

## Health Inequality: The Impact of Roads, Footpaths and Tracks on Health Care Facilities Accessibility in Uganda

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### OUTLINE

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  - Data Collecting Methods & Philosophy
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- **Findings**
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### Background

- **Uganda economic status**
  - 7% growth rates over ten years (GOU 2000)
  - unequally distributed economic benefits
  - 85% rural population- still in poverty
- **Operation integrate the rural**
- **Poverty alleviation focus by all sectors**
  - Rural transport sector policy transformations
    - From speed & convenience priority (motorized)
    - To road prioritization based on poverty indicators- rural access needs-*big study*
    - Transport & health care facilities accessibility-*smaller study*

### Research Overview-Theoretical Framework

- **Socioeconomic position**
  - “regarded as the fundamental cause of health, the pivotal link in the causal chain through which social determinants connect up to influence people’s health .It marks the point at which societal -level factors enter and shape people's lives, influencing the extent to which they are exposed to risk factors that directly affect their health...”(Bird et al 2000)

### Research Overview-Theoretical Framework

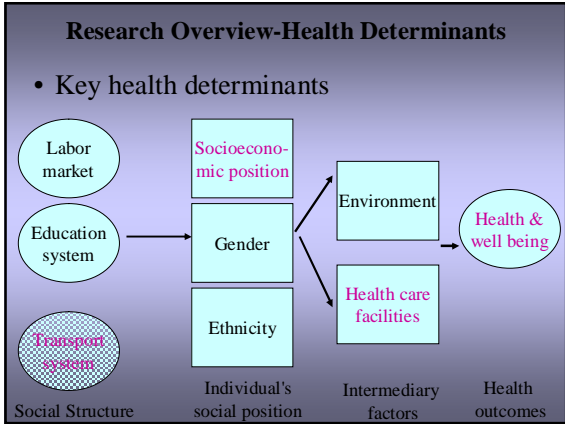
- **Socioeconomic position**
  - “Over the centuries, socioeconomic position has continued to predict health and longevity, despite major changes in killer diseases- and the risk factors through which they take their toll on health.”(Bird et al 2000)
- **Socioeconomic inequalities leads to health inequalities**

### Research Overview-Theoretical Framework

- **Community socioeconomic context**
  - looking at the more macro societal factors that shape socioeconomic position and its distribution
  - involves upstream perspectives-mechanisms by which community sometimes achieve improved socioeconomic conditions for lower socioeconomic strata, accompanied by lesser social economic inequalities.

### Research Overview-Theoretical Framework

- **Social determinants**
  - Researched
    - Labor market structure
    - Education system structure
  - Hypothesized
    - transport and road system structure
      - » health determinant- health care facilities accessibility
      - » in addition to their role as preventive care , health care facilities make an important contribution to reducing the impact of illness and injury on health, by treatment and care. Timely and effective interventions contribute to the decline in mortality.



### Research Overview- Study Area

- **Hypothesized health determinant**
  - Inequities in accessibility
  - Inequities in optimum use of health care facilities
    - poor access
- **Study area Lira northern Uganda.**

### Research Overview-Data Collection

- **Data Collecting Methods & Philosophy**
- **Tools**
  - **Integrated Rural Accessibility Planning**
  - **Situation Analysis**
- **Terms**
  - **Accessibility** - the ease or difficulty -measured in time, physical effort and cost -of reaching certain places, services and facilities( Barwell et al 1996)
  - **Prioritization**-a planning tool necessary for transport infrastructure interventions due to the relatively high costs involved in such works( Danida 1999 ).

