

Challenges Facing People with Disabilities and Possible Solutions in Tanzania

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Abstract

The first ever World report on disability, produced jointly by World Health Organization and the World Bank, suggests that more than a billion people in the world today experience disability. Therefore, about 10 per cent of the world's populations are PWDs. Out of the number said above, 80 per cent of PWDs live in developing countries. As for Tanzania in particular, the World Health Organization (WHO) and International Labour Organization (ILO)'s reports of 2007 estimated that there were more than 3 million people in Tanzania who have disability. Probably the number is still the same. The number includes both physical and mental disabilities. Reports and experience show that people with disabilities often face mistreatments in a number of ways and because of various reasons. In addition the World Bank has estimated that, 20 per cent of the most impoverished individuals are disabled. Evidently, women and children with disabilities are more susceptible to abuse, including physical and sexual violence as they may not receive sexual education and may be less able to defend themselves against sexual abuse and rape. Other reports indicate that, the mortality rates for people with disabilities are higher than persons without disabilities. Worse enough Tanzania Human Rights Report of 2010 which quotes the Disability Survey Report of the Government of Tanzania of 2008 confirms that, the current illiteracy rate for disabled persons in Tanzania is 47.6 per cent compared to 25.3 per cent of the people without a disability. That means almost half of the PWDs are not educated.

Key words: The civil, political, social, economic, charity and cultural rights to all people.

Introduction

There is in place the Persons with Disabilities Act of 2010 of Tanzania, which incriminates all forms of discrimination and mistreatments against persons with disabilities, while at the same time provides for the rights and duties of the same. It is a law of its kind, probably, the whole of East African Region. It came after long sufferings of these people, after hundreds of assaults and deaths caused by the said ill-mindset. Obviously, Civil Society Organizations (CSOs) and the government through good support of funding partners are doing a good job to reform the ill-mindset of the people, which is rooted in some of the harmful traditional practices. Despite this notable positive progress reached so far, Comprehensive Community Based Rehabilitation in Tanzania (CCBRT) Vision 2008-2012, Guiding Tanzania Document of 2008, persons with disabilities are three times more likely to contract HIV/AIDS as they are often excluded from receiving information about HIV/AIDS and they are less likely to receive HIV/AIDS related services (CCBRT Vision 2008-2012). For example in most of developed countries (Tanzania inclusive), about 90 percent of children with disabilities do not attend school and that, because of lack of education, these people find themselves in marginalized position as they could not be employed or self-sustaining.

As a result, they form a poor family which will in return raise a poor child and access poor education which prepare him to live poor life.

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Meaning of Disability

Disability is part of the human condition. Almost everyone will be temporarily or permanently impaired at some point in life, and those who survive to old age will experience increasing difficulties in functioning. Most extended families have a disabled member, and many non-disabled people take responsibility for supporting and caring for their relatives and friends with disabilities.

On the other hand, Disability is complex, dynamic, multidimensional, and contested. The transition from an individual, medical perspective to a structural, social perspective has been described as the shift from a “medical model” to a “social model” in which people are viewed as being disabled by society rather than by their bodies. The medical model and the social model are often presented as dichotomous, but disability should be viewed neither as purely medical nor as purely social: persons with disabilities can often experience problems arising from their health condition (WHO and WB report on disability 2011).

The overall objective of this Article is to provide evidence on the specific nature and challenges facing people with disabilities when accessing social needs services in Tanzania.

Current Situation of Persons with Disabilities in Tanzania

Persons living with disabilities in Tanzania still face several challenges which have remained unattended for quite sometimes with no proper mechanism to curb them. These challenges include lack of universal access in the structural buildings, persons with disabilities living under extreme poverty, the high unemployment rate among persons with disabilities and poor provisions of education and health services. (Human Rights Report Tanzania, 2012). Worse enough, universal access that calls for the enabling facilitating movement to persons with disabilities in the country is still a problem. A study initiated by local NGOs that deals with the rights of persons with disabilities, the Information Centre on Disabilities (ICD) reveals that; there are stairs in hospitals and most public and private buildings, inaccessible toilets, open rainwater and/or sewage canals, narrow pathways in a way that is very narrow and a wheelchair cannot pass through, dark and high structural elements at the reception where the window is situated so high that a PWD cannot easily access it and dangerous road crossings sign which are not respected by road users (Human Rights Survey Tanzania, 2012).

