CHAPTER I
INTRODUCTION

Since the dawn of civilization, emphasis has been on measuring ability not disability to make every human being sustain natural balance and contribute significantly for the development of human race. It is equally important to strive for maintaining a healthy social environment to provide opportunities for all groups of people for improving their quality of life. Keeping this in mind, major steps in the form of rehabilitative measures are taken to transform disability, if present into ability. Time has changed for people with disabilities from the stage of expecting-accepting to demanding their rights, from charity to opportunity, from exclusion to inclusion and from disability to ability.

In a democratic country like India every citizen is entitled to full personality growth which includes social, economic and political status and opportunity. Creative relationships between the people and their physical environment as well as a favorable social environment are essential prerequisite for improvement in the quality of human life. Equal participation of all the segments of the given society is crucial for its healthy overall development. This provision has been provided by the Constitution of India. It is a constitutional obligation for the state to ensure equal social, economic and political justice to people with disabilities and other marginalized groups of people.

The present study attempts to implicitly draw on both personal experiences and sociological insights to highlight challenges faced by visually impaired. The idea is to throw light on various barriers economic and social faced by these visually impaired. Exclusion, discrimination, inequality, powerlessness and interests of visually impaired become central concerns for the present study.

There is a need to clarify certain concepts which are interconnected such as impairment, disability and handicap. Impairment is defined as any loss or abnormality of psychological, physiological or anatomical structure or function (WHO, 1980). This concept refers to residual defects in an organ or
body parts that remains after the active phase of pathology (Kirchan, 1989). Example of vision impairments include impairment of visual acuity, field of vision or contrast sensitivity. A disability is defined as any restriction or lack of ability to perform an activity in the manner or within the range considered normal for a human being (WHO, 1980). The concept refers to limitations in functioning in relation to special tasks and involves the whole person. Reading and mobility are defined tasks which may be affected by various types of impairment (Kirchan, 1989). A handicap is a disadvantage for a given person resulting from an impairment or disability that limits or prevents the fulfillment of a role that is normal (depending on age, sex and social and cultural factors). Handicap therefore results from the interaction between the person and the social environment (WHO, 1980). It depends on the transactions and interactions among a range of social and cultural variables. An actual or perceived inability to meet role expectations held by oneself or others in familial, professional or social life are examples of the disadvantages an individual may experience as a result of visual disability (Peterson et. al, 1988).

WHO (2000) developed a new classification of ICFDH in which medical and social aspects are integrated. Disability is viewed not only an attribute of an individual, but rather a complex collection of conditions which are created by social environment. In the present study, the terms disability, impairment and handicap will be used interchangeably. It is essential to understand the meaning of term blindness and why it occurs as the present study confines to visually impaired persons.

Visual impairment

“Blindness” refers to a condition where a person suffers from any of the following conditions, namely:-

1. Total absence of sight; or

2. Visual acuity not exceeding 6/60 or 20/200 (Snellen) in the better eye with correcting lens; or

3. Limitation of the field of vision subtending an angle of 20 degree or worse.
Visual impairment describes vision that cannot be fully corrected by ordinary prescription lenses, medical treatment or surgery. Visually impaired do not constitute a homogenous group. Visually impaired suffer from varying degrees of central vision, peripheral vision, light perception and color perception. Much visual impairment has specific effects on the individual and causes a variety of limitations on activities (Machell, 1996).

For the present study, the term visual impairment includes conditions ranging from the presence of good usable vision, low vision, or the total absence of any sight- total blindness. Blindness means absence of sight, but in reality visually impaired may have some residual vision, but the society retards their growth and development due to its bias towards such people. The physical and social environment is designed to suit normal people, not to facilitate the challenged ones. Visual disabilities are the highest among the elderly i.e. people above sixty years. Many terms are used when refer to visual impairment. In the context of vision defects a variety of terms viz. totally blind, stone blind, partially blind, legally blind, economically blind, visually limited, low vision, partially sighted, visually handicapped, visually impaired etc. are being used. There are two broad categories of visually impaired persons:

1. **Congenital Blind**: Those who are born blind. They lack independent mobility which is one of the major limitations of their blindness. They coordinate their sensory perceptions through the interaction of their remaining senses.

2. **Adventitious Blind**: Those who have lost their sight at some point of time in their lives. They can use their visual memory to orient themselves to their environment and to visualize the task they are performing.

**Classification of causes of visual impairment**

The simplest classification of the causes of visual impairment is:

- Ocular Diseases and Anomalies
- General and Systemic Diseases
- Injuries and Accidents
Ocular Diseases and Anomalies:

**Buphthalnos:** It is an infantile glaucoma, one of the rarest conditions in children. As infant’s eye is elastic, increased eye-ball pressure causes the eye to enlarge. It occurs mostly due to failure of development of tissue in region of anterior chamber. It results into excessive watering, photophobia and cornea becomes cloudy. Due to altered shape of eye, refractive errors may occur.

**Albinism:** This is a hereditary condition involving defective development of pigment in hair, skin and eye. In 'ocular albinism', only eyes are affected. The amount of pigmentation may increase slightly with age up to adolescence and that results into improvement into visual acuity.

**Retinitis Pigmentosa:** A hereditary slow degenerative disease of the retina. The condition affects the peripheral area of retina including rod cells. It may result into night blindness, tunnel vision and inability to see in dark. Though some children are born with poor vision, it begins in middle or advanced age. Visual acuity is often normal; the field of vision is so poor that the person falls in the category of blindness. It is also associated with other diseases including hearing loss.

**Retinoblastoma:** This is a malignant tumor of the retina. It is generally confined to infants, probably always congenital and some cases are heredity. It is often a bilateral condition and both the eye-balls may have to be removed.

**Retrolental Fibroplasia:** It is associated with pre-mature birth children who have been given high concentration of oxygen. It is caused due to formation of new vessels and proliferation of fibrous tissue in the retina. As it results into formation of a membrane in the back of the lens of the eye, vision is fragmented. It is usually a bilateral condition. There is a risk of further visual deterioration from retinal detachment of glaucoma.

**Retinal Detachment:** It refers to separation of the retina proper from its pigment epithelium layer. From the clinical point of view, it is divided into 2 classes:

1. Secondary detachment- due to obvious mechanical cause, subsequent to other happenings in the eye.
II. Simple detachment- due to development of a hole in the retina.

**Diabetes Mellitus:** It is a hereditary disorder and affects retina. Also known as diabetic retinopathy and it is common after the diabetes has lasted for 10 years. Due to this senile cataract develops at an earlier age and more rapidly than usual. It leads to fluctuating vision, loss of color vision, or visual field refractive error, decreased visual acuity.

**Trachoma:** It is a chronic contagious disease of the conjunctiva and cornea caused by an organism Chlamydia. The primary infection effects conjunctiva and follicles and corneal involvement causes ulcers. As lid deformities lead to misdirected eyelashes, further complications take place.

**Glaucoma:** It is caused by in aqueous outflow channels at angle of anterior chamber. It also results in rise in intraocular pressure which is detrimental to the eye. It is usually a hereditary, symptomatic condition.

**Cataract:** In Latin the word 'cataract' means waterfall that explains appearance of the eye when lens becomes cloudy and opaque. It refers to loss of transparency of the lens due to altered physio-chemical processes within tissues. It is usually associated with advanced. If present at birth it is usually referred to as “congenital cataract”.

**General and Systemic Diseases:**

**Hypertension:** Vascular retinopathy is associated with raised blood pressure along with pronounced degenerative changes in the retinal vessels. The circulatory changes lead to development of retinal edema.

**Vitamin A Deficiency/Xerophthalmia/ Disease of Darkness:** Vitamin A is essential for the buildup of the surface tissues in our body, including eye. Vitamin A deficiency may lead to corneal damage, ulceration and blindness, particularly in combination with measles or malnutrition.

