

## Original Research Article

# **Economic Barriers to the Success of Income Generating Activities of People with Disabilities (PWDs). Evidence from Iringa Municipal Council, Tanzania**

## **ABSTRACT**

Studies in developing countries have indicated that people with disability (PWDs) are earning significantly less from self-employment and the share of self-employment income in the total income of their household is lower than for the people without disabilities. This study investigates the barriers to the success of Income Generating Activities (IGAs) of PWDs in Iringa Municipal Council, Iringa Region Tanzania. Specifically, the study focused on finding out social, cultural, economic, and institutional barriers to the success of IGAs undertaken by PWDs. The study adopted a mixed method approach targeting PWDs undertaking IGAs in the study area. A sample size of 60 key respondents and 10 key informants were drawn using purposive sampling technique. Questionnaire, interview and focus group discussion methods were used to collect primary data, while documentary review was used to collect secondary data. The study found that limited access to credits due to existence of unfriendly conditions and procedure and being not trusted by financial providers; lack of entrepreneurship education due to difficulty to reach training location and lack of information; and lack of reliable market for their IGAs commodities were the economic barriers to the success of IGAs undertaken by PWDs in the study area. The study recommends some ways to improve IGAs undertaken by PWDs to include stakeholders' innovation to allow flexibility in addressing PWDs barriers to credit accessibility, entrepreneurship education, and markets of their business commodities. Government and other stakeholders should ensure the procedures for loans acquisition, entrepreneurship education, and allocation of business premises are friendly for PWDs.

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Key words: *Economic, Income Generating Activities, People with Disabilities*

## **1.0 INTRODUCTION**

Worldwide, more than 1.3 billion people experience disability, and the number is growing, driven by increased numbers of people with non-communicable diseases [1]. Despite the fact that globally, the people with disability (PWDs) are entitled to the same rights as all other human beings, yet in many cases their lives are handicapped by numerous economic barriers in the society which hamper their full participation in Income Generating Activities (IGAs). According to Aitken *et al.*, [2], differences in everyday functioning are attributed to unfair conditions such as barriers to economic life, transport, leisure activities, social contact, accessibility, and participation in employment. In Cambodia, for example, barriers such as

inaccessible transportation, hindering aspects of places where persons with disabilities can take part in community activities, the lack of social support and of assistive products are detrimental to functioning of PWDs [3]. PWDs are estimated to account for 10% of the general African population, but the proportion may go up to 20% in the poorer regions [4]. In the continent, the disability is caused by many factors including malnutrition and disease, environmental hazards, traffic and industrial accidents, civil conflict and war, and their number continues to increase. The vast majority of Africans with disabilities are excluded from schools and formal employment, virtually guaranteeing that they live as the poorest of the poor. The difficulty in accessing formal employment for PWDs as a result of tendency of employers of being regarded as less productive have often resorted them to establish IGAs as self-employment in the informal sector. According to Tesemma [5], the PWDs in the informal sector are facing numerous challenges such as limited access to micro-credits, markets for their IGAs commodities, and entrepreneurship skills compared to non-disabled people. In South Africa, a study by [6] found that the barriers that limit the participation of PWDs in IGAs were inability to use standard tools, a lack of artistry skills, activities that are not stimulating, language and communication difficulties, a lack of funds and motivation.

In Tanzania, it was estimated that 9.3% of the total population aged 7 years and above had some form of disability [7]. The Tanzania mainland has slightly higher prevalence of disability (13.3%) than Zanzibar (9.3%). The prevalence is also somewhat higher in the rural areas (8.3%) than in urban areas which was 6.36%. Like in other developing countries, the PWDs in Tanzania are viewed as worthy of pity, dependent and as such not an integral part of the community they live in, contrary to basic human rights. Their challenges have remained unattended for quite sometimes with no proper mechanism to break them. These challenges include lack of universal access to structural buildings, persons with disabilities living under extreme poverty, the high unemployment rate among PWDs and poor provisions of education and health services. In Iringa Municipal Council, the total number of PWDs with physical, skin, dumb, deaf, blind and mental were 392, whereby men were 184 (46.9%) and women were 208 (53.1%) of which some of them are engaged in IGAs [8]. The information on economic barriers to IGAs undertaken by PWDs in the study area necessary for effective intervention strategies to promote their participation are limited, therefore, this study was undertaken under this ground.

