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RESEARCH ARTICLE

Pre-primary Education for Children who Experience Disabilities in Tanzania: Practices and Constraints

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ABSTRACT

Background/purpose – There is consistent evidence that children who experience disabilities benefit from being included in pre-primary programs and other levels of education. This study focused on assessing the practices and barriers of pre-primary education for children who experience disabilities in two districts in Lindi Region, Tanzania.

Materials/methods – The study was a qualitative inquiry underpinned by collective case study design. A sample of 20 participants was purposefully involved. The data were collected through individual in-depth interviews and focus group discussions.

Results – While pre-primary education was provided to children who experience disabilities, macro- and micro-exclusion persisted because of ableism practices within the education system. Efforts towards upholding the rights of all children were impeded by ableism thinking which resulted into macro- and micro-exclusion. Additional barriers included lack of identification and assessment practices, lack of nutrition and medical services, negative and discriminatory practices, shortage of qualified teachers, inappropriate instructional materials, lack of professional and parental support, and inaccessible school environment.

Conclusion – Notably, pre-primary education for children who experience disabilities was provided within a difficult environment that requires immediate intervention. Critical to addressing all barriers is recognizing and disestablishing ableism thinking within the education system.

Keywords – Ableism, disability, exclusion, inclusive education, pre-primary education.

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1. INTRODUCTION

Every child has the right to an education, as stipulated in the Convention of the Rights of the Child; a universal principle that also applies to children who experience disabilities (Mattingly & Ratisifandrihamanana, 2016; Mattingly & Suubi, 2016). The Convention of the Rights of the Persons with Disabilities (United Nations, 2006) affirms the rights of persons who experience disabilities to education, and specifically emphasizes that children who experience disabilities should not be excluded from the general education system solely on the basis of their experiencing any form of disability.

In the segregation approach, the education of children who experience disabilities is provided within a separate environment, often labeled as a "special school" or a unit designed to respond to a particular impairment or to various impairments, but always in isolation from children who do not experience disabilities (Cologon, 2013, 2019). In contrast, integration means that children who experience disabilities attend the mainstream educational setting with the understanding that they can adjust to the standardized requirements of such settings (Cologon, 2013; 2019).

Both segregation and integration are constructed on the deficit-based assumption that a "problem" exists within a child that is preventing their inclusion, and that it is ultimately the child who needs to change rather than the environment or pedagogy (Cologon, 2019). These approaches are based on the ableist assumption, which entails that "the perception that being able-bodied is superior to being disabled, the latter being associated with ill health, incapacity, and dependence" (Cologon, 2013, p. 6). On this basis, within the educational context, children are generally categorized as "normal" or "impaired." In turn, the belief in the superiority of children who do not experience disabilities results in discrimination, abusive behavior, and/or the devaluing of those children in mainstream education who experience some form of disability.

Importantly, integration should not be misunderstood as inclusive education. For integration, minor adjustments are made to enable children who experience disabilities to be perceived as "close enough" to "fit" within the existing mainstream setting. On the other hand, the inclusion approach focuses on changing the settings in order to enable all children to flourish and succeed, acknowledging that differences are just a normal part of life (Cologon, 2013. 2019). Similarly, the inclusion approach should not be misunderstood as assimilation. As Cologon (2019) claimed, the focus of assimilation is about making everyone appear "the same," whilst inclusion is about celebrating and embracing diversity and all our "differences." When inclusion is misconstrued as assimilation (as in referring to integration in this case), the focus shifts to changing or "fixing" children in order that they "fit" within existing structures, systems, and practices. Inclusion should instead be understood to mean "fitting" educational opportunities, settings, experiences, and systems to the full diversity of children, and embracing and celebrating their diversity as a positive and rich learning resource (Cologon, 2013, 2019). Cologon (2019) defined inclusive education as the approach which involves "valuing and facilitating the full participation and belonging of everyone in all aspects of our education communities and systems" (p. 2).

In pre-primary education, inclusion refers to the provision of rich and enabling learning and educational environments that nurture and enhance the developmental potential of all children. It involves embracing human diversity and welcoming all children; recognizing and upholding the rights of all children; and valuing and supporting the full participation of all

children together within the mainstream educational setting (Cologon, 2013). In the context of disability, inclusive education should be "an approach to education free from discriminatory beliefs, attitudes and practices, including free from ableism" (Cologon, 2013, p. 6). However, disability-inclusive education is difficult to attain at the core of segregation, integration, and ableist thinking, where disability is inherently viewed as a tragic within-person trait.

