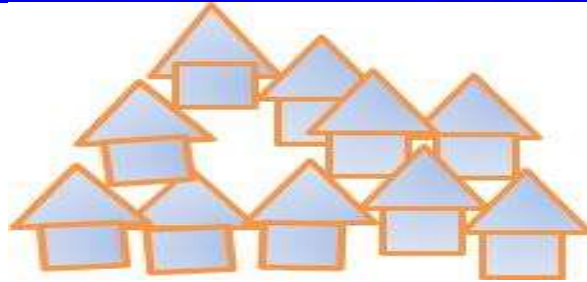
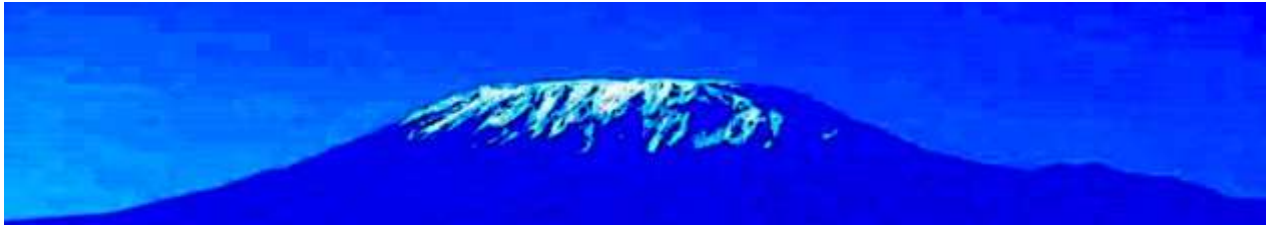


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The Blind Eye on Health Care Services of Children with Disabilities: A Case of Mburahati Ward – Dar es Salaam – Tanzania

Johnas Amon Buhori (PhD)

<https://orcid.org/0000-0003-2103-0623>¹

<p>Article history Received: 14/12/23 Revised: 18/03/23 Accepted: 23/05/24 Published online: 27/05/24</p> <p>Keywords: Children with disabilities, Health Care Services, empowerment, demographic and Socio-cultural factors</p>	<p style="text-align: center;">Abstract</p> <p>Children with disability in developing countries, Tanzania in particular, are still confronted with sociocultural discrimination and inaccessibility to healthcare services. This article entitled "The Blind Eye on Health Care Services among Children with Disabilities: A Case of Mburahati Ward – Dar es Salaam – Tanzania" intends to explore the sociocultural factors denying children with disability accessibility to health care services. Constructivism, which allows inductive reasoning, was employed, allowing qualitative data collection. Moreover, the study purposefully selected 12 parents to inform this study using focus group discussion and observing the principle of saturation. The collected data were analysed using a table summarising each identified theme's key findings. Also, the empowerment theory was employed to guide this study, which advocates for sociocultural transformation among discriminated and stigmatised children with disabilities and their parents. The findings reveal that children with disabilities, due to demographic and sociocultural factors, are denied access to healthcare services in the study area. The study recommends empowering disabled children and their parents while focusing on changing the demographic and sociocultural factors denying them access to healthcare services.</p> <p style="text-align: center;">Ikisiri</p> <p>Makala haya yenye kichwa "Upuuzwaji wa Huduma za Afya kwa Watoto Wenye Ulemavu: Uchunguzi Kifani Kata ya Mburahani- Dar es Salaam-Tanzania" yanakusudia kuchunguza sababu za kitamaduni-jamii zinazowanyima watoto wenye ulemavu kupata huduma za afya. Mbinu ya maelezo ambayo inaruhusu watu kutoa hoja/kujieleza ilitumika katika ukusanyaji wa data za kitaamuli. Aidha, utafiti huu ulitumia sampuli ya wazazi kumi na mbili (12) ambao walitoa data kwa kutumia mbinu ya majadiliano ya vikundi na majedwali ya uchambuzi wa data ili kufanya muhtasari wa matokeo muhimu kutoka kwenye kila data iliyoainishwa. Pia, Makala haya yaliongozwa na Nadharia ya Uwezeshaji ambayo inatetea mabadiliko ya kijamii na kiuchumi miongoni mwa watoto wenye ulemavu na wazazi wao wanaobaguliwa na kunyanyapaliwa. Matokeo ya Makala haya yanaonesha kuwa watoto wenye ulemavu, kutokana na sababu za kidemographia na kijamii na kiutamaduni, wananyimwa kupata huduma za afya. Utafiti huu unapendekeza uwezeshaji wa kijamii na kiuchumi wa familia yenye watoto wenye ulemavu. Maneno ya Msingi: Watoto wenye ulemavu, huduma za Afya, uwezeshaji, sababu za kidemographia na kitamadunijamii.</p>
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¹ The Open University of Tanzania: Faculty of Arts and Social Sciences Department of Sociology and Social Work; Correspondence address: johnas.buhori@out.ac.tz/johnasbuhori@gmail.com
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1.0. Introduction

From time immemorial, people with disabilities have generally experienced discrimination, stigma and isolation, while others were subjected to torture and inhuman treatment. However, after the end of the First World War, when the veterans returned with numerous forms of disabilities. It forced the governments which participated in the war, as a way of recognising their service to the nation, to initiate some rehabilitation services, which were accelerated with technology and consideration of an inclusive environment (Vallie, 2022). Before then, Adugna et al. (2020) noted that people with disabilities were considered meagre, tragic, pitiful, burdened and worthless before society; they were hidden in homes or institutions while others were used for exhibition. Moreover, Vallie (2022) noted that others were sterilised against their will due to the belief that they had frail minds. It is these malpractices against people with disabilities, children in particular, which continue to deny them accessibility and affordable health care services.

However, with the transformation taking place globally, the focus and priority are placed on inclusive, equity and equality among all human beings; where these emphasises are guided by the Sustainable Development Goals by 2030 (SDGs), specifically, goal number three on health, which articulated that "Ensure health lives and promote well-being for all at all ages". Further, the Africa Agenda 2063 "The Africa We Want" on goal 1, which highlights "a high standard of living, quality of life and well-being for all citizens, and goal 3 pressed it emphasises "Health and well-nourished citizen" cementing the importance of health and well-being of all citizen in Tanzania, the government has recognised it through the Tanzania Development Vision 2025, which takes note of the "High-Quality Livelihood". All these efforts, which intend not to leave anyone behind, can be exclusively achieved when children with disabilities can access affordable healthcare services (Adugna et al., 2020).

