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Disability-Inclusive Early Childhood Care and Education in Tanzania: Exploring Challenges of Quality Nurturing

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Abstract

Background/purpose. Globally, early childhood care and education (ECCE) has become a national priority. In addition to fostering physical, emotional, social, and cognitive development, nurturing care in disability-inclusive ECCE helps shield young children from the harshest consequences of hardship. The purpose of this study was to examine the main difficulties in providing nurturing care in disability-inclusive ECCE.

Materials/methods. A collective case study design served as the foundation for this qualitative study. A purposeful sample of 25 participants was selected. Focus groups and semi-structured interviews were used to collect data. Data was analysed in several stages using content analysis.

Results. The findings showed that nurturing care was inadequately addressed, even when disability-inclusive ECCE was offered. In ECCE programmes, there were no effective inclusive practices to help children with disabilities reach their full potential.

Conclusion. It was concluded that ECCE for children with disabilities was provided in a challenging environment that required immediate interventions. To make disability-inclusive ECCE a feasible procedure, school administration and other stakeholders should overcome the obstacles to nurturing care.

1. Introduction

Early childhood care and education (ECCE) is critical for the short- and long-term development of skills and values: cognitive skills, school readiness, and socio-emotional skills (Shaeffer, 2019). Inclusive ECCE is not a luxury; it is a key human right that ensures lifelong benefits for all children (Barrett et al., 2019; Shaeffer, 2019; Theirworld, 2019). There is significant empirical evidence that quality inclusive ECCE programmes targeted to disadvantaged children have substantial short- and long-run benefits (e.g., see Currie, 2001; Blau & Currie, 2006; Schweinhart et al., 2005; Ludwig & Miller, 2007; Barnett, 2008; Odom et al., 2011; Nold et al., 2021). Sustainable Development Goal 4 (SDG4) provides a historic opportunity to promote disability-inclusive ECCE programmes. While Target 4.2 of SDG4 provides that by 2030, all girls and boys have access to quality early childhood development, care, and pre-primary education, Target 4. a requires effective learning environments to be child and disability sensitive, as well as provide safe, non-violent, inclusive learning for all (United Nations [UN], 2015).

Importantly to note, ECCE is understood as programmes that support children's survival, growth, cognitive development and learning, as well as services related to health, nutrition and hygiene from birth to entry into primary school (Shaeffer, 2019; United Nations Educational, Scientific and Cultural Organisation [UNESCO], 2020). In this context, ECCE defines a child's desired status as being physically healthy, well-nourished, emotionally sound, well self-regulated, and socially competent, and eager to explore and learn (Shaeffer, 2019). Thus, schools need to embrace inclusive ECCE programmes by ensuring a safe, supportive, and stimulating learning environment for all children, including those with disabilities.

Children with disabilities (CWDs), who "include those who have long-term physical, mental, intellectual or sensory impairments" (UN, 2006, p. 4), have a right to disability-inclusive ECCE. Disability-inclusive ECCE happens when all children, including those with disabilities, learn together in a stimulating, supportive, and accessible environment with adequate nurturing care (Le Fanu et al., 2018; Shaeffer, 2019). Disability-inclusive ECCE is a commitment to ensure all children benefit from education and enabling environments in their earliest years, without exclusion. CWDs can learn as others and with others in inclusive education. Disability-inclusion in ECCE programmes reflects a holistic view of the care (e.g., health, nutrition, hygiene, safety and security) and education (e.g., early learning and stimulation, developmental activities) of children from birth to eight years of age (UNESCO, 2016). Inclusion in ECCE shares this holistic viewpoint, emphasizing children's access to and participation in a diversity of learning opportunities, activities, settings, and positive social interactions, regardless of their abilities or needs (UNESCO, 2021).

Disability-inclusive ECCE requires nurturing care, defined in terms of health, nutrition, security and safety, responsive caregiving, and early learning (Black et al., 2017), to enable all children, including those with disabilities, to excel in an inclusive education. Importantly, nurturing care is a stable environment that guarantees children's adequate health and nutritional needs, protection, responsive care, and opportunities for early learning (World Health Organisation [WHO], United Nations Children's Fund [UNICEF] & World Bank Group, 2018). This implies that, in disability-inclusive ECCE, nurturing care can promote children's early learning, physical and cognitive growth, and protect them from threats.