Segregation, integration and ableist assumptions may lead to macro-exclusion and micro-exclusion. Macro-exclusion is experienced when "a child is excluded from mainstream education and segregated into a 'special' school or a 'special' class/unit" (Cologon, 2013, p. 14). More blatant segregation occurs in macro-exclusion, whereby children are educated in segregated "special" schools, classes or units, rather than alongside their peers in the mainstream setting (Cologon, 2013, 2019). This results in the emphasis being placed on special education, which focuses on exclusion rather than equal participation. For micro-exclusion, Cologon and D'Alessio (2015, as cited in Cologon, 2019) clarified that:

> Micro-exclusion occurs when children are placed into a mainstream education context, but are segregated or excluded within the classroom/school activities or community. For example, when children are given separate activities (often with different staff) that are not connected with what the rest of the group is doing, or when they are removed from the class for particular lessons. Micro exclusion also occurs when someone is not fully included as a valued member of the classroom community (often as a consequence of other forms of micro-exclusion)… micro-exclusion commonly occurs when integration is misunderstood as inclusion. (p. 185)

As to other children, education equips those who experience disabilities with the competences resulting in confidence, self-reliance, and the breaking of barriers to normal living (Cologon, 2019; Tesni & Keenon, 2014). In the current study, disability-inclusive education is understood as the inclusion of children who experience disabilities in pre-primary education in the regular school or classroom. It is viewed as an approach to combat all forms of exclusion and marginalization in the access to and participation in learning (Cologon, 2013, 2019; UNESCO, 2017). It is an approach that helps break the discrimination or segregation that reinforces stereotypes of disability in early ages.

The terms impairment, disability, and handicap are commonly used in disability studies. There is a causal relation between the biological processes and social outcomes, whereby disease leads to impairment, which leads to disability, which leads to handicap. Berghs et al. (2016) cited the meanings of impairment, disability, and handicap as follows:

> Impairment: any loss or abnormality of psychological, physiological or anatomical structure or function. Disability: any restriction or lack (resulting from an impairment) of ability to perform an activity in the manner or within the range considered normal for a human being. Handicap: a disadvantage for a given individual, resulting from impairment or a disability that limits or prevents the fulfilment of a role that is normal (depending on age, gender, social and cultural factors) for that individual. (p. 28)

2. LITERATURE REVIEW

Disability studies offer different models or perspectives of conceptualizing impairments and disability. Two models of disability – medical and social – are considered as important

within the current study. In essence, the medical model of disability sees "impairment as a consequence of some 'deviation' from 'normal' body functioning, which has 'undesirable' consequences for the affected individual" (Berghs et al., 2016). This perspective assumes that children who experience some form of disability are "broken" or "sick" and in need of being made "normal." Defining disability simply as "broken" or as a form of "sickness" overlooks the many barriers that prevent children who experience disabilities from enjoying a full and participatory education.

Critics argue against the views of disability in terms of deficits or problems within an individual, but rather in terms of being generated by the social consequences of impairment. The social model of disability counters the individual medical model that views disability as simply a problem within a person, or by equating their disability to some disease or sickness (Berghs et al., 2016). The social model of disability considers barriers in society as disabling. Thinking in terms of the social perspective of disability provides opportunities for children who experience disabilities to enjoy full participation in all social activities and education by removing the barriers that society places before them.

Reflecting upon the medical and social models of disability, the terms "person with disability," "disabled person," and "person who experiences disability" are commonly used. The use of the term "person with disability" is criticized because it is directly associated to deviance discourses, and thereby emphasizes some form of deficit within a person and does not reflect the barriers imposed by society (Berghs et al., 2016; Solvang, 2000), instead the term a "disabled person" is used to better reflect the societal barriers (Rerief & Letšosa, 2018). However, some researchers or practitioners see the use of "disabled person" generally negates the person in favor of recognition of the social imposition of disability (Cologon, 2013). Consequently, other researchers or practitioners have referred to "persons who experience disability" in order to recognize the social imposition of disability, whilst still identifying the person first (Cologon, 2013). In the current study, the term "children who experience disabilities" is used throughout.

The current study's focus in therefore on the inclusion of children who experience disabilities in pre-primary education. This approach therefore aims to integrate the diverse needs of children who experience disabilities so as to increase their participation within learning activities, and thereby reduce their exclusion within and from the educational system (Mariga et al., 2014). Inclusion is understood as an ongoing process that aims at offering quality education for all, whilst respecting diversity and the different needs and abilities of all children (Devarakonda, 2013; Mariga et al., 2014).

