

**HINDRANCES TO ACCESSIBILITY AND INCLUSIVITY FOR PERSONS WITH
DISABILITIES IN UGANDA :A CASE STUDY OF MAYEMBEGAMBOGO
VILLAGE MPIGI TOWN COUNCIL**

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**A DISSERTATION SUBMITTED TO THE SCHOOL OF SOCIAL SCIENCES IN PARTIAL AND
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DECLARATION.

I **NTEGE ABRAHAM** present this research as, true to the best of my knowledge and belief, original except as acknowledged in the text. I hereby declare that it is with my effort that I have carried out research on “**Hindrances to Accessibility and Inclusivity for Persons with Disabilities in Uganda. A case study of Mayembegambogo village, Mpigi Town Council**” and it has never been submitted, either in full or in part, to any academic institution of higher learning for any academic award.

Sign.....

APPROVAL

This is to certify that this research of **NTEGE ABRAHAM** under registration number **J22B15/090** has been carried out under my supervision and guidance and the research is now ready for submission to the school of social sciences Uganda Christian University with my approval.

Signed:  Date: 6th September 2024.

DEDICATION.

To my beloved family for their tireless efforts, dedication, and support for my education. With great love, I also dedicate this book to my lovely family for their unwavering encouragement and moral support throughout the course of my studies. Lastly, I would like to dedicate it to all lecturers under school of social sciences who constantly offered guidance to me during my stay here at Uganda Christian University.

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Above all, it's only the Almighty that grants life and the ability for us to reach this far. This research was successful due to the cooperation, guidance, and support of a number of people who have enabled me to gain much more than the scholastic aspects the program could have given. I am deeply grateful to my academic supervisor, Rev. Stanley Wareeba. Forvaluable guidance and advice throughout the period of my research. I am so grateful to my lovely family for continuously extending his strong words of encouragement as well as financial support throughout the research period. Finally, I wish to thank the rest of the people who have helped me during my research in one way or another, like the (MPWDA) Mpigi Women with Disabilities Association for the exposure in the field. Your extended hands saw me through to the end.

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ABSTRACT

Discrimination is a critical social problem that affects people with disabilities in different capacities across the globe; this paper therefore aims to look at the barriers to equal opportunity and/ or access to resources by persons with disabilities in Mayembegambogo village, Mpigi Town Council Uganda. It looks at both the problems as they exist now and possible remedies to them. Before focusing on the issue, it first offers a brief overview of impairments happening in the society, defines the scope of the research and the aims and objectives of the investigation which states to determine those factors that hinders persons with disability from realizing their independence and integration into mainstream society. It highlights the importance of special efforts to enhance the opportunities for social contact, employment, health care, and learning for the population with a disability. The study goes further to critically examine the literature review exploring physical barriers to access, institutional as well as social barriers. They bring out how persons with disability experience undue consequences from negative attitude, inaccessible environment and limited access to information communications technology. In addition, it looks at efforts in legislation, policy, and social initiatives in the fight for equal opportunities and reduction of these barriers. Thus, through an analysis of the most recent research and by outlining the recommendations, the study aims at providing a suggestion on the measures that could be taken to enhance the functionality and quality of life of disability-inclined persons in Mpigi Town Council. The method of study employed is a sequential exploratory mixed-methods design of both qualitative and quantitative nature. A cross-sectional survey design with 44 participants was used to explore the barriers which include; physical, attitudinal, informational & knowledge, financial & economic & policy barriers. According to the study, there is reduced accessibility and inclusion since physical barrier and attitudinal barrier affect it. These are further compounded by information deficits and cost constraints and most pointedly unearth policy failures that call for sound legal regimes. It is a testimony of community support that is not uniform because people have had it both ways when it comes to social integration. The recommendations focus on increasing the disability consciousness, advocating for the disability rightful rights, ensuring rights to free treatment, grant of cash provisions and enhancing implementation of disability rights. The study emphasizes the importance of a comprehensive approach to improving the quality of life for people with disabilities, and it suggests paths for future research into the efficacy of proposed remedies.

CHAPTER ONE

1.0 Introduction.

1.1 Background

According to the International Classification of Functioning, Disability and Health (ICF) 19% of Ugandans and over a billion individuals globally are thought to be disabled (Abimanyi-Ochom & Mannan, 2014). In addition, the Ugandan Persons with disabilities Act, 2020 asserts that disability refers to substantial functional limitation of a person's daily life activities caused by physical, mental or sensory impairment and environmental barriers, resulting in limited participation in society on equal basis like others (Uganda Legal Information Institute (ULII), 2020). According to UN data, there are currently over 600 million people with disabilities worldwide, with 400 million in developing countries and 80 million in Africa (Jackson, 2018). In the field of disability, social inclusion has been largely described as increased participation in community-based activities and a more extensive social network; however, in a broader sense, it also encompasses other dimensions such as acting as consumers of goods and services or involvement in economic and socially valued activities such as employment and parenting (Abbott & McConkey, 2006). Persons with disabilities (PWDs) in Uganda, as in many other parts of the world, continue to confront a variety of barriers to receiving critical services and fully participating in society. The fulfillment of inclusion and accessibility for people with disabilities is an essential component of advancing human rights and sustainable development. Implementing inclusion and accessibility for individuals with disabilities is an important step toward furthering human rights and sustainable development. This study investigates how persons with impairments access opportunities, services, and facilities focusing on Uganda's Mpigi Town Council.

