CHAPTER 12

Care of the Youth, Elderly and Disabled

Introduction

A disability is any restriction or lack (resulting from an impairment) of ability to perform an activity in the manner or within the range considered normal for a human being.

12.1 Persons with Disability – The Prevalence

There is a wide variation, ranging from 11 to 23 %, in the global estimates of persons with disability. This is mainly due to different definitions applied and different research methodologies. According to the WHO it is estimated that 10% of the children are either born with or acquire a disability during their lifetime. It is estimated that 10% of children with disability have an impact on at least 25% of the total population, taking into account only the family members and caregivers. In Sri Lanka data regarding persons with disability is not very reliable as most of it is based on findings from small scale studies. According to the Census of Population and Housing (2001), 1.96% of persons are reported to have some form of disability, which is also an underestimated figure. A disabled person is defined as "*a person who is unable to or limited in ability in carrying out activities that he or she should be able to normally carry out, due to congenital or long term physical / mental disabilities"*. This includes a wide variety of categories of persons with disabilities, such as those with impairment of vision, hearing and speech; problems in mobility; mental retardation; behavioural problems; learning difficulties and also those having multiple disabilities.

The physical problems faced by persons with disability, are developmental delays, malnutrition, growth retardation, frequent illnesses, chronic illnesses, problems due to immobility such as pressure sores and the inability to perform their activities involved in daily living. Most of them face psychological problems too, such as loneliness, anxiety, depression, lack of self esteem and being socially excluded by general consent (ostracism).

THE PROBLEMS FACED BY THE DISABLED

PHYSICAL

- Developmental delays
- Malnutrition
- Growth retardation
- Frequent illnesses
- Chronic illnesses
- Problems due to immobility

PSYCHOLOGICAL

- Loneliness
- Anxiety
- Depression
- Lack of self esteem
- Social isolation

Programmes for the benefit of the disabled

Our programmes should be aimed at the prevention of all forms of disability, early detection, treatment and rehabilitation. The objective of rehabilitation is to make them free of medical complications, make them establish activities of daily living as much as possible, and integrate them into normal society by overcoming the physical, environmental and social barriers. During this process, financial needs and the need to provide assistive devices such as wheel chairs, crutches, walking aids and spectacles, etc., will arise, and would need to be addressed through acts of intersectoral coordination and community mobilization.

12.2 Elderly Persons

In Sri Lanka the population is ageing rapidly and currently 10% of the population is over 60 years. This will be doubled in 20 to 25 years time. At present the life expectancy for males is 70 years and for females 75 years. This is expected to increase up to 75 and to 80 years respectively for males and females, by the year 2025. The median age of the population will increase from 26 years at present, to 46 years in 2025. The old age dependency ratio will increase from the present value of 14, to 32 by the year 2025.

As a result of these changes, the demand and the cost of healthcare for the country would increase. There will be overcrowding at the OPDs and at the Specialist Clinics, with the demand for laboratory services and drugs increasing greatly. The bed occupancy rate will rise and prolonged stay in hospitals will be more frequent. Therefore, the need to establish and strengthen programmes on health promotion, disease prevention, early detection and treatment, community follow up and rehabilitation is most imperative. Such programmes would result in a reduction of the healthcare expenditure for elders, and postpone the onset of disability, enabling older persons to remain active, productive and healthy as long as possible. This will also enable the older persons to remain a resource to the family and community.

One of the leading causes of disability among elderly is following accidental falls. Therefore, in houses where old persons are living, every step should be taken to design the household arrangements in a manner that falls would be prevented. In the designing of houses and public buildings it is necessary to consider the factors of accessibility, safety, and usability, by elderly and disabled persons. For example, it should be possible for wheel-chair users to gain access to the building and to a toilet, with built-in ramps if necessary. The floor tiles should be the non-slippery type. Hand rails and door knobs should be such that they can be gripped with minimum effort, and the taps should be of a type which can be operated easily. It is important that the lighting is adequate.

The gazette notification no: 1467/15 of 17th October 2006, states that it is necessary to make all public buildings accessible to persons with disabilities.

The PHI can play an important role in the following areas, with regard to elderly persons and disabled persons:-

- disease prevention
- early detection of diseases / associated complications
- referral to medical advice when necessary
- care and
- arranging for rehabilitation programmes

Therefore the PHI has to perform many functions improving the quality of life of the disabled and the elderly.

i. As an educator/ facilitator

- Advising local authorities to ensure that, during initial construction of or effecting alterations to public buildings (state/ commercial sector) including places of worship, such buildings are disabled/elderly friendly. The necessary guidelines in this regard are contained in the **Standards and Guidelines on Accessibility** (a copy will be sent to each MOH office).

- To arrange and conduct awareness and advocacy programmes on 'elderly care and care of persons with disability', targeting elders, their family members, school children and community leaders.