Pre-schools are often the first venue of major socioemotional experiences that children receive outside of the family circle (Rao et al., 2017). It is where children who experience disabilities can learn to play and grow together, and alongside their peers who do not experience disabilities. Pre-primary education is the initial stage of organized instruction, designed primarily to introduce children to formalized learning and the school environment, and helps prepare them ready for commencing their primary school education (Burchinal, 2018; Rao et al., 2017; UNICEF, 2019). It employs a holistic approach outside of the family context that aims to support young learners' cognitive, physical, social, and emotional development, as well as many skills they will need in academic readiness for entry into primary education (Rao et al., 2017; UNICEF, 2019).

Specifically, for children who experience disabilities, a quality pre-primary education enables the early identification and intervention of impairments and for certain children who experience disabilities, it can help in facilitating their transition into mainstream schooling (UNESCO, 2006). Tanzania, which is where the current study was located, has articulated within its Education and Training Policy the mission of compulsory 1-year pre-primary education with the purpose of expanding access to pre-primary education (United Republic of Tanzania, 2014; World Bank, 2016).

There is consistent evidence that children who experience disabilities benefit from being included in pre-primary programs and other levels of education. For example, a systematic review by Hehir et al. (2016) found that a large body of research indicated that those children included developed stronger skills in both reading and mathematics, had higher rates of attendance, were less likely to exhibit behavioral problems, and were more likely to complete their schooling than those who were not included. A study of 3- and 4-year-old children by Justice et al. (2014) found that children who experience disabilities benefit substantially in the acquisition of language skills from having the opportunity to attend preschools with children who do not experience disabilities. Similarly, Hehir et al. (2012) found that students who experience disabilities who spent a larger proportion of their school day with peers who do not experience disabilities performed significantly better in both language and mathematics compared to students who experience disabilities, or having spent a smaller proportion of their school day with peers who did not experience disabilities.

However, Hehir et al. (2016) found that critics of inclusive education raised concerns that children who experience disabilities exhibit disruptive behavior when attending an inclusive school and can disturb the learning and teaching environment. Including children who experience disabilities within a single classroom can turn teachers' attention away from fostering the academic and social growth of all children in the class (Fletcher, 2010; Gottfried, 2014; Hehir et al., 2016). However, this ableist thinking may result in the macro- or micro-exclusion of children who experience disabilities (Cologon, 2013, 2019).

Notably, a number of children who experience disabilities remain excluded from the mainstream education system due to various reasons. For example, Egilson's (2014) longitudinal study showed that the participation of children who experience disabilities in education was hindered by issues of limited accessibility, flexibility, accommodation, and the respect and support received from both the school and other students' parents. The learners were found to not always have been engaged in activities alongside peers who did experience disabilities. This implied that the children who experienced disabilities were subjected to micro-exclusion because of having been placed into a mainstream education context, but were then effectively segregated or excluded from classroom/school activities (Cologon, 2013, 2019). Misunderstanding the rights and capacities of children who experience disabilities to benefit from formal education can limit their access to formal schooling (Egilson, 2014; Hehir et al., 2016; UNESCO, 2015).

In the Tanzanian context, pre-primary education forms a part of the formal school system, and is compulsory for 1 year for all children aged 3-5 years old without examination nor for promotion purpose (i.e., not to gain entrance to the next level of education) (Anderson & Sayre, 2016). Pre-primary education in Tanzania is incorporated into the formal education structure, existing as a part of primary education. However, no specific monitoring or evaluation mechanisms exist for pre-primary education (Anderson & Sayre, 2016), hence

this raises the question, to what extent is pre-primary education for children who experience disabilities both available and effective in Tanzania?

The Government of the United Republic of Tanzania is committed to enhancing the rights to schooling for all children who experience disabilities. The country's legal framework outlines the rights of those with disabilities to education, and specifically supports the provision of education to children who experience disabilities. The "Law of the Child Act" (2009), the "Persons with Disability Act" (2010), and the "2004 National Policy on Disability" make it obligatory in Tanzania that all children who experience disabilities are entitled to equal opportunities to education and training wherever possible in order to develop to their maximum potential and to be self-reliant individuals in society.

Although Tanzania struggles in its attempt to include children who experience disabilities in education, the national Education Training Policy fails to provide adequate guidance on successful inclusive strategies. In addition to this critical policy challenge, to date no particular implementation framework exists for the pre-primary education of children who experience disabilities in Tanzania (Mapunda et al., 2017). The current study therefore aims to investigate address two key areas: i) practices in the provision of pre-primary education for children who experience disabilities, and ii) barriers to the provision of pre-primary education for children who experience disabilities.

