

Community Resources as Correlates of Rehabilitation Service Delivery for Persons with Disabilities in Nigeria

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Abstract: *The study was aimed at investigating the relationship between community resources and rehabilitation service for persons with special needs in south-south zone, Nigeria. The study adopted correlational survey research design. Three null hypotheses were developed on the basis of the three major construct of community resources, as well as the dependent variable of rehabilitation of persons with special needs. Data was collected through a 30 item questionnaire that was validated by three experts in measurement and a reliability coefficient 0.87 was obtained through Cronbach alpha. The instrument was administered to 62 administrators involved in community-based rehabilitation used for the study. The data collected were statistical analyzed using Pearson Product Moment Correlation Analysis at 0.05 level of significance. The result showed that there exist a positive relationship between health care service provisions, human/ material, financial resources and the rehabilitation service for persons with special needs. Based on the findings, some recommendations were made among others that community should mobilize resources from government, non-government organizations, religious and social organizations for effective running and sustainability of rehabilitation programmes.*

Keywords: *Community Resources, Rehabilitation Services, Persons with Special Needs.*

1. INTRODUCTION

Persons with disabilities are the poorest population of people especially in rural area because of their disabilities and lack of opportunities to acquire functional skills for self-sufficiency. As a result, they are vulnerable to poor education, health, income, social life and economic wellbeing (Helinder, 2010). Disability is an umbrella term for impairments, activity limitations, and participation restrictions, denoting the negative aspects of the interaction between an individual (with a health condition) and individual's contextual factors such as environmental and personal factors (World Health Organization (WHO), 2011). Person with Disabilities (PWD) therefore include those who have long-term physical, mental, intellectual or sensory impairments resulting from any physical or mental health conditions which, in interaction with various barriers, may hinder their full and effective participation in society on an equal basis with others (United Nations, 2006).

In a global sense, community-based rehabilitation (CBR) is the primary means by which people with disabilities access rehabilitation or disability services (Evans, 2001). Meanwhile, rehabilitation services are mostly confined to cities and major towns while such services are not available to people in communities and small towns due to lack of awareness, poor financial conditions and attitudes of parents/family members towards their people with disabled. Improving the quality of life of people with disabilities is a difficult and challenging task. World Health Organization estimates states that a large number of the world's population has some kind of disability, and around 80% of the disabled population resides in rural areas.

Community Based Rehabilitation was first promoted by the World Health Organization in the mid-1970s to address the limited nature of the rehabilitation workforce in developing countries, through the provision of basic services at the community level, incorporating principles of primary health care, relevant rehabilitation practices, and seeking to use local resources and build local skills (Thomas,

2009). The most broadly used definition of CBR, has noted that CBR is a strategy within general community development for rehabilitation, equalization of opportunities, and social inclusion of all people with disabilities. The implementation is possible through the combined efforts of people with disabilities themselves, their families and communities, and the appropriate health, education, vocational, and social services (UNESCO, 2004).

The emphasis in this statement is a reflection of the objectives of sustainable development in terms of community development, poverty reduction, equalization of opportunities, and social integration for the vulnerable and the disadvantaged including persons with disabilities. The major objective of Community Based Rehabilitation (CBR) with respect to PWD is to ensure that they are able to maximize their physical and mental abilities, have access to regular services and opportunities, and achieve full integration within their communities.

In addition to transfer of knowledge related to skill development in various types of rehabilitation methods, community also will be involved in planning, decision making, and evaluation of the programme with multi-sectoral coordination and provision of necessary resources to ensure effective services delivery to these clients in the community (Sidon and Wale, 2012). Besides, referral system will be there for those who cannot be managed at community level. Identification of disability limitation at early stage when they are amenable to preventive and rehabilitative measures, so that progression to severe disability can be minimized is a vital component in rehabilitation of disabled.

Basic principles of a CBR program for the disabled include inclusion, participation, self-sustainability, empowerment, and advocacy. These principles are overlapping, complementary, and interdependent and they should be addressed in isolation. Ozoji (2005) states that CBR is usually conducted or provided in natural community settings, such as clients' homes rather than formal service delivery settings (hospital or centre-based environments). The active engagement of clients, family and even community members in service delivery is core to successful CBR. As a strategy, CBR seeks to equip, empower and educate people with disabilities and all stakeholders towards an end goal of greater independence, community participation and improve quality of life.