World Health Organisation (WHO, 2022) revealed that 15% of the world's population, which accounts for at least 1 billion people, live with one or more forms of disabilities; out of this number, 200 million are children. However, of this population, 190 million are identified with various limitations to function accordingly. Their limitations to functioning are associated with limited access to health services, which are compounded by stigma, discrimination, and poor services. Moreover, the World Bank (2022) pointed out that 20% of the world's poorest persons have some form of disabilities; further, it is indicated that 80% of people with disabilities are found in developing countries, Tanzania inclusive. The interwoven relationship between disabilities and poverty is unavoidable among people with disabilities, particularly children, as they face demographic and socio-cultural factors when accessing healthcare services.

The population of people with a disability, according to the Population and Housing Census – Disabilities Monograph (2022), was recorded at 9.3%; however, the National Bureau of Statistics (NBS, 2022) pointed out that 44% of the Tanzanian population comprises of persons below the age of fifteen. From these records, Rohwerder (2020) noted that it is generally agreed that 10% of every population comprises persons with disabilities. In the context of Tanzania, where the population below the age of fifteen is 26283056, the population of children with disabilities is therefore estimated at 2,628,306. From this point, it can be deduced that this population is significant and cannot be ignored; they are entitled to fundamental rights, mainly health care services. On the same note, Kuper et al. (2016) noted that half of the persons with disabilities were likely to enrol in the Community Health Fund compared to abled persons. NBS (2016) noted that 5.6% of households headed by persons with disabilities were members. In the Sub-Saharan region, as reported by Adugna et al. (2020), children with disabilities are confronted with discrimination, isolation, and cultural beliefs (socio-cultural factors), which contribute immensely to the inaccessibility to healthcare services. This study, therefore, aims to explore the demographic and socio-cultural factors halting children with disabilities from accessing health care services.

1.1. Problem Statement

Globally, marital power relations intricately shape the dynamics between couples, fostering interdependence in decision-making concerning procurement of domestic resources (Joshnloo & Jovanović, 2020). In China, the importance of marital power relations on the decision-making process for procuring resources is underscored by the imperative to mitigate the challenges associated with domestic responsibilities (De Bruin & Liu, 2020). However, a notable challenge has surfaced in the sub-Saharan African context, particularly impacting women's decision-making agency, as men wield considerable power in these determinations. This imbalance in decision-making authority within marital dynamics adds a layer of complexity to the process of procuring domestic work-simplifying facilities designed to alleviate the burden of household work for women. Studies indicate that in sub-Saharan Africa, women face a dependency status on decision-making regarding the identification and procurement of resources in their households, presenting a challenge influenced by their specific marital power relations (Abate, 2019; Arthur-Holmes & Busia, 2020; Donald et al., 2023). In countries such as Tanzania, Malawi, and Uganda, marital power relations play a significant role in determining women's procurement of resources, thereby contributing to the existing gender gap in development (Torkelsson & Onditi, 2018). In addition scholars have primarily focused on the influence of gender power relations on collective ownership of resources, such as land, water sources, irrigation systems, fishing grounds, pastures, forests, livestock, crops, and assets (Darmastuti and Wijaya, 2018; Haller et al., 2019; Udas et al., 2019; Cifuentes-Espinosa et al., 2021; Sommer et al., 2020).

However, the specific dynamics of how marital power relations influence the decision-making for procuring domestic work-simplifying facilities among couples in Busega District, Tanzania remain less explored. The gap in understanding includes the nuanced interactions between power dynamics, decision-making processes, and the practical procurement of these facilities. This article sets itself apart from other studies by focusing on marital power relations that dictate decision-making for procuring domestic work-simplifying facilities, recognizing these as essential resources for streamlining household duties.

This article addresses the research question: Why are couples struggling in decision-making for procuring domestic work-simplifying facilities in Busega District, Tanzania? This research question was addressed by examining the status of marital power relations and their application during the decision-making process among couples, particularly during discussions related to the attempt to procure domestic work-simplifying facilities. Furthermore, the article presents two case studies on marital power relations in decision-making and the attempt of procuring domestic work-simplifying facilities in Busega District, Tanzania. Thus far, the study is worth undertaking as it offers insights into the potential disparities and barriers that women encounter when trying to improve their quality of life and reduce the time and energy expended on domestic chores. Additionally, such knowledge can inform targeted interventions and policies aimed at promoting gender equity, enhancing women's empowerment, and improving the overall well-being of communities in Busega District, Tanzania. This article aims to address the identified gap by thoroughly examining the problem of couple's struggles on decision-making for procuring domestic work-simplifying facilities in Busega District, Tanzania.

1.2. Literature Review

Children with disabilities are confronted with inaccessibility to health care services due to the barrier to the environment, which is compounded by household socio-economic status (Mont, 2023). Due to limited resources at household levels, where the scarce resources have many conflicting interests, the need of the disabled child is not the family priority. Generally, in the Saharan region, due to discrimination and little awareness of the aetiology of disabilities, children with disabilities have been denied access to healthcare services by their family members (Kuwana, 2014). It is therefore worth noting that despite the growing human movement and the adaptation of the United Nations Convention on the Rights of Persons with Disabilities, the right to accessibility and affordable health care services in Tanzania is yet to be realised due to demographic and socio-cultural factors among children with disabilities.

A cross-sectional study conducted in Northern Ethiopia by Miftah et al. (2017) revealed that the high prevalence of stigma was a leading factor that stopped them from accessing health care services, even when the medical costs were affordable. Further, the parents or caregivers of children with disabilities are generally ill-treated wherever they access health care services to the extent that hiding their children indoors is a better choice than approaching the health care providers who end up looking at them with negative attitudes and embarrassing them. With the identified malpractices among health workers in Ethiopia and Malawi, children with disabilities are not only confronted with affordable services, but also the health facilities are inaccessible due to social exclusion, stigma, the feeling of being worthless and being looked at differently by the health workers (Miftah et al., (2017; Nota et al., 2015). It is for this reason that the current study intends to explore the socio-cultural factors which deny children with disabilities the accessibility to health care services in Mburahati ward – Tanzania.

