

WHO SINNED? PARENTS' KNOWLEDGE OF THE CAUSES OF DISABILITY IN TANZANI**Frida D. Tungaraza***University of Dar es Salaam*

This study aimed at finding out from parents what they knew to be the causes of their children's disabilities. One hundred and twenty six parents from four regions, namely Dar es Salaam, Dodoma, Kilimanjaro and Morogoro were involved in this study. Data was collected through interview, narratives and observation. It was obvious from the findings that diseases were the major causes of disabilities. Malaria was mentioned by parents as the leading cause of disability. Many of the parents had only primary education and the majority of them (84.92%) had no reliable income. From the background of the parents, it was evident that disability is a cause as well as consequence of poverty. It was not easy to say for sure 'who sinned', but it was starkly evident that most of the problems stemmed from poverty, though ignorance and beliefs might have played a role in some cases.

Introduction

The history of persons with disabilities is as old as mankind. People with disabilities have always lived in all of our communities, but causes of disabilities have, often, been misconstrued or not known at all. Many years back and may be even today, disability was associated with curse and/or *sin*. Some parents, were often, and are still being accused of being the cause/source of their children's disabilities. We even read in the Bible that when Jesus met the blind man, his disciples asked Him, *Teacher, whose sin caused him to be born blind? Was it his own or his parents' sin...?* Jesus answered, *His blindness has nothing to do with his sins or his parents' sins...* (John 9:2-3). What causes disability is a question that many people have grappled or wrestled with for along long time, and have still not come to grips with to date. Some people have answers to causes of some disabilities, but others are still searching for answers to their children's disabilities. Writing about causes of mental retardation, Hallahan and Kauffman (2003) said, *not all causes of mental retardation are genetically related, so there still remains a large percentage (probably over 50 percent) in which we are not able to pinpoint the cause of a child's mental retardation* (p. 115).

Many psychologists believe today that both heredity and environment shape who we are. Heredity and environment operate together or cooperate to produce a person's intelligence, temperament, height, ability to pitch a baseball, ability to read, and so on (Santrock, 2005). However, we cannot say for sure that parents are not the cause of their children's disabilities because some disabilities in children may be traced to the parents (Turnbull & Turnbull, 1997). Parents' life style and the environment around them may lead to disabilities. It is important to look at different stages of child development to find out what may be the causes of disability.

Prenatal causes of disability

Despite the fact that the fetus is in a well-protected environment, negative influences from outside may still affect it (Cox & Canada, 1994). There is a lot of evidence today that a child's disability may occur before birth (prenatal) at the time of birth (perinatal) or after birth (postnatal). Congenital malformations may have genetic or environmental causes. For example, one of the most common and easily recognized genetic disorders is Down syndrome that leads to mild or moderate mental retardation and a variety of hearing, skeletal, and heart problems (Kirk, Gallagher & Anastasiow, 2003).

There are also a variety of environmental factors that can affect an expecting mother and thereby affect the development of fetus she is carrying (Hallahan & Kauffman 2003) Maternal nutrition is very important for a pregnant mother. *If the mother to be does not maintain a healthy diet, fetal brain*

development may be compromised (Hallahan and Kauffman (2003, p.120). Other psychologists say that an inadequate diet leaves the mother more prone to illness and complications during pregnancy (Cox & Canada, 1994). In addition, Cox & Canada (1994) add:

Malnutrition can cause physical weakness, stunted growth, rickets (softening of the bones), scurvy, (weakness, anemia, bleeding gums) and even mental retardation in the fetus. Poor diet can also cause spontaneous abortions and stillbirths where an infant is born dead (p. 303).

