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DISCRIMINATION, STIGMATISATION AND RIGHTS OF AUTISTIC CHILDREN TO HEALTH IN UGANDA

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Abstract

*Autism spectrum is a neurodevelopmental disorder that has adverse effects on the development of an individual. This condition usually impairs an individual's ability to carry out ordinary day-to-day functions such as eating, bathing, socializing and communication. If detected early, some of these skills can be taught to improve the individual's quality of life as they grow into adulthood. However, autism is usually misunderstood and misdiagnosed as a mental disorder to the detriment of the autistic child. In fact, some societies in Africa attribute this condition to a curse, evil spirit possession, or sins of the parents which usually leads to discrimination and stigmatisation. Caregivers and parents often hide autistic children from society for fear of judgment or *derision*. As a result, some autistic children are only let out in the open when it is extremely necessary because of their underdeveloped social skills. Such concealment is detrimental to autistic children and prevents them from accessing life changing help required for their intellectual and social development. In addition, specialist autistic care is often too expensive for parents and guardians. These factors usually leave autistic children at the mercy of fate even where there is a willingness to seek help. This article seeks to establish an understanding of the autistic disorder and the effect it has on the development of an individual. The article also explores the problem of discrimination and stigmatization of autistic children in Uganda with particular emphasis on the right to healthcare..*

1. Introduction

Autism spectrum which is sometimes referred to as Autism Spectrum Disorder (ASD) consists of a number of conditions that are categorized as neurodevelopmental disorders.¹ Autism is usually diagnosed at an early age of about one to two years and mainly manifests through communication deficiencies and repetitive behavioral patterns, for example stacking and lining up objects.² The prominence of these early signs of autism may vary based on the age and ability of a specific child.³ Autism will usually have a lasting impact on an individual's ability to form and keep social relations as well as carry out simple daily activities.⁴

¹ C Lord, EH Cook and DG Amaral _Autism spectrum disorders' (2000) 28(2) *Neuron* 355.

² U Frith and F Happé _Autism spectrum disorder' (2005) 15(19) *Current biology* 786.

³ *Ibid*, 789.

⁴ See also: RJ Comer *Fundamentals of Abnormal Psychology* (2016) New York: Macmillan Learning, 456-7.

The actual cause of autism remains elusive but it is generally accepted that there are certain environmental and genetic risk factors that make a child predisposed to this disorder.⁵ These risk factors may include having a parent who is advanced in age, having an autistic sibling, low weight at birth, and other genetic conditions such as

Down syndrome.⁶

The treatment for autism is specific to suit an individual's personal circumstances and should be commenced immediately after diagnosis to help minimize the individual's difficulties and teach them new skills.⁷ Due to the diversity of ailments affecting people with autism, there is no particular sole treatment that may be administered, but a combination of different customized treatments that require close monitoring by a qualified professional health worker.⁸ Autism is thought to affect at least one percent of the world's total population with male children being more prone to the disability than females.⁹

Autism is a disorder that may affect any individual regardless of personal factors like race, ethnicity, gender, religion or economic status, and presents a serious health concern especially among children and teenagers alike.¹⁰ In fact, autism spectrum is also highly prevalent in developed countries such as the United States and the United Kingdom with almost one out of every sixty-eight children living with this condition.¹¹ This means that autism is not an exclusive third world problem although statistics of its actual prevalence on the African continent remain scanty.

Having said these, life for autistic children and their parents or guardians in Uganda remains a daily struggle with little to no support from the government.¹² Autistic children face a myriad of potential dangers for example getting burnt, electrocuted

⁵ I Rapin 'Searching for the cause of autism: A neurologic perspective' (1987) *Handbook of autism and pervasive developmental disorders*, 1.

⁶ RM Dardennes, NN Al Anbar, A Prado-Netto, K Kaye, Y Contejean and NN Al Anbar 'Treating the cause of illness rather than the symptoms: Parental causal beliefs and treatment choices in autism spectrum disorder' (2011) 32(2) *Research in developmental disabilities* 1137; C Betancur and JD Buxbaum *SHANK3 haploinsufficiency: A "common" but underdiagnosed highly penetrant monogenic cause of autism spectrum disorders* (2013) 2.

⁷ National Institute of Mental Health *Autism Spectrum Disorder*. Available at: <https://www.nimh.nih.gov/health/topics/autism-spectrum-disorders-asd/index.shtml> (accessed 09 April 2018), Treatment and Therapies.

⁸ *Ibid.*

⁹ RJ Comer *Fundamentals of Abnormal Psychology* (2016) New York: Macmillan Learning, 456-7.

¹⁰ L Boonzaier 'Autism in an African context' (10 October 2017) *University of Cape Town News*. Available at: <https://www.news.uct.ac.za/article/-2017-10-10-autism-in-an-african-context> (accessed 06 April 2018).

¹¹ Autism Speaks *Autism Prevalence*. Available at: <https://www.autismspeaks.org/what-autism/prevalence> (accessed 01 April 2018).

¹² N Riche *Research Study on Children with Disabilities Living in Uganda Situational Analysis on the Rights of Children with Disabilities in Uganda* (2014) UNICEF Uganda. Available at: http://www.anppcanug.org/wp-content/uploads/Resource_Center/Research_Reports/research_report_11.pdf (accessed 29 March 2018).

or sustaining accidents along the road due to their underdeveloped judgement of situations.¹³ As a consequence, most of those who are still under the care of a parent or guardian spend most of their days locked away in the confinement of their homes for their own protection.¹⁴ This may be attributed to the fact that not many caregivers are willing to work with such children due to their conditions. Yet with all these challenges, autistic children and their caregivers still suffer all sorts of stigma, discrimination and shaming from members of the community who mainly attribute their situations to all sorts of superstitions.¹⁵ It is considered a shameful condition which results in parents hiding their autistic children away from the community's prying eyes of judgment. Such children are almost never seen at social events or communal meeting places such as markets and playgrounds.¹⁶ The discrimination and stigmatization suffered by such individuals therefore leads to a problem of concealment of the child who would otherwise have sought medical assistance that would facilitate their integration in society.¹⁷

2. Discrimination against Autistic Children in Uganda

Zeliadt noted that although many African children are living with autism, there was very little awareness on the condition that is in many cases ascribed to a curse or being possessed by an evil spirit.¹⁸ The stereotypes and misconceptions surrounding this condition have therefore led to widespread discrimination of children living with autism and their parents who are often accused of having committed certain transgressions.¹⁹ This section therefore examines discrimination from a legal perspective with reference to international as well as the national laws of Uganda prohibiting such treatment.

