

**SOCIAL FACTORS AFFECTING ENROLLMENT OF CHILDREN WITH  
DISABILITIES IN PRIMARY SCHOOLS: A CASE OF PERI-URBAN  
PRIMARY SCHOOLS IN ILALA DISTRICT**

**OGONDIEK, ROSEMARY**

**A DISSERTATION SUBMITTED IN PARTIAL FULFILMENT OF THE  
REQUIREMENTS FOR THE AWARD OF THE DEGREE OF MASTER OF  
ARTS IN SOCIAL WORK OF THE OPEN**

**2013**

**CERTIFICATION**

The undersigned certify that he has read this work and hereby recommends for acceptance by the Open University of Tanzania a dissertation entitled “**Social factors affecting enrollment of children with disabilities in primary Schools: A Case of Peri-Urban Primary Schools In Ilala District**”, in fulfillment of the requirements for the degree of Masters of Arts (Social Work) of the Open University of Tanzania.

.....

Prof. H. Rwegoshora  
(Supervisor)

Date.....

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**DECLARATION**

I, **Rosemary Ogondiek**, declare that this dissertation is my original work and it had not been presented and will not be presented to any other University for a similar or any other degree award.

Signature.....

Date.....

**DEDICATION**

To my children Carol Atieno and Pauline Anyango in hopes that they will understand in time that boundaries and limitations are either the keys to success or the road to failure.....may you choose your paths wisely!

Your constant prayers, encouragement and perseverance made the completion of this study possible.

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## ABSTRACT

This study set out to investigate the social factors affecting enrollment of children with disabilities in Primary Schools. The research location was within Ilala Municipal in Dar Es Salaam Region. Data were gathered from a sample of 51 respondents involving the categories of parents of children with disabilities, teachers from disability centres, social welfare officers and children out of school. These had been sampled through purposive, simple random and convenience sampling techniques. Qualitative and quantitative approaches through case study design were employed to facilitate the study. Moreover, qualitative data were analyzed through thematic analysis while quantitative data were analyzed with the help of Statistical Package for Social Sciences (SPSS) version 16. The study revealed that there is inadequate social support for parents of children with disabilities from community and government. The study also revealed that certain cultural conceptions negatively affect parents' intention to the enrolment of children with disabilities. Regarding parents' economic status, the study revealed that parents with high education and high income levels (government employees) are the ones who overprotect their children, confine them in homes and from public interactions thus not ready to enroll them in schools, while parents with low education and low income level are ready to send their children to school but facing financial constraints. It also revealed that there is no correlation between family type, level of education and type of economic activity in the enrolment of children with disabilities. The study recommended that social support services and financial assistance should be provided to parents / guardians of children with disabilities.

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**ABBREVIATIONS**

BEST	Basic Education Statistics in Tanzania
MGD	Millenium Development Goals
SWO	Social Welfare officer
CWDs	Children with Disabilities
PCWD	parents of children with disabilities
URT	United republic of Tanzania
WHO	World Health Organization
UNESCO	United Nations Educational, Scientific and Cultural
UNICEF	Organisation
CRC	Children Rights Convention
FGD	Focus Group Discussion
PCWDs	Parents of Children with Disabilities
NGO	Non Governmental Organization
SPSS	Statistical Package for Social Science
ICF	The International Classification of Functioning
MOEVT	The ministry of education and vocational Training

## **CHAPTER ONE**

### **1.0 INTRODUCTION**

#### **1.0 Introduction**

Chapter one presents introduction to the problem. The chapter is divided into nine sections, namely background to the problem, statement of the problem, Objectives of the study, research questions, significance of the study, delimitation of the study, limitation of the study, conceptual framework and the definition of key terms.

#### **1.1 Background to the Problem**

Disability is a universal human condition; however it has received scant attention in the social sciences in Tanzania. According to the 2002 Population and Housing Census it was revealed that Tanzania had a population of 34,569,232. It was estimated that there were 3,346,900 persons with disabilities of different types, and only 66,924 got access to education in primary schools (URT, 2003) similarly, the URT (2004), shows that out of 700,000 children with disabilities of school age, only 5,365 (0.8%) were enrolled in schools.

The Convention of the rights of the Child (CRC) held in Geneva in 2006 indicated that Tanzania has 17.8 million children who are below 18 years (URT, 2006). In the same observation, URT (2007) has reported that a total of 24,003 children with disabilities were enrolled in primary schools. Furthermore, it was reported that only 34,661 children with disabilities were enrolled in primary schools in 2008 (URT, 2008) and in 2009 some 29,336 children with disabilities were in school system. This population is less than 1% of the total enrolment of primary school children.



Also the Revised National Data (2010) on disability enrollment in primary schools reveal that by 2010, there were about 36,585 students; 21,273 boys and 15,312 girls, with disabilities enrolled in primary schools as portrayed in Table1.1.

**Table 1.1: Number of Pupils with Disabilities in Primary Schools by Type of Disability and Sex**

Type of disability	Boys	Girls	Total	Percent
Deaf	2541	2207	4748	13
deaf/blind	745	600	1345	3.7
Physically impaired	8138	5798	13936	38.1
Mentally impaired	4655	3281	7936	21.7
Autism	332	225	557	1.5
Multi-Impaired	413	293	706	1.9
Albino	1567	849	2416	6.6
Visually Impaired	931	684	1615	4.4
Others	1951	1375	3326	9.1
Grand Total	21273	15312	36585	100.0

**Source:** MoEVT (2010) (additional percentage calculations by author)

In 2012 Ilala Municipal council, there were about 618 students; 269 boys and 349 girls, with disabilities enrolled in primary schools as portrayed in Table1.2.

However, it is widely acknowledged by disability activists and researchers that these figures are grossly inadequate. Studies by UNESCO estimates that of the 75 million school age who are out of school, one third of them are children with disabilities, and

that over 90 per cent of children with disabilities in developing countries do not attend school (UNESCO, 2007). The World Health Organization (2011) estimates that the global population is disabled, which is approximately 1 billion people according to the first official global report on disability. The report says that children with disabilities are less likely to attend and complete school, putting at risk international targets for universal primary education. This rate is close to the Albeiter and Harley (2002) estimate that only around 2% of children with disabilities in developing countries attend school.

In Russia, Bruce and Denise (2003) have reported that government statistics demonstrate that majority of disabled children, aged 7-18, are isolated in their homes, segregated in specialized institutions, or receive no education at all. In Samara, of the 4,200 disabled children in the city, only 150 are actually going to regular schools. In Nizhny Novgorod, there are nearly 5,000 disabled children, and only a few hundred actually attend classes at regular schools. Almost all disabled children are at home or in specialized schools. As a result, young disabled people are not being prepared for life in the community, to say nothing of entering the University of finding a job after school.

In Nizhny Novgorod where there are approximately 8,000 young adults with disabilities, less than 200 are enrolled at the universities. In Philippines, only 2.06% of visually impaired children between 0-19 years of age were enrolled in regular primary and secondary schools between 2005 and 2006 ( Inciong, Teresita and Quijano, 2006).

**Table 1.2: Data for Enrolment of Children with Disabilities in Ilala Municipal Council**

Ward	School	Type of Disability	Girls	Boys	Total
Buguruni	Buguruni viziwi	Deaf	124	104	228
		Deaf Blind	2	3	5
		Physical disability	1	1	2
		<b>Total</b>	<b>127</b>	<b>108</b>	<b>235</b>
Gerezani	Uhuru Mchanganyiko	Blind	30	22	52
		Albino	3	2	5
		Deaf	-	1	1
		Deaf Blind	8	10	18
		Mental disability	59	44	103
		<b>Total</b>	<b>98</b>	<b>79</b>	<b>177</b>
Gerezani	Uhuru Mchanganyiko	Blind	30	22	52
		Albino	3	2	5
		Deaf	-	1	1
		Deaf Blind	8	10	18
		Mental disability	59	44	103
		<b>Total</b>	<b>98</b>	<b>79</b>	<b>177</b>
Gongo la Mboto	Maarifa	Albino	1	-	1
		Mental disability	26	32	58
		<b>Total</b>	<b>27</b>	<b>32</b>	<b>59</b>
Pugu	Pugu Kajiungeni	Deaf	2	2	3
		Physical disability	2	2	2
		Mental disability	24	10	34
		<b>Total</b>	<b>28</b>	<b>14</b>	<b>42</b>
Ilala	Msimbazi Mseto	Autism	16	6	22
Kimanga	Tumaini	Mental disability	21	11	32
Kipawa	Airwing	Mental disability	32	19	51
		<b>GRAND TOTAL</b>	<b>349</b>	<b>269</b>	<b>618</b>

**Source:** Ilala Municipal Council, 2012

In overcoming the education disparity, led to various international policy statements such as those of the Convention of the Right to the Child 1989, the Jomtien World Declaration in Education For All 1990, the Standard Rule on Equalization of Opportunities for Persons with Disabilities 1993, and the Salamanca Statement and Framework 1994 ( UNESCO, 2005). Moreover, the Salamanca Conference on Special Needs Education in 1994 called upon schools to accommodate all children, regardless of their physical, intellectual, social, emotional, linguistic or other conditions (UNESCO, 2006). The focus here is on overcoming the barriers that prevent the full coverage of learning needs through adopting the whole curriculum, which includes issues pertinent to the needs of the special children (Mmbaga, 2003). Thus, inclusive education is a formal implementation of the Salamanca statement.

Tanzania adopted inclusive education in 1997 as a pilot project, supported by UNESCO and the Salvation Army (URT, 2009). The project started in Temeke District in Dar es Salaam with the aim of providing compulsory education to all children in the neighbourhood communities. Children were integrated into ordinary schools involving seven pilot schools. The Ministry of Education and Vocational Training has started pilot schools in all regions in Tanzania (URT, 2009). Consequently, there are about 83 pilot schools in 17 districts providing inclusive education

This study attempts a social understanding of the factors affecting enrolment of children with disabilities in primary schools. It specifically focuses on parents/guardians as it is usually the parents/guardians who are solely responsible for accessing facilities, services, life long care and maintenance of the CWDs.

## **1.2 Statement of the Problem**

The national policy on disability (2004) has noted that, the enrolment of children with disabilities is less than one percent. Thus access to basic education for children with disabilities is tremendously low in Tanzania. That is to say, the low enrolment of children with disabilities is a problem which researchers on social work seek to address.

A number of studies on children with disabilities have only focused on the problems encountered by enrolled children in teaching and learning process in primary schools (Kalumuna,1993), teaching and learning strategies used in inclusive schools (Mlimahadala, 1996) and Pembe, 2008) and reasons for poor academic performance among children with disabilities in inclusive secondary schools in Tanzania. Those studies only emphasize on material provision and educational needs of the CWDs. The present study is an attempt to explore the social factors affecting enrollment of children with disabilities in Peri- Urban primary schools.

## **1.3 Objectives of the Study**

This study intended to investigate the social factors affecting enrolment of children with disabilities in primary schools. Specifically the study intended to achieve the following objectives.

- (a) To examine social factors effecting enrolment of children with disabilities in primary schools.
- (b) To assess how the economic statuses of parents/guardians influence enrolment of children with disabilities in primary schools.

- (c) To identify patterns of support given to parents/guardians of children with disabilities.
- (d) To suggest strategies to be used to enhance enrolment in order to minimize the number of children out of school.

#### **1.4 Research Questions**

This study was guided by the following research questions:

- (a) What are the social factors affecting enrolment of children with disabilities?
- (b) Does parents' economic status influence enrolment of children with disabilities?
- (c) What are the patterns of support required to be given to parents/guardians of children with disabilities?
- (d) What strategies can be used to enhance enrolment in order to minimize the children out of school?

#### **1.5 Significance of the Study**

This study is expected to provide empirical findings on the social factors affecting enrolment of children with disabilities in primary schools. It is expected that the information gathered by this study will be useful to education policy makers, education implementers, the social workers and other necessary professionals on how to provide necessary services needed by parents of children with disabilities. Also the results of the study will help in the development of relevant intervention programs in the district.

It is also anticipated that the findings of this study will sensitize families of children with disabilities who have been neglected by service providers to provide appropriate services in the wards. The researcher is currently a teacher in one of the secondary schools at Segerea ward, and the results of the study will help in the development of relevant intervention programs in Ilala district. Finally, the research will stimulate further researches on social science for children with disabilities and significantly contribute to the existing literature on social work on children with disabilities in Tanzania and the rest of the world.

### **1.6 Delimitation of the Study**

Delimitation involves drawing boundaries or limiting the scope of the study in terms of the study area, respondents and subject matter (Best and Khan, 2001). The study was basically conducted in Dar es Salaam region since it is the first region to implement move on the issues of education for children with disabilities. In particular, the study was confined to three wards only which include Buguruni, Kimanga and Pugu in Ilala District. This makes it difficult for one to claim that the findings of the study could be generalized to experiences in other regions not included in the study. To improve on this there is need for omitted regions to be studied in the future for comparative purposes.

### **1.7 Limitations**

Best and Khan (2001) define limitations as those conditions beyond the control of the researcher that may hinder the researcher from obtaining the necessary data, hence placing restrictions on the conclusions of the study. The study found that children with severe mental disabilities who were out of school formed the largest

number of the study population in the study area. This situation hindered obtaining of information from such children as they failed to express themselves thoroughly during the interview session. These children were most of the times cuddled by their parents/guardians. Therefore that category of children with disabilities has remained underrepresented among the study participants throughout the study. Nevertheless, other children with mild disabilities could provide the information.