### Research Overview-Data

- **Data Collected**

<b>Socioeconomic</b>	<b>Technical</b>
•basic needs	•road inventory
•livelihood	•road condition
•assets	•maintenance regime
•services(health care)	
•travel patterns	
•transport means	
•effects of road improvement	
- **Data Collation-Comparative mapping**

### Findings

- **Who are the poor?**
  - Vulnerable , women, female headed household, widows
  - war victims
  - nomadic activities victims
- **Where are the poor?- Okwang, Adwari, Orum, Olilim and Omoro subcounties.**
  - most isolated areas- poor accessibility prone areas
  - war zone- by rebels
  - Severe nomadic herders' activities affected zone

### Findings

- **In which way are they poor? Their socioeconomic position characteristics- Northern Lira residents experience:**
  - **Poverty of access**
    - **Isolated**-less social network-cut off-no road networks
    - **Poor accessibility to services-health care facilities**
      - The percentage of household that has to travel to more than 4 km to the nearest health facility is 73%.
      - Mostly travel is on foot (with loads on the head)

### Findings

- Mostly travel is on foot (with loads on the head)
- travel route characterized by difficult terrain( flooded swamp areas, dangerous river crossings, missing bridges , bush or mountains)
- access problems seasonally , wet and dry
- need to swim across a river/swamp during flood times.
- footpaths, tracks often as the only access links
- community severance-insecurity in movement

### Findings

- **Deprivation**
  - basic needs-food insecurity
  - livelihoods- poor
  - economic opportunities-stunted
- **Accessibility needs**
  - intermediate means of transport alongside motorized transport.
    - Improvements of existing tracks and footpaths as priorities
  - Road network

### Findings

- **Women**
  - women's major transport task among others is use of health services, personal health, maternity and children's health.
- “ **During the focus group discussion in one of the villages in Okwang, the community development assistant came to ask whether the team could assist in solving a problem. He did not want to explain but called us to go see. Under a tree surrounded by many people, a young woman was lying on a mat, frightened and miserable, in labor. She had been in labor for four days, two days ago they had brought her to a sub dispensary on a bike via a footpath. A chair had been fixed to the carriage for her. The health aid at the sub dispensary could do nothing because appropriate drugs and needs were absent. So the families where travelling 30 km further to the hospital. Fortunately our study team had come to that village and met her and offered transport. The mother delivered and survived by a twist of fate.” (Danida 2001)**

### Discussion & Conclusions

- **Research question**
  - What role does the socioeconomic conditions of communities play in shaping individual socioeconomic positions that more directly affect health?
- **Implications**
  - Northern Lira lacks optimum usage of health care facilities due to poverty of access:
    - Macro forces i.e.
      - Uganda's transport and road policy explain poverty of access in Lira. Motorized bias policy has minimal impact on rural poverty in the context of enabling effective accessibility by the poor in northern Lira.
      - War and severe nomadic activities affects individual peace and safety- in secured mobility
      - Low economic productivity –no road network

### Discussion & Conclusions

- **Role of health care facilities to health**
  - in addition to their role as preventive care , health care facilities make an important contribution to reducing the impact of illness and injury on health, by treatment and care. Timely and effective interventions contribute to the decline in mortality
  - transport and road system structure connects to health through health care facilities accessibility
- **Hence**
- Poor accessibility, can lead to limited or no access to health care

### Discussion & Conclusions

- Community poverty of access shapes unequal individual chances of life to escape health-damaging consequences at individual level.
  - How can the situation in Lira be explained, is it sufficient to use the Lira people individually alone or to a certain degree Uganda as a government as well?
  - How can individuals in northern Lira escape/solve the situation, can they do it individually or does it need a government level initiative?
  - Findings point to community socioeconomic context over and above individual socioeconomic position

### Future Research Directions

- I do not address a specific health outcome, which is a result of individuals living in a poverty of access area like northern Lira, I pose it as a challenge for further research in Uganda . In developed countries such research like on mortality outcomes controlling for baseline health suggest that community socioeconomic context has effects on individual health( e.g. Waitzman & Smith 1998, LeClere et al 1998, Davey Smith et al 1998, Haan et al 1987).
- Maternal and Child Health vs. Poverty of Access