Pointing on community attitudes as observed by Paget et al. (2016), Yousafzai et al. (2005), and Magnussen (2011) in Malawi, Uganda, Rwanda, Malawi and Zambia, is enforced by negative attitudes towards children with disabilities they cannot access health care services as the negative attitude results to inadequate support from the community. Further, due to negative attitudes, some parents tend to give up on supporting disabled children with the position that nothing can be done for the child. In Rwanda and Uganda, a health worker couldn't provide medical services to a diagnosed disabled child due to the misconception that the disabled were not sexually active. At the same time, the parent was reported to be rejected as the health workers believed that the children with disabilities couldn't be treated. Treating them was considered a waste of money and medication, which could be more beneficial to an abled person. These findings on the community attitude uncover the plight of children with disabilities in Tanzania on the barrier they have to be confronted with when accessing health care services.

Additionally, Shibre et al. (2001) conducted a study in Ethiopia, and Tilahun et al. (2016) studied the lack of awareness among parents in low-income African countries. These studies revealed that inadequate awareness of disabilities was a significant barrier in the community seeking health care services. Drawing attention to Ethiopia's lack of awareness of the aetiology of disabilities was the major challenge to realise and increase the accessibility to health care services. Some parents believe their children become disabled due to head injury, birth complications, epilepsy, or religious causes. Lack of awareness of the causes of disabilities influenced parents to seek traditional places for care rather than medical attention; many caregivers only relied on prayer to address problems of their child's disabilities. Lack of awareness among caregivers from the onset of disabilities has acted as a setback towards strengthening the accessibility of health care services to children with disabilities in Tanzania.

Numerous authors from the Saharan region, such as Bayat (2014) of Cote d'Ivoire; Barlindhaug et al. (2016); Paget et al. (2016); Nota et al. (2015), and Devendra (2013) of Malawi; Bannink et al. (2015) of Uganda; Miftah et al. (2017) of Northern Ethiopia; and Tilahun et al. (2016) covering the low-income countries of Africa, altogether have reported on the cultural belief as a significant

setback confronting children with disabilities to have access to health care services. The studies have revealed that traditionally, African communities still perceive disabilities as a punishment from God over the evil practices committed by parents; at some points, others associate disabilities with infidelity committed by the child's mother during or before pregnancy. In Ethiopia and Zambia, it is seen as the source of witchcraft, misfortune and curses. Moreover, in Uganda, children with disabilities are feared with the perception of them as demons; in Cote d'Ivoire and Northern Uganda, children with disabilities were isolated or neglected, while others were killed as a sign of cleansing the family and the community. Further, Cote d'Ivoire and Uganda health care workers refused to give health care to children with disabilities for the reasons that it is the misuse of scarce resources which deserve to be used for able children. The identified beliefs around children with disabilities acted as the barrier among parents to seek health care services for the disabled child, while in some circumstances, parents were discouraged from taking the disabled child to the hospital.

The government of Tanzania has committed to providing health care services to all people with disabilities, children in particular (East Africa Community, 2016); the commitment is not limited to the provision of quality health services but also to dealing with socio-cultural factors, so that children with disabilities can adequately access health services. The Policy further recognises the role of government to create awareness of the rights of people with disabilities, children in particular, to be treated with respect and dignity at all times when they access health care services. However, this is not the reality; they cannot access health care services. In developing countries, Tanzania in particular, SIDA (2014) noted that due to budget constraints, issues regarding disabilities are not given priority as they are seen as less significant, which only adds more pressure on the limited available resources. In most circumstances, the government depends on the donors to support or care for the health costs of people with disabilities. However, this is not constitutional and is against the rights of humanity and the government's commitment to providing health care services to its people, children with disabilities in particular.

Recognising the efforts of the government of Tanzania to advance the rights to health care services for children with disabilities, UNICEF (2021) noted that the government had ratified the following international human rights conventions, namely the Convention on the Rights of Persons with Disabilities (CRPD); Convention on the Rights of the Child (CRC); Convention on the Elimination of all Forms of Discrimination against Women (CEDAW). At the regional level, the government has ratified the following human-suitable instruments, namely the African Charter on Human and Peoples' Rights, African Charter on the Rights and Welfare of the Child, and Protocol to the African Charter on Human and Peoples' Rights on the Rights of Women in Africa (Maputo Protocol). At the domestic level, the government has further promulgated the following legislations: The Law of the Child Act CAP 13 RE 2019, the Persons with Disabilities Act 2010, and the Constitution of the United Republic of Tanzania, which recognises all human equality and equity. Despite the identified legislative progress made by the government to advocate and advance the rights to quality healthcare services, children with disabilities, according to Mrisho et al. (2016), still face numerous challenges. This study entitled "A Blind Eye on Health Care Services among Children with Disabilities: A Case of Mburahati Ward – Dar es Salaam – Tanzania" intends to explore the demographic and socio-cultural factors denying children with disabilities access to health care services at Theresa healthcare facilities, which provided therapy, rehabilitation services and medication; it is located at Mburahati Ward – Ubungu municipal, in Dar es Salaam region.

It is important to note that the topic under study is not new, as several studies on the welfare of people with disabilities, children and accessibility to healthcare services in particular, have been conducted. However, in Tanzania, for instance, Kakoko, et al. (2023) conducted a study on physical disability in Singida; Ndyamukama et al. (2022) carried another study on health services for physically disabilities in Singida; Castellani et al. (2022), studied challenges for household with physically disabled persons in Tanzania; Swai. (2022) worked on adolescents with disabilities in northern – eastern of Tanzania; and Rohwerder, (2020) carried out a study on the situational

Analysis of disabilities in Tanzania. Out of the listed studies, none focused on demographical and sociocultural factors in Mburahati ward -Ubungo municipal in Dar es Salaam region. Moreover, Joel, et al. (2018) carried out a study on mental disabilities in Kilimanjaro regional; The African Initiatives. (2018) studied the needs of people with disabilities in Monduli and Longido Districts, Arusha Region, Moshi Rural and Urban Districts, Kilimanjaro Region; The Tanzania Empowerment for Persons with disability and Gender Health Organization (TEPDGHO,2018) surveyed on empowerment, socio-economic and gender issues among persons with disabilities in Tanzania; Kuper et al. (2016) worked on social protection among disabled persons in Tanzania; and Swedish International Development Agency (SIDA, 2014) studied the disabilities rights in Tanzania. Out of the identified studies, none of them were focused on children and the healthcare accessibility. From the presented literature on disabilities welfare in Tanzania, it can be deduced that, to the best knowledge of the researcher, there are still a knowledge gap to filled in with this study on the demographic and socio-cultural factors which halts the accessibility of children with disabilities to healthcare services.