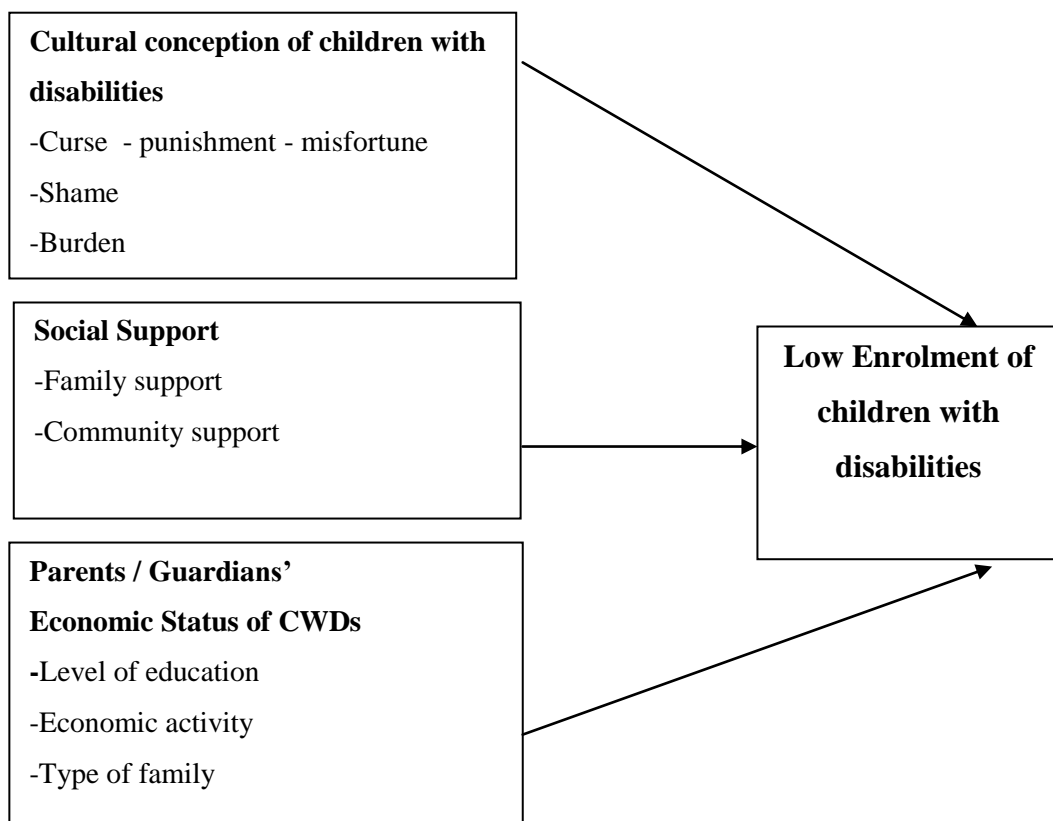
Another limitation encountered was inaccurate data on the number of children with disabilities enrolled in schools and out of schools found at the wards. Furthermore, the problem of availability of national statistics on the actual number of children enrolled in primary schools also obstructed the researcher in the process of doing the research. On the other hand, some parents were not transparent on the reasons for not enrolling their children with disabilities despite the assistance they received such as wheel chairs, uniforms and bus fare. The researcher had to reassure them that the data would remain confidential and would be used for the purpose of the study only. The use of more than one instrument in data collection was also one of the ways used to overcome this challenge.

Furthermore, the working adults were away from home leaving their homes under the care of housegirls thus making it difficult to interview such groups. Some even refused to open the doors to allow the researcher in. The researcher overcame the previous obstacle by making the interviews on Sundays and late night to suit the schedules of such respondents. The later was overcome by asking the neighbours who provided information without the consent of the respondents.



## 1.8 Conceptual Framework

This study investigated the social factors affecting enrolment of children with disabilities in Peri-Urban primary schools. There were three major aspects conceptualized that were associated with the low enrolment of children with disabilities in primary schools in Dar-es-Salaam Region. These aspects were Parents'/ guardians' cultural conception and enrolment of children with disabilities; social support for parents of children with disabilities, and socio-economic status of parents/guardians of children with disabilities. Figure 1.1 present the conceptual framework employed in this study.



**Figure 1.1: Conceptual Framework for Social Factors Affecting Enrolment of Children with Disabilities in Primary Schools**

**Source:** Researcher's Conceptualization Based on Critical review of Related Literature

In the context of this study, Parents'/ guardians' cultural conception of children with disabilities is concerned with how parents and community regard their children with disabilities in relation to the enrolment of such children in primary schools. It is assumed that the negative attitudes of parents/guardians towards children with disabilities such as feelings that the child cannot learn, it is a waste of time, and an extra burden to educate children with disabilities, may lower the enrolment of such children in primary schools. For example, an observation made in Malawi (Watson, 2001) found that children with disabilities were not enrolled in schools or were excluded from participating in community activities because of wrong beliefs, values and customs. In this context is assumed that there may be some nuanced picture that result into children with disabilities overprotection and relegation into inferior position that hinder their enrolment in schools.

The framework also assumes that family and community social support is another aspect that determines the level of enrolment of children with disabilities in primary schools. Family and community social support may include taking them and picking them up from school, assisting them, counseling them, caring for them and helping out with domestic chores. Thus, the study assumes that, in the social context where parents/guardians of children with disabilities are not receiving appropriate social support, they are less likely to be enrolled and retained in primary schools.

Finally, the conceptual framework focused on the socio-economic status of the parents of children with disabilities as another aspect affecting enrolment of children with disabilities in primary schools. The assumption is that educating a child with disability involves more understanding costs than of educating a normal child. Hence

the framework assumes that parents on a low income, marital status, low education, and less secure economic activity would fail to enroll their children with disabilities in primary schools as such children need lots of attention and care in terms of time and other costs related to sending them to school and bringing them back home. This kind of care may interfere with the parents'/guardians' normal life schedules that would finally affect enrolment of children of children with disabilities.

The components of the conceptual framework guided the researcher on the exploration of the social factors affecting enrolment of children with disabilities in Peri-Urban primary schools. The purpose, objectives, and research questions have been formed on the basis of the assumptions presented by this framework.

## **1.9 Definition of Key Terms**

Throughout this study there were some terms that were used regularly eventhough some of these terms also exist in synonyms, for the sake of clarity the researcher will always use the same terms.

### **1.9.1 Attitudes**

According to Vanderzandem (2001), attitude refers to positive or negative feelings that an individual holds about an object, person or idea. In this study attitude means parents'/guardians' positive or negative feelings/perception concerning the ability of the children with disabilities and the influence of these aspects on enrolment in primary schools. The negative attitude includes the feelings of burden, unfriendly environment, cannot study and waste of time and resources to educate children with disabilities.

### **1.9.2 Disability**

Is any restriction or lack of ability (resulting from impairment) to perform an activity in the manner or within the range considered normal for human beings. Disabilities can be physical, sensory or intellectual. People with disabilities are also defined as those with physical, sensory, emotional, intellectual, health or other disabilities that may be visible or invisible, stable or progressive, occurring at birth or during childhood (UNESCO, 2004). In the context of this study, disability refers to any abnormal physical and mental state an individual may be facing which is either inherited or caused by the environment circumstances such as diseases or accidents.

### **1.9.3 Social –Economic status**

Feldman et al (2002) socio-economic status as a combination of economic and social factors describing and individual or family, including financial income, education and occupation. In this study socio-economic status has been taken to refer to parents' or guardians' income, education level and occupation that affect enrolment of children with disabilities in primary schools.

**1.9.4 Social factor** is developed by the Merriam-Webster's Dictionary (1997) definitions social "of or relating to human society" (p.690-691), and factor "an agent" or something that actively contributes to result" (p. 271). The definition social factor: an agent of the behaviour of an individual or group that is actively influenced social factors.

### **1.9.5 Social support**

According to Pennington (2007), social support is defined as the feeling of being supported by others and is generally separated into four strands: emotional support, material support, information support and instrumental support. In this study social support refers to emotional, material, information and instrumental support that parents of children with disabilities receive from social workers, community and family at home and how it affects enrolment of children with disabilities.

### **1.9.6 Barriers**

A barrier can be anything, material or immaterial that acts to obstruct or prevent passage (Morris, 1969). Barriers for students with disability generally refer to obstacles that prevent them from gaining access to educational programs or experiences. These barriers may be physical (e.g elevators, size and location of classroom, medication side effect)

### **1.9.7 Support**

In this study the term refers to any activity that helps to meet parents/ guardians social, cultural, emotional, mental, spiritual and financial needs.

### **1.9.8 Children/ persons with disabilities**

Refer to people who are discriminated against because of their impairments.

### **1.9.9 Enrolment**

In this study it has been used as the act or process of being registered or entered in primary education list or book of record of primary pupils.

## **CHAPTER TWO**

### **2.0 LITERATURE REVIEW**

#### **2.1 Introduction**

This chapter reviews literature related to the study of social factors affecting enrollment of children with disabilities in Peri-Urban primary schools. The review of literature covers concept of disability and enrolment, forms of disability, social impacts of disability on parents, social support and the economic status of parents/guardians on the enrolment of children with disabilities and literature gap.

#### **2.2 Concept of Disability**

Disability is a universal human condition, however it has received scant attention in the social sciences in Tanzania. According to the United Nations Convention on the Rights of persons with Disabilities, the persons with disabilities include those who have long term physical, mental, intellectual or sensory impairments which in interaction with various barriers may hinder their full and effective participation in society on an equal footing with others. (UNESCO, 2004).

The World Health Organization (2001) defines disability as the outcome of the interaction between a person with impairment and the environmental and attitudinal barriers one may face. This definition agrees with that of The International Classification of Functioning, Disability and Health (ICF) and The Tanzania National Policy on Disability that was given in 2004 which defines disability as the loss or limitation of opportunities to take part in the normal life of the community at an equal level with others due to physical, mental or social factors. It is therefore

clear from these definitions that enrolment of children with disabilities would most likely be difficult due to impairment. (WHO, 2001).

There is no doubt that parents of children with disabilities face challenges causing fewer enrollments of their children in primary schools. The national strategy for economic growth and poverty reduction has proposed that enrolment for children with disabilities should increase from 0.2% to 20% (URT, 2007) on the contrary, according to the Ministry of Education and Vocational Training (MOEVT) statistics, by 2007, there were 24,003 students with disabilities in Tanzania, which is less than 1% of the total enrolment of primary school children (URT, 2007). In addition, the National enrolment Data from Basic Education Statistics in Tanzania (BEST 2007) indicates that Gross Enrollment Ratio by 2007 is over the MDG target (114%), and Net enrolment ratio is 97.3%. But still only 1% of children with disabilities are in school (BEST 2007).

Again, in 2008, there was slight increase as Tanzania had 34,661 students with disabilities. Statistics shows less than 1% of the children with disabilities were undertaking education by 2008. Furthermore, by 2010, there was a slight increase in enrolment as 36,585 children with disabilities were enrolled in primary schools in Tanzania. This trend shows that access the basic education for children with disabilities is overwhelmingly marginalized in Tanzania.

Reporting on low enrolment of children with disabilities, Rena (2007) in her study on factors affecting the enrolment and the retention of students at primary education in Andhra Pradesh in Eritrea, revealed that out of 346 school children between the

ages of 6-14 years, nearly 30 per cent reported to be never enrolled in schools. With regard to the never enrolled children, the parents stated that due to their inability to afford education on account of their inadequate income, they have not enrolled their children at primary school. A similar trend was also reported by UNICEF (2005), that low enrolment of children with disabilities was a consequence of both social stigmatisation and unwelcoming schools. According to UNICEF (2005) it is estimated by the World Bank that globally, less than 5 per cent of children with disabilities in developing countries are never enrolled in school.

Parents often feel embarrassed if they have children who are differently able and therefore can be reluctant to send them to school. Emphasizing on the above matter, Thornburn and Marfo (1994) as quoted in Msangi 2008 reported that these parents may need services such as counseling, social support, emotional support, financial support and supervisory support so as to enable them to cope with the challenges they may encounter in raising these children. Consequently, they may be rated as less cooperative, less attentive and less sensitive to others and community in general. This attitude leads to isolation and depression to both parents and the child (Hasselt et al., 1988, as quoted in Msangi, 2008).

Basically, a number of studies have been done assessing the impact of various disabilities in Tanzania. For example Possi (1986) studied the effects of integration on blind pupils' academic and social performance in primary school. Kalumuna (1992) dealt with the problems encountered by blind pupils in learning Mathematics; Yosia (2005) investigated on general factors inhibiting enrolment of children with disabilities in Tanzanian primary schools in Tabora Urban Municipality, while



Hange (2003) investigated on sports for children and youth with disabilities.

### **2.3 Forms of Disability**

There are various categories of disabilities. According to URT Special Education Unit (2004), these include physical; hearing or deafness; visual or blindness; intellectual impairments and albinism.

#### **2.3.1 Hearing Impairment or Deafness**

A person with hearing impairment or deafness may be classified from total deafness to partial hearing. For a child who has serious hearing problems or is totally deaf, educational difficulties increase (Ndangi, et al., 1988 as cited in Yosiah, 2005). Thus deafness is a form of disability whereas ones capacity of hearing, even with a hearing aid, which makes it difficult for him or her to perform at school at the same level as their peers then they are eligible for special education assistance under this classification.

#### **2.3.2 Visual Impairment or Blindness**

According to WHO (1997), this includes people with vision less than  $3/60(0.05)$  or corresponding visual field loss in the better eye with the best possible correction. Also a person with low vision corresponds to vision less than  $6/18 (0.3)$  but equal or better than  $3/60(0.05)$  in the better eye with the best possible correction.

#### **2.3.3 Physically Impaired**

This includes the crippled with missing or deformed limbs that impair freedom of movement. Physicians have found many ways to help persons with actual physical

handicaps, for example, by substituting life like parts made of wood, metal or plastic for arms, legs or any body part that has been lost.

### **2.3.4 Intellectual Impairment or Mental Handicap**

Intellectual impairment is a significant sub-average level of intellectual functioning and significant deficit in daily living skills (Australia Intellectually Disability Persons Services Act,1986: Ndagi,et.al;1988). These problems might have appeared during the development period, that is, before the age of eighteen. Intellectual impairment or mental handicap is surrounded by negative myths and beliefs that reinforce prejudice as well as reduce expectations. Consequently, people with mental handicap may often have limited opportunities to reach their full potential (Ndagi,et.al; 1988, as quoted by Yosiah 2005).