The breadth of scope of CBR is consistent with the conceptual base of the International Classification of Functioning, Disability, and Health (ICF) (WHO, 2001), which defines disability within a complex interaction of causal, contributing, and consequential factors. The exact nature of CBR services will depend on the needs of the particular client or client group within their context, the presence of disability supports, environmental resources including availability of generic services in the community (i.e., home care support, community nursing), the availability of resources and expertise, practical feasibility, and the availability of funding.

Individualized goal planning is a central aspect of collaborative and empowering rehabilitation, guiding a rehabilitation program in accordance with a client's needs and desires. Client centred goals also are a way of working towards and measuring outcomes aimed at achieving community reintegration and 'participation', which are the main aim of CBR programmes. The measurement of goal attainment is also a way of monitoring an individual's progress. Involvement of family and friends can enhance goal planning and goal achievement through greater collaboration. Goal orientation also enhances the responsiveness of community rehabilitation, as goals evolve over time or alter in response to client and environmental changes.

As the transfer of skills to clients, family and community members are central to CBR, the provision of effective training is a key challenge. In instances where the community-based model relies on intermediate level workers, community workers or family members, appropriate training will be required at multiple levels. Additionally, with a corresponding shift in professional roles, specialized training will be necessary to enable professionals to take on more strategic and more empowering roles in CBR (Lang, 2011).

Further critical issues in CBR include the relationships between rehabilitation professionals and people with disabilities, the enhancement of networks and partnerships, especially with disabled people's organizations and governments as well as greater connection with communities. The philosophy of client empowerment as well as empowerment of families, others and community members is central to CBR, which requires a shift in thinking of health professionals from being 'expert' towards being 'facilitators' and 'partners'. For CBR to become a viable model for the delivery of health services in industrialized countries, a competency framework is needed, together with strong

leadership to facilitate the translation of theory into practice. Further, collaboration is required among practitioners, policy makers, unions, consumers, educators and professional associations to support this transformation (Kendall, 2009).

Jojo, Asima and Wale (2013) stated that the most cardinal determinant of effective rehabilitation services for persons with disabilities in the community is the availability of relevant resources at the community level which pivot these services and programmes to success. There are essential resources needed to be provided by the community that determine the success of these services.

Bahama (2009) stated that rehabilitation of persons with disabilities in the community cannot be effective without adequate provision of community resources such as rehabilitation centres, healthcare centres, human resources and financial resources. The issue of availability of community resources for effective delivery of rehabilitation services for persons with disabilities in Nigeria has been a challenging one. Thus, how do these resources enhance effective delivery of rehabilitation services has been a question many researchers have grapple with in recent times.

2. STATEMENT OF THE PROBLEM

Over the past decades, the provision and delivery of rehabilitation services in communities in Nigeria has yielded but not to expected outcome despite the consistency and commitment to these services and programmes. This has become a pinching concern to the clients themselves, family members, personnel, and the communities at large. Rehabilitation services are expected to provide opportunities, knowledge and skill needed to increase capacity for PWD to fully participate in community life for an overall sustainable development of the nation. It is against this background that the researcher is interested in investigating the relationship between community resources and effective provision of rehabilitation services for persons with disabilities in selected communities in south-south, Nigeria.

Purpose of the study: Specifically, this study seeks to

- Find out the correlation between healthcare service and rehabilitation service of PWD.
- Find out the correlation between human resources and rehabilitation service of PWD
- Find out the correlation between financial resources and rehabilitation service of PWD

3. HYPOTHESIS

- Healthcare service resources provisions have no significant relationship with the rehabilitation service of persons with disabilities
- Human resource service have no significant relationship between with the rehabilitation service of persons with disabilities
- Financial resources have no significant relationship with the rehabilitation service of persons with disabilities

4. SIGNIFICANCE OF THE STUDY

This study will be very important to persons with disabilities, families, community, policy maker, and relevant non-governmental and government organizations. Persons with disabilities will benefit from this study because it will provide the awareness of the relevance of community resources in their quality provision of rehabilitation services. Families of PWD will be equipped with the knowledge of relevant sources of community resources and how to advocate for the availability of these resources and to ensure effective delivery of rehabilitation services for their PWD. It will enable community to seek for more support from appropriate agencies where necessary to fund CBR programme.

