

Social relationships in persons with physical disabilities from 22 countries: Does the socioeconomic position matter?

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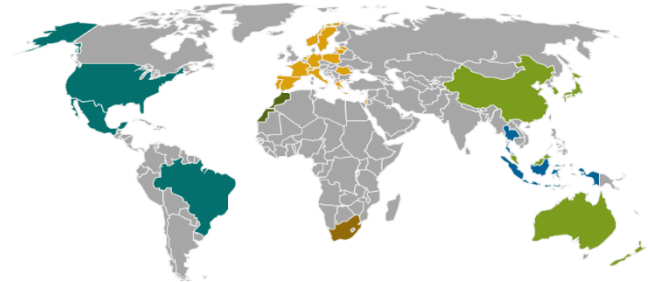
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The International Spinal Cord Injury Community Survey (InSCI)



- Joint effort of 2 international societies to implement recommendations of the report '*International perspectives on Spinal Cord Injury*' & the '*WHO's Global Disability Action Plan 2020*'



- Implemented in 22 countries
- Cross-sectional survey; 125-item questionnaire
- Data collection 01/2017 – 05/2019
- Participants: 12,951 community-dwelling adults with spinal cord injury

Research Questions, Operationalization & Statistical analysis

Socioeconomic position (SEP)

- Years of education
 - Paid work
- Net-equivalent household income
 - Financial hardship
- Subjective social position

Research question 1:

Are there social inequalities in social relationships?

Social relationships

- Feelings of belongingness
- Relationship satisfaction
- Problems with social interactions

Statistical analysis:

Multilevel models regressing indicators of social relationships on indicators of SEP (random effect for country)

Research question 2:

Do societal conditions moderate social inequalities in social relationships?

Statistical analysis:

Inclusion of interaction terms between SEP indicators & quartiles of Human Development Index* into final multilevel models

* indicator for societal conditions including information on life expectancy, education, per capita income by purchase power parity in USD

Yes, there are social inequalities in social relationships

Higher education, higher income, having paid work, absence of financial hardship & higher subjective social position were consistently related to higher belongingness, higher relationship satisfaction & fewer problems with social interactions

	Belongingness	Relationship satisfaction	Social interaction index
	1 = high, 0 = low	1 = high, 0 = low	0-12, higher = fewer problems
	OR (95% CI)	OR (95% CI)	Coeff (95% CI)
Education (in years)			
Lowest quartile	Reference	Reference	Reference
2 nd lowest quartile	1.1 (1.0-1.3)	1.2 (1.1-1.3)	0.2 (-0.0-0.3)
2 nd highest quartile	1.2 (1.1-1.4)	1.20 (1.1-1.3)	0.3 (0.2-0.5)
Highest quartile	1.5 (1.3-1.7)	1.3 (1.2-1.5)	0.6 (0.4-0.8)
<i>p-value</i>	<0.001***	<0.001***	<0.001***
Household income			
Lowest quartile	Reference	Reference	Reference
2 nd lowest quartile	1.1 (1.0-1.2)	1.2 (1.1-1.4)	0.3 (0.1-0.4)
2 nd highest quartile	1.4 (1.2-1.5)	1.4 (1.3-1.6)	0.8 (0.6-0.9)
Highest quartile	1.9 (1.7-2.2)	1.9 (1.7-2.1)	1.2 (1.0-1.4)
<i>p-value</i>	<0.001***	<0.001***	<0.001***
Employment status			
No paid work	Reference	Reference	Reference
Paid work	2.0 (1.8-2.2)	1.7 (1.5-1.8)	1.4 (1.3-1.6)
<i>p-value</i>	<0.001***	<0.001***	<0.001***
Financial hardship			
Massive	Reference	Reference	Reference
Some	1.3 (1.2-1.5)	1.6 (1.4-1.8)	1.2 (1.0-1.3)
None	2.5 (2.3-2.8)	2.8 (2.5-3.2)	2.5 (2.4-2.7)
<i>p-value</i>	<0.001***	<0.001***	<0.001***
Subjective social position			
Low (1-3)	Reference	Reference	Reference
Medium (4-6)	1.8 (1.6-2.0)	2.0 (1.8-2.2)	1.4 (1.2-1.5)
High (7-10)	3.1 (2.7-3.5)	3.6 (3.2-4.0)	2.3 (2.1-2.4)

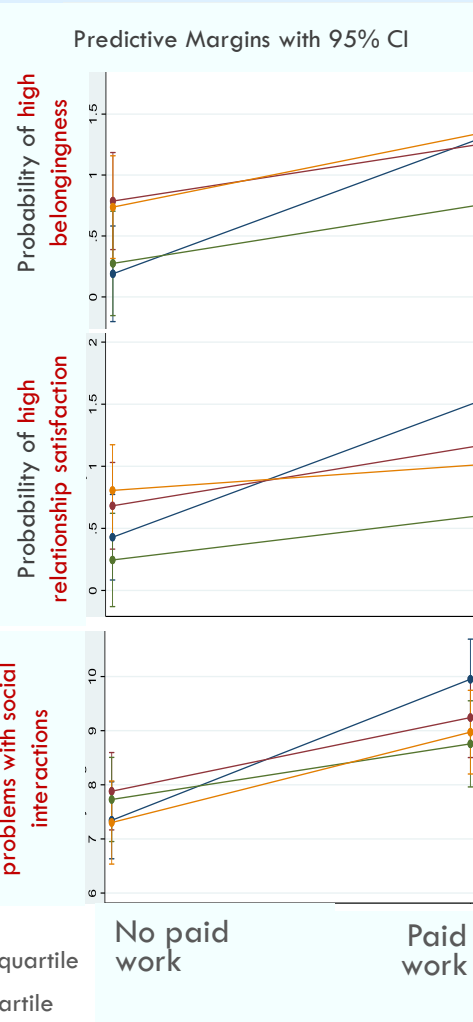
Results from multilevel models based on imputed data, adjusted for age, sex, lesion severity, etiology, time since injury. P-values from equal fraction missing information tests.

Results

Research Question 2

The societal context (i.e. level of Human Development Index) did not moderate social inequalities in social relationships, except for paid work:

Having paid work was more important for the quality of social relationships in lower HDI countries
(see Figures on the right)



Conclusions: This study provides clear evidence that persons with disabilities from lower SEP groups should be supported in establishing and maintaining good quality relationships. Interventions to strengthen social relationships in lower SEP groups may thus present a valuable strategy to reduce social inequalities in health, independently of societal conditions.

Lowest HDI quartile 2nd lowest HDI quartile
2nd highest HDI quartile Highest HDI quartile