### **2.2.5 Albinism**

Albinism is a result of altered genes that cause defect of melanin production. This defect results in partial or full absence of pigment from the skin, hair and eyes (Jaqueline and Hart, 2004). According to Ashe (1992), albinism is any congenital hypo pigmentation (lack of pigmentation), which can occur in plants, animals and humans. In human beings, it affects eyes and causes from moderate to serious visual impairment. Albinos are born lacking the pigment melanin in their skin, predisposing them to skin cancer and causing early death, especially under the tropical sun. Due to this, the life span of Albinos is usually below thirty years of age (Tanzania Albino Society Brochure, 1998).

#### **2.4 Social Factors Affecting Parents/guardians of Children with Disabilities**

The recent findings by Agegnehu (2005) revealed that the enrolment of children with disabilities is associated with prejudice and negative attitudes where children with disabilities have been considered helpless, incompetent, unproductive and dependent. Similarly, Hange (cited in Agegnehu,2005) reported that the community has negative attitudes about the causes of a child's disability, the potential of children with disabilities, and the benefit of inclusive education and generally about the rehabilitation of the children with disabilities.

Family and community social support has been revealed as a significant factor in relation to the education of children with disabilities in inclusive primary schools. Tompson (1996 cited in Luwungo, 2010) viewed the social support of family/community for parents of children with disabilities as a way of creating social interaction and maintain socialization. Furthermore, the recent findings by Kisanji (1999 as quoted by Luwungo, 2010) found that lack of parents' awareness of education to children with disabilities is a limitation in the enrolment of children with disabilities in inclusive primary schools.

Another study by Gudagbui (1998 quoted by Luwungo, 2010) revealed the negative impact of traditional beliefs on children with disabilities in many African societies. It was reported that to have a child disability in family is considered a curse. Some parents see their child as a consequence of a misled or misfortune of their own, or as a blessing in disguise from God, sent to test their faith and fortitude. Fraser, et.al. (1998). Moreover the UNICEF report (2007) contends that discriminating and

oppressive traditional practices have an impact on the education of children with disabilities. Similarly, Watson (2001) observed that people with disabilities were not enrolled in schools or were excluded from participating in community activities because of traditional beliefs.

Moreover, the socio-economic status of parents/guardians plays a significant role in the enrolment of children with disabilities. Hattic (2001) cited in UNICEF (2007) reported that the parents/guardians were reluctant to enroll their children with disabilities in integrated secondary schools, because they believed that they would have to incur extra school costs in buying special items to facilitate the learning and teaching of such children.

Generally, the available findings of the revisited empirical studies imply that social factors have significant impact on the enrolment rate of children with disabilities in primary schools. However, most of the studies concerning social factors affecting enrolment among parents of children with disabilities have their origins in western countries and other African countries. Therefore no study has addressed matters relating to the social aspects of the enrolment of children with disabilities in Tanzania. Thus this study made an attempt to address the social factors affecting enrolment of children with disabilities in Peri-Urban primary schools.

### **2.5 Parents'/ guardians' Cultural Conception of Children with Disabilities**

According to Cho et al. (2000), many Korean mothers interviewed attributed the cause of a child's disability to the other's own inadequate behaviours and mental

attitudes during the pregnancy. In addition to a strong stigma toward disability in Korean society, a strong emphasis on keeping family face encourages parents to keep their children's disabilities a family secret and discourages them from seeking informal sources of support, as well as formal support (Shin, 2002).

However, in many African communities there are similarities regarding disabilities. In many areas, children with disabilities are seen as less human and are thus vulnerable to social and physical abuse. Parents regard such children as being 'unhealthy' or 'abnormal' and incapable to learn (Mekonnen & Feye, 2010). They conceptualizes impairments in some aspects of children's physical or mental development as an illness or disease (Abosi,2000) quoted by Luwungo 2010). Avoke (2002) stated that in the past disability was strongly attributed to magical or religious models of evil placed on an individual by the gods. Most African cultures consider disability as a consequence of fate, religious deviance and a punishment for past misdeeds such as breaking taboos (Avoke, 2001).

Abosi (2000) revealed that in Nigeria some practices in the past were accepted. For example, if a child was born with disability, it was suffocated and then the midwife declared to the people that the child was born dead. Such a child was buried instantly. Ntale (2003) cited in Kisanji 2004) found that, in Uganda, disability was considered a 'curse' brought to the family and the woman was considered to be source of such a child and therefore, became responsible for caring for such a disabled child. In other communities disability was believed to be associated with mothers, who were blamed for failing to perform marital rites or simply "looking at

the wrong people” during pregnancy. Thus with those traditional beliefs, the concept was that, if children with disability were allowed to live, they were not to be treated the same as other members of the community, that is why they were deprived of their basic rights including education.

The effects of these negative traditional beliefs extend to educational institutions, whereby peers, family, parents and teachers develop fear of becoming close to such children with disabilities on these grounds. Watson (1999) reported that people with disabilities in Malawi and particularly children with disabilities were not enrolled in schools or were excluded from participating from community activities because of traditional beliefs. Similar experiences have been documented throughout Africa. Such negative social environment results in the person with disability to become socially isolated, frustrated and dependent all their lives leading to denial to enrolment Lowenfield, (1999) quoted in Luwungo 2010). Furthermore, hiding children with disabilities is a common practice among some families in African counties, since the birth of a child with disability is sometimes considered as a cause for embarrassment or a result of curse (Abosi, 2000).

In summary, children with disabilities are considered a burden on their families and on the community, are unnaturally conceived, bewitched and therefore, neither fully human, nor part of the community. Such practices for a long time have been impacting enrolment of children with disabilities in primary schools in Africa and in Tanzania in particular. It is on this background that this study set out to explore the social factors affecting enrolment of children with disabilities in primary schools.

## **2.6 Social Support for Parents of Children with Disabilities**

Social support is considered one component of successful interpersonal relationship and, according to Watson (1999), includes all the things that enable an individual to live in degree of comfort, that is suitable and benefits his/her state of life. Fieldman (2005) defines social support as a mutual network of caring interested others. Researchers have found that relationships can play in mitigating the effects of stress, and in enhancing physical and psychological health. The general social literature and specific studies show that parents of children with disabilities lacking support are impacted in numerous ways, affecting their social development thus causing stress. (Kaminsky and Dewey,2002. Marsh (1992) outlined support services to families to include;

- i. Respite care (relief from care giving responsibilities)
- ii. Case management (a single individual to assist in identifying needs).
- iii. Rehabilitation services (training in self-care and independent living skills).
- iv. Homemaker services (routine household care, laundry etc).
- v. Home health aids (assistance with health and disability related matters).
- vi. Nursing care.
- vii. Parent training (e.g in medical or therapeutic procedures).
- viii. Financial aid (for equipment, training, transportation etc).

In light of primary care giving, respite care is an essential family support service that has been described as a lifeline for parents. Four major approaches to providing respite care have been identified; home-based care, by community providers in the client's home, group day care, group residential care and respite as an adjunct

service (community residences, residential treatment facilities, nursing homes, state institutions). Respite care can make a significant difference in the lives of families, especially when it is supplemented by other family resources.

Other studies indicated that participation in a parent support group and strong personal faith and religious affiliation were important to the adjustment and adaptation of PCWDs. Weber and Parker, (1981); Crnic et al (1983). Parent self-help/ social support groups promote understanding and offer therapeutic involvement with people with similar problems (Hartman et al, 1992; Winzer, 1990). The groups provide a forum in which parents can discuss their concerns and exchange ideas with each other, parents channel their frustrations and anxieties into positive sense of their parenting roles. Through self- help groups, parents tend to be increasingly acting as advocates on their own behalf of their handicapped children. Parents can start to act as decision-makers and independent policy planners. The emerging role of parents as advocates and monitors of services is likely to have a considerable impact on service provision for CWDs, including enrolment (Mittler, 1987, 1990; Mlawer, 1993; Rainforth et al 1992; Winzer, 1990).

Other researches show that PCWDs seemed to have much smaller networks in which people tended to know each other and in which the relationships were multidimensional (Kazak and Marvin, 1984; Kazak and Wilcox, 1984). Multidimensionality in social support networks means contacts with others who can serve multiple functions such as sharing in social activities and providing practical help of financial aid (Trute and Hauch, 1998). Such small, intense associations



would normally network may be interpreted as a tendency for social isolation on the part of PCWDs. Lack of friendship network may act as barriers against advice and information (Trute and Hauch, 1988).

In addition, parents with higher levels of education are able to cope more effectively with their child's exceptionality than parents with less education (Barber et al.1988). Education level usually associates with economic status which is also one of the family characteristic that are found to influence parental coping. In conclusion, every parent or family is an individual and different in their personal resources and social resources. Obviously, they will employ various support services "appropriate" for their situations although lack of support contributes to PCWDs to suffer without being noticed by other members of the community. It is on this background that this study explored the social factors affecting enrolment of CWDs in Peri-Urban Primary schools.

### **2.7 Economic Factors Affecting Parents of Children with Disabilities**

One of the greatest problem in accessing education in Africa and other third world countries is the financial ability of the families to support an adequate programme of education. Many parents find it difficult to enrol and retain their children in school because of the high cost of meeting the school requirements which is too high (Lewis, 2009). On average, PCWDs have lower incomes than other families (Gordon & Parker,(2000). CWDs are the great victims since their requirements are very expensive and beyond most of the parents financial ability. Similarly Duchesne and Nonneman, (1999) in their study in Belgium maintained that since education

imposes cost, both direct and indirect, the household income goes to finance education cost. In the same observation, Ingstad and Grunt (2007) comment that poor parents have to make priority among their children and often end up sending the able bodied to school before the disable bodied to school.

Mothers of children with disabilities are less likely to be in employment than their peer (Beresford et.al, (2003), yet research shows that employment provides both material and social resources and is associated with lower levels of distress (Murphy,et. al.,2004). Many mothers would like to work outside the home but are prevented from doing so by lack of provision of services to cater for the child's needs during working hours, and the inflexibility of service systems such as hospital appointments and school transport (Kagan & Tindal, 2003). Thus, low income at the family level suppresses enrolment and ability to keep children at school, especially children with disabilities.

The observation made in Kenya by Sabot and Knight (1999) noted that parents who were educated and had high incomes were better able to afford school expenses, hence they made decision to enroll their children to school. Mbele and Katabaro (2003) maintain that, among other causes of low enrolment of children in all levels of education, the income status of the parents largely determines the enrolment in education institutions. Behrmen and Knowels (1999) found out the decision of the parents/guardians to enroll their children to schools is determined with the education level of the parents. This is because those with a high level of education had a greater chance of securing employment and therefore more able to afford the school

expenses than those with little or no education at all.

Similarly, Okantey (2008) reveals that parental level of education influences parental knowledge, beliefs and benefits about educating children by enrolling them to preschool. Education level of the parents has positive and significant effect on the enrolment of preschool children, as a result parental level of education influences parental involvement, support and expectation to their children. He further argues that parental education level leads to good income which can empower parents to give children solid foundation for schooling and life success. However the researcher found out that in some cases of preschool children enrolment whose parents had a low education level yet they had a high children enrolment in preschool.

On the other hand, Croft (2002) observed that household income is an important factor in determining access to education; this is so because educating a child attracts some potential costs right from during the registration of the pupils to completion. The author further explained that such costs include school fees, cost of purchase of compulsory textual materials as introduced from the costs of sending a child to school. Most studies have shown the link between household income and student's school dropout (UNICEF, 2005 and Cardoso and Verner, 2007). Cardoso and Verner (2007) pointed poverty as the most common primary contributory factor for students school drop-out.

A study in Tanzania on children's enrolment in school by Renzuli and Park, (2000) the authors observed that virtually all households responding said the main barrier to

sending children to school was financial and their inability to pay. Moreover, Lewin and Cailods (2001) found direct association of parents who do not enroll their children to school and their low occupational status. It was reported that children of civil servants and tradesmen had a better chance of enrolling, did well and completed their education as compared with children of peasants and artisans. Kisanji (2001) observed that parents with regular income (government employees) were more able to enroll their children to school. Similar observation was made by Sabot and Knight (1999) that parents' occupation, income level and education level may influence the enrolment and participation of children in education. It is on the basis of these insights that this study set out to explore how much of social determinants influenced parents to enrol children with disabilities in Ilala District.

## **2.8 Parents' Strategy to Cope**

Coping with stressful situations that are beyond one's own control is one of the greatest challenges of life. Parents need assistance in coping with stress, their own feelings and frustrations. Gallagher, Beckman and Cross (1983), identified the following as important coping strategies that influence the stress felt by the families: expectations, attributions, parent's view of the causation of the handicap, nature and quality of daily interactions with the child, parent's notions about their child's efficacy as "changing agents" in facilitating child's development, attitudes and social support.

Other mediating factors that have been identified include family beliefs and perceptions, religious and moral belief, overall philosophies and ideologies held by

the families, family life styles and extent of harmony in the family. (Beresford,1995). Dalal and Pande, (1999) and Bhan, Mehta and Chaproo (1998) investigated cultural beliefs and attitudes of rural Indian community towards physical disability. Irrespective of economic status of family with a child with disability, intervening factors like mother's personality, optimism and religious support were found to alleviate the degree of stress. Positive attitude, social support and faith in God, helped mothers generate psychic energy to cope with physical, emotional and financial aspects of care giving.

Some other successful capacity to enable parents to cope includes education. (Anderson and Romanczyk, 1999). Training of parents in specific procedures to work directly with their children with disabilities, to teach them specific skills, reduce problem behaviours, improve non-verbal communication skills, increase appropriate play skills and teaching parents to advocate for their children. (McGee, Jacobs and Rernier, 1993). Strengthening marriage can bring the family together into strong mutual supportive system (Beckett, 2002).

