

**INFLUENCE OF COMMUNITY'S ATTITUDES TOWARDS PEOPLE WITH
DISABILITIES IN BUSIU SUB COUNTY, MBALE DISTRICT
EASTERN UGANDA**

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**A DISSERTATION SUBMITTED TO THE COLLEGE OF HUMANITIES AND
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DECLARATION

I, **KHAKASA EVERLYN** declare that, this dissertation is my own and has never been produced by anybody else for any award in any institution and that material which is not mine has been fully acknowledged

Signature..... Date.....

APPROVAL

This is to certify that this dissertation has been done under my supervision and is now ready for submission for examination.

Signature.......... Date: .....

Mr. ACHODA Dennis

Supervisor

DEDICATION

I dedicate this research work to The Lord my God, my friends; without who's moral, spiritual and economic support, all would have been impossible.

ACKNOWLEDGEMENT

I acknowledge the Almighty God for the strength and wisdom that have enabled me to accomplish my research.

I also express my sincere heartfelt gratitude to my supervisor whose guidance and encouragement enabled me to produce this work.

with great pleasure I would like to acknowledge the help both financial and moral support accorded to me by my family during the time of my education especially that of my husband, children, relatives, friends, my lecturers and everybody who contributed in one way or another to the successful completion of this book and my educational endeavors. Thank you so much!

LIST OF ABBREVIATIONS

NUDIPU	National Union of Disabled People of Uganda
ADL	Activities of Daily Living
CBR	Community Based Rehabilitation
FDG	Focus Group Discussion
NGO	Non-Governmental Organization
TBA	Traditional Birth Attendants
PHC	Primary Health Care
GOU	Government of Uganda
MOH	Ministry of Health
CHW	Community Health Worker
AMREF	African Medical and Research Foundation

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ABSTRACT

This was a cross-sectional study carried out in Busiu, Mbale District. The aim of the study was to assess the community's attitudes and practices towards persons with physical disabilities. To help with this appraisal, a total of 100 non-disabled respondents aged between 10-65 years were interviewed using simple random sampling, was used to decide locations and cluster sampling used for the households.

Almost half of the respondents had relatives, friends with disabilities and three quarter indicated that some intervention (like vocational training and equipping them with special skills) should be availed to persons with disabilities. Three fifths (3/5) disagreed that there was equalization of opportunities to all members of the society's; a fact reflected by nearly all of those interviewed stating no special institutions exist in the area to cater for the needs of persons with physical disabilities.

It is therefore recommended that further sensitization and mobilization be community to be stepped up to harness the knowledge and attitude they possess so that they can be reflected in their practices

CHAPTER ONE

BACKGROUND OF THE STUDY

1.0 Introduction

This chapter was concerned with the background of the study, statement of the problem, objectives of the study, research questions, scope of the study, and significance of the study.

1.1 Background to the study

Disability is defined as a permanent or temporary substantial functional limitation of daily life activities caused by physical, mental or sensory impairment and environmental barriers resulting into limited participation. People are said to have a disability if they find it difficult to move, see, hear, feel, think, control themselves. This may be due to damage on; the genes, normal growth and developmental processes, the body including the sensory organs and the brain. Several types of disabilities have been identified and they are: Physical / motor disability; Deafness, Blindness, Mental disability and Multiple disabilities (UN, 1987).

There are several causes responsible for disabilities. Diseases such as measles, polio, T.B, Trachoma, eye cancer, etc. Other causes include congenital that is born with it as a result of diseases, accidents or injuries. Some disabilities are genital that is passed on from parents to offspring's for example sickle cells. Others are a result of accidents such as motor accidents, gun shots, landmines, explosions within factories and industries. Life style behaviors also can cause disabilities such as drug abuse especially if the person takes an overdose. Unsafe motherhood which involves poor family planning, non-attendance of antenatal care, poor nutrition, unsafe and assisted/abnormal deliveries causing brain damage and compound fractures; of late HIV has been identified also as the cause of blindness, body paralysis, loss of hearing, mental break down, et al.

Disability is a problem of such magnitude, severity and duration that efforts to reduce it should be a matter of priority for the people and the government. The word disability is used to refer to any restriction or lack of ability to perform which usually results from an impairment, to perform an activity in a manner considered normal for a human being. It also refers to the loss or limitation of opportunities to take part in the normal life of a community on an equal level with others because of physical or social barriers (UN, 1987).

The World Health Organization (WHO) estimates that, about one out of every ten people in the world is born with or acquires a disability. This was in relation to the first global estimates of prevalence of disability that was produced after the major WHO survey in the 1970s.

Over the centuries, approaches to people with disabilities have undergone an evolutionary process. Disabled people in many societies were socially ostracized and regarded as virtually untouchable. Ndurumo, 1993 notes that the statement of people who are disabled has undergone two historical stages, First extermination this is whereby the Greeks and Romans killed newly born disabled infants. The physically and mentally handicapped were made court clowns and used for entertainment. During the second stage, in the middle ages, the church put the disabled in asylums and accorded them charitable care.

In Africa, there seems to be a widespread belief whereby ancient and modern cultures believe that the birth of a child with disability is linked to evil spirits or parental misconduct (Nzinkin and Mc Canachire, 1995). People also have strong beliefs in the power of God, to change or affect the development of a disabled child. Most disabilities especially in East Africa, viewed people with disabilities as being useless and unable to lead a full life. In Uganda, for instance, several terms are used to refer to people with disabilities such as “Kasuru”, a term for the deaf and blind; “mulema” a term used for the crippled, etc. All these have a stigmatizing and negative connotation towards people with disabilities.

