



“Nzuri!”

The Voices of Tanzanian Children with
Disabilities Participating in Physical Activities

Gustav Lindqvist

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Handledare: Håkan Larsson
Examinator: Bengt Larsson

Abstract

Children with disabilities are seldom listened to and are rarely able to express their feelings and thoughts on sports and physical activities.

Aim

The aim of this study is, therefore, to explore the experiences children with disabilities in Tanzania have while participating in physical activities at school.

The research questions

- What types of activities do they participate in?
- How are the children included in the participation?
- What health related experiences do these children with disabilities gain through participating in physical activities at school and how are they manifested: socially, physically and psychologically?

In the city of Morogoro, Tanzania there are several schools and centers which focus on special needs and many children come from all over the country to receive basic education and health services here. If they are registered at a school or center for rehabilitation they have an opportunity to get involved in physical activity. However, the types of activities often depend on the personnel at the institutions. Therefore, it is a suitable place to study the experiences of children with disabilities and as they participate in physical activity.

Method

The study included observing the structural aspects of the physical activities and interviewing the children and youth after they have participated in an activity.

Results and conclusion

The results from the three institutions in Morogoro, Tanzania suggested that these children have an understanding of the social, physical and psychological benefits of physical activity. They particularly stress the social implication i.e.; having friends. The findings also demonstrate that the children enjoy physical activities greatly and would like to do it even a

1000 times. They also claim that they are very good at the activity and their disability does not hinder their ability to participate in their daily routine of physical activity.

Improvements of listening to these children might evoke the interest to enhance the accessibility to sporting arenas and physical activities for children with disabilities. This will further their development and improve their chances of becoming an individual who believes “I can do it!”

Sammanfattning

Studier visar på att barn med funktionsnedsättningar sällan blir lyssnade på och får då sällan chansen att uttrycka sina känslor och tankar kring deras deltagande i sporter och fysiska aktiviteter.

Syfte

Den här uppsatsen utforskar de upplevelser barn med funktionsnedsättningar i Tanzania får av att delta i olika fysiska aktiviteter i skolan.

Frågeställningarna

- Vilka typer av aktiviteter deltar de i?
- Hur är barnen inkluderade i deltagandet?
- Vilka hälsorelaterade upplevelser får barnen från att delta i fysisk aktivitet and hur ytttrar det sig; socialt, fysiskt och psykologiskt?

I Morogoro, Tanzania finns det ett flertal skolor och center för barn med funktionsnedsättningar. Det har gjort att barn från hela Tanzania kommer hit för att få rehabilitering och undervisning. Om barnet blir inskrivet på någon av dessa institutioner ökar chansen att de får delta i olika fysiska aktiviteter. Dock beror typen av aktivitet främst på personal på institutionen snarare än på barnens intressen. Det gjorde Morogoro till ett lämpligt ställe att genomföra den här studien med barn med funktionsnedsättningar och när de deltar i olika fysiska aktiviteter.

Metod

Studien inkluderade observationer av strukturella aspekter som omgärdar de fysiska aktiviteterna samt intervjuer med barn efter det att de har deltagit i en fysisk aktivitet.

Resultat och slutsats

Resultaten från de tre institutionerna i Morogoro, Tanzania tyder på att de här barnen har en uppfattning om vilka fysiska, sociala och psykologiska fördelar det finns med att delta i fysisk aktivitet. De lägger stor vikt vid de sociala implikationerna av fysisk aktivitet dvs. vänskap. Resultaten visar vidare att barnen tycker om att delta i fysiska aktiviteter, till och med så mycket som 1000 gånger, om de bara fick. Samtidigt är det ingen som påstår att deras funktionsnedsättning skulle påverka deras dagliga deltagande i fysiska aktiviteter.

Om vuxna inser vikten av att lyssna bättre på de här barnen kanske det finns en möjlighet att öka deras tillträde till olika fysiska aktiviteter. Det kommer att få de här barnen att utveckla sig och öka deras chanser att bli en person som säger "Jag kan!"

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1 Introduction

Sport has the power to unite in a way little else can. Sport can create hope where there was once only despair. It breaks down racial barriers. It laughs in the face of discrimination. Sport speaks to people in a language they can understand (Nelson Mandela)

Today, a growing number of approximately 15 percent or about one billion people of the world's population live with disabilities (WHO 2013), but reports also state that 80 percent of them live in developing countries (Sherrill 2004). Out of the one billion people 150 million are children according to WHO (2013), but only 2-8 percent receive any help such as rehabilitation and primary education (UNICEF 2011). This study therefore focuses on the situation for disabled children and youth in the Republic of Tanzania. The study also focuses on including the children and youth in the process of research by letting them be the interviewees. It enhances the possibility to make their voices heard concerning their inclusion in physical activities as will be discussed further down.

In light of Mr. Mandela's words a movement towards a global strategy to enhance the lives of these children around the world started already with The Universal Declaration of Human Rights of 1948 (UN 2007). However, it took another 24 years before UN declared the International Decade of the Disabled Person (1983-1992). It provided a framework and spelled out the need to "[p]romote more efforts that encourage positive attitudes toward children, youth, and adults with disabilities, and implement measures to ensure their access to rehabilitation, education, training and employment, as well as to cultural and sport activities and access to the physical environment." (African Union 2002; quoted in Rights To Play 2008, p.174). In 2006 the UN ratified the Convention on the Rights of Person with Disabilities (CRPD), which is the first international and legally binding document addressing the right of persons with disabilities with concerns to sports in article 30.5 (Participation in cultural life, recreation, leisure and sport, Appendix A). 114 states have so far signed the CRPD, including the United Republic of Tanzania. However, legally binding documents are problematic because countries adhere to them differently. Hence, the question is how and if it is implemented the everyday life of Tanzanian children.

Unfortunately, the article adds pressure on many countries with already weak economies and lack political stability, such as Tanzania. Thus, these international guidelines offer little help in areas where people focus on day-to-day survival. Instead barriers continue to exclude youth and children with disabilities to participate in physical activities and education. The CRPD does however address many issues on the well being of people with disabilities. It stresses participation and inclusion of children with disabilities in physical

education “to the fullest extent possible” (UN 2007). The belief is that sports may be used as a mean of greater inclusion and well being of disabled children. One of the first steps towards this is to reduce stigma and discrimination associated with disabilities. Secondly, by empowering children and letting them gain access to their full potential and the ability to pursue changes within their community (Right To Play 2008).

In some ways a child’s first experience as a human being could be through sports. That is, they are now for the first time able to make their own choices and be challenged on their own. They can be independent and use their own power of will. Nonetheless, it is important to remember that if sporting activities are not inclusive they are as much of a barrier and an area for discrimination as any other (Right To Play 2008).

As the Officer of High Commissioner for Human Rights proclaims:

For the community, participation by person with disabilities in sport provides a means of destructing disabling images that portray persons with disabilities as passive, inactive and lacking capacities to participate in the wider life of community. In breaking down stereotypes of disabilities participation in sport helps build more inclusive communities and therefore a greater social cooperation and cohesion. (Walker 2007; quoted in Rights To Play 2008, p.177)

Sadly, this is not always the case for many children in Tanzania especially if you live in poverty and have a disability. This does not mean that all children have to climb Kilimanjaro or win gold medals at the Paralympics, but they should at least be able to leave their own house to play a game outside or move independently on a soccer ground or go to school and participate in physical education. The result stemming from the sensation of being able to do things actively and independently must be a significant boost of empowerment. Physical activities benefits children with disabilities physically, but also psychologically and socially; therefore, it is fundamental to their mental and physical development (Coates & Vickerman 2010).

Sports and recreational activities is therefore one possible approach to increase quality of life and enhance awareness of inclusion. Although, much of the research has centered on adults and Cooper et al. (1999) advocate the importance of research being carried out on aspects of children, because the results could be skewed and lack a real understanding of physical activity and children with disabilities. Nonetheless, children with disabilities a diverse group; therefore, it is a complex task to generalize information and assume it on a general population of disabled.

Furthermore, we cannot understand the nature of young individuals if we do not listen to their voices. One of the core concepts within Disability Studies is to include participation of disabled into the research. Therefore, the starting point should be to ask them to express their experiences of physical activities and encourage them to be active informants in research, instead of seeing them as objects of enquiry. It is through their words and actions that we can gain access to the nature of physical activities in regards to children with disabilities and make their voices valuable. Boldly speaking, what do these young disabled individuals really value when it comes to physical activity? These are very important points made by Fitzgerald, Jobling and Kirk (2003a) and Coates and Vickerman (2008).

