
UNIT 5 HEALTH CARE OF DIFFERENTLY ABLED PERSON

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5.1 INTRODUCTION

As such, people with disabilities include those who are traditionally understood as disabled (for example wheelchair users, people who are blind or deaf or people with intellectual impairments), and people who experience difficulties in functioning due to a wide range of health conditions such as chronic diseases, severe mental disorders, multiple sclerosis and old age.

Disability is neither purely a biological nor a social construct but the result of interactions between health conditions and environmental and personal factors (WHO, 2001). A disability is any condition of the body or mind (impairment) that makes it more difficult for the person with the condition to do certain activities (activity limitation) and interact with the world around them (participation restrictions).

After reading this unit, you will be able to:

- Discuss levels and types of disability
- Explain problems faced by the disabled
- Describe barriers to healthcare for the disabled
- Understand the health services for the disabled

5.2 LEVELS AND TYPES OF DISABILITY

5.2.1 Levels of Disability

Disability can occur at three levels:

- i) an impairment in body function or structure;
- ii) a limitation in activity, such as the inability to read or move around;
- iii) a restriction in participation, such as exclusion from school or work.

5.2.2 Types of Disabilities, PwD Act 2016 (List and Definition)

1. **Blindness:** It refers to the condition of total blackness of vision with the inability of a person to distinguish darkness from bright light in either eye.

2. Low-vision: Low-vision means a condition where a person has any of the following conditions, namely:

- a. Visual acuity not exceeding 6/18 or less than 20/60 up to 3/60 or up to 10/200 (Snellen) in the better eye with best possible corrections.
- b. Limitation of the field of vision subtending an angle of less than 40 degrees up to 10 degrees.

3. Leprosy Cured persons:

Leprosy is a chronic infectious disease. It mainly affects the skin, the peripheral nerves, mucosal surfaces of the upper respiratory tract and the eyes.

4. Hearing Impairment (deaf and hard of hearing):

Hearing impairment is a partial or total inability to hear. It is a disability which is sub-divided in two categories of deaf and hard of hearing. "Deaf" means persons having 70 dB hearing loss in speech frequencies in both ears. "Hard of Hearing" means person having 60 dB to 70 dB hearing loss in speech frequencies in both ears.

5. Locomotor Disability:

Locomotor Disability means a problem in moving from one place to another - i.e. disability in legs. But, in general, it is taken as a disability related to bones, joints and muscles. It causes problems in a person's movements (like walking, picking or holding things in hand etc.)

6. Dwarfism:

Dwarfism is a growth disorder characterized by shorter than average body height. Human beings with adult body height less than 4 feet 10 inches (147.32cm) are considered to be affected with dwarfism.

7. Intellectual Disability: A person with an intellectual disability may have significant limitations in the skills needed to live and work in the community, including difficulties with communication, self-care, social skills, safety and self-direction.

8. Mental Illness: Mental illness is a general term for a group of illnesses that affect the mind or brain. These illnesses, which include bipolar disorder, depression, schizophrenia, anxiety and personality disorders, affect the way a person thinks, feels and acts.

9. Autism Spectrum Disorder: Autism is an umbrella description which includes Autistic disorder, Asperger's syndrome and atypical autism. Autism affects the way information is taken in and stored in the brain. People with autism typically have difficulties in verbal and non-verbal communication, social interactions and other activities.

10. Cerebral Palsy: Cerebral Palsy (CP) is a disabling physical condition in which muscle coordination is impaired due to damage to the brain. It occurs at or before child birth. Cerebral Palsy is not a progressive condition; meaning it does not get worse with time.

11. Muscular Dystrophy: Muscular Dystrophy (MD) is a group of neuromuscular genetic disorders that cause muscle weakness and overall loss of muscle mass. MD is a progressive condition; meaning that it gets worse with the passage of time.

12. Chronic Neurological conditions: Alzheimer's disease, Parkinson's disease, dystonia, ALS (Lou Gehrig's disease), Huntington's disease, neuromuscular disease, multiple sclerosis and epilepsy etc. disabling illnesses experienced by a significant proportion of the population. Individuals living with a chronic neurological condition may experience a wide variety of symptoms that require health care services.