1.2 Statement of the Problem

Specifically, we see all Mpigi residents living in an even keen community without disability as a barrier to social inclusion and participation. Attempts to expand the inclusivity of society is exceeding challenged by various barriers that blind people in Mpigi Town Council from exposure employment, health and education. Barriers, whether physical or social – economic and institutional; would stop people with disabilities from participating fully across different areas of

life. The access to education for PWDs has been decreasing, not increasing; pre-primary school enrollment have declined by 58%, and so are primary schools that also decreased which escalated in a decrease of 13%. Enrollment in secondary education declined 35% as well. The movement between educational levels is limited: 2 out of every ten PWDs advance to the high school level, eleven years during 2010 and through a cohort study ending in 2020. Major challenges include; nature of infrastructure not disability-specific, inadequate teachers trained on SNE and lack of toilet facilities specifically for PWDs (Emong & Eron, 2016)

CRPD Article 9 of the Convention on the Rights of Persons with Disabilities: To enable persons with disabilities to live independently and participate fully in all aspects of life, States Parties shall take appropriate measures to ensure that persons with disabilities have access (i) to buildings, transportation, information and communications... both urban & rural areas. Such measures shall include the identification and elimination of obstacles and barriers to accessibility in buildings, roads, transportation etc., applying among others including schools/housing/work places or hospitals; information/communication services/electronic & emergency service. (United Nations, 2007). Even so, we project that up to 2.43 billion people about one-third of the world are at risk for social marginalization. The numbers are more than striking, they hold an unimaginable figure : 1.3 billion in South Asia (inclusive of India and China), East Asia & Pacific. Sub-Saharan Africa has the largest share of any region; with some 52 percent would also be vulnerable to exclusion (but note that this count does include across-the-board disability. Local level interventions would involve policy formulation, advocacy initiatives and some physical access projects in urban towns like Mpigi Town Council. Still, the effects of these measures may differ. It is necessary to delve into some factors such as attitudinal barriers, intersectionality of disability with other social identities and hidden disabilities. It calls for heightened awareness campaigns, stringent policy enforcements and targeted infrastructure investments. Detecting these obstacles requires insight into the variables which propagating them, and successfully intervene with policies.

1.3 Objectives.

1.3.1 General objective.

The objective of this study is to explore and define in detail the wide range of prevailing multifaceted conditions that prevent persons with disabilities from becoming an integral part of

society in Mayembegambogo lower village of Mpigi Town Council, Uganda so as to develop targeted intervention strategies for improving residing quality life and social inclusion.

1.3.2 Specific Objectives

- To assess the main barriers that impede inclusion and access for people with disabilities in Mayembegambogo village, Mpigi Town Council.
- To assess the impact of these on (QoL) Quality of Life and general health in this particular population segment that lives with disability in Mayembegambogo lower village, Mpigi Town Council.
- To explore potential strategies and actions to improve interactions with people with disabilities within Mpigi Town Council.

1.4 Research Questions.

The study questions to be used as a guide are;

1. What are the key barriers to success for people with disabilities in Mayembegambogo village, Mpigi Town Council?
2. How do these obstacles influence the wellbeing and daily lives of people with disabilities in the case-study area?
3. What recommendations on strategies and interventions to improve accessibility and inclusivity of Persons with Disabilities in Mayembegambogo village, Mpigi Town Council?

1.5 Scope.

This study will focus on Mayembegambogo village, Mpigi Town Council of Mawokota county in Mpigi district that is situated within the central region of Uganda. This will cover the disability issues in Mpigi Town Council as regards concrete challenges of physical barriers, lack of awareness and understanding among public about disabilities, coupled with non-availability/few resources to promote accessibility for barrier-free environment. It will also investigate the extent of social seclusion, level/availability for job opportunities and educational facilities that people with disabilities experience in the region. This research will highlights the

current positions on accessibility and inclusiveness of persons with disability in Mpigi Town Council, trends over time etc. The study will also consider any ongoing initiatives or programs aimed at improving the lives of people with disabilities in the area between April-July.

1.6 Justification.

Our investigation will therefore provide seminal information that can help policymakers and program implementers in planning appropriate strategies to improve the welfare of Persons with Disabilities within Mpigi Town Council. This research will also help in enhancing the environment for people with disabilities by exploring existing challenges to be addressed towards disability inclusion. Moreover, results from this study will facilitate us to identify where there is evidence for gaps in services and support systems following the example of persons with disabilities as well a directive of efforts that can be effectively made. In the end, everyone everywhere should be lifted to levels where they can all feel included and access what Mpigi Town council has got in Mayembegambogo lower.

1.7 Significance of the Research

This study is noteworthy for several reasons. It contributes to existing literature on the challenges faced by disabled people in Uganda; mainly Mayembegambogo village, Mpigi Town Council. The findings from this study will also have important implications for legislators, advocacy groups and stakeholders by identifying what issues need to be tackled to improve the quality of life experienced by persons with a disability. Finally, this study sets the stage for future investigations and initiatives that further an inclusive society that benefits all citizens irrespective of ability.

1.8 Limitations and delimitations of the Study.

A distinguishing feature is a beginning to provide some understanding of the lives and communities lived by persons with disability in Mpigi Town Council, although it should also be recognized that this study has several limitations. There are some restrictions, however this research study does not attain the full range of PWD groups given how broad a description disability is according to Crigger and Paradis (2010) as well as its dynamic nature. Additionally, general overallization on all types of stakeholders from sense data derived from may be limited in no reproducible external areas like Mpigi Town Council. In addition to that, due to time and resource constraints, the study might not be capable of gathering a lot more comprehensive and in-depth data. It is also necessary to consider the potential biases of investigators and subjects

that could affect how data are interpreted. The study is limited in that it involves a specific region and uses self-reported data from participants. These elements might affect how generally applicable and trustworthy the study's conclusions are. In addition, there can be issues with proving causation or generalizability to different groups due to the study's design and methods.

1.9 Conceptual framework.

Important components like institutional policies, social attitudes, physical impediments, and economic concerns will all be included in the conceptual framework for this study. The Mpigi Town Council will be able to better organize and analyze the numerous obstacles to accessibility and inclusion for people with disabilities with the use of this framework.