**Chronic Diarrhoea:** It is a cause of blindness in rural areas. Generally loss of vitamin A leads to softening of cornea which results Keratomalacia.

Multiple sclerosis, thyroid gland disorders, certain vitamin deficiencies, and other systemic diseases can lead to eye problems with vision loss.
Injuries and Accidents

Injuries, accidents and poisonings account for many known instances of visual impairment among school age groups. Actually, injuries and accidents are not considered a major cause of blindness since technically both eyes would have to be severely affected. The injuries are a major cause of preventable, curable and monocular visual impairment. Most common injuries and accidents are:

- Traumatic and chemical injuries
- Lodging of foreign body in the eye
- Chemical burns

Historical Trends of Visual Impairment in the society

Blindness is as old as life itself. But it is perhaps incorrect to say that evolution of services for the blind has always kept pace with the advancement of civilization. For centuries, blindness has both negative and positive connotations with negative feelings predominating. Attitudes towards blind people have varied from culture to culture, with religious beliefs and mythology playing a predominant role. Earlier in ancient Sparta, Athens and Rome blind people were denied the right to exist and were put to death in a number of ways. Philosophers like Plato and Aristotle also supported the killing of blind people. In the nearer east, blind people were thrown down hills to die. In some countries they were made to act like buffoons and jesters. Lowenfeld (1981) has written that people with visual disabilities were treated as defective, considered expendable, and sometimes killed in ancient times, because they could not contribute to the work of the community-which was, then, war and survival. The rise of monotheistic religions led to a belief that blind individuals needed to be cared for and sheltered by society. It was in this atmosphere of charity that blind people began to make strides in their own right. Blindness was thought to be mysterious, and blind people were often feared and shunned. This fear of blindness may have been replaced by a sense of compassion and pity which has resulted in people giving alms to blind people.
In India blind people are often associated with a tin cup or begging bowl. On the other hand, the mystery surrounding blindness has led some people to believe that those without sight are endowed with exceptional qualities. Some blind people have been revered for such mysterious qualities for hundreds of years.

Some religions instruct their followers to pity people with visual impairment and give them alms, while others have been more realistic in their outlook and believe that blind have the potential to lead normal lives. In Hindu mythology many Shlokas in the Vedas are said to have been written by blind sages.

During the middle ages, there were a number of blind bards and singers. At the time of the renaissance examples exist of individual blind people who by their intellectual capacities, hard work and perseverance have excelled not only as philosophers and poets but also as mathematicians and engineers.

In Europe the first examples of educational provision for blind people came soon after French revolution as a consequence of the liberal ideals of philosophers like Rousseau and Voltaire. Until 18th century while the world remained rural and generally illiterate, educational services were limited to the upper class. This century brought about the general removal of blind people from their family and society resulting in their institutionalization. Blind were often sent to asylums.

In 1771 a group of blind from the home called Quinze-Vingts were exhibited at Saint Ovid’s fair; they were given eye glasses to wear, attired in a ridiculous manner and placed behind a music rack on a balcony. The group performed so brilliantly that Valentine Hauy of Paris was so influenced that he thought of educating the blind. Valentine Hauy established the first school for the blind in Paris in 1784. Blind persons were thus among the first people with disabilities to be recognized as being able to benefit from education. Notably, this occurred largely because blind people themselves, without benefit of formal education and assistance from professionals, demonstrated that they could do the same things that sighted people did.
Many schools for the blind came into being in Europe and America by the end of the 18th century and the beginning of the 19th century. Schools for the blind were established in the United States during the first half of the 19th century not to segregate children, who were blind, or to shelter them, or even to provide care for them. They were established with the belief that children who were blind and visually impaired were capable individuals who could become contributing members of society. Mandatory education was not universal at the time and many children with and without disabilities was not attending school. Schools for the blind were thus affirmations of the potential of blind children in a society that had not yet come to adopt education as a social and political goal. Residential or specialized schools for the blind in the United States were modeled after the boarding schools of Europe (Irwin, 1955). Students were subject to the same academic curriculum standards used in the public schools. By the mid-20th century, residential schools for the blind were operated almost like private schools, envied for the quality of education they provided. These institutions were residential, providing oral education rather than training for employment and independence. However, many of their graduates became musicians.

Education for blind people in India began a little over 100 years ago, long after it had taken routes in Europe and America. India has come a long way since Independence in the area of disability rehabilitation. There has been a shift in the life style of people with disabilities from charity to right. It is no more the wish or choice of the giver to provide education, vocational training and rehabilitation, but the right of the persons with disability to receive the support. Educational services for vision impaired children were started in an organized manner in India in 1887 by a Christian missionary, Annie Sharp. There are also references to a blind person named William Cruickshank around the early 1800s who became blind at the age of 13 years and was educated largely through oral methods. He was appointed in 1838 as the headmaster of the Naive Education society school, Madras, with 100 pupils and later as a head of the Anglican Missionaries Anglo-Vernacular School in Palamcottta where he worked for 26 years until the 1860s. Thus there are
records of blind people receiving education in 1830s, and of blind people teaching others to read from the 1850s onwards.

The first school for the blind in India was in Amritsar where Ms Osho commenced work in 1886 prior to the recognized efforts of Annie Sharp. This school was later moved to Dehradun in 1903 just before the death of Annie Sharp on April 25, 1903. The efforts of Annie Sharp inspired people to plan and work for the education of the visually impaired people in India. In India, rehabilitation services for people with disabilities have always been considered a welfare activity. Education was also treated as a welfare activity. The education of people with visual impairment had to wait for four decades after Independence to be recognized as a component of general education and to be included in the disadvantage groups needing special attention under equal educational opportunities (Jangira, 1989).

By 1947, there were 32 schools for the vision impaired in undivided India as mentioned in a report of "Blindness in India". However, the quality of education in these schools appeared to be very poor, as there was no uniform Braille code in India until 1950. In 1951, due to the intervention of UNESCO, this issue was resolved and the Government of India accepted a uniform Braille code. This removed the greatest hurdle of reading and writing and thus, opened new vistas for the blind in India.

In the post independent era, there was not only expansion of such services, but the quality of education for individuals with vision impairment also witnessed a marked improvement. By the middle of 1960s, there were about 115 schools for blind, which increased to 250 in 1988 in India. At present, approximately 30,000 blind children are served by nearly 400 special schools for the blind.

According to ‘Blind Foundation of India’ (BFI), out of the total population of visually impaired, 2million are children. Only 5 percent of these visually children receive education. In this world that goes by the law “survival of the fittest”, those with some kind of deficit may be excluded in the scramble of scarce resources. It does not take much effort to understand the plight of the visually impaired. Though living in society and without any fault on their part the visually impaired are being denied their rightful place. It is impossible
to give this unfortunate lot the power of vision, but we can ameliorate their miseries by helping them.

People with disabilities are the largest minority group in the world. As a group they are starved of services and facilities available to the non disabled and consequently, they are the least nourished, the least healthy, the least educated and the least employed. They have a long history of neglect, isolation, segregation, poverty, deprivation, charity and even pity. Despite the spirit of social justice and equality embodied in the Constitution and Directive Principles of State Policy on promoting services to people with disabilities, a negligible percentage of such persons have access to such services.

It is essential to mention here that Government of India has not brought any separate policy for the visually impaired. All the disabled have been grouped under one broad category. However, disabled people do not constitute homogeneous group, rather they have differences and multiple identities. The problems and issues faced by locomotor disabled, or hearing disabled are altogether different from blind and mentally challenged persons.

In India, responsibility of caring the disabled is generally left to their families and a few institutions managed by voluntary organizations and government. A number of legislations have been developed in disability sector. The Persons with Disabilities Act 1995 is a watershed in the history of disability rights movement which provides equal opportunities, protection of rights and full participation to disabled.

