

## Challenges Faced During Implementation of Community-Based Rehabilitation of Adults with Intellectual Disability in India

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### ABSTRACT

An individual with intellectual disability benefit from many forms of institutional support, which include residential, educational and rehabilitation services. This study examined the difficulties that adults with intellectual disabilities encounter when undergoing community-based rehabilitation. Ensuring that individuals with disabilities can fully integrate into their communities, have access to ongoing services and opportunities, and to improve their physical and mental capacities is the main goal of community-based rehabilitation. Many programs conducted in Delhi NCR region, data showed a number of CBR programs initiated by different organizations. Many challenges are reported by adults with intellectual disability. It has been documented that persons with intellectual disabilities and other issues experience negative changes in their psychosocial functioning. Disability is a significant issue for public health, particularly in developing nations like India. The problems in developing nations are distinct, and rehabilitation programmes should be tailored to the needs of the disabled while involving the community. Since most disabled people in India live in rural areas, accessibility, availability, and cost-effectiveness of rehabilitation services are important factors to take into account. This study examines various issues and barriers related to disability and rehabilitation services in India, emphasising the need for improved health care and service delivery to the disabled in the community.

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

Intellectual disability is defined by below-average intelligence or mental ability, as well as a lack of daily living skills. Adults with intellectual disabilities can learn new skills, but they do so at a slower pace. Intellectual disability ranges in severity from mild to severe. An IQ test is used to determine an individual's IQ (intelligence quotient). The majority of people scored between 90 and 109 on average. If a person's IQ is less than 70, he or she is considered as intellectually disabled. A specialist detects the child's skills and compare them to other children of the same age to assess the child's adaptive skills. Things to look for include how well the child can feed or dress themselves, how well the child communicates with and understands others, and how the child interacts with family, friends, and other children his or her age. A child with an intellectual disability may learn and develop more slowly than other children his or her age.

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A problem that begins before a child reaches the age of 18 can lead to intellectual disability. It can be caused by an injury, a disease, or a brain problem. The paper discusses the difficulties encountered during the implementation of community-based rehabilitation for adults with intellectual disabilities in India. Further, in a recent study by Bhati and Sharma (2023), children with intellectual disability were found to have significant positive correlation between working memory and activities of daily living. This suggests the importance of working memory in maintenance of activities of daily living towards a good health. People with intellectual disability are more likely to be unemployed, in poor health, absent from mainstream social spaces, to experience abuse and neglect, and to perceive a low value place on their lives. This marginalization has historically manifested itself as a separation of people with intellectual disability from majority society, in spatially separated institutions, and later, while living in mainstream communities, provided with adequate services but excluded from inclusive social opportunities.

### ***Community-Based Rehabilitation (CBR)***

Rehabilitation can be defined as “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” (WHO 2011). Rehabilitation helps persons with disabilities and their families to get empowered. The proper functioning of an individual is the goal of rehabilitation such as improving an individual’s capability to eat or walk freely and availability of ramps in a building. A large number of health-related problems can be addressed by providing rehabilitation. Usually, rehabilitation is provided for a particular time and can be done by including one or different interventions. These interventions can be completed by a person or a group of rehabilitation professionals. Once impairment is recognized, rehabilitative measures can be initiated from early-stage. The process of rehabilitation includes recognition of individual’s needs and difficulties. Rehabilitation process involves planning, setting rehabilitation goals, implementation and the impact of interventions. It is equally important to educate persons with intellectual disability to modify their knowledge and skills for self-care, managing their own affairs and decision making. Persons with disabilities (PwDs) show improved health once they are benefitted from rehabilitative services (Fuzikawa, 2008). Rehabilitation can be provided in different settings such as hospital care to rehabilitation in communities. It can modify health conditions, decrease the impact of disability and make improvement in quality of life (Rauch, Cieza & Stucki, 2008). Rehabilitation can be provided in different sectors and usually involve medical experts in association with consultants in teaching, livelihood, employment and social protection. Rehabilitation that starts at early stages provide effective functional results in preventing disabilities. Early intervention becomes useful especially for children with “developmental delays” and it helps them to overcome their problems to live a productive life (Hadders Algra, 2004).

Community-based rehabilitation is a strategy that helps persons with disabilities to get access to different rehabilitative facilities in under-developing and developing nations, however, the scope of community-based rehabilitation activities has widened in past three decades. In the early phase of CBR, it started providing rehabilitative services by providing primary health facilities by utilizing the resources of the community. Many CBR programs started educational programs and livelihood programs by providing skill development training.