## **2.0 STUDY AREA AND METHODOLOGY**

### **2.1 Study area**

Iringa Municipal Council is one among the four councils forming the Iringa Region which lies between latitudes 7° South of Equator and longitudes 35° East of the Greenwich Meridian. The Altitude is between 1560 and 2000 meters above Sea-level. According to Tanzania Population and Housing Census [9], Iringa Municipal Council has a total population of 202,490 of which males are 96,392 and females are 106,098. Administratively, the council has one division, 18 wards and 192 neighborhoods (Mitaa). The council covers an area of 331.4 square kilometers [10]. The reason for selecting the council for the study was based on the fact that it is one among the councils in Tanzania that have PWDs undertaking IGAs for their household welfare [ 8 ].

### **2.2 Study methodology**

The study population was people with physical, deaf, dumb and albinism disability undertaken IGAs in the selected wards of Iringa Municipal Council. The study used Social Welfare Officer (SWO), Community Development Officer (CDO), leaders of PWDs, representatives of micro-finance institutions, and Non-

Governmental Organization (NGOs) as the key informants. The study used a mixed method approach for deeper exploration of the findings on the economic barriers to the success of the IGAs undertaken by PWDs. The sample size of 60 respondents was used by the study. Purposive sampling was used to obtain nine wards out of eighteen wards forming Iringa Municipal Council. The Ward covered includes Ilala, Gangilonga, Kihesa, Kitanzini, and Mtwivila. Other wards were Mkwawa, Mivinjeni, Makorongoni, and Igumbilo. PWDs were sampled from the selected ward by using purposive sampling technique. Quantitative data was collected from the respondents by using semi-structured questionnaires, while qualitative data was collected by using interviews and FGDs. Further, secondary data was collected from Iringa Municipal Council, National Bureau of Statistics (NBS), and Chama cha Wenye Ulemavu Tanzania (CHAWATA) Iringa Office. The collected quantitative data was descriptively analyzed to get frequencies and percentages by using the Statistical Package for Social Solution (SPSS version 24.0) computer software. Likewise, qualitative data from key informant interviews was analyzed by using content analysis techniques.

### 3.0 RESULTS AND DISCUSSIONS

#### 3.1 Respondents' characteristics

Table 1 shows characteristics of the respondents who participated in the study. The age of the respondents was categorized into four groups ranging from 25 to 75 years. The categorization showed that most (61.7%) of the respondents interviewed were at age group between 25 and 45 years. About 31.7% of respondents interviewed were aged between 25 and 35 years and about 30.0% of the respondents were aged between 36 and 45 years. Further, more than a half (58.3%) of the respondents were female and 41.7% of the respondents were male. The education level of the respondents involved in the study ranged between none to secondary education. The results show that more than a half (53.3%) of the respondents had attained primary school education (Table 1). It was also found that 16.7% and 30.0% of interviewed respondents did not receive any formal education and had secondary education respectively. Nearly a half (48.3%) of the respondents involved in this study were never married while about 35.0% of respondents interviewed were married. The remaining 6.7% and 10% of the interviewed respondents were divorced and widowed respectively. On the other hand,, the possible reason for most of the respondents to not be in marriage may be due to their physical defects that make them in a difficult situation of getting partners to marry, fear of inability to cope up with the responsibilities and pressures of a marriage, they have mobility problems and limited circle of friends.

**Table 1: Demographic of Characteristics of respondents**

Parameters	Frequency (n)	Percent (%)	Parameters	Frequency (n=60)	Percent (%)
<b>Age of respondents</b>			<b>Marital status</b>		
25-35	19	31.7	Never married	29	48.3
36-45	18	30.0	Married	21	35.0
46-55	14	23.3	Widowed	4	6.7

Above 55	9	15.0	Separated	6	10.0
<b>Total</b>	<b>60</b>	<b>100</b>	<b>Total</b>	<b>60</b>	<b>100</b>
<b>Sex of respondents</b>			<b>Education level</b>		
Male	25	41.7	Informal education	10	16.7
Female	35	58.3	Primary education	32	53.3
			Secondary education	18	30.0
<b>Total</b>	<b>60</b>	<b>100</b>	<b>Total</b>	<b>60</b>	<b>100</b>

Source: Field data, 2023

### 3.2 The IGAs undertaken by PWDs in the study area

Figure 1 presents the findings on the IGAs undertaken by PWDs in the study area. The findings show that respondents involved in the study were engaged in tailoring, livestock keeping, selling food related products, *bajaji* drivers, carpenters and selling bricks activities. In this finding, respondents doing tailoring activities were 25%, livestock keeping were 10%, selling food related products were 53.3%, *bajaji* drivers 3.3%, Carpenters 3.3% and selling bricks were 5%. The findings from the study area showed that most PWDs sell food related products.

