


# SOUTH AFRICA'S STANCE TOWARD DISABILITY

Written by Caitlin Bowes

Although recent elections have portrayed a united approach toward improving and advancing health care access and services in South Africa, who are we really taking into the picture? Who and what medical conditions are seen as important and who is being benched to the side-line? In a country where a significant percentage of people live disabled lives, the need to prioritise access to health care for disabled individuals is pivotal yet so far from transformation.

The predominant problem is that poverty, often overlaps with disability and rurality. 56% of our population live in poverty of which 2014 governmental statistics reported 7.5% are disabled. The inability to be treated correctly, checked up on and offered support by medical professionals and health care workers and prevalently, the lack of access to special equipment and prosthetics can result in infection, incredibly poor quality of life and in some cases, death. According to a study conducted from 2014 to 2016 by the Office of Health Standards Compliance, 40% of the health clinics and hospitals under observation in South Africa failed to meet the elemental requirements.

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Beyond these concerning findings, these statistics show that the experiences disabled individuals across the country encounter differ vastly from one another and largely depend on the type of medical care received and socio-economic status they are situated in. The problem is that there's no one size fits all- each individual is provided a unique experience based on what lifestyle they're born into. To understand the bigger picture of why such a poor quality of life exists for disabled people of the country, we'll have to take a closer look at the multiple linking sectors of the healthcare system and the domino effect that they have on one another.

According to the South African Healthcare Review (SAHR) report of 2014/2015, individuals with disabilities are under prioritised in various facets of the public healthcare system due to the government's concentration on medical conditions and diseases seen as more pressing- such as HIV.




Photo by: Piron Guillaume

In addition to this mentality surrounding disability, a fair percentage of public health care workers are not well trained enough regarding the necessary knowledge or referral skills nor are a notable percentage of the workers able to communicate with disabled individuals adequately. These factors are exacerbated in rural settings, where most patients make use of public health centres and hospitals. Due to the demand for health care, waiting times are prolonged and additionally the cost of transport to these regions remains a huge financial burden.

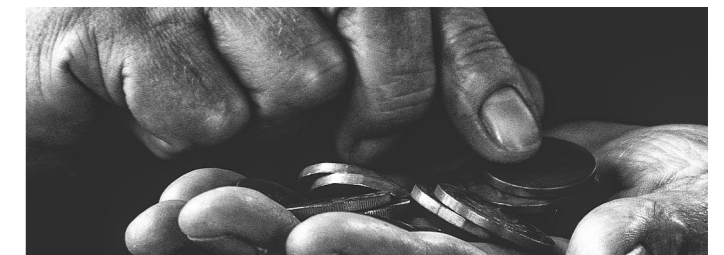
Many scholars point out that location also plays a significant role in access to health care within rural regions. Disabled individuals living in rural impoverished communities have suggested that uneven roads, hilly topography and lengthy distances to clinics prevent them from seeking medical help, which increases the likelihood of self-medication. Without the adequate medical guidance and treatment, these individuals risk compromising their quality of life. This begs us to take a long hard look at our constitution which supposedly prioritises the right to health care centres that should exist within a proximity from which any individual should be able to commute easily to and from- yet countless studies have proven contradictions of this notion.

This calls into question what our doctors are doing and why public health care centres are severely understaffed. It's easier to have someone or a collective group to blame, but our country's position is far too complex to simply create binaries which pin down the bad guys and champion the good guys.

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Currently, 84% of our population seek public health care, a sector in which only 30% of the country's doctors work. The private health care sector, in which the remaining 70% of doctors practice, devotes itself to the wealthier of patients within the country- a strikingly obvious minority.



Better staff management, medical stock and supply, access to prosthetics, treatment of patients and in-depth knowledge of disability treatment are just a few of the many advantages that disabled individuals attending private health care centres will receive. Think of this scenario as climbing to the peak of a mountain. In the first journey, you climb to the peak only to realise that you climbed the wrong one- you as a disabled individual have put in all the effort to seek medical help, but the wait is not worth the end result as you're in no better position than when you began your journey. In the second scenario, you as a privileged disabled individual climb to the tip of the peak and subsequently discover that several other magnificent mountains await you. The two scenarios are vastly different and make for polarised experiences.

One might be tempted to point fingers at public hospitals which are often poorly stocked with minimal medication and assistive devices. Service delivery however, depends very much on governmental health care expenditure and is an entirely different debate on its own but still remains a prevalent issue with regards to supplying hospitals with essential products needed to aid disabled individuals.