1.3. Theoretical Framework

The theory of empowerment was founded by Julian Rappaport in 1989. It advocates for marginalised individuals to regain power and influence decision-making, which affects their destiny (Rappaport, 1984). It further recognises that some community members have more power, which they have taken from others due to social structure (Zimmerman et al., 1992). Hence, the theory seeks to transform the demographic and socio-cultural factors denying children with disabilities access to healthcare services.

Moreover, Freire (1970) noted that people exposed to social oppression due to social structure or socio-economic imbalances cannot act against the experiences or the situation affecting their destiny. In most cases, they conform and accept it, while others take it as part of their lives. The oppressor influences the marginalised, powerless, and marginalised individuals to accept being inferior, while themselves (oppressors) always stand to be the superiors. The acceptance of inferior status stops them from taking action to emancipate themselves from the dominance of oppressors who are superiors. Using the lens of empowerment theory, Tilahun et al. (2016), the socio-cultural mindset of the community members on the aetiology of disabilities has to be transformed by creating awareness of the rights of children with disabilities.

Moreover, the empowerment process aims to help individuals develop collective decision-making and action skills. It further intends to challenge malpractices and ill-treatment of any community member (Zimmerman, 2000). Shibre et al. (2001) noted that awareness of the rights to healthcare services among children with disabilities should be informed by efforts to challenge all the socio-cultural factors that stand as barriers to healthcare services among children with disabilities. Proposing a solution in the context of this work, Bayat (2014), Paget et al. (2016), Nota et al. (2015), Bannink et al. (2015), and Miftah et al. (2017) noted that the socio-cultural factors denying access to health care services among children with disabilities can be dealt with by creating awareness on the dignity and worth of children with disabilities; which among other rights, it is the accessibility to health care services.

2.0. Methodology

The constructivist paradigm is significant in this work as it seeks to explore the socio-cultural factors denying children with disabilities accessibility to healthcare services. The paradigm, as observed by Guba & Lincoln (1989), allows the researchers to understand the thinking and the viewpoint of the topic using the lens of reality. It is from this point that Jeon et al. (2015) noted that parents with children with disabilities have better knowledge of the world around them; any other person interpreting it is likely to fall into the pitfall of using their own experiences, which is not necessarily applicable to their actual situation. On the same note, the research design is influenced by the research's basic assumptions, which inform the questions formulated to address the set objective, the interpretation used, and the presentation of the findings. For this reason, this study has adopted the explorative research design as it applies to a particular field or topic in

the social sciences on which little information is known or no research has been done (Neuman, 1997). This is to say that researchers give issues of disabilities less priority and consideration; hence, this study determines areas of further research through the adopted research design. Tanzania's mainland has a population of 59,851,347; the Dar es Salaam region has 5,383,728 inhabitants; and the Ubungo municipal council, where the study area is found, is with 1,086,912. Of this number, 26 215 is the population of the Mburahati ward, one of the 14 wards with the lowest population (NBS, 2022). Within the ward, there is a catholic based health care facilities which provides services such as therapy, rehabilitation and medical treatment. The selection was based on parents with disabilities, who qualifies to access the services using the set criteria by the Ubungo District Social Welfare Officer after conducting social investigation to each of them (Ubungo District Social Welfare Report, 2023).

The study was quantitative; as Neuman (1997), the sample size of 12 participants were purposeful selected. The principle of saturation was observed during qualitative data collection. The selection of the 12 participants was guided by the social investigation reports of the District Social Welfare Officer; the parent was supposed to be a single parent without a reliable source of livelihood, having no medical health scheme, separated or divorced due to socio-cultural factors of the disabilities aetiology; and accessing health care services at Mburahati Catholic Mission health facilities.

Qualitative data were collected using focus group discussion, where 12 participants were grouped into four groups of three individuals. Before and during data collection, the following ethical considerations were observed: clearance letter from the Open University and the consent, confidentiality, and do not harm principle (Kothari, 2014). Data were analysed using a theme and presented in the table.

3.0. Results and Discussions

3.1. Results

This section of the presentation of findings has two main sub-sections: the demographic characteristics and the identified socio-economic factors halting disabled children from accessing health care services. More details are presented below.

1.1 Demographic Features

Table 1.1: Demographic Feature

S/N	Age	%	No of Children	%	Education Level	%
1	19 - 24	(2) 16%	1	(2)16.7%	Primary leaver	(6)50%
2	25 - 30	(6)50%	2- 3	(9)75%	Secondary leaver	(3) 25%
3	31 - 35	(4)33%	4- 5	(1)8.3%	Certificate holder	(3) 25%

Table 1.1 shows that the participants were in three categories: age, education level and number of children per woman. It further reveals that the age of 25 – 30 had majorities, while 31-35 scored 33%, and 19-24 was the least with 16%. On the same note, the majority of women, 75%, had 2 to 3 children; 8.3% were recorded to have 4 to 5 children; and the least, at 16%, had only one child. Moreover, 50% of the participants were primary school leavers, 25% were secondary school leavers, and each was a certificate holder. Generally, all participants were divorced or separated and were living in a single room despite the number of children, in a shared house during data collection.