3. METHODOLOGY

3.1. Research Approach

A qualitative research approach was the dominant methodology in the study. The procedures and processes of a qualitative approach, or its methodologies, are characterized by the collecting of data from participants within their natural context; involving multiple sources of data gathered through multiple methods such as interviews, observation, and documents, and then reports on multiple perspectives of the study (Stake, 2010). The qualitative approach provided the researcher in the current study with the opportunity to gain an in-depth knowledge regarding the perceptions of the participants on the provision of pre-primary education for children who experience disabilities within an inclusive education setting.

3.2. Research Design

The research was guided by the case study design to investigate the practices and barriers of educating children who experience disabilities in pre-primary education. The design involves the study of the issues explored through one or more cases within a bounded system of a setting or context (Creswell, 2013). It is categorized into three types namely: "instrumental" (understanding something more general than the particular case), "collective" (multiple cases within a single research study), and "intrinsic" (understanding a specific case) (Creswell, 2013). The current study was guided by the "collective case study" design in order to assess the provision of pre-primary education for children who experience disabilities, and involved two cases within a bounded system or context. The cases (schools) were purposively selected as having enrolled children who experience disabilities. Two primary schools, named as School A and School B, were conveniently selected on the basis of providing education services for children who experience disabilities within an integrated approach, with each school having a special unit to which it enrolls children who experience disabilities.

3.3. Location and Sample of the Study

The study took place in two districts in Lindi Region, Tanzania. The sample included 20 participants who had experiences and understanding of the pre-primary education services offered in Tanzania for children who experience disabilities. The study employed critical case and convenience sampling strategies as purposeful sampling techniques. In convenience sampling, the participants who were deemed to be both available and most likely to participate in the research, hence the sample includes 11 teachers who taught children who experience disabilities. Critical case sampling was applied by including two head teachers, two district education officers, three quality education assurers, and two ward education coordination officers in the sample due to their managerial positions of responsibility. The sample size was guided by saturation strategy within a qualitative study.

3.4. Methods of Data Collection

The study employed individual face-to-face in-depth interviews and focus group discussions (FGDs). In total, 12 participants were involved in the personal in-depth interviews, which were conducted with head teachers, teachers, ward education coordination officers, quality assurers, and district education officials. In one district, only one education quality assurer was interviewed whilst two were interviewed in another district. Interview guidelines were established in order to maintain consistency across the interviews. Each in-depth interview was conducted in a location selected for its convenience to the interviewee.

The individual interview sessions were guided by the interview questions designed for the study. The questions posed were, "Are there any pre-primary education services for children who experience disabilities in your school/ward/district? If not, why? If yes, how are they provided?" "How are children who experience disabilities accepted into pre-primary education?" and "What barriers are encountered in the provision of pre-primary education for children who experience disabilities?" The interviews were conducted in the Kiswahili language, then transcribed into English by the researcher, with the assistance of an English language expert. Data from each individual interview were recorded through notetaking by the researcher, plus audio recording after having first gained verbal consent from the interviewee. The duration of each interview session lasted between 25 and 30 minutes.

Eight participants of the study were involved in the FGDs. The FGDs enabled the researcher to gain a larger volume of information/data within a shorter period of time. Two FGD sessions were conducted in the study. The first group consisted of four teachers trained in inclusive education, whilst the second group consisted of four teachers who themselves experience some form of visual impairment, but were not trained as teachers in inclusive education. The same questions employed during the individual participant interviews were also posed by the researcher during the FGDs. The FGDs' data were recorded through notetaking and audio recording. The FGDs were also conducted in the Kiswahili language, and later transcribed into English by the researcher with the assistance of an English language expert. The duration of the FGD sessions varied; for the teachers trained in inclusive education, their session lasted for 45 minutes, whereas the FGD for teachers who personally experience some form of visual impairment lasted for 55 minutes.

3.5. Trustworthiness

Criteria for examining the rigor of a study are traditionally internal and external validity, reliability, and objectivity (Creswell, 2013; Golafshani, 2003). Gall et al. (2013) proposed that the term "trustworthiness" is an appropriate term for judging the quality of studies conducted in the qualitative paradigm. The elements of criteria in trustworthiness include credibility, dependability (consistency), transferability (applicability), and conformability (neutrality). These elements were employed alongside other strategies in order to ensure the quality of the current study.

Credibility is paralleled with internal validity (Cohen et al., 2000; Creswell, 2013), and this was achieved first through the use of multiple methods (individual in-depth interviews, focus group discussions, and researcher observation) to collect the data of the study. Second, peer reviews were employed so as to ensure credibility of the study, where fellow researchers were supplied with the tentative data and findings for them to review and pass comments.