¹³ New hope Uganda *World Autism Awareness Day* (20 April 2017) Available at: <http://newhopeuganda.org/orphan-care/special-needs/autism-awareness/> (accessed 21 March 2018).

¹⁴ *Ibid.*

¹⁵ See also: The African Child Policy Forum *Children with disabilities in Uganda: The hidden reality* (2011), 26. Available at: <http://afri-can.org/wp-content/uploads/2016/04/Children-with-disabilities-in-Uganda-The-hidden-reality2.pdf> (accessed 05 April 2018).

¹⁶ N Zeliadt 'Why many autistic children in Africa are hidden away and go undiagnosed' (14 December 2017) *Independent*. Available at: https://www.independent.co.uk/news/long_reads/autism-children-africa-hidden-diagnosis-autistic-mental-disability-a8106106.html (accessed 09 April 2018).

¹⁷ A Masuda and MS Boone 'Mental health stigma, self-concealment, and help-seeking attitudes among Asian American and European American college students with no help-seeking experience' (2011) 33(4) *International Journal for the Advancement of Counselling* 266.

¹⁸ Zeliadt (n 16 *Ibid.*).

¹⁹ *Ibid.*

2.1. Prohibition of Discrimination under International Law

The Universal Declaration of Human Rights (UDHR) proclaims that all individuals are equal and entitled to equal protection of the law without discrimination.²⁰ Article 2 of the International Covenant on Economic, Social and Cultural Rights (ICESCR) places an obligation upon state parties to ensure that the rights protected therein are enjoyed by all individuals without any form of discrimination.²¹ Based on the above provisions, it is clear that by constantly segregating, ostracizing and ridiculing autistic children, the community discriminates against such children. This in turn affects their enjoyment of other rights such as the right to participation in society, movement, association, education and health, and creates a hostile environment which is not conducive for their development.

This interpretation is supported by the definition of discrimination against persons with disabilities that was adopted by the UN Committee on Economic, Social and Cultural Rights (CESCR) in General Comment No. 5.²² The Committee noted that discrimination on grounds of disability includes ‘...any distinction, exclusion, restriction or preference, or denial of reasonable accommodation based on disability...’²³ The same provision also places an obligation upon states to address all issues of discrimination such as exclusion from education and ensure accessibility to public places such as health facilities.²⁴

Article 2 of the UN Convention on the Rights of Persons with Disabilities (CRPD) which came into force in 2008 also adopts the same definition of discrimination in CESCR General Comment 5.²⁵ The CRPD also observes non-discrimination as one of the principles that every state must enforce²⁶ and obligates parties to guarantee the human rights of all persons living with disabilities without regard to any discriminatory criteria.²⁷ This obligation extends to the prevention of discrimination perpetrated by any other individual, organization or private

²⁰ Article 7 of the UDHR states as follows: ‘All are equal before the law and are entitled without any discrimination to equal protection of the law. All are entitled to equal protection against any discrimination in violation of this Declaration and against any incitement to such discrimination.’

²¹ Article 2(2) of the ICESCR.

²² CESCR General Comment 5: Persons with Disabilities, para 15. Adopted at the Eleventh Session of the Committee on Economic, Social and Cultural Rights, on 9 December 1994 (Contained in Document E/1995/22). See also: CESCR General Comment 20: Non-discrimination in economic, social and cultural rights (2 July 2009) E/C.12/GC/20, para 28. Available at: <http://www.refworld.org/docid/4a60961f2.html> (accessed 09 April 2018).

²³ CESCR General Comment No. 5, para 15.

²⁴ *Ibid.*

²⁵ Article 2 of the UN Convention on the Rights of Persons with Disabilities.

²⁶ Article 3 of the UN Convention on the Rights of Persons with Disabilities.

²⁷ Article 4(1) of the UN Convention on the Rights of Persons with Disabilities. See also: Article 5 of the UN Convention on the Rights of Persons with Disabilities.

enterprise against people living with disabilities.²⁸ Uganda is a signatory to the UN Convention on the Rights of Persons with Disabilities²⁹ and the Optional Protocol to the UN Convention on the Rights of Persons with Disabilities which empowers the Committee to receive individual complaints from its citizens.³⁰ It therefore follows that Uganda is under an obligation to prevent discrimination against people living with disabilities and ensure their participation in society.

2.2. The Prohibition of Discrimination under Ugandan Law

The Constitution of the Republic of Uganda recognizes the right to equality before the law and freedom from discrimination.³¹ The Constitution prohibits the discrimination of any person based on any criteria including gender, race, ethnicity, tribe, religion, economic and social standing.³² It is commendable to note that under Article 21(3), the Constitution defines discrimination as differential treatment afforded to different individuals based on the aforementioned criteria including disability.³³ By prohibiting the discrimination of any person based on disability among other criteria, Ugandan law in principle protects autistic children from differential treatment that is harmful to their development and wellbeing. However, it must be emphasized that most of the discrimination suffered by autistic children and their guardians is largely on an informal scale and is mainly perpetrated by fellow children, neighbors and the community at large.³⁴ It is therefore difficult to prosecute such offenders because many of these cases would be inadmissible for lack of evidence. Besides, most autistic children who are mainly the victims of discrimination do not have the capacity to testify in court against a perpetrator of discrimination due to their inhibited communication skills and underdeveloped cognitive processes. In addition, the manifestations of discrimination against autistic children are largely attributable towards societal misconceptions of this seemingly mysterious condition. As such, it might yield more appropriate results if

²⁸ Article 4(1)(e) of the UN Convention on the Rights of Persons with Disabilities.

²⁹ For the status of countries that have signed and ratified the UN Convention on the Rights of Persons with Disabilities, see: UN Treaty Collection: UN Convention on the Rights of Persons with Disabilities. Available at: https://treaties.un.org/Pages/ViewDetails.aspx?src=TREATY&mtdsg_no=IV-15&chapter=4&lang=en&clang=en (accessed 09 April 2018).

³⁰ United Nations Human Rights Office of the High Commissioner *View the ratification status by country or by treaty*. Available at: http://tbinternet.ohchr.org/_layouts/TreatyBodyExternal/Treaty.aspx?CountryID=182&Lang=EN (accessed 05 April 2018).

³¹ Article 21(1) of the Constitution of Uganda.³²

Article 21(2) of the Constitution of Uganda.³³

Article 21(3) of the Constitution of Uganda.

