HEALTH PROBLEMS AND ACCESS TO HEALTH CARE SERVICES FOR THE PERSONS WITH DISABILITIES IN LAHORE.

Samina Ashraf1, Maimonna Ashraf2, Uzair-ul-Hassan3, Naima Yasmeen4

ABSTRACT... Objectives: This study aims to explore the major health problems of persons with disabilities, to see the difference between the health problems of persons with mild to moderate and severe to profound disabilities, and highlight the problems. Study Design: Quantitative Study. Setting: University of the Punjab, Lahore. Period: 09 months from 15 March 2018 to 14 Dec 2018. Material & Methods: The study included a quantitative survey conducted with interviews of 100 persons with different disabilities (50 mild to moderate disabilities, 50 severe to profound disabilities) selected by applying convenient sampling method. A questionnaire was used for the data collection. The questionnaire comprised of three parts: first part was about demographics, the second part consisted of items related to the health problems and third part consisted of items related to the access to health care services. Non-parametric statistical analysis was used for the data analysis. Comparison between persons with mild to moderate and severe to profound disabilities was made. Results: Results showed that persons with severe to profound disabilities generally experienced more health problems and problems in accessing health care services as compared to persons with mild to moderate disabilities. Conclusion: The study concluded that persons with disabilities experience physical, attitudinal and communication problems while accessing health services.

Key words: Access, Health Problems, Health Care, Mild Disabilities, Severe Disabilities.

INTRODUCTION

Disability is an umbrella term that includes impairments, limitations, and restrictions as described by the WHO as a part of international classification system.1 People with disabilities are classified into four major major categories i.e., hearing impairment, visual impairment, physical disabilities and intellectual disabilities.2 Health is major aspect of our life. The World Health Organization defines health as “a complete state of physical, mental and social well-being, and not merely the absence of disease or infirmity.”1,3

In Pakistan provision of health care services is responsibility of the government. Today, the doctor patient ratio stands at 1:997, dentist 1:10658 and hospital bed 1:1584. While national health infrastructure comprises of 1201 hospitals, Basic health units 5518, Rural Health Centers 683, Dispensaries 5802, Maternity & Child Health Centers 731 and TB centers 347, and the total availability of beds in these health facilities is estimated at 123394. To provide health facilities to general population government has been spending 0.5 to 0.8% of its GDP over the last ten years. In fiscal year 2017-18 a separate amount of 384.54 billion has allocated to the health department.4 So far, separate quota has not been allocated for persons with disabilities though they account for 10% (WHO, 1998) of our population. Whereas, globally over a billion, (15 percent) of the world’s population is with some type of disability.5

People with disabilities have the greater general health care needs than everyone else, including the need of access to mainstream health care services. Disability does not accompany always with some health problem. However, persons with disabilities are at a greater risk of getting
health problems due to their certain physical and psychological conditions. The number of persons living with disabilities is growing as a result of factors such as population increase, ageing, and medical advances that preserve and prolong life. Hence, persons with disabilities may have greater health needs than the general population (Inclusive health services report, 2018). There are certain disabilities which are associated with certain health conditions most prominently in case of intellectual disability, musculoskeletal problems and cerebral palsy. Article 25 of the UN Convention on the Rights of Persons with Disabilities (UNCRPD) reinforces the right of persons with disabilities to attain the highest standard of health care, without discrimination.

This study explores the major health problems of persons with major and minor disabilities and nature of problems they experience in accessing the health services in our social context.

The study will have impact on the quality of health care of persons with disabilities by highlighting the problems they are facing in accessing health facilities in their locality. The study will sensitize the society towards the health needs of the persons with mild, severe and profound disabilities and hence the awareness will raised in the local communities and among policy makers. The study will add in the body of knowledge regarding persons with disabilities health problems and facilities available to address these problems.