1.2 Identified Socio-Cultural Factors Denying Children with Disabilities Accessibility to Health Care Services

Table 1.2: Socio-Cultural Factors

S/N	Themes in the Checklist	Findings	Implications/Message
01	Increases family conflicts	Participants revealed that when a disabled child is born into the family, it becomes the source of conflicts, which leads to constant gender-based violence, separation and, ultimately, divorce. When a disabled child is born, it is tough for any relationship to survive separation or divorce due to the belief that a disabled child is the outcome of a woman committing adultery.	A disabled child, when born, leads to a marriage or intimate relationship breakdown.
02	Marginalisation and devaluing of women	Moreover, the FGDs noted that in Tanzania, there are still cultural beliefs that the outcome of infidelity committed with a woman in marriage or intimate relationship is the disabled child. It is unfortunately, due to the marginalisation and devaluing of women, men are not part of the outcome even when it is proven that they did commit adultery.	Women are considered as the source of disability problems.
03	Women shouldering the family responsibilities.	Moreover, the FGD revealed that due to family conflicts, which have led to marriage breakdown, the women are left to shoulder all the responsibilities of child caring; on the other hand, a man moves on to marry another woman without supporting the previous family even where there are other children.	The family socio-economic roles are left in the hands of women.
04	Little awareness of the causes of disabilities	During the focus group discussion, it was revealed that community members at large, particularly men, have limited knowledge of the causes of disability. Women are still unfairly treated as the result of disabled child. On the same note, women who are parents to disabled children are still not aware of the causes of disabilities; they mention demons, witchcraft, problems during childbirth, and not obeying guidance from parents.	Community members are still not aware of the etiological of disability.
05	Negative perception about disabilities	The FGD findings show that despite various campaigns to advance the rights of children with disabilities, there are still firmly negative perceptions of disabled children, including their mothers. Disabled children are still perceived as weirdly processed with demons, and their brains are also impaired.	
06	Stigma, discrimination and isolation	It was further noted that women with disabled children live under constant negative feelings about being a parents to disabled children. The FGD noted that women with disabled children are not only stigmatised, discriminated or isolated by their families but face the same treatment from their fellow women wherever they access health care services.	Disabled children unable to access health care services

3.2. Discussions

The discussion of the findings is guided by the demographic features of the study participants and the identified socio-cultural factors denying children with disabilities to access health care services.

3.2.1. Discussion on Demographic Features

The findings imply that 50% of the participants were between 25 and 30, 75% had two to three children, and 50% were primary school leavers. The findings highlight the family size and the level of education among the study participants, which is also associated with the age of the majority. The findings of the study hold the same stands with Senghor et al. (2017), and Grills et al. (2017), who altogether noted that in Sub Saharan region and other low-income countries, when a family have a child with disability, due to socio-cultural factors, is likely to experience socio-economic challenges. This is exacerbated with limited government support on the provision of health care services; the little available have to be used to take care of the disabled child.

Further, this group is significant and cannot be ignored; considering the lens of empowerment theory, the participants cannot carry on with their lives depending on good Samaritans; they have to be empowered with numerous life skills and competencies so that they can live an independent and self-reliant life (Zimmerman, 2000: Cattaneo & Chapman; 2010). Further, Paul Freire noted that education is the fundamental weapon that can be used to counteract marginalisation, discrimination and all cultural setbacks around humankind (Freire,1970). By acquiring knowledge, awareness, skills, and competencies, women can live meaningful lives without depending on Samaritans.

3.2.2. Identified Socio-Cultural Factors Denying Health Care Accessibility to Children with Disabilities

The following themes include increased family conflicts, marginalisation and devaluing of women, women shouldering family responsibilities, little awareness of the causes of disabilities, negative feelings and perceptions about disabilities, and stigma, discrimination or isolation,

Increased Conflicts at Family Levels

The findings of this study have shown that couples with a child with disabilities commonly experience matrimonial conflicts. The conflicts are associated with blame and accusations directed at women as infidel or unfaithful practices that have led to the child being born with a disability. The blame and accusations add to the stress and unresolved grief of raising a disabled child.

Due to violence engulfed with emotions, couples with a disabled child are likely to end in constant marital conflicts and, ultimately, separation or divorce (Sobsey (2021). Further, Joesch & Smith (1997), noted that due to the daily demands of the child with disabilities, the couples are likely to be dysfunctional, as the couples have no time for each other. It is worth noting that noted that disabilities have insignificant causes of instability in marriage.

Marginalisation and Devaluing of a Woman

Due to traditional beliefs, when women give birth to a child with a disability, she loses her value. She faces marginalisation in various socio-economic aspects at the family and community level. Setume (2016) noted that in the Sub-Saharan region, myths and beliefs about disabled children are still powerful; however, the women, in the end, are the ones to bear with the outcome. On the same note, women are judged wrongly due to their slight awareness of the causes of disabilities; in the end, they are marginalised and devalued.

Women Shouldering Family Responsibilities

The findings have revealed that due to myths and beliefs on the disability and its causes, which among men is the infidelity committed with the women. Consequently, Barlindhaug et al. (2016)

noted that Men are quick to act by leaving the home without considering all the children's rights and welfare. Further, Paget et al. (2016) stated that due to socio-cultural factors such as the position of women, the community perception and belief, a woman is left alone to take care of the disabled child and the other sibling while the man moves on to marry another woman.

Little Awareness of the Causes of Disabilities,

Findings obtained from the FGD noted that there was little awareness of the causes of disabilities among women who participated in this study. In the first position, it was expected that accessing health care services at health facilities could have increased their awareness of the aetiology of disabilities.

Shibre et al. (2001) and Tilahun et al. (2016) noted inadequate awareness of the causes of disability. Some parents believed that a child with a disability was due to head injury, birth complications, epilepsy, or religious causes. Hence, the lack of awareness among parents from the onset of disability has acted as a setback towards strengthening the accessibility of healthcare services to children with disabilities in Tanzania. Further, the empowerment theory intends to challenge little awareness of issues that affect minorities, children with disability in particular. Individuals should be capacitated on resource mobilisation to have control and knowledge on advocating for societal inequality (Zimmerman, 2000).

