



UGANDA MANAGEMENT INSTITUTE

**AN ANALYSIS OF SOCIAL CONSTRAINTS AFFECTING PARTICIPATION OF
PERSONS WITH DISABILITIES IN DEVELOPMENT PROGRAMMES: A CASE
STUDY OF LUUKA DISTRICT.**

BY

LEONARD BYABAGAMBI

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DECLARATION

I, LEONARD BYABAGAMBI, declare that this research is my original work and has not been submitted to any other University or Institution for any academic award.

LEONARD BYABAGAMBI

Signature.....

Date.....

APPROVAL

This is to certify that this dissertation has been submitted for examination with our approval as supervisors;

Signature:

DR. STELLA KYOHAIRWE

Date:

Signature:

DR. INNOCENT KOMAKECH

Date:

DEDICATION

I dedicated this work to my beloved wife and daughter for psychological support all through this course. Also, to my dear parents whose tireless efforts and love enabled me to go through my Education.

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May God bless them all

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LIST OF ACRONYMS

| | | |
|--------|---|--|
| CDD | : | Community Driven Development Programmes |
| NAADS | : | National Agricultural Advisory Services |
| NGOs | : | Non-Governmental Organizations |
| PWDs | : | Persons with Disability |
| UMI | : | Uganda Management Institute |
| UN | : | United Nations |
| UNCRPD | : | UN Convention on the Rights of Persons with Disabilities |
| UNICEF | : | United Nations Children's Fund |

ABSTRACT

The study analyzed the social constraints to participation by Persons with Disabilities (PWDs) in development programmes in their communities with specific focus to Bukooma sub-county Luuka district. It was guided by three research objectives which were; examine the influence of cultural beliefs, attitudes and perception of disability on the participation of PWDs in development programmes in Bukooma Sub-county. The study used a cross sectional survey design including quantitative and qualitative approaches. The study population involved; PWDs, sub-county councilors for PWDs, community members, service providers, Ministry officials at Principal Level, sub-county technical teams and Non-disabled councilors. Data was collected using questionnaires and interviews. In data analysis frequencies, percentages, means were obtained, correlations and regressions were used to show the magnitude of effect the independent variables have on the dependent variable. Study findings revealed that cultural beliefs are positively associated with participation of Persons with Disabilities in the development programmes ($r=.389$, $p=.000$) with coefficient of determination $R^2=0.152$, which shows that 15.2% variation in participation of PWDs in the development programmes is explained by changes in cultural beliefs. Hence improvement in cultural beliefs would lead to 15.2% chance change in the participation of Persons with Disabilities in the development programmes. Findings also revealed a significant relationship between attitudes and participation of Persons with Disabilities in the development programmes ($r=.677$, $p=.000$) with a coefficient of determination R^2 of .459 that indicates 45.9% chance change in participation of PWDs in the development programmes being explained by changes in attitudes. Also it was found out that there is a positive significant relationship between perception on disability and participation of PWDs in the development programmes in Bukooma Sub-county, Luuka District ($r=.513$ $p=.000$) with a regression coefficient determination of $R^2 =263$, meaning that there is 26.8% chance change in participation of PWDs in the development programmes if attitudes are improved. It was therefore concluded that a wide number of negative beliefs are held against persons with disability, community members have negative attitude towards the effectiveness of PWDs in addressing community development tasks and the different negative perceptions held against person with disability affect effective participation of PWDs in community development projects. It is therefore recommended that there is need to sensitize community members against existing prejudice that PWDs are a curse and prioritize involvement of PWDs in development programmes at different stages of development programmes.

CHAPTER ONE

INTRODUCTION

1.1 Introduction

The research project explored the influence of social constraints on participation of Persons with Disabilities in development programmes. Persons with Disabilities are one of the marginalized groups in most communities in Uganda and world over (Catalina 2013). As such, the chance to participate in development programmes is always limited. This chapter therefore gave a background to the study, the statement of the problem, general and specific objectives of the study, the research questions, setting of hypothesis of the study, conceptual framework, significance of the study, justification of the study, scope of the study and operational definitions focusing on constraints to participation by Persons with Disabilities.

1.2 Back ground to the study

1.2.1 Historical Background to the study

Social exclusion of Persons with Disabilities (PWDs) dates as far back as the 1800s. At this time Persons with Disabilities were considered meager, tragic or pitiful individuals, unfit and unable to contribute to society, except to serve as ridiculed objects of entertainment in circuses and exhibitions (Jacqueline 2003). They were assumed to be abnormal and feeble-minded and numerous persons were forced to undergo sterilization. Persons with Disabilities were also forced into institutions and asylums, where many spent their entire lives. The ‘purification’ and segregation of Persons with Disabilities were considered merciful actions, but ultimately served to keep People with Disabilities invisible and hidden from a fearful and biased society.

Between the 1940s and 1950s close to the end of World War 11, disabled World War II veterans placed increasing pressure on governments to provide them with rehabilitation and

vocational training. World War II veterans made disability issues more visible to the countries of thankful citizens who were concerned for the long-term welfare of young men who sacrificed their lives to secure the safety of the United States. The 1948 UN Declaration of Human Rights inspired many sections of society to begin thinking of their place in broader society and this did not leave Persons with Disabilities behind. The disability movement especially in the United States, were very much encouraged by the examples of the African-American civil rights and women's rights movements of the 1960s (Groce, 1999).

The pressure groups on disability led to the 1981 UN proclaimed of the International Year of Disabled Persons with a call for a plan of action with an emphasis on equalization of opportunities, rehabilitation and prevention of disabilities (Vipin, 2011). These resulted into the formulation of the World Program of Action (WPA) concerning Persons with Disabilities adopted by the UN General Assembly in December 1982. The Program of Action led to the international decade of disabled persons which ran from 1983 to 1992 to enable governments and organizations to implement measures to improve the lives of persons with Disabilities all over the world. The end of the decade coincided with the proclamation of the International Day of Disabled Persons first celebrated on 3rd December 1992.

Following the end of the International Decade of disabled people in 1993, the UN General Assembly adopted the Standard Rules on the Equalization of Opportunities for Persons with Disabilities in 1993. The International Decade inspired the African Decade of Disabled People which ran from 1999-2009 with a view to enhancing, empowering and improving the conditions of Persons with Disabilities (PWDs). These actions led to adoption of the United Nations Convention on the Rights of Persons with Disabilities (UNCRPD) and its optional protocols by UN General Assembly on 8 May 2008. Inspired by the UN decade of Disabled Persons of 1983-1992 and the World programme of Action concerning Persons with

Disabilities, PWDs in Uganda came together to form a National Union of Disabled Persons of Uganda (NUDIPU) in order to have a united voice to tackle the imbalances in society (National Council for Disability, 2012).

The 1995 Constitution of the Republic of Uganda was a key instrument in the promotion of the disability movement and social rights of Persons with Disabilities. For example Articles 21, 29, 30, 31, 32, 35, and 37 are in support of social rights of Persons with Disabilities. Persons with Disabilities suffered exclusion from accessing social services such as health, education, marriage, but with the supreme law of the land coming into force, gave a fertile ground for advancement of the rights of Persons with Disabilities (National Council for Disability, 2012).

1.2.2 Theoretical Background to the Study

To be able to understand the subject, the research was guided by the Robert Marton (1983) Deprivation Theory. The theory was selected because it looks at how some people are denied of their rights like the case may be with PWDs. The researcher used the theory to critically assess the influence of social constraints on participation of Persons with Disabilities in development programmes.

The Robert Marton, (1983) Deprivation Theory states that one is deprived of access to the social world due to factors such as low socioeconomic status or poor education. The socially deprived may experience a deprivation of basic capabilities due to lack of freedom. Bassouk, (2003) argues that this lack of freedom may include reduced opportunity, political voice, or dignity and lower socioeconomic statuses, in turn, become socially deprived based on the lack of access to freedom. Loss of power is associated with lack of opportunity and political voice, which restricts participation in the community. The excluded member is denied access to resources that allow for healthy social, economic, and political interaction (Pierson 2002).

There are five key factors that set social exclusion in motion poverty; lack of access to jobs, denial of social supports or peer networks, exclusion from services and negative attitude of the local community. Deprivation Theory therefore emphasizes that people are deprived of things deemed valuable in society (Robert, 1983). Depriving people of their rights builds up frustration and tension which entices the onset of aggressive behavior (Walker and Smith, 2002) and this may result in social exclusion and other adverse effects. The theory is therefore useful in determining why people behave the way they behave as a result of social deprivation.

1.2.3 Conceptual Background of the Study

Social constraints to participation in the field of disability are looked at as less participation in community-based activities and a broader social network (Burckhardt et al., 2002). Participation is however a process through which stakeholders influence and share control over development initiatives, and the decisions and resources which affect them. Bhatnagar & Williams (1992), view participation as a function of information through which people can come to share a development vision, make choices, and manage activities.

Cultural beliefs may pause both positive and negative views of disability (Groce, 1999), such views have a negative impact on the participation of persons with disability in different community development projects. In addition, people from some cultural background can simultaneously hold cultural folk beliefs as well as biological beliefs about disability (Danseco, 1997). Groce (2005) maintains that cultures that hold positive views regarding disabilities are likely to display more positive attitudes towards universal principles to disability than those that hold negative views regarding disability. At the same time, Groce (2005) notes that cross-cultural issues in the disability arena should keep in mind that socially constructed concepts and beliefs about disability are constantly changing.

Zimbardo & Lieppe, (1991) explain attitudes as an evaluative, emotional reaction comprising three components affect, cognition and behavior. Attitudes and behavior often lead to the exclusion of disabled persons from social and cultural life. People tend to avoid contact and personal relationships with disabled persons. People with disabilities have historically been marginalized from mainstream society by longstanding prejudicial beliefs about their right to full citizenship and their ability to contribute meaningfully to decisions that have an impact on their lives (Funk M, et al 2010). These situations have led to attitudinal barriers such as; inferiority, pity, hero worship, ignorance, the spread effect, stereotypes, backlash, denial and fear.

Barnes et al, (1999) explain disability as any restriction or lack of ability to perform an activity in the manner or within the range considered normal for a human being. Disability is understood as an individual problem. If somebody has impairment for example visual, mobility or hearing impairment may be considered a disable. Their inability to participate in community development programmes is attributed to their disability and not any other factors.

Oliver (1996) explains that disability is understood as an unequal relationship within a social world in which the needs of people with impairments are often given little or no consideration. People with impairments are disabled by the fact that they are excluded from participation within the mainstream of society as a result of physical, environmental and attitudinal barriers which prevents them from gaining equal access to education, employment, information, housing, public transport, leisure opportunities, and so on. Disability emerges within a society which is organized to meet the needs of the majority of people who do not have significant impairments and which treats differently the needs of people who do (Inclusion Scotland, 2004).

Swain & Cameron (1999) explain disability as the disadvantage or restriction of activity caused by a contemporary social organization which takes little or no account of people who have physical impairments and thus excludes them from participation in the mainstream of social activities; lacking part or all of a limb, or having a defective limb, organ or mechanism of the body.

1.2.4 Contextual Background

The World Health Organization estimates that there are 600m people with disabilities in the world, and that 480m of them live in low-income countries (WHO, 2008). The exclusion of persons with disability in development programs tends to reduce economic output by reducing or eliminating the economic contributions of certain members of society, particularly people with disabilities and their family members and close friends. The amount by which economic output is reduced in this way constitutes the net economic cost of disability (Metts, 2007). Expenditures on disability are typically viewed as constituting an economic burden. This likely stems from the fact that most expenditure on disability have traditionally come either from government budgets, making them burdensome to taxpayers, or charitable remittances, making them charity, which necessarily implies a burden (Marcia, 2008).

Also, disability services have traditionally been viewed, not as investments in people with disabilities for which society should expect a return, but as unavoidable costs for their care. This reduces the economic potential of disability activities, turning what should be investments into burdensome expenditures (Metts, 2007). The economic potential of all people, including people with disabilities, tends to be a composite function of their functional capabilities, and their access to social and economic opportunities. To maximize their functionality and achieve the social and economic access necessary to make meaningful

social and economic contributions, people with disabilities must overcome the physical, social and environmental barriers (Marcia, 2008).

Bukooma sub-county is one of the 8 lower Local Governments in Luuka district. The sub-county has completely no data relating to Persons with Disabilities according to the Sub-County Councilor for Persons with Disabilities. Although the National Housing and Population Census 2014 included disability status as one of the areas of enumeration, the provisional results (2014) make no mention of the extent of disability, something that confirms omission of PWDs in development planning process.

The 2011-2015 Luuka District Development Plan included strategies such as; promotion of access to social care and support services including OVC, PWDs and older persons, promotion and protect the rights of vulnerable groups-including children, PWDs, older persons against abuse, exploitation, violence and neglect and mainstream disability issues across all sectors.

A consultation with the District male Councilor for PWDs indicated that very small amounts of resources are allocated to Persons with Disabilities in the district budgets, to cater for over 35000 Persons with Disabilities in the district. Regarding participation of Persons with Disabilities in development activities he said that there is still a lot of negative attitude among community members, for instance “we recommend that each group benefiting from NAADS or CDD should involve a Persons with Disabilities. This has in many cases not been adhered to in our district rendering PWDs inactive in development activities in their district.”

The above statement correlates well with a report by the Uganda Human Rights Commission in October 2010 which revealed that the rights of PWDs in Uganda are largely not respected because the government and other duty bearers have not yet done enough to ensure adequate promotion and protection of rights of PWDs. This kind of exclusion of Persons with

Disabilities makes it difficult for them to engage in meaningful development activities in their communities and hence rendering them the poorest members of society.

Persons with Disabilities are one of the marginalized groups in Uganda and to this effect the Constitution of the Republic of Uganda (1995) recognized their rights. Persons with Disabilities comprise 16% (5,440,000) of Uganda's population (2009/2010 National Household Survey). Luuka district has a population of 24145 Persons with Disabilities and Bukooma sub-county has a population of 3904 (Estimates from the 2009/2010 National Household Survey).

