singida Municipal District is characterized by limited resources, insufficient healthcare infrastructure, and a high prevalence of poverty, with the region ranking third-lowest in household income in Tanzania (BOT, 2022). This socio-economic context exacerbates challenges in early identification, with families of low socio-economic status particularly disadvantaged in accessing these services (Suzi et al., 2020). Additionally, the district with more than 400 children with disabilities (URT-Singida 2023), faces a critical shortage of trained personnel, including social workers and special needs teachers, further hindering the identification process (URT, 2023). Moreover,

While national frameworks highlight the importance of early identification, they often fail to address the specific barriers faced in resource-limited settings, such as Singida. For instance, insufficient attention is given to tailoring interventions to the unique challenges in these areas, including the lack of capacity-building programs for professionals and the limited alignment of strategies with local realities (Moshi et al., 2020). Moreover, attitudes, beliefs, and socio-economic disparities among parents, professionals, and community members significantly influence the recognition and response to developmental disabilities. These factors affect early identification efforts and perpetuate inequalities in access to services. A deeper understanding of these perceptions is crucial for designing targeted, culturally sensitive interventions to improve identification practices and outcomes.

This study seeks to address these gaps by exploring the experiences of professionals, examining the impact of early identification on enhancing social support for families, and understanding parents’ perceptions of socio-economic barriers in a resource-limited setting like Singida Municipal District. By focusing on stakeholders who work closely with children, including social workers, nurses, teachers, and parents, the study aims to inform strategies that improve early identification systems, benefiting both children with developmental disabilities and their families.

1.4 Research Objectives

1.4.1 Main Objective

To comprehensively explore the implication of underlying perceptions on the early identification of children with developmental disabilities in Singida Municipal District.

1.4.2 Specific Objectives

i. To explore the experiences of professionals involved in early identification efforts for children with developmental disabilities in Singida Municipality.

ii. To examine the impact of early identification on promoting social support for families of children with developmental disabilities within Singida municipal District.

iii. To explore the perceptions of parents of children with developmental disabilities regarding socioeconomic status on early identification of children with developmental disabilities in Singida Municipal District.

1.5 Research Questions

i. What are the experiences of social welfare officers, special education teachers, and Nurses in Singida municipal district regarding the early identification of children with developmental disabilities?

ii. How does early identification promote social support for families of children with developmental disability within Singida Municipal?

iii. What are the perceptions of parents of children with developmental disabilities regarding socioeconomic status on early identification in Singida district?

1.6 Significance of the study

This Research study is highly significant for several compelling reasons;

1.6.1 On Professional Practice,

This research is of paramount importance to professionals working in the fields of child development, special education, and healthcare. In resource-limited settings like Singida District, Tanzania, where access to comprehensive healthcare and educational resources may be constrained, early identification of children with disabilities is a critical practice. The research can help professionals in these fields to understand the role of social support systems in facilitating early detection and intervention for children with disabilities. By shedding light on social economic implications, it empowers practitioners to refine their approaches, leading to more timely and relevant assistance for children with developmental disabilities. This, in turn, can improve the overall quality of care, support, and services for children in resource-limited settings, ensuring that they receive the early attention and support they need to thrive.

1.6.2 For Academicians and Researchers

The proposed research contributes significantly to the academic and research community. It adds to the existing body of knowledge by offering insights into the unique challenges and opportunities related to identifying children with development disabilities in resource-limited settings. Academicians and researchers can use the findings from this study to expand the literature on child development, disability studies, and public health. Moreover, this research presents an opportunity for further exploration and comparison of different interventions, support systems and their effectiveness in diverse contexts, ultimately leading to a more comprehensive understanding of the global implications of social support systems and social-economic influence in early identification of disabilities in children.

1.6.3 For Policymakers and Decision Makers

This study holds immense significance in shaping and revising policies related to child welfare and disability services in resource-limited regions. The findings will inform the development of more targeted and effective policies and guidelines aimed at improving the well-being of children with disabilities. By understanding social support systems impact on early identification, policymakers can allocate resources more efficiently, promote community-based initiatives, and implement interventions that better address the needs of these vulnerable populations. The research may also influence budget allocations, advocacy efforts, and community development programs, ultimately resulting in more inclusive and accessible services for children with development disability

CHAPTER TWO

LITERATURE REVIEW

2.1 Chapter Overview

This chapter reviews literature on the early identification of children with developmental disabilities, focusing on Singida District, Tanzania. It defines key terms such as developmental disabilities, early identification, and the concept of a child, and introduces the Social Ecological Systems Theory by Urie Bronfenbrenner as the theoretical framework. The review examines studies on professionals' experiences, the impact of early identification on social support for families, and the role of socioeconomic status in the process. It highlights research gaps, including the limited attention to social workers, psychologists, and community support networks, and emphasizes the influence of socioeconomic status, particularly in low-income areas like Singida. The chapter concludes by identifying the research gaps this study aims to fill.

2.2 Conceptualization of Key Terms

This section defines and clarify the essential terms central to understanding the context of early identification of children with developmental disabilities. By establishing clear definitions, aims to create a shared understanding of the key concepts that shape this research, setting the stage for a deeper exploration of the topic.

2.2.1 Developmental Disabilities

This is a term used to refer to a group of conditions due to an impairment in physical, learning, language, or behavior areas. These conditions begin during the developmental period, may impact day-to-day functioning, and usually last throughout a person's lifetime" (CDC, 2018). According to Jan etal (2007) developmental disabilities refers to a set of abilities and characteristics that vary from the norm in the limitations they impose on independent participation and acceptance in society.

Therefore, in this study developmental disability is defined as conditions that exist to children due to an impairment in physical, learning, language or behaviors, in which these conditions make them not to timely and appropriately adapt or embeds limitations to adapt properly on what they have exposed upon, from their social cultural practices, or from their natural biological development process. This may include conditions like delayed or abnormal development. The conditions such as Autism Spectrum Disorder, Cerebral Palsy, Down syndrome and Asperger Syndrome.

2.2.2 Early Identification

Early identification refers to a broad range of methods, procedures, and practices used to determine or identify disability that results in a developmental delay or places a child at risk for a developmental delay or poor outcome. Practices may include; developmental and behavioral screenings (Halfon et al., Citation2004), parent appraisals of their children's behavior and development; the use of risk assessment indicators for identifying children who have a high probability of subsequent developmental delays, teaming models and practices.

2.2.3 A child

According to the Tanzania Law of the child act, defines a child as any person below the age of eighteen (18) years. This definition was therefore adopted in this study.

2.3 Theoretical Framework

A theoretical framework serves as the intellectual foundation for this research study, offering a lens through which to interpret and analyze findings effectively (Denzin & Lincoln, 2017). It grounds the research in existing knowledge by connecting it to established theories and concepts within the field (Babbie, 2019). This not only demonstrates the researcher's understanding of relevant knowledge but also positions the research within the broader context of existing literature (Onwuegbuzie & Johnson, 2020). Furthermore, a strong theoretical framework guides the research direction and methodology by focusing the research question, refining objectives, and informing the selection of appropriate research methods (Maxwell, 2012). By facilitating data interpretation and meaning making, it enables researchers to connect their findings back to established knowledge and draw broader conclusions, ultimately contributing to the ongoing advancement of knowledge within the field (Babbie, 2019). Social Ecological system theory was employed to guide understanding of the sense of variables, answer research questions, interpret past findings, and achieve specific objectives of this research.

2.3.1 Bronfenbrenner Social Ecological System Theory

The “ecological system theory” (the Ecology of Human Development) was developed by psychologist Urie Bronfenbrenner in the late 1970s, to recognize that individuals affect and are affected by a complex range of social influences and nested environmental interactions. Bronfenbrenner's Social Ecological Systems Theory (EST) is a framework for understanding human development within the context of interconnected environmental systems (Bronfenbrenner, 1979). These systems, ranging from the immediate microsystem like family, to the broader macrosystem (example cultural values), interact and influence each other, shaping individual development across all phases of life (Bronfenbrenner & Morris, 2006).

The microsystem directly interacts with the individual, providing opportunities for learning and growth example, school, siblings, classmates, teachers, neighbors and peer groups. For instance, supportive parents who read to their child and provide educational activities may positively influence cognitive and language skills and can easily and earlier developmental delay especially to children who are not the first born (Suzi etal 2020). The mesosystem encompasses the relationships between various microsystems (example, interactions between family and school) (Bronfenbrenner, 1979) For example, open communication between a child’s parents and teachers provides consistency across both environments. However, conflict between these microsystems, like parents and teachers blaming each other for a child’s poor grades due to intellectual developmental delay, creates tension that negatively impacts the child and possibly increase the severity of disability. More distant, but still impactful, is the exosystem, which includes settings the individual doesn't directly participate in but that influence their immediate environment for instance parents' workplace policies where a parent’s stressful job and work schedule affects their availability, resources, and mood at home with their child. (Bronfenbrenner, 1979). Furthermore, the macrosystem represents the broader cultural, socioeconomic, and political contexts that shape the individual's life. For example, children from affluent families will likely have more access to early developmental intervention advantages versus children raised in poverty (Leininger & Levy, 2015). The fifth and final level of Bronfenbrenner’s ecological systems theory. The chronosystem relates to shifts and transitions over the child’s lifetime. These environmental changes can be predicted, like starting school, or unpredicted, like parental divorce or changing schools when parents relocate for work, which may impact mental wellness. By recognizing the complex interplay of these systems, EST provides a valuable lens for understanding and promoting healthy human development.

2.3.2 Relevance of Bronfenbrenner Social ecological system theory to the Research objectives

Bronfenbrenner's Social Ecological System Theory (EST) provides a powerful framework for investigating early identification of children with developmental disabilities in Singida District, Tanzania. It highlights the complex interplay of factors at various ecological levels: microsystem (professionals' experiences) Professionals, such as healthcare providers social welfare officers, psychologists and teachers, operate within their immediate relationships including their families, co-workers their leaders, friends. mesosystem (social support networks), exosystem (socio-economic status), and macrosystem (policies). This multi-level approach allowed the research to explore how individual and environmental factors interact, influencing early identification practices and their effectiveness. By applying EST, the research delved into the experiences of professionals and the impact of early identification, as well as the impact of socio-economic status on early identification, ultimately contributing to the development of more effective strategies for reaching children with developmental disabilities in Singida District.

2.4 Empirical Review

This section presents different studies done previously, which used to provide the information from researchers who employed different methods and materials to obtain required data depending on what they were looking to gain.

2.4.1 Experiences of Professionals Involved iIn Early Identification of Children With Developmental Disabilities

This objective intended to capture experiences of professionals who direct work with children in Singida district. The focus was placed to social welfare officers, teachers with special education background, and Nurses. Paul Lynch, (2023) conducted a study titled “Experiences of identifying pre-school children with disabilities in resource limited settings – an account from Malawi, Pakistan and Uganda”. This study aimed to understand the views of health professionals, educators and caregivers of pre-school children with disabilities in Malawi, Pakistan and Uganda regarding early identification, referral and support. This study employed ethnographic approach to data collection through the use of in-depth interviews (IDIs) and focus group discussions (FGDs) to gain a detailed understanding of experiences, beliefs and opinions of parents, teachers and health care providers (Al-Busaidi 2008, Patton 1990). The study employed purposive sampling to draw sample from the group of professionals, parents and other community members. Thematic analysis were employed to identify themes relating to; limited ‘demand’ by caregivers for services; different local beliefs and community perceptions regarding the causes of childhood disability.

Among the findings on perceptions from professionals was, they described cultural perceptions regarding the etiology of neurodevelopmental disorders in communities, resulting in parents looking for support from traditional healers before accessing, often, unfamiliar, distant and under-resourced health services. Professionals also, declared to face difficulties they encountered, as health workers, when having to explain the reasons behind a child’s disability. Some of the professionals admitted to having little knowledge or understanding of childhood disability which could reinforce a lack of trust and perceived benefit of treatments and care. Some professionals enunciated how parents believe that witchcraft can work more than modern science, however it was noted that parents lack true information about the work of professionals and proof of science and therefore they mostly choose to use traditional services.

