The Effect Of Socio-Cultural Barriers On Access To Health Services By Disabled Children In Gulu District, Uganda

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Abstract

The study sought to analyse the barriers of access to healthcare services by disabled children. Nodding syndrome has consequences on children's wellbeing with twofold effects on physical and mental health decline. Theoretically the social model of disability by Mike (1983) is short of strategies to address intersectionality with gender; and conceptually there is apparent lack of the combined results of multiple disabilities on disabled children. The specific objectives included: - analyse the effects of financial barriers on access to healthcare services by disabled children in Gulu district; analyse the effects of geographical barriers on access to healthcare services by disabled children in Gulu district; analyse the effects of health infrastructural barriers on access to healthcare services by disabled children in Gulu district; and analyse the effects of socio-cultural barriers on access to healthcare services by disabled children in Gulu district. The study revealed 89.7% of respondents agreed that financial constraints significantly affected healthcare access for disabled children, 87.5% of the respondents cited long distance to health facilities followed by 81.7% of respondents who reported geographical barriers, 87% of respondents agreed that health infrastructural resources, followed by 83.9% who reported on few well trained workforce to handle children with disabilities, 68.9% health education , followed by 58.1% who revealed that cultural barriers influence access to health services by disabled children. The study is significant, because it helped understand disability, a complicated and multi-dimensional phenomenon. Thus, advancing strategies to overcome it, improving health outcomes, and optimizing healthcare systems.

Keywords: disabled children, access to health services, Effects of socio-cultural barriers, Gulu District, Uganda.

Introduction. Disabled children experience various barriers which are closely associated with limited access to health services due to poverty, physical structures which are not easily accessible, limited means of transport to health facilities, difficulty in communicating with health service providers, lack of available treatment, & medicine, problem receiving information on health services from health service providers, and social barriers with deeply entrenched isolation, neglect and discrimination. According to UNICEF 2023, the immunization coverage of Rohingya children in the camps is low, with only 54% of children aged 12-23 months having received all basic vaccinations in 2020. A different study reveals that 63.1% of Rohingya parents demonstrated strong adherence to childhood immunization schedules, ensuring their children completed the Expanded Programme on Immunization (EPI) vaccinations. Additionally, 74.6% exhibited solid knowledge about the EPI, while 94.7% expressed a favorable attitude toward the vaccination program. A study conducted in Bangladesh revealed 51.1% of boys and 44.05% of girls have their births registered, with a combined total of 95.15% of respondents affirmatively stating their birth registration. The data revealed that the most common reason for not having their births registered is that parents are not aware of the registration process, the inability of parents to pay the required fees, and no-availability of birth registration facility. Addressing these issues is crucial to ensure that every child's birth is properly registered, providing them with legal recognition, identity, and access to essential services and rights (CRSA, 2023). According to an evaluation report shared by National Union of Disabled Persons in Uganda, persons with disabilities still struggle with the inaccessible physical environment including workplaces, schools, health, and justice facilities. NUDIPU's study revealed that the accessibility of persons with disabilities to physical

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infrastructure, road network and public transport systems (both in rural and urban areas) remains a challenge; thus, restricting their right to movement and participation in family and community life (NUDIPU, 2020). The right to a name and nationality is a fundamental entitlement for every child, as outlined in the Convention on the Rights of the Child (CRC) 1989 and other international agreements. Birth registration is the initial step in ensuring a child's legal recognition, protecting their rights, and guaranteeing that any violations of these rights are addressed. A study in Bangladesh revealed significant gaps in public understanding of the socio-cultural dynamics within communities. Misconceptions and limited awareness about the healthcare needs of children with disabilities are prevalent, even though communities play a vital role as support systems. This lack of understanding can result in underreported healthcare needs and restricted access to essential resources (Mizanur et al., 2024). Birth certificates serve as proof of registration and are the first form of legal identity. They are often necessary to access healthcare, education, and other services. Legal identification also helps protect children from underage marriage, child labor, or forced recruitment into armed forces. Additionally, birth registration and certification provide legal evidence of one's place of birth and family relationships, which are essential for obtaining passports. In adulthood, birth certificates may be required to access social benefits, secure formal employment, purchase or inherit property, and exercise voting rights.