Therefore, quantity and quality maternal nutrition is not only necessary, but is also a must for the health and well-being of both the mother and the unborn child. Viruses and infections often cause mental retardation and a host of other problems. While pregnant, a woman and her developing child are very susceptible to a wide variety of potentially damaging infections (Gargiulo, 2003). Maternal infections can affect the developing fetus and cause disabilities. Rubella (German measles), for example, is a mild, but highly contagious illness that may cause prenatal malformations including blindness, deafness, mental retardation and heart problems (Santrock, 2005; Gargiulo, 2003). No symptoms may occur when you are infected with Rubella. Rubella is also linked to low birth weight and is one of the leading causes of multiple impairments in children (Gargiulo, 2003). Other dangerous maternal infections that may lead to disabilities include gonorrhea and syphilis, HIV/AIDS and genital herpes. Such sexually transmitted diseases are capable of crossing the placenta and attacking the central nervous system of the developing fetus (Gargiulo, 2003). Unlike Rubella which poses greater risks during the first trimester, the risk of syphilis is greater to the unborn child at the later stages of fetal development.

Many unsafe maternal behaviors, among them smoking, illicit drug use and the consumption of alcohol before and during pregnancy have been linked to impaired fetal development (Gargiulo, 2003). Drinking and smoking are some of the things that people do or consume for pleasure. Alcohol use, cigarette smoking and use of drugs during pregnancy are also dangerous to the fetus. Fetal alcohol syndrome (FAS) affects a lot of babies born by chronically alcoholic mothers. Hallahan and Kauffman (2003) reported that *world wide, FAS is now seen in about 1 in 1,000 live births, and the prevalence of other disorders related to alcohol use by women during pregnancy is a serious problem* (p. 429). Fetal alcohol syndrome children have facial abnormalities, droopy eyelids, heart defects, small size, low birth weight, motor dysfunctions and usually some degree of mental retardation (Kirk, Gallagher & Anastasiow, 2003; Gargiulo, 2003). In addition, studies have also found out that:

Cigarette smoking by pregnant women can adversely influence prenatal development, birth and postnatal development. Fetal and neonatal deaths are higher among smoking mothers. Also prevalent are a higher incidence of pre-term births and lower birth weights, (Santrock, 1999 p. 98).

In addition, many drugs that cause pleasant changes in a pregnant woman's mood or state, cause damage to her embryo or fetus (Brendt, 1994). Both legal and prescription drugs have been found to be harmful to the unborn child. Illegal drugs include cocaine, marijuana and heroin. Canada & Cox (1994) reported that:

Since the introduction of crack cocaine onto streets, the number of babies born addicted to crack has greatly increased.... 'Crack babies' can suffer from brain damage, strokes, prematurity, seizures and mental retardation (p. 300).

While prescription drugs are supposed to heal our diseases, some of them may be dangerous to the unborn child if used by the pregnant mother. However, the physician has to weigh between using the drug and the life of both the mother and the unborn child. On prescription drugs, Canada & Cox (1994) wrote that:

Many common prescription drugs also affect the fetus. Some antihistamines, medicines taken to clear nasal congestion, may produce malformations in the fetus. General anesthetics at high concentrations may also produce malformations (p. 300).

Perinatal causes

A fetus may survive all dangers, but the problems may occur during birth. Complications surrounding the birth processes may cause mental retardation and other developmental delays (Gargiulo, 2003). Head trauma at birth, maternal anemia, premature delivery and umbilical cord accidents are some of the perinatal causes of disability (Heward, 2003).

Postnatal causes

The environment where the child is born and raised may lead to a number of developmental problems to the child. Poverty is the source of many problems facing children. The causes of impairments in children in developing countries are mainly the same preventable conditions that cause the higher mortality and morbidity rates associated to poverty (Zinkin, 1995). Children born of poor families and who are raised in poor environments may develop mental retardation or other disabilities. A poor child may be malnourished and be prone to diseases. Other postnatal causes include head injuries, infections such as measles, meningitis, malaria, epilepsy and environmental deprivation (Heward, 2003); adverse living conditions, inadequate health care and nutritional problems. Mannan, (2004) revealed the peril of malaria when he wrote:

Malaria threatens more than 40% of the world's population and out of the more than 300 million acute cases each year, between 1.1 and 2.7 million people die annually. Malaria accounts for nearly 25% of all childhood mortality in Africa. A small number of untreated cases among the most vulnerable and the marginalized (i.e., persons with disabilities) presents a massive challenge in achieving the aims of WHO initiative Roll Back Malaria.