³⁴ United Nations Information Centre *Discrimination against autistic persons, the rule rather than the exception* (31 March 2015). Available at: <http://un.org.au/2015/03/31/discrimination-against-autistic-persons-the-rule-rather-than-the-exception/> (accessed 09 April 2015); N Zeliadt *Why many autistic children in Africa are hidden away and go undiagnosed* (14 December 2017) *Independent*. Available at: https://www.independent.co.uk/news/long_reads/autism-children-africa-hidden-diagnosis-autistic-mental-disability-a8106106.html (accessed 09 April 2018).

this is treated as a social problem requiring awareness of the condition in order to overcome discrimination.

3. Stigmatization of Autistic Children

Stigma is a Greek word that is derived from an ancient practice of marking and tattooing the skins of criminals, traitors and slaves with a cut or a burn in order to visually categorize them as tarnished and adulterated individuals.³⁵ The result was that such persons were considered to be inferior members of the community whom ordinary members of the community did not associate with especially in public.³⁶ The aims and results of stigma in ancient Greece is what has shaped our understanding of the social problem today. In the world today, stigma can be defined as a label which links an individual to certain prejudicial characteristics that are stereotypical.³⁷ Stigma can also be referred to as the stereotyping, discrimination, loss of status, labeling and separation of one individual by another.³⁸ In order for stigma to have an impact on the disadvantaged person, the stigmatizer must exercise a degree of power and control over the victim in the form of social, economic, political and religious authority.³⁹ This power and control that the stigmatizer exercises over his/her victims is referred to as stigma power.⁴⁰ The end result of the stigmatization process is that the victim suffers a diminished status in society and does not have equal life opportunities such as access to housing, employment and healthcare.⁴¹

Stigma is a very powerful vice that has the capacity to negatively affect and change the behavioral patterns, beliefs and emotions of its victims.⁴² Individuals who fall within stigmatized groups often suffer depression and experience low self-esteem as they become aware of the different way the stigmatizer treats and perceives them in relation to other individuals.⁴³ It can even have more adverse effects on persons living with autism because while they struggle with their daily challenges, they are also predisposed to the prejudices emanating from misconceptions surrounding the

³⁵ CP Jones _Stigma: Tattooing and branding in Graeco-Roman antiquity' (1987) 77 *The Journal of Roman Studies*, 139-155.

³⁶ E Goffman *Stigma: Notes on the Management of Spoiled Identity* (2009) New York: Simon and Schuster, 1.

³⁷ A Jacoby, D Snape and GA Baker _Epilepsy and Social Identity: The Stigma of a Chronic Neurological Disorder' (2005) 4(3) *Lancet Neurology* 171.

³⁸ BG Link and JC Phelan _Conceptualizing stigma' (2001) 27 *Annual Review of Sociology* 363-385.

³⁹ Link and Phelan (n 38 *Ibid*) 364.

⁴⁰ BG Link and J Phelan _Stigma power' (2014) 103 *Social Science & Medicine* 24.

⁴¹ Link and Phelan (n 38 *Ibid*) 363.

⁴² B Major and LT O'Brien _The Social Psychology of Stigma' (2005) 56(1) *Annual Review of Psychology* 393.

⁴³ *Ibid*.

condition of autism.⁴⁴ It ultimately leads to concealment of the condition which in turn sabotages any governmental policies on treatment and social services.⁴⁵ Goffman who is one of the leading sociologists of the Twentieth Century, defined stigma as an occurrence where one individual with a certain distinct characteristic(s) is greatly discredited and rejected by mainstream society.⁴⁶ Goffman therefore divides individuals who are in a ‘stigmatic relationship’ into three distinct categories. These classes include the victims of stigma, the so-called normal people who are not stigmatized, and the wise among the normal.⁴⁷ To this end, there are two types of stigma namely public stigma and self-stigma (internalized stigma) which will be examined in the subsequent sections.

3.1. Public Stigma

Public stigma may be defined as society’s prejudices and biases towards a certain individual who is different and has a unique set of characteristics, for example children living with autism.⁴⁸ Public ignorance of the causes and prevalence of the condition of autism have further fueled stigma against autistic children who are often considered as bearing a curse or possessed by an evil spirit.⁴⁹ The media and films have also contributed to these negative perceptions by frequently depicting individuals with mental disorders as murderous individuals; mentally retarded people with reasoning capacities of children; and persons with poor character.⁵⁰ The result of these misconceptions is that individuals living with mental disorders are treated with: fear and segregation from mainstream community; oppression since they are perceived as incapable of making rational decisions; and they are often undermined and dismissed as children who must be taken care of.⁵¹ Corrigan notes that amongst people living with disabilities, those with psychiatric disabilities tend to be stigmatized more than those with physical disabilities.⁵² Members of the public are not likely to empathize with persons suffering from psychiatric

⁴⁴ PW Corrigan and AC Watson ‘Understanding the impact of stigma on people with mental illness’ (2002) 1(1) *World psychiatry* 16.

⁴⁵ See also: P Corrigan ‘How stigma interferes with mental health care’ (2004) 59(7) *American Psychologist* 614.

⁴⁶ E Goffman *Stigma: Notes on the Management of Spoiled Identity* (1963) 7.

⁴⁷ *Ibid.*

⁴⁸ PW Corrigan, BS Morris, PJ Michaels, JD Rafacz and N Rüsç ‘Challenging the public stigma of mental illness: a meta-analysis of outcome studies’ (2012) 63(10) *Psychiatric services* 963; PW Corrigan and JR Shapiro ‘Measuring the impact of programs that challenge the public stigma of mental illness’ (2010) 30(8) *Clinical Psychology Review* 907; G Bathje and J Pryor ‘The relationships of public and self-stigma to seeking mental health services’ (2011) 33(2) *Journal of Mental Health Counseling* 161.

⁴⁹ New hope Uganda *World Autism Awareness Day* (20 April 2017) Available at: <http://newhopeuganda.org/orphan-care/special-needs/autism-awareness/> (accessed 21 March 2018).

⁵⁰ PW Corrigan and AC Watson ‘Understanding the impact of stigma on people with mental illness’ (2002) 1(1) *World psychiatry* para 16.

⁵¹ *Ibid.*

⁵² *Ibid.*

disabilities but rather react with anger and resentment towards their incoherent conduct or behavioral patterns.⁵³

Public stigma is even more pronounced against people who are suffering from mental illness, a group in which autistic children have been conveniently included. Public stigma leads to four main challenges especially when dealing with people living with mental disability which include depriving assistance, forceful handling, avoidance, and isolation from institutions.⁵⁴ The result is that members of the community tend to ostracize stigmatized people and avoid contact with them. One study in 1996 even revealed that a significant proportion of people dislike socializing, working with, or developing relationships with persons who have mental illness.⁵⁵ As has been mentioned earlier, autism is often mistaken as mental disorder which the Ugandan community largely frowns upon due to lack of understanding. Autistic children in Uganda have been subjected to segregation, deprivation of assistance, isolation and coercive treatment which all falls under the criteria for public stigmatization.⁵⁶ In order to protect autistic children and indeed children living with disabilities in general, there is a need to adopt some strategies that will effectively minimize public stigma and its negative effects.