Community needs to recognize the difficulty parents face when dealing not only with the child's everyday problems but also associated social and emotional problems or her/him. It is important therefore to help/guide parents on how to cope with the stress associated with raising children with disabilities. By increasing coping skills parents can reduce their own stress and can become effective mediator in reducing stress in their children and chronic sorrow which has not always been recognized by the professional personnel.

### **2.8.1 Skills**

As primary care givers, parents/ guardians are faced with formidable demands for coping and adaptation. One of the prerequisites for effective coping is development of the necessary skills. These skills are needed for coping with a child's disability, with the system and with the personal and familial consequences of disability. There are two kinds of skills that are needed by families; paraprofessional skills that will enable them to meet the specialized needs of their child and general skills that enhance coping effectiveness.

### **2.9 Knowledge Gap**

Most studies available on disabilities have noted that CWDs continue to face several hurdles to fit in primary schools. Yosiah (2005) found out that parents do not have negative attitude towards educating their children but rather they are very protective of them as a result they do not enroll them in primary schools. Similarly, of late for example Pembe (2008) found that methods used during instruction in classrooms are not accompanied by appropriate strategies to meet the needs of pupils with disabilities in the classroom leading to low enrolment of such children in schools. The fact is that so far there has been no specific study that has investigated the social factors particularly on parents which affects enrolment of children with disabilities in Peri-Urban primary schools. The present study therefore set out to bridge this gap by investigating the social factors affecting enrolment of children with disabilities in Ilala District, in Dar es Salaam.

## **CHAPTER THREE**

### **3.0 RESEARCH METHODOLOGY**

#### **3.1 Introduction**

This chapter focuses on the research methodology that deals with, area of the study, target population, sample and sampling techniques, data collection techniques, validation of the instruments, data analysis procedure and ethical consideration.

#### **3.2 Research Approach and Design**

##### **3.2.1 Research Approach (Qualitative and Quantitative)**

At present there are two well known and recognized approaches to research, these are the qualitative and quantitative paradigms (Fouche & Delpont, 2002). According to Fouche (2002), the two approaches are often both employed in one study with one approach being used more than the other, according to the demands of the topic. This study largely employed the qualitative approach supplemented by some elements of the quantitative approach. The qualitative approach was considered suitable because, firstly, it enabled the researcher to collect and analyse respondents' views and feelings within the natural setting thereby providing the respondents with an opportunity to give their own experience and perceptions regarding the social factors affecting enrolment of children with disabilities at primary level of education.

Cohen, Mancon & Marrison (2007) contend that qualitative studies are highly exhaustive and reliable because they make a deeper exploration of the respondents to obtain information that is comprehensive such that it can be relied upon. Secondly qualitative studies allow interaction between the researcher and respondents, hence

enabling the researcher to get first hand information about the problem being studied.

The quantitative approach, on the other hand, was employed to explore the attitudes of parents and community towards the enrolment of children with disabilities in primary schools. It was also used to collect information from parents, ward executive officers at wards and social welfare officers at the municipal council concerning the issue of social support to parents of children with disabilities, the influence of traditional beliefs on the enrolment of children with disabilities and demographic information of the parents/guardians concerning level of education, marital status and types of occupation. The quantitative approach was beneficial and deserved inclusion in the study because it complemented in the use of more than one approach and technique in data collection to act as a countercheck and to strengthen data reliability. The concurrent triangulation approach and administration of instruments was deemed relevant as it enabled the researcher to use both qualitative and quantitative methods to confirm and put together findings within a single study (Cresswell, 2003). In this respect, the study was informed by a case study design.

### **3.2.2 Research Design**

Research design refers to the structure of the research (Tromp & Kombo, 2006). It is used to structure the research and show how all the major parts of the research work are connected to address the central research question (Cresswell, 2003). This study utilized a case study design. (Cresswell, 2003) defines it as an intensive investigation of a particular occurrence of theme or unit in an effort to understand it and give



explanations. The design is preferable as it is more exhaustive and reliable that makes a deep exploration of a case unit so as to obtain information which is purposeful and comprehensive (Berg, 2004). The choice of this design was influenced by the purpose of the study which aimed at investigating the social factors affecting enrolment of children with disabilities in primary schools in Ilala District.

### **3.3 Area of the Study**

The study was carried out in Dar es Salaam Region. According to Tanzania disability survey of 2008, Dar-es-Salaam city has a population of 2.4 million from over 120 ethnic groups from all over the country embracing differences in economic, education status, beliefs and cultural background. The total area of the region is about 1393 square kilometers (URT, 1989). Dar es Salaam is the largest city in Tanzania, both in terms of area and population. The area has an annual population growth rate of 4.9% with an average household size of 5.6 persons. Administratively, Dar es Salaam has been divided into three districts, namely Ilala, Kinondoni and Temeke. Therefore, through random sampling Ilala Municipality was chosen constituting Ilala ward, Segerea ward, Vingunguti ward, Ukonga ward, Buguruni ward and Pugu ward.

Buguruni, Kimanga and Pugu wards were purposively selected because they have well established centres for children with disabilities than the rest of the wards. Also the selected wards had adequate records of students in schools and out of schools. Thus, the wards have a long experience in accommodating the children with disabilities and could therefore provide adequate data on the researched topic.

Moreover, Ilala district has more schools and centres that cater for children with disabilities than any other district. Also the district is affected by modernization and urbanism, thus it was hypothesized that parents and community attitudes towards children with disabilities could reflect more the positive value of children with disabilities. Therefore for those reasons the researcher decided to conduct a study in Dar es Salaam so as to obtain the full picture of the enrolment of children with disabilities in the three selected wards of Buguruni, Vingunguti and Pugu as a case of study in Ilala District.

#### **3.4 Target population**

Population target is comprised of particular group of people, events or place (Krishnaswami, 2002). In this study, the target population for this study involved all the people who were directly related to child welfare for children with disabilities. These included parents (father or mother) and guardians of children with disabilities, teacher, children with disabilities out of school and social welfare officers at the districts and wards. The purpose of selecting that population was an attempt to provide a good representative picture of the social factors affecting enrolment of children with disabilities in primary schools.

#### **3.5 Sample Size of the Study**

A sample is a group of participants chosen to represent the entire population under the study (Papalia et al, 2004). Sample size is the total number of respondents included in the sample (Cohen et al., 2007). Three wards of Ilala District which include Buguruni, Pugu and Kimanga were sampled for this study. A total of 51

respondents, which included 34 parents of children with disabilities out of school, three (3) social welfare officers at the three wards and one (1) social welfare officer at the Ilala Municipal Council, three (3) teachers at three disability centres and ten (10) children with disabilities out of school. In this study, the actual sample distribution is indicated in table 1.2.

**Table 3.1: Distribution of Respondents by Sex**

Respondents	Gender		
	Male	Female	Total
1. Teachers at 3 disability centres	1	2	3
2. Social welfare officer at Ilala Municipal	-	1	1
3. Social welfare officers at the 3 wards	1	2	3
4. Parents of children with disabilities out of school	8	27	34
5. Children with disabilities out of school	5	5	10
TOTAL	15	35	51

**Source:** Field data collected from research sites (Ilala Municipal, 2012)

### 3.6 Sampling Procedures

Sampling is the procedure used to select some elements of the population to be studied. It involves selecting individual respondents who are considered to have rich information from among members of the target population (Yin, 2003, Newman, 2003). The choice of appropriate respondents in qualitative studies is as important as in quantitative studies in order to gather valid and reliable information being sought by the study. In this study, three main techniques were employed, namely purposive for the qualitative research where the researcher determines a clear rationale for her decision and seeks to obtain rich information from the participants, simple random

for the quantitative research and convenience sampling.

- (a) Random selection: Ilala district was randomly sampled from the three Districts in Dar es Salaam Region which are Temeke, Kinondoni and Ilala respectively.
- (b) Purposive sampling: this method was used to obtain Buguruni, Kimanga and Pugu wards. These wards were purposively selected because of adequate centres for children with disabilities. The teachers at the centres and the Social Welfare Officers at the wards were also purposively selected by virtue of the position held and the responsibility for coordinating centres and schools in the district.
- (c) Convenience sampling was done in order to obtain parents of children with disabilities and children with disabilities who were out of school since there was no clear information on the total number of parents with children with disabilities available in the three wards.

### **3.7 Data Collection Techniques**

The study used semi structured interviews, focus group discussions and documentary reviews in collecting data. The use of triangulation sources and instruments was preferred as this has the advantage of gathering comprehensive information and helps in cross-validating the information collected from the respondents (Cohen et al, 2000; Cresswell, 2003).

#### **3.7.1 Semi Structured Interview**

The advantage of using semi structured interviews was its ability to be able to provide important background information on respondents/participants whilst at the

same time giving them an opportunity to express their views freely about enrolling children with disabilities. The researcher also felt that interviews were an important instrument if they were to access information about feelings, intentions, beliefs, knowledge and opinions. All interviews were recorded on tape and later transcribed into text scripts. Though the sample was small, it took a fairly long time to transcribe and analyse the data to identify emerging issues, news, concepts and recurring patterns sought through the interview guide.

The use of semi structured interview was advantageous in this study because it helped in establishing rapport and harmonious atmosphere with respondents (Keith, 2004). It also allowed the participants to discuss ideas and give wide expressions of their experiences and express their opinions on the enrolment of children with disabilities. Specifically, semi structured interviews (Appendix II) were used to elicit cultural, social supports and socio-economic status of parents/guardians of CWDs who were out of schools. Interviews with parents of children with disabilities out of school were conducted in their respective homes while the interviews with teachers were conducted at the day care centres for children with disabilities in Buguruni, Pugu and Kimanga wards.

The social Welfare officer was interviewed at the Ilala Municipal Council while the other three (3) social welfare officers were interviewed at their respective wards. The interview session lasted for 60 minutes to allow in-depth inquiry of the problem articulated in chapter one. In the same course of the inquiry, the researcher tape recorder some of the interviews after seeking the respondent's consent and also

wrote down useful information in a notebook for later analysis.

### **3.7.2 Focus Group Discussion**

The focus group discussion was conducted with parents of children with disabilities (Appendix V). This method was useful because it promoted interaction among participants and it stimulated them to state their feelings, beliefs and perceptions that they would probably not have expressed if other tools have been used (Gall et al, 2001). The choice of the Focus Group Discussion was based on the fact that respondents could easily and collectively provide the researcher with useful information regarding the social factors affecting enrolment of children with disabilities in Peri-Urban primary schools in Ilala District.

The researcher conducted three focus group discussions in total. The first group consisted of parents of children with disabilities at Kimanga ward, the second group was at Buguruni ward and the third group at Pugu ward. Each group constituted five (5) parents/ guardians of both sexes. The focus group discussions were conducted within the ward environment at a time agreed by the researcher and respondents. Before conducting focus group discussions, the researcher established rapport by introducing herself and explaining the purpose of the study to the respondents, while at the same time informing members about the aim of the discussion and rules to observe. Similarly each member was encouraged to freely participate in the discussion. The focus group discussion lasted between 45 minutes to 1 hour to allow in depth conversation between the researcher and respondents. As the focus group discussion proceeded, the researcher wrote down in the notebook some important

information from the participants and the whole discussion was tape recorded with the consent of the participants.

### **3.7.3 Observation**

Observation is an attempt to interpret the meaning of the events for those involved, so that both explicit and implicit actions and events can be noticed and interpreted (Yin, 2003). While visiting the selected homes the researcher observed the social aspects that facilitated or hindered enrolment of children with disabilities. Such social aspects included parents'/guardians' over protectiveness of the children. In some homes the researcher found the children with disabilities curled and spending most of their time watching television. In one home the parent showed the researcher a business centre that was specifically established for the child with disability as a way of investment so that the child does not depend on the brothers and sisters for future support.

### **3.7.4 Documentary Review**

The review consisted of both primary and secondary sources of information related to social factors affecting enrolment of children with disabilities. The primary sources which were reviewed were books, research articles and professional journals. The primary sources included summaries and citations of books, articles, brochures, papers and reports (Kumar, 2005). These were collected from library and internet. Both primary and secondary sources provided definitions and relevant information concerning the sociological factors affecting parents' enrollment of children with disabilities in primary schools.

### **3.8 Validation and Reliability of Instruments**

The instruments for this study were designed to maintain both validity and reliability. This is because the researcher used questionnaire, observations, semi structured interviews, and focus group discussion to measure sociological factors affecting parents' enrolment of children with disabilities. Initially, the instruments were developed in English and later translated into Kiswahili. This was done to increase the validity of the instruments as most participants were more likely to express themselves more clearly in Kiswahili than in English.

The validity of the instruments assessed through discussions with the researcher's supervisor, fellow students and lastly the instruments were tested using some students at the Open University of Tanzania. The irregularities and inconsistencies noted in the construction of the items were corrected before the final production of the instruments.

### **3.9 Data Analysis Techniques and Statistical Procedure**

Bogdan and Biklen cited in Mngarah (2008), defines data analysis as a process of systematically search through and arranging the interview, the transcripts, field notes and other materials that a researcher accumulated to increase his or her understanding of them, and to enable the researcher to present what he or she has discovered to others. Data processing underwent six stages as proposed by Creswell (2009). The first stage was organization and preparation of data analysis, which involved the researcher transcribing the recorded interviews and grouping the gathered data into themes. Then all the transcribed data were read through in order to



get general sense of the information. Through this step, the researcher closely examined the general and specific ideas that the respondents had expressed. Specifically, the researcher obtained general and specific ideas that the respondents had expressed. Specifically, the researcher obtained a general impression of the overall depth, credibility and use of the information.

The third stage involved coding, which is defined as the process of organizing the material into “chunks” before bringing meaning of those “chunks” (Keith, 2004). The researcher synthesized the transcribed interviews with the aim of capturing the actual information delivered through each “utterance” made by the respondents. The fourth stage involved generating a description of the themes addressed through the guiding questions for analysis and so the researcher grouped together similar statements made by the respondents and linked them with the key themes of the study. Some quotations were used to substantiate various arguments raised by respondents during the analysis of the gathered information.

