

Utilisation and Satisfaction with Health Services among Persons with Disabilities in Accra, Ghana

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ABSTRACT

Purpose: *Healthcare, one of mankind's basic needs, is generally accessible to persons without disability, but people with disabilities are marginalized and stigmatized in developing countries and as such are unable to utilise the health services they require. The health-related Sustainable Development Goals (SDGs) talk about good health and well-being, and reducing inequality in societies. In South Africa and Ghana, constitutional provisions and policies have been made for inclusion and reducing inequality among persons with disabilities, but implementation is still in its infancy. The aim of this study is to determine the level of utilisation and satisfaction with health services among persons with disabilities, and to recommend strategies to improve the current situation in the country.*

Method: *A non-interventional, descriptive cross-sectional study was employed, with a quantitative data collection method. A structured questionnaire comprising of both open- and closed-ended questions was used for the data collection. A total of 363 respondents were involved in the study – 360 were persons with disabilities, and 3 were key informants.*

Results: *A total of 66.9% persons with disabilities reported being warmly received by health professionals, 23.1% reported encountering a cold attitude, and 5.6% reported being scorned at health facilities. Only 20.5% of persons with disabilities reported frequent visits to health facilities, 42.8% did not visit health facilities frequently, and 36.4% rarely visited a health facility. Moreover 76.4% reported that they made hospital visits for all their ailments.*

Conclusion: *Although health facilities were utilised by few persons with disabilities, the majority of respondents reported that they were well-received*

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there and as such would visit health facilities for all their medical needs.

Implications: *Persons with disabilities should be included in all areas of society by spreading awareness about their abilities. Partnerships between persons with disabilities and the government and other non-governmental organization's should be established, to mainstream health services to meet their general and specific needs. It is increasingly important that persons with disabilities play an active role in managing their healthcare needs.*

Key words: *Utilisation, satisfaction, health service, person with disability*

INTRODUCTION

Healthcare is one of mankind's basic needs since everyone is prone to sickness. In Ghana, the first point of call for persons with disabilities is the traditional medicine practitioner, and not a healthcare facility, due to the high doctor-patient ratio and the many barriers they face in accessing healthcare (Antwi-Baffour et al, 2014). Persons with disability face many barriers relating to physical accessibility to healthcare facilities and these vary to different degrees depending on the kind of disability experienced by the individual (Aderemi, 2011). People with disabilities often are more susceptible to preventable health problems that decrease their overall health and quality of life. Health disparities and secondary conditions can be the result of inaccessible healthcare facilities and equipment, lack of knowledge among health professionals about specific differences among persons with disabilities, transportation difficulties, and higher poverty rates among people with disabilities (Hansen et al, 2008). Health professionals are also often not aware of how to effectively communicate with clients who have a range of disabilities, including people who are deaf or hard of hearing, or who have a speech, vision, or intellectual disability (Dora et al, 2015). Persons with disabilities may have a range of impairments, from those who are fully self-sufficient at home and in the workplace, to those who are entirely dependent on others for custodial care and decisions about their healthcare.

Access to healthcare is very important to all people, but persons with disability face many barriers including physical barriers, cost of accessing healthcare, inadequate equipment and skills of healthcare providers, negative experiences with healthcare personnel, and direct exclusion since they are generally relegated to the background in society. This inequity in accessing healthcare will lead to deteriorating health of persons with disabilities and consequently impede their

efforts at working, improving productivity, income generation, poverty reduction and the realisation of the Sustainable Development Goals. Therefore, there is the need to investigate the extent of utilisation and satisfaction with health services among persons with disabilities.

The health-related Sustainable Development Goals (SDGs) talk about good health and well-being and reducing inequality in societies, but people with varying disabilities in developing countries are marginalised and society does not incorporate their needs in the design and building of health services, leading to under-utilisation. It is therefore important to look at the factors affecting utilisation of health services by persons with disabilities in developing countries (Slikker, 2009).