- To educate the public on prevention of disabilities.

at birth - Counseling to prevent consanguineous marriages

school children & out-of- school youth - Prevention of injuries due to home accidents, sports injuries, road traffic accidents, violence

young adults and adults	- Prevention of injuries due to road traffic accidents, violence, occupational injuries (agricultural workers, especially construction workers engaged in working at heights, coconut pluckers, toddy tappers etc)
elderly	- Early identification of cataract formation and the need for early intervention, prevention of home accidents, modification of home environment to make homes elderly & disabled friendly - On reducing stigma & discrimination against elderly and persons with disability in the community.

ii. As a coordinator and an organizer in the community

- Assisting the MOH to establish 'day centers' for the elderly, in collaboration with other community stakeholders, using available physical infrastructures in the area such as temples, kovils, churches and community centers, and also to carry out a sustainable programme by mobilizing necessary resources.

- Assisting the MOH to establish a 'day center' for rehabilitation of disabled persons. Such a center would enable rehabilitation of persons with disability, by means of mobilizing a Physiotherapist / Occupational therapist from a nearby hospital. It would also facilitate a programme for the lending of assistive devices such as wheel chairs, crutches, and commode chairs, to persons with disability on a short / long term basis, with the cooperation of the Department of Social Services and NGOs in the area.

- Arranging Screening Clinics for the elderly and disabled in his area, with support of other primary health care staff, especially to detect persons with visual impairments and hearing impairments and to provide them with the necessary aids.

iii. As a befriender

- Befriending elders, disabled, and the parents of children with disabilities, in his area.

iv. As a facilitator

- Identifying elders and disabled in his area, and referring them to 'day centers' established in the MOH area.

v. As a trainer

- Identifying and training suitable persons as volunteers, to care for elders and disabled in the area who are in need of help from volunteers.

12.3 Young Persons

The estimated country population of 19 million comprises 28% of young persons who are in the age group of 10-24 years. This includes 19.7% who are between the ages of 10-19 years (adolescents). These young persons constitute a significant group in the population, which has specific health needs which require specialized services. This being the category of the population that will invariably take on important responsibilities on behalf of the country eventually, their physical and mental well being would be most essential for the optimal development of the country in the future.

Rapid and drastic changes from the past traditional life styles have resulted in young people having to face many challenges in today's dynamic and complex environment. The increasing time lag between age at menarche and marriage for females, urbanization, migration (both internal and external) and globalization, all tend to affect their general well being.

As young persons are a heterogeneous group, their needs differ from one person to another and their health seeking behaviours are also quite diverse. In addition they have only limited opportunities to discuss their concerns and issues in the community, in an open manner. There is limited access to information and specific services to address the health needs, especially the sexual and reproductive health (SRH) concerns of young persons.

Common problems faced by young people in Sri Lanka are stress-related, and are in relation to factors such as education, examinations and unemployment. At many discussions conducted with young people, giving them the opportunity of asking questions in a written manner maintaining their anonymity, their dissatisfaction or over-concern regarding their outward appearance was highlighted. These included matters such as the presence of acne, height, obesity, thinness, complexion, excessive body hair and size of the breasts/ penis. They were also affected by myths and misconceptions, along with fear and guilt related to their physical, sexual and psychological changes such as those concerning menstruation, cervical mucous discharge, nocturnal emissions, masturbation and homosexuality.

A large proportion of young people also are psychologically affected with problems involving a breach of relationships with parties such as their parents, teachers, siblings, peers and also due to broken love affairs. Being bullied, sexual harassment, and problems due to gender bias, are also issues faced by young people, causing immense stress. School children are often punished or reprimanded by teachers / parents, for being absent from school without permission, lying or stealing.

Young people may be faced with more significant problems such as sexual abuse through incest or commercial sexual exploitation, pregnancies and need for abortions faced by unmarried young couples and addiction for the habit of substance abuse. These persons invariably need proper support and guidance, to prevent disruption of their education / career or to prevent mental illness, or even to prevent their committing suicide. Out-of-school young people who are sexually active, need counseling on methods of contraception (even if unmarried) to prevent unwanted pregnancies, and on avoiding risky sexual behaviour which would expose them to sexually transmitted diseases including HIV infections.

All young people need age-appropriate information, life skills, and clinical services, including guidance and counseling, to lead a well-balanced healthy life.

The PHI should be knowledgeable regarding the issues pertaining to young people, to enable him to provide efficient youth friendly health services and to assist the MOH in the provision of such services to the youth.

Supporting young people who are faced with issues / problems

At present (end of 2008) there are 16 'Youth-Friendly Health Service Centers' in the country. Majority have been set up in the hospital OPDs and a few in the MOH offices. Youth-Friendly Health Service (YFHS) provides necessary information, basic counseling and clinical services that young people need and rightfully deserve to receive, from a competent and youth problems sensitive provider, in a youth friendly environment / setting.

Prior to establishing the Youth Friendly Health Service, many consultative workshops were conducted during the years 2005 to 2007, involving young people, by the Directorate for Youth Affairs in the Ministry of Health, on their needs and concerns. The following issues were highlighted in these discussions.

