CHAPTER I

INTRODUCTION

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INTRODUCTION

Education of exceptional children is a challenging field. A society committed to the welfare of its people cannot ignore exceptional sections like the physically handicapped. The ever-growing population gives rise to numerous problems in many spheres of life, among them the problem of physically handicapped is an important one. According to Tiwari (1981), “Being handicapped is such a situation in which a person’s normal behaviour, movement and routine work are affected and it creates physical, mental, social and emotional disorders in their behaviour which makes them different from a normal man”.

The physically handicapped persons were considered till recently to be incapable of leading fuller, free and independent lives and they were to depend on their relatives, neighbours and fellow human beings for food, clothing, shelter and other amenities. Their protection and care was regarded as an act of religious merit, a means of spiritual redemption and a pious deed inspired by human sympathy and philanthropic zeal. The values underlying this approach were not at all compatible with the democratic spirit of the age, as it was taken as an object of pity and charity and was deprived of human dignity and self-respect. Although there were rare instances of protection, it was not until 18th century that a more enlightened point of view began to develop. It is during the 19th
century that the emphasis was given on physical care and protection for crippled children. The U.N. estimate shows that nearly 25% of the world’s population is affected by some sort of handicap (Mehta, 1983). The census of 2001 indicates that there are 4.78 lakh totally blind, 3.64 lakh totally crippled and 2.76 lakh totally mute in India. These findings constitute a great challenge to us.

The term ‘handicapped’ refers to the disadvantage brought about by impairment or disability of an individual in terms of his potential and achievement. The extent to which one is handicapped depends on his/her physical condition, attitude towards and perception of such a condition as well as social attitude associated with an impaired state bearing repercussion on the personality and style of life of the individual (Jain and Kureshi, 1992).

According to Zeith (1969), a child is considered handicapped if he cannot play, learn, work or do things the way other children of his age can. If he is hindered in developing his full physical, mental and social potential, it poses certain conditions with socio- psychological implications.

Physique is one of the important criteria upon which social distinctions are based. Generally speaking, a physically strongman is expected to command respect over the physically weak. So, when it comes to gross and grave physical deformities like crippling, the social attitude towards such people would naturally be one of patronizing and showing pity.
A democratic society requires that every member should have a ‘free access’ to participate in community affairs. Although the constitutional provisions elaborate public assistance to the handicapped, they are yet to be fully implemented. In spite of efforts made by the government and certain voluntary agencies, a handicapped person is often treated as ‘second grade citizen’. Everybody seems to be concerned with his disability, not with his abilities. Admittedly, the handicapped do possess potentialities for development as a full independent individual. Society should create and provide conditions for creative development of the handicapped and foster their creative being.

For Bhargava (1994), some children cannot adjust socially due to a crippled body. The physically handicapped persons constitute the weakest segment of the population of any country. Among them, the orthopaedically handicapped is probably the most neglected by the society. This handicap may exert considerable negative influence on the lifestyle and life satisfaction of the individuals. Whatever be the nature of the handicap, it is bound to affect the development and attainment of the individual at least to some extent. This is true because some physical defects constitute a real limitation to the individual’s capacity to adjust himself to his environment. This in turn can influence his social relationships, self-confidence, emotional adjustment and personality achievement.
Handicap affects the individual in different ways. Not all effects of handicap are undesirable. It depresses some, while it acts as a motivating factor and a challenge in others. Human history is full of evidences to prove that given proper environment and opportunity, a physically handicapped person shapes his own destiny and make significant contribution to human civilization. Hellen Keller, who with her multiple handicaps had been instrumental in initiating effective measures for the welfare of the handicapped throughout the world. President Franklin D. Roosevelt, a victim of poliomyelitis, steered the destinies of his people during the most crucial period of the world war. John Milton was blind when he composed the voluminous piece of work like ‘Paradise Lost’. Homer was also a blind and his famous works namely ‘the Iliad and Odyssey’ are well known to the whole world. So it is clear that while a physical handicap is disabling in some circumstances, it is not so in some other circumstances (Barker, 1960).

