INTEGRATION OF MEDICAL AND SOCIAL MODELS OF DISABILITY: THE PANAECIA FOR WHOLESOME CARE OF PERSONS WITH DISABILITY IN THE NIGERIAN SOCIETY

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ABSTRACT

The aim of this review paper with focus on Nigeria is to examine the social contexts of disability and to canvas for adequate consideration of social environment towards extension of wholesome care to persons with disability as well as in the development disability related technologies to assist them. The paper argued that cultural, socio-political, economic, and ethical concerns must be taken into cognizance in discourses and mitigations to the challenges faced by persons with disability in Nigeria. Because of increasing role of social factors in defining nature and responses to in Nigerian society, the paper strongly advocated that bio-physical (medical) interpretations and responses towards persons with disability must be complemented with social models for fuller understanding and appropriate societal response in terms of comprehensive and wholesome care of persons with disability in Nigeria.

Keywords: Deformity, disability, impairment, physically challenged, social model

INTRODUCTION

Disability has often been discussed by some scholars in strict bio-physical contexts as if the subject is devoid of any connection to social milieu. Such lopsided conceptual orientation constitutes a major factor accountable for low performance of several interventions put in place by governments, donor bodies and individuals to address disability related problems in Nigeria. More worrisome is the fact that such interventions and technologies deployed to address disability among individuals and groups are often developed and implemented in total disregard to a variety of contending social issues. Such social issues include the cultural contexts by which people define different types of disability and their stand about what should constitute appropriate response to such levels of disability. Indeed, in many instances, the people's apprehension or worry may not be over medical consequences and biological facts of a disability situation, but may rather focus strongly on diverse social considerations related to the condition.

In the lopsided bio-medical approach to disability, the neglected social issues particularly bother on cultural, political, economic, religious, historic, environmental, individual, legal and ethical concerns about disability as well as cultural acceptance of new technological productions and innovations related to disability related in society. Artificial limbs and such other devices targeted at easing disability must not only be culturally acceptable, but must in addition be accessible and affordable

Against the above background, the conventional understanding of the concept of disability should be re-evaluated across societies. Accordingly, disability studies as a new field in

health sociology provides the platform for such re-evaluation and discussions. The re-evaluation agenda for disability interpretation is particularly relevant to the Nigerian state as impairment levels increase in worrisome dimensions due to frequent herdsmen attacks, vehicular accidents, natural disasters, social strife, communal conflicts and Boko Haram terrorist attacks among others. Very crucial to the redefinition of disability from a complimentary social angle is the need to scale up human dignity and fundamental rights entitlements available to individuals with forms of disability. In order words, when properly considered and provided for, the social model to disability stimulates responsible relationship with persons with physical challenges. It ensures that they are treated with reasonable honour, respect and immense sense of importance and social value.

Conceptualising Key Terms in Disability Studies

Disability: This refers to 'activity limitation'. It is a partial or complete limitation in doing something that is normal for people of one's age, sex and culture (Federal Ministry of Health, FMOH 2004). The World Health Organization (W.H.O, 1980) in her International Classification of Impairments, Disabilities and Handicaps (ICIDH), defines disability as any restriction or lack of ability to perform an activity in the manner or within the range considered normal for human beings. W.H.O contends that disabilities result from impairments.

Focussing more at the social perspective, Giddens (2006) saw disability as the disadvantage or restriction of activity caused by a contemporary social organization which takes no or little account of people who have physical impairments and thus excludes them from participation in the mainstream of social activities.

Examples of disabilities include;

- Difficulty in reading due to poor vision
- Inability to balance well while walking due to deformed feet.
- Inability to hold something (say hoe) tightly because of mobile or fixed claw of fingers.
- Exclusion or inability to partake in a social function on account of physical limitation

Impairment: It is an abnormality of structure or function in any part of the body. According to W.H.O (1980), impairment is any loss or abnormality of psychological, physiological or anatomical structure or function. The concept of impairment can also be viewed as having defective organ, shortened limb, and defective mechanism of the body. IT arises, due to disease, injury/accident, birth neonatal complications etc (Giddens, 2006)

Handicap: It is a disadvantage for a given individual, resulting from an impairment or disability that limits or prevents the fulfilment of a role.