The District Development Plan for Luuka district makes mention of inclusion of Persons with Disabilities but an interaction with the leaders for Persons with Disabilities indicates limited access to services by Persons with Disabilities due to negative attitude by the members of the community and the technical teams. The leaders indicate that PWDs are very illiterate in their district, have limited participation in development programmes such as Community Driven Development programmes as confirmed by the 2010 Annual state of Human Rights report where the social rights of PWDs including access to education, participation in community programmes such as NAADS are largely not respected by duty bearers. This is further evidenced by the Uganda Bureau of Statistics report 2009, where the unemployment rate among PWDs is over 80%, putting them among the poorest 15-20% of the population. Bukooma being a rural sub-county, the situation for Persons with Disabilities is even worse.

1.3. Statement of the Problem

Persons with Disabilities in Uganda have always been and are still marginalized across societies in the country. In the effort to deal with this situation different stakeholders such as government, civil society organizations, international and national development and human rights agencies have put in place initiatives to improve the situation of disabled persons.

These initiatives have been enforced through different human rights legislations, advocacy and capacity building efforts to different players to ensure Persons with Disabilities are fully involved in development plans.

Despite these efforts, Persons with Disabilities continue to be segregated against in development programmes. People with Disabilities are still perceived as not efficient and effective in undertaking and fulfilling their roles in case they were involved in development programmes. It is against this background that the study sought to examine social constraints hindering participation of PWDs in development programmes in Bukooma Sub-County Luuka district.

1.4 Purpose of the study

The purpose of the study was to analyze the social constraints affecting participation of Persons with Disabilities in development programmes in their communities with specific focus to Bukooma sub-county Luuka district.

1.5 Specific objectives of the study

1. To analyze the influence of cultural beliefs on participation of Persons with Disabilities in the development process in Bukooma Sub-county, Luuka District
2. To examine the influence of attitudes on the participation by Persons with Disabilities in development programmes in Bukooma Sub-county, Luuka District
3. To examine the influence of perception disability on the participation of Persons with Disabilities in development programmes in Bukooma Sub-county, Luuka District

1.6 Research questions

1. How do cultural beliefs affect the participation of Persons with Disabilities in the development process in Bukooma Sub-county, Luuka District?

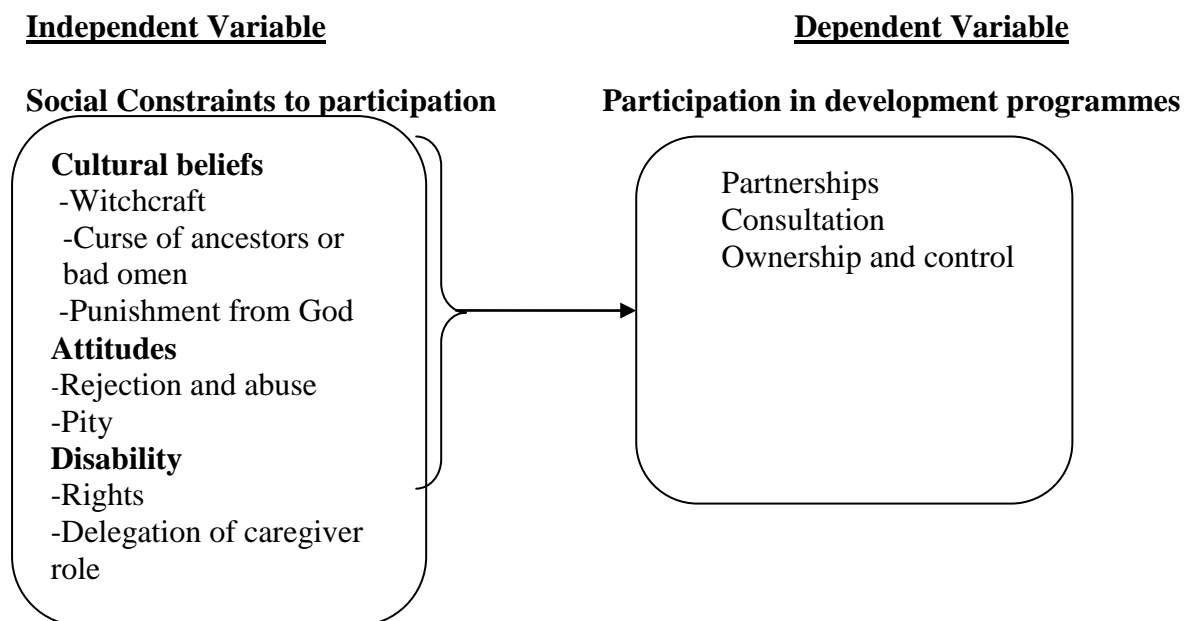
2. In what ways do attitudes influence the participation by Persons with Disabilities in development programmes in Bukooma Sub-county, Luuka District?
3. How do perception of disability influence participation of Persons with Disabilities in development programmes in Bukooma Sub-county, Luuka District?

1.7 Hypothesis of the Study

1. Cultural beliefs significantly affect participation of PWDs in development programmes.
2. Attitudes on disability significantly influence participation of PWDs in development programmes.
3. Perception on disability significantly influence participation of PWDs in development programmes

1.8 Conceptual framework

Figure1: Conceptual Framework: showing the influence of social constraints to participation in community development programmes by Persons with Disabilities:



Source: Adapted from Arnstein, (1969) and modified by the Researcher

The above conceptual framework presents the relationship between independent and dependent variables. In this study therefore, the independent variable was identified as social

constraints to participation by Persons with Disabilities and participation in development programmes as a dependent variable. The independent variables focused on social constraints including; cultural beliefs, attitude and disability. The dependent Variable focused on ways in which People with Disabilities participate are affected in development programmes including; partnerships, consultation, ownership and control. The relationship between the two variables is that social factors are a force to influencing participation of Persons with Disabilities. For development to take place there should be an environment that allows participation of every member of the community including Persons with Disabilities. The researcher confirmed this relationship through the interaction with the study participants.

1.9 Significance of the study

The study provides recommendations to policy makers and implementers in Uganda on the need for participation of Persons with Disabilities in development programmes.

The researcher anticipates that, these findings will invoke Persons with Disabilities to lobby for their inclusion in development programmes on an equal basis with other members of the community, sensitize the community to reduce negativity towards disabled persons.

The research report will be a source of reference to other researchers intending to carry out a study relating to this field. The research will aid stakeholders including leaders, Persons with Disabilities themselves, families to design strategies that will include PWDs in the planning, implementation and monitoring of community programmes.

The Researcher whose background is based on NGOs will share the finding with other NGOs to be able to design interventions aimed at uplifting the quality of life of Persons with Disabilities.

The research will enable the researcher to fulfill the requirements for the award of a Master's Degree in Institutional Management and Leadership of Uganda Management Institute (UMI).

1.10 Justification of the Study

The study is the first of its kind, investigating the influence of social constraints to participation by Persons with Disabilities in development programmes in Luuka district. The study is targeting one of the most marginalized population groups in Uganda. The fact that they are marginalized, the researcher thought it important to carry out such a study to be able to derive recommendation to enhance their participation in the development process on an equal basis with others. The study generated grass root information on the situation of participation by Persons with Disabilities. This information will be used by researchers, organizations and policy makers to design programmes that benefit Persons with Disabilities. The study during dissemination of findings will enable the researcher to sensitize stakeholders on the rights of Persons with Disabilities. The study findings may enable PWDs to engage with duty bearers to ensure that their rights are respected and promoted.

1.11 Scope of the study (geographical, time and content scope)

1.11.1 Geographical Scope

The study was conducted in Bukooma Sub-county in Luuka district. The district is located in Eastern part of Uganda. Luuka District is bordered by Buyende District in the north, Kaliro District to the northeast, Iganga District to the southeast, Mayuge District to the south, Jinja District to the southwest and Kamuli District to the northwest. Luuka, where the district headquarters are located is approximately 33 Kilometers (21 mi), by road, northwest of Iganga, the nearest large town. The district has 7 sub-counties and one Town Council.

1.11.2 Content Scope

The content scope of the study covered the influence of social constraints to participation in development programmes by Persons with Disabilities. The study sought to establish the

factors that hinder proper participation of PWDs and focused on avenues which PWDs can effectively use to participate in development programmes in their communities.

1.11.3 Time Scope

The research project covered a period 2006 to 2013. The choice of this period aimed at capturing the progress of the implementation of the disability legislations including the disability policy and Act of 2006.

1.12 Operational Definitions

To be able to understanding and measure the variables of this study, the following definitions and concepts are presented.

Participation: The process during which individuals, groups and organizations are consulted about or have the opportunity to become actively involved in a project or program of activity in their communities.

Partnership: Corporation between Persons with Disabilities and other stakeholders responsible for designing and implementation of development programmes.

CHAPTER TWO

LITERATURE REVIEW

2.1. Introduction

In this chapter, efforts were made to review existing literature related to social constraints to participation in development programmes by Persons with Disabilities. Documents studied for the purpose of this study are broadly classified as textbooks, National Government reports, conference proceedings and reports, policy guidelines and documents, international reports and legislations, audit, evaluation and other reports, thesis and dissertations, journals, magazines and internet sources. The researcher also has provided his opinion on what other authors have written. The literature is largely guided by the objectives of the study which were cultural beliefs, attitudes and perception on the participation of persons with disability in development programs in development programs.

Theoretical Review

The study was guided by the Robert Marton (1983) Deprivation Theory. The theory has been selected because it looks at how some people are denied of their rights like the case may be with disabilities. The researcher used the theory to critically assess the influence of social constraints on participation of Persons with Disabilities in development programmes.

The Robert Marton, (1983) Deprivation Theory states that one is deprived of access to the social world due to factors such as low socioeconomic status or poor education. The socially deprived may experience a deprivation of basic capabilities due to a lack of freedom. Bassouk, (2003) argues that this lack of freedom may include reduced opportunity, political voice, or dignity and lower socioeconomic statuses, in turn, become socially deprived based on the lack of access to freedom. Loss of power is associated with lack of opportunity and political voice, which restricts participation in the community. The excluded member is

denied access to the resources that allow for healthy social, economic, and political interaction (Pierson 2002). There are five key factors that set social exclusion in motion poverty; lack of access to jobs, denial of social supports or peer networks, exclusion from services and negative attitude of the local community. Deprivation Theory therefore emphasizes that people who are deprived of things deemed valuable in society (Robert, 1983). Depriving people of their rights builds up frustration and tension which entices the onset of aggressive behavior (Walker and Smith, 2002) and this may result in social exclusion and other adverse effects. The theory was therefore useful in determining why people behave the way they behave as result of social deprivation especially in community development projects.

2.2. Cultural beliefs on participation of Persons with Disabilities in the development process.

Culture is a pattern of behavior and thinking that people living in social groups learn, create, and share. Culture distinguishes one human group from others. It also distinguishes humans from other animals. A people's culture includes their attitude, beliefs, rules of behavior, language, rituals, art, technology, styles of dress, ways of producing and cooking food, religion, and political and economic systems (Encarta Encyclopedia). Culture plays a bigger part in the growth and development of institution and therefore the way one perceive it will determine the wellbeing/growth of a given institution, below are some of the cultural extracts that may affect participation of Persons with Disabilities in the development process.

In traditional societies culturally, Persons with Disabilities in a family are not taken in good faith some are considered to be a bad omen to the family. Even though legislations have been put in place to uphold the right of every disabled person in society, Persons with Disabilities remain excluded, Kabzems and Chimedza, (2012). It is quite regrettable that discrimination

in the lines of disability remains all too prevalent in spite of the fact that discriminatory practices are illegal. Unfortunately, the legal instruments fail to protect People with Disabilities from discrimination and to enhance access and their participation in all forms of employment and social activities. In fact in findings, it was revealed that persons with disability are considered a curse in some societies hence is susceptible to discrimination and this may lead to their exclusion in development programs.

UNICEF (2011) report in Zimbabwe indicated that, some cultures hold negative beliefs on the causes of disabilities and take disability to be associated with witchcraft, promiscuity by the mother during pregnancy, punishment by ancestral spirits or evil spirits or even by God. It is difficult to change established mind-sets around cultural traditional notions like such. Pang and Richey (2005) highlighted that, growth takes place in a social milieu, and it will, therefore, be influenced by a person's interactions and transactions with that milieu, as well as by within-the individual organism factors. These negative attitudes from the social and cultural beliefs handicap further the people with disabilities and their families. Consequent to cultural beliefs, society reacts with horror, fear, anxiety, and distaste, hostile towards people with disabilities. This usually leads to isolation, discrimination and prejudice against some of them. A result of such reactions can lead people with disabilities to the reaction that if they continually receive negative and disheartening responses from the people of their own community, they eventually give up work and other development activities (UNICEF, 2011). In findings some respondents associate disability with displeasing of the gods and hence are excluded from participating in development programs.

Choruma (2006) stress that cultural aspects affect many people with disabilities because majority are ignorant of the legislations and policies due to limited exposure to and education on these instruments. This largely affects girl children than their male siblings due to cultural

beliefs. Most people with disabilities live in poverty and this affects their level of literacy. Choruma (2006) explain that people with disabilities face numerous challenges in achieving equality of opportunity due to environmental and access barriers, legal and institutional barriers, and attitudinal barriers that cause social exclusion. Kabzems and Chimedza (2002) criticized governments for its failure to reinforce law and policies without commitment serve to reinforce existing social attitudes. According to findings some respondents consider them as not fit to be part of society and but this as the result of being ignorant of the law, to know the rights of disabled people in community development programs.

Charlton (1998) assert that majority of disabled people have been so psychologically oppressed by society that their oppression has become internalized. As a result, they have developed a belief of false consciousness, whereby they come to believe that they are less capable than others. Consciousness can be defined as an awareness of oneself in the world. It is a process of awareness that is influenced by social conditions, chance and innate cognition. With regard to false consciousness, as a lethal mixture of self-pity, self-hate and shame, this state of awareness can prevent people with disabilities from knowing their real selves, their real needs, and their real capabilities and from recognizing the options they in fact have. False consciousness and alienation also obscure the real source of oppression. They cannot recognize their self-perceived pitiful lives are simply a mirroring of a pitiful world order. In this regard people with disabilities have much in common with others who have internalized their own oppression.