Independent Variable: The factors hindering accessibility and inclusivity of persons with disabilities in Mpigi Town Council. This is the variable you will be manipulating or examining to see its effect on the dependent variable. These factors could include things like:

Physical barriers (e.g., lack of ramps, inaccessible buildings, transportation infrastructure)

Attitudinal barriers (e.g., stigma, discrimination, stereotyping)

Informational barriers (e.g., education and awareness, lack of sign language interpretation, braille documents)

Economic barriers (e.g., unemployment, poverty, lack of access to assistive devices)

Policy and legal barriers (e.g., lack of enforcement of disability rights laws)

Dependent variable is the primary outcome variable that the study seeks to understand and improve. It encompasses the degree to which persons with disabilities can access essential services, facilities, and opportunities within Mpigi Town Council and the extent to which they are included in various aspects of societal life.

1.10 Summary of the Chapter.

Chapter One begins a thorough investigation of the barriers to accessibility and inclusion encountered by people with disabilities in Mpigi Town Council, Uganda. The chapter discusses

the worldwide and national prevalence of disability, with an emphasis on Mpigi Town Council. The issue statement articulates problems in social involvement, employment, healthcare, and education, with a focus on decreased enrollment of people with disabilities in educational institutions. Clearly stated objectives and research questions are aligned, with the goal of investigating impediments, evaluating affects on quality of life, and exploring enhancing strategies. The study's geographical and chronological boundaries are carefully defined, with a focus on Mpigi Town Council's current status and previous advancements. The justification emphasizes the study's potential contribution to future policies and initiatives, as well as its importance in resolving present service shortages. Recognizing limitations, the conceptual framework introduces key elements such as physical barriers, social attitudes, economic factors, and institutional policies, laying the groundwork for the following chapters and promising a thorough understanding of the challenges that people with disabilities face in Mpigi Town Council.

CHAPTER TWO.

Literature review.

2.0 Introduction

Disability is a complex issue that affects people's lives in a variety of ways (Kapsalis et al, 2022). Accessibility and inclusion are basic human rights that provide equal opportunity and participation for everyone, including those with impairments. However, people with disabilities frequently confront several challenges that prevent them from fully participating in different sectors of life, such as school, work, healthcare, and social connections. This literature study seeks to investigate the hurdles to accessibility and inclusion experienced by people with disabilities in Mpigi District, as well as the consequences of these barriers on their lives and ways for overcoming them.

2.1 Barriers to Accessibility and Inclusivity.

Physical infrastructure is a significant barrier for people with disabilities. Inaccessible buildings, sidewalks, and public transportation systems limit their mobility and restrict access to essential services. Although the American legal system has made an effort to eliminate physical obstacles to public transit, people with disabilities still face substantial obstacles. According to a 2015 NCD report, there are a number of problems with fixed-route bus transportation, including broken lifts and ramps, untrue allegations, drivers' unfriendly attitudes, the inability to stop for disabled passengers, steep ramps, obstructions to wheelchair safety zones, a lack of stop announcements, and a lack of route identification. Issues with reservations, dual-mode connectivity, and accessibility stations and carriages affect fixed-route rail systems as well. In the absence of enhanced comprehension and regulations aimed at eliminating these obstacles, people with disabilities still do not have complete access to public transportation (National Council on Disability, 2005).

Second, the lack of facilities such as ramps, handrails, elevators, and accessible bathrooms in public places makes traversing their environment independently much more difficult. Research on latrine access was conducted in Ethiopia's Kombolcha town with 374 participants. According to the report, 22% of people with disabilities in the region have access to latrines, whereas 61.8% have any form. 43% were shared, 41.5% were unimproved, and 39% had walkways longer than six meters from their homes. 50% had entrances and interior areas that were less than a meter wide. According to the survey, 49% of individuals who did not have an accessible toilet used

open defecation. The majority of participants (57%) received no information on toilet accessibility, and the government did not consult with 64.7% throughout latrine design and construction. It was discovered that very few people with physical disabilities had access to latrines. The likelihood of latrine inaccessibility was heightened by stigma and prejudice, a lack of membership in a disability association, inadequate knowledge of accessible latrine construction, and low socioeconomic position. (Getahun et al. 2022).

Again, unfavorable ideas and prejudices about people with disabilities can lead to social exclusion, discrimination, and stigma, preventing them from fully integrating into society. While negative preconceptions about individuals with disabilities exist in the workplace, such as seeing them as reliant or weak, there are also good stereotypes, such as being diligent and tenacious, which cannot be exaggerated. This demonstrates the complexities of disability perception. The stereotype content model (SCM) can assist us in comprehending this. SCM argues that humans evaluate social groupings based on warmth (trustworthiness, friendliness) and competence (intelligence, capacity). Interestingly, preconceptions are rarely entirely good or negative, but rather a combination of warmth and competence. The SCM gives insight on how we view and judge persons depending on these aspects, yet society still portrays people with impairments as inept (Rohmer & Louvet, 2018). Misconceptions about the skills of people with disabilities can lead to low expectations and restricted chances for education, employment, and social involvement.

Due to restricted access to information and communication technology (ICTs), such as braille publications, sign language interpreters, accessible websites, and some healthcare facilities, people with visual, hearing, and cognitive impairments face extra challenges. When looking for healthcare services, communication and information are essential. However, lack of knowledge and awareness among the service-seeking population, as well as inadequate information and language skills, are seen as typical barriers to healthcare services for women with disabilities. The ladies were concerned not only with what they were told, but also with how they were given it, and they considered that the state should offer a sign language interpreter. This guarantees that the deaf community has equal access to healthcare information and services. Providing proper communication assistance can help decrease the healthcare accessibility gap for women with impairments (Groce et al. 2018). Adequate provision of alternate formats and communication aids further marginalizes people with disabilities, limiting their access to school, employment, and public services.