From this study conducted by Paul Lynch etal, I have founded the gap in the coverage of professionals interviewed. Their study was too much based on medical model since it was focused to interview only teachers and hospital care workers. Meanwhile disability entails larger components of social aspects then we would have to meet social workers and psychologists interviewed too. Perhaps the system in the countries differs from Tanzania where social welfare officers have legal responsibility to look for children welfare (LCA 2009 RE 2019). Therefore, this study employed similar data collection methods namely interview and focus group discussion to capture perceptions from both Health care workers, social welfare officers, special education teachers and psychologists to gain relevant information from multidisciplinary team.

2.4.2 The Impact of Early Identification on Promoting Social Support to Families of Children with Developmental Disabilities

Various studies have revealed that early diagnosis and intervention significantly improve access to essential services and resources, thereby fostering a supportive network around the family. For instance, Guralnick (2011) founded that early identification facilitates timely access to specialized healthcare, educational interventions, and community support services, which are crucial for the child's development and the family's well-being. In Tanzania, research by Mmbaga et al. (2017) underscores the challenges faced by families in resource-limited settings, where late identification often results in inadequate support and increased caregiver burden. Additionally, a study by Suzi et al. (2020) revealed that early identification is associated with better social integration and reduced stigma, as families are more likely to receive emotional and informational support from healthcare providers and community organizations. This is further supported by Bronfenbrenner's Social Ecological Theory, which emphasizes the importance of supportive environments at multiple levels of the social system (Bronfenbrenner, 1979). Therefore, examining the impact of early identification on promoting social support is vital for developing targeted strategies that enhance the quality of life for families and children with developmental disabilities in Singida Municipal District and similar contexts. Cohen & Brody (1981) suggested that a supportive network may encourage one to seek necessary treatment or take preventive health measure. This is highly potential in areas especially in middle and lower income where developmental disability is associated with cultural related issue, where parents choose to use traditional healers than to seek for consultation from professionals, hence delayed identification exist (Paul et al 2023).

The study conducted by Smith et et al (2023) on “The Journey to Early Identification and Intervention for Children with Disabilities in Fiji”, claimed that Early identification of developmental delay and access to early intervention improves outcomes for children with disabilities and their families. However, in many low- and middle-income countries, services and systems to enable timely, coordinated care and support is lacking.

This qualitative study involved conducting interviews with caregivers of children with disabilities and relevant key stakeholders from health, education, disability, and social support sectors. It used journey maps to identify key stages of the family’s journey, to identify key barriers and enablers involved and provided multi-sectoral recommendations for each stage. Among presented findings, include a crucial position held by support networks in the early identification journey where family members and peers reported as common sources of information and support. As a result, awareness of disabilities generally in the community was reported to be improving, largely through word of mouth and information sharing via social media, supported by recent policy and legislation that promotes disability inclusion. This, however did not focus on how early identification foster social support from health sector, education institutions, civil society organizations, religious institutions, community-based organizations, self-help groups, and community development agencies which are essential to the families living with children with disabilities. Understanding this aspect strengthen efforts made towards early intervention by acknowledging its contribution on improving children welfare.

2.4.3 Perceptions of Parents of Children with Developmental Disabilities on How Socio-Economic Status Affect Early Identification

Paul et al. (2021) defined socioeconomic status (SES) as a multifaceted, complex measure of social standing that can include cultural, societal, and geographical factors in addition to the educational, occupational, and financial components. Generally, those who are better educated, wealthier, and live in more affluent circumstances enjoy better health status, including periodontal health, than the less educated and poorer segments of society. Examinations of socioeconomic status often reveal inequities in access to resources, as well as issues related to privilege, power, and control. (American Psychological Association, 2011). Child developmental outcomes are influenced by various systems in the child's environment and interactions within and between systems (Bronfenbrenner, 1979; Dunst, & Trivette, 2009; Guralnick, 2001). It is shaped by the intersection of a number of systems, as described previously in the presentation of social ecological theory guiding this study. The socioeconomic status of the family falls under microsystems that have a great influence on child development in a way that, in many settings, our parents' socioeconomic status determines many things about our early development: how we view the world; what, how much, and how often we eat; the type of early childhood education, our overall health, or how other people view us. It also impacts our later success or failure in life. In countries where the government provides for full welfare needs, perhaps this is not a big issue considering the available policies that are dedicated to meeting the maximum potential of human needs. But in countries that have adopted a residual welfare approach, this is a critical issue since human needs must be primarily covered by individuals and families.

This objective was supported by the study conducted by Suzi et al. (2020). Titled “Factors influencing access to early intervention for families of children with developmental disabilities: A narrative review." In their study, Suzi and others claimed that early intervention (EI) can improve a range of outcomes for families of children with developmental disabilities. However, research indicates the level of access does not always match the level of need. To address disparities, it is essential to identify factors influencing access. Therefore, several factors were established to affect the process of early interventions dedicated to children with developmental disabilities.

The study clearly divided the whole process into different phases, including need recognition, early identification, and early intervention or receipt. Through these processes, family socioeconomic status became a dominant factor at each phase. The findings show that socioeconomic status (SES), including parental economic status and educational level, parental awareness of developmental disabilities, ethnicity and culture, family history of developmental disabilities, childbirth order, the nature and severity of the need, child age, and child gender, are the major factors affecting the early identification process. Higher parental SES is typically a facilitator during the early identification phase, while lower parental SES is a barrier (Fountain et al., 2011; Jimenez et al., 2014; Thomas et al., 2012). The financial structure of service systems changed the relationship between identification and SES. According to Jimenez et al. (2014), the findings indicated that low SES seem to make recognition easier in settings with universally free service systems, like the United Kingdom, while SES barriers decreased or disappeared in settings without such a system, like the USA, when costs were eliminated or heavily subsidized. In the UK, for example, Brett et al. (2016) found a correlation between higher familial deprivation and an earlier diagnosis of ASD, indicating that universal services can lessen the impact of SES on identification.

According to the Bank of Tanzania (2022) Singida region takes the third position from the bottom on the list of lower households -income regions. Thus, this study aimed to clarify parents' perceptions of socioeconomic position and explored its influence on the process of early identification of children with impairments.

2.5 Research Gap.

Although existing studies highlight the importance of early identification (Guralnick, 2011; Suzi et al., 2020), few have examined the specific socio-economic and cultural barriers affecting this process in rural Tanzanian districts like Singida. Also, the existing research studies on early identification of children with developmental disabilities underscores the importance of timely access to healthcare, educational interventions, and community services in enhancing social support networks. However, studies like Lynch et al. (2023), Gona (2011) and suzi et al (2020) often focus narrowly on healthcare and educational professionals, overlooking the crucial roles of social workers and psychologists, particularly relevant in Tanzania context. Additionally, while early identification is shown to improve social integration and reduce stigma, comprehensive analysis on how it fosters support from diverse community entities is lacking.

Furthermore, research highlights the significant impact of socioeconomic status (SES) on early identification processes, but there is a dearth of specific insights into how SES influences early identification in low-income regions like Singida District. This study to address these gaps by including a broader range of professionals that fills the methodological sampling gap, examining the multifaceted support networks, and exploring the unique socioeconomic challenges in Singida, thereby providing a tailored understanding of these dynamics. Additionally, while some studies have explored social support structures for children with disabilities, they have not examined how these systems function in resource-constrained settings such as Singida (Mmbaga et al., 2017; Suzi et al., 2020). This study seeks to address these gaps by exploring diverse stakeholder perspectives and contextual barriers in Singida Municipal District.

2.6 Conceptual Framework

The conceptual framework for this study illustrates the relationship between key variables influencing the early identification of children with developmental disabilities. It integrates theoretical perspectives and empirical insights, outlining how various factors interact to shape the early identification process. Key components of conceptual framework for this study includes independent Variables which entails socio-cultural beliefs, economic factors, availability of trained professionals, and policy frameworks. These elements influence the effectiveness and timeliness of early identification efforts. Intervening Variables; these consist of parental awareness, accessibility of healthcare facilities, and the level of community engagement in disability issues. These factors mediate the relationship between independent and dependent variables. Moreover, Dependent Variables consists the effectiveness of early identification efforts, measured through timely diagnosis, access to intervention services, and improved child developmental outcomes.

CHAPTER THREE

RESEARCH METHODOLOY

3.1 Chapter Overview

This chapter outlines the research design, participants, data collection methods, and data analysis procedures for the study titled "Implication of Community Perceptions on Early Identification of Children with Developmental Disabilities in Tanzania: A Case of Singida Municipal District."

3.2 Research Philosophy/Paradigm

In the Structure of Scientific Revolutions, American philosopher ThomasKuhn (1962) first used the word paradigm to mean a philosophical way of thinking. In educational research the term paradigm is used to describe a researcher's 'worldview' (Mackenzie&Knipe,2006). This worldview is the perspective, or thinking, or school of thought, or set of shared beliefs, that informs the meaning or interpretation of research data. Lather (1986) explains, a research paradigm inherently reflects the researcher's beliefs about the world that s/he lives in and wants to live in. It constitutes the abstract beliefs and principles that shape how a researcher sees the world, and how s/he interprets and acts within that world. A large number of paradigms have been proposed by researchers but Candy(1989),one of the leaders in the field, suggests that they all can be grouped into three main taxonomies, namely Positivist, Interpretivist/constructivist and Critical paradigms. This research adopted a constructivist research paradigm. The constructivist paradigm acknowledges that reality is socially constructed, and individuals interpret and understand the world through their experiences (Cashman etal.,2008; Hein, 1991) In the context of early identification of children with developmental disabilities, this paradigm is suitable as it allows for exploration of the subjective experiences of professionals and parents

3.3 Research Design

This study adopted a phenomenological qualitative research design to better understand ideas, opinions, and experiences, as it involved gathering and analyzing non-numerical data to gain a deep understanding of the perceptions on early identification of children with developmental disabilities in Singida Municipal District. Val Hygnus (2023), Kothari (2004). Specifically, a phenomenological approach was employed to explore the lived experiences and perceptions of various stakeholders, including social welfare officers, health workers, special education teachers, parents, and members from local community authorities

3.4 Study Area

Singida Municipal District is situated in a low-income region of Singida region Tanzania, (BOT 2022) which comprises six districts: Singida Municipal, Singida Rural, Manyoni, Ikungi, Iramba, and Mkalama. According to the Tanzania National Census 2022, Singida Municipal District has a population of approximately 232,459 peoples. It consists of 18 wards with 53 streets and 19 villages. Singida Municipal District was specifically chosen due to its diverse socio-economic backgrounds, availability of professionals with relevant experience in child development as well as its nature of having high number of children with disabilities across singida region (URT 2022). Singida municipal district consist about 467 children with disabilities where by 250 are boys and 217 are girls. Notably among them about 133 children have various forms of developmental disabilities. Therefore, the study area provided insights into the unique challenges and opportunities associated with the early identification of developmental disabilities in children within a local context.

Figure 3.1: Map Showing Singida Municipal Area

3.5 Study Population

The unit of analysis for this study encompasses professionals involved in the early identification, parents, members from civil society organizations, local community leaders in Singida Municipal District. Professionals composed officers from Social Welfare department, Health care centers, Hospitals, Special schools, as well as coordinators of various special group sectors within the district. They were identified through their official roles and approached through formal channels, such as professional associations and organizational contacts.