13. Specific Learning Disabilities (Dyslexia) Specific Learning Disabilities is a group of disabling conditions that hampers a person's ability to learn, listen, think, speak, write, spell, or do mathematical calculations. Examples of Specific Learning Disabilities are:

- i. Dyspraxia - The inability to motor plan, to make an appropriate body response.
- ii. Dysgraphia - Difficulty with the act of writing both in the technical as well as the expressive sense. There may also be difficulty with spelling.
- iii. Dyscalculia- Difficulty with calculations.
- iv. Attention Deficit and Hyperactivity Disorder (ADHD)- Hyperactivity, distractibility and impulsivity.

14. Multiple Sclerosis: Multiple Sclerosis is a disabling disease that affects the Central Nervous System (CNS). It inhibits the flow of information within the brain and various body parts. With time, MS can lead to permanent damage to nerves. Some of the symptoms of Multiple Sclerosis are: tiredness, weakness, pain, tingling, and numbness, stiffness, muscle spasms, stiffness and weakness, difficulty walking or balancing, vertigo and dizziness, problems with thinking and memory, changes in vision and hearing, vision problems, problems with thinking, learning and planning, depression and anxiety, sexual problems, bladder problems, bowel problems, speech and swallowing.

15. Speech and Language disability: Speech and language disability means a permanent disability arising out of conditions such as laryngectomy or aphasia affecting one or more components of speech and language due to organic or neurological causes.

16. Thalassemia: Thalassemia is a genetically inherited blood disorder which is characterized by the production of less or abnormal hemoglobin. Thalassemia results in large numbers of red blood cells being destroyed, which leads to anemia. As a result of anemia, persons affected with Thalassemia will have pale skin, fatigue and dark coloration of urine.

17. Hemophilia: Hemophilia is a blood disorder characterized by the lack of blood clotting proteins. In the absence of these proteins, bleeding goes on for a longer time than normal. Hemophilia almost always occurs in males. Females are rarely affected with hemophilia.

18. Sickle Cell disease: Sickle Cell Disease is a group of blood disorders that causes red blood cells (RBCs) to become sickle-shaped, misshapen and break down. It is a genetically transferred disease.

19. Multiple Disabilities including deaf-blindness: Multiple Disabilities is the simultaneous occurrence of two or more different types of physical disabilities, two different mental disabilities, or a combination of physical and mental disabilities. Common examples of Multiple Disabilities are:

- Intellectual disability and blindness
- Mental retardation and orthopedic impairment
- Locomotor disability and speech impairment.

20. Acid Attack victim: Acid Attack Survivors are the people (mostly women) who became the victim of the crime of acid throwing. These incidents often leave the victim with a disfigured face and other body parts.

21. Parkinson's disease: Parkinson's disease (PD) is Central Nervous System disorder which affects movement. Parkinson's disease (PD) is characterized by tremors and stiffness. It is a progressive disease, which means that it worsens with time.

5.3 PROBLEMS FACE BY THE DISABLED

Some of the problems face by the disabled are discussed below:

- i. The disabled have poorer health than the general population- Depending on the group and the setting, people with disabilities may experience greater vulnerability to preventable secondary conditions, co-morbidities and age-related conditions. Some studies have also shown that they exhibit higher rates of risky behaviors such as smoking, poor dietary practices and habits, and physical inactivity. People with disabilities also have a higher risk of being exposed to violence. Analysis of the WHO's World Health Survey reveals that half of all disabled people cannot afford health care in contrast to a third of non-disabled people.
 - a. People with disabilities are more than twice as likely to report finding that health-care providers' skills are inadequate to meet their needs.
 - b. They are three times more likely to report being denied the health care they need and
 - c. Four times more likely to report being treated badly.
- ii. Higher rates of poverty than people without disabilities- On an average, people with disabilities and households with a disabled member experience higher rates of deprivation – including food insecurity, poor housing, lack of access to safe drinking-water and basic sanitation, and inadequate access to health care – and have fewer assets than people without disabilities and households without a disabled member. People with disabilities may face extra indirect and direct costs, for example for personal support or for medical care or assistive devices. Because of these higher costs, people with disabilities and their households are likely to be poorer than non-disabled people with similar income. Disabled people in low-income

countries are 50% more likely to experience catastrophic health expenditure than non-disabled people. **Health Care of Differently Abled Person**