Education of disabled people ranges from free schooling to integration into mainstream educational institutions to special schools with appropriate learning facilities. There is 3% reservation of seats in Government educational institutions as well as those receiving support from the government for persons with disability. The state Government provides for adequate transport facilities to students with disability and accessible physical environments, as well as scholarships for disabled students. The Government has initiated many schemes and projects for the persons with disabilities. But the educational, social health, transport and residential arrangements made by local, state, central governments or voluntary organizations frequently fall short of the requirement.
Despite good legislations and pro-active policies framed by the Government of India in favour of disabled population, still many shortcomings are implicitly visible. The prejudices nature and attitude of community still exist which harm and block the progress of disabled community. Further, inequality and improper treatment towards disabled hinders their development. They are being neglected and isolated whenever they want to achieve responsible posts or duties in the society. Additionally, the parental attitude also contributes very significantly in the development of disabled children. It is believed that parents who are illiterate and ignorant about various welfare measures that can help in enhancing the level of achievement of their disabled children fail to provide support to their disabled child.

In India 80 percent of disabled live in rural areas. Thus, there is much likelihood that they are ignorant and unaware about the facilities or benefits given by the respective State governments. Proper mechanism, training and massive awareness can fulfill this gap. In India, literacy rate has shown a remarkable improvement in the last decade. But if we look at these percentages for disabled persons, the picture is very depressing. Only a limited proportion of disabled attend school. Those among disabled who attend school belong to the category of locomotor disability. Today, quality of education is a fundamental need of everyone so disabled should not lag behind. It is a vital aspect of their personality. In nut shell government has launched several welfare schemes but its benefits have not reached the beneficiaries. Need of hour is not only to increase the quantum of facilities but its beneficiaries should be made more aware. The present study tries to fill in this gap.

**Reasons for undertaking present study**

The present study attempts to highlight the plight of those blind persons who in spite of odds in life are able to get education. It is suggested that literacy has much more meaning for visually impaired as it lessens their pain and opens up opportunities for their development. Data indicates that number of educated visually impaired is very small and half of the population of blind in the country is illiterate. It therefore becomes all the more essential
to focus on these educated blind people and the challenges they face to achieve their rightful place in the society. Several of the blind students encouraged by this incentive, have taken higher education and have become under-graduates, graduates and even post-graduates. Their number is likely to grow in future as more and more visually impaired students are opting for education. Thus a new class of educated visually impaired is emerging, bringing in its wake the difficult problem of educated unemployment and under-employment blind. There is no adequate provision for their employment. Education is useful only if it brings economic independence as well as emotional security. But getting suitable employment is a challenge for the visually impaired. They want to be placed in suitable jobs according to their qualifications. These persons do not like to work in un-intellectual, repetitive mechanical jobs, in which uneducated visually impaired persons have been working. They want to do some intellectual type of work. Education is a vital component in becoming economically viable. Without the appropriate qualifications, entry into the workforce cannot be reached. While some blind and visually impaired are educated enough to become gainfully employed, their perceived disability from the employers' point of view hinders their presence in the workforce. Most of them get employment through known resources and not through the education support system. Their capabilities are judged and sought much later. Some contributing factors that could affect a person's motivation for higher education could be described as lack of sufficient financial resources, the inability to self-fund (part-time work); and the lack of materials available in alternative formats (large print, electronic, Braille and tape etc).

Those visually impaired that have been able to achieve great heights in various fields are able to do because they got sufficient support from their family, peer groups and teachers. Social support is the physical and emotional comfort given by family, friends, co-workers and significant others. It is believed that we are part of a community of people who love and care for us, and value and think well of us. Social support is a way of categorizing the rewards of communication in a particular circumstance. An important aspect
of support is that a message or communicative experience does not constitute support unless the receiver views it as such.

Many studies have demonstrated that social support acts as a moderating factor in the development of psychological and/or physical disease (such as clinical depression or hypertension) as a result of stressful life events. There is growing evidence to suggest that social support affects humans differently throughout life, suggesting that the need to receive and provide social support shifts across development.

Human survival depends on others. Since childhood, human child is dependent on others, be it a family, educational institution or state. This dependency becomes more profound in the case of visually impaired. Support system is manifested through various dimensions like family, peer group, educational institutions, economic institutions, religious institutions, political institutions etc. Various welfare services like health, insurance and transport fall under the purview of the state are helpful support institutions. It is not possible to study the role of all the support systems. The present study is confined to three main networks of support in the lives of visually impaired i.e. family, educational institution and economic institution.

In the light of this, it becomes essential to understand the role of support system in the life of visually impaired. Present study has tried to focus on support system at the level of family, educational institutions and work place environment.

Review of literature:

Different research studies done in the area helps in knowing the current states of literature on the subject under study. An attempt has been made to examine the existing literature related to the present problem. Several significant studies have been made in this field in the developed countries but very few attempts have been made in this field in the developing countries especially in Indian setting. The review of literature has been divided into different subheadings.
Incidence of the problem:

In order to understand the problem of visual impairment, it is essential to know their population.

Magnitude of visual impairment

- According to WHO report of 2011, there are 285 million people who are visually impaired worldwide: 39 million are blind and 246 have low vision.
- About 90% of the world's visually impaired live in developing countries.
- Globally, uncorrected refractive errors are the main cause of visual impairment; cataracts remain the leading cause of blindness in middle- and low-income countries.
- Worldwide, for each blind person, an average of 3.4 people have low vision, with country and regional variation ranging from 2.4 to 5.5.
- As of today, the World Health Organization (WHO, 2011) estimates, there are 6 Million blind people in Africa, 20 Million in Asia, 2 Million in Latin America and the remaining 2 Million in Europe and North America.
- The prevalence of blindness in most industrialized countries of Europe & North America varies from 0.15% to 0.25% as compared to blindness rates of nearly 1.5% for the developing nations in Africa, Asia and Latin America.

Distribution of Visual Impairment

By age:

Visual impairment is unequally distributed across age groups. More than 82% of all people who are blind are 50 years of age and above, although they represent only 19% of the world’s population. Due to the expected number of years lived in blindness (blind years), childhood blindness remains a significant problem, with an estimated 1.4 million blind children below age 15. According to WHO (2002) estimates, visual impairment is unequally distributed across age groups, as more than 82 percent of all blind population are 50 years of age or older, even though people in this age-group represent only 19 percent of the world’s population. Although the prevalence of blindness among children is about 10 times lower than that among adults,
childhood blindness remains a high priority because of the expected number of years to be lived in blindness. About one-half of the estimated 1.4 million cases of blindness in children below the age of 15 could have been avoided.

**By gender:**

Available studies consistently indicate that in every region of the world, and at all ages, females have a significantly higher risk of being visually impaired than males.

A community-based study of trachoma and blindness in a rural village in the Nile delta in Egypt found that 17% of residents over 50 years old were blind and 30% of residents aged over 60 were blind. Women had 13% excess blindness prevalence (Courtright et al. 1989). In a cluster sample survey in the Menoufia governorate in Egypt, in which 2426 individuals aged 50 and over were examined, 12% were blind; of these 38.3% were male and 61.7% were female (Fuad et al. 2003).

A nationwide survey in Oman found a statistically significant difference in the prevalence of blindness between males at 0.8% and females at 1.4% (Khandekar et al. 2002).

**Geographically:**

Visual impairment is not distributed uniformly throughout the world. More than 90% of the world’s visually impaired live in developing countries.

![Global estimate of visual impairment by WHO region](image)
Table 1: Global estimate of visual impairment, by WHO region (in millions), 2002.

