

Foreword

This report presents findings of the 2008 Tanzania Disability Survey. The survey was conducted by the National Bureau of Statistics (NBS), in collaboration with the Office of the Chief Government Statistician, Zanzibar (OCGS) and the Ministry of Health and Social Welfare. This was the first time for Tanzania to carry out such a comprehensive survey on people with disabilities. The survey was household based and covered both Tanzania Mainland and Zanzibar.

The major objective of the 2008 Tanzania Disability Survey was to determine the prevalence of disability in the country. The survey also intended to determine living conditions among people with activity limitations. It is anticipated that results generated from 2008 Tanzania Disability will contribute to the improvement of the living conditions among people with activity limitations in Tanzania; initiate a discussion on the concepts and understanding of “disability” and monitor the impact of government policies, programmes and donor support on the well being of the population with activity limitations.



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Acknowledgment

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A good number of individuals contributed significantly to the successful completion of the 2008 Tanzania Disability Survey. I would like to thank Margie Schneider from Human Sciences Research Council of South Africa for her technical assistance to the survey, Irenius Ruyobya and Mayasa Mwinyi, survey managers from NBS and OCGS respectively, as well as N’nyapule Madai from the Ministry of Health and Social Welfare and his team. I would like to thank Dr. Frida Tungaraza, Senior Lecturer from University of Dar es Salaam and Prof. Innocent Ngalinda from the Institute of Finance Management for their support and advice during the all period of the survey. They worked tirelessly for long days to make sure that the survey was a success. Similarly, the enumerators and supervisors deserve my sincere gratitude. I am even more grateful to respondents who found time to respond to our questions. To all of you I say thank you.

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Executive Summary

Introduction and Background Information

The 2008 Tanzania Disability Survey was the first of its kind to be conducted in the country. The major objective of the survey was to determine the prevalence of disability in the country. The survey also intended to determine living conditions among people with activity limitations. The survey covered the whole of the United Republic of Tanzania and produced regional estimates. Information was collected from all selected households and individuals with and without disability and health difficulties. The primary sampling unit for the survey was the census enumeration area (EA) and the ultimate sampling unit was the individual household members. The survey utilized a three-stage systematic stratified random sampling design involving clusters (EAs), households and individual household members. The total responding households were 6,882 out of the anticipated 7,025 with a population of more than 35,000 compared to the expected 32,000. The overall response rate for households was 98 percent.

Three types of questionnaires were used. The household questionnaire was used to collect basic socio-economic conditions of usual household members and visitors. The questionnaire also included screening questions that were used to determine persons with disabilities. All those who reported at least one activity limitation were further interviewed individually. The adult questionnaire was used to collect information from all persons aged 15 years and above who were identified in the household questionnaire as having some form of disability. The children Questionnaire collected information from all children identified as having disabilities but collected more or less the same information in the adult questionnaire.

The National Bureau of Statistics conducted the survey, which was in the field from the first week of July 2008 to mid November 2008. The survey was funded by the Government of Tanzania and development partners through National Strategy for Growth and Poverty Reduction basket funding. Technical assistance was provided by Human Science Research Council of South Africa in collaboration with experts from higher education institutions in Tanzania.

Characteristics of the household population

Household Size: The average number of persons per household was 5.1 on Mainland and 5.8 in Zanzibar. The overall average household size in Tanzania was 5 persons per household. In Tanzania the average rural households (5.3 persons per households) was higher than that of urban households (4.5 persons per households). In Zanzibar the urban household size (6.2 persons per household) was higher than that of rural households (5.6 persons per household).

Household and Disability: Tanzania Mainland households are more likely to have household members with disability (13.3 percent) than Zanzibar (9.3 percent). The overall percentage of households with at least one member with disability was 13.2.

Household Headship: Household headship is dominated by men regardless of the disability status in both rural and urban areas for both Mainland and Zanzibar. However, the women with disability are more likely to head households in rural areas than it is the case in the urban areas. The pattern is vice versa for people without disability.

Survival of Parents: Nine percent of children with disabilities under the age of 18 years had no father, 1.8 percent had no mother and 1.3 had neither parents.

Literacy: About a quarter (27.4 percent) of Tanzania's population aged 15 years and above was illiterate. Illiteracy was higher among persons with disabilities. About half of them (47.6 percent) were illiterate compared to 25.3 percent of the persons without disabilities.

Main Activity: Sixty seven percent of persons with disabilities were engaged in farming and/or livestock keeping. The corresponding figure for persons without disabilities was 64.9 percent. The next important activity was self-employment in which 7.1 percent of persons with disabilities and 14.8 percent of those without disabilities were engaged respectively.

Prevalence of Disability

Definition: Definition and analysis of disability in this report is based on Convention 61/106 of the United Nations on the Rights of Persons with Disabilities. According to the convention, "persons with disabilities include those who have long-term physical, mental, intellectual or sensory impairments which in interaction with various barriers may hinder their full and effective

participation in society on an equal basis with others”. Prevalence of disability in this report is based on population aged 7 years and above.

Prevalence of Disability: 7.8 percent of the population aged 7 years and above had some form of activity limitation. Prevalence is higher on the Mainland (7.8 percent) compared to Zanzibar (5.9 percent) and is also higher in rural areas (8.3 percent) than in urban areas (6.3 percent). There were no significant differences in disability prevalence among males and females. Prevalence among males was 7.7 percent compared to 7.8 percent for females

Disability by Gender: Disability among males at 8.5 percent was higher than that of females (8.2 percent), while in the urban areas, females were more likely to have higher disability (6.7 percent) than males (5.8 percent). Proportion of persons with disabilities ranges from 2.7 percent in Manyara to 13.2 percent in Mara region.

Profile and Experience of Children with Disability (15 years and above)

Physical environment and attitudes: Twenty five percent of people with disabilities report that the physical environment or attitudes of others do make it more difficult for them to take part in three complex activities (i.e. taking care of household activities, day to day work/schooling or taking part in community activities). 41 percent reported that sometimes it is difficult for them and a third reported that physical environment or attitudes has never been a problem. Below are some important indicators on experiences of children with disabilities:

- **Transport:** About 40 percent of people with disabilities reported having problems with accessibility to public transport.
- **Availability of Information:** 35 percent of people with disabilities aged 15 years and above reported having problem with availability of information in accessible format.
- **Knowledge of HIV and AIDS:** Knowledge of HIV and AIDS among people with disabilities is low when compared to the general population. While other national surveys have shown that knowledge of HIV and AIDS is almost universal among the general population, knowledge among people with disabilities is only 76 percent.

Main source of income: Main source of income for the majority of Tanzanians with disabilities is household agriculture (57 percent), remittances (24 percent) and income from non-farming

activities (10 percent). In general, results show that people with disabilities do experience a significant disadvantage in many areas of life when compared to the non-disabled population.

Profile and Experience of Children with Disability (0 – 14 years)

This chapter provides some highlights on information on the challenges and health problems that children with disabilities face daily as they pursue their activities and involvement in various social activities.

- **Care giving for children with disabilities:** Care giving of over three quarters of all children with disabilities is undertaken by both parents. Older children (5 years and above) were more often taken care by a single parent.
- **Onset of disabilities:** Fifty percent of children with disabilities either were born with disabilities or got them before the age of one year.
- **Education attendance:** Thirty eight percent of the school aged (7 – 13 years) were attending school.
- **Assistive devices:** Two percent of children with disabilities were using assistive devices.

KEY INDICATORS FROM THE 2008 TANZANIA DISABILITY SURVEY**THE FAMILY**

Average household size	5
Percentage of households headed by female without disabilities	32
Percentage of households headed by female with disabilities	24

HOUSING, WATER, SANITATION AND COMMUNICATION

Percentage of households with a modern roof	57
Percentage of households with modern walls	37
Percentage of households with electricity	14
Percentage of households with piped water	35
Percentage of households using a toilet	83
Percentage of households with no toilet facilities	17
Percentage of households using improved pit latrine	1.4
Percentage of population 15 years and above owning a mobile phone	30
Percentage of households owning a radio	58

EDUCATION

Literacy rate among population aged 15 years and above	73
Literacy rate among persons with disabilities	52
Literacy rate among persons without disabilities	75
Net enrolment rate among children with disabilities	38
Net enrolment among children without disabilities	74

PREVALENCE OF DISABILITY

Percentage of population with disability	7.8
Prevalence of disability (Mainland)	7.8
Prevalence of disability (Zanzibar)	5.9
Prevalence of disability among male population	8.5
Prevalence of disability among female population	8.2
Prevalence of disability (rural population)	8.3
Prevalence of disability (urban population)	6.3

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Chapter One

Geography, Population, Background and Methodology

1.1 Geography

The United Republic of Tanzania consisting of Tanzania Mainland and Tanzania Zanzibar is the largest country in East Africa. It covers 947,300 square kilometres of which 61,500 or approximately 6.4 percent is made up of inland waters. Tanzania lies south of the equator and shares borders with eight countries: Kenya and Uganda to the north; Rwanda, Burundi, Democratic Republic of Congo, and Zambia to the west; Malawi and Mozambique to the south. Administratively, Tanzania is divided into 26 regions. There are twenty one regions on the Mainland and five regions in Tanzania Zanzibar.

1.2 Population

Tanzania has conducted four population censuses since her independence in 1961. The census years and respective population size were as follows: 1967, (12.3 million persons), 1978 (17.5 million persons), 1988 (23.1 million persons) and 2002 (34.6 million persons). With the latest intercensal growth rates of 2.9 percent, the total population of Tanzania was estimated to be 40.6 million persons in year 2008.

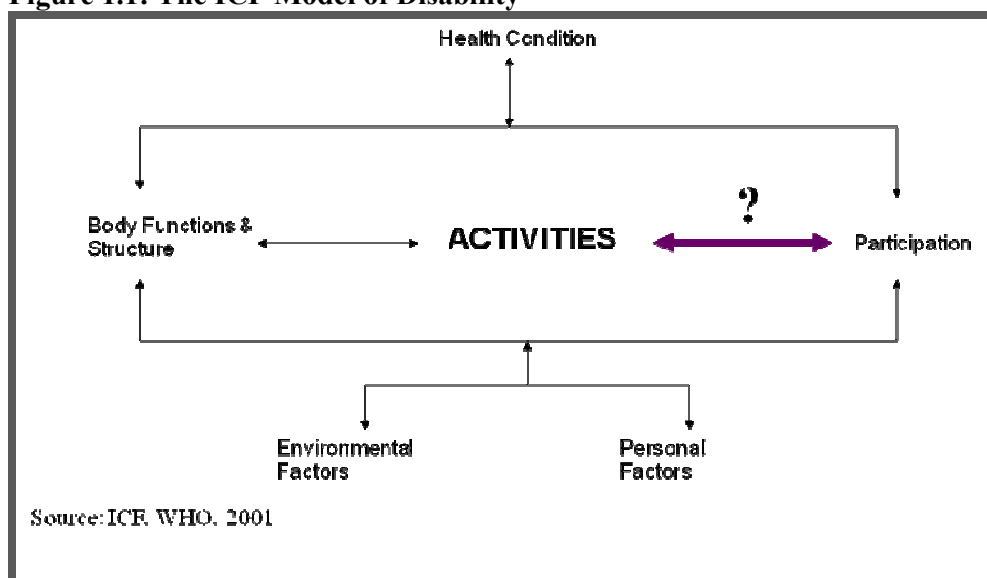
1.3 Background

The 2008 Tanzania Disability Survey was conducted by the National Bureau of Statistics (NBS) and the Office of the Chief Government Statistician – Zanzibar (OCGS) in collaboration with the Ministry of Health and Social Welfare. It is the first population-based comprehensive disability survey in the country. The first attempt to get disability statistics was through the 2002 Population and Housing Census, which showed that the proportion of people with disabilities was 2 percent. The census had two questions on disabilities. The first question asked if any household member had any disability. If answer to that question was “yes”, the respondent was asked to state the type of disability(s). These were general

questions and they may have captured severe cases of disability only. Most people missed would likely be people who do not identify themselves as disabled such as elderly people and people with chronic illnesses such as HIV/AIDS (Schneider, 2009, Schneider, Dasappa, Khan & Khan, 2009). Therefore, the prevalence of 2 percent was only indicative and did not reflect the actual situation prevailing in the country.

Disability being very broad, could not have been fully captured through those two simple questions. According to the United Nations 61/106 Convention on the Rights of Persons with Disabilities, persons with disabilities include those who have long-term physical, mental, intellectual or sensory impairments which in interaction with various barriers may hinder their full and effective participation in society on an equal footing with others. This definition is in line with that of the World Health Organization, International Classification of Functioning, Disability and Health (ICF) (WHO, 2001) that defines disability as the outcome of the interaction between a person's health condition and the context in which the person lives.

Figure 1.1: The ICF Model of Disability



The Tanzania National Policy on Disability defines disability as the loss or limitation of opportunities to take part in the normal life of the community at an equal level with others due to physical, mental or social factors. The policy also defines a person with disability as an individual whose prospects of obtaining and retaining an employment are greatly reduced due to known physical, mental or social factors. It therefore clear from these definitions that an operation like a

Population and Housing Census would most likely miss out some of the people with disabilities through the general nature of the questions.

Recent developments in the understanding and measurement of disability is reflected in the revised questions being proposed for collecting disability statistics in a way that provides, not only internationally comparable data but also a better description of disability in a population¹. The main changes in the measurement of disability are:

- i. The use of questions that ask about difficulties people have in doing various activities ; and
- ii. The use of a number of response options (usually 4 or 5) rather than only yes/no.

People are more willing to report having a ‘difficulty’ than having a ‘disability’ as well as having a ‘mild difficulty’ or ‘some difficulty’ than a categorical ‘yes’ or ‘no’. These new measures are more inclusive and identify people who have difficulties because of a health condition or problem. The information obtained is more accurate and more nuanced in degree of severity. The Tanzania Disability Survey used this new approach to identify people (adults and children) with difficulties and measured the consequences of these different types of difficulties and degree of difficulties on various aspects of people’s lives such as education, employment, household characteristics, access to services and social inclusion.

This approach highlight the importance of considering the role of barriers in people’s environments that “may hinder their full and effective participation in society on an equal basis with others” (*United Nations, 2006*). This definition agrees with that given in the 2004 Tanzania National Policy on Disability which defines disability as “the loss or limitation of opportunities to take part in the normal life of the community on an equal level with others due to physical, mental or social factors”.

¹ The work of the Washington Group on Disability Statistics is one example (see website: <http://www.cdc.gov/nchs/citygroup.htm>) and the ESCAP/WHO/WG project on improving measures and statistics on disability in the Asia/Pacific region (see website: <http://www.unescap.org/stat/disability/index.asp>).

Thus it is not enough to simply identify people with activity limitations. This identification merely allows the allocation of disability status as any other demographic characteristic of the population (e.g. age, sex, urban/rural). The full description of a person's experience of disability can only be determined by analyzing this in relation to a series of socio-economic variables, such as employment, education, access to services and social inclusion. The differences between the experiences of people with and without disabilities provide the measure of disability in Tanzania is shown in Chapter 2.

Since there is much confusion on the terminology to be used, this report refers to people with difficulties as being people with disabilities/ disabled people or people with activity limitations.

1.4 Objectives of the Survey

The major objective of the 2008 Tanzania Disability Survey was to determine the prevalence of disability (measured as difficulties) in the country. The survey also intended to determine living conditions among people with activity limitations. It is anticipated that results from the 2008 Tanzania Disability Survey will contribute to the improvement of the living conditions among people with activity limitations in Tanzania; initiate a discussion on the concepts and understanding of "disability" and monitor the impact of government policies, programmes and donor support on the well being of the population with activity limitations.

1.5 Survey Questionnaires

Development of survey questionnaires started in 2006 with technical assistance from Human Science and Research Institute of South Africa. Three types of questionnaires were used. These were the household questionnaire that was administered to all selected households, and individual questionnaires that were administered to children aged 0 -14 years and adults aged 15 years and above. (Annex I).

Two pre-tests were conducted before the survey. Questionnaires were pre-tested on 25 households in Kibaha District in October 2006. The main objective of the pre - test was to

test the way in which respondents understood and interpreted the main questions on difficulties used to identify the population with activity limitations.

Observations from this pre-test were used to improve the questionnaires before conducting a relatively bigger pilot survey in Dodoma Municipality in July 2007. A total of 18 interviewers and 4 supervisors were involved. Training was done in 5 days and data collection lasted for 10 days. A total of 154 households were successfully interviewed.

The household questionnaire was used to list all the usual members and visitors in each selected household. Basic information was collected on the characteristics of each person listed, including his/her relationship with the head of the household, age, sex, marital status, education and economic status. For children less than 18 years of age, survival status of the parents was also recorded. The household questionnaire also included questions on activity limitations of the respondent. These screening questions were used to determine persons with disabilities. All those who reported at least one activity limitation were further interviewed individually. Household questionnaires also collected information on household characteristics including main source of drinking water, toilet facilities, source of energy, building materials and possession of certain assets. Information on food security, use of mosquito nets and deaths of children less than five years of age was also collected.

The adult questionnaire was used to collect information from all person aged 15 years and above who were identified in the household questionnaire as having some form of disability.

The questionnaire collected information on the following topics:

- Activity limitations and participation restrictions;
- Environmental factors;
- Awareness, need and receipt of services;
- Education and employment;
- Assistive devices and technology;
- Accessibility in the home and surroundings;
- Inclusion in family and social life; and
- Health and general well-being.

The children questionnaire collected information from all children identified as having disabilities and collected more or less the same information as in the adult questionnaire.

1.6 Training of Field Staff

A total of 100 field staffs were recruited by the NBS and OCGS to serve as enumerators. Supervisors were permanent staff from the same offices. Organisations of People with Disability were also represented by four participants who had a responsibility of clarifying terms used in the questionnaires. Besides participating in training representatives from these Organisations was also part of supervisory teams.

The main training was held in June 2008 for three weeks in Morogoro Region. Trainers were from the National Bureau of Statistics, Office of the Chief Government Statistician, Higher Learning Institutes and the Ministry of Health and Social Welfare. The training involved both theory and practical exercises.

1.7 Fieldwork

As a part of fieldwork several activities were implemented. These include listing, sampling, data collection and supervision of field teams.

1.7.1 Listing

Before the listing exercise, supervisors and enumerators were trained on map reading and listing. The listing of households in each selected EA was done a few days before the data collection exercise to ensure accurate and up to date information. Supervisors ensured that all households in the EA were listed according to the given instructions and EA map. Supervisors had also the responsibility of selecting households to be interviewed.

1.7.2 Data Collection

Data collection begun in the first week of July 2008 up to mid November 2008. There were twelve data collection teams, ten on the Mainland and two in Zanzibar. Each team consisted of a supervisor, six or seven enumerators and a driver. Supervisors were responsible for the overall administrative work in the field including checking the quality of the questionnaires

before sending them to NBS headquarters in Dar es Salaam for processing. Officers from NBS, OCGS and Ministry of Health and Social Welfare visited the teams periodically to review their work and monitor the data collection exercise.

The main respondents for the household questionnaire were the household heads or any other responsible adults in the household. For the detailed questionnaires, adults answered as direct respondents but proxy respondents were used for children under 15 years of age and adults who were unable to respond.

1.8 Data Processing

Data processing was done centrally at NBS headquarters in Dar es Salaam. Data processing started concurrently with the fieldwork. The data processing personnel included supervisors and a questionnaire administrator, who ensured that the expected numbers of questionnaires from all clusters were received. There were also five office editors and ten data entrants. The CsPro computer package was used for data processing. The data entry and editing phase of the survey was completed in December 2008.

1.9 Sampling Procedures

1.9.1 Sample Design

The survey was national representative and information was collected from all selected households and individuals with and without disability (measured as activity limitations).

The primary sampling unit for the survey was the census enumeration area (EA) and the ultimate sampling unit was the individual household members. The survey utilized a three-stage systematic stratified random sampling design involving clusters (EAs), households and individual household members.

The desired confidence level for the survey was 95 percent ($z_{\alpha/2}$ with 1.96), with an error margin (E) of 2 percent in estimating the parameters. The expected prevalence (P) of mild

and severe cases of disability was estimated to vary between 10 and 20 percent ($P=0.15$) of the country's population. Details on sampling procedures are attached as Annex II.

1.9.2 Sampling Frame

The sampling frame of clusters was the list of all enumeration areas (EAs) generated during the 2002 Population and Housing Census. The census cartographic work was done in such a way that ensured a non-clustered spiral spread of EAs within each district. The districts within each region were also arranged in a similar pattern. Hence, the EAs in each region were listed following the census coding system and a target sample selected using probability proportional to size. The EA maps and other administrative information were used to identify the boundaries and features of the selected EAs.

For households, the sampling frame was the list of households (heads) generated from each selected EA. To ensure a random scattered sample, the listing of households was done in a serpentine manner from one end of the EA to another end. The listing form included identification information of the EA and households. To minimize overhead costs, the listing and selection of households and individuals was done a few days before the survey questionnaire was administered.

1.9.3 Sample Size for EAs, Households and Individuals

The total number of clusters selected for this survey was 281. As indicated previously, the target sample was 25 households per cluster yielding a total of 7,025 households for all the regions. The number of individuals living in these households was expected to be around 32,000.

1.9.4 Selection Procedure

The selection of EAs followed the PPS (Probability Proportional to Size) sampling while the selection of households and individuals followed a systematic simple random sampling procedure. The random spread of households was necessary for achieving a non-clustered sample.

1.9.5 Sample Implementation

A total of 276 selected and 4 substitutes EAs were interviewed out of the selected 281. Only one EA in Dar es Salaam near the State House was not interviewed due to the construction of office premises in place of residential houses that existed during the 2002 Census. The total responding households were 6,882 out of the anticipated 7,025 with a population of more than 35,000 compared to the expected 32,000. The overall response rate for households was 98 percent.

1.9.6 Calculation of Sampling Weights

There were two sets of sampling weights for the survey. The first set was the cluster or EA weights based on their selection from the 2002 Population and Housing Census EAs frame. The second set comprised household weights based on listing of households in all the selected EAs. Information in this report is based on weighted data.

1.10 Identification of Adults and Children with Disabilities

There were six questions used to identify adults and children with disabilities in the household questionnaire. Depending on the pattern of responses on these nine questions, a household member (child or adult) was classified as being disabled or non-disabled. The caregivers of children with disabilities were interviewed using the children questionnaire, and the adults with disabilities were interviewed using the adult questionnaire. The details of the questions and criteria for determining disability status are described in chapter 3 where the prevalence of disability is reported.

The results presented in this report on the Tanzania Disability Survey are all based on self reporting by the respondents – either the person themselves or their proxy respondent. Thus, these experiences are as people perceive them. Further complementary data could be collected on observations of these experiences by others. Neither source of information is the single most accurate one. A combination of these two sources of information would most likely to provide the best description. People's self report on their own experiences, however, does provide a rich source of information to assist in understanding what interventions would be needed to change these experiences to be more positive.

Chapter Two

Characteristics of the Population Survey

2.1 Introduction

This chapter presents findings of the survey regarding household social and demographic structure, in particular: the average household size; age groups, sex of the household head, disability status, place of residence, and survival of parents.

2.2 Household Demographic Structure

The average number of household members was 5 on Mainland and 5.8 in Zanzibar. The findings on the Mainland were consistent with those of the Tanzania HIV/AIDS and Malaria Indicator Survey of 2008 (Table 2.1).

The average household size in Tanzania was found to be 5 persons per household and this was consistent with the 2002 Population and Housing Census results. On the Mainland the average household size in rural areas was larger than in urban areas. In Zanzibar it was vice versa with urban household size being bigger than that of the rural ones. Overall, the size of rural households in Tanzania was bigger than that of urban households.

According to Table 2.1, Mainland households are more likely to have household members with a disability (13.3 percent) than Zanzibar (9.3 percent). The overall Tanzania percentage of households with at least one member with disability was 13.2.

According to Table 2.2, the proportion of persons with disabilities among males and females under 5 years of age were almost similar being 2.1 percent for males and 2.3 percent for females. The same situation was observed among the elderly (65 years and above), with the proportion for each sex being 25.1 percent. The table further shows that for the population aged 5 - 34 years, males at 40.8 percent had a higher proportion of disabilities than females (31.8 percent). However in the 35 - 64 years age group the proportion of persons with disabilities was higher for females (65.8 percent) than males

(57.3 percent). This discovery calls for further investigation on risk factors associated with age and sex differentials in disability.

Table 2.1: Percentage Distribution of Households by the Usual Number of Members, Household Size, Disability Status of Households Members and Residence

Household Characteristics	Tanzania			Mainland			Zanzibar		
	Rural	Urban	Total	Rural	Urban	Total	Rural	Urban	Total
Number of usual members									
1	5.9	8.3	6.6	5.9	8.5	6.6	5.3	4.1	4.9
2	9.9	10.4	10.0	10	10.5	10.1	8.3	7.4	8
3	14.0	20.1	15.8	14.1	20.4	15.9	10.5	8.7	9.9
4	15.0	19.5	16.3	15.1	19.8	16.4	13.8	1.01	12.9
5	14.0	12.8	13.7	14.0	12.7	13.6	14.7	15.7	15.0
6+	40.8	29.9	37.6	40.6	29.2	37.3	47.1	53.3	49.2
Total	100	100	100	100	100	100	100	100	100
Mean household size	5.3	4.5	5.1	5.3	4.5	5	5.6	6.2	5.8
Disability status									
Household without persons with disabilities	85.3	90.5	86.8	85.2	90.4	86.7	88.4	95.1	90.7
Household with persons with disabilities	14.7	9.5	13.2	14.8	9.6	13.3	11.6	4.9	9.3
Total	100	100	100	100	100	100	100	100	100
No. of Households	5,692,290	2,330,121	8,022,411	5,554,440	2,261,217	7,815,656	137,850	68,904	206,754

Table 2.2: Percentage Distribution of Household Members by Disability Status, Age Group and Sex, Tanzania

Age Group	Total		Disabled		Not Disabled	
	Male	Female	Male	Female	Male	Female
0 - 4	100	100	2.1	2.3	97.9	97.7
5 - 9	100	100	8.6	4.9	91.4	95.1
10 - 14	100	100	8.5	6.3	91.5	93.7
15 - 24	100	100	11.7	10.8	88.3	89.2
25 - 34	100	100	12.0	9.8	88.0	90.2
35 - 44	100	100	9.0	12.1	91.0	87.9
45 - 54	100	100	13.6	16.6	86.4	83.4
55 - 64	100	100	9.6	12.0	90.4	88.0
65+	100	100	25.1	25.1	74.9	74.9
No. of individuals	19,879,948	20,781,127	1,213,805	1,275,165	18,666,143	19,505,962

2.3 Heads of Households

Household headship is dominated by male regardless of the disability status (disabled/not-disabled) or residence (Mainland, Zanzibar, Rural or Urban) (Table 2.3)

Table 2.3: Percentage Distribution of Head of Household by Sex, Disability status and Residence

		Mainland			Zanzibar			Tanzania		
		Rural	Urban	Total	Rural	Urban	Total	Rural	Urban	Total
Total										
Male		74.9	72.8	74.3	74.1	81.6	76.6	74.9	73.1	74.4
Female		25.1	27.2	25.7	25.9	18.4	23.4	25.1	26.9	25.6
Total		100	100	100	100	100	100	100	100	100
Disability status										
Not Disable	Male	64.9	67.6	65.7	66.3	78.0	70.2	64.9	67.9	65.8
	Female	20.3	22.7	21.0	22.1	17.1	20.4	20.4	22.6	21.0
Disable	Male	10.0	5.2	8.6	7.8	3.6	6.4	10.0	5.1	8.6
	Female	4.8	4.4	4.7	3.8	1.3	3.0	4.8	4.4	4.6
Total		100	100	100	100	100	100	100	100	100
No. of Households		5,554,440	2,261,217	7,815,656	137,850	68,904	206,754	5,692,290	2,330,121	8,022,411

2.4 Survival of Parents

Loss of parents due to death or displacement negatively affects the lives of children. In Tanzania an individual is regarded as a child if she/he is below 18 years of age. The survival of parents for persons less than 18 years is one of the measures of vulnerability. The degree of vulnerability is even higher if the person concerned has disability. The 2008 Tanzania Disability Survey collected information on the survival of biological parents for all household members below 18 years of age. Table 2.4 shows the survey findings on the survival of parents for these children.

Table 2.4: Percentage Distribution of Population Less Than 18 Years by Survival of Parents, Disability and Background Characteristics

Background characteristics	Both parents alive	Father alive mother dead	Mother alive father dead	Both parents dead	Don't know	Total Percent	Number of Persons
Age							
< 2	96.8	0.3	1.9	0.2	0.8	100.0	2,552,030
2 – 4	95.3	0.8	2.9	0.5	0.6	100.0	4,229,900
5 – 9	91.9	1.1	5.4	1.0	0.6	100.0	6,073,200
10 – 14	84.1	3.2	8.9	3.1	0.7	100.0	5,365,526
15 – 17	78.1	5.7	11.9	3.9	0.3	100.0	2,558,071
Total	89.5	2.0	6.2	1.7	0.6	100.0	20,778,728
Sex							
Male	89.9	2.1	5.9	1.6	0.5	100.0	10,439,090
Female	89.0	1.9	6.4	1.8	0.7	100.0	10,339,638
Disability Status							
Disable	87.3	1.8	9.1	1.3	0.6	100.0	502,300
Non disable	89.5	2.0	6.1	1.7	0.6	100.0	20,276,427
Residence							
Zanzibar							
Rural	92.5	1.7	5.3	0.2	0.3	100.0	413,972
Urban	94.5	1.5	3.1	0.4	0.0	100.0	207,013
Total	93.2	1.6	4.6	0.3	0.2	100.0	620,985
Mainland							
Rural	89.8	1.9	6.1	1.6	0.6	100.0	15,698,698
Urban	87.8	2.7	6.8	2.2	0.5	100.0	4,459,044
Total	89.3	2.1	6.2	1.7	0.6	100.0	20,157,743

About 90 percent of the household members aged less than 18 years had both of their parents alive. This number was slightly less for disabled children (87 percent). Disabled children were more likely to have a father dead (9.1 percent) than a mother (1.8 percent) or both parents (1.3 percent). The situation is similar to that of non-disabled children. Survival of parents is relatively higher in Zanzibar (93 percent) when compared to the Mainland (89 percent) and there is no significant difference between rural and urban areas. The statistical significance of these results however, has not been determined.

2.5 Marital Status

Marriage is universal in most African societies. The survey findings revealed that six out of every 10 persons aged 15 years and above were married (including living together) at the time of the survey. Females were significantly more likely to be divorced (10.2 percent) or

widowed (3.9 percent) than males (1.7 and 1.4 percent respectively). People with disabilities were much less likely to be never married (18.8%) than non-disabled people (31.1 %). People with disabilities were, however, much more likely to be divorced (20.2%) compared to only 4.7% of those without disabilities.

Table 2.5: Percentage Distribution of Population (15 Years and Above) by Marital Status, Sex, Disability Status, and Residence

Background Characteristics	Never married	Married	Living together	Separated	Widowed	Divorced	Others ^[1]	Total	No. of Individual
Sex									
Male	37	53.7	5.1	0.8	1.4	1.7	2	100	10,705,280
Female	23.5	54.8	5.2	2	3.9	10.2	0.4	100	11,735,137
Total	30	54.3	5.2	1.5	2.7	6.1	0.3	100	22,440,417
Disability									
With	18.8	50.6	3.6	2.1	4.5	20.2	0.1	100	2,132,975
Without	31.1	54.7	5.3	1.4	2.5	4.7	0.3	100	20,307,441
Total	30	54.3	5.2	1.5	2.7	6.1	0.3	100	22,440,417
Residence Zanzibar									
Rural	35.3	53.6	0.2	0.3	4.5	6	0.1	100	414,292
Urban	39.9	51.9	0	0	3.4	4.4	0.4	100	248,678
Total	37	52.9	0.2	0.2	4.1	5.4	0.2	100	662,970
Mainland									
Rural	26.9	57.6	4.7	1.3	2.7	6.4	0.3	100	15,437,556
Urban	36.7	46.2	6.9	1.9	2.4	5.6	0.2	100	6,339,890
Total	29.7	54.3	5.3	1.5	2.7	6.2	0.3	100	21,777,446

2.6 Literacy

Table 2.6 presents the results on literacy by sex, disability status and residence. About a quarter (27.4 percent) of Tanzania's population aged 15 years was illiterate, with 2 in every 10 males being illiterate compared to 4 in every 10 for women. Most people were literate in Kiswahili (65.9 percent), followed by Kiswahili and English (10.6 percent). Literacy in other languages accounted for only 1.4 percent).

Illiteracy was highest among persons with disabilities. About half of them (47.6 percent) were illiterate compared to 25.3 percent of the persons without disabilities. Illiteracy were slightly

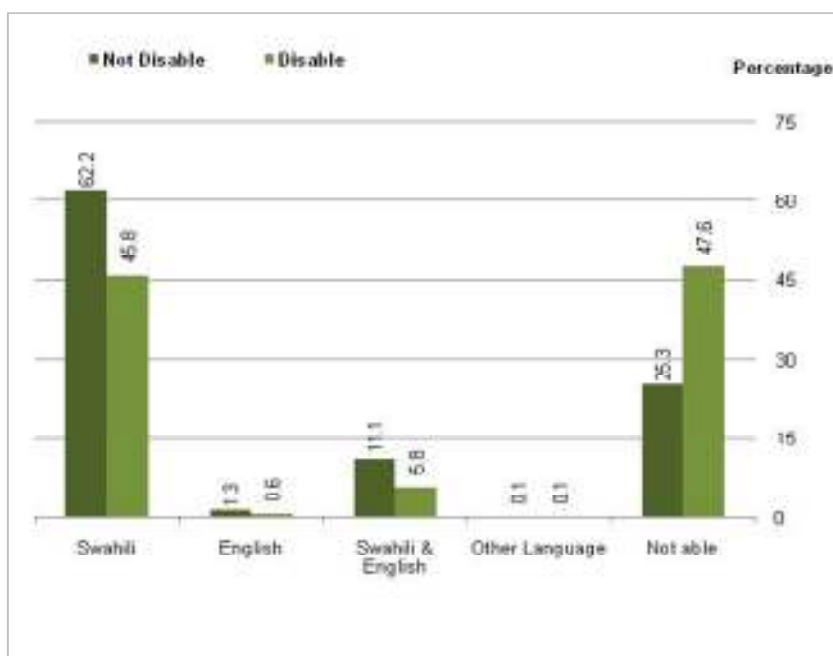
lower in Zanzibar (23.5 percent) compared to Mainland (27.5 percent), and was also relatively lower in urban areas compared to rural areas. Literacy in English and Kiswahili was much higher in Zanzibar (38.6 percent) than on the Mainland (11.0 percent). The ten-year compulsory education system in Zanzibar (as opposed to the primary education on the Mainland) is possibly a factor that gives Zanzibar an advantage.

Literacy varies directly with wealth. The population in the lowest quintile was more likely to be illiterate (52.5 percent) than the population in the highest quintile (7.4 percent). Also the population in the lowest quintile was less likely to be literate in English (2.0 percent) than the population in the highest quintile (29.9 percent). Generally, the percentage distribution of people with disabilities by wealth shows that the percents are higher in lower quintiles than similar distribution for people without disabilities.

Table 2.6: Percentage Distribution of Population (15 Years and Above) by Literacy, Sex, Disability Status, and Residence

Background Characteristics	Swahili	English	Swahili & English	Other Language	Not able	Total Percent	No. of Individual
Sex							
Male	65.9	1.3	13.0	0.1	19.6	100.0	10,705,280
Female	55.9	1.2	8.3	0.1	34.5	100.0	11,735,137
Total	60.7	1.3	10.6	0.1	27.4	100.0	22,440,417
Disability							
Not Disable	62.2	1.3	11.1	0.1	25.3	100.0	20,307,441
Disable	45.8	0.6	5.8	0.1	47.6	100.0	2,132,975
Total	60.7	1.3	10.6	0.1	27.4	100.0	22,440,417
Residence							
Mainland							
Rural	60.8	0.8	5.1	0.1	33.3	100.0	15,437,556
Urban	62.9	2.6	20.9	0.1	13.5	100.0	6,339,890
Total	61.4	1.3	9.7	0.1	27.5	100.0	21,777,446
Zanzibar							
Rural	34.8	0.1	36.6	0.4	28.1	100.0	414,292
Urban	42.5	0.1	41.6	0.1	15.7	100.0	248,678
Total	37.7	0.1	38.5	0.3	23.5	100.0	662,970
Wealth Quintile							
Lowest	45.3	0.2	1.8	0.1	52.5	100.0	3,913,105
Second	58.2	0.6	2.7	0.1	38.4	100.0	3,738,052
Middle	63.2	0.6	3.9	0.1	32.1	100.0	4,601,081
Fourth	71.4	1.4	9.5	0.0	17.6	100.0	4,228,762
Highest	62.8	2.7	27.2	0.0	7.4	100.0	5,959,417
Total	60.7	1.3	10.6	0.1	27.4	100.0	22,440,417

Figure 2.1: Type of Literacy (15 Years and Older)



In Tanzania illiteracy rate was higher among people with disability when compared to those without disabilities.

2.7 Levels of Education Attained

The level of education attained by the population aged 5 years and above is given in Table 2.7. About one quarter of the population (24.9 percent) was reported to have ‘no education’, about six in every ten of the population (58.5 percent) were attending primary education, and only 7.4 percent had secondary education. The proportion of females with no education at 28.7 percent was higher than that of males (20.9 percent). Among the people with disabilities the proportion was 41.7 percent compared to 23.5 percent for people without disabilities. (Figure 2.2).

There were no marked differences between Mainland and Zanzibar in regard to the percent of people with no education. However, there were significant disparities in the distribution of population by levels of education attained between the two areas, with Zanzibar being at an advantage. More than one quarter of the Zanzibar population (26 percent) had attained secondary education compared to only 6.8 percent on the Mainland. Urban residents (in both areas) were more likely to have attained higher levels of education compared to rural

residents. Further analyses could consider the effect of this on the educational achievement of people with disabilities in the two locations.

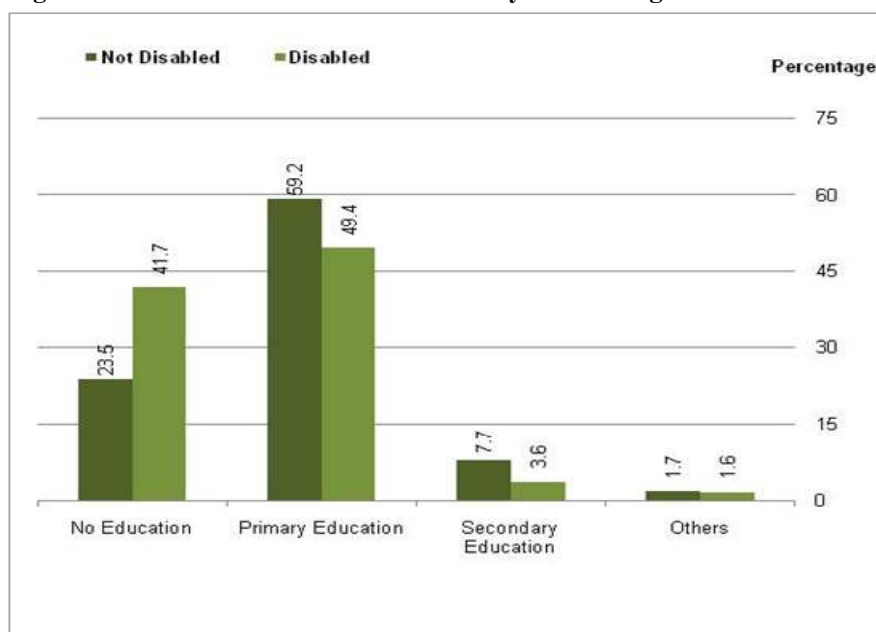
The level of education attained varied with the level of quintiles. About one half (45.1 percent) of persons in the lowest quintile had no education compared to only 7.9 percent in the highest quintile; those in the highest quintile were more likely to have attained secondary and higher levels of education than those in the lowest quintile.

Table 2.7: Percentage Distribution of Population (5 Years and above) by Highest Level of Education Attained, Sex, Disability Status, and Residence

Background Characteristics	No Education	Primary Education	Secondary Education	After Primary or Secondary	Certificate or Diploma	Degree or related	Others ²	Total	No. of Individual
Sex									
Male	20.9	60.3	8.4	1.2	0.5	0.6	8.1	100.0	16,518,094
Female	28.7	56.7	6.4	0.7	0.2	0.3	7.1	100.0	17,361,049
Total	24.9	58.5	7.4	0.9	0.3	0.5	7.6	100.0	33,879,143
Disability									
Not Disabled	23.5	59.2	7.7	0.9	0.3	0.5	7.9	100.0	31,388,393
Disabled	41.7	49.4	3.6	0.9	0.4	0.3	3.7	100.0	2,490,750
Total	24.9	58.5	7.4	0.9	0.3	0.5	7.6	100.0	33,879,143
Residence									
Mainland									
Rural	29.4	59.1	3.6	0.5	0.2	0.1	7.2	100.0	24,156,519
Urban	12.2	58.8	15.7	2.2	0.8	1.6	8.8	100.0	8,720,986
Total	24.9	59.0	6.8	0.9	0.3	0.5	7.6	100.0	32,877,505
Zanzibar									
Rural	29.3	43.9	19.9	0.6	0.2	0.0	6.1	100.0	641,149
Urban	16.7	35.3	36.7	2.0	0.4	0.5	8.2	100.0	360,488
Total	24.8	40.8	26.0	1.1	0.3	0.2	6.9	100.0	1,001,638
Wealth Quintile									
Lowest	45.1	47.9	1.0	0.1	0.1	0.0	5.8	100.0	6,148,458
Second	33.5	57.2	1.8	0.1	0.1	0.0	7.3	100.0	5,706,865
Middle	27.5	61.0	2.9	0.3	0.3	0.0	8.0	100.0	7,319,227
Fourth	16.8	67.3	6.8	0.3	0.3	0.2	8.3	100.0	6,504,145
Highest	7.9	57.9	20.4	1.3	1.3	2.3	7.9	100.0	8,200,448
Total	24.9	58.5	7.4	0.9	0.3	0.5	7.6	100.0	33,879,143

² Include adult and pre-school education, special schools and not stated

Figure 2.2: Levels of Education Attained by Persons Aged 5 Years and Above



For the not-disabled persons 2 out of every 10 persons had no education but among those with disabilities the corresponding figures were 4 in 10

As might be expected, the type of education being attended by young persons is very closely related to their ages. The distribution of children by age and type of education being attended showed that the youngest were mainly in preparatory and lower primary schools while the teenagers and young adults were taking higher primary or secondary education. There were no significant differences between sexes regarding the provision of preparatory, primary and lower secondary education.