Other studies done in Africa

It has been established that disability is a cause and consequence of poverty. Mannan (2004) expressed this well when he wrote:

Linkages between disability and poverty are well established, as is the fact that poverty perpetuates ill health. Poverty causes disability through malnutrition, lack of access to health care and unhealthy living conditions. Also disability in turn can cause poverty by preventing the full participation of people with disabilities in the economic and social life of their communities, especially if reasonable accommodations are not available in accessing education, health and employment. The linkages lead to lack of access and opportunities, inequities and disparities in access to health knowledge, health promotion and the prevention of diseases, primary health care services, essential drugs, emergency medical care, and rehabilitation services.

Africa is a large continent debilitated by strife and most of its countries are characterized by low incomes, high prevalence of communicable diseases and malnutrition, low life expectancy and poorly staffed services (Okasha (2002). All these health problems may lead to disability. The United Nations Population Information Network estimates that there are almost 800 million people living with disability in Africa (Onasanya undated). These scary statistics require urgent steps to redress this problem. Malnutrition in its various forms is an additional major cause of disability in Africa where two-fifths of children are malnourished (Mitra, 2004). Werner (1990) visited Angola, a country that had been engulfed in conflicts and civil strife for many years, and says that most of the disabilities there were due to amputation or polio. The long drawn civil war left a lot of people disabled. He maintained that the incidence of polio was due to breakdown of health services in a land where access to rural areas has been cut off by random but persistent terrorist attacks along the road and pathways (Werner, 1990). Warner (1990) also found out that the prevalence of epilepsy was high and alcohol, tobacco and drug related problems were becoming an increasing concern for Africa.

War, combined with poverty and recurrent drought, are said to have increased the incidence of impairment, leading to disability in children in Mozambique (EENET, 1998). EENET further reports:

Causes of disability related to underdevelopment and poverty range from malnutrition, vitamin deficiency and the spread of infectious diseases to problems in pregnancy and childbirth and a general lack of resources, particularly in the health and education sectors (p.2).

In Burundi, reports show that despite a 10-year civil war, diseases remained the major causes of disability and mortality, the major reasons including high costs of medical care, long distances to health services and ignorance (UN ,2003).

Injuries have also been recognized as a major public health problem in both developed and less developed countries and it has been acknowledged that this problem is growing rapidly in sub-Saharan Africa (Moshiro, Heuch, Nordrehaug Astrom, Setel, Hemed & Kvale, 2005). Studies in Tanzania show that injuries are an major cause of death among adults and accounts for 12 percent of all admissions at

the national hospital in the country's largest city (Moshiro et al., 2005). It has besides been reported: *disability at birth or various causes such as injury, disease or aging is now becoming a public health problem in Tanzania due to changes in lifestyles and economic conditions* (United Republic of Tanzania, 2001 p.17). In Africa, there also is evidence that many people become disabled because they cannot afford health care Mitra (2004).

Purpose of the study

The purpose of this study was to find out from the parents what they knew or believed to be the causes of their children's disabilities. Specifically the study wanted to find out, first of all, the environmental conditions where these parents lived with their children. This was deemed important because research results have proved that there is a connection between disability and poverty. Secondly, the study aimed at finding out the parents' knowledge about the causes of the disabilities. Knowing the causes is important for the parents because they will be able to accept their children and cope with the situation or their condition.

Research Methodology

Study area and population of the study: This study was conducted in four regions namely Dar es Salaam, Dodoma, Kilimanjaro and Morogoro. The participants in the study were parents of children with visual impairment, hearing impairment and intellectual disabilities. The children were those who attended schools and/or those who were known to have one form of disability or another in the communities visited. The parents were, therefore, identified through schools and through village leaders. The researcher visited schools where children with disabilities attended and got the names and addresses of the parents. In the schools visited, only children with the three types of disabilities, that is, visual, hearing and intellectual impairments were admitted. Other parents whose children were not in schools were identified through the village leadership. The identified parents were visited in their homes.