Notably, CWDs who attend disability-inclusive ECCE with essential nurturing care are expected to be: healthy and well-nourished; well-equipped with social skills; socio-emotionally stable; and ready to learn at other levels of education (Naudeau et al., 2011; Shaeffer, 2019). However, in many developing countries, many CWDs are least likely to reach these important milestones (Naudeau et al., 2011). They are often exposed to a challenging environment without basic water and sanitation infrastructure, quality health services, and adequate nutritional inputs, and with parents with low levels of education (Naudeau et al., 2011; Shaeffer, 2019). Quality disability-inclusive ECCE programmes and institutions are supported by trained and well-supported teachers, as well as trained disability professionals (e.g., educational psychologists, speech therapists, occupational therapists) (Shaeffer, 2019; UNESCO, 2021), but they are rarely present in many ECCE programmes in developing countries, including Tanzania.

It is evident that Tanzania protects the rights of CWDs to education. The Tanzania's Law of the Child Act 2009, as revised in 2019, provides that "a child with disabilities shall have a right to special care, treatment, afforded facilities for his rehabilitation and equal opportunities to education and training" to develop them to maximum potential and become self-reliant (United Republic of Tanzania [URT], 2019). Similarly, the Persons with Disabilities Act No 9 of 2010 provides that "persons with disabilities of all ages and genders shall have the same rights to education, training in inclusive settings" (URT, 2010, p. 24). Despite these provisions that propagate inclusive education in early ages, UNICEF's report (UNICEF Tanzania, 2021) presents a breach picture of inclusive education in Tanzania. According to the report, social stigma and misconceptions about CWDs' ability, lack of qualified disability professionals, limited services for early detection and diagnosis, and identification of CWDs, and lack of access to health care and nutrition are critical issues in inclusive education in Tanzania (UNICEF Tanzania, 2021).

This study focused on the challenges of nurturing care in disability-inclusive ECCE in Tanzania. The study provides the government of Tanzania and relevant stakeholders with information on the current challenges of nurturing care in disability-inclusive ECCE. Based on the study findings, education policymakers, practitioners, leaders, and other education stakeholders can develop appropriate programmes and policies for CWDs in ECCE. Additionally, the study is timely, as it aligns with the newly agreed SDG4 on education, which ensures inclusive and equitable quality education and promotes lifelong learning opportunities for all children, including those with disabilities.

2. Literature Review

It is globally recognized that quality education is a right for every child. The UN Convention on the Rights of Persons with Disabilities (UNCRPD) (UN, 2006) clearly states the need to guarantee quality education for CWDs in inclusive settings. Despite good intentions enshrined in laws and policies on disability-inclusive education, barriers remain high for access and learning which affect more CWDs. Inside education systems, these children face discrimination, rejection and reluctance to accommodate their needs (UNESCO, 2020). It is estimated that more than 250 million children (43 percent of all children) under 5 years old in developing countries are at risk of not attaining their full developmental potential (Lu et al., 2016; McCoy et al., 2016; Black et al., 2017). A study among children under five years has found that more than 52.9 million children have some disability, and 95% of them live in developing countries (Olusanya et al., 2018). Quality nurturing care in inclusive early childhood programmes is important for addressing this crisis and enabling CWDs to attain their full developmental and educational potential.

Globally, many countries have adopted and promoted a range of inclusive ECCE policies. They have developed and expanded many early childhood development programmes in response to a growing awareness of the importance of providing all children with supportive and nurturing care across home and learning environments (Black et al, 2017). Worldwide, estimates from UNESCO (2021) show that access to ECCE services has doubled in recent decades, from an overall average of about 30 percent of children in ECCE services in 1986 to an average of slightly over 60 percent in 2019. However, the estimates present a bleak picture of ECCE services in sub-Saharan African countries, which are still, on average, limited to gross enrolment rates of around 30 percent in pre-primary education.