The poverty rate to persons with disabilities is at an alarming situation which has turned some of them into beggars in the street. This is accelerated by lack of opportunities for this group. For instance, in one incident in Ukerewe it was observed, a PWD was denied a loan from the bank simply because of his condition. He said in Kiswahili;

“.....Mimi nilienda benki ya NMB kule Ukerewe ninakoishi Nikaomba mkopo baada ya kuwasilisha vielelezo vyangu vyote vya nyumba. Lakini nilinyimwa mkopo wakati wengine walipeleka hata vielelezo vya viwanja tu wakapata mkopo. Nilipomfuata meneja wa tawi akasema hawawezi kunikopesha kwani nikishindwa kulipa watahindwa waanzie wapi kunidai huo mkopo hivyo nirudi tu nyumbani. Kwa kweli iliniumiza sana kwa sababu nilikuwa na vigezo vyote vya kupata mkopo kama watu wengine....”

“I applied for a loan at the NMB bank in Ukerewe and submitted all the requirements including the title deed for my house. Sadly, my colleagues who had only title deeds for the plot were given the loan while as I was denied. I went to the bank manager to seek clarification only to be told that they could never give me a loan saying how would they demand from me in case I failed to repay. He turned me down and ordered me to go home. I felt very bad taking into consideration that I had qualified for it. (Human Rights Report Tanzania, 2012).

Persons with disabilities in Tanzania are also faced with serious stigmatization and torture. In some parts of the country persons with disabilities are locked in the house while as others are tied on trees or other objects as if they are animals. In 2012, such incidences were reported in Tanga, Pwani, Kiteto, Rombo and the most horrific one took place at Iguta Village, Isalavanu Ward in Mufindi District. The horrifying ordeal involved a young lady Stamili who

was locked inside the room with her legs tied up. She had neither the care nor support and whoever had done the act had little regard for human dignity.



Source: information centre on disability survey report, 2012

The cruelty against this young girl is inhuman and degrading that should not be tolerated in our communities. Cruelties against persons with albinism also continued although in small scale compared with the past. In 2012 a decomposed body of a person with albinism with some parts of his body missing was found at Nambala Village in Kikwe ward – Arumeru (Human Rights Report 2012). Other pertinent problems facing this special group is the education system in the country as it does not provide room for inclusive education to cater for students with disabilities needs. Currently there are only 16 special schools for persons with disabilities and 159 units integrated in ordinary schools in the whole country. There are only two special Teachers College that train persons with disabilities in Tanga and Arusha Tanzania (Human Rights Report, 2012).

The situation in ordinary schools where special units have been integrated is not promising. They lack specialized teachers, interpreters, sign language experts and school equipment to enable persons with disabilities to master their studies. For instance Korogwe Teachers College does not have a typing machine with Braille for the visual impaired. LHRC is of the view that, persons with disabilities in Tanzania and in Africa particularly still face challenges which need to be addressed in its entirety.

Table 1 shows the number of people with disabilities as estimated by the Ministry of Social Welfare Development, Women and Children (1998)

Table 1: Estimate of People with Disabilities in Tanzania

Types of disability	Number of people
Physical disability	850,416
Mental disability	242,976
Visual disability	820,044
Heavy Impact	607,440
Multiple Handicap	121,488
Others	394,836
Total	3,372,000

Causes of Disability in most of developing countries including Tanzania

The World Health Organization (WHO) reported in a 29-country study in Africa that the foremost cause of disability was infectious disease. The leading conditions included malaria, polio and leprosy, along with other communicable diseases such as tuberculosis, trachoma, media, meningitis and parasitic disease. The incidence of many of these communicable diseases has been greatly reduced in developed countries but they remain a significant cause of disability in LICs. The second major cause of disability was war, trauma or accidents (primarily road accidents). The third most common cause of disability was congenital and non infectious diseases such as epilepsy. The poor quality

of prenatal care results in disabilities such as cerebral palsy. Other causes of disability include malnutrition due to vitamin A, iron and iodine deficiency and chronic medical conditions such as rheumatic diseases, stroke and diabetes. The HIV/AIDS epidemic has further contributed to the prevalence of disability because many people living with HIV develop different types of impairments and functional limitations.

