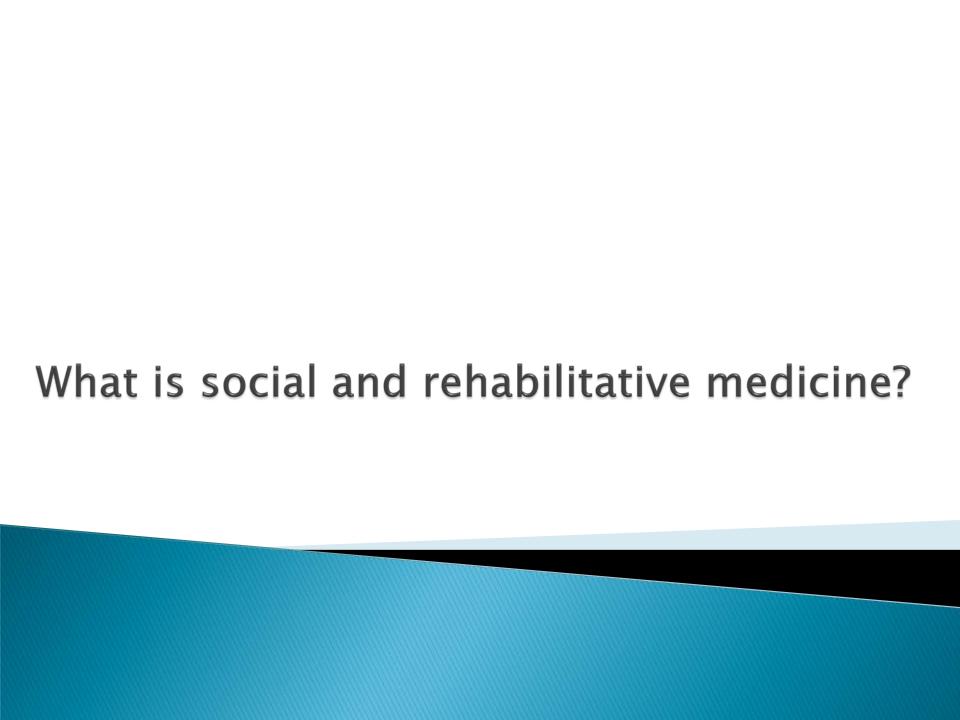
REHABILITATIVE AND SOCIAL MEDICINE.

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INTRODUCTION

- Rehabilitative medicine is the aspect of medicine that involves training and retraining an individual with disabilities to the highest possible level of functional activity.
- It is a process that assist people with disabilities to develop their physical, mental and social skills.

PEOPLE WHO REQUIRE REHABILITATION.

- Handicapped
- Aged
- Destitute
- Refugees
- Street children
- AIDS Orphans
- Motherless babies
- Juvenile Delinquents.
- Child labor/trafficking.

ASPECTS OF REHABILITATIVE MEDICINE

- 1.Medical rehabilitation: it involves restoration of medical function
- 2. Vocational rehabilitation: restoration of capacity to earn a live hood
- 3. Social rehabilitation: restoration of family and social relationship.
- 4. Psychological rehabilitation: restoration of personal dignity and confidence.

STAFFS INVOLVED IN REHABILITATION.

- Doctors: Coordinates the activities of other members of the team involved in rehabilitation. He also sees to the medical treatment of the patients injury.
- Nurses: His duty include: nursing care, prevention of pressure sores in paralyzed patient, management of urinary incontinence, care of bowel bowel in patients unable to defecate.

Staff involved in rehabilitation

- Physiotherapist:physical assessment of disabled persons,walking re-education and management of wheel chair users.
- Technician: Design of appliances and aids, provision of aids and equipment e.t.c.
- Speech therapist:improvement in speech.
- Medical social worker:social and domestic assessment, discussing with patient to identify needs, planning the final resettlement.
- Psychologist:

Thank you

HANDICAPPED.

- Impairment is defined as loss or abnormality of physiological, psychological, anatomical structure or function.
- Disability is defined as restriction or lack of ability to perform an activity in the manner or within a range considered normal for an individual.
- It is a condition where impairment results in functional loss.