The people who are viewed as being disabled are looked upon as people who cannot do anything for themselves and thus termed as incapable. In the real sense though, persons with disabilities vary depending on the type of disability acquired. People who could be termed as entirely disabled, are usually handicapped and dependant a hundred percent on an able bodied person for his or her daily necessities

Physical disability is usually evident in the sense that the nature of disability can be seen. For instance, diseases like poliomyelitis that has been eradicated in much of the world, still strike more than 400,000 persons in Africa, Asia and Latin America and leads to loss of lower limbs thereby placing the affected to permanently use crutches for movement. This clearly shows that such occurrences are the end result of the absence of knowledge, inappropriate attitudes and practices including inadequate medical attention in relation to disabling diseases.

Ignorance therefore is among the factors that stand in the way of acquiring the right information concerning how to prevent disabilities and cope with the situation at hand.

1.2 Statement of the Problem

Disability is such a problem that is experienced worldwide and many countries and communities still poorly understand the concept of equalization of opportunities. As a result the social and physical environments have not been improved to permit human resource development of persons with physical disability. In particular, it does not permit adequate mobility and access to facilitate and opportunities for persons with physical disability to lead a normal and active life.

The Uganda National Association for People with Disabilities has also done little for its clients. In the political arena, there are representatives for PWD from the grassroots to the highest body of government, the Parliament. All these have had no significant impact on

PWDS. The society is continuously neglecting the disabled by not including them in the active participation of activities and this is contributed to the negative attitudes and beliefs that the people hold towards them. This can be seen especially since the provision of services does not recognize them. This is so especially in buildings, there are no special people entrances for people using wheelchairs if they have to access a top floor, they need to be helped by the able bodied for movement public transports also, don't consider people with special needs all these can be attributed to the fact that the society neglects the disabled and sees them as not capable persons in the society.

For instance, traditional images of people with handicaps portray them as 'scared, maimed, ugly, deformed, physically and mentally handicapped monstrous'. (Bogdan, Bikiers Shapiro, and Spelkoman, 1982/1990). This is usually portrayed in the media through movies or cartoons like Hunchback of Notre Dame and Lenny from Steinbeck's mice and men. Therefore, the attitudes and practices of other people are the major problems faced by the people who have disabilities (Saskatchewan Human Rights Commission, Undated Brochure). Even when non disabled people have good intentions, there is often friction between them and the disabled people they meet.

1.3 Objectives of the study

1.3.1 General objectives

To assess community's attitudes and practices towards persons with physical disability in Busiu Community, Mbale District

1.3.2 Specific objectives

To establish the demographic characteristics of the respondents in Busiu Sub County

To find the causes of physical disabilities in Busiu Sub County

To assess the factors that influence community towards persons with physical disabilities in Busiu Sub County

To determine community's practices towards persons with physical disabilities in Busiu Sub County

1.4 Research questions

What are the causes of physical disabilities?

What are the factors that influence community's attitudes towards persons with disabilities?

What are the community's practices towards persons with disabilities?

1.5 Scope of the study

1.5.1 Geographical scope

The study covered Busiu Community, Mbale District. The researcher selected two parishes namely; Lumbuku, and Bunashimolo parishes. A sample of the population was randomly selected in order to get information on the attitudes and practices of the community towards persons who are physically disabled.

1.5.2 Content scope

The study was focused on the investigating community attitudes and practices towards persons with disabilities. The research had three research questions which were guiding the study

1.5.3 Time scope

The study took three months that is from the month of July to August 2014

1.6 Significance of the study

This study was aimed at collecting, processing, analyzing and presenting information that will not only benefit the government and nongovernmental organizations but also the community as well. This study went a long go way in highlighting the plight of disabled

persons and ensures that they are treated well in the society like the able bodied persons. This will be about equalization of opportunities to all persons regardless of their state or condition. In so doing, the study helped improve the empowerment of persons with physical disability, integrating them to various community activities and providing full participation of every community member.

The study intends to come out with recommendations concerning community's attitudes and practices that make the able-bodied leave negative attitudes or perceptions and practices towards the disabled. Therefore, the study will help in encouraging adoption of positive attitudes and change in the various practices conducted towards the physically disabled.

The gathered information will help in reinforcing the effective of equalization of opportunities to all persons in the society regardless of their conditions. This study will act as a catalyst in initiating community based programmes into the community.

1.7 Definition of terms

Disability	Any restriction or lack of ability to perform an activity in a manner or within a range considered normal for human beings.
Handicap	A disadvantaged of an individual which prevents him or her from fulfilling a role which is normal depending on age, sex, social and cultural factors.
Impairment	Any loss which may be psychological or anatomical
Community	Consists of people living together in some form of social organization and cohesion, sharing common goals, interests, leadership and varies widely in size and socio-economic profile

ranging from clusters of isolated homesteads to more organized villages, towns and cities.

Equalization of opportunities Process through which the general society comprising of the physical and cultural environment, housing, transportation, health services, education, work opportunities and social life, for example recreation services and sports are made accessible to both normal and disabled person.

Rehabilitation Goal oriented and time limited process aimed at enabling an impaired, handicapped person with disability to reach an optimal mental, physical and social functional level providing him with or her with tools to change his or her own lifestyle appropriately.

Community based rehabilitation Strategy for enhancing the quality of life of persons with disability of improving services delivery by providing more equitable opportunities and by promoting and protecting their human rights.

Felt needs Issues verbalized directly or indirectly by the persons with disability to his or her family or community.

CHAPTER TWO

LITERATURE REVIEW

2.0 Introduction

This chapter included looking through the earlier research documents; literature with an aim of identifying a problem of concern eventual number of duplication of early research work is done. Apart from going through other related work. It also involved critically going through other services of materials that are related with the research topic.

2.1 Concept of people living with disability

The highest disease burdens in Sub-Saharan Africa (21.4) of the global total, and India (20.9%). Communicable diseases, prenatal and nutritional disorders, predominated in Sub-Saharan African.