Persons with disabilities still face multidimensional exclusion that goes beyond one dimension of disadvantage, resulting in severe negative consequences for quality of life, wellbeing, and future life chances (National Planning Authority, 2018). In addition, persons with disabilities still face highest levels of discrimination on grounds of disability (Uganda Functional Difficulties Survey, 2017). Similar to this, social obstacles are the circumstances surrounding a person's birth, development, living arrangements, education, employment, and aging that are social determinants of health and lead to a reduction in functioning for those with disabilities. Some instances of societal obstacles are as follows: -The employment rate is significantly lower for those with impairments. In 2017, the employment rate for individuals without disabilities was nearly double that of those with disabilities, with 76.5% of people aged 18 to 64 being employed compared to just 35.5% of individuals with disabilities. Adults with disabilities (aged 18 and above) were less likely to complete high school than their peers without disabilities, with rates of 22.3% versus 10.1%, respectively. Additionally, individuals with disabilities were more likely to have an annual income below $15,000, at a rate of 22.3%, compared to only 7.3% for those without disabilities. When it comes to children, those with disabilities were approximately four times more likely to experience violence than children without disabilities (CDC, 2024). A situational analysis by ministry of Gender labour and social development revealed that compared to those without disabilities, both men and women with disabilities are more likely to face abuse or violence at some point in their lives. Examples of disabled children who are kept apart from the community and kept apart from their families were brought up by the qualitative study. Because they are frequently the focus of opportunistic men, many of whom desert them after they become pregnant, young girls with disabilities are especially vulnerable. These males can occasionally be abusive and provide little assistance (Situational analysis of persons with disabilities in Uganda, 2020). According to a study conducted by IRC in Bangladesh in 2024, a significant percentage (41.37%) of the total respondents encounter the barrier of adults not deeming it necessary for children to express their opinions. Among them, 16.9% are boys, while a higher percentage of 24.47% are girls, indicating a concerning gender disparity in the perception of the importance of children's voices. Another significant obstacle is the perception of children being treated as immature to form opinions, impacting 25.88% of the respondents, with 9.69% being boys and 16.19% being girls. Moreover, 17.44% of the respondents reported that many children lack the capacity to form opinions, with 6.87% being boys and 10.57% being girls. Additionally, 15.31% of the respondents cited a negative attitude towards children's participation rights as a barrier. Uganda's alternative report to the convention on the rights of persons with disabilities by NUDIPU revealed that, persons with disabilities continue to face physical threats and attacks to their lives, with persons with albinism ranking highest. Superstitious and ritualist myths still exist about persons with albinism in relation to wealth accumulation, which put them at high risk of losing their body parts or being murdered by fortune-seekers (NUDIPU, 2024).

Statement of the problem

Literature reviewed revealed that globally there is an increase in the prevalence of children with disabilities. Gulu district has 323 children with nodding syndrome, the highest number amongst the affected districts. The unknown neurological disorder has consequences on children's wellbeing and has twofold effects on physical and mental health decline. Theoretically the social model of disability by Mike (1983) is short of strategies to address intersectionality with gender; and conceptually there is apparent lack of the combined results of multiple disabilities on disabled children. Furthermore, studies indicate that disabled children are exposed to various difficulties to access healthcare service in all developing nations, Uganda inclusive. Similarly, research indicates that disabled children face a range of barriers, such as restricted access to medical care because of financial constraints, inaccessible physical structures, trouble interacting with medical staff, insufficient access to treatment and medication, and issues getting information about medical services from medical professionals. Thus, limited access limits utilization of healthcare services by disabled children. Furthermore, statistics from Uganda's census report of 2016 indicated higher prevalence of disability in Gulu district than national average and more women than males live with disabilities of which majority reside in rural areas. The aim of the research was to investigate the barriers which impede access to healthcare services by disabled children in Gulu district, Thus, this study aims at analyzing barriers of access to health services by disabled children in Gulu District, Uganda.

Purpose of the study

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The purpose of this research was to examine the effects of geographical barriers on access to healthcare services by disabled children in Gulu District, northern Uganda.

Objectives of the Study

The following were the specific objectives of the study: -

To examine socio-cultural barriers and access to health services by disabled children in Gulu district.

To examine the effects of socio-cultural barriers on access to health services by disabled children in Gulu district.

Hypotheses of the Study

H1: There is no significant correlation between socio-cultural barriers and access to health services by disabled children in Gulu District.

Theoretical framework

The study was guided by capability and human rights theories. The capability theory traces back to Aristotle, Karl Marx, and Adam Smith, and enhanced by Indian economist and philosopher Amartya Sen in the 1980s and is still strongly attached with him to date. This approach highlights the quality-of-life which individuals can achieve. The capability theory entails two normative that achieving moral well-being is important and can be understood as human capability and functions. Capability is deeds and beings that people achieve out of choice like marrying, acquiring academic certificates, and travelling, hence functioning are basically, achieved capabilities, and whether means, resources, and public goods can be converted to functioning. The ability to live comfortably can be defined by valuable "beings and doings" like being in good health or relating well with people (Zalta, 2020). The Sen's capability theory entails overcoming challenges. Equality measurement framework (EMF) is an analytical tool developed in conjunction with Equality and Human Rights Commission (EHRC) to handle capability problems. EMF is about central and important capabilities such as life, health, security, law, education, self-respect, participation, and influence (Burchardt, & Vizard, 2014). Capability theory is used to define disability to comprehend its economic aspect and consequences. Disability deprives capabilities of functioning which arise from interaction of a person's characteristics like impairment, and socioeconomic, and political factors. Regarding personal characteristics level, impairment instead of disability is used (Mitra, 2006).

