Ianna Journal of Interdisciplinary Studies, EISSN: 2735-9891
Volume 4, Issue 1, June 2022

IMPACT OF COMMUNITY-BASED REHABILITATION INITIATIVES ON INDIVIDUALS WITH DISABILITIES

Dr. Jaswant Singh Yadav
Assistant professor, Atamram College, University of Rajasthan

ABSTRACT

Numerous types of institutional assistance, such as residential, educational, and rehabilitative programs, are beneficial to a person with a handicap. The challenges faced by persons with disabilities during community-based rehabilitation were investigated in this study. The major objective of community-based rehabilitation is to guarantee that people with disabilities may develop their physical and mental abilities, have access to continuing services and opportunities, and be able to fully integrate into their communities. Adults with an intellectual impairment describe a variety of difficulties. People with intellectual impairments and other problems have been shown to have detrimental alterations in their psychosocial functioning. Public health is greatly impacted by disability, especially in poor countries like India. Rehabilitation programs should be adapted to the requirements of the disabled while incorporating the community, as the issues in developing countries are unique. Accessibility, availability, and cost-effectiveness of rehabilitation programs are crucial considerations because the majority of handicapped individuals in India reside in rural regions. This study highlights the need for better health care and service delivery to the disabled in the community by examining a number of problems and obstacles pertaining to disability and rehabilitation services in India.

Keywords: Keywords: Challenges, Care, Disability, Community-Based Rehabilitation

1. INTRODUCTION

Governments and developed societies place a high premium on enhancing the welfare and quality of life of their citizens (Parker et al., 2019). However, certain other groups—such as immigrants, those with disabilities, members of ethnic minorities, and the elderly—continue to face the danger of exclusion. World Health Organization (2011). In developing and post-conflict countries, people with disabilities are consistently among the poorest (Mitra et al., 2013). According to the WHO and World Bank's 2011 World Disability Report, more than 15% of the world's population is handicapped, and a disproportionately large share of them live in poverty (Parker et al., 2019). One of the main causes of the high rate of poverty among disabled people is the challenges they encounter in making a living, which stem from a variety of social barriers that prevent them from engaging in productive citizenship activities in addition to any specific disabilities they may have.

The fact that 80% of handicapped persons in developing nations are unemployed shows how serious this issue is. Organization for International Labor (ILO, 2012). In addition to increasing the individual's net economic benefit to society, allowing one disabled person to participate in the production of goods and services may also relieve family members of some of their caregiving duties, allowing them to participate in productive activities themselves (Bekteshi, 2015). Community-based rehabilitation (CBR) is thought to alleviate the difficulties that persons with impairments face.

Community-based rehabilitation is a community initiative that aims to improve the quality of life for individuals with disabilities by making basic services more accessible and encouraging their active involvement in the community (Hoppestad, 2013). The World Health Organization (WHO) launched community-based rehabilitation (CBR) in 1978 to provide rehabilitation services to people with disabilities in low-income and developing nations. But over the years, its reach has significantly expanded, and it has changed from an idea to a policy and, now, a program. The WHO claims that rehabilitation programs were either nonexistent or insufficient in underdeveloped nations. They had to deal with a number of issues, including a lack of national planning and service coordination, medical rehabilitation services that tended to focus on institutional care, and unsatisfactory or unsuccessful outcomes when advanced rehabilitation services were implemented (Parker et al., 2019). To better meet the cultural, educational, socioeconomic, and health realities of emerging countries, a number of technological adjustments were required. Involving the community was so essential. CBR is multi-sectoral, according to WHO recommendations. People with disabilities, their families, organizations, and communities, as well as the appropriate governmental and non-governmental organizations, health, education, vocational, and social services, work together to execute it.

As a tactic, community-based rehabilitation supports the rights of individuals with disabilities to enjoy health and well-being, live as equal members of the community, and fully engage in social, cultural, religious, political, educational, and economic activities (Hoppestad, 2013). According to Hasan and Syed Junid (2019), CBR programs are thought to be the most economical way to enhance the well-being of people with disabilities when compared to care in hospitals or rehabilitation facilities (Islam, 2015). Under certain circumstances, it is estimated that 80% of rehabilitation needs could be met through their use.