Negative Feelings and Perceptions Against Children with Disabilities

It is worth noting that in the Saharan region, there are still negative feelings and perceptions against children with disabilities. Due to the cultural strongholds, disability is perceived as the punishment for God. These findings were mirrored by the studies of Bayat (2014) in Cote d'Ivoire, Nota et al (2015) in Malawi, Bannink et al. (2015) in Uganda, Miftah et al. (2017) in Ethiopia; and Tilahun et al. (2016) where disabilities were still perceived as the source of witchcraft, misfortune and curses; while in Uganda, children with disability are feared with the perception of being possessed with a demon. Cattaneo & Chapman (2010) proposed that realising the empowerment process among marginalised individuals, women taking care of children with disabilities in particular begins when one becomes aware of the reasons that subject them to the impediment status. In this case, parents with disabled children should be against the negative feelings and perceptions around them.

Stigma, Discrimination or Isolation

The FGD revealed that children with disabilities have limited access to healthcare services due to stigma, discrimination and isolation, which begin at the family level and later spill out to the community. Miftah et al. (2017) it was revealed that the high prevalence of stigma was a leading factor which stops children with disabilities from accessing healthcare services, even in an event where the medical costs are affordable. With the identified malpractices among health workers in Ethiopia and Malawi, children with disability are not only confronted with affordable services, but also the health facilities are inaccessible due to social exclusion, stigma, the feeling of being worthless and being looked at differently by the health workers (Miftah et al., (2017; Nota et al., 2015). Further, Mactaggart et al. (2016) noted that empowerment theory can be used to parents, families and community members to transform their state of stigma, discrimination and isolation against children with disabilities.

4.0. Conclusions and Recommendations

The findings have shown that the 20 women who participated in this study were not working; they depended on Good Samaritan to support them financially to meet the health costs for their children. The government had instructed all councils to set 10% of the collected task, which should be given to particular groups, including women with disabled children. The stated government guideline cannot be implemented if the community development officers who are the custodians remain in offices without using community platforms to reach the society's isolated, stigmatised and discriminated members.

The study has identified socio-cultural factors which deny children with disabilities accessibility to healthcare services. Access to health care services depends on the government's will to implement the Disability Act fully. It is the government's position and allocating financial resources which would increase accessibility to health care services among children with disabilities.

References

- Adugna, M.B., Nabbouh, F., Shehata, S., and Ghahari, S. (2020). Barriers and Facilitators to Healthcare Access for Children with Disabilities in Low and Middle Income Sub-Saharan African Countries: a Scoping Review. *BMC Health Services Research*. (2020) 20:15 <https://doi.org/10.1186/s12913-019-4822-6>
- African Initiatives. (2018). Disability Needs Assessment and Situation Analysis. Monduli and Longido Districts, Arusha Region, Moshi Rural and Urban Districts, Kilimanjaro Region: African Initiatives.
- Balcazar, F. E., and Suarez-Balcazar, Y. (2017). Promoting Empowerment among Individuals with Disabilities. In M. A. Bond, C. B. Keys & I. Serrano-García (Eds.). *APA Handbook of Community Psychology* (Vol. 2, p. 571-585). American Psychological Association.
- Bannink, F., Stroeken, K., Idro, R., and Van Hove, G. (2015). Community Knowledge, Beliefs, Attitudes, and Practices towards Children with Spina Bifida and Hydrocephalus in Uganda. *International Journal of Disability Development in Education*. 2015;62(2):182–201.
- Barlindhaug, G., Umar, E., Wazakili, M., Emaus, N. (2016). Living with Disabled Children in Malawi: Challenges and Rewards. *African Journal of Disability*. 2016;5(1):1–8.
- Bayat, M. (2014). Understanding Views of Disability in the Cote d'Ivoire. *Journal of Disability Society*. 2014;29(1):30–43.
- Castellani, J., Kimbute, O., Makasi, C., Mrango, Z. E., Paulus, A, T, G., Evers, S, M, A, A., Hardy, P., Sumner, T., Keiya, A., Mihaylova, B., Faiz, M. A., and Gomes, M. (2022). Daily life and challenges faced by households with permanent childhood developmental disability in rural Tanzania: A qualitative study. *Journal of Developmental and Physical Disabilities*, 34, 471–90.
- Cattaneo, L. B., and Chapman, A, R. (2010). The Process of Empowerment: A Model for Use in Research and Practice. *American Psychologist*, 65(7), 646–659.
- Devendra, A., Makawa, A., Kazembe, P, N., Calles, N, R., Kuper, H. (2013). HIV and Childhood Disability: A Case-Controlled Study at a Paediatric Antiretroviral Therapy Centre in Lilongwe, Malawi. *PLoS One*. 2013;8(12): e84024.
- East Africa Community. (2012). East Africa Policy on Persons with Disabilities. Retrieved from <http://shivyawata.or.tz/wp-content/uploads/2015/01/EAC-DISABILITIES-POLICY.pdf>. Accessed on 20.05.2022.
- Freire, P. (1970). *Pedagogy of the Oppressed*. Continuum Publishing Company.
- Grills, N., Singh, L., Pant, H., Varghese, J., Murthy, G, V, S., Hoq, M., and Marella, M. (2017). Access to Services and Barriers faced by People with Disabilities: A Quantitative Survey. *Disabil. CBR Inclusive Development*. 2017, 28, 23–24.
- Guba, E. G., and Lincoln, Y, S. (1989). *Fourth Generation Evaluation*. Newbury Park, CA: Sage. [https://www.scirp.org/\(S\(czeh2tfqw2orz553k1w0r45\)\)/reference/referencespapers.aspx?referenceid=494371](https://www.scirp.org/(S(czeh2tfqw2orz553k1w0r45))/reference/referencespapers.aspx?referenceid=494371). Accessed 26.04.2023
- Gudlavalleti, M, V, S. (2018). Challenges in Accessing Health Care for People with Disabilities in the South Asian Context: A Review. *International Journal of Environmental Research and Public Health* 15(11):2366. Retrieved from <file:///C:/Users/admin/Downloads/Challenges in Accessing Health Care for People wit.pdf>. Accessed on 22.05.2022.
- Jeon, B., Kwon, S. and Kim, H. (2015). Health Care Utilisation by People with Disabilities: A Longitudinal Analysis of the Korea Welfare Panel Study (KpWePS). *Disabilities Health*, 2015, 8, 353–362.
- Joel, C., Msuya, S., John, B., and George, J. (2018). Collateral Effects Encountered by Families of Children Living with Physical or Mental Disabilities, or Both, in Kilimanjaro, Tanzania: a cross-sectional study. *The Lancet Global Health*. 6. S51. 10.1016/S2214-109 X (18)30180-3
- Joesch, J. M., and Smith, K. R. (1997). Children's Health and their Mothers' Risk of Divorce or Separation. *Social Biology*, 44(3-4), 159-169.
- Kakoko, D., Kigadye, E., and Hean, S. (2023). Special Healthcare Needs of Children with Disabilities in Tanzania: Challenges and Recommendations. *Change Agents; An Inter-Professional Book about Children with Disabilities in Tanzania and Norway*; pp 94–105. <https://doi.org/10.18261/9788215057903-23-05>