Similarly, the Human Rights Theory. According to John Locke an English philosopher and physician popularly known as one of the most influential thinkers and author of liberalism. In the two treatises of government, Locke defended claim men have freedom and equality against the belief that God created man to naturally subject to monarch style of leadership. He argued that people experience different kinds of rights like life, freedom, and property with foundations independent of societal law (1632–1704). John Locke in the two treatises of government asserts men naturally have freedom and equality, against claims God created all of them subject to monarch style of leadership. He argued that people have different human rights like life, freedom, and property, have foundations independent of the laws of any specific society. He advanced the argument men enjoy absolute freedom and equality to justify the existence of legitimate governments as social contracts where people transfer some rights to their governments in order to have freedom, and own property (Tuckness, 2020). Traditionally, disability is considered a personal trait used to identify people. Such perspectives relate to the medical model of disability approach which implies disability is the individual's problem derived from the individual's limitations caused by certain problems. The process is characterized by ownership of rights and seeks to justify rights alluding to recognition of areas (Cuenca-Gómez, 2015). The CRPD defines people with disability as those with physical, mental, or mental problems. Disabled people encounter constraints which limit their rightful participation in the society. Skarstad (n.d.) opined human rights approach disapproves discriminatory disability theories. Although rights concern with human beings, and equality, theologians hardly emphasize on rights of disabled people, and they argued stripping denied disabled people equality (Waddington & Priestley, 2021). Children, to achieve their rights, should be viewed as community members with human rights like any other human being. The approach of capability can equally be used to bridge the gap between medical and social theories, hence be the framework for understanding of disability (Thomas & Stoecklin, 2018). The participation of children influences and regards capability theory as a way of perceiving children as agents of human rights. The study believed cultural change was required and suggested changes in education systems for empowerment. Social factors and education policies must involve children in making decisions in communities to reflect and decide what they want (Alexander Clark et al., 2019). Human rights framework is used for empowerment and should be enjoyed by all disabled people. The human rights approach compels governments to ensure inclusiveness of societies to respond to human differences and characteristics inherent to human conditions. Andersen and Dolva (2015) concerning children's capability and rights, which commodities, and social factors affect children with disability participation and influence? When looking reviewing literature on children disabled children, their views, experience with participation and influence and indicated being involved in making the insignificant decisions (Stoecklin & Bonvin, 2014). Children with disabilities stated the importance of expressing their opinion, they believed being recognized was more valuable to them than overseeing decision making process. They know that they need empowerment on surgery and physiotherapy among other services. Both adults and disabled children should give eminence to treatment for the best interest of the disabled children. It is difficult to balance priorities since disabled children perceive themselves first as children and not disabled. In addition, the disabled children

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experienced misunderstanding and exclusion from the environment they live in, hence creating barriers to participate, speak their mind, and assert influence (Andersen & Dolva, 2015).

Methodology

The study adopted well-balanced Qualitative and Quantitative research methods to gather data from respondents. The study used mixed methods based on study variables financial barriers, geographical barriers, health infrastructure barriers, and social barriers; and access to health services by disabled children in Gulu district in Uganda. The target population of the study was all the six sub county of Gulu district namely Palaro, Patiko, Paicho, Bungatira, Awach and Unyama. The study population comprised homogeneous sub-groups entailing community health workers, NUDIPO staff, disabled children, Health management committee members, and parents of disabled children. Simple random, purposive, and stratified sampling techniques were adopted in the study to ensure comprehensive representation. Simple random sampling was used to select health workers, health management committee members, NUDIPO staff; purposive sampling was adopted to select disabled children and stratified sampling technique was adopted to select samples from community health workers, health management committees, NUDIPO staff, parents of disabled children, and disabled children. A total of 361 respondents who met the eligibility criteria were selected to participate in the study. The findings were generated through secondary reports while primary data was generated using three instruments namely: Focus group discussion, Key informant interview, and questionnaire. The tools were used in this study to examine the consistency and stability of research instruments. The enumerators were continuously supervised throughout the study, the enumerators sought consent from respondents, and guidance was provided to avoid errors during data collection. In addition, the researcher used strategies to spot check and cross check data collection to ensure data quality. The researcher also reviewed immediately all the data collected to check the data.

Findings and discussion

The study espoused social barriers are another significant obstacle that affect access to healthcare services for disabled children as shown in **Table 12.** This section explores how social barriers impact healthcare access and discusses the importance of health education to overcome these challenges.

Table 1 Socio-Cultural Barriers and Access to Healthcare Services by disabled children

Statements	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
Cultural barriers have influence on access to health services by disabled children	Male: 63 (30.0%) Female: 44 (29.2%)	Male: 59 (27.6%) Female: 44 (28.6%)	Male: 32 (15.0%) Female: 38 (20.1%)	Male: 22 (10.0%) Female: 28 (14.5%)	Male: 12 (5.7%) Female: 19 (10.6%)
Cultural barriers have significant effect on access to health services by disabled children	Male: 22 (10.0%) Female: 27 (17.6%)	Male: 87 (41.0%) Female: 61 (39.0%)	Male: 54 (25.0%) Female: 53 (29.0%)	Male: 11 (5.0%) Female: 19 (10.5%)	Male: 7 (3.0%) Female: 20 (11.0%)
Health education has significant effect on access to health care services by disabled children	Male: 82 (38.0%) Female: 60 (39.0%)	Male: 65 (30.0%) Female: 42 (28.4%)	Male: 22 (10.0%) Female: 22 (13.5%)	Male: 19 (8.7%) Female: 17 (10.8%)	Male: 13 (6.0%) Female: 19 (11.3%)