<table>
<thead>
<tr>
<th>Region</th>
<th>Africa</th>
<th>America</th>
<th>East Mediterranean</th>
<th>Europe</th>
<th>South-East Asia</th>
<th>Western Pacific</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Population</td>
<td>672.2</td>
<td>852.6</td>
<td>502.8</td>
<td>877.9</td>
<td>1,590.80</td>
<td>1,717.50</td>
<td>6,213.90</td>
</tr>
<tr>
<td>Number of blind people</td>
<td>6.8</td>
<td>2.4</td>
<td>4</td>
<td>2.7</td>
<td>11.6</td>
<td>9.3</td>
<td>36.9</td>
</tr>
<tr>
<td>% of total blind</td>
<td>18%</td>
<td>7%</td>
<td>11%</td>
<td>7%</td>
<td>32%</td>
<td>25%</td>
<td>100%</td>
</tr>
<tr>
<td>Number with low vision</td>
<td>20</td>
<td>13.1</td>
<td>12.4</td>
<td>12.8</td>
<td>33.5</td>
<td>32.5</td>
<td>124.3</td>
</tr>
<tr>
<td>Number with visual impairment</td>
<td>26.8</td>
<td>15.5</td>
<td>16.5</td>
<td>15.5</td>
<td>45.1</td>
<td>41.8</td>
<td>161.2</td>
</tr>
</tbody>
</table>

**INDIA:** (According to the census of 2001)

- Total disabled population: 21.9 million
- Visually impaired: 10.63 million

**CHINA:** According to China Disabled Person's Federation (CDPF), Total disabled population is 60 million and visually impaired are 8.7 million.

**Causes of Blindness:**

There are many causes which are related to blindness be it medical or congenital. Many scholars have done research regarding variability of blindness. Major causes except for the most developed countries cataract remains the leading cause of blindness in all regions of the world. Associated with ageing, it is even more significant as a cause of low vision. Glaucoma is
the second leading cause of blindness globally as well as in most regions, with age-related macular degeneration (AMD) ranking third on the global scale. However, in developed countries, AMD is the leading cause of blindness, due to the growing number of people over 70 years of age. Other major causes are trachoma, other corneal opacities, diabetic retinopathy, and eye conditions in children (e.g. cataract, retinopathy of prematurity and vitamin A deficiency).

Fig 2: Global causes of blindness as a proportion of total blindness in 2002

According to Klein et.al. (1993) and Vingerling et. al. (1996) smoking is the strongest environment risk factor for AMD, the leading cause of blindness in Australia. It is suggested that for around 20% of all cases of blindness in Australia over the 50 years, the cause is smoking.

Leading cause of vision impairment and blindness in U.S.A are eye diseases like diabetic retinopathy (affects more than 5.3 million Americans age 18 years and above) age related macular degeneration (more than 1.6 million Americans over the age of 60), Cataract affects nearly 20.5 million Americans age 40 and older and Glaucoma about 2.2 million Americans have been diagnosed with glaucoma and another 2 million do not know they have it (Prevent Blindness America, 2002)

In UK the most common cause for the blindness is degeneration of macula and posterior pole which largely comprises AMD (57.2%), Glaucoma
(10.9%), and diabetic retinopathy (5.9%) are the next commonly recorded main causes (Bunce and Wormald, 2006). Optic atrophy (3.1%), hereditary retinal disorders (2.8%) and cerebro-vascular diseases accident (2.5%) are the next.

The leading cause of blindness in China is Cataract (50%) other causes include childhood blindness (20%) corneal pathologies (10%) trachoma (10%) and glaucoma (8%).

The Pakistan National Blindness and Visual Impairment Survey (2007) in Pakistan has found that cataract is the most common cause of blindness (51.1%), followed by corneal opacity (11.8%), uncorrected aphakia (8.6%), and glaucoma (7.1%), Posterior capsular opacification accounted for (3.6%) of blindness.

The major causes of blindness in India are Cataract, refractive errors, glaucoma, corneal pathologies and Vitamin A deficiency in children. Rahi et al (1995) have reported that Vitamin A deficiency is the single most important cause of childhood blindness and serve visual impairment in India. There are marked variations by state and also between urban and rural locations. Jain & Sandhu (1982) have stated that in India 75% of the blind people live in rural areas. As a result they have little chance of being included in rehabilitation schemes and programmes.

**Problems faced by Visually Impaired**

A few researchers have discussed problems faced by visually impaired. According to Tuttle (1987) there are four major problems faced by persons with visual impairments namely;

- Lack of good coping skills and adaptive behavior.
- Low self esteem.
- Inability to control the situation.
- Dependency.

According to Lowenfeld (1981) blindness imposes three basic limitations. It limits the range and variety of experiences; the ability to move about and Control of the environment and the self in relation to it. All three
limitations have a distinct impact on the daily life of a person with visual impairment.

Bansal et al (1980) observe that visually handicapped subjects show high scores in the areas of depression and tension. Fitzgererald (1970) in his study reports that a blind person passes through phases of disbelief, protest, depression and finally recovery.

It is well documented that children with Visual Impairment experience delay in motor development. Many children with blindness exhibit immature posture and gait. (Adelson and Freiberg, 1974; Hart 1984). McDonnell (2007) suggests health problems among visually impaired due to overweight, obesity and low levels of physical activity. It has been claimed that congenitally impaired persons have more developmental difficulties than those who have been impaired later in life (Suokas, 1992). Waterhousie (1957) reports that blind children have speech defects. Those who are impaired at a later age suffer difficulties in their physical and psychological development (Maatta, 1981). These persons have lost the self identity of an able bodied and well functioning person, whereas those who are impaired since birth perceive their impairment as one of their physical characteristics, thus being disabled is a normal condition for them.

Many researchers have reported that visual impairment interferes with blind persons social relationships with their friends and social activities (Nemshick et al 1986; Urponen, 1989). They spend more time alone in passive activities than normally sighted adolescents. Arivanandham (2007) highlights serious problems are faced by visually impaired in following lectures and class room instructions. Speed of delivery of lectures and following black board writing are major problems. High cost and non-availability of aids and appliances are reasons for such problems. Securing reader services is also a problem. Non-availability of computer based services compound this problem. Problem for organizing scribes for writing examinations is even more difficult that finding readers. Assessing library is an area of difficulty, made worse by lack of books in Braille and audio books. According to Advani (1965), at school level, blind face problems as there is a shortage of textbooks and
qualified staff. Subloke (1976) argues that visually impaired are somewhat satisfactorily adjusted in all areas but they have inferiority complex. A few researchers have studied the psychological problem of blind and conclude that parental attitude is responsible for personality development of blind child.

According to Adams and Pearlman, (1970) there are three types of responses to sight loss: acceptance, denial, and depression/anxiety. Acceptance is undoubtedly the best response. Denial, which is an unconscious defense mechanism, may in some cases aid progressive acceptance of the handicap. Following diagnosis, some patients make a pilgrimage to a whole host of ophthalmologists in the hope of finding a cure. Although these trips are generally made in vain, they may reduce anxiety that might otherwise become pervasive.

It is well documented that 'sight loss can lead to depression, loneliness, and anxiety' (Hinds et al., 2003). Despite these efforts to create more employment opportunities, rates of employment among working-age individuals who are visually impaired are significantly lower (40%-45%) than are those of the general population (80%), as well as those of individuals with other disabilities (Kirchner, et al. 1999; McNeil, 1993). reasons for the high rates of unemployment, including the lack of employment skills and motivation, transportation, housing, and access to information (Cruden & McBroom, 1999; Crudden, et al., 2005; Moore & Wolfe, 1997; O'Day, 1999). Research in this area has also focused on the interrelationship between social support factors and employment status. In an effort to determine the risk factors associated with unemployment, Leonard and D'Allura (2000) have compared the psychosocial characteristics of employed and unemployed persons with visual impairments who are referred to a vocational placement program at a vision rehabilitation agency. They have found that employed persons report more encouragement from family and friends, have higher self-efficacy scores, and are more likely to have received technology training and a college education than are unemployed persons. Similarly, Roy et al. (1998) have studied the relationship between the employment status and social networks of visually impaired college graduates in Great Britain. They have found that employed college graduates report a higher number of social
interactions in the past week, have a larger range of people in their social networks, and report more helpful familial support than those who are unemployed. Conversely, the unemployed college graduates have reported fewer social interactions in the past week, a smaller range of people included in their social networks, and less helpful familial support.