Factors that hinder youth seeking advice on their problems and issues

Operational barriers faced by those seeking advice/treatment

Though young people are affected with these problems and issues need help, they may not seek help due to operational barriers such as the lack of a separate area to report at, ~~l~~ack of privacy and confidentiality during consultation, and inconvenient hours available for consultation. If they have to go to the private sector, the cost of services is high.

Avoiding stigma

They will be encouraged to seek services from a center which is not depicted as a "mental health unit / psychiatric unit", as this would stigmatize them or label them as mentally ill patients. Young people would very much appreciate if this service is **exclusively** intended for them.

How best to run the YFSC

This health facility should have separate places for examination and for counseling. A library or resource room will go along way in encouraging them to improve their knowledge both on general matters and on topics related to their own issues. Ideally, the waiting area should be equipped with a TV and a DVD player, and the resource room, with educational and story books, news papers, leaflets, magazines, audio visuals and research reports. The waiting time could be used to advantage if this center is also provided with recreational facilities such as equipment for playing indoor games such as draughts, chess and carom. This would very much help the people seeking clinical services, as they can visit this centre on the pretext of patronizing these facilities, thus avoiding any speculations that they may be suffering from illnesses and the associated stigma.

This facility should have the 'YFHS' name board conspicuously displayed, indicating the days and times during which the centre functions. At least the minimum furniture and equipment required (tables, chairs, weighing scale, measuring tape, etc.) for the provision of the package of health services expected according to the location (hospital or MOH office) should be in place. Availability of drinking water and accessibility to toilets are important. The implementation guideline, protocols, and records and data base on the clients should be available at the centre. A 'Suggestions Box' for the clients to deposit their suggestions that would help in effecting continuous improvements to the YFHS, too, is a requirement.

It is imperative to engage a service provider who has been specially trained in techniques of 'youth friendliness', and who is receptive, sensitive and empathetic to youth needs. The service provider shall possess good interpersonal and communication skills and should be motivated enough to provide adequate time to each client.

12.4 Role of PHI in the provision of services for young people

As an Educator, a Facilitator and an Organizer

At present the PHI's work covers young people between the ages of 10 to19 years attending school, through the school medical inspections and other health promotional activities. PHI must also support the MOH to conduct awareness programmes with the aim of life skills development among young persons and to train peer communicators and volunteers for working at the YFHS.

PHI can also play a pivotal role in organizing and conducting awareness programmes targetting out-of-school youths, their parents and community leaders on issues pertaining to health of young people, such as :-

- Sexual and Reproductive Health (SRH) issues including STD and HIV/AIDS
- Nutrition
- Prevention of violence and accidents
- Prevention of alcohol, tobacco and substance use
- Life skills
- Promotion of environmental health

The PHI can assist the MOH in identifying the target groups, and the knowledge that should be given to them, and subsequently in organizing and conducting necessary programmes, to cover most at-risk and vulnerable young population groups in the community (drug users, juvenile delinquents, those in the IDP camps, street children, and children of parents who have migrated etc.).

With the leadership of the MOH, and the cooperation of other health team members, PHI can play a major role in setting up a YFHS centre in the MOH area.

Befriending

Many young people, especially male youth, will much benefit if there is a health provider in the community who is approachable, to discuss their issues, particularly concerning SRH including STI and problems associated with substance use.

As the PHI is already involved in working with youth, both in-school and out-of-school, involving them as health volunteers in the control of diseases such dengue and filariasis, and in organizing environmental cleaning campaigns, it is easy for the PHI to build a good rapport with them. He can befriend and help young people having problems, or help them by referring them to the MOH.

PHI, after the necessary training, can be a team member to work in the YFHS, as people who can provide reliable sources of information to guide young people are lacking, especially with regard to reproductive health. The PHI should receive training in such a manner so as to provide services in a non judgmental, and non threatening manner enabling the young persons to maintain their privacy and confidentiality. Registers and records at the centre can be maintained by the PHI, while ensuring confidentiality and he can also help the MOH in the preparation and submission of regular returns to the respective authorities.

As a resource mobilizer

PHI can play an important role in mobilizing resources for the development of IEC materials such as banners, posters, leaflets, booklets, fliers, and handouts, which can facilitate the provision of services to young people.

As a coordinator

PHI can also help the MOH in strengthening the linkages and referral systems, concerning the following, in order that the young people may be supported in a holistic manner.

1. Provision of legal advice/aid required in situations of gender based and sexual violence
2. Community support centers (e.g., mental health)
3. Rehabilitation Centers for those addicted to substance use
4. Networks of people living with HIV/AIDS [PLWHA]
5. Youth networks and groups
6. Educational institutions and employment agencies
7. Religious leaders / other community leaders
8. All other officers related to health of young persons (eg: social services, divisional secretariat, police department)

In all these activities, it is important to plan, design, implement, and monitor the activities, with the active participation of youth in the community.

The need for the establishment of a Youth Friendly Health Service is highlighted in the Policy on Health of Young Persons. The Minimum standards and guidelines for the establishment of youth friendly services have been developed by the Directorate of Youth, Ministry of Health.