2.2 Effects of Barriers on Persons with Disabilities:

A lack of accessible work options can result in high unemployment rates and economic dependency among people with disabilities, limiting their capacity to attain economic independence and financial stability. The biological and sociological theories of disability highlight an individual's lack of ability, but the capacity approach considers the individual's relationship to their environment. Research indicates a relationship between disability and unemployment, with persons with impairments frequently working in informal industries with lesser pay and safeguards. Even if they are working, societal prejudice and inaccessible workplaces might make it difficult to retain a position. To summarize, a lack of accessible options is a substantial obstacle to work for individuals with impairments (Graham, 2020).

In addition, PWDs are particularly vulnerable to widespread beliefs that they are too weak and too costly to employ, incapable of performing certain tasks, and unproductive when being considered for a job. Negative perceptions and stereotypes towards PWDs would hinder the public and employers in particular from comprehending the ability and capability of PWDs. Therefore, efforts from various parties shall be deemed necessary to highlight or showcase PWDs' potentials and talent resources(Manaf et al., 2018).

Inaccessible healthcare facilities and services create major hurdles to healthcare access and usage for people with disabilities, resulting in health inequities and an increased risk of avoidable illnesses. Insensitive clinicians with negative attitudes and harsh conduct, a lack of expertise and experience in delivering services to individuals with disabilities, and an unwelcoming health facility setting all contributed to women's inaccessibility. In this scenario, a staff deficit is more than just an issue of numbers; it is also a matter of expertise, particularly in terms of understanding of women with disabilities. This lack of inclusion and accessibility may result in greater marginalization and exclusion of women with disabilities from accessing required healthcare. Healthcare personnel must get training and instruction on how to appropriately care for people with disabilities in order to foster a more inclusive and inviting atmosphere (Groce et al. 2018). Furthermore, a lack of specialized medical equipment, assistive devices, and rehabilitation services exacerbates health disparities and lowers the quality of life for people with disabilities.

2.3 Strategies to Cope with Inaccessible and Exclusive Environments.

Legislative and policy changes at the global, national, regional, and local levels to accommodate the different needs of people with disabilities and encourage their full involvement in society. Several efforts have been launched at the local and international levels to increase the participation of people with disabilities in the workforce. The CRPD, one of the most major attempts in this direction, includes provisions requiring governments to remove all forms of barriers to employment for individuals with disabilities. Article 27 of the CRPD is a classic example of this provision, which requires state parties to take steps to ban all kinds of discrimination and to promote a working environment in which individuals with disabilities may work on an equal footing with others and pursue professional careers. Similarly, the International Labour Organization (ILO) advocates for non-discrimination, equal opportunity, an accessible environment, and the participation of individuals with disabilities in public decision-making (Opoku et al., 2017). Uganda is a member of the ILO and a signatory to the CRPD; hence, it is anticipated that it will respect ILO decisions and implement provisions in the CRPD.

Uganda's commitment to addressing socioeconomic inequities among PWDs is proven by the execution of programs targeted at improving the socioeconomic opportunities of disadvantaged populations, including PWDs. This includes a disability grant of \$12,000 USD per year to promote socioeconomic growth and career opportunities for individuals with disabilities in districts. Another similar program within the Ugandan government's Expanding Social Protection Programmes (ESPP) is the Social Assistance Grants for Empowerment (SAGE), an experimental social cash transfer scheme. The effort aims to reduce chronic poverty by improving access to health care, education, and other key services for chronically poor individuals. According to the SAGE study, 33% of eligible households had a chronically ill or disabled member (Abimanyi-Ochom&Mannan, 2014).

Conducting public awareness campaigns and sensitization workshops to challenge stereotypes, develop good attitudes toward people with disabilities, and build an inclusive and accepting culture in communities. Providing disability awareness training to government officials, service providers, educators, employers, and the general public to help them better understand disability concerns and rights. Similarly, there are processes of disability simulation programs that help deal with ablest prejudices, emotions, and discrimination. Disability simulation programs are activities that allow those who do not have impairments to experience the problems that persons

with disabilities face. These programs aim to develop empathy and understanding. By momentarily experiencing the hardships experienced by those with impairments, participants might obtain a fresh perspective and understanding for the hurdles they may confront on a daily basis. Disability simulation programs have also helped break down stereotypes and promote inclusivity in society (Ma & Mak, 2022).

Conclusion:

Addressing the hurdles to accessibility and inclusion experienced by people with disabilities in Mpigi District necessitates a diverse strategy that includes legislative reforms, infrastructure upgrades, and awareness-raising programs. Despite attempts to preserve these rights, discrimination against persons with disabilities remains, and additional funding for the disability sector is needed, particularly in justice, social protection, and mental health services. Given the existing state of knowledge, there are considerable research gaps in deinstitutionalization and protection concerns (such as violence and abuse). This evidence consolidation may help to influence government and civil society groups' policy and programmatic goals, as well as guide future research (Ullrich E et al. 2018). By identifying these barriers, understanding their effects, and implementing effective coping strategies, stakeholders can work together to create a more inclusive and accessible environment where persons with disabilities can fully participate and thrive in all aspects of life.

CHAPTER THREE

Methodology

3.1 Introduction.

The research design, study area, sample size, sampling techniques, data collection and analysis methods and tools are covered in this chapter.

3.2. Research Approach.

In order to prioritize the qualitative approach, this research will employ a sequential exploratory design, with quantification of the findings to follow.

3.3. Research design.

This thorough investigation will provide answers to the what and how questions. A cross-sectional survey panel with a descriptive, non-experimental study methodology will be used. Because it will assist the researcher in conducting an organized, empirical inquiry of the independent variable, this study will be descriptive in character. The investigation's purpose, "Hindrances to Accessibility and Inclusivity of Persons with Disabilities in Uganda: A Case Study of Mpigi Town Council," dictates the design that will be employed.

3.4. Research Area.

The study will be carried out in Mayembegambogo, Mpigi Town Council, Mpigi District.

3.5. Study Population.

Convenience sampling, however, will be the basis for their selection therefore approximately 50 respondents will be included in the study. The respondents to be interviewed will be identified from Mayembegambogo lower zone.

