**UNIT:**  **Persons with special health needs**

**CLASS: KECHN, Year 2, Semester 1**

**LECTURER: Njeri Karienye**

**Objectives of the units**

By the end of the unit the learner should be able t**o:**

* Define some terminologies E.g disability
* Identify and manage individuals and groups in need of special health service
* Describe services available for persons with special health needs
* Describe support systems available for persons with special health needs

**Definition of terms**

**Disability**

1. A disability is a physical, emotional or mental injury or illness that is severe or permanent, that interferes with an individual’s normal growth, development or ability to learn or work.
2. 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).

**Impairment:**

i). Any loss or abnormality of psychological, physiological and anatomical structure or function

ii). A problem with a structure or organ of the body

**Handicap:**

**i**). A disadvantagefor a given individual that limits or prevents the fulfillment of a role that is normal

ii). A disadvantage in filling a role in life relative to a peer group

**Overview**

**What the United Nations (UN) has done for persons with disability**

The United Nations moved from a welfare perspective on disability to a development of human rights perspective since 1950s. This approach was promoted during the International Year of Disabled Persons in 1981 and embodied in the World Programme of Action concerning Disabled Persons adopted in 1982.

This approach was further developed during the United Nations Decade of Disabled Persons (1983-1992) and led to the adoption of the Standard Rules on the Equalization of Opportunities for Persons with Disabilities in 1994. It is widely agreed that, since its adoption, the application of the principles expressed in the Standard Rules has greatly contributed to the diffusion of best practices on equalization of opportunities for persons with disabilities.

In 1992, the United Nations proclaimed 3rd December of each year as International Day of Disabled Persons with the aim of promoting a better understanding about disability issues and increasing awareness of gains to be derived from the integration of disabled persons in every aspect of political, social economic and cultural life.

On 13th December, 2006, the General Assembly adopted the Convention on the Rights of Persons with Disabilities at UN headquarters, New York, and was opened for signature on 30th March, 2007, the first major human rights comprehensive Treaty of the 21st century. It was also the first human rights convention to be open for signature by regional integration organizations. The Convention entered into force on 3rd May, 2008.

The Convention is intended as a human rights instrument with an explicit, social development dimension. It adopts a broad categorization of persons with disabilities and reaffirms that all persons with all types of disabilities must enjoy all human rights and fundamental freedoms. It clarifies and qualifies how all categories of rights apply to persons with disabilities and identifies areas where adaptations have to be made for persons with disabilities to effectively exercise their rights and areas where their rights have been violated, and where protection of rights must be reinforced.

**NB:**

* The World Health Organization (WHO) published the International Classification of Functioning, Disability and Health (ICF) in 2001.
* The Convention was negotiated during eight sessions of an Ad Hoc Committee of the General Assembly from 2002 to 2006, making it the fastest negotiated human rights treaty.

**Objectives of the policy of persons with disability**

It is recognised that national policy development is necessary and critical to fully recognise

the rights of all persons with disabilities and to support the organisations that serve them.

The objectives of the Policy are **to:**

* Protect and promote the human rights of all persons with disabilities
* Provide a framework which will guide the development of public policy to incorporate disability related issues
* Eliminate marginalisation of, and discrimination against all persons with disabilities ensuring effective access to justice
* Empower persons with disabilities and their families to participate in discussions on the implementation of disability related initiatives
* Provide national direction for greater inclusion and participation of persons with disabilities in social, educational, cultural, economic and recreational aspects of society
* Reinforce institutions to establish additional facilities to enhance provision of services to persons with disabilities
* Provide the atmosphere for the participation of persons with disabilities in the decision making and implementation process
* Create a barrier-free environment to allow for independent functioning of persons with disabilities.

**Disability and impairment**

* Words disability and impairment are used interchangeably. Most disabilities start at birth or in childhood.
* Those that start later in life are often as a result of accidental injury.
* In many cases the loss of a function due to disability need not make a person useless.
* Often disabled people have other faculties which they can put into good use and therefore be able to earn a living for themselves and their family.   
  E.g, blind people can work as telephone operators, those with disabilities affecting the legs can do any work that requires the use of their hands
* In order to help them one will identify their abilities and modify the environment to avoid overtaxing them.
* Will also provide them with appliances and the appropriate apparatus in order to develop their potential ability and compensate for the defect.

**Assistance and support**

For many people with disabilities, assistance and support are prerequisites for participating in society. The lack of necessary support services can make people with disabilities overly dependent on family members and can prevent both the person with disability and the family members from becoming economically active and socially included.

Throughout the world people with disabilities have significant unmet needs for support. Support services are not yet a core component of disability policies in many countries and there are gaps in services everywhere.

No one model of support services will work in all contexts and meet all needs therefore a diversity of providers and models is required. But the overarching principle promoted by the United Nations Convention on the Rights of Persons with Disabilities (CRPD) is that, services should be provided in the community, not in segregated settings (UN, 2006).

Person-centred services are preferable, so that individuals are involved in decisions about the support they receive and have maximum control over their lives. Many persons with disabilities need assistance and support to achieve a good quality of life and to be able to participate in social and economic life on an equal basis with others (Verdonschot MM et al , 2009).

**Examples:**

i). A sign language interpreter, enables a deaf person to work in a mainstream professional environment.

ii). A personal assistant helps a wheelchair user travel to meetings or work.

iii). An advocate supports a person with intellectual impairment to handle money or make choices.

People with multiple impairments or older persons may require support to remain in their homes. These individuals are thus empowered to live in the community and participate in work and other activities, rather than being marginalized or left fully dependent on family support or social protection. Most assistance and support comes from family members or social networks (Misra S, 2010).

Some of the more common types of assistance and support services **include:**

* Community support and independent living assistance with self-care, household care, mobility, leisure and community participation
* Residential support services independent housing and congregate living in group homes and institutional settings
* Respite services short-term breaks for caregivers and people with disabilities
* Support in education or employment such as a classroom assistant for a child with a disability, or personal support in the workplace
* Communication support such as sign language interpreters
* Community access including day care centres
* Information and advice services including professional, peer support, advocacy and supported decision-making
* Assistance animals such as dogs trained to guide people with a visual impairment.

Examples of persons with special need**s:**

* People with hearing and visual impairment
* Children in need
* The elderly
* Chronically ill patients
* Displaced persons
* Widows and widowers

According to the World Health Organization (WHO), disability has 3 dimension**s:**

1. **Impairment** in a person’s body structure or function, or mental functioning, examples of impairments includ**e:**

* Loss of a limb
* Loss of vision
* Memory loss.

1. **Activity limitation**, such as difficulty seeing, hearing, walking, or problem solving.
2. **Participation restrictions** in normal daily activities, such as working, engaging in social and recreational activities, and obtaining health care and preventive services

Disability can b**e:**

* Related to conditions that are present at birth and may affect functions later in life, including cognition (memory, learning, and understanding), mobility (moving around in the environment), vision, hearing, behavior and other areas. These conditions may be **:**
  + Disorders in single *genes* (E.g [Duchenne muscular dystrophy](file:///D:\ncbddd\musculardystrophy\index.html))
  + Disorders of *chromosomes* (E.g, [Down syndrome](file:///D:\ncbddd\birthdefects\downsyndrome.html))
  + The result of the mother’s exposure during pregnancy to infections (E.g, rubella) or substances, such as alcohol or cigarettes.
* Associated with developmental conditions that become apparent during childhood (E.g, [autism spectrum disorder](file:///D:\ncbddd\autism\index.html) and [attention-deficit/hyperactivity disorder or ADHD)](file:///D:\ncbddd\adhd\index.html)
* Related to an injury (E.g, [traumatic brain injury](https://www.cdc.gov/TraumaticBrainInjury/) or [spinal cord injury](http://www.who.int/mediacentre/factsheets/fs384/en/) ).
* Associated with a longstanding condition (E.g, [diabetes](file:///D:\diabetes\index.html)), which can cause a disability such as vision loss, nerve damage, or limb loss.
* Progressive (E.g, [muscular dystrophy](file:///D:\ncbddd\musculardystrophy\index.html)), static (E.g, limb loss), or intermittent (E.g, some forms of multiple sclerosis)

**Categories of disabilities**

The following are types of common disabilities:  
  
**Physical Disabilities**  
  
These include:

* Motor defects due to congenital causes such as missing limbs, trauma, cerebral palsy (spastics).
* Sensory defects such as blindness and deafness.
* Chronic illness, for example, epilepsy.