Corrigan and Penn identified three approaches to counter public stigma which include protest, education and contact.⁵⁷ Often, individuals living mental disabilities are portrayed in a negative, helpless and distasteful manner by focusing on their behavioral outbursts and emphasizing their mental and physical inadequacies. Protests therefore become critical for challenging these stereotypes by sending a strong message to the media fraternity demanding an end to prejudicial reporting on these individuals, and to the community at large to stop internalizing such misconceptions.⁵⁸ Protests today manifest in form of Civil Society Organizations (CSO) and social media campaigns as well as government. It is therefore a process by which conscious society calls out prejudicial news coverage in one voice. Protest is therefore classified as a responsive or reactive approach which seeks to root out negative perceptions of mentally challenged persons.⁵⁹

⁵³ *Ibid*, para 10.

⁵⁴ Corrigan (n 50 *Ibid*), para 11. See also: B Weiner, RP Perry and J Magnusson _An attributional analysis of reactions to stigmas' (1988) 55 *Journal of Personality and Social Psychology* 738.

⁵⁵ JK Martin, BA Pescosolido and SA Tuch _Of fear and loathing: the role of 'disturbing behavior', labels, and causal attributions in shaping public attitudes toward people with mental illness' (2000) 41 *Journal of Health and Social Behavior* 208.

⁵⁶ *Ibid*.

⁵⁷ PW Corrigan and DL Penn _Lessons from social psychology on discrediting psychiatric stigma' (1999) 54 *American Psychologist* 765.

⁵⁸ *Ibid*.

⁵⁹ OF Wahl *Media madness: public images of mental illness* (1995) Rutgers University Press.

While protest can prove effective in quashing any negative publicity on autistic children in Uganda, it must be noted that it almost always falls short of proposing ways in which positive attitudes may be promoted. This leads to the next strategy of education in an effort to eliminate public stigma.

As has been noted throughout this article, there are several misconceptions surrounding the condition of autism in children in Uganda. This has invariably contributed to the propagation of stereotypes against such children, falsehoods and illogical attributions to superstition amongst others. Education is therefore an important tool that can be used to enlighten the population at large on the condition of autism, what is known about the possible causes so far, the associated risk factors, and how they may be mitigated.⁶⁰ Education has been proven by researchers to directly combat stigmatization against people living with disabilities by disproving misconceptions associated with certain conditions.⁶¹ Individuals who develop a deeper understanding of psychiatric conditions become less supportive of stigmatizations and stereotypes associated with such conditions.⁶² In order to illustrate the potential power of education in fighting public stigma, we can refer to the societal misconception that autistic children are demon possessed. Members of the society who believe in superstitions might dread coming within the proximity of autistic children for fear that the evil spirit may somehow transfer and possess them as well. When such stigmatizers understand that autism is but a medical condition that can affect anyone, they may reconsider their perceptions of the stigmatized child. Education therefore helps to breakdown stereotypes around autistic children which would otherwise prevail within society.

Education of a society on disabilities such as autism paves way for the third approach to ending public stigma which is contact with such individuals.⁶³ When people relate at arm's length, such a relationship is likely to be governed by scanty perceptions and generalizations/stereotypes that prevail about their origin, race, religion or even their disability.⁶⁴ However, when the two individuals relate closer and understand the person's personal circumstances, daily struggles and efforts to improve themselves, it is likely that such stereotypes begin to crumble. Therefore, when members of the community meet and have contact with autistic children, the

⁶⁰ PW Corrigan and AC Watson 'Understanding the impact of stigma on people with mental illness' (2002) 1(1) *World psychiatry* para 16.

⁶¹ I Brockington, P Hall and J Levings 'The community's tolerance of the mentally ill' (1993) 162 *British Journal of Psychiatry* 93; PM Roman, HH Floyd Jr 'Social acceptance of psychiatric illness and psychiatric treatment' (1981) 16 *Social Psychiatry* 16.

⁶² Brockington (n 61 *Ibid*) 94.

⁶³ Corrigan and Penn (n 57 *Ibid*) 765.

⁶⁴ *Ibid*.

preconceptions of public stigma will begin to decline.⁶⁵ Having discussed public stigma, we now turn our focus to self-stigmatization.

3.2. Self-stigmatization

Self-stigmatization which is also known as internalized stigma happens when a stigmatized individual accepts the stereotypes against them mentally and emotionally and begins to apply these prejudices on oneself.⁶⁶ By accepting and internalizing society's prejudices against them, stigmatized individuals become susceptible to bouts of depression, self-segregation, worsening of the psychiatric condition, low self-esteem, and disinterest in seeking medical assistance and support services.⁶⁷ Persons living with psychiatric conditions are at a greater risk of internalizing and endorsing stereotypes against them leading to self-discrimination.⁶⁸ Such stereotypes may include prejudices such as people living with mental disorders are violent and dangerous to themselves and society at large.⁶⁹ This leads to the stigmatized individual fearing him/herself and harboring harmful emotional feelings or reactions including low self-esteem and low self-worth.

The problem of self-discrimination which often manifests in self-isolation has several damaging effects such as deterioration in health, loss of interest in healthcare and a decline in the individual's quality of life.⁷⁰ As a result, the self-stigmatized person loses interest in life and ceases to look for opportunities such as jobs. This often leads to self-stigmatized individuals suffering in silence and isolation which renders any policies such as health, rehabilitation and skill training designed to improve such persons inapplicable.

It must be emphasized at this point that in order for self-stigma to take effect, the stigmatized individual must firstly accept the stereotypes against him/her and then internalize them.⁷¹ However, some of the children who suffer autism have diminished cognitive processes and are oblivious to such stereotypes propagated against them. Based on this, a large number of such children still have some

⁶⁵ See also: PW Corrigan, A Edwards and A Green 'Prejudice, social distance, and familiarity with mental illness' (2001) 27 *Schizophrenia Bulletin* 219.

⁶⁶ AL Drapalski, A Lucksted, PB Perrin, JM Aakre, CH Brown, BR DeForge and JE Boyd 'A model of internalized stigma and its effects on people with mental illness' (2013) 64(3) *Psychiatric Services* 264.

⁶⁷ *Ibid.*

⁶⁸ PW Corrigan and D Rao 'On the self-stigma of mental illness: Stages, disclosure, and strategies for change' (2012) 57(8) *The Canadian Journal of Psychiatry* 464.