In South Africa and Ghana, constitutional provisions and policies have been made for inclusion and for reducing inequality of persons with disabilities, though implementation is in its infancy. The 1992 Constitution of the Republic of Ghana and the Persons with Disability Law (Asante and Sasu, 2015) seek to lay much emphasis on the provision of health services for persons with disabilities to utilise and achieve optimum health, in order to increase productivity, generate income and reduce poverty.

Aim

The aim of this study is to determine the level of utilisation and satisfaction with health services among persons with disabilities, and to recommend strategies to improve the current situation.

Specific Objectives

1. To determine the demographic information of persons with disabilities in Accra;
2. To determine the proportion of persons with disabilities utilising health facilities in Accra;
3. To determine the predisposing factors influencing the use of health services among persons with disabilities.

METHOD

Study Design

This is a cross-sectional non-interventional study, descriptive in nature, involving people with varying forms of disabilities in the Accra metropolitan area. This study design was chosen because it dealt with the issues and contention behind the investigation.

Study Area

The study was conducted in Accra, the capital of Ghana. The Greater Accra Region is the smallest of the 10 administrative regions in terms of area, occupying a total land surface of 3,245 square kilometres or 1.4% of the total land area of Ghana. However, it is the second most populated region, after the Ashanti Region, with a population of 4,010,054 in the 2010 census, accounting for 16.3% of Ghana's total population (Linard et al, 2012).

The urban metropolis of Accra is the most densely populated part of the region with a total population of 1,848,61 people, which is 46.1% of the population of the Greater Accra Region from the 2010 population census (Linard et al, 2012). It is divided into 6 sub-metros, namely Ablekuma, Ashiedu-Keteke, Ayawaso, La, Okaikoi, and Osu-Clotthey. Each of the sub-metros is served by a government hospital / polyclinic. In addition, there are several small government clinics, numerous private clinics and several quasi- government hospitals.

Study Population

The study population included persons with disabilities, between 18 - 60 years of age, living in the Accra metropolis. They had various forms of disabilities - developmental, intellectual or physical disabilities, and associated communication and hearing disorders – and were members and non-members of the Ghana Blind Union, Ghana Association of the Deaf, Ghana Association of the Physically Challenged and the Ghana Federation of the Disabled. Students with intellectual disability from 2 special schools were also included. They were all within the La and Osu-Clotthey sub- metros of the Accra metropolis.

Sampling Method

Multi-stage sampling technique was used at different phases of the study. The

Greater Accra Region was purposively selected since it is densely populated, is home to many persons with disabilities, and houses the head office of the Ghana Federation of the Disabled (GFD). Due to the presence of the Federation's head office, it is believed that persons with disabilities are sensitised about their health needs and rights, and will utilise health services well.

Sample Size

A total of 360 persons with disability and 3 key informants were involved in the study. This figure was arrived at by using the formula below (Charan and Biswas, 2013).

$$n = \frac{z^2pq}{d^2} \quad (z=1.96, p=50\%, q=1-0.5, d=0.05)$$

d²

$$n = \frac{(1.96)^2 (0.5) (0.5)}{(0.05)^2}$$

(0.05)²

$$n = 0.9604$$

0.0025

$$n=360$$

Where n = sample size

p = the proportion of persons with disability in the population who have access to health service, estimated to be 50%

q = proportion of population of persons with disability not having access to health service (q=1-p)

z = 95% confidence interval

d = the allowable margin of error

Data Collection

A quantitative data collection method was used. Structured questionnaires made up of closed-ended questions measured the level of satisfaction with utilisation of health services by persons with disability. Respondents were approached at their association meetings, the study was explained to them and they answered the questionnaire after giving their consent.

The 3 key informants were leaders of DPOs. They were interviewed by the investigators, using an interview guide. The general purpose of the research was explained to them and their responses were recorded and analysed thematically and manually.

Data Management and Analysis

The data was entered into an Excel spreadsheet and analysed using Statistical Package of Social Science (SPSS) version 16.0. Tables and percentages were used for the analysis. Recorded interviews were transcribed and content was analysed to ascertain the variables of interest. Relevant text-specific statements were used to triangulate the findings.