As Richter et al. (2017) have stated, the well-being of young children across the life course requires effective interventions, most notably in health and nutrition, education, and social protection, within a supportive policy and financing environment. This can be attained through sustainable nurturing care, which encompasses young children's needs for good health, optimal nutrition, security and safety, opportunities for early learning, and responsive caregiving (Black et al., 2017; Richter et al., 2017). To nurture and ensure the well-being of young children, schools must ensure their safety; provide health- and nutrition-promoting supports; stimulate and support their early learning; monitor their activities; and supervise their behaviour (Bradley & Putnick, 2012). This implies that, in disability-inclusive ECCE, nurturing care promotes children's early learning and physical, emotional, social, and cognitive development, while also protecting young children from threats. Thus, schools and teachers need to embrace nurturing care by ensuring a safe, supportive, and stimulating learning environment for all children, including those with disabilities.

Investing in nurturing care in disability-inclusive ECCE is one of the paramount investments that countries can make, especially in nutrition, health, and social protection, which can produce long-lasting benefits throughout the life cycle (Black et al., 2017; Denboba et al., 2014; Putcha & van der Gaag, 2015; Sayre et al., 2015). This implies that children who attend inclusive ECCE with essential health, nutrition, education, and protection services are afforded the opportunity to learn and lead healthy and productive lives (Black et al., 2017; Denboba et al., 2014). These services are meant to form the basis for all children's future learning, good health and well-being, and the ability of children to work well with others in adulthood (Denboba et al., 2014; Naudeau et al., 2011).

As is well known, disability-inclusive ECCE services can promote equal learning opportunities and access to other services related to health, nutrition, and protection for CWDs, as well as lay a key foundation for lifelong learning (Le Fanu et al., 2018; Shaeffer, 2019). However, several challenges restrict disability-inclusive ECCE. Shaeffer (2019) informs that such challenges vary from country to country but, inter alia, may include:

- limited awareness among parents and communities of the importance of disability-inclusive ECCE, as well as the possibility of providing good quality, inclusive services for CWDs
- inadequacy of qualified disability-inclusive ECCE workforce, including teachers, facilitators, assistants, specialists, community health workers, social workers, and other ECCE providers
- inadequacy of assistive devices (e.g., glasses and hearing aids) and inclusive materials and methods (e.g., books and other materials in braille, ECCE providers fluent in sign language)
- inadequacy of facilities accessible to the full range of CWDs.

Drawing mainly on indigenous African beliefs, "some African beliefs promote the stigmatization and marginalization of people with disabilities through exclusion and depiction of them as objects of pity or ridicule and as victims of evil forces…" (Ndlovu, 2016, p. 29). This suggests that the African beliefs model portrays negative consequences toward nurturing care for students with disabilities. In this context, one would argue that indigenous African beliefs portray CWDs as abnormal. This has implications for practitioners or teachers working in this context to be negatively influenced as they support nurturing care in disability-inclusive ECCE programmes.

In many developing countries, Tanzania in particular, the stigma, violence, abuse, and discriminatory practices towards persons with disabilities hinder children's learning in early ages (Eskay et al., 2012; Nyangweso, 2018), including nurturing care for CWDs. Persons with disabilities are often blamed on: "misdeeds of ancestors; misdeeds of parents; misdeeds of the person with disabilities; supernatural forces such as demons/spirits; witchcraft; or punishment or fate from God" (Rohwerder, 2018, p. 2). As the result persons with disabilities may be thought to be not quite human to benefit nurturing care.

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3. Methodology

3.1. Research Approach and Design

This study employed qualitative research approach given the fact that: it takes account for the contextual conditions of the participants; it takes place in the natural settings of human (participants) life; it stresses holistic accounts and multiple realities; it is flexible to the circumstances during the research process, participants are treated as active informants, as well as the researcher is the means through which the research is undertaken (Holloway & Wheeler, 2013). The qualitative research approach enabled the researcher to explore the participants' experiences, perspectives, and views in their natural contexts (Silverman, 2013). It also enabled the researcher to obtain in-depth, firsthand perspectives characterised by diverse information on challenges in nurturing disability-inclusive ECCE. The study was guided by the collective (multiple cases in one research study) case study design (Creswell, 2007) to identify the challenges in nurturing care in disability-inclusive ECCE. The design involved two cases within a bounded system or context of public schools (Creswell, 2007).

3.2. Locale and Population of the Study

The study took place in two districts in Lindi Region. The target population was educators including district education officials, primary school quality assurers, ward education officers, primary school head teachers, and teachers who teach CWDs in two districts in Lindi Region.

