



CHAPTER 41

SOCIO-ECONOMIC REHABILITATION OF PERSONS WITH VISUAL IMPAIRMENT: A COMMUNITY BASED REHABILITATION APPROACH

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Introduction

The provision of rehabilitation services for persons with special needs (PWDs) has over the years been characterized with numerous challenges. These services are grossly inadequate and PWDs (including those with visual impairment) who receive such services are very few. Rehabilitation programmes for persons with visual impairment is usually focused on education, vocation, health, physical rehabilitation etcetera. Unfortunately, little attention is focused on their social and economic life. However, if rehabilitation would be holistic, it should include all aspects of human life in order to meet the diverse and unique needs of persons with visual impairment as well as PWDs generally. According to the World Health Organization (WHO, 2021), rehabilitation is defined as a set of interventions designed to optimize functioning and reduce the effects disability in individuals with health conditions in interaction with their environment. This implies that the set of interventions should focus on all aspects of an individual such as the social, health, physical, vocational, psychological, educational, economic etc. Therefore, in order to attain maximum benefits of rehabilitation, services that include all aspects of human life should be included in the rehabilitation programme. This will ensure that the programme is comprehensive and holistic which is necessary in restoring the maximum functioning of PWDs.

The Institute of Rehabilitation Issues (2018), defined rehabilitation as a program aimed to restore lives, empower, transform and recreate people's future through a multidisciplinary approach. Rehabilitation is described as a set of measures provided to optimize the functioning of individuals, and is necessary for inclusion and also for improving the quality of life of individuals. It also aims to provide measures to restore functions or compensate for the loss of a function. Therefore, rehabilitation programmes are inevitable as this is outlined as one of the major components highlighted by Vision 2020 (2012), which is to ensure the effective/successful rehabilitation of persons with visual impairment globally. It is therefore, a vital aspect in promoting inclusive practice for PWDs generally.

Community Based Rehabilitation (CBR) is a strategy within community development for the rehabilitation, equalization of opportunities and social



integration of PWDs (World Health Organization, 2021). It is achieved through combined efforts of PWDs, their families, communities and other relevant stakeholders. It includes the provision of appropriate health, educational, vocational and social services amongst others. CBR is a platform through which rehabilitation programmes are provided for persons with special needs in their communities.

The term “visual impairment” as defined by the National Dissemination Centre for Children with Disabilities (2004), is a blanket term that includes low vision (partial vision loss and total blindness) that impairs the ability of individuals to successfully complete the visual activities of everyday life. As asserted by Beck (2018), visual impairment can cause significant social and economic challenges typically because there are social and economic activities they cannot participate actively in due to vision loss. This can limit the individuals’ ability to socialize and non-participation in economic activities which adversely affect their career options, finances and also their self-esteem. As asserted by Vision 2020 (2012), over one million adults are totally blind while about three million have partial vision loss. With this alarming number (which have increased over the years) and a few institutions providing rehabilitation services, for persons with visual impairment, service provision will be grossly inadequate and only the few will have the opportunity to benefit from rehabilitation programmes that provide social and rehabilitation services.

Persons with visual impairment do experience social and economic barriers. As a result, they are more likely to live in a low-income environment and experience social and economic burdens such as depression, loss of independence, reduced quality of life etcetera. All of these are recognized as intangible costs of visual impairment (Koberlein, Beifus, Scaffert& Finger, 2013). Socio-economic factors are those relating to or involving a combination of social and economic factors such as income, education, employment, social support, skills (social/vocational), occupation, amongst others. For example, employment provides income that shapes the choices made about housing, healthcare, food, childcare amongst other basic needs of everyday living. Similarly, completing higher education is more likely to increase the potentials of an individual with visual impairment to increase income, work potentials as well as multiply their opportunities to interact with people and build more social networks

