

DISABILITY AND HEALTH

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Introduction

Disability is difficult to define.

The legal definition of Disability in Sri Lanka is described in the protection of Rights of persons with Disabilities Act. According to this act, a "person with disability means any person who, as a result of any deficiency in his physical or mental capabilities, whether congenital or not, is unable by himself to ensure for himself, wholly or partly, the necessities of life" This is a broad definition encompassing the socio-economic aspects of disability.

Medically, Disability has a different definition. The sequence of events that leads to disability and handicap have been medically described as a condition where Disease or injury leads to impairment which could lead to disability which in turn could lead to a Handicap

An impairment is defined as "any loss of or abnormality of psychological [e.g. Mental retardation], physiological [e.g. defective vision], or anatomical structure or function" [e.g. loss of a foot].

A Disability is the inability to carry out certain activities due to the impairment

A Handicap is when the person experiences certain disadvantages in life resulting from an impairment or disability which limits or prevents the fulfilment of a role that is normal for that individual

Common types of Disabilities are classified as:

1. Physical
2. Mental
3. Visual
4. Hearing

Causes of Disability

The major causes of disability are

1. Diseases

- a. Diseases during pregnancy such as Rubella, Mumps could lead to defects and disabilities in the child. Mental illness in the parent could result in a similar illness in the child.
- b. Diseases in childhood such as Poliomyelitis could result in paralysis of one or more limbs
- c. Diseases in Adults such as Diabetes can lead to amputation of a limb. Untreated hypertension could lead to strokes and paralysis of the limbs.

2. Malnutrition

- a. Protein and calorie deficiency especially during the weaning period (around 6 months of age) results in poor muscle growth and learning difficulties in childhood. Lack of proteins and calorie in the diet of adults could lead to poor work performance and increased susceptibility to diseases.
- b. Lack of Vitamin A in the diet could lead to night blindness and even total blindness
- c. Lack of Iodine in the diet of mothers during pregnancy could result in the baby developing Iodine Deficiency Disorders (IDD) leading to permanent physical and mental disability in the child
- d. Lack of iron in the diet of a pregnant mother could lead to anaemia which in turn results in the birth of low birth weight babies.

3. Accidents: Road Traffic Accidents (RTA) and Home accidents cause a large number of disabilities

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4. Landmines result in death and disabilities such as loss of limb, sight or hearing.
5. War Injuries cause a multitude of disabilities including psychosocial disabilities.
6. Use of antibiotics such as gentamycin, kanamycin, neomycin, streptomycin etc during pregnancy, could result in hearing defects in the child

Prevalence of disability

Global

According to the United Nations, approximately one in 20 people have a disability. More than 80% of the disabled live in low income countries mostly among the poorest of the poor. A third of the disabled are children. 90% of these disabled children rarely survive beyond the age of 20.

In America, Canada and UK 60% of the disabled have incomes below the poverty line"

In Sri Lanka we have 6.6% of the population living below the poverty line (which is the population earning less than 1\$ per day)". A majority of the disabled fall within those living below the poverty line.

Most of the disabled are socially segregated and neglected by the community and in most instances by the family. However, if the disabled become economically productive, their status within the society and the family, changes positively.

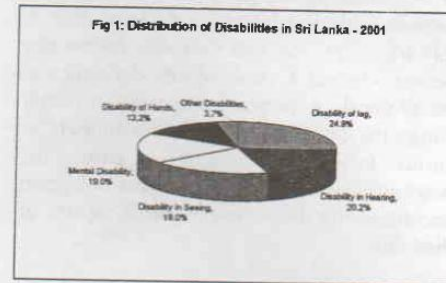
Prevalence of Disabled in Sri Lanka

The thirteenth Census of Population and Housing" was carried out in July 2001 excluding most of the North-East Province. The census was carried out partially in Vavuniya and Mannar Districts in the Northern Province and Batticaloa and Trincomalee in the Eastern Province. The census did not cover Kilinochchi, Jaffna &

Mullaitivu Districts. The data on selected physical and mental disabilities were collected.

According to this census, the total number of Disabled in the 18 districts of Sri Lanka, in which the census was carried out completely was 274, 711. The number of disabled in Vavuniya, Trincomalee and Batticaloa were: 1937, 4818 and 4166 respectively.

Fig 1: Distribution of Disabilities in Sri Lanka - 2001



Among the 18 districts where the complete census was carried out, the highest number of disabled persons (28,863) was reported from Gampaha District and the lowest number (6,010) was from the Polonnaruwa district.

The highest percentage (24.9%) of the disabled had disability of the legs

31.7% of the disabled population surveyed had no schooling. Female disabled were worse off than the male disabled.

73.3% of the disabled were supported by family or relations. Only 3.7% of the disabled were living in institutions.