Through the Convention on the Rights of Persons with Disabilities (CRPD) standards, CBR is being implemented in more than 90 countries to guarantee a global knowledge and approach (Parker et al., 2019). Improved physical functioning and school integration were the outcomes of

community-based rehabilitation programs in China in the 1990s that offered medical and social rehabilitation through home-based training (Luruliet al., 2016). The CBR programs in Egypt created clubs where parents may bring their disabled children to engage in a variety of planned activities. The parents can participate in training sessions and converse and exchange experiences. There is a philosophy on mainstreaming transportation and infrastructure accessibility for people with impairments in European nations like Ireland (Ownsworth et al., 2020).

Community-Based Rehabilitation (CBR)

"A set of measures that assist individuals who experience, or are likely to experience, disability to achieve and maintain optimal functioning in interaction with their environments" is the definition of rehabilitation per WHO (2011). Rehabilitation aids in the empowerment of individuals with disabilities and their families. Rehabilitation aims to improve a person's capacity to move or eat freely, as well as the availability of ramps in a facility. By offering rehabilitation, many health-related issues can be resolved. Rehabilitation is often offered for a specific period of time and may involve one or more therapies. One individual or a team of rehabilitation specialists can carry out these procedures. Rehabilitation efforts can be started as soon as disability is identified. Recognizing a person's needs and challenges is part of the rehabilitation process. Planning, goal-setting, execution, and the results of interventions are all part of the rehabilitation process. Teaching people with intellectual disabilities to adapt their knowledge and abilities for self-care, handling their own affairs, and making decisions is equally vital. After receiving rehabilitative therapy, people with disabilities (PwDs) exhibit better health (Castro-Costa et al., 2008). Rehabilitation can be offered in a variety of contexts, including hospital care and community rehabilitation. It can increase quality of life, change health problems, and lessen the effects of impairment (Rauch, Cieza & Stucki, 2008). Rehabilitation may be offered in a variety of settings and often include medical professionals working alongside advisors in the fields of education, employment, livelihood, and social protection. Early-stage rehabilitation produces functional outcomes that effectively avoid impairments. Children with "developmental delays" in particular benefit from early assistance, which enables them to overcome obstacles and lead fulfilling lives (Hadders Algra, 2004).

In underdeveloped and developing countries, community-based rehabilitation is a technique that lets people with disabilities access various rehabilitation facilities; nevertheless, during the past three decades, the breadth of community-based rehabilitation activities has expanded. Early on in CBR, it began offering rehabilitative treatments by using community resources to provide primary

health facilities. Numerous CBR initiatives began livelihood and educational programs by offering training in skill development.

2. LITERATURE REVIEW

Mukami et al., (2021) Explained that By making it easier for people with disabilities to access essential services like healthcare, education, housing, and work, as well as by transferring knowledge and skills about disability and rehabilitation to individuals with disabilities, their families, and the general public to promote social inclusion, community-based rehabilitation programs, or CBRs, are thought to be essential to improving the well-being of people with disabilities. Nevertheless, it is unclear how community-based rehabilitation support has promoted the social inclusion of people with disabilities in Kenya, even with the Disability Community programs in place. In order to influence policy formation to promote livelihood and disability inclusion in the community agenda, this article examines the effects of community-based programs on the social inclusion of people with disabilities using data from Tigania East, Meru County, Kenya.

Aldersey et al,, (2020) explained that A multi-sectoral approach to addressing the inclusion of people with disabilities and their human rights is community-based rehabilitation, or CBR. Although justice is a fundamental element of the CBR Matrix's social pillar, little is known about how CBR and Community-Based Inclusive Development (CBID) initiatives are putting this element into practice across the world. In order to comprehend existing practices and the future of the field with regard to justice, choice, and power in CBR/CBID, the CBR Global Network and partners organized five online forums in various parts of the world. Both deductive and inductive analysis were done to examine the issues and trends as well as any parallels or discrepancies in regional practices. Participants talked on (i) the difficulties in enforcing the law and implementing policies; (ii) the function of CBR/CBID programs; (iii) the role of families (both as a help and a hindrance to obtaining justice); and (iv) the involvement of individuals with disabilities. The results provide significant insights into the experiences of CBR/CBID stakeholders worldwide and might guide future financing, practice, and advocacy.