A Study by Wener (1982) on “enabling primary health care”, revealed that in Mexico, the program called for the recruitment and involvement of community health workers with physical disabilities because able bodied adults were often busy working in the fields and women had many responsibilities in the home.

Kostnzewski of Holand researched and found out that, dysfunctional of an individual must account for the social dysfunction connected with the health problem as well as the physical disability, consequent to the health problem, thus any program for health protection must include social adaptation for the individual who is physically disabled or Ingalls (1986) notes that disability is on a continuum with normal and there is a thin line that separates persons who are disabled especially mentally and those that are considered normal. He states that these people do not differ qualitatively from each other.

To be classified as being physically disabled, a person must be unable to demonstrate behavior based on either intellectual functioning or physical functioning that is appropriate for the person be it a child or an adult, at any social situation (Berdine and Blackhurst, 1980).

Physical disability often differ people depending on its causes. This is to say that, all persons who have a dysfunctional physically will be termed as disabled. The causes though are what vary since one could have contracted a disease like polio if untreated, results to disability of motor functions of an individual since he or she will not be able to use his limbs properly for these parts are the ones that get affected or attacked by the disease.

The number of persons which physical disabilities is likely to increase over the next twenty five years. (Dansky, 1990) In industrialized countries, the number of physical disabled persons will rise substantially as a factor of old age and increased life expectancy. On the other hand, in developing countries, improved health care will reduce the incidence of disability caused by communicable disease. This fact brings out the point that disability is a global problem which affect both developed and developing countries with rates twice as high in developing countries.

The following quote is from a person who is physically disabled and trying to express his feelings of non-disabled persons towards them. The quote he gave was from an early childhood experience:

“I contracted the disease when I was four years old. My father took me to a witch doctor. First I was made to sit down on a cowhide skin, my legs rubbed with cow fat and some greenish herbs. Then hot iron was passed all over my body. Later, I was half burnt behind I became a target for stone throwing for kids and a laughing stock for villagers. Very much later, polio was diagnosed and I was sent away to stay with my maternal grandmother; humiliated, degraded and very much bitter”. Narrates one of the disabled middle aged man

In Uganda, the population census taken in 1989, over 320,000 persons were disabled; about 1% of the total population. The main types of disabilities investigated during the census related to vision, hearing, lower limb, upper limbs and mental. The results were as follows; visual disability-over 60,000 people, deaf -over 50,000 people, lower limbs-over 100,000 and mental disability-over with the most prevalent being physical disability.

Presently, these figures have slightly increased but the data is not very accurate since some households choose not to disclose whether they have a disabled member within; therefore with such withholding of information, it has become very difficult to have accurate statistics, (Uganda National Bureau of Statistics, 2002).

The problem of employment and finances doesn't end there since the annual income of people with disabilities is lower than those for the general population (statistics Canada, 1990) For example, in 1986, only a little over 40% of the disabled population aged 15 to 64 were employed. At the same time, the employment rate for the non-disabled population was 70%. Jobs held by people with disabilities tend to fall into the unskilled and semi-skilled categories rather than managerial or professional categories (Nessner, 1999).

According to the 1988 study done by the Balcazar, Bradford and Fawcett, people with disabilities are concerned about the following aspects of their employment situation:

1. Lack of reasonable accommodation in the work place
2. Work disincentives within the social welfare system.
3. Lack of job-seeking skills and lack of information about job training and job search assistance.
4. Job discrimination and lack of equal opportunities.
5. Limited job opportunities.

The federal government employment equity program, which includes people with disabilities, attempt to address some of these problems like eliminating practices that result in employment barriers for the four groups (women, aboriginal people, visible minorities

and people with disabilities), and ensure that those groups achieve a degree of employment proportionate to their representation in the work place as defined by qualification, eligibility and geography” (Moreau, 1991).

The world is becoming a more dangerous place to live in as it heads towards what it calls, “civilization on technological advances. These technologies advances have resulted to formation of harmful substances and machinery that somehow are to blame for causing illness to man and leading to a disablement. Rights have been put in place but there are cases of violations which go unreported.

Canada was the first country in the world to guarantee equality for the disabled in its constitution. Canada also belongs to the United Nations whose charter states that “Everyone has the right to life, liberty and security of person” (Baker, 1990).

2.2 Effects of being disabled

It is difficult to understand the effects of such conditions can have on one’s life. It is often difficult to know what to do when we see someone with a disability. Will they be offended if I look at them? Can I ask what happened? How can I help? All these questions linger in the mind of the non-disabled person.

2.2.1 Social issues

Disabilities have many effects on the social lives of those afflicted; these include the attitudes of others, the effect of personal appearance and behavior; leisure activities and sexuality.

The attitudes of other people are the major problems faced by people who have physical disabilities (Saskatchewan Human Rights Commission, undated brochure). Even when non-disabled people have good intentions, there is often friction between them and the disabled people they meet. There is misunderstanding on the part of the disabled and on the other hand, there is limited patience on the part of the individuals with handicaps

People who are disabled may react with anger and frustration when they are patronized or where inappropriate assistance is forced upon them (Makas, 1988).

Makas (1988) studied “positive attitudes” by comparing what disabled and non disabled people meant by the term. He identified two attitude clusters: “give the disabled a break” and “disabled Saint” They involved special concessions made for disabled individuals - the disabled respondents rejected this notion and indicated that they neither want nor expect special treatment because of their disabilities. Makas thereby concluded that the attitudes people with disabilities regarded as positive differed from those regarded as positive by the non disabled respondents The attitudes appreciated by those with disabilities either did away with the special category of “disability) altogether, or supported their civil and social rights.