3.5.1. Sample size.

To produce representative statistics, a representative percentage of the entire research population will also be selected for each category. The number for each category is shown below.

$$\text{Sample}(n) = N/1+N(e)^2$$

$$= 50/1+50(0.005)^2$$

$$= 50+50 (0.0025)$$

$$= 50/1+0.125$$

$$= 50/1.125$$

$$= 44.44$$

$$=44$$

3.6. Data collection method.

3.6.1 Primary source

The research will employ primary data that was collected through the use of questionnaires from the study population. The study on face-to-face contact will allow the respondents to self-administer the surveys.

3.6.2 Secondary Sources.

The utilization of secondary data pertaining to this subject will also come from pertinent information found in easily accessible libraries, online resources, periodicals, magazines, and other research reports authored by others on the same subject.

3.7. Data collection tools.

3.7.1 Interviews

According to Boynton (2005), an interview consists of a conversation between two or more people during which the interviewer asks questions to elicit information from the interviewee. As a result, questions will be asked of respondents during the interview using an interview guide.

3.7.2 Questionnaire.

According to Oppenheim (2000), a questionnaire is a research tool that consists of a set of questions and additional prompts intended to elicit information from respondents. Self-administered questionnaires are preferred over some other survey formats because they allow participants to freely express their thoughts. For this reason, the study will employ them. Respondents will receive a set of questions that are both closed-ended and open-ended.

3.8. Quality control.

3.8.1. Validity.

Respondents will be given a self-administered English questionnaire. The various respondents will be surveyed using both structured and open-ended questions.

For the purpose of interviewing respondents, an interview schedule will be created. The purpose of using an unstructured interview guide is to get adequate information from the respondents. An interview schedule will facilitate a more in-depth conversation and help elicit more private and sensitive information. The data collected will be used to support or validate conclusions drawn from the questionnaire or from observation.

3.8.2 Reliability.

Following the collection of data, respondents will decide this. It will gauge the respondent's internal consistency.

3.9 Data management and Analysis.

In order to help answer the study questions, data processing will include editing raw data to remove errors and omissions, classifying data based on shared features, and tabulating data to summarize and arrange the primary data. The gathered data will be presented using tables and charts to help readers understand the unit and make it more concise. Questionnaires and interviews will be used to gather the data. These will then be connected to the study's goals and eventually expanded upon and defended in a thorough research report.

3.10 Summary.

The research approach covered in the above chapter is applied when doing research. The various respondents and authorities will be consulted in order to gain permission to conduct the study. Every participant will be fully informed about the nature of the study and its purpose. Signing a permission form will be necessary for participants to express their willingness to participate in the study and their ability to withdraw at any time. During the data collecting and analysis stages of this project, code names will be used instead of the real names of the respondents to maintain confidentiality.

CHAPTER FOUR:

Presentation and Analysis of Findings

4.1 Demographic Characteristics of Respondents

The study surveyed participants across various gender and age groups. Among the 44 respondents, 34 were female (68.2%) and 14 were male (31.8%). The age distribution was primarily concentrated in the 18-25 age group (70.5%), with smaller representations from 26-35 (9.1%), 36-45 (9.1%), 46-55 (4.5%), and those above 55 years (6.8%).

Table 1: Gender Data from field 2024.

	Frequency	Percent	Valid Percent	Cumulative Percent
1	14	31.8	31.8	31.8
Valid 2	30	68.2	68.2	100.0
Total	44	100.0	100.0	

Table 2: Age Data from field 2024

	Frequency	Percent	Valid Percent	Cumulative Percent
1	31	70.5	70.5	70.5
2	4	9.1	9.1	79.5
3	4	9.1	9.1	88.6
Valid 4	2	4.5	4.5	93.2
5	3	6.8	6.8	100.0
Total	44	100.0	100.0	

4.2 Identification with Disability.

Table 3: Do you identify as a person with a disability?

Data from field 2024

	Frequency	Percent	Valid Percent	Cumulative Percent
1	25	56.8	56.8	56.8
2	16	36.4	36.4	93.2
3	3	6.8	6.8	100.0
Total	44	100.0	100.0	

Only 36.4% (16 respondents) identified as persons with disabilities, while the vast majority, 56.8% (25 respondents), did not and it was also noted that 6.8% (3 respondents) were not sure whether they had a disability or not. This demographic information set a critical context for understanding the barriers experienced by people with disabilities from both those within and outside of this group.

4.3 Perceived Barriers Faced by Persons with Disabilities.

Respondents were asked to rate their agreement with various types of barriers encountered by people with disabilities on a Likert scale of 1-5 to rate the following alternatives where 1- Strongly disagree, 2- Disagree, 3 – Neutral, 4- Agree and 5- Strongly agree. The findings reveal the following insights:

4.3.1 Physical Barriers.

Table 4: Physical barriers such as lack of ramps, inaccessible buildings, and transportation infrastructure hinder my mobility and access to essential services. Data from field 2024

	Frequency	Percent	Valid Percent	Cumulative Percent
1	1	2.3	2.3	2.3
3	6	13.6	13.6	15.9
Valid 4	21	47.7	47.7	63.6
5	16	36.4	36.4	100.0
Total	44	100.0	100.0	

A significant majority of respondents (47.7% and 36.4%) agreed and strongly agreed respectively that physical barriers pose a considerable challenge to persons with disabilities. This includes obstacles such as inaccessible buildings and infrastructure, which severely limit mobility and independence.

4.3.2 Attitudinal Barriers

Table 5: Attitudinal barriers, such as stigma, discrimination, and stereotypes, affect my social inclusion and participation in community activities. Data from field 2024

	Frequency	Percent	Valid Percent	Cumulative Percent
1	2	4.5	4.5	4.5
2	1	2.3	2.3	6.8
Valid 3	7	15.9	15.9	22.7
4	17	38.6	38.6	61.4
5	17	38.6	38.6	100.0
Total	44	100.0	100.0	

Attitudinal barriers, such as negative stereotypes and discrimination, were also highlighted as significant. 38.6% of respondents agreed or strongly agreed that these barriers are prevalent, with a minority expressing neutrality. This reflects a societal perception of disability that impacts both social inclusion and self-perception among individuals with disabilities.