Ethical Considerations

Ethical clearance was obtained from the Ethics Committee of the KATH/KNUST, School of Medical Sciences, through the Department of Community Health. The regional leaders of the Disabled Peoples' Organisations were contacted to provide administrative clearance for the research. Informed consent was also sought from the participants. The relevance of the study was explained to them and they were assured that information would be kept confidential.

RESULTS

Demographic Information of Respondents

The data collected showed that 360 persons with disabilities responded to the structured questionnaire, and 3 key informants, who were leaders of DPOs, were interviewed.

Among the persons with disabilities, there were 217 male respondents, representing 60.3% of the total sample, while there were 143 female respondents, representing 39.7% of the sample. The highest percentage of respondents (39.7%)

was in the 25-36 year age group, while 3.3% were 56 years of age. Two of the respondents did not disclose their age on the questionnaire.

The highest percentage of respondents or 52.5% had hearing impairment, and the lowest percentage or 0.6% were those with speech impairment.

The educational levels of persons with disabilities was quite impressive - 19.4% with tertiary education, 29.7% with senior high education, 23.6% with junior high education, and 12.5% with primary education. A total of 13.3% had informal education.

Among the 3 key informants, the types of disability were mobility, visual and hearing impairments. Two of them were male while one was a female. They were between 30 – 60 years of age. Two were employed and one was unemployed. Two had tertiary qualifications, with one having post-secondary vocational qualification as shown in Table 1.

Table 1: Demographic Characteristics of Respondents (Persons with Disabilities)

Characteristics	Frequency n=360	Percentage
Sex of Respondents		
Male	217	60.3
Female	143	39.7
Age of Respondents		
15-25	96	26.7
26-35	143	39.7
36-45	78	21.7
46-55	29	8.0
56 and above	12	3.3
Rather not say	2	0.6
Type of Disability		
Mobility	86	23.9
Hearing	189	52.5
Sight	43	11.9
Mental	37	10.3
Speech	2	0.6
Other	3	0.8

Religion of Respondents		
Christian	305	84.7
Muslim	47	13.1
Traditional	2	0.6
None	6	1.7
Highest level of Education		
Primary	45	12.5
Junior High	85	23.6
Senior High	107	29.7
Tertiary	70	19.4
Others	48	13.3
Rather not say	5	1.4

Proportion of Persons with Disabilities who utilise Health Services

According to the respondents, only 20.5% visited health services frequently, while 36.4% rarely visited health services as shown in Table 2.

Table 2: Utilisation of Health Services

Characteristics	Frequency	Percentage
Utilisation		
Frequent	74	20.5
Not frequent	154	42.8
Rarely	131	36.4
Rather not say	1	0.3
Total	360	100.0

From the responses, the study established that 80% of persons with disability felt that health services were available for their use while 20% reported that health services were not available, as shown in Table 3. A total of 60.6% of persons with disability reported that they had access to the services at health facilities while 38.6% reported that the services rendered at health facilities were not accessible.

Table 3: Availability of Health Services to Persons with Disability

Characteristics	Frequency	Percentage
Availability of Health Services to Persons with Disability		
Yes	240	80.0
No	60	20.0
Total	300	100.0
Affordability of Healthcare to Persons with Disability		
Yes	148	41.1
No	199	55.3
Rather not say	13	3.6
Total	360	100.0
Accessibility of Health Services to Persons with Disability		
Yes	218	60.6
No	139	38.6
Rather not say	3	0.8
Total	360	100.0

Reception of Persons with Disability by Health Professionals

While 66.9% of persons with disability reported that they were given a warm reception at health services, 23.1% reported that they got a cold reception. Negligence and cultural beliefs greatly hinder the spread of knowledge about disabilities and accessing healthcare for specific infirmities. About 76.4% of the respondents said they would take all types of cases to the health facility, 16.7% said they would take only severe cases, and only 1.1% said they would take mild cases to the health centre.