Parents of children with developmental disabilities, were purposively involved from selected wards within Singida Municipal District. They were identified through District social welfare office, and they were approached sensitively to ensure their willingness to participate. Furthermore, Community leaders and representatives from Non-Government Organizations were selected based on their involvement in initiatives and programs related to child welfare and potential contribution they are offering to peoples with disabilities. They were identified through local community structures and approached through formal invitations and engagement with community stakeholders.

3.6 Sampling Procedures

This refers to the process of selecting a smaller group that the study observes (Rubin & Babbie 2011). It involves choosing the most potential and useful items form a large population whose insights can be used to represent the insights of the whole. Selecting a smaller group can be done in different systematic ways, depending on the nature of the study, requirements of a researcher towards meeting specified research objectives, as well as the availability of study participants. Therefore, in this case, purposive sampling was utilized to select sample for this study.

3.6.1 Purposive Sampling

A purposive sampling technique was employed in this study to ensure that participants with direct experience and relevant insights into the research topic were selected. This method was chosen because it allows for the intentional selection of participants who have specific knowledge or experience related to the early identification of developmental disabilities in children.

The sampling process involved identifying healthcare facilities, social services centers, and community organizations that interact with children with developmental disabilities and their families within Singida Municipal District. Social workers, Nurses, and special education teachers were purposively selected for in-interviews. They were selected based on their expertise and experience of working in child development and disabilities. Parents of children with developmental disabilities, were purposively selected for interviews and focus group discussion basing on their direct involvement and primary responsibility of taking care for their children with conditions understudy. Similarly, special education coordinator and representatives from non-government organizations were selected to participate in an interview due to their involvement in planning and monitoring of projects and programs related to peoples with disability, while community leaders selected due to their representation of entire streets where they exercise their power.

3.6.2 Sample Size

The sample size for this study was determined based on the qualitative nature of the research, which aims to explore in-depth perspectives rather than generalize findings to a larger population. A total of 29 participants were interviewed, including 13 parents of children with developmental disabilities, 4 nurses, 4 social workers, 4 special education teachers, 3 community leaders and 1 member form Association of peoples with disability and 1 member from civil society organization.

The selected sample size was deemed sufficient to achieve data saturation, where no new themes or insights emerged from additional interviews, (Minton & Khale, 2014). ensuring that the collected data was comprehensive and reflective of the experiences and challenges faced in the early identification process. The chosen sample size also allowed for a balanced representation of both professional and familial perspectives, enriching the understanding of how community perceptions influence early identification in Singida Municipal District.

3.7 Data Collection

To capture relevant data from identified sources as to meet research objectives, this study employed two primary qualitative methods namely, in-depth interviews and focus group discussion

3.7.1 In-depth Interviews

These are purposeful interactions in which an investigator attempts to learn what another person knows about a topic, to discover, and record what the person experienced, what he thinks and feels about it and what significance or meaning might have (James etal 2012). In this case, Semi-structured interviews were conducted to gather in-depth insights from social workers, Nurses, special education teachers, coordinators, and community leaders regarding their experiences, opinions, perceptions, and challenges related to early identification of developmental disabilities. Interviews were semi-structured following a prepared guide uploaded an android smartphone aided by Kobo Toolbox with open-ended questions that allowed for flexibility in the conversation. This approach enabled the interviewer to ask follow-up questions based on participants' responses, providing space for them to share rich and detailed narratives.

Interviews were conducted in a setting comfortable for the participants, including their workplaces and local community centers, ensuring privacy and encouraging open dialogue. Each interview lasted for 30 to 45 minutes and detailed notes were taken through kobo toolbox with background audio-recorded with the participant's consent to ensure accurate capturing of their responses.

The interviews covered topics such as experiences with early identification efforts, challenges faced in the process, successes and positive outcomes, and recommendations for improving early identification practices. Additionally for social workers and community leaders, questions explored the impact of socioeconomic factors on families' access to early identification services and community attitudes towards developmental disabilities. The information gathered through in-depth interviews provided rich qualitative data to address the research objectives.

Figure 3.2: Sokoine Health Center (One Among of The Health Centers Which Facilitated Nurses and Social Welfare Officers Who Participated in The Study Interview)

3.7.2 Focus Group Discussions (FGDs)

Focus Group Discussions (FGDs) were conducted with parents of children with developmental disabilities. The FGDs were designed to encourage parents to share their experiences, thoughts, and feelings in a supportive and interactive group setting. This method was particularly useful for capturing how parents perceive their socioeconomic status in relation to accessing early identification services and how community perceptions impact their experiences.

A total of 2 FGDs were conducted, the former comprised 7 while the later comprised 8 parents of children with developmental disabilities. The FGDs were held at schools within the district were those children attend their studies including Ipembe and Nyerere primary schools, which were easily accessible for the participants. The sessions lasted for 45 and 50 minutes and was facilitated by the researcher, who facilitated the discussion using a semi-structured guide. To ensure a safe and open environment, participants were encouraged to share their experiences without fear of judgment, and all discussions were automatically audio-recorded in Kobo Toolbox with the group's consent.

The discussion guide covered topics such as how parents discovered their child's developmental disability, the role of socioeconomic factors in accessing early identification services, challenges faced during the process, and how early identification has influenced their access to social support and resources. The group setting allowed parents to reflect on shared experiences, which facilitated a deeper understanding of common challenges and coping strategies among families.

The use of FGDs enabled the researcher to capture collective insights and build a nuanced understanding of parents' experiences with early identification. It also allowed for the emergence of group dynamics and shared narratives, providing a richer context to the data collected from individual interviews.

Figure 3.3: A Group Of Parents Attending Focus Group Discussion Held At Ipembe Inclusive Primary School

3.8 Data Analysis

Thematic analysis was employed to identify patterns, themes, and categories within the qualitative data collected through in-depth interviews and group discussions. The analysis involved coding the data to identify recurring ideas, concepts, and perspectives related to early identification of developmental disabilities in Singida Municipal District. Some of the key themes that were explored include:

Experiences and perceptions of professionals: This theme encompasses insights into the challenges, successes, and recommendations of professionals involved in early identification efforts, including social welfare officers, Hospital Nurses, and special education teachers. Socio-economic factors influencing early identification: This theme focused on understanding how socio-economic status affects access to and utilization of early identification services, as perceived by parents, caregivers, and community leaders.

Impact of early identification on promoting social support: This theme explored the ways in which early identification of developmental disabilities influences the provision of social support for families, including access to resources, community attitudes, and support networks.

By systematically analyzing the data according to these themes, the study generated rich insights into the complex dynamics surrounding early identification efforts in Singida Municipal District, ultimately informing targeted interventions and policy recommendations.

3.9 Trustworthiness of Data

The trustworthiness of qualitative data is crucial for ensuring credibility of research findings. In this study several factors contributed to ensure the trustworthiness of qualitative data including credibility which indicates the degree to which the data accurately represent the phenomenon under study. In this study credibility was established through methods such as prolonged engagement with study participants, triangulation (through collecting data from different sources and methods), member checking (verifying interpretations with participants), and peer debriefing (discussing interpretations with colleagues). To enhance reliability, rigorous data collection procedures and systematic coding was employed. Deeply, the trustworthiness of qualitative data in this research were assessed through four criteria including, credibility, transferability, dependability and confirmability.

3.9.1 Credibility

Credibility refers to the confidence in the truthfulness and accuracy of research findings (Lincoln & Guba, 1985). To ensure credibility in this study, several strategies were employed. Prolonged engagement with participants allowed the researcher to build trust and gain deeper insights into the phenomenon. Triangulation was used by collecting data from multiple sources, including social welfare officers, nurses, parents, and community leaders, to verify consistency across different perspectives (Patton, 2015). Additionally, member checking was conducted, where participants reviewed the preliminary findings to confirm whether their views and experiences were accurately represented (Creswell & Poth, 2018). Finally, peer debriefing was utilized, where colleagues in the field of social work and disability studies reviewed the findings to minimize researcher bias (Shenton, 2004).

3.9.2 Transferability

Transferability refers to the extent to which research findings can be applied to other settings with similar contexts (Lincoln & Guba, 1985). In qualitative research, generalization is not the goal; instead, thick description was used to provide rich contextual details about the study setting, participants, and research process (Geertz, 1973). By offering detailed accounts of the socio-cultural, economic, and institutional factors influencing early identification in Singida Municipal District, readers and future researchers can assess whether the findings are applicable to their own settings (Tracy, 2010).

3.9.3 Dependability

Dependability refers to the consistency and reliability of research findings over time (Lincoln 2015). To enhance dependability, an audit trail was maintained throughout the research process, documenting all decisions made during data collection, coding, and analysis (Nowell et al., 2017). A code-recode strategy was employed, where data were coded and re-coded at different intervals to ensure consistency in theme identification (Miles et al., 2014). The use of external audits, where experienced qualitative researchers reviewed the methodology and findings, further strengthened the study's dependability (Creswell & Creswell, 2017). Moreover, a detailed methodology section ensures that future researchers can replicate the study while acknowledging contextual variations.

3.9.4 Confirmability

Confirmability ensures that research findings are shaped by the participants' experiences rather than researcher bias (Guba, 1985). This study employed reflexivity, where the researcher maintained a reflexive journal to document personal biases and assumptions, ensuring they did not unduly influence data interpretation (Berger, 2015). Additionally, triangulation of sources—such as using multiple participants from different professional backgrounds—helped validate findings (Patton, 2015)

3.10 Ethical Considerations

In conducting this research, meticulous attention was given to ethical considerations to safeguard the rights and well-being of participants. Written informed consent was obtained from all participants, ensuring clarity regarding the purpose, procedures, risks, and benefits of the study. Participants received detailed information about the study verbally and through written information sheets, facilitating comprehension and transparency. Given the sensitive nature of the topic, potential risks such as emotional distress was carefully addressed through trained interviewers who established rapport, create a supportive environment, and employ sensitive communication techniques. Participants were encouraged to take breaks or fairly terminate interviews if they experience distress, with appropriate support services provided as needed.

Moreover, steps were taken to support participants who encountered emotional challenges during data collection, including debriefing sessions and access to counseling services. By adhering to these ethical guidelines, the research team prioritized participant well-being and maintained the highest standards of ethical conduct throughout the study. Thus, to ensure adherence to guiding research ethics the following strategies were employed;

3.10.1 Data Collection Permit

Before conducting the study, formal approval was obtained from relevant authorities to ensure compliance with institutional and national research guidelines (Creswell & Creswell, 2017). Data clearance letter was sought from the Open University of Tanzania and the Singida Municipal District Council, which oversee research activities related to social welfare and health. Furthermore, letters of introduction were provided to local administrative offices and schools where data collection took place (Bryman, 2016). The approval process ensured that the study adhered to legal and ethical frameworks governing research involving human participants (Wiles, 2013).

3.10.2 Privacy and Confidentiality

Confidentiality was maintained throughout the research process to protect participants' identities and sensitive information (Flick, 2018). To ensure privacy, participant names and personal identifiers were anonymized and replaced with coded identifiers (Saunders, Kitzinger, & Kitzinger, 2015). Interview recordings, transcripts, and survey data were stored securely in password-protected digital files, and physical documents were locked in a secure cabinet accessible only to the researcher (Wiles, 2013). The collected data will be stored for a limited period and then permanently deleted to further uphold confidentiality (Creswell & Poth, 2018). Participants were also assured that their information would not be shared with third parties or used for purposes beyond the study scope (Bryman, 2016).

3.10.3 Informed Consent

To uphold ethical integrity, all participants were required to provide informed consent before participating in the study (Resnik, 2020). Participants were provided with a consent form outlining the study's objectives, data collection procedures, potential risks, and expected benefits (Babbie, 2021). The consent form also clarified that participation was voluntary and that individuals could withdraw at any stage without facing any consequences (Israel & Hay, 2006). For participants with low literacy levels, the consent process was conducted verbally to ensure full comprehension (Orb, Eisenhauer, & Wynaden, 2001).