2.2.2 Personal Appearance related to social attitudes

Personal appearance can influence the way individuals are treated socially and affect their professional and economic opportunities. For people with physical disabilities, personal appearance is a particularly sensitive issue. Physical differences may be seen as unattractive or even revolting (Kabue, 1997). They also find it difficult to get attractive clothing that is suitable, comfortable, and easy to put on. Clothes specifically designed for people with disabilities often look odd because of big zippers or velcro closures in unusual places.

A few people with physical disabilities enjoy the extra attention they get and dress flamboyantly to encourage it (Oppertdtrup et al, 1997). Clothes give people with disabilities the choice of normalizing their appearance or emphasizing their uniqueness, according to their mood of the moment. Many people with physical disabilities manage their personal appearance in ways that reduce the stigma associated with their differences. This increases their social acceptance by non-disabled people.

2.2.3 Behavior and social acceptance

Enthusiastic and outgoing behavior can overcome the stigma of disability and increase a person's social acceptability (Oppenstrup et al, 1997) conversely, socially displaying it. Such behavior as repetitive aimless monotonies, drooling, and messy eating habits stigmatize a person who exhibits them.

According to Knoblock" particular behavior such as lack of eye contact or difficulty moving ... may make it difficult for some...to attend to children or to sustain level of involvement" (page 247).

Social behavior skills are the most involved and convoluted skills for anyone to master, yet they are needed in order for a person a person to experience social acceptance and participation in community life. For many people, this participation includes church activities, parties, dances, involvement in sports, clubs and organizations. These and other leisure activities are highly values parts of a normal social life.

2.2.4 Leisure activities

The low rate of employment has led to people who are physically disabled to have more leisure time than the general population. According to a 1985 study by Goffhian, disabled people usually chose leisure activities which are inexpensive; passive, or solitary. Watching television, reading, walking, relaxing and listening to records were the five most common activities. A large number of the people queried said that they would rather travel, work, or socialize, but that they could not because of lack of money, motivation, or health (Goffhian, 1985).

CHAPTER THREE

RESEARCH METHODOLOGY

3.0 Introduction

This chapter describes systematically the study methodology used. It gives details regarding the procedures that were employed by the researcher. Pertinent issues discussed in this section include study procedure, sampling techniques and methods of data analysis.

3.1 Research design

In order to achieve the study's objective, the researcher employed a survey research. This was to enable the collection of information on the community's attitudes and practices towards the disabled, thereby enabling the researcher to try and elicit solutions with which to rectify the problem in the community.

3.2 Study population

The target population was non disabled persons both males and females who were selected from the sample frame in the area of study. The targeted number was 150 people both male and female.

3.3 Sample size

The targeted population was 100, whereby only 50 persons did respond, 60 females and 40 males who were not disabled. Smaller portions of the total number were disabled person. The researcher targeted them so as to get to know the attitudes of non disabled persons towards them.

3.4 Research tools

3.4.1 Questionnaires

Primary data was collected by the use of questionnaires- closed and open ended questions administered and answered by respondents.

3.4.2 Interviews

The researcher interviewed the selected sample population by using prepared structured interviews together with guiding questions for the youth and elderly.

3.5 Sampling and Design Procedure

This research was carried out in Busiu, Mbale District.

The researcher selected three zones from Busiu which included; Lumbuku and Bunashimolo parishes, which were purposively chosen. Simple random sampling / cluster sampling was used as techniques of collecting data from the non-disabled persons within the area of study.

There were two categories of respondents to be interviewed. Each category was interviewed using one type of instrument. These categories were parents of the physically disabled and members of the community. For parents of the physically disabled, two methods were used to get respondents; the first method was cluster sampling whereby they were identified in relation to the zones. Papers were then listed, folded, mixed and randomly picked. Through this way, the researcher was able to get a response from at least half the population targeted.

The second method of getting respondents was to inquire from the community members about the whereabouts of the physically disabled and their views. This was done randomly because some people opted not to be questioned about what they think about the disabled

since they refused to be associated with the matter. This was one of the barriers to getting adequate information.

3.6 Data collection

The researcher got the authority to carry out the study from authorities of Busiu Sub County. Once granted, questionnaires were distributed to respondents with the help of the Community Development in Busiu Sub County who is based on the field. These questionnaires were not administered on the spot because of the respondents were allowed to take them home; they would either get lost or not be answered. Some of the questions were left unanswered by the respondents either because they did not know what to say; but the researcher guaranteed confidentiality of the information thereby at least having three quarters of the information filled in.

3.7 Data processing and analysis

Data processing starts by editing the schedules and coding the responses. Editing, Coding and Tabulation techniques are used in data processing exercise.

Nachmas and Nichimas (1992) pointed out that it involves the transformation of data gathered from the field into systematic categories and the transformation of these categories into codes to enable quantitative analysis and tabulation; the data collected is classified into a meaningful manner for easy interpretation and understanding. This involved preparing data collected into some useful, clear and understandable data. The whole exercise involved editing, tabulation and analyzing the data to enable the researcher draw conclusions in relation to the research variables.

3.7.1 Editing

Editing is the process whereby the completed questionnaires and interview schedules are analyzed in the hope of amending recording errors or at least deleting data that are obviously erroneous. This is aimed at improving the quality of information from

respondents. The researcher fills out few unanswered questions. However, answers filed are deducted from the proceeding answers or questions.

3.7.2 Coding

The purpose of coding in research is to classify the answers to questionnaires into meaningful categories so as to bring out their essential patterns. Coding was used in this research in order to summarize data by classifying different response given into categories for easy interpretation.

3.7.3 Tabulation

Data once edited and coded was put together in some kind of tables and went some other forms of statistical analysis. Data was put into some kind of statistical table showing the number of occurrences of responses to particular questions with percentage to express data in ratio form.