4.3.3 Informational Barriers.

Table 6: Informational barriers, such as lack of accessible information and communication technologies (ICTs), limit my access to education, healthcare, and public services.

Data from field 2024

	Frequency	Percent	Valid Percent	Cumulative Percent
1	1	2.3	2.3	2.3
2	3	6.8	6.8	9.1
3	4	9.1	9.1	18.2
4	18	40.9	40.9	59.1
5	18	40.9	40.9	100.0
Total	44	100.0	100.0	

The majority of respondents (40.9%) indicated that informational barriers, including the lack of accessible communication and information dissemination, are a significant issue. This suggests that the dissemination of critical information often excludes people with disabilities due to a lack of accessible formats.

4.3.4 Economic Barriers.

Table 7: Economic barriers, including unemployment and lack of access to assistive devices, impact my ability to achieve economic independence. Data from field 2024

	Frequency	Percent	Valid Percent	Cumulative Percent
1	3	6.8	6.8	6.8
2	2	4.5	4.5	11.4
3	4	9.1	9.1	20.5
Valid 4	21	47.7	47.7	68.2
5	14	31.8	31.8	100.0
Total	44	100.0	100.0	

Economic barriers were identified as another critical challenge, with 47.7% and 31.8% of respondents agreeing and strongly agreeing respectively. This indicates that financial constraints, including limited access to employment and support services, are common challenges for persons with disabilities.

4.3.5 Policy and Legal Barriers

Table 8: Policy and legal barriers, such as inadequate enforcement of disability rights laws, affect my rights and access to justice. Data from field 2024

	Frequency	Percent	Valid Percent	Cumulative Percent
1	3	6.8	6.8	6.8
3	8	18.2	18.2	25.0
Valid 4	23	52.3	52.3	77.3
5	10	22.7	22.7	100.0
Total	44	100.0	100.0	

52.3% and 22.7% of respondents agreed and strongly agreed respectively that policy and legal barriers exist, highlighting the inadequacies in current laws and policies that fail to protect or adequately support persons with disabilities. This could include a lack of enforcement of disability rights or insufficient legislative frameworks.

4.4 Community Support.

Table 9: The community is supportive and has awareness towards persons with disabilities. Data from field 2024.

	Frequenc y	Percent	Valid Percent	Cumulative Percent
1	2	4.5	4.5	4.5
2	9	20.5	20.5	25.0
3	20	45.5	45.5	70.5
4	11	25.0	25.0	95.5
5	2	4.5	4.5	100.0
Total	44	100.0	100.0	

Perceptions of community support for persons with disabilities were mixed. While only 4.5% and 25.5% of the respondents strongly agreed and agree respectively that the community is supportive, others (20.5%) disagreed, indicating a disparity in experiences and perceptions of community inclusion.

4.5 Challenges Faced by Persons with Disabilities.

Participants were given a list of questions where they were asked to state the barriers they thought that persons with disabilities encounter in their life experiences. The common themes that emerged included:

4.5.1 Attitudinal barriers;

The participants described the acts of prejudice, discrimination and stigma encountered in the aspects of the public opinion. Since they became so limited, Dev itself turned into to something “other” and/or something “lesser”.

A majority of the participants experienced feelings of exclusion from friends, social activities or from the neighbors. They said they were alone as it was believed that there is no way of being excluded or failing in what society did not embrace them to.

It’s showed that participants affirmed they perceived the public as having an unsympathetic and an informed attitude. Topics of discussion included how they are perceived by others, including how they are misunderstood, judged and treated.

4.5.2 Financial Obstacles;

The participants find it very challenging to find acceptable jobs in their respective career. Many participants provided examples of encountering discrimination at interviews, difficulties with obtaining a place at vocational education and training programs and achieving employment.

The participants discussed how they almost couldn’t get the necessities of life such as food, shelter and even medical care. They said that the children rely on their relatives or else on government assistance for the basic needs.

As to the financial difficulties, participants requested more governmental support such as grants, rent subsidies, and disability pensions.

4.5.3 Environmental and Physical Barriers;

The participants identified numerous barriers in the public places including built environment structures, transit and amenities for the public. They discussed the difficulties that they face in mobility, in gaining services, and in participating in activities in public places in the neighborhood. Many people did not have opportunity to use the wheelchairs, hearing aids or mobility aids they required for their day-to-day use. This limited them to be independent and engage in most functions and events within the community. They said it was difficult to access some of the life necessities such as Social services, health facility, and education among others. They complained about scheduling of appointments, contacting with the service givers and reaching different facilities.

4.5.4 Institutional and Policy Barriers;

The participants also pointed out that whilst their prospects and rights were more limited by discriminatory laws and practices. They defined discriminative policies and discriminative practices in civil service organizations and government agencies; discriminative laws and rules. Concerns were also expressed as to how the present disability rights legislation is poorly implemented.

They described it as difficult to ensure that the discriminating actors – organizations and individuals – are held to task. The need to develop and implement policies with regard to persons with disabilities as well as accommodating their individual needs was called for by the participants. Thus, the importance of laws that promote inclusion, accessibility, and equality of opportunity was emphasized.

4.6 Proposed Solutions.

It is therefore important to create awareness through school platforms and local radio and this can go along way in altering perceptions and enhance acceptance.

Demanding for policy inclusion for advocacy and making attempts to centrally and at the municipal level include PWDs' demands in the budgeting and planning processes. Such lobbying initiatives can become stronger if stakeholders are involved.