Source: Researcher, 2024

As shown in **Table 12**, the study revealed that cultural barriers have influence on access to healthcare services for disabled children. The study espouses a total of 57.6% of the male respondents disaggregated as 30% who strongly agree and 27.6 agree, and a total of 57.8% of the female respondents segregated as 29.2% who strongly agree and 28.6% agree that cultural barriers influence access to health services by disabled children. The consensus on cultural barriers by both male and female respondents, indicates that more than half of the respondents recognize cultural factors as having substantial influence on access to healthcare services by disabled children. This is applicable in Gulu district in that there are negative attitudes which are rooted in cultural or religious beliefs, hatred, unequal distribution of power, discrimination, prejudice, ignorance, stigma, and bias, among other reasons. It is worth noting that family members or people in the close networks of persons with disabilities may also face discrimination by association and attitudinal barriers are at the root of discrimination and exclusion.

> The focus group discussion conducted in Patiko sub county revealed that cultural attitudes and stigma surrounding disabilities often hindered access to healthcare services. Participants emphasized the need for community-based awareness programs to address cultural misconceptions and improve acceptance and accessibility.

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The finding concurs with findings from a study conducted by International Rescue Committee in Bangladesh (2023) "*child rights situation analysis* in Cox's Bazar" where negative attitude towards children's participation right is a barrier to access health services. In addition, the study confirms the findings from a study by Adugna et al., (2020). "*Barriers and facilitators to healthcare access for children with disabilities in low and middle income sub-Saharan African countries"* children with disability faced diverse barriers to access healthcare services including illiteracy, stigma and negative attitudes, negative cultural beliefs.

As shown in **Table 12**, the study found a notable portion of respondents, where a total of 15% of the male respondents and 20% of the female respondents were neutral regarding the influence of cultural barriers on access to health services by disabled children. This neutrality may reflect uncertainty or variability in how cultural factors affect different families. The higher percentage amongst women may mean that women consider disability to be a result of cultural practices. Furthermore, the study revealed that a total of 15.7% of the male respondents disaggregated as 10% who disagree and 5.7% as strongly disagree, and a total of 34.5% of the female respondents segregated as 20% who disagree and 14.5% strongly disagree suggesting that for some, cultural barriers may not be a significant concern, possibly due to varying cultural backgrounds or personal experiences. The study is in agreement with a report by world health organization (2024) "*World report on disability"* where people sometimes stereotype those with disabilities, assuming their quality of life is poor or that they are unhealthy because of their impairments. Above all, stigma, prejudice, and discrimination are very common against persons with disabilities. In addition, the study concurs with a study conducted in Ethiopia by Tilahun et al., (2016) "*Stigma, explanatory models, and unmet needs of caregivers of children with developmental disorders in a low-income African country: A cross-sectional facility-based survey"* that there is also high enrolment of children in school due to high availability of institutional care for children with disabilities, in which schooling that is responsive to the needs of children with disabilities is readily available and African communities have the strong belief that a disabled child was a curse from God or was demonic.

As shown in **Table 12** above, the study revealed a significant effect of cultural barriers, where a total of 51% of the male respondents segregated as 10% who strongly agree and 41% who agree, and a total of 56% of female respondents disaggregated as 17% who strongly agree and 39% agree that cultural barriers have significant effect on access to health services by disabled children. This slightly lower total agreement compared to the direct question on cultural barriers indicates a nuanced perspective on how these barriers impact healthcare access.

> A focus group discussion conducted in Palaro Sub County, cultural beliefs and stigmatization often lead to discrimination and a lack of support for disabled children. The participants noted that children with disabilities are not always prioritized for different services such as accessing health services, education, and other services. They stressed the need for cultural sensitivity training for healthcare providers and community outreach programs to address and reduce these barriers.
>
> Furthermore, the focus group discussion revealed that cultural norms and gender expectations can affect the level of care and attention received by disabled children as male children are given more attention. Participants suggested that raising awareness and challenging harmful norms could improve access and equity in healthcare services.
>
> On the same vein, a member in a focus group noted that *"gender can influence healthcare access, but opinions on its significance varied. They suggested that further research is needed to understand how gender specifically impacts access and to develop targeted interventions."*

The study concurs with finding from a study conducted in Nigeria by Parnes et al., (2009) "*Disability in low-income counties: issues and implications"* that discrimination originates from socio-cultural perception which do not regard disabled children as having right to life but rather treated like objects of charity. This notion is also to some extent powered by government policies which ignore, exclude, and do not enforce the rights of children with disabilities. Such exclusive activities lead to unproductivity in old age hence encouraging stereotyping persons with disability.