The fifth stage dealt with how the description and themes were presented in the qualitative and quantitative analysis. In this case, narrative passages were used, with some relevant quotations and tables, to convey some of the study findings. The final stage involved interpretation. Keith (2004) describes this stage as one involving a discussion on the lessons learnt in the course of conducting the study. These lessons could be based on the researcher’s experience during the study or on the available theoretical perspectives. These lessons are expected to shape the researcher’s understanding of the problem. Through this stage it was possible for the researcher

to link and discuss the findings.

As regards the qualitative data, all scores for negatively worded statements in the semi structured interviews on attitudes of parents/guardians towards the enrolment of children with disabilities (Appendix II) were reversed before attempting the descriptive statistics such as frequencies and percentages. Thus, simple statistical data analysis techniques such as calculation of frequencies and percentages from the questionnaires for parents were used to make interpretation of the findings easier. That analysis was done with the help of statistical Package for Social Science (SPSS) computer software programme version 16.0.

### **3.10 Ethical Consideration**

Research clearance to carry out the study was obtained from Deputy Vice Chancellor (Academics) of the Open University of Tanzania. Through that the Municipal director at the Ilala district finally authorized the collection of data in the district. Also, the researcher sought consent of the respondents prior to the interview and completion of the questionnaires. Information gathered was treated confidentially throughout the study and was only used within the limit of the study. As the majority of the children are below the age of eighteen, they remained anonymous in this study and referred to with members in a chronological order.

## **CHAPTER FOUR**

### **4.0 PRESENTATION OF FINDINGS AND DISCUSSION**

#### **4.1 Introduction**

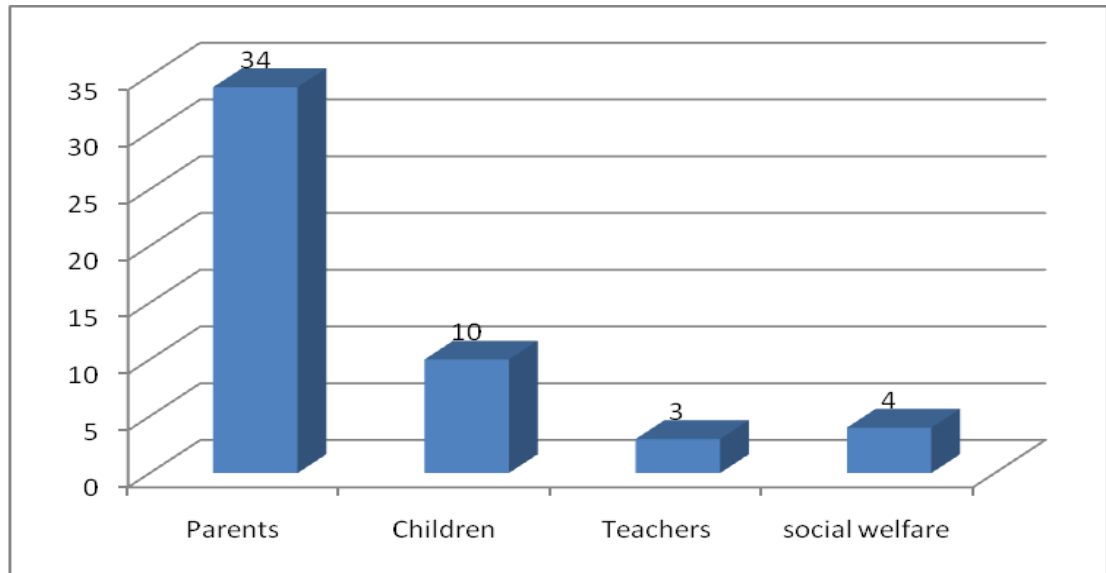
The analysis and interpretation of data gathered by the researcher is presented in this chapter. It was important to discuss and interpret data to ensure that research questions have been tackled and the research results are well understood. The presentation is based on major themes of the study. Although the schedule was written in English, the interviews and focus group discussions were conducted in Kiswahili as most of the respondents' first language was Kiswahili.

The findings of the study are organized and presented in accordance with four research questions which guided the study. These questions were; what are the social factors affecting enrolment of children with disabilities? Does parents' economic status influence low enrolment of children with disabilities? What are the patterns of support required to be given to parents/guardians of children with disabilities? And lastly what strategies are to be used to enhance enrolment of the children who are out of school? In collecting data to address the study questions, interviews, focus group discussion, observations and documentary review were employed. The sample for the study included the Social welfare officers, teachers at disability centres, parents of children with disabilities out of schools and children with disabilities out of school.

#### **4.2 Characteristics of the Respondents**

A total of 51 respondents participated in this study. These respondents were selected through purposive and convenience sampling methods. Below is a demographic

information of respondents as illustrated in figures and tables.



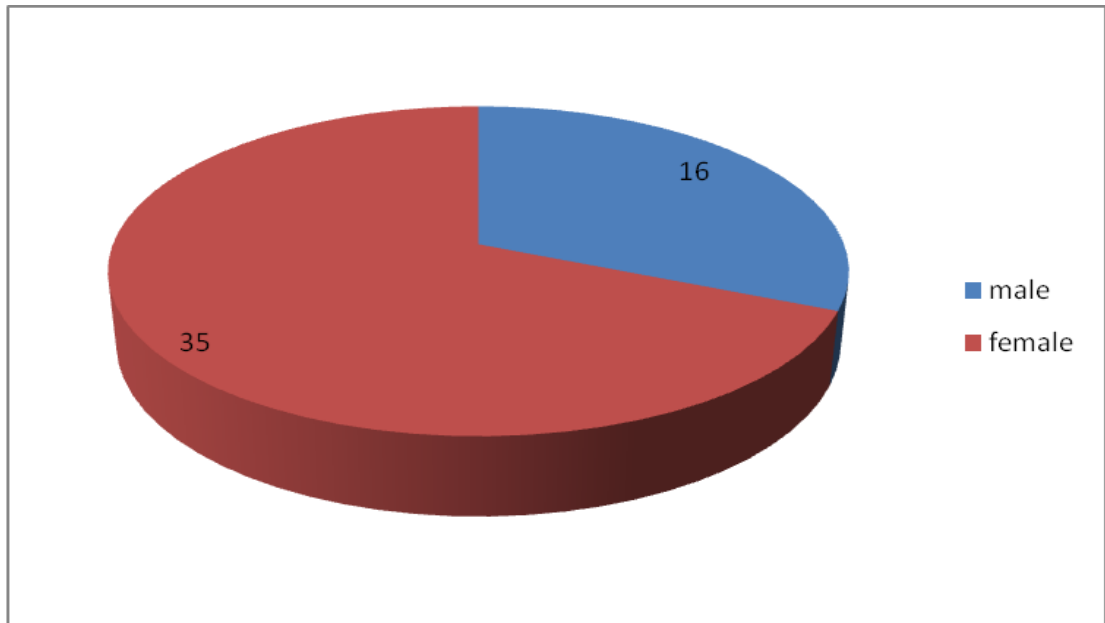
**Figure 1.1: General Distribution of Respondents (n=51)**

**Source:** Field Data, 2012

Figure 1.1 shows that 34 (66.7%) of respondents were parents who were the care takers of the children with disabilities, 10 (19.6%) were children with disabilities, 3 (5.9%) were teachers at disability centres who are the implementers and beneficiaries of the curriculum while 4 (7.8%) respondents were social welfare officers who are the technocrats.

#### **4.2.1 Gender**

The question of gender was asked because the researcher wanted to know the proportion of male and female who were involved in the study to ensure that opinions were drawn from both gender groups. Figure 1.3 presents a summary of respondents by gender.



**Figure 1.2: Respondents by gender (N=51)**

**Source:** Field Data, 2012

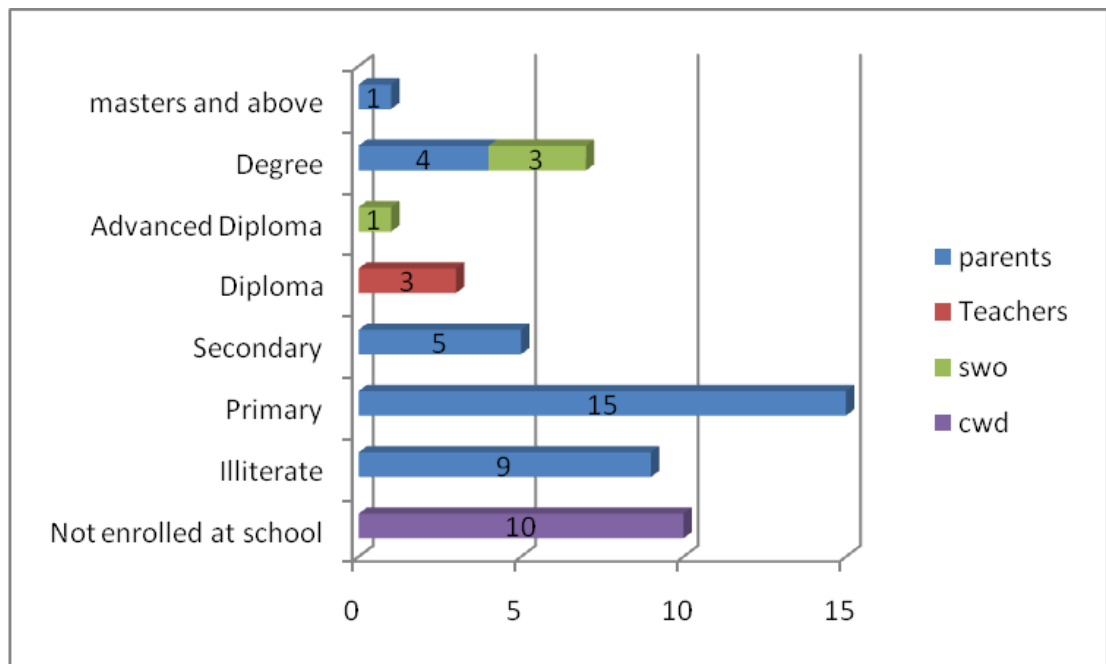
Figure 1.2 shows that 35 (68.6%) out of 51 respondents who participated in the study were female while 16 (31.4%) were male. The findings indicated that the study succeeded to obtain equal views of both female and male respondents regarding social factors affecting enrolment of children with disabilities in Ilala District in Dar es Salaam.

#### **4.2.2 Respondents' Level of Education**

The question on the educational qualifications of respondents was also asked. The knowledge of respondents' education levels was important because education plays a major role in one's development.

Figure 1.3 showed that 15 parents (36.6%) out of 34 parents' who participated in the study had primary education level, 9 parents (22%) were illiterate, 5 parents (12.2%)

had secondary level of education, 4 parents (9.8%) were degree holders, 3 social welfare officers (7.3%), and 3 (7.3%) teachers were diploma holders while 1 (2.4%) parent had masters degree. The findings show that respondents involved in the study include those from all levels education together with the non educated ones. So the researcher managed to get different views which enriched the study.



**Figure 1.3: Parents' Level of Education**

**Source:** Field Data, 2012

### **4.3 Theme One: Social Factors Affecting Enrolment of Children with Disabilities**

The aim of this section was to understand the social factors affecting enrolment of children with disabilities. The factors are illustrated in Table 4.1, Table 4.2, and Table 4.3.

**Table 4.1: Social Factors hindering Enrolment of CWDs by frequency and Percentage**

Factors	Buguruni		Pugu		Kimanga		Total	
	f	%	f	%	f	%	f	%
financial	8	53.3	3	25.0	1	14.3	<b>12</b>	<b>35.3</b>
stigma	4	26.7	2	16.7	5	71.4	<b>11</b>	<b>32.4</b>
fear	2	0	3	25.0	1	14.3	<b>6</b>	<b>17.6</b>
distant schools	0	0	2	16.7	0	0	<b>2</b>	<b>5.9</b>
child refuses school	0	0	1	8.3	0	0	<b>1</b>	<b>2.9</b>
transport	1	6.7	0	0	0	0	<b>1</b>	<b>2.9</b>
rejection	0	0	1	8.3	0	0	<b>1</b>	<b>2.9</b>
Total	15	100.0	12	100.0	7	100.0	<b>34</b>	<b>100.0</b>

**Source:** Field Data, 2012

Findings from Table 4.1 revealed that out of 34 parents who were asked this question 12 (35.3%) mentioned financial problems, 11 (32.4%) mentioned stigma, while fear was mentioned by 6 (17.6%) parents. On the other hand, 2 (5.9%) parents mentioned distant schools as a factor, while one (2.9%) said rejection. Furthermore, one (2.9%) parent mentioned transport, and another one (2.9%) mentioned child refusal to school. The data revealed that majority of the parents were experiencing financial constraints, stigma, fear, distant schools, rejection, transport problems and child refusal to go to school, hence threatening the education for children with disabilities.

Focusing on the FGDs conducted to parents who had once enrolled their children, it was observed that they did not motivate others to retain their children at school.

Following these problems most of parents fear their children to be stigmatized, rejected hence they are negatively influenced to enroll their CWDs in Peri-Urban primary schools. These findings collaborate with those by UNICEF (2005), that low enrolment of children with disabilities was a consequence of both social stigmatization and unwelcoming schools. Furthermore, in a study carried out in Tanzania on children's enrolment in school by Renzulli and Park (2000), the authors observed that virtually all households respondents said the main barrier to sending children to school was financial and their inability to pay.

In order to countercheck, results, a similar question was posed to social welfare officers regarding the factors hindering enrollment. Table 4.2 has results.