3. OBJECTIVES

- To investigate the challenges faced during implementation of community-based rehabilitation of adults with intellectual disability in India.

4. RESEARCH METHODOLOGY

From 2019 to 2020, a thorough literature evaluation is carried out using reputable databases such as Google Scholar, PSYCINFO, and PubMed. The difficulties encountered while implementing community-based rehabilitation for persons with intellectual disabilities in India are found using legitimate indexing sites and databases. A wide range of secondary literature in the forms of books, journals, newsletters, magazines, websites, reports, studies, research, assessment are evaluated.

5. STEPS IN IMPLEMENTATION OF CBR

The process involves identifying the individual in need of rehabilitation services, evaluating their disabilities, and addressing their various rehabilitation needs within the community.

- Provide the fundamental services, such as self-care instruction, counselling, and protective materials.
- Encouraging the social welfare department to make socioeconomic rehabilitation services more accessible.
- Provide assistance to CBR staff in coordinating with the social welfare department and making various services more accessible.
- For rehabilitation activities to go well, psychoeducation and efforts to lessen stigma must be made concurrently.
- Regular evaluation of CBR initiatives and services to ensure long-term, efficient rehabilitation.

6. CHALLENGES FACED DURING IMPLEMENTATION

- **Lack of Coordination:** The first challenge is lack of coordination, uncertainty about the specific department in charge of disability-related policy, inability to obtain social, health, educational, and employment opportunities.
- **Poverty:** The second issue is household and personal poverty. Poverty and wealth inequality are two major social determinants of healthcare access and final health outcomes. The social marginalization of people with disabilities is a significant contributing cause to poverty. People with disabilities are excluded and have limited access to medical treatment.
- **Lack of accessible transportation:** One of the biggest challenges is getting people to the locations where health and rehabilitation services are offered. Accessible transportation is necessary for people with disabilities to receive these services.

- **Communication:** Ineffective communication between medical professionals and people with disabilities. According to a recent study, it has been revealed that language or communication barriers prevented them from using services. Communication barriers are frequently associated with attitudes that delay communication, such as preconceived notions about people with disabilities. Healthcare services for people with disabilities is either insufficient or inaccessible due to a general lack of knowledge about how to interact with people with disabilities.
- **Infrastructure:** Another obstacle is the actual infrastructure of medical facilities. Many health facilities are outdated and not in keeping with universal design and accessibility.
- **Lack of Human Resources:** One of the main obstacles is the lack of health professionals with the specialized training needed for health-related rehabilitation. The deficiency of skilled healthcare providers for individuals with disabilities in rural areas is recorded.
- **Funding:** The community's behaviour, motivation, knowledge, and abilities in regard to disability issues must change in order to fund CBR. Donors and CBR program implementers should communicate frequently in order to persuade donors that CBR is a development program for people with disabilities in our society and to help them change their attitudes.
- **Training:** Professionals with training in rehabilitation and community behaviour such as doctors, occupational therapists, physical therapists, or vocational trainers, are essential to CBR programs. Enhancing the quality of human resources requires appropriate training in community development and rehabilitation techniques. There should be more focus on human resource development in India because there is a severe shortage of workers for CBR.

The objective of community-based rehabilitation is to ensure that individuals with disabilities increase their mental and physical abilities, get access to various facilities, and create supportive networks to contribute to the community. By removing obstacles to PwDs' full involvement in society, CBR also ensures that their rights are protected (WHO, 2011). Five domains comprise the rehabilitative services provided to individuals with impairments in CBR programs. These areas include social development, livelihood, health, education, and empowerment. In order to evaluate and give guidelines for the successful implementation of CBR programs, several professionals commit their time and use their expertise (Cornielje, Nicholls & Velema, 2002).