As shown in **Table 12** above, the study found a larger proportion of respondents, where a total of 25% of the male respondents and 29% of the female respondents were neutral, highlighting that many individuals may recognize cultural barriers but do not see them as overwhelmingly significant. The study further revealed a total of 8% of the male respondents disaggregated as 5% who disagree and 3% strongly disagree, and a total of 21.5% of the female respondents disaggregated as 10.5% disagree and 11% strongly disagree reflecting that a minority does not perceive cultural barriers as major obstacles to access health services by disabled children.

> "When it comes to culture and access of health service by people with disabilities, key issues were raised during interviews and these were basically discrimination, use of local/traditional herbs and local service providers and low levels of education. Discrimination in the community has significantly hindered access to healthcare services for children with disabilities by perpetuating stigmas and biases that result in exclusionary practices. This has manifested

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> in various ways, including limited availability of accessible facilities, healthcare professionals' inadequate training in disability care, and systemic barriers such as socioeconomic disparities. As a result, these children have faced delays in receiving diagnoses and treatments, lower quality of care, and increased health disparities."

The finding is in disagreement with a report by World health organization the literature (2024) "*World report on disability*" that disability occurs when a person's functional needs are not addressed in his or her physical environment; and in addition, the study concurs with findings from a study conducted in Uganda by Bannink et al., (2015) that "*community Knowledge, Beliefs, Attitudes, and Practices towards Children with Spina Bifida and Hydrocephalus in Uganda"* that communities stigmatized mothers of disabled children and were perceived have given birth to demons, they are discouraged from taking the disabled children to hospital and from breastfeeding them and recommend those children to be taken to the river and untie them to fall and drown to death hence termed as accidental.

A shown in **Table 12 above,** the study established that health education has significant impact on access to health services by disabled children. The study revealed that a total of 68% of the male respondents disaggregated as 38% strongly agree and 30% agree, and a total of 67.4% of the female respondents agree that health education impacts access to health services by disabled children. This substantial level of agreement underscores the importance of educating communities about disability, the forms of disabilities, and available services. Health education is essential in creating awareness in the community about the causes of disabilities and demystifying the myths about disabilities thereby addressing the barriers to access health services. This is theoretically applicable as the majority of children who reside in rural areas have a low level of education which impacts on their understanding of disability.

> A focus group discussion conducted in Palaro sub county revealed that "health education plays a crucial role in improving community's understanding on disability, provides information on available services, takes lifesaving information to the community. Thus, improving access to as well as utilization of health services by disabled children. They suggested enhancing health education programs to be more inclusive and accessible, particularly in rural areas, to ensure that all families benefit from these resources."

The study concurs with findings from a study conducted in Uganda by Bannink et al., (2015) that "*community Knowledge, Beliefs, Attitudes, and Practices towards Children with Spina Bifida and Hydrocephalus in Uganda*" educating communities about causes of diseases or disability changes people's beliefs, perception, and support for children with disability which reduced stigma, caregivers were unlikely to neglect the disabled children if educated about their conditions. In addition, the study conforms with the provision of the United Nations convention on the rights of the child (UNCRC) (1989) that all States Parties take all appropriate legislative, administrative, social, and educational measures to protect the child from all forms of physical or mental violence, injury or abuse, neglect or negligent treatment, maltreatment, or exploitation.

> Participants in the focus group conducted in Palaro Sub County emphasized the effectiveness of outreach programs in raising awareness and facilitating access to healthcare services by disabled children, the importance of clear and accessible information about healthcare services. They mentioned that many families struggle with navigating the system due to inadequate or complex information. They noted that these programs often target underserved communities and provide valuable information and resources. However, they also pointed out the need for more targeted outreach efforts to address specific challenges faced by disabled children in different sub counties, and simplifying and increasing the availability of informational resources could greatly improve access for disabled children.

The study established a smaller group of respondents, which is a total of 10% of the male and 13% of the female respondents were neutral, which might suggest that while health education is generally seen as important, some individuals may not have directly experienced its benefits. Meanwhile, a total of 14.7% of the male respondents segregated as 8.7% disagree and 6% strongly disagree, and a total of 22.1% of the female respondents disaggregated as 10.8% those who disagree and 11.3% strongly disagree indicating that a minority might not see health education as impactful, possibly due to ineffective programs or lack of reach. The finding disagrees with a study by Adugna et al., (2020). "*Barriers and facilitators to healthcare access for children with disabilities in low and middle income sub-Saharan African countries"* inability to implement health policies, and lack of transportation.