Deformity: It refers to a visually recognized impairment.

Rights: In the context of this paper, it refers to human rights. According to Davidson (1993), human rights include rights relating to life, liberty, equality and dignity of individuals embodied in the constitution or in international laws and instruments. Oranye (2001) lists such instruments to include the United Nations Universal Declaration of Human Rights 1948, African Charter on Human and Peoples Rights 1981, and other bills and conventions to which Nigeria is a signatory. Rendel (1997) sees human rights as a means of limiting or controlling the power and authority of the strong over the weak and for limiting excesses of totalitarian governments.

Brief Overview of Causes of Disability

Disabilities are products of several factors which include diseases, accidents, drug reactions, congenital deformities, wars, natural disasters, social strife, communal conflicts and terrorist attacks etc. Leprosy, for instance, produces a lot of impairments and deformities leading to activity limitations (disabilities) among victims. Similarly, diabetes and high blood pressure, if not adequately checked could trigger off partial or complete stroke which limits the activity of the individual. Measles could also cause blindness.

On the other hand, accidents could give rise to paralysis of parts of the body. Some children are born with deformities which impose disabilities from birth. Above all, lack of education on prevention of disabilities for vulnerable groups enhances their chances of actually developing such disabilities.

What Rights are Persons with Disabilities Entitled to in Nigeria?

Persons with disabilities (PWD) are not less human than other members of society. They are therefore entitled to similar rights and privileges with the rest of society. In Nigeria, the Federal Ministry of Women Affairs and Social Development (FMWASD, 1996) outlines these rights as follows:-

- Freedom from cruel, in human, under grading treatment or punishment.
- Right of equal access to public services and social security.
- Right to life, liberty and security of person.
- Right to own property
- Right to work and form and join trade unions, rest and leisure
- Right to education
- Right to a standard of living adequate for health and wellbeing
- Freedom from slavery and servitude
- Right to recognition as a person before the law
- Equal protection before the law
- Right to effective judicial remedy for violations of human rights
- Right to fair trial and public hearing by an independent and impartial tribunal
- Right to be presumed innocent until proved guilty
- Right to freedom of movement and residence
- Right to seek asylum
- Freedom of thought, conscience and religion
- Freedom of opinion and expression
- Right to peaceful assembly and to take part in government
- Right to take part in the cultural life of the community.

Examination of the Two Models for Understanding Disability:

(a) The Individual or Medical Model

This is now being challenged by disabled people themselves and several scholars. This model is also termed/called medical model. It contends that individual limitations are the main cause of the problems experienced by disabled person. In other words, functional limitations (often occasioned by physical challenges) are considered as basis for the wider or societal classification of the individual as invalid. The model posits strongly that bodily abnormality is central to the definition of any degree of disability.

Underlying individual model of interpretation of disability are the following assumptions/arguments which Giddens (2006) enumerated as follows:

- The disabled is seen as an unfortunate victim of a chance event
- Disability is seen as a personal tragedy (personal tragedy approach)

- Medical experts should provide the disabled some 'rehabilitative diagnosis and treatments to associated problems. It is due to this central role of medical experts that the individual model is also called 'medical model of disability'.
- Extreme power of the medical experts over the lives of the disabled is very significant in the individual/medical model (dependency of the disabled on the whims and caprices of medical experts)

(b) The Social Model of Disability

Many concepts are being dropped and considered unsuitable for use in discussing disability. They include "handicapped" "cripple", "spastic", "leper" etc. Such concepts constitute insults to people with disability. This model argues that problem of disability lies not only in the impairment of function but more importantly on the nature of relationship between "disabled persons" and "normal personal".