1.2 Aim and Research Questions

The aim of the study, at an advanced level at the Stockholm University and the Swedish School of Sports and Health Science, is therefore to explore the experiences of children with disabilities in Tanzania while they participate in physical activities at school.

The research questions are:

- What types of activities do they participate in?
- How are the children included in the participation?
- What health related experiences do children with physical disabilities gain through participating in physical activities at school and how are they manifested: physically, psychologically and socially.

2 Background

There is a discussion below on each concept with a foundation on prior research available enhancing the understanding of the concepts related to the fields of disability studies and physical activity in education with a focus on children in Tanzania.

2.1 The Tanzanian story

Issues brought up by the Tanzanian Ministry of Labour, Youth Development and Sports are that about 3.3 million people (approx. 9 percent of the population, ILO 2009) live with disabilities in Tanzania. However, only 3 percent of all disabled is below the age of 10, which could be skewed due to identification problem (Mbwilo, Smide & Aarts 2010). The 2008 Tanzania Disability Survey also revealed that the disability rates differ from region to region, from 2,7 percent to 13,3 percent. The high numbers could be due to tribal conflicts (e.g. Manyara region), but also cultural norms and attitudes.

In a study on poverty researchers (Research on Poverty Alleviation REPOA 2007) established several variables affecting the number of disabled. Firstly, the demographics

confirmed that one-third of all households in Tanzania live under the basic poverty line, 77 percent live in rural areas and 50 percent of the population is below the age of 18. Secondly, inaccessibility leads to only 39 percent of all births take place in a health facility. Thirdly, health related factors affecting children in Tanzania are poor health conditions, lack of immunization (e.g., malaria) and inadequate care of expecting mothers (e.g., low, birth weight, traumatic labor unfavorable conditions during fetal life). Mwilo, Smide and Aarts (2010) add that the high numbers of children with disabilities also result from poor nutrition, toxin exposure and stressful events. Leach (Research on Poverty Alleviation REPOA, 2007) further discovered that two million children are stunted (malnourished) in Tanzania, which is, increasing the number of children with disabilities in Tanzania. Nevertheless, malaria is still the single most important disease affecting children in Tanzania (Research on Poverty Alleviation REPOA 2007).

The National Policy of Disability (Ministry of Labour, Youth Development and Sports 2004) declared that “availability of early learning and basic education to all children age 7 and that children with disabilities will be given priority”. This however does not mean that the educational system in Tanzania allows equal access to school facilities. Mkumbo (2008) adds that many schools also have poor physical structure, which makes it especially difficult for children with visual and physical impairments. This includes for example entrances consisting over several steps. Furthermore, many schools are not within easy reach for children with disabilities in Tanzania. Both children in rural and urban areas must walk long distances to arrive to school, which is deterring their presence in school. If you add socio-economic (e.g. poverty and school fees) and cultural factors (e.g. absence of role-models, negative attitudes towards girl’s education) rural children attend school less than urban children, especially disabled girls (Kalabula 2000). Parents and teachers also complain that transport is therefore an issue because of the considerable amount of time lost travelling but also since the students come to school late and miss a significant amount of learning opportunities (Mbwilo, Smide & Aarts, 2010). Leach (Research on Poverty Alleviation REPOA 2007) found that in general children with disabilities attend on average two years fewer in school than their able bodied peers. The illiteracy amongst disabled in Tanzania is therefore high at approximately 47 percent (National Bureau of Statistics 2008).

As a result only 1 percent of the enrolled students have a disability in the primary school system and the enrollment rate is far below the national average (Mkumbo 2008). However, some 50 percent of all children with disabilities are still enrolled in school (Chuwa 2010). Chuwa also found that only a few schools around the country have inclusive classes,

meaning a child have the right to attend a school and it is the school's duty to accept the student. Conversely, most students instead attend special or an integrated class, which means the child, has to change to the mainstream to be accepted by the school. Interestingly, of those children with disabilities enrolled in school 40 percent have physical disabilities and 21 percent mental disability, 17 percent some learning disability. Most pupils seem to belong to the category physical disability and Mkumbo (2008) argues that it might be a possibility that schools find it easier to accustom children with these disabilities than others. It is also noteworthy that male students make up 57.7 percent of these disabled pupils, which is contrary to the national average which is equal according to gender (Mkumbo, 2008).

Tanzania is in need of more governmental schools free of charge, especially schools providing special education which are equipped with material and human resources (Mbwilo, Smide & Aarts 2010). Elekweke and Rodda (2010) furthers this by adding that the government should formulate educational policies and legislations, which makes it possible for children with disabilities to attend a neighborhood school. It would be the same school that they would have attended if the child did not have a disability.

Similar issues are also found in other areas of Africa. In Nigeria, Garuba (2005) found out that there are inadequate plans for identification of children with disabilities, lack of service and guidance, special schools are located in urban areas only, and begging is the primary occupation of the disabled. In the realm of theory the international documents on the rights of children and disability are important but they are still very far from reality.

From an African perspective, these barriers are complex issues stemming from attitudes towards disabilities and they are often due to political, economical, cultural, religious and traditional beliefs in Nigeria (Garuba 2005). This also seems to be the case in Tanzania. The traditional socio-cultural belief in Tanzania is that these disabilities are caused by misfortune or punishment from deceased ancestors, that means that it is seen as God's will, which has to be accepted (Mbwilo, Smide & Aarts 2010). It also turns the family life upside down and the expectations of the newborn baby are not met resulting in many children being mistreated, isolated, and hidden away from the public (Elekweke & Rodda 2010). Mbwilo, Smide & Aarts (2010) further add that in some cases the mistreated comes from a fear of the child. Many parents lack the guidance they need to care for the child with disabilities (Mbwilo, Smide & Aarts 2010; and Elekweke & Rossa 2010). In some cases the family is offered health services very far from the place they live causing them not to consult the health services available. Nevertheless, some children do still receive some informal training, such as sweeping, cooking, dressing and washing clothes (Mbwilo, Smide, & Aarts 2010).

Furthermore, the researchers also stress that in Tanzania at the community level members express prejudice and superstitious beliefs and rarely admit to the enormous task often involved in caring for a child with disability in Tanzania. These parents often face discrimination and negative attitudes towards their child, but are also concerned about the future and are in great need of support. Yet, the absence of support personnel and relevant materials continue to be a major problem in the implementation of including disabled in the African community (Elekweke & Rodda 2010).

These policies (e.g. African Charter on the Rights and Welfare of the Child, the Dakar Framework For Action on Education For All, Salamanca Report and Framework for Action on Children with Special Needs) are signed by Tanzania, but they have not been implemented because they are rarely applicable (Mkumbo 2008). Mudekanye and Tsitsi Ndamba (2011) explain these instruments are built on a philosophy where the ability to educate children with disabilities in regular schools is a possibility. However, in the African context work should focus on gradually bringing down the eminent obstacles first, and then work with the infrastructure of education and finally the actual implementation of inclusion (Garuba 2005). Many governments in Africa do not therefore give special education a priority in policy making and expenditure, because it is considered: (1) it is too costly, (2) normal majority have to be addressed first, (3) lack of awareness, (4) considered a waste of scarce funds. According to Elekweke and Rodda (2010) it is 2.3 times more costly to provide special education and other services for children with disabilities than to children without special needs. Still, Mkumbo (2008) states that it is important to understand what the needs in Tanzania are. Therefore, there is a great need for systematic effort to examine what opportunities and accessibility children with disabilities have in Tanzania.

According to 2002 Census approximately 1.8 million people live in the region of Morogoro and 200.000 live in the city of Morogoro. The number of disabled is difficult to measure, however according to sources from the two centers there are approx. 5000 children in their register and in 1994 there were 400 families with disabled children in the city of Morogoro. There have been several awareness programs and educational services for disabled individuals for the past 30 years. It is still one of very few regions that have set up special education units. According to some of the trust funds in the area the prevalence of disability in the area is due to malaria and stunting. Centre M for example was started in 1995 by a mama and she set up the program to give individuals with disabilities practical training with the help of family members and volunteers. According to her this is the first program of this

kind in Tanzania. Likewise, center A was also founded by a mama, due to her situation as a mother of a disabled son. It also works as a place for individuals to receive practical training.