Dependability corresponds to reliability of the findings in quantitative studies (Cohen et al., 2000; Creswell, 2013). Dependability of the conclusions was assured in the current study by asking clear questions, triangulating the data, reducing biasness and subjectivity during the data collection processes, employing peer reviews, audit trails, and through the transparent reporting of the study's processes and findings.

Transferability of qualitative findings is considered equivalent to the generalization of findings in quantitative studies (Cohen et al., 2000; Creswell, 2013). Although the location of study may be similar to other places in Tanzania, the researcher's aim was not to generalize the study's findings, but rather to explore the acceptance and understanding of, and barriers to, disability-inclusion in pre-primary education in terms only of the study's location. However, if readers find sufficient similarities between their own context and that of the current study, then it could be seen as reasonable for them to transfer the findings to their own individual contexts.

In terms of conformability, this parallels to objectivity criteria in the quantitative research approach (Cohen et al., 2000), hence the researcher confirmed the study's findings and grounded them in the evidence of raw data. The integrity of the study's raw data was maintained through use of the participant teachers' own words, with direct quotations included liberally.

3.6. Researcher's Reflexivity

In the study, the researcher took on both insider and outsider positions (Braun & Clarke, 2013). The researcher assumed an insider position in the study as both a Tanzanian citizen and a product of Tanzania's education system; hence the researcher understood how Tanzania's school systems operate. As an insider with knowledge of Tanzanian schools today, the researcher was able to assume and impose their own ideas and beliefs on the study's participants. Therefore, it was deemed necessary for the researcher to disassociate (Creswell, 2013) all previous understandings, beliefs, and assumptions held in order to remain as objective as possible in assessing the study's data. At the same time, the researcher was considered an outsider, in that they did not directly belong to the community, nor had any involvement in the schools where the study was conducted. Prior to the study, the researcher had neither worked with nor established any relationship with any

of the study's participants. From the outsider's perspective, the researcher was able to listen to the participants' viewpoints regarding their experiences related to the practices for and barriers to the provision of pre-primary education to children who experience disabilities, and hence to conduct an analysis of the data and draw appropriate interpretations.

3.7. Ethical Issues

In terms of ethical consideration, the researcher requested that each of the study's participants consent to participate in the study. Preceding each interview, the researcher introduced themself, described the study in terms of its purpose and intended benefit, the categorization of the interviewees, the steps taken to maintain data confidentiality and their anonymity, and notified the participants about the expected duration of their interview. On completion of each interview session, the researcher expressed appreciation to the interviewees for their cooperation and participation. Anonymity issues in the study were assuaged through the use of letters instead of the schools' names and numbers for each participant in the study.

3.8. Data Analysis

In the study, content analysis was employed as the means to analyze the collected data according to various steps. First, the recorded data were transcribed and translated into the English language and then repeatedly read in order to obtain an accurate overall understanding of the data, and to gain ideas for further analysis. Then, the texts were divided into meaningful units related to the research objectives of the study and organized according to the next step in the analytical process. This process included open coding, and the creation of categories and sub-categories. The purpose of creating the categories was to provide a means of describing and understanding the effective practice of pre-primary education for children who experience disabilities. During the reporting phase of the study, the results for each objective were described according to the content that described the phenomenon of the study.

4. RESULTS

The study addressed the practices in and barriers to the provision of pre-primary education for children who experience disabilities. The findings are presented in two categories: i) Practices in the provision of pre-primary education for children who experience disabilities, and ii) Barriers to the provision of pre-primary education for children who experience disabilities.

4.1. Practices in the Provision of Pre-primary Education for Children who Experience Disabilities

The participants stated that pre-primary education for children who experience disabilities is provided in special units integrated within mainstream schools. They also stated that children who experience mild disabilities were accommodated or assimilated within standard mainstream classes. On this matter, one district officer stated:

> Yes, pre-primary education of children who experience disabilities does exist. Children who experience mild disabilities, children with albinism, and children who experience physical disabilities are taught alongside their peers [without disability] in the same class. However, those who experience severe disabilities are separated in order to better meet their educational needs. (District Education Officer 2)

There was evidence provided of certain exclusion practices, particularly for children with severe disabilities. It was expressed that children who experience intellectual disabilities were taught separately at School A. It was also mentioned that there were no practices of including children who experience visual disabilities in pre-primary education at School B. The children were included in Standard 3 (Grade 3 of K-12) in some subjects as they had acquired basic skills such as the use of Braille materials and Braille machines. On this, one of the head teachers mentioned the following:

> At this school, children who experience visual disabilities learn separately… and we enroll them at the age of 7-8 years old. Only children with physical disabilities and children with albinism are enrolled to our pre-primary education alongside their peers at the age of 5-6 years... (Head Teacher, School B)

In terms of the types of or categorization of children who experience disabilities, the participants mentioned children who experience intellectual, physical, and visual disabilities, as well as those who experience multiple disabilities, albinism, deafness, and those who experience mild disabilities.