Data collection methods: Three methods were used to collect data and these were structured interviews, observation and narratives. The interview guidelines included open-ended questions. Open-ended questions were used because they allowed respondents an opportunity to express their views on various issues as opposed to close-ended questions that tended to be restrictive (Ary, Jaco & Razavieh, 1996). Open-ended interview questions also allowed the researcher to observe and record feelings and emotions. In addition, extra questions were used as needed to clarify or add information.

Narratives: Data was also collected through personal narratives of parents of the children with disabilities. This method was considered useful because it provided an opportunity for the researcher to have detailed in-depth discussions with such parents about their experiences and what they thought were the causes of their children's disabilities.

Observation: The observation method was used to learn about the surroundings where the children lived and were raised. This was essential because it provided a picture of the facilities available in the homes such as water and toilets. Such facilities are essential for the health and well being of individuals.

Research Findings and Discussions

The background information of the participants, the home environment where children with disabilities were raised and the causes of disabilities as mentioned by the parents are reported here. The participants, who were the parents, and their living environments, had some connection to the causes of disabilities. Parents mentioned what they thought were the causes of their children's disabilities while some of them did not know.

Background information of parents

Age and gender: The background information of the parents was divided into four main sections, namely age differences and gender, level of education, employment and marital status. The age of the respondents was considered a vital aspect of this study, particularly so, because one of the causes of disabilities is the age of the mother. In addition, taking care of a child with disability especially those with severe or profound mental retardation requires maturity and energy. Table one shows the age and gender differences of the parents involved in the study.

One hundred and twenty six parents were involved in this study. Ninety-one respondents were females and 35 were males. The parents' ages ranged between 20 and 45 years. Nearly 40 percent of these parents were between 31 and 40 years of age and 46 (36.51%) were 41 years and above. Two (1.59%)

grandparents, who were raising orphan children with disabilities, reported that they were 70 years old. Thirty (23.81%) respondents were between 20 and 30 years of age.

Table 1. Age Differences and Gender

Age group	Female	Male	f	%
20-30	25	5	30	23.81%
31-40	32	18	50	39.68
41 and above	34	12	46	36.51
Total	91	35	126	100

Level of education: The aspect of education when dealing with individuals with disabilities is significant because through education people may learn to cope, care and understand issues facing people with disabilities. In addition the level of education is also important because it affects the kind of employment a person can have. As indicated in Table 2, twelve (9.52%) parents had no formal education, 98 (77.78%) had primary education, 13 (10.32%) had secondary education and three had tertiary education.

Table 2. Parents' Level of Education

Level	Female	Male	f	%
Tertiary education	1	2	3	2.38
Secondary education	4	9	13	10.32
Primary education	76	22	98	77.78
No formal education	10	2	12	9.52
Total	91	35	126	199

Employment: Many of the parents had no reliable employment. Eighteen (14.29%) parents were government employees, one worked with an NGO and the remaining 107 (84.92%) parents were either poor subsistence farmers or carried out small businesses. This information shows that the majority of the parents involved in this study had no reliable income and having a child with disability might have had a major impact on them both socially and economically.

Marital status: the information about marital status was considered important in this study because, bringing up a child with a disability is a difficult task and both parents need to work together and support each other. In addition, a lot of research has revealed that many parents divorce after the birth of a child with a disability. In this study, it was discovered that 102 (80.95%) parents were married, two (1.59%) were widowed, 13 (10.32%) were divorced and nine (7.14%) were single parents.

The general picture we get from the background information of these parents is that of uneducated, poor parents. Hogan, Rogers & Msall, (2000) support this general statement when they say that what is perhaps less recognized is that the households of children with disability more often are headed by unmarried mothers who live in poverty.

