

## **Extended abstract**

### **“We don’t see a future in them” Barriers to accessing Sexual and Reproductive health information and services among Young People with Disabilities in Kyotera border District.**

Young people with disabilities (YPWD) face numerous challenges in accessing sexual and reproductive health information and services, including stigma and discrimination related to their disability. Consequently, many YPWDs are reluctant to seek health care and have an unmet need for SRH services. We set out to explore the barriers to accessing Sexual and Reproductive health information and services among young people with disabilities in a Ugandan border context (Kyotera district)- known for high rates of early sexual initiation. The findings aimed to contribute insights that support the development of inclusive healthcare policies aligned with the United Nations' Sustainable Development Goals, particularly SDG3 (Good Health and Well-being), SDG4 (Quality Education), and SDG10 (Reduced Inequalities).

#### **Research Question**

- 1) What are the individual, family, community, and institutional barriers that impede access to Sexual and Reproductive Health information and services for young people with disabilities?

#### **Methods**

**Study design:** A cross-sectional qualitative research design was adopted.

**Study population:** The study population comprised of male and female young people with physical disabilities aged between 10-24 years, and key informants specializing in matters related with PWDs. The key informants included Community leaders, health workers and Non-Governmental Organizations. Young people (either a boy or girl) living either with their biological parent(s) or a guardian were eligible for interview.

**Study Area:** The study was conducted in Kyotera District (Mutukula and Kasensero Town councils). Kyotera District is located in the Central Region of Uganda. Its southern boundaries are part of the international boundary between Uganda and Tanzania where there is Mutukula, a one stop border. The SRH situation in the border districts of Uganda is dire owing to the cross-border trade and transient populations, which elevate the risk of poor SRH outcomes. Furthermore, the first HIV case in Uganda was reported in Kyotera (curved out from Rakai district); the district has continued to experience high HIV prevalence rates at 13% compared to the national average of 6.2%. Kyotera district has transitioned and the first victims’ children and grandchildren are now the parents of adolescents.

**Data Collection:** Data was collected through a combination of 12 In-Depth Interviews (IDIs) and 7 Key Informant Interviews (KIIs). Key informants for this study comprised community/LC1 leaders, health workers, and representatives from non-governmental organizations (NGOs). Interviews were conducted in Luganda and English. Pretesting of the

tools was done prior to data collection. Thematic analysis was conducted on the verbatim interview transcripts.

## **Barriers to access of SRH information and services among YPWDs in Kyotera border district**

### **Social and Gender Norms**

Community members' perceptions about YPWDs, such as the expectation that they are not sexually active, limit some YPWDs from openly discussing SRH issues with their parents due to fear of being shamed or discriminated against. This fear hinders YPWDs from accessing and discussing SRH information and services openly.

*“I fear, they may say am spoilt when I ask about SRH issues, and they may start discriminating me”- (IDI, Male, Mutukula).*

Furthermore, there is a prevalent perception that boys with disabilities are underestimated in terms of their sexual capabilities, adding another layer of stigma and misunderstanding.

Additionally, results showed that YPWDs who don't live with their biological parents are excluded from SRH education and advice since they are considered asexual and not eligible for marriage.

*“...some do not live with their biological parents. Such a caretaker cannot perform the same roles as your parent. They are not bothered to engage in SRH discussions with such a child because they don't see a future in them.” (KI, Counsellor, Kasensero)*

### **Lack of awareness about available services and information**

Some YPWDs, especially those with limited education, encounter a considerable gap in awareness and understanding concerning sexual and reproductive health (SRH). This knowledge gap is understandable, given that the majority of YPWDs have only attained a primary level of education. Moreover, in Kasensero town council, some YPWDs reported dedicating much of their time to fishing-related work, which leaves them uncertain about any SRH programs or information in the community. Consequently, this lack of knowledge directly hinders their access to appropriate SRH services. Their limited understanding of SRH topics acts as a barrier, hindering their ability to actively seek essential healthcare services and make informed decisions regarding their reproductive well-being.

*“Sometimes I am not aware of what is happening because we rarely get that information this side of the lake”- (IDI, Male, Kasensero).*

Others from hard-to-reach areas were challenged with accessibility issues since health workers fail to reach them with essential SRH services promptly.

*“...sometimes it is hard to reach these YPWDs who live at the islands. We need to cross the lakes to provide the services. It is not always possible and yet it is difficult for the disabled child to come our side.” (KI, Health worker, Kasensero)*

## **Communication challenges**

Communication difficulties emerged as a significant barrier hindering the access to sexual and reproductive health (SRH) services and medication among young people with disabilities (YPWDs). Communication challenges particularly among speech and hearing-impaired young people affect SRH communication

*“I always fail to communicate with the health worker because she does not know sign language and no one else does”- (IDI, Female, Mutukula).*

*We don't have a disability-focal person at the health facility. They cannot get specialized health care. (KI, NGO, Kasensero)*

**Conclusion:** The intricate challenges confronted by young people with disabilities in accessing sexual and reproductive healthcare in Kyotera underscore the urgent requirement for comprehensive interventions, spanning various levels, to dismantle these multifaceted barriers and establish a more inclusive and accessible healthcare environment.