In terms of student admission, at the time of the study, a total of 17 children who experienced intellectual disability and two who experienced deafness were enrolled to School A, whilst School B had 24 children who experience visual disabilities from Standard 1 to Standard 7 (Grades 1-7 of K-12). Among the children who experience visual disabilities, two were said to experience multiple disabilities.

It was found that children who experience intellectual disabilities were enrolled at the age of five years old and not beyond 15. They learned basic self-help skills such as how to eat by themselves, use the bathroom, dress themselves, tie their own shoelaces, and to sit properly on a chair, etc. during the first stage. Once they had completed learning the basic skills, they moved to the second or third stage, depending on their achievement. Those who qualified were taken to the mainstream classes. There were no practices of including children who experienced disabilities in pre-primary education alongside their peers in mainstream education. It was also reported that children who experienced severe intellectual disabilities remained within the first stage for quite a long time. This procedure was also applied to children who were hearing impaired. In relation to the enrollment procedure, one head teacher stated that:

> We don't have inclusion practices for children with intellectual disabilities in pre-primary education... Children who experience intellectual disabilities and/or hearing impairment are admitted in stage one, and then subsequently evaluated and promoted to stage two or three according to their performance. The evaluation mechanism is based on their performance in certain different activities. However, a child may stay for quite a long time, even for 4 years or more... (Head Teacher, School A)

The admission procedure to the Special Unit, according to a teacher at School B, was different from that at School A. At School B, children who experience visual impairment were admitted directly to Standard 1 (Grade 1 of K-12) at the age of 7-10 years old. In Standard 1 (Grade 1 of K-12), those children were then taught separately where they were provided learning experiences and skills taught to other children in pre-primary education. Therefore, they were exposed to simple life skills as well as how to use Braille

materials/books and Braille machines. This was affirmed by one of the head teachers, who said:

> We don't have pre-primary education for children who experience disabilities; we take them directly to Standard 1 [Grade 1 of K-12]. There they are introduced to simple skills such as using Braille materials and Braille machines, how to use the bathroom, movement skills, and so on… (Head Teacher, School A)

4.2. Barriers to the Provision of Pre-primary Education for Children who Experience Disabilities

The participants' concerns on the barriers related to the provision of pre-primary education for children who experience disabilities addressed a number of issues.

4.2.1. Negative and discriminatory attitudes and practices

The participants mentioned that negative and discriminatory attitudes and practices towards children who experience disabilities, on the part of their teachers, had remained a critical barrier to making the school environment welcoming to all children. On this, one head teacher said:

> We still experience attitudinal problems from teachers. Some teachers with a negative attitude are reluctant to include them in regular classes. Those teachers do not want to provide support to children who experience disabilities. Some teachers do not believe that children who experience disabilities can learn within an inclusive setting. (Head Teacher, School B)

4.2.2. Lack of identification and assessment

The participants noted that identification and assessment services might be considered as important prior to the admission of children who experience disabilities. The results of an identification and assessment process would help teachers to provide an appropriate level of services and support to children who experience disabilities. However, it was learned that there no such services were available. The process of identification and assessment was conducted by the teachers themselves based upon information supplied by the parents and from their own physical observation. A teacher at School A stated the following:

> We identify these children according to information from their parents, and we also see them physically. There are no identification, assessment, or diagnosis services in schools which enroll children who experience disabilities. We do it through our own experience serving these children… (Teacher 2, School A)

The view of the participants was that the identification and assessment process was not sufficiently comprehensive to address the needs of children who experience disabilities, nor to identify their abilities or design appropriate intervention procedures. According to the participants, they conducted identification and assessments themselves according to their own experience and from physical observation. In the existing process, the teachers were also unable to assess the child's disability level as being mild, moderate, or severe.