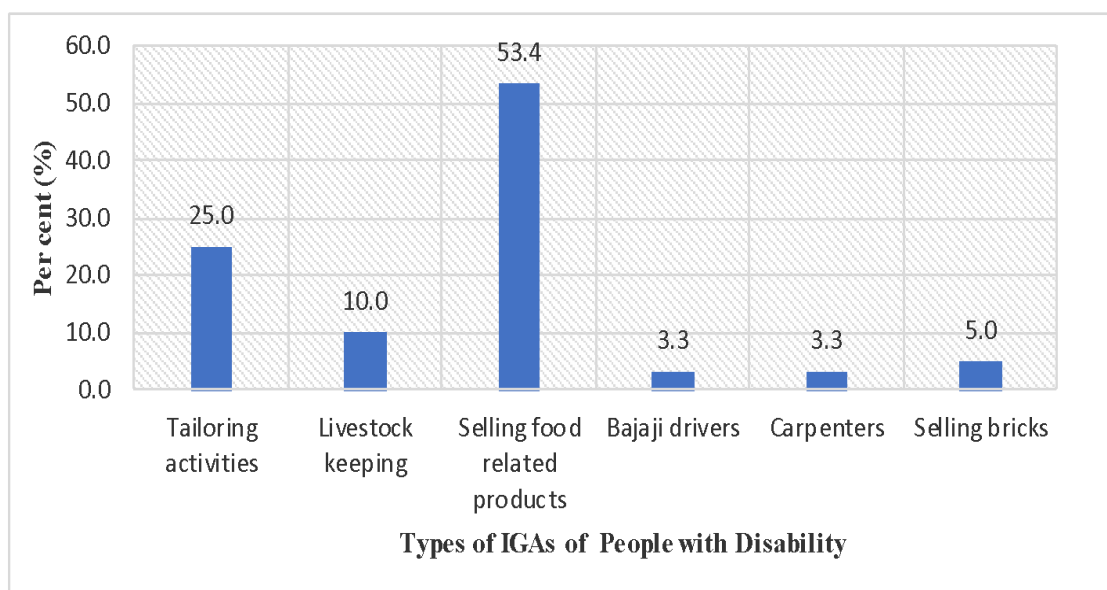


Figure 1: Types of IGAs undertaken by PWDs in the study area

Source: Field data, 2023

### 3.3 Economic barriers to IGAs undertaken by PWDs

The purpose of the study was to examine the economic barriers to the success of IGAs undertaken by PWDs in the study area. The information from the respondents on access to credits, entrepreneurship skills and market for their business activities were collected.

### 3.3.1 Respondents' access to business credits

The demand for financial services is still largely unmet in both rural and urban areas in Tanzania. Respondents in the study area were asked to state if they have experienced difficulty in accessing credits from financial institutions for their IGAs. More than a half (68.3%) of the respondents interviewed were reported to have experienced difficulty in getting loans from financial institutions such as Commercial Banks, SACCOs, VICOBA (Table 2). About 31.7% of the respondents reported they had no difficulty in accessing credits from financial institutions in the study area. About 30.7% of the responses from the respondents who had difficulty in accessing credit from the financial institutions reported the presence of complicated procedures as the constraints for them to access loans from the institutions. Also, 26.2% of the responses reported that PWDs are not trusted by the financial institutions and they are not regarded as among potential borrowers. Other responses were lack of reliable IGAs, fear of failure to pay back the borrowed money, getting loans from the relative, and lack of knowledge of where to obtain loans that reported by 20%, 12.3%, 6.2% and 4.6% respectively.