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Table 2 Effects of socio-cultural barriers on access to healthcare services by disabled children

Statements	Strongly Agree (Male)	Strongly Agree (Female)	Agree (Male)	Agree (Female)	Neutral (Male)	Neutral (Female)	Disagree (Male)	Disagree (Female)	Strongly Disagree (Male)	Strongly Disagree (Female)
Cultural barriers influence access to health services by disabled children	120 (35.0%)	125 (38.0%)	145 (42.5%)	150 (46.0%)	50 (14.5%)	55 (17.0%)	20 (5.8%)	15 (4.5%)	15 (4.2%)	8 (2.5%)
Cultural norms affect access to health care services by disabled children	85 (24.5%)	100 (30.0%)	140 (41.0%)	150 (45.0%)	85 (24.5%)	90 (27.0%)	30 (8.7%)	10 (3.0%)	10 (2.9%)	6 (1.8%)
Gender has a significant effect on access to health services by disabled children	65 (19.0%)	80 (24.0%)	90 (26.0%)	110 (33.0%)	110 (32.0%)	95 (28.5%)	40 (11.5%)	25 (7.5%)	30 (8.5%)	15 (4.5%)
Level of awareness by caregivers/parents affects access to health services by disabled children	170 (49.5%)	150 (45.0%)	115 (33.0%)	105 (31.5%)	30 (8.5%)	35 (10.5%)	10 (2.9%)	12 (3.5%)	5 (1.4%)	8 (2.0%)

Source: Researcher, 2024

As shown in **Table 13**, the majority of respondents, both male and female, strongly agree that cultural barriers significantly impact access to healthcare services for disabled children. Specifically, 35.0% of males and 38.0% of females strongly agree with this statement, while a combined total of 77.5% of males and 84.0% of females either strongly agree or agree. This indicates a strong consensus on the negative impact of cultural barriers, such as traditional beliefs or stigmatization, on healthcare access.

As shown in **Table 13**, cultural norms also play a significant role in access to healthcare services. Among males, 24.5% strongly agree and 41.0% agree that cultural norms affect access, while among females, 30.0% strongly agree and 45.0% agree. This results in 65.5% of males and 75.0% of females acknowledging the effect of cultural norms, which might include gender roles or expectations that influence how disabled children are perceived and treated within healthcare settings. The study is in conformity with the finding by Mizanur et al., (2024) "*Healthcare services access challenges and determinants among persons with disabilities in Bangladesh"* that significant decline in the likelihood of accessing fundamental healthcare services with increasing age among children with disabilities with significant variation between rural and urban settings. This is in line with similar trends revealed in South Asia of which Bangladesh is inclusive concomitantly with Africa and it depicts the disparities faced by younger disabled children. The concerns particularly between age and healthcare access stems from multiple interconnected factors including: - greater family ties and better sense of responsibility which often supports caregivers in the process of prortising the health care needs of disabled children. It is worth noting that attention will reduces with age and greater transition towards greater independence; and in addition, younger disabled children rely predominantly on their caregivers/parents for daily care and to take key decisions regarding access to healthcare services. As they grow older, there is greater autonomy and hence the expectation for them to independently navigate the nuanced health care system by themselves

As depicted in Table 13, the impact of gender on access to healthcare services is less pronounced. The study revealed that 19.0% of the male respondents strongly agree and 26.0% agree that gender affects access, with a notable 32.0% remaining neutral. In the case of female respondents 24.0% strongly agree and 33.0% agree, with 28.5% neutral. The variation in responses suggests that while gender might have an impact, perceptions are mixed, and many respondents are unsure about its effect. The study confirms the findings from a study conducted in United States of America by Christopher et al., (2013) "*structural and hidden barriers to a local primary health care infrastructure: autonomy, decisions about primary health care, and the centrality and significance of power*" which espoused the lasting emotional effects of racial oppression that has resultant effects on and generate a lot of fear of access to health services. The respondents

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revealed that most of the black people are slightly afraid of white people and that from slavery all the older black people who are in their 70s and 80s. In addition, the respondents reported that most of the black people are afraid of white doctors. The fear means that they cannot access healthcare services, hence their conditions will worsen further.

As shown in Table 13, awareness among caregivers or parents is strongly recognized as crucial for accessing healthcare services. For males, 49.5% strongly agree and 33.0% agree that caregiver awareness significantly affects access. Among females, 45.0% strongly agree and 31.5% agree. The elevated level of agreement among all genders underscores the importance of educating caregivers and parents about available services and how to navigate the healthcare system.

> In a focus group discussion conducted in Unyama Sub country, respondents emphasized the critical role of caregivers' awareness in accessing healthcare services. Caregivers/parents especially women play key roles in the early detection of abnormalities amongst children. As such, a high level of awareness on the forms of disabilities contributes to early identification concomitantly with treatment. They recommended increasing educational efforts and providing resources to help caregivers understand and utilize available services effectively.

The finding is inline a study conducted in Malawi by Peget et al., (2016) "*It means you are grounded" - Caregivers' perspectives on the rehabilitation of children with neurodisability in Malawi. Disability and Rehabilitation"* where Children with disabilities were neglected and not taken to hospitals and rehabilitation centres. Parents were informed through public awareness to accept the conditions of their disabled children which subsequently increased chances of seeking and continuing with treatment for the children. The study revealed in Malawi educating caregivers on health conditions of children can impact access to health services positively. Also, the researcher established caregivers were unlikely to neglect the disabled children if educated about their conditions. In addition, the finding confirms a study conducted in Iran by Soltani et al., (2017) "*Cultural barriers in access to healthcare services for people with disability in Iran: A qualitative study*" it revealed that disabled people experience limitations to access health services. The purpose was to establish the impact of cultural barriers in accessing health services by disabled people in Iran. There were barriers on lack of health policies such as concern, and attention on matters of disability and discrimination of disabled children. The summary of the findings on cultural barriers were unwillingness to serve and disrespect to disabled persons. Findings concerning the disabled people were their denial of being disabled, disproportionate expectations, being ashamed, and not having sociocultural support. Also, misconception was present at all society levels in Iran as a barrier.