- ✓ Measures initiated by Ministry of Social Justice and Empowerment and Health and Family Welfare in India
- ✓ National Information Center on Disability and Rehabilitation
- ✓ National council for Handicapped Welfare
- ✓ National Level Institutes—NIMH, NIHH, NIVH, NIOH, IPH
- ✓ A new scheme District Disability Rehabilitation Centre for persons with disabilities
- ✓ The National Policy for Persons with Disability

Despite the prevalence of both infectious and non-communicable diseases in India's rural and urban areas, it is unknown if these illnesses assess urban-rural disparity or produce various forms of impairment. Nonetheless, it is anticipated that the annual number of fatalities from NCDs would almost double from around 4.5 million in 1998 to 8 million in 2020.9. As the population ages and the pandemic changes, the burden of noncommunicable illnesses is rising. This is mostly because of the elderly, fast smoking, and other risk factors including obesity, low physical energy, and excessive alcohol use. In order to minimize the disability as early as possible and slow the progression to a major disability, prevention and rehabilitation are crucial components of treatment for individuals with disabilities. It demonstrates how few Indians with disabilities take advantage of the country's health services. In general, one-third of handicapped individuals require special services, one-third can be treated by TTR alone, and one-third do not require medical care. Participation, sustainability, empowerment, and support are the tenets of TTR programs for individuals with impairments. These ideas cannot be presented separately since they overlap, support, and are connected to one another.10.

People with disabilities deal with a lot of social issues in society. It is a challenging and hard endeavor to improve the quality of life for individuals with various degrees and kinds of disability. Lack of access to opportunities and services like jobs, schools, health care, and vocational training can cause people with disabilities to be excluded in society. People with disabilities and their families in India are receiving assistance from a local nonprofit organization (NGO) in the construction of accessible restrooms. People with impairments also seem to be becoming more socially isolated. This is a result of deeply held ideas and anxieties that have been passed down via culture and religion. People with impairments frequently become a significant concern and a burden to society. Their growth will be altered by studying their health and culture, the causes of impairments, early childhood opportunities, the creation of equipment and cosmetics

to enhance the lives of those with disabilities, and all other disability-related topics. living quality and the capacity to address civil society's demands.

7. DISCUSSION

Understanding the problems that individuals with disabilities encounter on a daily basis as well as the attitudes and beliefs of the communities in which they reside is the foundation of community-based rehabilitation (CBR). the problem brought on by unfavorable views, such a lack of social acceptability and chances for education and income generating. Because of these factors, the CBR program focuses on both the impaired individual and the entire community. Inclusion, dignity, respect, equal opportunity, nondiscrimination, justice, basic freedom, promotion, and protection are all demands made by people with disabilities. "Community-based rehabilitation is a strategy within community development for the rehabilitation, equalization of opportunities, and social integration of all people with disabilities," according to the World Health Organization (2011). The implementation of CBR involves the collaborative efforts of individuals with disabilities, their families, communities, and the relevant social, educational, health, and vocational services.

8. CONCLUSION

Based on empirical data, it is determined that the issues include lack of access to social, health, educational, and employment possibilities as well as isolation, abuse, violence, and neglect. The first difficulty faced by adults came from inside their own families. The main ways that the CBR program helps individuals overcome hurdles are by giving them information, making it easier for them to access existing assistance, and helping people with disabilities in their communities take collective action to overcome the problems. Programs for community-based rehabilitation can aid in mainstreaming and removing some of the obstacles that individuals with disabilities encounter in their local communities. People with intellectual disabilities can live better lives with the use of various management techniques. Cognitive stimulation, special education assistance, vocational training, behavior management, and treatment for related disorders such as speech, occupational therapy, physiotherapy, and medical care are all included. Early intervention, stimulation, direction, and training at the right times in life can minimize the burden of handicap on the child and family.