**Table 2: Respondents' accessibility to credits in study area**

Parameters	Frequency (n)	Percent (%)
<b>Experience difficulty in credit accessibility</b>	(n=60)	
Yes	41	68.3
No	19	31.7
<b>Total</b>	<b>60</b>	<b>100.0</b>
<b>Reasons for difficulty in credit accessibility</b>	(n=41)	
Complicated procedures to get loans	20	30.7
Lack of knowledge where to get loans	3	4.6
Get capital from relative	4	6.2
Fear of failure to pay back loan	8	12.3
Lack of reliable IGAs	13	20.0
PWDs are not trusted by financial service providers	17	26.2
<b>*Total</b>	<b>65</b>	<b>100.0</b>

\* Data set based on multiple responses category and the number of cases will not necessarily add up to 41

Source: Field data, 2023

The high score of the respondents in presence of complicated procedures for accessing loans and for the PWDs not to be trusted by financial institutions may be due to the fact that in Tanzania most financial institutions often demand traditional forms of collateral for which PWDs frequently lack for obtaining loans. In the study area, it was found that most of the respondents obtain their start-up capital from own sources by selling personal resources such as crops sell, livestock and household furniture, and other were noted to obtain capital for their IGAs from their partners, friends, Local Government Authority, relatives, and Non-Governmental Organizations (NGOs).

The findings from the respondents who filled in questionnaires was similar to what reported during FGDs with the discussants, one of them from Makorongoni Ward said that:

In many cases the financial institutions don't believe that PWDs are capable of running economic activities successfully and if provided with loans, the default rate will be high as compared to the people without disability. Even when deciding to grant them loans, in most cases will be below the amount requested (FGDs with PWDs, 29/6/2023).

However, an interview with loan officers of IMC and NMB on reasons for sometimes the amount of loans granted to the applicants was not the same as what requested. One officer from IMC had the following to say:

Most often if an individual applies for the loans for the first time, the amount that granted was normally not very big as compared to the amount requested by second round applicants, and the decision on the amount to be provided is normally based on the evaluation assessment of institution as per applicant conformity to the set conditions (Loan officer of IMC, 15/7/2023).

According to the studies by Mactaggart *et al.*, [11] and Peprah *et al.*, [12] and potential lenders frequently are reluctant to loan out to PWDs, as they are perceived to be high risk clients. There is also the perception that PWDs are poor, they often lack collateral, guarantors or records of past repayments that are traditionally needed to satisfy lending agreements. Likewise, complicated application procedures and documentation requirements can prevent PWDs with lower education and few skills from applying for a loan. Also lack of understanding on the side of the financial institutions about economic activities of PWDs, and documentation that can substantiate their profitability, reduce PWDs' access to credit. The above findings were further explained by one of the CHAWATA leader in Iringa Municipal Council who reported that:

In most cases the financial institutions are not considering the individual with disabilities as potential borrowers and demanding them to be in groups if they want to be provided with loans, and we are required to prepare a group constitution, preparing minutes, application letter and opening a group bank account so it was difficult for us to prepare those requirements and later we failed to get access to loan (Interview with CHAWATA leader, 29/6/2023).

### **3.3.2 Respondents' access to markets**

Findings in Table 3 show information on the respondents' access to markets in the study area. More than two-third (68.3%) of the respondents interviewed were reported to experience difficulty in accessing the market for their IGAs products. Whereas, about, 31.7% of the respondents were reported to have a market for their IGAs. These findings imply that most of the respondents interviewed in the study area do not have reliable markets for the products from their IGAs. When the respondents were asked to state the reason for the presence of an unreliable market for their products, most (48.2%) of the responses from the respondents noted the existence of competition with non-disabled people on the services they are providing to the customers. Whereas, 26.5% of the responses from the respondents claimed that it is due to the existence of biasness from some customers that they believe that products which are sold by PWDs are not of good quality. The rest, 14.5% and 10.8% of the responses from the respondents reported being unable to reach where the customers located and lack of permanent business premises for majority of PWDs entrepreneurs as the reasons for the presence of unreliable markets for the products from respondents IGAs. These findings suggested that it is so hard for the PWDs to compete with people

with non-disability on the market, in particular when the business activities demand individual mobility for search for the customers.