5. METHODOLOGY

The research design used in the study was the correlational survey design. The population of this study consists of all administrators of community based rehabilitation workers in the south-south zones of Nigeria. The sample consists of 62 administrators of community based rehabilitation centres purposively selected through stratify sampling technique. The zone is divided into six states (Akwa Ibom, Bayelsa, Cross River, Delta, Edo and Rivers). The sample includes principals of rehabilitation schools/centre, head of community health centres and directors in the state ministry of women affairs

and social welfare. The instrument used was a Community-Based Rehabilitation Assessment for PWD (CBRA-PWD). The construct validity of the instrument was determined by two experts in test and measurement and the reliabilities coefficients were 0.89 for community health resources, 0.73 for community human resources, 0.87 for community financial resources, 0.87 for community infrastructural facilities, and 0.90 for rehabilitation services of PWD. The contacts of the respondents were obtained through their respective state ministries after a good understanding of the essence of the research by the desk officers and permission from the commissioners. The questionnaire was administered electronically through e-mail to the respondents after they give their consent and the responses were returned through same medium. Data collected were analyzed using correlation statistics to examine the relationship between the sub variables of the community resources (independent variable) and the rehabilitation service for PWD (dependent variable).

6. RESULTS

The result of the analysis of the data collected is better presented by hypothesis.

- Healthcare service resources provision have no significant relationship with the rehabilitation of persons with disabilities

Table1. Correlation Analysis of Healthcare Service Resources and Rehabilitation Service for PWD (N =62)

Variable	$\sum x$	$\sum x^2$	$\sum y$	$\sum y^2$	$\sum xy$	r- value
Healthcare Service Resource (x)	155	492	317			0.92
Rehabilitation Service (y)	118	230				

Level of Significance at 0.05, degree of freedom = 60, critical r-value =0.250

The result of the above analysis as presented in Table 1 shows that the calculated r-value of 0.92 is higher than the critical r-value of 0.250 at 0.05 level of significance and 60 degree of freedom. This result therefore implies that healthcare service provision has a significant positive relationship with rehabilitation of persons with disabilities.

- Human resource service have no significant relationship between with the rehabilitation service of persons with disabilities

Table2. Correlation Analysis of Human Resources and Rehabilitation Service for PWD (N=62)

Variable	$\sum X$	$\sum X^2$	$\sum XY$	r-value
	$\sum Y$	$\sum Y^2$		
Human Resources(X)	153	490	312	
				0.84
Rehabilitation Service (Y)	118	230		

Level of Significance at 0.05, degree of freedom = 60, critical r-value =0.250

The result of the above analysis as presented in Table 2 shows that the calculated r-value of 0.84 is higher than the critical r-value of 0.250 at 0.05 level of significance and 60 degree of freedom. This result therefore implies that human resources have a significant positive relationship with rehabilitation of persons with disabilities.

- Financial resources have no significant relationship with the rehabilitation service of persons with disabilities

Table3. Correlation Analysis of Financial Resources and Rehabilitation Service for PWD (N =62).

Variable	$\sum X$	$\sum X^2$	$\sum XY$	r-value
	$\sum Y$ <td>$\sum Y^2$ <td></td> <td></td> </td>	$\sum Y^2$ <td></td> <td></td>		
Financial Resources (X)	148	475	302	
				0.79
Rehabilitation Service (Y)	118	230		

Level of Significance at 0.05, degree of freedom = 60; critical r-value =0.250

The result of the above analysis as presented in Table 3 indicates that the calculated r-value of 0.79 is higher than the critical r-value of 0.250 at 0.05 level of significance and 60 degree of freedom. This

result therefore means that financial resources have a significant positive relationship with rehabilitation service of persons with disabilities.