3.8 Ethical procedure

Before going to the field, the researcher began with getting authorization letter from the Dean of faculty of social sciences then take it to the respondents and this enabled the researcher attain adequate information from the respondents. During the process of data collection, confirmation was given to the respondents in that the researcher assured the respondents that the reason for the research was for academic purpose only.

3.9 Limitations of the Study

Unwillingness of the respondents to effectively respond to the questions was one of the most notable problems that the researcher faced while conducting the research.

Financial constraint was also another problem that occurred during the process of conducting the research. Transport costs were so high to be met by the researcher and this

fully contributed to the delay of the research because it became so hard for the researcher to continue with the less funds.

Hostility among some respondents was also another limitation of the study in the sense that the researcher found that there are hostile respondents who in the long run turned down the request of the researcher to answer the questions. Some of such respondents walked away in spite of the fact that the researcher may try to plead for their attention.

CHAPTER FOUR

DATA PRESENTATION, ANALYSIS AND DISCUSSION OF THE FINDINGS

4.0 Introduction

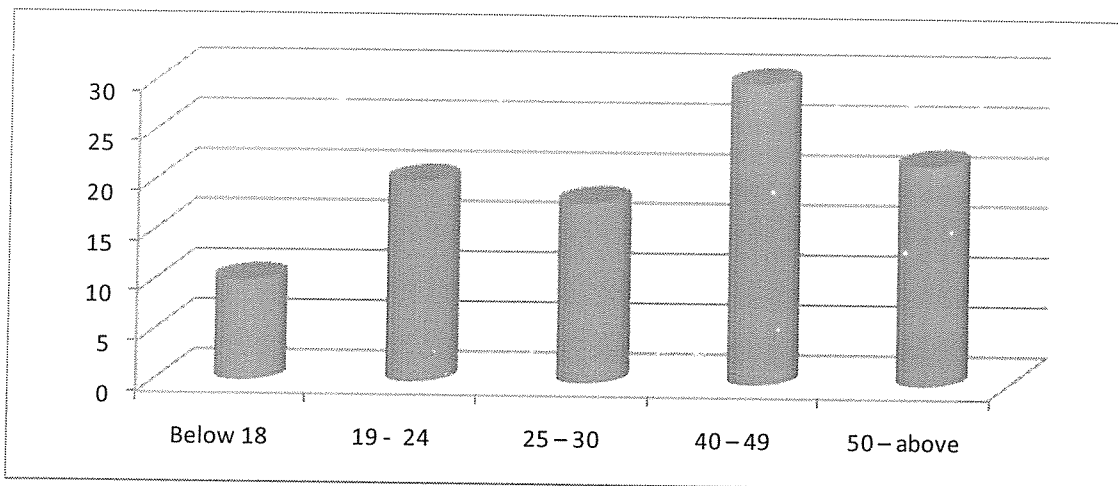
The data was collected using both quantitative and qualitative methods, which was then analyzed and processed to make it useful and understandable. Data was collected, tabulated and then analyzed.

4.1 Socio-demographic Characteristics

4.1.1 Age of the respondents

Respondents were asked questions related to their age and the results are shown in the table below:

Figure 1: Age distribution of the respondents



Source: Primary Data, August, 2014

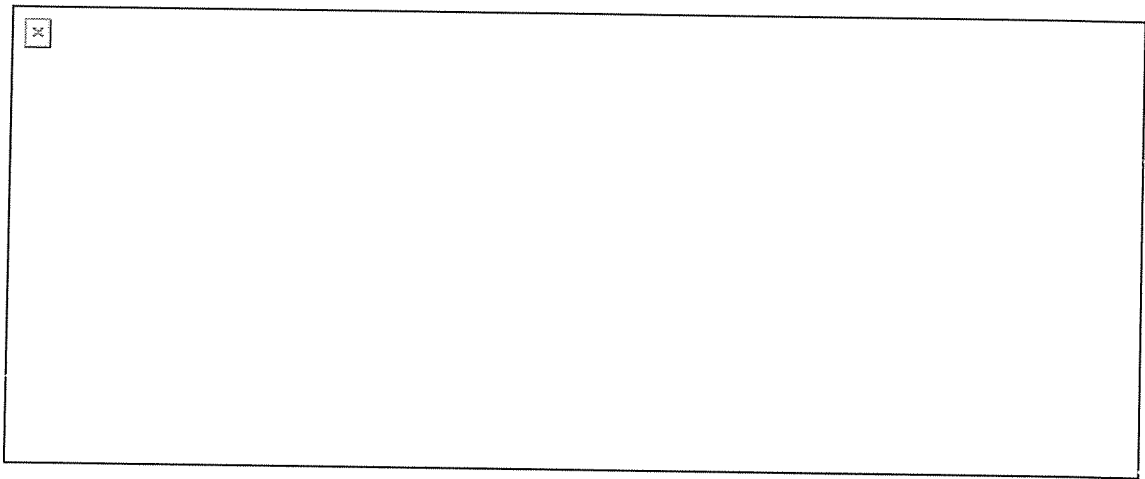
Figure 1 above show that 10% of the respondents were below 18 years, 20% were between 19-24 years of age, 18% were between 25-30 years of age, 30% were between 40-49 years and 22% were above 50 years of age. This means that majority of the respondents are

between 40-49 years of age, implying that they are knowledgeable about the research topic.

4.1.3 Marital Status of the respondents

Another variable which was important in respect to the situation of the people in the area was marital status. Information regarding marital status of the respondents was obtained by asking them whether they were married, single, widowed or widowers.

Figure 2: Marital status of the respondents



Source: Primary Data, August, 2014

Figure 2 above shows that 40% of the respondents were married, 27% were single, 22% were widows and 11% were widowers.