**Mental Disability**Due to mental deficiency, these include: mongolism, birth injuries, meningitis and emotional problems.

**Physical disabilities**  
These include:

* Motor defects due to congenital causes such as missing limbs, trauma, cerebral palsy (spastics).
* Sensory defects such as blindness and deafness.
* Chronic illness, for example, epilepsy.

**Mental disability**Due to mental deficiency, these **include:**

* Mongolism
* Birth injuries
* Meningitis
* Emotional problems

There are many types of disabilities, such as those that affect a person’**s:**

* Vision
* Movement
* Thinking
* Remembering
* Learning
* Communicating
* Hearing
* Mental health
* Social relationships

**Impairment**

**i). Impairment** is an absence of or significant difference in a person’s body structure or function or mental functioning. E.g, problems in the structure of the brain can result in difficulty with mental functions, or problems with the structure of the eyes or ears can result in difficulty with the functions of vision or hearing.

ii). Anything that stops a part of your body from functioning fully is known as impairment.

* **Structural impairments** are significant problems with an internal or external component of the body. Examples of these include a type of nerve damage that can result in multiple sclerosis, or a complete loss of a body component, as when a limb has been amputated.
* **Functional impairments** include the complete or partial loss of function of a body part.   Examples of these include pain that does not go away or joints that no longer move easily.

A disability is a physical, emotional or mental injury or illness that is severe or permanent, that interferes with an individual’s normal growth, development or ability to learn or work.

There are many different types of impairments such **as:**

* **Motor impairment** (is the partial or total loss of function of a body part, usually a limb or limbs. This may result in muscle weakness, poor stamina, lack of muscle control or total paralysis).
* Sensory impairment ( When one of the senses E.g sight, hearing, smell and spatial awareness is no longer there)
* **Emotional impairment** 
  + - inability to learn that cannot be explained by intellectual or health factors
    - inability to build or maintain satisfactory interpersonal relationships with E.g peers, teachers
    - inappropriate behaviour/feeling under normal circumstances
* **Intellectual impairment** (Problems with general mental abilities that affect functioning in 2 areas**:**

**a).** Intellectual functioning E.g learning, problem solving and judgement

**b).** Adaptive functioning that is activities of daily life e.g communication and independent living

Two types of impairments, namely **hearing** and **visual impairment**

1. **Hearing impairment**

**Overview**

* By 2050 nearly 2.5 billion people are projected to have some degree of hearing loss and at least 700 will require hearing rehabilitation (WHO, 2001)
* Over 1 billion young adults are at risk of permanent, avoidable hearing loss due to unsafe listening practices (WHO, 2001).
* Over 5% of the world’s population or 430 million people require rehabilitation to address their ‘disabling’ hearing loss (432 million adults and 34 million children).
* It is estimated that by 2050 over 700 million people or one in every ten people will have disabling hearing loss.
* ‘Disabling’ hearing loss refers to hearing loss greater than 35 decibels (dB) in the better hearing ear.
* Nearly 80% of people with disabling hearing loss live in low and middle-income countries.
* The prevalence of hearing loss increases with age, among those older than 60 years, over 25% are affected by disabling hearing loss.

Hearing loss and deafness

* A person who is not able to hear as well as someone with normal hearing, **hearing** thresholds of 20 dB or better in both ears is said to have hearing loss.
* Hearing loss may be mild, moderate, severe, or profound.
* It can affect one ear or both ears, and leads to difficulty in hearing conversational speech or loud sounds.
* 'Hard of hearing' refers to people with hearing loss ranging from mild to severe.
* People who are hard of hearing usually communicate through spoken language and can benefit from hearing aids, cochlear implants and other assistive devices as well as captioning.
* 'Deaf' people mostly have profound hearing loss, which implies very little or no hearing. They often use sign language for communication.
* Hearing impairment is a disability that hinders successful processing of sound waves through audition, that is the inability to hear or interpret/perceive sound waves.
* Hearing impairment is classified according to the units used to measure the loudness of sound. These units are known as **decibels** (db).
* Human contacts and relationships depend on communication by means of speech.
* A person who has profound hearing impairment cannot converse with others unless they can both use and understand **sign language.**
* Impairment in hearing may also cause changes in personality and attitude, awareness of the surroundings and ability to protect oneself. This calls for a great deal of patience and tolerance from other people when dealing with the patient.
* People with hearing impairment try to conceal their disability by developing some defence mechanisms, E.g withdrawing from contact with others and displaying unreasonable irritability and aggressiveness.
* It is therefore important for health workers to bear this in mind as they help a person with hearing impairment. Sometimes the person may even reject the help required to facilitate their hearing. E.g they may refuse to wear hearing aids because they feel it advertises their disability.
* It is therefore important to teach family members and the community how to cope and live with a person who has hearing impairment. This is better than educating or training anyone with moderate hearing impairment.
* There are 2 terms used to describe hearing impairment, which are based on
* time of onset of hearing loss
* the functional status of hearing. These are **total hearing loss** and **hard of hearing.**

1. **Total hearing loss (Deafness)**

* A person who is born completely deaf and who in the past has never developed speech is described as deaf and dumb (Davies, B.M, 1978).
* This person has total hearing loss and the sense of hearing is non-functional for ordinary purpose of life. The person is dumb not due to a defect in voice production but because normal speech is only learnt by copying what is heard.
* Deafness is classified int**o:**
* Congenital deafness: which is loss of hearing before speech   
  is developed.
* Adventitious deafness: which is when one is born with normal hearing, but later suffers some illness or accident causing the hearing to become non functional

1. **'Hard of hearing'**

* 'Hard of Hearing' is the term used to describe a person who although has defective hearing, it is serviceable with or without hearing aids.
* Hard of hearing is a term that refers to **someone with mild-to-severe hearing loss**. In these individuals, some hearing capability is still present
* This term indicates that although the person is deaf the person has normal speech.

Examples who suffer from “**hard of hearing**” are people with**:**

**i). Conductive hearing loss:**

A conductive hearing loss happens when sounds cannot get through the outer and middle ear. It may be hard to hear soft sounds. Louder sounds may be muffled. Medicine or surgery can often fix this type of hearing loss.

**Causes of conductive hearing loss**

This type of hearing loss can be caused by the followin**g:**

* Fluid in [middle ear](https://www.asha.org/public/hearing/how-we-hear/) from colds or allergies.
* [Ear infection](https://www.asha.org/public/hearing/otitis-media/), or otitis media. Otitis is a term used to mean ear infection, and media means middle.
* Poor Eustachian tube function. The Eustachian tube connects the middle ear and the nose. Fluid in the middle ear can drain out through this tube. Fluid can stay in the middle ear if the tube does not work correctly.
* A hole in the eardrum.
* Benign tumors. These tumors are not cancer but can block the outer or middle ear.
* Earwax , or cerumen, stuck in the ear canal.
* Infection in the ear canal, called external otitis. You may hear this called swimmer’s ear.
* An object stuck in the outer ear. An example might be if a child put a pebble in his ear when playing outside.
* A problem with how the outer or middle ear is formed. Some people are born without an outer ear. Some may have a deformed ear canal or have a problem with the bones in their middle ear

ii). **Sensory/sensori-neural hearing loss**

This is hearing loss caused by damage to the inner ear or the nerve from the ear to the brain.