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### *Objective*

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

### **METHOD**

A systematic literature review is conducted on PubMed, PSYCINFO and another reliable database google scholar, shodhganga, etc from the period of 2019 to 2022. The authenticate indexing sites and databases are used to find the challenges faced during implementation of community-based rehabilitation of adults with intellectual disability in India. A wide range of secondary literature in the forms of books, journals, newsletters, magazines, websites, reports, studies, research, evaluation are reviewed.

### **DISCUSSION**

Community-based rehabilitation (CBR) is based on an understanding of the issues that people with disabilities face in their daily lives, as well as the attitudes and beliefs of the communities in which they live. The issue that arises as a result of negative attitudes, such as a lack of social acceptance and opportunities for income generation and education. For these reasons, the CBR programme is focused to the whole community as well as the individual member who are disabled. The demand of persons with disabilities is for inclusion, dignity, respect, equalisation of opportunities, non-discrimination, justice, fundamental freedom, promotion and protection. According to World Health Organisation (1994) “Community-based rehabilitation is a strategy within community development for the rehabilitation, equalisation of opportunities and social integration of all people with disabilities. CBR is implemented through the combined efforts of disabled people themselves, their families and communities, and the appropriate health, education, vocational and social services”.

### *Objectives of CBR*

- Improving the quality of life of PwDs and their families
- Understanding community needs
- To enhance mental and physical abilities of PwDs
- Providing equal opportunities and promote development of their communities
- To promote and protect the rights of persons with disabilities
- To remove barriers and obstacles that disrupt participation
- Create public awareness
- Empowering PwDs and community
- Changing negative attitudes and beliefs

This study throw light on challenges faced during implementation of community-based rehabilitation of adults with intellectual disability in India.

### *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.
- If the person needs physical rehabilitation services, such as physiotherapy, surgery, or prosthetics, refer them to a secondary or tertiary care facility.

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- 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.

### *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:** Poverty, both personal and household, is the second problem. One of the main social determinants of healthcare access and ultimate health outcomes is poverty and income inequality. One important factor in the poverty that persons with disabilities face social exclusion. Individuals with disabilities are marginalized and unable to access healthcare services.
- **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.

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The goal of community-based rehabilitation is to assure that persons with disabilities boost their physical and mental capacities, to get access to different facilities, and to develop dynamic support to contribute towards community. CBR also makes sure that there is safeguard of the rights of PwDs by eradicating barriers to make their active participation in society (WHO, 2004). Persons with disabilities in CBR programs receive rehabilitative services under five domains. These domains are health, education, livelihood, social development, and empowerment. Many experts dedicate their time and apply their knowledge to assess and provide rules and regulations to implement CBR programs effectively (Cornielje, Nicholls & Velema, 2002).

CBR organizes programs related to health promotion through community participation and by using mass media for more extensive coverage. It helps in providing orthopaedic and physiotherapy services, audiology, mental health interventions, immunization programs, assistive devices, etc. It is reported that 15% of the people all over the world have one or other type of disabilities (WHO, 2011). Eighty percent of the total disabled people lives belong to low- and middle-income countries. Children with special needs face problems to get education in schools, and there are high rates of dropouts as they do not complete their education. As per census 2011, the population of India is 121 crores. Out of this, 2.68 crores are living with a disability. CBR help persons with disabilities to reduce the impact of barriers and provides training to primary health workers to raise awareness related to disabilities and make referral services for PwDs (World Health Organization, 2010).

### CONCLUSION

On the basis of empirical evidence, it is concluded that the challenges identified as isolation, neglect, abuse, violence, and a lack of access to social, health, education, and livelihood opportunities. Adults encountered their first challenge within their own families. The CBR programme helps people to overcome obstacles primarily by providing information, facilitating access to existing support, and assisting persons with disabilities in communities to take collective action against the challenges. Community-based rehabilitation programs can help to promote mainstreaming and overcome some of the barriers that people with disabilities face in their communities. There are different management strategies that can help people with intellectual disability to lead a better quality of life. It includes cognitive stimulation, special educational support, vocational training, behaviour management and management for associated conditions like medical treatment, speech occupation therapy and physiotherapy. The impact of disability on child and family can be reduced to maximum extent if provided with early intervention, stimulation, guidance and training at appropriate stages of life.