2.2 Theoretical Approach: Disability Studies

Disability can be divided into two perspectives: a clinical, medical and therapeutic and a social, cultural and political. This latter perspective is often termed Disability Studies. It means that focus lay on exploring disability in society: “the interdisciplinary study and representation of the concepts, cultures and personal experiences of disability in all its variations” and “within social and historical context” (Ferguson and Nusbaum 2012, p. 70). Therefore it is not: medicine, rehabilitation, special education, physical or occupational therapy, and professions oriented toward the cure, prevention, or treatment of disabilities (Syracuse University). It is rather a key aspect of human experience with political, social and economical implications (Ferguson and Nusbaum 2012). The research within the field also aims at promoting greater awareness of the experiences of disabled individuals as well as advocate for social change. In this study this relates to the examination of disabled children’s personal experiences while participating in physical activity and the social environment surrounding their activity.

Because of its diverse nature, Disability Studies does not exist as its own discipline but rather as field of research, which can be included in any academic discipline ranging from history to law or education. It also focusing on a diverse group of individuals: anything from people who are deaf or blind to rehabilitation of people with chronic pain to students with intellectual difficulties in school. This creates a field including people with vastly different experiences and perspectives. However, as a group these people often share societal labels and definitions imposing consequences how they should be viewed and treated which is in contrast of the majority or the non-disabled. (Syracuse University)

According to Ferguson and Nusbaum (2012) the research in the field include several key concepts: (1) the study of disability must be social meaning that a:

“Disability is not just an attribute of an individual, but rather a complex collection of conditions, many which are created by the social environment. Hence, the management of the problem requires social action, and it is the collective responsibility of society at large to make the changes necessary for full participation of people with disabilities in all areas of social life” but something that should be understood in its wider social context (WHO 2001, p.28)

(2) The study of disability must be foundational meaning that disability should be included in the basic understanding of the social construction of race, gender, class and any other ways we distinguish ourselves from one another. This essentially refers to how we view ourselves as same of different but also the concept of normality. However, this has often meant that disability by definition refers to being of a lesser state.

(3) The study of disability must be interdisciplinary since the research is done within the field of disability studies cut across a wide variety of academic disciplines and therefore it cannot only refer to disciplines such as special education or rehabilitation. Thus, this study belongs to the academic field of education and particularly physical education.

(4) The study of disability must be participatory, thus, demanding the increased participation and influence by people with disabilities and their families in research. It is particularly important to include these individuals not only as subjects but also as a part of research team. These core concepts raises the importance of conduction disability research, but they also question practices in our society, because “imagine disability otherwise”. The point being that disability studies offers a way to give insights to societal and individual attitudes, beliefs and assumptions including and opening a possibility to change the dominant idea of disability as something less, to be cured or fixed (Ferguson and Nusbaum 2012).

With this in mind, this study wishes to develop a deeper and broader understanding of disability within in a social context at three educational sites in Morogoro, Tanzania. Furthermore, it is vital to understand the necessity to involve the children as a part of the research and let their voices be heard. Hence, this is not rehabilitation or something that should evolve into a special education program. It is rather an approach to put their voices in a social context and understand what they experience as these children and youth participate in physical education.

2.3 Previous Research

2.3.1 Disability

WHO (2011) states that: “Disabilities is an umbrella term, covering impairments, activity limitations, and participation restrictions. Impairment is a problem in body function or structure; an activity limitation is a difficulty encountered by an individual in executing a task or action, while a participation restriction is a problem experienced by an individual in involvement in life situations. Thus disability is a complex phenomenon, reflecting an interaction between features of a person’s body and features of the society in which he or she lives”.

United Nation (2007) defines disability as a person having “long-term physical, mental, intellectual or sensory impairments, which, in interaction with various barriers may hinder their full and effective participation in society on an equal basis with others”. The word children refers to “...every human being below the age of eighteen years...” (UN 1991). For the study the focus was on children and youth between the ages of 5-18. This is the age range that children belong to within the Tanzanian educational system (SACMEQ 2014).

In 2004, Tanzanian government signed a national policy that defines disability as “the loss or limitation of opportunities to take part in normal life of the community at an equal level with the others due to physical, mental or social factors” (Chuwa 2010). According to Mkumbo (2008) Tanzania also categorized special needs into 6 different areas: visual impairment, hearing impairment, intellectual impairment, physical disability, autism and deaf blind.

2.3.2 Children with disabilities

Meneer and Shapiro (2004) discovered in their study that at least 39 percent of children with disabilities are active, but unfortunately 10 percent state that they do not participate in physical activities at all. In a similar study by Coates and Vickerman (2008) they reported that only 20 percent of disabled youth participated in physical education (two hours/week). These results are lower compared to 33 percent of their able bodied peers. The reduced physical activity is often due to lack of financial resources, limited access to facilities and negative attitudes (Coates & Vickerman 2010). According to the Tanzania Disability Survey (2008) 38 percent of disabled individuals reported being targeted with negative attitudes in school or at work. Smith (2004) also mentions that what often happens is that disabled children are asked to fit into an already set program rather individual setting the framework. Hence, the degree of participation depended on teacher’s adaption and modification, but as we have seen it usually leads to less involvement and greater exclusion.

It is also vital to remember that just like any young individual these children also value themselves according to what they believe their peers think of them. This pose a problem for many disabled children as their physical value may be seen as less according to the norm; the characteristics and competences seen as valuable are often unattainable. For example, sport often associated with aggression, aptitude, masculinity and competition (Fitzgerald, Jobling & Kirk 2003b), which can be hard to attain if you have difficulty moving. Able bodies are also often perceived as slim, youthful, toned and sensual, but that is often not the case with disabled bodies. They are instead seen as undesirable and viewed in negative ways (Fitzgerald, Jobling & Kirk 2003b). Smith and Thomas (2006) argue that this influences

the perceptions of children with disabilities when they participate in physical activity with their peers and often result in negative self-identity, self-image and self-doubt. Nevertheless, the active participation by many disabled children and youth contradicts this idea. 55,4 percent of children with disabilities actually states that they are good at sports compared to only 40 percent amongst other children (Coates & Vickerman 2010). The children also answered that they enjoy taking part in physical education and want to participate even more (Coates & Vickerman 2008). An active life can therefore become increasingly important for the experience of well being as well as the perception of the body (Kristén, Patriksson & Fridlund 2002). Additionally, Menear and Shapiro (2004) strongly promotes the idea of implementing role models (e.g. Paralympics stars such as Oscar Pistorius) that will help these children to view themselves as accomplished athletes and help them with their “I can” and “I am” attitudes.

2.3.3 Sport and Disability Sport

Sport is a widely used term defined as ”all forms of physical activity, which, through casual or organized participation, aim at expressing or improving physical fitness and mental well-being, forming relationships or obtaining results in competitions at all levels.” (Parnes & Hashemi 2007 pp. 128). Disability sport usually refers to the above but with the extension that it is designed to fit individuals with disabilities (DePaw & Gavron, 2005; quoted in Parnes & Hashemi 2007, pp. 130).

The thought of seeing children with disabilities able to participate in sports and physical activity is no longer a dream. Programs exist in various forms and target diverse disabilities from amputees, to ADHD, visual impairments or Cerebral Palsy. There are even two major events focusing on these athletes: the Special Olympics and the Paralympics. Most countries in the world recognize these important games. Nevertheless, not all children with disabilities will have the opportunity to compete at an international level. This is especially evident in developing countries around the world where these children face barriers limiting their access and participation in sports and physical activity.

Sport may not only provide the possibility to play, but it also allows the child to explore and challenge their physical, psychological and social abilities (Sport and Disability, 2009). The underlying purpose will be to strengthen the role of the child with disability so they can improve their social interaction and enhance their inclusion within their community (Ikelberg, et. al. N/A).

Remarkable results were found in Smith’s (2004) research. It illustrates a picture where activity by a disabled child often depended on their disability. It is also often assumed

that children with disabilities do not have the capacity to participate fully (Coates & Vickerman 2008). Physical Education around the world still mainly consists of performance orientation (70 percent) and focus is on young males with interest of traditional games (e.g. soccer, basketball and rugby, Fitzgerald, Jobling & Kirk, 2003b; & Smith 2004). This also means that children with learning, emotional and behavioral disabilities are more often able to be included to participate, because they are seen as more easily engaged in competitive games than children with physical disabilities. Thus leaving the latter children to recreational play where there is less focus on competition, success, and excellence and more on enjoyment (Smith 2004).