Sensori-neural hearing loss is permanent. In adults, causes include **:**

* **Ageing:** Usually in 70s and above, one loses about 1% of the hearing per year, (Darius Kohan, 2015)
* **Prolonged exposure to loud** noise. The day-to-day noises can take a toll on one’s hearing. It affects all age groups because the society that we live in is very noisy. Wearing ear protection and avoiding sounds above 85 decibels can help protect the inner ear (Darius Kohan, 2015)

In children and infants, causes includ**e:**

* **Congenital abnormalities/ gene mutation:** Half of all new-borns with hearing loss carry a specific gene for deafness (Cellular Neuroscience, 2019)
* **Infections/Illness:** Many viruses are thought to cause inflammation in the inner ear, which can lead to hearing loss E.g COVID 19 Virus (Mayo clinic, 2020)

In this type of hearing loss, higher-pitched tones may sound muffled. It may become difficult to pick out words against background noise.

Treatment includes hearing aids and assistive devices.

* Side effects from cancer treatmen**t: H**earing loss is known to occur in cancer patients that are treated with E.g cisplatin, a common cancer therapy medication. **Cisplatin** enters the inner ear where it can cause damage through generation of toxic particles called “reactive oxygen species. (American Speech-Language-Hearing Association)

**NB:**

Not all cancer treatment drugs damage the inner ear.

**iii). Psychogenic hearing loss:**

* Hearing loss or impairment caused by a mental or emotional disorder or trauma and having no evidence of an organic cause
* A hearing loss that cannot be explained by anatomic or physiologic abnormalities



**Causes of hearing impairment**

**Middle Ear**

Diseases or defects that may affect or damage the middle Include

* Tubal catarrh, which is the occurrence of the middle ear being permanently under   
  pressure due to malfunctions of the eustachian tube.
* Acute middle ear infections.
* Chronic otitis media which is caused by excessive growth of the cranial   
  bone, thus leaving little room for the ossicular chain (which is malleus, incus and stapes) to operate in. These fail to transmit sound vibrations to the inner ear leading to considerable hearing loss.

**Inner Ear**  
The diseases and defects of the inner ear are the most serious contributors to hearing loss. They affect both perception and the recording of the four parameters of sound loudness, that is, pitch, quality and duration. These may cause other problems apart from serious hearing loss.

Causes of hearing loss in the inner ear include the following:

* Congenital causes due to infections in utero such as german measles or rubella, cytomegalovirus, syphilis.
* Brain damage especially intracranial injury in cases of difficult labour and delivery.
* Neonatal jaundice due to hyperbilirubinemia which can lead to kernicterus. Kernicterus causes brain damage thus interfering with interpretation of the   
  sound wave.
* Acoustic trauma caused by loud environmental noise, which distorts the tympanic membrane making it unable to vibrate.
* Minieres disease which causes a considerable loss of frequency analysis.
* Postnatal incidentals, such as infections due to measles, mumps and meningitis,  
  and the overuse of drugs such as aminoglycosides (especially neomycin),  
  quinine, or salicylates.
* Tumours of the auditory nerve such as acoustic neuroma.

**Middle Ear**

Diseases or defects that may affect or damage the middle includ**e:**

* Tubal catarrh, which is the occurrence of the middle ear being permanently under   
  pressure due to malfunctions of the Eustachian tube.
* Acute middle ear infections.
* Chronic otitis media which is caused by excessive growth of the cranial   
  bone, thus leaving little room for the Ossicular chain (which is malleus, incus and stapes) to operate in. These fail to transmit sound vibrations to the inner ear leading to considerable hearing loss.

**Inner Ear**

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* They affect both perception and the recording of the four parameters of sound loudness, that is, pitch, quality and duration.
* These may cause other problems apart from serious hearing loss.

Causes of hearing loss in the inner ear include the followin**g:**

* Congenital causes due to infections in utero such as German measles or rubella, cytomegalovirus, syphilis.
* Brain damage especially intracranial injury in cases of difficult labour and delivery.
* Neonatal jaundice due to hyperbilirubinemia which can lead to kernicterus. Kernicterus causes brain damage thus interfering with interpretation of the   
  sound wave.
* Acoustic trauma caused by loud environmental noise, which distorts the tympanic membrane making it unable to vibrate.
* Minieres disease, minieres’ cause is unknown ( inner ear problem that make one have dizzy spells) which causes a considerable loss of frequency analysis. s/s-tinnitus, aural fullness
* Postnatal incidentals, such as infections due to measles, mumps and meningitis,  
  and the overuse of drugs such as aminoglycosides (especially neomycin),  
  quinine, or salicylates.
* Tumours of the auditory nerve such as acoustic neuroma.

**Resources available for the hearing impaired**

* Community teachers, family, institutions, special schools and associations are some available resources for the hearing impaired.
* Community teachers
* Family
* Institutions
* Special schools
* Associations

**i). Community teachers**

* In most communities it is possible to find people who have hearing impairment and who can be requested to mentor and train a child with hearing impairment.
* It is important to identify and use such persons because they relate easily to the emotions and difficulties the child may be going through. Some may even be trained which would be an added bonus.

**ii). Family**

* Families with children who have hearing impairment in the same community can come together and form a support group where they share experiences. This serves as group therapy and they learn very well as a group.

**iii). Institutions for the Hearing impaired**

* There are a number of institutions where special education and programmes for the persons with hearing loss take place.
* These institutions can be accessed through the ministry of education in our country and refer our patients to them

**iv). Special schools**

* Persons with hearing impairment need special training in special schools where they can learn. In our country there are many schools for persons with hearing impairment
* They assist them to develop skills that make them feel important and useful members of the community.
* Special schools are largely public institutions run like any other school.
* Visiting these special schools helps us to understand and appreciate their services to persons with hearing loss.

**v). Associations**In many countries, persons with hearing impairment have formed associations to look after their needs and welfare.

* Some of them meet to discuss issues affecting them and arrange for short training courses in communication skills.
* E.g, The Kenya National Association for the Deaf, advocates for the deaf to have equal access to public services such as schools and hospitals.
* They also have a job placement activity which helps deaf persons get employment as well as start income generating activities, such as, small enterprises of fishing, carpet making, carpentry, sweater making amongst others.
* The Kenya National Deaf HIV/AIDS Education Programme (NGO) is involved i**n:**
* the reduction of stigma among deaf persons affected and infected by the virus,
* establishment of deaf-friendly VCT sites, and development of materials for the deaf.
* As a health worker ( Nurse) it is important for you to know about these associations so that you can refer your patients appropriately.