Abberley (2007) argued that social oppression is specific in the manner in which it operates in relation to form, content and location. In societal cultural setting the oppression of disabled people in part involves pointing to the essential difference between their lives and other sections of society, including those who are, in other ways, oppressed. Disabled people are

oppressed when they are regarded as a group whose members are in an inferior position to other members of society because they are disabled people. It is also to argue that these disadvantages are dialectically related to an ideology or group of ideologies which justify and perpetuate the situation. Beyond this it is to make the claim that such disadvantages and their supporting ideologies are neither natural nor inevitable. Finally, it involves the identification of some beneficiary for this state of affairs (Abberley, 2007). In fact findings reveal that some respondents think persons with disability are a weaker group and so cannot participate in any development activity effectively.

People with disabilities have a long history of persecution, rejection, segregation and a lot of differentiated treatment as compared to their non-disabled counterparts. From cultural beliefs, communities like taking disability as a punishment. Shaw (2009) propounded that most families that have children with disabilities face problems such as being isolated from their circle of immediate family and friends. The reactions that come from the people may also affect the family in many ways as they are torn between two worlds, love for their disabled child and the society against them. Shaw (2009) families with disabled children together with the child knows grief, sadness, fear, worry and more love than most families. This is because what affects one member of a family cannot fail in some degree to affect the others. This can cause the parents to pull inward and lock up any possibilities to share or open up on their experiences even when researches are been done to correct the prevailing situations. In findings some respondents say some persons with disability are not to be associated with other community members.

2.3 Attitude on participation of Persons with Disabilities in the development process

Community has negative attitude towards disabled peoples as not having the ability and flexibility to access some areas of work and so they are judged as not having the ability to

handle work. Hanafin et al (2007) explain that the physically disabled people experience harder times from the infrastructure and the physical environment. Choruma (2006) assert that accessibility is a problem, particularly for those with reduced mobility or in wheelchairs. Fichten (2008) argued that people with physical disabilities may only be able to access a fraction of places that people without disabilities may access. It is important that the relationship between the work environment and the participation for Persons with Disabilities as important to consider as they affect each other (Etscheidt, 2006). In findings, respondents have the attitude that persons with disability are best suited to stay at home and not participate in any community development activity.

Negative attitudes as the result of social oppression may give rise to institutional discrimination at work. Barton (2003) asserts that this involves access and opportunities in relation to work, housing, education, transport, leisure and support services. Thus, the issues go far beyond the notion that the problem is one of individual disability attitudes. These are not free floating but are both set within and structured by specific, historical, material conditions and social relations. In findings, participants have an attitude that persons with disability can't be productive in life and hence not wholly excluded in community development programs.

Disabled people have been subjected to a multiplicity of oppressive social attitudes which have included horror, fear, anxiety, hostility, distrust, pity, over-protection and patronizing behavior (Barton, 2008). Such pejorative attitudes, coupled with an inhospitable physical environment such, as inaccessible buildings and unusable transport systems, are considered to be the real concerns of disability at work (Barnes, 2001). It is therefore maintained that disabled people live within a disabling world. This relates to findings where it is findings,

that persons with disability are always susceptible to insults and abuses and this affects them in participating in development projects.

Allport, Gordon (1935), presents attitude as a positive or negative evaluation of people, objects, event, activities, ideas, or just about anything in one's environment. Eagly and Chaiken (1998) hold that attitude is a psychological tendency that is expressed by evaluating a particular entity with some degree of favor or disfavor. According to Katz (1960) attitudes can be classified into three different groups based on their functions; utilitarian, knowledge and ego.

People adopt attitudes that are rewarding and help them avoid punishment. In other words any attitude that is adopted in a person's own self-interest is considered to serve a utilitarian function. People need to maintain an organized, meaningful, and stable view of the world. That being said important values and general principles can provide a framework for our knowledge. Attitudes achieve this goal by making things fit together and make sense. Psycho-analytic principles where people use defense mechanisms to protect themselves from psychological harm and they include: The ego-defensive notion correlates nicely with Downward Comparison Theory which holds the view that derogating a less fortunate other increases our own subjective well-being. We are more likely to use the ego-defensive function when we suffer a frustration or misfortune. A reflection on attitude in the Book of Luke 6:37 & 38, states that Judge not and you shall not be judged. Condemn not and you shall not be condemned. Forgive, and you will be forgiven. Give and it will be given to you: good measure, pressed down, shaken together, and running over will be put into your bosom. For with the same measure that you use, it will be measured back to you”

2.4 Perception of disability influence participation of Persons with Disabilities in development programmes

Oliver (2003) asserts that a perception on social structuring of disability is founded upon two concepts, the mode of production and the central core values, or ideology that is present within any given society. Both interact and determine how disabled people are perceived within their local contemporary societies. The former is understood to refer to the type of economy and its constituent productive units, as well as the manner in which production is. The latter concept refers to the basic values upon which a society is premised, which could be based upon religion, science and medicine. In findings, it was revealed that is a perception that persons with disability cannot participate like others in community development activities.

Different perceptual ideological premises have profound implications for the explanation of disability. Oliver (2003) argued that in some societies, the presence of impairment may not be perceived by society in pejorative terms, as it has been seen as a sign of being chosen. Safilios (2005) states that through times discriminatory perceptions against the sick and disabled have varied greatly from country they have ranged from complete rejection and ostracism to semi deification and the according of special privileges and humors.

2.5 Disability and participation in development

According to the World Bank (1992), participation is a rich concept that varies with its application and definition. Freire, 1972 states that People's participation as a concept was formulated in the 1970s, in response to the growing awareness on various approaches employed for rural development, such as community development, integrated rural development especially poverty reduction. Eybeen and Ladbury (1997) points out that participation entails sharing of power and raising level of political awareness and strength for

disadvantaged people as well as providing "an open process of accumulating and evaluating evidence and information. According to Minkler, (1990), participation helps Communities to look at root causes of problems while at the same time selecting issues that are "winnable, simple, and specific. To Minkler, this means involving people in development of the services, sites and spaces that they use or are affected by J. Norman Reid. (2000) indicates that communities with high rates of participation apply for and receive more funding than communities with less participation and that they are able to achieve greater citizen satisfaction within their communities.

According to Bolt (2011), partnerships are collaborative relationships with a clear and shared sense of purpose involving key stakeholders focused on an agreed outcome. Bolt holds that effective partnerships are based on mutual trust and respect, and these mutually beneficial relationships achieve outcomes that extend beyond what organizations can achieve in isolation. Gallant et al. (2002) asserts that key to the process of partnership is the involvement of partners in power sharing and negotiation. According to the World Bank (2013), Partnerships imply a shared leadership among respected individuals who are recognized and empowered by their own organizations and trusted by partners to build consensus and resolve conflicts. The World Bank further state that partnership involves a coalition of governments, citizens and Civil Society Organizations working together to advance transparency and accountability in Government. Robinson and Cottrel, (2005) argue that partnership is brings about power redistribution through negotiation between citizens and power holders. Robinsons further hold that partnerships work most effectively when there is an organized power-base in the community to which the citizen leaders are accountable; when the citizens group has the financial resources to pay its leaders reasonable fee for their time consuming efforts; and when the group has the resources to hire and fire its own Leaders, technicians, lawyers, and community organizers. Mattessich (1997) social holds a view that social capital

or community social capacity has the ability to identify problems and needs, achieve a workable consensus on goals and priorities, and work in partnership with other organizations to achieve goals. Paul and Peter York (2002), indicate that a partnership is not simply a “team” activity but argue that it is everyone role in the community.

2.5.1 Consultation

Lyne (2001) argue that consultation would be appropriate when people are given some say on what is going to be done. Lyne further states that inviting citizens' opinions, or informing them of any developments, can be a legitimate step towards their full participation. According to Kerkin (1998) community consultation can help elected officials to understand and to incorporate public preferences and concerns into their decision-making. Renn (1993) views that community consultation should not replace a democratic, electoral process; it should be an integral part of it. Kerkin (1998) adds that for planning practices to be successful, clear legislative backing is needed to uphold the legitimacy of community involvement and concerns. Kerkin stress that the contemporary planning process should not be conceptualized as a communicative, engaging and a negotiated process rather largely decision-making one.

Carson (1999) as adapted with improvements from Carson by the researcher) points out that focusing on the following principles for effective community consultation; consultation can be involving, meaningful, useful and effective. Participation should not be so late in the life of an issue that it is tokenistic, or merely confirms decisions already made. The timing should occur when citizens have the best chance of influencing outcomes. Give people enough time to express their views.

Participants should be selected in a way that is not open to manipulation, and should include a cross-section of the population as individuals and as groups. Random selection offers the best chance of achieving this. Ask participants not what they want personally or what is in

their self-interest, but what they consider appropriate in their role as citizens. Avoid reducing questions to a simplistic either/or response. Allow consideration of the big picture, so people can really become engaged.

Although decision-making can strive for consensus, complete agreement need not be the outcome. Be clear on how the decisions will be made so that participants know and understand the impact of their involvement. Make sure all participants have time to become well-informed about and to understand material they are unlikely to have a prior familiarity with. It is important that there is a strong likelihood that any recommendations which emerge from the consultative process will be adopted. If they are not, it is important that a public explanation is provided. Faith in the process is important by both the power holders and the participants.

Make it well-facilitated: It is important that all participants control the agenda and content because this will give the process more credibility. An independent, skilled and flexible facilitator with no vested interest is essential in order to achieve this. Make it open, fair and subject to evaluation: The consultation method should be appropriate to the target group. Evaluation questions should be formulated in advance. Decide how the 'success' of the consultation will be measured: Include factors beyond the adoption of recommendations. Feedback to the community after consultation is over is essential.

It is difficult to measure community satisfaction, or savings in costly litigation that could arise in the absence of consultation and participation. However, factors can be considered including how many and which types of community members should be consulted on a given issue. Some questions will require broader consultation, others more targeted consultation. Costs will vary and are adaptable, but the process selected must be properly resourced.

A variety of consultation mechanisms exist. Choose the one which best suits the circumstances. Try a variety of mechanisms over time. Think how to reach all your users, including those with special needs (e.g. language, disabilities, the elderly, and the young). Different communities and different questions will produce better responses with different forms of consultation. These ten principles for effective community consultation should be applied in every consultative situation. They provide a framework for making community consultation effective and meaningful, and help practitioners avoid some of the most common pitfalls of consultation. This is the first element of achieving community consultation that works. The second element essential to achieving community consultation that works is collaboration. This will be discussed in the next section.

2.5.2 Ownership and Control:

Though no one in the nation has absolute control, it is very important that the rhetoric not be confused with intent. People are simply demanding that degree of power (or control) which guarantees that participants or residents can govern a program or an institution, be in full charge of policy and managerial aspects, and be able to negotiate the conditions under which "outsiders" may change them. Tom Woodin et al (2010), states that immediately after post-war years, state ownership was the primary means of providing universal welfare services and controlling the economy in the common interest. Certain industries and services were nationalized, including many hospitals, railways and the mines. However Tom notes that this kind of affair was undermined from the 1980s when a renewed faith in the effectiveness of the free market led to the privatization of public assets such as housing and nationalized industries. A policy designed without meaningful stakeholder engagement may be more difficult to implement because it neither considers the needs of nor engenders buy-in and ownership from those who will implement or benefit from the policy (Klein & Knight 2005)

2.6 Summary of Literature Review

It has been observed from the literature that there is a relationship between the social beliefs and participation by Persons with Disabilities. Participation is an empowering tool to Persons with Disabilities. From the literature the different scholars like J. Norman Reid. (2000) indicates that communities with high rates of participation receive more support than communities with less participation and that they are able to achieve greater citizen satisfaction within their communities. This is very true and could directly apply if Persons with Disabilities are involved in community programming.

CHAPTER THREE

METHODOLOGY

3.0 Introduction

This chapter presents the methodology that was used in the study and consists of the following; research design, study population, sample size and selection, sampling techniques and procedure, data collection methods and instruments, validity and reliability, procedures to be used in data collection, how the data was analyzed and how the variables was measured.

3.1 Research Design

The study used a cross-sectional research design. According to Sarantakos (2005), a cross sectional research is designed by taking a cross section of it at one time. This enabled the researcher to obtain a 'snapshot' of the outcome and the characteristics associated with the population under study, at a specific point in time. Again, using a cross sectional study design, the researcher was able to estimate prevalence of an outcome of interest because samples' were taken from the whole population. In addition, cross sectional research design is also a relatively cheap method and time to conduct a study (Yin, 1991).

3.2 Study Population

The study population consisted of 244 participants including; 120 Persons with Disabilities, 4 sub-councilors for PWDs, 100 community members in Bukooma sub-county, 10 service providers in Bukooma sub-county, 2 Ministry officials at Principal Level, 03 Sub-county technical teams and 05 Non-disabled councilors in Bukooma sub-county. The population is a representational section of the different categories of people in the community, they play and influential roles in the participation of Persons with Disabilities in development programmes. The data collected from these participants was both quantitative and qualitative.

3.3 Sample Size and Selection

The researcher determined the sample size using Taro Yamane (1970) formulae, as cited in Amin, 2005). The formula is presented below;

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

Where: N is the total population size under study i.e. (244) participants from Bukooma sub-county,

“e”; is the confidence level of (95%).

“n” is the required sample for study.

When substituted;

$$\text{Sample size (n)} = \frac{244}{1 + 244 (0.05)^2}$$

$$n = 196$$

This means that a population of 244 was represented by a sample size of 196 respondents.

Table 1: Populations, Sample Size Determination, Sampling Techniques and data Collection methods.

| Respondent Categories | Target Population | Sample size | Sampling techniques |
|--|-------------------|-------------|---------------------|
| Persons with Disabilities | 120 | 92 | Simple random |
| Community members | 100 | 80 | Simple random |
| Service Providers | 10 | 10 | Purposive |
| Sub-county technical team members | 03 | 03 | Purposive |
| Councilors for PWDs | 04 | 04 | Purposive |
| Ministry of GLSD senior management officials | 02 | 02 | Purposive |
| Non-disabled councilors | 05 | 05 | Purposive |
| Total population | 244 | 196 | |

Source: *Primary Source*

3.4 Sampling Techniques and Procedure

The study used both probabilistic and non-probabilistic sampling techniques.