It must be kept in mind that physically handicapped persons are not vocationally handicapped. They can be compared with the ‘dust of gold’ collected from the floor of goldsmith. When the dust of gold is processed properly, the real gold comes out which too has a selling value. Likewise, if physically handicapped persons are processed scientifically, the idea of placing right man to right job can easily be achieved. The need to focalize the victims of physical handicap and their problems is an urgent one.
1.1 Orthopaedic Handicap - An overview

1.1.1 Handicap

There are many different types of disease conditions leading to physical disability most commonly polio, arthritis, cerebral palsy etc. The WHO’s (1980) classification of diseases distinguishes between impairment, disability and handicap. Impairment is the basic physical damage to the body or brain; disability resulting from impairment; and handicap which is perceived as social or occupational disadvantage resulting from disability. Obviously, such impairments, disabilities and handicaps may have profound effects on the individuals concerned and their families, affecting material and psychological well-being (Margaret, 1980).

The medical definition of physical handicap refers to human limitations irrespective of whether the disability is attributable to disease, injury or inheritance. Whatever may be the cause, physical disability will lead to limitation of physical function, whether locomotion, sensory or affecting special organs. (Bhat, 1963)

Kershaw (1973) describes a handicapped child as one who suffers from a disability which, because of its nature or degree, places it at a disadvantage as compared with other people in the same circumstances. A disability is a physical or mental impairment or defect, which affects a person’s functioning; while a handicap is a particular set of social and psychological reactions to these effects. The disability is a negative property which sets the individual apart...
from normal people and requires medically oriented interventions such as diagnosis and treatment.

Physical difficulties exist in many forms varying from the obvious to the subtle. There are many phases of the total situation to be considered in understanding a person with a physical handicap. Some are noticeable in some events while some are not. Some are permanent with no hope for improvement, while some others are only temporary with a good chance for improvement.

If a handicap is present at birth, it is immediately part of the constellation of influences moulding the personality. It will affect both parental and peer relationships. It may necessitate additional parental care and economic strain. The extra attention required may make the individual very dependent upon his family. Sometimes the handicapping condition engenders tremendous guilt feelings in the parents, who feel personally to blame for producing a defective off-spring. Often this generates a tense and anxiety-laden home atmosphere. This parental feeling may take form of antagonism or of over solicitude.

When one part of the whole person is handicapped, his development must and will take place in such a way as to allow some how for this limitation. Liabilities will influence and be influenced by assets in the over-all developmental process. Handicaps must be considered in relation to the other facts of personality structure. (Eysenck, 1972)
(Kundu, 1989) says that many people complicate life for the handicapped by treating them with over sentimentality or as “different”. By one’s own actions and influence one can lessen the psychologically unsound social pressures, stress the importance of considering the handicapped individual as a personality with some characteristics that are limited. In many ways he can use his influence for greater awareness of the preventive and prophylactic possibilities to be found in psychological approaches to the problems.

1.1.2 Orthopaedically Handicapped

Children and adults with orthopaedic handicaps are those who have all varieties and degrees of difficulty in physical movement. Wright (1953) states that a crippled child is one whose activity is, or due to a progressive disease may become, so far restricted by loss, defect or deformity of bone or muscle, as to reduce his normal capacity for education or self support.

In general, orthopaedic conditions refer to deviations of the bones, muscles or joints which cause abnormal functioning. (Wolman, 1972) points out crippling conditions have in common two major characteristics. One is that, the disability is visible to all and the second is that there are impairments in movement. Khattari (1993) classified the orthopaedic conditions as crippling from infections, congenital anomalies and traumatic crippling.
i. Crippling from Infections

The best known of the orthopaedic handicap is “poliomyelitis” more commonly called “Infantile Paralysis” or “Polio”. For many years, it had been a mad killer. With the introduction of the vaccine which holds great promise, a major category of handicapping conditions - poliomyelitis has been eliminated.

ii. Congenital Anomalies

Children may be born with congenital anomalies. The absence of one or more limbs and congenital dislocation of joints sometimes occur. Cleft lip, Cleft palate, club foot and club hand are part of this group. Torticollis or wry neck is twisted from its usual position causing the head of lean toward the shoulder on the affected side with the chin turned to the opposite side. Spina bifida is a congenital defect in which a portion of the spinal column is left open. However, with the recent popularity of drugs, the bad effects of thalidomide compounds, injected during pregnancy, have aroused wide spread public interest in congenital limb deformities and brain damage in new born.

iii. Traumatic Crippling

With the increase of traffic accidents, traumatic crippling seems to be increase. These days most of the handicaps are the results of various accidents. These can be occurred during war, operation of any machine, or electronic appliances, or during driving, or travelling by rail, or bus. Even in daily life, accidents may result in
drastic consequences which radically alter the patient's life thereafter. (Randal, et al. 1954).