1. To identify the major health problems of persons with disabilities.
2. To explore the problems faced by the persons with disabilities in accessing health care services.
3. To see the difference between the health problems of persons with mild to moderate and severe to profound disabilities.
4. To highlight the general health care services provided by the Government to the persons with disabilities.

MATERIALS AND METHODS
Present study was conducted on health problems and access to health care services by the persons with disabilities. Researchers used descriptive research design to conduct the study.

A survey was conducted to collect the data. A questionnaire was developed to collect the data. The questionnaire was comprised of three parts: first part was related to demographics, 2nd was related with major health problems faced by the persons with disabilities and third part was related with the access to health care services. The respondents were provided two options to respond i.e., Yes, No against each item. The reliability of the questionnaire was (.81) estimated with the help of cronbach alpha formula. The targeted population of the study consisted of persons with disabilities living in the urban areas of Lahore visiting public sector hospital in their vicinity from the age group of 20 to 45. A total number of 100 persons with different disabilities (50 with mild to moderate, 50 with severe to profound) who has or had the certain health problems in the period of last two years of their life and had consulted Government sector hospital during their period of illness were taken as sample of the study. The study duration was 09 months from 15 March 2018 to 14 Dec 2018. Only those persons were taken as sample who were conveniently available for the researchers and willing to be part of the study. The researchers personally met with every respondent and fill up the questionnaires. In case of persons with hearing impairment, the researchers used sign language to explain the questions and for blind persons researchers read out loudly the questionnaires for them. Collected data were subjected to quantitative analysis by using SPSS. Frequency of the responses along with their percentages was calculated and Mann-Whitney test was performed to see the difference between the health problems of persons with mild and severe disabilities.

RESULTS
The above table shows the sample characteristics. 50% of the sample was with mild to moderate and 50% was with severe to profound disabilities. Whereas 53% of the sample was male and 47% was female.

The above table shows that the prevalence of
headache, hypertension, anemia, anxiety and muscle problems, diabetes, depression, upper respiratory tract infection are common health problems of persons with disabilities.

The above table shows that according to majority of the persons with disabilities, the facility of hospital services is available for them in hospitals catering general population. No separate purpose build area for them in hospital vicinity, only ramps are available in the hospitals and the buildings are not completely barriers free. The major health services which the government is providing are emergency facility, out-door facility, ambulance, diagnostic testing and treatment, food for hospitalized patients and accommodation facility.

They are also facing problems with the attitude of para medical staff. The respondents also mentioned that majority of the nursing staff have only primary level of knowledge of disability. A good number of respondents said that the psychological environment of the hospitals is not good. More than half of the respondents responded that they also faced communication problems while dealing with medical staff in the hospital. Moreover, all of the persons with disabilities are not being provided with the facility of health insurance.

| Sr. No | Name of Health Problem | Persons with Severe to Profound Disabilities N=50 | Persons With Mild to Moderate Disabilities N=50 |
|--------|------------------------|-------------------------------------------------|-----------------------------------------------|
| 1      | Anemia                 | 45                                              | 30                                            |
| 2      | Headache               | 45                                              | 30                                            |
| 3      | Anxiety                | 34                                              | 15                                            |
| 4      | Diabetes               | 13                                              | 3                                             |
| 5      | Musculoskeletal problems | 12                                             | 5                                             |
| 6      | Vitamin deficiency     | 12                                              | 10                                            |
| 7      | Hypertension           | 09                                              | Nil                                           |
| 8      | Asthma                 | 10                                              | Nil                                           |
| 9      | Fatigue                | 07                                              | Nil                                           |
| 10     | Depression             | 07                                              | Nil                                           |
| 11     | Headache               | 15                                              | 10                                            |
| 12     | Upper respiratory tract infections | 07 | 03 |
| 13     | Obesity                | 05                                              | 01                                            |
| 14     | Hepatitis              | 05                                              | 03                                            |
| 15     | Thyroid Problem        | 05                                              | 05                                            |
| 16     | Tuberculosis           | Nil                                             | Nil                                           |
| 17     | Seizures               | Nil                                             | Nil                                           |

Table-II. Prevalence of health problems in persons with mild to moderate and severe to profound disabilities.
The above table shows that persons with severe to profound disabilities are facing more problems in accessing health facilities as compared to persons with mild to moderate disabilities (Mean Mild to moderate disabilities = 39.92, and Mean of severe to profound disabilities = 60.08, Sig = .000).