3.3. Sample and Sampling Techniques

This study involved participants who had experiences and understanding of ECCE services for CWDs. The participants were recruited from two schools in two districts in Lindi Region. The two schools, one from each District, were purposively selected because they enrolled CWDs. These schools were named as School A and School B. The two schools had the special units integrated into primary schools.

The study employed purposive sampling to select participants and schools. It employed convenience and critical sampling strategies as purposeful sampling techniques (Creswell, 2007; Gall et al., 2007). In convenience sampling, the researcher selected the participants who were available and willing to participate. Participants included district school quality assurance officers and teachers from two districts. In critical case sampling, the participants were involved based on the assumption that they could provide specific information about a problem. It was used to sample district education officers, ward education officers, and head teachers because of their administrative positions.

As indicated in Table 1, the sample comprised 25 participants, including two district education officers, three education quality assurers, two ward education officers, two head teachers, and 16 teachers. The sample size was guided by a saturation strategy in a qualitative study (Sank, 2006), in which 17 and eight (8) participants were involved in in-depth interviews and focus group discussions (FGDs), respectively.

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Table 1. Participants' Demographic Characteristics (Source: Field data (2022))

Academic qualifications	Frequency	Percent
Grade A	21	84
Diploma	4	16
Sex		
Male	6	24
Female	19	76
Teaching experience (Years)	**Frequency**	**Percent**
0 – 5	9	36
6 – 11	10	40
12 – 17	3	12
18 – 23	2	8
24 – 29	1	4
Positions	Frequency	Percent
Teachers	16	64
Head teachers	2	8
Ward education officers	2	8
Education quality assurers	3	12
District education officers	2	8

3.4. Data Collection

The study employed in-depth interviews and focus group discussions (FGDs). Seventeen (17) face-to-face in-depth interview sessions and two FGD sessions with eight teachers (each session with four teachers) were conducted. FGDs enabled the researcher to gather more information in a shorter period of time (Gall et al., 2005) and to understand the collective experiences of the participants. The in-depth interviews and FGD sessions were conducted in the chosen areas at the participants' convenience. All in-depth interviews and FGD were conducted in Kiswahili, which all participants widely understood. Then the Kiswahili interview versions were translated into English by an English Language expert. Both interview and FGD sessions were guided by the study's questions. Voice recording and note-taking were used to capture information during in-depth interviews and FGD sessions.

3.5. Data Analysis

Content analysis was used to analyze data in different steps. First, the data were transcribed and repeatedly read to obtain an overall understanding of the data and generate ideas for further analysis. Then, all the texts were divided into meaningful units related to the research objective. The data were organized in the next step. This process included open coding and creating categories.

3.6. Ethical Issues

For ethical purposes, apart from observing the research's clearance logistics, participants' consent to participate was sought, and they provided informed consent and agreed to be involved in the interviews and focus group discussions. In addition, the researcher assured that the information collected was for research purposes only. Moreover, the names of participants and schools do not appear in this study.

4. Findings and Discussions

The purpose of the study was to identify the challenges to nurturing care in disability-inclusive ECCE. The identified challenges are presented and discussed hereunder:

4.1. Food, Nutrition, and Health Services

Quality nutrition and good health in ECCE programmes have been identified as important components for all children's growth and wellbeing (Black et al., 2017; Richter et al., 2017; Zadka et al., 2019). However, the participants in this study reported that schools neither provided proper nutrition nor health services for CWDs. In informing this challenge, some participants had this to say: "... although some CWDs fall sick, no dispensary or first aid provided here…" (Teacher 2), "... children come from home without breakfast, but there is neither breakfast nor lunch at school..." (Teacher 1). Based on participants' sentiments, it was clear that the nutrition and health of the CWDs were in trouble. This suggests that children were likely to develop poor health conditions. This was in line with Children in Crossfire (2017), which argued that, in Tanzania, poor health and nutrition systems in early childhood compromised children's learning, physical, and cognitive development.