However amputations sometimes occur as a result of trauma after birth, or surgery to correct a congenital malformation. While malformations, or amputations could occur in all four extremities, the majority affect only one limb.

Amputation of one or more limbs is sometimes necessary. Serious burns often result in great impairment of physical motion as well as the social rejection which ensues from any unfortunate appearance. Sprains from falls or from abnormal postures in play or in lifting may force various joints such as shoulders, elbows, wrists, hips, knees and ankles, out of normal positions. These contractures sometimes do not heal completely without permanent stiffness. (Robert, 1963) Crippling due to birth injuries may be included in this sub-classification. Elb’s palsy is caused by unusual strains and pressures usually on upper portions of the body in difficult child birth so that nerves are permanently injured, paralysis of hands, arms and other muscles of the chest may result. Fragile bones may be broken, and dislocations of joints may occur in these difficult deliveries. Modern methods of X-ray pictures and measurements of mother's pelvic dimensions with caesarian section if necessary should reduce the number of such crippling handicaps.
1.2 Psychological and Social Perspectives of Orthopaedically Handicapped

Physical handicap may influence an individual in his behaviour. It may induce inferiority feelings or complex or lacking of self-confidence in the individual, contribute to an inconsistency in relationship among the parents and the handicapped, and could even conduce social marginality. It is plausible that these individuals and social factors may construct certain disturbances in personality of the handicapped.

Adler (1934) and Ansbacher and Ansbacher (1956) have emphasized that feelings of inferiority constitute a source for striving for compensation. The striving for compensation of the inferiority experienced by the individual attempts to overcome his feelings of embarrassment and thus behaviour remains to be a function of his strivings to win his feelings of inadequacy. The trends of behaviour arising from the individual’s attempts to compensate his inferiority gradually assume definite pattern which becomes life style of the individual. Thus, the type of inferiority experienced by the individual and the consequent striving for compensation may have far reaching effect on the personality of the individual.

Handicapped children evoke conflicting reactions among their parents. Parents of handicapped experience difficulty in accepting their children. Ambitious parents shun having their children as handicapped ones. They may unconsciously tend to reject or punish
their handicapped children. Parents develop over-sympathy spontaneously or as reaction formation and in both, the cases are unrealistic in their understanding of the handicapped child. Both rejection and over-protection of the handicapped have deleterious effects on the developing personality of the individual.

A handicapped child has all the potentialities of a non-handicapped except in those spheres where his handicap really places some limitations. However, parents and others tend to make wide generalizations about the capabilities of the handicapped which are unwarranted and unrealistic. They hesitate to confer on the handicapped responsibilities and roles which the handicapped are capable of. Hence, there is a discontinuity between the individual’s personal attributes and the roles assigned to him in the society. Perception of this discrepancy between his self and the social expectations contribute to tension and discomforts on the part of the handicapped and consequently his behaviour undergoes some change. Incongruence between personal expectations and the role ascribed in society constitutes a condition for social marginality (Dickie and Clark, 1966) in the case of handicapped individuals. Social marginality induces contradictions in self-image of the handicapped. These contradictions are further reinforced by the ambivalent and inconsistent feelings and relationships the handicapped experiences in his interaction with others. The socially marginal receives a variety of cues in his interaction with others that
he is considered to be socially odd. This may contribute to a flawed self-image on the part of the handicapped.

Admittedly a physically handicapped need not necessarily run into personality distortions. A physical handicap leads to problems only when the individual accepts it as a condition of inadequacy. The problems of handicapped are more due to learned helplessness reinforced by the individual and social factors. Indeed, an organ inferiority is not a barrier to realizing potentialities of the individual. It has no direct bearing on the being. The individual and society should learn to accept the organ inferiority as one of the several individual differences seen among people. The inferiority should be accepted in proper perspective. The family, school and society should avoid showing disproportionate love or rejection to the handicapped on the basis of wide generalizations. A handicapped should be looked upon a ‘normal’ individual in all the senses of the term except in those realms where the physical characteristics place some limitations on the capability of the individual.