Examples of Schools for the deaf in Kenya

* [Ziwani School For The Deaf](https://keweb.co/ziwani-school-for-the-deaf-admission-courses-and-location/)
* [Tumutumu School for the Deaf](https://keweb.co/tumutumu-school-for-the-deaf-admission-courses-fees-kcpe-results-and-location/)
* [Treeside Special School for the Ministry of H](https://keweb.co/treeside-special-school-for-the-mh/)ealth
* [Kenya Christian School For The Deaf Primary School](https://keweb.co/kenya-christian-school-for-the-deaf-primary-school/)
* [Ngala School for the Deaf Primary School](https://keweb.co/ngala-school-for-the-deaf-primary-school/)
* [Kerugoya School For The Deaf](https://keweb.co/kerugoya-school-for-the-deaf/)

**Nurse’s role**

* As a community nurse one can again motivate these families to come together and support each other, as well as support them with information and ideas about prevention and the different services available for their children
* Also as a nurse one is supposed to know about the available institutions and associations so that you can refer the families accordingly

**Admission criteria to a special institution**

There are some procedures that must be adhere to **:**

For example admission at **Treeside special School** (a public school)

* They must have their children examined by a certified doctor who will confirm and give a report or diagnosis of the nature of their child’s condition.
* The child must be assessed in any one of the Educational Assessment and Resource Centers (EARC) scattered in every county in the country. In case of Nairobi, we have an assessment center in Kasarani DEO’s office, Kenya Institute of Special Education (KISE) located in Kasarani and Kenyatta National Hospital.
* Once assessed in the two institutions, the child may be placed in the school and the school does an assessment to the learner to ascertain his/her cognitive and skill development and there after draw up an Individualised Education Program (IEP) for the learner.

**Note:**

Assessment both at the EARC centers and the school is free. No money is charged.

**Boarding Fee**

* The fees is paid termly.
* Kindly note that **Treeside special School** is public and that is why does not charge school fees. The school charges boarding fees only.
* Other moneys charged are either sanctioned by parents as Parents Projects or special diet arrangements of a specific learner depending on his/her nurture and nature of his/her condition.

**Management of hearing impairment**

* The effective management of hearing impairment is based on **early detection**.
* It is important that one remembers that in most cases impairment starts in childhood. Therefore one should ensure that all under 5 years are properly managed in order to prevent diseases that cause hearing impairment.

1. **Assessment**

* The management of hearing impairment starts with **assessment** which then leads to the choice of an appropriate treatment option, such as surgery, hearing aid, or ear syringing.

**Meaning of assessment:**

* Assessment is the process of identifying persons with impairment and quantifying it through reliable tests.
* In the case of hearing impairment assessment tests are carried out by an audiologist.   
  Once the problem is diagnosed and the cause and degree of hearing loss is established, then a number of treatment options can be applied depending on diagnosis.
* However, the process of managing hearing problems starts right from the well-baby clinic, where children under 5 years of age come for treatment of ear infections, or diseases such as otitis media.
* Screening tests also need to be carried out routinely on all the under 5 years to diagnose and assess if impairment exists.
* If this is done a child who has hearing loss or a hearing problem will be identified early and treated.

**b). Surgery**

* This can be performed if the hearing loss is not congenital. Operations can be performed on the tympanic membrane and the Ossicles (malleus, incus and stapes).

**c). Ear Syringing**

* Ear syringing may be done in cases where the hearing problem is due to excessive wax and there is no ear infection. This is mainly in the external ear.

**d). Hearing Aid** These appliances are used to correct the hearing defect in cases of mild and moderate hearing.

**e). Alternative communication skills**

* It is known that the development of speech reaches its peak during the first 3 to 4 years and that the optimum period for development of hearing is during the first year.
* To give a child with hearing loss a chance to learn words and language, one should advise the parents to train them from an early age.

The child is taugh**t:**

* Lip reading to help in communication
* Gestures or actions of the body to express issues
* Sign language
* Integration and rehabilitation
* The integration and management of hearing impaired persons should start at home and involve the whole community. This means encouraging the deaf to manage better at home and work in the community.
* In the home one needs to encourage and educate the family on how to support and live with a hearing impaired person.
* One should try to introduce them to other families who share the same problem in order to relieve their fears and promote acceptance of the person with hearing loss.

**Nurse’s role** and that of other health workers will b**e:**

* To support the family and the community by providing them with information, equipment and training.
* Above all they will also need encouragement to strengthen social integration of the person with hearing impairment.

**Prevention of hearing impairment**

Your answer should have included any two of these:

* Prenatal labour and delivery services need to be improved to prevent occurrence of hearing impairment. Pregnant mothers should be vaccinated against german measles (rubella). The mother should also be advised to avoid taking drugs unless prescribed by the doctor. She should also have her blood checked for rhesus negative status which brings about rhesus incompatibility. Since deafness can also be caused by complications of labour and delivery, it is very important that you identify early and manage mothers who may present with labour complications. Early diagnosis is very important in order to minimise chances of intracranial injury to the newborn.
* Early diagnosis and treatment of infections and trauma such as otitis media, ear discharge or a foreign body in the ear is very important, so as to prevent complications which may lead to hearing impairment.
* The community should be educated on the importance of identifying these signs and seeking prompt medical advice.
* Avoid drugs which may cause ototoxicity, or use them under   
  medical supervision.
* Avoid excessive noise, which may result to temporally or permanent   
  hearing loss.
* Prenatal labour and delivery services need to be improved to prevent occurrence of hearing impairment.
* Pregnant mothers should be vaccinated against German measles (rubella).
* The mother should also be advised to avoid taking drugs unless prescribed by the doctor.
* She should also have her blood checked for rhesus negative status which brings about rhesus incompatibility.
* Since deafness can also be caused by complications of labour and delivery, it is very important that you identify early and manage mothers who may present with labour complications.
* Early diagnosis of labour complications is very important in order to minimise chances of intracranial injury to the new-born
* Early diagnosis and treatment of infections and trauma such as otitis media, ear discharge or a foreign body in the ear is very important, so as to prevent complications which may lead to hearing impairment.
* The community should be educated on the importance of identifying these signs and seeking prompt medical advice.
* Avoid drugs which may cause ototoxicity, or use them under medical supervision.
* Avoid excessive noise, which may result to temporally or permanent hearing loss.

**Summary on hearing impairment**

**Causes of hearing loss and deafness**

Although these factors can be encountered at different periods across the life span, individuals are most susceptible to their effects during critical periods in life as follow**s:**

**i). Prenatal Period**

Genetic factors**:**

* This includes hereditary and non-hereditary hearing loss

Intrauterine infection**s:**

* Such as rubella and cytomegalovirus infection

**ii). Perinatal period**

* Birth asphyxia (a lack of oxygen at the time of birth
* Hyper-bilirubinemia (severe jaundice in the neonatal period)
* Low-birth weight
* Other perinatal morbidities and their management

**iii). Childhood and adolescence**

* Chronic ear infections (chronic suppurative otitis media)
* Collection of fluid in the ear (chronic **non-suppurative**otitis media)
* Meningitis and other infections

**iv). Adulthood and older age**

* Chronic diseases
* Smoking
* Otosclerosis
* Age-related sensorineural degeneration
* Sudden sensorineural hearing loss

**v). Factors across the life span**

* Cerumen impaction (impacted ear wax)
* Trauma to the ear or head
* Loud noise/loud sounds
* Ototoxic medicines
* Work related ototoxic chemicals
* Nutritional deficiencies
* Viral infections and other ear conditions
* Delayed onset or progressive genetic hearing loss

**The impact of unaddressed hearing loss**

When unaddressed, hearing loss impacts many aspects of life at **individual level**:

**i). Communication and speech**

**ii). Cognition**

**iii). Education and Employment:**

* In developing countries, most children with hearing loss and deafness often do not receive schooling.
* Adults with hearing loss also have a much higher unemployment rate.
* Among those who are employed, a higher percentage of people with hearing loss are in the lower grades of employment compared with the general workforce.

**iv). Social isolation, loneliness and stigma**

**v). Impact on society and economy**

* Years Lived with Disability (YDLs) and Disability Adjusted Life Years (DALYs)

Disability Adjusted Life Years (DALYs):

* The disability-adjusted life year is a measure of overall disease burden, expressed as the number of years lost due to ill-health, disability or early death.
* DALYs consists of the sum of the years of life lost (YLLs) due to premature death, which refers to the number of years lost as a person dies earlier than life expectancy, and the years lived with disability (YLDs), which **refers to the number of healthy years lost due to morbidity or injuries**.