The participants informed that schools had not established feeding programmes due to financial constraints and lack of parental support. The head teachers commented: "… we have not introduced a school feeding programme because of financial challenges; parents are not ready to support… (Head Teacher for school B), "… in my school, we do not have a school feeding programme, children go home to eat, while others are given money by their parents to buy food from the local food cooks (Head Teacher for School A). These contentions suggest that schools lacked proper feeding programmes where some children, including those with disabilities, could stay at school without having breakfast or lunch. The findings were consistent with findings from Mwoma et al.'s (2018) study which found that some children in pre-schools in Nairobi County, Kenya, came to school without having had a morning meal due to financial constraints.

Further, Mwoma and Pillay's (2015) study revealed that orphans and vulnerable children from disadvantaged backgrounds in Soweto, South Africa, lacked food at home and in schools due to poverty. This situation needed attention at the family and school level. Lack of food may have negative impact on children's health and learning since hungry children may not have energy to play and to actively participate in their learning (Mwoma et al., 2018). Therefore, it is sensible to have feeding/food programmes at school to ensure continuity of CWDs and to promote their health and learning.

It was apparent that some parents gave their children money to buy food from the local food cooks. However, some participants did not see this as a good practice. On this aspect, teacher 5 had this to say: "… to allow children to buy food from local food cocks is not a good practice … it can expose children into risks related to poor hygiene….". This practice of buying meals from food vendors compromises children's safety and security in school, as well as exposing them to health risks associated with poor hygiene in food handling (Mwoma & Pillay, 2015).

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4.2. Water and Sanitation

The second question focused on water and sanitation issues. Clean and safe water and propper sanitation are critical in promoting a conducive learning environment. Their presence in schools enhances child health, attendance, and retention, as well as performance (Mwoma et al., 2018). Participants in this study reported that schools did not meet minimum water and sanitation requirements. The Head Teacher for School B informed that "… we acknowledge the need to provide adequate water and sanitation in schools, but we don't have water here … No water for cleanliness..." The Head Teacher for School A also had the following to say: "We don't have tape water, we don't have safe water in our school... we don't have facilities to store rain water..." It was apparent from these contentions that schools did not adequately guarantee minimum water and sanitation requirements for CWDs.

These findings were consistent with those reported by Mwoma et al. (2018) who found that many preschools experienced challenges related to absence of water storage, hand washing stations or facilities and sanitation in whole. Children in Crossfire (2017) noted that poor sanitation and hygiene systems in early childhood compromise children's health, learning, and physical and cognitive growth. That could be a challenge that required urgent attention to ensure that preschools have safe water for use and proper sanitation.

Findings further revealed that there were no enough toilets for all children. CWDs used and shared the congested pit latrines with other children. In informing this challenge, Teacher 4 had this to say: "… we have one toilet with four holes for boys and one with six holes for girls. It's improper those children with and without disabilities to share that space…" Teacher 10 noted: "toilets are not enough in our school to meet the demands... they are not suitable for CWDs..." These findings were consistent with those reported by Mwoma et al. (2018), who found that some schools lacked toilets, compelling children to use community toilets near the schools. Similarly, URT and UNICEF (2020) noted that only 17.6 percent in urban schools and 10.6 percent in rural schools in Tanzania (both primary and secondary) had at least one usable toilet accessible to students with disabilities. This calls on schools and communities to play their roles to ensure that learners with disabilities have a safe, sanitary, and healthy environment in ECCE.

4.3. Identification, Assessment, and Diagnosis

According to UN (2007), with effective early identification and assessment, combined with appropriate diagnosis, it is possible to identify potential difficulties and maximize participation of CWDs in all life activities. However, challenges in identification, assessment and diagnosis were seen as one of the critical impediments for nurturing care in pre-schools. The identification and assessment were made by teachers based on the information from parents and physical observation. Teacher 3 elaborated this by saying: "we identify these children through their parents' information, and we see them physically…" It was in the view of the participants that the identification and assessment made in this way was not comprehensive to address the needs, identify the difficulties and design intervention procedures of the CWDs. According to teacher 6, "the identification and assessment conducted through experiences and physical observation of teachers cannot give scientific information for scientific design of appropriate interventions…".