3.10.4 Do Not Harm Principle

The "Do No Harm" principle was strictly observed to prevent psychological, emotional, or social distress among participants (Tracy, 2010). Participants were informed that they had the right to refuse to answer any question that made them uncomfortable (Babbie, 2021). Additionally, interviews and focus group discussions were conducted in safe and private settings to avoid unnecessary exposure or discomfort (Mertens, 2014)

CHAPTER FOUR

FINDINGS PRESENTATION AND DISCUSSION

4.1 Chapter Overview

This chapter presents a detailed analysis of the data collected from interviews conducted with parents and various professionals in Singida Municipal District. The analysis is structured according to the study's specific objectives, with themes that emerged from the data, supported by direct quotations from participants to illustrate key points. The discussion links the findings to existing literature and the study's objectives.

4.2 Experiences of Social Welfare Officers and Nurses Involved in Early Identification Efforts

The practitioners involved special revealed experiences on early identification in their areas. Both Social welfare officers and Nurses revealed success and challenging experiences they experience in their daily operations. A common theme across professional responses was the severe limitation of resources, including diagnostic tools, training, and specialized personnel. As participant 2 and 3 noted;

> *We often rely on basic screening methods due to limited equipment, which can lead to underdiagnosis. Some cases are complicated as they require advanced supportive tools and advanced technical knowhow to conduct intensive diagnosis and we have not been exposed to new trainings concerning disabilities issues perhaps we are not well updated.*

From the findings, professionals seem to be uncomfortable with the available scarcity of supporting resources that lowers the quality of services they provide. These resource constraints are consistent with findings from research conducted in Malawi, Pakistan, and Uganda, where professionals also reported similar issues in limited settings, noting that inadequate tools can impact the accuracy and timeliness of diagnoses (Kuper et al., 2022).

This theme highlights a significant barrier to effective early identification. Limited resources delay diagnoses, which, as shown by Gona et al. (2011), reduces the chances of optimal developmental outcomes. Addressing these constraints through increased investment in diagnostic resources and training programs for professionals could mitigate the challenges faced by healthcare providers in Singida.

Moreover, through in-depth interview, social welfare officers cited cultural misconceptions and limited awareness from parents as another major challenge in early identification efforts. A social worker explained,

> *"Some parents refuse to accept that their child may have a developmental issue, believing that acknowledging it will bring shame to the family. In our context, some of families with high socio-economic status perceives disability as something that destroys family representation to peers and friends.*
>
> *Some families believe developmental disabilities are something to do with cultural norms and values and something to do with religious believes as well. They relate it with a form of punishment, curse, or associate with witchcraft which delays their seeking help.*

This finding is supported with a study by Hartley et al. (2005), which indicated that negative cultural perceptions often prevent families from pursuing formal diagnoses.

This cultural barrier affects not only the timing of identification but also the family's willingness to accept and act on diagnoses. According to Wirz and colleagues (2005), cultural perceptions heavily influence health-seeking behavior in many low-income countries. The study suggests that sensitizing communities through education campaigns could help shift these beliefs, making early identification more widely accepted and understood.

Furthermore, during interviews social welfare officers and Nurses noted the presence of overwhelming caseloads that they face as another significant challenge, affecting their ability to provide thorough and timely assessments. Two participants stated,

> *"On average, we see over 60 children in a week, and we simply don't have the time to conduct detailed assessments for each one and we mostly attend those who come over here, so we rarely conduct outreach."*

It was reported that heavy workload leads to a situation where service providers must prioritize the most urgent cases, potentially overlooking children with milder symptoms. Another participant shared,

> *With the few staff we have, it's hard to give each child the attention they need. We end up rushing through assessments, which isn't ideal sometimes.*

The high caseloads also contribute to burnout among professionals, further diminishing their effectiveness in conducting early identification. This finding is supported by social ecological theory that emphasize on the role of macro systems on formulating effective policies and enforce proper decision making on resource allocation in different institutions at different levels. This challenge highlights a systemic issue that requires increased staffing and resources to ensure that every child can receive a comprehensive assessment.

Additionally, during in-depth interviews participants revealed their observation on financial barriers and marriage separation for Families Seeking Assessments. The cost of assessments and follow-up interventions was identified as a significant barrier for many families. Many of the families has reported to be unable to afford the fees for specialized assessments or the regular transportation costs to reach facilities that offer them. This financial strain means that even when families are aware of their child's developmental needs, they might delay or forego seeking further evaluation.

Participants have also revealed the presence of marriage breakdown whereby most of Men act to run away from home especially when a child is identified to have any kind of disability. Participant 4 stated;

> *Most of children we have intervened are not living with their fathers because mostly men run away from their families and some of them claims that disability condition is a burden of the woman who gave birth of the child.*

Some participants linked this to fear for economic distress as men get worried that they will not afford providing extra costs to accommodate all necessities for a child with developmental disability. This challenge underscores the need for policies that provide financial support to low-income families, ensuring that the early identification process does not become a luxury only accessible to those who can afford it.

Despite these barriers, professionals highlighted several success stories and strength where early identification had a good practice and transformative impact. During in-depth interviews, it was noted that experts who are involved in early identification efforts, have successfully fostered a stronger partnership between parents and professionals, contributing to better outcomes for children. Participant (8) stated;

> *"For the children whom we identified early, we work closely with the parents to create a tailored plan. Parents become key partners in implementing this plan, and their involvement makes a huge difference. This collaborative approach has empowered parents, providing them with the knowledge and skills to support their child's development at home.*

Finding on the increased collaboration and shared responsibility between parents and professionals further contribute to a cohesive support network, as supported by Gona et al. (2011), who highlight that parent-professional partnerships are central to sustainable outcomes in early childhood interventions. However, as noted by Grantham-McGregor et al. (2007), sustaining these successes requires a systematic approach to ensure that identified children receive continuous support.

Through in-depth interviews, has also founded that, child welfare service providers in Singida municipality have successfully established a referral network that constitutes social welfare office, schools and Health Centers which has streamlined the identification process. A key participant shared;

> *We have developed our local network with local schools where teachers can directly refer children, they suspect might have developmental delays. This has made it easier for us to identify and assess children before they fall behind although facilities and resources have not been sufficient to make it more effective. This network has made a world of difference; we are able to reach more children earlier when we get resource and space and the coordination means families don't feel lost in the process.*

Referral network highlights the importance of inter-agency collaboration in early identification efforts. However, limited resources and facilities still hinder its full potential, underscoring the need for increased support to enhance the network's effectiveness.

The establishment of a referral network involving schools, local health centers, and social welfare offices echoes findings in literature that emphasize the importance of inter-agency collaboration in early identification. Kuper et al. (2022) report that coordinated referral systems can significantly streamline identification processes by leveraging each professional's unique insights, thus improving timely access to diagnostic services. Similarly, Grantham-McGregor et al. (2007) highlight that structured referral pathways in low-resource settings are essential for addressing gaps in early childhood interventions and reducing delays in diagnosis, as professionals work together to facilitate faster assessment and support for at-risk children. Similarly, the social ecological system theory highlights interdependent nature and the importance of collaboration among social systems which facilitates proper functioning of social structures.

Consistently, during interviews, professionals emphasized the role of training and expertise as well as the importance of collaboration between healthcare providers, educators, and social workers as major catalyst towards improved early identification practices. The need for specialized training emerged as a significant factor in the effectiveness of early identification. Professionals from various background of practice highlighted the need for having training program specifically on advanced skills on early identification and improved disability care. Participant 5 stated;

> *Many of us lack the specialized training needed to recognize developmental issues early on, as we have been struggling to some extent; and this affects the quality of our work. But I also think that it would be better if we will have capacity building programs on how to care peoples with disability including having positive attitude during service provision*

The lack of specialized training and the need for positive attitude development among professionals indicate that capacity-building programs are crucial to improving the quality of early identification services. Enhancing skills and fostering inclusive attitudes will likely improve both service delivery and community engagement.

The call for training that promotes positive attitudes toward disability care is echoed by Hartley et al. (2005), who emphasize that providers’ attitudes significantly impact the quality of services received by children with disabilities. Positive, inclusive attitudes not only improve client-provider interactions but also contribute to a supportive environment that reduces stigma, fostering a climate in which families feel encouraged to seek early identification services. Gona et al. (2011) supports this perspective, highlighting that comprehensive training should address both technical skills and empathy, ensuring that providers offer care with respect and understanding. Professionals also provided various recommendations to improve early identification, such as increasing funding and community education.

4.3 The Impact of Early Identification on Promoting Social Support for Families Living with Children with Disabilities in Singida Municipality

During execution of this objective participants were eagerly to share their views and observations on how early identification of developmental disabilities influences the social support systems available to families in Singida Municipality.

Based on interviews and Focus Group discussion with families, community members, and social welfare officers, it was realized that early identification has led to the enhanced access to resources for families. including educational support, therapy, and financial assistance. Early identification founded to be instrumental in helping families navigate available services, ensuring that children with developmental disabilities receive the support they need at critical stages of their development. A parent shared;

> *Before my child was identified, I didn’t even know that there were schools with special education services. But once we got the diagnosis, the social worker connected me with* ***Sibusiso organization*** *found in*

> *Arusha, where my child used to meet the therapist regularly, but due to economic hardship now I cannot afford to travel regularly to Arusha and none of my resident lives there.*

However, child welfare service providers expressed the existing hardships towards obtaining such positive impact, where by availability of few organizations focusing on supporting children with disabilities within Singida Municipality were identified, while the established and well-coordinated referral services named to cover the gap be participant 09 stated;

> *Despite of the fact that we have very few organizations supporting peoples with developmental disabilities in our district, we have developed a culture where, once a child is identified, we immediately connect the family to available support services, whether it's medical, psychological, or financial inside and outside this district. This has been a game changer for many parents who previously felt isolated and lost.*

This is an implication that, while referral services have helped connect families to necessary support, the limited number of organizations and uneven access to resources highlight the need for increased support and community-based interventions to ensure equitable service availability for all families

This finding aligns with Guralnick (2011), who emphasizes that early diagnosis can help families navigate available resources, enabling them to access developmental support for their children more effectively. Access to resources, however, remains uneven, with lower-income families facing challenges. A study by Wirz et al. (2005) supports this observation, noting that families in similar settings frequently lack access to centralized resources, suggesting the need for community-based interventions that improve access to essential services.

During the interviews, members from local community acknowledged that, Early identification has played a pivotal role in fostering greater community awareness and acceptance of children with developmental disabilities. As more children are identified early, there has been an increase in understanding within the community about these conditions, which has led to a more inclusive environment. A local leader mentioned,

> *With the awareness campaigns that came after a child in our street was identified by teachers from Nyerere primary school, more people in our community now understand that developmental disabilities are not caused by witchcraft. This understanding is helping families feel less judged and more supported.*

This finding is supported by findings from Grantham-McGregor et al. (2007), who assert that parental knowledge and advocacy skills significantly influence developmental outcomes for children with disabilities. Enhanced acceptance also helps create a more inclusive environment, making it easier for children with developmental disabilities to participate in social and educational activities. As Wirz et al. (2005) suggest, community acceptance plays a vital role in supporting families, especially in low-resource settings where stigma can be more pronounced. Furthermore, it was reported that Early identification has also led to the formation of parent support networks, where families can share experiences, offer emotional support, and advocate for better services together.

These networks have become vital spaces for parents to connect with others who understand their challenges, providing a sense of community and solidarity within Singida Municipality. This has emerged as parents who's their children's studies at Ipembe primary school formed their self-help group special to take care for their children. Participant from group B stated;

> *Before I met other parents through the support group, I felt like I was alone in this. Now, I have a place where I can talk about my struggles, learn from others, and even find ways to advocate for better services for our children.*

Such networks are crucial for reducing the isolation that many parents feel, giving them a sense of belonging and collective strength. This finding is supported by the study conducted by Suzi et al. (2020) that suggest that early identification is associated with a fostered social combination, as families are more likely to receive emotional and informational support from local community organizations. Guralnick (2011) also suggests that early diagnosis and intervention significantly improve access to essential services and resources, thereby fostering a supportive network around the family.