Photo by: Kendal

Medication is one thing, prosthetics is another- and a costly "other" by financial standards across the board. Although disability extends and covers a range of both emotional and physical conditions, amputees face a particularly heavy blow to the wallet, regardless of which limb they lose. While this may be feasible under private care or medical aid for a middle-aged business executive residing in Constantia, Cape Town, the access to suitable prosthetics for a young single mother raising her children in Langa would be quite the contrary.

We conducted an interview with Frikkie Harmse, part of the admin team at the Paul Steyn Foundation (a non-profit organisation based in Cape Town) to delve into the complexities of prosthetic care and access for disadvantaged South Africans. Harmse proposes that the cheaper options for a prosthetic limb can range in value but tend to average out at about R60 000 per piece which seems unfathomable for those living below the poverty line and even slightly above. This cost covers the initial pay-out for the limb but further maintenance costs of prosthetic upgrades are case specific- overall they aren't bound to make the bank too happy.

An interview conducted by SAB with Michael Stevens, operations manager at Jumping Kids (also a non-profit organisation) revealed that for those paralysed from the waist down, wheelchairs designed for case specific individuals also cap off at around R60 000. Having this in mind, it's safe to say that the government paints a pretty picture with the notion of disability grants. These grants are supposed to cover the expenses disabled individuals will incur during the course of their lives. The reality is that most of the time these grants are tremendously difficult to acquire and neglect to compensate for a substantial amount fit to cover the expenses of equipment or assistive devices needed.



Photo by: Thisabled

The incapacity to access all the medical needs required as a disabled individual stunts that person from seeking work opportunities which makes way for a fast financial regression and increased vulnerability to health risks (never mind the emotional pain and psychological trauma for which they're not sufficiently receiving any means to cope with).

With regards to psychological support that disabled individuals may be urgently in need of, the truth is that if primary health intervention plans are not carried through correctly by health care workers, the positive impact of the intervention stages following, namely prevention of health risk complications is nullified.

So what's rehab really all about? Continuous rehabilitation plays a significant role in accepting disability and body image, boosting

self-confidence and developing the desire to become an active participant in daily life.

Rehabilitation occurs in stages and needs to be case specific as no individual is exactly the same. A study completed in the Western Cape suggests that all information about patients needs to be collected and analysed so that medical practitioners can carry out treatment and rehabilitation procedures sufficiently. Only after these two steps, the individuals should receive rehabilitation involving community professionals trained to guide patients through their new adaptation skills they'll need going forward in life.

Currently, there is a huge gap between these rehab stages, particularly involving physiotherapy and vocational training which entail the education for individuals about how to find work fit for their disability and coping mechanisms needed to stay mentally and physically active. With the National Health Insurance plan underway, the seed for effective medical and emotional treatment of disabled individuals has been planted in society. The effort required however, needs to be a cooperative one- from the government, health care centres and citizens of the country.

Practically speaking, transformation in: knowledge about disability treatment, adequate rehabilitation strategies, health risk prevention techniques and an effective system for staffing and material resource standards is imperative. However, beyond the practicality, what's evident is that the emphasis is on the treatment of disability in society. If we as citizens, fail to acknowledge the importance of access to equal services, activities and general participation in the public sphere for disabled individuals- we're denying these people a basic human right.

This perception permeates the medical realm whereby disabled individuals' fundamental needs are overlooked and under prioritised. To even remotely achieve some sort of social justice, we need to refigure the systems in place and, more importantly, reshape our understanding of disability within the daily South African context as a whole.

On the brighter side, there are some incredible organisations putting in a phenomenal effort to help disabled individuals in our country.

Check out these links for more info on the work these organisations do and how you can get involved:

**Paul Steyn Foundation:**

Info: <http://www.paulsteynfoundation.org.za/work.html>

Donate: <http://www.paulsteynfoundation.org.za/donate.html>

**Jumping Kids:**

Info: <http://www.jumpingkids.org.za/about/>  
Donate: <http://www.jumpingkids.org.za/get-involved/>

If you have a particular cause you'd like to contribute toward or take a closer look at, simply browse through this List of **National Disability Organisations:** <https://www.disabilityemployment.co.za/sites/default/files/resource/DSD2015NatDisabilityOrganisations.pdf>