Without regard to disability status, the proportion of persons for whom education attainment was secondary education or above was higher for males (10.7 percent) than females (7.6 percent) (Table 2.7). This is a result of prevailing social and cultural factors which favour males.

While the proportion of persons who attained primary education was about the same for the disabled (49.4 percent) and the non-disabled (59.2 percent), the attainment of higher education was higher for the non-disabled (9.4 percent) than the disabled (5.2 percent) (Table 2.7). and this in addition to the fact that the proportion of persons with no education was higher for persons with disabilities than those without.

Zanzibar follows a different education system from that of the Mainland, with the enrolment in secondary schools for persons aged 5 – 24 years being three times higher than that of the Mainland.

Rural-urban differentials were significant especially in regard to educational attainment above secondary education where on the Mainland the attainment in urban areas was about 6 times that of the rural areas and in Zanzibar the attainment in urban areas was about 2 times that in rural areas. The following area of significant differentials was in attainment in secondary education (Table 2.7).

2.8 School Attendance

Table 2.8 gives percentage distribution of children attending school by single years of age. The table reveals low proportions of children attending school at young ages (or preparatory school enrolments); followed by proportionately high proportions for children aged 7 to 13 years coinciding with primary education (grades I – VIII) on the Mainland. The proportions then decline slowly with the increase in age, depicting low enrolment at secondary and tertiary levels.

For children with disabilities, high proportions are attending primary education (7 - 13 years age group) with attendance dropping significantly at higher grades. Of those attending primary education, 13 percent of non-disabled children pursue into onto higher levels of schooling, while only 7 percent of disabled children progress in this way.

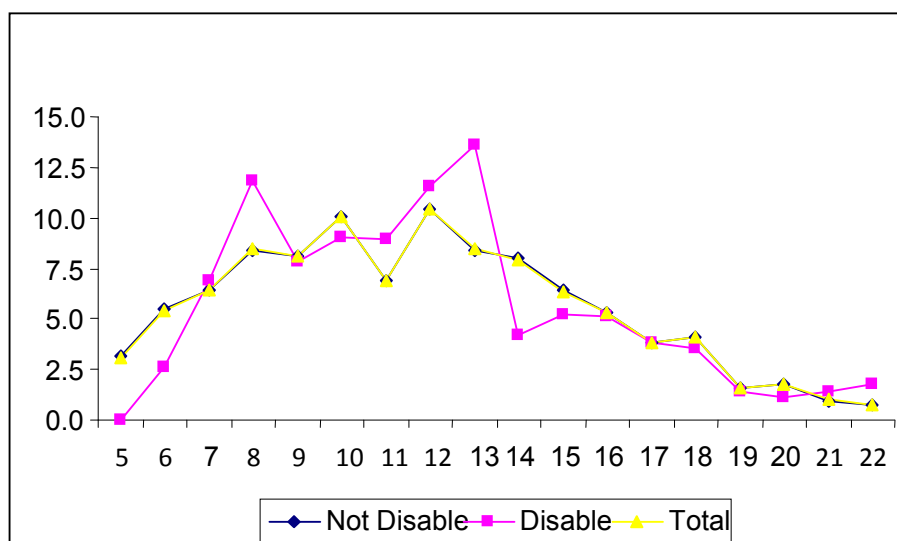
The proportions of children attending school on the Mainland and in Zanzibar show different patterns. On the Mainland proportions are higher at lower ages compared to Zanzibar and vice versa at higher ages. This reflects high proportion of children attending secondary education in Zanzibar. Rural-urban differentials, both on the Mainland and Zanzibar, show no clear pattern

Characteristics of the Population Survey

Table 2.8: Percentage Distribution of Children Attending School by Single Years of Age, Sex, Disability Status and Residence

Age	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	Total	No. of Individuals
Sex																				
Male	3.0	4.7	6.1	7.8	8.5	10.2	7.5	9.3	8.0	7.8	6.3	5.2	4.5	4.6	1.8	2.2	1.4	1.1	100.0	5,423,984
Female	3.2	6.2	6.7	9.2	7.7	9.9	6.3	11.7	9.0	8.1	6.5	5.4	3.1	3.6	1.4	1.2	0.5	0.4	100.0	5,128,475
Total	3.1	5.4	6.4	8.4	8.1	10.0	6.9	10.5	8.5	7.9	6.4	5.3	3.8	4.1	1.6	1.7	1.0	0.8	100.0	10,552,459
Disability																				
Not Disable	3.1	5.5	6.4	8.4	8.1	10.1	6.9	10.5	8.4	8.0	6.4	5.3	3.8	4.1	1.6	1.8	1.0	0.7	100.0	10,305,571
Disable	0.0	2.6	6.9	11.9	7.8	9.0	8.9	11.5	13.6	4.2	5.2	5.1	3.8	3.5	1.4	1.1	1.4	1.8	100.0	246,888
Total	3.1	5.4	6.4	8.4	8.1	10.0	6.9	10.5	8.5	7.9	6.4	5.3	3.8	4.1	1.6	1.7	1.0	0.8	100.0	10,552,459
Residence																				
Mainland																				
Rural	2.1	4.4	6.2	8.7	8.1	11.2	7.6	11.4	8.6	8.4	6.5	5.2	3.6	3.6	1.4	1.3	0.9	0.6	100.0	7,423,203
Urban	5.8	8.6	7.2	7.9	8.2	7.0	5.1	8.0	8.2	6.6	5.8	5.5	4.1	5.1	2.0	2.6	1.1	1.1	100.0	2,775,961
Total	3.1	5.5	6.5	8.5	8.2	10.1	6.9	10.5	8.5	7.9	6.3	5.3	3.8	4.0	1.6	1.7	1.0	0.7	100.0	10,199,165
Zanzibar																				
Rural	1.2	2.3	5.1	6.0	6.4	9.5	6.3	10.7	8.4	8.8	8.1	6.5	5.5	7.0	3.6	3.2	0.7	0.7	100.0	221,278
Urban	3.8	4.1	5.5	6.7	7.4	7.3	8.8	6.9	7.5	6.9	6.3	5.7	5.7	5.3	3.0	5.9	1.6	1.4	100.0	132,016
Total	2.2	3.0	5.2	6.3	6.8	8.6	7.3	9.3	8.1	8.1	7.5	6.2	5.5	6.4	3.4	4.2	1.1	1.0	100.0	353,294

Figure 2.3: School Attendances by Age



2.9 Reasons for Not Attending School

For children aged 7-16 years, one quarter of drop-outs were due to household chores facing children (Table 2.9); about one fifth of the drop-outs were caused by inability to pay education expenses and one in every ten children reported one or the other of the following reasons: dissatisfaction (or education is useless), marriage, or examinations failure. Disability as a reason for not attending school accounted for only 2.8 percent of the drop-outs.

Among children aged 7 -16 years of age, males (18.5 percent) were more likely to drop out of school to dislike of schooling than females (8.8 percent) also males (13.6 percent) were more likely to drop out for fear of failing examinations than females (7.9 percent). On the other hand, females who gave marriage as a reason for dropping out of school at 19.7 percent were more than males (2.7 percent).

More than one half of persons with disability were not attending school as a result of their activity limitations or illness. About one third (32.6 percent) did not attend due to their disabilities and 23.8 percent because of illness.

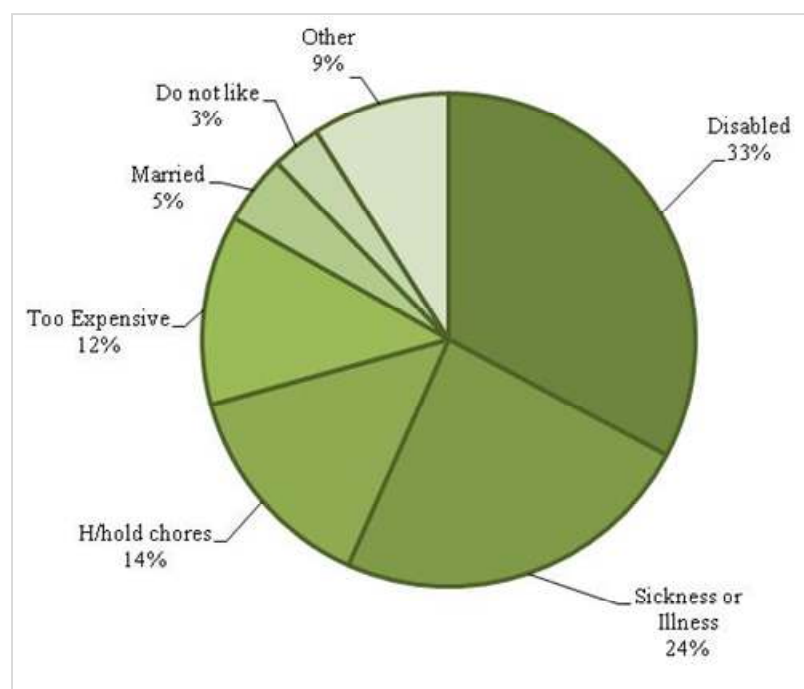
There was a marked difference in reasons for not attending school between Mainland and Zanzibar. While household chores and expenses on education were the main reasons on the Mainland (especially in urban areas), dislike of schooling and examination failures were the leading reasons in Zanzibar.

Characteristics of the Population Survey

Table 2.9: Percentage Distribution of Children (Aged 7-16) Not Attending School by Reason, Sex, Disability Status, and Residence

Reason	Too far	Too expensive	Household chores	Do not like	Sickness or illness	Pregnancy	Failed examinations	Married	Disabled	Other	Total	Number
Sex												
Male	6.4	18.2	24.3	18.5	5.9	0.8	13.0	2.7	3.8	6.5	100.0	2,260,572
Female	5.9	16.3	25.8	8.8	4.2	2.4	7.9	19.7	2.0	6.9	100.0	2,674,695
Total	6.1	17.2	25.1	13.2	5.0	1.6	10.2	11.9	2.8	6.7	100.0	4,935,267
Disability												
Not Disabled	6.4	17.6	26.2	14.2	3.2	1.8	11.0	12.6	0.0	7.1	100.0	4,508,881
Disabled	/	12.4	14.0	3.2	23.8	0.3	2.1	4.5	32.6	3.3	100.0	426,386
Total	6.1	17.2	25.1	13.2	5.0	1.6	10.2	11.9	2.8	6.7	100.0	4,935,267
Residence												
Mainland												
Rural	8.6	13.9	20.2	13.6	5.8	1.5	10.9	14.3	3.2	7.9	100.0	3,392,364
Urban	0.5	26.0	38.9	10.3	3.1	2.2	7.4	6.5	1.9	3.2	100.0	1,419,224
Total	6.2	17.5	25.7	12.6	5.0	1.7	9.9	12.0	2.8	6.5	100.0	4,811,588
Zanzibar												
Rural	3.7	5.8	2.4	44.8	4.0	0.3	18.8	5.6	2.4	12.1	100.0	80,863
Urban	0.0	4.8	1.2	24.7	2.9	0.0	28.6	16.3	4.0	17.5	100.0	37,912
Total	2.5	5.5	2.0	38.4	3.7	0.2	22.0	9.0	2.9	13.8	100.0	118,775

Figure 2.4: Reasons for not Attending School Among Persons with Disabilities (7-16 Years).



More than one half of persons with disability were not attending school as a result of their activity limitations or illness

2.10 Communication

Table 2.10 shows the percentage distribution of population aged 15 years and above by possession of a mobile phone by age group and sex. One in every three Tanzanians (30.4 percent) had a mobile phone. Ownership of mobile phones differed significantly between the sexes, Mainland and Zanzibar. One third of males (34.4 percent) owned mobile phone compared to about a fifth of the females (18.8 percent). Ownership of mobile was higher in Zanzibar, with 47 percent of the population reporting owning a mobile phone compared to only 30 percent on the Mainland.

On the Mainland, nearly one third of the population aged 15 years and above had mobile phones and the proportion of males that owned them was 33.9 percent compared to 18.6 of the females. In Zanzibar, the proportion of persons of similar age that owned mobile phones was 47.1 percent and the corresponding figures for males and females were 53.6 and 26.0 percent respectively.

Table 2.10: Percentage Distribution of Population (15 Years and above) by Mobile Phone Ownership, Residence and Sex

	Tanzania			Mainland			Zanzibar			Number
	Male	Female	Total	Male	Female	Total	Male	Female	Total	
With mobile phone	34.4	18.8	30.4	33.9	18.6	30.0	53.6	26.0	47.1	4,569,912
With no mobile	65.6	81.2	69.6	66.1	81.4	70.0	46.4	74.0	52.9	17,870,505
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	22,440,417
With Mobile Phone										
Age group										
15 - 19	0.3	0.0	0.3	0.3	0.0	0.3	0.6	0.0	0.5	295,092
20 - 24	4.1	5.1	4.3	4.2	5.1	4.3	3.5	4.5	3.6	608,920
25 - 29	17.0	12.5	16.3	17.4	12.1	16.5	8.4	25.0	10.6	896,540
30 - 34	20.0	21.9	20.3	20.2	22.1	20.5	15.4	14.3	15.3	835,076
35 - 39	18.7	16.9	18.4	18.7	17.1	18.4	17.9	10.8	17.0	649,915
40 - 44	11.0	11.2	11.0	10.8	11.3	10.9	15.4	8.4	14.5	391,618
45 - 49	9.5	11.7	9.8	9.1	11.8	9.5	17.6	10.4	16.7	317,150
50 - 54	6.5	8.6	6.8	6.4	8.5	6.7	8.8	12.2	9.2	206,404
55 - 59	4.8	4.2	4.7	4.8	4.3	4.7	5.8	0.8	5.1	140,385
60 - 64	3.7	1.6	3.4	3.7	1.5	3.4	2.7	4.4	2.9	101,009
65 - 69	1.8	1.4	1.7	1.7	1.3	1.7	2.7	3.8	2.8	48,244
70 - 74	1.1	1.9	1.2	1.1	1.9	1.2	0.9	1.9	1.0	34,883
75 - 79	0.6	2.8	0.9	0.6	2.9	1.0	0.3	0.0	0.3	22,697
80+	0.8	0.1	0.7	0.9	0.0	0.7	0.1	3.6	0.5	21,978
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	4,569,912

2.11 Other Household Characteristics

Table 2.10 shows the percentage distribution of households in the country by selected background characteristics. In Tanzania about 14 percent of the households had electricity. In rural areas the proportion of households with electricity was 2.8 percent and in urban areas it was 41.4 percent.

Variations exist between Tanzania Mainland and Zanzibar, with Zanzibar having an advantage with regard to availability of electricity. The proportion of households accessing electricity on Tanzania Mainland was 13.8 percent compared to 28.4 in Zanzibar

Differences are also significant between rural and urban areas. In rural areas of Tanzania Mainland the percentage of households with electricity was only 2.6 percent compared with 40.8 in urban areas. In Zanzibar, the corresponding percentages were 10.9 percent in rural areas and 62.7 in urban areas.

Saving is a common practise among people engaged in economic activities. At the national level about 11 percent of the households had a saving account with the proportion being much higher in urban areas (26.5 percent) than in rural areas (4.8 percent). These proportions are similar for the Mainland and Zanzibar with Zanzibar showing a slightly lower rate of savings through a savings account.

The survey results show that about half of the households in Tanzania use mosquito nets. Usage is much higher in Zanzibar (78.6 percent) compared to Mainland (51.0 percent). Furthermore, usage is more prevalent in urban than rural areas for both Mainland and Zanzibar (Table 2.11).

Table 2.11: Percentage Distribution of Households by Residence, Use of Electricity, Savings Accounts and Mosquito Nets

Characteristics	Total			Mainland			Zanzibar		
	Rural	Urban	Total	Rural	Urban	Total	Rural	Urban	Total
Electricity									
Yes	2.8	41.4	14.1	2.6	40.8	13.8	10.9	62.7	28.4
No	97.2	58.6	85.9	97.4	59.2	86.2	89.1	37.3	71.6
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Saving account									
Yes	4.8	26.5	11.2	4.8	26.6	11.2	4.5	22.7	10.6
No	95.2	73.5	88.8	95.2	73.4	88.8	95.5	77.3	89.4
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Mosquito net									
Yes	41.1	77.1	51.7	40.3	76.9	51.0	77.0	81.8	78.6
No	58.9	22.9	48.3	59.7	23.1	49.0	23.0	18.2	21.4
Total Percent	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0

2.12 Source of Drinking Water

Table 2.12 show the percentage distribution of household's source of drinking water. Overall, 18.5 percent of the households in Tanzania obtain their drinking water from the public tap, followed by 18.2 that use the open public well, river/stream, (11.9 percent) and a protected public well (11.1 percent). The rest use other sources like ponds/lake/dam, piped water in the plot/dwelling, neighbour's tap etc.

The majority of households in rural areas (23.6 percent) use open public wells as their main source of drinking water, followed by a public tap (17.6 percent) and rivers/stream (16.6 percent). The main sources of drinking water for urban households were the

neighbour's tap which accounted for 21.8 percent of households, water piped into dwelling/plot (21.7 percent) and public tap (20.7 percent).

The main sources of drinking water for the Mainland's rural household were open public wells (23.6 percent) followed by rivers/stream (17.0 percent) and public taps (16.8 percent). In urban areas the main sources were neighbour's taps (22.3 percent), water piped into dwellings/plots (21.5 percent) and public taps (20.8 percent).

In Zanzibar rural, the main sources of drinking water were public taps (48.9 percent), open public wells (26.5 percent) and water piped into dwellings/plots (12.2 percent), while in Zanzibar urban the main sources of drinking water were water piped into dwellings/plots (29.6 percent), neighbour's boreholes (20.7 percent) and public tap (17.4 percent).

open public wells (26.5 percent) and water piped into dwellings/plots (12.2 percent). In Zanzibar urban, the main sources of drinking water were piped water into dwellings/plots (29.6 percent), neighbour's borehole (20.7 percent) and public tap (17.4 percent).

Households in Zanzibar rural households in particular had better access to tap water than those on Tanzania Mainland. In Zanzibar rural households tap water was accessed by 65.3 percent of households compared to 21.2 percent of households on Tanzania rural households (Table 2.12).

Time to Water Sources

More than half of the households in Tanzania use more than 15 minutes to reach their water sources. In the rural areas the proportion of households that use more than 15 minutes to reach their water sources was 72.8 percent while in urban areas it was 46.8 percent. About 66 percent of households in Tanzania Mainland use more than 15 minutes to reach their water sources while in Zanzibar the corresponding figure was 53 percent.

Table 2.12: Percentage Distribution of Households by Residence and Source of Water for Drinking

Source of water	Total			Mainland			Zanzibar		
	Rural	Urban	Total	Rural	Urban	Total	Rural	Urban	Total
Source of drinking water									
Piped Into dwelling/plot	2.1	21.7	7.9	1.8	21.5	7.6	12.2	29.6	18.1
Public tap	17.6	20.7	18.5	16.8	20.8	18.0	48.9	17.4	38.3
Neighbour's tap	2.6	21.8	8.2	2.6	22.3	8.3	4.2	6.0	4.8
Open well Into dwelling/plot	1.1	0.9	1.1	1.2	0.9	1.1	0.6	3.3	1.5
Open public well	23.6	5.2	18.2	23.6	5.3	18.2	26.5	3.8	18.8
Neighbour's open well	1.7	2.8	2.0	1.7	2.6	2.0	1.1	9.9	4.1
Protected well into dwelling/plot	0.3	1.7	0.7	0.3	1.7	0.7	0.3	2.5	1.1
Protected public well	12.6	7.7	11.1	12.8	7.8	11.3	3.8	5.7	4.4
Neighbour's borehole	0.7	5.8	2.2	0.8	5.3	2.1	0.5	20.7	7.3
Spring	8.0	2.9	6.5	8.2	3.0	6.7	0.4	0.0	0.3
River, Stream	16.6	0.4	11.9	17.0	0.4	12.2	0.6	0.0	0.4
Ponds/lake/Dam	11.0	0.1	7.8	11.3	0.1	8.0	0.7	0.0	0.5
Rain water	0.6	0.1	0.4	0.6	0.1	0.4	0.0	0.0	0.0
Tanker truck/Bourse	0.5	1.3	0.7	0.5	1.3	0.7	0.0	0.6	0.2
Water Vendor	0.9	6.4	2.5	0.9	6.6	2.5	0.4	0.4	0.4
Bottled water	0.0	0.5	0.1	0.0	0.5	0.1	0.0	0.0	0.0
Other	0.1	0.0	0.1	0.1	0.0	0.1	0.0	0.0	0.0
Total Percent	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Time to water source									
< 15 minutes	27.2	53.2	34.7	26.6	53.4	34.4	48.2	44.2	46.8
>15 minutes	72.8	46.8	65.3	73.4	46.6	65.6	51.8	55.8	53.2

2.13 Distance to Nearest Market

In Tanzania, two-thirds (67 percent) of the households had their nearest market for goods and services located at a distance of 5 kilometres or more. Only 12 percent of the households, was the marker located at a distance of less than one kilometre. In rural areas of Tanzania Mainland, the distance to the nearest market was 5 kilometres or more for 73.4 percent of the households (Table 2.13)

Table 2.13: Percentage Distributions of Households by Residence, Rural /Urban to the Nearest Market

Distance	Total			Mainland			Zanzibar		
	Rural	Urban	Total	Rural	Urban	Total	Rural	Urban	Total
Distance to near market									
Less than one kilometre	7.7	22.1	11.9	7.2	22.6	11.7	26.4	7.4	20.1
1 to 2 kilometre	6.0	31.0	13.2	5.4	29.2	12.3	27.2	89.6	48.0
3 to 4 kilometre	5.6	14.7	8.2	5.3	15.0	8.1	16.7	2.5	12.0
5 and above kilometre	80.8	32.2	66.7	82.0	33.2	67.9	29.7	0.5	20.0
Total Percent	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0

2.14 Toilet Facilities

Toilet facility used by the majority of households in Tanzania is the traditional pit latrine. However, 12.4 percent of the households had no toilet facilities. It should also be noted that traditional pit latrine is the most common toilet in both rural and urban areas. In Zanzibar around 30 percent of the households had no toilet facility. The proportion of households without toilets was 41.7 in rural areas and 5.7 in urban areas. Toilet sharing with other households was more common in urban than in rural areas. Forty three percent of urban households on the Mainland reported sharing toilet with other households compared with only 17.5 percent of households in the rural areas. The same pattern was observed for Tanzania Zanzibar (Table 2.14).

Table 2.14: Percentage Distribution of Households by Residence, Rural/Urban and Type of Toilet Facility

Toilet facility	Tanzania			Mainland			Zanzibar		
	Rural	Urban	Total	Rural	Urban	Total	Rural	Urban	Total
Flush Toilet	0.6	17.3	5.5	0.4	16.6	5.2	7.7	41.4	19.1
Traditional pit latrine	80.6	72.2	78.1	81.4	72.9	78.9	47.8	50.5	48.7
Ventilated Improved Pit	1.4	9.3	3.7	1.3	9.5	3.7	2.7	2.5	2.6
No facility/bush/field	17.1	1.2	12.4	16.4	1.0	11.9	41.7	5.7	29.5
Other	0.4	0.0	0.3	0.4	0.0	0.3	0.1	0.0	0.1
Total Percent	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Toilet sharing with other	17.5	43.3	26.1	17.7	44.0	26.3	7.7	18.9	12.7

2.15 Building Materials

Floor Materials

Over half (69.1 percent) of the households in Tanzania reported using earth/sand as floor materials for their houses and around 30 percent used cement. In the rural areas, the majority of the households used earth/sand (84.9 percent) as floor materials, followed by cement (13.9 percent). In urban areas majority of households had used cement (67.4 percent) as a flooring material followed by earth/sand (30.5 percent). The same pattern was observed for both Mainland and Zanzibar.

Wall Materials

In Tanzania, 30.9 households used poles and mud as wall materials for their houses, followed by sun dried bricks (28.4 percent), baked bricks (21.8 percent) and cement bricks (14.9 percent). Others used grass, timber and stones. The situation was about the same for the rural households but in urban areas, the dominant wall material was cement bricks (43 percent).

On Tanzania Mainland, 39.1 percent of the rural households used poles and mud followed by sundried bricks (35.6 percent), baked bricks (18.2 percent) and cement bricks (2.7 percent). On the other hand about two fifth (41.9 percent) of the households in urban areas, used cement bricks for wall material followed by baked bricks (32.4 percent), sundried bricks (13.2 percent) and poles and mud (40.0 percent).

In Zanzibar most households (40.6 percent) used cement for wall material closely followed by poles and mud (40.0 percent). Moreover, in the rural areas of Zanzibar, the main wall materials were poles/mud while in the urban areas it was cement bricks.

Roofing Materials

About 57 percent of the households in Tanzania used iron sheets as roofing materials followed by grass/leaves (42.2 percent). In rural areas, grass/leaves are the dominant roofing materials and had been used by 56.3 percent of the households. They are followed by iron sheets (43.4 percent). In urban areas the majority of the households (89.1 percent)

had used iron sheets and a few (8.3 percent) had used grass/leaves/mud. On Tanzania Mainland, the situation was similar to that of Tanzania as a whole. In Zanzibar the use of iron sheets was higher than on the Mainland but as on the Mainland it is followed by grass/leaves/mud

Rooms for Sleeping

About two thirds of the households in Tanzania had one or two rooms for sleeping and the remaining third, had three or more rooms. The situation was similar in both rural and urban areas but in urban areas the proportion of households with only one room for sleeping (36.5 percent) was higher than that in rural areas (26.6 percent).

Table 2.15: Percentage Distribution of Households by Residence, Rural/Urban Type of Building Materials and Number of Rooms per Household

Characteristics	Total			Mainland			Zanzibar		
	Rural	Urban	Total	Rural	Urban	Total	Rural	Urban	Total
Floor Material									
Earth/Sand	84.9	30.5	69.1	85.5	30.9	69.7	58.4	18.5	45.1
Dung	0.4	0.0	0.3	0.4	0.0	0.3	0.4	0.0	0.3
Wood	0.3	0.0	0.2	0.3	0.0	0.2	0.0	0.3	0.1
Wood Planks	0.1	0.0	0.1	0.1	0.0	0.1	0.0	0.0	0.0
Parquet/Polished woods	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Vinyl/Asphalt strips	0.0	2.0	0.6	0.0	2.0	0.6	0.5	2.5	1.2
Cement	13.9	67.4	29.5	13.3	67.0	28.8	40.6	78.7	53.3
Tiles	0.2	0.4	0.3	0.4	0.2	0.3	0.0	0.0	0.0
Others	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Total Percent	100	100	100	100	100	100	100	100	100
Wall material									
Grass	1.0	0.2	0.8	1.0	0.3	0.8	1.5	0.0	1.0
Poles and mud	39.6	10.2	30.9	39.1	10.4	30.7	58.5	3.8	40.0
Sun dried bricks	34.8	13.0	28.4	35.6	13.2	29.0	3.7	7.2	4.8
Baked bricks	17.8	31.5	21.8	18.2	32.4	22.4	0.2	1.5	0.7
Timber	0.9	0.3	0.7	0.9	0.3	0.7	0.0	0.3	0.1
Cement bricks	3.2	43.0	14.9	2.7	41.9	14.2	22.1	77.0	40.6
Stones	0.6	1.3	0.8	0.2	1.0	0.5	13.7	10.3	12.6
Other	2.1	0.5	1.6	2.1	0.5	1.7	0.2	0.0	0.1
Total Percent	100	100	100	100	100	100	100	100	100
Roof material									
Grass/leaves/mud	56.3	8.3	42.2	56.7	8.4	42.5	39.5	6.6	28.3
Iron Sheet	43.4	89.1	56.8	42.9	89.2	56.5	60.2	87.0	69.3
Tiles/Concrete/Asbestos	0.1	1.2	0.4	0.1	1.2	0.4	0.3	0.5	0.4
Concrete	0.0	0.3	0.1	0.0	0.1	0.0	0.0	4.8	1.6
Asbestos	0.0	1.0	0.3	0.0	1.1	0.3	0.0	0.0	0.0
Other	0.3	0.1	0.2	0.3	0.0	0.2	0.1	1.1	0.4
Total Percent	100	100	100	100	100	100	100	100	100
Rooms for sleeping									
1 room	26.6	36.5	29.5	26.8	37.1	29.8	18.7	15.7	17.6
2 rooms	39.8	27.1	36.0	39.8	27.0	36.1	36.6	30.5	34.5
3 rooms	20.6	23.8	21.6	20.4	23.5	21.3	30.1	33.5	31.3
4 rooms	8.1	8.5	8.2	8.0	8.3	8.1	11.2	14.1	12.2
5+ rooms	4.9	4.2	4.7	4.9	4.1	4.7	3.4	6.3	4.4
Total Percent	100	100	100	100	100	100	100	100	100
No. of household	5,692,290	2,330,121	8,022,411	5,554,440	2,261,217	7,815,656	137,850	68,904	206,754

2.16 Durable Goods

The availability of durable goods is a good indicator of a household's socioeconomic status. Moreover, particular goods have specific benefits. For example, having access to radio or television exposes household members to innovative ideas. Table 2.16 shows the availability of selected durable goods by residence. Bicycle, radio and paraffin lamp were the durable goods possessed by most households in Tanzania; Each item was owned by more than 40 percent of the households.

There was a noticeable urban-rural variation in the proportion of households owning durable goods. The largest discrepancies between rural and urban households were in ownership of radios, televisions, mobile phone and smoothening irons.

Discrepancies were also noticed between Mainland and Zanzibar. The proportion of households that possessed the selected goods except paraffin was higher in Zanzibar than on the Mainland. Even the possession of paraffin lamps was almost equal, the percent possessing being 44.3 percent on the Mainland and 44.4 percent on Tanzania Zanzibar.

Table 2.16: Percentage Distribution of Households by Possession Durable Goods and Residence

Type of Possessing	Mainland			Zanzibar			Total		
	Rural	Urban	Total	Rural	Urban	Total	Rural	Urban	Total
Radio	52.8	69.8	57.7	63.5	80.0	69.0	53.0	70.1	58.0
Television	2.4	30.7	10.6	7.1	49.1	21.1	2.5	31.2	10.8
Mobile/ Telephone	23.6	68.5	36.6	47.7	87.4	60.9	24.2	69.0	37.2
Refrigerator	0.6	17.1	5.4	4.9	39.7	16.5	0.7	17.7	5.7
Paraffin Lamp	37.8	60.4	44.3	35.3	62.7	44.4	37.7	60.5	44.3
Iron	14.0	40.0	21.5	11.4	51.6	24.8	14.0	40.3	21.6
Bicycle	47.0	37.1	44.1	46.5	60.1	51.1	46.9	37.8	44.3
Motorcycle	1.7	3.4	2.2	3.2	12.9	6.4	1.8	3.6	2.3
Cars/Truck	0.4	7.1	2.4	0.8	9.5	3.7	0.4	7.2	2.4
No. of Households	5,554,440	2,261,217	7,815,656	137,850	68,904	206,754	5,692,290	2,330,121	8,022,411

2.17 Food Security

The 2008 Tanzania Disability Survey included a number of questions concerning the household food security. The questions asked include usual number of daily meals, number of days the household consumed meat and fish in the week preceding the survey and how often the household had problems in satisfying food needs in the year before the survey. Table 2.17 shows the percentage distribution of the households by those four aspects.

The findings were that in Tanzania, about 6 out of every 10 households (59 percent) took three meals per day.

The intake of daily meals was better in urban areas than in rural areas. The proportion of households that took three or more meals per day was 81 percent in urban areas and 51 percent in rural areas.

On Tanzania Mainland, the intake of daily meals was relatively better compared to Zanzibar. While on the Mainland 69 percent of the households took three or four meals per day, in Zanzibar it was 54 percent of the households that did so.

Meat consumption is not common in Tanzania. More than half of the households did not consume meat at all in the week preceding the survey, 21 percent consumed meat once and only 13 percent of the households consumed meat three or more times in the same period.

In Tanzania fish consumption was generally low with two fifths of households not consuming fish at all in a week preceding the survey. Only 29 percent of households reported to have consumed fish three or more times a week before the survey.

As expected, fish consumption was higher in Zanzibar with 71 percent of households consuming fish three or more times in the week preceding the survey compared to only 28 percent of the households on the Mainland.

It was observed that in Tanzania, food insecurity was somewhat low as 61 percent of the households reported to have never failed to satisfy their food needs in the past year or have failed seldomly (Table 2.17).

Food insecurity was higher in the rural areas than in urban areas. In the urban areas the proportion of households that failed to satisfy their food needs sometimes, often or always was 44 percent while in urban areas it was 29 percent of the households that faced a similar situation (Table 2.17).

Table 2.17: Percentage of Households by Residence, Rural/Urban by Usual Meals per Day, Frequency of Consuming Meat/Fish and Food Satisfaction Status

Food Security Characteristics	Tanzania			Mainland			Zanzibar		
	Rural	Urban	Total	Rural	Urban	Total	Rural	Urban	Total
Usual number of meals/day									
1 meal	2.0	1.0	2.0	2.0	1.0	2.0	3.0	2.0	3.0
2 meals	47.0	18.0	39.0	47.0	18.0	39.0	55.0	22.0	44.0
3+ meals	51.0	81.0	59.0	51.0	81.0	60.0	42.0	76.0	54.0
Total Percent	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Number of days consumed meat in past week									
0	56.0	39.0	51.0	55.0	38.0	50.0	86.0	63.0	78.0
1	22.0	21.0	21.0	22.0	21.0	22.0	9.0	17.0	11.0
2	13.0	18.0	14.0	13.0	18.0	14.0	3.0	13.0	6.0
3+	10.0	22.0	13.0	10.0	23.0	12.0	2.0	7.0	4.0
Total Percent	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Number of days consumed fish in past week									
0	49.0	21.0	41.0	50.0	21.0	41.0	17.0	3.0	12.0
1	14.0	20.0	16.0	14.0	21.0	16.0	7.0	3.0	5.0
2	12.0	21.0	15.0	12.0	21.0	15.0	13.0	9.0	11.0
3+	25.0	38.0	29.0	24.0	36.0	28.0	64.0	85.0	71.0
Total Percent	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Frequency of problems satisfying food needs in past year									
Never	29.0	45.0	34.0	29.0	45.0	34.0	37.0	39.0	38.0
Seldom	27.0	25.0	27.0	27.0	25.0	26.0	30.0	43.0	34.0
Sometimes	21.0	14.0	19.0	21.0	14.0	19.0	17.0	7.0	14.0
Often	21.0	15.0	19.0	21.0	15.0	19.0	16.0	11.0	14.0
Always	2.0	0.0	1.0	2.0	0.0	1.0	0.0	0.0	0.0
Total Percent	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0

2.18 Land Ownership

In Tanzania, out of every 10 households, 3 households owned less than one acre of agricultural land each, 5 households owned between one and five acres and each of the remaining 2 households owned five acres or more (Table 2.18).

Zanzibar had less agricultural land per household than Tanzania Mainland. In Zanzibar almost each household (96 percent) owned on the average less than 5 acres of agricultural land while on the Mainland, three quarters of households (76 percent) owned that much (Table 2.18).

Table 2.18: Percentage Distributions of Households by Residence, Rural/Urban and Size (Acres) of Agricultural Land Owned

Land for	Tanzania			Mainland			Zanzibar		
	Rural	Urban	Total	Rural	Urban	Total	Rural	Urban	Total
Less than 1.0	17.0	58.0	29.0	16.0	57.0	28.0	50.0	83.0	61.0
1.0 - 1.9	16.0	10.0	14.0	15.0	10.0	14.0	19.0	7.0	15.0
2.0 - 2.9	17.0	11.0	15.0	17.0	11.0	15.0	15.0	5.0	11.0
3.0 - 3.9	13.0	6.0	11.0	13.0	6.0	11.0	10.0	2.0	7.0
4.0 - 4.9	8.0	6.0	8.0	9.0	6.0	8.0	3.0	0.0	2.0
5.0 +	29.0	10.0	23.0	30.0	10.0	24.0	4.0	3.0	3.0
Total Percent	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0

Generally, female-headed households owned less land per households than man-headed households. While 33 percent of female-headed households owned less than one acre of agricultural it was 27 percent of male-headed households that faced the same situation. Also, while about 53 percent of female-headed households owned between one and five acres of agricultural land per household, it was only 46 percent of male-headed households that did the same. Moreover, 26 percent of male-headed households owned five or more acres each but only 15 percent of female-headed households that did the same. (Table 2.19)

Table 2.19 Percentage Distributions of Households by Size of Agricultural Land Owned and Sex.

Land for Agriculture	Tanzania		
	Male Headed	Female Headed	Total
Less than 1.0	27.0	33.0	29.0
1.0 - 1.9	12.0	19.0	14.0
2.0 - 2.9	15.0	17.0	15.0
3.0 - 3.9	11.0	11.0	11.0
4.0 - 4.9	8.0	6.0	8.0
5.0 +	26.0	15.0	23.0
Total Percent	100.0	100.0	100.0

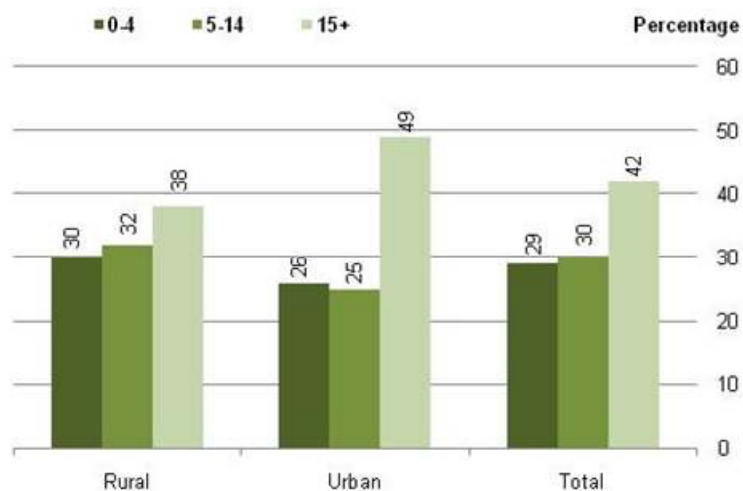
2.19 The Use of Mosquito Nets.

A series of campaigns carried out through the initiatives of the public, private and the public/private partnership have promoted the use of mosquito nets. These campaigns, have targeted equally both the urban and rural areas. Technological advances made include the Insecticides Treated Nets (ITNs) and the Long Lasting Insecticide Nets (LLINs). It has been confirmed that, the long lasting synthetic pyrethroids liquid can be applied to any net remaining effective after 15 washes, on average, equivalent to 36 months of use (Tanzania HIV/AIDS and Malaria Surveys 2007/8).

Survey results indicate that 29 percent of children aged below five years slept under ITNs the night before the survey (Figure 2.5). Corresponding figures for those aged between 5 and 14 years and those above 15 were 30 and 42 percent respectively.

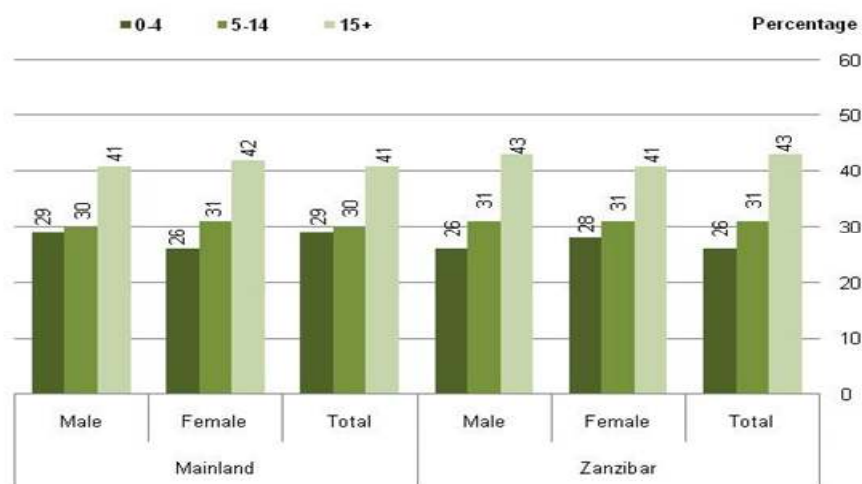
There were variations in the use of ITNs between rural and urban households. In urban areas, usages of ITNs were higher for those aged 15 years and above but lower among other age groups. The extent of use of nets was almost equal for both Zanzibar and Mainland (Figure 2.6).

Figure 2.5: Population That Slept under the Mosquito Treated Nets by Residence



The Tanzania Disability Survey results showed that only 29 percent of children under-five years slept under ITNs the night before the survey

Figure 2.6: Population That Slept under the Mosquito Treated Nets by Sex and Residence.



2.20 Households' Sources of Income

Table 2.20 shows the distribution of households by main source of income. Two thirds of households in Tanzania depend on agriculture as their main source of income. The majority of rural households depend on agriculture as their main source of income (83 percent) whereas most of households in urban areas depend on nonfarm self employment (47 percent).

Two thirds of households on the Mainland (67 percent) and two-fifth of households in Zanzibar (39 percent) depend on agricultural income. Non-farm self income was reported by one-fifth of households on Tanzania Mainland as their main source of income compared 36 percent of households in Zanzibar. Only a few households in Tanzania depend on remittances (2.0 percent), interest, rent and current transfers as their main sources of income.