**Table 3: Respondents' access to markets in study area**

Parameters	Frequency (n)	Percent (%)
<b>Respondents access to reliable markets</b>	(n=60)	
Yes	19	31.7
No	41	68.3
<b>Total</b>	<b>60</b>	<b>100.0</b>
<b>Challenges for not getting reliable markets</b>	(n=41)	
Stiff competition from non-disabled people	40	48.2
Unable to reach where the customers located	12	14.5
Biasness from the customers	22	26.5
Lack of permanent business premises	9	10.8
<b>*Total</b>	<b>83</b>	<b>100.0</b>

\* Data set based on multiple responses, and the number of cases will not necessarily add up to 41

**Source:** Field data, 2023

The above findings were similar to what reported during an interview with the chairperson of CHAWATA who disclosed that:

PWDs have challenges to get market for their product due to communication difficulty in particular for the deaf and dumb people and lack of permanent working place for doing business activities in the surveyed area as pointed out that the municipal authority did not establish permanent business premises for PWDs for undertaking their business activities, and cited that at some point they were told to do their business at Mwembetogwa ground, Mlandege ground, and at Posta Bus Stand.1/7/202.

On the other hand, during FGDs with PWDs one of respondent from Ilala Ward explained that people with physical disability are getting stigma in their business places as pointed out that for the case of *bajaji* driver that reported that the passengers not boarded their Bajaji for fear of getting accident that associated with their disability conditions. And sometimes there is a tendency for the *bajaji* drivers to fight for the passengers at the *bajaji* stand, which makes it hard for drivers with physical disabilities to get passengers. This situation is very common in many working places where both PWDs and those without are doing business together. Furthermore, the findings revealed that the majority (53.3%) of the respondents interviewed operated IGAs in residential premises. Also, about 30% of the respondents operated IGAs in non-residential locations in the study area (Table 4). The rest (16.7%) of the respondents interviewed operating their IGAs in residential and non-residential locations. The results indicate that the majority of PWDs in the study area tend to operate IGAs in residential areas. This finding is not consistent with what is reported by Botha [13] who identifies that as much as 60% of IGAs in the informal sector operates along the streets, particularly so in urban areas where the businesses are concentrated in one area. The possible reason for this may be due to their disability situation that imposes barriers for them to move from one place to another without close assistance. This finding implies that by being undertaking IGAs in residential area has been denying the respondents the opportunity to meet wide segment of customers of their IGAs services that reduces their earning from business activities and marred with unethical activities such as corruption and bribery, coercion, deception, theft, and unfair discrimination.

**Table 4: Respondents' IGAs business location in the study area**

Parameters	Frequency (n)	Percent (%)
<b>IGAs location</b>	(n=60)	
Residential location	32	53.3
Non-residential	18	30.0
Residential and non-residential location	10	16.7
<b>Total</b>	<b>60</b>	<b>100.0</b>
<b>Rental payment</b>	(n=60)	
Yes	7	11.7
No	53	88.3
<b>Total</b>	<b>60</b>	<b>100.0</b>
<b>Reason for selection of IGAs location</b>	(n=60)	
Looking for customers	27	23.3
Difficult to move	16	16.4
Not paying rent	33	28.4
Location is near town	19	13.8
Not paying business tax	21	18.1
<b>*Total</b>	<b>116</b>	<b>100.0</b>

\* Data set based on multiple responses, and the number of cases will not necessarily add up to 60  
Source: Field data, 2023

According to Musara and Nieuwenhuizen [14], informal sector entrepreneurship is seen as a breeding ground for bribery of corrupt government officials who solicit bribes from informal traders for various legal transgressions such as not having licenses to trade, and lack of health and safety compliance systems, among others. There is also a high level of hostility and harassment of informal sector entrepreneurs by government officials in an attempt to regulate the informal sector. The reasons for business location were not paying rent, finding customers for the products of their business, avoiding paying business tax, due to physical disability situations that make it difficult for them to move. These findings imply that most of the respondents prefer to undertake their IGAs in the area that are not paying rent and it is easy to get customers for their business. However, during data collection in the study area, it was observed by the researchers that most of the PWDs business working places at the residential area were poor in the sense that they are in poor hygiene conditions and done in old buildings. The findings from the respondents were noted to be similar with information reported by the PWDs during FGDs one of respondents from Gangilonga Ward said explained that:

The PWDs undertake the business activities in residential area because of their disability conditions that making them difficulty to cope with the disturbance from other people in town, and some of them were due difficulty to obtain business area somewhere else that will be good for them to undertake their business activities easy (FGD with PWDs, 29/6/2023).