**DISCUSSION**

Disability is an evolving field within public health in Pakistan. People with disabilities account for more than 10% of the Pakistan population, but most of their health needs remain unmet due to less access to health facilities. The persons with severe to profound disabilities are suffering with the same health problems which the persons with mild to moderate disabilities are suffering but prevalence and magnitude of health problems are higher among persons with severe to profound disabilities.
disabilities as shown in our study. These findings are inline with the study conducted by Karahn, Walker & Correa (2015). Another finding of the study showing that the various types of health impairments such as musculoskeletal problems, anemia, obesity and fatigue, menstrual problems (only in females), seizure disorders and depression are more common in persons with major disabilities is in conformity with the some of international research studies.

The major health care services available for persons with disabilities in the Government hospitals of Lahore are qualified Doctors, nurses, para-medics and hospitals but they are insufficient to meet health needs of persons with disabilities. This research also showed that major barriers to get health services are accessibility, physical, communication and attitudinal barriers. The study conducted by Daras, Konstantinos, et al (2018) has same findings. According Iftikhar, Alamgir, Maqbool, Rehan & Akhtar (2019) healthcare providers hold poor knowledge and, often incorrect, notions about persons with disabilities. Due to incorrect presumptions, healthcare providers have been shown not to communicate clearly with PWDs regarding their disease and its prevention. Our study has highlighted non-existence of health insurance policy for persons with disabilities while it is in practice in developed and some underdeveloped countries. Thus our study has drawn attention of health policy makers to look into this ever increasing need of healthcare services for the persons with disabilities.

CONCLUSION
Our study concludes that persons with disabilities are suffering from lot of health problems and difficulties in access to health care services which is further compounded by physical, attitudinal and communication factors. Thus highlighting urgent need to improve all areas of health care for patients with disabilities in the future health programs of the government. The physical infrastructure need to be barrier free and both medical and para-medical staff should be trained to use alternative modes of communication for the better understanding of the health problems of persons with disabilities e.g., sign language, picture exchange communication systems etc. Moreover, the rehabilitation professionals should extend their services into community based fitness centers too. Finally, health insurance services should be offered to all persons with disabilities.

Copyright© 27 June, 2020.

REFERENCES
1. World Health Organization: Disability and health. 2018. Retrieved on July 2018 from http://www.who.int/news-room/fact-sheets/detail/disability-and-health.
2. Kirk S, Gallagher JJ, Coleman MR, Anastasiow NJ. Educating exceptional children. Cengage Learning; 2011.
3. Svalastog AL, Donev D, Jahren Kristoffersen N, Gajović S. Concepts and definitions of health and health-related values in the knowledge landscapes of the digital society. Croat Med J. 2017; 58 (6):431–435. doi:10.3325/cmj.2017.58.431.
4. Pakistan Economic survey year (2017-18). Available on www. finance.gov.pk.
5. Hafiz-ur-Rahman M. Singh A. Socio-economic disparity in the occurrence of disability among older adults in six low and middle income countries, Int J Health Hum Rights in Health Care. 2019; 12(1):60-75.
6. Okoro CA, Hollis ND, Cyrus AC, Griffin-Blake S. Prevalence of disabilities and health care access by disability status and type among adults—United States, 2016. Morbidity and Mortality Weekly Report. 2018 Aug 17;67(32):882.
7. Hoffman SJ, Sritharan L, Tejpar A. Is the UN Convention on the Rights of Persons with Disabilities impacting mental health laws and policies in high-income countries? A case study of implementation in Canada. BMC international health and human rights. 2016 Dec 1;16(1):28. doi:10.1186/s12914-016-0103-1.
8. Kumar S, Bano S, Comparison and analysis of health care delivery systems: Pakistan versus Bangladesh. J Hosp Med Manage. 2017, 3(1):21-22.
9. Krahn GL, Walker DK, Correa-De-Araujo R. Persons with disabilities as an unrecognized health disparity population. Am J Public Health. 2015; 105(2):198–206. http://doi.org/10.2105/AJPH.2014.302182.7.
10. Nurkhairulnisa AI, ChewKT, Zainudin AA, et al. Management of menstrual disorder in adolescent girls with intellectual disabilities: A blessing or a curse? Obstet Gynecol Int. 2018; 3:50-54. doi:10.1155/2018/979568.