- iii. Low educational achievement- Children with disabilities are less likely to start school than their peers without disabilities, and have lower rates of staying in schools. Gaps in completing education are found across all age groups in both low-income and high-income countries, with the pattern being more pronounced in poorer countries.
- iv. Reduced economic participation- People with disabilities are more likely to be unemployed and generally earn less even when they are employed.
- v. Increased dependency and restricted participation- Reliance on institutional solutions, lack of community living and inadequate services leave people with disabilities isolated and dependent on others. Living in residential institutions is reported to be responsible for people with disabilities lacking autonomy, being segregated from the wider community, and at greater risk of violence, abuse and other human rights violations. Generally, most support for people with disabilities comes from family members or social networks, but exclusive reliance on informal support can have adverse consequences for the care givers, including stress, isolation and lost socio-economic opportunities. These difficulties increase as family member's age.

In this unit, you have read about the levels and types of disability and problems faced by the disabled. Now, answer the questions given in check your progress 1.

Check Your Progress 1

Note: a) Answer the following questions in about 50 words.

b) Check your answer with possible answers given at the end of the unit.

1. Briefly explain any two types of disability?

2. Explain any one problem faced by the disabled?

5.4 HEALTH SERVICES FOR THE DISABLED

To improve access to and coverage of health services for people with disability, WHO

- guides and supports Member States to increase awareness of disability issues, and promotes the inclusion of disability as a component in national and sub-national health programmes;
- facilitates collection and dissemination of disability-related data and information;

- develops normative tools, including guidelines to strengthen disability inclusion within health care services;
- builds capacity among health policymakers and service providers;
- promotes strategies to ensure that people with disability are knowledgeable about their own health conditions, and that health care personnel support and protect the rights and dignity of persons with disability;
- contributes to the United Nations Disability Inclusion Strategy (UNDIS) to promote “sustainable and transformative progress on disability inclusion through all pillars of work of the United Nations”; and
- provides Member States and development partners with updated evidence, analysis and recommendations related to disability inclusion in the health sector.

5.5 BARRIERS TO HEALTHCARE FOR THE DISABLED

People with disability encounter a range of barriers when they attempt to access health care including:

1. Attitudinal barriers

- People with disabilities commonly report experiences of prejudice, stigma and discrimination by health service providers and other staff at health facilities.
- Many service providers have limited knowledge and understanding of the rights of people with disability and their health needs and have inadequate training and professional development about disability.
- Many health services do not have policies in place to accommodate the needs of people with disability. Such policies could include allowing longer and flexible appointment times, providing outreach services and reducing costs for people with disability.
- Women with disabilities face particular barriers to sexual and reproductive health services and information. Health workers often make the inaccurate assumption that women with disabilities are asexual or are unfit to be mothers.
- People with disabilities are rarely asked for their opinion or involved in decision-making about the provision of health services to people with disability.

2. Physical barriers

- Health services and activities are often located far away from where most people live or in an area not serviced by accessible transport options.
- Stairs at the entrance to buildings or services and activities located on floors which do not have elevators and which are inaccessible.

- Inaccessible toilets, passages, doorways and rooms that do not accommodate wheelchair users, or are difficult to navigate for people with mobility impairments, are common.
- Fixed-height furniture, including examination beds and chairs, can be difficult for people with disabilities to use.
- Health facilities and other venues for activities are often poorly lit, do not have clear signage, or are laid out in a confusing way that makes it hard for people to find their way around.

3. Communication barriers

- A key barrier to health services for people who have a hearing impairment is the limited availability of written material or sign language for interpreters at health services.
- Health information or prescriptions may not be provided in accessible formats, including Braille or large print, which presents a barrier for people with vision impairment.
- Health information may be presented in complicated ways or use a lot of jargon. Making health information available in easy-to-follow formats – including plain language and pictures or other visual cues – can make it easier for people with cognitive impairments to follow.

4. Financial barriers

- Over half of all people with disabilities in low-income countries cannot afford proper health care.
- Many people with disabilities also report being unable to afford the costs associated with traveling to a health service and paying for medicine, let alone the cost of paying to see a health service provider.

5.4.1 Disability inclusion in the health sector

Disability is often not perceived as a health issue. Therefore, action is not taken towards disability inclusion in the health sector, which is also often overlooked in national disability strategies and action plans to implement and monitor the CRPD.