The study found that chronic conditions such as heart disease and diabetes are in large part outpacing traditional public health targets such as malnutrition and childhood infectious diseases, Mental illness and low back pain are the most common causes of disability, with mental illness responsible for 23 percent of “years lived with disability,” in Tanzania and low back pain linked to 11 percent. (WHO report, 2011)

Many causes of impairment in Tanzania are directly linked to the quality of healthcare during pregnancy and the neonatal period and many disabilities can be prevented if newborns with impairment are treated immediately after birth. For every woman who dies during delivery, up to 20 women become disabled. However, with high quality services, around 25 per cent of all disabilities can be prevented (CCBRT Report, 2011).

Gender and access to education of people with disabilities in Tanzania

In Tanzania, women and girls face inequity in society. A girl with a disability is less likely to attend school and more likely to be kept at home doing domestic chores. Mothers and other female relatives are the primary caregivers of children with disabilities, leaving them unable to work or be socially active. Illiteracy rates amongst disabled adults are double those of adults without disabilities. Without an education, full participation in community life is virtually impossible.

Do children with disabilities have equal access to education?

Despite Tanzania’s very significant effort to increase the opportunities for children to access schooling, there is still a serious under enrollment of children with disabilities. According to the research by M. Possi, in Tanzania, shows that 98 per cent of disabled children in developing countries are not in school. In Tanzania, only four out of ten per cent of children with disabilities are in primary education, now where are the others? What are the reasons behind this situation? What opportunities exist for them? And when will this problem come to an end? This is mainly caused by discrimination, social barriers and problems with access. Schools are not designed to cater for children with disabilities and teachers are not adequately trained (Possi, 1997).

For instance, Regulation 7 of the Education (Expulsion and Exclusion of Pupils from Schools) Regulations of 2002 which is made under provisions of the Education Act of 1978 permits heads of the schools to refuse to admit or readmit pupils with undesirable physical health in their schools if it appears that a pupil’s physical condition attracts undesirability for the pupil to be admitted to the school. This rule is discriminatory because disabled children can be denied of access to school by being considered to fall under this broad category of having undesirable physical conditions. The available statistics indicate that the level of passing the examination of pupils with disabilities is dropping. For instance, in year 2009 only 65 percent of pupils with disabilities were selected to join secondary schools comparing to 70.43 percent of 2008. Therefore, for one year only the number has dropped down for about 16 percent. The question is how can we make this world a better space for all and include the PWDs in development process while we really sideline this group out of education system? O’Toole, B. (1988).

The long-term benefits in having a work place free from discrimination as Ambassador Tim Clarke says need to be designed from the level of ensuring equal access to education and the target of ending gender inequality in education by 2015 will not be reached without the inclusion of disability (WHO Report, 2011). Moreover, the learning environments of most of the schools are very harsh to children with disabilities. The Haki Elimu’s research of April 2009 revealed that, 95 percent of the school buildings, even those built during the implementation of PEDP have not taken into account the needs of pupils with disabilities. This situation is attributed by more other factors including the negative attitude of the members of the communities that, people with disabilities cannot sustain studies. So many practical factors do restrain and draw back the progress toward inclusive (with PWDs) universal primary education. As a result, only few children with disabilities are attending schools as it is stated above. While the Rule 6 of the UN Standard Rules on Equalization of Opportunities for Persons with Disabilities of 1994 puts obligation to

every State to ensure that it make documentation readable and accessible to different groups of PWDs (WHO and WB report on disability 2011).

The Interaction between Disabled and Non Disabled people in Tanzania

The question is, how are the communities interacting with PWDs in Tanzania? PWDs in Tanzania are interacting with the communities in which they live in a variety of roles, as patients, businesspeople, friends and customers. They are exposed to several limitations when trying to access services, either for lack of money or because of their disability. Often they adopt special behaviors in dealing with their fellows, such as excluding themselves, being aggressive, being afraid or reserved (not asking for their rights) UNDP (2005).

