

Awareness of Aphasia and Aphasia Services in South India: Public Health Implications

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CURRENT STUDY

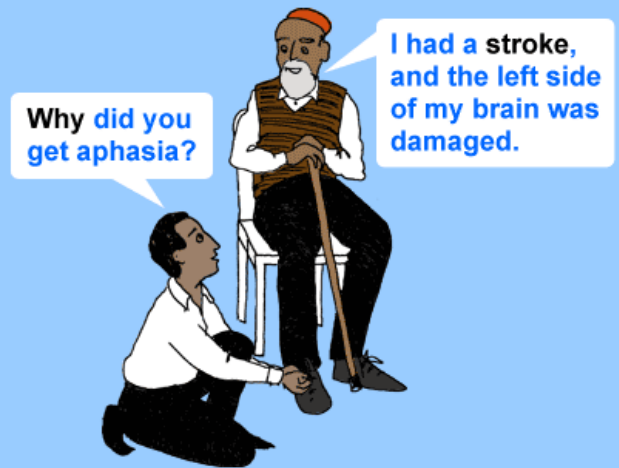
- The current study addressed:
- (1) public awareness of aphasia in an urban area of the southern Indian state of Kerala
 - (2) the services and support structures available for individuals from Kerala who have aphasia.



BACKGROUND

- Nature of aphasia
 - acquired disorder of language
 - caused by damage to brain regions responsible for language (left hemisphere)
 - affects both comprehension and production of language
- Effectiveness of aphasia therapy
 - Chapey, 2008
 - Salter et al., 2012

What causes aphasia?



Aphasia can be **caused** by:

- stroke
- injury to the brain
- infections and inflammations of the brain
- tumours in the brain

BACKGROUND

- How to improve access to aphasia therapy?
 - Raise levels of public awareness (Das & Banerjee, 2008)
 - Develop and advertise services
- Where to start?
 - Determine current level of awareness (Simmons-Mackie, 2002)
 - Determine currently available services

BACKGROUND

Why examine aphasia awareness in Kerala?

- Population of over 33 million (Directorate of Census Operations in Kerala, 2011)
- High estimated number of people with aphasia
 - High life expectancy (Institute of Applied Manpower Research, 2011)
 - High incidence and prevalence of stroke (Dalal, 2007; Shah & Mathur, 2006)

BACKGROUND

Why examine aphasia awareness in Kerala? (cont.)

- Aphasia survey not yet conducted in India (Simmons-Mackie, 2002)
- Demographics suggest potential for change
 - High literacy rate (Institute of Applied Manpower Research, 2011)
 - Good access to health services (Institute of Applied Manpower Research, 2011)

QUESTIONS

1) What are the levels of public awareness of aphasia in the urban areas of the state of Kerala, India?

2) What are perspectives of physicians in urban Kerala, on the following topics:

- public awareness of aphasia in Kerala
- the role of clinicians in treating people from Kerala who have aphasia
- services available to people from Kerala who have aphasia

METHODS

Survey(Simmons-Mackie, 2002)

- Translated into Malayalam
- Conducted with a convenience sample of 114 adults



Semi-structured interviews of two Kerala neurologists (verbal description of background)

- Topics addressed
 - perceptions of the level of public awareness of aphasia
 - services and support structure available to individuals with aphasia

RESULTS

114 participants

Gender

Male	58 (50.8%)
Female	56 (49.1%)

Age

Max	62 years
Min	27 years
Average	47 years
SD	7.5 years

RESULTS (cont.)

	Basic knowledge of aphasia	
	Yes	No
All occupations	10 (9 %)	104 (91%)
Nurse	6	11
Engineer	1	6
Teacher	3	18
Non-degreed (e.g. farmer, housewife)	0	69

RESULTS (cont.)

- **Interview results**

- Aphasia awareness
 - Poor awareness
 - May be difficult to change
- Role of clinicians
 - Diagnosis of aphasia
 - Primary care
- Services available
 - Sree Chitra Tirunal Institute for Medical Sciences & Technology (*SCTIMST*) in Trivandrum
 - National Institute of Mental Health and Neuro-Sciences (*NIMHANS*) in Bangalore

DISCUSSION

- Level of aphasia awareness in Kerala may not be different from that of other regions of the world
- Kerala primed for development of aphasia awareness
 - Public education efforts may start with professionals
 - They possess knowledge
 - They have access to educational venues
 - High literacy rates may contribute to efforts
 - U.K. and U.S. may provide models for advocacy efforts

CODA

“What models should be used for determining optimum health and life expectancy? Well, in my scientific Utopia, health objectives would be species specific rather than race specific. The only race for which health objectives would be established would be the human race.”

L. Cole (1997)