Moreover, during interviews, it was acknowledged that the social support derived from early identification fosters emotional resilience among parents, helping them cope with the challenges of raising a child with developmental disabilities. One parent expressed;

> *I spent so many nights worrying about why my child wasn't developing like the others. When we finally got the diagnosis, it felt like a burden had been lifted. I knew what I needed to do and where to go for help.*

> *It’s been a relief knowing I’m not alone; connecting with others through support groups has lifted some of the burden.*

Emotional resilience is a well-documented benefit in studies such as Suzi et al (2020) and Gona et al. (2011), which emphasize the importance of social networks in providing essential emotional support.

Access to social support networks helps parents mitigate stress, develop coping strategies, and stay committed to their child’s developmental journey. This finding also aligns with Grantham-McGregor et al. (2007), who observed that families with strong social support are better equipped to handle the emotional demands of caregiving.

Therefore, despite the positive impact of early identification, socioeconomic disparities and service providers related limitations was identified by participants to limit access to these networks for many families. The lack of positive altitude and misbehavior practices held by professionals was noted to be an obstacle to parents. Once a child has identified, parents reported the tendency of labeling and using the identified children as examples to others when parents go for attending monthly clinics. These actions have contributed to make some parents miss clinic sessions as they are worried to be presented by service providers. Participant 18 explained;

> *Even after we got the diagnosis, it feels drained to be called in front of other parents during clinics and use your child as an example when experts teach parents on children care, it happened to me and I decided to stop attending clinics.*

These findings are supported by the broader studies conducted by different researchers including Smith (2023), Suzi (2020), and UNICEF (2021), which highlights the existence of competency gap among service providers who serves in identifying and taking care of children with disability. Listed studies moreover, calls for professionalism and intensive monitoring for early identification services. Findings also align with Bronfenbrenner's ecological theory that calls for a robust coordination amongst systems at multiple levels towards achieving an optimal community wellbeing.

4.3.1 Perceptions of Parents regarding the influence of Socioeconomic Status on Early Identification

This section explored opinions on how socioeconomic status affects the early identification of children with developmental disabilities process, based on the perceptions of parents. The analysis is drawn from Focus Group discussion with parents and caregivers, focusing on the ways that socioeconomic factors shape their experiences, on access to services, and overall support

Parents believed that socioeconomic status holds a significant influence on the facilitation of early identification services. Parents reported that limited financial resources often delayed their ability to seek professional assessments and specialized care for their children. Participant 13A shared that;

> *When my child was showing early signs of developmental delays, I didn't have the money to take him to a specialist. I had to wait for months until I could save some amount for the bus fare and consultation fees.*

Financial constraints are a significant barrier in many low-resource settings, as documented by Olusanya (2005), who found that limited financial means impact families' ability to access health services promptly.

In Singida, this financial burden results in missed or delayed diagnoses, which affects children's developmental outcomes. Policies that provide subsidies or financial assistance for low-income families could help reduce these barriers, ensuring more equitable access to early identification.

Moreover, During the execution of Focus Group discussion, it was founded that, educational disparities impact parents' awareness of developmental milestones and the importance of early identification. Some participants believed that, Parents' educational backgrounds also play a critical role in how they perceive and respond to developmental concerns in their children. A participant who had a special education background shared,

> *I noticed that my daughter was not talking like other children her age, and because I had read about speech delays, I knew it was important to get her checked. But I know someone who is financially stable but know less about proper parenting, she refuses to expose her child condition because she thinks it will destroy family representation.*

This finding aligns with the study conducted by Paul et al. (2021), who observed that educational attainment influences health-seeking behavior. In lower-income areas, parental education programs could help bridge this knowledge gap, equipping parents with information to recognize developmental delays early.

However, some parents shared their experiences on their observation concerning the existence of families which possess higher education background but still hide their child who have developmental disability in order to avoid what they believe as bad orientation to the society due to their higher social status. Some believed that general education is not good enough to ensuring intensive child development monitoring which facilitates timely identification and intervention, instead specialized awareness on child care could lead to empowered community that can facilitate proper child care.

Furthermore, Focus Group Discussion revealed disparities in access to early identification services based on household income levels. Parents believed that families with higher incomes were more likely to afford specialized services, including private consultations and therapy, while those with lower incomes depended on public services that are often limited or unavailable. One male participant shared;

> *It is unfortunate that my income does not allow me to afford private health insurance, so I could have consulted a pediatrician quickly as many peoples with high income do rather than going to public hospitals which have long waiting lists.*

This disparity underscores the unequal access to timely assessments, which can result in delayed diagnoses for children from lower-income families. Similar disparities are noted by Paul et al (2021), Kuper et al. (2022) in other resource-limited settings, like Malawi and Uganda highlighting the need for accessible, affordable services for families across income levels. Increasing the availability of subsidized or community-based diagnostic services could ensure more equitable access to early identification resources.

Additionally, through Focus Group discussion with the participants, it was noted that socioeconomic status also influences the level of social support available to families, affecting their capacity to navigate the early identification process. Families with higher incomes reported to receiving more support from social circles, as well as having access to paid help for caregiving. Participant 16 B stated;

> *My family and friends were able to assist with paying for a caregiver to help with my son's needs when I'm working. This has given me time to attend workshops and support group meetings. I know many parents who have to balance everything on their own, I can imagine how difficult it is.*

This finding remains consistent with the study carried by suzi et al (2022) that highlights the potentiality of local support systems towards improving early identification. The availability of these support structures triggers the culture of self-help behavior within a community, helping members to deal with their own challenges. Research by Gona et al. (2011) confirms that socioeconomic disadvantages contribute to social isolation, especially for families lacking adequate support systems. Inclusive community programs that consider these barriers could provide essential support for low-income families, helping them overcome isolation.

Furthermore, participants held a view that socioeconomic status has a profound impact on the mental and emotional well-being of parents, affecting their resilience in advocating for their children's needs. Parents with more financial stability often reported feeling more capable of handling the challenges associated with raising a child with developmental disabilities financial security was reported to allow parents to concentrate on their child's development rather than being preoccupied with daily survival. A participant shared;

> *Knowing that I can afford my child's therapy gives me peace of mind, even when things are tough. I can focus on being there for him instead of worrying about how to pay the next bill.*

Study by Hwang (2008) highlight that families with higher socioeconomic status generally experience less stress, as they are better able to access therapeutic services and maintain stability in caregiving.

Conversely, another participant described the toll on her mental health, saying,

> *Every time I think about the bills and the costs of my child's treatment, I get anxious. It feels like I'm failing him because I can't afford everything he needs.*

Such financial stress can impact a parent's ability to remain persistent in seeking services, potentially leading to delayed interventions and poorer outcomes for the child. Gona et al. (2011) also found that the financial strain of raising a child with a disability contributes to emotional distress, which can reduce parents' resilience and impede their ability to effectively advocate for their child's needs. These findings emphasize the critical role of socioeconomic resources in influencing both parental well-being and the timeliness of early identification efforts. Financial support systems, such as subsidies for therapy and transportation assistance, are recommended to reduce these barriers and improve outcomes for families with limited means

CHAPTER FIVE

SUMMARY, CONCLUSION, AND RECOMMENDATIONS

5.1 Summary of the Study

This study investigated the implications of community perceptions on the early identification of children with developmental disabilities in Tanzania, specifically focusing on Singida Municipal District. The research aimed to understand the roles that community beliefs, socioeconomic factors, and professional experiences play in the early detection of developmental disabilities. The study was guided by three specific objectives namely; To explore the experiences of professionals involved in early identification efforts for children with developmental disabilities in Singida Municipal District. The second objective was to examine the impact of early identification on promoting social support for families of children with developmental disabilities within Singida Municipal District while the last objective was specifically aiming to explore the perceptions of parents of children with developmental disabilities on socioeconomic status in relation to early identification of children with developmental disabilities in Singida Municipal District.

Data were collected through in-depth interviews with hospital Nurses, social welfare officers, and community leaders, as well as focus group discussions (FGDs) with parents of children with developmental disabilities. The data were analyzed using thematic analysis, facilitated by Kobo Toolbox, to extract key themes and insights relevant to the study objectives. The findings revealed several critical themes, including the challenges and successes encountered by professionals in the early identification process, the role of early identification in enhancing access to social support, and the significant influence of socioeconomic status on parents' ability to access early detection services. These findings emphasize the complex interplay between community perceptions, socioeconomic barriers, and the support mechanisms available to families, offering a deeper understanding of the factors that shape the early identification process in Singida Municipal District.

5.2 Conclusion

This study has provided a comprehensive exploration of the early identification of children with developmental disabilities in Singida Municipal District, examining the experiences of professionals, the role of early identification in social support systems, and the influence of socioeconomic status. The findings highlight both progress and persistent challenges, offering critical insights into the implications for policy, practice, and future research. Therefore, the conclusion is made as per each specific objective of the study as follows below

5.2.1. Objective 1: To Explore The Experiences of Professionals Involved in Early Identification Efforts for Children with Developmental Disabilities in Singida Municipal District

The study revealed that professionals working in healthcare, education, and social welfare play a crucial role in early identification, leveraging inter-agency collaboration and referral networks to improve detection and intervention. However, gaps in specialized training, inadequate resources, and systemic inefficiencies limit the full realization of these efforts. From a theoretical perspective, Bronfenbrenner's Ecological

Systems Theory (1979) helps explain how institutional structures, professional training, and policy frameworks interact to shape early identification outcomes. The findings suggest that strengthening capacity-building initiatives and cross-sector partnerships is essential to bridging the existing gaps.

5.2.2 Objective 2: To Examine the Impact of Early Identification on Promoting Social Support for Families of Children with Developmental Disabilities within Singida Municipal District

The study found that early identification significantly enhances access to social support systems, facilitating medical, psychological, and financial assistance for families. However, disparities in the availability and accessibility of services highlight a gap between policy intentions and on-the-ground realities. This aligns with social support theories, which emphasize that timely intervention can mitigate parental stress and improve family resilience. Yet, the study indicates that structural barriers—such as geographic inaccessibility and financial constraints—hinder equitable service provision, necessitating policy reforms that prioritize decentralized, community-based early intervention programs.

5.2.3 Objective 3: Perceptions of Parents of Children with Developmental Disabilities on Socioeconomic Status to Early Identification of Children with Developmental Disabilities in Singida Municipality

Parental perspectives underscore socioeconomic status as a determining factor in access to early identification services. Families from lower socioeconomic backgrounds face compounded challenges, including financial hardship, limited awareness, and geographical distance from service providers. The findings reinforce previous research indicating that socioeconomic disparities shape health and education outcomes, further supporting Bronfenbrenner’s model, which recognizes the macrosystem (socioeconomic conditions, cultural beliefs, and policies) as a key influencer of child development. Addressing these inequities requires multi-sectoral interventions, targeted awareness campaigns, and subsidized service provision for marginalized families.

Therefore, this study draws broader implication where by on practical Implications, the study reveals strengthening interdisciplinary professional training, expanding funding for social support services, and ensuring affordable, decentralized interventions can improve early identification outcomes. On the other hand, the Theoretical Contribution relies on the fact that the study reinforces Bronfenbrenner’s Ecological Systems Theory by illustrating how interconnected institutional, familial, and policy-level factors shape early identification processes. Furthermore, on policy implication, the findings call for enhanced government commitment to early identification policies, increased financial investment in specialized training, and community-level initiatives to raise awareness and reduce access barriers.