4.2.3. Lack of nutrition and medical services

Nutrition and health care in schools were identified as important components of early childhood for children who experience disabilities. However, both the schools reported

lacking proper nutrition and medical services. Commenting on this, one of the head teachers mentioned that:

…schools which enroll children who experience disabilities do not have health services, not even First Aid. Also, I can't say that we offer proper nutrition for children who experience disabilities either as they only have porridge at school the same as the other children. I know they need special nutrition, but the schools cannot afford it. (Head Teacher, School A)

The other head teacher emphasized there being no medical services for children who experience visual disabilities, and argued that it would be very costly to send them to a hospital for a proper diagnosis:

There is no medical center nearby, thus, the children in our school receive medical services from the regional hospital, which is very far from here. Also, some medical services are not offered there either… (Head Teacher, School B)

4.2.4. Shortage of qualified teachers

The participants explained that a shortage existed of teachers capable to support and teach children who experience disabilities. For example, at the time of collecting the study's data, there was only one teacher specialized in inclusive education for children who experience intellectual disabilities at School A, while at School B there were only four. Regarding this, the participant head teachers stated the following:

…there is only one teacher who is specialized in children who experience intellectual disabilities. This teacher is forced to support even our hearing impaired students…Mainstream teachers are not trained in inclusive education at all. (Head Teacher, School A)

…there are four teachers who are specialized in inclusive education for children who experience visual disabilities and none specialized in other types of disability...I can assure you that children who experience disabilities apart visual impairment are not well served. (Head Teacher, School B)

4.2.5. Shortage of potential teaching/learning aid materials

The participants emphasized that education practices for children who experience disabilities could not be applied practically due to shortages of appropriate visual and audio teaching and learning materials. For example, one of the participant head teachers said the following:

Teachers need shoes and shoelaces in order to teach children who experience disabilities how to tie their shoelaces. Teachers use cups to teach them how to drink tea, coffee, and water, and let them identify the materials. However, teachers require different materials in order to teach them how to eat, prepare food, and wash dishes, and so on, but we don't have them… (Head Teacher, School A)

It was revealed that the schools lacked the appropriate teaching and learning materials for children who experience disabilities to be able to practice various activities. On this issue, one of the head teachers had the following to say:

…Teachers are committed to helping the children who experience disabilities, but we have no facilitative teaching/learning materials. For example, there

are no shoes, dishes, cups or other materials available to practically teach self-help and care skills… (Head Teacher, School A)

4.2.6. Lack of professional support

The participants argued that children who experience disabilities require more specialist help. However, according to the participants, there were no such specialists available; for example, educational counsellors or speech language therapists to support children who experience disabilities. On this one of the teachers said the following:

In our district, there isn't any service to help the teachers or the children. There are no educational services in schools to help children who experience disabilities, and there is no professional therapist service either! I suggest that the stakeholders in this area establish professional therapist services in order to help teachers offer more appropriate pre-primary education to children who experience disabilities. (Teacher 1, School A)

Turning to how the head teachers provided professional support to the school teachers, the participant teachers in the study argued that they were not provided with appropriate professional support because the head teachers themselves lacked knowledge on inclusive education. This was evident from the teachers comments, and as exemplified by the following:

The head teacher in our school doesn't provide appropriate professional support due to a lack of knowledge regarding inclusive education... (Teacher 3, School A)

There is no support from the school's head teacher… After all, our head isn't a professional in inclusive education or on how to best support children who experience disabilities… So, how could they really help me or support me? (Teacher 4, School B)

Similarly, one of the ward education coordination officers interviewed in the study had the following to say:

In all our primary schools, we lack educational counsellors… and other specialists to support children who experience disabilities. (Ward Education Coordination Officer 2)

4.2.7. Absence of parental support

In the study, the teachers talked about the minimal parental support received in educating children who experience disabilities. On this issue, the following three teachers' responses typify what was said regarding this:

Parental support is important for children who experience disabilities in order for them to learn… In my experience I don't see any parental support forthcoming. We effectively work alone with these children... (Teacher 3, School B)

Although parental support is crucial… the parents don't actively support their children's education. In this area, the parents of children who experience disabilities and others are reluctant to help their children. They don't follow their children's progress. (Teacher 2, School A)

Two of the interviewed head teachers also perceived parental support as an important aspect in educating children who experience disabilities. However, they also expressed concerns regarding the lack of parental support, and how it hindered the pre-primary education of children who experience disabilities. The following comments reflect this concern:

> No support from the parents. They don't donate to the schools, they don't co-operate, and they don't come to the school even when invited… (Head Teacher, School B)

> …parents are not ready to visit the school. Even only a few parents come to the school during "parents' day"… (Head Teacher, School A)

In the same vein, the district and ward education coordination officers complained that the parents of children who experience disabilities presented a barrier to the education of their children, because they did not actively support their children enrolled in school. On this, two of the officers stated the following:

> Parents do not offer any support. In fact, they are considered a problem; they effectively abandon their children once they are enrolled in school… (District Education Coordination Officer 2)

> Parents do not cooperate; once their children are in school, they do not actively support them, and don't want to be communicated with about anything! (Ward Education Coordination Officer 2)