Many children also experience that the choices of activity are often restricted and made for reasons other than their personal suggestion (Kristén, Patriksson & Fridlund 2002). Children with disabilities state that they are limited to only a few sports such as swimming, boccia and dancing. Some of these activities are often seen as having less status by their peers resulting in feelings of less status by the disabled child (Fitzgerald, Jobling & Kirk 2003b). Consequently, what they often wish for is a wider range of activities and when their opinions are heard they become more involved but an effect is also a higher feeling of empowerment (Coates & Vickerman 2010; Sorensen 2003). These children also often ask to be included in competitive games to challenge themselves and because they are just like everyone else; they want to play soccer and basketball just like many children around the world (Fitzgerald, Jobling & Kirk 2003b).

Sherrill (2004) furthers this discussion mentioning that the standard of physical education in schools is very varied on the African continent, and there are very few researchers focusing on the issue. Hardman (2008) examined the Second World Wide Survey of the situation of physical education in schools and he found the gap between policy and reality. The picture of the situation is this: the policy is only implemented in 60 percent of the cases. In Africa (e.g. Ghana, South African and Nigeria) Physical Education is often neglected and is of lesser importance than other subject due to its non-academic status, classes are more often cancelled and there is a lack of educated professionals. Physical education is also often used for developing athletes and not educating students. Nevertheless, there is a National Policy of Disability (Ministry of Labour, Youth Development and Sports 2004, p.19-20) in Tanzania that claims that “sport activities enables an individual to: (1) build physical fitness and mental alertness, (2) instill discipline and self defense, (3) demonstrate abilities and (4) build relationships. The policy also entitles “people with disability [to] have the right

to participate in sport activities in the same manner as non-disabled” and “the government shall ensure that people with disabilities participate effectively in sport activities”.

This is an interesting contradiction since plenty of reports states that physical activity is important to educate children into a sustainable healthy lifestyle, physically, psychologically and socially. It helps children and youth make friends, learn about teamwork, good sportsmanship and a sense of belonging. The children are also having fun, release emotions and get exercise and the physical well being that comes with it (Coates & Vickerman 2010). Hence, there is a strong argument again to conduct this research.

2.3.4 Inclusion

“Inclusion orientation have been considered the most effective means of combating discriminatory attitudes, creating welcoming communities, building an inclusive society and achieving education for all” (Elekweke & Rodda 2010, p.119).

According to Kisanji (2006) each human is highly valuable in most African societies and it is the extended family’s responsibility to make sure each member develops into a healthy individual and is “as far possible integrated into the normal routines of the homestead and the community” (Kisanji 2006, p.62). However, a disabled is often defined as an individual who is limited in their normal functions as a member of a community. Thus, when inclusion is put in effect it means, “all individuals are welcomed in community settings, regardless of how they may be perceived no matter their disability. In terms of children with disabilities, it means that they no longer need to demonstrate certain skills to gain access to contexts, such as school or recreation settings and programs” (Reid 2003, quoted in Parnes & Hashemi, 2007 p.130). Elekweke and Rodda (2010) however holds that inclusion has not received strong support from governments across the African continent, especially in terms of proper planning and resource provisions (e.g., up to 40 percent of all special needs funding comes from NGOs). In Tanzania, like many other African states, inclusion is still in its cradle, but it also needs further attention. The constitution of the United Republic of Tanzania firmly states: “all human beings are equal and are entitled to equal rights irrespective of colour, tribe, gender and religion” (Ministry of Labour, Youth Development and Sports 2004). Nevertheless, Kisanji stresses that most of children with disabilities still do not end up in schools unless the parents have fought for it. Also, there are rarely any official documents stating that these children have a disability if they end up in school. That often means these children are under the process of modification in an attempt to make them *normal* instead of being included irrespective of their disability and severity of it.

When inclusion is at work the views from children with disabilities is that they feel empowered and sense belonging to the group (Coates & Vickerman 2010; Sorensen 2003), which is essential to a quality life. It means that the individual's social actions must match the style, manners and customs of a particular field, e.g., physical activity, and when this occurs these individuals are likely to be accepted as a member of the group (Fitzgerald, Jobling and Kirk 2003b). An especially important factor is being well known. This quality is often associated with a higher social status (Fitzgerald, Jobling and Kirk 2003b).

Menear and Shapiro (2010) and Sorensen (2003) further this idea by adding that inclusion in physical activities can raise self-esteem, strengthen athletic identity, perceptions of competences is improved, and reduce negative evaluation. However, when it falters it has the opposite effect and results in exclusion, for example due to bullying and lack of access (Haycock and Smith 2011). The result will be negative, for instance a sense of alienation, self-doubt, and the children acquire a negative view of their athletic ability (Smith & Thomas 2006).

Again if it works children speak of competence and they are more likely accepted by other peers and make new friends (Haycock and Smith 2011). Their experiences also include learning about the world, getting exercise, creating awareness of the benefits of physical education, teamwork and having fun they say (Coates & Vickerman 2008; Coates & Vickerman 2010)

3 Research method

The objective of this degree project is to explore the experiences of children with disabilities as they participate in physical activity and to advance the understanding of the issues related to this field.

The project is built on qualitative research where children with disabilities were interviewed and observed at three schools and centers for children with special needs in Morogoro, Tanzania. The aim of qualitative research according to Johansson and Svedner (2010) is to have the informants reveal as much information about the topic, which can be possible through a build of trust between the interviewer and interviewee. If this bond is created then the informant is more likely to give his or her opinions and views. Literature, articles and websites were also used besides the interviews and observations. Presentation of the methodology concerning the interviews and observations follows below.

3.1 Selection

The 16 participants were children and youths at one primary school and two centers for disabled in the Morogoro region in Tanzania. They were selected with the help of staff members at the three educational sites. The staff members told the researcher which students, present at the time, would be able and interested in being interviewed. The reason for this was to get students able to answer questions. Thus, some students were excluded because of their physical and mental ability (i.e. inability to speak). Others were excluded because of the lack of presence due to the farming season. This is unfortunate and could possibly have been waved if the interviews were held at another time during the year. As well as if the questions had included some kind of pictogram or other aids to support students understanding questions and answering them.

Since the focus laid on experiences of physical activity all students participated in various physical activities, ranging from soccer, and athletics, to dancing, games and stretching, before the interviews took place. Two to three students were interviewed per week per school subsequently after the planned activities. The interviewees were five boys and one girl at center A, two boys and three girls at center M and four boys and one girl at school K.

The educational system of Tanzania includes pre-primary school, primary education and secondary education (SECMAQ 2014); therefore, the age range should be approximately 5-18 years. However, it is not completely accurate. The oldest interviewees still going to school were in this case 25 and the youngest 6. The wide age span is due to abundance of reasons, such as poor schooling earlier, lack of funding and no other place to be.

All the participants had major types of disabilities, such as motor and physical impairments (e.g. cerebral palsy), brain disability (brain damage), learning and intellectual disability and Down's syndrome. Since only private schools teach in English and very few children with disabilities go to private schools in Tanzania the students only spoke Swahili. Therefore, to address this issue the teachers worked as interpreters for every interview.

3.2 Material

The study of experiences children with special needs have when participating in physical activity is built on interviewing a number of children, using one of the teachers as interpreter. This was considered important for both the child and the researcher since the latter would be someone known to the child but also someone good at interpreting the child's answer in Swahili. However, this also poses a problem since the researcher has little possibility to control the actual answers given by the interviewees.

A semi-structured qualitative interview template (Appendix B) was constructed to receive information from the participants about their subjective experiences and thoughts and an iPhone was used as a voice recorder. Background questions were also important to gather information about the child. The interview template was translated into Swahili to help the interpreters with the interview (Appendix C) with the help of a Tanzanian professor of pedagogy. The questions were seen as a support to create a conversation around the topic headings, but also to get as thorough answers as possible. The standardization level is fairly low, because these are personal experiences even though the questions are similar. Another drawback is that it can be difficult to explain what you really experienced in a physical activity.

The observations can according to Johansson and Svedner (2010) be very important because they gather plenty of data. In this study an observation scheme (Appendix D) was created to capture the structural conditions of the physical activities prior to the interviews. They fulfill the point of jotting down descriptions of the participants, the surrounding and the activity.