The promoters reported that in about 60% of all cases they have observed a discriminative, inconsiderate and non-caring attitude of the community members towards PWDs (in about 40% of all cases they observed a non-discriminative, considerate and caring attitude). They noticed several kinds of specific behaviors towards PWDs, such as providing PWDs with material or financial assistance, being surprised at seeing a PWD (especially one with education), being hesitant to assist PWDs, denying PWDs the right to express themselves, giving or not giving PWDs priority (ICD, 2012) .

I therefore urge the government, development partners and community at large to strengthen Disability people's organizations (DPOs) involve with DPOs and try to strengthen their work; they reach out to people especially to the rural areas. DPOs could also be involved in awareness rising at the household and community level, Train community workers to participate in screening and preventive health care services, raise awareness for the needs of people with disabilities in communities and empower People with Disabilities and their Families in order to maximize their health and rights.

The most challenges facing persons with Disabilities in Tanzania

- i) They also face challenge in accessing health services as they usually get humiliated by health providers, while health centers' infrastructure pose obstacles for them to reach the areas
- ii) The survey report conducted CCBRT in Tanzania also indicates that there is gender imbalance of employment opportunities to PWDs as men with disabilities are more employed than that of their counterparts and that the working environment are not friendly to PWDs. (CCBRT, 2010)
- iii) Persons with Disabilities face challenges as denial of employment, economic marginalization. They are regarded as people who cannot contribute to anything, are dependant and always wait to be helped (Jimmy, 2013)
- iv) Lack of physical power. PWDs also lack physical energy to fight sexual aggressors
- v) Poverty. Most of people with disabilities are poor so they look for money and get HIV/AIDS in the process.
- vi) Limited access to information. They are marginalized groups who are not easily reached by health information sites, for example many people with disabilities do not have the opportunity to access where HIV/AIDS discussion, blood screening and sensitization take place. In the same manner they deliberately have unprotected sex with them.
- vii) Wrong belief that women with disabilities are not HIV/AIDS infected. Some men tend to assume that women with disabilities are less likely to have HIV/AIDS and so involve them in sex relations.

Possible solutions

The African states' including Tanzanian governments in cooperation with civil society are supposed to implement the following:

1. Formulate and implement national policies, programmes and legislation to promote the full and equal participation of persons with disabilities;

2. Promote the participation of Persons with Disabilities in the process of economic and social development;
3. Promote the self-representation of People with Disabilities in all public decision-making structures;
4. To enhance support services for disabled persons;
5. Promote special measures for children, youth, women and elderly persons with disabilities;
6. Ensure and improve access to rehabilitation, education, training, employments, sports, the cultural and physical environment;
7. To promote and protect disability rights as human rights;
8. To support the development of and strengthen 'Disabled Persons' organizations;
9. Mobilize resources.

Conclusion

In this light, the challenge confronting policy and law formulation to promote, protect and safeguard the rights of persons with disabilities needs to be viewed in a broader context beyond a single piece of legislation. According to WHO report on disability which stipulates that; lack of equitability access to resources such as education, employment, health care and the social and legal support system resulting in person with disabilities having disproportionately high rate of poverty (WHO Disability Report 2012). Sustainable equitable progress in the agreed global development agenda cannot be achieved without the inclusion of persons with Disabilities. If they are not included, progress in the development will further their marginalization.

Recommendations

The law is there and so are numerous regulations that seek to ensure PWDs are always given due recognition and equal right in accessing public facilities, but the most important thing is how the society perceives them and caters to their needs. This is about setting in process a turnaround in mindsets, so that the people with disability in our midst do not feel left out or held down by their disabilities. The most important is that, the government should go beyond enactment of legislations on employment of PWDs through intensifying awareness raising efforts towards disability policies and legislations to public and private sector's employers as an attempt to encourage them employ people with disabilities. PWDs should be encouraged to apply for formal employment opportunities and that there should be gender equality (WHO, 2005). All working barriers such as lack of lifts and ramps in office buildings, equipments, and reliable transport to and from the office should be removed and companies should be sensitized to have disability policies and legislations in workplaces that oversee the employment of PWDs and penalties for those who do not comply with them must be formed. Media should be in a frontline on this. The society too should realize that PWDs are part of the society; they also can contribute the same or even more in the society development if given opportunity to education and empowered to work.