According to Onabolu, Bodunde, Ajibode and Otulana (2018), in a study revealed that the rate of paid employment for persons with visual impairment was low in Nigeria. This may be largely due to inadequate socioeconomic rehabilitation programmes provided to persons with visual impairment. A comprehensive socio-economic rehabilitation programme should provide services that are hinged on the health, education, livelihood, social and empowerment as well as other components of a general rehabilitation programme. These components are part of the CBR matrix which attempts to presents a more holistic strategy in rehabilitation of PWDs. This as indicated by Olaogun, Nyante and Ajediran (2009), agreed with



the assertion that rehabilitation is not only concerned with the physical or functional restoration/compensation of individuals who are impaired by injury or disease but also attention is given to the total quality of life in terms of wellness, happiness and satisfaction in fulfilling life demands, social relationships and also ensure independent economic existence amongst other benefits.

The need for CBR arose due to the large population of PWDs who do not have the benefit of formal rehabilitation largely due to ignorance, lack of access to institutions offering services, inadequacies bordering on poor funding, manpower and infrastructure (Olujide & Ademokoya, 2006). To meet this need the World Health Organization (WHO) moved to developing guidelines for CBR and in addition to conducting regional and national workshops to promote CBR guidelines and also supporting member countries. Among other responsibilities, they initiate and also strengthen existing CBR programmes. However, Nigeria and some developing countries are yet to embrace these guidelines and effectively adopt the components of the CBR matrix in developing, implementing and sustaining CBR programmes. There is therefore, a need to develop holistic rehabilitation programmes that will not only promote the rights of persons with visual impairments but also seeks to create an environment where they can have equal opportunities with their so called able -bodies counterparts.

Therefore, the thrust of this paper is to discuss socio-economic rehabilitation of persons with visual impairment using the CBR approach. To set the tone for the discussion, rehabilitation programmes for persons with visual impairment are presented. Community based rehabilitation and socio-economic life of persons with visual impairment and promoting effective socioeconomic rehabilitation programs for persons with visual impairment are also discussed. Moreso, challenges in the rehabilitation of persons with visual impairment, conclusions and suggestions are outlined.

Rehabilitation programmes for Persons with Visual Impairment

The goal of rehabilitation is to maximize the potentials and restore person's visual impairment and generally PWDs to at least the same educational, social economic, physical, vocational etc. status that they had or is capable of. It is aimed to provide the individual with all the necessary opportunities that he/she would require through a wide range of services. As opined by Das (2012), rehabilitation involves a wide range of combined and coordinated programmes and services that enable individuals function independently, prevent disability and return to normalcy (or near normalcy), provide a maximum level of restoration through different interventions, provide vocational training through various methods to suit the individual and also help him/her earn a living independently. However, a comprehensive rehabilitation programme should include but not limited to the following:



Medical Rehabilitation: This involves the provision of preventive and curative care to clients. Its diagnosis and assessment are meant to examine all body organs so that under functioning organs. Medical diagnosis and assessment for individuals with visual impairment are a form of medical evaluation carried out to determine the abilities, limitations as well as the extent of the individual's visual loss (which may range from mild to severe). This ensures the provision of relevant and adequate medical services such as treatment, surgery, hospital care as well as other medical services, assistive devices or aids, provision of optical aids, sonic guide, laser cane and so on. Non-electronic aids include white canes, walkers, crutches physiotherapy psychotherapy, provision of prosthesis, artificial limbs, braces, wheelchair, long cane and orthotic devices which devices which are based of the specific needs of a person to enable him/her work efficiently.

Social Rehabilitation: This involves restoring the social functioning and dignity of individuals with visual impairment. Programmes provided through social rehabilitation include adjustment counselling, training in inter-personal relationships, communication skills and social skills training. In addition, it involves training in daily living skills, leisure or recreation etcetera. Social rehabilitation facilitates social integration of persons with special needs to enable them gain self-respect, have a positive self-concept, improved self-esteem, acquire communication skills, establish interpersonal and professional relationships, improved family relations, personal adjustment, social adjustment as well as job satisfaction.

