

Project Methodology

In collaboration with the Mozambique Ministry for Social Action, the Association for Disabled Mozambique Citizens (ADEMO) and the Association for Disabled Mozambique Soldiers (ADEMIMO), we identified seven rural districts and one urban district in which to conduct our survey. All rural sites were areas that had endured heavy fighting and landmine use during the war. This study was structured as a cross-sectional survey study (Appendix A). Inclusion criteria was having an upper and/or lower limb amputation(s), and residing in the districts identified.

The in-field project team was comprised of three Canadians and one Mozambican. Between January and April 1998, surveys, interviews and examination of persons with amputation were conducted in 13 rural villages (7 districts) and one urban setting in the provinces of Maputo and Inhambane, two of the provinces felt to be most severely affected by landmines.

Individuals in each district were recruited through preliminary site visits, word of mouth, posters, and assistance of local administrative heads, village chiefs, and representatives of the disabled. We attempted to survey all known persons with amputation in each district. Interviews were conducted at designated sites in the 13 villages, or at the homes of individuals who could not travel to the sites. Written consent was obtained from the Ministry for Social Action, the administrative heads in each district, and each individual surveyed.

In developing the survey tool, meetings were first held with POWER-Mozambique, HI, and ADEMO to explore issues felt to be important to the disabled and to those involved with the delivery of the services currently offered. The survey was structured so to gather demographic data about the

interviewee, etiology of amputation and details of injury, rehabilitation services received, aids and prosthetics used in the past and presently being used, reasons for not obtaining prostheses/services or not using aids/prostheses received, and difficulties with prostheses. Utilizing District Development Profiles published by the UNDP and United Nations High Commission for Refugees (UNHCR) in December 1997, socio-economic questions appropriate for the survey sites (livestock, crops, number of dependents, occupation) were determined and included in the survey. Interviewees were asked their feelings about their injury and perception of their health status. All ideas and concerns expressed by the interviewee with regards to injury, disability, rehabilitation and reintegration were recorded.

A Reintegration to Normal Living Index was included in the survey as a quality of life measure. Developed by Wood-Dauphinee and Williams,^{5,20,21} it evaluates eight domains of daily function (mobility, self-care activities, daily activities, social roles, work activity, recreation, social activity and role in family) and three of perception of self (coping skills, relationships, social self). The eleven questions were scored on a three point scale (agree, no opinion, disagree) with a value of 2 for agree, 0 for disagree and 1 for no opinion (table 1). The maximum score is 22, meaning satisfaction in all 11 domains.

All survey items were translated into Portuguese, and back translated into English. The survey was first tested on a group of persons with amputation undergoing therapy at the orthopedic centre in Maputo, the capital of Mozambique. Questions were then re-worded or deleted as appropriate. All surveys were administered by one individual, a Mozambican prosthetist fluent in English, Portuguese and the local dialects of the districts surveyed (Shangaan and Ronga).