3.4.1 Probability Sampling Techniques.

The study used simple random sampling technique to select the following participants from Bukooma sub-county: Persons with Disabilities and members of the community. When using

random sampling, the sample units are selected by means of lottery method (Ahuja, 2011). The research chose to use this technique because it gave all elements of the targeted population an equal chance of being included in the study. Additionally, with simple random sampling technique the researcher does not need to know the true composition of the population beforehand and therefore required prior knowledge of the population.

3.4.2 Non-probability Sampling Techniques

The study employed purposive sampling technique to select key informants including; Service Providers, Non-disabled councilors, Councilors for PWDs, Ministry of GLSD senior management and Sub-county technical team members. This technique was employed on assumption that sampled members are pertinent to the research study and their availability to the researcher. Given that the samples are selected from smaller groups of key informants, the researcher needed to collect very informative data, and thus the researcher selected the sample purposively at one's own will (Sekaran, 2003).

3.5 Data Collection Methods

The study employed both qualitative and quantitative data collection methods. This enabled the researcher to describe and provide an explanation to the research phenomenon. Data collection methods employed included: Questionnaire survey, interview, Focus Group Discussion and documentary review.

3.5.1 Questionnaire Method

The questionnaire method was used to collect information from Persons with Disabilities because the target group had informed responses that the researcher benefited from.

3.5.2 Interview method

The interview was based on a carefully phrased interview schedule. Interaction with respondents generated an opportunity for on spot clarification of ideas. Using interview

method, the Interviewer controlled and can give clarification if there is a misconception. It is as well a suitable instrument for data collection for both literate and illiterate population.

3.5.3 Documentary Review

The documentary review involved reviewing literature related to the study variables. It is preferred because it is cost effective and can be readily access by the researcher.

3.5.4 Focus Group Discussion

Groups of 5-8 people selected to cover all the main groups of interest to this study. The carefully selected participants included; Non-disabled councilors, Service Providers and Community members. These helped the researcher to dissect the different information from the different groups to best inform the purpose of the study.

3.6 Data Collection Instruments

3.6.1 Questionnaire

Questionnaire is a document containing a set of questions, the answers to which are to be provided personally by the respondents (Sekaran, 2005).It is a suitable instrument for data collection for a large population. They are also easy to administer and inexpensive since costs are manageable. Questionnaire was based on the fact that variables such as views, opinions and feelings of the respondents on participation in development programmes cannot be observed.

3.6.2 Interviewing Schedule

The interview guide was used to collect data from Councilors for PWDs, Ministry of GLSD senior management and Sub-county technical teams. This method is preferred because it helped to generate detailed data especially if probing is adequately done. Interviews also guarantee an immediate feedback. An interview guide will be issued or read to the key informants for clarity of information.

3.6.3 Focus Group Discussion Checklist

This instrument was used to collect information from groups of 5-8 people selected to cover all the main groups of interest to this study. The tool helped to capture independent minds of the members of the community. The choice for this instrument was because it gave freedom the participants to express views independently. Also the tool made the researcher get firsthand information from the participants.

3.6.4 Documentary Review Checklist

This instrument was used to collect secondary data and included a documentary review checklist. Documents from Luuka District, Bukooma sub-county and Ministry of Gender Labour and Social Development with literature relevant to the research study was analyzed as secondary sources of data to supplement primary data from the survey, FGDs and interviews (Amin, 2005).

3.7 Validity and Reliability of Data

3.7.1 Validity

To be able to test and improve the validity of the questionnaire, the researcher availed the first draft of the instruments to fellow students for constructive criticism and which was later be sent to the supervisor. The researcher requested for judgment, check for clarity, relevancy and comprehensiveness of content of the data collection instrument and length of the instruments.

The researcher thereafter made the necessary adjustments in respect to the comments raised and with the supervisor's advice. After that, the researcher went ahead to calculate a content validity index (CVI) using the formula below.

$$\text{CVI} = \frac{\text{Number of items declared valid}}{\text{Total number of items}}$$

Total number of items

The CVI was 0.891 greater than 0.7, the instruments were regarded as valid necessary adjustments (Sekaran, 2003).

3.7.2 Reliability

To be able to establish the reliability of the instruments, the researcher pre-tested the tools. Using the results of the pre-test, the reliability of the instruments were computed using the Cronbach's Alpha coefficient which according to Sekaran (2003), the closer the Cronbach's coefficient is to 1, the higher internal consistency reliability; reliability coefficients lower than 0.5 are generally considered to be poor, those in the range of 0.7-0.8 are acceptable and the study obtain cronbach coefficient alpha of .921 from the instruments used.

3.8 Data Collection Procedures

The researcher got an introductory letter from the School of Management Sciences of Uganda Management Institute (UMI) to identify him to the relevant Authorities and targeted stakeholders in the study area. The letter was specific that data collected would be solely for study purposes. The letter was presented to the Chief Administrative Officer of Luuka district for permission. Upon obtaining the permission, the researcher proceeded with administering questionnaires to PWDs and other study participants.

3.9 Data Analysis

The researcher used both quantitative and qualitative approaches to analyze the data which will enable researcher to obtain relevant data for the study.

3.9.1 Quantitative Data Analysis

The quantitative data gathered was properly organized, numbered and coded then tabulated using statistical package for social scientists (SPSS-Version .21), and thereafter subjected to inferential statistical analysis techniques which includes; Pearson product-moment correlation

and regression analysis(Ahuja,2011). The choice of this method of analysis was based on the fact that the study design provides quantitative data which can easily be computed and analyzed using the SPSS computerized program for ease and friendly presentation and interpretation.

Furthermore, data was analyzed using descriptive statistics which include using both measures of central tendency and measures of dispersion. This was done on an objective basis. Both regression and correlation analysis was carried out on the data at the 5% level of significance to obtain regression and correlation coefficients (Amin, 2005).

3.9.2 Qualitative Data Analysis

Qualitative information got through the interviews was analyzed using content analysis where data was arranged into major themes according to the objectives of the study. Data was presented using the verbatim (narratives) as presented by the interviewee. The analysis involved identifying the implications, conclusions and inferences of qualitative information. Efforts were directed to cross-examine the qualitative data with the quantitative findings on their level of agreement or disagreement.

3.10 Measurement of Variables

The study variables included independent variable as social constraints to participation by Persons with Disabilities and participation development program as dependent variable. The nominal scale was used to measure such variables as gender, marital status, and terms of employment, among others. The ordinal scale was employed to measure such variables as age, level of education, among others. The five point Likert scale (5- Strongly-agree, 4- Agree, 3-Not sure, 2- Disagree and 1-Strongly disagree) were used to measure the independent and the dependent variables.

3.11 Ethical Considerations

While conducting the entire research process, it was important that ethical practices were considered to be able to produce quality work. Formal request for information was sought as a prerequisite especially in obtaining information from administration of Luuka District and the Ministry Of Labour Gender and Social Development. Confidentiality of data obtained from participants was ensured at all time. The assurance was made at all levels of data collection. And permission to continue with any research aspects was with the consent of respondents. Every work, contributions and academic research were referenced and fully acknowledged.

CHAPTER FOUR

PRESENTATION, INTERPRETATION AND ANALYSIS OF RESULTS

4.1 Introduction

The study examined the social constraints to participation by Persons with Disabilities in development programmes in their communities with specific focus to Bukooma sub-county Luuka district. The study adopted three research objectives which looked at cultural aspects, attitudinal aspects and perception in constraining participation of Persons with Disabilities in development programmes with specific focus to Bukooma sub-county Luuka district. The study presents descriptive results from questionnaire in form of mean to show the central tendency of responses in the likert scale questions. Also the study presents qualitative results from interviews, in quotations and narrative themes as per respondents' views in regard to each objective of the study.

The study also presents inferential statistics in form of correlations and regressions which show the nature of relationship between variables and the magnitude of effect the independent variables has on the dependent variable and test the hypotheses that were stated in the study. The chapter also presents the response rate, which shows the actual number of respondents that participated in the study from the anticipated number of respondents. The study also presents the background information of respondents which shows the common demographic characteristics of respondents that participated in the study.

4.2 Response rate

Table 2: Summary of study response rates

| Category | Targeted respondents | No. actually involved | Percentage of response rate |
|--|----------------------|-----------------------|-----------------------------|
| Questionnaire | | | |
| Persons with Disabilities | 92 | 85 | 76.0% |
| Community members | 80 | 73 | 91.3% |
| | 172 | 158 | |
| Interviews | | | |
| Service Providers | 10 | 7 | 70.00% |
| Sub-county technical team members | 3 | 2 | 66.6% |
| Councilors for PWDs | 4 | 2 | 50% |
| Ministry of GLSD senior management officials | 2 | 1 | 50% |
| Non-disabled councilors | 5 | 3 | 60% |
| Subtotal | 24 | 15 | |
| Total | 196 | 173 | 88.2 |

Source: Primary data

In the study a total number of 196 respondents were expected to participate in the study, only 173 respondents actually participated in the study representing a response rate of 88.2% both in questionnaires and interviews, others did not participate sighting reasons for being busy and not having time to fully participate in the study with the required answers that would help provide the required answers for the study. This response rate was well above 60-70% response rate as recommended by the Guttmacher Institute, (2006) for the results to be able to be considered satisfactory. Therefore, the study results can be relied upon for academic and non-academic purposes.

4.3 Background information

In the study, the background information of respondents was established, looking at their gender as it helped establish the majority sex of respondents that participated in the study and the level of education helped to establish whether respondents would give views that are relevant and useful to the study. The current occupations presented by PWDs helped to share their experience on whether they were participating in any development program and results are presented below.

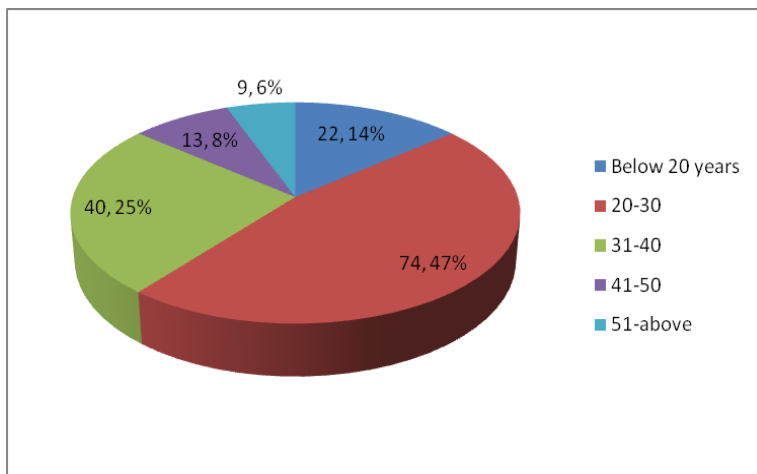
Table 3: Gender of Respondent

| | | Frequency | Valid Percent |
|-------|--------------|------------------|----------------------|
| Valid | Male | 88 | 55.7 |
| | Female | 70 | 44.3 |
| | Total | 158 | 100.0 |

Source: Primary Source

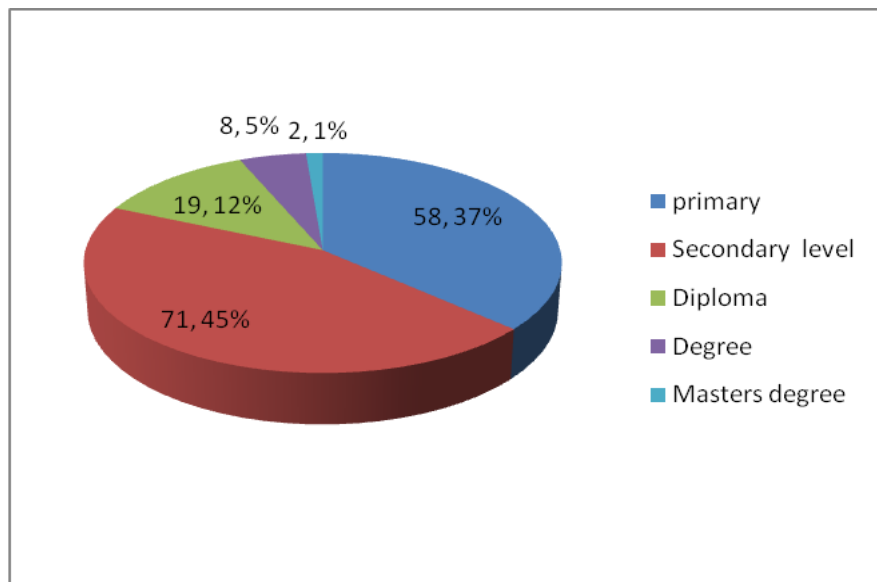
The gender of respondents was established and it was revealed that 55.7% of respondents that participated in the study were male where as 44.3% were female. The majority were male respondents who participated in this study, implying that compared to females more male involve in understanding the why persons with disability may participate in community development programs. This implies that male respondents could be playing a major role in ensuring participation of Persons with Disabilities in development activities.

Figure 1: Age of respondent



In the education level, 45% of the respondents that participated in the study had secondary level of education, 37% had primary level of education, 12% had diploma level of education 5% had bachelors’ degree level of education and 1% had masters’ degree level of education. The level of education is an important aspect that plays a vital role in making different stakeholders be able access and utilize information about persons with disability and their level of participation in community development programs and this may help seek further courses of action in effort to improve their participation.

Figure 2: Level of Education of respondent



Study finding as indicated in the figure above revealed that 14% of respondents were aged below 20years of age, 47% were aged between 20-30 years, 25% were aged between 31-40 years of age, where as 8% were aged between 41-50 years, and 6% were aged above 51 years of age. From the findings, majority respondents were above 30 years of age this implies that mature people are more likely to identify and understand the challenges of persons with disability in participating in development programs.

Table 4: Current Occupation of respondents

| | Occupation | Frequency | Valid Percent |
|-------|--|------------------|----------------------|
| Valid | Employed for wages | 19 | 12.0 |
| | Self employed | 49 | 31.0 |
| | Out of work and looking for employment | 59 | 37.3 |
| | Home maker | 23 | 14.6 |
| | Retired | 8 | 5.1 |
| | Total | | 158 |

Source: Primary Source

Study finding as indicated in the figure above revealed that 37.3% of respondents were out of work and looking for employment, 31% of the respondents were self-employed, 14.6% were home makers, where as 5.1% of the respondents that participated in the study were retired. From the findings, majority that participated in the study were not employed as others were in self-employment. The employments levels help raise the confidence of some persons with disability to participate in community development programs.