Attaining the highest possible standard of health and well-being for all will only be possible if governments understand the need for a paradigm shift, recognizing that the global health goals can only be achieved when disability inclusion is intrinsic to health sector priorities, including:

- universal health coverage without financial hardship
- protection during health emergencies
- access to cross-sectorial public health interventions, such as water, sanitation and hygiene services.

Disability inclusion is critical to achieving universal health coverage without financial hardship, because persons with disabilities are:

- three times more likely to be denied health care
- four times more likely to be treated badly in the health care system
- 50% more likely to suffer catastrophic health expenditure.

Disability inclusion is critical to achieving better protection from health emergencies, because persons with disabilities are disproportionately affected by COVID-19, which includes :

- increased risk of infection and barriers in accessing healthcare directly
- restrictions to reduce spread of virus (e.g., disruptions in support services) indirectly.

Disability inclusion is critical to achieving better health and well-being, because persons with disabilities are:

- 4–10 times more likely to experience violence
- at higher risk of nonfatal injury from road traffic crashes.

Children with disabilities are:

- three times more likely to experience sexual abuse
- two times more likely to be malnourished.

In this unit, you have read about health services for the disabled and barriers to health care for the disabled. Now, answer the questions given in check your progress 2.

Check Your Progress 2

Note: a) Answer the following questions in about 50 words.

b) Check your answer with possible answers given at the end of the unit.

1. What are the steps taken by WHO for health services for the disabled?

2. What are some of the health barriers faced by the disabled?

5.6 LET US SUM UP

Disability is a human rights issue, with people with disability being subjected to multiple violations of their rights, including acts of violence, abuse, prejudice and disrespect because of their disability, which intersects with other forms of discrimination based on age and gender, among other factors. People with disabilities also face barriers, stigmatization and discrimination when accessing health and health-related services and strategies. Disability is a development priority because of its higher prevalence in lower-income countries and because disability and poverty reinforce and perpetuate one another. Over 1 billion people are estimated to experience disability. This corresponds to about 15% of the world's population, with up to 190 million (3.8%) people aged 15 years and older having significant difficulties in functioning, often requiring health care services. The number of people experiencing disability is increasing due to a rise in chronic health conditions and population ageing. Disability is extremely diverse. While some health conditions associated with disability result in poor health and extensive

health care needs, others do not. However, all people with disability have the same general health care needs as everyone else, and therefore need access to mainstream health care services. Article 25 of the UN Convention on the Rights of Persons with Disabilities (CRPD) reinforces the right of persons with disability to attain the highest standard of health, without discrimination. However, the reality is that few countries provide adequate quality services for people with disabilities.

5.7 REFERENCES AND SELECTED READINGS

https://apps.who.int/gb/ebwha/pdf_files/WHA66/A66_12-en.pdf

5.8 CHECK YOUR PROGRESS-POSSIBLE ANSWERS

Check Your Progress 1

1. Briefly explain any two types of disability.

Answer: 1. Blindness: It refers to the condition of total blackness of vision with the inability of a person to distinguish darkness from bright light in either eye.

2. Cerebral Palsy: Cerebral Palsy (CP) is a disabling physical condition in which muscle coordination is impaired due to damage to the brain. It occurs at or before child birth. Cerebral Palsy is not a progressive condition; meaning it does not get worse with time.

2. Explain any one problem faced by the disabled?

Answer: The disabled have poorer health than the general population- depending on the group and the setting, people with disabilities may experience greater vulnerability to preventable secondary conditions, co-morbidities and age-related conditions. Some studies have also shown that they exhibit higher rates of risky behaviours such as smoking, poor dietary practices and habits, and physical inactivity. People with disabilities also have a higher risk of being exposed to violence.

Check Your Progress 2

1. What are the steps taken by WHO for health services for the disabled?

Answer:

(i) To guide and support Member States to increase awareness of disability issues, and promote the inclusion of disability as a component in national and sub-national health programmes;

(ii) facilitates collection and dissemination of disability-related data and information;

2. What are some of the health barriers faced by the disabled?

Answer: 1. Physical barriers: Health services and activities are often located far away from where most people live or in an area not serviced by accessible transport options.

2. Attitudinal barriers: People with disability commonly report experiences of prejudice, stigma and discrimination by health service providers and other staff at health facilities.



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