The 3 key informants agreed that all health conditions should be sent to health facilities for treatment. They also said that health personnel receive them warmly when they visit health centres. The challenges they encountered in accessing health services included high cost of transportation, accessing the built environment, financial constraints, and lack of information about the severity of their conditions.

Table 4: How Persons with Disability are received by Health Professionals

Characteristics	Frequency n=360	Percentage
Impression of Persons with Disability about reception by Health Staff		
Warm	241	66.9
Cold	83	23.1
Scorned	20	5.6
Rather not say	15	4.2
Others	1	0.3
Cases that Persons with Disability will take to Health Facilities		
All cases	275	76.4
Severe cases	60	16.7
Mild cases	4	1.1
Rather not say	9	2.5
Others	12	3.3

DISCUSSION

The study aimed to determine the level of satisfaction with utilisation of health services by persons with disabilities and to recommend strategies to improve the current situation. The idea was also to obtain the demographic information of persons with disability in Accra, the proportion of those utilising health facilities in Accra, and the predominant factors influencing the use of health services by persons with disability.

The number of male respondents was far higher than that of females. This was not surprising since in many developing countries males with disabilities have more opportunities than their female counterparts.

Most of the respondents were between 26 - 35 years of age; this can be attributed to the fact that about 80% of youths with disabilities live in developing countries (Gregorius, 2016). These people also participate actively in the activities of the disability organisations. The hearing impaired population recorded the highest proportion of respondents by type of disability. The hearing impaired association also happens to be more organised, the members are mobile and often consider themselves a closely-knit and interconnected group as compared to other associations of persons with disability (Ladd, 2003; Reynolds, 2010).

The educational levels of persons with disability were quite encouraging, with majority of them having some form of formal education. This contradicts a study by Avoke (2001) that majority of people with disability are not educated. The results of this study may be as it is because the study was situated in an urban city in Ghana where most people are enlightened about the abilities of persons with disabilities.

The study respondents confirmed that they did not often go to health facilities to access care; only one-fifth utilised health facilities frequently while one-third reported visiting health facilities. They rarely reported for health services because of lack of funds, ignorance about their condition, poverty, distance of the health facility from home, embarrassment on the part of accompanying family members, stigmatisation from health personnel, and resorting to traditional and other non-orthodox forms of treatment. This was found to be consistent with studies by Pal et al (2000) and Crisp et al (2000).

A number of people with disability (80.3%) reported that they were received cheerfully by health professionals whereas 10.7% reported the contrary. This may be attributed to the creation of awareness about disability issues and the rights of people with disability, with the coming into force of the Ghanaian Disability Law (Asante and Sesu, 2015). This supports a study by Mlenzana et al (2013) that health professionals exchanged information during consultation and care of people with disability.

Only one-fifth of the respondents reported that they had utilised health facilities. The reason for not patronising health services was affordability, as most of the time they require rehabilitation services which are not covered by the National Health Insurance Scheme. They resorted to borrowing money and gifts to pay for rehabilitation services.

Majority of the respondents were satisfied with the health services available to them. This was due to the fact that health services were not only available but the built environment of these facilities was also accessible for them (Yarfi et al, 2017). They could be independent as no functional or human support was needed in accessing the facility. This is refreshing since most persons with disability are considered to be dependent on others for their basic needs.

CONCLUSION

The study findings highlighted the level of satisfaction with utilisation of health services by persons with disability. The findings suggested that few persons with disability reported utilising health facilities, with the majority resorting to alternative forms of medical care. Most of those who accessed health facilities reported that they got a good reception from health professionals there and as such they would visit health facilities for all their medical needs.

It is recommended that society should be made more aware about the abilities of persons with disabilities in order to foster inclusion. It is important that persons with disability take an active role in managing their healthcare needs. Partnerships between persons with disability and the government and other non-governmental organisations should be established, for the mainstreaming of health services to meet their general and specific needs. This will create the right environment for them to access health services.