Vocational Rehabilitation: This is a very important programme in achieving the goal of rehabilitation. It involves the provision of vocational evaluation, guidance and counselling, vocational training, training on job seeking skill, provision of information on job types and requirements, provision of tools equipment to improve job effectiveness etc. It culminates with job placement which is the major, essential and critical component of the entire rehabilitation process for persons with special needs. Vocational training helps individuals with special needs acquire the competencies they need that will enable them become employable (WHO 2010a). It also helps clients receive adequate job training in skill that will make them qualifies and suitable for specific job areas.

Economic Rehabilitation: The rationale for economic rehabilitation is in the principle that in every organized society, each member should have a right to an opportunity for a living and to make some contributions to the development of the society. It is the responsibility of the society to equalize the opportunity of persons with special needs to earn a living as their peers without special needs. This principle supports that "the status of independence is self-sufficiency, hard work, industriousness, contribution to society and upward social mobility of the individual, to the extent that if the individual with disability is unable to meet or



reach these goals, he suffers a loss of personal dignity, prestige, both as a member of society and as member of a family”

Educational Rehabilitation: It involves the provision of educational services for persons with visual impairment e.g. braille services such as: braille transcribers, braille equipment and braille writing materials (embossers, thermoform, braille software and hardware, braille papers, slate and stylus) identification, assessment, and diagnostic services, development of Individualized Education Plan (IEP), evaluation, educational guidance, resource room services as well as other services provided in the classroom and also outside the school environment to facilitate teaching and learning.

Community Based Rehabilitation and Socio-economic Life of Persons with Visual Impairment

Community Based Rehabilitation (CBR) is a strategy within the general development for the rehabilitation, equalization of opportunities and social inclusion of all people with disabilities. It represents an effort to entrust members of the family and community with the task to perform rehabilitation process in a simplified way that illiterate community members are able to carry out therapeutic exercises, produce and use simple aids and services (International Labour Organization, United Nations Economic, Social and Cultural Organization, World Health Organization, 2004). The original goal of CBR is to provide capacity for community development to address the rehabilitation needs of persons living with disabilities in these communities. However, existing rehabilitation programs have adopted the institutional approach as asserted by Dala and Amwe (2017), whereas, the CBR strategy is quite different from institutional based rehabilitation as it provides rehabilitation services to persons with special needs through home based services. The goal of CBR program is to provide access to persons with disabilities to rehabilitation services for uplifting their overall wellbeing, inclusion and also participation.

The World Health Organization (2010b), identified five key components of CBR strategy which includes health, education, livelihood, social and empowerment. These are outlined in the CBR matrix presented below:

HEALTH	EDUCATION	LIVELIHOOD	SOCIAL	EMPOWERMENT
Promotion	Early Childhood	Skills Development	Personal Assistance	Advocacy and Communication
Prevention	Primary	Self-Employment	Relationship, Marriage and Family	Community Mobilization



Medical Care	Secondary and Higher	Wage Employment	Culture and arts	Political Participation
Rehabilitation	Non-formal	Financial Services	Recreation, Leisure and Sports	Self-Help Groups
Assistive Devices	Life-long Learning	Social Protection	Justice	Disabled Peoples Groups

Figure 1: The CBR Matrix. Source: World Health Organization, (2010b)

As presented in Figure 1 above, the health component is one of the important components of the CBR matrix and its aim is to help persons with disabilities achieve their higher attainable standard of living by addressing five elements (promotion, prevention, medical care, rehabilitation and assistive devices). This is aimed at providing health promoting activities, prevention of disabilities through early detection, treatment and limiting reversing impact of already existing impairment, access to medical care, undertake rehabilitation activities, proper knowledge and use of appropriate assistive devices. Secondly, the educational component includes the early childhood care and education, primary education, secondary and higher education, non-formal education, and lifelong education. According to United Nations International Children’s Education Fund (2020), all children, no matter where they live or their circumstances (including those living with special needs) have the right to quality education since education starts at birth and is actually broader than just school but to equip individuals with basic skills for independent living. Therefore, there is a need to ensure that irrespective of the nature of impairment, no child should be discriminated against on the basis of impairment. As opined by WHO (2010a, 2021), education is the right of every child including children living with impairments (sensory, physical, intellectual/cognitive). This would ensure that no child is left behind as a principle or education for all globally.