5.3 Recommendations

Based on the findings of this study, several recommendations are proposed to improve the early identification of children with developmental disabilities in Singida Municipal District:

5.3.1 Recommendations for Policy and Practice

Strengthening Community Awareness Programs: There is a need for more comprehensive awareness campaigns that address cultural misconceptions and stigma surrounding developmental disabilities. These campaigns should be tailored to the community's cultural context and involve influential local leaders to ensure acceptance and widespread reach. Awareness programs should highlight the importance of early identification and the available support services, emphasizing how early detection can lead to better outcomes for children and their families.

Enhancing Training for Professionals: Training programs for healthcare providers, social workers, and community health workers should be intensified to equip them with the necessary skills for early identification. This includes training on effective communication with families, understanding the cultural context, and recognizing early signs of developmental disabilities. Additionally, creating opportunities for professional collaboration and sharing best practices can improve the quality of early identification services provided within the community.

Integration of Early Identification Services into Primary Healthcare: To improve access to early identification services, the government and local authorities should integrate these services into primary healthcare facilities. This integration would make it easier for families to access screening and support services without traveling long distances, especially benefiting those with lower socioeconomic status. Mobile clinics and outreach programs can also be employed to reach remote areas, ensuring that all families have equal access to early identification services.

5.3.2 Recommendations for Community-Based Support

Development of Support Networks for Families: Establishing peer support groups for parents of children with developmental disabilities can provide emotional support, share practical information, and create a sense of community. These groups can be facilitated by trained professionals but driven by parents to ensure that the support is tailored to their needs. Community centers can be leveraged to host these support groups, offering a safe space for parents to discuss their challenges and solutions while learning from each other's experiences.

Addressing Socioeconomic Barriers:

There should be targeted efforts to provide financial support and subsidies for low-income families to access early identification services. This could be in the form of government-sponsored insurance schemes, reduced service fees at healthcare facilities, or financial aid for transportation. Collaborating with non-governmental organizations (NGOs) and community-based organizations (CBOs) can help in mobilizing resources and providing material support, such as assistive devices, therapy materials, and learning aids for children diagnosed with developmental disabilities.

5.3.3 Recommendations for Future Research

Future studies should explore the evolving nature of community attitudes towards developmental disabilities over time and assess the long-term impact of awareness programs. This could provide insights into how perceptions change and inform better strategies for engaging communities. Research focusing on the effectiveness of different intervention models in various socio-cultural contexts could also provide valuable guidance for policymakers and practitioners aiming to improve early identification practices.

5.3.4 Investigating the Role of Technology in Early Identification

Research into the potential role of digital tools, such as mobile health applications, in facilitating early identification and linking families to resources could help in overcoming some of the geographical and resource-based challenges identified in this study. Pilot programs using digital platforms could be tested in Singida Municipal District, with the aim of scaling up successful models across similar regions in Tanzania.

REFERENCES

Akhmetzyanova, A. I. (2016). Formation and Evolution of Early Intervention for Children with Developmental Delays in Russia and Abroad. *Journal of Psychological Abnormalities, 5*(1).

Babbie, E. (2019). The Practice of Social Research (16th ed.). Cengage Learning.

Barbara Rogoff (2003), The cultural nature of human development. Oxford University press

Boulet SL, Boyle CA, Schieve LA. Health care use and health and functional impact of developmental disabilities among US children, 1997-2005. Arch Pediatr Adolesc Med. 2009;163(1):19–26

Bunning, K. (2018). Stigma and Social Support: Addressing the Paradox of Intellectual Disability. Journal of Intellectual Disabilities, 22(4), 337-356.

Centers for Diseases Control and Prevention (2018), increase in developmental disabilities among children.

Cohen, S., & Wills, T. A. (1985). Stress, social support, and the buffering hypothesis. Psychological Bulletin, 98(2), 310-357.

Haber, M. G. (2018). The importance of social support in social work education. Social Work Education, 37(4), 513-525.

Honebein, P. C. (1996). Seven goals for the design of constructivist learning environments. In Wilson, Brent. G. (Ed.). (1996) Constructivist learning environments: case studies in instructional design. Educational Technology. New Jersey: Englewood Cliffs

James A, Michael W, Robert Coe, & Larry V.H, (2012) Research Methods & Methodologies in Education. Sage

Jimenez, M. E., Fiks, A. G., Shah, L. R., Gerdes, M., Ni, A. Y., Pati, S., & Guevara, J. P. (2014). Factors associated with early intervention referral and evaluation: a mixed methods analysis. *Academic Pediatrics*,

Kornblatt, S. (1984). Social Support Systems. Generations: Journal of the American Society on Aging, 8(4), 40–43. http://www.jstor.org/stable/44878379

Lakey, B., & Cronin, A. (2008). Low social support and major depression: Research, theory and methodological issues. In The Handbook of the Study of Play (pp. 73-96). Springer.

Leininger, L., & Levy, H. (2015). Child health and access to medical care. *Future of Children,*

Maxwell, J. A. (2012). Qualitative Research Design: An Interactive Approach (4th ed.). Sage Publications.

Mtema, Z. J., Huang, K., Mohamed, A. A., Zoungrana, J., & Manji, K. (2016). Role of mother's knowledge of child development in child rearing in a low-income population in Tanzania. Early Child Development and Care.

Onwuegbuzie, A. J., & Johnson, R. B. (2020). The SAGE Handbook of Mixed Methods Research (3rd ed.). Sage Publications.

Paul I. EKE, & Jasim M. Albandar (2021) Measurement and Distribution of Periodontal Diseases.

Paul L, Helen M. Nabwera, H.M. Babikako, Muneera R, Kirsten A. D, Emmie W. M, Elizabeth S, Prem C, Meta V.H, Angelina K.M & Melissa G (2023): Experiences of identifying pre-school children with disabilities in resource limited settings – an account from Malawi, Pakistan and Uganda, Disability & Society

Rispoli, M., Machalicek, W., Zajic, M., et al. (2019). Early Intervention for Children with Autism: A Comprehensive, Multisite, Randomized Controlled Trial. Journal of Autism and Developmental Disorders, 49(7), 2733-2746.

Smith, F.; Perera, S.; Marella, M. (2023). The Journey to Early Identification and Intervention for Children with Disabilities in Fiji. *Int. J. Environ. Res. Public Health* 2023, 20, 6732. https://doi.org/10.3390/ ijerph20186732

Suzi J. S, Vasiliki T, & Richard P. H (2020). Factors influencing access to early intervention for families of children with developmental disabilities: A narrative review; *Journal of Applied Research in Intellectual Disabilities;* John Wiley & Sons Ltd.

UNESCO. (2021). Sustainable Development Goal 4: Education 2030. Retrieved from https://en.unesco.org/education2030-sdg4

UNICEF. (2020). Situation Analysis of Children with Disabilities in Tanzania. Retrieved from https://www.unicef.org/tanzania/reports/situation-analysis-children-disabilities-tanzania

United Nations Children’s Fund (UNICEF) (2021) The situation of Children and young people with Disabilities in Tanzania. https//unicef.org>Tanzania

United Nations Children’s Fund (UNICEF) (May 2013) *The state of World’s Children 2013: Children with Disabilities.* https//unicef.org-SOWC-2013.pdf.

URT (2009): Law of the Child act

URT (2016) Tanzania Disability Monograph report

URT (2021) *National guideline for early identification and appropriate intervention of Children with Disabilities*.

World Health Organization (WHO) (2011) *World report on Disability*. https//who.org-627830wpoWorldooPublic00Box361491B0.pdf

Zwaigenbaum, L., Bauman, M. L., Stone, W. L., Yirmiya, N., Estes, A., Hansen, R. L., ... & Choueiri, R. (2015). Early Identification of Autism Spectrum Disorder: Recommendations for Practice and Research. Pediatrics, 136 (Supplement_1), S10-S40

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APPENDIX I

INTERVIEW GUIDE USED FOR DATA COLLECTION

Introduction

Greetings!

My name is AVITH VENUTHA and I am a candidate for Master's degree in Social Work at the Open University of Tanzania. This introductory consent is prepared for the research titled: "Implications of Community Perceptions on Early Identification of Children with developmental Disability in Tanzania. A case of Singida Municipal District. The main purpose of the study is to examine underlying perceptions and experiences of professionals, parents and stakeholders regarding early identification services. And its implication to the promotion of the welfare of children with developmental disabilities. Specifically, the study intends to explore the experiences of professionals involved in early identification efforts for children with developmental disabilities within singida municipal district, examine the impact of early identification on promoting social support for families of children with developmental disabilities, as well as to explore the perceptions of parents living with children with developmental disabilities on socio-economic status in relation to early identification. I am kindly requesting you to participate in this study by answering a number of questions during the time of interview. The data obtained from you will benefit the society because it contributed to the quality improvement of services provided to children with developmental disabilities through the recommendations I will forward at the end of the study. Your personal information will be confidential, not transferred to third party. You have a full right to ask any questions you have regarding the research process that you need to be clear with. I will be more than willing to provide clear answer to your questions. You have the full right to participate voluntarily.

1.How do we identify participant

- Parent
- Professionals
- Stakeholders from CSOs

Parents

- What kind of disabilities does your child have?
- How did you know about the type disabilities of your child?
- What is the age of your child?

2. Socio-economic Factors Influencing Early Identification

- Do you consider socio-economic status as a factor that affect early identification process?
- In your opinion, how does socio-economic status affect a family's ability to access early identification services?
- What are some barriers that families with lower socio-economic status face?
- How do socio-economic factors influence community attitudes towards developmental disabilities?

3. Impact of Early Identification on Promoting Social Support

- In what ways does early identification help in providing social support to families?

- Can you give examples of how early identification has impacted families' access to resources?
- How do community attitudes change when a child is identified early with a developmental disability?
- What types of support networks are available for families in this community?

Professionals

- ➢ What is your professionalism
- ➢ How long have you worked in this role

1. Experiences and Perceptions of Professionals

- How long have you been involved in early identification of children with disabiities?
- Can you describe your experiences with early identification of children with developmental disabilities in this district?
- How do you identify the children with Disabilities basing on your role ?
- What challenges do you face in the early identification process?
- Can you share any successes or positive outcomes from your efforts?
- What recommendations do you have for improving early identification practices?

2. Socio-economic Factors Influencing Early Identification

- Do you consider socio-economic status as a factor that affect early identification process?
- In your opinion, how does socio-economic status affect a family's ability to access early identification services?
- What are some barriers that families with lower socio-economic status face?
- How do socio-economic factors influence community attitudes towards developmental disabilities?

3. Impact of Early Identification on Promoting Social Support

- In what ways does early identification help in providing social support to families?
- Can you give examples of how early identification has impacted families' access to resources?
- How do community attitudes change when a child is identified early with a developmental disability?
- What types of support networks are available for families in this community?

Stakeholders

- Name of organization
- How long your organization been involved working with children with disabilities?
- what kind of interventions do you offer to your beneficiaries (Children with Disabilities and families)

2. Socio-economic Factors Influencing Early Identification

- Do you consider socio-economic status as a factor that affect early identification process?
- In your opinion, how does socio-economic status affect a family's ability to access early identification services?
- What are some barriers that families with lower socio-economic status face?
- How do socio-economic factors influence community attitudes towards developmental disabilities?

3. Impact of Early Identification on Promoting Social Support

- In what ways does early identification help in providing social support to families?
- Can you give examples of how early identification has impacted families' access to resources?

- How do community attitudes change when a child is identified early with a developmental disability?
- What types of support networks are available for families in this community?