Years Lived with Disability (YLD)

* This is a component of DALY, and measures the burden of living with a disease or disability in the amount of years.
* YLD is determined by the number of years disabled times the duration of the disability.
* WHO estimates that unaddressed hearing loss poses an annual global cost of US$ 980 billion. This includes health sector costs (excluding the cost of hearing devices), costs of educational support, loss of productivity and societal costs. 57% of these costs are attributed to low and middle income countries.

**Prevention**

* Many of the causes that lead to hearing loss can be avoided through public health strategies and clinical interventions implemented across the life course.
* Prevention of hearing loss is essential throughout the life course from prenatal and perinatal periods to older age.
* In children, nearly 60% of hearing loss is due to avoidable causes that can be prevented through implementation of public health measures.
* Likewise, in adults, most common causes of hearing loss, such as exposure to loud sounds and ototoxic medicines, are preventable.

Effective strategies for reducing hearing loss at different stages of the life course include:

* Immunization
* Good maternal and childcare practices
* Genetic counselling
* Identification and management of common ear conditions
* Occupational hearing conservation programmes for noise and chemical exposure
* Safe listening strategies for the reduction of exposure to loud sounds in recreational settings
* Rational use of medicines to prevent ototoxic hearing loss.

**Identification and management**

* Early identification of hearing loss and ear diseases is key to effective management.
* This requires systematic screening for detection of hearing loss and related ear diseases in those who are most at risk, examples of those at ris**k:**
  + New- born babies and infants
  + Pre-school and school-age children
  + People exposed to noise or chemicals at work
  + People receiving ototoxic medicines
  + Older adults
* Hearing assessment and ear examination can be conducted in clinical and community settings. Tools such as the WHO “hearWHO” app and other technology-based solutions make it possible to screen for ear diseases and hearing loss with limited training and resources.

**hearWHO” app**

This a free application for mobile devices which **allows people to check their hearing regularly and intervene early in case of hearing loss**

* Once hearing loss is identified, it is essential that it is addressed as early as possible and in an appropriate manner, to mitigate any adverse impact.
* Measures available **to rehabilitate** people with hearing loss includ**e**:
  + the use of hearing technologies, such as hearing aids, **cochlear implants and middle ear implants;**
  + the use of sign language and other means of sensory substitution,such as speech reading, use of print on palm or Tadoma, signed communication

**NB**: **Tadoma**, known also as tacticle lip-reading,

This is a communication method for deaf-blind people where the deaf-blind persons puts their hands on the speakers jaw, bottom lip or neck in order to feel the vibrations.

* + rehabilitative therapy to enhance perceptive skills and develop communication and linguistic abilities.
* The use of hearing assistive technology and services such as frequency modulation and loop systems (,a system enabling partially deaf people to hear dialogue and sound in theatres, cinemas, etc,) alerting devices, telecommunication devices,captioning services and sign language interpretation, can further improve access to communication and education for people with hearing loss.

**WHO response about hearing impairment**

WHO’s work on Ear and Hearing Care(EHC) is to promote Integrated People-Centred Ear and Hearing Care (IPC-EHHC).

 WHO’s work includes:

* Guide, assist and support Member States to increase awareness on EHC issues
* Facilitate data generation and dissemination of ear and hearing care related data and information
* Providing technical resources and guidance to facilitate planning and health systems capacity building for ear and hearing care
* Supporting heath workforce training in ear and hearing care
* Promoting safe listening to reduce the risk of recreational noise-induced hearing loss through the [WHO Make Listening Safe initiative](https://www.who.int/activities/making-listening-safe)
* Observing and promoting [World Hearing Day](https://www.who.int/campaigns/world-hearing-day) (3rd, March) as an annual advocacy event
* Building partnerships to develop strong hearing care programmes, including initiatives for affordable hearing aids, cochlear implants and services
* Advocating for ear and hearing care through the [World Hearing Forum](https://www.who.int/activities/promoting-world-hearing-forum).

1. **Visual impairment**

* Visual impairment is the lack or inability to see, which may be caused by diseases or injuries to the eye.
* Clarity of vision is called visual acuity and ranges from full vision to no vision.
* Visual impairment is a fairly common impairment in our country which needs specialised medical care.

Visual acuity

It is the spatial resolving capacity of the visual system and measures the sharpness of vision. Visual acuity is usually measured using a Snellen’s chart at a distance of 6 metres or 20 feet. Several other charts are available for specialised conditions. Normal vision is denoted as a visual acuity of 6/6 or 20/20. Near VA measures the ability of a person to see objects at a working distance – usually about 40 cm or 16 inches.

**Possible causes of visual impairment**

The following are possible causes of visual impairmen**t:**

* Trachoma
* Vitamin A deficiency
* Allergy
* Cataract
* Macula degeneration
* Some types of cancer such as retinoblastoma and pituitary gland tumours
* Glaucoma
* Childhood blindness, E.g, congenital cataract and corneal blindness
* Diabetic retinopathy
* Disorders of the nervous system such as multiple sclerosis and stroke
* Refractive errors
* Ocular complications of HIV/AIDS
* Accidents which cause injury to the eye

**Services available for the visually impaired**

**At the Family level**

* Normally, activities of daily living such as feeding, socialising, playing, verbal skills and mobility are learnt at home.
* A normal child learns how to do every day activities by watching what others are doing and imitating them.
* If a child is under 5 years of age and is visually impaired, then they need special help from the family in order to learn these skills.
* The family needs to train the child to recognise common domestic objects by touching.
* They need to provide the child with toys to play with in a room that does not put the child at risk from accidents.
* Parents also need to be educated about the importance of keeping the child’s articles and toys in their regular places, so that they can find them easily.
* Children who are visually impaired also need more body contact, especially when talking to them to facilitate communication.
* When the child is old enough to attend nursery school, the family should recite nursery rhymes and songs with the child, in order to prepare the child for integration into the community, where they will identify with the learning activities of other nursery school children.
* Encourage a person who is visually challenged to have contacts, relatives and friends to be contactable when the need arises.
* The family needs to modify the environment to prevent accidents.
* Encourage the person to participate in activities they can perform and enjoy.

**Nurse’s role** is important in providing support and encouragement to the family and availing them with information on the available resources.

**Institutional level**  
There are a number of educational institutions and associations that care for visually impaired persons  **Education Institutions:**

**E.g Schools for the Blind E.g Thika High School For The Blind, St Francis Secondary School for the visually impaired**  
These are special schools that provide special services to the visually impaired.

* Some of these schools are owned and managed by the government.
* Others are owned and managed by non-governmental organisations and missions.

As a nurse one should be able to identify some of these schools in your catchment area and it is beneficial for you to visit them in order to know what they do.

* In these schools the visually impaired are taught braille, a system of reading specially developed for blind people which uses small raised marks that they feel with their fingers.
* Visually impaired persons can start learning from the age of 5 years.
* Braille is also taught to all persons under the age of 50 years who have been blinded after enjoying good sight for many years.
* For example, the victims of the 1998 August terrorist bomb blast in Nairobi who lost their sight were trained on how to read braille depending on their occupation.
* After learning how to use braille, visually impaired persons are able to pursue their studies and careers up to the university level, becoming lawyers, administrators and teachers in society.
* In addition, they are taught survival skills and skills of daily living, such as how to get around from point A to B using a cane.
* Special schools play a very big role in increasing their participation in the community and facilitating their integration.

**Educational Assessment and Resources Centres (EARCs)**  
These are centres which were created countrywide to offer assessment and referral, as well as placement of children in schools which are nearest to their homes.