⁶⁹ *Ibid.*

⁷⁰ Corrigan and Rao (n 68 *Ibid*) 465; B Major and LT O'Brien 'The social psychology of stigma' (2005) 56 *Annual Review of Psychology* 393.

⁷¹ See also: PW Corrigan, JE Larson and N Ruesch 'Self-stigma and the -why tryll effect: impact on life goals and evidence-based practices' (2009) 8(2) *World psychiatry* 75.

reasoning capacity and are capable of discerning these prejudices and internalizing them. These are the children who are mainly at risk of suffering the negative effects resulting from internalized stigmatization such as withdrawal from others, low self-esteem and the feeling of diminished self-worth. In order for disabled persons and in particular children living with autism to realize their full potential, there is a need to implement measures that seek to combat self-stigma.

As has been noted in the previous section, some children who suffer autism cannot discern the prejudices against them due to diminished reasoning capacities. For this group, they live life in their own small world while ignorant of the realities around them. However, for those who have an appreciation of stigmatization in its different forms, there is a need to empower them to minimize and cope with the effects of internalized prejudice.⁷² Empowerment helps to counteract self-stigmatization by restoring hope in the individual that they still have the potential to rise above the stereotypes and be the best they can be no matter their disabilities.⁷³ The empowerment process therefore helps the individual to take back control of their lives and restores self-esteem, hope and the drive to live again.⁷⁴ Empowerment can therefore prove a vital mechanism towards the counteraction of self-stigmatization within children living with autism in Uganda. This is very important because many of these children face internalized or self-stigma resulting from the prejudices from their peers, caregivers and the community at large. There is a need to devote more efforts towards raising awareness on autism in order to breakdown the prejudicial misconceptions that have led to stigmatization and discrimination of such persons.

4. Awareness on Autism in Uganda

Despite the high prevalence of autism in Africa, there is still lack of knowledge on the condition which in several countries is falsely attributed to superstitious causes such as demons and infidelity of a parent.⁷⁵ In Uganda, awareness on autism equally remains very low requiring rigorous sensitization right from community level if Government is to make any meaning progress on the welfare of autistic children.⁷⁶ This is critical because several communities in Uganda still misconceive autism as a spiritual ailment leaving children with the condition predisposed to all

⁷² Corrigan et al. (n 71 *Ibid*) 76.

⁷³ *Ibid*.

⁷⁴ JB Ritsher and JC Phelan _Internalized stigma predicts erosion of morale among psychiatric outpatients' (2004) 129 *Psychiatry Research* 257.

⁷⁵ N Zeliadt _Why many autistic children in Africa are hidden away and go undiagnosed' (14 December 2017) *Independent*. Available at: https://www.independent.co.uk/news/long_reads/autism-children-africa-hidden-diagnosis-autistic-mental-disability-a8106106.html (accessed 09 April 2018).

⁷⁶ Autism around the world _Republic of Uganda: Entebbe Action on Autism Organization' available at: <http://www.autismaroundtheglobe.org/countries/Uganda.asp> (accessed 09 April 2018).

sorts of prejudices. This hinders any developmental efforts designed by government to assist autistic children.

Article 8 of the CRPD places an obligation upon state parties to raise awareness regarding persons with disabilities. This obligation also applies to autistic children in Uganda. The CRPD obligates states to raise awareness on disabilities at family level in order to protect their rights and ensure their dignity within the community.⁷⁷ The purpose of such awareness is first and foremost to breakdown stereotypes, prejudices and detrimental practices in relation to persons living with disabilities.⁷⁸ Emphasis must also be placed on the potential that disabled persons have in contributing to society.⁷⁹ This can be achieved by designing campaigns that encourage reception of the rights of disabled persons; promoting positivity towards persons with disabilities; and recognizing the achievements and contributions of disabled persons.⁸⁰ This measure will enable society's prejudices about autistic children to be broken down.

Another area of focus with regard to awareness on children living with autism in Uganda is the media and the central role that it plays in the community.⁸¹ In every society, the media in all its forms plays a very important role of keeping the public informed of current affairs about diverse subjects. The media is also a conduit for the raising of awareness regarding certain occurrences in the community.⁸² This serves the purpose of advocacy on topical issues of concern as well as keeping leaders and community members at large accountable for their actions by publicizing such wrongdoing.⁸³ In this regard, they have been referred to as watchdogs of society.⁸⁴ However, the media can also be used in a positive way to raise good publicity about for example the potentials of disabled persons and their contributions in community. By so doing, they end up breaking negative stereotypes and prejudices about autistic children, highlighting and condemning injustice and abuse against them, and portraying them in a positive light.

⁷⁷ Article 8(1) (a) of the CRPD.⁷⁸

Article 8(1) (b) of the CRPD.⁷⁹

Article 8(1) (c) of the CRPD.⁸⁰

Article 8(2) of the CRPD.

⁸¹ *Ibid.*

⁸² PB Lebo, F Quehenberger, LP Kamolz and DB Lumenta _The Angelina effect revisited: Exploring a media-related impact on public awareness' (2015) 121(22) *Cancer* 3959.

⁸³ L Feldman, PS Hart, A Leiserowitz, E Maibach and C Roser-Renouf _Do hostile media perceptions lead to action? The role of hostile media perceptions, political efficacy, and ideology in predicting climate change activism' (2017) 44(8) *Communication Research* 1099.

⁸⁴ CN Olien, PJ Tichenor and GA Donohue _A guard dog perspective on the role of media' (2018) In *The Media, Journalism and Democracy* 21.

5. Autistic Children as a Vulnerable Group Requiring Protection

A vulnerable group (disadvantaged group or groups at risk) is any part or section of a community that is more susceptible to discrimination, violence, poverty, crime and natural disasters than other categories of individuals in the same community.⁸⁵ Groups like children, people living with disabilities, women and elderly persons are usually considered as vulnerable groups due to their predisposition to stereotypes and discrimination.⁸⁶ Children living with autism therefore constitute a vulnerable group in society because they are at risk of discrimination, violence and have a lesser ability to cope with natural disasters.⁸⁷

One of the objectives of the human rights system is therefore to prevent the violation of the rights of individuals who are considered as vulnerable within the community. It must be recalled that the UN Convention on the Rights of Persons with Disabilities places an obligation upon states to ensure that the rights of children with disabilities are guaranteed just like any other children.⁸⁸ Vulnerable groups such as autistic children are repeatedly subjected to rights violations and would benefit from additional safeguards in order to ensure that they enjoy their rights. Chan rightfully argues that proper mental health is crucial for the development of every individual and is accountable for growth, productivity, adaptability and quality of life.⁸⁹ In the absence of positive mental health, the affected individual may not be able to realize their full potential.⁹⁰

5.1. Mental Health Conditions and Vulnerability

The World Health Organization has noted that individuals living with various types of mental health conditions are a vulnerable group who require special attention to realize their development.⁹¹ There are certain factors that have been used to classify individuals with mental conditions as a vulnerable group and these are: susceptibility to stigmatization and discrimination; prevalence of sexual abuse against them; constrained exercise of civil-political rights; inability to wholly take

⁸⁵ Defined Term *Vulnerable groups*. Available at: https://definedterm.com/vulnerable_groups (accessed 08 April 2018).

