COLLATERAL EFFECTS ENCOUNTERED BY FAMILIES OF CHILDREN LIVING WITH PHYSICAL AND/OR MENTAL DISABILITIES IN KILIMANJARO, TANZANIA: A CROSS-SECTIONAL STUDY

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MOSHI - TANZANIA
Introduction

- Disability: The result of mental, physical, cognitive, intellectual or other impairments that may limit an individual’s ability to participate fully in all aspects of society.

- Physical disability: Any impairment which restricts motor ability and in turn limits activities of daily living.

- Mental disability: Mental impairment (resulting directly or indirectly from injury to the brain or from abnormal neurological development) that limits the person's ability to perform an important activity.
Disability and poverty reinforce and perpetuate one another.

- Poverty increases the likelihood of impairments through malnutrition, poor health care, and dangerous living, working and travelling conditions.
- Disability may lead to a lower standard of living and poverty through lack of access to education and employment, and through increased expenditure related to disability.
Outcomes of Disability

- Mental and mobility limitation
- Difficulty accessing quality health care and rehabilitation services, poor health outcomes
- Limited educational attainment
- Difficulty finding employment
- Low social integration
- Lack of autonomy, financial dependence
- High rates of poverty
- Lower quality of life
Magnitude

Globally?
15%
(1 billion)

80% lives in LMIC

Prevalence in Tanzania:
7.8%
About 4.2 million
Out of 4.2 million, 77% in rural areas
In Rural 8.3% - have disability
In Urban 6.3% have disability.

Prevalence in Kilimanjaro Region: 10.1%

13.2% of Tanzanian homes have at least 1 member with a disability

3.1% of population mobility-impaired
OBJECTIVES

BROAD

Assessing collateral impacts on families of children under 18 years of age living with physical and/or mental disabilities.

SPECIFIC

- Determine the social demographic characteristics of the subjects.
- The collateral impacts facing the subjects when raising the child (under 18) with disability (Physical and/or mental)
METHODOLOGY.

- **Study Design/Area**: Community-Based Cross-sectional study done in 33 Villages in Kilimanjaro region-Tanzania. Kilimanjaro is located in Northern East of Tanzania.

- **Study Population**: All families in Kilimanjaro Region with children under 18 years of age.

- **Sampling technique**: Convenience sampling.

- **Inclusion Criteria**: All families with at least one under 18 year’s child living with physical and/or mental disability.

- **Exclusion Criteria**: All families living with children with other forms of disability.

A total of 83 families from 33 villages were identified and interviewed between April and June 2017 using a household survey, data were analysed using SPSS version 23.
Kilimanjaro
Findings

We managed to interview a total of 83 families from 33 villages.
Findings cont...

Objective 1: Social demographic characteristics.

1. Sex of the participant/parent being interviewed
   - Male: 37.65%
   - Female: 12.05%

2. Education level
   - Never been
   - Primary Education
   - Secondary education ("O" level)
   - Higher learning/diploma
   - Advanced diploma and above

3. Main income generating activity for the family?
   - Agriculture: 57.63%
   - Small Businesses: 16.14%
   - Others (Cheese, labors, etc.): 8.02%
Findings cont...

Objective 2:
1. Weakened family relationship

<table>
<thead>
<tr>
<th>Does having a child with disability affect the relationship with parents? Yes/No</th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Responses</td>
<td></td>
<td></td>
</tr>
<tr>
<td>No</td>
<td>59</td>
<td>71.08</td>
</tr>
<tr>
<td>Yes</td>
<td>24</td>
<td>28.9</td>
</tr>
<tr>
<td>Total</td>
<td>83</td>
<td>100.0</td>
</tr>
</tbody>
</table>

29% Yes, 71% No
Findings cont...