Table 2.20: Percentage Distribution of Households by Main Source of Income and Residence

Source of Income	Tanzania			Mainland			Zanzibar		
	Rural	Urban	Total	Rural	Urban	Total	Rural	Urban	Total
Income from employment	4.0	22.0	9.0	4.0	22.0	9.0	14.0	31.0	20.0
Income from employment	0.0	2.0	1.0	0.0	2.0	1.0	0.0	0.0	0.0
Income from non-farm self	10.0	47.0	20.0	9.0	47.0	20.0	26.0	57.0	36.0
Household agriculture	83.0	24.0	66.0	84.0	25.0	67.0	55.0	7.0	39.0
Remittances	2.0	3.0	2.0	2.0	3.0	2.0	4.0	4.0	4.0
Interest	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Rent received	0.0	1.0	0.0	0.0	1.0	0.0	0.0	0.0	0.0
Current transfer and benefits	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Other	1.0	1.0	1.0	1.0	1.0	1.0	0.0	0.0	0.0
Total Percent	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0

Subsistence agriculture was the main sources of income for households headed by persons with and without disability, although the percentage was relatively higher for household headed by persons with disabilities (72.3 percent) than those without (65 percent). Paid employment was a source of income for 10 percent of households headed by persons without disabilities compared to only 3.1 percent of those households headed by persons with disabilities indicating a problem facing persons with disabilities regarding employment opportunities. (Table 2.21).

Table 2.21: Percentage Distribution of Households by Main Source of Income, Disability Status, Sex of the Head and Residence

Source of income	Persons with Disabilities			Persons without Disabilities		
	Male	Female	Both sexes	Male	Female	Both sexes
Income from paid employment (in cash)	3.9	1.6	3.1	10.6	9.8	10.4
Income from paid employment (in kind)	1.2	0.4	0.9	0.9	0.9	0.9
Income from self employment	13.4	16.6	14.5	21.9	19.3	21.3
Income from household subsistence	78.2	61.4	72.3	64.8	65.5	65.0
Assistances	2.6	15.9	7.3	0.7	3.2	1.3
Interests	0.0	0.0	0.0	0.1	0.0	0.0
Rent received	0.0	1.5	0.5	0.2	0.1	0.2
Remittances	0.0	1.5	0.5	0.1	0.3	0.1
Other	0.6	1.1	0.8	0.7	0.9	0.7
Total Percent	100.0	100.0	100.0	100.0	100.0	100.0

2.21 Households' Sources of Energy

Table 2.22 shows that 76 percent of households in Tanzania used firewood as their main source of energy for cooking. Firewood was the predominant fuel for cooking in rural areas (93 percent) while charcoal was the most common source of energy in urban areas (59 percent). The high use of firewood and charcoal has a negative impact on the environment through deforestation.

The rate of use of alternative sources of energy like bottled gas, biogas, dung and crop residuals which would reduce the use of charcoal and firewood is very low. For example bottled gas was used by only 0.3 percent of households, dung (0.1 percent) and crop residual (0.1 percent).

The type of fuel used for lighting can serve as an indicator of social and economic status of a household. Results show that more than one half (55 percent) of households in Tanzania use paraffin (wick –lamp) as their main source of lighting with two thirds (66 percent) of rural households and one quarter (26 percent) of urban households using this source for lighting (Table 2.22).

Only 13 percent of households in Tanzania had access to electricity. There were major differences in the use of electricity between urban and rural areas, with 38 percent of urban households having access to electricity compared to only 3 percent of rural households. In Zanzibar households had considerably more access to electricity than those on the Mainland being 28 percent in urban areas and 13 percent in rural areas.

Table 2.22: Percentage Distribution of Households by Residence, Rural/Urban, and Main Source of Energy for Lighting/ Cooking

Main Source of Energy	United Republic of Tanzania		
	Rural	Urban	Total
Energy for lighting			
Electricity	3.0	38.0	13.0
Solar	0.0	0.0	0.0
Gas	0.0	1.0	0.0
Paraffin - Hurricane Lamp	24.0	31.0	26.0
Paraffin - Pressure Lamp	3.0	1.0	2.0
Paraffin - Wick Lamp	66.0	27.0	55.0
Firewood	2.0	0.0	1.0
Candles	0.0	2.0	1.0
Other	2.0	0.0	1.0
Total	100.0	100.0	100.0
Energy for cooking			
Electricity	0.0	1.0	0.0
Bottled gas	0.0	1.0	0.0
Biogas	0.0	0.0	0.0
Paraffin/Kerosene	0.0	4.0	1.0
Charcoal	7.0	59.0	22.0
Firewood	93.0	35.0	76.0
Dung	0.0	0.0	0.0
Crop residual	0.0	0.0	0.0
Solar	0.0	0.0	0.0
Other	0.0	1.0	0.0
Total Percent	100.0	100.0	100.0

2.22 Summary of Household Characteristics

The results presented in this chapter reflect a higher level of economic development in Zanzibar than on the Mainland. More people living in Zanzibar are employed; live in households with access to piped water, electricity, and other services (e.g. markets) than those living on the Mainland.

There was also a difference between people with and without disabilities. People with disabilities are less likely to be employed and more likely to live in households relying on subsistence agriculture than non-disabled people.

Rural vs. urban differences are also highlighted with urban dwellers having better access to employment, piped water, good sanitation, electricity and other services than rural dwellers. Rural dwellers form the largest proportion of the total Tanzanian population and thus contribute most of the overall rates for the different household and individual characteristics.

Chapter Three

Prevalence of Disability

3.1 Introduction

For the first time in the history of population census taking in Tanzania the 2002 Population and Housing Census attempted to capture the prevalence of disability in the country. The census questionnaire asked the following two questions; “**Is (name of a person) disabled?**” and if the answer was “**yes**”, the respondent was asked the **type of disability**. These were general questions and it is most likely that respondents reported only severe disabilities. The census information found that only two percent of the population had disabilities (*National Bureau of Statistics, 2006.*) However, disability is very broad as described in Chapter 1.

Measures for disability need to be carefully considered and the resulting statistics described in relation to these measures. The measures used in the Tanzanian disability survey are questions asking about difficulties people have in doing various basic activities of everyday life. These questions have been found to provide an inclusive and nuanced measure of the number of people in a population that experience difficulties as a consequence of a physical, mental or emotional problem. These questions, however, are limited in their ability to identify people with emotional difficulties (e.g. anxiety, depression and other mild to moderate psychiatric illnesses), as it is very difficult to find a single suitable question to ask about these domains of functioning. This should be borne in mind in reading the results of this survey.

Six questions were used to measure difficulties in doing the various activities. These are shown in the box below. These were asked through the household questionnaire with the head of household (or other household respondent) providing information on all members of the household for these questions. These questions were repeated on the questionnaire for the adult and children identified as disabled by the household respondent. This provided verification of the disability status from the individual themselves (adult questionnaire) and the child’s care giver for the children questionnaire. The six questions are the questions

from the Washington Group's Short Set of questions (with a slight adaptation on the first two questions)³.

Table 3.1: Questions on Basic Activities Used to Determine Disability Status

Disability type	Level of difficulty			
	No difficult	Some difficult	A lot of difficult	Unable
A. Seeing	1 → c	2	3	4
B. Seeing, even if wearing glasses	1	2	3	4
C. Hearing	1 → e	2	3	4
D. Hearing, even if using a hearing aid	1	2	3	4
E. Walking or climbing steps	1	2	3	4
F. Remembering or concentrating	1	2	3	4
G. Self-care	1	2	3	4
H. Communicating	1	2	3	4

The criteria applied for deciding if an adult or child has a disability were the following:

- a) Two code 2 responses (and no other 'yes' responses), (i.e. response of 'some difficulty' on at least 2 questions – excluding B and D) or
- b) One code 3 or code 4 response on any one question (excluding B and D) (i.e. response of 'a lot of difficulty' or 'unable to do').

Literature and experience from other countries show that for a household based survey like this one, prevalence of disability is usually confined to the population above 7 or 10 years. This is due to the fact that many parents or guardians cannot identify activity limitations or disability at younger ages making it difficult to accurately measure difficulties in young children. This is evident from the survey results which indicate that, except for severe cases, a substantial number of children below 7 years, parents/guardians reported “**I do not know**” when they were asked to state the disability status of their children. Inclusion of children below 7 years of age will lower, the prevalence from 7.8 to 6.3 percent (Tables 3.2 and 3.3). Prevalence of disability in this chapter is based on population aged 7 years and above where the uses of the measures described above are

³ The original six Washington group Short Set questions use the B version of questions 10 and 11. However, the pilot survey noted that respondents misinterpreted this question to be about whether they wear glasses or a hearing aid. Because of this confusion, it was decided to only use the A versions of these two question when applying the criteria for calculating prevalence estimates described below.

thought to be more reliable. The results presented in this chapter are all from the responses provided to the household questionnaire and these are weighted data.

Table 3.2: Population, Number and Percentage of Persons with Disabilities by Residence and Sex (All Ages)

Sex/Residence		Population			Disable					
		Tanzania	Mainland	Zanzibar	Tanzania		Mainland		Zanzibar	
					Number	Percen	Number	Percen	Numbe	Percen
Male	Rural	14,692,56	14,325,87	366,695	990,617	6.7	968,728	6.8	21,889	6.0
	Urban	5,187,379	4,973,823	213,556	252,031	4.9	245,077	4.9	6,954	3.3
	Total	19,879,94	19,299,69	580,251	1,242,64	6.3	1,213,80	6.3	28,843	5.0
Female	Rural	15,110,11	14,720,75	389,356	986,396	6.5	963,728	6.5	22,668	5.8
	Urban	5,671,015	5,447,193	223,823	318,317	5.6	311,437	5.7	6,880	3.1
	Total	20,781,12	20,167,94	613,179	1,304,71	6.3	1,275,16	6.3	29,548	4.8
Both sexes	Rural	29,802,67	29,046,62	756,050	1,977,01	6.6	1,932,45	6.7	44,557	5.9
	Urba	10,858,39	10,421,01	437,379	570,349	5.3	556,515	5.3	13,834	3.2
	Total	40,661,07	39,467,64	1,193,42	2,547,36	6.3	2,488,97	6.3	58,391	4.9

Table 3.3: Population, Number and Percentage of Persons with Disabilities by Residence and Sex (7 Years and above)

Tanzania		Population			Disable					
		Mainland	Zanzibar		Tanzania		Mainland		Zanzibar	
					Number	Percent	Number	Percent	Number	Percent
Male	Rural	10,974,824	10,697,935	276,889	928,010	8.5	908,108	8.5	19,902	7.2
	Urban	4,168,426	4,000,896	167,530	243,509	5.8	237,327	5.9	6,182	3.7
	Total	15,143,250	14,698,831	444,419	1,171,529	7.7	1,145,435	7.8	26,084	5.9
Female	Rural	11,455,230	11,148,306	306,924	940,910	8.2	919,538	8.2	21,371	7.0
	Urban	4,596,090	4,420,593	175,497	308,847	6.7	301,968	6.8	6,880	3.9
	Total	16,051,320	15,568,899	482,421	1,249,757	7.8	1,221,506	7.8	28,251	5.9
Both sexes	Rural	22,430,054	21,846,241	583,813	1,868,919	8.3	1,827,646	8.4	41,273	7.1
	Urban	8,764,516	8,421,489	343,027	552,357	6.3	539,295	6.4	13,062	3.8
	Total	31,194,570	30,267,730	926,840	2,421,276	7.8	2,366,941	7.8	54,335	5.9

Table 3.3 presents the number and percentage of people with disabilities by sex and residence for the population aged 7 years and above. The results show that 7.8 percent of the population had some form of activity limitation. Prevalence is higher on the Mainland (7.8 percent) compared to Zanzibar (5.9 percent) and is higher in rural areas (8.3 percent) than in urban areas (6.3 percent). There were no significant differences in disability prevalence among males and females. Prevalence among males was 7.7 percent and 7.8 percent for females.

The results further indicate that, in the rural areas, the disability among males at 8.5 percent was higher than that of females (8.2 percent), while in the urban areas, females were more likely to have higher disability (6.7 percent) than males (5.8 percent).

Table 3.4: Percentage of Persons with Disabilities by Age Group, Sex and Residence (7 Years and Older)

Age group	Tanzania (%)						Mainland (%)						Zanzibar (%)						Total (%)		
	Rural			Urban			Rural			Urban			Rural			Urban					
	Mal	Femal	Tota	Mal	Femal	Tota	Mal	Femal	Tota	Mal	Femal	Tota	Mal	Femal	Tota	Mal	Femal	Tota	Mal	Femal	Tota
7 - 9	3.0	2.6	2.8	5.4	1.6	3.6	2.9	2.6	2.8	5.5	1.6	3.7	4.6	2.2	3.5	3.2	1.7	2.3	3.6	2.4	3.0
10 -	3.9	3.6	3.8	3.6	1.5	2.4	3.9	3.6	3.8	3.7	1.5	2.5	3.7	3.1	3.4	0.8	1.6	1.2	3.9	3.1	3.5
15 -	4.0	3.0	3.5	3.1	6.2	4.7	4.0	2.9	3.5	2.9	6.4	4.8	2.0	5.7	3.9	7.5	1.6	4.1	3.7	3.9	3.8
20 -	6.0	3.8	4.8	1.9	1.6	1.7	5.9	3.8	4.8	1.9	1.6	1.8	8.0	3.9	5.6	1.2	1.4	1.3	4.5	3.0	3.7
25 -	5.6	4.5	5.0	5.3	4.6	4.9	5.6	4.4	5.0	5.3	4.6	4.9	5.1	7.1	6.3	4.5	4.4	4.4	5.5	4.5	5.0
30 -	6.1	4.2	5.1	4.3	2.9	3.5	6.0	4.2	5.1	4.4	2.9	3.6	8.9	4.6	6.5	1.2	0.9	1.0	5.5	3.7	4.5
35 -	6.5	6.9	6.7	2.2	7.6	4.8	6.6	7.0	6.8	2.2	7.7	4.8	3.6	4.2	3.9	1.8	4.6	3.1	5.1	7.1	6.2
40 -	8.5	11.9	10.2	5.5	7.0	6.2	8.5	11.9	10.2	5.4	7.1	6.3	6.4	11.9	9.6	6.4	4.7	5.6	7.6	10.5	9.1
45 -	14.0	15.9	15.1	10.0	15.1	12.0	14.3	16.1	15.3	10.2	15.4	12.3	5.9	6.1	6.0	6.0	5.7	5.9	12.7	15.7	14.2
50 -	18.8	21.0	19.9	17.4	18.4	18.0	19.0	21.1	20.1	17.7	18.7	18.3	14.1	16.3	15.1	9.0	13.2	11.8	18.5	20.3	19.5
55 -	16.4	23.6	20.2	4.3	14.7	9.5	16.4	23.9	20.3	4.2	15.1	9.8	17.5	14.8	16.0	4.7	4.2	4.5	14.0	21.9	18.1
60 -	19.2	18.8	19.0	19.6	24.0	21.6	18.9	18.9	18.9	20.0	24.9	22.3	27.1	17.0	21.6	6.1	0.0	2.8	19.3	20.0	19.6
65 -	33.3	20.2	27.0	39.3	13.0	25.2	33.6	20.2	27.1	40.5	13.1	25.8	17.5	22.3	19.8	9.2	7.0	8.2	34.4	18.6	26.6
70 -	48.4	37.0	42.5	18.6	55.8	37.7	49.0	36.6	42.5	19.1	55.5	37.7	32.8	53.3	42.2	0.0	64.5	35.5	41.2	41.4	41.3
75 -	30.0	46.0	37.6	48.8	61.9	55.1	30.0	46.5	37.8	48.6	62.1	55.2	25.7	21.2	22.9	61.8	38.9	53.4	34.3	49.7	41.7
80 +	55.7	57.7	56.7	26.0	57.6	50.0	55.7	58.4	57.1	26.5	57.4	50.0	54.8	22.2	37.5	0.0	66.1	52.7	52.9	57.7	55.6
Total	8.5	8.2	8.3	5.8	6.7	6.3	8.5	8.2	8.4	5.9	6.8	6.4	7.2	7.0	7.1	3.7	3.9	3.8	7.7	7.8	7.8

Figure 3.1: Age –Sex Structure of Persons with Disabilities (7 Years and Older)

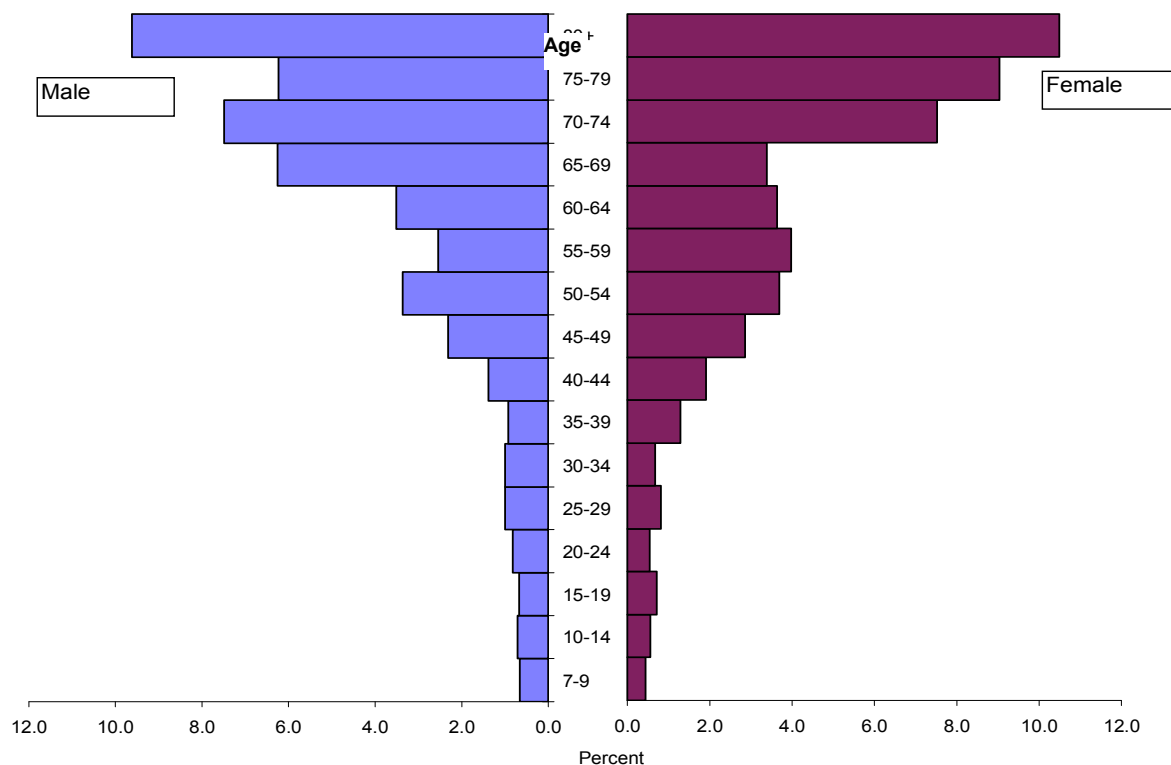
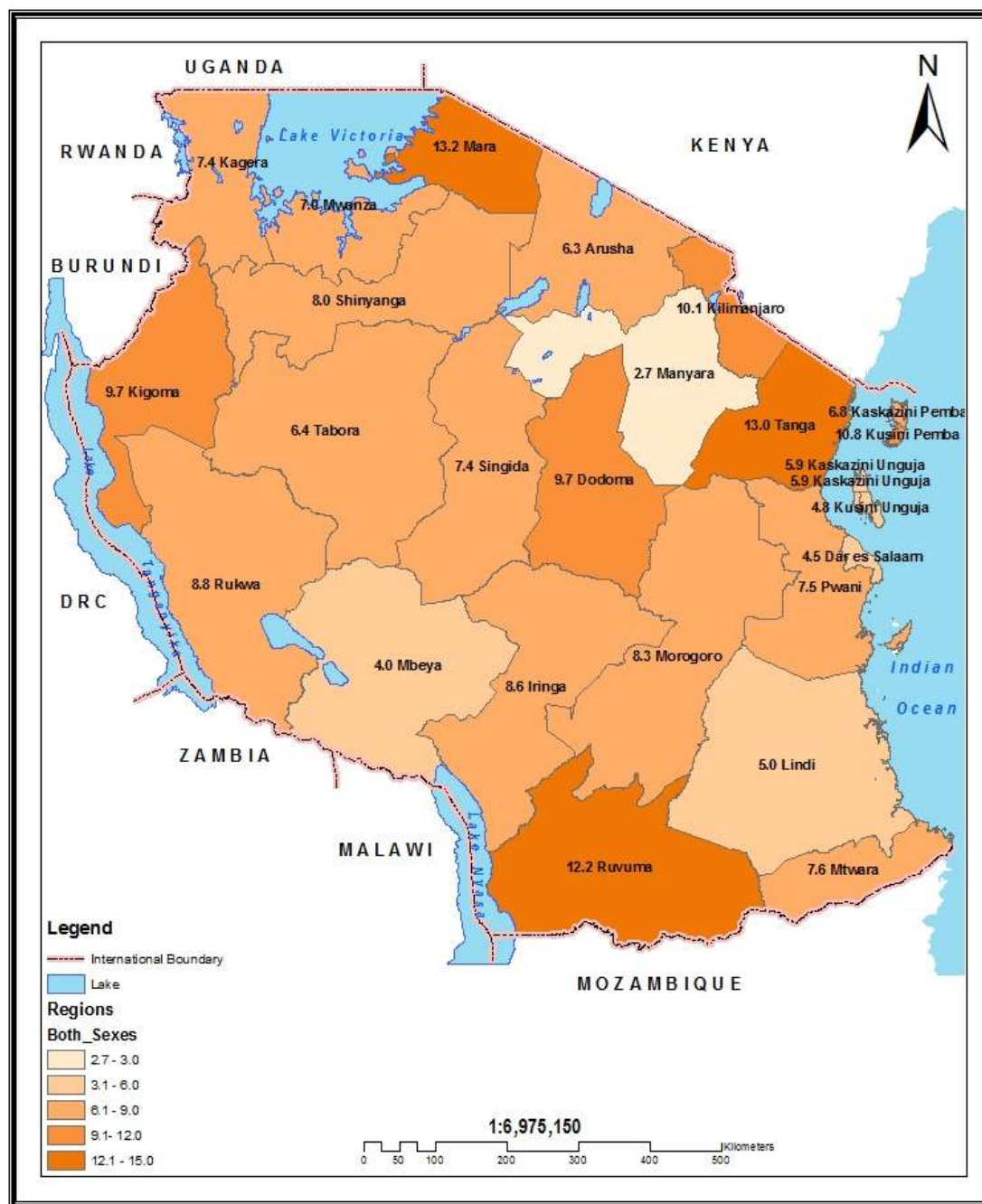


Table 3.4 and Figure 3.1 shows the rates of disability for the population aged 7 years and above by age and sex. The prevalence of disability rises with age with a sharp increase for persons aged 45 years and above. The results show that 56 percent of the population aged 80 years and above had activity limitation compared to only 3 percent for those below ten years of age. However, this low prevalence of disability among the population below 10 years may also be associated with the problem of identification as it is not very easy to identify disability status among young children. In view of this further investigation within Tanzania as well as internationally is vital.

3.2 Regional Differentials

Map 1 shows the proportion of persons with disabilities by region. The results show that the prevalence of disability ranges from 2.7 percent in Manyara to 13.2 percent in Mara region.

Map 3.1: Percent Distribution of Persons with Disabilities by Region



3.3 Disability by Broad Categories

Table 3.5 shows the estimated number of people experiencing disability by type of disability and level of difficulty. It is a fact that some people experience more than one type of difficulty and for this reason the total number of people with disability exceeds the total number of people with disabilities observed in Table 3.3.

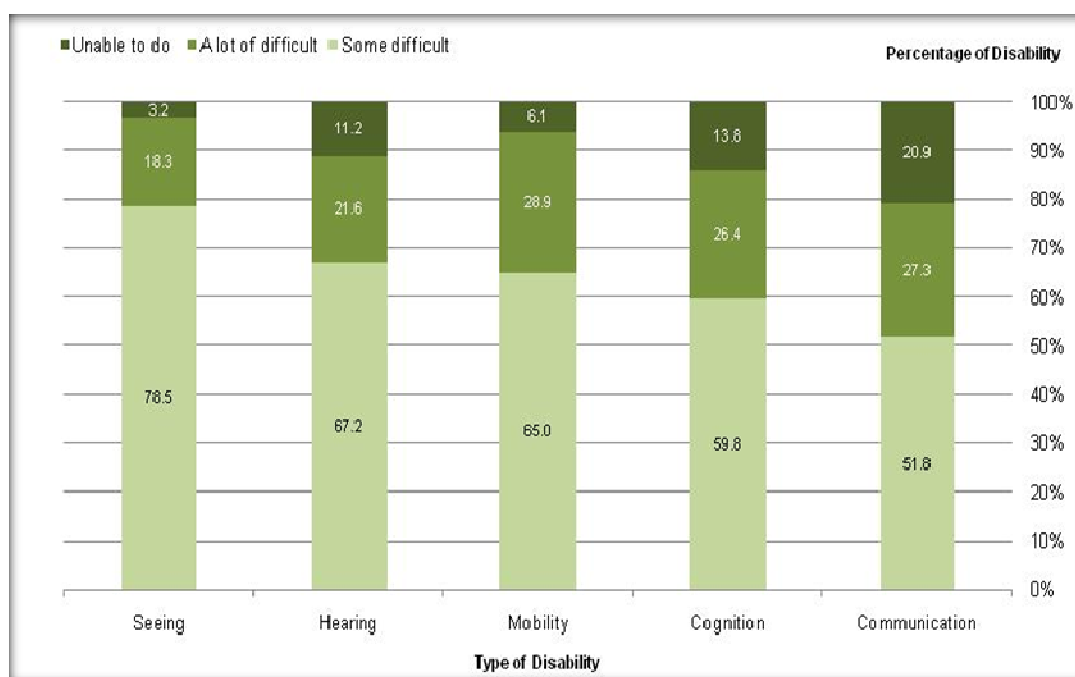
Table 3.5: Population Aged 7 Years and Above by Level of Difficulty and Type of Disability

Level of Difficulty	Seeing	Hearing	Mobility	Self Care	Cognition	Communication
Some	917,243	408,449	621,668	192,808	273,165	130,830
A lot	213,545	131,242	276,806	58,862	120,501	68,929
Unable	37,835	67,927	58,194	72,593	63,268	52,854
Total	1,168,624	607,618	956,669	324,262	456,935	252,613

3.4 Severity of Disability

Figure 3.2 shows the level of severity of difficulty by type of disability for all those who were reported as having difficulties. For each specific difficulty, respondents were asked to state if they had “some difficult”, “a lot of difficult” or “cannot do at all”. For most disabilities the majority reported a moderate or some level of difficulty.

Figure 3.2: Severity of Difficulty by Type of Disability



Prevalence of Disability

Table 3.6: Percentage of Persons with Disabilities Aged 7 Years and Above by Type of Difficulty, Residence, Rural/Urban and Sex

Difficulties	Tanzania (%)						Mainland (%)						Zanzibar (%)						Total (%)		
	Rural			Urban			Rural			Urban			Rural			Urban					
	Male	Female	Total	Male	Female	Total	Male	Female	Total	Male	Female	Total	Male	Female	Total	Male	Female	Total	Male	Female	Total
Seeing	4.0	3.9	3.9	2.7	3.7	3.2	4.0	4.0	4.0	2.8	3.8	3.3	3.0	2.9	2.9	1.2	1.5	1.4	3.6	3.9	3.7
Hearing	2.3	1.9	2.1	1.4	1.8	1.6	2.3	1.9	2.1	1.4	1.8	1.6	1.0	1.8	1.5	0.6	0.9	0.7	2.0	1.9	1.9
Mobility	3.0	3.6	3.3	2.1	2.7	2.4	3.0	3.7	3.4	2.1	2.8	2.5	2.4	2.4	2.4	0.8	1.5	1.2	2.7	3.4	3.1
Cognition	1.7	1.7	1.7	0.8	1.0	0.9	1.7	1.6	1.7	0.8	1.0	0.9	2.3	2.2	2.2	1.1	1.2	1.1	1.5	1.5	1.5
Communication	1.0	0.8	0.9	0.6	0.5	0.5	1.0	0.8	0.9	0.6	0.5	0.5	1.7	1.6	1.7	0.6	1.4	1.0	0.9	0.7	0.8
Total Percent	8.5	8.2	8.3	5.8	6.7	6.3	8.5	8.2	8.4	5.9	6.8	6.4	7.2	7	7.1	3.7	3.9	3.8	7.7	7.8	7.8

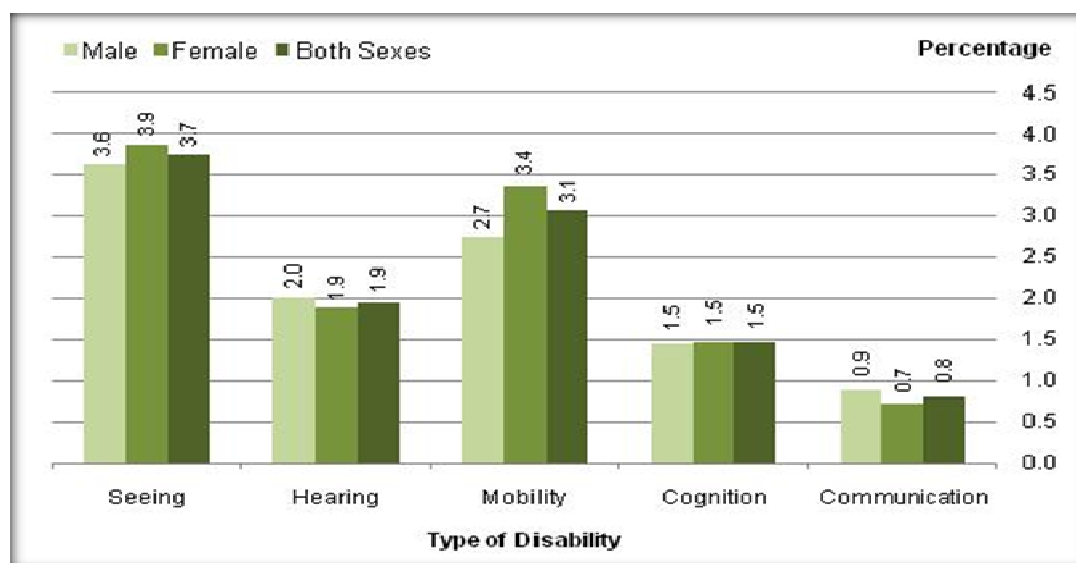
Figure 3.3: Overall Prevalence of Disability by Type of Difficulty and Sex (7+ ages)

Figure 3.3 and Table 3.6 above show the severity of difficulty by type of disability and sex for the population aged 7 years and above. Seeing was the difficulty reported by many respondents (3.7 percent) followed by mobility (3.1 percent) and hearing (1.9 percent). Variation among sexes was not significant although for seeing and mobility the proportion reporting was higher for females than males.

3.5 Self Care and Participation

In addition to the six questions on basic activities, a further three questions asked about difficulties doing complex activities such as taking care of household responsibilities, working or attending school, and taking part in community activities. These questions were asked about every member of the household and were reported by the household respondent. The findings show that people with disabilities face problems of participation in family and social activities as well as self care. These problems may be associated with stigma the public has towards people with disabilities. Slightly more than half (52 percent) of people with disabilities reported that they faced problems of participation in social or family activities like festivals, religious, school or household responsibilities. Another 20 percent reported difficulties with self care such as washing or dressing themselves.

Chapter Four

Profile and Experience of Persons with Disability Aged 15 Years and Above

4.1 Introduction

This chapter presents the information on the experience of disabled persons aged 15 years and above from all selected households. All persons who were identified as having some difficulties in doing day to day activities because of physical, mental or emotional problem were asked a further set of questions in the individuals' questionnaire. For those who could not be interviewed directly, proxies were used.

Persons with disabilities aged 15 years and above were asked about the difficulties experienced in their physical environment and attitudes of others towards them, positive and negative events experienced during the past 12 months, various good and bad feelings experienced during the past month, knowledge about some common diseases, causes of their difficulties, and who took care of them. They were also asked about their educational background, employment and income, accessibility of different places, use of assistive devices, and their involvement in family and social life. These are all aspects of people's experiences that provide a comprehensive picture of what it meant to be disabled in Tanzania in 2008 as reported by the respondents.

4.2 The Impact of the Physical Environment and Attitudes of Others

This section presents the results that report on the impact of people's environments on their ability to undertake various activities, in other words, to function adequately. Since disability is very much determined by the type of environment a person lives in it is crucial to determine this impact. The environments that will be looked at, include the physical environment (e.g. roads, buildings, transport, lighting, noise), attitudes of others (negative or positive) towards the person with disabilities, support provided by others, and access to information (e.g. Braille printing for blind people, sign language interpreters for persons with hearing problems etc). When a specific type of environment is not specified it means that all three of these are being considered.

Table 4.1A presents the results from the three questions on complex activities – joining in community activities,, taking care of household responsibilities, and day to day work or schooling. These responses are not about how much difficulty the person has but rather the effect of the physical environment and attitudes of others in creating these difficulties. People report that the physical environment or attitudes of others makes it easier for them to participate in these three complex activities more often than reporting these to be hindrances (‘more difficult’). This is a positive outcome but could be influenced by the degree of difficulty of the respondents – a need for further analysis beyond the scope of this initial report. However, there remains nearly a quarter of people with disabilities who report that the physical environment or attitudes of others do make it more difficult for them to take part in these complex activities. The remainder of the respondents indicate by their responses of ‘sometimes easier, sometimes more difficult’ that their environment and attitudes of others are variable. This is quite understandable and further research could look at how these do vary. Of note are the very few respondents who do not know. This is encouraging as it means people are aware of the role of their environment and of attitudes of others in their experience of disability.

Table 4.1A: Percentage of Persons Age 15 Years and Above with Disabilities and Having Difficulties in Their Physical Environment or Attitude of Others by Level of Difficulty and Residence

Difficult Areas		Tanzania (%)			Mainland (%)			Zanzibar (%)		
		Total	Rural	Urban	Total	Rural	Urban	Total	Rural	Urban
Join in community activities	Easier	37.8	35.5	45.3	38.2	35.7	46.0	20.9	22.5	17.3
	More difficult	23.2	24.6	18.8	22.9	24.4	18.2	38.6	37.4	41.2
	Sometimes easier and sometimes more difficult	38.8	39.8	35.5	38.7	39.8	35.3	40.2	39.6	41.5
	Don't know	0.2	0.1	0.4	0.2	0.1	0.5	0.3	0.5	0.0
Total Percent		100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Taking care of his/her household responsibilities	Easier	38.0	35.2	46.8	38.1	35.2	47.1	34.1	33.4	35.7
	More difficult	23.6	23.3	24.8	23.6	23.2	24.8	28.2	29.2	26.0
	Sometimes easier and sometimes more difficult	38.2	41.3	28.3	38.2	41.3	28.1	37.7	37.4	38.2
	Don't know	0.2	0.3	0.0	0.2	0.3	0.0	0.0	0.0	0.0
Total Percent		100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
In day-to-day work/school	Easier	33.7	31.0	42.0	33.9	31.2	42.6	22.1	23.0	20.1
	More difficult	25.2	25.1	25.2	25.0	24.9	25.0	35.3	37.2	30.9
	Sometimes easier and sometimes more difficult	40.8	43.3	32.8	40.8	43.4	32.4	42.7	39.8	49.0
	Don't know	0.4	0.5	0.0	0.4	0.5	0.0	0.0	0.0	0.0
Total Percent		100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
No. of Individuals		1,942,217	1,478,707	463,510	1,904,487	1,452,607	451,881	37,730	26,100	11,630

There were differences in the pattern of responses between Mainland and Zanzibar. In Zanzibar (urban and rural), people with disabilities report more difficulties from their environment than facilitation ('easier'). This holds true for the complex activities of day to day work/school work and joining in community activities but not for taking care of household responsibilities. On the Mainland, people with disabilities show the same pattern as for the whole population. Table 4.1B presents the results for the same questions but comparing responses of males and females 15 years and older. For all

three questions, women are generally less likely than men to report that their physical environment or attitudes of others makes it easier to undertake the complex activities. This is true for women on the Mainland as well as in Zanzibar.

Table 4.1B: Percentage of Persons Aged 15 Years and Above with Disabilities and Having Difficulties in Their Physical Environment or Attitude of Other by Level of Difficulty, Residence and Sex

Difficulty areas		Tanzania			Mainland			Zanzibar		
		Total	Male	Female	Total	Male	Female	Total	Male	Female
Join in community activities	Easier	37.8	40.6	35.1	38.2	41.0	35.4	20.9	21.3	20.5
	More difficult	23.2	22.1	24.2	22.9	21.9	23.8	38.6	34.0	42.3
	Sometimes easier and sometimes more difficult	38.8	37.2	40.3	38.7	37.0	40.4	40.2	44.7	36.5
	Don't know	0.2	0.1	0.3	0.2	0.1	0.3	0.3	0.0	0.6
Total		100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Taking care of his/her household responsibilities	Easier	38.0	40.0	36.1	38.1	39.9	36.2	34.1	42.3	27.5
	More difficult	23.6	23.4	23.9	23.6	23.3	23.8	28.2	28.7	27.9
	Sometimes easier and sometimes more difficult	38.2	36.3	40.0	38.2	36.4	39.9	37.7	29.0	44.6
	Don't know	0.2	0.3	0.0	0.2	0.3	0.1	0.0	0.0	0.0
Total		100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
In day-to-day work / schoolwork	Easier	33.7	34.8	31.9	33.9	35.0	32.8	22.1	24.5	20.1
	More difficult	25.2	25.4	24.4	25.0	25.2	24.7	35.3	35.7	34.9
	Sometimes easier and sometimes more difficult	40.8	39.3	41.3	40.8	39.3	42.2	42.7	39.8	45.0
	Don't know	0.4	0.5	2.4	0.4	0.5	0.3	0.0	0.0	0.0
Total		100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
No. of Individuals		1,942,217	953,769	988,449	1,904,487	936,902	967,586	37,730	16,867	20,863

The results presented in tables 4.2A and B are from responses given to questions on the accessibility of transport, information, health care services, assistance from others at home, work or school, as well as the impact of attitudes of others at home, work or school. The respondents were asked to report on the impact of their environment (problems experienced because of their environment) in the last 12 months. Table 4.2A presents these results by residence and urban/rural.

- a) **Transport:** The majority of the people with disabilities in both Mainland and Zanzibar report never having any problems with the accessibility of transport in the last 12 months. Around a fifth of all people with disabilities (Mainland and Zanzibar) reported problems with the access to transport always and often. These are likely to predominantly be people with difficulties in mobility walking and climbing stairs. The exception were urban Zanzibar dwellers who were the least likely to report problems often or always. The smallest proportion of people with disabilities reported problems sometimes or seldom (under 20 percent).
- b) **Availability of information in an accessible format:** Well over 50% of all people with disabilities 15 years and older reported never having problems with the availability of information, and around 16 percent reported problems only sometimes or seldom. Rural dwellers on the Mainland and urban dwellers on Zanzibar were the most likely to report problems with the availability of information always or often. In total, 17.5 percent of all people with disabilities in Tanzania reported having problems always or often.
- c) **Availability of health care services:** Access to health services was reported as never being a problem by well over half of all respondents and mainland respondents. Over 70 percent disabled people on Zanzibar reported never having problems. Urban dwellers in both the Mainland (77.9 percent) and Zanzibar (88.1 percent) reported never having problems with accessing health care services, compared to rural dwellers (Mainland 51 percent; Zanzibar 63.6 percent). This suggests that health care services are more easily available in Zanzibar and that they are generally accessible. Around 20 percent of all people with disabilities reported problems always or often in accessing health care. The reporting of problems always or often was higher for Mainland respondents than Zanzibar ones, and much more prominent in rural areas in both areas.
- d) **Need for someone else's help at home:** Over three quarters of all respondents reported never having problems receiving help from someone in their home when required. Zanzibar dwellers were most likely to report never having problems (over 80 percent). Urban dwellers in both areas were most likely to report never having problems. Around 10 percent of Mainland dwellers reported problems always or often, while less than 5 percent of Zanzibar dwellers reported such problems.

- e) **Need for someone else's help at school or work:** The majority (over 55 percent) of people with disabilities in both Mainland and Zanzibar reported never having problems in accessing such help when required. Fewer than 10 percent of all people with disabilities reported problems always or often. Zanzibar dwellers were the least likely to report problems accessing this help always or often. Of note are the high numbers of people with disabilities reporting that this issue was not applicable to them (17 percent for the Mainland and 38 percent for Zanzibar). This reflects the findings presented in Chapter 2 on low employment and school attendance levels for people with disabilities. It also reflects the high proportion of elderly people who have difficulties (see Chapter 3).
- f) **Attitudes of others at home:** Around 80 percent of all people with disabilities reported never having problems with attitudes of others in their home. The rates were similar for the Mainland and Zanzibar, but were lower (less likely to report never having problems) for rural dwellers on the Mainland. Less than 10 percent of all people with disabilities reported problems always or often.
- g) **Attitudes of others at work or school:** Again the majority (67.1 percent) of all people with disabilities reported never having problems with the attitudes of others at work or school. There were clear differences between urban and rural areas with urban dwellers being more likely to report never having problems. Only 4.3 percent of all people with disabilities reported having problems always or often with attitudes of others, rural dwellers in Zanzibar were the most likely to report such problems. As for point e) above, a large number of respondents indicated that this issue was not applicable to them.

Thus, people with disabilities in the majority have few problems with these various aspects of their environment. When problems do occur they tend to be more noted by rural dwellers. There seems to be a clear advantage to living in Zanzibar in terms of access to health care services which is similar to the point made in Chapter 2 concerning the good availability of educational services in Zanzibar relative to the Mainland.