4.1.3 Gender of the respondents

Gender was also another factor which was considered during the study. This is because the researcher was interested in finding out the number of females and males in the whole of the population, and compares the percentage composition of the two.

Table 1: Showing gender of the respondents

Sex	Frequency	Percentage
Female	40	40
Male	60	60
Total	100	100

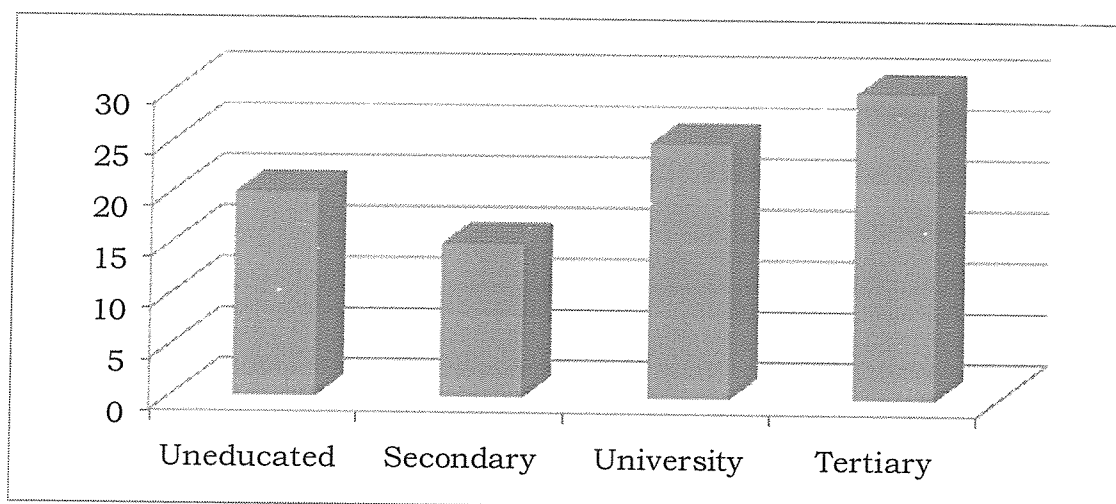
Source: Primary Data, August, 2014

Table 1 above shows the gender of the respondents and it was found that 40 out of 100, representing 40% of the respondents were females and 60 out of 100, representing 60% of the respondents were males. This therefore means that the majority of the respondents are male and the male dominate the respondents with over 60%.

4.1.4 Educational status of the respondents

Respondents were asked questions related to their educational status and their responses are shown below;

Figure 3: Educational status of the respondents



Source: Primary Data, August, 2014

Figure 3 above shows the educational levels of the respondents and it revealed that 20 out of 100, representing 20% of the respondents had no education; 15 out of 100, representing 15% of the respondents had secondary education. The other 25 out of 100, representing 25% received university education; and 30 out of 100, representing 30% of the respondents had tertiary education. This means that the majority of the respondents had tertiary level of education as compared to university and secondary education.

4.1.5 Educational status of the respondents

Respondents were asked questions related to their educational status and their responses are shown in the table below;

Table 2: Educational level of the respondents

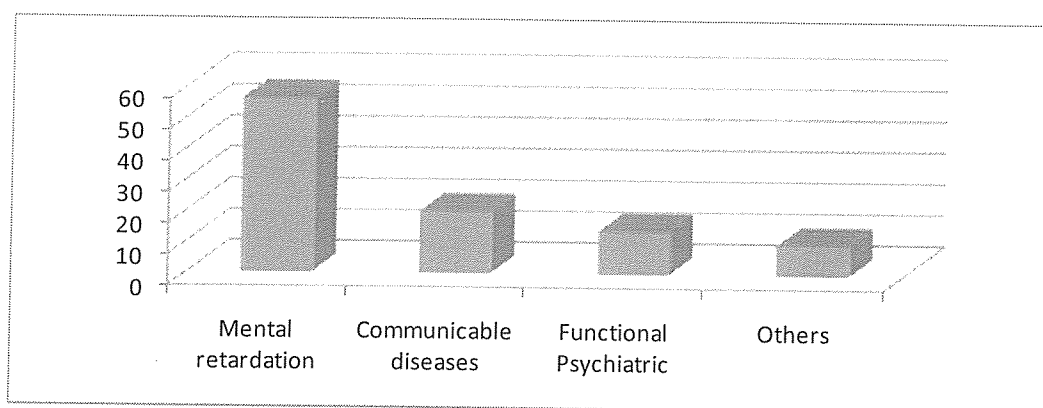
Education levels	Frequency	Percentage
Primary	15	15
Secondary	25	25
University	30	30
Tertiary	30	30
Total	100	100

Source: Primary Data, August, 2014

Table 2 above shows educational levels of the respondents and it revealed that 15% had reached primary school, 25% of the respondents had secondary education, 30% received university education, and another 30% had tertiary education. This means that the majority of the respondents had university and tertiary level of education respectively.