These results indicate that the majority of the PWDs in the study area operated their IGAs in residential areas. This finding is not consistent with what is reported by Botha [13], who identifies that as much as 60% of business in the informal sector operates along the streets, particularly so in urban areas where the businesses are concentrated in one area. The possible reason for this may be due to their disability situation that imposes barriers for them to move from one place to another without close assistance. This finding implies that by undertaking IGAs in residential areas has been denying the respondents the

opportunity to meet a wide segment of customers of their IGAs services that reduces their earning from business activities. The findings from the respondents were noted to be similar with information reported by the PWDs during FGDs one of respondents from Gangilonga Ward said explained that:

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### 3.3.3 Access to entrepreneurship skills

Majority (61.7%) of the respondents interviewed reported to have never received entrepreneurship education prior establishment of IGAs in the study area (Table 5). Whereas, about 38.3% of the respondents reported to receive entrepreneurship education prior the establishment of their IGAs. These findings imply that most of the respondents who interviewed started their IGAs without having entrepreneurship skills. This result has a negative impact on the desire of the respondents to increase outputs from IGAs, diversify and improve production, reduce risk, and raise the quality and price of the goods traded. During FGDs with PWDs at Makorongoni Ward it was revealed that most of the PWDs acknowledged the good job that has been done by CHAWATA to ensure that they are getting entrepreneurship education. However, the discussants from Igumbilo Ward had the following to say:

PWDs did not have entrepreneurship education because in most cases they are not in the plan of the providers of the entrepreneurship due to the perception that even when provided with business education they cannot translate it into practices because of their disabilities (FGDs with PWDs, 29/6/2023).

This finding from the FGDs was supported by a leader from CHAWATA who during interview reported that:

Persons with disabilities do not have many business training due to their disability conditions that demand the presence of supportive facilities such as inclusive infrastructures and availability of supportive equipment that seems to add costs for the organizers of the training (Interview with CHAWATA chairperson, 1/7/2023).

**Table 5: Respondents' access to entrepreneurship education**

<b>Parameters</b>	<b>Frequency (N=60)</b>	<b>Percent (%)</b>
<b>Access to entrepreneurship education</b>		
Yes	23	38.3
No	37	61.7
<b>Total</b>	<b>60</b>	<b>100.0</b>
<b>Providers of entrepreneurship education</b>		
	(n=23)	
Department of Community Development – IMC	17	73.9
Neema craft organization	5	21.8
Friends	1	4.3
<b>Total</b>	<b>23</b>	<b>100.0</b>
<b>Challenges on not getting entrepreneurship education</b>		
	(n=37)	

Lack of information	16	28.6
Not a member of any group	13	23.2
Difficulty to reach training location	20	35.7
Difficulty to communicate	7	12.5
<b>*Total</b>	<b>56</b>	<b>100.0</b>

\* Data set based on multiple responses, and the number of cases will not necessarily add up to 37  
Source: Field data, 2023

Findings from the study revealed that the majority (73.9%) of the respondents reported to have entrepreneurship education noted to obtain entrepreneurship skills from the Department of community Development of Iringa Municipal Council (Table 5). The rest, 21.8%, and 4.3% of the respondents were reported to obtain business education from Neema Craft and from their friends respectively. The findings imply that most of the respondents reported to have entrepreneurship education obtained from the education from Municipal Council and Neema Craft organization. It is a common practice for the loan providers to provide entrepreneurship education in particular on how to run and manage an economic activity before granting a loan to the recipients. Respondents who had never received entrepreneurship education were asked to state the barriers for accessing entrepreneurship education in the study area. Majority (35.7%) of the responses from the respondents reported difficulty to reach training location as the reason for not getting entrepreneurship education. Other, 28.6% of the responses from respondents claimed lack of information as the reason for not accessing entrepreneurship education before the establishment of the IGAs. The rest, 23.2% and 12.5% of the responses claimed that being not a member of any social group and difficulty to communicate were the barriers to entrepreneurship education. During FGDs with PWDs in the study area, one of respondent revealed that:

Most session of entrepreneurship education training that involved PWDs do not involve expert of sign language for easy communication and became the barriers for acquisition of entrepreneurship education, and sometimes information for the training don't reach us on time as it could done if the information could be circulated to the PWDs by our organization leaders (FGDs with PWDs, 29/6/2023).