Profile and Experience of Persons with Disability Aged 15+ Years

Table 4.2A: Percentage of Persons Aged 15 Years and Above with Disabilities by Problem Experienced in the Last 12 Months and Residence

Difficulty Areas		Tanzania			Mainland			Zanzibar		
		Total	Rural	Urban	Total	Rural	Urban	Total	Rural	Urban
Accessibility of transportation	Always	8.6	7.6	11.5	8.4	7.5	11.6	14.3	17.7	6.5
	Often	11.6	12.4	9.1	11.6	12.3	9.1	12.7	14.3	9.2
	Sometimes	2.1	2.5	0.6	2.1	2.6	0.7	0.7	1.0	0.0
	Seldom	14.6	15.3	12.4	14.7	15.4	12.7	7.5	10.8	0.0
	Never	57.2	55.0	64.3	57.3	55.1	64.4	53.8	50.5	61.1
	Not applicable	6.0	7.2	2.1	5.8	7.2	1.5	11.1	5.7	23.2
Total %		100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
The information wanted or needed not been available in a format you can use or understand(e.g. Braille for Blind people)	Always	3.1	3.7	1.2	3.0	3.7	0.9	5.0	2.6	10.3
	Often	14.4	16.4	8.2	14.6	16.5	8.3	7.8	9.8	3.3
	Sometimes	2.7	3.1	1.6	2.7	3.0	1.6	5.6	7.7	1.0
	Seldom	14.6	14.8	13.6	14.6	14.8	13.9	11.3	15.6	1.7
	Never	62.2	58.8	73.1	62.3	58.8	73.5	55.5	54.9	56.7
	Not applicable	3.0	3.2	2.4	2.8	3.1	1.7	14.8	9.4	27.0
Total %		100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Availability of health care services and medical care been a problem	Always	6.6	8.0	2.1	6.7	8.1	2.1	3.6	4.3	2.0
	Often	15.4	16.7	11.1	15.5	16.8	11.3	9.7	12.6	3.3
	Sometimes	4.0	4.8	1.5	4.0	4.8	1.4	3.0	2.8	3.3
	Seldom	14.8	17.1	7.5	14.9	17.2	7.6	10.5	14.2	2.2
	Never	57.4	51.2	76.9	57.1	51.0	76.7	71.1	63.6	88.1
	Not applicable	1.7	2.1	0.8	1.7	2.0	0.8	2.1	2.5	1.0
Total %		100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Need someone else's help in at home could not get it easily	Always	1.9	2.0	1.7	2.0	2.0	1.8	0.2	0.4	0.0
	Often	9.0	9.8	6.6	9.1	9.9	6.6	4.1	3.7	5.0
	Sometimes	1.4	1.7	0.3	1.4	1.7	0.3	0.8	1.1	0.0
	Seldom	14.1	15.2	10.5	14.2	15.3	10.6	10.2	11.0	8.3
	Never	72.3	70.5	78.1	72.1	70.3	77.9	83.6	83.1	84.7
	Not applicable	1.2	1.7	2.8	1.2	0.8	2.8	1.1	0.8	2.0
Total %		100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0

Profile and Experience of Persons with Disability Aged 15+ Years

Difficulty Areas		Tanzania			Mainland			Zanzibar		
		Total	Rural	Urban	Total	Rural	Urban	Total	Rural	Urban
Need someone else's help at school or work and could not get it easily	Always	1.4	1.7	0.3	1.4	1.8	0.3	0.7	1.1	0.0
	Often	7.1	7.1	7.1	7.3	7.2	7.3	0.7	1.1	0.0
	Sometimes	1.4	1.9	0.0	1.4	1.9	0.0	1.6	2.4	0.0
	Seldom	10.7	11.4	8.2	10.8	11.6	8.4	3.1	3.8	1.7
	Never	61.7	59.2	69.7	61.8	59.3	70.1	55.6	56.6	53.2
	Not applicable	17.6	18.5	14.7	17.3	18.3	14.0	38.2	35.1	45.2
Total %		100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Other people's attitudes toward you been a problem at home	Always	1.8	2.1	0.9	1.8	2.2	0.8	1.3	0.6	2.9
	Often	7.1	7.1	7.1	7.1	7.1	7.3	5.1	6.6	1.7
	Sometimes	1.2	1.5	0.0	1.1	1.5	0.0	2.2	3.2	0.0
	Seldom	8.6	9.5	5.5	8.6	9.6	5.4	8.3	7.1	10.9
	Never	80.2	78.6	85.6	80.2	78.5	85.7	81.9	82.0	81.5
	Not applicable	1.1	1.2	0.9	1.1	1.2	0.9	1.2	0.4	2.9
Total %		100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Other people's attitudes toward you been a problem at school or work	Always	1.1	1.4	0.2	1.1	1.4	0.3	1.4	2.0	0.0
	Often	3.2	4.1	0.6	3.2	4.0	0.6	4.1	5.9	0.0
	Sometimes	0.8	1.0	0.3	0.8	0.9	0.3	1.1	1.6	0.0
	Seldom	6.0	7.3	1.6	6.0	7.4	1.4	4.4	3.4	6.6
	Never	67.1	65.5	72.3	67.4	65.8	72.3	55.7	48.5	71.8
	Not applicable	21.8	20.7	25.0	21.6	20.5	25.1	33.3	38.6	21.6
Total %		100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
No. of individuals		1,942,217	1,478,707	463,510	1,904,487	1,452,607	451,881	37,730	26,100	11,630

Table 4.2B presents the results for the above-mentioned environmental factors and compares responses of disabled males and females. In general, the results show that in Tanzania the percentages of males who never experienced problem in accessibility of transportation, availability of needed information, availability of health facility, need of someone need else help at home/work and attitudes of the people toward them was higher than the percentages of females. Similar results were observed in Zanzibar and on the Mainland except need for help at home on the Mainland. Conversely, females were more likely to report having problems in these different environmental factors always or often.

Transport as a problem always/often for the disabled was more serious in Zanzibar (27 percent) than on the Mainland (20 percent). (Table 4.2B).

On the Mainland, lack of information always/often was more of a problem to disabled male (18.5 percent) than females (16.7 percent). But in Zanzibar, it was more of a problem to disabled females (15.5 percent) than males (9.5 percent). (Table 4.2B).

The proportion of disabled persons who always/often had problems in accessing help at home, was higher on the Mainland (11.5 percent) than in Zanzibar (6.3 percent).

The proportion of disabled persons who always/often had problems in regard to the attitudes of others at home was higher on the Mainland (8.9 percent) than in Zanzibar (6.4 percent).

Table 4.2B: Percentage of Persons Aged 15 Years and Above with Disabilities by Problem Experienced in the Last 12 Months, Residence and Sex

		Tanzania			Mainland			Zanzibar		
		Total	Male	Female	Total	Male	Female	Total	Male	Female
Accessibility of transportation	Always	8.6	7.9	9.2	8.4	7.8	9.0	14.3	11.2	16.7
	Often	11.6	9.2	13.9	11.6	9.2	13.9	12.7	9.1	15.6
	Sometimes	2.1	2.4	1.8	2.1	2.4	1.9	0.7	1.3	0.2
	Seldom	14.6	15.0	14.2	14.7	15.1	14.4	7.5	8.3	6.9
	Never	57.2	60.0	54.5	57.3	60.0	54.6	53.8	57.2	51.0
Total %		100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
The information wanted or needed not been available in a format you can use or	Always	3.1	2.4	3.7	3.0	2.4	3.7	5.0	3.5	6.2
	Often	14.4	16.0	13.0	14.6	16.1	13.0	7.8	6.0	9.3
	Sometimes	2.7	2.3	3.2	2.7	2.3	3.1	5.6	2.9	7.9
	Seldom	14.6	13.5	15.6	14.6	13.5	15.7	11.3	8.9	13.2

		Tanzania			Mainland			Zanzibar		
		Total	Male	Female	Total	Male	Female	Total	Male	Female
understand(e.g. Braille for Blind people)	Never	62.2	63.0	61.4	62.3	63.0	61.6	55.5	62.6	49.7
	Not	3.0	2.9	3.2	2.8	2.6	3.0	14.8	16.1	13.7
Total %		100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Availability of health care services and medical care been a problem	Always	6.6	6.6	6.7	6.7	6.7	6.7	3.6	2.4	4.6
	Often	15.4	14.0	16.7	15.5	14.1	16.8	9.7	6.2	12.6
	Sometimes	4.0	2.4	5.5	4.0	2.5	5.6	3.0	0.8	4.7
	Seldom	14.8	15.3	14.4	14.9	15.4	14.4	10.5	10.6	10.5
	Never	57.4	60.4	54.4	57.1	60.1	54.1	71.1	76.0	67.2
	Not	1.7	1.3	2.3	1.7	1.2	2.3	2.1	4.0	0.5
Total %		100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Need someone else's help in at home could not get it easily	Always	1.9	2.0	1.9	2.0	2.0	1.9	0.2	0.0	0.4
	Often	9.0	8.4	9.5	9.1	8.5	9.6	4.1	1.9	5.9
	Sometimes	1.4	1.1	1.7	1.4	1.1	1.7	0.8	0.3	1.1
	Seldom	14.1	14.1	14.1	14.2	14.2	14.1	10.2	7.2	12.6
	Never	72.3	71.9	72.7	72.1	71.6	72.5	83.6	90.5	78.0
	Not	1.2	2.5	0.1	1.2	2.5	0.1	1.1	0.0	2.0
Total %		100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Need someone else's help at school or work and could not get it easily	Always	1.4	1.2	1.6	1.4	1.2	1.6	0.7	0.0	1.3
	Often	7.1	6.5	7.8	7.3	6.6	7.9	0.7	0.8	0.7
	Sometimes	1.4	1.9	1.0	1.4	1.9	1.0	1.6	2.0	1.4
	Seldom	10.7	10.8	10.6	10.8	10.9	10.8	3.1	6.6	0.4
	Never	61.7	66.8	56.8	61.8	66.9	56.9	55.6	58.5	53.2
	Not	17.6	12.9	22.2	17.3	12.5	21.7	38.2	32.2	43.0
Total %		100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Other people's attitudes toward you been a problem at home	Always	1.8	1.6	2.1	1.8	1.5	2.1	1.3	3.0	0.0
	Often	7.1	6.9	7.2	7.1	7.0	7.2	5.1	3.5	6.3
	Sometimes	1.2	0.8	1.5	1.1	0.8	1.5	2.2	1.0	3.3
	Seldom	8.6	9.1	8.1	8.6	9.1	8.0	8.3	5.1	10.9
	Never	80.2	81.0	79.5	80.2	80.9	79.5	81.9	87.5	77.3
	Not	1.1	0.7	1.6	1.1	0.7	1.6	1.2	0.0	2.1
Total %		100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Other people's attitudes toward you been a problem at school or work	Always	1.1	1.1	1.1	1.1	1.1	1.1	1.4	0.5	2.0
	Often	3.2	3.3	3.2	3.2	3.3	3.2	4.1	3.0	5.0
	Sometimes	0.8	0.4	1.2	0.8	0.4	1.2	1.1	1.7	0.7
	Seldom	6.0	6.1	5.8	6.0	6.1	5.9	4.4	3.6	5.1
	Never	67.1	72.1	62.4	67.4	72.2	62.7	55.7	64.1	48.8
	Not	21.8	17.1	26.3	20.6	16.9	26.0	33.3	27.0	38.4
Total %		100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
No. of individual		1,942,217	953,769	988,449	1,904,487	936,902	967,586	37,730	16,867	20,863

4.3 Health and General Wellbeing

The questions asked under this section were about negative and positive life events in the last 12 month and experiences of various feelings e.g. anxiety, depression, happiness, peacefulness. The sections ended with questions on people's knowledge of common diseases (HIV, malaria, and TB) and whether the persons had any illnesses or impairments.

- a) **Negative life events in the last 12 months:** The results are presented in Tables 4.3 A and B. Individual respondents were asked on the number of events experienced. Illness and death the events mentioned often. More than one third (35.8 percent) of all persons with disability experienced illness, with as much as 53.2 percent of urban dwellers in Zanzibar reporting such experiences. In Tanzania, on the Mainland and Zanzibar, both in rural and urban areas, most disabled persons experienced death/illness. (Table 4.3A).

Table 4.3A: Percent Distribution of Persons Aged 15 Years and Above with Disabilities Reporting Negative Life Events in the 12 Months Preceding the Survey by Type of Event and Residence

Event	Tanzania (%)			Mainland (%)			Zanzibar (%)		
	Total	Rural	Urban	Total	Rural	Urban	Total	Rural	Urban
Death	31.2	30.4	33.8	31.3	30.5	34.0	26.2	26.4	25.3
Injury	9.9	10.6	7.8	9.9	10.7	7.7	9.1	8.6	11.2
Illness	35.8	36.8	32.8	35.7	36.8	32.4	40.5	37.5	53.2
Loss of employment	1.3	1.0	2.2	1.3	1.0	2.2	1.7	1.3	3.7
Displacement	1.6	1.0	3.4	1.6	0.9	3.5	1.1	1.3	0.3
Separation	3.8	3.3	5.4	3.9	3.3	5.5	0.7	0.5	1.5
Divorce	3.9	3.7	4.4	3.9	3.7	4.5	3.6	4.3	1.0
Theft/Robbery	7.1	7.7	5.0	6.9	7.6	5.1	12.1	14.3	2.9
Accusation of Witchcraft	3.1	3.4	2.1	3.1	3.4	2.2	4.0	4.9	0.4
Conviction for a crime/Imprisonment	1.9	1.7	2.6	1.9	1.7	2.6	0.8	1.0	0.0
Other	0.4	0.3	0.4	0.4	0.4	0.4	0.1	0.1	0.4
Number of Individuals	1,942,217	1,478,707	463,510	1,904,487	1,452,607	451,881	37,730	26,100	11,630

The proportion of persons with disabilities who experienced illness was higher in Zanzibar (40.5 percent) than on the Tanzania Mainland (35.7 percent).

Table 4.3B shows negative life events experienced by disabled males and females in the past 12 months. In Tanzania a higher percentage of males experienced illness (37.8 percent) than females (33.9 percent) a pattern also noted for the Mainland. In Zanzibar, the situation was similar with males (45.8 percent) and females (33.5 percent).

Table 4.3B: Percent Distribution of Persons Aged 15 Years and Above with Disabilities Reporting Negative Life Events in the 12 Months Preceding the Survey by Type of Event, Sex and Residence

Event	Tanzania (%)			Mainland (%)			Zanzibar (%)		
	Total	Male	Female	Total	Male	Female	Total	Male	Female
Death	31.2	30.5	31.9	31.3	30.6	32.1	26.2	28.3	24.5
Injury	9.9	10.1	9.8	9.9	10	9.8	9.1	10.4	8
Illness	35.8	37.8	33.9	35.7	37.9	33.6	40.5	33.5	45.8
Loss Of Employment	1.3	1.4	1.3	1.3	1.4	1.2	1.7	1.3	2.1
Displacement	1.6	1.3	1.8	1.6	1.3	1.8	1.1	0.7	1.4
Separation	3.8	3.2	4.3	3.9	3.3	4.4	0.7	0.4	0.9
Divorce	3.9	3.5	4.3	3.9	3.5	4.3	3.6	4.5	3
Theft/Robbery	7.1	7.1	7	6.9	6.9	7	12.1	15.5	9.6
Accusation of Witchcraft	3.1	2.6	3.6	3.1	2.5	3.6	4	4.5	3.7
Conviction for a Crime/Imprisonment	1.9	2	1.8	1.9	2.1	1.8	0.8	0.7	0.9
Other	0.4	0.5	0.3	0.4	0.5	0.3	0.1	0.2	0.1
Number of Individuals	1,942,217	953,769	988,449	1,904,487	936,902	967,586	37,730	16,867	20,863

b) Positive life events in the past 12 months:

Births and marriages were the most common positive life events experienced by the persons with disabilities aged 15 years and above (Table 4.4A). Overall 51.4 percent of persons with disabilities reported to have experienced births in the last 12 months and 21.9 percent experienced marriages in the 12 months prior to the survey. The proportion reporting births was higher in rural areas (53.9 percent) than in urban areas (44.2 percent).

On Mainland Tanzania 51.6 percent of people with disabilities reported birth events, whereas in Zanzibar birth events were reported by 43.5 percent of people. On the Mainland the proportion reporting births was higher in rural areas (54.2 percent) than in urban areas (44.2 percent).

Table 4.4A: Percentage Distribution of Positive Life Events Experienced by Persons Aged 15 Years and Above with Disabilities in the Last 12 months by Type of Event and Residence.

Positive life event	Tanzania			Mainland			Zanzibar		
	Total	Rural	Urban	Total	Rural	Urban	Total	Rural	Urban
Birth	51.4	53.9	44.2	51.6	54.2	44.2	43.5	43.0	45.3
Marriage	21.9	20.2	26.8	21.5	19.7	26.6	36.0	36.6	33.8
Employment	5.2	4.5	7.4	5.3	4.5	7.5	1.9	1.6	3.1
Other Financial Gain	7.1	7.9	4.7	7.1	7.9	4.7	7.6	8.8	2.6
Athletic/Scholastic/Political Achievements	10.7	9.1	15.5	10.7	9.1	15.5	10.4	9.1	15.3
Initiation Ceremonies	2.7	3.3	1.0	2.8	3.4	1.0	0.4	0.5	0.0
Other	0.0	1.2	0.0	1.0	1.2	0.4	0.2	0.3	0.0
Number of Individuals	1,942,217	1,478,707	463,510	1,904,487	1,452,607	451,881	37,730	26,100	11,630

Table 4.4B shows that in Tanzania the percent of persons with disabilities experiencing births events was higher for males (53.1 percent) than females (49.9 percent). On the Mainland the situation was similar with males (53.4 percent) and females (50.0 percent). In Zanzibar, 45 percent of females with disabilities reported events compared to 41 percent of the males. In general, persons with disabilities residing on the Mainland are more likely to report birth events than their counterpart in Zanzibar (51.6 percent on the Mainland compared to 43.5 percent in Zanzibar).

Table 4.4B: Percentage Distribution of Positive Life Events Experienced by Persons Aged 15 Years and Above with Disabilities in the Last 12 Months by Type of Event, Residence and Sex

Event	Tanzania (%)			Mainland (%)			Zanzibar (%)		
	Total	Male	Female	Total	Male	Female	Total	Male	Female
Birth	51.4	53.1	49.9	51.6	53.4	50.0	43.5	41.4	45.1
Marriage	21.9	20.3	23.3	21.5	20.0	22.9	36.0	34.2	37.4
Employment	5.2	4.3	6.1	5.3	4.3	6.2	1.9	2.4	1.6
Other Financial Gain	7.1	6.4	7.7	7.1	6.3	7.7	7.6	8.8	6.6
Athletic/Scholastic/Political Achievements	10.7	11.2	10.3	10.7	11.2	10.3	10.4	11.8	9.3
Initiation Ceremonies	2.7	3.7	1.8	2.8	3.8	1.8	0.4	0.9	0.0
Other	1.0	1.0	1.0	1.0	1.0	1.0	0.2	0.5	0.0
Number of Individuals	1,942,217	953,769	988,449	1,904,487	936,902	967,586	37,730	16,867	20,863

c) Experiencing feelings of anxiety, depression, happiness or peacefulness:

The experience of emotions such as anxiety, depression, happiness and peacefulness are significant human experiences that can be caused by disability or can be disabilities in themselves. In this section the responses reflect the extent to which these emotions were experienced by people with disabilities in Tanzania.

Table 4.5 presents the results from the questions on the above mentioned emotions for men and women. Persons with disabilities aged 15 years and above in general felt peaceful and happy with more than half of them in Tanzania saying they felt calm and peaceful and happy (i.e. a good bit of the time, most of the time and all the time).

A slightly higher proportion of persons with disabilities in Zanzibar reported to feeling calm and peaceful (57.5 percent) as compared to persons with disabilities on Tanzania Mainland (54.7 percent) and similarly for feeling happy ; 59 percent of persons with disabilities in Zanzibar reported being happy compared to 57.1 percent of persons with disabilities in Tanzania Mainland. In Tanzania, the proportion of disabled males who reported to be feeling calm and peaceful was high (58.7 percent) compared to 50.8 percent of females. In Zanzibar, more than three fifth (63.1 percent) of males were felt calm and peaceful compared to only 53 percent of females. The results for Tanzania Mainland are the same as for Tanzania as a whole - 58.6 percent of males reported feeling calm and peaceful compared to 50.7 percent of females.

Table 4.5: Percentage Distribution of Persons with Disabilities Aged 15 Years and Above by Various Feelings Experienced in the Past Month Prior to the Survey, Residence and Sex

		Tanzania (%)			Mainland (%)			Zanzibar (%)		
		Total	Male	Female	Total	Male	Female	Total	Male	Female
Felt worried and anxious	None of the time	38.3	43.5	33.2	37.9	43.3	32.8	54.0	56.8	51.7
	A little of the time	23.2	23.9	22.5	23.3	24.1	22.6	16.5	14.6	18.1
	Some of the time	20.0	16.5	23.4	20.2	16.6	23.8	9.3	12.5	6.6
	A good bit of the time	5.8	5.2	6.3	5.8	5.2	6.3	7.1	5.8	8.1
	Most of the time	10.5	10.0	10.9	10.5	10.1	10.9	10.5	6.9	13.4
	All of the time	2.3	0.8	3.7	2.3	0.8	3.7	2.6	3.3	2.1
Total		100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Felt so down in the dumps, nothing could cheer you up	None of the time	31.6	36.3	27.1	31.4	36.1	26.9	43.0	49.8	37.4
	A little of the time	26.7	28.3	25.2	26.8	28.4	25.2	23.9	22.9	24.6
	Some of the time	24.0	22.0	25.9	24.3	22.3	26.2	9.5	4.5	13.6
	A good bit of the time	5.3	4.6	6.0	5.3	4.6	5.9	7.5	4.8	9.8
	Most of the time	9.9	6.5	13.3	9.9	6.4	13.4	11.3	14.4	8.8
	All of the time	2.4	2.3	2.5	2.4	2.3	2.5	4.8	3.5	5.8
Total		100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Felt calm and peaceful	None of the time	7.0	6.9	7.1	7.0	6.9	7.0	8.0	7.1	8.7
	A little of the time	16.9	14.9	18.8	16.9	14.9	18.8	17.7	14.7	20.1
	Some of the time	21.4	19.4	23.3	21.5	19.5	23.4	16.8	15.1	18.2
	A good bit of the time	12.6	13.0	12.3	12.7	13.0	12.3	11.6	13.0	10.5
	Most of the time	32.4	34.7	30.2	32.5	34.7	30.3	27.8	32.7	23.9
	All of the time	9.7	11.0	8.3	9.5	10.9	8.1	18.1	17.4	18.6
Total		100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Felt down-hearted and depressed	None of the time	27.4	31.0	23.8	27.2	30.8	23.7	35.3	41.1	30.6
	A little of the time	27.7	30.1	25.4	27.6	30.1	25.3	29.9	30.3	29.7
	Some of the time	25.0	21.9	28.1	25.3	22.1	28.4	12.7	11.0	14.2
	A good bit of the time	6.9	8.1	5.6	6.8	8.1	5.4	12.0	8.7	14.6
	Most of the time	11.0	6.9	14.8	11.0	6.9	15.0	8.7	7.5	9.6
	All of the time	2.1	2.0	2.2	2.1	2.0	2.2	1.4	1.5	1.4
Total		100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Been happy	None of the time	4.7	4.5	4.8	4.6	4.5	4.8	5.9	3.8	7.7
	A little of the time	16.5	12.4	20.4	16.4	12.4	20.4	19.5	15.8	22.6
	Some of the time	21.7	21.2	22.2	21.9	21.3	22.4	15.5	15.6	15.5
	A good bit of the time	12.5	13.0	12.0	12.5	13.0	12.0	13.2	12.2	13.9
	Most of the time	35.2	38.7	31.8	35.2	38.7	31.9	31.5	38.6	25.8
	All of the time	9.4	10.2	8.8	9.4	10.1	8.6	14.3	14.0	14.5
Total		100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0

The responses to questions about negative feelings (feeling down in the dumps, worried and anxious, depressed) indicate that the majority (over 50%) of the people with disabilities experienced these ‘none of the time’ or ‘a little of the time’ confirming the results on the questions about feeling happy and peaceful/calm. Again, people with disabilities in Zanzibar reported not having these feelings more often than those on Mainland, and males more often than females.

d) Knowledge on common diseases (HIV/AIDS, Malaria and TB)

Access to information and knowledge on certain diseases and how to prevent them allows policy makers to target various groups in the population including people with disabilities. Respondents were asked whether they knew HIV/AIDS, malaria or TB, if they had access to information on the disease, and knew methods of prevention and lastly whether they had ever contracted the diseases. The questionnaire did not include any specific questions to test people’s knowledge. The results are presented in Table 4.6A and B.

Table 4.6A reveal that knowledge of the three diseases among persons with disabilities was high (87.1 percent for malaria, 66.2 percent for TB and 76.3 percent for HIV/AIDS), although access to information about these diseases was relatively poor being 79.1, 49.3 and 66.9 percent respectively for the three diseases. Less than a quarter of respondents knew how to prevent themselves from catching TB, slightly more than half knew how to prevent themselves from contracting HIV/AIDS and two thirds knew how to prevent themselves from contracting malaria.

The results show variations between rural and urban areas. Urban respondents had better knowledge and access to information and knew how to prevent themselves from contracting those three diseases when compared to rural respondents.

Zanzibar respondents reported lower rates of knowledge and access to information than those on the Mainland for TB but higher rates for Malaria and HIV/AIDS.

Table 4.6A: Percentage Distribution of Persons with Disabilities Aged 15 Years and Above by Knowledge of Common Diseases and Residence

Common Disease	Total (%)			Rural (%)			Urban (%)		
	Knowledge	Access of Information	Knowledge of Prevention	Knowledge	Access of Information	Knowledge of Prevention	Knowledge	Access of Information	Knowledge of Prevention
Tanzania									
Malaria	87.1	79.1	66.5	84.7	76.1	60.2	94.9	88.5	86.4
TB	66.2	49.3	23.5	63.6	48.8	21	74.3	50.8	31.4
HIV/AIDS	76.3	66.9	53.7	74.4	66.1	50.8	82.3	69.5	63
Mainland									
Malaria	87.1	79	66.3	84.6	76	60	95	88.6	86.6
TB	66.4	49.5	23.7	63.9	49	21	74.4	51	32.1
HIV/AIDS	76.2	66.7	53.9	74.3	65.9	50.6	82.2	69.2	64.6
Zanzibar									
Malaria	89.2	82.1	72.5	88.8	81	69.5	90.1	84.7	79.3
TB	54.8	39	15.6	48.4	37.3	20.1	69.1	42.8	5.6
HIV/AIDS	82.4	76.4	42	79.9	74.6	60.7	88	80.5	0

There was a slight difference on the knowledge and access of information for all three diseases between males and females with disabilities in Tanzania although generally males to had more knowledge, access to information and knowledge on prevention than females.

Knowledge on malaria and HIV/AIDS was higher among males in Zanzibar (93.9 percent and 82.3 percent respectively) as compared to males in Tanzania Mainland 87 percent and 75.6 percent respectively. In general, knowledge of prevention of tuberculosis among males and females both on Tanzania Mainland and Zanzibar was very low.

Table 4.6B: Percentage Distribution of Persons with Disabilities Aged 15 Years and Above by Knowledge of Common Diseases, Residence and Sex

		Both sexes (%)			Male (%)			Female (%)		
		Knowledge	Access of Information	Knowledge of Prevention	Knowledge	Access of Information	Knowledge of Prevention	Knowledge	Access of Information	Knowledge of Prevention
Tanzania	Malaria	87.1	79.1	66.5	87.1	80.5	67.4	86.8	77.3	65.3
	TB	66.2	49.3	23.5	66.8	50.5	23.2	65.3	48.1	24.2
	HIV/AIDS	76.3	66.9	53.7	75.7	69.0	57.0	76.6	64.7	51.3
Mainland	Malaria	87.1	79.0	66.3	87.0	80.4	67.2	86.8	77.3	65.3
	TB	66.4	49.5	23.7	66.9	50.4	22.9	65.7	48.5	24.4
	HIV/AIDS	76.2	66.7	53.9	75.6	68.8	56.7	76.5	64.4	51.1
Zanzibar	Malaria	89.2	82.1	72.5	93.9	83.6	83.5	85.4	75.1	66.7
	TB	54.8	39.0	15.6	60.3	53.9	37.3	50.3	33.7	18.9
	HIV/AIDS	82.4	76.4	42.0	82.3	78.6	71.5	82.6	78.0	63.0

e) Reported causes of disabilities:

As described in the introduction to this report, disability as measured in the Tanzania Disability Survey is instigated by a health condition (e.g. chronic illness) or impairment (e.g. loss of a limb, loss of sight). The interaction of this health condition with the person's context (physical environment, attitudes and practices, policies, etc.) is what generates the disablement process. The people with disabilities were asked about the cause of their disabilities and the responses were noted down. These were then coded into categories as presented on Tables 47A and B. Generally the better the access to health care services the more likely that person was able to give a clear cause when responding.

Arthritis was the main cause of difficulties in Tanzania. About 15 percent of the persons with disability in Tanzania and the Mainland reported that their difficulties or health problems were caused by arthritis. The figure was lower for Zanzibar (6.6 percent). Arthritis is a general term that could be applied to a range of conditions related to joint pain and swelling. The prevalence of joint pain and swelling increases with age. The high number of people reporting arthritis as the cause of their difficulties could be related to inclusion of more older people as being disabled (i.e. having activity limitations).

The highest reported causes in Zanzibar were epilepsy and 'born with disability' (12.3 and 12.2 percent respectively) with 25.4% of urban Zanzibar respondents reporting 'born with disability'

(the highest single cause). Epilepsy was only reported as a cause by 3.8 percent of the respondents on the Mainland. The second highest cause reported was 'more than one cause' for all Tanzanians and 'unknown cause' for Mainland dwellers. Only 4 percent of Zanzibar respondents reported an unknown cause compared to 14.1 percent on the Mainland.. This further highlights the differences between Zanzibar and the Mainland in the provision of services such as health care.

Some points of interest are that superstition as a cause was reported by 6.1 percent of all disabled Tanzanians with little difference between the Mainland urban and rural areas and Zanzibar rural areas. However, only 2.9 percent of urban Zanzibar dwellers reported this as a cause. Urban dwellers were least likely to report 'more than one cause' than rural ones (7.5 percent compared to 14.7 percent respectively). Rural dwellers were more likely to report malaria as a cause than urban dwellers.

Zanzibar respondents were more likely to report high blood pressure, heart problems, asthma and diabetes as causes. This again highlights the importance of access to health care services in knowing (and hence reporting) these diagnoses. Accidents were reported as causes more frequently in Zanzibar (4.4 percent) than the Mainland (2.8 percent).

Mainland respondents were more likely to report old age as a cause (5.2 percent) compared to Zanzibar dwellers (1.9 percent). Brain damage was reported as a cause most by Mainland urban dwellers (7.6 percent) and least by Zanzibar urban respondents (1.7 percent) suggesting that this could in part be due to accidents from climbing coconut trees (most likely to be found in rural Zanzibar area and coastal urban areas of the Mainland), a reason substantiated by the relatively high number of people reporting tree accidents as causes in urban Mainland (3.7 percent) and rural Zanzibar (2.6 percent). A high proportion of disabled Mainland respondents (10.1 percent) reported medical treatment as the cause of their disabilities compared to no such reports in Zanzibar (0 percent).

Table 4.7A: Percentage of Persons with Disability by Cause of Difficulty or Health Problem and Residence

Health Problem	Tanzania			Tanzania Mainland			Zanzibar		
	Total	Rural	Urban	Total	Rural	Urban	Total	Rural	Urban
Born with disability	9.1	9.6	7.5	9.0	9.7	7.1	12.2	6.3	25.4
Accident injury/trauma	2.7	3.2	1.1	2.7	3.2	1.1	1.1	0.7	2.0
Political violence	0.3	0.4	0.0	0.3	0.4	0.0	0.4	0.5	0.0
Medical treatment	4.0	2.2	9.9	4.1	2.2	10.1	1.5	2.2	0.0
Accident	2.8	3.2	1.5	2.8	3.2	1.4	4.4	4.6	4.2
Fire	1.0	1.3	0.0	1.0	1.4	0.0	0.0	0.0	0.0
Animals attack	2.6	1.1	7.2	2.6	1.1	7.4	1.0	1.5	0.0
Tree accidents	2.3	1.9	3.6	2.3	1.9	3.7	1.8	2.6	0.0
Brain damage	5.6	5.1	7.5	5.6	5.0	7.6	6.5	8.6	1.7
Asthma or breathing problems	0.5	0.6	0.0	0.5	0.6	0.0	1.3	1.9	0.0
Diabetes	0.9	0.8	1.2	0.8	0.8	1.0	3.4	1.2	8.2
High blood pressure or heart problems	2.1	1.9	2.6	2.1	1.9	2.6	3.6	3.1	4.6
Leprosy	0.8	0.9	0.5	0.8	0.9	0.5	1.1	1.6	0.0
Epilepsy	3.9	3.8	4.2	3.8	3.7	3.9	12.3	10.0	17.5
Tuberculosis	0.8	1.1	0.0	0.8	1.1	0.0	0.5	0.0	1.5
Malaria	3.6	3.8	2.8	3.5	3.8	2.9	4.0	5.0	1.6
Arthritis	14.6	14.7	14.3	14.8	14.9	14.4	6.6	4.7	10.9
Cause unknown	13.9	15.8	8.0	14.1	16.0	8.1	4.0	4.3	3.3
Spiritual ideologies/superstitions	6.1	6.0	6.4	6.1	6.0	6.5	5.3	6.3	2.9
Old age	5.1	5.3	4.5	5.2	5.4	4.6	1.9	2.1	1.7
Eye disease	1.9	1.7	2.7	2.0	1.7	2.8	0.0	0.0	0.0
Hearing disease	0.6	0.8	0.0	0.6	0.8	0.0	1.7	2.5	0.0
More than one cause of disability	13.0	14.7	7.5	13.0	14.7	7.6	10.6	12.4	6.4
Others	1.7	1.8	1.1	1.7	1.8	1.1	0.6	0.3	1.0

The survey results presented in Table 4.7B show that the rates of arthritis as a cause of disability are almost equal for men (14.3 percent) and women (15 percent). A similar situation is observed on Tanzania Mainland, where more females (15.2 percent) reported arthritis as the main cause of disability compared to 14.4 percent of males. Epilepsy was the main cause of disability in Zanzibar with more males (14.1 percent) reporting epilepsy as the main causes of disability as compared to 10.8 percent of the females.

The proportion of males reporting more than one cause of disability in Tanzania was higher (14.6 percent) than for females (11.4 percent). A similar pattern is observed in Tanzania Mainland. On the other hand in Zanzibar more females (12.1 percent) reported more than one cause of disability

compared to males (8.7 percent). The least reported cause of disability in Tanzania is political violence (0.3 percent).

These causes reported by the respondents, may not be necessarily the actual medical condition causing the disability. This reported information needs to be linked to information from medical examinations to provide a more accurate link between health conditions, their causes, and activity limitations.

Table 4.7B: Percentage of Persons with Disability by Cause of Difficulty or Health Problem, Sex and Residence

Health Problem	Tanzania (%)			Mainland (%)			Zanzibar (%)		
	Total	Male	Female	Total	Male	Female	Total	Male	Female
Born with disability	9.1	9.4	8.9	9.0	9.3	8.8	12.2	12.2	12.2
Accident injury/trauma	2.7	3.9	1.5	2.7	4.0	1.5	1.1	1.1	1.1
Political violence	0.3	0.7	0.0	0.3	0.7	0.0	0.4	0.0	0.7
Medical treatment	4.0	5.5	2.6	4.1	5.6	2.6	1.5	1.3	1.7
Accident	2.8	3.6	2.0	2.8	3.5	2.0	4.4	8.8	0.9
Fire	1.0	1.5	0.5	1	1.6	0.5	0.0	0.0	0.0
Animals attack	2.6	3.9	1.4	2.6	3.9	1.4	1.0	0.0	1.8
Tree accidents	2.3	2	2.6	2.3	2	2.6	1.8	2.2	1.5
Brain damage	5.6	5.9	5.4	5.6	5.9	5.4	6.5	5.1	7.6
Asthma or breathing problems	0.5	1.0	0.1	0.5	1.0	0.0	1.3	0.0	2.4
Diabetes	0.9	1.0	0.7	0.8	1.0	0.7	3.4	1.9	4.6
High blood pressure or heart problems	2.1	1.9	2.2	2.1	1.9	2.2	3.6	4.6	2.7
Leprosy	0.8	1.4	0.2	0.8	1.4	0.3	1.1	2.5	0.0
Epilepsy	3.9	4.9	3	3.8	4.8	2.8	12.3	14.1	10.8
Tuberculosis	0.8	1.2	0.5	0.8	1.2	0.5	0.5	1.1	0.0
Malaria	3.6	3.4	3.7	3.5	3.4	3.7	4.0	3.9	4.0
Arthritis	14.6	14.3	15	14.8	14.4	15.2	6.6	8.7	5.0
Cause unknown	13.9	12.6	15.1	14.1	12.8	15.4	4.0	5.3	3.0
Spiritual ideologies/superstitions	6.1	5.9	6.4	6.1	5.9	6.4	5.3	4.3	6.0
Old Age	5.1	5.3	4.9	5.2	5.4	5.0	1.9	1.6	2.2
Eye disease	1.9	0.5	3.3	2	0.5	3.4	0.0	0.0	0.0
Hearing disease	0.6	0.5	0.8	0.6	0.5	0.7	1.7	0.0	3.1
Others	1.7	2.0	1.3	1.7	2.0	1.3	0.6	0.5	0.6
More than one cause of disability	13.0	14.6	11.4	13.0	14.7	11.4	10.6	8.7	12.1

f) Age of onset of difficulties:

Persons with disabilities were asked about their age at the time their difficulties started. Table 4.8 shows that 12.3 percent of the persons with disabilities in Tanzania were born with the difficulty. More persons in Zanzibar were born with their disability (16.2 percent) compared to those in Tanzania Mainland (12.2 percent). The percent of persons born with disabilities and those whose disabilities started between 1- 4 years of age were much higher in Zanzibar Urban being 25.4 percent and 17.1 percent respectively than anywhere else. The majority of people reported the

start of their difficulties being in adulthood (after 15 years of age) (62.8 percent), with a further 2.9 having an age of onset after 80 years of age.

Table 4.8: Percentage Distribution of Persons with Disabilities and Aged 15 Years and Above by Age the Difficulty Started and Residence

Age	Tanzania (%)			Tanzania Mainland (%)			Zanzibar (%)		
	Total	Rural	Urban	Total	Rural	Urban	Total	Rural	Urban
Born	12.3	12.2	12.7	12.2	12.2	12.4	16.2	12.1	25.4
1 – 4	5.2	5.5	4.2	5.1	5.5	3.9	9.1	5.5	17.1
5 – 14	9.7	9.8	9.2	9.7	9.8	9.4	8.4	11.1	3.9
15 – 39	22.4	21.4	25.6	22.4	21.3	25.7	23.0	24.7	19.5
40 – 59	24.8	24.8	24.5	24.9	25.0	24.8	21.2	22.3	18.3
60 – 79	15.6	15.8	14.9	15.6	15.8	14.9	15.3	16.2	13.8
80+	2.9	3.0	2.4	2.9	3.1	2.5	1.4	2.0	0.0
Don't	7.2	7.4	6.5	7.2	7.4	6.6	5.3	7.0	1.7
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Total	1,942,217	1,478,707	463,510	1,904,487	1,452,607	451,881	37,730	26,100	11,630

4.4 Sources of Income and Expenditure

Chapter 2 presented information on the employment status and educational attainment of people with disabilities in comparison to the non-disabled population. This section looks at some of the reported sources of income for the people with disabilities and how they spend that income. Table 4.9 presents the results concerning the main sources of income.

The main source of income for the majority of Tanzanians with disabilities is household agriculture (57.1percent) followed by remittances (24.0%) and income from non farming-self employment (9.6%). A small proportion of these persons depend on cash income from employment or in kind (2.7% and 0.2% respectively.)

Males were more likely than females to receive income from non- farming self employment and household agriculture, while females are more likely than males to receive remittances (28.8 percent and 19.1 percent respectively). Females in Zanzibar are the most likely to receive remittances (44.1 percent), followed by Mainland females (28.5 percent), Zanzibar males (27.3 percent) and Mainland males (18.9 percent).

Mainland dwellers reported income from household agriculture as their main source of income (57.8 percent) twice as often as Zanzibar dwellers (24.3 percent).

Table 4.9: Percentage Distribution of Persons with Disability and Aged 15 Years and Above by Main Sources of Income Sex and Residence

Main Source of income	Tanzania (%)			Mainland (%)			Zanzibar (%)		
	Total	Male	Female	Total	Male	Female	Total	Male	Female
Income from employment (in cash)	2.7	3	2.3	2.6	2.9	2.2	7	10.1	4.5
Income from employment (in kind)	0.2	0.1	0.3	0.2	0.1	0.3	0.8	1.2	0.4
Income from non-farming self-employment	9.6	10.6	8.6	9.6	10.6	8.6	10.3	11.3	9.4
Income from household agriculture	57.1	61.7	52.7	57.8	62.3	53.4	24.3	28.2	21.2
Remittances	24	19.1	28.8	23.8	18.9	28.5	36.6	27.3	44.1
Interests from the bank	0	0	0	0	0	-	0.3	-	0.5
Rent received	0.3	0.1	0.5	0.3	0.1	0.6	-	-	-
Cash transfers and benefits	3.6	1.9	5.2	3.6	1.9	5.2	1.8	1.4	2.1
Other	1.5	2	1.1	1.2	1.7	0.7	19	20.6	17.8
Not Stated	0.9	1.4	0.5	1	1.4	0.5	-	-	-
Total %	100	100	100	100	100	100	100	100	100
No. of Individuals	1,942,217	953,769	988,449	1,904,487	936,902	967,586	37,730	16,867	20,863

4.5 Remittances and Expenditures

a) Sources of Remittances:

Since remittances are an important source of income for people with disabilities, the source of the remittances was investigated. Table 4.10 presents the reported sources. The predominant source for all remittances was the family, with females (95.6 percent) receiving more remittances from their families than males (88.6 percent). The second most important source was relatives and neighbours (3.9 percent). Men (7.4 percent) were most likely to receive remittances from relatives and neighbours than women (1.6 percent).

Table 4.10: Percentage Distribution of Persons with Disabilities and Aged 15 Years and Above who were Receiving Remittances by Source, Sex and Residence

Remittance from	Tanzania (%)			Mainland (%)			Zanzibar (%)		
	Total	Male	Female	Total	Male	Female	Total	Male	Female
Family	92.9	88.6	95.6	92.8	88.6	95.5	95.4	88.4	98.9
Relatives & Neighbours	3.9	7.4	1.6	3.9	7.5	1.7	1.8	5.5	0.0
Government	0.6	1.5	0.0	0.6	1.5	0.0	0.0	0.0	0.0
NGOs	1.2	2.4	0.5	1.2	2.4	0.5	0.0	0.0	0.0
Disabled people's	0.1	0.2	0.0	0.0	0.0	0.0	2.8	6.1	1.1
Other	1.1	0.0	1.8	1.1	0.0	1.9	0.0	0.0	0.0
Don't know	0.3	0.0	0.5	0.3	0.0	0.5	0.0	0.0	0.0
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
No. of individuals	466,474	181,879	284,595	452,672	177,274	275,398	13,802	4,605	9,197

b) Expenditures

Household necessities (47.8 percent), clothing (37.4 percent) and education (5.5 percent) were the three main items of expenditure for people with disabilities as reflected on table 4.11.