Giving PWDs an opportunity to get free medical check-ups and necessities go a long way in helping them deal with some of the challenges that they face. Hence, through finance assistance, education can somehow become less unburdening to PWDs and their family. Thus, enhancing the measures to facilitate and protect the rights of people with disabilities. With provision of cash gifts and employment with consideration to the needs of the persons with disability.

CHAPTER FIVE

Discussion, Recommendations and Conclusion.

5.1 .Interpretation of Findings.

Consequently, the society analysis performed for the purpose of this study revealed that individuals with disabilities still experience numerous barriers that limits their integration into the society. The consensus regarding the three types of barriers suggests that there must be an effective way of combating such problems.

5.2. Physical Barriers.

The nearly unanimous recognition of physical impediments indicates that infrastructure is an important area for development. A lack of available buildings, transportation facilities, and other public spaces keeps physically challenged people’s mobility and independence limited, thus, restricting their ability to be integrated in many aspects of society. Overcoming these obstacles would require more investment on infrastructure upgrades and the enhancement of accessibility policies.

5.3. Attitudinal and informational barriers.

Attitudinal barriers are deeply entrenched as evidenced by the strong agreement on their prevalence. These barriers not only affect how persons with disabilities are treated by others but also influence confidence and self perception. Educational programs and public awareness activities are critical in combating unfavorable attitudes. Similarly, informational barriers, such as inaccessible communication formats, further marginalize people with impairments. As a result, providing the availability of information in accessible forms such as Braille, sign language, and simplified text is critical to their participation.

5.4. Economic and policy barriers.

Economic hurdles, particularly those concerning job and financial independence, remain important. The widespread consensus on the presence of these barriers shows the economic vulnerability that people with impairments experience. Policy and legal impediments compound these issues, highlighting the necessity for strong policies that not only exist but are actively implemented.

5.5 .Community Support and Social Inclusion.

The mixed responses regarding community support highlight the variability in experiences among persons with disabilities. While some perceive their communities as supportive, others experience exclusion and stigma. This suggests that efforts to enhance social inclusion should be context-specific and responsive to the particular needs of each community.

5.6 Recommendations for policy and practice.

Following the above findings, these recommendations below were proposed;

5.6.1 Awareness campaigns on disability.

Through using educational platforms and media in order to raise awareness and encourage society acceptance. The public can be made more aware of difficulties faced by people with disabilities and value of inclusion by utilizing a variety of channels, including social media, PSAs and educational seminars (Morris, 2021). These initiatives can dispel stigma, clarify common misconceptions and emphasize the valuable contributions the people with disabilities make to society. For example positive and accurate media portrayals of disability can dispel preconceptions and promote more accepting views (Oliver, 2015). Increased public support and adoption of inclusive practices can result from raising awareness and educating people about impairments (Schneider & Ingram).

5.6.2 Policy inclusion and advocacy.

By considering the needs of persons with disabilities in municipal budgeting. According to Edelstein & Albright (2020), policy inclusion and advocacy entail incorporating the needs of people with disabilities into local planning and budgeting procedures. This method ensures that allocation of resources and decision making process take disability factors into account in a methodical manner. Public policies can be made more responsive and successful by interacting with disability advocacy groups and taking their suggestions into consideration during policy making process (Greenspan, 2019). To help define objectives and distribute resources more fairly, disability organizations might be involved in participatory budgeting projects (Fung, 2015). The use of inclusive practices has the potential to improve the accessibility of services, support programs and infrastructure.

5.6.3 Free Medical Care and Necessities;

Accessible healthcare: One of the everyday struggles for people with disabilities is having to pay their medical care or become a financial burden to others offering free medical services. There may be diminished healthcare access and fewer unpaid medical bills by doing this (McDaid & Park, 2018). Programs that enable medical treatment options, such as rehabilitation or assistive technologies at no cost or with shared expenses can substantially improve quality of life in people from the communities of persons disabilities (Hollins & Tilley 2020). By making care available and affordable, people can properly maintain their health or manage ongoing conditions before they become even more serious.

5.6.4 Financial Assistance and Education.

Providing tailored financial assistance and educational opportunities will help lower economic barriers and improve the educational chances available for persons with disabilities. Financial stress can be decreased by participating in financial assistance programs such as grants and disability pensions, which can assist with living expenses and assistive devices/technology (Borg & Lindstrom, 2021). In the current budget of Uganda for FY2024/25 UGX 13.2bn was allocated for special grants for persons with disabilities and this will be beneficial in such interventions.

5.6.5 Strengthening Policies and Enforcement.

Establishing and implementing inclusive policies and guidelines: In order to improve fair environments for people with disabilities, it is essential to reinforce rules and make sure they are effectively put in practice. This entails creating thorough laws pertaining to disability rights and putting strong enforcement measures in place (Hughes & Paterson, 2020). According to Kumar & Roberts (2017), a wide range of topics should be covered by policies, such as the right to reasonable accommodation, anti-discrimination laws and accessibility standards. Additionally, Cameron (2019) asserts that so as to ensure respect for rights of persons with disabilities, institutions must then be held responsible for any infractions and compliance must be closely monitored. Therefore, governments can establish more welcoming and encouraging settings by strengthening policy frameworks and enforcement procedures.

5.7 Conclusion.

In the context of Mayembegambogo Village, Mpigi Town Council, the study findings provide a complete understanding of the challenges that individuals with disabilities frequently face, as well as intelligent ideas for potential solutions. All physical, psychological, informational,

economic, and policy barriers must be addressed, necessitating a multimodal strategy that combines targeted assistance, legislative reform, and community engagement. It is possible to enhance the quality of life and increase involvement for people with disabilities by implementing proposed solutions and continuing to advocate for change. It is through such measures that we can ensure that persons with disabilities are fully included and empowered in society. Additionally, the ramifications of the results covered above also lay the ground work for additional study and interventions. Subsequent research endeavors may delve into the efficacy of suggested remedies and examine the encounters of particular segments within the disability community.

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APPENDICES.

Interview Guide.

