

PP 43: Accessibility challenges for the disabled community accessing public health care services and disability care institutions in Ragama Medical Officer of Health area

C.K. Pathirage¹, U.G.M. Padmasiri¹, N.S.R.P. Nuwarapakshage¹, W.D. Panditharatne¹, S.N. Hewawardhane¹, T. Phuntsho¹, K.M.N. Perera²

¹Faculty of Medicine and ²Department of Public Health, Faculty of Medicine, University of Kelaniya

Introduction: Ragama Medical Officer of Health (MOH) area is a developing center for the disabled with the National Rehabilitation Hospital and the specialized disability care institution targeting children. It also hosts the main teaching hospital in the district and a school for disabled children. Visual, walking and audibility impairments account for the highest number of disabled individuals in the country. Ragama MOH area is a developing hub for all these communities.

Objectives: The objective of this study is to describe access-related challenges for the disabled community accessing public health care services and disability care institutions in Ragama MOH area.

Methods: This is the qualitative study component of a larger study which also quantitatively assessed the compliance of the settings using an observational checklist. This component focused on the qualitative evaluation of accessibility-related challenges. Independent research team members interviewed 15 service providers, disabled and community stakeholders sampled purposively using semi-structured questionnaires. Data was analysed using thematic analysis method.

Results: Financial constraints were identified as the main constraint for development of accessibility. “Dependance”, “gaps in awareness” and “negative attitudes” in order of perceived importance, revealed to hinder empowerment of the disabled on demanding for better access. Prioritisation of one disability was identified as a significant determinant for reduced access for individuals with multiple disabilities. Service providers were perceived to have the greatest power to address the challenges in their respective settings.

Conclusions: Empowering clients to demand for improvement of accessibility and engaging primary service providers in development processes will lead to improvement of the existent challenges.

Keywords: Accessibility, disabled, public health care institutions, disability care institutions