Table 4.11: Percentage of Persons with Disability Age d15 Years and Above by Main Things on Which Their Income was Spent, Sex and Residence

Item	Mainland			Zanzibar			Total		
	Male	Female	Total	Male	Female	Total	Male	Female	Total
Household necessities	47.8	47.9	47.9	41.2	39.1	40.0	47.7	47.8	47.8
Clothing	37.7	37.1	37.4	34.8	36.9	36.0	37.7	37.1	37.4
Rent/accommodation	0.5	0.4	0.4	0.0	0.4	0.2	0.5	0.4	0.4
Recreation/entertainment	0.9	0.2	0.5	0.9	0.0	0.4	0.9	0.2	0.5
Transport	0.3	0.5	0.4	1.0	0.0	0.5	0.3	0.5	0.4
Education	6.1	4.9	5.5	4.4	3.2	3.7	6.1	4.9	5.5
Water and electricity	0.0	0.2	0.1	0.7	1.1	0.9	0.0	0.2	0.1
Rehabilitation & health care services	1.2	1.2	1.2	0.0	0.0	0.0	1.2	1.1	1.2
Assistive devices	0.0	0.1	0.1	0.0	0.0	0.0	0.0	0.1	0.1
Personal assistant/carer	0.0	0.1	0.1	0.0	0.2	0.1	0.0	0.1	0.1
Gifts	0.1	0.2	0.1	0.6	0.8	0.7	0.1	0.2	0.1
Other	5.3	7.2	6.3	16.4	18.3	17.5	5.4	7.4	6.5
Total %	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
No. of individual	1,788,900	1,874,221	3,663,121	29,463	36,667	66,130	1,818,363	1,910,888	3,729,251

c) Making decisions on spending income:

Over two thirds of people with disabilities reported that they make their own decisions on how to spend their income. The proportion of those who did so was highest among male on the Mainland (76.6 percent) and least for females in Zanzibar (53.2 percent). Around a third of people reported that they did not make their own decisions on how to spend their income (Table 4.12).

Table 4.12: Percentage Distribution of Persons with Disability Aged 15 Years and Above by Decision Making on Spending their Income, Residence and Sex

Decision	Tanzania (%)			Mainland (%)			Zanzibar (%)		
	Total	Male	Female	Total	Male	Female	Total	Male	Female
Yes	67.0	76.5	57.8	67.1	76.6	57.9	61.3	71.4	53.2
No	31.6	21.7	41.2	31.5	21.6	41.1	38.5	28.6	46.4
Don't know	0.4	0.4	0.5	0.4	0.4	0.5	0.2		0.4
Not Stated	0.9	1.4	0.5	1.0	1.4	0.5	-		-
Total%	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
No. of individuals	1,942,217	953,769	988,449	1,904,487	936,902	967,586	37,730	16,867	20,863

4.6 Accessibility of the Physical Environment

The accessibility of the physical environment largely determines the extent to which persons with disabilities function in an inclusive manner in their communities. Table 4.13 below shows the accessibility of different places. Generally about eight out of every ten people with disabilities in Tanzania reported an accessible kitchen, living room, and toilet, and 9 out of 10 persons reported to have access to the bedroom and 6 out of 10 had access to the dining room (with 33 percent indicating that they do not have a dining room). The same situation is observed across Mainland and Zanzibar. People with physical and visual disabilities reported more difficulties with access compared with persons in other categories.

Around one in every ten people in Tanzania reported the following as inaccessible: work/school and shops/banks/post office. About 2 in every 10 person reported their place of worship to be inaccessible. These rates were slightly higher than those reported in regard to the respondents' homes. This suggests that places outside the home are were inaccessible for people with disabilities. In addition, a number of people reported that they 'never go' to places outside of their homes. The reasons for this need further investigation. This could be because of the places being inaccessible or because of not wanting to go there.

Of note are the 30 percent of all people with disabilities who reported that the hospital or clinic was inaccessible. This high inaccessibility rate may be due to physical inaccessibility or lack of services owing to the distance involved.

Table 4.13: Percentage Distribution of Persons (Aged 15 Years and Above) by Physical Accessibility of Dwelling and Community Environment by Residence

Item		Tanzania (%)	Mainland (%)	Zanzibar (%)
Kitchen	Accessible	84.4	84.4	83.8
	Inaccessible	12.5	12.5	16.2
	Have none	3.1	3.2	-
	Total	100.0	100.0	100.0
Bedroom	Accessible	93.0	93.1	88.3
	Inaccessible	6.7	6.6	11.7
	Have none	0.3	0.3	-
	Total	100.0	100.0	100.0
Living room	Accessible	83.1	83.1	86.7
	Inaccessible	6.4	6.2	12.0
	Have none	10.5	10.7	1.3
	Total	100.0	100.0	100.0
Dining room	Accessible	62.0	61.6	85.1
	Inaccessible	4.9	4.8	11.3
	Have none	33.0	33.6	3.6
	Total	100.0	100.0	100.0
Toilet	Accessible	82.2	82.4	69.5
	Inaccessible	9.2	9.2	11.1
	Have none	8.6	8.4	19.4
	Total	100.0	100.0	100.0
The place where you work or school you attend	Accessible	57.1	57.4	43.9
	Inaccessible	10.1	10.2	6.0
	Never go	26.5	26.1	48.4
	Have none	6.3	6.4	1.8
Shops/ banks/ post office	Accessible	69.2	69.3	63.1
	Inaccessible	13.6	13.7	7.7
	Never go	16.3	16.1	28.8
	Have none	0.9	0.9	0.4
Hospital or clinic	Accessible	66.2	66.2	62.5
	Inaccessible	29.6	29.6	30.7
	Never go	4.1	4.0	6.4
	Have none	0.1	0.1	0.4
Place of worship	Accessible	60.6	61.0	41.2
	Inaccessible	18.9	19.1	8.7
	Never go	19.6	19.1	49.1
	Have none	0.8	0.8	1.0
Other	Accessible	4.5	4.4	7.4
	Inaccessible	3.8	3.7	10.7
	Never go	3.3	3.3	2.9
	Have none	88.4	88.6	79.1
	Total	100.0	100.0	100.0

4.7 Need and Availability of Services

People with disabilities were asked about their awareness of available services, if they had ever needed those services and received them. The results are presented in Tables 4.14A and B.

a) Awareness of services:

Table 4.14A shows that health services were the most reported in terms of awareness (85.6 percent for Tanzania/Mainland and 90.6 percent in Zanzibar). The second most reported service was education (37.8 percent) followed by assistive devices service (28.5 percent). Only 16.7 percent of Zanzibar urban respondents reported being aware of education services, which was much lower than all other services reported and odd considering the better education services provided in Zanzibar relative to the Mainland.

Table 4.14 A: Percentage of Persons with Disability Aged (15 Years and Above) Who were Aware of the Service by Type of Service and Residence

Services	Tanzania (%)			Tanzania Mainland (%)			Zanzibar (%)		
	Total	Rural	Urban	Total	Rural	Urban	Total	Rural	Urban
Medical rehabilitation	18.5	17.2	23.0	18.5	17.1	23.1	20.9	21.9	18.7
Assistive devices service	28.5	26.5	34.8	28.4	26.3	35.0	33.6	36.8	26.4
Educational services	37.8	37.9	37.7	38.0	37.9	38.2	31.6	38.2	16.7
Vocational training	23.0	20.2	31.9	23.2	20.3	32.4	13.8	14.9	11.4
Counselling services for person with difficulties	16.8	14.3	24.5	16.7	14.1	24.9	21.2	25.5	11.4
Welfare services	17.0	15.7	21.2	16.9	15.6	21.3	21.7	22.9	18.8
Health services	85.6	85.4	86.1	85.5	85.3	86.0	90.6	90.5	90.7
Traditional healer/faith healer	59.8	62.0	52.8	59.6	61.7	52.7	72.1	78.4	57.8

b) Need for Service and whether

Table 4.14B shows that in Tanzania, 81 percent of persons with disabilities were aware of and needed health services. Of those who needed health care services 93.5 percent received the service. In addition 37 percent of those persons with disability were aware of and needed traditional/faith healer services, out of whom 94.3 percent received it. The vocational training was the service least needed in Tanzania and only 36.3 percent received it. These results are similar for urban and rural areas, as well as for Mainland and Zanzibar.

Table 4.14B: Percentage of Persons with Disability (Age 15 Years and Above) Who were Aware of the Services and Type of Services Needed, Received and Residence.

Service	Total (%)		Rural (%)		Urban (%)	
	Needed service	Received service	Needed service	Received service	Needed service	Received service
Tanzania						
Medical rehabilitation	11.5	52.2	10.2	51.4	15.8	53.7
Assistive devices service	18.7	39.9	17.0	33.0	24.1	55.5
Educational services	22.4	74.3	21.6	70.9	25.0	83.5
Vocational training	7.5	36.3	5.9	35.7	12.7	37.3
Counselling services for person with difficulties	8.7	59.0	7.8	55.8	11.6	65.8
Welfare services	8.8	35.5	8.4	26.7	9.9	59.4
Health services	81.0	93.5	82.8	92.7	75.4	96.4
Traditional healer/faith healer	36.8	94.3	40.9	95.7	23.7	86.7
Tanzania mainland						
Medical rehabilitation	11.5	52.0	10.1	51.4	15.9	53.7
Assistive devices service	18.7	39.4	16.9	32.4	24.2	55.5
Educational services	22.5	74.5	21.6	71.2	25.3	83.5
Vocational training	7.6	36.5	5.9	36.0	13.0	37.3
Counselling services for person with difficulties	8.7	58.3	7.7	54.7	11.8	65.8
Welfare services	8.6	34.9	8.3	26.2	9.9	59.4
Health services	80.9	93.5	82.7	92.7	75.1	96.4
Traditional healer/faith healer	36.6	94.2	40.7	95.6	23.3	86.7
Zanzibar						
Medical rehabilitation	13.3	60.5	13.8	50.3	12.2	86.4
Assistive devices service	22.4	58.8	23.8	53.7	19.2	73.0
Educational services	20.7	62.3	25.3	57.2	10.2	90.4
Vocational training	4.4	16.9	5.9	18.1	1.0	0.0
Counselling services for person with difficulties	12.0	82.4	15.3	85.7	4.6	57.6
Welfare services	16.7	49.6	18.9	39.3	12.0	86.1
Health services	88.1	94.8	87.5	93.2	89.5	98.3
Traditional healer/faith healer	47.1	96.1	50.1	96.1	40.3	96.0

A person is likely to report a need for a service only if he/she is aware of a service. The respondents who were not aware of services were not asked if they needed or received that service. Since there was generally low awareness of services (other than health care), the need for services was also low. The gap between needed and received services may increase as people become more aware of services that could potentially assist people with disabilities.

4.8 Transport Use

a) Main modes of transport used to reach various destinations:

Tables 4.15A , B and C present the results on the use of different modes of transport by persons with disabilities in Tanzania, Mainland and Zanzibar.

In all areas, walking was the major way of reaching social services like schools, shops and health facilities. In rural areas, bicycles were the next important type of transport when visiting health facilities. In urban areas, private cars, public transport and taxis were other major modes of transport to health facilities.

Table 4.15A: Rural and Urban Percentage of Persons (Age 15 Years and Above) with Disability by the Type of Transport Mainly Used, by Type of Service and by Residence

Residence	Type of activity	Walk (%)	Cart pulled by animal (%)	Private car motor cycle (%)	Public buses (%)	Taxi (%)	Bicycle (%)	Other Means (%)	Total (%)
Tanzania	Work or school	85.7	0.0	1.6	3.2	0.0	8.0	1.4	100
	Health facility	55.9	0.0	3.6	14.6	2.0	22.7	1.1	100
	Socializing/ community activities	82.9	0.0	1.0	3.9	0.2	11.3	0.6	100
	Shops and other services	90.1	0.0	0.3	0.7	0.0	8.6	0.4	100
	No.of people	4,942,464	420	107,678	386,086	40,305	845,375	56,747	6,379,075
Mainland	Work or school	85.9	0.0	1.6	3.0	0.0	8.0	1.4	100
	Health facility	56.4	0.0	3.5	13.9	2.0	23.0	1.2	100
	Socializing/ community activities	83.3	0.0	1.0	3.6	0.1	11.4	0.7	100
	Shops and other services	90.0	0.0	0.2	0.6	0.0	8.7	0.4	100
	No.of people	4,878,165	0	103,430	358,107	38,782	837,568	56,380	6,272,432
Zanzibar	Work or school	69.5	0.7	3.8	15.5	0.9	9.0	0.6	100
	Health facility	30.3	0.6	7.5	50.0	1.7	9.2	0.7	100
	Socializing/ community activities	60.4	0.3	2.4	26.0	2.8	8.0	0.0	100
	Shops and other services	94.2	0.0	1.1	1.7	0.0	3.1	0.0	100
	No.of people	64,299	420	4,249	27,979	1,522	7,807	367	106,643

Table 4.15B: Rural Percentage of Persons (Age 15 Years and Above) with Disability by the Type of Transport Mainly Used, by Type of Service and Residence

Residence	Type of activity	Walk (%)	Cart pulled by animal (%)	Private car motor cycle (%)	Public buses (%)	Taxi (%)	Bicycle (%)	Other Means (%)	Total (%)
Tanzania	Work or school	90.6	0.0	0.9	0.4	0.0	6.6	1.5	100
	Health facility	57.3	0.0	2.9	11	0.8	26.7	1.2	100
	Socializing/ community activities	86.3	0.0	0.4	0.6	0.0	12.1	0.6	100
	Shops and other services	89	0.0	0.3	0.8	0.0	9.4	0.5	100
Mainland	Work or school	90.8	0.0	0.8	0.4	0.0	6.6	1.5	100
	Health facility	57.7	0	2.9	10.3	0.8	27.1	1.2	100
	Socializing/ community activities	86.7	0.0	0.4	0.3	0.0	12.1	0.6	100
	Shops and other services	88.9	0.0	0.3	0.8	0.0	9.4	0.5	100
Zanzibar	Work or school	78.6	1.0	2.3	7.7	0.0	9.5	0.8	100
	Health facility	32.4	0.8	4.4	51.9	0.0	9.4	1.1	100
	Socializing/ community activities	66.8	0.5	0.7	22.3	.00	9.7	0	100
	Shops and other services	95.1	0.0	0.5	0	0.0	4.4	0	100

Table 4.15C: Urban Percentage of persons (Age 15 Years and Above) with Disability by the Type of Transport Mainly Used, by Type of Service and by Residence

Residence	Type of activity	Walk (%)	Car pulled by animal (%)	Private car motor cycle (%)	Public buses (%)	Taxi (%)	Bicycle (%)	Other Means (%)	Total (%)
Tanzania	Work or school	39.5	2.7	8.1	0.1	8.0	0.8	40.8	100
	Health facility	51.1	5.5	25.3	5.7	10.4	0.9	1.0	100
	Socializing/ community activities	60.0	2.4	12	0.5	7.4	0.7	16.8	100
	Shops and other services	80.0	0.0	0.2	0.0	5.2	0.0	14.5	100
Mainland	Work or school	67.1	0.0	4.5	13.4	0.2	13.6	1.3	100
	Health facility	52.2	0.0	5.4	25.1	5.8	10.5	1.0	100
	Socializing/ community activities	72.8	0.0	2.8	14	0.4	9	0.9	100
	Shops and other services	93.7	0.0	0.0	0.1	0.0	6.2	0.0	100
Zanzibar	Work or school	42.9	0.0	8.0	38.3	3.4	7.4	0.0	100
	Health facility	25.1	0.0	15.1	45.4	5.7	8.8	0.0	100
	Socializing/ community activities	46.2	0.0	6.1	34.2	9.1	4.3	0.0	100
	Shops and other services	92.2	0.0	2.4	5.5	0.0	0.0	0.0	100

4.9 Education

Chapter 2 presented information on the level of education attained by the disabled population compared to non-disabled population. This section presents some additional information on adult education accessed by people with disabilities.

Reasons for not attending school:

Reasons given for not attending school were primarily poverty, with 37.7 percent of all respondents reporting this as the main reason. This reason was reported less by disabled people in Zanzibar (29.9 percent) than the Mainland (37.6 percent) and least by urban areas of Zanzibar (11.3 percent). ‘Other’ reasons were reported by 28.5 percent of all disabled Tanzanians, but the nature of these requires further research to determine their nature.

Other important reasons were disability (16.4 percent of all disabled Tanzanians) and distance to school (14.7 percent). On the Mainland, urban respondents reported disability as the main reason less often (8.9 percent) than rural respondents (18.8 percent). The situation was the opposite in Zanzibar, with 21.7 percent of urban respondents reporting disability as the main reason compared to 13.0 percent of rural respondents.

Distance to school was reported by almost similar proportion of disabled people in rural (14.0 percent) and urban (16.2 percent) areas of Mainland. In Zanzibar, while 23.9 percent of disabled rural respondents reported distance as a reason for not attending school, no urban respondent reported this reason (0 percent) indicating better accessibility of education facilities in Zanzibar.

4.10 Use of Assistive Devices

a) Number of disabled people using assistive devices

Persons with disability were also asked if whether or not were using any assistive devices. Table 4.16 shows that only 15.8 percent of persons with disabilities reported using any assistive devices.. Of those who did not use assistive devices, the proportion was higher for males (17.3 percent) than for females (14.4 percent).

Table 4.16: Population and Percentage of Persons(Age 15 Years and Above) with Disability and Using Some Assistive Device by Sex; Tanzania

Answer	Male (%)		Female (%)		Total (%)	
	Number	Percent	Number	Percent	Number	Percent
Yes	162,694	17.3	141,619	14.4	304,341	15.8
No	777,731	82.7	841,849	85.6	1,619,552	84.2
Total	940,425	48.9	983,468	51.1	1,923,893	100.0

b) Type of assistive devices used, suppliers and maintenance:

Table 4.17 shows the types of assistive devices used by persons with disabilities aged 15 years and above. Eye glasses (32.5 percent) and walking sticks (33.9 percent) were the most used devices. These were followed by crutches (12.5 percent), a white cane (6.6 percent), a wheelchair and a personal guide (4.7 percent each). Use of other modern devices like computers, Braille machines and vibrating alarm clocks was almost non-existent.

Variations were observed between men and women. Men were more likely to use using assistive than women.

Table 4.17: Number and Percentage of Persons (Age 15 Years and Above) with Disability and Using Assistive by Type of and Sex; Tanzania

Assistive Device	Male (%)		Female (%)		Total (%)	
	Number	Percent	Number	Percent	Number	Percent
Eye glasses	72,976	40.2	39,351	24.0	112,327	32.5
Magnifying glass	463	0.3	0	0.0	463	0.1
Braille	997	0.5	997	0.6	1,995	0.6
Portable writer	997	0.5	4,154	2.5	5,151	1.5
Computer	789	0.4	0	0.0	789	0.2
Wheelchair	5,194	2.9	11,108	6.8	16,301	4.7
Crutches	25,448	14.0	17,852	10.9	43,300	12.5
Walking sticks	61,891	34.1	55,134	33.6	117,025	33.9
White cane	5,761	3.2	16,976	10.3	22,737	6.6
Guide	1,136	0.6	15,003	9.1	16,139	4.7
Standing frame	2,213	1.2	3,561	2.2	5,775	1.7
Flashing light on doorbell	255	0.1	0	0.0	255	0.1
Vibrating alarm clock	1,460	0.8	0	0.0	1,460	0.4
Other	1,951	1.1	0	0.0	1,951	0.6
Total	181,531	100.0	164,137	100.0	345,668	100.0
Percent	52.5		47.5		100.0	

4.11 Provision of Assistance by Members of Household

Table 4.18 shows selected types of activities regarding which household member provided assistance to persons with disabilities aged 15 years and above.. For most of the activities, persons with disabilities reported to have received minimal support from other household members, although almost 50 percent reported receiving emotional support. These results most likely reflect a lack of need as suggested by people reporting few problems with receiving assistance at home when required (see section 4.2 above).

Table 4.18: Percentage of Persons (Age 15 Years and Above) with Disability Who were Provided Assistances by Members of Households and Location; Tanzania,

Item	Rural (%)				Urban (%)			
	Yes	Sometimes	No	Not Applicable	Yes	Sometimes	No	Not Applicable
Dressing	7.7	1.8	84.9	5.6	5.9	3.9	87.7	2.5
Toileting	6.3	2.7	86.1	5.0	9.8	0.9	87.2	2.2
Bathing	8.0	4.7	81.8	5.5	9.4	1.1	87.0	2.5
Eating/Feeding	4.9	1.4	87.7	6.0	2.1	0.3	95.1	2.4
Cooking	26.9	14.6	35.1	23.3	29.8	10.8	38.4	21.1
Shopping	24.7	23.6	40.2	11.5	21.2	26.3	43.8	8.7
Moving around	7.4	9.5	74.9	8.2	7.3	9.8	77.6	5.4
Finances	28.7	18.5	49.3	3.5	37.6	20.9	38.6	2.9
Transport	27.2	16.8	49.3	6.6	23.2	16.5	55.3	4.9
Studying	15.4	8.2	61.9	14.5	17.8	11.8	57.5	12.8
Emotional support	48.6	22.4	25.0	3.9	58.7	14.9	24.8	1.7
Other	2.5	0.3	21.7	75.5	0.1	2.3	34.1	63.5

4.12 Family and Social Inclusion

Social exclusion is one of the major disadvantages experienced by people with disabilities. This section reviews responses to questions on persons with disabilities involvement in family and social activities, followed by responses to a question on whether or not persons with disabilities makes decisions about his/her own life. The section ends with survey results on involvement of people with disabilities in relationships, disability status of their partner, whether they had children and who mainly took care of these children.

a) **Involvement in different aspects of family and social life:**

Persons with disabilities were asked questions aimed at determining their involvement in different aspects of family and social life. Tables 4.19A and B show that their involvement was generally high. The exceptions were membership in disabled people's organizations (DPOs) and other organizations, such as churches and community organizations.

Table 4.19A: Percentage of Persons (Age 15 Years and Above) with Disability who were Involved in Different Aspects of Family and Social Life by Type of Activity; Tanzania

Activity	Yes (%)	No (%)	Sometimes (%)	Not applicable (%)	Total (N)
Making household decisions	79.2	14.6	3.2	3.0	1,923,362
Going with the family to events such as family gatherings, social events etc.	67.6	18.9	10.2	3.3	1,923,362
Feel involved and part of the household or family	92.8	3.3	1.8	2.1	1,898,945
Family involve you in conversations	86.0	8.6	2.7	2.7	1,923,362
Family help you with daily activities/tasks	86.7	6.2	3.8	3.2	1,920,985
Take part in traditional practices of your community and culture	55.8	35.6	2.6	6.0	1,922,954
Included in community activities such as weddings, funerals, meetings	75.3	17.8	5.7	1.2	1,923,362
Government officials and service providers treat with concern and respect?	50.2	44.9	4.4	0.5	1,879,951
Aware of Organisations for people with disabilities (DPO)	13.5	85.8	0.0	0.6	1,901,233
Member of a DPO	2.2	95.4	0.0	2.4	1,913,065
member of any other organisations, such as church or community organizations	24.7	75.0	0.0	0.3	1,917,901

Table 4.19 compares their inclusion in the family and social contexts beyond the family. The highest endorsement statement (79 percent or higher) is for activities based within the family, suggesting therefore more inclusion within the family than in broader social contexts. The family focused activities, involve household or family conversations and family help for daily activities. The statements about involvement in broader social contexts include going to family gatherings or social events, traditional practices of the community and culture, weddings/ funerals/meetings, awareness and membership of DPOs or other organizations, and being treated with respect and concern by government officials and services providers. These community focused statements were endorsed at much lower rates, which means that, fewer people reported being included in these activities. For example, only 67.6 percent of disabled people said they were involved in family gatherings and social events, 55.8 percent in traditional practices, 62.0 percent in inheritance activities, and only 50.2 percent reported being treated with respect and concern by government officials and service providers.

Participation of persons with disability in different aspects of family and social life on Tanzania Mainland was reported to be similar to that of Tanzania. In Zanzibar, the pattern of responses were similar but lesser proportion of the disabled people reported being included in the various activities both within the family and the community. The Zanzibar disabled respondents were however more aware of DPOs and were more likely to be members of these organizations. Zanzibar had for a number of years had a strong community based rehabilitation (CBR) programme for people with disabilities and this may have contributed to this greater awareness. The results for Zanzibar are presented in Table 4.21B.

Table 4.19B: Percentage of Persons (Age 15 Years and Above) with Disability who were Involved in Different Aspects of Family and Social Life by Type of Activity; Tanzania Zanzibar

Activity	Yes (%)	No (%)	Sometimes (%)	Not applicable (%)	Total (N)
Making household decisions	63.5	20.6	8.2	7.8	37,730
Going with the family to events such as family gatherings, social events etc.	48.1	30.0	15.0	6.9	37,730
Feel involved and part of the household or family	93.6	3.7	1.9	0.7	37,730
Family involve you in conversations	76.0	11.7	10.5	1.9	37,730
Family help you with daily activities/tasks	92.5	2.0	4.5	0.9	37,567
Take part in traditional practices of your community and culture	36.3	41.9	9.2	12.6	37,451
Included in community activities such as weddings, funerals, meetings	59.7	23.4	9.5	7.3	37,730
Included in inheritance activities	59.8	22.4	3.2	14.5	37,311
Government officials and service providers treat with concern and respect?	34.3	62.3	3.1	0.3	35,823
Aware of Organisations for people with disabilities (DPO)	27.2	72.8	0.0	0.0	37,621
Member of a DPO	10.7	88.9	0.0	0.4	37,730
member of any other organizations, such as church or community organizations	7.7	92.3	0.0	0.0	37,730

b) Making decisions about own life

The freedom of making decisions on one's life is an important component of the human rights for everyone. Persons with disabilities were asked if they made important decisions about their own lives and if yes, if this was done all the time or sometimes. Table 4.20A shows that 56.3 percent of persons with disabilities made important decisions on their lives all the time, the proportion being higher for males (64.1 percent) than for females (48.8 percent).

The situation was the same for both Tanzania and Tanzania Mainland, but it was different in Zanzibar. More than a quarter of persons with disability in Zanzibar never made their own decisions. Variations were observed between sexes. Females were more affected than males with twice as many females never making decisions about their own lives than males. This could be the influence of the Muslim religion and culture in Zanzibar whereby a man is responsible for making decisions for his own life including that of females in his household (Table 4.20A).

Table 4.20A: Percentage of Persons (Age 15 Years and Above) with Disability Who Make Important Decisions Concerning their Lives, Sex and Residence; Tanzania.

Making Decision	Tanzania (%)			Mainland (%)			Zanzibar (%)		
	Male	Female	Total	Male	Female	Total	Male	Female	Total
All the time	64.1	48.8	56.3	64.1	49.1	56.4	59.7	38.9	48.2
Sometimes	27.0	41.2	34.2	27.1	41.5	34.4	21.9	23.8	22.9
Never	8.9	9.8	9.4	8.7	9.2	9.0	18.4	37.4	28.9
Don't know	0.1	0.2	0.1	0.1	0.2	0.1	0.0	0.0	0.0
Total	940,425	983,468	1,923,893	923,558	962,605	1,886,163	16,867	20,863	37,730

Table 4.20B presents the results relating to the urban and rural areas.. The results for Tanzania Mainland are the same as those of the whole of Tanzania and show small differences between urban and rural respondents.. For Zanzibar, just under half of urban and rural respondents make decisions ‘all the time’, but 32.1 percent of urban respondents make their own decisions ‘sometimes’ compared to 18.9 percent of rural respondents. It is the opposite for those who ‘never’ make decisions, where 32.7 percent of rural respondents never made their own decisions compared to 20.3 percent of urban respondents.

Table 4.20B: Percentage of Persons (Age 15 Years and Above) with Disability Who Make Important Decisions Concerning their Lives by Location (Rural – Urban), Tanzania

Making Decision	Tanzania (%)			Mainland (%)			Zanzibar (%)		
	Rural	Urban	Total	Rural	Urban	Total	Rural	Urban	Total
All the time	56.2	56.5	56.3	56.4	56.7	56.4	48.4	47.6	48.2
Sometimes	33.6	36.2	34.2	33.9	36.4	34.4	18.9	32.1	22.9
Never	10.0	7.3	9.4	9.6	7.0	9.0	32.7	20.3	28.9
Don't know	0.2	0.0	0.1	0.2	0.0	0.1	0.0	0.0	0.0
Total	1,463,022	460,872	1,923,893	1,436,921	449,242	1,886,163	6,127	11,630	37,730

c) Marital status:

Table 4.21A shows that 54.8 percent of persons with disabilities were in marital union, with more males being involved in a relationship (62.5 percent) than females (47.4 percent). Females in Zanzibar were the least likely to be in such a relationship (31.0 percent). Males in Zanzibar were less likely to be in a marital relationship (54.0 percent) compared to those on the Mainland (63.0 percent).

Table 4.21A: Percentage of Persons (Age 15 years and Above) with Disability by Marital Status, Sex and Location; Tanzania

Marital status	Tanzania (%)			Mainland (%)			Zanzibar (%)		
	Male	Female	Total	Male	Female	Total	Male	Female	Total
Yes	62.5	47.4	54.8	63.0	48.0	55.0	54.0	31.0	41.1
No	37.5	52.6	45.2	37.0	52.0	45.0	46.0	69.0	58.7
Don't know	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.2
Total (N)	940,425	982,021	1,922,447	923,558	961,261	1,884,819	16,867	20,760	37,627

Table 4.21B shows urban/rural differences with rural respondents on the whole being more likely to be in a relationship (56.6 percent) compared to 49.0 percent of urban dwellers. The difference was less marked in Zanzibar than on the Mainland.

Table 4.21B: Percentage of Persons (Age 15 Years and Above) with Disability by Marital Status, Sex and Residence (Rural/Urban)

Marital status	Tanzania (%)			Mainland (%)			Zanzibar (%)		
	Rural	Urban	Total	Rural	Urban	Total	Rural	Urban	Total
Yes	56.6	49.0	54.8	56.9	49.3	55.0	41.8	39.5	41.1
No	43.4	51.0	45.2	43.1	50.7	45.0	57.9	60.5	58.7
Don't know	0.0	0.0	0.0	0.0	0.0	0.0	0.4	0.0	0.2
Total (N)	1,461,575	460,872	1,922,447	1,435,577	449,242	1,884,819	25,998	11,630	37,627

d) Partner disability status

For respondents who were involved in a relationship, a further question was asked on the disability status of the partner. Table 4.22 shows that only a quarter of persons with disability involved in a relationship had a disabled partner, with females being slightly more likely to have a disabled partner. In Zanzibar only one in ten disabled people was involved with a disabled partner.

Table 4.22: Percentage of Persons with Disability and (Age 15 Years and Above Who Were in a Relationship with a Disabled Person by Sex.

	Tanzania (%)			Mainland (%)			Zanzibar (%)		
	Male	Female	Total	Male	Female	Total	Male	Female	Total
Yes	22.3	29.3	25.1	22.5	29.1	25.4	9.0	12.9	10.6
No	77.7	70.5	74.8	77.5	70.7	74.5	91.0	87.1	89.4
Don't Know	0.0	0.2	0.1	0.0	0.1	0.1	0.0	0.0	0.0
Total (N)	587,878	465,949	1,053,826	578,781	460,157	1,038,938	9,097	6,468	15,565

4.13 Conclusion

These results describe the experiences of disability in Tanzania. The results on education and employment levels presented in chapter 2 show that people with disabilities do experience a significant disadvantage in these areas of life compared to the non-disabled population. Therefore, it is likely that the experiences described in this chapter also reflect a level of disadvantage. However, this cannot be confirmed until similar questions are asked of the non-disabled population.

Chapter Five

Profile and Experience of Children with Disability (0 – 14 years)

5.1 Introduction

This chapter provides some information on the challenges and health problems that children with disabilities face daily as they pursue their activities and get involved in various social - economic events. However, the chapter does not give detailed analysis on children with disabilities due to the fact that many parents or guardians could not identify activity limitations or disabilities at younger ages. The chapter however provides valuable information for use in policy formulation and planning.

In general, the results suggest that positive changes need be made in order to take into account the needs of children with disabilities. The accessibility of various things to persons with disability should be improved and the entire community should view persons with disabilities as being the same as others.

5.1 Types of Difficulties Faced by Children with Disabilities

The survey results provide valuable information about the difficulties which children with disabilities face on a daily basis as they pursue their day to day activities and involve themselves in various social and educational activities. The results also provide valuable information for policy decisions and for planning purposes. This chapter presents the findings for the population aged 0 – 14 years. The children's questionnaire was administered through the main caregiver/parent of the children. Thus the responses are proxy responses for all the children who were identified as having difficulties on the household questionnaire. The data from the children's questionnaire was weighted as described in Chapter 1.

Table 5.1 shows the distribution of children with disabilities by the type of difficulties they had for Tanzania Mainland, Tanzania Zanzibar and Tanzania as a whole. The results were nearly the same for Tanzania Mainland and Tanzania Zanzibar. The main difficulties were in regard to hearing, followed by communication, cognition and mobility.

Table 5.1: Distribution of Persons Aged 0-14 Years Having Difficulties or Health Problems by Type of Difficulty and Residence

Type of Difficulty	Tanzania		Mainland		Zanzibar	
	Number	Percent	Number	Percent	Number	Percent
Seeing	41,882	11.2	40,664	11.1	1,217	13.2
Hearing	170,244	45.4	166,891	45.6	3,353	36.3
Mobility	110,204	29.4	106,196	29.0	4,008	43.3
Cognition	129,330	34.5	126,618	34.6	2,711	29.3
Self Care	86,733	23.1	85,183	23.3	1,551	16.8
Communication	144,721	38.6	140,170	38.3	4,551	49.2
No. of Individual⁴	375,071		365,823		9,248	

Young children are prone to middle ear infections and this may explain why a large number of disabled children were reported as having hearing difficulties. Usually children outgrow these infections and regain normal hearing. Of importance is the need to ensure that these middle ear infections are treated in order to avoid permanent damage to children's hearing.

5.2 Cause of Difficulties or Health Problems

Table 5.2 shows that in Tanzania, about one in every four children was born with disability (29.0 percent). For about 17.2 percent the difficulties were caused by cerebral palsy and for 21.6 percent, the difficulties were caused by other problems (a mixture of a number of individual causes not specified). While the results for Mainland Tanzania were similar to those of the whole of Tanzania, results for Zanzibar were different. In Zanzibar, the largest proportion of children (38.0 percent) were born with their disabilities (38.0 percent) followed by unspecified causes (25.3 percent), cerebral palsy (17.2 percent) and malaria (13.2 percent).

Cerebral palsy is present or starts at birth and is often the result of birth complications, such as anoxia where the child is deprived of oxygen in a long and difficult labour. These are potentially avoidable health conditions.

⁴ As individuals could report multiple difficulties, the sum of the disability types amounts to more than the total of persons reporting a difficulty.

Table 5.2: Percentage Distribution of Persons with Disabilities and Aged 0-14Years by Cause of Difficulty, Sex and Residence

Cause of difficult	Tanzania			Mainland			Zanzibar		
	Total	Male	Female	Total	Male	Female	Total	Male	Female
Born with disability	29.0	30.6	26.9	28.7	30.4	26.6	38.0	35.2	42.4
Accident injury/trauma	0.8	1.5	0.0	0.8	1.5	0.0	1.0	1.6	0.0
Political violence	0.1	0.3	0.0	0.1	0.3	0.0	0.0	0.0	0.0
Medical treatment	5.8	5.5	6.3	5.9	5.5	6.3	3.5	3.2	3.9
Fire	1.7	0.7	3.1	1.8	0.7	3.2	0.0	0.0	0.0
Animals attack	0.5	0.4	0.5	0.5	0.5	0.5	0.0	0.0	0.0
Tree accidents	0.3	0.0	0.6	0.3	0.0	0.6	0.0	0.0	0.0
Brain damage ⁵	5.4	4.5	6.7	5.5	4.6	6.6	3.7	0.0	9.5
Cerebral palsy	17.2	16.0	18.8	17.2	16.1	18.7	17.2	15.2	20.2
Malaria	6.0	4.7	7.6	5.8	4.4	7.6	13.2	16.2	8.7
Arthritis	3.7	5.7	1.1	3.8	5.9	1.1	0.0	0.0	0.0
Cause unknown	16.4	14.8	18.5	16.2	14.3	18.5	25.3	30.9	16.6
Spiritual ideologies/superstitious	2.4	2.2	2.8	2.5	2.2	2.8	0.0	0.0	0.0
Others	21.6	25.0	17.1	21.8	25.4	17.3	12.0	13.8	9.1
No. of individuals	375,071	211,085	163,986	365,823	205,472	160,351	9,248	5,613	3,635

5.3 Age of Onset of Difficulties

Age of onset as reported by proxy respondents provides a measure of when the condition was first noticed. Thus the reported age of onset may not in fact be the actual age when the condition started but rather when difficulties were first noted by the parents or caregivers.

Table 5.3 shows that in Tanzania most (49.5 percent) of the children were born with disabilities with a slight variation between male (49.3 percent) and females (49.9 percent). One third of all children reported getting difficulties between one year and four years. One percent of parents or caretakers of these children could not determine when problems actually started. The situation on Tanzania Mainland was similar.

In Zanzibar, about six out of ten children (60.9 percent) with disabilities and aged 0 – 14 years, were born with disabilities. A quarter of all children reported getting difficulties between one year and four years although it was reported that 40 percent of the females in this age category were born with disabilities.

⁵ Including Stroke, encephalitis, meningitis, hydrocephalus

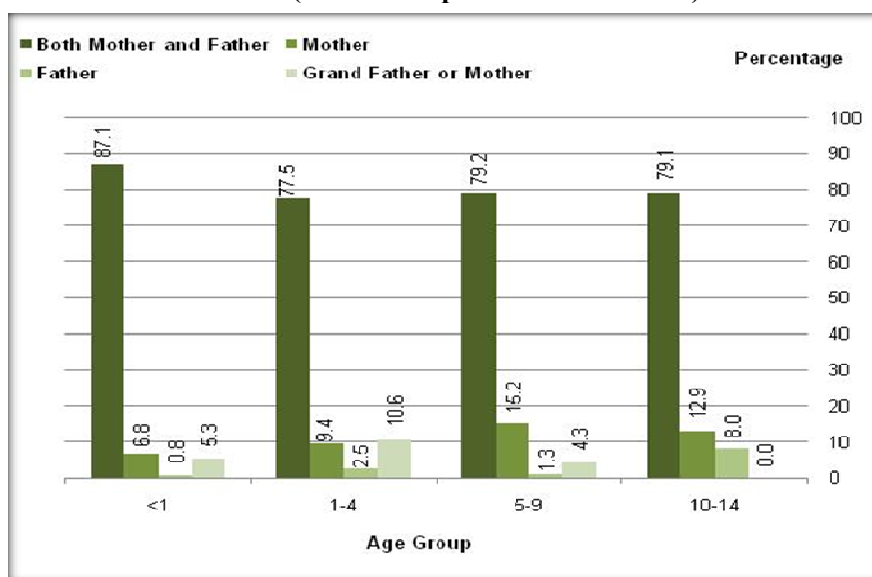
Table 5.3: Percentage of Persons with Disability and Aged 0-14 years by Age the Difficulty Started, Sex and Residence

	Tanzania (%)			Mainland (%)			Zanzibar (%)		
	Total	Male	Female	Total	Male	Female	Total	Male	Female
Born with disability	49.5	49.3	49.9	49.2	48.8	49.8	60.9	65.6	53.8
1 – 4	33.0	32.7	33.3	33.2	33.2	33.1	25.2	15.4	40.4
5 – 9	13.3	12.7	14.0	13.4	12.7	14.2	11.2	14.7	5.9
10-14	3.1	4.2	1.8	3.2	4.2	1.9	1.5	2.5	0.0
Don't know	1.0	1.1	1.0	1.0	1.0	1.0	1.1	1.8	0.0
Total %	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
No. of individual	375,071	211,085	163,986	365,823	205,472	160,351	9,248	5,613	3,635

5.4 Care Giving for Children with Disabilities

Figure 5.1A below shows the distribution of responsibilities for the care of the disabled children. Results show that in Tanzania as whole, care of over three quarters of all disabled children was undertaken by both parents. The older children (from 5 years and older) were more often cared for by a single parent than the younger children. The figures for Mainland are similar to those of the Tanzania.

Figure 5.1A: Persons Responsible for giving Care to Disabled Children in Tanzania (Disabled Population 0 – 14 Years)



Care of 10 percent of children with disabilities was undertaken by grandparents

For Zanzibar, Figure 5.1B shows that, over 90 percent of the children were cared for by both parents. However, contrary to the general situation in the country, around 27 percent of children with disabilities aged 5 to 9 in Zanzibar were cared by their mothers alone.