Dear participant, I am NTEGE ABRAHAM a student of Uganda Christian University (UCU), undertaking my research about Barriers to Accessibility and Inclusivity for Persons with Disabilities in Uganda. A case study of Mayembegambogo village, Mpigi Town Council. This interview aims to gather insights into the attitudes, perceptions into how these barriers affect PWDs thus contribute to the development of initiatives aimed at fostering greater ways on how professionals can effectively address these barriers.

I would like to ask your consent to participate in this exercise of data collection as a respondent. Information collected will be kept confidential therefore the outcomes will not show the respondents' identity. This data will only be used for academic processing. Thank you for agreeing to participate in this interview. I am so much interested in all details and I encourage you to share specific stories and examples. It is my hope that this research will help different stakeholders in understanding such dilemmas and how best to address them.

Background Information.

1. Can you tell me about your experience living in Mpigi Town Council?
2. Are you familiar with the accessibility and inclusivity initiatives for persons with disabilities in the area?

Barriers to Accessibility and Inclusivity

1. How would you rate the availability of accessible transportation options in Mpigi Town Council for persons with disabilities?
 - A. Very poor
 - B. Poor
 - C. Fair
 - D. Good
 - E. Excellent

2. In your opinion, what are the main challenges persons with disabilities face in accessing public buildings and facilities in the area?

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3. How effective do you think the existing policies and regulations are in promoting accessibility and inclusivity for persons with disabilities?
- A. Not effective at all
 - B. Somewhat ineffective
 - C. Moderately effective
 - D. Very effective
 - E. Extremely effective

Community Support and Awareness

1. How would you rate the level of community support and awareness towards persons with disabilities here?
- A. Very Low
 - B. Low
 - C. Moderate
 - D. High
 - E. Very High
2. Do you think Schools in the area can easily admit children with disabilities? (YES/NO), Give a reason for your answer.

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3. What challenges do you think these students face in school?

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4. What initiatives or programs do you think could be implemented to improve accessibility and inclusivity for persons with disabilities in the area?

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Conclusion

Do you have any additional comments or insights you would like to share regarding accessibility and inclusivity for persons with disabilities in Mayembegambogo, Mpigi Town Council?

Thank the participant for their time and participation.

Questionnaire

Dear Participant, my name is Ntege Abraham a student of BSWSA at Uganda Christian University Mukono. I am carrying out my research exercise about the barriers to accessible and inclusive environments for persons with disabilities. The main aim is to identify these barriers, their effects on the livelihood of persons with disabilities and strategies to combat them. The lessons learnt will inform the public, persons with disabilities, scholars, practitioners as well as fellow researchers on the existing barriers and the effect on the persons with disabilities. I would like to ask your consent to participate in this exercise of data collection as a respondent. Information collected will be kept confidential therefore the outcomes will not show the respondents' identity. This data will only be used for academic processing.

Section 1: Demographic Information.

1. Age:

18-25 years 26-35 years 36-45 years 46-55 years 55 and above

Gender:

Male (M) Female (F)

2. Do you identify as a person with a disability?

YES

NO

3. Type of disability (if applicable):

Physical

Visual

Hearing

Cognitive/ mental

Other (please specify:.....)

Section 2: Barriers to Accessibility and Inclusivity.

Please indicate your level of agreement with the following statements regarding barriers to accessibility and inclusivity for persons with disabilities in Mayembegambogo, Mpigi Town Council:

(It's a 5-point Likert scale: 1 = Strongly Disagree, 2 = Disagree, 3 = Neutral, 4 = Agree, 5 = Strongly Agree)

1. Physical barriers such as lack of ramps, inaccessible buildings, and transportation infrastructure hinder my mobility and access to essential services.

1 2 3 4 5

2. Attitudinal barriers, such as stigma, discrimination, and stereotypes, affect my social inclusion and participation in community activities.

1 2 3 4 5

3. Informational barriers, such as lack of accessible information and communication technologies (ICTs), limit my access to education, healthcare, and public services.

1 2 3 4 5

4. Economic barriers, including unemployment and lack of access to assistive devices, impact my ability to achieve economic independence.

1 2 3 4 5

5. Policy and legal barriers, such as inadequate enforcement of disability rights laws, affect my rights and access to justice.

1 2 3 4 5

6. The community is supportive and has awareness towards persons with disabilities in Mayembegambogo, Mpigi Town Council?

1 2 3 4 5

Section 3: Open-ended Questions

(EITHER)

6. In your experience, what are the most significant challenges you face as a person with a disability.....

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(OR)

7. In your experience, what are the most significant challenges faced by persons with disabilities in Mayembegambogo, Mpigi Town Council?

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8. How do you think these challenges could be addressed or improved to enhance accessibility and inclusivity for persons with disabilities?

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Section 4: Additional Information

9. Do you have any additional comments or suggestions regarding accessibility and inclusivity for persons with disabilities?

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Thank you for completing this questionnaire. Your input is invaluable to our research.



UGANDA CHRISTIAN UNIVERSITY

A Centre of Excellence in the Heart of Africa

July 30th, 2024

TO WHOM IT MAY CONCERN

Dear Sir/Madam

Re: INTRODUCTORY LETTER FOR RESEARCH

This is to introduce to you NTEGE Abraham Registration number J22B15/090, a student of Uganda Christian University, pursuing Bachelor's degree in Social Work. He is expected to carry out research in the final year under the guidance of a university supervisor in partial fulfillment for the requirements of the above mentioned award.

Topic: Hindrances to Accessibility and Inclusivity of Persons with Disabilities in Uganda: A Case Study of Mayembegambo Village, in Mpigi Town Council ."

The purpose of this communication is to request your office to allow him collect data from your organization. Any assistance rendered to him will be highly appreciated.



Doreen Kukugiza
Coordinator, Research & Fieldwork Programmes
Tel: 0773395349
Email: dkukugiza@ucu.ac.ug

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