APPENDIXES

THE UNITED REPUBLIC OF TANZANIA
NISTRY OF EDUCATION, SCIENCE AND TECHNOLOGY
THE OPEN UNIVERSITY OF TANZANIA

Ref. No OUT/PG2022000190 29th July, 2024

Municipal Director, Singida

Municipal Council,

P.O. Box 5,

SINGIDA.

ear Director

RE: RESEARCH CLEARANCE FOR MR. AVITH VENUTHA REG NO: PG2022000190

2. The Open University of Tanzania was established by an Act of Parliament No. 17 of 1992, which became operational on the 1stMarch 1993 by public notice No.55 in the official Gazette. The Act was however replaced by the Open University of Tanzania Charter of 2005, which became operational on 1stJanuary 2007.In line with the Charter, the Open University of Tanzania mission is to generate and apply knowledge through research.

3. To facilitate and to simplify research process therefore, the act empowers the Vice Chancellor of the Open University of Tanzania to issue research clearance, on behalf of the Government of Tanzania and Tanzania Commission for Science and Technology, to both its staff and students who are doing research in Tanzania. With this brief background, the purpose of this letter is to introduce to you **Mr. Avith Venutha, Reg.No: PG2022000190),** pursuing **Masters of Social Work (MSW).** We here by grant this clearance to conduct a research titled **"Implications of Community Perceptions on Early Identification of Children with Developmental Disabilities in Tanzania. A Case Study of Singida Municipal District".** He will collect his data at your area from 30th July to 30th September 2024.

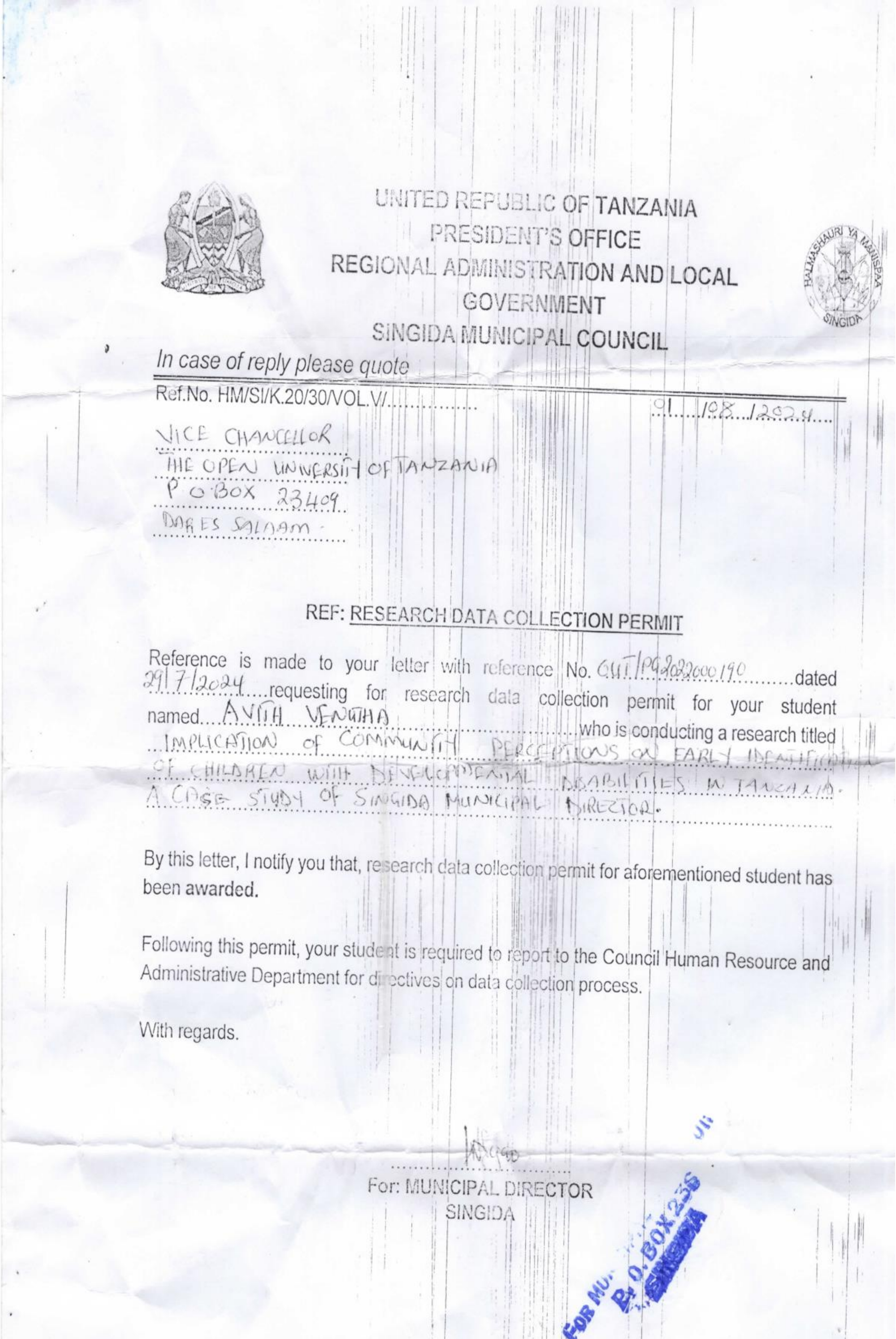
4. In case you need any further information, kindly do not hesitate to contact theDeputy Vice Chancellor (Academic) of the Open University of Tanzania, P.O.Box 23409, Dar es Salaam. Tel: 022-2-2668820.We lastly thank you in advance for your assumed cooperation and facilitation of this research academic activity.

Yours sincerely,

THE OPEN UNIVERSITY OF TANZANIA

Prof.Gwahula Raphael Kimamala
For: VICE CHANCELLOR

APPENDIX III



UNITED REPUBLIC OF TANZANIA
PRESIDENT'S OFFICE
REGIONAL ADMINISTRATION AND LOCAL
GOVERNMENT
SINGIDA MUNICIPAL COUNCIL

In case of reply please quote

Ref.No. HM/SI/K.20/30/VOL.V/…………… 01/08/2024

VICE CHANCELLOR
THE OPEN UNIVERSITY OF TANZANIA
P.O.BOX 23409
DAR ES SALAAM.

REF: RESEARCH DATA COLLECTION PERMIT

Reference is made to your letter with reference No. OUT/PG2022000190 dated 29/7/2024 requesting for research data collection permit for your student named AVITH VENUTHA who is conducting a research titled IMPLICATION OF COMMUNITY PERCEPTIONS ON EARLY IDENTIFICATION OF CHILDREN WITH DEVELOPMENTAL DISABILITIES IN TANZANIA. A CASE STUDY OF SINGIDA MUNICIPAL DIRECTOR.

By this letter, I notify you that, research data collection permit for aforementioned student has been awarded.

Following this permit, your student is required to report to the Council Human Resource and Administrative Department for directives on data collection process.

With regards.

……………………………
For: MUNICIPAL DIRECTOR
SINGIDA

P. O. BOX 236

Implication of Community Perceptions on Early Identification of Children with Developmental Disabilities in Tanzania. A Case of Singida Municipal District.

Avith Venutha.

Email: avithvenutha@gmail.com

Department Of Sociology and Social Work

Faculty of Arts and Social Science

The Open University of Tanzania.

ABSTRACT

This study aimed to examine the impact of early identification on promoting family support to the families living with children with disabilities in Tanzania, a case of Singida Municipality. Using the Social-Ecological Theory as a framework, the research adopted an interpretivist philosophy and a qualitative design, with purposive sampling of 27 participants, including social welfare officers, nurse officers, and parents. Data were collected direct from the filed through in-depth interviews and focus group discussions (FGDs), and they were thematically analyzed. The study found that early identification significantly enhances access to social support systems, facilitating medical, psychological, and financial assistance for families.

The study recommends there should be development of Support Networks for Families, and establishment of peer support groups for parents of children with developmental disabilities can provide emotional support, share practical information, and create a sense of community

Keywords: Early Identification, Developmental Disabilities, Social Support, Singida Municipal District, Tanzania.

INTRODUCTION

The challenges associated with early identification of children with developmental disabilities are not confined to resource-limited settings; they resonate globally, albeit with variations in context and magnitude. In 2018 it was reported that, lower- and middle-income societies often lag on early interventions for peoples with disabilities due to limitation of resources that influence their decision making in budget allocation, of which they primarily prioritize to allocate the budget on children and reproductive health while early identification of disabilities among disabilities is less attended (Global research on developmental disabilities 2018). In the United States, Europe, Asia, Africa, and particularly in Tanzania, disparities in healthcare infrastructure, cultural beliefs, socio-economic conditions, and policy frameworks significantly influence the early identification process.

In sub-Saharan countries Early identification of children with developmental disabilities presents a multifaceted challenge. These regions face various structural and socio-economic constraints, including limited access to healthcare facilities and trained professionals, particularly in rural areas (WHO, 2020). Cultural beliefs and stigma related to disabilities often lead to delayed identification (Ingstad & Whyte, 2016).

Additionally, the lack of early screening and intervention programs hinders timely support for affected children. These factors collectively result in delayed or missed opportunities for early identification and intervention, impacting the developmental trajectories of children with disabilities (Alderman et al., 2017). Addressing these issues is crucial for ensuring better outcomes and inclusivity for children in Sub-Saharan Africa.

Tanzania government has focused on establishment of internal frameworks which aligns with the global disability rights protection measures to address the situation. Among the adopted frameworks includes Tanzania constitution 1977, The persons with disabilities act of 2010, national policy on disability 2004, The law of the child act 2009 RE 2019.

Furthermore, at recently, the government of Tanzania under Prime Minister’s Office, Youth, Labor and peoples with disabilities have launched the National strategy on early identification and appropriate interventions of children with disabilities (September 2021). Therefore, launching of this strategy reveals the essentiality of early identification practice that will foster and promote community transformation by promoting the culture of social support for families living with children with disabilities. (Global Research on Developmental Disabilities, 2018).

LITERATURE REVIEW

Various studies have revealed that early diagnosis and intervention significantly improve access to essential services and resources, thereby fostering a supportive network around the family. For instance, Guralnick (2011) founded that early identification facilitates timely access to specialized healthcare, educational interventions, and community support services, which are crucial for the child's development and the family's well-being.

In Tanzania, research by Mmbaga et al. (2017) underscores the challenges faced by families in resource-limited settings, where late identification often results in inadequate support and increased caregiver burden. Additionally, a study by Suzi et al. (2020) revealed that early identification is associated with better social integration and reduced stigma, as families are more likely to receive emotional and informational support from healthcare providers and community organizations. This is further supported by Bronfenbrenner's Social Ecological Theory, which emphasizes the importance of supportive environments at multiple levels of the social system (Bronfenbrenner, 1979).

Cohen & Brody (1981) suggested that a supportive network may encourage one to seek necessary treatment or take preventive health measure. This is highly potential in areas especially in middle and lower income where developmental disability is associated with cultural related issue, where parents choose to use traditional healers than to seek for consultation from professionals, hence delayed identification exist (Paul et al 2023).

The study conducted by Smith et al (2023) on "The Journey to Early Identification and Intervention for Children with Disabilities in Fiji", claimed that Early identification of developmental delay and access to early intervention improves outcomes for children with disabilities and their families. However, in many low- and middle-income countries, services and systems to enable timely, coordinated care and support is lacking. This study highlighted crucial position held by support networks in the early identification journey where family members and peers reported as common sources of information and support. As a result, awareness of disabilities generally in the community was reported to be improving, largely through word of mouth and information sharing via social media, supported by recent policy and legislation that promotes disability inclusion.

THEORETICAL REVIEW

This study utilized Social ecological system theory. The “ecological system theory” (the Ecology of Human Development) was developed by psychologist Urie Bronfenbrenner in the late 1970s, to recognize that individuals affect and are affected by a complex range of social influences and nested environmental interactions. Bronfenbrenner's Social Ecological Systems Theory (EST) is a framework for understanding human development within the context of interconnected environmental systems (Bronfenbrenner, 1979). These systems, ranging from the immediate microsystem like family, to the broader macrosystem (example cultural values), interact and influence each other, shaping individual development across all phases of life (Bronfenbrenner & Morris, 2006).