The home environment

Many times, parents' lives are complicated when necessary services such as water and sources of energy are not readily available. The researcher wanted to know from the parents if they had access to basic services such as drinking water, type of sanitation, source of energy and type of the house they lived in with their children. This information was important because disability has been linked to poverty. In addition, people may get sick arising from unhealthy environments, which are dirty and dangerous to people's lives.

Source of drinking water: Fifty two (41.3%) of the respondents reported that piped water was their main source of drinking water, while thirty (23.8%) respondents got water from wells or rivers. Some piped water was in the houses as reported by 20 (15.9%) respondents, but the remaining parents had to walk some distance to get piped water from public stand pipes in their villages. Some of those who depended on water from rivers or wells had to walk for a mile or more to get water and this consumed a lot of time to parents who had a lot to attend to. One well, which was a source of water for some people, was observed and it was found that the water there was not clean enough for human consumption, but this was the only source of water for the people. Unclean water may lead to diseases, such as typhoid and cholera, and cause health hazards to all people including individuals with disabilities.

Source of energy for lighting and cooking: It has been found out that the high rates of deforestation in Tanzania are caused by many people who still use charcoal and firewood as a source of energy (The United Republic of Tanzania, 2001). Ninety (71.4%) of the respondents used firewood most of the time or charcoal, on a few occasions/in some instances, as a major source of energy for cooking, while 20 (15.9%) of the respondents said they used firewood and kerosene as a source of energy for cooking. Six (4.8%) of the respondents used electricity and charcoal as a source of energy for cooking. The majority of these parents, therefore, had to struggle to get fire-wood, which took their energy and time, in addition to taking care of a child with disability.

Access to type of toilet: All respondents reported that they had toilets but 86 (68.3%) of the respondents used traditional pit latrines, which were built, outside the house. Thirty-one (24.6%) of the respondents had modern toilets and the remaining respondents either did not have permanent facilities, and used only makeshift facilities. Research has linked absence of, or bad sanitation to diseases and causes of disabilities, which may lead to devastating results.

Causes of disability according to parents

The World Health Organization estimates that there are around 600 million persons with disabilities, 80% of whom live in low income countries. Moreover, an estimated 20% of the poorest people in the world are persons with disabilities and it is widely acknowledged that there is a lack of information on the impact of care-giving to women and young girls (Mannan, 2004).

A child may be born with a disability or acquire a disability during birth or as he or she grows up. In this study 50 (39.7%) parents reported that their children were born with disability. Fifty six (44.4%) said that the children acquired disability and two parents did not know whether their children were born with disability or not. Of those who said the child acquired the disability, 34 percent of them reported that their children acquired the disability between zero and two years. One woman had this to say:

My son was born normal, but when he was about one year and a half, he became sick. He had high fever continuously. We thought it would go down, but it did not. We took him to the hospital on the third day and he was admitted, but the doctor told us that the child will not become normal due to brain damage. He did not explain to us what happened, but it was true, because our son was not the same. He became mentally retarded as you can see him today.

There is a possibility, though, that some of these children who were reported to have acquired a disability between zero and two years, might have been born with a disability, which was not obvious at birth since in Tanzania there are generally no tests or screening procedures done to children during or immediately after birth. Table three shows the causes as reported by the respondents.

Table 3. Causes of Disabilities

No.	Causes	Frequency	Percentage
1.	Malaria	23	44.23
2.	Convulsions	17	32.69
3.	Delivery complications	7	13.46
4.	Premature births	4	7.69
5.	Meningitis	4	7.69
6.	Measles	2	3.85
7.	Delayed labor	2	3.85
8.	Cataract	1	1.92

The parents were asked if they knew the causes of their children's disabilities. Fifty-two parents (41.27%) knew the causes of their children's disabilities, while 74 parents (58.73) did not know. Twenty-three (44.23%) parents out of 52 parents who said they knew the causes mentioned malaria as the cause of their children's disability. Malaria seemed to be the leading cause of disabilities in this study especially for children with mental retardation. Now, malaria is both a preventable and treatable disease, but it is still a threat to many lives in Tanzania. USAID (undated) writing about malaria in Tanzania said:

Due to poor living conditions, the majority of Tanzanians suffer from malaria, a preventable disease that can have a serious negative impact on pregnant women and young children. Malaria is the number one killer among children in Tanzania. Mothers who contract malaria during pregnancy run the risk of having low birth weight babies, maternal anemia, impaired fetal growth, spontaneous abortions, stillbirths, and premature babies.