### REFERENCES

- Anastasi, A. (1968). *Psychological testing*. New York: Macmillan Publishing Company.
- Anderson, Mike (1992). *Intelligence and Development: A Cognitive Theory*. London: Wiley-Blackwell.
- Ashman A. F. & Suttie J. N. (1996). Social and community involvement of older Australians with intellectual disabilities. *Journal of Intellectual Disability Research*, 40, 120–9.
- Barsalou, L.W. (1999). Perceptual symbol systems. *Behavioral and Brain Sciences*, 22, 577-660.
- Bhati L. (2021). Mental Health Issues during Covid 19 Pandemic. *International Journal of Indian Psychology*, 9(4), 466-468.

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- Bhati, L. & Sharma, H. (2023). Working Memory and Activities of Daily Living among Children with Intellectual Disability. *Journal of Namibian Studies*, 35(S1), 1342–1350.
- Blau P. M. (1977). A macro sociological theory of social structure. *American Journal of Sociology*, 83, 26–54.
- Brissette, I., Scheier, M. F., & Carver, C. S. (2002). The role of optimism in social network development, coping, and psychological adjustment during a life transition. *Journal of Personality and Social Psychology*, 82, 102–111.
- Browder D. M., Wakeman S. Y., Spooner F., Ahlgrim-Delzell L., & Algozzine B. (2006). Research on reading for students with significant cognitive disabilities. *Exceptional Children*, 72, 392–408.
- Brown, G. T. & Burns, S. A. (2001). The efficacy of neurodevelopmental treatment in paediatrics: A systematic review. *British Journal of Occupational Therapy*, 64 (5), 235–244.
- Buttimer J. & Tierney E. (2005). Patterns of leisure participation among adolescents with a mild intellectual disability. *Journal of Intellectual Disabilities*, 9, 25–42.
- 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.
- 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.
- Collins B. C., Branson T. A., Hall M., & Rankin S. W. (2001). Teaching secondary students with moderate disabilities in an inclusive academic classroom setting. *Journal of Development and Physical Disabilities*, 13, 41–59.
- Fougeyrollas P., Noreau L., Bergeron H., Cloutier R., Dion S. A. & St Michel, G. (1998). Social consequences of long-term impairments and disabilities: conceptual approaches and assessment of handicap. *International Journal of Rehabilitation Research*, 21, 127–41.
- 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.
- Hall L. & Hewson S. (2006). The community links of people with intellectual disabilities. *Journal of Applied Research in Intellectual Disabilities*, 19, 204–7.
- Hallahan, D., P. & Kauffman, J., M. (1994). *Exceptional Children, Introduction to Special Education*. 6th Edition, Needham Heights, Allyn and Bacon Publisher, 41-86.
- ILO, UNESCO & WHO (2004). *Community based rehabilitation for and with people with disabilities*, Joint position paper, WHO Library, Geneva.
- Jameson J. M., McDonnell J., Polychronis S., & Riesen T. (2008). Embedded, constant time delay instruction by peers without disabilities in general education classrooms. *Intellectual and Developmental Disabilities*, 46, 346–363.
- Kerr, S. M., & McIntosh, J.B. (2000). Coping when a child has a disability: Exploring the impact of parent-to-parent support. *Child: Care, Health and Development*, 26(4).
- Luftig R. L. & Muthert D. (2005). Patterns of employment and independent living of adult graduates with learning disabilities and mental retardation of an inclusionary high school vocational program. *Research in Developmental Disabilities* 26, 317–25.

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- Mannan H. & Turnbull A.P. (2007). A review of community-based rehabilitation evaluations: Quality of life as an outcome measure for future evaluations. *Asia Pacific Disability Rehabilitation Journal*, 28.
- Peek L. & Stough L.M. (2010). Children with disabilities in the context of disaster: A social vulnerability perspective. *Child Development*, 81(4), 1260–1270.
- 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.
- Sprent S. & Conroy J. W. (2002). The impact of deinstitutionalization on family contact. *Research in Developmental Disabilities*, 23, 202–10.
- Stark, J. A., Menolascino, F. J., Albarelli, M. H., & Gray, V. C. (2012). *Mental retardation and mental health: Classification, diagnosis, treatment, services*. Springer Science & Business Media.
- World Health Organization (2003). *International consultation to review community -based rehabilitation (CBR)*, WHO, Geneva.
- Yamaki K. & Fujiura G. T. (2002). Employment and income status of adults with developmental disabilities living in the community. *Mental Retardation* 40, 132–41.

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### **Conflict of Interest**

The author(s) declared no conflict of interest.

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