**Community Based Organizations( CBOs) /Non-government Organization (NGOs)/Collaborators**

* These are organisations which look after the interests of the visually impaired.
* They provide assistance in the form of materials and equipment, education, finances and provision of guidance for the visually impaired.

**Sight Savers International**

* The headquarters of this organisation is in **England.** The organisation provides resources and materials to help the visually impaired.
* This organisation channels the grants through regional offices in Nairobi to the beneficiaries.
* The sight savers international is the sponsor of the integrated programmes through the Kenya Society for the blind.

**Salvation Army**

* This organisation collaborates with Thika school for the blind.
* Thika school for the blind offers primary and secondary school education for the blind.

**Low Vision Project**

* This project is based in Kikuyu Pentecostal church of East Africa hospital and it provides services to people with low vision.

**Other Organisations**

* Christofell Blinden Mission (C.B.M)
* Sallus Ocullic
* Catholic church

**Management**

**a). Assessment**

* The management of persons with visual impairment starts with the proper assessment of the condition followed by treatment, integration and rehabilitation.
* Assessment can be done either in a hospital or through mobile outreach units including school visits by health workers.

**b). Treatment**

* Once the problem has been properly diagnosed, then the treatment may include surgery or visual aids, such as the fitting of eye glasses.

**c). Integration and rehabilitation**

* If after assessment a person is found to be completely visually impaired, they will need to be integrated and rehabilitated into the community.

**NB:** The process of integration and rehabilitation once again starts at the family level and continues into the community through special schools and other institutions for the visually impaired.

**Prevention of visual impairment**There are a number of measures one can take to prevent visual impairment in the communities.

* 1. **Prenatal stage**
* Advise pregnant mothers to avoid taking any medicines unless prescribed by the doctor.
* Educate pregnant mothers on the need for proper prenatal care in order to prevent infections, early diagnosis and management of conditions if they occur and their complications.
  1. **Administration**

Administration of the following measures:

* All primary immunisations should be completed
* Application of tetracycline eye ointments to newborns at birth
* Giving vitamin A capsules to children suffering from measles
* Control of diabetes and the blood pressure
  1. **Nutrition**

The diet should be rich in Vitamin A and B to avoid changes in the retina, conjunctiva and cornea.

* 1. **Wearing Protective Devices**

PPE should be worn in activities that pose a danger of injury to the eye from foreign objectives, E.g hairsprays, ultraviolet rays and bright sun.

* 1. **Lighting**

Adequate and well placed lighting in the rooms to avoid straining of the eyes.

* 1. **Personal hygiene**

Educating members of the community of the importance of good personal hygiene, E.g, a daily bath, keeping eyes clean especially when they are infected, in order to avoid attracting flies.

* 1. **Early Diagnosis and Treatment**

Prompt and correct treatment of all common eye infections and especially trachoma will prevent sight/visual impairment

1. **Care of children in Need**

A child in need is one who/whose E.g

* Has been abandoned
* Orphaned
* Parents are incapable of looking after them properly.
* Such a child needs the best possible alternative arrangements for their care in the absence of the parents.

**Needs of the children**

* Nutritional needs. Most of these children are malnourished.
* Parental love.
* Lack of education.
* Lack of access to health care. such as AIDS orphans who are themselves infected.
* Security and protection from harmful practices like female genital mutilation, child labour, forced marriage.
* Stigma and discrimination such as those orphaned by AIDS.
* Social burden such as care for the other children or for a terminally ill parent.
* Poverty due to lack of a source of income to care for themselves and the family.
* Inadequate or lack of shelter.

**Services available for children in need in the community**

**Children’s Homes**

* These homes are owned and run by individuals with the help of donors and well wishers
* They provide the children with their basic needs and education.
* These homes are supervised by the department of children under the ministry of social services.
* Approved schools, E.g Kirigiti in Kiambu, Wamumu in Mwea and many others are run by the government.

**Remand Homes**

* These are available in the communities and they are run by social services.

**Hospitals**

* Most of the abandoned children are brought to the hospitals.
* Here they are cared for and then handed over to the children’s department for adoption, or are later taken to homes or institutions.

**Integration and Rehabilitation**

* When these children grow and attend school or acquire some skills they are able to be independent by getting employment or by becoming self-employed. In this way they become useful members of the community.

**Reduction of children in Need**

One can reduce the number of children in need b**y:**

* Strengthening family relationships in the community, so that such children are taken care of by their immediate family members, especially orphans. This will provide a conducive environment for the child to grow in.
* Providing family life education to the youth on consequences of pre-marital sex, as many of the abandoned children are as a result of unwanted pregnancies.
* Implementing safe motherhood initiatives in order to prevent maternal deaths.
* Providing family planning services, so that families get the number of children they can manage.
* Providing information to the community members on the services available for adoption. This would help those members in the community who have no children of their own, as well as those with unwanted pregnancies

1. **Elderly**

**Homes For the Elderly in Kenya – National Policy**

The National Policy for Older Persons and Ageing was enacted by Parliament in February 2009. With the promulgation of the Constitution in August 2010, it became a requirement that all policy documents be reviewed and aligned with the Constitution.

The policy on Older Persons was reviewed and aligned with the Constitution in January 2014 through a consultative process that brought together a wide range of stakeholders who included the older persons themselves. In addition to aligning the document to the Constitution, the document was also reviewed to include emerging issues and the concerns of the older persons for the realization of the Vision 2013 and the Post 2015 Development Agenda.

The involvement of the various stakeholders was in conformity with the Constitutional requirement Article 10(c) which stipulates public participation in public policymaking. The implementation mechanism takes cognizance of the two-tier level of government, national and county in new governance structures.

The policy provides a comprehensive framework to address the unique challenges that older persons in Kenya’s face, and recognition of their rights, as distinct right holders and participants as per Article 57 of the Constitution. The policy as well takes cognizance of the fact that aging is a process which starts from the time one is born and hence the need to prepare for old age in human development.

**Care of the Elderly**

* The ageing process is often defined in terms of physical changes that negatively affect the body’s function and appearance.
* Old age is associated with poor health, poverty and dependency.
* In the past, our traditional support systems were so effective that they made the problems of the elderly insignificant.
* However, today these support systems have disintegrated due to socio-economic changes in our society.
* In Kenya, the elderly are defined as persons aged 64 years and above, although the retirement age is 60 years of age.
* An elderly person as anyone who has attained the age of 60 years and above.
* The number of elderly citizens in this country has been on the increase.
* This increase would not be of much concern if you already had support structures in place to take care of them.
* However, as mentioned earlier, these systems have disintegrated leaving them vulnerable to medical and social problems.

**Problems of the Elderly**

The following are problems of the elderly:

* Poverty
* Loneliness
* Poor nutrition
* Physical handicap
* Dental problem
* Mental problems
* Lack of energy to provide activities of daily living
* Inadequate housing
* Chronic illnesses
* Age related changes such as immobility and presbyopia
* Lack of care in sickness

These problems are experienced by the elderly throughout the world, although they may vary in some cases, depending on the kind of support available in the community.

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**Available services for the Elderly**

**At the Family level**  
In Kenya most elderly people live with their nucleus and extended family.

* These are the people who care for them.
* As a community health nurse, it is your responsibility to encourage families to care for their elderly persons.
* One needs to educate them on the needs of the elderly, equip them with the necessary knowledge, skills and attitudes to provide effective care.
* Also need to educate members of the community on the importance of planning for retirement.
* The aim for this preparation is to help the elderly persons remain independent and comfortable in their own homes as long as possible.
* There is need to discuss the payment of pensions and allowances early for better planning.