1.3 Impact of Social and Environmental forces on Physical Disability

The family is an important factor in the personality development of these children. Because of the special dependence of the handicapped child on parental love and protection, his relationship with his parents and siblings is even more important than it is for the normal child. It is important that the parents accept
the child as he is and help him to learn how to live with his physical handicap. If he has been rejected or overprotected, his perception of his self will probably be highly coloured by resentment or self-pity with accompanying personality distortions.

The problem of care, attention and adjustment of the handicapped can’t be ignored and something needs to be done to handle this problem to make the handicapped equally useful to themselves and to others.

1.4 Psychological Impact of Physical Disability

Physical defects directly affect personality by placing limitations on what a person can do and thus restricting the areas within which he can develop a positive and realistic self-concept. Indirectly, the personality is affected by the way, defects influence the attitudes and the treatment of significant people. The handicapped or disabled young children are aware of their inability to do things their playmates do, they feel resentful and frustrated and these feelings have a direct effect on their self-concept. A person’s physique is an important factor in the formation of body image and in the development of the self. If the physique varies markedly from the normal with an attendant sensory or motor inadequacy, such deviation will influence to a considerable degree the form of the self-image. Many physically impaired people are clearly aware of the impact of their appearance and its effect on the reactions of others.
The self-concept is largely influenced by the picture an individual believes others have of him.

The handicapped is in a new psychological situation and he tends to be maladjusted because he lives in two worlds, one of the disabled and the other of the normals and he is expected to come up to the level of the normals and feels internally frustrated as he cannot possibly reach the level of the normal people in his attainments. Gradually they develop negative self-concept.

Need for achievement varies widely from person to person. As with all learned motives, there is a superficial or overall relation between physical well-being and scholastic achievement. The relation is especially marked in the case of crippled children.

The handicapped are not properly motivated in the vocational training centers. The concern for excellence in academic performance is at the apex of the modern socio-cultural milieu. The present scenario of education has to run a long way to accomplish this expectations. In spite of all the efforts and educational inputs, most of the children fall short of the special expectation. Among the multifarious causes, one of the important reasons is the neglect or under emphasis of the role of achievement motivation in education. When considering this trend, examining achievement motive of orthopaedically handicapped children reserves special attention which is expected as a reason for their low attainment and subsequent depression.
1.5 **Problems and Potentials of Orthopaedically Handicapped**

Many of the handicapped have been thought for years that their lives are of little value. But the truth is that their needs are important, their skills and experience are of huge value to our community, to our society and to our world. They have needs, skills and rights like everybody else.

As the degree of physical dependency decreases and mobility increases, the orthopaedically disabled child becomes more internally controlled and better adjusted in his relationship with others and he achieves the higher level. The converse, of course, is that with increased physical dependency and with decreased mobility the child becomes externally oriented in his relationship to his environment, impaired in relationship with significant others and achieves at lower level.

Handicapped persons, while they do not display distinctive and unique personalities, undoubtedly have a large number of personality problems than non-handicapped individuals. They encounter a disproportionately large number of frustrations and difficulties in their attempts to solve their problems. They encounter many more situations of non-acceptance and misunderstanding than do the non-handicapped.

A child’s reaction to his disability depends upon how sick he was, what is involved in his treatments, family relationships and
what he thinks about his handicap. Bodily appearance and gracefulness of movement take on new importance in adolescence. At this age, probably the child’s disability creates most concern, self-consciousness and dissatisfaction with the physical-self. Reaction of others to the disability is a major part of the adjustment problems. Physical limitations and disappointments may result in serious emotional problems.

Physically handicapped child is deficient in normal growth and development. Due to this they think of themselves as physically unequipped. These children compare themselves with that of other children who are physically sound and normal. A person’s own body image modifies his personality as well as his inter-relationships with those around him.

The world of the affluent and privileged hardly looks into the problems of those who are deprived due to one reason or the other. It is more difficult to pay attention to those whose whereabouts are little known. Among such deprived class, handicapped people occupy an important position, who deserve more and more care and attention for their upbringing, upliftment and adjustments to day-to-day life problems. To a great extent, various psychological growths are dependent upon environmental conditions, cultural taboos, social norms and family structure.

Disability, either innate or acquired, due to one reason or the other, not only proves to be a menace to the growth of the people but
develops a feeling of compensation and hence creative productions in many walks of life. But this section of the society (disabled) form the sizeable chunk of the population, however, the perception of their own shortcomings as well as the treatment they receive from the society compels them to lead an isolated life with a limited sphere of movement. These limitations might be due to various reasons such as disability, low income, poverty and culture as well as social deprivations.