4.4 Research Question One: Analysis of cultural beliefs on participation of Persons with Disabilities in the development process in Bukooma Sub-county, Luuka District

The study analyzed how cultural beliefs influence participation of Persons with Disabilities in the development process in Bukooma Sub-county, Luuka District. The variable cultural barriers were looked at in regard to Witchcraft, curse of ancestors or bad omen and punishment from God. Respondents were engaged in answering questionnaires and interviews. Results from questionnaires were computed to obtain means that shows the average responses in each question of the likert scale and results are presented below.

Table 5: Descriptive results Cultural barriers

| | Mean | Std. Deviation | N |
|---|------|----------------|-----|
| Persons with Disabilities are a curse to their family and communities | 4.11 | .723 | 158 |
| Culturally Persons with Disabilities are not fit to be part of the society | 2.01 | .764 | 158 |
| Persons with Disabilities are a shame to their families | 2.12 | .532 | 158 |
| Persons with Disabilities are a curse to the society | 4.35 | .620 | 158 |
| It is generally perceived that Persons with Disabilities do not have rights like other members of the community | 1.23 | .766 | 158 |
| Persons with Disabilities are very difficult to live within the community | 3.91 | .653 | 158 |
| Persons with Disabilities should be hidden from the public | 4.35 | .569 | 158 |
| Disability is as a result of displeasing the gods | 4.19 | .659 | 158 |
| Persons with Disabilities are a weaker group and so cannot participate in any intervention | 4.47 | .580 | 158 |
| Families for Persons with Disabilities are a disgrace to the society | 1.31 | .595 | 158 |
| Community members should not associate with Persons with Disabilities because of their status | 1.27 | .782 | 158 |
| Valid N (list wise) | | | 158 |

Source: *Primary Source*

In the study, respondents agreed that people in society take Persons with Disabilities as a curse to their family and communities (mean=4.11) and other have a cultural perspective that disability is as a result of displeasing the gods (mean=4.19). This implies that most communities consider Persons with Disabilities as less blessing to their family and most families or communities wouldn't want to have them in their family as it considered a curse. This implies that most families and communities do not appreciate Persons with Disabilities and would hardly appreciate their participation in community development activities.

In interviews, it was revealed that in the culture some people hold a belief that disability may be as a curse in the lineage of the family in fact one of respondents reported that

“... some children inherit the curse of disability in their families, if her grandmother or father was crippled, a woman may give birth to crippled child and it stays in their family....”

This implies that some community members have a wrong belief about disability as a curse inherited from the family lineage. When the disability cannot be attributed to genetics, the parents may have opposed a taboo in the past. However, this is not the case as disability may come as the result of different aspect including biological gene factor, natural causes also encompassed various factors during pregnancy leading to the birth of a disabled child such as born with it disability due to pills for planning taken while pregnant. Maternal illnesses, such as malaria infection, during pregnancy were thought to cause congenital disability; some are born crippled due to a disease inside the womb. External causes of disease may be associated with poor health, accidents, infectious diseases, stroke and malnutrition, non-balanced diet, especially in small children, can lead to deformity. Specific diseases such as polio, measles, rickets and malaria were all listed as causative factors in physical disability. Therefore taking note of such causes society should embrace and accord equal rights to Persons with Disabilities towards participation in community development activities.

Some community members' associate disability with traditional and spiritual beliefs where they say that the family bearing a Person with Disabilities has traditional scores to settle with the spirits in fact one of the respondents reported that

“.....disability in this community is associated with witch craft, some families have spirits which they failed to meet their needs and they come back and haunt them....”

This implies that community members have negative belief that witchcraft, misfortune, and mysterious scenarios are all linked to disability. They believe witchcraft could be carried out by a family member or an acquaintance. A relative may use magic power on another relative

because of jealousy. Human or supernatural elements may lead to misfortune and disability may be human driven or spiritual when you're put in a state of misfortune, for example when fighting for land. Traditional medicine practices are also linked to disability.

In the study, it was revealed society hold a negative belief that disability is associated with super natural powers as one said that

“....when people are born naturally disabled and the cause can't be explained, it must be God's plan....”

This implies there are spiritual beliefs linked deformity and disability with causes relating to a higher being beyond human control. It can't be any other way. Spiritual beliefs also described human behaviors as precipitants of reactions from God. Disability is driven by supernatural powers. God reacts differently to people based on behaviors. However there are known and causes of disability like poor access to health care can lead to disability because people are then more likely to rely on traditional treatment, which may be unsuccessful, childhood illnesses such as measles that are left untreated, can result in disability.

In the study, it was however disagreed that culturally Persons with Disabilities are not fit to be part of the society (mean=2.01) and it was further disagreed that Persons with Disabilities are a shame to their families (mean=2.12) and it was also disagreed that Persons with Disabilities do not have rights like other members of the community (mean=1.23). This implies Persons with Disabilities are born like any other person and must live in society like any other person in society and must be appreciated by every member of society and the community. Persons with Disabilities are therefore entitled to all the rights like any other community member in the community for example participation in development programmes.

In the study, it was found out that people have cultural belief that Persons with Disabilities are very difficult to live within the community (mean=3.91) and that Persons with Disabilities should be hidden from the public (mean=4.35). This implies that there are cultural beliefs that discriminate Persons with Disabilities and treat them as not being full human being who must be accorded their own rights and fair treatment as any other community member capacitated as an able human being. This will enable them to fully participate in community development activities and programmes once such a mindset is changed.

In interviews it was elaborated that culturally, disability affects the way in which individuals with disability see themselves and the world around them. It also affects the way in which they interact with members of their family, their community, and their society and they are the basis on which societies implement policies and programmes that directly and indirectly affect their right to play meaningful roles in their communities.

One respondent explained that “....culturally it is always hard to accept disability, some people take time to accept and appreciate that their family member is a disabled person...”

It should be understood that not everyone in society will take up new ideas at the same time. There will always individuals who will accept and promote new ideas, such as the need to empower and include individuals with disability. There will also always be individuals, including many policy makers, who may be more keenly interested in maintaining a status quo. There will also be some who waver between situations, such as those who in times of calm may give lip service to and even believe in progressive process of disability in society. When faced with the need to make decisions, particularly when it comes to prioritizing scarce resources or the transfer of power from established professionals and policy makers to those

with disabilities or those who are otherwise disenfranchised, they may return to older and more dearly held belief.

In this study, it was found out that there is a cultural belief in society that Persons with Disabilities are a weaker group and so cannot participate in any intervention (mean=4.47). This implies that by virtue of disabled people being physically or biologically impaired many think they are weak and cannot perform as many other able bodied persons would. However this is a wrong belief as many disabled persons may even be strong than the many able bodied persons in performing most of the tasks.

In the study, it was strongly disagreed that families for Persons with Disabilities are a disgrace to the society (mean=1.31) and community members should not associate with Persons with Disabilities because of their status (mean=1.27). This implies that Persons with Disabilities should not be considered as disgrace to their community and must be allowed to fully participate in community development programmes at all levels in society.

4.4.1 Testing hypothesis one: Cultural beliefs significantly affect participation of PWDs in development programmes in Bukooma Sub-county, Luuka District.

To test the relationship between cultural barriers and their participation in community development programmes in Bukooma Sub-county, Luuka District. To establish this relationship a correlation analysis, was run and below are the results.

Table 6: Correlation between cultural barriers and participation in community development programmes

| Correlations | | | |
|------------------------------------|---------------------|----------|----------------------------------|
| | | cultural | Community development programmes |
| cultural | Pearson Correlation | 1 | .389** |
| | Sig. (2-tailed) | | .000 |
| | N | 158 | 158 |
| Community development participants | Pearson Correlation | .389** | 1 |
| | Sig. (2-tailed) | .000 | |
| | N | 158 | 158 |

** . Correlation is significant at the 0.01 level (2-tailed).

Source: Primary Source

Study findings, revealed that there is as reflected in the table above a positive significant relationship between cultural barriers and participation of Persons with Disabilities in community development programmes. The obtained correlation co-efficiency of .389(**) with a significance value of .000, explains the positive nature of relationship that exists between the two variables. This implies that the manner in which cultural beliefs about Persons with Disabilities are handled among the wider community significantly determines the nature and levels of participation of Persons with Disabilities in community development activities.

Regression Analysis

A single regression analysis was run between cultural barriers and participation in community development programmes and results are presented in the table below.

Table 7: Regression Analysis: cultural barriers and participation in community development

| Model Summary | | | | | | |
|---|-------------------|-----------------------------|-------------------|----------------------------|-------|------|
| Model | R | R Square | Adjusted R Square | Std. Error of the Estimate | | |
| 1 | .389 ^a | .152 | .146 | 1.43537 | | |
| a. Predictors: (Constant), cultural | | | | | | |
| Coefficients | | | | | | |
| Model | | Unstandardized Coefficients | | Standardized Coefficients | t | Sig. |
| | | B | Std. Error | Beta | | |
| 1 | (Constant) | 2.025 | .291 | | 6.967 | .000 |
| | cultural | .452 | .085 | .389 | 5.281 | .000 |
| a. Dependent Variable: participation in Community Development | | | | | | |

Source: Primary Source

In the study, the results of the regression analysis in the table above indicate that 15.2% of the overall variance in participation in community development programmes is explained by cultural barriers to Persons with Disabilities. Therefore, this implies that cultural barriers are significantly related to participation of person with disabilities in community development programmes ($\beta = .389$, $p < 0.01$). This supports hypothesis one which states that; “there is a positive significant relationship between cultural beliefs on disability and their participation in development programmes”. This means that improvement or providing solutions to cultural barriers would significantly lead to improvement in participation of Persons with Disabilities in community development activities. Therefore dealing with culture barrier in community is an important factor towards improvement of participation by Persons with Disabilities in community development programmes.

4.5 Research Question Two: Examine the influence of attitudes on the participation by Persons with Disabilities in development programmes in Bukooma Sub-county, Luuka District

The study examined the influence of attitudes on participation by Persons with Disabilities in development programmes in Bukooma Sub-county, Luuka District. Respondents were involved in answering questionnaires and interviews. In the study, questionnaires results were computed to obtain means that shows the average or central tendency responses in each question of the likert scale that were asked to respondents and results are presented below. The variable attitudes were looked at in regard to Rejection, abuse and Pity. In questionnaires, the mean were computed in each question to show the mean responses that ranged between 1-5 where; 1-2.4= disagreed, 2.5-3.4=neutral, 3.5-5=agree. In interviews, using thematic content analysis, results were analyzed according to the themes of study. From interviews, expressions and narrations that were relevant to the objectives of the study were captured and presented in their respective themes. Descriptive results are presented first and then results from interviews.

Table 8: Descriptive results on attitudinal barriers

| | Mean | Std. Deviation | N |
|---|------|----------------|-----|
| It is difficult to get Persons with Disabilities to participate in community programmes | 1.98 | .661 | 158 |
| Persons with Disabilities cannot be productive in life | 4.10 | .767 | 158 |
| Persons with Disabilities are best suited to stay at home and not participate in any activities. | 4.19 | .603 | 158 |
| Communities have a limited role in the participation of Persons with Disabilities in development programmes | 3.75 | .785 | 158 |
| Persons with Disabilities are only supposed to be provided for and should not engage in any development activities | 3.92 | .848 | 158 |
| Persons with Disabilities most of the time are not interested in participating in development programmes | 1.16 | .797 | 158 |
| Existing programmes do not cater for participation of Persons with Disabilities | 4.67 | .847 | 158 |
| Persons with Disabilities are not entitled to any information relating to development programmes | 1.71 | .959 | 158 |
| Persons with Disabilities should have their programmes designed separately from that of the general community | 4.10 | .799 | 158 |
| Government authorities have done enough to support participation of Persons with Disabilities in community development programmes | 1.32 | .807 | 158 |
| Valid N (list wise) | | | 158 |

Source: *Primary Source*

In the study when respondents were asked about their attitude towards participation of Persons with Disabilities in development programmes it was strongly disagreed that it is difficult to get Persons with Disabilities to participate in community programmes (mean=1.98) and it was also disagreed that Persons with Disabilities most of the time are not interested in participating in development programmes (mean=1.16). This implies that Persons with Disabilities are always willing and ready to participate in community development programmes. Attitude negative attitude held towards Persons with Disabilities may be a mere attitude aspect that must be corrected to allow effective and full participation of all Persons with Disabilities to participate in community development activities.

Society hold different attitudes towards the PWDs from not being able to help themselves to requiring a lot of attention in real life situation in fact one of the respondents reported that

“....disabled people are ‘needy’ almost in everything, they need a lot of attention almost in everything and this, when you are a care taker you must give them a lot of attention....”

This implies that community members have a negative attitude towards disability as persons who cannot do everything for themselves at all levels. Participants described visible physical limitations and indicated that people with disabilities require support and have less access to health care facilities and transportation. They also reported reduced function and participation. Disabled persons were described as having fewer opportunities, particularly employment opportunities, and some were described as having different character traits, such as being shy or easily angered. Disability was felt to have an impact on the family, particularly in relation to birth order which is important in some societies as when the first born is a disability the second born may be a disability also.

In interviews it was revealed that Persons with Disabilities are subjected to various forms of abuse as the result of negative attitude from the community. In fact one of the respondents explained that

“....Persons with Disabilities are susceptible to a number of abuses that range from physical, verbal...just because they have disability or impairment from the persons they are always around with”

This implies that the perpetrators generally known to the person and, in most cases, involved family members. It is important to note that these individuals often serve as major caregivers for Persons with Disabilities, shouldering significant amounts of responsibility for providing care. While this situation can be understood in terms of the stress this often produces, it

should not, however, serve as an excuse for abuse. Persons with Disabilities face abusive caregivers who are excused because of the stress they experience as caregivers. Such a situation may limit their participation in community development projects. This is in line with Sobsey et al., (2005) who assert that one important manifestation of the marginalization of Persons with Disabilities can be seen in the rate of abuse directed at them. Research on abuse traditionally defined as physical, emotional, sexual and financial abuse and neglect has documented that people with disabilities experience rates much higher than the rate for people without disabilities (Crosse et al., 2003; Sobsey et al., 2005). While abuse in the literature is defined by researchers and providers as physical, sexual, emotional, and financial abuse and neglect, there are very few studies which focus on how people with disabilities actually define abuse.