3.2.1 Visual documentation

The iPhone and a Canon EOS 1000D digital camera were also used for visual documentation. It documented the environment surrounding the educational sites as well as the sporting grounds (i.e. the structural conditions). It was also used to add visual snapshots of the physical activities and social practices to convey ideas to the reader. Rose (2001) explains that the visual is central to the meaning of the culture and the social life within it, hence, as the reader interacts with the pictures they interpret them and construct experiences of children with disabilities in Tanzania. It helps visualizing the concepts portrayed such as disability and gender. It makes the reader becomes visually literate. However, the images are not just images but more importantly something seen by an audience. What they look at affects the audience and the text surrounding the image Rose clarifies. She says that images “provide the richest most fascinating modality for conveying ideas” (Rose 2011, p13). However, this also means that pictures can never be innocent, because they can be sold, censored, generated, discarded, stared at, hidden and damaged and reworked. Pictures are also seen at in a particular social context, which will influence the spectator as well. Consequently, visual imagery should be taken seriously, but should help make sense to a particular snapshot of social life of these children and youth with disabilities in Tanzania.

3.3 Procedure

In accordance with the wishes of the school administration and the ability of the children in combination with the participation in physical activities the interviews and observations were conducted in familiar environment, e.g., the school grounds to make the interviewees feel a sense of security, which made them better able to express themselves more freely. The observations were gathered at the location of physical activity.

The interviews were recorded both on paper and as audio recordings and lasted approximately 15min. The interviews were completed when time was allotted, but also when the child was ready and able to answer by herself and with the help of a teacher. This required flexibility from the researcher but also on the research itself. Any previous notions of a ordinary interview set up in a regular room at for example a school in Sweden or at a University had to be reconsidered. These interviews were quite different. Most of the interviews were completed after the physical activity, but in some cases the interviews were delayed because of lunch. The interviews at school K was performed around lunchtime just outside the school building next to the sporting ground. It was held on a few wooden benches in the shade of some trees. Most students were having lunch at the time, but some were quicker than others. This meant that the interview quickly attracted spectators. Not only students from the special class, but even from other classes. Whereas the interviews at center M were conducted after the physical activities in the late afternoon around 2-4pm. This was due to the schedule of the PE teacher. They were also held outdoors in an open gazebo. It was also getting attention from the other children and youth which meant that the actual interviews had an audience. The sporting activities at center A were mainly held the mornings or early afternoons. The interviews were both held in one of the classrooms, and also inside the compound on a few mud bricks. Neither of these attracted the same amount of audience. At least not the interviews held inside. The language during the interviews was both English and Kiswahili. The researcher asked the interviewee the questions in English; the interpreter used the pre-translated question sheet to tell the student the question. The interpreter then translated the answers into English from Kiswahili.

The audio recordings enabled the researcher to listen to answers with better clarity and precision, and it especially assisted the transcribing process, thus, simplifying the recreation of the interviews. This was particularly important since the interviews attracted an audience and were held outside in most cases. The participant was told that the recordings would be destroyed after analysis and report of results to minimize break of anonymity (Johansson & Svedner, 2010).

The observations were conducted before, during and after the activities. It included taking photos and making video recordings of the sporting grounds and the actual activity. These visual images are used to depict the scenery and the activities of children and youth with disabilities at these three educational sites in Morogoro, Tanzania. The teachers and staff members scheduled the physical activities at the three educational sites but time and date was also agreed upon with the researcher. The choice of activities were mostly set but the teachers, however it was also pointed out by the researcher that he wanted to see different types of physical activities that they play. The latter happened specifically at School A. The staff members only decided the activities at School M and K. The scheme (Appendix D) was used to collect the data and the teachers were asked for additional background data needed for some questions such as, types of disabilities or the child's family situation. The scheme also helped record some of the structural conditions surrounding the physical activities, such as number of children and any absences.

3.4 Methods of Analysis

The method of collecting material was chosen to gather as deep and varied information from the participating children. The observations were essential because they describe the structural conditions of the physical activities the interviews were focusing on. Thus, the visual imagery conveys the cultural and social practices through sports (i.e. physical activities) such as the form they take and how these individuals behave in their everyday life (Rose 2001). Rose further explain that using images creates a connection and constructs experiences and between a reader and the text and images. Furthermore, they make sense of various aspects of this study.

The interviews were also important because the interviewees were able describe what they experienced during the physical activity. The aim was to look at the reactions (experiences) of children when they participate in physical activity. This would in return result in a thorough picture of the experiences of physical activity.

The data analysis was carried out by a comprehensive examination of the transcriptions and the observation schemes. The texts were read several times to identify different categories. The interview questions were first divided according to the respective questions. The answers were compared focusing on similarities and differences. The answers were then compared and contrasted according to research questions (A-D) as well. Similarly, the observations were also categorized according to the different questions, assisting the search for similarities and differences.

3.5 Validity and reliability

Reliability and validity in qualitative research is hard to determine, because it is less controlled and have less structure according to McKay (2006). Johansson and Svedner (2010) also add that student degree projects rarely have the possibility to measure them fully. This is especially true in research not focusing on measured data, but rather personal views, opinions and experiences they add, especially under the circumstances held in this particular research. These types of research often only include intangible data, which cannot easily be translated into clear numbers.

Nevertheless, the information gathered from the interviews and observations can achieve credibility (internal validity) through the use of different methods, which is implemented in this study. McKay (2006) suggests that these studies should record the data, use various instruments for data collection (interviews and observations), and use check-up questions to make sure the informants do not change their experiences during the interview to increase validity.

It also depends on the ability of the researcher to interpret the interviews, but also the interpretation of the children's actions (observations), which is why the data collection instruments must be retrievable and reviewable (McKay 2006). Nevertheless, the information gathered during the interviews was interpreted in several ways depending on what the interviewer missed out on words and context when interviewing the children. Hence, the interviews were recorded using an audio recorder (iPhone) and digital camera to make up for what the researcher noticed and what actually happened.

Another step towards reliability is that the same person completed the interviews, in this case is a solitary researcher, but also using the same scheme and questions and under similar conditions. The interviews and observations were held at fixed places at each school/center to add reliability using the same interpreters. This is to make the material be collected in similar way, which makes it more reliable (Johansson & Svedner 2010).

3.6 Ethical considerations

Ethical consideration was appropriated within this research according to the Code of Ethics given by the Swedish Research Council (Vetenskapsrådet, 1996). All participants were informed prior to participating of the project according to the four principles: information, consent, confidentiality and use. Since the children are under the age of 18 a letter of consent was given to their head teacher to be signed (Appendix E) before participation could be approved. The head teacher and directors assumed all responsibility for the children, since

many of their pupils were living under their guardianship. This was especially common at the centers, where the directors are the supervisors for the children and youth. A verbal consent was also sought from the interviewees. The participants were then instructed that they would not be recognizable according to their interviews, though the questions in the interviews were not considered sensitive. The nature of research also restricts the use of names and places; therefore codes (single letters) are used instead. The researcher also has a duty to keep secret and all material will be destroyed after analysis.

4 Analysis and Results

4.1 Structural conditions surrounding the physical activities

4.1.1 The physical activities

The six physical activities displayed several similarities and differences. In general, the group sizes were quite large from 16 up to 48 participating children and youth. However, the number also depended greatly on the activity. It was common to only allow boys and particularly the best players when the activity focused on competition and especially soccer. That led to smaller groups compared to activities centering on running, games and dancing. During such activities all children, boys and girls, were invited to participate, though a few students decided not to participate. The reasons for this were everything from being busy working to not being interested in physical activities. In one activity some children were not included at first, but since it was something organized by the researcher it was later changed so that all could participate. Some chairs had to be carried over to help those who were not able to stand.

The opportunities to become physically active were fairly good at all three schools and centers. It is at school where children and youth can do it in an organized fashion around 2-3 times a week according to the timetables, but sometimes up to 4-5 times per week or as S.5 says, “Everyday in the morning I will want to physical exercises. I want to do it. I am practicing it”. Another student even jokes about her interest stating she would like to participate in physical activities “1000 times!” (S.7). They also said they rather do these activities during the cooler hours in the morning or the evening. However, due to the school schedules this was not always possible. Nevertheless, the physical activities were generally not planned except that they all had a slot in the timetable. However, it also seemed to depend on the researcher’s interest to observe or volunteers promoting the activities.