HANDICAP

- Is a disadvantage for a given individual resulting from an impairment or disability that limits or prevent fulfillment of a role that is normal(depending on the age, sex and cultural factors) for that individual.
- Disease/Accident leads to impairment which leads to disability and then handicap.
- Example: Accident leads to loss of foot in the driver, he is unable to drive and becomes unemployed.

TYPES OF HANDICAP

- Intrinsic & Extrinsic handicap
- Intrinsic:physical,mental,behavioral (PMB)
- Physical:visual:partial or total blindness Locomotor:kyphosis,hemiplegia, fractures,amputation of limbs Speech defect:cleft lip,dumbness

INTRINSIC HANDICAP

- Mental:those with mental retardation. Their mental proficiency assessed using intelligence quotient.
- ▶ Mild MR:50-70
- Moderate MR:35-49
- Severe MR:20-34
- Profound:<20</p>

BEHAVIOURAL HANDICAP

- Cognitive, Affective or behavioral impairments
- E.g.psychosis, neurosis e.t.c.

EXTRINSIC HANDICAP

- Also called social handicap
- It is a state where opportunities for healthy development are hampered by certain elements in his environment. It could be due to loss of parents, poverty, discrimination (racial, ethic and gender) e.t.c.

PREVALENCE IN NIGERIA

- The 1991 National Population census obtained a crude disability rate of 0.48%, with increasing progressively higher rates with increasing age due to links between disability and age.
- However due to limitations of the census data on disabilities, this figure was probably an underestimation.

CONSEQUENCES OF HANDICAPS

- Stigma
- Exploitation I.e financial, sexual e.t.c.
- Isolation/Abandonment.
- Less likely to be educated
- Street begging
- Child trafficking

Causes of handicaps

- In Utero:TOURCH Syndrome,Drugs/irradiation during pregnancy.lodine deficiency,malnutrition
- At birth:Birth asphyxia/injury
- Neonatal phase: Neonatal sepsis, jaundice, meningitis.
- Childhood:Measles,poliomyelitis,tuberculosi s,PEM
- Adulthood:RTA, neoplastic lesion.

Management of Handicap

- Early detection of handicap
- Early diagnosis and assessment of handicap
- Medical Rehabilitation
- Social Rehabilitation
- Psychological Rehabilitation
- Educational Rehabilitation
- Vocational Rehabilitation

Early Detention of Handicap

- Usually by the mothers, nurses/midwives, teachers, doctors
- Mothers may undergo a period of denial
- A teacher may pick up a dull student who may be retarded.
- A vigilant midwife can detect an abnormality at birth.

Early Diagnosis and Assessment of Handicap

- History taking:pc,hpc,preg & birth,neonatal,nutritional e.t.c.
- Examination and assessment of all the system particularly neurological system
- Appropriate laboratory investigation

Treatment modalities

- Medical Rehabilitation:
- Physiotherapy:muscle strengthening exercises to correct deformities.Wheel chairs,hearing aids are provided for those in need.
- Speech therapy:for those with speech defect
- Nutritional therapy:multivitamins given

Treatment modalities

- Surgical treatment:cataract removal,tendon transplantation.
- Educational Rehabilitation:
- Open System: The children attend normal schools but are taught by special education teachers. They interact early and develop self esteem. It helps acceptance by normal children.

Treatment modalities

- Closed System: Special schools mainly for the handicapped.e.g.school for deaf at ijokodo in ibadan, Pacelli school of the blind, oshodi e.t.c.
- Mid way schools:Normal schools with special section for the handicap child e.g Methodist high school,Bodija in Ibadan

Educational Rehabilitation

- Special educational facilities provided by federal and state government together with non governmental organization.
- Constraints:
- Acute shortage of manpower, materials e.t.c.
- Mainly located in Urban Centers
- None cooperation of parents

AGED/ELDERLY

- It is a process of progressive irreversible change in the biological, psychological and social structure and function of the individual.
- By WHO:individual above 65 years
- By UNO; individuals above 60 years.

CLASSIFICATION

- Depending on the age:
- Young old:65-74 years
- Middle old:75-84 years
- Oldest:>85 years.
- Depending on the health status:
- Healthy Aged: physically, mentally and socially stable.