The social model which is championed by UPIAS (Union of Physically Impaired against Segregation) posits that there is a distinction between 'impairment' and 'disability'. For them, while physical impairment is a biomedical property of an individual, "disability" is a social concept representing social barriers that people with impairments encountered in their attempt to participate fully in society. Social model of disability takes into account cultural and historical barriers against people with disability by largely relying on Karl Marx's conflict tradition. It emphasizes materialistic understanding of disability (in other words those barriers were placed to stop disabled men and women from work in industries or access to resources of society etc)

The social model has attracted global attention although it originated in UK. It emphasizes the need to remove all social barriers to full participation of the disabled in society. It advocates a 'political strategy' rather than mere medication strategy to the solution of disability challenges in society. The approach is acclaimed to "liberate" the disabled persons to meet their social functions.

Criticisms against Social Model of Disability

(a) It neglects the often painful and uncomfortable experiences of impairments or that the physical handicaps are real and cannot be totally wished away.

(b) Many people with physical impairments totally reject the idea of labeling them as disabled – socially or otherwise. Furthermore, the health problems of the disabled are often strictly health related and not due to their impairment or disability.

(c) The distinction between 'impairment' and 'disability' is faulty because it was anchored on different premises of bio-medical and social platforms' Both impairment' and 'disability' according to medical sociologists are both socially structured and closely interrelated.

Fig 1: Table of Differences between Medical and Social Model of Disability

Individual Model		Social Model
a.	Personal tragedy model	Social oppression theory
b.	Personal problem	Social problem
c.	Individual treatment	Social Action
d.	Individual Identity	Collective Identity
e.	Prejudice	Discrimination
f.	Individual adjustment	Social Change
g.	Professional dominance	Individual and collective responsibility
h.	Medicalization	Self – help

The Way Forward

To adequately understand and address the problems associated with disability in the Nigerian society, the two modes of conceptualization of disability (medical and social models) must be approached as complementary to each other. They must be integrated or used in combination. Accordingly, interventions must be sourced from the two models of disability for optimum results. In this regard, the individual or medical needs of persons with disability must be attended to by relevant health agencies. At the same time, their social needs in terms of respect, social support and affiliations must also remain intact. Their families, the community and the state must be very supportive to them in all ramifications.

The role of training and re-training of health workers to adequately respond to the medical needs of persons with disability is very crucial. Similarly, relevant health technologies to support such services must be procured by government, including procurement of artificial supports like limbs where applicable. To complement efforts in the realm of medical model of disability, sociologists, social workers and psychologists among others should be trained and adequately equipped to attend to the social needs of persons with disability. Such behavioural scientists should work on both communities and persons with disability to strengthen their bonds of relationship and minimize social frictions to the barest minimum. The ultimate goal should be a situation where persons with disability are fully integrated into their social system without encountering any form of discrimination or stereotyping.

Above all, public enlightenment on appropriate attitude or responses toward persons with disability must be stepped up. Full integration of persons with disability in the Nigerian society will record tremendous successes if public buildings are designed and amenities are made to be very friendly to persons with disability. Also, the general public should be educated on processes of being more accommodative to PWD in society.

It is the position of this paper that is only through integration of medical and social models of disability that constitutes the panacea that will guarantee wholesome care of persons with disability in the Nigerian society. Such wholesome will truly affect cultural, political, economic, religious, historic, environmental, individual, legal and ethical concerns that affect persons with disability as well as their bio-medical needs.

References

Davidson, S. (1993). *Human Rights,* England: Open University press

Federal Ministry of Health (2004). *National Tuberculosis and Leprosy Control Programme, Workers Manual 4th Edition.*

Federal Ministry of Women Affairs and Social Development (1996). *Nigerian Women and Human Rights Instructional Manual.*

Nwankwo, Ignatius Uche & Oguamanam, Gabriel O (2011). Protecting the Rights and Dignity of Persons with Disabilities in Anambra State, Southeast Nigeria: Issues and Prospects, *International Journal of Health and Social Inquiry, Volume 2.*

Oranye, N.O. (2001). Rights and Health of the Nigeria Child in the 21st Century, *International Journal of Social Inquiry, Viol. 1. No. I.*

Rendel, M. (1997). *Whose Human Rights?* London: Trenam Books.

World Health Organization (1980). *International Classification of Impairments, Disabilities and handicaps,* Geneva.