Only 16.1% of the disabled over 10 years had any type of occupation. Most of them were employed in elementary occupations.

Only 3.3% of the disabled received any vocational training after they became disabled.

According to the Census of Population and Housing -2001", the causes of disability among Sri Lankans are given in table 1.

Table. 1: Causes of Disability among Sri Lankan Population

Cause of Disability	Type of Disability				
	Legs	Hands	Hearing/ Speaking	Seeing	Mental Disability
Congenital	24.9	22.5	61.3	15.2	49.9
Illness	40.1	39.7	24.5	51	29.3
RTA	6.1	4.4	0.7	1.2	1
Occupational Accidents	3.1	6.7	0.5	3.5	0.6
Riot & Violence	1.2	2.6	0.4	1.3	0.7
Other Accidents	7.4	7.8	1.9	6.9	2.5
War/Terrorism	5.6	4.1	0.7	1.4	0.3
Other	9.9	10.7	8.5	17.9	13.6
Not Specified	1.6	1.5	1.4	1.6	2
Total	99.9	100.0	99.9	100.0	99.9

Source: Department of Census and Statistics. Census of population and housing – 2001

Sri Lanka. Information on Disabled persons. Department of Census & Statistics Colombo.2003

Congenital causes have been the main reason for hearing and or speech defects and mental disability (Table1). 61.3% of those with hearing and or speech defects and 49.9% of those with mental disability have been due to congenital causes. Illnesses have constituted the important cause of visual disability (51.0%) and disability of arms (39.7%) and legs (40.1%).

Most of these illnesses that result in disability are preventable illnesses such as, Poliomyelitis, cerebral palsy, etc

Some diseases could be prevented by appropriate immunizations such as Rubella, Mumps, Oral Polio vaccine, etc.

Prevalence of Disability in Jaffna

Jaffna District was not included in the Census of 2001. Hence accurate data on disabled is not available. However Data collected by the

Association for Rehabilitation of the Disabled (AROD) give some insight into the situation in the Jaffna District.

A prevalence study was carried out in 1993 by the author through the Association for Rehabilitation of the Disabled in the Jaffna District. The study was carried out using persons trained by AROD and carrying out physiotherapy at Teaching Hospital Jaffna.

The data collection was carried out in 8 of the 14 Divisions by visiting the individual homes. The homes were visited by obtaining information from village leaders and other disabled persons. The divisions excluded from the study (for logistic and security reasons were the divisions of Islands North, Islands South, Delft, Vadamarachchi East and Thenmarachchy.

Table 2: Disabled in 8 of the 14 districts in Jaffna District as at 30.03.2003

DS Division	Total Disabled	Cause of disability				
		Birth Defects	Landmine	War victims	Diseases	Accident
Jaffna*	251	114	22	21	72	24
Nallur	356	192	30	13	80	41
Kopay	513	211	75	41	126	60
Uduvil	424	178	32	21	144	49
Tellipalai	181	79	22	10	54	16
Sandilipay	250	101	14	21	90	24
Chankanai	272	155	10	13	81	13
Point Pedro	306	175	21	38	52	20
Total	2553	1205	226	178	699	247
Percent	100.0%	47.2%	8.9%	7.0%	27.4%	9.7%

The eight districts had 2553 disabled in a population of 471,573, giving a prevalence rate of 5.4 per 1000 population. The prevalence rate is very low as the entire population was not covered. There is bound to be much more than this number who are kept within the four walls of their houses. There will also be several children with disabilities who have not been identified by the parents or the community.

Landmines in Jaffna

Landmine injuries started appearing in the Jaffna district in the early eighties. However, there are no accurate data of landmine injuries even in the hospital records.

The Jaffna Jaipur Centre for Disability Rehabilitation (formerly called Jaipur Foot Programme) was the pioneer in the field of Rehabilitation of the physically handicapped with the introduction of the Jaipur foot for persons who had lost limbs following war injuries, accidents and disease. The organization was founded in 1987 and during the 10 years up to 1997, 1614 artificial limbs were provided by the organization. 79.9% were to individuals who had lost their limbs due to war related injuries. (Table 3)

The number of landmine injuries in Jaffna district is given in table 4

Table 3: Artificial limbs provided by Jaipur Foot Workshop Jaffna - 1.7.87 - 30.6.97

Reason for loss	Limb provided		Total Number	%
	Lower limb	Upper limb		
Bomb blast	82	6	88	5.5
Shelling	238	38	276	17.1
Gunshot	109	18	127	7.9
Pressure mines	797	-	797	49.4
Illness	198	19	217	13.4
Accidents	97	12	109	6.8
Total	1521	93	1614	100.1

Source: Tenth Anniversary Souvenir, Jaipur Foot Programme, Jaffna. 1997

Table 4: Incidence of Landmine and UXO injuries in Jaffna District – 1997 to 2005

