

Environmental barriers to health services for individuals with disabilities in Malawi and South Africa

Arne H. Eide (SINTEF), Alister Munthali (University of Malawi), Yoesrie Toefy (Stellenbosch University) & Yusman Kamaleri (SINTEF)

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Two studies

- Two household surveys (2009):
 - Mangochi District in Southern Malawi
 - Madwaleni District in Eastern Cape, South Africa
- Main purpose: to study the knowledge, attitudes and practices (KAP) in relation to health and health services among people with and without disabilities
- Main partners:
 - Malawi: University of Malawi, Federation of Organizations of the Disabled (FEDOMA), SINTEF
 - SA: Stellenbosch University, Disabled People South Africa (DPSA), SINTEF
- Methods:
 - Systematic random sampling: random walk
 - Interview based questionnaire
 - Matched comparison

Demographics (disability/control)

Table 1. Demographics

Status	N		Male		Female		Urban		Rural		Age mean
	n	%	n	%	n	%	n	%	n	%	
Malawi											
Disabled	309	45.1	106	34.6	200	65.4	166	54.1	141	45.9	47.1
Controls	376	54.9	117	31.4	256	68.6	178	47.7	195	52.3	35.0
South Africa											
							Location				
Disabled	190	31.5	86	45.5	103	54.5	166	54.1	141	45.9	48.5
Controls	414	68.5	139	33.7	273	66.3	178	47.7	195	52.3	38.5

Measures

- Washington City Group – measure of activity limitations
- Socio-economic status: ownership/asset scale
- Environmental barriers: CHIEF (CRAIG Hospital Inventory of Environmental Factors – Short Form):
 - Two factors: Physical environmental barriers, and Social environmental barriers
- Access to services: simple question on having received a service or not

Access to selected services

Table 2. Access to selected health services (N = 685 & 604)

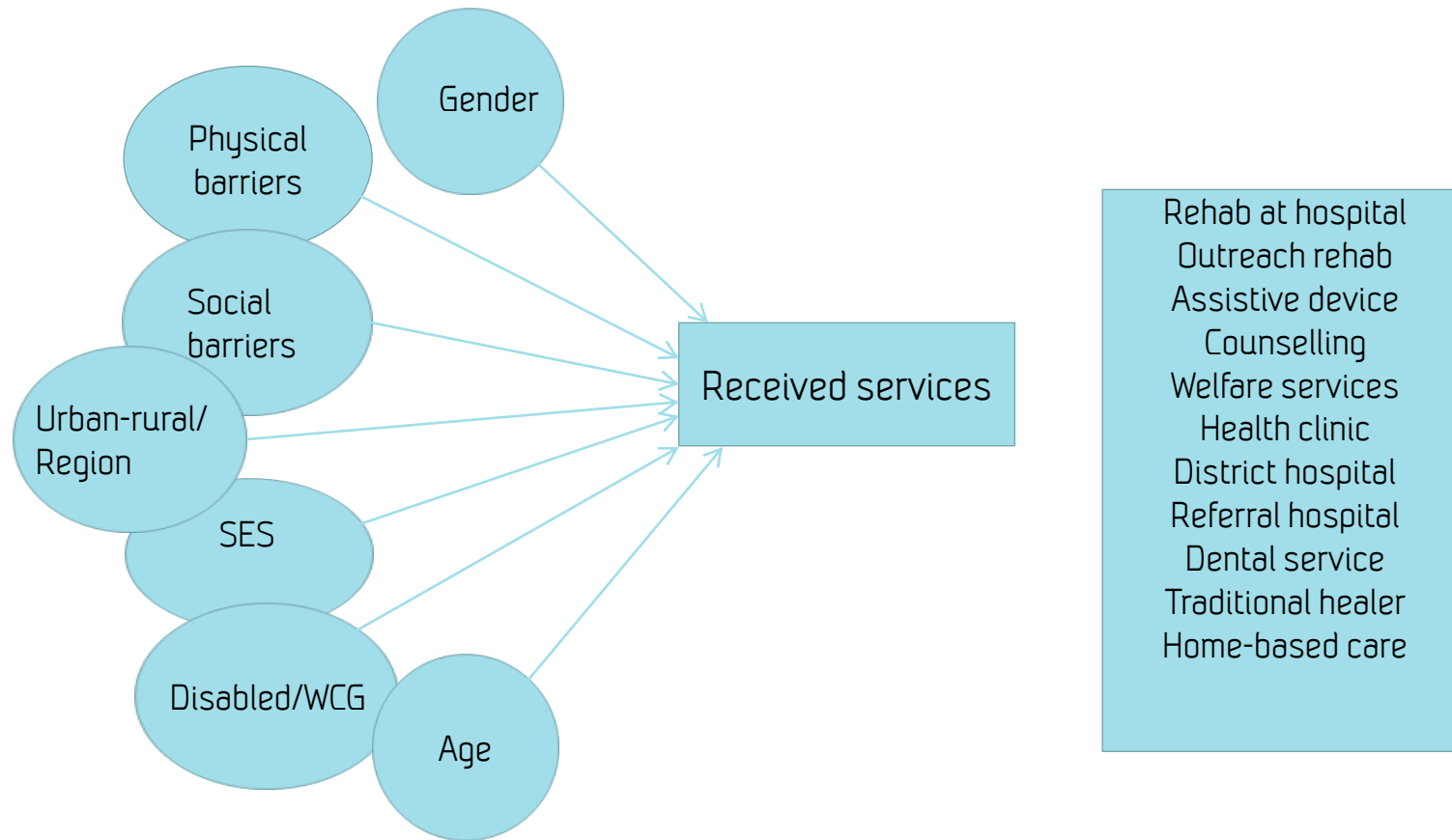
Service	Received (Malawi)		Received (South Africa)	
	Disabled	Controls	Disabled	Controls
	%	%	%	%
Medical rehabilitation at the hospital	15.9	.8 ³	19.0	22.0
Medical rehabilitation ¹ at local clinic	8.1	2.1 ³	32.3	35.2
Assistive device services	9.4	.8 ³	11.5	13.3
Counselling ²	13.4	2.7 ³	16.5	13.6
Welfare services	4.2	4.8	36.2	30.6
Health services from clinic/health center	65.3	60.6	56.4	51.7

