Module 2

**Video 1:** What are attitudinal barriers and why do they matter?
Attitudinal barriers

- result from negative beliefs, perceptions and assumptions about people with disability
- are often caused by lack of knowledge
- can lead to discrimination and poor treatment
- can limit the opportunity – including access – to health care
- can compound other barriers, such as physical or communication barriers
What is the impact of attitudinal barriers in health care?

Compared to people without disability, **people with disability** are –

- **2X** more likely to find health-care provider skills and facilities inadequate
- **3X** more likely to be denied health care
- **4X** more likely to be treated badly in the health-care system
Examples of negative attitudes about people with disability

**Stereotyping:** Assuming what they need or don’t need – for example, that women with disability do not need sexual and reproductive health services

**Pity:** Feeling sorry for people with disability, leading to patronizing behaviour

**Fear and avoidance:** Being afraid of saying or doing the “wrong” thing so avoiding people with disability
Examples of negative attitudes about people with disability

**Inferiority:** Believing people with disability are inferior because of their impairment

**Denial:** Not recognizing the impact of disabling conditions that may not be visible (e.g. intellectual disability, autism) and denying reasonable accommodations where needed
How negative attitudes impact health-care worker behaviour and practice

- Providing **inferior level** and quality of care
- **Refusing care** due to beliefs that treatment of people with disability is not their responsibility
- Making **assumptions** about why someone is seeking health care
- Being unable or unwilling to consider **disability-specific** needs or to offer reasonable accommodations
- Considering people with disability as **low priority** for health services
How negative attitudes impact health care for people with disability

Receive no care, **unequal care**, or poor-quality care

Needs are **not listened to**

Not given the opportunity to **make own choices** or have a say in their care

Do not seek health care when needed due **negative past experience**

**Experiences can vary** by age, gender, health condition, impairment type

**Women and girls** often experience greater barriers

=> Poor health outcomes
Step 3: Activity: Examples of negative attitudes in health-care contexts