Researchers in the field have emphasized that parental status and attitude may be more significant factors in the development and performance of the handicapped children than they are for normal children. Such speculation appear to be quite reasonable in view of the fact that the handicapped child is likely to spend more time in the home and be more dependent on the family for social contacts (Sawrey, 1972).

Heisler (1972) points out that the life adjustment of physically handicapped child is complicated and made more difficult by his handicap. For the handicapped child, painful emotional experience is inevitable. One of the realities of his life is the fact that he is subjected to certain special frustrations not experienced by other children. Depending upon the nature and severity of his handicap, he may be frustrated in many of his natural needs for motor activity and the fun of physical play, for normal mastery of his physical environment and for many kinds of self-expression. Life confronts
him with the necessity for developing a high level of frustration and
tolerance, but this inner development does not occur automatically.

Schoggen (1966) had pointed out that physically handicapped
as a group is not unique or different psychologically, and
handicapped have exactly the same kind of basic and psychological
needs as non-handicapped, i.e., needs for self-esteem, for approval,
affection and respect of others, for security and for a sense of
purpose and a direction in life. The same psychological principles of
motivation, personality development and adjustment apply to all
persons whether handicapped or not. This does not mean that the
disability has no effect upon personality. Studies have shown that
physical characteristics can play a very prominent role in
determining a person’s behaviour and performance. The individual
feels handicapped because he perceives that others look him as
handicapped. Thus more than the disability as such, what worsens
the life of the disabled is his perception that he is viewed as a socially
inadequate individual. This social handicap emanates from the
stigma towards the disabled person (Sen, 1988).

The disabled carry the burden of many social disadvantages
such as feelings of inferiority, fear of social ridicule and
embarrassment, inability to compete with physically able bodied
people, lack of will and self-confidence and restricted mobility in
interacting with social situations. The handicapped needs acceptance
as a person, encouragement in his endeavours, empathy, not pity;
cooperation in work; not help. Therefore, disability has a tremendous impact on the development of the personality of the individual and his corresponding adjustment with society (Jain and Kureshi, 1992).

The physically handicapped in Indian society face numerous problems - social, personal, familial and psychological. Problems vary with time, place and the individual as well as with economic conditions and social attitudes. Handling the problems of the physically handicapped is a difficult task and it requires collective efforts of the community and social scientists who can assist in evaluation, teaching, training and rehabilitation of the victim.

In recent years many steps have been taken by the government to bring the handicapped in the mainstream of the society. But socio-psychological problems are still remaining and contributes not a little to the problem of their integration with the society of normal people.

1.6 Modern Concept of Equal Opportunities for the Handicapped

Equal opportunities for the handicapped mean that as individuals with human rights they should be assured the facilities to attain equality with other people. Taking into account the disabilities of the handicapped, it is necessary that they may be provided with special facilities for protection, assistance and rehabilitation. This concept has been developed on the belief that if given right opportunities, they are capable of developing their residual
capacities, powers and talents and of becoming economically and socially independent.

A document of the United Nations on Rehabilitation (1953) shows that the time has long passed when a handicapped child or disabled adult should be regarded as a subject for commercial exploitation and trained for the occupation of a professional beggar, or even to be considered as a mere object for charity. Modern methods of medical and sociological science have opened up a new horizon of promise for such individuals. But if this promise is to be fulfilled and the handicapped person is to have his full chance of life, there must first be a new evolution of physical disability, based on the following theses.

“Firstly, that the handicapped person is an individual with full human rights, which he shares in common with the able-bodied, and that he is entitled to receive from his country every possible measure of protection, assistance and opportunity for rehabilitation”.

“Secondly, that by the very nature of his physical handicap, he is exposed to the danger of emotional and psychological disturbance, resulting from a deep sense of deprivation and frustration and that he, therefore, has a special claim on society for sympathy and constructive help”.

“Thirdly, that he is capable of developing his residual resources to an unexpected degree, if given the right opportunities of so doing,
and of becoming in most instances an economic asset to the country, instead of being a burden on himself, on his family and on the state”.

“Fourthly, that handicapped persons have a responsibility to the community to contribute their services to the economic welfare of the nation in any way that becomes possible after rehabilitation and training.