⁸⁶ European Institute for Gender Equality *Vulnerable group definition*. Available at: <http://eige.europa.eu/rdc/thesaurus/terms/1429> (accessed 11 April 2018).

⁸⁷ M Chan *Mental Health and Development: Targeting People with Mental Health Conditions as a Vulnerable Group* (2010) World Health Organization. Available at: http://www.who.int/mental_health/policy/development/mh_devel_targeting_summary_2010_en.pdf (accessed 08 April 2018).

⁸⁸ Article 7 of the UN Convention on the Rights of Persons with Disabilities.

⁸⁹ Chan (n 87 *Ibid*) 1.

⁹⁰ *Ibid*.

⁹¹ Chan (n 87 *Ibid*) 4. For further discussion on vulnerability, see: World Health Organization *Risks to mental health: an overview of vulnerabilities and risk factors* (27 August 2012) available at: http://www.who.int/mental_health/mhgap/risks_to_mental_health_EN_27_08_12.pdf (accessed 11 April 2018).

part in public activities; lack of access to healthcare; limited access to emergency services; and exclusion from school and employment.⁹²

Children living with autism in Uganda cannot easily be classified under the broad categories of persons living with disabilities due to the peculiarity of their condition. They are otherwise conveniently bundled into the category of persons living with mental illness.⁹³ In addition to being categorized as persons with mental illnesses, autistic children are often referred to as demon possessed and representing a bad omen in the community. Due to limited knowledge on the causes and implications of this condition, autism is usually misdiagnosed as a mental disorder and such persons are often committed to psychiatric institutions while others attempt to get help from religious establishments and traditional healers.⁹⁴ It is truly a difficult condition to deal with in light of the challenges faced by affected individuals and coupled with the prejudices that accompany it. These conditions highlight the plight of autistic children in Uganda who urgently require protection.

It must be noted that the Constitution of Uganda prohibits the deprivation of medical treatment of children⁹⁵ and mandates the state to provide special protections to vulnerable children.⁹⁶ The Constitution does not elaborate on what kind of special protections may be granted pursuant to Article 37(7). However, this provision is a commendable because it provides a basis for which laws and governmental policies on autistic children can be based upon. The Constitution also places an obligation upon every citizen to protect children and vulnerable individuals against all kinds of harassment, exploitation and mistreatment.⁹⁷ It therefore implies that perpetrators of stigma, discrimination, violence and abuse of autistic children in Uganda are in violation of this constitutional duty to refrain from such acts.

Although people with mental health conditions such as some children living with autism in Uganda clearly fall within the bracket of vulnerable groups needing special attention and additional safeguards, they still do not receive adequate attention from the state in order to address their specific challenges such as lack of healthcare, stigmatization, discrimination and various forms of exploitation. This situation highlights the need for the Government of Uganda to target these children

⁹² Chan (n 87 *Ibid*) 2.

⁹³ R Nduhuura *Autism in Africa; Life saving awareness: while implementing Agenda 2030*. Statement by Permanent Representative of Uganda to the UN in New York (6 December 2016). Available at: <https://newyork.mofa.go.ug/files/downloads/statement%20of%20autism.pdf> (accessed 08 April 2018).

⁹⁴ *Ibid*.

⁹⁵ Article 34(3) of the Constitution of Uganda.

⁹⁶ Article 34(7) of the Constitution of Uganda.

⁹⁷ Article 17(1) (c) of the Constitution of Uganda.

through specific policies, laws and agendas that are aimed at protecting, empowering, developing and helping these individuals to realize their full potentials. Such measures usually involve concerted efforts between the government, CSOs and stakeholders whose aims and objectives are aligned towards empowering children living with autism.

5.2. How Vulnerable Groups Should be Handled

The discussion above reveals that a lot still needs to be done in order to ensure that autistic children as a vulnerable group receive the support and additional protection that they require in order to improve the standard and quality of their lives. To this end, most support for autistic children has come from CSOs and NGOs who are striving to raise awareness on these conditions and provide supports to these individuals.⁹⁸ Autism is a condition that requires a lot of resources, highly trained healthcare practitioners, and specialized facilities for treatment and rehabilitation of those living with the condition.⁹⁹ However, several African states and Uganda in particular are categorized as low-income countries where citizens do not even have access to basic healthcare let alone specialized required by autistic children.¹⁰⁰ There is therefore a great need for different stakeholders such as government, CSOs and international organizations to coordinate efforts to ensure that vulnerable autistic children in Uganda are protected.

It is essential to integrate support and treatment of autistic children into the primary healthcare system which will be accessible to all members of the community. Primary healthcare in Africa is traditionally designed for diagnosis and treatment of common ailments as well as the management of chronic and long-term conditions such as HIV and high blood pressure.¹⁰¹ However, due to the prevalence of mental health illness in all communities, there is evidence that supports the inclusion of mental healthcare and management in primary healthcare.¹⁰² Such inclusion would necessitate the addition of mental healthcare facilities at primary healthcare premises and recruitment of skilled personnel to manage such treatment and services. The result of this measure is that mental healthcare which is usually costly

⁹⁸ New hope Uganda *World Autism Awareness Day* (20 April 2017) Available at: <http://newhopeuganda.org/orphan-care/special-needs/autism-awareness/> (accessed 21 March 2018).

⁹⁹ See also: MW Krauss, S Gulley, M Sciegaj and N Wells 'Access to specialty medical care for children with mental retardation, autism, and other special health care needs' (2003) 41(5) *Mental retardation* 329.

¹⁰⁰ SN Kiwanuka, EK Ekirapa, S Peterson, O Okui, MH Rahman, D Peters and GW Pariyo 'Access to and utilisation of health services for the poor in Uganda: a systematic review of available evidence' (2008) 102(11) *Transactions of the Royal Society of Tropical Medicine and Hygiene* 1067.