This theory highlights the interconnected influences of individual, family, community, and societal factors. At the microsystem level, early identification enables families to access interventions and support, reducing stress and improving caregiving. The mesosystem strengthens linkages between families, healthcare providers, and educators, ensuring coordinated services. At the exosystem level, policies and social welfare programs influenced by early identification enhance family support. The macrosystem shapes societal attitudes, reducing stigma and fostering inclusivity, while the chronosystem reflects how early identification leads to long-term improvements in the child's development and societal integration. This holistic approach demonstrates that early identification not only benefits the child but also creates a supportive network that enhances family well-being and social inclusion.

METHODS AND MATERIAL

Research Philosophy

This research adopted a constructivist research paradigm. The constructivist paradigm acknowledges that reality is socially constructed, and individuals interpret and understand the world through their experiences (Cashman etal.,2008; Hein, 1991).

Research Design

This study adopted a phenomenological qualitative research design to better understand ideas, opinions, and experiences, as it involved gathering and analyzing non-numerical data to gain a deep understanding of the perceptions on early identification of children with developmental disabilities in Singida Municipal District. Val Hygnus (2023), Kothari (2004). Specifically, a phenomenological approach was employed to explore the lived experiences and perceptions of various stakeholders, including social welfare officers, health workers, special education teachers, parents, and members from local community authorities.

Study Area

Singida Municipal District is situated in a low-income region of Singida region Tanzania, (BOT 2022). Singida Municipal District has a population of approximately 232,459 peoples. It consists of 18 wards with 53 streets and 19 villages. Specifically, it was chosen due to its diverse socio-economic backgrounds, availability of professionals with relevant experience in child development as well as its nature of having high number of children with disabilities across singida region (URT 2022).

Sampling procedures

A purposive sampling technique was employed in this study to ensure that participants with direct experience and relevant insights into the research topic were selected. This method was chosen because it allows for the intentional selection of participants who have specific knowledge or experience related to the early identification of developmental disabilities in children. A total number of 29 participants were involved in this study.

Data Collection

To capture relevant data from identified sources as to meet research objectives, this study employed two primary qualitative methods namely, in-depth interviews and focus group discussion, whereby a two Focus group discussion were conducted for parents of children with disabilities, while interviews were held for key informants.

Data Analysis

Thematic analysis was employed to identify patterns, themes, and categories within the qualitative data collected through in-depth interviews and group discussions. The analysis involved coding the data to identify recurring ideas, concepts, and perspectives related to early identification of developmental disabilities in Singida Municipal District.

FINDINGS PRESENTATION AND DISCUSSION

The Impact of Early Identification on Promoting Social Support for Families Living with Children with Disabilities in Singida Municipality.

During execution of this objective participants were eagerly to share their views and observations on how early identification of developmental disabilities influences the social support systems available to families in Singida Municipality.

Based on interviews and Focus Group discussion with families, community members, and social welfare officers, it was realized that early identification has led to the enhanced access to resources for families. including educational support, therapy, and financial assistance. Early identification founded to be instrumental in helping families navigate available services, ensuring that children with developmental disabilities receive the support they need at critical stages of their development. A parent shared;

> *Before my child was identified, I didn't even know that there were schools with special education services. But once we got the diagnosis, the social worker connected me with* ***Sibusiso organization*** *found in Arusha, where my child used to meet the therapist regularly, but due to economic hardship now I cannot afford to travel regularly to Arusha and none of my resident lives there.*

However, child welfare service providers expressed the existing hardships towards obtaining such positive impact, where by availability of few organizations focusing on supporting children with disabilities within Singida Municipality were identified, while the established and well-coordinated referral services named to cover the gap be participant 09 stated;

> *Despite of the fact that we have very few organizations supporting peoples with developmental disabilities in our district, we have developed a culture where, once a child is identified, we immediately connect the family to available support services, whether it's medical, psychological, or financial inside and outside this district. This has been a game changer for many parents who previously felt isolated and lost.*

This is an implication that, while referral services have helped connect families to necessary support, the limited number of organizations and uneven access to resources highlight the need for increased support and community-based interventions to ensure equitable service availability for all families

This finding aligns with Guralnick (2011), who emphasizes that early diagnosis can help families navigate available resources, enabling them to access developmental support for their children more effectively. Access to resources, however, remains uneven, with lower-income families facing challenges. A study by Wirz et al. (2005) supports this observation, noting that families in similar settings frequently lack access to centralized resources, suggesting the need for community-based interventions that improve access to essential services.

During the interviews, members from local community acknowledged that, Early identification has played a pivotal role in fostering greater community awareness and acceptance of children with developmental disabilities. As more children are identified early, there has been an increase in understanding within the community about these conditions, which has led to a more inclusive environment. A local leader mentioned,

> *With the awareness campaigns that came after a child in our street was identified by teachers from Nyerere primary school, more people in our community now understand that developmental disabilities are not caused by witchcraft. This understanding is helping families feel less judged and more supported.*

This finding is supported by findings from Grantham-McGregor et al. (2007), who assert that parental knowledge and advocacy skills significantly influence developmental outcomes for children with disabilities. Enhanced acceptance also helps create a more inclusive environment, making it easier for children with developmental disabilities to participate in social and educational activities. As Wirz et al. (2005) suggest, community acceptance plays a vital role in supporting families, especially in low-resource settings where stigma can be more pronounced.

Furthermore, it was reported that Early identification has also led to the formation of parent support networks, where families can share experiences, offer emotional support, and advocate for better services together. These networks have become vital spaces for parents to connect with others who understand their challenges, providing a sense of community and solidarity within Singida Municipality. This has emerged as parents who's their children's studies at Ipembe primary school formed their self-help group special to take care for their children. Participant from group B stated;

> *Before I met other parents through the support group, I felt like I was alone in this. Now, I have a place where I can talk about my struggles, learn from others, and even find ways to advocate for better services for our children.*

Such networks are crucial for reducing the isolation that many parents feel, giving them a sense of belonging and collective strength. This finding is supported by the study conducted by Suzi et al. (2020) that suggest that early identification is associated with a fostered social combination, as families are more likely to receive emotional and informational support from local community organizations. Guralnick (2011) also suggests that early diagnosis and intervention significantly improve access to essential services and resources, thereby fostering a supportive network around the family.

Moreover, during interviews, it was acknowledged that the social support derived from early identification fosters emotional resilience among parents, helping them cope with the challenges of raising a child with developmental disabilities. One parent expressed;

> *I spent so many nights worrying about why my child wasn't developing like the others. When we finally got the diagnosis, it felt like a burden had been lifted. I knew what I needed to do and where to go for help. It's been a relief knowing I'm not alone; connecting with others through support groups has lifted some of the burden.*

Emotional resilience is a well-documented benefit in studies such as Suzi et al (2020) and Gona et al. (2011), which emphasize the importance of social networks in providing essential emotional support.

Access to social support networks helps parents mitigate stress, develop coping strategies, and stay committed to their child's developmental journey. This finding also aligns with Grantham-McGregor et al. (2007), who observed that families with strong social support are better equipped to handle the emotional demands of caregiving.

Therefore, despite the positive impact of early identification, socioeconomic disparities and service providers related limitations was identified by participants to limit access to these networks for many families. The lack of positive altitude and misbehavior practices held by professionals was noted to be an obstacle to parents. Once a child has identified, parents reported the tendency of labeling and using the identified children as examples to others when parents go for attending monthly clinics. These actions have contributed to make some parents miss clinic sessions as they are worried to be presented by service providers. Participant 18 explained;

> *Even after we got the diagnosis, it feels drained to be called in front of other parents during clinics and use your child as an example when experts teach parents on children care, it happened to me and I decided to stop attending clinics.*

These findings are supported by the broader studies conducted by different researchers including Smith (2023), Suzi (2020), and UNICEF (2021), which highlights the existence of competency gap among service providers who serves in identifying and taking care of children with disability. Listed studies moreover, calls for professionalism and intensive monitoring for early identification services. Findings also align with Bronfenbrenner's ecological theory that calls for a robust coordination amongst systems at multiple levels towards achieving an optimal community wellbeing.

CONCLUSION

The findings of this study indicate that early identification of developmental disabilities plays a crucial role in enhancing social support systems for families in Singida Municipality. Early diagnosis enables families to access essential resources, including educational support, therapy, and financial assistance, thereby improving the well-being of children with developmental disabilities. The study also revealed that early identification fosters community awareness and acceptance, reducing stigma and promoting inclusivity. Furthermore, it has facilitated the formation of parent support networks, offering emotional support, advocacy, and a sense of solidarity among caregivers. Despite these positive outcomes, challenges such as socioeconomic disparities, limited-service providers, and negative attitudes among professionals remain significant barriers to accessing support services. These findings align with previous studies that emphasize the need for a well-coordinated, multi-sectoral approach to supporting families of children with developmental disabilities.

RECOMMENDATION

More organizations should provide direct support to children with developmental disabilities, and service coordination must be improved. Training for professionals should be prioritized to enhance early identification and service delivery. Community awareness campaigns should be strengthened to reduce stigma and promote inclusivity. Financial assistance programs should target low-income families to improve access to essential services. Parent support groups should be encouraged to foster emotional resilience and advocacy. Strengthening these areas will enhance early identification efforts and ensure better outcomes for children and their families.

REFERENCES

Alderman H etal (2007) *Evidence of Impact of Interventions on Growth and Development during Early and Middle Childhood*. The International Bank for Reconstruction and Development; Washington

Babbie, E. (2019). The Practice of Social Research (16th ed.). Cengage Learning.

Barbara Rogoff (2003). The cultural Nature of Human Development. Oxford University Press.

Bunning, K. (2018). Stigma and Social Support: Addressing the Paradox of Intellectual Disability. Journal of Intellectual Disabilities, 22(4), 337-356.

Cohen, S., & Wills, T. A. (1985). Stress, social support, and the buffering hypothesis. Psychological Bulletin, 98(2), 310-357.

Fleur Smith, Sureni Perera, and Manjula Marella (2023) The Journey to Early Identification and Intervention for Children with Disabilities in Fiji. International Journal of Environmental Research and Public Health.

Guralnick M.J (2011). Why Early Intervention Works: A Systems Perspective. PubMed

Kothari C.R. (2004). Research methodology, Methods & Techniques. New age international Publisher

Nina Stenberg etal (2021). Functional Outcomes of Children Identified Early in the Developmental Period as at Risk for ASD Utilizing the The Norwegian Mother, Father and Child Cohort Study (MoBa). Journal of Autism and Developmental Disorders.

Paul L, Helen M. Nabwera, H.M. Babikako, Muneera R, Kirsten A. D, Emmie W. M, Elizabeth S, Prem C, Meta V.H, Angelina K.M & Melissa G (2023): Experiences of identifying pre-school children with disabilities in resource limited settings – an account from Malawi, Pakistan and Uganda, Disability & Society

Rutger Jan van der Gaag (2015), Handbook of Developmental Disabilities. Radboud University.

Sally G. Mc Gregor (2007) Early child development in developing countries. The Lancet

Suzi J. S, Vasiliki T, & Richard P. H (2020). Factors influencing access to early intervention for families of children with developmental disabilities: A narrative review; Journal of Applied Research in Intellectual Disabilities; John Wiley & Sons Ltd.

The law of the child act in Tanzania (2009), RE 2019.

UNICEF. (2020). Situation Analysis of Children with Disabilities in Tanzania. Retrieved from https://www.unicef.org/tanzania/reports/situation-analysis-children-disabilities-tanzania

Urie Bronfenbrenner (1979). The Ecology of Human Development: Experiments by Nature and Design. Harvard University Press.

World Health Organization (WHO) (2011) World report on Disability. https//who.org-627830wpoWorldooPublic00Box361491B0.pdf