In the study, it was agreed that Persons with Disabilities cannot be productive in life (mean=4.10). This implies that there is a negative attitude towards Persons with Disabilities that they cannot not be productive even when they have the opportunity, in actual sense Persons with Disabilities can effectively participate in any development activity with productive levels competitive to others.

People with disabilities experience marginalization. While people with disabilities are at risk of emotional, physical, sexual and financial abuse, they are likely to be ignored by family, disability and violence-related support systems when they report abuse. Their marginalization may create a self-destructive sense of detachment from society and its norms.

This finding is in line with Oliver, (2006) who assert that in a stratified society characterized by inequality, certain groups experience marginalization. Marginalization refers to the unequal distribution of resources and power which produces conflict between groups, leaving some more vulnerable to abuse than others. Persons with Disabilities are one such group

(Campbell and Oliver, 2006). They are marginalized socially, economically and politically and frequently are treated as a subordinate group within society. Individually and collectively they are denied full participation in society. Their marginalization places them at a serious disadvantage within the community. People with disabilities experience conflict in a variety of forms, including problems of physical accessibility, lack of employment opportunities and lower salaries, and problems accessing health care.

There is a negative attitude that Persons with Disabilities are considered less productive and thus subjecting them to stigma. One respondent explained that

“....Persons with Disabilities are considered as persons who are less productive in any community development activity... they are faced with a lot of stigma and discrimination when it comes to allocation of tasks....”

Therefore this implies that Persons with Disabilities are susceptible to stigma and discrimination that may not allow them to fully participate in community development activities. Stigma comes in form of adverse reaction to the perception of a negatively evaluated difference. Therefore stigma presents problems of knowledge or ignorance, problems of attitudes or prejudice, and problems of behavior discrimination. It was explained that stigmatized people with physical impairment experience can have negative effects including psychological stress, depression, fear, participation restrictions. Therefore it is necessary to understand the attitudes that able-bodied people hold towards people with a physical disability that largely contribute to their low participation in community development activities.

In the study, it was revealed that community members have a negative attitude that Persons with Disabilities are best suited to stay at home and not participate in any development activities (mean=4.19) and it was also agreed that Persons with Disabilities are only supposed

to be provided for and should not engage in any development activities (mean=3.92) and also that communities have a limited role in the participation of Persons with Disabilities in development programmes (mean=3.75). This implies that community members have a negative attitude towards Persons with Disabilities participating in development programmes. Many believe that Persons with Disabilities are only supposed to be provided for and not participate in any community development programmes. This is wrong and community members have a bigger role to play in ensuring that Persons with Disabilities can fully participate in all community development activities.

In the study, it was agreed that some existing programmes do not cater for participation of Persons with Disabilities (mean=4.67) and that Persons with Disabilities should have their programmes designed separately from that of the general community (mean=4.10). This implies that most community development programmes do not cater for needs of the Persons with Disabilities when designing such programmes. This deliberately minimizes the full participation of such persons in such programmes and this largely deprives them chance to fully utilize the benefits of such programmes. This therefore implies that to have effective participation some programmes should involve Persons with Disabilities when designing such programmes to have their effective participation.

In the study, it was however disagreed that Persons with Disabilities are not entitled to any information relating to development programmes (mean=1.71) and that government authorities have not done enough to support participation of Persons with Disabilities in community development programmes (mean=1.32). This implies that information on community development programmes is therefore for all to access though government has not yet done enough to enhance their participation in community development activities.

4.5.1 Testing hypothesis two: Attitudes on disability significantly influence participation of PWDs in development programmes.

Results from a correlation analysis between attitudes and participation of Persons with Disabilities in community development programmes were obtained and are presented in the table below.

Table 9: Correlation between attitudes barriers and participation of Persons with Disabilities in community development programmes.

| Correlations | | | |
|--|---------------------|----------------------------------|-----------|
| | | Community development programmes | Attitudes |
| Community development programmes | Pearson Correlation | 1 | .677** |
| | Sig. (2-tailed) | | .000 |
| | N | 158 | 158 |
| attitudes | Pearson Correlation | .677** | 1 |
| | Sig. (2-tailed) | .000 | |
| | N | 158 | 158 |
| **. Correlation is significant at the 0.01 level (2-tailed). | | | |

Source: Primary Source

Results in the table above show a positive significant relationship between attitudinal barriers and participation by Persons with Disabilities in community development programmes. The correlation coefficient of .677 (**) with a significance value of .000 was obtained to explain the nature of the relationship that exist between the two variables. This implies that in a situation where the attitudinal barriers towards participation of Persons with Disabilities in community development programmes are effectively managed within the community, where all community members consider Persons with Disabilities as able bodied persons there will be a significant improvement in the overall participation of Persons with Disabilities in community development programmes.

Regression analysis

A single regression analysis was run between attitudinal barriers and participation of Persons with Disabilities in community development programmes and results are presented in the table below.

Table 10: Single Regression model attitude barriers and participation of Persons with Disabilities in community development programmes

| Model Summary | | | | | | |
|--|-------------------|-----------------------------|-------------------|----------------------------|--------|------|
| Model | R | R Square | Adjusted R Square | Std. Error of the Estimate | | |
| 1 | .677 ^a | .459 | .455 | 1.14649 | | |
| a. Predictors: (Constant), attitudes | | | | | | |
| Coefficients ^a | | | | | | |
| Model | | Unstandardized Coefficients | | Standardized Coefficients | t | Sig. |
| | | B | Std. Error | Beta | | |
| 1 | (Constant) | .233 | .293 | | .795 | .428 |
| | attitudes | 2.100 | .183 | .677 | 11.499 | .000 |
| a. Dependent Variable: Participation in Community Development Programmes | | | | | | |

Source: Primary Source

In the study, results of the regression analysis in the table above indicate that the coefficient of determination $R^2=0.459$ which shows that 45.9% variation participation of Persons with Disabilities in community development programmes is explained by changes in attitudinal barriers. This implies that any changes in attitudinal barriers would lead to 45.9% chance improvement in participation of Persons with Disabilities in community development programmes. The results also show that attitude barriers are significantly related to participation of Persons with Disabilities in community development programmes ($\beta=0.677$, $p<0.01$). This supports hypothesis two which stated that “attitudes on disability significantly influence their participation in development programmes”. This means that improvement in

attitudinal barriers is significantly and positively associated with improved participation of Persons with Disabilities in community development programmes.

4.6 Research Question Three: Examine the influence of perception of disability on the participation of Persons with Disabilities in development programmes in Bukooma Sub-county, Luuka District

The study examined the influence of perceptions on the participation of Persons with Disabilities in development programmes in Bukooma Sub-county, Luuka District. Respondents were involved in answering questionnaires and interviews. Results from questionnaires were obtained and are triangulated with results from interviews and findings are presented below. Results from questionnaires were computed to obtain means that shows the average responses in each question of the likert scale and results are also presented below.

Table 11: Descriptive results on perception in participating of Persons with Disabilities in development programmes in Bukooma Sub-county, Luuka District

| | Mean | Std. Deviation | N |
|---|------|----------------|-----|
| Even when Persons with disabilities are allowed to participate, they have no single value to add to the development process | 4.05 | .469 | 158 |
| Persons with disabilities cannot participate in development programmes at the same level with others | 4.50 | .940 | 158 |
| Participation of Persons with disabilities in development programmes is a waste of time and money | 3.85 | .693 | 158 |
| Family breakups are responsible for non-participation of Persons with disabilities | 3.19 | .503 | 158 |
| Persons with disabilities have limited decision making due to violence caused in the community | 1.38 | .631 | 158 |
| Persons with disabilities are more susceptible to violence in any given community | 4.51 | .600 | 158 |
| Persons with disabilities cannot handle hard tasks | 4.13 | .516 | 158 |
| Persons with disabilities do not have the capability to deal with tasks effectively | 3.66 | .540 | 158 |
| Persons with disabilities do not have the intellectual capacity to deal with work | 1.23 | .537 | 158 |
| Persons with disabilities are considered slow in executing work | 2.80 | .638 | 158 |
| Valid N (list wise) | | | 158 |

Source: *Primary Source*

In the study it was agreed that there is a negative perception among the Persons with Disabilities as they are not allowed to participate, they have no single value to add to the development process (mean=4.05) and that Persons with Disabilities cannot participate in development programmes at the same level with others (mean=4.50). This implies that majority community members have negative perception towards Persons with Disabilities in participating in community development programmes in terms of adding value to the process since it is negatively perceived that given their disability status they cannot effectively participate at the same level with able persons in the community development process.

In the study it was found out that community members have a negative perception that participation of Persons with Disabilities in development programmes is a waste of time and money (mean=3.85) it was also agreed that there is a negative perception that Persons with Disabilities are considered slow in executing work (mean=3.80). This implies that some community members have a negative perception on Persons with Disabilities that involving them in development activities may be a waste of time as they are perceived slow in conducting their activities to participate in community development activities.

In interviews, it was found out that society hold negative perception towards Persons with Disabilities in terms of their capacity to perform as expected in fact one of the respondents reported that

“....some of disabled persons are considered weak to effectively handle tasks given to them...”

This implies that Persons with Disabilities are considered weak and with inability to handle tasks that are considered difficult in community development activities. This may not be the

case since some disabled persons may perform better than others in such activities in community development activities.

In the study, it was agreed that there is a negative perception towards Persons with Disabilities and that they cannot handle hard tasks (mean=4.13) and that Persons with Disabilities do not have the capability to deal with tasks effectively (mean=3.66) and that Persons with Disabilities do not have the intellectual capacity to deal with work (mean=3.23). Therefore community members have negative perception that Persons with Disabilities do not have the capacity to handle hard tasks and are slow in handling different tasks. This is largely a wrong perception since Persons with Disabilities can effectively handle all community development programmes effectively and efficiently.

It was also revealed that society has wrong perception on Persons with Disabilities that they are inferior in most of the activities. One respondent reported that

“....they lack confidence in most of the things they do, as they always receive sympathy from people and this largely affects their performance in the long run...hence cannot effectively be involved in community development programmes...”

This implies that Persons with Disabilities are considered with less capacity to deal with hard work. Persons with Disabilities are shy and easily angered, which coincides with the previously described difficulty in interacting with others. This limits their participation in community development work. Social participation has been linked to quality of life of older persons living with physical disability in the community. Interpersonal relationships, responsibilities, fitness and recreation have all been associated with increased quality of life, and social roles relate more with quality of life which Persons with Disabilities may be deprived of in daily activities. Facilitating similar roles and activities in people with

disabilities may lead to improved quality of life for community members with disability. As a result, awareness of the capabilities and limitations of people with disabilities may help community members to provide a more enabling environment.

One of the respondents explained that in fact, *“people with disabilities can do some things that nondisabled people cannot do, bringing their experience and focus to key aspects of a task.”* Individuals with disabilities are able to bring work ethic skills to complete an assignment or project, allowing them to make a contribution to society. For some people, having a disability helps them learn to advocate for themselves. Some might say that being nice to people with disabilities is not necessarily treating them the same as the general population as everybody else. However, disabled people want their community to know who they are and not to sympathize with them.

In the study, participants were not sure whether family breakups are responsible for non-participation of Persons with Disabilities (mean=3.19) and others strongly disagreed that Persons with Disabilities have limited decision making due to violence caused in the community (mean=1.38) and agreed that Persons with Disabilities are more susceptible to violence in any given community (mean=4.51). This implies that Persons with Disabilities are more likely to face challenges of violence when undertaking community development activities and this may hinder their participation in community development activities.

4.6.1 Testing hypothesis Three: perception on disability significantly influence participation of Persons with Disabilities in development program.

Results from a correlation analysis between perception barriers and participation of Persons with Disabilities in community development programmes as presented in the table below.

Table 12: Correlation between perception barriers and participation of Persons with Disabilities in community development programmes

| Correlations | | | |
|----------------------------------|---------------------|------------|----------------------------------|
| | | Perception | Community development programmes |
| perceptions | Pearson Correlation | 1 | .513** |
| | Sig. (2-tailed) | | .000 |
| | N | 158 | 158 |
| Community development programmes | Pearson Correlation | .513** | 1 |
| | Sig. (2-tailed) | .000 | |
| | N | 158 | 158 |

** . Correlation is significant at the 0.01 level (2-tailed).

Source: *Primary Source*

In the study, as indicated in the table above there is a positive significant relationship between perception barriers and participation of Persons with Disabilities in community development programmes. The obtained correlation co-efficiency of .513 with a significance value of .000, explains the positive nature of relationship that exists between perception barriers and participation of Persons with Disabilities in community development programmes. This implies that in a situation where perception barriers are effectively managed then there is more likelihood that participation of Persons with Disabilities in community development programmes will increase.

Regression analysis

A single regression analysis was run between perception barriers and participation of Persons with Disabilities in community development programmes and results are presented in the table below.

Table 13: Regression Analysis: barriers and participation of Persons with Disabilities in community development programmes

| Model Summary | | | | | | |
|---|-------------------|-----------------------------|-------------------|----------------------------|-------|------|
| Model | R | R Square | Adjusted R Square | Std. Error of the Estimate | | |
| 1 | .513 ^a | .263 | .258 | 1.33813 | | |
| a. Predictors: (Constant), perceptions | | | | | | |
| Coefficients ^a | | | | | | |
| Model | | Unstandardized Coefficients | | Standardized Coefficients | t | Sig. |
| | | B | Std. Error | Beta | | |
| 1 | (Constant) | 1.629 | .265 | | 6.151 | .000 |
| | perceptions | .529 | .071 | .513 | 7.456 | .000 |
| a. Dependent Variable: Community development programmes | | | | | | |

Source: *Primary Source*

In the study, the regression analysis was carried out and as indicated in the table above, the regression analysis presents a coefficient of determination $R^2=0.263$ which shows that 26.3% of the variation is explained by changes in barriers to perception. This implies that any improvements in perception barriers would lead to 26.3% chance improvement in the participation of Persons with Disabilities in community development programmes. The results also show that perception barriers are significantly related to participation of Persons with Disabilities in community development programmes ($\beta =0.513$, $p<0.01$). This supports hypothesis three which stated that “perception on disability significantly influence participation of Persons with Disabilities in development program”.