¹⁰¹ A Bitton, HL Ratcliffe, JH Veillard, HD Kress, S Barkley, M Kimball and J Bayona 'Primary health care as a foundation for strengthening health systems in low-and middle-income countries' (2017) 32(5) *Journal of general internal medicine* 566.

¹⁰² D Tilahun, C Hanlon, M Araya, B Davey, RA Hoekstra and A Fekadu 'Training needs and perspectives of community health workers in relation to integrating child mental health care into primary health care in a rural setting in sub-Saharan Africa: A mixed methods study' (2017) 11(1) *International journal of mental health systems* 15.

and unavailable for the poor would then become accessible to those who need it. Policies aimed at breaking down barriers that inhibit autistic children from exercising their rights such as accessibility should be adopted. It defeats the purpose where facilities are available but inaccessible to physical challenges and exclusion by society. There is also a need to strengthen the protection of human rights of autistic children in an effort to promote their development. It has been identified that mental healthcare is essential for the wellbeing of such children.

6. The Right to Healthcare of Autistic Children

Based on the provisions of the WHO Constitution, health is _a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity.¹⁰³ For one to be considered healthy, it does not mean that an individual is completely free from any illness, but that the ailments that they suffer are under control. This therefore means that autistic children can also enjoy a descent level of health regardless of their disabilities. The right to health is indeed essential for the enjoyment of other rights.¹⁰⁴ This assertion follows from the consideration that if an individual is in a poor state of health, he/she is not in a position to exercise most of his/her rights such as freedom of movement, education and association. Moreover, good health standing is linked to the dignity of every person.¹⁰⁵ This is of particular importance to autistic children whose mental and social development can be greatly enhanced by medical intervention at an early stage.

6.1. International Framework for the Attainment of Healthcare

The Universal Declaration of Human Rights (UDHR) recognizes the right of every individual to standard of living that is satisfactory for their well-being as well as that of their families.¹⁰⁶ The right to health includes the provision of medical care, social services and the right to security from illness and disability.¹⁰⁷ The International Covenant on Economic, Social and Cultural Rights (ICESCR) also recognizes every individual's right to the highest attainable standard of physical and mental health.¹⁰⁸ States are therefore under an obligation to ensure the healthy development of every child,¹⁰⁹ the control of epidemics,¹¹⁰ and ensuring the

¹⁰³ See the Preamble of the Constitution of the WHO. Available at: <http://www.who.int/about/mission/en/> (accessed 02 April 2018).

¹⁰⁴ CESCR General Comment 14, para 1.

¹⁰⁵ *Ibid.*

¹⁰⁶ Article 25(1) of the UDHR.

¹⁰⁷ *Ibid.*

¹⁰⁸ Article 12(1) of the ICESCR.

¹⁰⁹ Article 12(2) (a) of the ICESCR.

¹¹⁰ Article 12(2) (c) of the ICESCR.

provision of medical attention during illness.¹¹¹ The obligation includes adopting special measures designed to protect disabled members of the community.¹¹² The Committee on Economic, Social and Cultural Rights (CESCR) adopted General Comment 14 which elaborates on the right to health under Article 12 of the ICESCR.¹¹³ In order for a state to meet its duty of ensuring the right to health, the Committee noted that healthcare must be available,¹¹⁴ accessible (physically and economically),¹¹⁵ acceptable,¹¹⁶ and of a good quality.¹¹⁷

Uganda is also party to the Convention on the Rights of Persons with Disabilities (CRPD)¹¹⁸ which came into operation in 2006.¹¹⁹ The Convention was adopted to protect, promote and safeguard the human rights of disabled persons, and ensure their dignity.¹²⁰ This includes persons with mental or intellectual impairments such as autistic children. Autistic children are therefore entitled to the protections that are contained in CRPD. CRPD also places an obligation upon state parties to ensure that disabled persons have access to healthcare including health-related rehabilitation.¹²¹ States are also under an obligation to provide rehabilitation and habilitation programmes to disabled persons to enable them reintegrate into the society and attain their highest possible potential.¹²² These programmes need to be commenced as early as possible in order to foster their inclusion back into community. State parties are also obligated to train and continuously assess professionals providing rehabilitation and habilitation services.¹²³ States must also promote the use of technology and innovations that are designed to assist persons with disabilities to live a better and more independent life.¹²⁴

It is worth noting that the African Charter on Human and Peoples' Rights (ACHPR) in Article 16 also recognizes the right of every individual to the best attainable

¹¹¹ Article 12(2) (d) of the ICESCR.

¹¹² Article 18(4) (a) of the ICESCR.

¹¹³ CESCR General Comment 14.

¹¹⁴ CESCR General Comment 14, para 12(a).

¹¹⁵ CESCR General Comment 14, para 12(b).

¹¹⁶ CESCR General Comment 14, para 12(c).

¹¹⁷ CESCR General Comment 14, para 12(d).

¹¹⁸ Convention on the Rights of Persons with Disabilities (A/RES/61/106). Adopted on 13 December 2006 and opened for signature on 30 March 2007.

¹¹⁹ For the status of countries that have ratified the CRPD, please visit: http://www.un.org/disabilities/documents/2016/Map/DESA-Enable_4496R6_May16.jpg (accessed 11 April 2018).

¹²⁰ Article 1 of the CRPD.

¹²¹ Article 25 of the CRPD.

¹²² Article 26 of the CRPD.

¹²³ Article 26(1) of the CRPD.

¹²⁴ Article 26(2) of the CRPD.

physical and mental health.¹²⁵ The selected use of the words ‘every individual’ without doubt encompasses the rights of persons living with disabilities. States are also obligated to ensure that their citizens receive treatment when they are in need of medical attention.¹²⁶ This provision applies to every person including those children living with autism. There is therefore a need for African states to firstly recognize the right of children with autism to healthcare and secondly to take measures that will ensure that they have access to medical attention. This calls for the development of policies and laws on healthcare as well as the construction and development of adequately equipped facilities to be able to cater for their specific needs. The next section will therefore examine Uganda’s degree of compliance to its international law obligations on the provision of healthcare for persons living with disabilities.