Figure 5.1 B: Persons Responsible for Giving Care to Disabled Children in Zanzibar (Disabled Population 0 – 14 years)

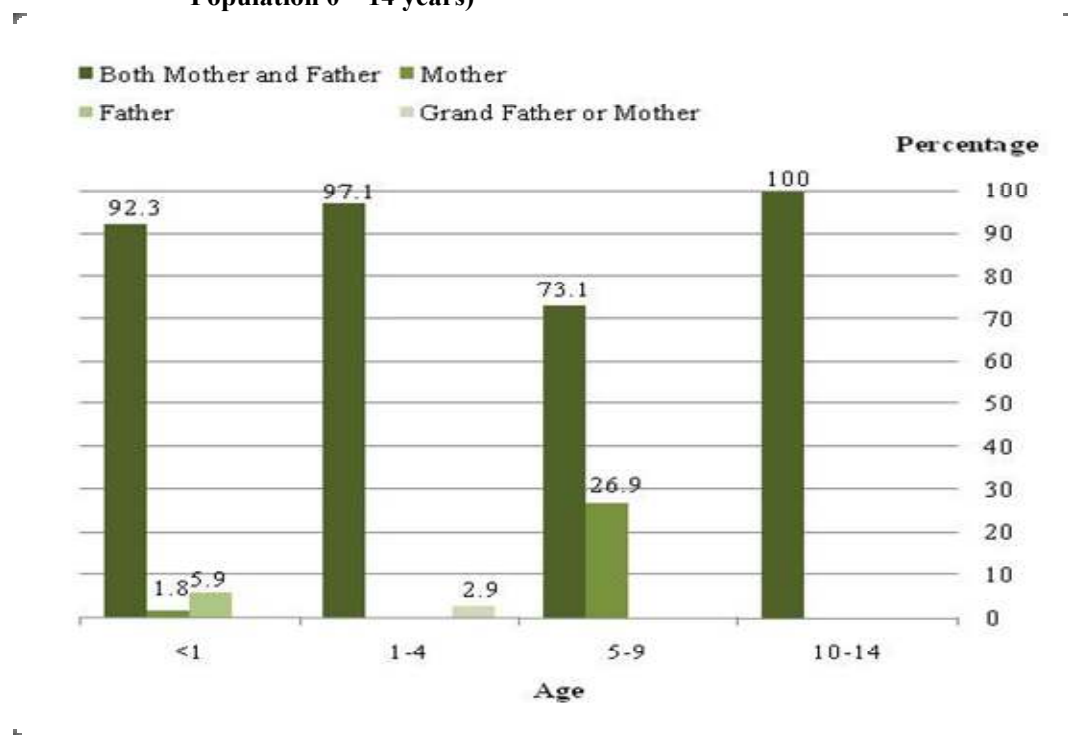


Table 5.4 and Figure 5.14A distribute children with disability by type of services needed and received. Findings show that most children needed health services (82.6 percent) in Tanzania as a whole but only 72.7 percent received them. The least needed services were vocational training services (8.5 percent) and almost none (0.4 percent) received these services. The highest needed-received gap was in social welfare and education services.

In Tanzania Zanzibar, the largest needed-received gap was in the medical rehabilitation where 40.2 percent of the children with disability needed the services but only 13.9 percent received them. The second largest gap was in regard to assistive devices where 21.8 percent of the children needed the

service but only 3.7 percent received it. The smallest gap was about traditional/faith healers where 30.1 percent of the children needed the service and 23.6 percent received it.

As is the case of Tanzania as a whole, the largest gap on the Mainland was in also in regard to welfare services where 12.0 percent of the children needed the service but only 0.8 accessed it. This was followed by educational services with 34.4 percent of the children needing the services but only 23.4 percent receiving them. As for Zanzibar, the smallest gap on the Mainland was in connection with traditional faith healers where 36.8 percent of the children needed the service and 34.5 percent received it.

Table 5.4: Percentage of Persons with Disability and Aged 0-14 Years for Whom Caregivers Were Aware of the Services by Type of Service Needed, Received and Residence

Service	Tanzania		Mainland		Zanzibar	
	Needed service	Received service	Needed service	Received service	Needed service	Received service
Medical rehabilitation	17.0	10.2	16.4	10.1	40.2	13.9
Assistive devices service	11.4	2.2	11.1	2.2	21.8	3.7
Educational services	34.5	23.4	34.4	23.4	35.9	21.4
Vocational training	8.5	0.4	8.5	0.4	10.9	0.0
Counselling services	16.5	6.6	16.4	6.5	21.2	12.1
Welfare services	12.2	0.9	12.0	0.8	19.7	2.6
Health services	82.6	72.7	82.5	72.6	87.7	78.2
Traditional healer/faith healer	36.6	34.2	36.8	34.5	30.1	23.6
No. of individual	375,071	375,071	365,823	365,823	9,248	9,248

Figure 5.2: Percentage of Persons with Disability Aged 0-14 Years for Whom Caregivers Were Aware of the Services by Type of Service Needed, Received and Residence; Tanzania

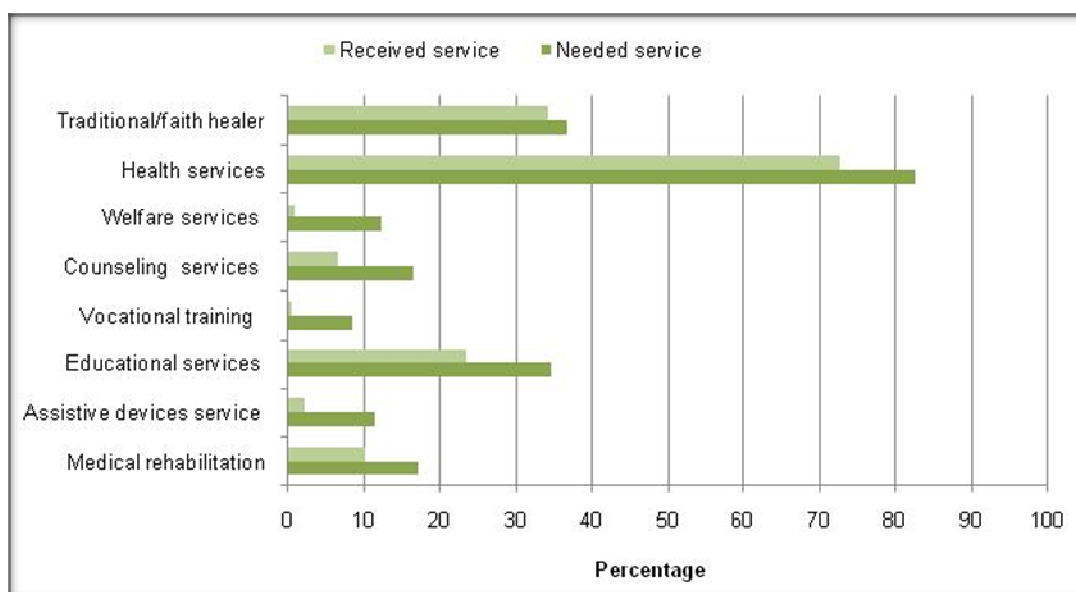


Table 5.5 shows needed-received gaps for available services by residence and sex. The gap is relatively large in urban areas than in rural areas and this may be due to more awareness and knowledge among urban respondents. For the same reason, the gap was also relatively larger among male than female respondents (Table 5.5).

Table 5.5: Percentage of Persons with Disability and Aged 0-14 Years for Whom Caregivers Were Aware of the Services by type of Service Needed, Received and Residence (Rural/Urban)

Type of service	Rural		Urban		Male		Female	
	Needed service	Received service	Needed service	Received service	Needed service	Received service	Needed service	Received service
Medical rehabilitation	12.5	6.9	37.6	0.3	21.3	14.0	11.5	5.4
Assistive devices service	9.9	0.7	18.0	8.9	9.4	1.5	14.0	3.1
Educational services	32.2	24.9	47.3	19.0	40.3	24.0	28.0	23.7
Vocational training	4.7	0.5	25.9	0.0	11.5	0.5	4.7	0.3
Counselling services	13.4	5.9	30.6	10.0	17.1	4.3	15.7	9.6
Welfare services	8.8	1.0	27.8	0.0	16.3	1.5	7.0	0.1
Health services	80.4	70.0	92.8	84.9	86.5	75.7	77.7	69.0
Traditional healer/faith healer	39.5	36.6	23.6	23.6	37.7	36.2	35.2	31.8
No. of individuals	307,446	307,446	67,625	67,625	211,084	211,084	163,786	163,786

5.5 Education

Table 5.6 shows the proportion of the 362,847 children with disabilities aged 4 – 14 years and attending school by age and sex. Of the primary school aged children i.e. 7 – 13 years, only 38.4 percent were attending school. This figure for children with disabilities was well below the targets of MDGs which calls for 100 percent primary enrolment by year 2015. Slight variations are observed between males and females and between Mainland and Zanzibar; although in all cases enrolment for children with disabilities was very low.

Table 5.6: Percentage of Disabled Children Aged 4 – 14 Years and Attending School by Residence, Sex and Age in Single Years

Single age	Tanzania			Mainland			Zanzibar		
	Total	Male	Female	Total	Male	Female	Total	Male	Female
4	0.3	0.3	0.3	0.4	0.4	0.3	0.0	0.0	0.0
5	0.4	0.0	0.9	0.4	0.0	0.9	1.0	1.6	0.0
6	1.4	1.3	1.5	1.4	1.3	1.5	2.1	2.0	2.4
7	4.2	6.9	0.6	4.2	7.0	0.6	2.3	3.8	0.0
8	5.9	4.7	7.3	5.8	4.7	7.2	9.9	8.0	12.9
9	5.5	4.1	7.3	5.5	4.0	7.5	5.5	9.2	0.0
10	4.7	4.6	4.9	4.7	4.6	4.9	3.3	3.7	2.6
11	5.2	3.9	7.0	5.3	3.9	7.1	2.9	3.4	2.2
12	6.7	5.7	7.9	6.6	5.5	7.9	11.5	11.8	11.0
13	6.2	8.0	3.9	6.3	8.1	4.0	0.9	1.4	0.0
14	2.6	3.3	1.7	2.6	3.3	1.7	1.7	2.8	0.0
7 - 13	38.4	37.9	39.0	38.4	37.8	39.2	36.3	41.4	28.7
Total Percent	43.1	42.9	43.4	43.1	42.7	43.7	41.1	47.8	31.1
No. of Individuals	362,847	203,819	159,028	354,978	199,121	155,857	7,869	4,698	3,170

In Tanzania, at primary school level, most disabled children (51 percent) aged 4- 14 years had attended or were attending mixed or normal schools. As might be expected most of these children had attended or were attending primary education (53.1 percent) since we are considering children below 15 years of age. Attendance at secondary level was very low (Table 5.7). Slight variations existed between Mainland and Zanzibar, although the attendance in primary schools (59.7 percent) was relatively higher in Zanzibar than on the Mainland (50.8 percent).

Table 5.7: Percentage of Schools Attended by Disabled Children Aged 3 – 14 Years by Residence and Type of School

Type of School	Tanzania				Mainland				Zanzibar			
	Mixed or normal	Special	Special class in mainstream/regular	Did not go to school/Not applicable	Mixed or normal	Special	Special class in mainstream/regular	Did not go to school/Not applicable	Mixed or normal	Special	Special class in mainstream/regular	Did not go to school/Not applicable
Pre-school ⁶	24.3	1.3	0.2	74.2	24.4	1.3	0.2	74.1	19.9	0.0	0.0	80.1
Primary	51.0	0.6	1.5	46.9	50.8	0.6	1.6	47.0	59.7	0.0	0.0	40.3
Secondary	1.4	0.2	0.0	98.3	1.5	0.2	0.0	98.3	0.0	0.0	0.0	100.0
Vocational	0.6	0.2	0.0	99.2	0.6	0.2	0.0	99.2	0.0	0.0	0.0	100.0

⁶ or early childhood development services

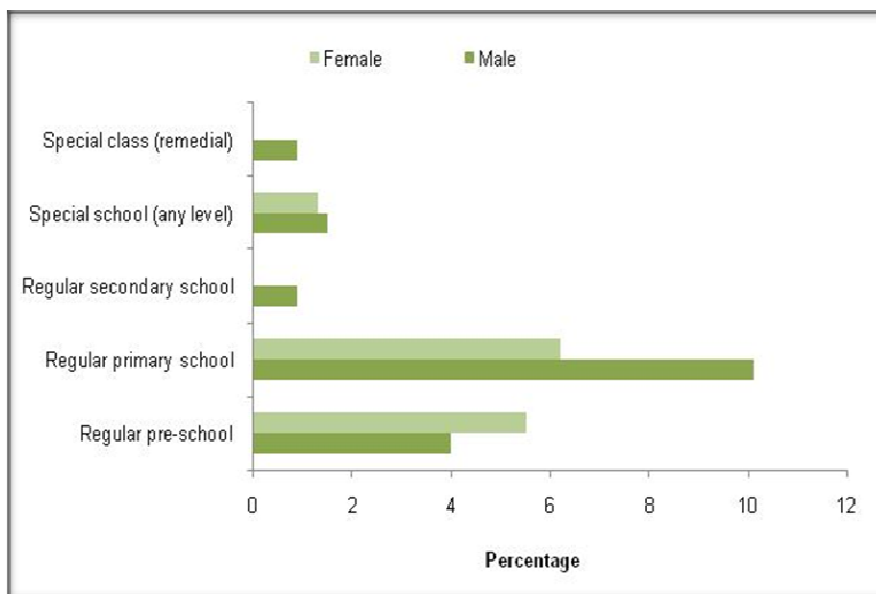
Of the total 362,847 children with disabilities and aged between 3 – 14 years, 15.5 percent were refused entry to schools because of their disabilities. The highest refusal of 8.4 percent was in regard to entry into regular primary schools. This was followed by refusal to join the regular pre schools at 4.7 percent.

Refusal was relatively high among males (17.5 percent) than females (15.5 percent). Results for Zanzibar indicate that no child was refused entry at any level.

Table 5.8: Percentage of Disabled Children Aged 4 – 14 Years Who were Refused Entry into a School Because of their Disabilities by Residence, Sex and Type of School

Type of school	Tanzania			Mainland			Zanzibar		
	Male	Female	Total	Male	Female	Total	Male	Female	Total
Regular pre-school	4.0	5.5	4.7	4.1	5.6	4.8	0.0	0.0	0.0
Regular primary school	10.1	6.2	8.4	10.3	6.3	8.6	0.0	0.0	0.0
Regular secondary school	0.9	0.0	0.5	1.0	0.0	0.5	0.0	0.0	0.0
Special school (any level)	1.5	1.3	1.4	1.5	1.3	1.4	0.0	0.0	0.0
Special class (remedial)	0.9	0.0	0.5	1.0	0.0	0.5	0.0	0.0	0.0
Total	17.5	13.0	15.5	17.9	13.2	15.9	0.0	0.0	0.0
No. of individuals	203,819	159,028	362,847	199,121	155,857	354,978	4,698	3,170	7,869

Figure 5.3: Percentage of Children with Disability Aged 4-14 Who Were Refused Entry into a Schools or Pre-Schools Because of Their Difficulties



16 percent of children with disabilities were refused entry to schools because of their disabilities

5.6 Accessibility of Public Places

Table 5.9 shows accessibility of public places to persons with disabilities by residence. In Tanzania, the most accessible places were play grounds which were accessible to 85.7 percent of the children followed by health service places (70.3 percent). The least accessible places were schools which scored 42 percent. This situation is unfortunate as it definitely hinders school attendance for children with disabilities.

Comparing accessibility by residence, the accessibility of most public places was better on Tanzania Mainland than in Zanzibar. However accessibility of hospitals and health facilities was better in Zanzibar than on Tanzania Mainland. Access to hospitals scored 70.5 percent in Zanzibar compared to the 65.7 percent on Tanzania Mainland and in the case of health facilities it was 75.3 percent in Zanzibar and 70.2 percent on Tanzania Mainland.

Table 5.9: Percentage of Disabled Children Aged 0 – 14 Years by Residence and Accessibility of Selected Public Places

From home place	Tanzania				Mainland				Zanzibar			
	Accessible	Inaccessible	Have none	Not Available	Accessible	Inaccessible	Have none	Not Available	Accessible	Inaccessible	Have none	Not Available
Place where child play	85.7	10.4	3.3	0.6	85.9	10.2	3.3	0.6	79.5	15.7	4.7	0.0
Place where you work or school	42.0	6.5	42.9	8.6	42.2	6.6	42.3	8.8	34.9	0.0	65.1	0.0
Shops where he/she go often	61.3	13.3	24.0	1.4	61.5	13.6	23.6	1.3	53.1	3.1	40.8	3.0
Hospital	65.8	25.8	7.7	0.6	65.7	25.9	7.6	0.7	70.5	19.1	10.4	0.0
Health Service	70.3	22.9	6.1	0.6	70.2	23.0	6.1	0.7	75.3	19.1	5.7	0.0
Other	4.2	4.8	5.6	85.3	4.0	4.8	5.7	85.4	9.7	6.6	1.1	82.5

5.7 Usage of Assistive Devices by Children with Disabilities

For children with disabilities, the question of accessing and maintaining assistive devices is very crucial. This derives from the fact that the services enhance the functional level of the otherwise malfunctioning body organ/sensory system and hence increase an individual's level of self dependence and participation in day to day community social life. Therefore, lack of access to the devices whenever needed, poor maintenance and/or failure to replace obsolete devices restricts an individual into seclusion and inertia situations. With this in mind, the international community through treaties particularly article 26 of the Convention on the Rights of Persons with Disabilities (2006) oblige states parties to promote the availability, knowledge and use of assistive devices and technologies, designed for persons with disabilities, as they relate to habilitation and rehabilitation.

Table 5.10 below illustrates the usage of assistive devices by children with disabilities. It may be noted with concern that only 2.5 percent of children with disabilities were using assistive devices in Tanzania as a whole. The remaining 97.5 percent were not using any devices.

On the usage of assistive devices by sex, the results showed that in Tanzania, the usage among males at 3.3 percent was relatively higher than among females (1.5 percent). The picture was gloomier for female children with disabilities in Zanzibar where none of the interviewees used assistive devices. Such a situation indicates gender disparities which have a bearing on participation in the day to day social life.

Table 5.10: Percentage of Disabled Children Aged 0 – 14 Years by Residence, Sex and Usage of Assistive Devices

	Tanzania			Mainland			Zanzibar		
	Total	Male	Female	Total	Male	Female	Total	Male	Female
Using assistive device	2.5	2.7	1.5	2.2	2.7	1.5	1.8	3	0
Not using assistive device	97.8	97.3	98.5	97.8	97.3	98.5	98.2	97	100
Total Percent	100	100	100	100	100	100	100	100	100
No. of Individuals	375,071	211,085	163,986	365,823	205,472	160,351	9,248	5,613	3,635

Table 5.11 reveals that out of 2.5 percent of children who were using assistive devices, 1.2 were using walking sticks and 0.6 were using hearing aids. The use of other devices was not significant. Variations between Mainland and Zanzibar and between sexes were not significant although the use of guides is more common in Zanzibar than on the Mainland.

Table 5.11: Percentage of Disabled Children Aged 0 – 14 Years and Using Assistive Devices by Residence, Sex and Type of Device in Use

Assistive Device	Tanzania			Mainland			Zanzibar		
	Total	Male	Female	Total	Male	Female	Total	Male	Female
Hearing aid	0.6	0.0	1.3	0.6	0.0	1.3	0.0	0.0	0.0
Wheelchair	0.3	0.6	0.0	0.3	0.6	0.0	0.9	1.5	0.0
Walking sticks	1.2	2.1	0.0	1.2	2.1	0.0	0.0	0.0	0.0
Guide	0.0	0.0	0.0	0.0	0.0	0.0	0.9	1.5	0.0
Standing frame	0.1	0.0	0.2	0.1	0.0	0.2	0.0	0.0	0.0
Toilet seat raiser	0.0	0.0	0.0	0.0	0.0	0.0	0.9	1.5	0.0
Other	0.3	0.6	0.0	0.3	0.6	0.0	0.0	0.0	0.0
Total	2.2	3.3	1.5	2.2	3.3	1.5	2.8	4.5	0.0
No. of individual	375,071	211,085	163,986	365,823	205,472	160,351	9,248	5,613	3,635

5.8 Attitudes Towards Parents and Caretakers

Table 5:12 illustrates the people's attitudes towards parents/caretakers of disabled children and the problems faced at home, school and experiences of discrimination. Of the respondents, 22 percent reported some kind of negative attitude at home, problems ranged from always (1.8 percent), often (9.8 percent), sometimes (2.8 percent) and seldom (7.6 percent). The situation was more or less the same at school. Seven percent of respondents reported some kind of prejudice or discrimination. The same patterns are observed for Mainland and Zanzibar.

Table 5.12: Percentage Distribution of Disabled Children Aged 0 – 14 Years by the Community’s Perception Towards Such Parents and Their Frequency; Tanzania Mainland and Tanzania Zanzibar

People’s attitudes, being.a problem..	Mainland						Zanzibar						Tanzania					
	Always	Often	Some times	Seldom	Never	Total	Always	Often	Some times	Seldom	Never	Total	Always	Often	Some times	Seldom	Never	Total
At home	1.8	9.8	2.8	7.6	77.9	100.0	0.9	9.2	4.2	5.6	80.4	100.0	1.8	9.8	2.8	7.6	78.0	100.0
At school	1.9	6.8	1.8	12.2	77.3	100.0	1.2	1.0	7.4	9.1	81.3	100.0	1.9	6.6	1.8	12.1	77.4	100.0
Experience of prejudice or discrimination	0.0	3.7	1.1	1.5	93.7	100.0	3.1	0.9	3.1	4.7	89.8	100.0	0.0	3.6	1.5	1.5	93.0	100.0

Chapter Six

Discussion and Recommendations

6.1 Introduction

This chapter brings together the findings presented in Chapters 3, 4 and 5 and provides an overview of the nature of disability in Tanzania. This chapter does not present new results. Owing to extensive of information in the chapters 2 to 5, this chapter aims at drawing the themes and issues that would have relevance for developing and monitoring appropriate services and policies for people with disabilities in Tanzania.

This report is the beginning and detailed analysis still to be done. Some suggestions are included in this chapter.

As discussed in Chapter 1, disability is a complex phenomenon that includes a number of components: including health condition or impairment, activity limitations, environmental factors (barriers and facilitators), and an interaction between all of these. The outcome of this interaction is functioning or disability. Thus, when collecting information on disability there are two steps to be considered. The first is to identify the target population that has a health condition, impairment or activity limitations. The second is to analyse the level at which people with these problems are employed, attend school, have access to services, and are included within their families and communities. This second stage provides the description of people's disability and, more specifically, the disadvantage that disability engenders. Another way to consider these measures of disability is to describe the consequences of living with a health condition or impairment.

Health conditions, impairments and activity limitations are all features of the individual and are what the individual brings to the interaction with the environment (physical, attitudinal, social, systems and policy). The approach used by the Washington Group on Disability Statistics is to measure basic activities to identify people with activity limitations that put them at risk for experiencing the disadvantages of disability. Activities are the easiest component to measure using self reported measures. Health conditions and impairments are

not easily measured through self report measures as they are significantly affected by whether people have access to health care services.

This discussion reviews firstly the trends noted in the number of people identified as having activity limitations (or difficulties) in Tanzania; and, secondly, the life experiences of people with these activity limitations are described. Differences between urban and rural, Mainland and Zanzibar, males and females, and young and old are highlighted where relevant.

6.2 Identification of People with Difficulties in Tanzania

A person was counted as ‘disabled’ in the TDS if he/she responded as having difficulty on one or more of the six questions asked in the household questionnaire. Difficulties could be ‘some difficulty’, ‘a lot of difficulty’ or ‘unable to do’ one or more of the activities measured in the six questions. If they only had ‘some difficulty’, they were counted as disabled if they had ‘some difficulty’ on at least 2 domains of functioning (i.e. 2 questions). (See chapter 1).

For the population 7 years and older, the prevalence of disability was 7.8 percent. The prevalence was higher on the Mainland than Zanzibar, higher in rural areas compared to urban areas, but the same for males and females. The prevalence increases with increasing age starting at under 4 percent for the 7 – 9 year age group and rising to above 50 percent for the age group 75 years and older.

The most common difficulties reported were seeing difficulties (3.7 percent), followed by mobility (walking and climbing stairs) (3.1 percent), hearing (1.9 percent) and cognition (remembering and concentrating) (1.5 percent). Very few people reported communication difficulties (0.8 percent). This is a trend that is commonly found for other countries.

When adults were asked about the cause of their difficulties, the single most common reported cause on Mainland was arthritis (albeit this could refer to a range of problems like joint pain and swelling), and, in Zanzibar, epilepsy and ‘born with it’ (pre- or peri-natal cause). A number of people reported more than one cause. The respondents reporting “unknown” were four times more in Tanzania Mainland than on Zanzibar. This may reflect the better health care services provided in Zanzibar where people have access to medical diagnoses. For the adult population (15 years and older) the reported age of onset was

predominantly in adulthood. Only around 10 percent gave ‘born with disability’ as the age of onset, and this was slightly higher in Zanzibar.

For children, caregivers reported causes occurring before or around the time of birth, such as cerebral palsy. There were some differences between Mainland and Zanzibar. Both areas reported ‘born with disability’ and cerebral palsy as the main causes. Zanzibar had more children born with their disability but also reported a much higher number of children disabled by malaria than the Mainland. There were also some marked differences between males and females in Zanzibar. These findings need more investigation with larger numbers of respondents to determine whether they were real or a feature of the small number of disabled children included in the survey in Zanzibar.

Around half of the children in Tanzania reported onset at birth or before one year of age. The majority had acquired their disability by 9 years of age. Causes of disability, such as cerebral palsy, are often caused by problems during birth and can often be prevented by ensuring women in labour have access to trained obstetric personnel.

Disability does not affect only the individual but the whole household. For the whole of Tanzania, the results show that 13.2 percent of households were affected by disability with more households in rural areas (14.7 percent) than urban ones (9.5 percent).

Further analysis of the data should look at the distribution of difficulties in urban and rural areas by severity to determine whether people with severe difficulties are located more in rural or urban areas. This could have implications in regard to service provision and ensuring prevention of more severe difficulties arising.

6.3 Life Experiences of People with Disabilities

This section first considered the household characteristics and highlighted where household with a disabled member differed from those without a disabled member. This was followed by a review of the main issue for individuals (children and adults) who are disabled.

6.3.1 ‘Disabled’ vs ‘Non-disabled’ Households

The major findings on the association between having a disabled member and various household characteristics are presented in detail in Chapter 2. The causal relationship between disability and these household characteristics is not clear and could be in either direction – having a disabled member could, for example, push a household into severe poverty, just as severe poverty could give rise to disability when lack of access to affordable services would cause a curable condition to become severe and permanent. Thus, in presenting these household characteristics no inferences are made as to the direction of the causality.

The results reflect a higher level of economic development in Zanzibar. More people in Zanzibar live in households with access to piped water, electricity, and other services (e.g. markets) than those living on the Mainland. There is also a difference between people with and without disabilities.

In general, adults with disabilities are less likely to be employed and more likely to live in households relying on subsistence agriculture than non-disabled people. Rural vs urban differences are also highlighted with urban respondents having better access to employment, piped water, good sanitation, electricity and other services than rural respondents.. Rural respondents form the largest proportion of the total Tanzanian population and thus contribute most of the overall rates for the different household and individual characteristics.

Poor access to basic services (e.g. electricity, water and sanitation) can aggravate the difficulties of people with disabilities especially those with severe illnesses, with physical impairments/mobility problems or who are visually disabled.

Food insecurity is considerably high in Tanzania and more so in rural areas, but less pronounced in Zanzibar than Mainland.

Sources of household income are predominantly through agriculture for at least two thirds of the Tanzanian population, especially in rural areas. Urban areas had more people who were self employed. Remittances were not a common source of income, although when received were more likely to be received by women and provided by families.

Livelihood trends are similar for ‘disabled’ and ‘non-disabled’ households - just more pronounced in the direction of disadvantage for ‘disabled households’. Households with a disabled member and where the head was female (but not necessarily disabled herself) were the most likely to receive income assistance. These women headed households were less likely to get income from formal employment than those headed by disabled men. Women headed households without a disabled member also received assistance but to lesser extent than those with a person with disability.

6.3.2 Individual Experiences of Disabled Adults and Children

This section reviews the outcome of the interaction between a person’s health condition or impairment and the environment in which people live. While there were some questions asking about the nature of the environment, the major focus of this section was on outcome of participation (functioning) in education, economic and social life or participation restrictions (disability). The data for this section are from the individual questionnaires except where the data was provided by the household head for the whole household. Comparisons between disabled and non-disabled people can only be made on the basis of the data from the household questionnaire as the individual questionnaires were only administered to people with disabilities.

a) The impact of the physical environment and attitudes of others

Nearly a quarter of disabled adults (15 years and older) reported having difficulties with complex life activities⁷ because of barriers in their physical environment and/or attitudes of others. Further analysis of the data should look at how the severity of the difficulty affects this relationship. The assumption is that people with disabilities who reported having ‘a lot of difficulty’ or being ‘unable to do’ some of the activities are more likely to experience problems with their environment. There is also likely to be a relationship between the type of difficulty and impact of the environment. Since the proxy respondent answered about children, these questions were not analysed for children.

⁷ These include taking care of household responsibilities, engaging in day to day work or school, and taking part in community activities.

Disabled people living in Zanzibar reported more environmental barriers in regard to day to day work or school, and taking part in community activities than those on Mainland.

Accessible transport, information (provided in an accessible format) and availability of health care services were not reported as being problematic for the majority of people with disabilities. This can be explained by a couple of reasons. The first relates to the nature of the measures that includes people with 'some difficulty' were less likely to experience a significant impact from environmental barriers. Secondly, the data need to be further analysed by type of difficulty. It is very likely that people with difficulties in seeing and walking/climbing were more likely to find the transport, information and health care services inaccessible.

Support from and attitudes of others are also important determinants of disabled people's level of independence and functioning. The results suggest that people with disabilities in general received the support they required. Only one in ten Mainland dwellers and one in twenty Zanzibar dwellers reported not receiving the support they needed at home or at work/school. Similarly around one in ten persons reported problems because of the attitudes of others. The results suggest that men experienced fewer problems than women. Further analysis should investigate the effect of severity of difficulty on these responses.

b) Social inclusion:

Social inclusion is a broad term and includes the extent to which people are included in family and household activities, as well as in community level activities. It would also comprise of organisational membership and being able to make decisions about one's own life. The questions in the survey sought answers to all these aspects.

- ***Family inclusion:***

Marriage is a basic social need and the extent to which disabled people are involved in such relationships is, in part, a measure of their social inclusion. The survey results show that females, were more likely to be divorced than males. This, viewed with the finding that disabled people were more likely to be divorced than non-disabled people, suggests that disabled women were less likely to remain in marriage. This needs further investigation to determine the validity of the claim and possible reasons for this. For example, it could be that

stigma towards disability leads in some way to divorce. But this remains unsubstantiated until further research is done on the issue.

When asked about inclusion within household activities, the majority of people with disabilities said they were included, although there were just under one fifth of people who reported that they were not involved in making household decisions or in family gatherings. Very few disabled people reported that they were not included in conversations or did not feel part of the household. This is a positive finding but needs to be investigated further to determine the impact of different types of disabilities in regard to this inclusion.

Around two thirds of males and under half of females reported making decisions about their own lives. Females in Zanzibar were least likely to make their own decisions. This raises question on gender issues which are probably not that different from those of the general population but possibly exacerbated by the presence of disability.

- ***Community inclusion:***

Less people reported being involved in community level activities than in household activities. Only a quarter of people said they were members of a church or community organisation and only 13 percent knew about Disabled People's Organisations (DPOs) and even less were members of these organisations. Not all people who responded as having difficulties could identify themselves as disabled, but the reach of DPOs could be increased nevertheless.

Just over half of the disabled people reported that they were included in traditional practices of their community or culture and that they were treated by government officials and service providers with concern and respect. This low level of inclusion and lack of concern and respect is an experience particular to persons with disabilities needs further analysis and comparison with experience of persons without disabilities.

- c) **Educational achievement and economic independence**

Disabled people showed low rates of Swahili and English literacy and nearly twice as many were likely to be illiterate than non-disabled persons. The proportions of people with disabilities with no education were twice those of the non-disabled persons. Disabled children seemed to have access to primary school to some extent (albeit to a lesser extent than their non-

disabled children) but with very few moving onto secondary school. The reasons for this could be that, firstly, very few children in general attend secondary school, and, secondly, that disabled children are doubly (poverty and disability) disadvantaged by an education system that does not cater for their special needs. Hence, disabled children do not progress in school and achieve only low levels of education. Disabled children in Zanzibar tend to attend secondary school more than their Mainland counterparts.

Economic status (measured in quintiles) show that disabled people were in the lowest quintile (i.e. poorest) and five times more likely to have no education compared to those in the highest quintile (i.e. richest). Education level and economic status are closely linked as poor education is usually associated with low economic status and low economic status will in turn prevent people from attending school.

The reasons given by the whole population for not attending school were most commonly issues of expense and distance. Only 2.8 percent of the total population gave disability as the reason. Further analysis of the data of school attendance by severity of the child's difficulties may probably show that they are the least likely to be attending school. Some tentative evidence for this conclusion is provided by the reasons given by disabled respondents who reported that having a disability or chronic illness were the two main reasons for being out of school.

Tanzania has a high rate of poverty and this is reflected in the high number of the general population who have family/livestock keeping as their main economic activity. This is more so on Mainland than in Zanzibar. However, for the disabled population, this situation is even more marked and shows lack of inclusion in the formal labour market. Formal employment levels in Tanzania are low, but this figure drops even more for people with disabilities.

d) Access to services

The importance of providing services such as health care, medical rehabilitation, assistive devices and counselling is crucial and allows people with disabilities to develop as much of their own independence as possible; facilitates their attendance at school, employment and encourages social inclusion. The results show that people were not aware of many of these services and the little awareness was more in urban than rural areas. If a person is not aware of a service, he/she will not report a need for that service. Thus, a service needed-received gap, is

likely to be higher in terms of objectively identified needs e.g. by a rehabilitation therapist or medical doctor.

Of all the services, health care services were the most needed and the most received. This is understandable as these are not specialised services for disabled people only such as medical rehabilitation or assistive devices services. However, the equitable access to health care services needs to be reviewed as there remain a number of people with disabilities who do not access health care services that they need.

Of concern is the low number of people with disabilities who use assistive devices (both children and adults). The few that are used are generally provided by the private and NGO sectors. Few are provided through government services.

6.4 Conclusion

Overall, Mainland results resemble those of Tanzania as a whole perhaps because Mainland contributes much more to the total population than Zanzibar. There are important differences in the results for Zanzibar and the Mainland. Zanzibar on the whole seems to have better provision of services, such as education and health care, and better access to employment and other economic activities. However, women on Zanzibar seem less included in various aspects of daily life than Mainland women. There are more differences between men and women in Zanzibar than there are on Mainland Tanzania.

Rural areas, generally, have lower access to services and also have more disabled people living there. The lack of services generally leads to lack of perceived need for services such as medical rehabilitation, education, assistive devices and counselling services.

Individuals and households trends tend to follow the same patterns for disabled and non-disabled populations. Much of the problems experienced by disabled people are related to issues of poverty and lack of access to services. However, the presence of a disability seems to create a further disadvantage for disabled adults and children. This is clearly reflected in the outcome of lower educational achievement and employment levels for people with disabilities compared to their non-disabled peers.

6.5 Recommendations

The following are some recommendations arising from this initial overview report on the Tanzania Disability Survey.

- a) The Washington Short Set of questions provide a good measure of disability in Tanzania. Incorporating them into the Census and other general or specific surveys (e.g. Labour force, income and expenditure) will allow for an ongoing monitoring of the disadvantages experienced by disabled vs non-disabled sectors of the population.
- b) The use of the WG Short Set questions will further allow for integrated analyses of disability and poverty in all surveys in the same way that gender and geographical location (urban/rural) are integrated. This will also facilitate mainstreaming of disability.
- c) The results show a clear disadvantage resulting from having activity limitations. Policies need to take this and ensure that the process of policy formulation through to implementation addresses these.

The results need to be further analysed to determine the impact of different levels of severity on people's functioning. Furthermore, smaller and more specific surveys could be undertaken to determine, for example, health conditions that could be treated to prevent them from developing into more severe and permanent disabilities. These surveys could provide more in-depth explanations for some of the findings of the survey where these are not available from the survey data.

Chapter Seven

Recommendations on using the data from the Tanzania Disability Survey 2008

The approach to defining and measuring disability in the Tanzania Disability Survey (TDS) is consistent with international trends in disability measurement and statistics. The benefits of using this approach are many, including the possibility of providing data that can be used for a range of different purposes and that is comparable across different countries and regions of the world.

The 2002 Population and Housing Census of Tanzania revealed that only about 2% of the population had disabilities (United Republic of Tanzania, 2006). The census questions asked were:

i) Is there any person in the household has any physical, sensory or mental problem for a long period (6 months or more) that affect on his/her performing usual activities?

1. Normal – skip next questions
2. Disabled – go to ii)

ii) In which area does (name...) have this difficulty?

- a) Blind
- b) Partial loss
- c) Deaf
- d) Dumb
- e) Deaf& Dumb
- f) Mentally retarded (Intellectual)
- g) Upper limb disability
- h) Lower limb disability
- i) Poliomyelitis
- j) Paralysis total or partial
- k) Other disability (specify)

The estimate of 2% would have been obtained from the number of people who identified as ‘disabled’ (response option 2) within the total population. Because of the negative stigma

associated with disability, people would have preferred to respond being ‘normal’ rather than ‘disabled’.

The measures of disability used in the TDS asked about ‘difficulties’ and used four responses options. They are presented below.

The next questions ask about difficulties you may have doing certain activities because of a HEALTH PROBLEM

		No	Some	A lot	Unable
A	Do you have difficulty seeing, even if wearing glasses?	1	2	3	4
B	Do you have difficulty hearing, even if using a hearing aid?	1	2	3	4
C	Do you have difficulty walking or climbing steps?	1	2	3	4
D	Do you have difficulty remembering or concentrating?	1	2	3	4
E	Do you have difficulty (with self-care such as) washing all over or dressing?	1	2	3	4
F	In your usual language, do you have difficulty communicating, (for example understanding or being understood by others)?	1	2	3	4

The preliminary findings from the Tanzanian Disability Survey show that the trends found are similar to those found internationally. The results indicate a prevalence estimate for the whole population of 7.8% which is a much higher figure than what was obtained in the 2002 Census (as described above). Some of the reasons for this are that the measure of ‘difficulties’ rather than ‘disability’ ensures that more people are counted in. People are reluctant to identify themselves as being disabled but are willing to report having difficulty.

In addition, the use of response options not limited to yes/no allows people who only have some difficulty to report this degree of difficulty rather than indicating a straight ‘no’. These measures of difficulty are therefore, more inclusive and provide a better indication of severity than does the census 2002 question or other questions asking about disability (Schneider, 2009; Schneider et al, submitted).

Why is this new approach better?

- ***It is more inclusive:*** people who are older or who have a chronic illness (e.g. HIV/AIDS, arthritis, diabetes, severe depression) report having difficulties but do not identify themselves to be disabled. Thus the measures include more people who do have difficulty.

It provides a more accurate measure of severity: When people respond to the questions on ‘being disabled’ or ‘having a disability’ they are thinking more about issues of identity than about how much difficulty they have in doing various activities. Thus the responses to these questions (using ‘disability’) are not accurate in reflecting the degree of difficulty people have. Using the response options of ‘no difficulty, some difficulty, a lot of difficulty and unable to do’ provide a more accurate measure of severity.

- ***The data obtained is flexible in how it can be used:*** The data obtained using questions on ‘difficulties’ does not have a preset or predetermined point which separates the ‘disabled’ population from the ‘non-disabled’ population. The data can be analysed to provide different cut-off points. For example, one cut off point could be that ‘disabled’ means having ‘a lot of difficulty’ or ‘being unable to do’ one of more activities. People who only have ‘some difficulty’ would be counted as ‘non-disabled’ in this example. This cut off point would give an estimate of disability that reflects the more severe end of disability. If the people who have ‘some difficulty’ are included in the definition of ‘disabled’, the estimate in this case would be higher than for the first cut-off and would reflect a wider range of difficulties in human functioning. Thus, there is more than one definition of disability and more than one estimate of disability. This allows a continuum of functioning to be created for a population – full functioning to full disability.

How does this new approach fit with the statistics obtained in Census 2002?

The 2% estimate obtained in Census 2002 using the questions presented above, would most likely have included people with severe difficulties and who identified themselves as being disabled (or who were identified by the head of the household as being disabled.) It is likely that all these people included in the 2% would also have responded as having ‘difficulties’. Thus the people included in the Census 2002 measure would also be included in the measure in the TDS. They are most likely people who have ‘a lot of difficulty’ or who are ‘unable to do’ one or more of the activities asked in the TDS questions.

The new approach does not give a clear figure for the number of people who are blind or deaf or physically disabled in Tanzania. Rather it gives the number of people who have difficulties in mobility or hearing or vision, etc. But it is possible to infer the number of blind people, for example, by looking at the number of people who have ‘a lot of difficulty’ seeing or who are ‘unable to see’. Similarly for people who are deaf or physically disabled.

Monitoring the UN Convention on the Rights of Persons with Disabilities (CRPD) and poverty reduction

The UN CRPD was ratified by Tanzania in 2009. The requirement of this convention is that the situation of people with disabilities in Tanzania be monitored. The main aspects to be monitored include the education, employment and social inclusion of people with disabilities in mainstream society. The CRPD aims to ensure that people with disabilities do not experience disadvantages because of having an impairment or health condition.

The use of the new approach to measuring disability can be used for this monitoring in the following manner:

- Asking questions to identify the population with difficulties (prevalence of disability or difficulties) and categorising these into ‘disabled’ or ‘non-disabled’ – creating a variable for ‘disability status’.⁸
- Analysing ‘disability status’ together with educational achievement, employment status, inclusion in family and community activities and access to services.
- Comparing the results for ‘disabled’ people with those for ‘non-disabled’ people to describe the disadvantage arising from having disabilities.

The analysis can provide a measure of disadvantage linked directly to the presence of difficulties or not. Regular measures such as that undertaken in the TDS will show whether the situation of disabled people is improving or not. These measures can also be used before and after the start of interventions to measure the impact of the intervention.

⁸ The categorization into a binary ‘disabled/non-disabled’ variable is not necessary. The full set of response options can be used in the further analysis to describe disabled people’s lives.

If the analysis looks at disability status in relation to a measure of poverty, (also a complex and difficult phenomenon to measure), we can obtain a good indication of the relationship between poverty and disability.

Appendix A provides some further information on how the Washington Group questions on Disability can be analysed to obtain the best use of the data collected in surveys like the TDS.

List of Annexes

Annex I: Sampling Procedures

The formula for determining the sample size (n) of the population needed for estimating a population proportion in each region is given by the following expression:

$$n = \frac{(z_{\alpha/2})^2 PQ}{E^2} \div \left[\frac{(z_{\alpha/2})^2 PQ}{NE^2} + 1 \right]$$

If we let:

$$n_0 = (z_{\alpha/2})^2 PQ / E^2$$

We have:

$$n = n_0 / (1 + n_0/N)$$

We first calculated n_0 and if n_0/N was less than 0.05, then we let $n = n_0$. But if n_0/N was greater or equal to 0.05, then we adjusted the sample size “n” by the formula above. Substituting the values of $z_{\alpha/2}$, P and E, we get:

$$n_0 = (1.96)^2 (0.15 \times 0.85) / (0.02)^2$$

$$n_0 = 1225$$

Dividing n_0 by N for each region, we got values less than 0.05 and thus the minimum number of people needed to be interviewed for each region was 1225. Then, determined the number of EAs and households to be selected that would yield the minimum number of individuals to be interviewed was determined. It was assumed that cases of mild and severe disability were randomly distributed among the regions and EAs.