“Fifthly, that the chief longing of physically handicapped persons is to achieve independence with a normal community, instead of spending the rest of his life in a segregated institution, or within an environment of disability”.

“Sixthly, that the rehabilitation of the physically handicapped can only be successfully accomplished by the combination of medical, educational, social and vocational services”.

The first task which, therefore, confronts all international agencies is that of using all possible means to secure general acceptance throughout the world of this new conception of physical disability.

1.7 Need and Significance of the Study

The problems of the handicapped are not only those caused by their disability but also those of adjustments in a world whose a pathetic or hostile attitude towards them magnifies their troubles and threatens their very existence as human beings. Often the handicapped are regarded as inferiors not only with respect to their physical limitation but also as total beings and are viewed as strange
species altogether. Those who are unfortunately handicapped have a feeling of them as being unwanted or neglected, sometimes even by their own kith and kin. They are often found to cause unwanted tension in the family members, who may reject the handicapped persons, thus creating further tension. From childhood anything which occurs within the family can cause a child to feel involved, neglected or different from others. These will tend to make him suffer from emotional conflict and emotional illness. No child can face the subsequent loss of adult, peer and self-approval without emotional crippling.

Disability has multi-dimensions and arises out of multi-causalities. It is often initiated and precipitated by environmental conditions. An environment which is unreliable, unjust and cruel thwarts the handicapped person’s free use of his energies and undermines his self esteem and self reliance. Such person’s individuality, his way of life, his security and his opportunity to develop and to make free use of his resources and his potentialities for growth depends on the adults who have not given him the care.

Disability affects the child’s development as a person. Developing adequate self-concepts and achievement motivation are important aspects affecting the child’s response to education. The perceptions an individual has about his body should be related to the self-concept of the individual. Physical defects could definitely be expected to indicate a difference in self-concept. It is more difficult
for the disabled to develop realistic and healthy achievement motivation. Hence there is a need for collaborative and integrative effort among institutions and individuals to pursue systematic research in this area.

Disorders such as blindness, deafness, being crippled etc., are some obvious physical handicaps. Most of the studies conducted in this area were related to the problems of deaf, blind and mentally retarded ones. Unfortunately, not many studies exist on the socio-psychological problems of the orthopaedically handicapped children. It is still a least explored area. So the Investigator has a sincere wish to conduct a study with regard to orthopaedically handicapped and pinpoint the socio-psychological problems they face due to the handicap. Also, selects adolescents as the sample, because many studies proved that adolescents is a period of storm and strive. All children have to face many physical, social and psychological problems during this period. These problems are jeopardized in the case of orthopaedically handicapped. Because, though they have physical handicap, their desires and ambitions are like those of normal children except for their physical deformity. They live in two world, i.e., firstly a world of normals considering their desires ambitions etc, and secondly, a world of handicapped considering their physical deformity.

Although much has been studied and written about normals who are provided numerous opportunities to improve themselves and
enable them to run comfortably in the competitive world, the problem of handicapped children has always been ignored either knowingly or unknowingly. The children with some deficiencies are always been the subject of criticism and negligence. Not only that they find themselves the victims of criticisms putting them into embarrassed conditions, they are also lead to further deficiencies and maladjustment. Social organizations and government agencies talk more about their welfare and do little.

While accurate estimate about the extent of disability in India are not available, no doubt that a large number of people in the country suffer from disabilities who are badly in need of rehabilitation services. What have we to offer to the physically impaired today? No pity or sympathy, but to do something more constructive to find ways and means of educating and training them and to make them useful members of society. The Kothatri Commission has stated that proper educational and vocational training enables a handicapped child to overcome largely his or her handicap and make him into a useful citizen.

With the highest unemployment prevailing in the country, job opportunities and prospects for the disabled are minimal and it is in this context that the tackling of this massive problem of providing efficient vocational training to the physically impaired persons is quite a gigantic task itself. This task has to be taken and tackled in its true spirit, so as to avoid the disabled developing a feeling of
inadequacy, dependency and insecurity. Right type of vocational training is the only solution to shape them into useful citizens of the nation.

In recent years many steps have been taken by the government for the upliftment of the handicapped, and thereby to bring them in the main stream of the society. Although our society and government have become more sensitive to the needs of the handicapped individuals, much has not been done to evaluate how far they succeed in attaining efficiency in particular vocation. In this context, a venture to study the effect of socio-psychological factors on the vocational skill attainment of orthopaedically handicapped assumes major importance since it contributes directly or indirectly towards improving the position and status of the disabled individuals in the society.