4.2 Major causes of disability

Figure 4: Major causes of disability



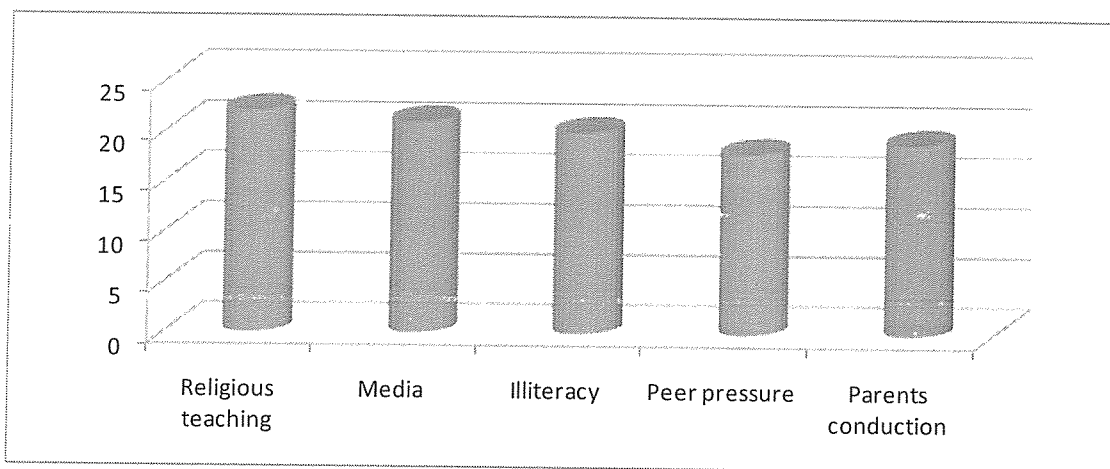
Source: Primary Data, August, 2014

Figure 4 shows the causes of disability among disabled persons and the findings revealed that there are four major causes of disability. The research reveals that there are cognitive/disability, communicable diseases, factory psychiatric causes and other causes. Over 32% of the respondents noted that cognitive causes like somatic hereditary defects are one of the major causes of disability among patients. Another 28% of the respondents noted that another cause of disability is communicable diseases like poliomyelitis, trachoma, leprosy among other communicable diseases. The respondents noted that many of the disabled people are suffer from such communicable diseases and as a result of such diseases.

Furthermore, 30% of the respondents noted that other causes of disability is functional psychiatric like disturbances, home accidents among others. The respondents noted that many of the disabled persons have been affected by functional psychiatric effects. The remaining 10% of the respondents noted that many of the respondents have other causes of their disability which among others include; traditional causes like witchcraft.

4.3 Factors that influence communality's attitudes towards persons with physical disability

Figure 5: Factors that influence communality's attitudes towards persons with physical disability



Source: Primary Data, August, 2014

Figure 5 show the factors that influence communality's attitudes towards persons with physical disability, and the findings reveal that: religious teachings, media, illiteracy, peer pressure, and parent's conduction are some of the factors that influence communality's attitudes towards persons with physical disability.

The community's attitudes towards persons who are physically disabled were largely attributed to illiteracy level in the community (22%). The people in Mbale district had no idea that disabled people are just as normal as any other person in the society and that they should be treated as the rest. The lack of enough schools in the community is also a factor that attributed to such negativity. Poverty levels m1e parents not enroll their children to schools.

Peer pressure also caused the negative attitude among the community especially on the persons that had much influence and spread out negative news and rumor about the disabled and this led to the others not want to be associated with any disabled person. The media also had a large role to play in passing out the negative attitudes towards the physically disabled especially through programs that depicted them as ugly. Religious teachings on the other hand did also contribute to such views especially since most of the people.

These factors can be connected to the fact that informal settlements are engrained by poverty and people don't want to have burdens especially the disabled to tie them down because they need constant attention.

4.4 Community's practices towards persons with physical disabilities

Table 3: Community's practices towards persons with physical disabilities

Response	Frequency	Percentage
Avoiding the disabled	27	27
Donate to them	26	26
Sympathize with them	24	24
Feeding the disabled	21	21
Total	100	100

Source: Primary Data, August, 2014

Table 3 above shows the community's practices towards persons with physical disabilities and it was revealed that; 27% of the respondents revealed that many community members tend to avoid the disabled persons simply because of their disabilities. On addition to the above, 24% of the respondents noted that community members do take disabled people to hospitals whenever they meet them. These respondents noted that many of community members feel sympathetic of the disabled persons in Uganda.

Furthermore, the other respondents noted that 26% of the respondents noted that community members donate to the disabled whenever they get them. They revealed that many of the community members are fond of helping the disabled persons with incentives that are helpful to them. The remaining 21% of the respondents noted that community members feed the disabled.

CHAPTER FIVE

SUMMARY, CONCLUSION AND RECOMMENDATIONS

5.0 Introduction

Research findings of this study carried out in Busiu Community indicate that most of the people have negative attitudes towards persons who are physically disabled. They look down upon them as being unfortunate, while others believe it is a punishment to either of the parents because of their sins.

5.1 Summary

There are many causes of disability, both biomedical and socio environmental. Causal factors may operate independently, or combine to produce a disability. It is important to know the causes of a disability in order to prevent further occurrences. However, despite all that is known about the causes of various disabilities, there are many conditions for which no cause has been identified.

Physical disability should not be taken as an excuse to exclude these people from the society. They too have the same needs as everyone else. These needs include friendship, love and intimacy; one of the major goals of normalization must be the acceptance of physically disabled persons neither as sexual objects nor sexual beings, but as people with the same needs and desires that others experience.

5.2 Conclusion

The study showed that physical disabilities are a big issue in the society and very few people have embraced persons who are physically disabled. Community members tend to shun away from such people and keep them hidden away from the public eye for fear of being looked down upon as 'cursed' household. On the other hand, physically disabled

persons are discriminated upon people who cannot do anything therefore being kept away from participating in various activities.

Few schools admit physically disabled children because they see them as fragile and therefore a burden. Adults on the other hand do not get equal opportunities for instance in job placement whereby only the able-bodied persons are hired. This breaks down their morale thus making them not want to associate with people outside their families.

Lack of knowledge has also led to such negative attitudes towards physically disabled persons. Most people in Busiu are not aware that physical disability is like any other deformity of the body and that is very normal since such persons are normal just that they have a barrier slowing them down. People see them as a sign of bad luck and do not want to help them or their families either in form of money and comfort.