Picture 1 and 2: Children playing by Gustav Lindqvist. They are participating in games promoted by the researcher. Some were able because chairs were brought to the area of activity.

This was particularly evident at the two centers. The staff at the centers explained that they sometimes had to cancel class because of “water problems” or the coach being busy that day causing the physical activities to be limited or cancelled completely. School K was more organized and stated, “we feel we develop the body not only the brain.” The teacher at the school also planned up to three activities per week and they seemed more carefully planned and included an idea about how to involve all students no matter their disability and age. Though, all places had access to areas for physical activities the equipment available was limited. It mostly included a ball and possibly a few smaller balls. School K had access to some skipping ropes and created a long jumping pit. The two centers received some equipment from the researcher and previous volunteers, but these items were quickly shattered or disappeared. None of the schools had any particular aids for some of the students. Except, one student at center M who had a wheelchair. Instead the teacher at school K said they “hold hands” and human aid was more common than anything.



Picture 3: Running boys by Gustav Lindqvist. One boy normally sitting in a wheelchair gets help from one of the older males to help him run across the field during an activity. Showing what “holding hands” means at center M)

4.1.2 The children and youth and their disabilities

The students came from all over Morogoro Town, but also from all over the Tanzania. This was common at the two centers and many of these children either lived at the centers or in the nearby neighborhood. The students at school K also came from all over Morogoro Town, but they generally lived with some family. The family situations for all these children and youth included all types of situations such as being orphans, having divorced parents, living at home, or being under the care of the centers with little or no contact with parents. It was explained that this is still better than being “kept inside, because the parents don’t know where to place them” and “the parents feel this is a safe place”. The stigma involving children with disabilities was one reason for sending the children to the centers. This also limited the adult contact many of these students have. The staff at the two centers explained that these children often just meet the staff members and occasionally visiting parents. However, according to the administration at the educational sites not all children lived away from home and thus those who lived at home had contact with their parents and neighbors, particularly at school K.

The types of disabilities were spread all over the spectrum. This included children with Cerebral Palsy, ADHD, mental retardation, physical deformities (e.g. deformed arm) and Down’s syndrome. The actual disability did not seem to determine the inclusion in the activity. It was rather the severity of the disability that deemed them fit or unfit for the activity. Severe Cerebral Palsy included the inability or difficulty to stand and walk which excluded some children from participating in activities such as walking to just sitting. Other children with mental retardation did not understand the concept of different activities and it was explained that they would just stand still and not run or kick the ball. It seemed easier to include the older and more able boys to compete, especially in the soccer games. However, all students who were able to walk were included in long jumping, running, dancing and games, and students in wheelchairs or sitting on chairs was also included during some games at center M and A.



Picture 4 and 5: Kids at school by Gustav Lindqvist.

4.1.3 The neighborhood

The physical activities at the educational sites were all held at adjacent soccer fields, except for one time. The activity was held in a large hall because of bad weather. It was only school K who had its own field next to school, whereas the centers walked short distances to soccer fields at adjoining primary schools. These fields were of different quality and maintenance. They were mostly dirt fields, but also crisscrossed by paths and the one nearby center M had large patches of high grass. Only school K's field was covered in high grass. However, all had soccer goalposts. The social surroundings differed quite as well. The field close to center A was in the middle of a bustling poor neighborhood with plenty of people walking and driving to and from their homes and it was therefore explained as a place where “everyone is watching”, whereas the field close to center M was in a quiet and calm neighborhood with higher economic standard. This neighborhood was also similar to the area around school K. However, this field was also next to the busy market, which spilled over activity such as motorcycles, but also cows and goats walking by.



Picture 6: Dirt field by Gustav Lindqvist. A dirt field next to an elementary school. Pupils at the school stop by watch the activities.

Picture 7: Soccer field by Gustav Lindqvist. A field close to school A, just a few seconds later a motorcycle crosses the field)

Picture 9: A grassy field by Gustav Lindqvist. It is next to the market and cows grazing next to the field.

4.2 Being physically active

It was tough for many of the students to answer the questions: what does it mean to be physically active to you? Half of the students were not able to answer it. It is a reflective question, which might have required more thinking before the interviewees would be able to answer it. A few of the students also included areas where they are physically active, such as

“it is exercise, warm-up like. Kind of games, that like making warm-ups, shaking or...(S.9) or farming (digging, S.12). Nonetheless, a few interviewees explained it as something that feels good and especially concerns your physical health. Three students (S.7, S.13 and S.14) answered that it is a good feeling. Implicating that the meaning of physically active is related to feelings of pleasure both psychologically and physically. “It is good, it gives me power after exercise” – said S.7 and “if you are not physically fit you become weak. Yes, you need to be strong and healthy” - said S.14.

4.2.1 Different types of activities: "I love all games"

The activities the students enjoy are dependent on the possibilities given at the different educational sites. The children and youth at center M often danced, played soccer and participated in games, whereas, at center A the children and youth did different athletics events together with school K. The students at the latter center also enjoyed dancing, playing soccer and doing games indoors. School K focused more on playing soccer as well as doing athletics (running, high jump, long jump and running). Almost all students claimed that they liked or even loved all sports and games, but they specifically mentioned activities they played at school for example S. 16 she said: “I like to be in the center and do a show”. This dancing game was performed only at School M. Meanwhile, two students at School A mentioned a game they play indoors. “I like handball” (S.10 and S.12) but they also had received bicycles from a foreign donor hence some boys enjoyed this: “I go riding bicycle” (S.1-3) they said.

Picture 10-12: Popular Games by Gustav Lindqvist. A few popular activities among the children and youth at the three schools: handball, riding a bike and stretching.



Nevertheless, the overwhelmingly most popular physical activity was soccer, which was played at all three schools, especially among the boys. This did not mean that the girls did not play and enjoy. According to the coach at center M “sometimes girls don’t like soccer”, but a follow-up question to one of the girls (S. 7) from a previous interview she confirmed that she like soccer, if she played with the girls and not the boys. Running was also very popular among the interviewees, at all three educational sites. Moreover, it seemed to be an activity both genders liked taking part in.

The girls also enjoyed different ball games such as: handball (not the European version, but a catching and throwing game) and “ready” (another ballgame), dancing, and playing games. The boys also said that they enjoy long jumping, throwing and stretching activities.



Picture 13: Soccer by Gustav Lindqvist. It is a popular game among the male pupils, whereas in Picture 14 “ready” by Gustav Lindqvist shows something girls play and both girls and boys like athletics such as long jumping in picture 15: long jumping by Gustav Lindqvist.

4.2.2 Physical health experiences

The students like participating in physical activities because of its physical health benefits. The older students at School K reasoned these activities are important because they want “physical fitness” (S.4), “...to have a stamina” (S.5), and “...to boost[s] my ability to play football” (S.6). Sometimes they were very specific: “it gives me good leg balance (S.10)” and

it makes me relax my body” (S.14). Several of the students additionally claimed that physical activities give a feeling of peace “in my whole body” (such as S.16).

One girl (Student A) at School M said it is good to be physically active because “it gives me power after exercise”. It makes her stronger and that is why it is good. Likewise, another girl (S.14) combines the physical and psychological benefits maintaining, “it feels good” but “if you are not physically fit you become weak”. Thus, you need to be strong and healthy.

4.3 Psychological health experiences: Nzuri (I feel happy)

It was difficult for many students to give a deeper explanation of the psychological benefits of physical activities. Nevertheless, almost all, except one, said “nzuri”. That means good or “I feel happy” which it was interpreted into by the translators. This was especially true at center A and M where some students at school K gave longer explanations. Student 7 (center M) gave the example: “I want to go there and shake my body, because I like to shake my body”. There is an intrinsic motivation to perform the activity, which makes her feel good. The students also reasoned that physical activities are an important part of their identity and feeling good: “I like to put on jersey, I like to have good rubber playing shoes, track shorts, when I don’t have I don’t like it. I like running so much”. Displaying his affection, but also how his clothes are incorporated into his identity. They also claim that the different activities like playing games, warm-ups and other physical exercises are important because they make your health good.

When we discussed the particular physical activity lesson on the day of the interviews (School K) all students mentioned the psychological benefits. They talked about being happy and feeling good, especially in the heart (the soul). A few competitive youth additionally mentioned that they liked this particular soccer game, because they won. This is not very strange considering S.6 story about his trip to China, “I have been to China, because I am in a team, football team, national team player for football. Yes, and I went to China when they another day the Olympics were held in China and I was among the national team players who went to China”. Showing the competitive side of these soccer players.