1.8 Statement of the Problem

However, study of abstracts in the Survey of Research in Education edited by Buch (1974, 1979, 1986, 1991) and review of other related studies reveal that very few studies have been conducted on Orthopaedically Handicapped Adolescents in India. Keeping this in mind, the Investigator intended to find out the effect of socio-psychological forces on the vocational skill attainment of orthopaedically handicapped adolescents. Therefore, the topic is
entitled as “**INFLUENCE OF CERTAIN SOCIO-PSYCHOLOGICAL FACTORS ON THE VOCATIONAL SKILL ATTAINMENT OF ORTHOPAEDICALLY HANDICAPPED ADOLESCENTS.**”

**1.9 Definition of Key Terms**

**Influence:** Any past or present condition, experienced as or actually playing a part in determining one’s behaviour, or course of thought in the present.

Influence is the power to affect other persons or things.

(Oxford Dictionary, p.796)

**Social Factors:** Factors connected with the society and the way it is organized.

Social factors are the factors which affect the every day life of the people.

(Oxford Dictionary, p.1452)

In the present study the Investigator has selected Socio-Economic Status and Home Environment as Social Factors.

**Psychological Factors:** Any mental variable that has an impact on the activities of a person.

Psychological Factors are factors connected with a person’s mind and the way in which it works.

Psychological Factors are the factors which deal with the mind of the people.

(Oxford Dictionary, p.1217)

In the present study the Investigator has selected Self-Concept and Achievement Motivation as Psychological Factors.
**Vocational Skill**: The skill acquired for vocational qualifications and for the exercise of a particular vocation.

**Attainment**: Attainment refers to the level of student's aggregate performance in any field.

**Vocational Skill Attainment**: Vocational skill Attainment refers to the level of student’s aggregate performance in the particular vocation (Typewriting is taken in the present study) and is determined by the marks obtained by the students in the particular test meant for the purpose.

**Orthopaedically Handicapped**: Orthopaedically Handicapped are those who have physical defects or deformity which cause an interference with the normal functioning of the bones, muscles and joints.

In the present study Orthopaedically Handicapped Adolescents are those children who have handicap only in the lower part of the hip and the degree of handicap is below 40%.

**Adolescents**: Adolescents are those children who are in the period of transition from childhood to adulthood.

In the present study the selected sample is within the age group of 15 to 20 years.

**1.10 Objectives of the Study**

1. To find out the effect of different levels of total as well as each of the independent variables on the Vocational Skill Attainment of Orthopaedically Handicapped Adolescents.
2. To compare the Social Factors, Psychological Factors and Vocational Skill Attainment for the sub-samples based on sex of the students and locality of the institutions.

3. To find out the relationship between total as well as each of the independent variables and Vocational Skill Attainment of Orthopaedically Handicapped Adolescents for the total sample and sub-samples based on sex of the students and locality of the institutions.

4. To test, whether the equivalent correlations obtained between total as well as each of the Socio-Psychological Factors and the Vocational Skill Attainment for the sub-samples differ significantly.

5. To develop Multiple Regression Equation for predicting the Vocational Skill Attainment of Orthopaedically Handicapped Adolescents with the help of independent variables and to study the combined effect of Socio-Psychological Factors on the Vocational Skill Attainment

1.11 Hypotheses of the Study

Keeping in view the objectives of the study following hypotheses were formulated.

1. Total as well as each of the independent variables significantly influence the Vocational Skill Attainment of Orthopaedically Handicapped Adolescents.
2. There is no significant difference in Social Factors, Psychological Factors and Vocational Skill Attainment of Orthopaedically Handicapped Adolescents based on sex of the students and locality of the institutions.

3. There is significant positive relationship between total as well as each of the independent variables and Vocational Skill Attainment of Orthopaedically Handicapped Adolescents for the total sample and sub-samples based on sex of the students and locality of the institutions.

4. There is significant difference between the correlations obtained by the rural-urban group and boys-girls group with respect to total as well as each of the independent variables and the dependent variable.