**At the Community level**

* Elderly persons require community health services.
* It is your responsibility to identify them and make sure they are available and accessible to the elderly persons.
* Encourage them to join recreation facilities to improve their mobility and to join peer groups to help them psychologically.
* During home visiting you should be able to provide direct care to the elderly.
* Churches also provide spiritual support as well as material support to the elderly persons.
* The women and youth groups offer different types of care.
* When these groups visit the elderly they alleviate their loneliness and improve their nutrition status by providing them with meals.
* They also help them with cleaning, repair work and gardening.

**Nurse’s role**

* One of the important roles is to become their advocates.
* One should let their needs be known by the community and motivate them, especially the youth, to have a positive attitude towards care of the elderly, so that you add life into their days.

**Institutions for the Elderly**

In Kenya, there are a number of homes for the elderly and day care centres.

Examples of homes for the elderl**y:**

* Thogoto Home of the aged

Address: Karuri

Tel: +254-066-31036

* Nyumba ya Wazee

Address: Tom Mboya Rd, Mombasa, Kenya

Tel: +254 701 716181

* Harrison House Retirement Home

Address: 3rd Ngong Avenue, City Centre, Nairobi

Tel: +254 20 234 7041 / +254 20 234 7021

Email: harrisonhouse94@gmail.com  
These homes and centres provide the following servic**es:**

* Nutrition
* Activities of daily living such as personal hygiene
* Treatment of any sickness
* Recreational activities
* Safety and comfort

**NB:** The best care for the elderly is the one provided by the family.

**Hospitals**

* Geriatric hospitals are well established in developed countries.
* In Kenya the elderly do not have any special health services targeting them.
* In some communities it is commonly believed that old age is a cause of illness. This leads to delay in seeking health care for the elderly.
* Another reason why the elderly may delay to seek health care, is that they live far from the health services.

**Nurse roles,**

It is nurse’s responsibility to sensitise and encourage community members to seek health care for their elderly persons.

1. **The chronically ill persons**

**Overview**

A chronic illness is an illness said to be chronic if it meets one or more of the following **criteria:**

* Permanent
* Leaves a residual disability
* Caused by non-reversible pathological conditions
* Requires special rehabilitative training of the patient
* Requires long term supervision and care
* Living well with chronic illness means learning to live within limits and learning to manage powerful emotions
* Chronic illness affects many parts of life, such as, the ability to work, relationships, emotions, dreams for the future and personal integrity.
* Chronic illness brings great uncertainty, both on a day to day basis, as symptoms wax and wane and over longer cycles.
* People may be concerned about their finances, worrying about whether they will be able to support themselves, or whether they can qualify for or keep up with the disability.
* When they think about the future, they may worry about how far down they maybe becoming dependent or financially destitute.
* They may feel at times that they have lost control over their bodies and over their ability to plan and predict.
* Some people have relatively mild cases, while others may be bedridden.
* Most people are somewhere in between.
* There are many different patterns of symptoms.
* The bottom line is that each person's illness is different.
* Adding to the complexity, an individual’s illness may vary over time.
* Some symptoms may disappear, only to be replaced by new ones.
* Some people may have a relatively stable course, while others may fluctuate between times of severe symptoms and times of remission.
* The financial situations of patients vary enormously.
* Some continue to work, have spouses who work, or receive generous disability payments.
* They may find their financial situation to be similar to what it was before becoming ill.
* For others, however, financial pressures can be overwhelming.
* Some patients have little or no income.
* Qualifying for disability can be a long and stressful ordeal.
* Those with disability may worry about losing it.
* Others feel forced to work even when their bodies cry out asking for rest.
* The quality of relationships may vary greatly too.
* Some patients receive good support from family and friends.   
  For others, relationships are a source of great stress.
* For all, however, chronic illness changes relationships, creating new strains and frustrations.
* Chronic illness calls for a different role for patients and doctors than is typically true for short-term illness.
* The doctor has limited powers, because there are no cures for chronic conditions and medications often have limited effectiveness.
* In chronic illness, much more responsibility falls on the shoulders of patients, the people who manage their illness on a day to day basis.

**Available services for the chronically ill persons**

* A chronic condition does not only affect the patient, but also all the family members who live with the affected person.
* This is because most chronic diseases bring about dependency and an extra financial burden on the family.
* A number of services are available for the chronically ill at the family, community and institutional levels.

**Family**

* Often, chronically ill patients are taken care of at home by family members.
* This is known as home-based care
* In order for a family to care properly for a chronically ill patient, they need to be prepared and educated on the requirements.
* It is nurse’s responsibility to provide them with the necessary information and to follow up on the patient’s progress from time to time.
* This is important as it helps the family and the patient to feel confident in the care at home.

**Community**

* Community Health Workers (CHW), as well as Community Owned Resource Persons (CORPS), can assist the family to care for a chronically ill person at home.
* This can take the form of medical advice, material support and spiritual support.

**Institutions**  
Institutions that provide services to the chronically ill include hospitals, hospices and support groups depending on the type of chronic illness.

* Hospitals admit these patients during the acute stage for management.
* Once this stage is over, they are then discharged and followed up at the consultant clinics, from where they are given medication to take at home.
* Hospices usually take care of terminally ill patients.
* They teach the patients and their caregivers all issues concerning care and also make follow up visits at home, where the patients are being cared for.

**Management of chronically ill patients**

The management of chronically ill patients depends on the stage of adaptation to the illness that the patient is in.

In the first stage, they tend to be in denial and disbelief.

* During this stage you need to be actively involved in the care of this patient even if they are being cared for at home.
* Educate the family members to listen to all the expressions of feeling by the patient without criticising them.
* They should also be empathetic and listen to the arguments without being judgmental
* Patients in the second stage of adaptation to their illness commonly manifest with anger.
* During this stage the patient develops an awareness of the chronic illness.
* You should educate the caregivers to exercise restraint and self control.
* In the third stage the patient undergoes reorganisation and is nourished by the concept of hope.
* You should therefore give hope generously within acceptable limits.
* You should also provide the patient and family with suitable and practical coping methods and encourage the use of self-help devices if necessary.
* Knowing the patient’s values, religion and beliefs will go along way in assisting you help the patient.

**Prevention of chronic illnesses**

**Primary prevention**  
These **include:**

* Provision of good prenatal, intrapartum and delivery care.
* Genetic counselling is done in cases where there is a genetic risk, for example, in diabetes mellitus and sickle cell disease.
* Discouraging risky habits, such as smoking and over consumption of alcohol, in order to reduce chances of lung conditions, liver cirrhosis and mental disorders.
* Early diagnosis and treatment of these conditions.
* Regular exercises.
* A healthy diet low in calories and animal fat, to prevent obesity, heart and blood vessel diseases.

**Secondary prevention**

* Regular medical checkups.
* Screening measures, such as, pap smear, self breast examination. Screening should take place at home, school and community levels.

**Tertiary prevention**

* Tertiary prevention includes, first aid, treatment and rehabilitation of diseases.
* It aims at preventing complications and disability.

Examples of chronic illnesses **include:**

* Diabetes mellitus
* Arthritis
* Hypertension
* Sickle cell disease
* Renal disease
* Heart disease
* Terminal carcinoma
* Other debilitating diseases
* AIDS

1. **Displaced persons**

These are people who have been displaced from their communities or even countries.

The displacement of people can be caused by a number of factors, the most common being armed conflict, Natural disasters, famine, political reasons and economic changes Etc  
They can be divided into two categories:

* Internally displaced persons
* Externally displaced persons

**Internally Displaced Persons**

* These are people who have been displaced within their country, following ethnic clashes or disasters such as floods and earthquakes.

**Externally Displaced Persons**

* These are people who have run away from their country as a result of civil war or   
  political persecution.
* They are also known as refugees. For example in Kenya there are many refugees from neighbouring countries such as Sudan and Somalia.  
  The governments work closely with the United Nations High Commission for Refugees (UNHCR) to settle all externally displaced persons.