11. Friedrich M. Depression is the leading cause of disability around the world. JAMA. 2017; 317(15):15-17. doi:10.1001/jama.2017.3826.

12. Moradi F, Sarabandi A, Soltani S. Obesity in people with disability: The implications for health care expenditures. J Res Med Sci. 2016; 21(26):80-84.

13. Obi SO. Interventions for Students with Physical Disabilities and Other Health Impairments. Viewpoints on Interventions for Learners with Disabilities. 2018 May 18;33:197-220.

14. Pakistan demographic and health survey report (2017-18) Prepared by national institute of population studies Islamabad, Pakistan. (August,2018).

15. Daras K, Davies A, Green M, Singleton A. Developing indicators for measuring health-related features of neighbourhoods. Consumer data research. 2018 Apr 30:167-77. JSTOR, www.jstor.org/stable/j.ctvqhsn6.15.

16. Iftikhar K, Alamgir A, Maqbool S, Rehan W, Akhtar S. Knowledge and attitude of health care professionals towards persons with disabilities. Pak Armed Force Medical J. 2019; 69 (1):147-153.

17. Devkota HR, Murray E, Kett M, Groce N. Healthcare provider’s attitude towards disability and experience of women with disabilities in the use of maternal healthcare service in rural Nepal, Reprod Health. 2017; 14(1):79.

18. Elena S. Rotarou & Dikaios S. Inequalities in access to health care for people with disabilities in Chile: The limits of universal health coverage. Critical Public Health, 2017; 27:5, 604-616, DOI:10.1080/09581596.2016.1275524.

19. Sakellariou D, Rotarou ES. Access to healthcare for men and women with disabilities in the UK: Secondary analysis of cross-sectional data BMJ Open 2017; 7: e016614. doi: 10.1136/bmjopen-2017-016614.

20. Badu, Eric, Maxwell P. Opoku Seth CY, Appiah. Attitudes of health service providers: The perspective of persons with disabilities in the Kumasi metropolis of Ghana. African Journal of Disability [Online].2016; 5(1).

21. Nancy S, Katharine M, Mauora DI. Decreasing health disparities for people with disabilities through improved communication strategies and awareness. International journal of environment and public health. 2015;12(3):3301-3316. doi:10.3390/ijerph120303301.

22. Ruger JP, Mitra S. Health disability and capability approach; In Mitra S, Ruger JP (Ed.) Health disability and capability approach an introduction. Routledge Publishers. 2019; 1-11.

---

**AUTHORSHIP AND CONTRIBUTION DECLARATION**

| Sr. # | Author(s) Full Name | Contribution to the paper | Author(s) Signature |
|-------|---------------------|---------------------------|---------------------|
| 1     | Samina Ashraf       | Principal author, conceive the main idea, develop instrument, Data collected, Data analysis. | [Signature] |
| 2     | Maimonna Ashraf     | Data collection, Literature review. | [Signature] |
| 3     | Uzair-ul-Hassan     | Final review of paper, proof reading. | [Signature] |
| 4     | Naila Yasmeen       | Final review of paper and editing. | [Signature] |