- Separated: 26%
- Divorced: 26%
- Abandonment: 39%
- Misunderstanding between parents: 9%
2. Decreased level of income

<table>
<thead>
<tr>
<th>Does raising a child with disability affect family income? Yes/No</th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Valid</td>
<td></td>
<td></td>
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<tr>
<td>No</td>
<td>33</td>
<td>39.8</td>
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<tr>
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<td>49</td>
<td>59.0</td>
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<td>82</td>
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</tr>
<tr>
<td>Total</td>
<td>83</td>
<td>100.0</td>
</tr>
</tbody>
</table>
Findings cont...

2. Reduced care to other children (siblings) who have no disability

<table>
<thead>
<tr>
<th>Does caring child with disability affect other children’s care? Yes/No</th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Valid</td>
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<tr>
<td>No</td>
<td>61</td>
<td>73.5</td>
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<tr>
<td>Yes</td>
<td>21</td>
<td>25.3</td>
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<tr>
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<tr>
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</tr>
<tr>
<td>System</td>
<td>1</td>
<td>1.2</td>
</tr>
<tr>
<td>Total</td>
<td>83</td>
<td>100.0</td>
</tr>
</tbody>
</table>
Findings cont...

Some of the responses were:
1. Yes, other children have failed to attend school because of the cost imposed by her
2. Mostly economically because much money is used to care a child with disability
3. Since most of time they spend on caring on disabled
4. Because she needs more care compared to others
5. Yes, i use most of my time with him as compared to his siblings
6. Because of much care, other children consider him a nuisance/annoying
7. Yes, other children are isolated from him
8. He needs extensive budget compared to other children
9. Since in the activities such as eating the child cannot eat well and thus maximum care has to be observed more to the disabled than the rest of others
Findings cont...

3. Challenges in making decision whether to have more children

<table>
<thead>
<tr>
<th>Does having a child with disability affect your decision to bare another child? Yes/No</th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Valid No</td>
<td>62</td>
<td>74.7</td>
</tr>
<tr>
<td>Valid Yes</td>
<td>20</td>
<td>24.1</td>
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<td>1.2</td>
</tr>
<tr>
<td>Valid Total</td>
<td>83</td>
<td>100.0</td>
</tr>
</tbody>
</table>

Pie chart showing 74.7% No and 24.1% Yes.
5. Effect on Worthiness or Social Status

<table>
<thead>
<tr>
<th>Does having a child with disability affect your worthiness or status? Yes/No</th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
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<td>65</td>
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<td></td>
<td>Yes</td>
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</tr>
<tr>
<td></td>
<td>Total</td>
<td>81</td>
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<td>System</td>
<td>2</td>
</tr>
<tr>
<td>Total</td>
<td></td>
<td>83</td>
</tr>
</tbody>
</table>

- **No**: 78.30%
- **Yes**: 19.30%
- **Total**: 100.0%

- **Frequency**: 83
- **Percent**: 100.0%
Findings cont...

Some of the responses were:

- The community thinks the child is cursed, so do I as his mother
- I can no more attend the social gatherings, except churches
- Some says I am HIV Positive, and I have suffered a lot to give birth to him
- It has put a lot of stress on me and I always feel inferior
Interpretation

- Decreased income level and reduced care to other siblings have been highly linked with high costs of care, time, and resources spent taking care of the child with a disability.

- Adequate rehabilitation centres, special schools, and financial support for health-care accessibility could help reduce time and resources spent and hence potentiate productivity.

- Efforts should be focused on increasing the number of rehabilitation centres and special schools in the region, as Kilimanjaro has only one rehabilitation centre (CCBRT) and one special school for children with disability (Physical, deaf...
Limitation.

- Small sample size
- Limited source of fund to reach many more families within the regions, as we could only reach 83 families within 33 villages out of 402 villages.
- Only two forms of disability were included (Physical and/or mental)
- Many researches are needed, as this is one of the neglected global public health topic, data on disability scardy with limited implementation of the already in-place policies.
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FOR LISTENING!
Questions?