Assessment for the identification of CWDs in ECCE programmes requires a multidisciplinary assessment team comprising specialist teachers, psychologists, speech and language specialists, physical and occupational therapists, counsellors, and other relevant professionals (Charema, 2010; Shaeffer, 2019; UNESCO, 2021). However, as the findings show, no team of experts was available in the study locale. This implies that there has been no deliberate assessment for identification of CWDs in ECCE programmes.

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According to UNICEF (2016), ECCE educators should be able to identify and refer CWDs that do not typically happen in practice. In this study, it was found that schools and teachers lacked expertise in identifying and assessing CWDs and in early diagnosis. The participants disclosed that the schools lacked the expertise and facilities for diagnosis; so, many children remain undiagnosed. Informing this challenge, teacher 4 said the following: "...school lacks early diagnosis or screening facilities and services... no early diagnosis and intervention..." This suggests that critical intervention windows were not available, and that the specialized services many CWDs required were not adequately addressed.

4.4. Professional Experts and Supports

Effective disability-inclusive ECCE requires a multidisciplinary support team, including specialist teachers, psychologists, national specialists, and other medical specialists (Shaeffer, 2019; UNESCO, 2021). But this study found that there were no specialists such as nutritionists, medical specialists, educational counsellors and speech language therapists to support the CWDs. Informing this challenge, Education Quality Assurer 2 said the following: "...in our district, there are no specialized services in all schools to help the CWDs... no any nutritionist, medical specialist or professional therapist services..." Similarly, the Education Quality Assurer 3 had the following to say: "...in all our schools, we lack educational counsellors and other specialists..." This suggests that services for CWDs are inadequate and inappropriate in the study area.

Findings regarding a lack of professional support by psychologists, counsellors, and social workers in schools were found to be consistent with Shaeffer (2019), who found inadequacy of a qualified disability-inclusive ECCE workforce, including teachers, community health workers, social workers, and other ECCE providers. Mwoma and Pillay (2015) found that provision of counselling services for orphans and vulnerable children was hampered by the lack of professional counsellors, psychologists, social workers, and the fact that schools did not have peer counselling among children. Similarly, Mapunda et al. (2017) found a lack of specialists and professionals to support CWDs in preschools.

In this study, the participants (teachers) also argued that the school head teachers did not provide appropriate professional support because they lacked knowledge of inclusive education. In informing this challenge, two teachers commented the following: "…the Head Teacher in our school doesn't provide appropriate professional support because s/he lacks knowledge of inclusive education..." (Teacher 3), "there is no support from school head… after all, our head of school isn't a professional in inclusive education and on how to support the CWDs … How can such Head help me or support me? (Teacher 4)

4.5. Physical Facilities

All interview, FGD and observation data revealed that physical facilities in preschools were not conducive to enhancing early learning and care for CWDs. Some classrooms lacked doors; had insufficient space, leading to children being squeezed into small classrooms; had poor furniture, such as classroom desks, tables, and chairs suitable for all children; and had earthen floors. In reporting these challenges, teachers had the following to say: "…in our school the classrooms do not have doors (Teacher 4), "… in this school, the children are many and classrooms are small; children cannot even move freely inside the classroom (Teacher 5), "…we experience the great challenge of the classroom furniture which are not up to standard and also are few (Teacher 6). As the participants described, it wasn't easy to address the needs and challenges of CWDs in the general classroom.

4.6. Security and Safety

The findings clearly showed that schools faced challenges related to children's safety and security. The findings of the current study were consistent with the findings of the study by Mwoma et al. (2018), who found that schools experienced challenges such as a lack of classroom doors, substandard furniture, children being squeezed in small classrooms, and an earthen floor that could lead to incidents of injuries and spread of disease due to dust. For this reason, it is argued here that schools need to mitigate the challenges and play their critical role to ensure that children's learning environments are safe and secure.