In a research done by Savigny, Mayombana, Mwageni, Masanja, Minhay, Mkilindi, Mbuya, Kasale and Reid (2004) it was reported that:

The most commonly reported complaint resulting in a health service consultation is fever or malaria – reported in 69.3 percent of all ill children (less than 15 years of age) and 60 percent of ill adults (15+ years).

Malaria is definitely a burden to Tanzania and all people in Tanzania are at risk of attracting malaria. Tanzania has been reported to have the third largest population at risk of stable malaria in Africa after Nigeria and the Democratic Republic of Congo Savigny et al., 2004). The National Bureau of Statistics in Tanzania reported that anemia is a major problem among children and the major cause is malaria (United Republic of Tanzania, 2004). Reyburn (2004) found that in the year 2000, 42 percent of hospital diagnoses and 32 percent of hospital deaths in Tanzania were reported to be malaria-related. Tanzania is one of the poorest countries in the world with 58 percent of the population living on less than \$1 a day ([http:// earthtrends.wri.org/povlinks/country/Tanzania.php](http://earthtrends.wri.org/povlinks/country/Tanzania.php)). Poverty is perhaps the major reason why malaria continues to kill many people in Tanzania, despite the fact that malaria deaths can be prevented.

Seventeen (32.69%) parents reported that their children began with high fever that led to convulsions. It is also possible that the fever that led to convulsions was related to malaria. One mother reported:

My son had fever and I thought it would go down because I gave him 'miti shamba' (herbs). But it did not help. One morning he developed 'degedege' (convulsions) and I decided to take him to the hospital. I had to walk for about four miles. When I got there the doctors checked him and we were admitted and he continued getting treatment. 'Degedege' stopped but when we came back home my son was not the same. They said he was mentally retarded.

High fever might have different causes and delay to see the doctor, which might have attributed to lack of money or lack of a health center close to the home, exacerbated the situation. The child developed mental retardation due to a disease that could have been treated, had it been promptly attended to.

Seven (13.46%) parents reported that they had problems during delivery that affected the health of the child. Four of these parents said they delivered their children at home and problems that faced such children were detected too late. For some parents, the hospitals were far, and five of these women admitted that it was hard to even attend clinics regularly during pregnancy. Four (7.69%) parents had premature babies. Prematurity is generally defined as a birth that occurs prior to 37 weeks of gestation (Gargiulo, 2003). Those who had premature babies narrated different stories, but all of them agreed that during pregnancy they were sick most of the time. The real cause why they had premature babies was not known. One woman explained, for example:

When I was pregnant I did not feel normal. I got sick often and I became weak. I do not know exactly what was wrong with me. I lost appetite most of the time, but I do not know for sure if this may have been the reason why my son was delivered prematurely.

Meningitis was mentioned by four (7.69%) parents as a cause of their children's disability. Meningitis is a bacterial or viral infection of the linings of the brain or spinal cord (Hallahan & Kaufman, 1994). Because meningitis is capable of causing brain damage, mental retardation is a distinct possibility (Gargiulo, 2003).

Two children were reported to have been affected by measles when they were young. Measles is an acute, contagious viral disease, characterized by small red spots on the skin. Such an infection may lead to blindness and/or deafness. These infections could have been treated if children were sent to the hospital on time. The two mothers whose children had measles narrated that they sent their children to

the hospital when it was too late. These children developed hearing problems. One complained not only that a health center was very far away from home, but also that financially she could not meet the hospital bills. "I just prayed that my child will get well, but at the end he became disabled", said one of the parents; and this was a major complaint of most respondents. It is unfortunate, though, because taking care of a child with disability is more expensive than treating measles. However, it was obvious that parents were not financially capable and they had no choice.