Another goal of CBR is to ensure that a child form period from birth acquires early childhood care and education to promote easy transition, creating a welcoming and inclusive primary education system, increased participation and enrollment in secondary and higher education , promoting accessible inclusive higher education programmes, enable persons with special needs develop adequate knowledge and skills that will improve their quality of life and participate in non-formal schooling as a preparation for formal schooling or an alternative to formal schooling . In addition, individuals with disabilities have access to lifelong learning opportunities and also a variety of learning experiences. Thirdly, the goal of CBR is to enable persons with special needs gain livelihood by developing skills for work opportunities and decent work, gain self-employment, access wage employment, have access to financial services, to develop their economic activities, attain social protection and be allowed to attain and sustain



employment. This is in line with the assertion by Ngoma, Davies, and Seifert (2008), which states that persons with special needs should be given all the necessary assistance they require to acquire and sustain employment.

Moreso, as outlined in the CBR matrix social rehabilitation ensures that persons with special needs get personal assistance to live with self-determination and dignity, participate in building lasting relationships, marriage and family life, contribute to cultural and artistic lives of family and community life, participate actively in recreation, leisure and sports, and also have access to justice on equal basis as their counterparts without disabilities. Finally, Figure one indicates that empowerment is the last component of the CBR matrix and outlines its components to include empowering persons with special needs through advocacy and communication to enable them express their needs and desires effectively, work together with stakeholders in community mobilization to achieve common goals, create opportunities for active participation in politics, provide assistance through self-help groups and also encourage persons with special needs to work in partnership with disability peoples groups or organizations to plan, monitor and implement CBR programs (World Health Organization, 2010b).

Promoting Effective Socioeconomic Rehabilitation Programs for Persons with Visual Impairment

Social and economic rehabilitation requires a sensitive approach to restore dignity, self-respect and also to ensure the participation and empowerment. Empowerment aims to raise the self-esteem of clients. This was buttressed by Gokhale (2001), who maintains that empowerment is the ability of clients to make decisions and manage the transactions of everyday life. Attaining economic independence is key to rehabilitation and paid and/or self-employment is only one of the number of opportunities suitable for persons with visual impairment which can be attained through effective provision of social and economic rehabilitation.

Persons with special needs are often faced with several social barriers which affects the less opportunities while participating in social activities. They find it difficult to participate in social roles and activities, often experience stigma, discrimination and exclusionary practices. Similarly, persons with visual impairment experience barriers in economic empowerment communication, access to financial resources etc. This is evident in a study conducted by Kim, Koo and Han (2021), which revealed that the socioeconomic and physical health status of persons with visual impairment is more likely to deteriorate (following onset of impairment) than that of their counterparts without visual impairment.

Similarly, A study in Nigeria conducted by Onabolu, Bodunde, Ajibode and Otulana (2018), has revealed that the socioeconomic status of persons with visual impairment worsened after the onset of visual impairment showing an increase in the likelihood of being on a low income and unemployed, experience depression, reduced (or lack of) basic health behaviours (such as physical activities and a balanced diet) due to their disability and also less engagement in physical activity.



Based on these assertions, there is need to develop rehabilitation programs that provides social and economic rehabilitation services. The rehabilitation programme would ensure that the individual attains restoration of function, capacity to earn a living, family and social relationships, training and retraining of individuals with special needs to the highest possible level of functioning in all areas of human endeavors.