Some of problems experienced by displaced persons include:

* Housing
* Sanitation
* Water supply
* Lack of inadequate nutrition which may result in malnutrition
* Security risk and human rights violation
* Overcrowding which may cause rapid spread of diseases
* Lack of education opportunities
* Lack of health services
* Emotional needs
* Poverty
* Displaced persons tend to develop health problems due to poor living conditions, as well as psychological and physical trauma caused by displacement.
* Some displaced persons are separated from their families and relatives and have lost homes, jobs and schools for their children.
* They need material as well as psychological care. Some may develop antisocial behaviour as a defence mechanism, as they are unhappy with the displacement. It is important that some measures be taken to help them.  
  Apart from the above problems, people who have been displaced may bring new diseases, such as diarrhoeal diseases, typhoid, measles, meningitis, sexually transmitted disease and HIV/AIDS.
* Even their animals can bring in diseases such as rabies, anthrax, foot and mouth and brucellosis. So as you can see, they can also pose as a health risk to the community where they settle.

**Effects of Displacement of people**

* Displacement often leads to dramatic changes in the family structure and gender roles, relations and identities.
* In conflict situations, many women are suddenly thrust into the role of head of the household because the men are recruited to combat, they stay behind to maintain land, or migrate in search of work.

There is also:

* Escalation in the level of poverty
* Reduction in the level of foreign aid
* Demographic consequences
* Religious effect
* Conflicts between the host community and the displaced group
* Political effect

**Services available**

* The services available for displaced persons tend to be those provided by relief agencies, NGOs, the government through the provincial and county/district administration, the church, and institutions such as UNHCR which take care of external refugees.
* They provide them with shelter, medical care, food and clothing, and sometimes rehabilitation in the form of teaching them new skills.
* Refugees have some sort of international protection. Their needs are catered for by UNHCR and their rights are also protected.
* Internally displaced people are still citizens of their country and are not afforded protection.
* The International Committee of the Red Cross (ICRC) protects the rights of internally displaced people. It conducts protection and assistance programmes for these victims.

**Management of displaced persons**

Your role as a community health nurse, will be to work with other health workers as a team, in order to deal with the various problems of displaced people.  
There will be a need to set up relief centres which provide the following services:

* Screening and first aid to all new arrivals.
* Food assistance, especially to infants and children, as food is a basic need. The adults also need food for survival.
* Temporary shelter so that individuals can sleep and rest.
* Reproductive health services; antenatal, labour, delivery and post natal, family planning services are also provided.
* Medical care services, where curative care for common diseases and injuries will be provided.
* Immunisation programmes for children and pregnant mothers.
* Health education and community mobilisation.
* Identification and the use of the community health workers in the area is necessary.

As these emergency services are given, the families should be encouraged to settle down, especially if the situation requires them to stay there for a long period. They should be encouraged to start growing their own food and rearing their own animals.

1. **Widows/Widowers**

The death of a spouse makes one to become a widow or widower. Some of the leading causes of death today in Kenya include diseases and road traffic accidents.The following diseases are a major cause of morbidity and mortality in Kenya:

* HIV/AIDS.
* Malaria.
* Hypertension.
* Typhoid.
* Diabetes mellitus.
* Heart diseases.
* Diarrhoeal diseases.
* Obstetric complications, such as pregnancy induced hypertension, ante partum haemorrhage and postpartum haemorrhage.

Apart from disease, the second most common cause of death in Kenya is road traffic accidents (RTA).   
The factors that contribute to road traffic accidents include:

* Unroadworthy vehicles.
* Careless driving, usually under the influence of substance abuse.
* Poor enforcement of traffic regulations by the concerned authorities.
* Unskilled drivers.
* Poor roads.
* When a spouse dies the effect of the loss affects the entire family. They not only lose the love and care from that parent or spouse, but sometimes also the financial support. Therefore widows/widowers require a lot of support, empathy, understanding, love and care.
* They need to surround themselves with people who they can trust and rely on.
* This tends to be people who have been close, understanding and supportive to the family.
* They are people whom the family has shared important aspects of their life with, and are referred to as significant others.
* They include members of the extended family, friends, colleagues, church members, and so on. They help the family to cope with feelings of loss.   
  As a community health nurse, your role is mainly to counsel the widow or widower, and to support them as they go through the grieving process.

**Needs of Widows**

* Psychological effects following the death of the husband, such as loneliness, and cultural practices not allowing the widow to re-marry.
* Poverty, due to not having the right to inherit property or have their right enforced, being evicted from their property, no support from family or relatives.
* Basic needs such as food and shelter cannot be met due to poverty, resulting from unemployment and illiteracy.
* Support to care for the left children. Children especially girls are in an extremely vulnerable position, due to early marriage and child labour.
* Vulnerable to violence, sexual abuse and rape.
* Exploitation at work place due to homelessness, illiteracy and poverty.
* Love and belonging. Some may be rejected by the family.
* Health needs for the whole family or the left spouse. This is especially so if she was sick, as in the case of AIDS or if both were involved in an accident, which killed one and left the other injured.
* Marriage, especially where men are culturally supposed to marry when their spouses die.
* Intense loneliness due to lack of previously established relationship. This may result in hurried replacement of the wife.
* Severely affected health and well-being because widowers are not able to care for themselves since most of the care was provided by the wife.
* Immense feelings which may result in physical and psychological symptoms such as sexual fear due to loss of a loved one, social isolation.

**Services available for widows and widowers**

* In developed countries there are well established systems in place for helping widows or widowers.
* However in Kenya there are no formal systems, although within many communities there are various support systems which can be mobilised to assist a widow or widower.

**The Extended family members**

In many communities, the traditional support system for a widow or widower is the extended family. They support the widow during the grieving period and sometimes take the responsibility of caring for the family. They also identify ways of assisting the widow or widower and in many cases conduct fund raisings or 'harambees' to help them meet expenses such as hospital bills or school fees for the children. This is a spirit which you need to cherish.

**Clan**In certain communities, clans play a very big role in the care of a widow. The clan takes the responsibilities of the children’s education, and may even assign individual members of the family, the responsibility over the children, in order to ensure that the burden is well shared out.  
**Support groups**Support groups for widows and widowers are common and exist in most of our communities. They come together to share their problems and help each other in solving them. They also contribute money, and sometimes look for donors to help them establish income-generating activities. A good example is the group known as Widows and Orphans of AIDS Kenya (WOFAK).

**Nurse’s role:**

As a community health nurse you should find out about these groups, so that you can advice and encourage widows and widowers to join them for support.

**Institutions**

* In Kenya there are no established institutions designed to take care of widow and widowers. However, the government has established a system known as the widow and widowers pension scheme.
* This scheme pays a pension to the widow or widower as well as allowances for the children.
* It is important to remember that the widow and widower pension scheme only covers those who are employed by the government.

**Barriers to health and social services for persons with disabilities**

* Lack of physical access, including transportation and/or proximity to clinics and, within clinics, lack of ramps, adapted examination tables, and similar facilities
* Lack of information and communication materials (e.g. lack of materials in braille, large print, simple language, and pictures; lack of sign language interpreters, lack of materials for the deaf and persons suffering from hearing loss)
* Lack of private offices to discuss confidential health and social matters
* Lack of extra time, care and attention to meet the needs of the disabled person
* Lack of suitable water sources, toilets, washroom and restroom facilities
* Lack of awareness, knowledge and understanding of the needs of disabled persons
* Health-care and social service providers’ negative attitudes, prejudice and imposed stigma
* Providers’ lack of knowledge and skills as regards persons with disabilities
* Lack of coordination among health care providers
* Lack of training of health care personnel
* Lack of funding, including lack of health-care insurance.