The last two causes of disability mentioned were delayed labor and cataract, mentioned by 3.85 percent and 1.9 percent of the parents, respectively was. One of the parents said that she had long labor and she did not get immediate help. The doctor had to pull out the child and the mother thought that was the reason why the child developed mental retardation because her baby did not cry after birth. Cataract is a vision defect that is easy to spot. Cataracts, which can be corrected by surgery, are caused by a clouding of the lens of the eye, which results in blurred vision (Hallahan & Kauffman, 2003)

Summary and conclusion

Summary: This study aimed at finding out the causes of children's disabilities as known to the parents. The participants were parents who had children in schools and others whose children were not in schools. Information was collected from 91 female parents and 35 male parents. Their ages were between 20 and 41 and above years of age. Twelve parents had no formal education while the majority (77.78%) of them had primary education. The information was collected through interviews, narratives and observation methods. It was discovered in this study that the children became disabled due to causes that could have been prevented. All the diseases discussed such as malaria, meningitis, and measles were preventable and/or treatable. In addition, causes such as premature births and delivery complications could be prevented through provision of good health services. Poverty is one of the underlying problems of our society (Smith, Polloway, Patton & Dowdy, 1995). It is obvious when considering Tanzanian case that fighting disability must start with fighting poverty. Tanzania has to plan and be ready to combat poverty so as to save the lives of her citizens and reduce disability cases.

Conclusions: While it may be difficult to pinpoint what exactly caused disabilities in Tanzania, it is nonetheless obvious that poverty plays part in this problem. The findings of this study have revealed that poverty is the main factor behind disabilities because some of the problems could have been avoided in a more advanced or wealthier country. It has also been established that poverty and disability are inextricably linked. In addition, it has been clearly indicated that conditions that could have been prevented, such as poor nutrition, diseases, limited access to health care, poor hygiene, all cause disability in Africa. Diseases and poor health services were seen as the main causes of disability in this study. Most of the causes mentioned above have resulted from diseases. All these diseases are preventable, however, and/or treatable, but poverty, which leads to poor health services has rendered this not possible. There are vaccinations such as those of polio and measles, which could have been used for prevention; and early detection and early treatment, might have changed the lives of these children. However, the background information of the parents shows clearly that the majority of them had neither education nor jobs that could have enabled them meet their economic needs. Perhaps even ignorance has contributed a lot, for instance in the case where the child was given herbs instead of being taken to hospital on time. In addition, some parents complained of lack of health services close to their homes. Diseases can only be treated by trained medical personnel. However, lack of medical services close to people, is definitely a cause of health problems.

Poverty is a social condition that is affecting all nations all over the world. It has been related to crime, physical abuse, learning problems, behavior problems and emotional problems (Smith, Polloway, Patton & Dowdy, 1995). Poverty is also associated with poor prenatal care, poor parenting, hunger, limited health care, single-parent households and poor housing conditions (Smith, Polloway, Patton & Dowdy, 1995). It is unfortunate, but Tanzania being one of the poorest countries in the world, cannot be expected to do miracles. That notwithstanding, however, there is need for making concerted effort as a nation so as to prevent some of the preventable conditions. It is truly expensive to be poor, and without determined effort to fight poverty, neither poverty nor disabilities will be decreased. It is futile to try to find who the *sinner* is; and that should not take too much of our time either, because that may hold us from doing what is central to our problems, which is fighting poverty. Tanzania needs well defined policies which can lead to economic growth and create jobs and help every citizen, including small holder subsistence farmers and self employed individuals, to become economically self reliant. In addition, the country should invest more in health services and education so as to reduce diseases and increase employment. Diseases and poor health are barriers that hinder many poor people from participating fully in economic

growth. An educated healthy person is more likely to work hard to reduce poverty and consequently reduce the number of people with disabilities.

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