Challenges in the Rehabilitation of Persons with Visual Impairment

The provision of rehabilitation services for persons with visual impairment has over the years been characterized by numerous problems and challenges. These rehabilitation services are grossly inadequate and have caused pitfalls to achieving the goals of rehabilitation. Institutions saddled with the responsibility of providing rehabilitation services to persons with visual impairment are not actively involved in the rehabilitation process. A study conducted by Balarabe, A. H., Mahmoud, A. O. and Ayanniyi A. A. (2014.) to determine the causes of blindness and barriers to accessing rehabilitation services among visually impaired street beggars in Sokoto State, Nigeria revealed that the main challenge to accessing rehabilitation services among persons with visual impairment include inadequate services as well as other societal factors. There are numerous challenges in the provision of rehabilitation services to persons with visual impairment these include but not limited to the following:

Participation: There has been lack of active participation of relevant stakeholders and realistic plans in achieving effective rehabilitation goals. It has been characterized by lack of focus, unrealistic goals, inadequate policies by the government, lack of active participation by communities, inadequate policies on the part of the government, lack of ownership of the CBR programmes in communities etc. Therefore, at one point or the other, participation by various stakeholders at the community (local), state and national levels have not been noticed

Funding: It is often assumed that that CBR is a cheaper intervention option in the rehabilitation of persons with special needs generally (Ngoma, Davies & Seifert (2008). The cost of training and retraining rehabilitation workers or volunteers, supervision, procurement of equipment and materials etc. involves a lot of money. Inadequate funding is a major challenge in the implementation and sustenance of all programmes. Funding rehabilitation programs is inevitable in sustaining and maintaining such programmes and the lack of funding structure at all levels is a major challenge affecting rehabilitation programmes.

Policies and Legislation: The lack of policies to reinforce the rights of persons with special needs has affected the provision of rehabilitation in Nigeria. The lack of policies and laws to support the provision of rehabilitation services has affected its implementation. Policies and legislation are mandatory to ensure quality of service provision, monitoring and supervision, accountability and successful implementation. However, if these laws are not in place it gives room for non-



compliance, lack of accountability, lack of sustenance and also lack of structure. This fact is supported by a report of United Nations Education, Scientific and Cultural Organization (1996), in a study on the laws on special needs provision in fifty-two (52) member countries indicated clearly that legislation is needed to ensure that service provision of persons with special needs are adequately provided.

Other challenges include the lack existence of rehabilitation centers in rural areas, lack of adequate guidance for parents of children with visual impairment on facilities and resources for their children, inadequate personnel (rehabilitation workers, field supervisors programme coordinators etc.) for existing rehabilitation programmes, lack of sustaining existing rehabilitation programmes and lack of adequate training institutions for the training and re-training of rehabilitation officers for effective service provision.

Conclusion

1. In conclusion, the focus of socio-economic rehabilitation for persons with visual impairment using the CBR approach is inevitable if they are to become functional and contributing members of the society and also improving to their overall psycho-social well-being.
2. Quality of life of persons with visual impairment can be improved through available accessible, affordable and sustained socio-economic rehabilitation services using the CBR approach/strategy.
3. CBR pilot project in other developing countries that have recorded tremendous success could be emulated and their procedure implemented in Nigerian communities.
4. CBR is a sustainable programme aimed at providing comprehensive rehabilitation programmes and services for persons with visual impairment as well as persons with various sensory, physical and cognitive/intellectual disabilities in Nigeria. All relevant stakeholders must be actively involved in realizing this goal.

Suggestions

The following suggestions are therefore proffered:

1. Active participation and commitment of stakeholders: persons with visual impairment themselves, parents caregivers, community heads, district heads, religious bodies, disability self-help groups, non-governmental organizations, governmental organizations and parastatals etc. should be encouraged at levels (community, state, national). This can be effectively carried out through adequate awareness, sensitization and adequate information should be adequately provided.
2. Funding of existing programmes in rehabilitation should be prioritized because of the role it plays in improving the quality of lives of persons with visual impairment.



3. Policies and legislation should be enacted and passed into law to ensure the effective implementation, monitoring, supervision and sustenance of existing rehabilitation programmes for persons with visual impairment and persons with special needs generally.
4. Rehabilitation centres should be established (and also ensure their sustainability) in rural areas to improve accessibility: parents, caregivers and community persons should be encouraged to be actively involved in the rehabilitation programmes: employers of labour in government and non-governmental organizations should ensure that personnel for rehabilitation should be enlightened on the competencies, capabilities and potentials of persons with visual impairment.

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