Picture 16: Catching a ball by Gustav Lindqvist. Picture 17: Competitive Males by Gustav Lindqvist. Two different psychological benefits of physical activities: happiness and being a competitive sportsman. You can almost touch the anticipation of the ball coming towards the girl and she displays a great sense of joy. Compare that to these two young men who had the opportunity to visit China and become international athletes on the soccer pitch.

4.4.1 Social health experiences

The students answered that they in general participate in physical activities everyday and they like to play at school or at a ground nearby school. This is important because this is where they meet their friends, “I like to do practices at school, everyday, when I meets with other students” (S.5). The students maintained that the biggest reason for participating in physical activities is the social nature of these activities. One boy (S.1) said he participate because he “likes sharing”, another because he likes “to play with the other children” (S.10) or “being together with the others (S.13). One girl explained it as, “I’m happy to talk to friends, to be with friends” (S.14). Several other students also mention that the main reason they want to participate in physical activities is to play with others, “because they are my friends” (S.7). They rarely speak of any problems, except fighting between children or teams. However, sometimes conflicts arise due to other youths being aware of the other students’ disability. For example two students say that other youths “...stop me from hit the ball” (S.3) and “they are afraid because of fear they can hurt me so they feel sorry to play with me (S.9).

4.4.2 Inclusion: Urafiki (friendship)

Almost all students said they do not have any problem participating in physical activities. “I am able to play all sports and games” (S.1) one student said and another stated firmly, “it is easy to play all” (S.15). Especially the older students with mild intellectual or physical disabilities state that they can play soccer very well and they are needed on the pitch. They even claim they are better than the “normal” youths: “when I play with other normal students I scores many goals, 2, sometimes 3, because I’m a good runner” (S.6). His friend added that he nothing prevents him from playing, “...because I knows soccer more than they do so they play rough to prohibit me from scoring” (S.5). However, the former student also mentions a very important key element to be able to participate in activities. It is urafiki or friendship. Consequently, if you have friends you can participate: “when I meet other students from other schools it is them who don’t give me opportunity to play, [but] because ...(a friend) plays in many teams and if [he] is there they will let me play” (S. 5) he says.

Additionally, only very few students adhere their challenges in physical activities to the nature of their disability, except for wetting incidents or cerebral palsy, and it rarely stops them from attending physical activity anyway. A young student with cerebral palsy said, “I kick the ball and I drop down. That’s why it is difficult” (S.2) and he adds, “I’m not able to runt fast. It is [also] the problem”. Nevertheless, it did not stop him from participating in physical activity. Sometimes when the students have the opportunity to play outside the school grounds it can cause some difficulties for the students. S. 8 felt ashamed and he was very conscious about his wetting condition, “Sometimes I feel bad to go to sports, because I’m worrying about if they saw me peeing myself, so yeah. I [still] like to go there, but the problem is that makes that is I sometimes pee and people can see it”. Moreover, the students all said they like to play, and they rarely end up being limited to watching. Instead student 7 explained that she “like[s] to play, [but when feeling pain she] sits down”. Two other girls add that “sometimes I just like to watch” (S.7) and “...I like to see kicking of the ball. I like when somebody catch it” (S.16). They never express that they watch because they were not allowed to participate.

None of the students claimed that they have problems being allowed to play with other children, even *normal* children. However, it does not mean that they actually played with other children, even though they want to: “if they allow me I like to play with them (S.9). The children and youth going to school K were more likely to state that they were involved in activities in the community. They knew people and people knew them. Hence, they were able to be a part of the community to a much greater extent. Such as stated by

Student 7: “if they are friends they will allow, if they are not friends they will not allow”. Therefore, many students at school A and M answered that most of the friends they play with go to the same school or center. Many of them lived on school grounds and could not exert the same ability to be a part of the community. They become less *normal* and they seem less likely to participate in physical activities outside school, because “I have few friends at home and many friends here [at school]” said S.13. One girl (S.17) even said that she had never tried to play with other children outside the center. Most of them still did not consider this a problem since they wanted to play with friends and not with strangers. These comments were also brought up at the two centers rather than the school. Most of the children and youth at the centers spend their whole day there and in many cases they even live there: “I play outside with friends at M. because I live there” (S.17). Thus, they are less likely to meet other children and youth. At school K the students all go home when school is over. Therefore they have other opportunities to participate in physical activities at home. S.5 for example explained his membership of a street team in his neighborhood and S.13 said that they offer programs for teenagers at the mosque so when he goes there he joins in with the other believers.



Picture 18: Urafiki by Gustav Lindqvist. Everyone participates, because most of them are friends even though they are from different school. Nevertheless, few outsiders are invited. If you do not know them, you do not become friends and you do not end up playing with them.

5 Conclusion: nzuri!!!

This study has set out to examine the experiences of children with disabilities in Tanzania in regards to their participation in physical activities. The aim was to determine the health related experiences these children experience at a physical, psychological and social level. It is evident from the research in the field that interviewing children with disabilities is essential for understanding the nature of their experiences. It gives the researcher a glimpse into their perceptions of their physical activity.

The results indicated that almost all children and youth with disabilities were clearly interested and motivated by participating in physical activities, particularly soccer and running. They all wanted to participate and many wanted it on daily basis, or even a 1000 times! However, the type of activities the students engaged in depended a lot on the opportunities given at the school rather than the interests of the students. There could be several reasons for this, but according to Coates and Vickerman (2010) it is primarily due to limited financial resources, limited access to facilities and the attitudes of the personnel. Still, none of the students disliked any of the activities and only sometimes did they disclose activities they would like to perform but were not able to for the moment, for example swimming and bicycling. Therefore, this group of children and youth did not support the negative attitudes (39 percent) towards physical activities found in previous research. Instead they all answered that they “like all sports”. Boys were more interested in competitive games of soccer than girls, but everyone seemed to enjoy competitive running. This is interesting since many children with disabilities claim that they are often excluded from competitive games out of concern for their health and safety (Kristén, Isaksson & Fridlund 2002)

The overwhelmingly most common affect explained by the children was that they feel good (nzuri). The intrinsic motivation is thus by far the most important reason for playing different games and participating in physical activities day after day. Another important reason for participating in physical activities was that it helped the children and youth to acquire an identity, such as being a physically capable and active individual, but also acquiring a sense of belonging to a team or a group of friends. To help the child improve his or her social interaction is one of the main purposes of sports. The study revealed that children and youth enjoy these games greatly, especially when they have a chance to compete and prove themselves against friends and more abled-bodied children and youth, such as in soccer games.

Social interaction was found to be very important when these children participate in physical activities. It is all about making new friends and meeting your old friends, which

specifically happens their school. This is where most of the children and youth spend a great portion of the day. Being well known in a group and having a sense of belonging also gave them a higher status, which Fitzgerald Jobling and Kirk (2003b) perceive as enhancing their inclusion in social interaction. The children and youth also want more physical activities, which in return means more time with your friends. Fitzgerald, Jobling and Kirk (2003b) claim this is important, because sports can help these children view themselves as a competent person in a capable body. Thus, it empowers them into developing a positive self-identity and self-image (Smith & Thomas 2006).

Additionally, it was also revealed that the children have an understanding of health related benefits of physical activities, but it was difficult to explain the phrase physically active. They did however state that their activity made them stronger and healthier and these are important factors to live a healthy life. It helps them perform better and increases for example their balance and state of relaxation versus contraction. Again, they strengthen their role as competent athlete (Coates and Vickerman 2010).

Interestingly, the findings revealed that none of the children and youth in the study admitted to feeling excluded from physical activity. They simply said, “I am able to play all [games]”. Similar studies have also revealed that many children and youth with disabilities state that they are good at sports (55,4 percent, Coates & Vickerman 2008). Instead they enjoy it and want even more physical activities. They did not sense any hindrance from participating and they barely reflected upon their disability as something that could exclude them. Even though their disability occasionally creates problems it never stopped them from participating or leaving them watching from the side. This is contrary to any belief that these children and youth do not have the capacity to participate fully in physical activities. Nevertheless, sometimes exclusion from physical activities with other able-bodied exists, but it was more commonly due to lack of friendship rather than their disability. The sense of friendship was essential for all children and youth, but few children except some of the youth from school K played outside school. This was common primarily because many of the children from centers M and A lived at the centers. Thus, those living at home had greater opportunities to also play at home.