9. RECOMMEDATIONS

In order to solve a vital health issue in society, the government must acknowledge disability as a significant issue. All disabled people who require medical care and participate in community development should be served. One crucial issue in medical services is a complex strategy that

incorporates social intervention, health, education, and employment. When it comes to providing basic services and referring students to specialized services like physical therapy, occupational and speech therapy, prosthetics, and therapeutics, the school medical system should be a key player for both service providers and supporters. surgery and orthotics. New technologies should be used to reintegrate the educational system in terms of infrastructure, resources, teaching and learning environments, and content. Children who require extra assistance due to severe diseases or numerous impairments might learn utilizing new methods that are suitable for their situation. For teenagers and adults with disabilities to have access to education and work in the community, cooperation with employment and employment is crucial. The social and economic inclusion of people with disabilities (PWD) depends on an efficient and suitable workplace.

REFERENCES

[1] Aldersey, H. M., Xu, X., Balakrishna, V., Sserunkuma, M. C., Sebeh, A., Olmedo, Z., ... & Ahmed, A. N. (2020). The role of community-based rehabilitation and community-based inclusive development in facilitating access to justice for persons with disabilities globally. *The International Journal of Disability and Social Justice*, *3*(3), 4-26.

[2] Bekteshi, L. (2015). Information and communication technology and students with disabilities. *European Scientific Journal*, *11*(22), 337-341.

[3] Castro-Costa, É., Fuzikawa, C., Uchoa, E., Firmo, J. O. A., & Lima-Costa, M. F. (2008). Norms for the mini-mental state examination: adjustment of the cut-off point in population-based studies (evidences from the Bambuí health aging study). *Arquivos de neuro-psiquiatria*, *66*, 524-528.

[4] Cornielje, H., Nicholls, P. G., & Velema, J. P. (2002). Avoiding misperceptions: classifying rehabilitation projects using letters rather than numbers. *Leprosy review*, *73*(1), 47-51.

[5] Hadders-Algra, M. (2004). General movements: a window for early identification of children at high risk for developmental disorders. *The Journal of pediatrics*, *145*(2), S12-S18.

[6] Hoppestad, B. S. (2013). Current perspective regarding adults with intellectual and developmental disabilities accessing computer technology. *Disability and Rehabilitation: Assistive Technology*, *8*(3), 190-194.

[7] ILO (2012). Statistical update on employment in the informal economy. http://laborsta.ilo.org/informaleconomyE.html.

[8] Islam, M. R. (2015). Rights of the people with disabilities and social exclusion in Malaysia. *International Journal of Social Science and Humanity*, *5*(2), 171-177.

[9] Luruli, R. E., Netshandama, V. O., & Francis, J. (2016). An improved model for provision of rural community-based health rehabilitation services in Vhembe District, Limpopo Province of South Africa. *African Journal of Primary Health Care and Family Medicine*, *8*(2), 1-10.

[10] Mitra, S., Posarac, A., & Vick, B. (2013). Disability and poverty in developing countries: a multidimensional study. *World Development*, *41*, 1-18.

[11] Mukami, G. W., Auya, S., & Bor, E. (2021). Community-based Rehabilitation Support Programmes and Social Inclusion of Persons with Disabilities in Tigania East, Kenya. *European Journal of Humanities and Social Sciences*, *4*(4), 10-16.

[12] Ownsworth, T., Theodoros, D., Cahill, L., Vaezipour, A., Quinn, R., Kendall, M., ... & Lucas, K. (2020). Perceived usability and acceptability of videoconferencing for delivering community-based rehabilitation to individuals with acquired brain injury: a qualitative investigation. *Journal of the International Neuropsychological Society*, *26*(1), 47-57.

[13] Parker, S., Dark, F., Newman, E., Hanley, D., McKinlay, W., & Meurk, C. (2019). Consumers' understanding and expectations of a community-based recovery-oriented mental health rehabilitation unit: a pragmatic grounded theory analysis. *Epidemiology and psychiatric sciences*, *28*(4), 408-417.

[14] Rauch, A., Cieza, A., & Stucki, G. (2008). How to apply the International Classification of Functioning, Disability and Health (ICF) for rehabilitation management in clinical practice. *European journal of physical and rehabilitation medicine*, *44*(3), 329-342.

[15] World Health Organization (2011). World Report on Disability. www.who.int/disabilities/world_report/2011/en/index.html. Accessed May 27, 2021.