The participants emphasized that CWDs did not have access to safe and reliable transport to and from school, and they were at high risk of bullying and abuse. Some CWDs get lost on the way to school or home. The Ward Education Officer 1, for example. Informed: "children with visual impairments need mobility assistance... These children lose direction back home… No transport for them... For guaranteeing security to CWDs, the participants suggested building boarding schools with safe facilities in order to reduce the risks associated with walking long distances, bullying, and abuse practices. In supporting this suggestion, the Ward Education Officer 2 said the following: "…the only solution to bulling and abuse practices and transport to CWDs is to build boarding schools…"

Mwoma et al. (2018) found that some children went to school unaccompanied by adults, thus exposing them to the dangers of being bullied by older children and exposed to the risk of accidents. This was also a case in this study; some participants informed that sometimes CWDs went to school alone, in which they were exposed to dangers of being hit by speeding motorcycles/bicycles or bullied by unpatriotic persons/elder children. On this aspect, two teachers had the following to say: "…the young children who go home by themselves sometimes are bullied and beaten by the elder children or hit by bicycles (Teacher 4), "…some children come to school by themselves and go back alone… their security is not assured" (Teacher 3).

Fencing the school compound is seen as essential to ensure that children remain in the school and do not run out without teachers' knowledge (Mwoma et al., 2018). This ensures security of CWDs. However, participants in this study reported that the schools were neither fenced nor had security officers due to financial constraints. The head teachers and other teachers revealed noted: "… as you can see, there is no fence around the school (Head Teacher for School A), … "we have no school gate but during break time we put teachers on duty to provide security for children (Head Teacher for School B)", "…the school compound has no fence to provide security to children (Teacher 7). "…in our school, we have not employed security officers because of a shortage of funds. Sometimes the kids may run out of school without teachers' knowledge (Teacher 6). This suggests that children, especially those with disabilities, were in danger while at school. These findings are consistent with Mwoma et al. (2018), who found that some preschools had no fences; thus, children had poor security while at school. Therefore, school management must ensure that the children, especially those with disabilities, access maximum safety and security while at school.

The participants further disclosed that CWDs were at risk and insecure because of negative attitudes, stigma, and discriminatory behaviours among people towards individuals with disabilities. The following were the comments by some teachers: "... when CWDs move around, they are teased by some peer children or adults..." (Teacher 4), "... some people see CWDs as abnormal and strange to live with", "... some people in this area call CWDs names which devalue them; they call them 'vilema/walema' (disabled)..." (Teacher 6). In this situation, CWDs are uncomfortable at school. This finding was not surprising because negative perceptions, attitudes, treatment, and behaviour towards CWDs are common in Africa (Eskay et al., 2012; Nyangweso, 2018). CWDs may be seen as not quite human or as a source of shame. This has serious consequences for how these children are treated. In this situation, quality nurturing care cannot be attained. This implies the need to advocate for human rights to encourage family and community members to change attitudes and norms that encourage stigma, violence, and discriminatory behaviours towards people with disabilities.

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4.7. Parents' Financial Capacity

It was found in this study that many parents whose children had disabilities faced significant financial barriers. On this aspect, Teacher 4 commented: "…children from poor households cannot afford to pay for transport, uniforms, meals, medicine, and additional school materials such as exercise books, and pens…". It is clear that the parents who lived in poverty failed to sustain average basic needs for their children including nutrition, health, protection, and ECCE. For instance, the district education officers and ward education officers noted: "… parents live in poverty... They are unable to contribute anything for their children's education and nurturing care..." (District Education Officer 1), "…poverty limits many children to access education and receive appropriate nurturing care in our district..." (District Education Officer 2), "…parents don't have money to meet the needs of their daily life…they don't have money to spend on their children's education, nutrition and medics" (Ward Education Officer 1).

Although there were no official fees for early childhood schooling, there were other school-related costs such as uniforms, food, medicine, books, exercise books, and transport. Many children from poor households were unable to attend ECCE and receive proper nurturing care. Based on the findings, it can be argued that financial status of parents can support or limit education and wellbeing of their children. This is consistent with Mwoma and Pillay's (2015) findings, who found that orphans and vulnerable children from disadvantaged backgrounds lacked food at home and in schools due to poverty. In the same line, Mwoma et al. (2018) reported that some parents could not afford breakfast for their children due to financial constraints. Thus, this implies that government, communities, and other stakeholders should find a way to support CWDs so as to ensure that they attain the necessary requirements for their studies.