Research among senior students with visual impairments (10th and 12th standards) in Tamil Nadu indicates a gender bias, with more males than female gaining education. It is suggested that one reason for this disparity is that “according to the Indian mindset the education of girls is not very important”. (Gooding, 2006). Lang (2001) has found it is commonly considered a waste of resources to educate a blind person to degree level, since it is thought they will not be able to fully participate in society.

Research also illustrates the way that disability can reduce educational opportunities indirectly and affect the educational prospects of other family members, as assistants for the disabled individual may miss schooling and other opportunities to learn new skills. Harriss-White, (2003) has found that among rural communities in Tamil Nadu, female children are removed from school to take on caring responsibilities for blind family members. On the basis of interviews with patients at Aravind Eye Hospital, Javitt et al, (1983) have reported that 74% of patients interviewed required full-time assistance with everyday tasks, e.g. feeding, guiding and other forms of care, and the assistant is often a school-age child or daughter in law. A participatory rapid appraisal study among blind or severely visually impaired adults has found that most are illiterate (compared to a national adult literacy rate of 43.6%). Nearly three-quarters (73.7%) have not received any type of education, and only 2.6% have reported high school graduation. There are sharp gender differences: none of the females interviewed have been found to be literate, whereas 46.4% of the males have received some form of education. The vast majority of those who did have some education received this before the onset of blindness. Only 7.8% have received any vocational training. (Dataline, 1997).
Acceptance of Blindness

Acceptance of the situation helps the visually impaired person to reconcile himself/herself to living with his impairment. In fact acceptance brings him/her to the threshold of exploring ways and means to see how best he/she can carry on living without feeling utterly helpless and frustrated (Wagner & Oliver, 1994). Researchers have also reported that adventitious blind is severely affected by the problem of acceptance than the congenital blind. Factors such as educational opportunities, degree of usable vision, and expectations of family and friends can powerfully shape a blind person's attitudes toward, and acceptance of, blindness (Roy and MacKay, 2002; Schroeder, 1996). Coping with visual impairment also depends on factors like at what age vision loss occurred, the degree of vision loss, and the coping strategies utilized (Bailey & Hall, 1990; Yeadon & Grayson, 1979). Preconceived notions of blindness and the individual's personality before the loss of vision affects the coping process (Morrison et al., 1982).

Attitude towards Blindness

Hallahan and Kauffman (1991) have described that in ancient times blindness was considered as a punishment for sins, either one's own or one's ancestors. Furthermore, blind people were musician, dependant and helpless, and beggars. Sisay (1996) has also indicated that blind people are perceived as hopeless, miserable, beggars and one who deserves pity as well as sympathy, one who is compensated for loss of vision and so on. The perceptions of people about clinically blind are very different in the urban and rural study areas. (Gridhar, et.al 2002). A study done in the rural areas of Ethiopia to access the perceptions of blindness has revealed that sighted people have many misconceptions about blindness. (Alemayehu et.al.1995).

According to Chaturvedi (2002) visual impairment imposes certain injustice demands which continuously influence the personality of the visually impaired persons. Due to the prolonged sensory deprivation, the mental make-up and personality of these persons are likely to be affected a great deal. Deprivation is one of the disadvantages, visually impaired persons suffer most, and where as blind persons are more pitied upon and sympathized with
rather than loved and cared for even partially handicapped children. Christy et.al. (2005) indicate that attitude towards blindness and the blind is becoming more favorable in urban south India. Tanksale (1988) in her study observes high association between education of blind subjects and adjustment of blind persons. Bhalerao (1983) on the basis of her study of educated blind persons reports that education is an important indicator of social acceptance inspite of other handicaps. She observes that educated blind are invited for social functions and are socially recognized. Chincholikar (2006) mentions that illiterate blind who belong to the lower socioeconomic class, rural background find it difficult to get acceptance in the society because these blind fit in the stereotyped image of poor, dependent and illiterate blind. Those blind individuals who struggle and establish themselves by achieving education are accepted in the society.

Another group of researchers have focused on attitude of blind towards themselves. Individuals who have been blind since birth or early childhood, in contrast, do not experience the same shift in identity from the "sighted self" to the "blind self" as do those who lose their sight later in life (Hudson, 1994). However, those who are congenitally blind must still master the same specialized skills and cope effectively with negative societal messages about blindness (Roy and MacKay, 2002). Factors such as educational opportunities, degree of usable vision, and expectations of family and friends can powerfully shape a blind child or adolescent's attitudes toward, and acceptance of, blindness (Roy and MacKay, 2002; Schroeder, 1996). On the other hand, the attitudes of the sighted public toward blindness exert a great impact on how blind persons shape their own perceptions, whether vision loss is congenital or acquired (Hudson, 1994; Roy and MacKay, 2002 Wells-Jensen,et.al. 2005). Public attitudes toward blindness also influence policymaking and budgeting priorities in blindness programs (Wells-Jensen et.al., 2005).

A primary goal of rehabilitation and education programs for the blind is to facilitate the blind individual's full integration into the broader society (Dodds, 2007; Roy & MacKay, 2002). Full integration requires the individual to develop a positive self-concept and healthy attitudes toward blindness.
Successful adjustment requires any person experiencing significant vision loss to learn and apply new techniques for performing daily tasks and to incorporate blindness into their self-concept. People vary widely in their emotional response to vision loss, their willingness to learn new skills and their ability to remain independent, productive, and contributing members of society. Both dispositional factors and elements of the social environment can either aid or hinder adjustment to blindness (Allen, 1989; Dodds et al. 1991; Dodds, et al. 1993; Hudson, 1994;).

**Blind vs. Sighted Individuals**

According to Carroll (1961) there is a difference in the learning skills of the blind and sighted children. What is learned naturally through visual experience in living skills becomes a planned systematic programmed activity for blind children. McAndrew (1948) states that blind children show greater psychological rigidity than sighted children. Her data offer substantial evidence that institutionalized blind children show greater rigidity than normal sighted children living in their own homes. Students who are visually impaired have significantly lower educational and vocational success rates than their nondisabled peers (Hasazi, et al. 1989). Visually impaired adolescents have less and less information at their disposal compared to their sighted counterparts due to the fact that visual information is regarded as the acquisition of knowledge and skills (Barraga, 1989). Brieland (1950) however, reports that there is no significant difference between blind and sighted people in vocal effectiveness, vocal variety and use of loudness.

Researchers have reported that visually impaired adolescents have more problems in their relationships with friends, such as social isolation, being rejected or taunted by their peers having fewer friends and dating experiences, lower Sociometric status and smaller social networks than fully sighted adolescents (Havill 1970; Jones et al., 1972; Eagelstein 1975; Jan et al. 1977). It has been found that blind students show greater difficulties in participating in social situations. They perceive themselves as having less self esteem and internal control. Behavior measured based on verbal response do not show that blind subjects are socially less competent than the sighted.
subjects. In another study it has been found that blind subjects plan the journey in more details, require additional environmental information. During the journey they formulate significantly more decisions and use significantly more units of information. However cognitive mappings exercise show that the blind perform virtually as well as the sighted subjects. (Lovelock et al. 1995). Students with sight loss attending normal (not specialist) schools have fewer friends, fewer opportunities to socialize and less chance to develop their interpersonal skills as compared to sighted contemporaries (Hurre and Aro, 2000; Hurre et al. 1999; Kef, 2002; McGaha & Farran, 2001). It has been argued that this experience of loneliness is due to lack of visual cues to read the emotions and intentions of those around them. Non-verbal cues (i.e. hand gesticulations, facial expressions, etc.) play a vital role in everyday communication.

According to Singh (1984) blind students are more concerned about their future and have uncertainties related to their rehabilitation on the other hand most of the sighted students are positive about their future.

