

## **Extended Abstract**

Young people living with disabilities form one of the most vulnerable population groups globally, yet their experiences and needs are often disregarded in debates about sexual and reproductive health. Regardless, understanding their sexual behaviours and experiences in accessing sexual and reproductive health information and services is critical to ensure their overall well-being and empowerment. We conducted a qualitative study among 12 YPWDs and 7 key Informants. Our study aimed to delve into the sexual behaviors and experiences of YPWDs, focusing on their access to sexual and reproductive health (SRH) information and services in a Ugandan border context (Kyotera district)- known for high rates of early sexual initiation. By shedding light on these experiences, this study aimed to advocate for more inclusive and accessible healthcare systems that cater to the diverse needs of all individuals, regardless of ability.

## **Research Questions**

- 1) What are the sexual behaviours for young people with disabilities?
- 2) What are the experiences of YPWDs in accessing SRH information and services?

## **Methods**

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

**Study population:** The study population constituted 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/LC1 leaders, health workers and NGOs. 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. Historically, Kyotera district was carved off Rakai District on July 1st, 2017. It comprises of two counties of Kyotera and Kakuuto with nine Sub-Counties and five town councils. Its southern boundaries are part of the international boundary between Uganda and Tanzania where there is Mutukula, a one stop border.

**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.

**Results:** The findings unveiled that a significant number of YPWDs were engaging in sexual activity with multiple partners, often practicing unsafe sex, consequently increasing the risk of unwanted pregnancies. Moreover, Sexual violence, engagement in transactional sex, and the

challenge of long distances to health facilities emerged as significant experiences encountered by YPWDs when seeking SRH information and services.

**Conclusion:** Urgent action is required through comprehensive interventions to address the prevalence of unsafe sexual practices, mitigate the risks of unwanted pregnancies, and tackle the significant challenges of sexual violence, transactional sex, and limited access to healthcare facilities faced by young people with disabilities (YPWDs).

## **Sexual behaviours for young people with disabilities**

### **Unsafe sexual practices**

Concerns were raised about the prevalent unsafe sex practices among YPWDs, with many not utilizing contraceptives. Doubts surfaced regarding the consistent use of condoms among this demographic, attributed in part to their low levels of education, with many having only completed primary schooling. These findings underscore the significant implications for their sexual health, increasing their vulnerability to sexually transmitted infections and unplanned pregnancies.

*“Since these people are not well educated and they can't stand on their decision and say No to a man without a condom. So, these men take it as an advantage so this is also another challenge to them”- (KI, Health Worker, Mutukula).*

*“... according to me I don't see them using condoms because if they do, they wouldn't be getting pregnant”- (KI, LCI, Mutukula).*

### **Multiple sexual partners**

Young people with disabilities (YPWDs), particularly females aged 15 years and older, were involving themselves in multiple sexual partnerships primarily due to poverty and admiration. Additionally, the multiple sexual partnerships were linked to the night bars, particularly in the border areas of Mutukula town council. Furthermore, due to the disability nature of these young people, they could be easily lied to and sometimes forced to have sex. This could at some point result in fatherless children because these YPWDs could not remember or tell the father to the children.

*“Here the nature dictates even if someone is disabled, it doesn't limit that person to stay with one guy, she may have many partners depending on his or her will”- (KI, Health worker, Kasensero).*

*“...we have many young females with disabilities that have children but they can't tell who the father to the child is, so, you realize that they have multiple partners. You just see her pregnant and you ask, who did this to you but they don't tell you”- (KI, LCI, Mutukula).*

## Experiences of YPWDs in accessing SRH information and services

### Sexual violence

YPWDs, especially those facing mobility and communication challenges, are documented as being at heightened risk of experiencing sexual violence. Instances of rape have been reported among this demographic, particularly prevalent in Mutukula town council, attributed to the complexities of cross-border trade. These incidents often result in distressing outcomes such as unwanted pregnancies and lasting physical and emotional trauma for the victims.

*“Yes, there was a girl who was screaming in that house and when her mom went there, she found a man raping her child and they imprisoned that man”- (IDI, Female, Mutukula).*

*“...some parents go to look for what to eat and they leave those children at home, so some of those children are affected because there is a lady whose daughter was raped and impregnated. The daughter couldn't speak and couldn't walk so all this challenge was due to the absence of the parent”- (KII, LCI, Mutukula).*

### Transactional Sex

Some young people with disabilities particularly females aged between 15-24 years resorted to engaging in sex for financial reasons, driven by poverty and admiration from their peers. Additionally, the prevalence of numerous night bars in Mutukula provides opportunities for these young individuals to socialize at night, potentially leading to such engagements. Furthermore, given the diverse population at the border and the vulnerabilities associated with their disabilities, they are susceptible to exploitation through promises of monetary rewards, resulting in challenges such as transactional sex.

*“Most times they do it due to admiring like a parent might not be having money so when that child asks for money from her and she tells her I don't have she just go to like a man and he gives her like 2000” -(KI, LCI, Mutukula).*

*“Here, we have many night bars and when those young people with disabilities go there at night, they're easily deceived and you know the fact that most of them can't resist because someone has promised them money, they just end up sleeping with the person and at the end, they may become pregnant when they can't remember even the fathers of the child”- (KI, LCI, Mutukula).*

### Long distance to the health facility

Several young people with disabilities (YPWDs), especially those residing in remote areas encounter significant hurdles when attempting to access healthcare services. This challenge is particularly pronounced in Mutukula town council, where the government health centers are situated far from most residential areas, often necessitating transportation via motorcycle. This was a serious challenge for YPWDs with paralysis or mobility impairments, such as those with

lameness, as they could find it hard to seat on a motor cycle. This geographical barrier presents a significant challenge to accessing essential services, including obtaining contraceptives such as condoms, pills, and injectables, as well as receiving sexual and reproductive health (SRH) information and counseling. As a result, the long distances serve as a deterrent, impeding their ability to regularly access healthcare services and thereby negatively impacting their overall reproductive health.

*“I may be wanting something and I delay to get it, I don't have money for it. even transport issues to access hospitals and those long distances too”- (IDI, Male, Mutukula).*

*“Well, I talked about distance when coming from home to here, it was very difficult because boda bodas couldn't work to bring them and they can't move along distance”- (KI, Nurse, Mutukula HCIII).*