- Kothari, C, R. (2014). *Research Methods of Technique*. New Delhi. Wiley Easter Ltd.
- Kuper, H., Walsham, M., Myamba, F., Mesaki, S., Mactaggart, I., Banks, M., and Blanchet, K. (2016). *Social Protection for People with Disabilities in Tanzania: A Mixed Methods Study*. *Oxford Development Studies*, 44:4, 441-457.
- Kuwana, M, R. (2014). *Barriers to Accessing Health Care Services for Children with Disabilities in Southern Africa: The Case of Namibia*. Oslo and Akershus University College of Applied Sciences, Faculty of Social Sciences. Retrieved from <https://core.ac.uk/download/pdf/35074851.pdf>. Accessed on 09.02.2024
- Legal and Human Rights Centre (LHRC) & Zanzibar Legal Services Centre. (2018). 'Unknown Assailants': A Threat to Human Rights - Tanzania Human Rights Report – 2017. LHRC & ZLSC.
- Mactaggart, I., Kuper, H., Murthy, G.V.S., Sagar, J., Oye, J. and Polack, S. (2016). *Assessing Health and Rehabilitation Needs of People with Disabilities in Cameroon and India*. *Disabilities Rehabilitation Journal*. 2016, 38, 1757–1764.
- Magnussen, H, J, A. (2011). *Childhood disability in Rural Zambia: A Qualitative Study on the Use of Health Care Services*.
- Miftah, R., Tilahun, W., Fantahun, A., Adulkadir, S., Gebrekirstos, K. (2017). *Knowledge and Factors Associated with Pain Management for Hospitalised Children among Nurses Working in Public Hospitals in Mekelle City, North Ethiopia: Cross Sectional Study*. *BMC Res Notes*. 2017;10(1):122.
- Mont, D. (2023). *COVID-19, Access and Assistive Technology: The Need for Preparedness*. *Global Social Policy*, Vol. 23(1), pp. 167-170.
- Mrisho, M., Kakih, B., Greenwood, M., and Steff, M. (2016). *Hear my Voice: Old Age and Disabilities are not a Curse*. Sight Savers, UK. Retrieved from <https://www.km4djournal.org/index.php/km4dj/article/view/308/395>. Accessed on 17.05.2022.
- National Bureau of Statistics (NBS, 2022). *The 2022 Population and Housing Census, Age and Sex Distribution Report*, Dar es Salaam, Tanzania
- Ndyamukama, A. (2022). *Access to Healthcare for People with Physical Disability in Tanzania: a Case of Singida Rural District, Singida-Tanzania*. <https://doi.org/10.58694/20.500.12479/1511> Provided with love from The Nelson Mandela African Institution of Science and Technology.
- Ndyamukama, A. S., Dillip, A., and Chipwaza, B. (2022). *Access to supportive health services for people with physical disabilities: A case of health facilities in Singida Rural District, Tanzania*. *Health*, 14(3). <https://doi.org/10.4236/health.2022.143028>
- Neuman, W, L. (1997). *Social Research Methods: Qualitative and Quantitative Approaches*. 3rd
- Nota, A., Chikwanha, T, M., January, J., and Dangarembizi, N. (2015). *Factors Contributing to Defaulting Scheduled Therapy Sessions by Caregivers of Children with Congenital Disabilities*. *Malawi Med J*. 2015;27(1):25–8.
- Paget, A., Mallewa, M., Chinguo, D., Mahebere-Chirambo, C., and Gladstone, M. (2016). *"It Means you are Grounded"—Caregivers' Perspectives on the Rehabilitation of Children with Neuro Disability in Malawi*. *Disabil Rehabil*. 2016;38(3):223–34.
- Rappaport, J. (1984). *Studies in Empowerment: Introduction to the Issue*. *Prevention in Human Services*, 3, 1-7.
- Rohwerder, B. (2020). *Tanzania Situational Analysis. Disabilities Inclusive Development*. Retrieved from <https://opendocs.ids.ac.uk/opendocs/bitstream/handle/20.500.12413/15509/DID%20Tanzania%20SITAN%20%20June%202020.pdf?sequence=1>. Accessed on 26.05.2022
- Rohwerder, B. (2020). *Tanzania Situational Analysis. Disability Inclusive Development*. Institute of Development Studies. <https://opendocs.ids.ac.uk/opendocs/handle/20.500.12413/15509>
- Senghor, D. B., Diop, O, and Sombie, I. (2017). *Analysis of the Impact of Healthcare Support Initiatives for Physically Disabled People on their Access to Care in the City of Saint-Louis, Senegal*. *BMC Health Service Research*. 2017, 17, 695.