5. DISCUSSION

Although inclusive education is viewed as an approach to combat all forms of exclusion and marginalization in learning (Cologon, 2013, 2019; UNESCO, 2017), in the current study it was seen that children who experience disabilities face potential exclusion from their education. The children experience macro- and micro-exclusion, whereby they are excluded from mainstream education and segregated into special units, or placed within mainstream classes, but provided with separate activities. This is a reflection of ableist thinking, advocating "the perception that being able-bodied is superior to being disabled, the latter being associated with ill health, incapacity, and dependence" (Cologon, 2013, p. 6). While macro-exclusion is emphasized whereby children who experience disabilities are placed in special schools or units, or in micro-exclusion where they are placed in the mainstream classroom, yet excluded from most if not all classroom activities (Cologon, 2013, 2019). The enactment of exclusion, discrimination, and segregation, however, is only likely to reinforce and exacerbate the stereotyping of disability in early ages.

It is apparent that pre-primary education for children who experience disabilities is impeded by barriers to doing and barriers to being. So-called "barriers to doing" are obstacles that impose participation restrictions in order to limit access (Cologon & Thomas, 2014). In the current study, the pre-primary education of children who experience disabilities can be impeded by a lack of adequate identification and assessment practices, lack of nutrition and medical services, a shortage in qualified teachers, lack of appropriate teaching and learning materials, lack of professionals such as educational counsellors and speech-language therapists, the absence of professionals and adequate parental support, and inaccessible to an appropriate school environment. While children who experience disabilities may be present within a classroom/school setting, unless such barriers to doing

are addressed, children will continue to be excluded (either through macro- or micro-exclusion) in the education context.

However, "barriers to being," on the other hand, relate to inappropriate, hurtful, or even hostile behaviors that can occur at the individual interaction level, as well as at the systemic or institutional level (Cologon & Thomas, 2014). As noted in the current study, barriers to being include negative and discriminatory attitudes and practices towards children who experience disability, ableism thinking, and a lack of clear and genuine support to facilitate inclusive pre-primary education for children who experience disabilities. This implies that pre-primary education for children who experience disabilities cannot be attained where schools are not free from discriminatory beliefs, attitudes, and practices, or where there is ableism thinking (Cologon, 2013). It is important, therefore, to address the barriers to participation experienced by children who experience disabilities as a result of various factors within the society structure (Berghs et al., 2016; Lawson & Beckett, 2020).

It is clear that barriers to doing and being form considerable obstacles to accessing appropriate pre-primary education by children in Tanzania who experience disabilities, although there is the potential to facilitate inclusive practices (Cologon, 2013, 2014, 2019; Mackenzie et al., 2016). It is important to disestablish ableism thinking which entails discriminatory attitudes and practices arising from the perception that a child who experiences some form of disability is in some sense inferior to a child who does not experience disability. As Cologon (2019) clearly stated, "to be inclusive requires directly and actively rejecting common myths of 'normal' or 'typical' ways of thinking, being and doing, and recognizing that education needs to be open and responsive to the vast range of 'differences' among humans" (p. 3). It is important to take the universal design approach to learning, in which the needs of all are incorporated into educational practices, rather than learning strategies which exclude children who experience disability (Cologon, 2013; Spratt & Florian, 2015)

6. CONCLUSION AND SUGGESTIONS

The findings of the current study contribute to the literature that Tanzania still faces a considerable gap that needs to be caught up in terms of the provision of quality pre-primary education for children who experience disabilities. These children have the same rights to an education and other social services as all other children. Although access to pre-primary education exists, both macro- and micro-exclusion practices and attitudes persist, which are based on ableism practices. It is also important to note that pre-primary education for children who experience disabilities is still being provided, albeit within a difficult environment that clearly requires immediate intervention.

The overall conclusion of the current is that the context of pre-primary education for children who experience disabilities in Tanzania was found to be more inhibitive than facilitative, and that the future of pre-primary education for children who experience disabilities is dependent on the extent to which improvements can be applied within this context. Services such as identification and assessment practices, nutrition and medical services, resource allotment, and the personnel professional development of teachers remains a critical need in this area.

The current study addressed the practices and constraints of the quality pre-primary education for children who experience disabilities within two districts in the Lindi Region of Tanzania. It is recommended by the researcher that similar studies be undertaken within

other districts in the region, and also in other parts of Tanzania in order to gain a better understanding of the overall reality of pre-primary education for children who experience disabilities. Such studies may help to provide a broader understanding of the practices and constraints of pre-primary education in Tanzania for children who experience disabilities.

DECLARATIONS

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