4.8. Parental Support

In this study, participants reported minimal parental support in the nurturing care of CWDs in ECCE. For instance, two teachers commented: "…in my experience I do not see any parental support..." (Teacher 3), "… minimal parental involvement affects CWDs in terms of nurturing care and early learning…" (Teacher 2). Two head teachers also expressed their concerns on how the lack of parental support hindered nurturing care in ECCE: "no support from parents... they do not donate anything to schools... and they do not come to school when invited… (Head Teacher for School B) "…parents are not ready to visit the school. Only a few parents come to school during parents' day…" (Head Teacher for School A). These findings are contrary to Tanzania Education Circular Number 3 of 2016, which states that parents have the responsibility to collaborate with school management to provide their children with all required learning materials regardless of their conditions (URT, 2016). As the findings revealed, parents are not responsible for their CWDs. With this circular, CWDs have the right to receive special learning materials to allow them to cope with learning in inclusive education.

As Sund (2006) observed, parents have the most significant responsibility to protect their children, including those with disabilities. As the first teachers and protectors of their children, parents have a primary responsibility to ensure that children experience a conducive social and academic environment at home and at school (Mwoma et al., 2018). However, the findings in this study revealed that parents are not responsible for their CWDs. This implies that parents are not aware of their responsibilities for their CWDs, as a result, the nurturing care for these children becomes problematic.

In the same vein, participants complained that parents did not support their children at school. On this matter, District Education Officer 1 commented: "parents do not provide any support for children and schools…" At the same time, the Ward Education Officer 2 noted: "…parents don't give any cooperation; once their children are in schools, they do not support them completely; they don't want any communication for anything. This is similar to what Mwoma and Pillay's (2015) study observed. They found that parents/guardians were not cooperating with teachers in a bid to support orphans and vulnerable children.

The reluctance of parents to get involved in the education of their children may result in the low quality of education for CWDs (Children in Crossfire, 2017). Among the reasons for low parents' support to CWDs' ECCE include the low value they attach to ECCE for CWDs, poverty, and distance to and from school, as well as the lack of awareness among parents and communities about CWDs' early development needs (Children in Crossfire, 2017; URT, 2017). Almost all of these reasons are applicable in the locale of this study. This calls for the need to develop effective parenting programmes and improve the capacity of parents to provide effective early learning environments for CWDs (Black et al., 2017; Lake & Chan, 2015). This should go hand in hand with linking parenting programmes in the early years of learning and with creating awareness among parents of their responsibility to nurture their children.

5. Conclusion and Suggestions

Despite the remarkable benefits of nurturing care in disability-inclusive ECCE programmes for all children (Naudeau et al., 2011; Black et al., 2017; Shaeffer, 2019), this study suggests that key elements of nurturing care were inadequately included. It is apparent that schools experience numerous challenges related to children's safety and security, including a poor school environment; lack of doors and windows in some classrooms; small classroom space, leading to children being squeezed; lack of fences; and CWDs being bullied by older children. CWDs are also at risk and insecure because of negative attitudes, stigma, and discriminatory behaviours towards CWDs. Other challenges include: a lack of professional support from psychologists, counsellors, and social workers in schools; financial constraints; and parents' reluctance to involve themselves in and support the nurturing care and education of their children. To mitigate the challenges, there is an urgent need for a combined effort by various ECCE stakeholders to ensure that nurturing care is embraced, enabling all children to reach their health, growth, and learning potential in the early years.

Based on the findings of this study, the following recommendations are made: first, the communities or school management should ensure a conducive learning environment for all children by building classrooms with enough space, good ventilation, and child-sized furniture. Second, communities and school management should ensure children's safety and security by building fences around schools to protect them. Third, schools should ensure the availability of food and nutrition for all children by introducing school-based feeding programmes in preschools. Fourth, the school management and communities should play their roles to make sure that schools have clean water and proper sanitation. They should also ensure that learners with special needs have a safe, sanitary, and healthy environment in ECCE. This should go hand in hand with employing personnel with expertise in the identification and assessment of CWDs and early diagnosis. Fifth, the school management should introduce parenting programmes to strengthen parents' capacity to provide effective early learning environments for young CWDs. This should go hand in hand with awareness creation on the parents' responsibility to nurture their children and a change of attitudes and norms that encourage stigma, violence, and discriminatory behaviours towards CWDs.

Declarations

Author Contributions. This is a single-authored paper.
Conflicts of Interest. It is declared that the author had no competing interests.
Data Availability Statement. The data are not publicly available due to ethical restrictions.
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