POLICY BRIEF

DISABILITY AND ACCESS TO ASSISTIVE TECHNOLOGY IN MALAWI

KEY MESSAGES:

1. **Ensuring access to assistive technology is key to address social, economic and health adversities that people with disabilities (PWDs) are facing in Malawi and to achieve equitable social and economic integration of PWDs in the society.**
2. **Despite its potential, the adoption and use of assistive technology is low and further data are needed to better understand the needs and challenges that PWDs face in Malawi.**
3. **Strengthening the healthcare system with strategies that integrate assistive technology to address the healthcare needs, habilitation and rehabilitation of PWDs is needed.**
4. **Funding schemes and programmes that promote opportunities for self-employment, entrepreneurship, development of cooperatives and business creation for PWDs are essential to advance access to and availability of assistive technology.**

INCLUSIVE DEVELOPMENT IS THE NOTION THAT EVERY INDIVIDUAL IS INFLUENTIAL IN TRANSFORMING THEIR SOCIETIES.

The empowerment and involvement of every individual, including those of people with disabilities (PWDs) are prerequisites for the inclusive development of any country. The Malawi Disability Act (2012) defines disability as a "long-term physical, mental, intellectual or sensory impairment, which, in interaction with various barriers, may hinder the full and effective participation in society of a person on equal basis with other persons". Disability is increasing over time and is highly prevalent in Malawi, with about 10.4% of the population above five years old experiencing functioning difficulties in at least one domain (NSO, 2008; NSO 2019). In 2019, the most common disabilities included visual impairment (5.1%), mobility impairment (2.8%), hearing (2.5%), speech impairment (1.6%), intellectual ability (1.6%), self-care limitations (0.9%) and other (1.9%) (NSO, 2020).

PWDS IN MALAWI FACE MULTIPLE ADVERSITIES

ACCESS TO HEALTHCARE:

Difficulties in accessing healthcare services include the cost of healthcare, communication challenges with the health providers, poor attitude of health workers, and the physical access to healthcare facilities (long distances, lack of transport and challenging terrain, especially during the rainy season). Some of these challenges are not unique to PWDs, but having a disability amplifies these accessibility issues (Eide, & Munthali , 2018; Eide et al., 2015).

EDUCATION:

Barriers to accessing education among PWDs include the general shortage of specialist teachers in Malawian schools, inadequate teaching and learning materials such as braille, inaccessible school infrastructure and long distances to schools, the existence of social stigmatisation of learners with disabilities and inadequate attention being paid to these learners, due partly to very low teacher-to-students ratio (Munthali, 2020; Braathen,& Loeb, 2011).

EMPLOYMENT:

PWDs in Malawi face worse employment prospects relative to persons without disabilities (Munthali, et al., 2017). If employed, PWDs are disadvantaged in their work environment, for instance, by having fewer promotion opportunities. Evidence also shows that PWDs have lower chances of being hired after an interview relative to persons without disabilities (18.7 vs 26.7%), even if PWDs have higher qualifications than the person without disability for that specific job (Munthali &. Mvula, 2015).

ASSISTIVE TECHNOLOGY COULD REDUCE THE ADVERSITIES FACED BY PWDS AND CONTRIBUTE TO INCLUSIVE DEVELOPMENT. YET, DESPITE THE EVIDENT NEED FOR ASSISTIVE TECHNOLOGY, ITS ADOPTION AND USE IN MALAWI REMAINS VERY LOW.

WHAT DO WE KNOW ABOUT PWDS AND ACCESS TO ASSISTIVE TECHNOLOGY IN MALAWI?

THE USE OF ASSISTIVE TECHNOLOGY AMONG PWDS IN MALAWI IS EXTREMELY LOW

Assistive technology in Malawi mostly addresses the needs of PWDs with personal mobility, whereas individuals with other types of disabilities have very poor access to assistive technology. A nationally representative report shows that 57% of PWDs were aware of the availability of assistive devices they would need to meet their needs, but only 6.1% had access to them (Eide, & Munthali , 2017). The most widely used type of assistive technology include assistance with personal mobility (61.7%), devices that enable access to communication and information (38.9%), devices to meet personal care needs and independence (5.2%) and computer assistive technology (1.1%) (Eide, & Munthali , 2017).

THERE IS A GENDER AND SPATIAL DIVIDE IN THE USE OF ASSISTIVE TECHNOLOGY IN MALAWI

The **gender gap** in the use and adoption of technology is large: women are less likely than men to use assistive technology (9.8% of women vs 15% of men with disabilities) (Eide, & Munthali , 2017). The use and adoption of assistive technology also indicate a **spatial divide**: only 4.3% of male PWDs in rural areas use assistive technology versus 9.6% in urban areas. Similarly, rural-urban divide is observed for women (9.4% of women in urban areas versus 3% in rural areas use assistive technology) (SINTEF 2017).