REFERENCES

- Aderemi TJ (2011). HIV/AIDS Knowledge, Attitudes and Sexual Practices Among Intellectually Impaired and Mainstream Learners in Selected Schools in Oyo State, Nigeria (Doctoral dissertation, University of KwaZulu-Natal, Durban).
- Antwi-Baffour SS, Bello AI, Adjei DH, Mahmood SA, Ayeh-Kumi PF (2014). The Place of traditional medicine in the African society: The science acceptance and support. *American Journal of Health Research*; 2:49-54. <https://doi.org/10.11648/j.ajhr.20140202.13>
- Asante LA, Sasu A (2015). The Persons with Disability Act, 2006 (Act 715) of the Republic of Ghana: The Law, Omissions and Recommendations. *Journal of Law, Policy and Globalisation*; 36: 62-8.
- Avoke M (2001). Some historical perspectives in the development of special education in Ghana. *European Journal of Special Needs Education*;16(1): 29-40. <https://doi.org/10.1080/08856250150501789>
- Charan J, Biswas T (2013). How to calculate sample size for different study designs in medical research?. *Indian journal of psychological medicine*. Apr; 35(2):121.
- Crisp AH, Gelder MG, Rix S, Meltzer HI, Rowlands OJ (2000). Stigmatisation of people with mental illnesses. *British Journal of Psychiatry*; 177: 4–7. <https://doi.org/10.1192/bjp.177.1.4> PMID:10945080
- Dora C, Haines A, Balbus J, Fletcher E, Adair-Rohani H, Alabaster G, Hossain R, de Onis M, Branca F, Neira M (2015). Indicators linking health and sustainability in the post-2015 development agenda. *The Lancet*. Jan 30; 385(9965):380-91.

- Gregorius S(2016). Exploring narratives of education: disabled young people's experiences of educational institutions in Ghana. *Disability & Society*. Mar 15;31(3):322-38.
- Hansen EC, Hughes C, Routley G, Robinson AL (2008). General practitioners' experiences and understandings of diagnosing dementia: Factors impacting on early diagnosis. *Social science & medicine*. Dec 31; 67(11):1776-83.
- Ladd P (2003). Understanding deaf culture: In search of deafhood. *Multilingual Matters*. <https://doi.org/10.21832/9781853595479>
- Linard C, Gilbert M, Snow RW, Noor AM, Tatem AJ (2012). Population distribution, settlement patterns and accessibility across Africa in 2010. *PloS one*. Feb 21;7(2):e31743.
- Mlenzana NB, Frantz JM, Rhoda AJ, Eide AH (2013). Barriers to and facilitators of rehabilitation services for people with physical disabilities: A systematic review. *African Journal of Disability*. Jan 1; 2(1):1-6.
- Pal HR, Saxena S, Chandrashekhar K, Sudha SJ, Murthy RS, Thara R, Srinivasan TN, Gupta D, Singh U (2000). Issues related to disability in India: a focus group study. *National Medical Journal of India*; 13: 237–241. PMID:11190051
- Reynolds S (2010). Disability culture in West Africa: qualitative research indicating barriers and progress in the greater Accra region of Ghana. *Occupational therapy international*. Dec 1;17(4):198-207.
- Slikker J (2009). Attitudes towards persons with disability in Ghana. VSO, Sharing skills, Changing Lives, Ghana Volunteer May.
- United Nations(2002). Resolution one equalisation of opportunities by, for and with persons with disabilities. 40th Session of the Commission for Social Development: 11-27th February 2002. United Nations: New York. Available at: [www.un.org/esa/socdev/csd/2002disabilityres\(A\).htm](http://www.un.org/esa/socdev/csd/2002disabilityres(A).htm)[Accessed February 18, 2011]
- Yarfi C, Ashigbi EY, Nakua EK (2017). Wheelchair accessibility to public buildings in the Kumasi metropolis, Ghana. *African Journal of Disability*; 6(1): 1-8. <https://doi.org/10.4102/ajod.v6i0.341>