**Table 4.2: Social Factors hindering Enrolment according to Social Welfare**

**Officers (n=4)**

Factors	Ilala Municipal		Buguruni		Pugu		Kimanga		Total	
	f	%	f	%	f	%	f	%	F	%
Financial	1	20	1	16.6	1	20	1	25	<b>4</b>	<b>20</b>
Ignorance	1	20	1	16.6	1	20	1	25	<b>4</b>	<b>20</b>
Myths	1	20	1	16.6	1	20	1	25	<b>4</b>	<b>20</b>
Low understanding	1	20	1	16.6	1	20	0	0	<b>3</b>	<b>15</b>
Stigma/shame	1	20	1	16.6	0	0	1	25	<b>3</b>	<b>15</b>
Useless kids	0	0	1	16.6	1	20	0	0	<b>2</b>	<b>10</b>
<b>Total</b>	<b>5</b>	<b>100</b>	<b>6</b>	<b>100</b>	<b>5</b>	<b>100</b>	<b>4</b>	<b>100</b>	<b>20</b>	<b>100.0</b>

**Source:** Field Data, 2012



Regarding the issue of enrolment of children with disabilities, social welfare officers who were involved in the study reveal that parents of children with disabilities were experiencing a number of problems that prevented them from enrolling their CWD in primary school. Such problems include financial constraints, ignorance, myths, stigma/shame, low understanding, and the fact that parents viewed the children as useless. The mentioned factors relate with those by parents as stipulated in Table 4.1 with an addition of one factor which was not mentioned by parents that CWD were viewed as useless kids.

The findings reflect those by Orto and Power (2007), who contend that the child's parents, teachers and siblings normally perceive the children with disabilities as helpless and hopeless therefore not able to learn comfortably because of their disabilities. Franzen Bjorn (1990) observed that in some communities in Kenya and Zimbabwe, "a child with a disability is a symbol of a curse befalling the whole family. Such a child is a "shame" to the whole family, hence their rejection by the family or the community. "They get less attention, less stimulation, less education, less medical care, less upbringing and sometimes less nourishment than other children." Franzen Bjorn (1990), pg 21-26.

On the other hand, a similar question on the social factors affecting enrolment among parents of CWDs was posed to three (3) teachers at the three (3) disability centres who took part in the interview, their results are as stipulated in Table 4.3 while Table 4.3b has additional non-social factors that were also mentioned by teachers during interview.

**Table 4.3a: Social Factors hindering Enrolment according to Teachers in Pugu, Buguruni and Kimanga disability centres ( N=3)**

	Buguruni		Pugu		Kimanga		Total	
	f	%	f	%	f	%	f	%
Myths	1	20	1	20	1	33.4	3	23.1
Rejection	1	20	0	0	0	0	1	7.6
Fear to be bullied	1	20	1	20	0	0	2	15.4
Lack of quality care	1	20	1	20	0	0	2	15.4
Negative attitude	0	0	1	20	1	33.3	2	15.4
Ignorance/ Lack awareness	1	20	1	20	1	33.3	3	23.1
<b>Total</b>	<b>5</b>	<b>100</b>	<b>5</b>	<b>100</b>	<b>3</b>	<b>100</b>	<b>13</b>	<b>100.0</b>

**Source:** Field Data collected from research sites (2012)

**Table 4.3b: Non-social Factors hindering Enrolment according to Teachers in Pugu, Buguruni and Kimanga disability centres ( N=3)**

	Buguruni		Pugu		Kimanga		Total	
	f	%	f	%	f	%	f	%
School environment	1	100	0	0	0	0	1	20
Distant school	0	0	1	50	1	50	2	40
financial problems	0	0	1	50	1	50	2	40
<b>Total</b>	<b>1</b>	<b>100</b>	<b>2</b>	<b>100</b>	<b>2</b>	<b>100</b>	<b>5</b>	<b>100.0</b>

**Source:** Field Data collected from research sites (2012)

Table 4.3 and 4.3b have three more factors that were neither mentioned by parents, nor by social welfare officers. These include, fear to be bullied, negative attitude and unfriendly school environment which hindered parents from taking their CWDs in schools as one teacher at a centre reports below,

*‘.....the available building is so old, the doors are so small and the chairs are inadequate. We have only this tiny room and all children study in here...some children are on medication after every two hours and we are only two, me and my assistant.’ (Teacher, 2012).*

This finding entails that there is a need to ensure the school environment is conducive and allow CWD to study comfortably. Commenting on the issue of myths which was mentioned by teachers at the three disability centres and Social Welfare officers at the three wards and at the Ilala Municipal Council, all of them had the view that myths surrounding disability played a considerable role in the overprotection of CWDs that lead to the low enrolment of CWDs in Tanzania. They contended that parents may do everything for CWDs, which may hold them back from developing life skills and learning. Kisanji (1999) also reiterated that some families in overprotecting their CWDs often kept them hidden away from public as those parents are not comfortable letting their CWDs be seen by everybody. Therefore it was not easy to convince those parents to send their children to school.

In summary, the myths, fear and stigma shows that there were still some cultural beliefs and practices that contributed to the low enrolment of CWDs in primary schools. Specifically, most respondents shared the view that parents hesitated to

expose their CWDs, believing that there was a misfortune that might fall upon other people and the children themselves and that CWDs had nothing to contribute to the community. Based on these misconceived understanding, some parents decided not to send their CWDs to school. These findings are similar to the findings advanced by Watson (1999) who conducted a study in Malawi. He reported that people with disabilities particularly children were not enrolled in schools or were excluded from participating from community activities because of traditional beliefs. It was revealed in this study that, myths surrounding disability, fear and stigma considerably contribute to the low enrolment of CWDs in Primary schools.

#### **4.4 Theme Two: Relationship between Parent's Socio-Economic Activity and Parents Intention to Enrollment of CWDs**

Regarding this question, the study aimed to understand as to whether socio-economic factors involving employment status and level of education influenced parents intention to enroll CWDs in Peri-Urban primary schools. Results are stipulated in Table 4.4, Table 4.5 and Table 4.6.

Findings from Table 4.4 revealed that out of 7 of the employed parents only 1(14.3%) had an intention to enroll his/her child to school while the remaining 6 (85.7%) did not want to enroll their CWD in primary schools. On the case of unemployed parents, 14 (87.5%) had no objection regarding enrolling their children to school, while only 2 (12.5%) were not ready. Furthermore, out of the 11 parents who were self employed, 7(63.6%) were ready to enroll their children while 4(36.4%) were not ready. The analysis further suggests that the majority of the

parents who were self employed 7 (63.7%) were not ready to enroll their children in school. On the other hand, out of 7 parents of CWDs who were employed, only 1 (14.3%) said “yes” to enrolment of CWDs while 6 (85.7%) were not ready to enroll their CWD in primary schools.

In contrast, out of 16 parents who were unemployed 14 (87.5%) were ready to take their CWDs to schools while only 2 (12.5%) were not ready. Therefore, the economic status has no direct relationship with the intention to enroll as the findings suggest that the unemployed parents were more motivated to enroll their CWD in primary school than the employed parents despite the challenges they faced such as financial problems, distant schools, stigma, transport, rejection and child refusal to school. Furthermore, those parents who were employed by government and one third of those who were self employed (36.4%) refused to take their children to primary schools.

#### 4.4.1 The influence of Parents’ Employment Status on Enrolment

**Table 4.4: The relationship between Parents’ Employment Status and Intention to Enrollment**

Work status	Parent’s intention to enrollment					
	Yes		No		Total	
	F	%	f	%	f	%
Employed	1	14.3	6	85.7	7	100.0
Unemployed	14	87.5	2	12.5	16	100.0
self employed	7	63.6	4	36.4	11	100.0
Total	22	64.7	12	35.3	34	100.0

**Source:** Field Data, 2012

These findings do not collaborate with those of Kisanji (2001) observed that parents with regular income (government employees) were more able to enroll their children to school. However, the findings concur whereby observation was made by Sabot and Knight (1999) that parents' occupation, income level and education level may influence the enrolment and participation of children in education. Most parents who were employed by the government and able to support themselves had fear for their children safety and the type of schools and teachers. This was supported by one parent with a multi impaired son, who responded that,

*“Madam, my son can't talk or think for himself, can't move an inch, always on medication and wets beddings but knows all television programs. Who can stand such a child? I feed him every four hours. I have saved everything for him. I once worked as a banker but due to parental difficulties I decided to quit. If I find a school that accepts mothers to study side by side with their children, I will be ready to go”.*  
(Mother of child, 2012).

Another parent responded that,

*Ah....”We seek to know the type of teachers out there who can teach our children with disabilities so as to be able to protect our children from HIV/AIDS pandemic. I will never let go of my child”.* (Father of child, 2012).

Adding in the similar vein, Kaspro (1999) in his study on parental involvement & African American students, stated that the low background status perpetuates education deprivation hence the unemployed parents definitely found it difficult to

pay school fees and meet other educational expenses for their children while employed parents have higher income and therefore deploy their resources in a manner creating preschool conditions conducive to a successful school performance. Prewit (1989) noted that, family income level influences education chances for the child since this determines the motivation with which the child pursues basic education.

Similarly, in the study by Eneji (2013) on influence of family types and parent's socio-economic status on school dropout among female students, conducted in Nigeria, revealed that parents' socioeconomic status does not significantly influence pupils' school dropout, but there was a significant relationship between parent's socioeconomic status and family type on pupil's school drop out in the study area. This position has confirmed the findings of Hunter and May, (2003), who concluded that parent's socio-economic status was significantly related to pupil's dropout of school. The authors further asserted that poverty and family type are explanations for school dropout, while Dachi and Garret (2003) observed that low socio economic status, and low income was/is the main factor responsible for student's dropout in schools.

Despite the fact that most studies show that household income had a strong influence on enrolment of CWD, there is a strong indication that there are other factors apart from parent's social economic status that influence enrolment which need not to be overlooked. Hence, these results contends that, the issue of enrollment of CWD needs to be examined deeply, as there are contributing factors that when left unattended, may have poor results.

#### 4.4.2 The influence of Parents'/guardians' Level of Education on Enrollment of CWDs

A researcher was interested to know the education level of parents so that it could help to know whether the lack of basic education of the parents could be associated with the low enrolment of CWDs in Peri-Urban primary schools. Results are stipulated in Table 4.5.

**Table 4.5: The relationship between Parents'/guardians' Level of education and intention to Enrolment CWDs**

Education	Parent's intention to enrolment					
	Yes		No		Total	
	<i>f</i>	%	<i>f</i>	%	<i>f</i>	%
Illiterate	8	88.5	1	11.1	9	100.0
Primary	11	73.3	4	26.7	15	100.0
Secondary	2	40.0	3	60.0	5	100.0
Degree	1	25.0	3	75.0	4	100.0
Masters and above	0	.0	1	100.0	1	100.0
Total	22	64.7	12	35.3	34	100.0

**Source: Field Data, 2012**

Education levels were categorized as those who were illiterate, those who had received primary, those who received secondary education, degree and those with masters and above. Based on these findings, out of 9 parents who were illiterate, 8 (88.5%) parents wanted to send their children to school, while 11(73.3%) parents out of 15 who had primary education had intention to enroll their CWDs. Furthermore, 2 (40%) parents out of 5 who had secondary education wanted to enroll their children



in schools while 3 (75%) in the same category did not want to do the same. On the other hand, one parent (25.5%) out of 4 who were degree holders, wanted to send children to school. In addition 1 (100%) of the parent who had a masters degree did not want to enroll the CWDs in primary schools.

It can thus be noted that, a good number of parents whose education ranged from primary to illiterate wanted to enroll their CWDs. Parents with secondary and above never wanted to enroll their CWDs in primary schools. Generally, findings reveal that, majority of the illiterate parents had the intention to enroll their children to school while the more educated parents did not want to enroll the CWD in schools. Thus, the higher the parent is educated, the lower the enrolment of CWDs in primary schools. The issue of poverty and financial problems were the major problems facing parents/guardians with education ranging from primary to illiteracy while most of the educated parents were reluctant and overprotective of their CWDs.

With regard to this particular study, it can be deduced that parent's level of education did not contribute to parent's awareness and understanding of the importance of education of such children. So understanding and awareness of the importance of education and the financial ability does not influence enrolment, though most of researchers affirm on the presence of relationship of the two as revealed by Okantey (2008) that parent's educational level has direct impact on their children's educational aspirations children schooling is positively related to the education of their parents because children tend to imitate their parents and also aspire to be as highly educated as their parents. Children are more disadvantaged when their parents

have low education level and thus form a number of uneducated family members making every generation of the family not to go higher than their parents. Children from more highly educated families are more ambitious and attain higher levels of education.

#### 4.4.3 The Influence of Parents' Marital Status on Enrolment of CWDs

The status of marriage of PC WD was asked so as to be able to draw its relation with intention to enroll CWD in schools.

**Table 4.6: Marital Status of Parents of Children With Disabilities by Frequency and Percentage**

	<b>Respondents</b>	<b>Frequency</b>	<b>Percent (%)</b>
<b>N=34</b>	Married	23	67.6
	Separated	4	11.8
	Single	6	17.6
	Divorced	1	2.9
	Total	34	100.0

**Source:** Field Data, 2012

Table 4.6 shows that the majority 23 (67.6%) of parents of children with disabilities were married, followed by 6 (17.6%) who were single parents, 4 (11.8%) were separated while only 1 (2.9%) was divorced.

#### 4.3.3.1 The influence of Parents' Marital Status on Enrollment of CWDs

The status of marriage of parents of CWD was asked so as to see whether it relates with enrolment. Results are highlighted in Table 4.7.

**Table 4.7 Relationship between Parents' Marital status and Intention to Enrollment**

Marital status	Parent's intention to enrollment					
	Yes		No		Total	
	f	%	f	%	f	%
Married	15	65.2	8	34.8	23	100.0
Separated	3	75.0	1	25.0	4	100.0
Single	3	50.0	3	50.0	6	100.0
Divorced	1	100.0	0	0	1	100.0
Total	22	64.7	12	35.3	34	100.0

**Source: Field Data, 2012**

Findings revealed that out of 23 married couples, only 15(65.2%) parents were ready to send their children to school, but 8(34.8%) parents were not ready. On the other hand, out of 4 parents who were separated, 3(75%) parents were ready to send their children to school and one (25%) was not ready. Furthermore, of the 6 single parents who were interviewed, they had equal views as 3 (50%) parents were ready to send their children to school while the other 3 (50%) parents did not want. In addition, only one (100%) divorced parent who was interviewed was ready to send her child to school.