5. Vocational Skill Attainment can be predicted in terms of Socio-Psychological Factors.

6. Combined effect of Socio-Psychological Factors on the Vocational Skill Attainment of Orthopaedically Handicapped Adolescents is significant

1.12 Scope of the Study

The study being an exploratory one, is specially directed towards finding out the influence of certain Socio-Psychological Factors on the Vocational Skill Attainment of Orthopaedically Handicapped Adolescents in Kerala. The study would prove beneficial in the present context, since handicapped persons and centres for
them are not well cared for by our state as well as society. It is hoped that the findings of this study would provide information regarding the training facilities and working conditions of the centres and how far these children would succeed in future life; to parents, social workers, policy makers, administrators and research students, so that effective measures could be taken to improve the conditions.

In this context it is felt fit to study the influence of certain socio-psychological factors on their vocational skill attainment. Since studies have not conducted in this area, a study of this type may reveal many interesting facts regarding the influence of socio-psychological factors on their excellent performance in the concerned area. The findings of this study may contribute to the welfare of the orthopaedically handicapped persons. Hence the importance of the study.

Though the present study is conducted in the geographical entity of Kerala it has wide application in different states, nations and the universe at large. The various authorities dealing with orthopaedically handicapped and the community as a whole should become aware of the influence of the psycho-social factors on the academic performance and vocational development of the handicapped students and that helps to develop more humanitarian consideration and responsibility towards them. It is also hoped that the findings of the study may give an insight towards their deeper psycho-social problems and that may enable the authorities to
organize adequate programmes for the welfare of the orthopaedically handicapped and that can provide safe heaven for them where they can build self-esteem and confidence.

The Investigator hopes that the significance and practical importance of the study may be made use of by the individuals, organizations and governmental agencies concerned for the betterment of the handicapped. It is hoped that every effort should be made to understand the effect of socio-psychological factors on the vocational skill attainment of orthopaedically handicapped adolescents. The information received from this study can thus be used by psychologists, counsellors, government; or the voluntary organizations in order to meet the various needs and solve the problems of the crippled in our society.

The Investigator would feel gratified if the results and implications are of use to those involved in the welfare of the handicapped, and also for those involved in prospective researches in the area.

1.13 Limitations of the Study

Despite making every attempt to make the study precise and objective as possible, certain minor limitations have crept into the study. Considering the constraints on resources it had to be limited to the following.

1. The Investigator first of all decided to conduct a population study i.e. decided to collect data from all the Vocational Training Centres
for Handicapped in Kerala. But due to practical difficulties, finally decided to limit the sample to nine Vocational Training Centres for Handicapped. Even though there are many Vocational Training Centres run by voluntary organizations, which are not receiving grant-in-aid from the government and do not follow prescribed norms in their procedures, the present study covers only the government and aided Vocational Training Centres.

2. In the present investigation, only one category of handicapped children viz; Orthopaedically Handicapped was chosen and studied. The other categories such as blind, deaf and dumb etc; do not come under the preview of the study.

3. The Investigator is forced to select a limited sample of 200 Orthopaedically Handicapped Adolescents due to the non-availability of such samples who have selected typewriting. Since typewriting being the selected vocation, only mild Orthopaedically Handicapped Adolescents were taken into consideration. The other categories such as moderate, high, profound, etc. do not come under the purview of the study.

4. The Investigator has considered the performance of students in typewriting skill only, for the present study, because of her sufficient knowledge in the particular skill which helped her a lot during preparation, evaluation and scoring of the answer scripts.

5. There are several socio-psychological factors that determine the vocational skill attainment of students. In the present study only
two factors viz; Socio-Economic Status and Home Environment from social aspect and two factors viz; Self-Concept and Achievement Motivation from psychological aspect are taken into account.

6. Though the study was intended for Orthopaedically Handicapped Students in general, only adolescent students could be covered in the present investigation.

1.14 Format of the Report

The report has been organized into five chapters. The Introductory chapter (chapter I) presents a rationale for selecting the present problem, its significance, definition of the problem and key terms used, objectives and hypotheses of the study along with a discussion of the scope and limitations of the study.

The second chapter (chapter II) provides a review of literature from areas related to the topic under study.

Chapter III of the report provides a description of the design of the study. Here, the discussion was centred around the details regarding the tools used, sample, collection of data and the statistical techniques employed, giving an outline of the procedure.

The analysis of the data collected taken up in the order of the objectives of the study are presented in chapter IV. The same chapter also provides an interpretation of the findings.

Chapter V gives the conclusions arrived at and the suggestions for improvements and further study.