CLASSIFICATION

- Unhealthy Aged:
- Acutely sick e.g.stroke, heart attack e.t.c.
- Chronically sick e.g Hypertension, Diabetes
- Psychiatric Aged.

PROBLEMS OF THE AGED.

- Divided into physical, mental and social.
- Social:Abandonment,loneliness,poverty and unemployment.
- Mental :Psychosis,Neurosis,Dementia,Drug abuse,Schizophrenia e.t.c.

PROBLEMS OF THE AGED.

- Physical:
- Eyes:cataract,glaucoma,ptosis,partial/total blindness.
- Mouth:Dental caries,Tooth loss,Oral cancer
- Ear:partial/total deafness
- Nose:anosmia
- Head:alopecia,white hair.

PROBLEMS OF THE AGED

- CVS:artherosclerosis,arteriosclerosis,hyperten sion,myocardial infarction,ischemic/hypertensive heart disease,congestive cardiac failure.
- Respiratory System: Asthma, Bronchitis, emphysema, tuberc ulosis, pneumonia, lung cancer.

PROBLEMS OF THE AGED.

- MSS:Wriggling of the skin, muscle wasting, osteoporosis (due to increased osteoclastic activity), Fracture (Neck of fermur, colles), osteoarthritis, Rheumatoid athritis.
- Endocrime system:Diabetics Mellitus,Hyperthyroidism
- Harmful practices:self neglect,self regret

PROBLEMS OF THE AGED

- Gastro-intestinal system:
- Oesophagus:delay in gastric emptying,reduced pleasure of the food.
- Stomach:chronic gastritis,peptic ulcer
- Small intestine:impairment of digestive capacity
- Large intestine:constipation,colorectal cancer

PROBLEMS OF THE AGED

- Respiratory System: Asthma, chronic bronchitis, Emphysema, tuberculosis, lung cancer.
- GUS:Urinary symptoms,incontinence,
- BPH,Prostrate Cancer.
- Cervical Cancer, Ovarian tumor, hot flushes, Breast atrophy, loss of libido

Management of the aged.

- Individual level:Correct lifestyle,regular exercise,good diet,personal hygiene,bed rest e.t.c.
- Involvement with family and religious organization
- Regular medical check up

Management of the aged

- Family level:Regular visit, financial assistance, house help recruitment.
- Community level:Day care centers/Old peoples home.
- Day care centers: Centers where elderly are kept from morning till evening. It is not residential. They interact with other elders. Nutritional and recreation facilities are provided.

Management of the aged.

- Government level: Provision of adequate and regular pension scheme.
- Provision of free/subsidized transportation/free health system.
- Construction of old people home/Day care centers
- Training of the PHC workers in caring for the elderly.

Destitute.

- Individuals that roam about aimlessly without visible means of live hood.
- Lack basic facilities of life like clothes, shelter and food.

Categories of Destitute

- Able-bodied destitute:economic migrants, area boys, graduates in search for job.
- Disabled:blind,deaf,crippled,drug addicts
- Aged:Uncared for/abandoned.
- Displaced person:due to natural/artificial disasters.

Predisposing factors of Destitution

- Unequal distribution of wealth
- Unemployment
- Natural disasters
- War/Tribal/Ethnic conflicts
- Breakdown of extended family system

Prevention and Control

- Job opportunities
- Public enlightment
- Rehabilitative Services
- Community based vocational training center.

MOTHERLESS BABIES

- These are babies who do not have the opportunities of been noutured by their mother.
- Sources:Death of mother after child birth,child abandonment.
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Predisposing factors to motherless Babies.

- Extreme poverty of the parents
- Children with physical and mental disabilities.
- children of psychiatric parents
- Children of commercial sex workers
- Natural and artificial disasters leading to loss of contact with mothers

Problems of motherless babies

- Maternal deprivation: denial of love, care, affection and bond of the mother.
- Mother to child separation
- Multiple mothering
- Distortion of quality of care.

Problems of motherless babies

- Distortion in the quality of care: It can lead to:
- Overprotection:extreme sheltering,inadequate discipline,spoilt.
- Child Abuse:Maltreatments in various forms:sexual,physical:neglect and commercial exploitation resulting in potential harm to the Childs health,survival and development.