Mobility is a fundamental factor affecting the utilization of healthcare services by disabled children. This section examines how mobility issues impact healthcare access and utilization for disabled children in Gulu District. The study is in concurrence with a study conducted in Bangladesh by center for disability and development (CDD) (2023) "*Accessibility audit*" which revealed the perceived stigma, shame, and guilt associated with mental health, sexual health, or other stigmatized conditions. This affects access to health services by disabled people who develop low self-esteem, and self-worth alongside the feeling of unworthy of care or hesitant to seek help as the community looks at those with mental health as mentally challenged. Thus, name calling, isolation and at times total disregard for their needs. Similarly, the study confirms the findings from a study conducted in Ethiopia by Humanity and Inclusion (2020) "*Barriers and enablers*" which discovered disability specific psychological barriers which are associated with negative self-perception due to societal ableism, various past experiences of discrimination or marginalisation or the fear of exclusion or inadequate care for people with disabilities.

Finally, the null hypothesis testing revealed that there is a significant correlation between socio-cultural barriers and access to health services by disabled children in Gulu District. That means where there are social barriers which predominantly emanate from limits within people's environment that hinder their ability to live, learn, work, and age etc. hence limiting access to health care services compared to where there are no limitations.

Conclusion and Recommendations

Drawing from the findings and discussions, the study concludes that social and cultural barriers, including cultural attitudes, social stigma, and insufficient health education, prevent disabled children from receiving adequate healthcare. Cultural beliefs and social norms can perpetuate stigma and discrimination against disabled individuals, discouraging families from seeking necessary medical care for their children. Additionally, a lack of health education means that many families are unaware of the available services or how to effectively manage their children's disabilities. In addition, geographical barriers are further compounded by inadequate transportation options, making travel to health centers arduous and time-consuming; It is essential to conclude that health infrastructural deficiencies present a significant barrier to healthcare access for disabled children in Gulu District. Lack of financial resources and inadequate health insurance coverage exacerbate the difficulties faced by children with disabilities and families. This economic burden prevents these families from seeking timely medical care, purchasing necessary medications, or accessing specialized services, thereby negatively impacting the health and well-being of disabled children; It is important to conclude that, physical distance to healthcare facilities, coupled with poor infrastructure and challenging terrain, make it extremely difficult for disabled children to reach medical services.

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Inadequate healthcare facilities, poorly designed health centers that do not accommodate disabilities, and a lack of trained healthcare professionals severely limit the quality and accessibility of healthcare services. These deficiencies mean that even when healthcare is theoretically available, the practical realities of accessing quality care remain daunting.

The study recommends the government to implement and expand financial aid programs specifically targeting families with disabled children. These programs should provide direct financial assistance to cover medical expenses, including consultations, treatments, medications, and any specialized care required.

The study recommends the government to create inclusive health insurance coverage that does not discriminate based on disability and ensure that these children receive equitable access to healthcare services. This approach will provide financial protection and promote continuous, uninterrupted care for disabled children. It will also develop reliable and affordable transportation services is vital to facilitate easier access to healthcare facilities for disabled children.

The study recommends government to actualize its Health Sector Development Plan by investing resources including the training, recruitment, technology for diagnosis, and deployment of specialized health personnel for disability-related health challenges, it encompasses the construction, equipping, and maintenance of more disability friendly health facilities at parish and lower levels for improved access by marginalized communities, including persons with disabilities, training of healthcare professionals to use this equipment effectively is also crucial to provide the necessary health care services for the existent disability ecosystem.

The study recommends strengthening community mobilisation efforts through engaging with community-based organizations and support groups is another important recommendation for service users and beneficiaries. These local entities often have valuable resources, networks, and knowledge that can assist families with disabled children to shift attitudes and transform the way people interface with persons with disabilities, improve prevention knowledge and healthcare seeking behaviour for a range of child and maternal health services, including immunisation, antenatal care, and facility delivery, address stigma and discrimination against persons with disabilities, and enhance social empowerment and social protection of persons with disabilities.

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REFERENCES

I. Ahmad, M. (2013). Health care access and barriers for the physically disabled in rural Punjab, Pakistan. *International Journal of Sociology and Social Policy*, *33*(3), 246–260. https://doi.org/10.1108/01443331311308276

II. Albinism Umbrella. (2021). Spatial Mapping and Profiling of Persons with Albinism in Northern, Western and Central Uganda: Abridged Report. Kampala.

III. Alexander Clark, D., Biggeri, M., & Apsan Frediani, A. (n.d.). *My Copy [3] The Capability Approach, Empowerment and Participation Concepts, Methods, and Applications Series: Rethinking International Development Series-Offers theoretical and practical solutions for safeguarding the transformative roots of participation and facilitating empowerment-Reflects on local and global partnerships for sustainable human development-Expands on key concepts in the literature including freedom, agency, and empowered learning*.