#### **4.0 CONCLUSION AND POLICY RECOMMENDATIONS**

Despite the substantial contribution of IGAs of PWDs to their family welfare such as meeting family food expenses, building/repairing family houses, clothes, paying school fees and health services in the study area, yet their economic activities found to experience numerous economic barriers. The study concludes that PWDs undertaking IGAs have limited access to credits due to existence of unfriendly conditions and procedures for loan acquisition, being not trusted by financial providers, and operating unreliable IGAs. Likewise, the study also concludes that most PWDs undertaking IGAs lack entrepreneurship skills, and lack reliable markets for their commodities. Addressing the economic barriers to the success of IGAs or PWDs is expected to increase output from IGAs, diversify and improve production, reduce risk, and raise the quality and price of the goods traded. Therefore, the study recommends some ways to improve IGAs undertaken by PWDs to include stakeholders' innovation to allow flexibility in addressing PWDs barriers to credit accessibility, entrepreneurship education, and markets of their business commodities. Government and other stakeholders should ensure the procedures for loans acquisition, entrepreneurship education, and allocation of business premises are friendly for PWDs.

## **CONSENT FORM**

All authors declare that 'written informed consent was obtained from the respondents for publication of this article. A copy of the written consent is available for review by the Editorial office/Chief Editor/Editorial Board members of this journal.'

UNDER PEER REVIEW

## REFERENCES

1. World Health Organization. Global report on health equity for persons with disabilities.2022. (<https://www.disabled-world.com/news/africa>).
2. Aitken, Z., Bishop G. M, Disney, G., Emerson, E., Kavanagh, A. Disability-related inequalities in health and well-being are mediated by barriers to participation faced by people with disabilities. A Causal Mediation Analysis; 2022.
3. Loidl, V., Oberhauser, C., Ballert C., Coenen M, Cieza A., Sabariego C. (2016). Which environmental factors have the highest impact on the performance of people experiencing difficulties in capacity? International Journal of Environmental Research & Public Health.2016; Vol. (13) 416.
4. Vanderschuren, M. J.W.A. and Nnene, O. A (2021). Inclusive planning: African policy inventory Policy Sys. 2021; Vol. (19) 124. <https://doi.org/10.1186/s12961-021-00775-1>
5. Tesemma, S. T. Economic Discourses of Disability in Africa: An overview of lay and legislative narratives. Afr. Disability Rts. YB, 2014.
6. Tinta, N. and Steyn, H. & Vermaas, J. Barriers experienced by people with disabilities participating in income-generating activities. A case of a sheltered workshop in Bloemfontein, South Africa, 2020
7. The United Republic of Tanzania. Disability Monograph, The Office of Chief Government Statistician, Ministry of State, President Office, State House and Good Governance. 2016
8. United Republic of Tanzania. Iringa Municipal Council Statistic Data for People with Disability. 2021.
9. The United Republic of Tanzania. Population and Housing Census Report, National Bureau of Statistics, Ministry of Finance, Dar es Salaam. 2022.
10. The United Republic of Tanzania. Population and Housing Census Report, National Bureau of Statistics, Ministry of Finance, Dar es Salaam.2012.
11. Mactaggart, I., Banks, L. M., Kuper, H., Murthy, G. V. S., Sagar, J., Oye, J. & Polack, S. Livelihood opportunities amongst adults with and without disabilities in Cameroon and India. 2018; A case control study, PLOS ONE, 13(4).
12. Peprah, A., Avorkpo, E. A., and Kulu, E. People with disability and access to financial services: Evidence from Ghana. Research Square, 2022. DOI: <https://doi.org/10.21203/rs.3.rs-1781235/v1>
13. Botha, H. J. Investigating the ethical considerations faced by small business entrepreneurs in the informal sector: Zandspruit Township, Johannesburg; 2012.
14. Musara, M. & Nieuwenhuizen, C. Informal sector entrepreneurship, individual entrepreneurial orientation and the emergence of entrepreneurial leadership, Africa Journal of Management, 2020; 6(3), 194-213.