

Access to antenatal care, clean water, sanitation, and hygiene for women with disability in Uganda

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ABSTRACT

Background: Using the Uganda Demographic Health Survey (DHS) 2016 this paper aims to assess how Water, Sanitation, and Hygiene (WASH), and Maternal and Child Health (MCH) outcomes vary between women with and without disabilities. Methods: Using Multivariate logistic regression controlling for differences in the characteristics of those with and without a disability the paper estimates access to WASH and MCH services to mothers with and without disabilities. Also using geospatial techniques this paper facilitated the linkage of DHS data to the country's geographic districts, where data points were aggregated for each district. Subsequently, the district-wise counts were normalized against the total collected data for direct comparison, and choropleth maps were generated to compare Water, Sanitation, Hygiene, and Maternal and Child Health outcomes and disability domains. Maps were generated to depict the relative distribution of individuals with disabilities and those without disabilities in Uganda organized by districts. Results: Of those women who are mothers, 34.8% of whom have a disability. Mothers with a disability are older (37.8; CI 37.7-37.9) than those without (33.6; CI: 33.5-33.7). Multivariate logistic regression controlling for differences in the characteristics of those with and without a disability, such as age, area of residence, and education, estimates that mothers with a disability have poorer access to clean water and improved toilet facilities. While 76.3% of mothers do not have access to improved water, those with a disability are less likely to have access to improved drinking water (AOR 0.82; CI: 0.7, 0.9). In terms of maternal and child health indicators, just 11.7% of children are fully immunized, and children of mothers with a disability are less likely to be fully immunized (AOR 0.90; CI: 0.8, 1.0). Just 26.5% of mothers had a skilled birth attendant at the delivery, and those with a disability are less likely to have this support (AOR 0.88; CI: 0.8, 1.0). Conclusion: In advancing access to healthcare and WASH among women with disabilities geographical access needs given due policy consideration. Water, Hygiene, and Sanitation as well as Maternal and Child Health Policies need to be reviewed to ascertain the extent to which it is inclusive of women with disabilities and how the challenges posed by physical geography are mitigated in these policies.