Results indicate that majority of parents respondents were ready to send their children to school but failed due to different various obstacles. Therefore, findings reveal that the type of marriage does not influence enrolment. One can be married, educated and employed but may not send the child to school. Therefore, there are some other reasons behind such as financial problems, stigma, distant schools, fear, myths, school environment and ignorance as illustrated by one parent with a

physically disabled child in Ilala District who said that,

*I am ready to send my son to school but I have failed because I cannot manage to hire a car that can drop my daughter at school and pick her up because I have no support. My husband works away from home and sends a small amount of money which is not suffice. My non disable children go to school and only help me out with domestic work after school hours(parent, Ilala district, 2012)*

Supporting the above contention, Majoribanks (1996) states that, children from single parent households are not likely to be enrolled in primary schools as single parents have less income and lack support which can increase stress and conflicts. They usually struggle with time management issues in order to balance many different areas in the process some become less involved with their children and give less encouragement and have low expectation for their children than two household parents. Divorced parents negatively affect education of their children and cause a decrease in family's socioeconomic status (Jeynes, 2002).

#### **4.5 Theme Three: Support Services for parents of Children with Disabilities**

The aim of this section was to understand the sources of support for parents of children with disabilities.

Table 4.8 reveals that most of the parents (73.5%) involved in the study were self supportive, as they never received any assistance from others, while 7 (20.6%) parents received support from their relatives. On the other hand, 2 (5.9%) parents were supported by NGOs. The data revealed that social support services had direct

relationship with the intention to enroll. The parents were willing to send their children to school but lacked social support. The parents who were self supporting had the intention although they faced challenges such as financial, myths, distant schools, stigma, transport problems, rejection and child refusal. Other reasons for the lack of parental supports and encouragement to go to school may be the parents' own illiteracy or inability to help them with their homework, their lack of information about return to education and their desire to have their children help them in the field while education is alienating them from trade or agricultural work.

**Table 4.8: Source of Social Support Services for Parents of Children with Disabilities**

	<b>Source of Support</b>	<b>Frequency</b>	<b>Percent</b>
<b>N=34</b>	NGO'S	2	5.9
	Self	25	73.5
	Relatives	7	20.6
	Total	34	100.0

**Source:** Field Data, 2012

#### **4.5.1 Proposed Support Services for Parents of Children with Disabilities**

Similarly, the parents, teachers and social welfare officers were asked to mention kinds of social support that when given to parents, it will enhance their intention to enroll their children who have disabilities. Table 4.9 has multiple response results.

The data in Table 4.9 show that parents of CWD need a number of social support services to enable them enroll their CWD in primary schools. One of the social support required that had higher frequency than the others was a need for financial

aid for transport, meals and uniform, since most of parents had low income. The second social support required was having schools near homes, to allow CWD attend school easily. The establishment of day care centres was also proposed by parents of CWD. Other social support needed involve information giving as most of parents were not aware of the fact that CWD can also learn; counseling was also needed as most of parents had negative attitude toward their CWD; having nearby health centres; a need for spiritual support, language training and need to be helped with household care.

**Table 4.9: Summary of Respondents Views on Support Services to Enhance Enrolment of Children with Disabilities**

Support services	Parents	Social welfare officers	Teachers	Total	
	F	f	f	f	%
Financial aid for transport, meals and uniforms	14	3	3	20	22.5
Near schools	12	4	3	17	19.1
Day care centres	7	4	3	14	15.8
Counseling	6	4	3	13	14.6
Information giving	5	4	3	13	14.6
Health centres near the neighbourhood	3	0	3	6	6.7
Spiritual support	3	1	0	4	4.5
Training for language	1	0	0	1	1.1
Help with household care	1	0	0	1	1.1
<b>Total</b>				<b>89</b>	<b>100.0</b>

**Source:** Field Data collected from research sites (2012)

These findings concur with those done by Pennington (1999) who listed various types of support to be given to parents of children with disabilities. Such were emotional support which includes the process of being loved, cherished and nurtured. Parents also need appraisal support, which is being guided by evaluating issues and receiving feedback and information support which includes receiving advice on how to deal with issues and instrumental support includes being given help and assistance.

Basically, many women found it difficult to get necessary assistance to support their children when absent as argued by Murphy, et al., (2004) that many mothers would like to work outside the home but are prevented from doing so by lack of provision of services to cater for the child's needs during working hours, and the inflexibility of service systems such as hospital appointments, school transport and diet. The study found out that support influences enrolment of children with disabilities. Lack of support has increased poverty on parents of children with disabilities thus influencing enrolment of children with disabilities.

Consequently, Kaminsky and Dewey (2002) as well as Marsh (1992) outlined support services to families to include;

- i. Case management (a single individual to assist in identifying needs)
- ii. Rehabilitation services (training in self-care and independent living skills)
- iii. Homemaker services (routine household care, laundry etc)
- iv. Home health aids (assistance with health and disability related matters)
- v. Nursing care

- vi. Parent training (e.g. in medical or therapeutic procedures)
- vii. Financial aid for equipment, training, transportation etc)

Studies also indicated that participation in a parent support group and strong personal faith and religious affiliation were important to the adjustment and adaptation of PWCDs. Weber and Parker,(1981); Crnic et al (1983). Parent self-help/social support groups promote understanding and offer therapeutic involvement with people with similar problems (Hartman et al,1992; Winzer, 1990). The groups provide a forum in which parents can discuss their concerns and exchange ideas with each other, parents channel their frustrations and anxieties into positive sense of their parenting roles. Through self-help groups, parents tend to be increasingly acting as advocates on their own behalf of their handicapped children. Parents can start to act as decision-makers and independent policy planners. The emerging role of parents as advocates and monitors of services is likely to have a considerable impact on service provision for CWDs, including enrolment (Mittler, 1987, 1990; Mlawer, 1993; Rainforth et al 1992; Winzer, 1990).

Other researchers show that PCWDs seemed to have much smaller networks in which people tended to know each other and in which the relationships were multidimensional (Kazak and Marvin 1984; Kazak and Wilcox, 1984). Multidimensionality in social support networks means contacts with others who can serve multiple functions such as sharing in social activities and providing practical help or financial aid (Trute and Hauch, 1988). Such small, intense associations would normally be interpreted as a tendency for social isolation on the part of



PCWDs. Lack of friendship network may act as a barrier against advice and information (Trute and Hauch, 1988).

Therefore, according to the analysis of the interviews, focus group discussion and observations in the current study, social support is perceived to be directly associated with the enrolment of children with disabilities. This is clear from the findings that the level of support is very low because parents have no one to turn to, who would benefit them greatly instead they rely on own wisdom due to an inadequate income.

In addition these findings collaborate with those by Msangi (2008) who reported that these parents may need services such as counseling, social support, emotional support, financial support and supervisory support so as to enable them to cope with the challenges they may encounter in raising these children. Findings also showed that once parents experiencing economic difficulties were supported, they would send their children to school.

#### **4.6 Theme Four: Proposed Strategies to Enhance Enrolment Of Children with Disabilities**

In improving the enrolment of children with disabilities in primary schools in Ilala District, a question was posed to parents, teachers and social welfare officers. Table 4.10 has summary of results.

Data in Table 4.10 contains a number of strategies proposed by parents that could be used to enhance enrolment of children with disabilities. These were, financial aid which had 8 (23.5%) respondents, nearby school had 6 (17.6%) respondents,

counseling was mentioned by 5 (14.7%) parents while 4 (11.8%) mentioned home services. On the other hand, transportation was mentioned by 3 (8.8%) parents while day care centres had only two (5.9%), health services had only two (5.9%) and information two (5.9%) respectively.

**Table 4.10: Summary of Strategies to Enhance Enrollment by frequency and percentage**

	<b>Respondents</b>	<b>Frequency</b>	<b>Percent (%)</b>
<b>N=34</b>	Financial aid	8	23.5
	Near school	6	17.6
	Counseling	5	14.7
	Home services	4	11.8
	Transportation	3	8.8
	Information	2	5.9
	Training	2	5.9
	Health services	2	5.9
	Day care centres	2	5.9
	Total	34	100.0

**Source:** Summary of respondents from research sites (2012)

Findings showed that most of the respondents can not afford to send their children with disabilities to school due to inadequate financial aid. These findings collaborate with Ingstad and Grunt (2007) who observed that poor parents have to make priority among their children and often end up sending the normal children to school before those with disabilities to school. On average, families of children with disabilities have lower incomes than other families. For example in Pugu ward there is only one centre for children with disabilities at Pugu Kajiungeni Primary School. This centre

uses the old buildings owned by Kajiungeni primary school. This building has one pit latrine and the door is so small that it can not allow children using wheel chairs to get in. The chairs are also few and not disability friendly. Some children are forced to sit down something they hate most.

Findings revealed that parents needed counseling services as one of their unmet need. Counseling would provide them with information and advice about services available, the child's condition and how to help the child. One parent said,

*“Frankly speaking, I have never seen someone coming to my house to talk about my child's status. You are the first one. I wish someone could pay me a visit and help me out with the house chores. This child is becoming heavy and heavier and my back aches due to lifting. My husband ran away and I have never thought of sending my child to school someday. I will ensure that he goes to school soon” (Parent.)*

An utterance was made by a parent saying

*“I feel neglected. My friends never invite me when they have kitchen parties. They think I will not go. Well, they are right. How can I go? After all they will point fingers at me and say poor lady, her son is disabled” (Parent).*

In summary, parents of CWD need to be supported so as to motivate them to enroll their children with disabilities in primary schools. It should be known that, education is the right of every child, hence, a need to alleviate all obstacles and instead encourage parents of CWD is highly recommended.

#### **4.7 Summary**

This chapter presented data and discussed the study findings. Findings revealed that economic activity of parents which had to do with level of education affected enrolment of children with disabilities both negatively and positively. Cultural conception made parents see disability as shameful and a reflection of family's past wrong deeds and therefore undervalued or less useful in comparison to investment of family resources in non disabled siblings, may keep their children from schools or hidden from community interactions and social support such as family and community. The proposed strategies were home service, health service, counseling, near schools, financial aid, transportation, training and information giving.

There is a large desire of and need for more social workers and counseling services. These parents, mostly mothers need emotional support and much more information about their child's disability, reasons for it, and advice on how to cope. The government of Tanzania needs to take a greater responsibility in caring for the children with disabilities.

## **CHAPTER FIVE**

### **5.0 SUMMARY, CONCLUSIONS AND RECOMMENDATIONS**

#### **5.1 Introduction**

This section presents the summary, conclusions and recommendations of the study on the social factors affecting enrolment of children with disabilities in Peri-Urban primary schools.

#### **5.2 Summary of the Study**

The study investigated the Social factors affecting enrolment of children with disabilities in Peri-Urban primary schools. The objectives of the study were to;

- i. Examine social factors effecting parents /guardians of children with disabilities,
- ii. Assess how economic statuses of parents/guardians influence low enrolment of children with disabilities in primary school,
- iii. Identify patterns of support given to parents/guardians of children with disabilities and
- iv. Suggest strategies to be used to enhance enrolment in order to minimize the number of children out of school.

The sample involved 51 respondents drawn from various categories. It comprised of 16 (31.4%) males and 35 (68.6%) females. The sampling methods used to select respondents were simple random sampling, convenience sampling and purposive sampling. Data were collected using semi structured interviews, observations and focus group discussions. Qualitative data obtained from interviews were subjected to

content analysis while quantitative data obtained from closed ended questions were computed and presented in tables by percentages.

The findings obtained will be useful in providing valuable information that might be used to implement better strategies for improving the enrolment of children with disabilities in Primary schools.

### **5.3 Summary of the Major Findings**

The following main findings are derived following research questions which reflected the objectives. With regard to social factors affecting enrolment of children with disabilities, the key findings revealed that parents of children with disabilities were faced with a number of social problems including isolation, over engagement of female activities, complaints from neighbours as a result of their children's behaviours, financial constraints, fear, guilt and shame.

In examining whether parents'/guardians' social status was associated with low enrolment of children with disabilities in primary schools, the findings revealed that the education level and type of employment had a significant impact on the enrolment of children with disabilities. The findings showed that low income earnings, illiteracy and less education limited most parents meet the costly school expenses hence their children missed the opportunity to be in school. They however, responded positively to enrol their children with disabilities in schools.

With regard to parents'/guardians' economic status, it was found that highly educated, employed and self employed parents/guardians were not willing to send

their children to school. Those parents with high income and educated were able to meet the cost of the school but had children out of school. This might have been contributed by over protectiveness, fear of the infrastructure and teachers. Hence, responded negatively to enrol their children with disabilities in school. It was also found that, women carried the heavy load of caring than men therefore needed support in order to engage in other activities of their interest. The types of support proposed by the parents were home services, health services, day care services of which none was provided to them.

#### **5.4 Conclusion**

- i. Parents of children with disabilities are not properly informed about their children disability by service providers.
- ii. Siblings automatically assume care role. Siblings assist their parents with care work to reduce women work load.
- iii. The majority of the parents had an understanding of the situation of their children.
- iv. There is no support received from social welfare officers.
- v. Families must be linked with available resources, for example the department of social welfare for the application of social grants.
- vi. Families need access to medical and social services, social workers and therapists can provide the services.
- vii. The government and Non- Governmental Organizations should formulate the system by making deliberate efforts to ensure that cultural beliefs are removed to allow education for children with disabilities and improve

infrastructure.

- viii. Parents do not have skills to cope with the demands and challenges presented by the child.

### **5.5 Recommendation for Action**

Based on study findings, the following recommendations are made:

The government should create a comprehensive support system and agencies where parents of children with disabilities could get social support. Through the system and established agencies there must be the social welfare officers to deal with social problems in the larger society encountered by the parents such as stigma and social isolation.

A part from material support, parents also need emotional and spiritual support hence religious institutions which are respected by different communities should be in position to help in emotional and spiritual well being of parents of children with disabilities. Parents themselves should be in the position to establish parents' network so that it can be easy to air out their views and concern regarding their children. The network also may help them to meet, knowing each other, exchanging their experiences and may be finding solution to their problems.