References

1. ICD (2012) *Lake zone Training on Rights of Persons with Disabilities Report*, 2012 page 3
2. Emmanuel Kwitema, "Decomposed body of person with Albinism found in village" *The Guardian Newspaper* 13th June, 2012.
3. See, <http://www.osisa.org/education/regional/secretariat-african-decade-persons-disabili-tie> visited on 23rd December, 2012.
4. Shia and A. Nilson; *Disability Rights in Tanzania*, 2011 page 3
5. LHRC (2012) *Human Rights Survey, 2012 page 9*.

6. Muya, E.W. & Owino, O. (1986). *Special Education in Africa: Research Abstracts*. Nairobi: UNESCO. Nerfin,
7. Oliver, M. (1990). *The Politics of Disablement*. London: Macmillan.
9. Omari, C.K., Kezilahabi, E. & Kamera, W.D. (1978). *Misemo na Methali Toka Tanzania I*. Arusha, Tanzania: Eastern Africa Publications.
10. Omari, C.K., Kezilahabi, E. & Kamera, W.D. (1979) *Baadhi ya Misemo na Methali Toka Tanzania - Kitabu cha Tatu*. Arusha, Tanzania: Eastern Africa Publications.
12. Onwuegbu, O.I. (1988). *Development of special education in Nigeria*. In: Abosi, C.O. (Ed.) *Development of Special Education in Nigeria: Papers in Honour of P. Mba and S. Osunkiyesi*. Ibadan, Nigeria: Fountain Books.
13. O'Toole, B. (1988). *Development and Evaluation of a Community- Based Rehabilitation Programme for Preschool Disabled Children in Guyana*. PhD Thesis, Institute of Education, University of London.
14. Pritchard, D. (1963). *Education and the Handicapped*. London: Routledge. Ralph, S. (1989). Images of disabilities as portrayed through print media. *Educare*, 33, 10-15.
15. Schoeni RF, Martin LG, Andreski PM, Freedman VA. *Persistent and growing socioeconomic disparities in disability among the elderly: 1982--2002*. *Am J Public Health* 2005; 95:2065--70.
16. Schoeni RF, Freedman VA, Wallace RB. Persistent, consistent, widespread, and robust? *Another look at recent trends in old-age disability*. *J Gerontol B Psychol Sci Soc Sci* 2001; 56:S206--18.
17. Institute of Medicine. *Workshop on disability in America: a new look*. Washington, DC: National Academies Press; 2006.
18. US Department of Health and Human Services. *Physical Activity Guidelines Advisory Committee. Physical Activity Guidelines Advisory Committee report, 2008*. Washington, DC: US Department of Health and Human Services; 2008.
19. United Nations Children's Fund. *At a glance: Tanzania, United Republic of (2003)* www.unicef.org/infobycountry/tanzania.html (Version current at May 4, 2005)
20. United Nations Development Program. *Human development report 2003*. hdr.undp.org/reports/global/2003/ (Version current at May 4, 2005)
21. Inclusion International. 2004. project.tomekklas.com/en/ (Version current at May 4, 2005)
22. Peat M. *Community Based Rehabilitation*. Philadelphia: WB Saunders Co; 1997.
23. World Health Organization. *Disability and rehabilitation status: Review of disability issues and rehabilitation services in 29 African countries. 2003*. < www.who.int (Version current at May 13, 2005)
24. Helander E. *Prejudice and dignity: An introduction to community based rehabilitation*. New York: United Nations Development Program; 1993.
25. Tanzania department of legal and human Rights. *Workshop on disability in Tanzania: Human Rights Report Tanzania, 2012*.

26. United Nations Children's Fund, World health organization and World Bank workshop in Tanzania. WHO report on disability 2011.
27. Evaluation of a Community- Based Rehabilitation Programme in Tanzania: Information centre on disability survey report, 2012
28. World Health Organization workshop in Tanzania on People with disability, report 2011.
29. Comprehensive Community Based Rehabilitation in *Tanzania* (CCBRT) Report, 2011
30. Mwachabu P. *Community Based Rehabilitation* in Tanga Tanzania research report, 1997
31. Stella J. *Physical Activity Guidelines on people with disability Advisory Committee report, 2013*