THE PROVISION OF ASSISTIVE TECHNOLOGY IS MAINLY COVERED BY PRIVATE EXPENDITURES AND RESOURCES, RESULTING IN LIMITED ACCESS TO LOW-INCOME PWDS.

For instance in 2017, 37.7% of all assistive devices were paid for by private expenditures and 32% by government services. NGOs provided assistive devices to 12.9% of study participants, with the rest being supplied from other sources (17.4%) (Eide, & Munthali , 2017).

WHY IS THE ADOPTION AND USE OF ASSISTIVE TECHNOLOGY FOR PWDS SO LOW IN MALAWI?

Poverty and disability are both complex and often intertwined. On the one hand, disability can entrench people in poverty through lower levels of schooling, reduced employment and earnings, and increased health expenditures. On the other hand, people living in poverty report higher rates of disabling health conditions (Mitra et al., 2011; Mwendwa et al., 2009; Remnant et al., 2022). Considering the fact stated earlier that 37.7% of all assistive devices were paid for by private expenditures, poverty is also a likely source of low adoption and use of assistive technology by PWDs.

PWDs are often marginalized and stigmatized in their communities, which further prevents them from getting access to assistive technology that will enable them to overcome limitations and break the poverty cycle. (Muyinda & Whyte, 2011; MacLachlan et al., 2019).

In addition to environmental barriers such as lack of infrastructure, evidence from Uganda shows that the use of assistive devices also depends on how they are valued according to the manner in which they portrayed the user to the rest of the world – either positively as cosmopolitan and cared for, or negatively as sickly (Namaganda et al., 2022).

PREVALENCE OF DISABILITY INCREASES WITH AGE AND OLDER INDIVIDUALS WITH DISABILITY REQUIRE DIFFERENT APPROACHES TO ADDRESS THEIR NEEDS.

POLICY RECOMMENDATIONS

The Global Disability Action Plan 2014-2021 adopted by the World Health Organization (WHO) in 2014 emphasises three aspects: 1) investment and strengthening in data collection and research on disability 2) removing barriers to health services and programs for PWDs, 3) importance of strengthening and extending rehabilitation, habilitation and other supportive technology and services for PWDs (Gutenbrunner et al., 2015). The Global Action Plan provides the basis for the following policy recommendations in Malawi.

1. **FURTHER DATA NEEDED:**
   Current evidence, or the lack thereof, stresses the importance of collecting more comprehensive data to understand better the needs and challenges that PWDs in Malawi and other low-income sub-Saharan African countries are facing in order to achieve greater inclusion of PWDs in development policies and programmes. It is of utmost importance that new data are age- and gender stratified to reflect the diverse needs and health profiles of PWDs. In addition, data should provide information about access and use of assistive technology and inform how it can be adapted to the local context and improve life of PWDs.

2. **STRENGTHENING HEALTHCARE SYSTEMS WITH A SPECIFIC FOCUS ON PWDS:**
   Develop a public health strategy that identifies and prioritises the specific health challenges and needs experienced by PWDs across the continuum of care (primary, secondary and tertiary). Models that integrate assistive technology to address the healthcare needs, habilitation and rehabilitation of PWDs should be promoted.

   Awareness among medical and health personnel about disability being multifaceted should be improved and there should be a focus on disability-related training to strengthen and build the human resource capacity of healthcare workers.

3. **FUNDING:**
   Adequate budget should be allocated to ensure access to and availability of assistive technology and increase access to primary healthcare, habilitation and rehabilitation for PDWs.

   The provision of assistive technology to PWDs should be supported also through the development of funding schemes and programmes. For instance, considering that disability is not always a permanent state and people can experience only temporary health limitations, the development of rental schemes for access to assistive technology should be promoted.

   The introduction of programs that promote opportunities for self-employment, entrepreneurship, development of cooperatives and business creation for PWDs should be encouraged to increase their independence from governmental support schemes and lower their reliance on family caregiving and financial support. Moreover, these programs will also result in an increase of access to assistive technology.

4. **ASSISTIVE TECHNOLOGY AS A MEAN TO EQUITABLE INTEGRATION OF PWDS:**
   Increasing access to assistive technology is an important pathway to ensure equitable social and economic integration of PWDs in the Malawian society, which will also result in their empowerment and increased awareness of the multifaceted needs of PWDs. Moreover, empowerment of PWDs along with their family members and/or informal caregivers is important to address misconceptions and stigma surrounding PWDs.

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