Year	Type of Explosive			Total	Incidence per 100,000 population
	Landmine	UXO	Not Known		
1997	69	22	-	91	18.2
1998	27	01	04	32	6.4
1999	23	07	-	30	6.0
2000	34	09	-	43	8.6
2001	66	21	01	88	17.4
2002	46	17	-	63	11.2
2003	34	22	02	58	9.7
2004	18	05	01	24	4.1
2005	17	02	01	20	3.4
Total	334	106	07	449	

It is known that about 60% of landmine victims end up in amputation, 30% end up in complete or partial recovery and 10% die. It is estimated that during the past two decades over 500 have been disabled as a result of landmines and UXOs. Many more hundreds have been physically disabled by war related injuries. Thousands more have been mentally disabled by war.

The Social Dimension of Disability

Disabled has been historically looked up as helpless victims needing care and support. 'Handicap' implies a beggar with his cap in his hand.

Disability has been also seen as a medical condition - a problem located within an individual, with emphasis on correcting and ameliorating the impact of impairment. The emphasis has always been on correcting the impairment so that the individual can become as "normal" as possible.

However it is the society that disables people with impairments through its failure to recognize and accommodate the difference. The society also through its attitudinal, environmental, and institutional barriers it erects that exclude disabled people.

Disabled people face several barriers in realizing equal opportunities such as environmental and

access barriers, legal and institutional barriers and attitudinal barriers which result in social exclusion

Economic barriers

According to the census 2001, a majority (73.3%) of disabled persons, are supported by the family or a relation and only 0.4% are begging. (Table 5)

Only 14.4% of the disabled over 10 years are employed. Employment among women is very low (5.1%).

Table 5: Principle means of livelihood by Sex

Sex	Total (%)	Employment	Supported by Family or relation	Supported by Institution, Government or Organization	Begging	Others
Total	100	14.4	73.3	6.2	0.4	5.8
Male	100	21.2	66.0	5.9	0.5	6.4
Female	100	5.1	83.1	6.6	0.2	4.9

Source: Census of Population and Housing – 2001, Sri Lanka. Information on Disabled Persons. Department of Census & Statistics. 2003.

Barriers in access to education

Although 92% of children in Sri Lanka enter schools, 31.7% of disabled children never attend school. Female disabled are worse off than their male counterparts. Even if they attend a school

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they are discriminated with lack of facilities to overcome their disability.

Only 3.3% of the disabled in Sri Lanka have received any form of vocational training after being disabled.

Even disabled persons who attend the Jaffna University have limited facilities to pursue their studies. The Jaffna University has had several disabled students (blind and physically disabled students). They have had very limited facilities for them to move about. There are no toilets suitably constructed for disabled. Multi-storied buildings do not have elevator facilities or ramps for the use of disabled and they have to be physically carried every day for their classes.

Access barriers

Accessibility for the disabled has been the overriding concern. If access is guaranteed, persons with disabilities can use, interact and participate in social environments to the same extent as others

Due to access barriers, the disabled face obstacles in accessing basic Health care. Clinics in upper stories in most hospitals are not accessible to disabled persons due to lack of elevators. Even access to government institutions is limited as access is difficult. These buildings are not constructed with the disabled in mind

Public transport is also not "disabled friendly". The buses are too high and doors are too narrow to get in and get out. With an increase in the proportion of the elderly population in our country, we have to plan in advance in order to serve this elderly disabled population.

Prevention and Care of the Disabled

When disability is discussed it is usually the physically handicapped who are considered. However persons with mental disability also form a considerable group.

Children with mental retardation form a small but vulnerable group who need special care by parents, teachers and all adults around them should have a good understanding of their particular needs.

Most disabilities are preventable. Disabilities could be prevented by simple interventions such as: proper care of the pregnant mother, proper neonatal care, early identification of delayed milestones in infancy, proper nutrition of children, immunization against common diseases, regular administration of Vitamin A, prevention of accidents and care of the elderly

With those disabled it is necessary to reduce their handicap. Most disabled do not ask for charity. They seek acceptance in society and live like the able. What the able could do is to "get them on their feet", so that they can be economically productive.

Institutionalization is one of the most severe and common forms of exclusion and abuse of the disabled. In institutions, freedom to associate is limited. Privacy is non-existent. In the words of many International human rights documents, institutionalization is described as "cruel, inhuman and degrading treatment"

¹ Parliament of Sri Lanka: *Protection of the Rights of Persons with Disabilities Act, No. 28 of 1996*

² *Disability Awareness in Action Information kit to support the International Day of Disabled Persons: December 3. London 1993.*

³ *World Health Organization World Health Statistics 2005. Geneva 2005*

⁴ Department of Census and Statistics. *Census of population and housing - 2001 Sri Lanka Information on Disabled persons.* Department of Census & Statistics Colombo.2003