CHAPTER FIVE

SUMMARY, DISCUSSIONS, CONCLUSIONS AND RECOMMENDATIONS

5.1 Introduction

The study examined social constraints to participation by Persons with Disabilities in development programmes in their communities with specific focus to Bukooma sub-county Luuka district. The study specifically looked at cultural barriers, attitudinal barriers and perception barriers and how they influence participation by Persons with Disabilities in development programmes in their communities with specific focus to Bukooma sub-county Luuka district. This chapter presents the summary, discussion, conclusions, and recommendations of the study and these are presented according to the findings of the study in respect to each objectives of the study.

5.2 Summary of Findings

The study analyzed social constraints that affect participation of Persons with Disabilities in development programmes in their communities with specific focus to Bukooma sub-county Luuka district. A cross sectional survey design was adopted to carry out the research with both qualitative and quantitative approaches. An analysis was done on cultural barriers, attitude barriers and perception barriers constrain participation of Persons with Disabilities in development programmes in their communities with specific focus to Bukooma sub-county Luuka district.

In objective one; there was a positive significant effect between cultural barriers and participation by Persons with Disabilities in development programmes in their communities in Bukooma sub-county Luuka district ($r=0.389$, $p=0.000$) with a regression R^2 of .152. This implies that in the effective management of cultural barriers there would be 15.2% chance improvement in participation by Persons with Disabilities in development programmes in Bukooma sub-county Luuka district.

In objective 2; there was a positive significant effect between attitude barriers ($r=.677$, $p=0.000$) and participation by Persons with Disabilities in development programmes in their communities with a regression R^2 of .459. This implies that in a situation where there is effective management of attitude barriers then there is 46% chance improvement in participation by Persons with Disabilities in development programmes in Bukooma sub-county Luuka district.

In objective 3: Findings revealed a positive significant effect between perception barriers ($r=0.513$, $p=0.000$) and regression R^2 of .263. This implies that improvement in perception barriers is significantly and positively associated with improved participation by Persons with Disabilities in development programmes in their communities with specific focus to Bukooma sub-county Luuka district.

5.3 Discussion of Findings

The findings are discussed according to the objectives of the study and details are presented below.

5.3.1 To analyze the influence of cultural beliefs on participation of Persons with Disabilities in the development process in Bukooma Sub-county, Luuka District

Study findings revealed a positive significant effect between cultural barriers and participation of Persons with Disabilities in community development programmes. This means that the manner in which cultural beliefs are held about Persons with Disabilities among the wider community significantly determine the nature and levels of participation of Persons with Disabilities in community development activities. This finding is in line with Groce (2005) who assert that cultural beliefs can have both positive and negative views of disability. In addition, people from some cultural background can simultaneously hold cultural folk beliefs as well as biological beliefs about disability. Cultures that hold positive

views regarding disabilities are likely to display more positive attitudes towards universal principles to disability than those that hold negative views regarding disability. At the same time, Groce (2005) notes that cross-cultural issues in the disability arena should keep in mind that socially constructed concepts and beliefs about disability are constantly changing.

Findings also indicated that improvement or providing solutions to cultural barriers would significantly lead to improvement in participation of Persons with Disabilities in community development activities. Therefore dealing with culture barrier in community is an important factor towards improvement of participation by Persons with Disabilities in community development programmes. This finding is in line with Kabzems and Chimedza, (2012) who assert that Persons with Disabilities in a family are not taken in good faith some are considered to be a bad omen to the family. Even though legislations have been put in place to uphold the right of every disabled person in society, Persons with Disabilities remain excluded. It is quite regrettable that discrimination in the lines of disability remains all too prevalent inspite of the fact that discriminatory practices are illegal. Unfortunately, the legal instruments fail to protect people with disabilities from discrimination and to enhance access and their participation in all forms of employment and social activities

Most communities consider Persons with Disabilities as less blessing to their family and most families or communities wouldn't want to have them in their family as it considered a curse. This implies that most families and communities do not appreciate Persons with Disabilities and would hardly appreciate their participation in community development activities. This implies that some community members have a wrong belief about disability as a curse inherited from the family lineage. When the disability cannot be attributed to genetics, the parents may have opposed a taboo in the past. However, this is not the case as disability may come as the result of different aspect including biological gene factor, natural causes also

encompassed various factors during pregnancy leading to the birth of a disabled child such as born with disability due to pills for planning taken while pregnant. Maternal illnesses, such as malaria infection, during pregnancy were thought to cause congenital disability; some are born crippled due to a disease inside the womb. External causes of disease may be associated with poor health, infectious diseases, stroke and malnutrition. A non-balanced diet, especially in small children, can lead to deformity. Specific diseases such as polio, measles, rickets and malaria were all listed as causative factors in physical disability. Therefore taking note of such causes society should embrace and accord equal rights to Persons with Disabilities towards their participation in community development activities.

Some community members associate disability with traditional and spiritual beliefs where they say that the family bearing a Person with Disabilities has traditional scores to settle with the spirits. This implies that community members have negative belief that tend to associate disability with witchcraft, misfortune, and mysterious scenarios are all linked to disability. They believe witchcraft could be carried out by a family member or an acquaintance. A relative may use magic power on another relative because of jealousy. Human or supernatural elements may lead to misfortune or disability and may be human driven or spiritual when you're put in a state of misfortune, for example when fighting for land. Traditional medicine practices are also linked to disability. This is in line with UNICEF's report (2011) which explains that consequent to cultural beliefs, society reacts with horror, fear, anxiety, and distaste, hostile towards people with disabilities. This usually leads to isolation, discrimination and prejudice against some of them. A result of such reactions can lead people with disabilities to the reaction that if they continually receive negative and disheartening responses from the people of their own community, they eventually give up work and other development activities

Society hold negative beliefs that disability is associated with super natural powers. This implies there are spiritual beliefs linked to deformity and disability with causes relating to a higher being beyond human control. It can't be any other way. Spiritual beliefs also described human behaviors as precipitants of reactions from God. Disability is driven by supernatural powers. God reacts differently to people based on behaviors. However there are known and causes of disability like poor access to health care can lead to disability because people are then more likely to rely on traditional treatment, which may be unsuccessful, childhood illnesses such as measles that are left untreated, can result in disability. This finding is in line with UNICEF (2011) report that in Zimbabwe, some cultures hold negative beliefs on the causes of disabilities and take disability to be associated with witchcraft, promiscuity by the mother during pregnancy, punishment by ancestral spirits or evil spirits or even by God. It is difficult to change established mind-sets around cultural traditional notions like such.

Culturally, disability affects the way in which individuals with disability see themselves and the world around them. They affect the way in which people view their world, such as members of their family, their community, and their society, interact with them, and they are the basis on which societies implement policies and programmes that directly and indirectly affect their right to play meaningful roles in their communities. Finally it must be understood that not everyone in a society will take up new ideas at the same time. There will always be individuals who will accept and promote new ideas, such as the need to empower and include individuals with disabilities. There will also always be individuals, including many policy makers, who may be more keenly interested in maintaining a status quo. There will also be some who waver between situations, such as those who in times of calm may give lip service to and even believe in progressive process of disability in society. When faced with the need to make decisions, particularly when it comes to prioritizing scarce resources or the transfer

of power from established professionals and policy makers to those with disability or those who are otherwise disenfranchised, they may return to older and more dearly held belief.

5.3.2 To examine the influence of attitudes on the participation by Persons with Disabilities in development programmes in Bukooma Sub-county, Luuka District

Study findings, revealed a positive significant relationship between attitudinal barriers and participation of Persons with Disabilities in community development programmes. In a situation where the attitude barriers towards participation of Persons with Disabilities in community development programmes community are effectively managed within the community, where all community members consider Persons with Disabilities as able bodied persons there will be a significant improvement in the overall participation of Persons with Disabilities in community development programmes. This finding is in line with Funk M, et al (2010) who asserts that attitudes and behavior often lead to the exclusion of disabled persons from social and cultural life. People tend to avoid contact and personal relationships with disabled persons. People with disabilities have historically been marginalized from mainstream society by longstanding prejudicial beliefs about their right to full citizenship and their ability to contribute meaningfully to decisions that have an impact on their lives. These situations have led to attitudinal barriers such as; inferiority, pity, hero worship, ignorance, the spread effect, stereotypes, backlash, denial and fear.

Changes in attitude barriers would lead to chance improvement in participation of Persons with Disabilities in community development programmes. This means that improvement in attitude barriers is significantly and positively associated with improved participation of Persons with Disabilities in community development programmes. This is in line with Hanafin et al (2007) who assert that community has negative attitude towards disabled peoples as not having the ability and flexibility to access some areas of work and so they are

judged as not having the ability to handle work. Also the physically disabled people experience harder times from the infrastructure and the physical environment.

Community members have negative attitude towards disability as persons who cannot do everything for themselves at all levels. Participants described visible physical limitations and indicated that people with disabilities require support and have less access to health care facilities and transportation. They also reported reduced function and participation. Disabled persons were described as having fewer opportunities, particularly employment opportunities, and some were described as having different character traits, such as being shy or easily angered. Disability was felt to have an impact on the family, particularly in relation to birth order which is important in some societies as when the first born is with a disability then the second born would be predicted to be a disabled also.

Persons with Disabilities are subjected to various forms of abuse as the result of negative attitude from the community. This implies that the perpetrators generally known to the person and, in most cases, involved family members. It is important to note that these individuals often serve as major caregivers for Persons with Disabilities, shouldering significant amounts of responsibility for providing care. While this situation can be understood in terms of the stress it often produces, it should not, however, serve as an excuse for abuse. Persons with Disabilities face abusive caregivers who are excused because of the stress they experience as caregivers. Such a situation may limit their participation in community development projects. This is in line with Sobsey et al., (2005) who assert that one important manifestation of the marginalization of Persons with Disabilities can be seen in the rate of abuse directed at people with disabilities. Research on abuse traditionally defined as physical, emotional, sexual and financial abuse and neglect has documented that people with disabilities experience rates much higher than the rate for people without disabilities (Crosse et al., 2003;

Sobsey et al., 2005). While abuse in the literature is defined by researchers and providers as physical, sexual, emotional, and financial abuse and neglect, there are very few studies which focus on how people with disabilities actually define abuse.

People with Disabilities experience marginalization. While people with disabilities are at risk of emotional, physical, sexual and financial abuse, they are likely to be ignored by family, disability and violence-related support systems when they do report abuse. Their marginalization may create a self-destructive sense of detachment from society and its norms. This finding is in line with Oliver, (2006) who assert that in a stratified society characterized by inequality, certain groups experience marginalization. Marginalization refers to the unequal distribution of resources and power which produces conflict between groups, leaving some more vulnerable to abuse than others. Persons with Disabilities are one such group (Campbell and Oliver, 2006). They are marginalized socially, economically and politically and frequently are treated as a subordinate group within society. Individually and collectively they are denied full participation in society. Their marginalization places them at a serious disadvantage within the community. People with disabilities experience conflict in a variety of forms, including problems of physical accessibility, lack of employment opportunities and lower salaries, and problems accessing health care.

Persons with Disabilities are susceptible to stigma and discrimination that may not allow them to fully participate in community development activities. Stigma comes in form of adverse reaction to the perception of a negatively evaluated difference. Therefore stigma presents problems of knowledge or ignorance, problems of attitudes or prejudice, and problems of behavior which discrimination. It was explained that stigmatized people with physical disabilities experience can have negative effects including psychological stress, depression, fear, participation restrictions. Therefore it is necessary to understand the

attitudes that able-bodied people hold towards people with a physical disability that largely contribute to their low participation in community development activities.

Many community members believe that Persons with Disabilities are only supposed to be provided for and not participate in any community development programmes. This is wrong and community members have a bigger role to play in ensuring that Persons with Disabilities can fully participate in all community development activities. This is in line with Barton (2003) asserts that Negative attitudes as the result of social oppression may give rise to institutional discrimination at work. This is in line with access and opportunities to work, housing, education, transport, leisure and support services. Thus, the issues go far beyond the notion that the problem is one of individual disability attitudes. These are not free floating but are both set within and structured by specific, historical, material conditions and social relations.

Community development programmes do not cater for needs of the Persons with Disabilities when designing such programmes. This deliberately minimizes the full participation of such persons in such programmes and this largely deprives them chance to fully utilize the benefits of such programmes. This therefore implies that to have effective participation some programmes should involve such Persons with Disabilities when designing such programmes to have their effective participation.

5.3.3 Examine the influence of perception of disability on the participation of Persons with Disabilities in development programmes in Bukooma Sub-county, Luuka District

Findings revealed a positive significant relationship between perception barriers and participation of Persons with Disabilities in community development programmes. This means that in a situation where perception barriers are effectively managed then there is more likelihood that participation of Persons with Disabilities in community development

programmes will increase. This is related to Oliver (2003) who asserts that perception on social structuring of disability is founded upon two concepts, the mode of production and the central core values, or ideology that is present within any given society. Both interact and determine how disabled people are perceived within their local contemporary societies. The former is understood to refer to the type of economy and its constituent productive units, as well as the manner in which production is. The latter concept refers to the basic values upon which a society is premised, which could be based upon religion, science and medicine.

From the findings, improved perception of the barriers would lead to chance improvement in the participation of Persons with Disabilities in community development programmes. These findings are in line with Oliver (2003) who explains that different perceptual ideological premises have profound implications for the explanation of disability. In some societies, the presence of impairment may not be perceived by society in pejorative terms, as it has been seen as a sign of being chosen.

Majority community members have negative perception towards Persons with Disabilities in participating in community development programmes in terms of adding value to the process since it is negatively perceived that given their disability status they cannot effectively participate at the same level with able persons in community development process. This is related to Safilios (2005) who states that through times discriminatory perceptions against the sick and disabled have varied greatly from countries. They have ranged from complete rejection and ostracism to semi deification and according of special privileges and humors.