This study also discusses at what level inclusion and physical education are implemented in Tanzania and particularly at the three schools in the city of Morogoro. This will hopefully support the efforts to examine the opportunities and accessibility children and youth with disabilities have in Tanzania. It is particularly interesting according to Chuwa (2010) since most disabled children and youth in Tanzania attend special or integrated classes.

Likewise, according to the Tanzanian Government “all human beings are equal and are entitled to equal rights irrespective of colour, tribe, gender and religion”. According to previous research (Menear & Shapiro 2004) only 39 percent of children with disabilities are active to what UN calls “to the fullest extent possible”.

The situation at the three schools in Morogoro displayed different levels of inclusion, which depended on several factors. At times inclusion means the fullest extent possible where everyone is welcomed, but there are times when the disabilities or genders of the students matters and excludes some students from participation. During the course of the physical activities and interviews it also became clear that not all children were able to participate for other reasons such as attendance and the presence of a researcher. Most of the children and youth on site at the time were always there, either they lived there or in the vicinity of the schools. However, the directors at school A and M stated that a large number of students were home at the time because of the farming season. The researcher was major factor contributing to inclusion, because it led to more children at School A being able to participate because the gas for the bus was paid for and thus all children could join the trip to School K and participate in the athletic activities. Nevertheless, these types of activities also depended of particular day chosen for the activity. Some children would not come certain days, particularly children not able to walk. Thus the athletic activity was planned for on such a day.

The number of active students were therefore hard to determine, however, the sheer number of students present at the different activities supports an idea that most of the children were active in some way. Few children where left behind unless the focus was soccer. One girl was for example denied to play even though she really wanted to play. As for being a popular global sport it was an utterly excluding game under these conditions. Children who were able to walk are more often included than those who are limited to sitting on a chair or in a wheelchair. Handball activities on the other hand were held indoors and chairs were brought in and hence those children who were absent during the other activity could partake. Nevertheless, in general at School M and K all children and youth were included in the physical activities. In some cases some opted to stay home instead. The latter are far less likely to happen unless the researcher or volunteers intervened. This could stem from the idea that many children with disabilities are already fitted into and already set framework, which say that these children cannot participate and thus including them in an activity is difficult. It depends solely on the teacher’s adaptations and modifications (Smith 2004). Sadly, it often leads to less involvement and less inclusion, which was somewhat present at two of schools.

Thus, at the three educational sites some level of inclusion was at work. It confirms Chuwa's (2010) findings that equality depends on accessibility and the teachers' education and ability to modify activities according to different disabilities. These schools have access to nearby fields for exercise and even with less relevant material they were able to find different means to exercise, but the number of physical activities was still limited. The types of activities present at these scheduled activities were for example singing and dancing games, but also running and long jumping. Still some children were excluded for several reasons. Either they were girls and were not invited to a soccer game versus a neighboring school or they could not walk and hence did not join when the rest of the students visited another school for an athletics activity. However, when singing and ball games were planned at school everyone was welcomed.

Finally, with the words of Kristén, Patriksson & Fridlund 2002: “ an active and [social] life can therefore become increasingly important for the experience of well-being, as well as the perceptions of the body”, especially if I can do it a 1000 times!

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Appendix A: The convention on the Rights of Persons with Disabilities

Article 30 - Participation in cultural life, recreation, leisure and sport states that:

5. With a view to enabling persons with disabilities to participate on an equal basis with others in recreational, leisure and sporting activities, States Parties shall take appropriate measures:

- a. To encourage and promote the participation, to the fullest extent possible, of persons with disabilities in mainstream sporting activities at all levels;*
- b. To ensure that persons with disabilities have an opportunity to organize, develop and participate in disability-specific sporting and recreational activities and, to this end, encourage the provision, on an equal basis with others, of appropriate instruction, training and resources;*
- c. To ensure that persons with disabilities have access to sporting, recreational and tourism venues;*
- d. To ensure that children with disabilities have equal access with other children to participation in play, recreation and leisure and sporting activities, including those activities in the school system;*
- e. To ensure that persons with disabilities have access to services from those involved in the organization of recreational, tourism, leisure and sporting activities. (UN, 2006)*

a. Types?

Playing/Watching

7. What challenges do you get in participating in physical activity?

8. Do you participate in similar plays in the community?

a. How often?

b. How do you participate (watching/playing)

9. How do you feel when you play with other children?

a. Do they freely allow you to play with them?

b. Why/How come?

Appendix C:

Interview Questions Swahili

Interviewer:

Interviewee:

Age:

Disability:

Gender:

Disability.

Where:

When:

Activity:

1. Nini maana ya kuwa kimwili kazi kwenu?
2. Je, unaweze kueleza ni michezo gani unaifu rahia zaidi? Na Angalau?
 - a. Toa mifano
Mchezo Uzoefu
 - b. Kwa nini unaipendelea?
 - c. Michezo hii inakufanya ujisikie nanine gani?
 - d. Unaweza kunieleza ozoefu wako katika michezo hii unayapendelea?
3. Inafanya nini unataka kushiriki?
4. Nini kuzuia wewe kushiriki katika shughuli za kimwili
 - a. Au hufanya chuki kushiriki?
5. Unapendelea kuwa na michezo mara ngapi kwa wiki?
 - a. Unapendelea kucheza wapi?
 - i. Shuleni?

Appendix D: Observation Scheme

Observations made by: _____ Where? _____

Time: _____ Place: _____ Material: _____

People present: _____

Activity analyzed: participation in different types of physical activities, structural conditions enclosing the activity.

1. Group size?
2. Who is there?
3. Who is not there? Why is that?
4. Types of disabilities:
5. Where do the children come from?
6. What adult contact do they have?
7. What are their family situations like?
8. Staff present:
9. Level of education (staff members)
10. Planning:
11. Physical surroundings:
12. Social surroundings:
13. Possibility to become physical active at the school/center:
 - a. Equipment:
 - b. Aids:
 - c. How often do they have physical education?
 - d. How come?

Appendix E:

Letter of consent

To the Head Teacher at the _____ in Morogoro, Tanzania, spring 2012.

A request of permission of your pupils' participation in research within the framework of a degree project at the teaching program at Stockholm University, Sweden.

Hi!

My name is Gustav Lindqvist and I am a student of education at Stockholm University, Sweden. I am carrying on a study at the _____ and _____ Centres and _____ Primary School involving physical education and I need to observe and interview the pupils of these schools. It is completely voluntary to participate, but I hope as many as possible will be interesting in participating. All pupils will be anonymous, and your pupils can terminate their participation at any time. All the material will be strictly confidential and only be used in this research.

Please, choose one of the alternatives, sign and return to one of the Gustav Lindqvist as soon as possible.

Feel free to contact me if you have any questions!

Thanking you in advance!

Sincerely,

Gustav Lindqvist

072guslin@student.su.se

Supervisor of this degree project in Sweden is Håkan Larsson, the Swedish School of Sports and Health Sciences, Stockholm, Sweden and Lydia Kimaryo, Ministry of Education, Morogoro, Tanzania.

Head Teacher's name	Signature	Yes	No

hakan.larsson@gih.se and kimaryo100@yahoo.co.uk

Appendix F: litteratursökning

Syfte och frågeställningar:

Vilka sökord har du använt?

Disability, inclusion, Tanzania, Africa, sports, physical activity, inclusive education, adapted physical education, special education, disabled children, WHO, UN, samt olika författares namn,

Inklusion, hälsa,

Var har du sökt?

EBSCO, JStor, Google Scholar, Eric, Google, SAGE,

Litteraturlistor i alla akademiska artiklar jag kommit över

Sökningar som gav relevant resultat

Exempel

EBSCO: Janine Coates * special education

Google: Tanzania disability, Tanzania disability sports

Kommentarer

Litteratursökningen är något som jag la väldigt mycket fokus på. Det har dykt upp artiklar under två års tid. Mycket genom att läsa vad som refereras till i de artiklar jag hittat på nätet, men sen har jag också sökt efter just den specifika artikeln genom EBSCO. Det som har varit svårt att få tag på artiklar som inte finns tillgängligt genom EBSCO utan att man måste gå andra vägar för att få tag på den t ex genom JStor eller SAGE. Många artiklar har också dykt upp som *related articles* när jag har hittat en intressant artikel.