Bateman (1964) has found that sighted children who have previous experience with blind children are more positive in their appraisal of abilities of blind children than are those without such previous contact. Stereotypes exist about the images of blind as unhappy, envious and devoted to religion (Rusalem & Rusalem, 1964). According to Loijas (1994) negative attitudes and prejudices towards individuals with a handicap are often results of earlier experiences and inadequate or lack of knowledge about the nature of the visual impairment.

Khan (1985) conducts a comparative study on educational aspiration and occupational expectations of children without eyesight and with eyesight. Results reveal that blind are comparatively low educationally aspirants. Despite these efforts to create more employment opportunities, rates of employment among working-age individuals who are visually impaired are significantly lower (40%-45%) than are those of the general population (80%), as well as those of individuals with other disabilities (Kirchner, et al. 1999; McNeil, 1993).
Soni (2001) has compared the attitudes of visually handicapped and sighted pupils towards integration and friendship in New Delhi and Manchester, UK. He has found that pupils in these two places have different attitudes towards friendship and it has nothing to do with vision.

**Blind vs. Low Vision Individuals**

Researchers have reported that Persons with low vision face more difficulties in psychosocial development than the blind. They are misdiagnosed, misunderstood, under educated and socially ostracized (Jan et.al 1977). Parents, teachers and community expect more from them, thus place more stress and pressure on them to perform as sighted persons. Persons with low vision view themselves as belonging to neither the sighted nor the visually handicapped world, which results in a reduced self concept or emotional problems (Scholl, 1986).

Sacks & Coin (1996) report that persons with low vision often hide or mask their visual impairment .They do not disclose their needs to others because they attach negative attributes to their visual impairments. Completely blind subjects probably have to cope with an irrefutable handicap, forcing them to accept their new social role and making them more malleable to rehabilitation techniques that, objectively, permitted better social adjustment (Bernbaum et.al.1988).

**Integration with main stream**

Scholl (1986) has stated that integration of Visually Handicapped children in regular school helped both sighted and visually handicapped persons in developing positive attitudes towards each other. Gresham (1982) has asserted that placement in regular school can lead to increased interaction with regular children and increased social acceptance by non-handicapped peers. According to him there is a need to impart social skills to handicapped children for better social interactions and acceptance from peers.

A few researchers have revealed that parents hold a positive attitude towards integrated education. Calhoun (1996) has studied the parental attitude towards inclusive pre-school programme. Results indicate that
parents of lower income groups have more favourable attitude towards inclusion. Frampton and Kerney (1953), report that residential schools have withstood the tests of time and endurance. The students of such schools have emerged in a wide range of competitive jobs in a sighted world, a living testimony of the success of vocational and academic training program of the residential schools for the blind. Janjira (1989) on the other hand refers to the absence of adequate infrastructure in residential schools. There is also a lack of instructional material for improving access for blind children to appropriate curricula to ensure equal educational opportunities.

Support system and Visual disability

Different researchers have discussed the role of social support system in the lives of Blind. Quadari and Hussein (1982) have revealed that those blind students who come from broken homes and suffer from emotional maladjustment. They lack interest in the curricular and co-curricular activities. They differ significantly from normal students. It is a known fact that even in case of persons without any disabilities the adverse socio-cultural factors present in the lower socioeconomic classes make the person more vulnerable to mental or psychological problems. Blindness further complicates the picture.

Cimarolli & Boerne (2005), have explored multiple aspects of social support and their links to the well being of working age adults with visual impairment. Instrumental help from family members is most frequent type of positive support. Letvak (2002) has found that social support has direct effect on the well being of families and individuals. Most Visually Impaired adolescents report that their relationships with parents are close and their family members are important source of social support (Kef, 1999; Kent, 1983; Nemshick et. al. 1986; Wolfe & Sacks, 1997). Parents have been named as important source of social support in daily functioning and in assistance related to homework (Kent, 1983; Wolfe & Sack, 1997). Many Visually Handicapped adolescents have reported that they received social support from friends (Kef, 1999). Blind adolescents have reported that they receive more parental support as compared to those with low vision. It has also been found that girls with visual disability report more peer group support
than boys (Kef, 1999). Cimarolli & Wang (2006) have found that employed adults report more positive and less negative social support than do the unemployed adults and have few anxiety symptoms and higher life satisfaction. According to Bhalerao (1983) very few blind persons who reside in urban areas get suitable employment and a majority of them remain unemployed or underemployed due to absence of adequate education, training and opportunity.

In another study done in Canada the most common barrier encountered in the employment search by visually impaired is the employers’ attitudes. 27% of the working age participants have reported that employers do not see the blind applicants’ potential and another 26% report that employers are simply unwilling to hire someone with vision impairment. Results indicate that most employed participants get jobs through their contacts, not through an employment support service. (CNIB, 2005).

Advani (1965) has discussed the educational support system for the blind. He reveals that a majority of blind children in India belong to poor families and their illiterate parents seek government support to educate their children. CNIB (2005) reports that individuals with vision impairment who are poor and live in remote or rural areas lack knowledge about different services. Further they lack proper support system which can help in getting connected to the larger world. Thus these blind people are socially excluded and kept away from participating in their communities. Other researchers have emphasized the importance for people with disabilities of support from family members and friends for both job seeking and job retention and adjustment by boosting motivation and confidence (Bolton, 1983; Crudden, 2002; Crudden & McBroom, 1999; DeMario, 1992; Kelley & Lambert, 1992; McShane & Karp, 1993; Moore, 1984). Hagemoser (1996) also has found that employment is related to more harmonious familial relationships, whereas the transition to unemployment is related to increase familial conflict. These studies have suggested that positive social support is important to finding and maintaining employment. Reinhardt (2001) has found that instrumental assistance from family members is associated with better adaptation to vision loss, greater life satisfaction, and fewer depressive symptoms, and Cimarolli & Boerner (2005)
have found that such assistance is the most frequent type of positive support received by adults with visual impairments. In addition, family members who provide instrumental support to individuals with vision loss have been shown to enhance these persons' adjustment by encouraging the use of rehabilitative services in the home (Watson et al. 1997). Family instrumental support and the use of assistive devices may be especially important for individuals with vision loss who have neurocognitive deficits (Mann et al. 1993), and may benefit from prompts and instruction by family members to use assistive devices.

According to Ysseldyke and Algozzine (1995) with appropriate assistance, people who are blind achieve academic success just like their neighbours and peers. Garwood (1983) also notes that there is a substantial agreement among vision educators and researchers that blindness itself is not a detriment to academic achievement if favourable educational opportunities are available in the school and home.

Another body of work has examined the impact of lack of support on the outcomes of persons with low vision (Bruce et al. 2007). Crews (1994) has found that adults with low vision are most often institutionalized because of the lack of social support, rather than a decline in their health. In addition, the lack of family support is one of three problems that emerged from an examination of the histories of young adult and older members of short-term therapy groups who remained ambivalent or mildly to moderately depressed about their visual impairments (Emerson, 1981). Horowitz et al. (2005) have found that the perceived inadequacy of social support is related to the subsequent development of a depressive disorder among older adults with vision loss, and Allen (1989) reports that the lack of social support hindered the adjustment to vision loss of adults.

Impact of Blindness on Family members

Professionals in the field of blindness and visual impairment have suggested that attitudes of significant others (i.e. family and friends) have the most significant impact on the blind individual's self-concept; families with positive attitudes help the blind person maintain a positive outlook (Lukoff,
The birth of a child who is blind may be emotionally draining for the parents, who may feel confused, afraid, and angry, may hope for miracles; or may blame each other for their child’s impairment. These feeling and reactions may lead to increasingly stressful family relationships and even separation and divorce (Hancock, et al., 1990; Herrison & Crow, 1993). According to Fagon (1997) the families of children who are visually impaired have higher divorce or separation rates than did the families with children with other impairments. It is argued that the birth of blind infant can challenge the parents’ basic system of values, beliefs, and trust, as well as the sense of control over their own lives. How parents respond to the situation will depend on their strengths and weakness, the help given by other family members, professionals and other factors like severity of the problem (disability), socio-economic status, the availability of time and so on. Sommer (1944) has distinguished four types of parental attitudes towards blindness. These are viewing the child's blindness as a form of punishment, fearing that others would think that the child's blindness is a result of parents having social disease, feeling of guilt because of negligence or because of having violated some moral or social code, and feeling personally disgraced.