Society holds negative perception towards Persons with Disabilities in terms of their capacity to perform as expected. Implying that Persons with Disabilities are considered weak and with inability to handle tasks that are considered difficult in community development activities.

This may not be the case since some disabled persons may perform better than others in such activities in community development activities.

Persons with Disabilities are considered with less capacity to deal with hard work. Persons with Disabilities are shy and easily angered, which coincides with the previously described difficulty in interacting with others. This limits their participation in community development work. Social participation has been linked to quality of life of older persons living with physical disability in the community. Interpersonal relationships, responsibilities, fitness and recreation have all been associated with increased quality of life, and social roles relate more with quality of life which Persons with Disabilities may be deprived of in daily activities. Facilitating similar roles and activities in People with Disabilities may lead to improved quality of life for community members with disability. As a result, awareness of the capabilities and limitations of People with Disabilities may help community members to provide a more enabling environment.

One of the respondents explained that in fact, people with disabilities can do some things that nondisabled people cannot do, bringing their experience and focus to key aspects of a task. Individuals with disabilities are able to bring work ethic skills to complete an assignment or project, allowing them to make a contribution to society. For some people, having a disability helps them learn to advocate for themselves. Some might say that being nice to people with disabilities is not necessarily treating them the same as the general population as everybody else. However, disabled people want their community to know who they are and what they are in position to do.

5.4 Conclusions

From the findings of the study, the following conclusions for each objective were reached as presented below.

5.4.1 Analyze the influence of cultural beliefs on participation of Persons with Disabilities in the development process in Bukooma Sub-county, Luuka District.

There are negative cultural beliefs on persons with disability in the community and this affects their participation in community development activities. There are cultural beliefs in society that take Persons with Disabilities as a curse to their family and communities and a perspective that disability is as a result of displeasing the gods. Such cultural beliefs render Persons with Disabilities being culturally discriminated in society as not being fully accepted and appreciated by society as fully able persons to participate in any community development activity or program

The negative cultural beliefs affect the confidence of persons with disability to participate in community development activities. There are cultural beliefs where Persons with Disabilities are considered a disgrace to the society members as outcasts to the community. This renders such members to be marginalized and sidelined by fellow community members especially on their participation in community development activities.

5.4.2 Examine the influence of attitudes on the participation by Persons with Disabilities in development programmes in Bukooma Sub-county, Luuka District.

The negative attitudes affect persons with disability's' efforts to participate in community development activities. In society, there is a negative attitude that Persons with Disabilities cannot be productive and that Persons with Disabilities are best suited to stay at home and not participate in any development activities. Because Persons with Disabilities may have physical impairments society consider them unfit to participate in community development

activities with the attitude that they are less productive, which is far from the reality given some Persons with Disabilities are more productive than some able bodied persons.

There is tendency to neglect the needs of persons with disability in the community. Some existing community development programmes do not cater for participation of Persons with Disabilities and government authorities have done enough to support participation of Persons with Disabilities in community development programmes. Many community development programmes do not put into consideration the different aspects that may allow Persons with Disabilities to effectively participate in community development activities.

5.4.3 Examine the influence of perception of disability on the participation of Persons with Disabilities in development programmes in Bukooma Sub-county, Luuka District.

Persons with disability tend to be minimized in society, this is reflected in the fact that community members have negative perception towards Persons with Disabilities that they do not have the capacity to handle hard tasks and are slow in handling different tasks in community development activities and therefore should not be involved in development programmes. This is a negative perception that significantly constrains the participation of Persons with Disabilities in community activities in the community. Their participation is considered a waste of time and money given the nature of their disability and are perceived being incapacitated to perform like their able bodied community counterparts. This is a wrong perception on Persons with Disabilities as their participation can be as effective as that of any other community member in society.

5.5 Recommendations

From the findings of the study, the following recommendations were made.

5.5.1 Analyze cultural beliefs in participation of Persons with Disabilities in the development process in Bukooma Sub-county, Luuka District.

There is need for NGOs operating in study area especially those addressing issues of disability to sensitize community members against cultural prejudice that Persons with Disabilities are a curse to their family and communities and a perspective that disability is as a result of displeasing the gods. This can be done by all NGOs in this field forming alliance for massive community sensitization to correct this kind of thinking among the community members. This will allow Persons with Disabilities to be effectively and fully involved in community development programmes.

The local community leadership including churches, local government authorities should engage community members and enlighten them on the plight of Persons with Disabilities and how effective they are in implementing community development programmes and help clear the cultural belief that Persons with Disabilities are considered a disgrace to the society members as outcasts to the community. This may be done during church proceeding or local community meeting conducted by local leaders at community level. This will help to clear the wrong cultural beliefs held against Persons with Disabilities to participate in community development activities.

5.5.2 Influence of attitudes on participation by Persons with Disabilities in development programmes in Bukooma Sub-county, Luuka District.

The community development program implementation teams should endeavor to prioritize involving Persons with Disabilities in community development programmes to clear the negative attitude that Persons with Disabilities cannot be productive and that Persons with

Disabilities are best suited to stay at home and not participate in any development activities. This will make most community members to gain confidence in their ability to fully and effectively participate in community development programmes. This can be done for both government and NGOs that operate in such communities with Persons with Disabilities.

There is need to involve Persons with Disabilities directly at the planning process of development activities such that issues that may hinder their participation are originally identified from project initiation. This will allow addressing all the issues that may constrain the participation of PWDs in such programmes hence their effective participation.

5.5.3 The influence of perception on participation of Persons with Disabilities in development programmes in Bukooma Sub-county, Luuka District.

Program implementation teams need to source for such Persons with Disabilities who have the required talent, skills, knowledge and qualifications to per take particular tasks in the implementation process. Such persons may be given the appropriate time and resources to ensure their performance and this may clear the wrong and negative perception towards Persons with Disabilities that they do not have the capacity¹² to handle hard tasks and are slow in handling different tasks in community development programmes.

5.6 Areas for further research

The following areas can be addressed by future research;

1. The role of government in ensuring effective participation of Persons with Disabilities in community development programmes.
2. The role of awareness programmes in enhancing participation of Persons with Disabilities in community development programmes.
3. The impact of Persons with Disabilities legislations in ensuring participation of Persons with Disabilities in community development activities.

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APPENDICES

APPENDIXES I: Questionnaire for Persons with Disabilities and family members.

Questionnaire Number :

Dear respondent,

I am requesting you to fill this questionnaire, which is aimed at collecting data on social constraints to participation by Persons with Disabilities in development programmes in their communities in Bukooma sub-county Luuka district. You have been selected to be one of my respondents in this study. The information provided will be treated with strict confidentiality and shall not be used for any other purpose except for academic purposes. The study will ensure your anonymity and confidentiality. Thank you very much for your cooperation

SECTION A

Gender of the respondent

1. Male
2. Female

Education level

1. Secondary level
2. Diploma
3. Degree
4. Masters degree
5. PhD
6. Others specify.....

Age of respondent

1. Below 20 years
2. 20-30
3. 31-40

4. 41-50
5. 51-above

Current occupation

1. Employed for wages
2. Self employed
3. Out of work and looking for employment
4. Home maker
5. Retired

For the following questions please tick the number of your choice

Key

- 1. Strongly Disagree**
- 2. Disagree**
- 3. Not Sure**
- 4. Agree**
- 5. Strongly Agree**

Cultural Beliefs

| | Statement | Rating | | | | |
|----|--|--------|---|----|---|----|
| | | SD | D | NS | A | SA |
| 1. | Persons with Disabilities are a curse to their family and communities | 1 | 2 | 3 | 4 | 5 |
| 2. | Culturally Persons with Disabilities are not fit to be part of the society | 1 | 2 | 3 | 4 | 5 |
| 3. | Persons with Disabilities are a shame to their families | 1 | 2 | 3 | 4 | 5 |
| 4. | Persons with Disabilities are a curse to the society | 1 | 2 | 3 | 4 | 5 |

| | | | | | | |
|-----|---|---|---|---|---|---|
| 5. | It is generally perceived that Persons with Disabilities do not have rights like other members of the community | 1 | 2 | 3 | 4 | 5 |
| 6. | Persons with Disabilities are very difficult to live within the community | 1 | 2 | 3 | 4 | 5 |
| 7. | Persons with Disabilities should be hidden from the public | 1 | 2 | 3 | 4 | 5 |
| 8. | Disability is as a result of displeasing the gods | 1 | 2 | 3 | 4 | 5 |
| 9. | Persons with Disabilities are a weaker group and so cannot participate in any intervention | 1 | 2 | 3 | 4 | 5 |
| 10. | Families for Persons with Disabilities are a disgrace to the society | 1 | 2 | 3 | 4 | 5 |
| | Community members should not associate with Persons with Disabilities because of their status | | | | | |

Attitudes

| | Statement | Rating | | | | |
|----|--|--------|---|----|---|----|
| | | SD | D | NS | A | SA |
| 1. | It is difficult to get Persons with Disabilities to participate in community programmes | 1 | 2 | 3 | 4 | 5 |
| 3. | Persons with Disabilities cannot be productive in life | 1 | 2 | 3 | 4 | 5 |
| 4. | Persons with Disabilities are best suited to stay at home and not participate in any activities. | 1 | 2 | 3 | 4 | 5 |
| 5. | Communities have a limited role in the participation of Persons with Disabilities in development programmes | 1 | 2 | 3 | 4 | 5 |
| 6. | Persons with Disabilities are only supposed to be provided for and should not engage in any development activities | 1 | 2 | 3 | 4 | 5 |

| | | | | | | |
|----|--|---|---|---|---|---|
| 7. | Persons with Disabilities most of the time are not interested in participating in development programmes | 1 | 2 | 3 | 4 | 5 |
| 8. | Existing programmes do not cater for participation of Persons with Disabilities | 1 | 2 | 3 | 4 | 5 |
| 9. | Persons with Disabilities are not entitled to any information relating to development programmes | 1 | 2 | 3 | 4 | 5 |
| | Persons with Disabilities should have their programmes designed separately from that of the general community | | | | | |
| | Government authorities have done enough to support participation of Persons with Disabilities in community development programmes? | | | | | |

Perception

| | Statement | Rating | | | | |
|----|---|--------|---|----|---|----|
| | | SD | D | NS | A | SA |
| 1. | Even when Persons with Disabilities are allowed to participate, they have no single value to add to the development process | 1 | 2 | 3 | 4 | 5 |
| 2. | Persons with Disabilities have cannot participate in development programmes at the same level with others | 1 | 2 | 3 | 4 | 5 |
| 3. | Participation of Persons with Disabilities in development programmes is a waste of time and money | 1 | 2 | 3 | 4 | 5 |
| 4. | Family breakups are responsible for non-participation of Persons with Disabilities | 1 | 2 | 3 | 4 | 5 |
| 5. | Persons with Disabilities have limited decision making due to | 1 | 2 | 3 | 4 | 5 |

| | | | | | | |
|-----|---|---|---|---|---|---|
| | violence caused in the community | | | | | |
| 6. | Persons with Disabilities are more susceptible to violence in any given community | 1 | 2 | 3 | 4 | 5 |
| 7. | Persons with Disabilities cannot handle hard tasks | 1 | 2 | 3 | 4 | 5 |
| 8. | Persons with Disabilities do not have the capability to deal with tasks effectively | 1 | 2 | 3 | 4 | 5 |
| 9. | Persons with Disabilities do not have the intellectual capacity to deal with work | 1 | 2 | 3 | 4 | 5 |
| 10. | Persons with Disabilities are considered slow in executing work | 1 | 2 | 3 | 4 | 5 |

Participation of Persons with Disabilities in development programmes

| | Statement | Rating | | | | |
|-----|---|--------|---|----|---|----|
| | | SD | D | NS | A | SA |
| 1. | Persons with Disabilities are involved in business activities | 1 | 2 | 3 | 4 | 5 |
| 2. | Persons with Disabilities are involved in health service delivery | 1 | 2 | 3 | 4 | 5 |
| 3. | Persons with Disabilities involve in agricultural production | 1 | 2 | 3 | 4 | 5 |
| 5. | Others are involved in the education profession | 1 | 2 | 3 | 4 | 5 |
| 6. | They participate in community sanitation and hygiene sessions | 1 | 2 | 3 | 4 | 5 |
| 7. | They actively participate in community development groups | 1 | 2 | 3 | 4 | 5 |
| 8. | They are involved in craft making | 1 | 2 | 3 | 4 | 5 |
| 9. | They involve in community sports | 1 | 2 | 3 | 4 | 5 |
| 10. | They participate in government programmes like NAADS | 1 | 2 | 3 | 4 | 5 |

APPENDIX II: TOOL II: SEMI-STRUCTURED GUIDE FOR KEY INFORMANTS

Research on participation of Persons with Disabilities in development programmes (Ministry of Gender Labour and Social Development, sub-county technical teams, leader (disabled and non-disabled)

Hello, my name is I am a student of Masters in Institutional Management and Leadership at Uganda Management Institute. I am in my final academic year and as a requirement, I must complete a dissertation for the fulfilment for the award of a Master's Degree in Institutional Management and Leadership of Uganda Management Institute (UMI). I am currently talking to key persons (technical and leaders) in government positions to understand the situation of participation by PWDs in community development programmes. (Guide to the interviewer: please probe as much as possible)

1. What is the position of government on the participation of Persons with Disabilities?
2. What are the different policies in place to support participation of Persons with Disabilities in development programmes?
3. What are the specific programmes in place by the government to support participation for Persons with Disabilities in community development programmes?
4. In your view are there any specific barriers limiting participation of Persons with Disabilities in community development programmes? If yes i) mention these barriers ii) Does government recognize these barriers as issues to be addressed? If yes how are they being addressed?
5. What are the challenges faced during planning and implementation of inclusive development programmes?
6. What lessons can be learnt from the current and previous development partnerships for Persons with Disabilities?
7. Are there any specific government initiatives that aim to promote participation of Persons with Disabilities in development programmes? If yes what are these initiatives?
8. What do you think should be done differently when planning to ensure that Persons with Disabilities participate fully in the development programmes?
9. Probe for more issues during discussion with the participants.

END, THANK YOU