The number of households to be selected in each region was computed by dividing the minimum average household size as found in the recent census. Due to homogeneity among EAs and cost considerations, 25 households were selected per EA.

The **first stage** of sample selection involved selection of EAs using probability proportional to size (PPS) for each region as shown in the table above.

The **second stage** of sample selection was the selection of 25 households from each selected EA using systematic simple random sampling from the list of household heads. All selected households were to be interviewed for the household questionnaire where those with and without disable persons will be identified. All households with disabled persons were to be interviewed for a detailed questionnaire.

The **third stage** involved selection of individuals for the detailed questionnaire. All individuals with disabilities were to be interviewed for the detailed questionnaire. However, for the two selected households without disable persons, one adult and one child were to be selected randomly from the list of household members.

Calculation of EA Weights

The sampling weight W_{ij} for EA j in Region i is calculated as follows:

$$W_{ij} = (1/s_i) * (M_i / m_{ij})$$

where:

s_i is the number of EAs selected from Region i .

M_i is the projected population of Region i in 2007.

m_{ij} is the population of EA j in Region i during the 2002 Census.

Calculation of Household Weights

The sampling weight W_{jk} for household k in EA j is calculated as follows:

$$W_{jk} = (N_{ij} / 25)$$

where:

N_{ij} is the number of listed households in EA j of Region i .

Calculation and Adjustment of Overall Sampling Weights

The overall sampling weight W_{ijk} for household k in EA j in Region I is the product of EA and household weight and is calculated as follows:

$$W_{ijk} = (W_{ij} * W_{jk})$$

The overall sampling weight has to be adjusted due to the variation between the selected and responded sampling units as well as between the 2002 census population and the 2007 projected population.

The household adjustment factor is calculated by dividing the actual listed EA population by the estimated EA population from the survey.

The EA adjustment factor is calculated by dividing the projected 2008 regional population by the estimated regional population from the survey.

Basic Formulae for Estimation

Let y_{ijk} be the observation on variable Y for household k in village j of Region i . Then, by applying the sampling weights described above, various survey estimates can be calculated as follows:

Regional Estimates

(a) Estimate of total for the i^{th} Region

$$\hat{Y}_i = \sum_{j=1}^s \sum_{k=1}^{25} W_{ijk} y_{ijk}$$

where:

W_{ijk} = sampling weight for k^{th} household in j^{th} village in i^{th} Region

(b) Estimate of average for the i -th village

$$\hat{\bar{Y}}_i = \frac{\sum_{j=1}^s \sum_{k=1}^{25} W_{ijk} y_{ijk}}{\sum_{j=1}^s \sum_{k=1}^{25} W_{ijk}}$$

where:

W_{ijk} = sampling weight for k^{th} household in j^{th} village in i^{th} Region

National Estimates

(a) Estimate of national total

$$\hat{Y} = \sum_{i=1}^{26} \sum_{j=1}^s \sum_{k=1}^{25} W_{ijk} y_{ijk}$$

where:

W_{ijk} = sampling weight for k^{th} household in j^{th} village in i^{th} Region

(b) Estimate of national average

$$\hat{\bar{Y}} = \frac{\sum_{i=1}^{26} \sum_{j=1}^s \sum_{k=1}^{25} W_{ijk} y_{ijk}}{\sum_{i=1}^{26} \sum_{j=1}^s \sum_{k=1}^{25} W_{ijk}}$$

where:

W_{ijk} = sampling weight for k^{th} household in j^{th} village in i^{th} Region

Annex II: Number of Selected and Interviewed EAs by Region, Urban and Rural

Region	Rural		Urban		Total	
	Selected EAs	Interviewed EAs	Selected EAs	Interviewed EAs	Selected EAs	Interviewed EAs
Dodoma	10	10	2	2	12	12
Arusha	11	11	1	1	12	12
Kilimanjaro	9	9	2	2	11	11
Tanga	9	9	2	2	11	11
Morogoro	8	8	4	4	12	12
Pwani	8	8	4	4	12	12
Dar es salaam	0	0	12	11	12	11
Lindi	13	13	0	0	13	13
Mtwara	12	12	2	2	14	14
Ruvuma	8	8	3	3	11	11
Iringa	11	11	1	1	12	12
Mbeya	12	12	0	0	12	12
Singida	10	10	0	0	10	10
Tabora	8	8	1	1	9	9
Rukwa	8	8	2	2	10	10
Kigoma	9	9	1	1	10	10
Shinyanga	7	7	1	1	8	8
Kagera	10	10	1	1	11	11
Mwanza	6	6	3	3	9	9
Mara	9	9	1	1	10	10
Manyara	7	7	3	3	10	10
Kaskazini						
Unguja	11	11	0	0	11	11
Kusini Unguja	11	11	0	0	11	11
Mjini Magharibi	1	1	9	9	10	10
Kaskazini						
Pemba	7	7	2	2	9	9
Kusini Pemba	9	9	0	0	9	9
TANZANIA	224	224	57	56	281	280

Annex III: Survey Questionnaires



HOUSEHOLD QUESTIONNAIRE

UNITED REPUBLIC OF TANZANIA
TANZANIA DISABILITY SURVEY 2007
NATIONAL BUREAU OF STATISTICS
HOUSEHOLD QUESTIONNAIRE

CONFIDENTIAL

SECTION 1: IDENTIFICATION	
REGION _____	<div style="display: flex; flex-direction: column; align-items: flex-end;"> <div><input type="text"/></div> <div><input type="text"/></div> <div><input type="text"/></div> <div><input type="text"/></div> <div><input type="text"/></div> <div><input type="text"/></div> <div><input type="text"/></div> </div>
DISTRICT _____	
WARD _____	
ENUMERATION AREA _____	
NAME OF HEAD OF HOUSEHOLD _____	
TDS NUMBER _____	
HOUSEHOLD NUMBER _____	
RURAL=1 URBAN =2	

INTERVIEWER VISITS				
	1	2	3	FINAL VISIT
DATE	_____	_____	_____	DAY <input type="text"/> MONTH <input type="text"/> YEAR <input type="text"/> 2 <input type="text"/> 0 <input type="text"/> 0 <input type="text"/> INT.CODE <input type="text"/> RESULT <input type="text"/>
INTERVIEWER'S NAME	_____	_____	_____	
RESULT*	_____	_____	_____	
NEXT VISIT: DATE	_____	_____		TOTAL NUMBER OF VISITS <input type="text"/>
TIME	_____	_____		
*RESULT CODES: 1 COMPLETED 2 NO HOUSEHOLD MEMBER AT HOME OR NO COMPETENT RESPONDENT AT HOME AT TIME OF VISIT 3 ENTIRE HOUSEHOLD ABSENT FOR EXTENDED PERIOD OF TIME 4 POSTPONED 5 REFUSED 6 DWELLING VACANT OR ADDRESS NOT A DWELLING 7 DWELLING DESTROYED 8 DWELLING NOT FOUND 9 OTHER _____ (SPECIFY)				TOTAL PERSONS IN HOUSEHOLD <input type="text"/> TOTAL PERSONS WITH DIFFICULTIES <input type="text"/> LINE NO. OF RESPONDENT FROM THE LIST OF HOUSEHOLD ROSTER <input type="text"/>

INTERVIEWER	SUPERVISOR	OFFICE EDITOR	KEYED BY
NAME _____	NAME _____		
DATE _____ <input type="text"/>	DATE _____ <input type="text"/>	<input type="text"/>	<input type="text"/>

Questionnaires

Identification

SECTION 2: HOUSEHOLD ROSTER

Line/ Member Number	1. USUAL RESIDENTS AND VISITORS	2. Relationship to the Head of Household	3. Sex	4. Age	5. For persons aged 0 - 17 of Surv. fo parents		For persons aged 15+		8(a) Can (NAME) read and write?	8(b) Is (NAME) currently in school?	8(c) Why is the (NAME) not currently in school?	8(d) What is the current grade (NAME) is attending?	8(e) What is the highest grade (NAME) completed?	9. Main Economic activity Main economic activity in the last 7 days
					6. Marital status	7. Mobile Phone	Father	Mother						
	Please give me the names of the persons who usually live in your household and guests of the household who stayed here last night, starting with the head of the household.	(Enter code) Head of household.. 1 Spouse..... 2 Son/Daughter of head of the household..... 3 Child of spouse..... 4 Grand child of the head of household..... 5 Parent of head of household..... 6 Other relatives..... 7 Domestic servant..... 8 Other Nonrelatives 9	(Enter Code) Male.....1 Female.....2	Enter Age at last birth day. (If under one year of age enter '00' If age is 98 years and above enter '98')	Yes.....1 No.....2 Don't know...3	Never married.....1 Married.....2 Divorced.....3 Separated.....4 Widowed.....5 Living together..6 Dont Know.....9	Codes Yes1 No.....2 Dont know...3	(Enter Code) Yes: Swahili.....1 English.....2 Swahili and English.....3 Any other language.....4 No.....5	(Enter Code) Yes.....1 No.....2	(Enter Code) Too young.....00 Too old/completed school.....01 Too far away.....02 Failed to pay contribution.....03 Working at home...04 Working for payment.....05 Useless/ uninteresting.....06 Illness/disabled.....07 Pregnant.....08 Undiscipline.....09 Divorced/Separation of parent.....10 Married/engaged...11 Too many kids/ after siblings.....12 Scared teachers....13 Not willing to send children to school 14 Not willing to send female children to school.....15 Others (specify).....16 FOR ANY ANSWER ABOVE GO TO Q8(e)	(Enter Code) Pre-school.....00 Std 1.....01 Std 2.....02 Std 3.....03 Std 4.....04 Std 5.....05 Std 6.....06 Std 7.....07 Std 8.....08 Course after primary education.....17 Orientation secondary course.....18 Form I.....09 Form II.....10 Form III.....11 Form IV.....12 Course after secondary Education.....19 Form V.....13 Form VI.....14 Course after form VI education.....20 Diploma course.....21 Other certificate.....22 University Degree and related titles.....23 Adult education only. 24 Special education.....25 No education.....26	(Enter Code) Pre-school.....00 Std 1.....01 Std 2.....02 Std 3.....03 Std 4.....04 Std 5.....05 Std 6.....06 Std 7.....07 Std 8.....08 Course after primary education.....17 Orientation secondary course.....18 Form I.....09 Form II.....10 Form III.....11 Form IV.....12 Course after secondary Education.....19 Form V.....13 Form VI.....14 Course after form VI education.....20 Diploma course.....21 Other certificate.....22 University Degree and related titles.....23 Adult education only. 24 Special education.....25 No education.....26	(Enter Code) Agriculture/Livestock = 01 Fishing = 02 Mining = 03 Tourism = 04 Employed Government = 05 Parastatal (Govt.) = 06 Parastatal (Religious) = 07 Parastatal (others) = 08 Self Employed (Non agriculture) With employees = 09 Alone = 10 Unpaid family bussiness = 11 Not employed but available = 12 Not working and not available = 13 Housewife = 14 Housekeeping = 15 Full time student = 16 Old/Retired/child = 17 Sick = 18 Disabled = 19 Others = 20 No other activity = 98 Not Stated = 99	
	(1)	(2)	(3)	(4)	(5a)	(5b)	(6)	(7)	(8a)	(8b)	(8c)	(8d)	(8e)	(9)
01														
02														
03														
04														
05														
06														
07														
08														
09														
10														

SECTION 3: HOUSEHOLD PARTICULARS		CODING CATEGORIES		SKIP																								
NO.	QUESTIONS AND FILTERS																											
19	What is the main source of drinking water for members of your household?	PIPED WATER PIPED INTO DWELLING 11 PIPED INTO YARD/PLOT 12 PUBLIC TAP 13 NEIGHBOR'S TAP 14 WATER FROM OPEN WELL OPEN WELL IN DWELLING 21 OPEN WELL IN YARD/PLOT 22 OPEN PUBLIC WELL 23 NEIGHBOR'S OPEN WELL 24 WATER FROM COVERED WELL OR BOREHOLE PROTECTED WELL IN DWELLING 31 PROTECTED WELL IN YARD/PLOT 32 PROTECTED PUBLIC WELL 33 NEIGHBOR'S BOREHOLE 34 SURFACE WATER SPRING 41 RIVER/STREAM 42 POND/LAKE 43 DAM 44 RAINWATER 51 TANKER TRUCK 61 WATER VENDOR 62 BOTTLED WATER 71 OTHER 96 (SPECIFY)		→ 21 → 21 → 21 → 21 → 21 → 21 → 21 → 21																								
20	How long does it take you to go there, get water, and come back?	MINUTES <input type="text"/> <input type="text"/> <input type="text"/> ON PREMISES 996																										
21	What kind of toilet facilities does your household have?	FLUSH TOILET 11 PIT TOILET/LATRINE 21 TRADITIONAL PIT TOILET 21 VENTILATED IMPROVED PIT (VIP) LATRINE 22 NO FACILITY/BUSH/FIELD 31 OTHER 96 (SPECIFY)		→ 23																								
22	Do you share these facilities with other households?	YES 1 NO 2																										
23	Does your household have:	<table border="0"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> </tr> </thead> <tbody> <tr> <td>a) Electricity?</td> <td>1</td> <td>2</td> </tr> <tr> <td>b) A paraffin lamp?</td> <td>1</td> <td>2</td> </tr> <tr> <td>c) A radio?</td> <td>1</td> <td>2</td> </tr> <tr> <td>d) A television?</td> <td>1</td> <td>2</td> </tr> <tr> <td>e) A telephone/mobile?</td> <td>1</td> <td>2</td> </tr> <tr> <td>f) An iron (either charcoal or electric)?</td> <td>1</td> <td>2</td> </tr> <tr> <td>g) A refrigerator?</td> <td>1</td> <td>2</td> </tr> </tbody> </table>			YES	NO	a) Electricity?	1	2	b) A paraffin lamp?	1	2	c) A radio?	1	2	d) A television?	1	2	e) A telephone/mobile?	1	2	f) An iron (either charcoal or electric)?	1	2	g) A refrigerator?	1	2	
	YES	NO																										
a) Electricity?	1	2																										
b) A paraffin lamp?	1	2																										
c) A radio?	1	2																										
d) A television?	1	2																										
e) A telephone/mobile?	1	2																										
f) An iron (either charcoal or electric)?	1	2																										
g) A refrigerator?	1	2																										
24	What type of fuel does your household mainly use for cooking?	MAIN ELECTRICITY 01 BOTTLED GAS 02 BIOGAS 03 PARAFFIN/KEROSENE 04 CHARCOAL 05 FIREWOOD 06 DUNG 07 CROP RESIDUALS 08 SOLAR 09 OTHER 96 (SPECIFY)																										

24A	What is the main source of energy for lighting in the household?	MAIN ELECTRICITY 01 SOLAR 02 GAS 03 PARAFFIN-HURRICANE LAMP ... 04 PARAFFIN-PRESSURE LAMP 05 PARAFFIN-WICK LAMP 06 FIREWOOD 07 CANDLES 08 OTHER 96 (SPECIFY)															
25	MAIN MATERIAL OF THE FLOOR. RECORD OBSERVATION.	NATURAL FLOOR EARTH/SAND 11 DUNG 12 RUDIMENTARY FLOOR WOOD PLANKS 21 PALM/BAMBOO 22 FINISHED FLOOR PARQUET OR POLISHED WOOD 31 VINYL OR ASPHALT STRIPS ... 32 CERAMIC TILES 33 CEMENT 34 OTHER 96 (SPECIFY)															
25A	WALL MATERIALS RECORD OBSERVATION.	GRASS 01 POLES AND MUD 02 SUNDRIED BRICKS 03 BAKED BRICKS 04 TIMBER 05 CEMENT BRICKS 06 STONES 07 OTHER 96 (SPECIFY)															
25B	ROOFING MATERIAL RECORD OBSERVATION.	GRASS/LEAVES/MUD 01 IRON SHEETS 02 TILES 03 CONCRETE 04 ASBESTOS 05 OTHER 96 (SPECIFY)															
25C	How many rooms in your household are used for sleeping? (INCLUDING ROOMS OUTSIDE THE MAIN DWELLING)	ROOMS <input type="text"/> <input type="text"/>															
26	Does any member of your household own: A bicycle? A motorcycle or motor scooter? A car or truck? A bank account	<table border="0"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> </tr> </thead> <tbody> <tr> <td>BICYCLE</td> <td>1</td> <td>2</td> </tr> <tr> <td>MOTORCYCLE/SCOOTER ...</td> <td>1</td> <td>2</td> </tr> <tr> <td>CAR/TRUCK</td> <td>1</td> <td>2</td> </tr> <tr> <td>BANK ACCOUNT</td> <td>1</td> <td>2</td> </tr> </tbody> </table>		YES	NO	BICYCLE	1	2	MOTORCYCLE/SCOOTER ...	1	2	CAR/TRUCK	1	2	BANK ACCOUNT	1	2
	YES	NO															
BICYCLE	1	2															
MOTORCYCLE/SCOOTER ...	1	2															
CAR/TRUCK	1	2															
BANK ACCOUNT	1	2															
26A	How many acres of land for farming/grazing are owned by the household? (PUT '0' IF NONE AND 9999.8 IF DOESN'T KNOW)	ARABLE LAND <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> LAND FOR GRAZING <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>															

26B	Does the household use land for farming/grazing that it doesn't own? IF YES, is it rented, sharecropped, private land provided free, or open access/communal/other?	YES, RENTED 1 YES, SHARECROPPED 2 YES, PRIVATE LAND PROVIDED FREE 3 YES, OPEN ACCESS/COMMUNAL 4 NO 5	→ 26D
26C	How many acres of land are used? (PUT '0' IF NONE AND 9999.8 IF DOESN'T KNOW)	ARABLE LAND <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> LAND FOR GRAZING <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
26D	How far is it to the nearest market place? (WRITE '00' IF LESS THAN ONE KILOMETRES)	KILOMETRE <input type="text"/> <input type="text"/>	
26E	How many meals does your household usually have per day?	MEALS <input type="text"/> <input type="text"/>	
26F	In the past week, on how many days did the household consume meat?	DAYS <input type="text"/>	
26G	How often in the last year did you have problems in satisfying the food needs of the household?	NEVER 1 SELDOM 2 SOMETIMES 3 OFTEN 4 ALWAYS 5	
27	Does your household have any mosquito nets that can be used while sleeping?	YES..... 1 NO..... 2	→ 28
27A	How many household members slept under a mosquito net last night?	15 YEARS ABOVE..... CHILDREN 5-14 YEARS..... CHILDREN 0 - 4 YEARS..... Adults & children who did not sleep under a net last night	NUMBER <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
27B	How many mosquito nets does your household have?	NUMBER OF NETS <input type="text"/> <input type="text"/> <input type="text"/>	
28	What is the main source of your household income?	INCOME FROM EMPLOYMENT (IN CASH).....1 INCOME FROM EMPLOYMENT (IN KIND)..... 2 INCOME FROM NON-FARM SELF EMPLOYMENT.....3 HOUSEHOLD AGRICULTURE INCOME4 REMITTANCES.....5 INTERESTS7 RENT RECEIVED.....8 CURRENT TRANSFERS AND BENEFITS.....9 OTHER (SPECIFY)10	

29 CHILD MORTALITY QUESTIONS FOR ALL CHILDREN AGED (0 - 17)

Is there any child(under 18 years of age) who usually live in this household and who died in the last 12 months?

YES..... 1
NO..... 2

IF YES, PLEASE GIVE ME THEIR NAMES.

	Child's name	How old was the child when he/she died?	Was the child a boy or girl? male = 1 female =2	Was the child sick before he/she died? Yes =1 No =2 Don't know/can't remember =3	Did the child have a disability? Yes = 1 No = 2 Don't know/can't remember = 3	What was the cause of death?(write what the person says)
1						
2						
3						
4						



UNITED REPUBLIC OF TANZANIA
PEOPLE WITH DISABILITY SURVEY
NATIONAL BUREAU OF STATISTICS

CONFIDENTIAL

DETAILED ADULT QUESTIONNAIRE FOR PEOPLE WITH DIFFICULTIES
(15 years and older)

SECTION 1: IDENTIFICATION OF PERSON WITH DIFFICULTIES	
REGION _____	<input type="checkbox"/>
DISTRICT _____	
WARD/SHEHIA _____	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
VILLAGE _____	<input type="checkbox"/>
EA NUMBER	
HOUSEHOLD NUMBER :	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
NAME OF HOUSEHOLD HEAD _____	
NAME AND LINE NUMBER OF PERSON WITH DIFFICULTIES/ OR PERSON SELECTED IN HOUSEHOLD WITH NO DIFFICULTIES _____	<input type="checkbox"/> <input type="checkbox"/>
AGE OF PERSON WITH DIFFICULTIES/ OR PERSON SELECTED FROM HOUSEHOLD WITH NO DIFFICULTIES	<input type="checkbox"/>
SEX OF PERSON WITH DIFFICULTIES/ OR PERSON SELECTED FROM HOUSEHOLD WITH NO DIFFICULTIES	<input type="checkbox"/>
RURAL=1 URBAN =2	<input type="checkbox"/>
IS THE PERSON REPORTING THE PERSON WITH DIFFICULTIES OR SOMEONE ELSE? [Do not read out. Code by observation] 1 Yes 2 No (i.e. someone else is reporting for the person with difficulties) 3 Both	<input type="checkbox"/> <input type="checkbox"/>
IF NO , WHO IS THE PERSON REPORTING? NAME AND LINE NUMBER OF PERSON _____	<input type="checkbox"/>
Date of Interview: Day: ____ Month: ____ Year: ____	
Time Started: _____ Time Completed: _____	
INTERVIEWER NAME _____	

	Visits			Final Visit				
	1	2	3					
Date				Day				
				Month				
				Year	2	0	0	
Results*								
Next Visit: Date				Total Number of Visits				
Time								

SUPERVISOR NAME _____ SIGNATURE _____	<input type="checkbox"/> <input type="checkbox"/>	INTERVIEW STATUS 1=COMPLETE 2=INCOMPLETE <input type="checkbox"/>	Did the enumerator have to return to the household <input type="checkbox"/>	CHECKED by Supervisor <input type="checkbox"/>	Data entry code <input type="checkbox"/>
---	--	--	--	---	---

SECTION 2: FUNCTIONING

1.1 The next questions ask about difficulties you may have doing certain activities because of a physical, mental or emotional problem.

		No	Some	A lot	Unable
A	Do you have difficulty seeing?	1→C	2	3	4
B	Do you have difficulty seeing, even if wearing glasses?	1	2	3	4
C	Do you have difficulty hearing?	1→E	2	3	4
D	Do you have difficulty hearing, even if using a hearing aid?	1	2	3	4
E	Do you have difficulty walking or climbing steps?	1	2	3	4
F	Do you have difficulty remembering or concentrating?	1	2	3	4
G	Do you have difficulty with self-care, such as washing all over or dressing?	1	2	3	4
H	Do you have difficulty communicating in your usual language (for example understanding or being understood by others)?	1	2	3	4

1.2 The following questions ask more details about difficulties you may have because of a PHYSICAL, MENTAL OR EMOTIONAL PROBLEM. Some of the questions may sound similar but please answer them anyway.

	Circle ONE response that best fits what you feel.	No	Yes		
		No difficulty	Some difficulty	A lot difficulty	Unable to do
1.	Do you have difficulty seeing and recognizing a person you know from 7 meters away? E.g. across a street	1	2	3	4
2.	Do you have difficulty seeing and recognizing an object at arm's length?	1	2	3	4
3.	Do you have difficulty hearing someone talking on the other side of the room in a normal voice?	1	2	3	4

4.	Do you have difficulty hearing what is said in a conversation with one other person in a quiet room?	1	2	3	4
5.	Do you have difficulty moving around inside your home?	1	2	3	4
6.	Do you have difficulty walking a long distance such as a kilometer (or equivalent)?	1	2	3	4
7.	Do you have difficulty in using your hands and fingers, such as for picking up small objects or opening and closing containers?	1	2	3	4
8.	Do you have difficulty concentrating on doing something for ten minutes (i.e. a short time)?	1	2	3	4
9.	Do you have difficulty remembering to do important things?	1	2	3	4
10.	Do you have difficulty washing your whole body?	1	2	3	4
11.	Do you have difficulty getting dressed?	1	2	3	4
12.	Do you have difficulty feeding yourself?	1	2	3	4
13.	Do you have difficulty generally understanding what people say?	1	2	3	4
14.	Do you have difficulty talking clearly so people can understand you?	1	2	3	4
15.	Do you have difficulty starting and maintaining a conversation?	1	2	3	4
16.	Do you have difficulty analyzing and finding solutions to problems in day to day life?	1	2	3	4
17.	Do you have difficulty getting along with people who are close to you?	1	2	3	4
Remember, only tell me about difficulties you have because of a physical, mental or emotional problem.					
18.	Do you have difficulty joining in community activities (for example, festivities, religious or other activities) in the same way as anyone else can?	1	2	3	4
19.	Do you have difficulty taking care of your household responsibilities?	1	2	3	4
20.	Do you have difficulty in day-to-day work/ schoolwork)?	1	2	3	4

NOTE: If the person has no difficulties in any of the questions above you should continue with the interview. Some questions will be skipped and this is indicated where it is relevant.

1.3 Physical environment and attitudes of others.

There are many things that can make your life easier or more difficult. I want to know about the things that make you function better or worse. For example, having to go up and down stairs makes it difficult if you have pain in your legs, but a flat path makes it easier.

Does your physical environment (building, roads, pavements, etc.) or the attitudes of other people make it easier or more difficult for you to.....				
	Easier	More difficult	Sometimes easier and sometimes more difficult	Don't know
a) Join in community activities like anyone else can?	1	2	3	4
b) Taking care of you household responsibilities?	1	2	3	4
c) In day-to-day work / schoolwork?	1	2	3	4

1.4 In the following questions, think about the last 12 months. Tell me whether you have experienced the problems below **always, often, sometimes, seldom or never**.

Remember, we are interested in problems that you experience because of a physical, mental or emotional problem.

(If the answers are 5,8 & 9 go to the next questions and don't ask about problems)

	1. always	2. often	3. Sometimes	4. seldom	5. never→	8. NA→	9. Not spec.	2. big problem	1. little problem
1. In the past 12 months, how often has the accessibility of transportation been a problem for you? (By accessibility we mean the ability to get in and out of the transport.)									
When this problem occurs has it been a big problem or a little problem?									
2. In the past 12 months, how often has the information you wanted or needed not been available in a format you can use or understand? (e.g. Braille for Blind people)									
When this problem occurs has it been a big problem or a little problem?									
3. In the past 12 months, how often has the availability of health care services and medical care been a problem for you?									
When this problem occurs has it been a big problem or a little problem?									
4. In the past 12 months, how often did you need someone else's help in your home and could not get it easily?									
When this problem occurs has it been a big problem or a little problem?									
5. In the past 12 months, how often did you need someone else's help at school or work and could not get it easily?									
When this problem occurs has it been a big problem or a little problem?									
6. In the past 12 months, how often have other people's attitudes toward you been a problem at home?									
When this problem occurs has it been a big problem or a little problem?									
7. In the past 12 months, how often have other people's attitudes toward you been a problem at school or work?									
When this problem occurs has it been a big problem or a little problem?									

1.5 Health and general well-being

1.5a) Thinking about the important negative life events listed below, please indicate the number of times you have experienced each of these during the past 12 months. NB THIS REFERS TO THE NUMBER OF EVENTS, NOT THE DURATION. (Enter 0 if NONE).

NEGATIVE LIFE EVENT	# of times during last 12 months
death	
injury	
illness	
loss of employment	
displacement	
separation	
divorce	
theft/robbery	
accusation of witchcraft	
conviction for a crime/imprisonment	
Other (specify) _____	

1.5b) Thinking about the important positive life events listed below, please indicate the number of times you have experienced each of these during the past 12 months. (Enter 0 if NONE).

POSITIVE LIFE EVENT	# of times during last 12 months
a birth	
Marriage	
Employment	
other financial gain	
athletic/scholastic/political achievements	
initiation ceremonies	
Other (specify) _____	

1.5c) Thinking about your general physical health (things like: sickness, illness, injury, disease etc.) – on a scale from 1 (poor) to 4 (very good) – How would you describe your overall physical health today?

1	2	3	4	9
poor	not very good	good	very good	don't know

1.5d) Thinking about your general *mental* health (things like: anxiety, depression, fear, fatigue, tiredness, hopelessness etc.) – on a scale from 1 (poor) to 4 (very good) – How would you describe your overall mental health today?

1	2	3	4	9
poor	not very good	good	very good	don't know

1.5e) below is a list of various feelings that you may have experienced. I'd like to know how often, during the *past month*, you have experienced each of these. (Check one box for each problem)

How often, during the past month, have you...:	None of the time	A little of the time	Some of the time	A good bit of the time	Most of the time	All of the time
1. felt worried and anxious?	1	2	3	4	5	6
2. felt so down in the dumps, nothing could cheer you up?	1	2	3	4	5	6
3. ...felt calm and peaceful?	1	2	3	4	5	6
4. felt down-hearted and depressed?	1	2	3	4	5	6
5. been happy?	1	2	3	4	5	6

1.5f) Health information.

We would like know about your understanding of some common diseases in Tanzania and whether you have access to information about them.

	Do you know about this disease?	Do you have access to information about this disease?	Do you know how to prevent this disease?	Have you ever had this disease?	Coding
Malaria					1 = Yes
TB					2 = No
HIV/AIDS					9 = Don't know

2 NOW LET'S TALK ABOUT WHAT CAUSED YOUR DIFFICULTIES, WHEN THEY STARTED, ETC.

INSTRUCTION: ASK BOTH DIRECT & PROXY RESPONDENTS.

ONLY ASK THOSE RESPONDENTS WHO HAVE ONE OR MORE DIFFICULTIES. CHECK THE RESPONSES IN QUESTION 1.1 AND 1.2 AND IF THERE IS ANY QUESTION ANSWERED 'YES' (SOME DIFFICULTY, A LOT OF DIFFICULTY OR UNABLE TO DO) ASK THESE QUESTIONS IN SECTION 2.

IF THE PERSON HAS NO DIFFICULTIES, GO TO SECTION 3.

2.1 Do you have any health problem or disability? If yes, please tell me what this is.

No health problem or disability	A
Deformed limbs	B
Deaf or hard of hearing	C
Blind or low vision	D
A paralysis of one or more limbs	E
Amputation or loss of one or more limbs	F
Head injury/trauma	G
Brain damage (Stroke, encephalitis, meningitis, hydrocephalus, etc.)	H
Cerebral palsy	I
Asthma or breathing problems	J
Diabetes	K
High blood pressure or heart problems	L
Epilepsy	M
Tuberculosis	N
Arthritis	O
Psychiatric illness	P
Depression	Q
Albinism	R
Other illness (Specify _____)	S
Other injury (Specify _____)	T

2.2 What caused your difficulties?

(Circle the appropriate answers)

No health problem or disability	A
Deformed limbs	B
Deaf or hard of hearing	C
Blind or low vision	D
A paralysis of one or more limbs	E
Amputation or loss of one or more limbs	F
Head injury/trauma	G
Brain damage (Stroke, encephalitis, meningitis, hydrocephalus, etc.)	H
Cerebral palsy	I
Asthma or breathing problems	J
Diabetes	K
High blood pressure or heart problems	L
Epilepsy	M
Tuberculosis	N
Arthritis	O
Psychiatric illness	P
Depression	Q
Albinism	R
Other illness (Specify _____)	S
Other injury (Specify _____)	T

2.3 When did your difficulties start?

Before or at the time of my birth	1
As a young child (before 5 years of age)	2
As an older child (5 – 12 years of age)	3
As an adolescent (12 – 18 years of age)	4
As an adult (up to 50 years of age)	5
As an older adult (50 – 70 years of age)	6
As an elderly person (above 70 years of age)	7

☐

2.4 If you started having your difficulties as a child, who was responsible for your Upbringing?

Both parents.....	1
Father.....	2
Mother.....	3
Grandfather/mother.....	4
Relatives.....	5
Disability institutions/organizations.....	6
Other non- relatives.....	7

☐

2.5 If you started having your difficulties as a child, where were you brought up?

Both parents.....	1
Father.....	2
Mother.....	3
Grandfather/mother.....	4
Relatives.....	5
Disability government institutions/organizations.....	6
Disability private institutions/organizations.....	7
Other non-relatives (Specify).....	8

☐

2.6 Have you ever been injured as a consequence of the following?

	Yes	No
a. war	1	2
b. domestic violence (in the home)	1	2
c. non-domestic violence (outside the home)	1	2
d. political violence	1	2
e. treatment	1	2
f. animals	1	2
g. fire	1	2
h. accident (vehicle or other)	1	2
i. other (specify _____)	1	2
If No to all of the above: Go to 2.8		

2.7 Was the injury you suffered the cause of your difficulties?

Yes	1
No	2
Don't know	8

2.8 Have you ever experienced violence because of your difficulties?

Yes	1
No	2
Don't know	8

2.9 Have you ever lived in an institution for people with disabilities?

Yes	1
No	2
Don't know	8

3. SERVICES YOU ARE AWARE OF AND HAVE NEEDED AND/OR RECEIVED FOR YOUR DIFFICULTIES (LIKE HEALTH, REHABILITATION, WELFARE & OTHER SUCH SERVICES).

1.1 Which services, if any, are you aware of and have ever needed/received?

[Read out; Enter the appropriate code for each column of each row]

	Aware of service 1=Yes 2=No - go to next row	Needed service 1=Yes 2=No	Received service 1=Yes 2=No
	(1)	(2)	(3)
a. Medical rehabilitation (e.g. physiotherapy, occupational therapy, speech and hearing therapy etc)			
b. Assistive devices service (e.g. Sign language interpreter, wheelchair, hearing/visual aids, Braille etc.)			
c. Educational services (e.g. remedial therapist, special school, early childhood stimulation, regular schooling, etc.)			
d. Vocational training (e.g. employment skills training, etc)			
e. Counselling services for person with difficulties or his/her parent/family (e.g. psychologist, psychiatrist, social worker, school counsellor etc)			
f. Welfare services (e.g. provided by social workers)			
g. Health services (e.g. at a primary health care clinic, hospital, home health care services etc.)			
h. Traditional healer/faith healer			

If no services received, i.e. all 2 = "No" for column (3) above, then go to Section 4

- 1.2 Think of ALL services you have received. if you are no longer getting the service, why did you stop? [Read out the service and insert only ONE code for each service. If a person gives more than one reason ask them which is the most important or main reason and code that reason.]

	Reason stopped Code 1-8	Coding
a. Medical rehabilitation		1. It was too expensive
b. Assistive devices service		2. It was too far or you had no transport
c. Educational services		3. It was not helping you anymore
d. Vocational training		4. I reached the level of functioning I set as goal?
e. Counselling for person with difficulties		5. The services were no longer available
f. Counselling for parent/family		6. I was not satisfied with services
g. Welfare services		7. There was a communication/language barrier
h. Health services		8. Other (specify _____)
i. Traditional healer/faith healer		9. still receiving the service

1.3 What type of transport do you mainly use for getting to:
(circle 1 answer in each row)

Type of activity	Walk	cart pulled by animal	Private car	Public buses	Taxi	Bicycle	Other Specify	Not Applicable
Work or school	1	2	3	4	5	6	7	8
Health facility	1	2	3	4	5	6	7	8
Socialising/ community activities	1	2	3	4	5	6	7	8
Shops and other services	1	2	3	4	5	6	7	8

1.4 How accessible are the following forms of transport? (By accessible we mean that you can get in and out of it easily.)

Type of transport	Accessible and easy to use most of the time	Inaccessible and very difficult to use most of the time	Not available most of the time
cart pulled by animal	1	2	3
Private car	1	2	3
Public buses	1	2	3
Taxi	1	2	3
Bicycle	1	2	3
Other (specify _____)	1	2	3

2 EDUCATION

2.1 Have you received a formal primary education?

Yes	1	[go to 4.4]
No	2	[go to 4.3]
Don't know/Don't remember	8	[go to 4.4]

2.2 What level did you reach?

(CHECK THESE CODES TAKEN FROM HHQ)

--	--

Pre-school	00
Std 1	01
Std 2	02
Std 3	03
Std 4	04
Std 5	05
Std 6	06
Std 7	07
Std 8	08
Form I	09
Form II	10
Form III	11
Form IV	12
Form V	13
Form VI	14
Course after primary education	17
Orientation secondary course.	18
Course after secondary Education.	19
Course after form VI education.	20
Diploma course	21
Other certificate	22
University Degree and related titles	23
Adult education only	24
No education	25

2.3 Why did you not receive any formal education?

Disability	1
Poverty situation of my family	2
Environment of school conditions	3
Transport allocation	4
Distance to the school	5
Lack of assistive devices	6
Lack of Personal assistance/care	7
Lack of disable school/class	8
Other (specify).....	9

2.4 If you have not received a formal primary education, have you ever attended classes to learn to read and write as an adult?

Yes	1
No	2
Don't know/Don't remember	8

☐

2.4.1 If YES, where: _____

2.5 What type of school do or did you mainly attend in pre-school, primary school and secondary school? [Do not read out; Circle only one answer for each line]

	Mainstream/ Regular school	Special school	Special class in mainstream/ regular school	Did not go to school	Not Applicable
Pre-school/early childhood development services	1	2	3	4	5
Primary school	1	2	3	4	5
Secondary school	1	2	3	4	5
Tertiary education	1	2	3	4	5
Vocational training	1	2	3	4	5

2.6 Have you ever been refused entry into a school or pre-school? [Circle only one answer for each line]

	Yes	No	Not applicable
Regular pre-school	1	2	3
Regular primary school	1	2	3
Regular secondary school	1	2	3
Special school (any level)	1	2	3
Special class (remedial)	1	2	3

2.7 How old were you when you *first* started regular or special school?

years old. [Enter "97" if not applicable or "98" for "Don't know"]

2.8 Did you study as far as you planned?
[Do not read out; Circle only one answer]

Yes	1
No	2
Still studying	3
Not applicable	4
Don't know	8

2.8 [Ask only respondents who are no longer studying]

Has your level of education helped you find any work at all?[Do not read out; Circle only **one** answer]

Yes	1
No	2
Not applicable	3
Don't know	8

3 EMPLOYMENT AND INCOME

ASK ALL PERSONS 15 YEARS OF AGE OR OLDER.3.1 Are you currently working? (includes casual labourers, part-time work and those who are self-employed). Circle only **one** answer.

Yes, currently working	1
No, but have been employed previously	2
No, never been employed	3
I am a housewife	4

If "never been employed" (code=3) or "housewife" (code=4), skip to Section (5.4).

3.2 What type of job do you have? If unemployed, what was your last job?

Farming/Livestock keeping.....	01
Fishing	02
Mining.....	03
Tourism.....	04
Paid Employee:	
-Government.....	05
-Parastatal.....	06
-(NGO)/Religious organisations, etc.....	07
-Others (Private, Missions etc).....	08
Self Employed(<i>Not in agricultural, livestock keeping fishing</i>)	
-With Employees	09
-Without Employees.....	10
Un paid family helper in the business (<i>Non-agriculture</i>).	11
Not working but is available for working	12
Not working but not seeking for work.....	13
Housewife with economic activity.....	14
Housewife without economic activity.....	15
Student.....	16
No Activity: -Too old/retired/kids.....	17
-Sick.....	18
-Disabled.....	19
-Other.....	20
Not applicable.....	99



3.3 If you are unemployed now (5.2 = No) but you have been employed (including self-employed) previously, why did you stop working?

Circle only one answer.

Retired	1
Retrenched (due to cut backs)	2
Fired	3
Injury/accident at work	4
Illness	5
Because of disability	6
Other (specify) _____	7
Not applicable (employed)	8
Don't know	9

3.4 What is your main source of income? (only circle one response)

Income from employment (in cash)	1	Go to 5.6
Income from employment (in kind)	2	Go to 5.6
Income from non-farming self –employment	3	Go to 5.6
Income from household agriculture	4	Go to 5.6
Remittances (incl. from both inside and outside of country)	5	<u>Go to 5.5</u>
Interests from the bank	6	Go to 5.6
Rent received	7	Go to 5.6
Cash transfers and benefits	8	<u>Go to 5.5</u>
Other (specify _____)	9	Go to 5.6

3.5 Who do you receive this MAIN source of income from? [Circle only ONE response – the main one]

Family	1
Friends and neighbours	2
Government	3
NGO	4
Disabled people's organisations	5
Employer	6
Other (specify _____)	7
Don't know	8

3.6 What are the TWO MAIN THINGS that the money from your income is spent on? /Do not read out; circle only TWO answers/

Item	Choice
a. Household necessities i.e. food, groceries etc.	A
b. Clothing	B
c. Rent/accommodation	C
d. Recreation/entertainment	D
e. Transport	E
f. Education	F
g. Water and electricity	G
h. Rehabilitation and health care services	H
i. Assistive devices	I
j. Personal assistant/carer (care for self)	J
k. Gifts	K
l. Other (specify) _____	L
m. Don't know	Y

3.7 Are you the one who *mainly* decides how to spend your income?

Yes	1
No	2
Don't know	8

4 YOUR SURROUNDINGS AND HOW EASY IT IS FOR YOU TO GET AROUND. IF YOU USE ONE OR MORE ASSISTIVE DEVICES OR SOMEONE IS HELPING YOU, ANSWER AS IF YOU ARE USING THEM.

ASK BOTH DIRECT & PROXY REPORTERS. PLEASE REMEMBER THE INFORMATION MUST BE ABOUT THE PERSON WITH DIFFICULTIES.

4.1 Let's look at your home first. Are the rooms and toilet accessible? By accessible we mean that you can get in and out easily and use the facility most of the time.