6.2. Healthcare System in Uganda

The Constitution of Uganda is the supreme law of the land from which all other laws derive their validity from.¹²⁷ The Constitution contains a Bill of Rights which stipulates several human rights and freedoms including the rights of persons with disabilities. By recognizing the rights of disabled persons, Uganda’s Constitution embraces the diverse abilities of its people which is a very commendable position. Under Article 35, persons with disabilities are entitled to respect and dignity which the state and community must act upon to ensure that they realize their full mental and physical potentials.¹²⁸ In addition to this, Parliament is obligated by the Constitution to enact legislation that is aimed at protecting disabled persons.¹²⁹

These protections are very important for the development of persons living with disabilities and more importantly children with autism. This is because they are predisposed to prejudices which end up worsening their conditions. In addition, research has shown that in every five people in Uganda, one has a disability of some sort.¹³⁰ It is therefore important that laws and policies are formulated to enable such persons to have access to healthcare facilities, including rehabilitative services that they require in order to improve their qualities of life. However, therapy for children living with autism is not cheap and those who are poor are not likely to afford it. Some CSOs have stepped in to try and bridge the gap by providing some

¹²⁵ Article 16(1) of the ACHPR.

¹²⁶ Article 16(2) of the ACHPR.

¹²⁷ Article 2(1) of the Constitution of Uganda. ¹²⁸

Article 35(1) of the Constitution of Uganda. ¹²⁹

Article 35(2) of the Constitution of Uganda.

¹³⁰ Uganda Demographic and Health Survey 2006

Uganda Bureau of Statistics Kampala, Uganda Macro International Inc. Calverton, Maryland, USA August 2007 <https://www.dhsprogram.com/pubs/pdf/FR194/FR194.pdf>

of the essential services to autistic children. However, due to their limited financing and over demand for their services, their output is often limited. There is a need for government to step up its role in ensuring that autistic children receive medical healthcare that they so desperately need in order to better their lives.

A quick survey of the state of the public healthcare system in Uganda reveals the dismal state in which the medical institutions are.¹³¹ Some districts do not have properly functioning medical centers and several others lack basic equipment required for everyday medical procedures.¹³² The state of healthcare in Uganda does not inspire confidence in its own leaders either who prefer to travel abroad for treatment leaving the poor reeling in an inadequate health system that they have failed to adequately address. It was reported that in 2017, the government hemorrhaged almost thirty billion Ugandan Shillings sponsoring abroad medical trips for cabinet ministers, Members of Parliament and senior state officials.¹³³ Following the report, the President announced a ban in January 2018 prohibiting state sponsored medical trips abroad noting that government officials must also seek treatment locally.¹³⁴ In addition, the largest referral hospital, Mulago, has for so long been in an appalling state often going long periods lacking medical personnel and supply of essential medical supplies. In July 2017, the hospital ran out of reagents and the laboratory had to suspend its investigations.¹³⁵ The poor condition at the national referral hospital is attributed to budgetary shortages which manifested in the doctors' strike that took place in November 2017 due to poor pay and lack of medical supplies.¹³⁶

The poor state of healthcare particularly in a national referral hospital which is supposed to be last resort for ordinary citizens is testament to the failure of the government to fulfil its obligations to provide adequate healthcare.¹³⁷ If a national referral hospital can run out of common medical supplies like reagents and oxygen, what is the probability of it handling more complex cases such as autism in children

¹³¹ Kiwanuka et al. (n 100 *Ibid*) 1068.

¹³² A Kelly _Healthcare a major challenge for Uganda' (1 April 2009) *The Guardian*. Available at: <https://www.theguardian.com/katine/2009/apr/01/healthcare-in-uganda> (accessed 06 April 2018).

¹³³ K Kazibwe _Museveni bans government officials from travelling abroad' (20 January 2018). Available at: <http://nilepost.co.ug/2018/01/20/museveni-bans-government-officials-from-travelling-abroad/> (accessed 11 April 2018).

¹³⁴ Kazibwe (n 133 *Ibid*) para 11.

¹³⁵ E Ainebyoona and T Butagira _Things fall apart at Mulago Hospital' (28 July 2017) *Daily Monitor*. Available at: <http://www.monitor.co.ug/News/National/Things-fall-apart-Mulago-Hospital/688334-4036396-kndpgiz/index.html> (accessed 09 April 2018).

¹³⁶ S Okiror _Uganda brought to its knees as doctors' strike paralyses health service' (16 November 2017) *The Guardian*. Available at: <https://www.theguardian.com/global-development/2017/nov/16/costing-lives-doctors-strike-health-service-uganda> (accessed 28 March 2018).

¹³⁷ M Khasa _Uganda: Mulago Hospital mirrors debate on poor, rich countries' (18 July 2013) *AllAfrica*. Available at: <https://allafrica.com/stories/201307220659.html> (accessed 11 June 2019).

that requires specialist equipment and highly trained personnel? There is always an excuse that Uganda just like other low-income countries lacks resources to invest in healthcare. However, if Uganda's politicians can use nearly four hundred billion Ugandan Shillings annually on medical travels abroad,¹³⁸ it points more towards misappropriation of taxpayer's money as opposed to a lack thereof. There is therefore an urgent need to revisit government spending in order to properly appropriate funds to critical areas such as healthcare.

7. Conclusion

This article highlights the plight and daily struggles of autistic children in Uganda whose condition is often attributed to a curse of a result of sin by one of the parents. These prejudices are erroneously imputed on the parents who are blamed for the condition of their children. The result is that such children are kept hidden from the eyes of the community. Autistic children are as a result almost never seen at social gatherings and public places for fear of discrimination and stigmatization. The prejudices propagated by society invariably lead to self-stigmatization in which the stigmatized person internalizes the stereotypes against him/her leading to harm such as low self-esteem and self-worth. This would only be true for those children who have some reasoning capacity or they would be oblivious to the stigmatizations about them. But for those who have some understanding, the realities of stigmatization can be a harrowing experience leading to self-isolation and feeling unwanted.

In order to overcome these prejudices, there is need to engage the public in education and awareness initiatives that effectively aim to deconstruct the stigmatizations and misconceptions about the condition of autism. By deconstructing such harmful perceptions, the community will become more accommodative of children with autism and assist them to realize their full potentials.

The government also needs to adopt laws, policies and programmes that are aimed at uplifting and developing the skills of autistic children in order to integrate them into the society. The areas of focus that need to be targeted may include:

- Focus and teamwork
- Enthusiasm for learning
- Communication and language skills
- Self-assistance and good sanitation (toilet)
- Recreational and playing skills

¹³⁸ IS Ladu 'Government spends Shs380 billion on officials' treatment abroad' (24 April 2012) Daily Monitor. Available at: <https://mobile.monitor.co.ug/News/2466686-1392598-format-xhtml-br4yuu/index.html> (accessed 10 June 2019).

- Communal living
- Other rehabilitations like mobility

This list is by no means exhaustive but represents the magnitude of the work that remains to be done to assist autistic children to improve the quality of their lives. Uganda has a duty to protect these children from discrimination and stigmatization, and also has a duty to ensure that they have access to the health care that they require to better their lives.