- Setume, S, D. (2016). Myths and Beliefs about Disabilities: Implications for Educators and Counselors. *Journal of Disabilities & Religion*, 20:1-2, 62-76, DOI: [10.1080/23312521.2016.1152938](https://doi.org/10.1080/23312521.2016.1152938).
- Shibre, T., Negash, A., Kullgren, G., Kebede, D., Alem, A., and Fekadu, A. (2001). Perception of Stigma among Family Members of Individuals with Schizophrenia and Major Affective Disorders in Rural Ethiopia. *Soc Psychiatry Psychiatr Epidemiol.* 2001;36(6):299–303.
- Sobsey, D. (2021). Marital Stability and Marital Satisfaction in Families of Children with Disabilities: Chicken or egg? University of Alberta. *Developmental Disabilities Bulletin*, 2004, Vol. 32, No. 1, pp. 62-83.
- Swai, E, A., Msuya, S, E., and Moshi, H. (2022). Children and Adolescents with Physical Disabilities: Describing Characteristics and Disability-related Needs in the Kilimanjaro Region, North-Eastern Tanzania – a Cross-Sectional Survey. *BMJ Open* 2023;13:e064849. doi:10.1136/bmjopen-2022-064849
- Swedish International Development Agency. (SIDA, 2014). Disabilities Rights in Tanzania. Retrieved from <https://cdn.sida.se/app/uploads/2021/05/07125818/rights-of-persons-with-disabilities-tanzania.pdf>. Accessed on 19.05.2022.
- Tahra, J. (2017). Improving Systems of Care for Children with Special Needs. Retrieved from https://www.ncsl.org/Portals/1/HTML_LargeReports/Children_Special_Needs_1.htm. Accessed on 14.06.2022.**
- Tanzania Empowerment for Persons with disability and Gender Health Organization (TEPDGHO). (2018). The Right of Persons with Disabilities to the Highest Attainable Standard of Health in Tanzania. Report.
- Tilahun, D., Hanlon, C, Fekadu, A., Tekola, B., Baheretibeb, Y., and Hoekstra, R, A. (2016). Stigma, Explanatory Models and Unmet Needs of Caregivers of Children with Developmental Disorders in a Low-Income African Country: A Cross-Sectional Facility-Based Survey. *BMC Health Serv Res.* 2016;16(1):152.
- Ubungu Social Welfare Report. (2023). Annual Report on Health, Needs and Challenges for Children with Disabilities. Ubungu Municipal – Dar es Salaam region
- United Nations Children Funds. (UNICEF, 2021). A Situation Analysis of Children and Young People with Disabilities in Mainland Tanzania and Zanzibar. Retrieved from <https://www.unicef.org/tanzania/media/2626/file/Children%20and%20Young%20people%20with%20Disabilities,%20a%20Situation%20Analysis.pdf>. Accessed on 19.05.2022.
- United Republic of Tanzania. National Bureau of Statistics. (NBS, 2016). Basic Demographic and Socio-Economic Profile.
- United Republic of Tanzania. National Bureau of Statistics. (NBS, 2022). Population and Housing Census– Draft Report.
- Vallie, S. (2022). What to Know about the Disability Rights Movement? Retrieved from <https://www.webmd.com/a-to-z-guides/what-to-know-about-the-disability-rights-movement>. Accessed on 10.03.2024
- Williams, E, and Musumeci, M. (2021). Children with Special Health Care Needs: Coverage, Affordability, and HCBS Access. Retrieved from <https://www.kff.org/medicaid/issue-brief/children-with-special-health-care-needs-coverage-affordability-and-hcbs-access/>. Accessed on 14.06.2022.
- World Bank. (WB, 2022). Understanding Poverty. Retrieved from <https://www.worldbank.org/en/topic/disabilities#1>. Accessed on 25.05.2022.
- World Health Organisation. (WHO, 2022). Disabilities and Health. Retrieved from <https://www.who.int/news-room/fact-sheets/detail/disabilities-and-health>. Accessed on 23.05.2022
- Yousafzai, A, K., Edwards, K., D'Allesandro, C., and Lindström L. (2005). HIV/AIDS Information and Services: The Situation Experienced by Adolescents with Disabilities in Rwanda and Uganda. *Disabil Rehabil.* 2005;27(22):1357–63.
- Zimmerman, M. (2000). Empowerment Theory; Psychological, Organisational and Community Levels of Analysis. New York – USA. Retrieved from https://moodle2.units.it/pluginfile.php/395877/mod_resource/content/0/Zimmerman%202000.pdf. Accessed on 17.05.2022

Zimmerman, M. A., Israel, B. I., Schulz, A., and Checkoway, B. (1992). Further Explorations in Empowerment Theory: An Empirical Analysis of Psychological Empowerment. *American Journal of Community Psychology*, 20, 707-728.

Policy Brief

The details provided below highlight the policy implications around community development discipline in the study area; it focuses on the roles of officers, disabled children and their mothers;

- i. The government of Tanzania recognises equality among its citizen despite their diversity; actually, the United Republic of Tanzania forbids all forms of discrimination. However, children with disabilities are still isolated and discriminated against from accessing healthcare services, which is identified as one of the basic needs of Tanzania. Having the articulation from the Constitution compels all Tanzanians, community development officers in particular, to sensitise the marginalised women on the availability of healthcare services and the means to access them.
- ii. The Health Policy has declared that all children under five should have free access to healthcare services. However, due to inadequate knowledge, marginalised women, particularly the mothers of disabled children in the study area, indicated not to be aware of this right. Hence, the community development office should strive to conduct a community outreach campaign to reach all community members.
- iii. Community development officers are the custodians of the percentage of revenue collected at each district council in Tanzania, which includes women among its beneficiaries. Considering the level of education among the mothers of the disabled children in this study, it is not easy for them to organise themselves or be part of any income group that would visit the offices to acquire the loan/grant set for socio-economic development. It is, therefore, upon the community development officers to shift from office base to grassroots levels, where the marginalised individuals are still left without information, which would help them break away from inaccessibility to health services and other basic needs.
- iv. Community development officers are the custodians of numerous income-generating groups in all districts in Tanzania, and they assist these groups in being registered. From this viewpoint, it can help marginalised women in the study area be part of the income-generating groups after holding a social dialogue with them, seeking to understand the definition of the world around them.
- v. Self-alliance requires any individual to have a livelihood activity, which may demand acquiring specific competencies for the continuity of survival. The mothers of disabled children do not have any skills and are left on their own. Community development as a discipline has invested in constructing several collages which impart numerous skills to women and men. The sustainability of the lives of women with disabilities in the study area would be meaningful when these women are capacitated with specific competencies which would help them have access to socio-economic activity, which would support them to have access to;
 - a. Money to pay for the Community Health Fund, which costs less than Tsh50,000 per annual
 - b. Money to pay for house rent, food and clothing
 - c. Money to support disabled children with all their basic needs