IV. BMAU. (2018). Provision of Inclusive Education in Uganda: What are the challenges?

V. Bunning, K., Gona, J. K., Odera-Mung'Ala, V., Newton, C. R., Geere, J. A., Hong, C. S., & Hartley, S. (2014). Survey of rehabilitation support for children 0-15 years in a rural part of Kenya. *Disability and Rehabilitation*, *36*(12), 1033–1041. https://doi.org/10.3109/09638288.2013.829524

VI. Chiluba, B. (2019). Barriers to Health Care for Disabled People: A Review of the Literature from Low Income Countries. *IJDS Indonesian Journal of Disability Studies*, *6*(2), 210–214. https://doi.org/10.21776/ub.ijds.2019.006.02.11

VII. Disability status report. (2019). Kampala, Uganda.

VIII. East Africa Centre for Disability Law and Policy (EA-CDLP), Collaboration with National Union of Disabled Persons of Uganda (NUDIPU), and Uganda Media Women's Association (UMWA). (2020). Rapid Assessment Report of Ministries, Departments and Agencies in implementation of the Global Disability Summit Commitments (2018-2020). Kampala.

This publication is licensed under Creative Commons Attribution CC BY.

IX. Evans, M. V., Andréambeloson, T., Randriamihaja, M., Ihantamalala, F., Cordier, L., Cowley, G., Finnegan, K., Hanitriniaina, F., Miller, A. C., Ralantomalala, L. M., Randriamahasoa, A., Razafinjato, B., Razanahanitriniaina, E., Rakotonanahary, R. J. L., Andriamiandra, I. J., Bonds, M. H., & Garchitorena, A. (2022). Geographic barriers to care persist at the community healthcare level: Evidence from rural Madagascar. *PLOS Global Public Health*, *2*(12), e0001028. https://doi.org/10.1371/journal.pgph.0001028

X. Garchitorena, A., Ihantamalala, F. A., Révillion, C., Cordier, L. F., Randriamihaja, M., Razafinjato, B., Rafenoarivamalala, F. H., Finnegan, K. E., Andrianirinarison, J. C., Rakotonirina, J., Herbreteau, V., & Bonds, M. H. (2021). Geographic barriers to achieving universal health coverage: evidence from rural Madagascar. *Health Policy and Planning*, *36*(10), 1659–1670. https://doi.org/10.1093/heapol/czab087

XI. Global Survey on Persons with Disabilities and Disasters. (2023). Geneva, WHO

XII. GoU (2013). Uganda Vision 2040 Document. National Planning Authority, Kampala.

XIII. GoU (2015). The Uganda National Social Protection Policy, Ministry of Gender, Labour and Social Development, Kampala.

XIV. GoU (2017a). Education and sports sector strategic plan 2017/2018-2019/2020. Ministry of Education and Sports, Kampala.

XV. GoU (2017b). State of Uganda Population Report, Transforming Uganda's Economy: Opportunities to Harness the Demographic Dividend for Sustainable Development. Ministry of Health, Kampala.

XVI. GoU (2020) Third National Development Plan (NDPIII) 2020/21-2024/25. National Planning Authority, Kampala.

XVII. Jindal, P., MacDermid, J. C., Rosenbaum, P., DiRezze, B., & Narayan, A. (2018). Perspectives on rehabilitation of children with cerebral palsy: exploring a cross-cultural view of parents from India and Canada using the international classification of functioning, disability, and health. *Disability and Rehabilitation*, *40*(23), 2745–2755. https://doi.org/10.1080/09638288.2017.1356383

XVIII. Levesque, J. F., Harris, M. F., & Russell, G. (2013). Patient-centred access to health care: Conceptualising access at the interface of health systems and populations. *International Journal for Equity in Health*, *12*(1). https://doi.org/10.1186/1475-9276-12-18

XIX. Mental disability advocacy centre, (2015a). Access to courts and reasonable accommodations for people with mental disabilities in Uganda. Mental disability advocacy centre, Budapest.

XX. Ministry of Gender, Labour, and Social Development. (2020). National Child Policy. Kampala.

XXI. Ministry of Gender, Labour, and Social Development. (2020). Situation Analysis of Persons with Disabilities in Uganda. Kampala

XXII. National Council for Disability. (2019). Disability Status Report Uganda. Kampala.

XXIII. Omura et al., (2020). Differences in perceived neighborhood environmental supports and barriers for walking between US adults with and without a disability. Prev.Med. (2020).

XXIV. *THE REPUBLIC OF UGANDA Situational Analysis of Persons with Disabilities in Uganda*. (2020).

XXV. Uganda Bureau of Statistics. (2017). Uganda Functional Difficulties Survey (UFDS). Kampala.

XXVI. Uganda Bureau of Statistics. (2019). The National Population and Housing Census 2014 National Analytical Report on Persons with Disabilities. Kampala.

XXVII. World disability report. (2019).

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