5.3 Recommendations

Physical disability is a 'state' that is forever going to be on the planet and people should be taught how to prevent and deal with it. The following recommendations would be appropriate in;

5.3.1 Used medical interventions

- Immunization especially in young children against poliomyelitis which if not treated, leads to loss of limbs.
- Treatment of the disease (above) if it has occurred so that it can be contained.
- Rehabilitation of persons who are physically disabled into the community and with people of their community so as to fight ostracism.

5.3.2 Social and community interventions

Rehabilitation services should also be administered to the fullest level so as to:

- Improve their quality of life
- Decrease their dependency rate

- Increase their acceptability in the family and the society
- Ease or reduce work burden of the parents or guardians
- Help them earn their own living where possible.

5.3.3 Changing community's attitudes

In order to change the attitudes of the people, the following are recommended

- Formal education and research should be conducted so as to change the negative attitude towards such persons.
- Influence through respected services like the media whereby they should show programs that show disabled persons as being normal beings and not objects of ridicules.
- Attainment or getting new experiences which contradicts with previous her attitudes.
- Peer group pressure (positive) can also help change attitudes.
- A social worker can help change the people's attitudes or views through;

Demonstrating consistently positive attitudes towards the disabled, encouraging families to recognize the normality rather than the abnormality of the disabled

- Help people with disability and their families to stop keeping them indoors.
- Actively including them in decision making in the family and the community as well.
- Advocating for equal rights; Assist the physically disabled organize self help groups which they will use to advocate for their rights.
- Encourage employees to have them if they have the required skills and abilities.
- Advocate for equal opportunities in all aspects of life like education, health, recreation centers and all public services.

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APPENDICES

APPENDIX A: RESEARCH QUESTIONNAIRE

KAMPALA INTERNATIONAL UNIVERSITY

P.O BOX 20000, KAMPALA

Dear respondent,

RE: QUESTIONNAIRE

TOPIC: *Community's Attitudes and Practices Towards people with Physical*
Case study: *Busiu Community.*

Dear sir/Madam, you are kindly requested to please fill in this form for the purpose of carrying out research. The information will be treated with confidentiality.

Questionnaire

1. How do you perceive disabled people (Do you like disabled people)?

Yes ☐

No ☐

2. Do you know a person who is disabled?

Yes ☐

No ☐

(b) If yes what is the relationship

Friend ☐

Relative ☐

Family member ☐

3. Do you think disabled people in society should have equal opportunity like able body?

Yes ☐

No ☐

4. Do you think more institutions should be built to cater for people with different disabilities?

Yes ☐

No ☐

5. Do you think disabled people should leave in the same community with other normal people?

Yes ☐

No ☐

6. Do you think normal people should be trained on how to deal with people with different disability?

Yes ☐

No ☐

7. Do you think the government has done enough to cater for needs of the disabled?

Yes ☐

No ☐

8. What do you think the government can do to help the disabled people in society?

.....
.....

9. What / how do you react when you see a disabled person?

.....
.....

10. In your own opinion, do you think that the physically disabled person is treated in their family?

Yes ☐

No ☐

b) If Yes/No say how

.....
.....

11. Of the persons you see or know who is physically disabled, do you think that they get clothing that 'fits' them?

Yes ☐

No ☐

b) If No, say what you think should be done?

.....
.....

12 a) what are some of the attitudes that you have towards the physically disabled person?

.....
.....

b) What are the attitudes that you see other people have towards the physically disabled?

.....
.....

13 a) Do you think that religion influences you perception towards the physically disabled person?

Yes ☐

No ☐

b) If yes, say how

.....
.....

14. a) Do you think that you are 'equipped' to handle a physically disabled person if given an opportunity to do so?

Yes ☐

No ☐

b) If yes, say how

.....
.....

If No, say how you feel it should be dealt with

.....

.....

15. Are there enough trained workers to deal with persons who are physically disabled?

Yes ☐

No ☐

16. Are you aware of an organization in your area that concerns itself with helping the physically disabled?

Yes ☐

No ☐

b) If yes, mention them

.....

.....

17.a) the religious institution in your area, is it concerned with the physically disabled?

Yes ☐

No ☐

b) If yes, say in what ways

.....

.....

18. The learning institutions in your area, do they admit children adults who are physically disabled?

Yes ☐

No ☐

19. a) Is there awareness in your area about people who are physically disabled?

Yes ☐

No ☐

Do not know

b) What do you think should be done to raise awareness?

.....

.....

c) Do you think that raising awareness would change the people's attitudes towards the physically disabled?

Yes ☐

No ☐

Do not know ☐

20. a) Do you think that the necessary measures are being taken to integrate persons who are physically disabled?

Yes ☐

No ☐

b) If yes, say what these measures are

.....
.....

c) If No, say what you think should be done

.....
.....

Thank you for your cooperation

APPENDIX B: RESEARCH BUDGET

The study is estimated to cost 500,000/= arrived at as follows:-

ITEM	COST (UGHS)
Stationary and other related costs	150,000
Transport	200,000
Communication	50,000
Photocopy	20,000
Typesetting and binding	50,000
Internet	20,000
Subsistence	25,000
Miscellaneous	35,000
Total	500,000

Appendix C - Time Frame

The Ghant Chart illustrating the activities and indicating the length of each activity in months

2014

No	Activity	F	M	A	M	J	J	A	S	O	N
1	Conceptual Phase- Chapter One	x									
2	Design and Planning -Chapter Two	x									
3	Dissertation Proposal		x	X							
4	Empirical Phase -Data Collection				x	x					
5	Analytical Phase-Chapter 4-5					x	x				
6	Dissertation Phase						x				
7	Final Book Bound Copy						x				
8	Clearance						x	x	x	x	
9	Graduation										x