Some believe that the presence of visually impaired child on the family disturb the whole family relationships and creates great psychological burdens, especially on sighted siblings. By substantiating this Winzer (1987), Garwood (1983), and Trachtenberg (1992) have explained that siblings of impaired children have a high incidence of emotional problems. These are related to feelings to guilt for being normal and to their parents’ expectations that they will excel. The impact of the impaired child on normal siblings depends on many factors. These are the extent to which siblings are held responsible for the impaired child bears a strong relationship to the perception and feelings siblings have toward their impaired siblings and their parents. Winzer (1987) has depicted resentment on siblings aggravates when the impaired child receives excessive attention and affection, or when additional care expenses deprive the other of educational and recreational opportunities. It is obvious that the presence of impaired child requires great energy, time, money and emotional resources.
Successful blind adults

The literature is silent with regard to how successful blind adults, of whom there are many, build their successful lifestyles. Much of the focus in the blindness literature, however, has been on adult work experiences and how to secure and maintain successful employment (Crudden & McBroom, 1999; Kirchner & Smith, 2005; Leonard & Horowitz, 1998). Young (1995) has convened a focus group of successfully employed blind adults to discuss factors that made them employable; listening to successful blind adults is a unique research format in the field of blindness rehabilitation.

Gaps in Literature

Review of literature highlights that area in which work has been done.

- Studies which have focused on problems related to mobility and learning skills among visually impaired.
- Comparative studies on learning skills and personality problems of blind v/s sighted, blind v/s low vision and congenital v/s adventitious.

In spite of the fact a number of studies have been done in this area, there are gaps in the literature. Most of the studies have been done on children rather than visually impaired adults. In most of the studies, the sample size has been very small using non-representative sample. Most of the studies have been done on one institution without highlighting the plight of visually impaired. In India, there is lack of sociological studies in this area. Further, hardly any study has been done using theoretical framework.

Some researchers have discussed the role of social support system in the lives of visually impaired. They have studied how social support system affects the wellbeing of working age adults with visual impairment. But no such sociological study has been done related to the problems of educated visually impaired persons and their life experiences.

There are a significant number of children with Vision Impairment in India receiving education in special schools. The majority of these special schools are up to matriculate level and residential in nature. Absence of family support and experiences with siblings leave these children with few
appropriate role models and less family support. After passing out from the school these children enter the wider society either for higher education or for employment, where they face different attitudinal and adjustment problems. Social support system plays an important role in enhancing the adjustment and aspiration level of visually impaired persons.

To fill these gaps the present study was undertaken. Hence, an attempt was made to study the role of social support system which includes family, education and work place in the life of visually impaired.

Theoretical perspective on Impairment

In recent years there is a shift in disability perspective from biological model to social model. The social model forces us to look in the environment for both the source of the problem and its solutions. The social model of disability does not locate the problem with individual but with the society. It is believed that disability is socially constructed. There can be non-disabled persons who suffer from lot of illness, on the other hand disabled persons who lead a normal healthy life. Now days it is accepted that disability is the loss or limitation of opportunity to take part in the normal life of the community on an equal level with others because of physical and social barriers. This view is called the social model of disability. This approach calls for more research based on social theories of disability if research is to improve the quality of disabled people's lives. An attempt has been made to explain disability using functionalist, conflict, interpretive and phenomenological perspective.

Functional approach

Functional is a doctrine, which asserts that the principle task of sociology is to examine the contribution which social items make to the social and cultural life of human collectivities. According to functionalist, disability is dysfunctional because it also threatens to interfere with the stability of the social system. The functionalists argue that an individual does not have an entity of his own, rather he as a person, is a product of the social world. Emile Durkheim (1965) emphasized the influence of the larger society upon the individual. For him, the reality of society, lies in the collective consciousness,
a group mind, which existed within individuals and yet which was also external
to them and influenced and constrained their activities.

Functionalism confuses impairment and disability with the sick role. By
failing to recognize that disabled people do not necessarily have “something
wrong with them,” it simply reproduces discriminatory norms and values—
instead of addressing the cultural and economic forces that precipitate them.
The crucial problem is that disabled people, regardless of the type or severity
of their impairment, are not a homogeneous group that can be accommodated
easily within a society that takes little account of their individual or collective
needs. As with the whole population, disabled people differ widely in terms of
ethnic background, sexual orientation, age, abilities, religious beliefs, wealth,
access to work, and so on. Clearly, their situation cannot be understood or,
indeed, transformed by any policy based on narrow theories of conventional
normality or uniformity.

Functionalism is concerned with the functioning of the various social
organizations, institutes and social systems. These all systems work in
integration with each other. In the present study the research did not focus on
the functioning of these institutions but with experiences faced by the visually
impaired subjectively.

**Conflict approach**

Conflict approach seeks to explain not only how social order is
maintained despite great inequalities, but also how social structures change.
Social conflict is a perspective in which conflict permeates and shapes all
aspects of human interaction and social structure. The conflict approach
views health care and medicine as part of the capitalist mode of production.
Although technological treatment appears irrational given our health care
needs it becomes quite rational when seen from the needs of capitalist
system, especially since they support the expansion of monopoly capital and
private profitability of health care sector. From the conflict perspective,
contemporary capitalist health care organization systematically neglects the
environmental, occupational and social production of health and disease.
Even in developed economies, the poor generally have worse health than the wealthy because of their comparatively poor environment and related lifestyle. Hence disabled people are the double sufferer as compared to the able-bodied individuals.

- Disabled people are typically among the very poorest; they experience poverty more intensely and have fewer opportunities to escape poverty than non-disabled people.
- Disabled people are largely invisible, are ignored and excluded from mainstream development.
- Disability cuts across all societies and groups. The poorest and most marginalized are at the greatest risk of disability. Within the poorest and most marginalized, disabled women, disabled ethnic minorities, disabled members of scheduled castes and tribes, and so on will be the most excluded.

The conflict approach to disability has also been widely criticized. It has been pointed out that a definition of disability purely in terms of the workers inability to perform cannot always be operationalized because of political and cultural considerations. This approach further folds everything into the economy and allows no autonomy for different systems of the society.

It omits the political, socio-cultural system, and does not allow for any complexity in the role of the state in the delivery of the health care and most importantly, it negates the role of the individual completely, leaving no scope for a subjective understanding of health and disability, something which the following approach focuses upon.

**Interpretive approach**

The focus of interpretive research is on those life experiences that radically alter and shape the meanings persons give to themselves and their experiences. The interactional moments that leave marks on people’s lives, have the potential of creating transformational experiences. Recording these experiences in detail illuminates the moments of crisis that occur in a person’s life. They are often interpreted, both by the person and by the other, as turning point experiences.
Goffman's work

The work of Goffman (1959, 1961) is commonly associated with the study of face-to-face interaction and its interpretation. He has shown how the world in front of us can be read and interpreted in terms of the rituals and taken-for-granted meanings that are embedded in the interaction process. Goffman's analysis in his study of the discredited blind found that four features of interpersonal interaction affect their socialization as blind men.

1. The stereotyped beliefs of ‘normals’ introduced into the interaction.
2. The stigma attached to blindness, leading ‘normal’ to regard the blind as their physical, psychological, moral and emotional ‘inferiors’.
3. The fact that the conduct of such interaction is profoundly disturbed by the blind due to the critical importance of eye contact in human communication.
4. The fact that these relationships are ones involving the social dependency of the blind on the sighted interactants.

The stigma associated with blindness, implying inferiority, imposes certain uniform behavioral expectations upon the blind which they cannot ignore.