- Extended family system without supervision
- Extended family system with supervision: Home visiting by health workers, nutritional supervision for example: advise, breast feeding, supplementary feeding, immusation coverage, growth monitoring, health education on ORT, treatment of common ailments and diseases.

- Institutionalization: child is kept in a government/NGO owned institution.
- Merits:provides temporary relieve for the family while they are adjusting to loss of their child's mother.
- Demerits: Multiple mothering, Babies depend on artificial feeding, epidemics of communicable diseases, high risk of morbidity and mortality, Retarded growth/mental ability.

- Fostering:temporary arrangements in which foster parents are paid to care for a child for a period of a time. Usually supervised by workers in the Social Welfare Unit. It may be kinship or non-kinship
- Not legally binding.
- Child can be maltreated and Abused.

- Adoption: is a permanent legal arrangement whereby the care of a child is taken up by a couple.
- Requirements: Couple must be married, educated and over 21 years of age.
- The child takes up the family name and is entitled to an inheritance when adoptive parents die.

REFUGEES.

- A refugee is someone with a well-founded fear of persecution on the basis of his or her race, religion, nationality, membership in a particular social group or political opinion, who is outside his or her country of nationality and unable or unwilling to return.
- People who had crossed international border to seek safety.

Distribution of Refugees by Continent.

- Asian-45%
- Africa-30%
- ▶ Europe-19%
- North-America-5%
- Palestinian territories-worlds oldest and largest producer of refugees.
- Others include Iraq, Sierra-Leone, Burundi, Afghanistan, Angola, Burma, Somalia, Liberia

Causes of Refugees.

- War:ethnic,tribal,religious wars
- Political Strife
- Natural Disasters:

Problems of Refugees.

- Due to hostile and restrictive policies of host countries:
- Arbitrary Arrest
- Denial of social and economic rights
- Closed borders
- Forceful return of refugees to their country

Problems of Refugees

- Social problems:
- Denial of good employment/educational/ opportunities/poverty
- Denial of good health care/housing facilities
- Racial discrimination,, prostitution, crime

Problems of Refugees.

- Physical problems:
- Water borne infections e.g.cholera,
- Food borne infections e.g.typhoid
- Skin infections:scabies
- Respiratory problems:tuberculosis,
- Sexually transmitted infections

Problems of Refugees.

- Mental problems:
- Anxiety
- Depression
- Psychosis
- Schizophrenia

Care of Refugees.

- Transit camp:temporary shelter provided where they have access to water,food,health care and vocational training facilities.
- The route cause of the problem addressed and encouragement to return home.

Street Children.

- Children that abandoned their home for the street.
- Types of Street Children:
- Children of the street are those who live and work on the street.
- Children on the street are those who work on the street on full or part time basis but who returns to their homes each night due to sense of belonging to household.

Predisposing factors.

- Destabilizing family circumstances:
- Marital problems,
- Conflicts at home,
- Child abuse
- Violence from parents
- Unemployment of one or both parents
- Loss of family members due to diseases, wars

Predisposing factors.

- Economic factors:
- Poverty
- Hunger
- Social factors:Drug use by children
- Peer influence
- Housing Difficulties
- Early parenting

Types of street work/activities

- Vendors
- Beggars
- Shoe shiners
- Bus conductors
- Prostitution
- Burglars

Problems of street children

- Physical:skin diseases like scabies.cuts
- Heat stroke, heat exhaustion e.t.c
- Sexually transmitted infections
- Respiratory tract infections e.g,pneumonia
- Gastrointestinal diseases:
- Parasitic and worm infestation

Problems of street children

- Social problems:Poverty
- Lack of good housing/education/income
- Prostitution/crime/Exploitation
- Unplanned pregnancy
- Drug Abuse/verbal/sexual abuse
- Road traffic accidents

Rehabilitation of street children.

- Involves Governmental and Non governmental Organization
- Provision of good housing, employment and educational opportunities
- Building institutions such as remand homes and Approved schools e.g.SOS village at isolo in Lagos.

Children Orphaned by AIDS

- Children who have lost their mothers to AIDS before reaching the age of 15 years. Some of this children may have lost their father or will later loose their father to AIDS.
- ▶ 9.6 million estimated by the year 2003.