7. DISCURSION OF FINDINGS

The discussion of findings is discussed as follows

7.1. Healthcare Service Resources Provision and Rehabilitation Service of PWD

The result of the hypothesis 1 showed that healthcare service provision has a significant positive relationship with rehabilitation service of persons with disabilities. This implies that improve in the healthcare service provision will improve the rehabilitation service of PWD. These findings are in high support of the study of Nogu (2010) in his study reviewed that the restoration of persons with disabilities into full physical, mental and social functionality and participation begins from providing effective healthcare services delivery such as early childhood identification, vaccination, immunization, vision screening, auditory rehabilitation, sight rehabilitation, free medical services for persons with disabilities. It was stressed that health is the total physical, mental and social wellbeing. Thus huge emphasis must be placed on providing effective primary healthcare centres in the community close to these clients. He concluded that primary healthcare centres are very essential community resource needed for effective community based rehabilitation programmes. A major hindrance to community sustainable development is ill health, poor health centers and under-staffing of healthcare centers in rural communities. It was concluded that healthcare service resources provision is an instrumental community resource in rehabilitation of persons with disabilities.

7.2. Human Resources and Rehabilitation Service of PWD

The result of the analysis revealed that there is a positive significant relationship between human/material resources and rehabilitation of persons with disabilities. These findings are in agreement with the work of Gose (2009) noted that community based rehabilitation programmes take place in designated places (such as training centres, healthcare centres, employment settings and other community resources) in the community which may either be paid for or donated for use by members of the community or the family of persons with disabilities. Training centres are important resources the community are in a pole position to provide as first the requirement and readiness of the community to rise to the plight of persons with disabilities. Additionally, he added that one of the basic requirements in the community for the running of community based rehabilitation programmes is the availability of rehabilitation personnel and centres where a variety of vocational trainings are done.

In congruence with these, Roda (2006) revealed that availability of human resources in communities is the greatest challenge to the success to community based rehabilitation programmes.

Mambo (2007) stated that community based rehabilitation is characterized by the active role of persons with disabilities, their families and the community in rehabilitation process. Personnel ought to be available in the community for delivery of services to these clients and their families. Quality community based rehabilitation require personnel skilled in rehabilitation technology training and for the continuity of these programmes, community human resources must constitute the highest number of the workforce who are passionate and sensitive to the needs of its members with disabilities. Many rehabilitation centers have folded due to low commitment of the community volunteers to sustain these establishments. When community members are passionately involved in the workforce, the programme serves its members better.

7.3. Financial Resources and Rehabilitation Service of PWD

Analysis of hypothesis three of the study as exposed us to the fact that there exists as significant positive relationship financial resources and effective rehabilitation of persons with disabilities. This implies that the more the availability and judicious utilization of the financial resources allocated to rehabilitation service the better the wellbeing of PWD and vice versa. This is in line with Bill (2010) who noted that in an attempt to empower people with disabilities economically, it is not adequate for Community Based Rehabilitation programmes to stop at "teaching them how to fish" without arming them with the necessary equipment that they need to use in "catching the fish".

Persons with disabilities that have successfully graduated from vocational training and have not been able to secure wage-earning jobs need to be supported to set up workshops or suitable Income

Generation Activities (IGAs), in order to earn a living. This draws the huge attention from government, non-governmental organizations, international agencies and other humanitarians. Similarly, (Aju, 2008) maintained that several community organizations such as religious organizations (Churches and Mosque), club organizations, peer group and other social associations are sources of financial support to community based rehabilitation programmes. These organizations donate monthly or annual stipend to fund these programmes in the community.

8. CONCLUSION

The study was designed to investigate community resources and the rehabilitation service for persons with disabilities in south-south zone of Nigeria. The study revealed that healthcare service provision has a significant positive relationship with the rehabilitation of persons with disabilities. This implied that the success of any community based rehabilitation depends on the availability of quality healthcare service for persons with disabilities. Again, there is a significant positive relationship between human resources and the rehabilitation service of persons with disabilities. Personnel and material resource are indispensable in the delivery of community based rehabilitation services. A significant positive relationship also exists between financial resources and the rehabilitation service of persons with disabilities. Financial resource is the life blood of every programme and service offered in this regard. The sustainable development of Nigeria is not complete and assured without the adequate provision for the PWD including their rehabilitation so as to provide for their

9. RECOMMENDATIONS

On the basis of the findings of the study, the following recommendations are made:

- Community members should collaborate with agencies such as the government and non-governmental organizations to provide quality healthcare service for the full rehabilitation and habilitation of persons with disabilities to good health as possible.
- Adequate human and non-human resources should be made available for the effectiveness of these programmes and services.
- The community should mobilize resources from government, non-governmental organizations, religious and social organizations etc. for effective running and sustainability of the programmes.

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