[Read out; Circle only **one** answer for each line]

Home	Yes (accessible)	No (not accessible)	Have none
a. Kitchen	1	2	3
b. Bedroom	1	2	3
c. Living room	1	2	3
d. Dining room	1	2	3
e. Toilet	1	2	3

4.2 Now let's look at various places you might go to. Think of getting in and out of the places, and tell me for each place whether it is generally accessible to you or not. [Read out; Circle only one answer for each line]

Place	YES (Accessible)	NO (Not accessible)	Never go*	None available
a. The place where you work or school you attend	1	2	3	4
b. Shops/banks/post office	1	2	3	4
c. Hospital or clinic	1	2	3	4
d. Place of worship				
e. Other (specify)	1	2	3	4

*Never go (code =3) means that this is not relevant for you. If you "never go" because the place is inaccessible to you, then code NO (code = 2).

5 ASSISTIVE DEVICES:

Whether you have any; how useful they are; problems you experience etc.

ASK BOTH DIRECT & PROXY RESPONDENTS:

PLEASE REMEMBER THE INFORMATION MUST BE ABOUT THE PERSON WITH DIFFICULTIES

5.1 Do you use any medication or traditional medicine for your problem (that has been talked about so far in the questionnaire)?

Yes, hospital/clinic/private doctor	1
Yes, traditional	2
No	3

5.2 Do you use an assistive device? [For examples, see 7.3 below]

Yes	1	[go to 7.3]
No	2	[go to Section 8]

Questionnaires

5.3 Please specify which assistive devices you use.

[Mark each assistive device the person mentions. Don't read all the devices out but give examples if the person is not sure what to answer. For all assistive devices mentioned in i) ask the questions in columns ii), iii), iv) and v)]

	Device category	i) Do you use any assistive devices? Yes = 1 No = 2 N/A or don't need = 3 Skip: if 'no, N/A or don't need' go to next category of devices	ii) Is the device working? Yes = 1 No = 2 Don't know = 3	iii) Where did you get the device from? Private = 1 Government = 2 NGO = 3 Other = 4	iv) Who repairs your assistive devices? Self = 1 Government = 2 Family = 3 NGO = 4 Other = 5 Not maintained = 6 Don't know = 7	v) Were you given information on how to use your assistive devices? Full information = 1 Some information = 2 No information = 3 Don't know/can't remember = 4
1	Information					
a)	eye glasses					
b)	hearing aid					
c)	magnifying glass					
d)	telescoping lenses					
e)	large print					
f)	Braille					
2	Communication					
a)	sign language interpreter					
b)	fax					
c)	portable writer					
d)	computer					
3	Personal mobility					
a)	wheelchair					
b)	crutches					
c)	walking sticks					
d)	white cane					
e)	guide					
f)	standing frame					
4	Household items					
a)	Flashing light on doorbell					

Questionnaires

	Device category	i) Do you use any assistive devices? Yes = 1 No = 2 N/A or don't need = 3 Skip: if 'no, N/A or don't need' go to next category of devices	ii) Is the device working? Yes = 1 No = 2 Don't know = 3	iii) Where did you get the device from? Private = 1 Government = 2 NGO = 3 Other = 4	iv) Who repairs your assistive devices? Self = 1 Government = 2 Family = 3 NGO = 4 Other = 5 Not maintained = 6 Don't know = 7	v) Were you given information on how to use your assistive devices? Full information = 1 Some information = 2 No information = 3 Don't know/can't remember = 4
b)	amplified telephone					
c)	vibrating alarm clock					
5	Personal care & protection					
a)	special fasteners					
b)	bath & shower seats					
c)	toilet seat raiser					
d)	commode chairs					
e)	safety rails					
f)	eating aids					
6	For handling products & goods					
a)	gripping tongs					
b)	aids for opening containers					
c)	tools for gardening					
7	Computer assistive technology such as keyboards and software for blind or physically disabled people					
8	Other Specify: _____					

6 HOW YOU FEEL AND WHAT YOU THINK ABOUT BEING A PERSON WITH A DIFFICULTIES. LET'S START WITH YOUR ROLE WITHIN THE HOUSEHOLD AND YOUR FAMILY.

ASK BOTH DIRECT & PROXY RESPONDENTS: PLEASE REMEMBER THE INFORMATION MUST BE ABOUT THE PERSON WITH DIFFICULTIES.

6.1 Which of the following, if any, do people in the household or family help you with?

[Read out; Circle **one** answer for each row]

[NB: Do not include assistance provided by person paid to care for the person or things you would not normally do because of your age or your culture]

	Yes	Some times	No	Not applicable or not necessary
a. Dressing	1	2	3	4
b. Toileting	1	2	3	4
c. Bathing	1	2	3	4
d. Eating/Feeding	1	2	3	4
e. Cooking	1	2	3	4
f. Shopping	1	2	3	4
g. Moving around	1	2	3	4
h. Finances	1	2	3	4
i. Transport	1	2	3	4
j. Studying	1	2	3	4
k. Emotional support	1	2	3	4
l. Other (specify) _____	1	2	3	4

6.2 I'm going to ask you some questions about your involvement in different aspects of family and social life. Please listen to each one and answer yes, no, sometimes or not applicable.

[Read out and circle **one** answer for each row]

	Yes	No	Sometimes	Not applicable	Don't know
a. Are you consulted about making household decisions?	1	2	3	4	8
b. Do you go with the family to events such as family gatherings, social events etc.	1	2	3	4	8
c. Do you feel involved and part of the household or family?	1	2	3	4	8
d. Does the family involve you in conversations?	1	2	3	4	8
e. Does the family help you with daily activities/tasks?	1	2	3	4	8
f. If YES or 'sometimes' , do you appreciate it or like the fact that you get this help?	1	2	3	4	8
g. Do/did you take part in traditional practices of your community and culture? (e.g. initiation ceremonies)	1	2	3	4	8
h. Are you included in community activities such as weddings, funerals, meetings, etc?	1	2	3	4	8
i. Do government officials and service providers treat you with concern and respect?	1	2	3	4	8
j. Are you aware of Organisations for people with disabilities (DPO)?	1	2		4	8
k. Are you a member of a DPO?	1	2		4	8
l. Are you a member of any other organisations, such as church or community organisations?	1	2		4	8

- ONLY ASK RESPONDENTS WITH DIFFICULTIES WHO ARE 15 YEARS OF AGE OR OLDER AND REPORTING FOR THEMSELVES.
- IF THE RESPONDENT IS A PROXY REPORTER FOR A PERSON WITH DIFFICULTIES 15 YEARS OR OLDER, THEN ASK THEM TO ANSWER ABOUT THE PERSON WITH DIFFICULTIES.

6.3 Do you make important decisions about your own life?

[Read out; circle only **one** answer]

All the time	1
Sometimes	2
Never	3
Don't know	8

6.4 Are you married or involved in a relationship?

Yes	1	[go to 8.5]
No	2	[go to 8.6]
Don't know	8	[go to 8.6]

8.5 Does your spouse/partner have difficulties?

Yes	1	[go to 8.6]
No	2	[go to 8.6]
Don't know	8	[go to 8.6]

6.6 Do you have children?

Yes	1	[go to 8.6.1]
No	2	[go to 9]

8.6.1 If Yes, how many?

--	--

Children

6.7 Who MAINLY takes care or helps you take care of your children?

[Do not read out; circle all that apply]

I take care of them myself	A
My spouse/partner	B
My parent	C
A family member (brother, sister, cousin, aunt, etc.)	D
A friend	E
Person with difficulties pays someone	F
Children are old enough and take care of themselves	G
Other (specify) _____	H

END OF INTERVIEW

Thank the respondent and close the interview. Mention that another Person may come back to do a brief check of the questionnaire.

**DETAILED QUESTIONNAIRE FOR CHILDREN WITH DIFFICULTIES IN FUNCTIONING
(0 – 14 YEARS)**

SECTION 1: IDENTIFICATION OF CHILD WITH DIFFICULTIES	
REGION _____	<div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div>
DISTRICT _____	<div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div>
WARD/SHEHIA VILLAGE _____	<div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div>
EA NUMBER	<div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div>
HOUSEHOLD NUMBER	<div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div>
NAME OF HOUSEHOLD HEAD _____	<div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div>
NAME AND LINE NUMBER OF CHILD WITH DIFFICULTIES/ or selected from household with no difficulties _____	<div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div>
AGE OF CHILD WITH DIFFICULTIES/ or selected from household with no difficulties	<div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div>
SEX OF CHILD WITH DIFFICULTIES/ or selected in household with no difficulties (1=Male, 2=Female).....	<div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div>
RURAL=1 URBAN =2	<div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div>
IS THE PERSON REPORTING THE CHILD WITH DIFFICULTIES OR A PARENT OR GUARDIAN? [Do not read out. Code by observation] 1 Yes 2 No (i.e. someone else is reporting for the child with difficulties) 3 Both IF NO, WHO IS THE PERSON REPORTING? NAME AND LINE NUMBER OF PERSON _____	
Date of Interview: Day: <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> Month: <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> Time Started: <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> Time Completed: <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> INTERVIEWER NAME _____	

INTERVIEWER VISITS

	Visits			Final Visit			
	1	2	3				
Date				Day			
				Month			
				Year	2	0	0
Results*							
Next Visit: Date							
Time				Total Number of Visits			

*RESULT CODE:

1 = COMPLETED

SUPERVISOR NAME _____ SIGNATURE _____	<input type="checkbox"/>	INTERVIEW STATUS 1=COMPLETE 2=INCOMPLETE <div style="text-align: center;"><input type="checkbox"/></div>	Did the enumerator have to return to the household <div style="text-align: center;"><input type="checkbox"/></div>	CHECKED by Supervisor <div style="text-align: center;"><input type="checkbox"/></div>	Data entry code <div style="text-align: center;"><input type="checkbox"/></div>
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SECTION 2: Difficulties and Environmental factors

1.1 The next questions ask about difficulties your child may have doing certain activities because of a PHYSICAL, MENTAL or EMOTIONAL PROBLEM. When you think about your child, compare him/her to other children of the same age.

ADD Skip for a and c.

		No	Some	A lot	Unable
a	Does [NAME] have difficulty seeing?	1→c	2	3	4
b	Does [NAME] have difficulty seeing, even if wearing glasses?	1	2	3	4
c	Does [NAME] have difficulty hearing?	1→e	2	3	4
d	Does [NAME] have difficulty hearing, even if using a hearing aid?	1	2	3	4
e	Does [NAME] have difficulty walking or climbing steps?	1	2	3	4
f	Does [NAME] have difficulty remembering or concentrating?	1	2	3	4
g	Does [NAME] have difficulty (with self-care such as) washing all over or dressing?	1	2	3	4
h	Does [NAME] have difficulty communicating in his or her usual language, (for example understanding or being understood by others)?	1	2	3	4

1.2 The following questions ask more details about difficulties your child may have because of a PHYSICAL, MENTAL or EMOTIONAL PROBLEM. Some of the questions may sound similar but please answer them anyway. Remember, when you answer, compare your child to other children of the same age.

	Circle ONE response that best fits what you feel.	No	Yes			
		No difficulty	Some difficulty	A lot difficulty	Unable to do	N/A child too young
21.	Does your child have difficulty seeing and recognizing a person he/she know from 7 meters away? E.g. across a street	1	2	3	4	5
22.	Does your child have difficulty seeing and recognizing an object at arm's length?	1	2	3	4	5
23.	Does your child have difficulty hearing someone talking on the other side of the room in a normal voice?	1	2	3	4	5
24.	Does your child have difficulty hearing what is said in a conversation with one other person in a quiet room?	1	2	3	4	5
25.	Does your child have difficulty moving around inside his/her home?	1	2	3	4	5
26.	Does your child have difficulty walking a long distance such as a kilometer (or equivalent)?	1	2	3	4	5
27.	Does your child have difficulty in using his/her hands and fingers, such as for picking up small objects or opening and closing containers?	1	2	3	4	5
28.	Does your child have difficulty concentrating on doing something for ten minutes (i.e. a short time)?	1	2	3	4	5
29.	Does your child have difficulty remembering to do important things?	1	2	3	4	5
30.	Does your child have difficulty washing his/her whole body?	1	2	3	4	5
31.	Does your child have difficulty getting dressed?	1	2	3	4	5
32.	Does your child have difficulty feeding him/herself?	1	2	3	4	5
33.	Does your child have difficulty generally understanding what people say?	1	2	3	4	5
34.	Does your child have difficulty talking clearly so people can understand him/her?	1	2	3	4	5
35.	Does your child have difficulty starting and maintaining a conversation?	1	2	3	4	5

	Circle ONE response that best fits what you feel.	No	Yes				N/A child too young
		No difficulty	Some difficulty	A lot difficulty	Unable to do		
36.	Does your child have difficulty learning a new task, for example learning how to play a new game?	1	2	3	4	5	
37.	Does your child have difficulty dealing with people he/she does not know?	1	2	3	4	5	
38.	Does your child have difficulty getting along with people who are close to him/her?	1	2	3	4	5	
39.	Does your child have difficulty making new friends?	1	2	3	4	5	
<u>Remember, only tell me about difficulties [NAME] has because of a physical, mental or emotional problem.</u>							
40.	Does your child have difficulty joining in community activities (for example, festivities, religious or other activities) in the same way as anyone else can (because of a health problem)?	1	2	3	4	5	
41.	Does your child have difficulty taking care of his/her household responsibilities (because of a health problem)?	1	2	3	4	5	
42.	Does your child have difficulty in day-to-day schoolwork (because of a health problem)?	1	2	3	4	5	

1.3 Physical environment and attitudes of others.

There are many things that can make your child's life easier or more difficult. I want to know about the things that make your child functioning better or worse. For example, having to go up and down stairs makes it difficult if he/she has pain in his/her legs, but a flat path makes it easier.

Does your child's physical environment (building, roads, pavements, etc.) or the attitudes of other people make it easier or more difficult for him/her to.....				
	Easier	More difficult	Sometimes easier and sometimes more difficult	Don't know
d) Join in community activities like anyone else can?	1	2	3	4
e) Taking care of you household responsibilities?	1	2	3	4
f) In day-to-day work / schoolwork?	1	2	3	4

1.4 In the following questions, think about the last 12 months. Tell me whether you or your child have experienced the problems below 'always', 'often', 'sometimes', 'seldom' or 'never'.

Remember, we are interested in problems that you experience because of a physical, mental or emotional problem.

(If the answers are 5,8 & 9 go to the next questions and don't ask about problems)

	1. always	2. often	3. Sometimes	4. seldom	5. never	8. NA	9. Not spec.	2. big problem	1. little problem
1. In the past 12 months, How often has the accessibility of transportation been a problem for you and your child? (By accessibility we mean the ability to get in and out of the transport.)									
When this problem occurs has it been a big problem or a little problem?									
2. In the past 12 months, How often has the information you or your child wanted or needed not been available in a format you can use or understand? (e.g. Braille for Blind people)									
When this problem occurs has it been a big problem or a little problem?									
3. In the past 12 months, how often has the availability of health care services and medical care been a problem for your child?									
When this problem occurs has it been a big problem or a little problem?									
4. In the past 12 months, How often did you need someone else's help to assist with your child in your home and could not get it easily?									
When this problem occurs has it been a big problem or a little problem?									
5. In the past 12 months, How often did you need someone else's help to assist you with your child at school or work and could not get it easily?									
When this problem occurs has it been a big problem or a little problem?									
6. In the past 12 months, How often have other people's attitudes toward your child been a problem at home?									
When this problem occurs has it been a big problem or a little problem?									
7. In the past 12 months, How often have other people's attitudes toward your child been a problem at school or work?									
When this problem occurs has it been a big problem or a little problem?									

1.5 Health and general well-being of your child

1.5a) Thinking about the important negative life events listed below, please indicate the number of times you or your child have experienced each of these during the past 12 months. NB THIS REFERS TO THE NUMBER OF EVENTS, NOT THE DURATION. (Enter 0 if NONE).

NEGATIVE LIFE EVENT	# of times during last 12 months
death	
Injury	
illness	
loss of employment	
displacement	
separation	
divorce	
theft/robbery	
accusation of witchcraft	
conviction for a crime/imprisonment	
Other (specify) _____	

1.5b) Thinking about the important positive life events listed below, please indicate the number of times you or your child have experienced each of these during the past 12 months. (Enter 0 if NONE).

POSITIVE LIFE EVENT	# of times during last 12 months
a birth	
marriage	
employment	
Other financial gain	
athletic/scholastic/political achievements	
initiation ceremonies	
Other (specify) _____	

1.5c) Thinking about your child's general physical health (things like: sickness, illness, injury, disease etc.) – on a scale from 1 (poor) to 4 (very good) – How would you describe your child's overall physical health today?

1	2	3	4	9
poor	not very good	Good	very good	don't know

1.5d) Thinking about your child's general mental health (things like: anxiety, depression, fear, fatigue, tiredness, hopelessness etc.) – on a scale from 1 (poor) to 4 (very good) – How would you describe your child's overall mental health today?

1	2	3	4	9
poor	not very good	good	very good	don't know

1.5e) Below is a list of various feelings that your child may have experienced. I'd like to know how often, during the past month, your child have experienced each of these. (Check one box for each problem)

How often, during the past month, has your child...:	None of the time	A little of the time	Some of the time	A good bit of the time	Most of the time	All of the time
1. ...felt worried and anxious?						
2. ...felt so down in the dumps, nothing could cheer him/her up?						
3. ...felt calm and peaceful?						
4. ...felt down-hearted and depressed?						
5. ...been happy?						

1.5f) Health information.

We would like know about your understanding of some common diseases in Tanzania and whether you have access to information about them. (Ask for the parent/caregiver's understanding.)

	Do you know about this disease?	Do you have access to information about this disease?	Do you know how to prevent this disease?	Has your child ever had this disease?	Have you ever had this disease?	Coding
Malaria						1 = Yes
TB						2 = No
HIV-AIDS						9 = Don't know

1.6 Ask the following questions only if the child is between 2 and 9 years of age.

I WOULD LIKE TO ASK IF YOUR CHILD HAS ANY OF THE HEALTH CONDITIONS I AM GOING TO MENTION TO YOU.	
1. COMPARED WITH OTHER CHILDREN, DOES OR DID [name] HAVE ANY SERIOUS DELAY IN SITTING, STANDING, OR WALKING?	YES..... 1 No 2
2. COMPARED WITH OTHER CHILDREN, DOES [name] HAVE DIFFICULTY SEEING, EITHER IN THE DAYTIME OR AT NIGHT?	YES..... 1 No 2
3. DOES [name] APPEAR TO HAVE DIFFICULTY HEARING? (USES HEARING AID, HEARS WITH DIFFICULTY, COMPLETELY DEAF?)	YES..... 1 No 2
4. WHEN YOU TELL [name] TO DO SOMETHING, DOES HE/SHE SEEM TO UNDERSTAND WHAT YOU ARE SAYING?	YES..... 1 No 2
5. DOES [name] HAVE DIFFICULTY IN WALKING OR MOVING HIS/HER ARMS OR DOES HE/SHE HAVE WEAKNESS AND/OR STIFFNESS IN THE ARMS OR LEGS?	YES..... 1 No 2
6. DOES [name] SOMETIMES HAVE FITS, BECOME RIGID, OR LOSE CONSCIOUSNESS?	YES..... 1 No 2
7. DOES [name] LEARN TO DO THINGS LIKE OTHER CHILDREN HIS/HER AGE?	YES..... 1 No 2
8. DOES [name] SPEAK AT ALL (CAN HE/SHE MAKE HIM OR HERSELF UNDERSTOOD IN WORDS; CAN SAY RECOGNIZABLE WORDS)?	YES..... 1 No 2
9. A. (FOR 3-9 YEAR OLDS): IS [name]'S SPEECH IN ANY WAY DIFFERENT FROM NORMAL (NOT CLEAR ENOUGH TO BE UNDERSTOOD BY PEOPLE OTHER THAN THE IMMEDIATE FAMILY)?	YES..... 1 No 2
9. B. (FOR 2-YEAR-OLDS): CAN [child] NAME AT LEAST ONE OBJECT (FOR EXAMPLE, AN ANIMAL, A TOY, A CUP, A SPOON)?	YES..... 1 No 2
10. COMPARED WITH OTHER CHILDREN OF THE SAME AGE, DOES [name] APPEAR IN ANY WAY MENTALLY BACKWARD, DULL OR SLOW?	YES..... 1 No 2

2 NOW LET'S TALK ABOUT YOUR CHILD'S DIFFICULTIES.

INSTRUCTION: ASK THE PROXY RESPONDENT ABOUT THE CHILD

2.1 Does your child have any of the following health problems or disability? If yes, please tell me what type of health problem or disability do you have?

No health problem or disability	A
Deformed limbs	B
Deaf or hard of hearing	C
Blind or low vision	D
A paralysis of one or more limbs	E
Amputation or loss of one or more limbs	F
Head injury/trauma	G
Brain damage (Stroke, encephalitis, meningitis, hydrocephalus, etc.)	H
Cerebral palsy	I
Asthma or breathing problems	J
Diabetes	K
High blood pressure or heart problems	L
Epilepsy	M
Tuberculosis	N
Arthritis	O
Psychiatric illness	P
Depression	Q
Albinism	R
Other illness (Specify _____)	S
Other injury (Specify _____)	T

If the child has no difficulties on all the questions, Skip Section 2 below and go onto section 3.

2.2 Please describe your child's difficulties as it is without the use of assistive devices or any person helping your child.

(Write down what respondent says in their own words.)

No health problem or disability	A
Deformed limbs	B
Deaf or hard of hearing	C
Blind or low vision	D
A paralysis of one or more limbs	E
Amputation or loss of one or more limbs	F
Head injury/trauma	G
Brain damage (Stroke, encephalitis, meningitis, hydrocephalus, etc.)	H
Cerebral palsy	I
Asthma or breathing problems	J
Diabetes	K
High blood pressure or heart problems	L
Epilepsy	M
Tuberculosis	N
Arthritis	O
Psychiatric illness	P
Depression	Q
Albinism	R
Other illness (Specify _____)	S
Other injury (Specify _____)	T

2.3 What caused your child's difficulties?

[Write down what respondent says in their own words.]

Accident injury/trauma	A
Inheritance	B
Harassment	C
Spiritual ideologies/superstitions	D
Born with disability	E
Brain damage (Stroke, encephalitis, meningitis, hydrocephalus, etc.)	F
Cerebral palsy	G
Asthma or breathing problems	H
Diabetes	I
Heart problems	J
Epilepsy	K
Tuberculosis	L
Psychiatric illness	M
Depression	N
Albinism	O
Other illness (Specify _____)	P
N Other injury (Specify _____)	Q

2.4 How old was your child when the difficulties started?

[Write down what respondent says in their own words.]

Before or at the time of my birth	1
As a young child (before 5 years of age)	2
As an older child (5 – 12 years of age)	3
As an adolescent (12 – 18 years of age)	4
As an adult (up to 50 years of age)	5
As an older adult (50 – 70 years of age)	6
As an elderly person (above 70 years of age)	7

2.5 If your child started having difficulties as a young child, who was responsible for your child's upbringing?

[Write down what respondent says in their own words.]

Both parents.....	1
Father.....	2
Mother.....	3
Grandfather/mother.....	4
Relatives.....	5
Disability institutions/organizations.....	6

Other non- relatives.....	7
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☐

2.6 If your child started having difficulties as a young child, where was your child brought up?

[Write down what respondent says in their own words.]

Both parents.....	1
Father.....	2
Mother.....	3
Grandfather/mother.....	4
Relatives.....	5
Disability government institutions/organizations.....	6
Disability private institutions/organizations.....	7
Other non-relatives (Specify).....	8

☐

2.7 Has your child ever been injured as a consequence of the following?

	Yes	No
a. war	1	2
b. domestic violence (in the home)	1	2
c. non-domestic violence (outside the home)	1	2
d. political violence	1	2
e. treatment	1	2
f. animals	1	2
g. fire	1	2
h. accident (vehicle or other)	1	2
i. other (specify_____)	1	2
If No to all of the above: Go to 2.8		

2.8 Was the injury your child suffered the cause of his/her difficulties?

Yes	1
No	2
Don't know	8

2.9 Has your child ever experienced violence because of his/her difficulties?

Yes	1
No	2
Don't know	8

2.10 Has your child ever lived in an institution for people with disabilities?

Yes	1
No	2
Don't know	8

3. services YOU are aware of and have needed and/or received for YOUR CHILD'S difficulties (like health, rehabilitation, welfare & other such services).

3.1 Which services, if any, are you aware of and your child has ever needed and received?

[Read out; Enter the appropriate code for each column of each row]

	Aware of service 1=Yes 2=No - go to next row	Needed service 1=Yes 2=No	Received service 1=Yes 2=No
	(1)	(2)	(3)
a. Medical rehabilitation (e.g. physiotherapy, occupational therapy, speech and hearing therapy etc)			
b. Assistive devices service (e.g. Sign language interpreter, wheelchair, hearing/visual aids, Braille etc.)			
c. Educational services (e.g. remedial therapist, special school, early childhood stimulation, regular schooling, etc.)			
d. Vocational training (e.g. employment skills training, etc)			
e. Counselling services for person with difficulties or his/her parent/family (e.g. psychologist, psychiatrist, social worker, school counsellor etc)			
f. Welfare services (e.g. provided by social workers)			
g. Health services (e.g. at a primary health care clinic, hospital, home health care services etc.)			
h. Traditional healer/faith healer			

If no services received, i.e. all 2 = "No" for column (3) above, then go to Section 4.

- 3.2 Think of ALL services your child has received. If your child is no longer getting the service, why did he/she stop? Give one MAIN reason. [Read out the service and use the codes in the right hand column for each service according to the response given]

	Reason stopped Code 1-8	Coding
a. Medical rehabilitation		1. It was too expensive
b. Assistive devices service		2. It was too far or you had no transport
c. Educational services		3. It was not helping your child anymore
d. Vocational training		4. Your child reached the level of functioning set as the goal?
e. Counselling for person with difficulties		5. The services were no longer available
f. Counselling for parent/family		6. I was not satisfied with services
g. Welfare services		7. There was a communication/language barrier
h. Health services		8. Other
i. Traditional healer/faith healer		9. still receiving service

- 3.3 What type of transport do you mainly use for getting your child to:
(circle 1 answer in each row)

Type of activity	Walk	cart pulled by animal	Private car	Public buses	Taxi	Bicycle	Other Specify	Not Applicable
School	1	2	3	4	5	6	7	8
Health facility	1	2	3	4	5	6	7	8
Socialising/ playing with other children	1	2	3	4	5	6	7	8
Shops and other services	1	2	3	4	5	6	7	8

- 3.4 How accessible are the following forms of transport? (By accessible we mean that you and your child can get in and out of it easily.)

Type of transport	Accessible and easy to use most of the time	Inaccessible and very difficult to use most of the time	Not available most of the time
cart pulled by animal	1	2	3
Private car	1	2	3
Public buses	1	2	3
Taxi	1	2	3
Bicycle	1	2	3
Other (specify _____)	1	2	3

4. EDUCATION

- 4.1 Does [NAME] attend any organized learning or early childhood education programme, such as a private or government facility, including kindergarten or community child care?

Yes, Government kindergarten	1	Go to 4.1a)
Yes, Private Kindergarten	2	Go to 4.1a)
Yes, NGO kindergarten	3	Go to 4.1a)
Yes, Community group	4	Go to 4.1a)
Yes, Other group (specify _____)	5	Go to 4.1a)
No, Does not attend any facility/ stays at home	6	Go to 4.3
No, Child is too young to be in care/education facility	7	Go to 4.3

4.1a) If your child does attend a programme or facility, about how many hours did [NAME] attend in

the last 7 days? _____ (Number of hours)

4.2 What type of school does or did your child *mainly* attend in pre-school, primary school and secondary school? [Do not read out; Circle only one answer for each line]

	Mainstream/ Regular school	Special school	Special class in mainstream/ regular school	Did not go to school	Not Applicable (e.g. too young)
Pre-school/early childhood development services	1	2	3	4	5
Primary school	1	2	3	4	5
Secondary school	1	2	3	4	5
Tertiary education	1	2	3	4	5
Vocational training	1	2	3	4	5

4.3 Has your child ever been refused entry into a school or pre-school or care facility because of his/her difficulties? [Circle only one answer for each line]

	Yes	No	Not applicable
Care facility	1	2	3
Regular pre-school	1	2	3
Regular primary school	1	2	3
Regular secondary school	1	2	3
Special school (any level)	1	2	3
Special class (remedial)	1	2	3

4.4 How old was your child when he/she first started regular or special school?

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Years old. [Enter "97" if not applicable or "98" for "Don't know"]

4.5 Did your child study as far as you planned for him/her?

[Do not read out; Circle only one answer]

Yes	1
No	2
Still studying	3
Other (specify_____)	4
Not applicable (e.g. too young to be in school)	5
Don't know	6

4.6 Do you (ADULT CARE GIVER) receive any assistance in cash or kind to help you with your child?

Yes, cash	1	Go to 4.7
Yes, in kind	2	Go to 4.7
Yes, cash and in kind	3	Go to 4.7
No	4	Go to Question 5
Don't know	8	Go to Question 5

4.7 Who do you receive this assistance from? (circle all that apply)

Family	A
Friends and neighbours	B
Government	C
NGO	D
Disabled people's organisations	E
Other (specify_____)	F
Don't know	Y

4.8 What are the TWO MAIN THINGS that the money from your income is spent on? [Do not read out; circle only TWO answers]

Item	Choice
a. Household necessities i.e. food, groceries etc.	A
b. Clothing	B
c. Rent/accommodation	C
d. Recreation/entertainment	D
e. Transport	E
f. Education	F
g. Water and electricity	G
h. Rehabilitation and health care services	H
i. Assistive devices	I

j. Personal assistant/carer (care for self)	J
k. Gifts	K
k. Other (specify) _____	L
l. Don't know	98

5 Your child's surroundings and how easy it is for you to get around with your child. if you use one or more assistive devices or someone is helping your child, answer as if your child is using them.

**PLEASE REMEMBER THE INFORMATION MUST BE ABOUT THE PERSON WITH DIFFICULTIES.
IF THE CHILD HAS NO DIFFICULTIES, SKIP TO SECTION 7.**

5.1 Let's look at your home first. Are the rooms and toilet accessible? By accessible we mean that your child can get in and out easily and use the facility most of the time.

[Read out; Circle only one answer for each line]

Home	Yes (accessible)	No (not accessible)	Have none
a. Kitchen	1	2	3
b. Bedroom	1	2	3
c. Living room	1	2	3
d. Dining room	1	2	3
e. Toilet	1	2	3

5.2 Now let's look at various places your child might go to. Think of your child getting in and out of the places, and tell me for each place whether it is generally accessible to your child or not. [Read out; Circle only one answer for each line]

Place	YES (Accessible)	NO (Not accessible)	Never go*	None available
a. The place where your child plays	1	2	3	4
b. The school your child attends	1	2	3	4
c. The shops that your child goes to most often	1	2	3	4
d. Hospital	1	2	3	4
e. Primary Health Care Clinic	1	2	3	4
f. Other (specify) _____	1	2	3	4

*Never go (code =3) means that this is not relevant for you. If you "never go" because the place is inaccessible to you, then code NO (code = 2).

6 ASSISTIVE DEVICES:

Whether you have any; how useful they are; problems you experience etc.

PLEASE REMEMBER THE INFORMATION MUST BE ABOUT THE CHILD WITH DIFFICULTIES

6.1 Does your child use any medication or traditional medicine for his/her health problem? Problem (that has been talked about so far in the questionnaire)?

Yes, hospital/clinic/private doctor	1
Yes, traditional	2
No	3

6.2 Does your child use an assistive device? [For examples, see 6.3 below]

Yes	1	[go to 6.3]
No	2	[go to Section 7]

Questionnaires

6.3 Please specify which assistive devices your child uses.

[Mark each assistive device the person mentions. Don't read all the devices out but give examples if the person is not sure what to answer. For all assistive devices mentioned in i) ask the questions in columns ii), iii), iv) and v)]

	Device category	Does your child use any assistive devices? Yes = 1 No = 2 N/A or don't need = 3 IF NO, GO TO NEXT CATEGORY	ii) Is the device working? Yes = 1 No = 2 Don't know = 3	iii) Where did you get the device from? Private = 1 Government = 2 NGO = 3 Other = 4	iv) Who repairs your child's assistive devices? Self = 1 Government = 2 Family = 3 NGO = 4 Other = 5 Not maintained = 6 Don't know = 7	v) Were you and your child given information on how to use the assistive devices? Full information = 1 Some information = 2 No information = 3 Don't know/can't remember = 4
1	Information					
a)	eye glasses					
b)	hearing aid					
c)	magnifying glass					
d)	telescoping lenses					
e)	large print					
f)	Braille					
2	Communication					
a)	sign language interpreter					
b)	fax					
c)	portable writer					
d)	computer					
3	Personal mobility					
a)	wheelchair					
b)	crutches					
c)	walking sticks					
d)	white cane					
e)	guide					
f)	standing frame					

Questionnaires

	Device category	Does your child use any assistive devices? Yes = 1 No = 2 N/A or don't need = 3 IF NO, GO TO NEXT CATEGORY	ii) Is the device working? Yes = 1 No = 2 Don't know = 3	iii) Where did you get the device from? Private = 1 Government = 2 NGO = 3 Other = 4	iv) Who repairs your child's assistive devices? Self = 1 Government = 2 Family = 3 NGO = 4 Other = 5 Not maintained = 6 Don't know = 7	v) Were you and your child given information on how to use the assistive devices? Full information = 1 Some information = 2 No information = 3 Don't know/can't remember = 4
4	Household items					
a)	Flashing light on doorbell					
b)	amplified telephone					
c)	vibrating alarm clock					
5	Personal care & protection					
a)	special fasteners					
b)	bath & shower seats					
c)	toilet seat raiser					
d)	commode chairs					
e)	safety rails					
f)	eating aids					
6	For handling products & goods					
a)	gripping tongs					
b)	aids for opening containers					
c)	tools for gardening					
7	Computer assistive technology such as keyboards and software for blind or physically disabled people					
8	Other Specify: _____					

How you feel and what you think about your child with difficulties. Let's start with your family.

ASK THESE QUESTIONS ABOUT EVERY CHILD, EVEN THOSE WITHOUT DIFFICULTIES

7.1 Which of the following, if any, do people in the household or family help your child with?

[Read out; Circle one answer for each row]

[NB: Do not include assistance provided by person paid to care for the person or things your child would not normally do because of his/her age or culture]

	Yes	Some times	No	Not applicable or not necessary
a. Dressing	1	2	3	4
b. Toileting	1	2	3	4
c. Bathing	1	2	3	4
d. Eating/Feeding	1	2	3	4
e. Cooking	1	2	3	4
f. Shopping	1	2	3	4
g. Moving around	1	2	3	4
h. Finances	1	2	3	4
i. Transport	1	2	3	4
j. Studying	1	2	3	4
k. Emotional support	1	2	3	4
l. Other (specify) _____	1	2	3	4

7.2 I'm going to ask you some questions about your child's involvement in different aspects of family and social life. Please listen to each one and answer yes, no, sometimes or not applicable.

[Read out and circle one answer for each row]

	Yes	No	Sometimes	Not applicable	Don't know
a. Does your child go with the family to events such as family gatherings, social events etc.	1	2	3	4	8
b. Does your child feel involved and part of the household or family?	1	2	3	4	8
c. Does the family involve your child in conversations?	1	2	3	4	8
d. Does the family help your child with daily activities/tasks?	1	2	3	4	8
e. If YES, does your child appreciate it or like the fact that he/she gets this help?	1	2	3	4	8
f. Does/did your child take part in traditional practices of your community and culture? (e.g. initiation ceremonies)	1	2	3	4	8
g. Is your child included in community activities such as weddings, funerals, meetings, etc?	1	2	3	4	8
h. Do government officials and service providers treat you and your child with concern and respect?	1	2	3	4	8
i. Are you aware of Organisations for people with disabilities (DPO)?	1	2		4	8
j. Are you or your child a member of a DPO?	1	2		4	8
k. Is your child a member of any other organisations, such as sports, church or community youth organisations?	1	2		4	8

7.3 Let me ask you a few questions about how you are treated because of your child with difficulties.

	1. always	2. often	3. SOMTEIMTE	4. seldom	5. never	8. NA	9. Not spec.	2. big problem	1. little problem
A). In the past 12 months, how often have other people's attitudes toward you because of your child been a problem at home?									
When this problem occurs has it been a big problem or a little problem?									
B). In the past 12 months, how often have other people's attitudes toward you because of your child been a problem at school or play?									
When this problem occurs has it been a big problem or a little problem?									
c). In the past 12 months, how often did you experience prejudice or discrimination because of your child?									
When this problem occurs has it been a big problem or a little problem?									

END OF INTERVIEW

Thank the respondent and close the interview. Mention that another Person may come back to do a brief check of the questionnaire.

Annex IV: Understanding and Interpreting Disability as Measured using the WG Short Set of Questions

Washington Group on Disability Statistics (WG)

4 April 2009 – DRAFT Document

1. Background: Defining disability

Disability involves the interaction of a person's functional status with their physical, cultural, and policy environments. If the environment in which one lives is designed for the full range of human functioning and incorporates appropriate accommodations and support mechanisms, then people with functional limitations would not be "disabled" in the sense that they would be able to fully participate in society. Interventions designed to improve participation are not only targeted at the individual level, for example medical rehabilitation aimed at a specific impairment or basic action difficulty (defined below), but also at the societal level, for example the introduction of universal design to make infrastructure more accessible, inclusive education systems, and community awareness programs to combat stigma.

The International Classification of Functioning, Disability and Health (ICF) developed by the World Health Organization (WHO, 2001) provides a common language and a common point of reference in realizing this conceptualisation of disability. Embracing and operationalizing an ICF-based approach to disability has required the development of new measurement tools for use in censuses and surveys. The earlier impairment-based, medical model approach that focused on medical conditions and asked some variation of the question: *Do you have a disability?* is no longer satisfactory; and the focus of measurement has shifted to experienced *difficulties* in basic actions and *barriers* to participation.

2. Methods

2.1 Recommended Short Set of Questions on Disability for Censuses

The WG developed a short set of questions for use in censuses and surveys according to the Fundamental Principles of Official Statistics¹ and which is consistent with the ICF. Question testing has shown that they produce internationally comparable data.

It is intended that these questions will identify the majority of persons in the population who are at greater risk than the general population of experiencing limited or restricted participation in society. The questions cover six functional domains or basic actions: seeing, hearing, walking, cognition, self care, and communication.

The next questions ask about difficulties you may have doing certain activities because of a HEALTH PROBLEM.

1. Do you have difficulty seeing, even if wearing glasses?²
2. Do you have difficulty hearing, even if using a hearing aid?²
3. Do you have difficulty walking or climbing steps?
4. Do you have difficulty remembering or concentrating?
5. Do you have difficulty (with self-care such as) washing all over or dressing?
6. Using your usual (customary) language, do you have difficulty communicating, (for example understanding or being understood by others)?

Each question has four response categories: (1) No, no difficulty, (2) Yes, some difficulty, (3) Yes, a lot of difficulty and (4) Cannot do it at all. The severity scale is used in the response categories in order to capture the full spectrum of functioning from mild to severe.

2.2 Analytic approaches

The six domains cover many but not all areas of functioning: vision, hearing, mobility, cognition, self-care and communication. Furthermore, the response categories capture the degree or severity of the difficulty experienced. Multiple disability scenarios can be described depending on the domain(s) of interest and the choice of severity cut-off. There is more than

one way to capture disability through the application of this set of core questions; resulting in not one but several possible prevalence estimates.

3. Estimates of prevalence

Studies in countries that have used the WG approach show an improvement over the use of more traditional impairment-based census questions on disability. In Zambia for example, the questions used in the 2000 Census³ to capture disability were: “Are you disabled in any way?” (Yes/No), and “What is your disability?” (Response categories included: blind, partially sighted, deaf/dumb, hard of hearing, mentally ill, ex-mental, mentally retarded, and physical handicapped.) This approach yielded a disability prevalence rate in Zambia of **2.7%** which, in fact, represented a trebling of the 1990 population prevalence rate of **0.9%** which used the same approach but included only 4 impairment categories: blind, deaf/dumb, mentally retarded, and crippled^{3,4}. The short set of WG questions was included in a 2006 Living Conditions Survey in Zambia⁵. As mentioned above, several possible cut-off points for measuring disability were assessed. If the level of inclusion for disability prevalence is *at least some difficulty* in carrying out *at least one* of the six WG domains, a prevalence rate of **14.5%** is obtained. If a slightly more conservative cut-off was selected: *at least a lot of difficulty* on 2 04/20/09 *at least one* of the 6 domains, the resultant prevalence rate was **8.5%**. Both of these estimates represent a valid estimate of prevalence, and each has its own uses and limitations. These results speak to the flexibility of the instrument in allowing for a choice of definition based on the purpose of data collection.

3.1 To determine the prevalence of difficulty in single domains:

For each of the six core domains it was possible to calculate the proportion of those with disabilities based on the three possible cut-off values according to severity or degree of difficulty.

Table 1: Prevalence (%) by domain and degree of difficulty (Zambia data 2006; N=28010; 179 missing)

Core Domains	Degree of Difficulty		
	at least some difficulty	at least a lot of difficulty	unable to do it at all
Vision	4.7	2.6	0.5
Hearing	3.7	2.3	0.5
Mobility	5.1	3.8	0.8
Remembering	2.0	1.5	0.3
Self-Care	2.0	1.3	0.4
Communication	2.1	1.4	0.5

Endnotes:

- 1 See *Statistical Commission, Report on the Special Session (11-15 April 1994)*, Economic and Social Council, Official Records, 1994, Supplement No.9, Series No. E/CN.3/1994/18, United Nations, New York, 1994, para.59. 1 04/20/09
- 2 The inclusion of assistive devices was considered for two domains only, seeing and hearing, as limitations in these domains can often be overcome with the use of glasses or hearing aids.
- 3 CSO, 2000 Census of Population and Housing, Available online at: <http://www.http://www.zamstats.gov.zm/census.php> see Chapter 9: *Disability*; and <http://www.hist.umn.edu/~rmccaa/IPUMSI/index.htm>
- 4 CSO, 1990 Census of Population, Housing and Agriculture, Available online at: <http://www.hist.umn.edu/~rmccaa/IPUMSI/index.htm>
- 5 Eide AH, Loeb ME (eds.) (2006) *Living Conditions among people with activity limitations in Zambia: A national representative study*. Report No. A262, SINTEF Health Research, Oslo. Available online at: <http://www.sintef.no/lc>