Problems of AIDS Orphan

- Physical/Mental/Social
- Denied good education
- Denied good housing/health care
- Social isolation
- Financially desperate
- Likely to be sexually abused

Problems of AIDS Orphan

- Mental Problems
- Grief
- Depression
- Anxiety
- AIDS Stigma

Options of Care

- Fostering
- Adoption
- Child headed household
- Institutionization:
- Government/Faith/Community Based
- Home based care

Juvenile Delinquency.

- Juvenile:young person under 16 years old.
- Delinquency:extreme conduct disorder which may warrant their arrest by the police or appearance in a court of law for law breaking activities.
- Examples include:Burglars,rapist,cultist,
- Child beyond parental control.

Causes of Juvenile Delinquents

- Distorted home conditions.
- Peer pressure from friends in school
- Poor housing and low socio-economic status.
- Religious and moral factors
- Personal factors:klinefelter syndrome

Prevention and Control

- Good Home life
- Institutionalization:
- Remand Home Approved School
- Prisons
- Early recognition and treatment of diseases affecting the brain.

CHILD LABOUR/TRAFFICKING.

- Children(<18years) that are moved from their homes to another location due to economic reasons
- This movement in most cases is considered illegal and to sustain an adult population.
- The role played by such child is to the detriment of his/her development(physically, socially and mentally) or some form of exploitation is called child labor.

Types of child Labour

- Bonded labour
- Child prostitution
- Child trafficking

- Socio cultural:
- Negative traditional/cultural practices
- Absentee parents
- Large family sizes

- Socio-economic factors:
- Low literacy rate
- Poverty
- Unemployment
- Unequal distribution of income
- Demand for cheap labor.

- Political:
- Weak capacity of Govt institutions
- Lack of Govt commitment to Poverty eradication
- Weak legislative policy support

- Environmental:
- Unequal access to social services
- Rapid urbanization
- Man made disaster
- Deteriorating urban basic infrastructure
- Loss of parents/Dysfunctional family

MERITS OF CHILD LABOUR.

- Merits:
- Financial gain:money derived from such practices can be used in development of the immediate family members and the community.

DEMERITS OF CHILD LABOUR

- Psychological problems:
- Language barrier
- Cultural confusion
- Isolation and mental breakdown
- Attempted suicide
- Depression/Anxiety/low self esteem

DEMERITS OF CHILD LABOUR

- Sexual problems:
- Sexual abuse/Rape/STDs
- Unwanted pregnancy/Unsafe abortion
- Labour/Pregnancy problems
- Unlawful Detention
- Malnutrition
- illiteracy

Remedies to child labour

Establishment of transits/half way homes:

- Homes built for Deportees by Govt/NGOs
- Workers in different fields are employed
- Psychological/Social/Educational/Vocational/ Economic rehabilitation
- It makes integration into the society easier.

Remedies to child labour

- Enactment of policies in abolishing such act:trafficking bills should passed into law
- Implementing and enforcement of such policies by empowering law enforcement agencies.
- Creation and promotion of awareness on the dangers of child labour at Family/National/international level.

Remedies to child Labour

- This done by conducting workshops and using IEC materials.
- Establishment of Universal Basic Education/ Poverty alleviation Programme
- Establishment of Data based/Resource Center.
- Collaboration with other partners in Govt, Health, Finance, Economic planning e.t.c.

Social Welfare Services in Nigeria

Orphanage

- Orphan: Someone who has lost one parent or both parents as an orphan.
- This approach has identified three types of orphans: a maternal orphan, is a child whose mother has died, a paternal orphan, is a child whose father has died, and a double orphan, is a child who has lost both parents (UNAIDS Global Report 2008).
- Nigeria Country Report (2004) defines an orphan as a child under the age of 18 years whose mother (maternal orphan), father (paternal orphan) or both (double orphan) are dead

Causes of Orphaning in Nigeria

- Accidental deaths
- Ethnic/communal conflicts
- HIV/AIDS
- High level of poverty
- Low level of education
- Lack of parental care/control
- Weak capacity of Government institutions

Orphanage

An Orphanage is a institution created to provide care and protection for children without parents.