Intensive sensitization programme for communities and parents of children with disabilities themselves so that they could be able to accept children regardless their physical disability. This can start from village gatherings to national gatherings. They can aim at raising public awareness to overcome those traditional beliefs. The



stakeholders including various ministries, local government and that of community development, NGOs and CBOs including disabilities organizations, charities and human rights organizations, activists organization, faith based agencies and others should be encouraged to help in this.

The government through various ministries and sectors should device a multipurpose programme that will ensure that people with little education and low income are helped to overcome their ignorance, while at the same time acquiring and increasing their knowledge and skills that would help them to increase their income and diversify their economic activities. Such programmes should aim particularly to involve families of children with disabilities in income generating activities that will finally help them to meet the education costs of their children with disabilities with much more ease. Also community care programmes should be established.

Professionals need to view parents of children with disabilities as unique, with their own set of needs and concerns within their own living context. Any intervention or assistance has to be tailor-made, with their participation and cooperation, to meet their needs. Professionals need to establish a spirit of partnership and collaboration in working with parents of children with disabilities towards a common goal.

Programmes should be resource based versus service based by identifying family needs and mobilizing necessary social and material resources to meet them than fitting families into programmes. Also the programmes should be customer- driven rather than consumer governed, schools should be community based instead of

centralizing at particular sites or institutions and distanced from the community where the families live.

### **5.6 Recommendation for Further Studies**

The researcher proposes the following for further studies:

- i. There is a need to conduct a study similar to this but with a large population in order to establish more generalizable findings on the problem.
- ii. There is a need to conduct a similar research but the core focus should be on gender regarding low enrolment of children with disabilities.
- iii. There is a need to conduct a similar study on impediments faced by social workers in service delivery because the results revealed that respondents received little or no help from them.
- iv. Finally, there is a need to conduct a similar research to cater for other levels of education such as secondary and tertiary levels of education.

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**APPENDICES****Appendix 1: Introduction letter**

P.O.BOX 70009

Dar Es Salaam

20<sup>th</sup> August, 2012

To whom it may concern

**RE: Social factors affecting enrolment of children with disabilities in Peri-Urban Primary Schools.**

Reference is made to the above heading. I am Ogondiek, Rosemary, a student at the Open University of Tanzania, pursuing Masters of Arts in Social Work. I am doing a fieldwork in Dar Es Salaam region as a partial requirement for the fulfillment of the award of my second degree. The purpose of my research is to investigate social factors affecting enrolment of children with disabilities in Peri- Urban Primary schools in Ilala District.

I therefore kindly request you to spare your time in filling in questionnaire to enable me to get appropriate information relevant for my study. I assure you that the information given will be confidential and it will be used for research purpose only.

Yours truly,

Ogondiek, Rosemary

Student, M.A Social Work

Open University of Tanzania.

## **Appendix ii: Semi Structured Interview for Parents of Children with Disabilities**

### Personal information

1. Economic activity .....
2. Gender (a)Female (b) Male
3. Marital status (a) married (b) separated (c) widow (d) widower (e) single (f)divorced
4. Level of education (a) Illiterate (b) primary education (c) secondary school (d) degree (e) Masters and above
5. Childs' disability (a) physical (b) mental (c) multiple (d) deaf blind (d) blind
6. How old is your child now? (a) 0-3 (b) 4-6 (c) 7-9 (d) 12-14
7. Give reasons that hinder you from enrolling your child with disability (a) financial(b)child refuses (c)transport (d)stigma (e)rejection (f)fear
8. How does the presence of the child with disability affect your day to day activities?(a)lateness (b)hospital (c)worried (d)overworked (e)miss work (f)lack support (g)antisocial
9. How does it feel to parent a child with disability?(a)terrible (b)normal (c)hard work (d)neglected (e)blamed (f)shame (g)cursed
10. What are the challenges facing you staying with such a child at home?(a)overwhelming (b)worried (c)costly (d)leaves home (e)communication (f)care work (g)spoiling things
11. Who gives you the support? (a) NGO's (b) self (c) relatives
12. What are the strategies to be used by the state to influence parents to enrol their children with disabilities? (a)information(b)counselling(c)near

schools(d)training(e)transportation(f)health

services(g)home

services(h)financial aid(i)day care centres

13. Do you have any suggestions as a parent of a child/children with disabilities on what could be done in order to enroll children in primary schools?.....



### **Appendix iii: Maswali Dodoso Kwa A Jili Ya Wazazi/Walezi wa Watoto Wenye Ulemavu**

Utangulizi.

Ninafanya utafiti kuhusu watoto wenye ulemavu wanavyopatiwa huduma za elimu katika shule ya msingi. Nakuomba utoe mawazo yako bila hofu ili tuweze kutatua kwa pamoja matatizo yanayowakabili wazazi/walezi wa watoto wenye ulemavu. Tafadhali jibu kwa kuandika majibu ya maswali dodoso. Usiandike jina lako katika sehemu yoyote ya hojaji hii. Maelezo yote ni siri kati yako na mtafiti.

Weka alama ya mduara katika jawabu husika na fuata maelekezo ili kujibu maswali.

#### **Taarifa binafsi**

1. Shughuli ya sasa ya kujipatia kipato.....
2. Jinsia: (a) Mwanamke (b) Mwanaume
3. Hali ya ndoa (a) Nimeoa/olewa (b) Nimetengana (c) Mjane (d) Mgane (e)Sijaoa/olewa
4. Kiwango cha elimu (a) Sikusoma (b) Shule ya msingi (c) Sekondari (d) stashahada (e) shahada (e) shahada ya juu na kuendelea
5. Aina ya ulemavu wa mtoto wako.....
6. Je, mtoto wako ana umri gani kwa sasa? (a) 0-3 (b) 4-6 (c) 7-9 (d) 12-14
7. Je, jamii inayokuzunguka inakuonaje kama mzazi/mlezi wa mtoto /watoto mwenye/wenye ulemavu?.....
8. Je, uwepo wa mtoto mwenye ulemavu kumeathiri kwa kiasi gani shughuli zako za kila siku?.....
9. Je, unajisikiaje kuwa na mtoto mlemavu? (a) Najisikia vizuri (b) Najisikia vibaya (c)Namwachia Mungu (d) Sijiu (e) Mengineyo.....



**Appendix iv: Interview Guide For Children With Disabilities Out Of School.**

1. Gender : (a) Male (b)female
2. Type of disability (a) physical (b) mental (c) multiple (d) deafblind (d) blind
3. How old are you? (a) 0-3 (b) 4-6 (c) 7-9 (d) 10-12 (e) 13-15
4. Would you like to know how to read and write? (a) yes (b) no
5. Have you ever been at school? (a) yes (b) no
6. What reasons made you leave school/not to enroll to school?
7. Would you prefer to be enrolled in school? (a) yes (b) no
8. How do you feel being at home while other children of your age are enrolled in school?
9. What can you tell the parents/guardians who do not send their children to schools?

**Appendix v: Hojaji kwa watoto wenye ulemavu ambao hawakuandikishwa shule**

**Utangulizi**

Ninafanya utafiti kuhusu watoto wenye ulemavu wanavyopatiwa huduma za elimu ya msingi. Nakuomba utoe mawazo yako bila hofu ili tuweze kutatua kwa pamoja matatizo yanayowakabili wazazi/walezi wa watoto wenye ulemavu. Tafadhali jibu maswali. Maelezo yote ni siri kati yako na mtafiti.

Tafadhali jibu maswali yafuatayo.

1. Je, unapenda kujua kusoma na kuandika?.....

2. Je, ni kwa nini hujaandikishwa shule?.....

3. Kama mtu angekusaidia kukupeleka shule, ungekubali kusoma?

.....  
 .....

..... 4. Je, unapata matatizo gani unapokuwa nyumbani au

unapokuwa na watoto wenzako

mtaani?.....

.....

5. Je, unajisikiaje kuwa nyumbani wakati watoto wenzako wapo

shuleni?.....

6. Je, unawaambiaje wazazi ambao bado hawajawaandikisha watoto wao wenye

ulemavu waweze kupata elimu kuwaandikisha shule?.....

**Appendix vi: Interview Guide For Community/ Social Welfare At Ward**

1. How many children with disabilities do you have at your ward?
2. In your opinion can you mention some social factors affecting enrolment of children with disabilities?
3. How does income level of the parent/guardian affect enrolment of children with disabilities?
4. Do you think the education level of the parent/guardian can affect enrolment of children with disabilities?
5. Do you think the occupation of the parent/guardian can affect enrolment of children with disabilities?
6. Do you think some cultural beliefs can affect enrolment of children with disabilities?
7. What measures do you take to ensure parents enrol their disable children in school?
8. What support strategies do you give to parents to ensure enrolment of children with disabilities?
9. What can you tell parents/guardians who have not yet enrolled their children with disabilities?.....

**Appendix viii: Hojaji kwa Afisa ustawi wa kata/**

1. Je, kuna watoto wangapi wenye ulemavu katika kata yako?.....  
.....
2. Je, ni sababu zipi zinazowafanya wazazi wenye watoto walemavu wasiwaandikishe watoto wao kwenye shule za msingi?.....
3. Je, unafikiri kipato cha mzazi kinaweza kuathiri uandikishwaji wa mtoto ?.....
4. Je, kiwango cha elimu cha mzazi kinaweza kuathiri uandikishwaji wa watoto?.....
5. Je, aina ya kada ya mzazi inaweza kuathiri uandikishwaji wa watoto?.....
6. Je, unafikiri imani potofu mf. Uchawi, laana, aibu zinaweza kuchangia watoto wenye ulemavu wasiandikishwe shuleni?.....
7. Je, mnakabilianaje/ hatua mnazochukua ili wazazi wasiowapeleka watoto wao wenye ulemavu shuleni wawaandikishe?.....
8. Je, ni huduma gani za kijamii unazotoa kwa wazazi wenye watoto walemavu?.....
9. Nini wito wako kwa wazazi ambao hawajawaandikisha watoto wao shuleni?  
.....  
.....  
.....

**Appendix ix: Focus Group Discussion Guide for Parents of Children with Disabilities**

1. How do you feel having/living with child/children with disabilities?
2. How do the families/community respond to children with disabilities?
3. Do you think the presence of that child with disability put more pressure in your daily life?
4. What problems do you face in the course of raising your child/children with disabilities?
5. How do you cope with the problems or other difficulties which may arise due to presence of such children in your family?
6. What kind of assistance do you get from family members, relatives or community?
7. What do you think should be done to assist you as a parent/guardian of child/children with disabilities so that you can release your child/children to join school?

**Appendix x: Maswali ya Mjadala kwa Wazazi Wenye Watoto Walemavu**

1. Je, unajisikiaje kuwa mzazi/mlezi wa mtoto mwenye ulemavu?
2. Je, familia/jamii inakuchukuliaje kama mzazi/mlezi wa mtoto mwenye ulemavu?
3. Je, uwepo wa mtoto/watoto mwenye ulemavu unaathiri utendaji wako wa kazi?
4. Je, ni changamoto\matatizo yapi yanakukabili kama mzazi/mlezi wa mtoto mwenye ulemavu?
5. Je, umekuwa ukikabiliana na changamoto hizo kama mzazi?
6. Je, kaya yako, wana ndugu, jamii imekuwa ikikupatia msaada wowote? Taja aina.
7. Je, unfikiri nini kifanyike ili uweze kumpeleka mtoto wako shuleni?



**Appendix xi: Interview Guide for Social Welfare Officer at Ilala Municipal Council**

1. Do you have enrolment data for children with disabilities out of schools?
2. Why don't parents enroll their children in primary schools?
3. How does the community receive the children with disabilities?
4. How do cultural beliefs contribute to low enrolment of children with disabilities?
5. Do you think parents' level of education impact on enrolment of children with disabilities?
6. Do you think the socio-economic status of parents can influence enrollment of children with disabilities?
7. What measures do you take to ensure parents enrol their children?
8. What support strategies do you provide to parents of children with disabilities to ensure that they enrol their children in primary schools?
9. What do you say to parents who have not enrolled their children in primary schools?

**Appendix xii : Hojaji kwa Afisa Ustawi Manispaa ya Ilala**

1. Je, una takwimu za watoto wenye ulemavu walio mashuleni na wale wasio mashuleni? Kama zipo naomba nakala zake.....
2. Je, ni sababu zipi zinazowafanya wazazi wenye watoto walemavu wasiandikishe kwenye shule za msingi?.....
3. Je, jamii yetu inawapokeaje watoto wenye ulemavu?
4. Je, kuna mila potofu katika jamii yako zinazochangia wazazi wasiwaandikishe watoto wao kwenye shule za msingi?.....
5. Je, unafikiri kiwango cha elimu cha mzazi kinaweza kikaathiri uandikishwaji wa mtoto mwenye ulemavu katika shule za msingi?.....
6. Je, unafikiri kipato cha mzazi kina mahusiano na uandikishwaji wa mtoto shuleni?
7. Ni nini ambacho umekuwa ukifanya ili kuhakikisha mtoto mwenye umri wa kwenda shule anaandikishwa?
8. Je, ni huduma zipi za kijamii unazowapatia wazazi wenye watoto wenye ulemavu katika wilaya yako?.....
9. Je, nini nini wito wako kwa wazazi /walezi ambao bado hawajawaandikisha watoto wao shuleni?.....  
.....  
.....

**Appendix xiii: Interview Guide For Heads at Disability Centres**

1. How do you feel teaching children with disabilities at your centre?
2. How many children did you enroll this year?
3. Where are the rest of the children?
4. Can you mention some social factors hindering enrolment of children with disabilities?
5. Do the following contribute to low enrolment
  - (a)Parents'/guardians level of education
  - (b)Parents'/guardians' type of economic status
6. Do you think in this area there are some cultural beliefs that affect enrolment of children with disabilities in primary schools?