Access to selected services

Table 2. Access to selected health services (N = 685)

Service	Received (Malawi)		Received (South Africa)	
	Disabled	Controls	Disabled	Controls
	%	%	%	%
Health services from the District Hospital	76.9	64.9 ³	58.0	52.4
Health services from other referral hospital	40.6	30.1 ⁴	35.6	36.1
Dental services	45.8	37.5 ⁵	29.3	27.9
Traditional healer	46.4	32.4 ³	28.0	26.4
Home based care	26.0	18.4 ⁵	23.4	26.9

Regression model



Results 1

Rehab at hospital	PB – Location - Age
Rehab outreach	PB – Location - SES
Assistive devices	PB – Location - Age
Counselling	PB – SB – Location - Age
Welfare services	Location – Sex – Age
Health clinic	(PB) – SB – Location – (SES)
District hospital	PB – SES - Location
Referral hospital	PB – Location - SES
Dental service	SB – SES - Age
Traditional healer	SB – Location – SES - Age
Home-based care	D – Location - SES

Results 2

- **Physical barriers**

- Main predictor for access to health services, mediating the effect of disability on access
- Disability specific services: increased barriers reduces odds for accessing services
- Health services (clinic, district hospital, referral hospital): increased barriers increases odds for accessing services

- **Social barriers**

- Main predictor for accessibility of three general services, mediating the effect of disability on access
- Increased barriers reduces odds for accessing services (Health services from clinic, Dental service, Traditional healer)

Results 3

- Other predictors
 - SES positively associated with access to 7 out of 11 services
 - Age: slight reduction in access with increasing age
 - Sex: women access Welfare services more than men, otherwise no gender differences
 - Disability: predicts less access to home-based care, otherwise the effect of disability is mediated through Physical barriers (and Location)
- Some conclusions
 - Physical and social barriers and Socio-economic status explain differences in access to health services
 - Individuals with disability access health services more than non-disabled – in spite of barriers
 - Different barriers or combination of barriers are identified for the specific services – this should be reflected in policy and measures to reduce barriers