Social interactionist see human behaviour as the product of what people feel and decide on the basis of what is going on around them. They are therefore most interested not in events and their apparent causes, but in the meaning or interpretation that individual place upon events.

Phenomenology

Phenomenology is the study of the taken-for-granted world of everyday life and it seeks to analyze hidden mechanisms, operating in the everyday, mundane and uninteresting life. In other words, phenomenology is the descriptive study of experiences and it aims to uncover the fundamental structures of intentionality, consciousness and the human life-world. This approach objects to the notion that social forces form human beings. Rather, they create the social world themselves emphasizing the uniquely human character of social interaction. Hence, phenomenology is the subjective interpretation used to understand social phenomena.
The subjective stand may be illustrated by Husserl (1965) who contends that the world can never be anything other than the world of our conscious experience and we can never know the world beyond our conscious experience and if there is such a world, we can never know what it is like. According to Husserl, phenomenology is the doctrine of intentionality and consciousness is necessarily 'intentional', that is, consciousness is always a consciousness of something or the other. He claims that other perspectives on the world are necessary if the objectivity of the world is to be established. Objectivity, in this sense is inter-subjective. It is a view of the world arrived at through mutual confirmation and negotiation between different and independent perspectives. Rationality, for Husserl and other phenomenologist, is not an individual but an inter-subjective attribute. It manifests in a form of interpersonal persuasion and decision making which relies neither upon force nor upon appeal to common evidence and argument, and thus, to reciprocity of individual perspectives and an interchangeability of individual standpoints. The individual or the group members, thus, perceive intentionally various things, which remain unnoticed by other individuals or groups interacting with them. However, these facts are very likely to produce some changes in the behavior of our 'conscious' individuals and, probably, in their interactions with others. In this way, those others unaware of the initial 'facts' are nevertheless affected by them indirectly. They would define the new situation in some ways and those definitions would be crucial for their subsequent actions, but an observer may be able to go beyond their subjectivity and trace the 'objective' causes in the subjective intentional consciousness of other people.

A more detailed exposition, further developed comes from Alfred Schutz. Schutz (1972), contends that the existence of society is via two-person interaction. Each ego (self) recognizes that alter (the other) also reflects on and attributes meaning of an act to ego by the use of signs, i.e., by symbolic representations, which refer to previous shared experiences. Thus, inter-subjectivity is established. However, the social world does not consist of mere face-to-face interaction. Inter-subjectivity is established when we grasp meanings given to the everyday world not only by those we interact with.
('consociates') but also those we meet (contemporaries), those who once lived ('predecessors') and those who live in the future ('successors'). All these taken together, make up the life-world of each individual. In fact, the self-process is itself constituted through an internalization of our relations with others. Self-hood is, thus, inevitably inter-subjective. Schultz's phenomenology is an attempt, to ground his theory in the meaningful actions of individuals and incorporates the actions and interactions of individuals at varying levels of generality and to an ordering of social relationships. It is sociology of everyday knowledge. It deals with the content of 'social consciousness'

There exist more than one group and they interact with each other, as well as, with their common environment.

The significance of phenomenology for the present study

Despite the above limitations, it is our contention that phenomenological analysis can prove extremely useful in investigating the experiences related to disability, so as to gain access to the perceptions of those experiencing the state and of the significant others involved. The issues such as reactions and coping mechanisms can be examined through the social phenomenological approach.

In the present study, it is the phenomenological perspective, dealing with the life and everyday experiences of the visually impaired which are being concentrated upon. Phenomenological interpretive research attempts to make the world of lived experience directly accessible. This approach suggests that social phenomena must always be judged by and from the point of view of the persons most directly affected by them.

Objectives

1. To study the personal history of visually impaired adults of working age, focusing on their medical and family background.
2. To understand the importance of various support systems in the lives of visually impaired and their experiences, reactions and perceptions of significant others.
3. To understand the strategies adopted by blind to cope with blindness.
4. To study the attitude of the society from the viewpoint of Visually impaired.

Research Questions

1. Does the presence or absence of support from family affect the well being of visually impaired persons?
2. Do the educational programs impart competent skills to visually impaired for their independent living?
3. Does the gender play a significant role in the type of relationship in various support systems?
4. Does the class play an important role in achieving success by the visually impaired?
5. Do visually impaired achieve in life only if they have additional support?

Methodology

Research is an objective, impartial, empirical and logical analysis and recording of controlled observations. It is a systematic attempt to obtain answers to meaningful questions about phenomena or events through the application of scientific procedures. Thus, for the logical analysis of the problems, an appropriate methodology and procedure is required.

Qualitative versus Quantitative Research

There are two methods that are used to conduct a social research, namely, quantitative and qualitative. Quantitative research assumes an objective world, where researchers act in a value-free and unbiased manner and seek finely calibrated descriptions. It uses impersonal, formal and rule-based text and a detached orientation towards the data. The quantitative research uses deduction, limited cause-effect relationships, and context free, rule driven methods and is, therefore, more generalized. It is also a theory testing method. Qualitative research on the other hand, assumes that multiple subjectively derived realities coexist and the researchers must interact with their studied phenomena, and the researchers explicitly and overtly apply their own subjective interpretations to understand the phenomena. This research
is, thus, non-positivist in its approach. The qualitative researchers favour greater personal investment in the data, overtly act in a value laden and biased fashion and most frequently use personalized, informal, and context based language and methods. They often encourage substantial flexibility in research procedures and do not enter with strong prototypical models to follow and want to be maximally responsive to the constraints imposed by their immediate situation and empirical data. They focus more on understanding the phenomena at hand than on predicting outcomes and are grounded within the local context in which the phenomena of interest occurs and are also more explicit about participants’ reactions. In short, the quantitative research is assumed to be dealing primarily with statistics while qualitative research is less concerned with numbers. According to Cassel and Symons (1994) it is thus, quantification versus interpretation. There is, however, a move towards synthesizing the two approaches. Lee (1999), for instance, recognizes a middle ground theory by blending qualitative and quantitative research. According to him by selecting multiple techniques, the researcher creates a set of complementary data gathering that compensates for the weakness of individual tactics. The data thus collected are descriptively rich and quantitatively meaningful. Similarly, Creswell (1994) also advises blending of the quantitative and qualitative research, as both are desirable for understanding multiple realities. Keeping this in view both the methods have been used for research in this study, as for a study of this nature, both methods by themselves provide only a partial description and analysis of the social phenomena. In order to provide a more comprehensive picture of the failures, pain, despair and hope, in short, the whole life experiences of the Visually impaired both the methods will be used in the present study.

Locale of the study

For the present study the selected locale is Punjab and Chandigarh. The word “Punjab” is made up of two Persian words ‘Panj’ and ‘Aab’. Panj means five and Aab means water. This name was probably given to this land possible in an era when this region came into close contact with Persia. Punjab was known as land of five rivers because of the five rivers that ran...
through it. They are Indus, Ravi, Beas, Sutlej and Ghaggar. Punjab, the land of five rivers is bordered by Pakistan on the west, the states of Jammu and Kashmir on the North, Himachal Pradesh and Haryana on the East and Haryana and Rajasthan on the South. It is one of the most fertile and prosperous states in India. The city of Chandigarh is the joint administrative capital of Punjab and Haryana. In 1947, during independence, the united Punjab was split between the new nations of India and Pakistan, the smaller eastern portion becoming part of India.

For administrative purposes it is divided into 3 divisions and 45 subdivisions. There are 12,342 villages and 134 towns in the state. According to 2001 census the number of visually impaired in Punjab is 1,70,853 of which 1,12,597 live in rural areas and 58,256 in urban areas. In Punjab, at present, there are seven schools looking solely after vocational training and formal education for the visually impaired persons. Most of them provide education till eighth standard and are run by voluntary organizations with the help of government aid. They follow the books and syllabus of the PSEB. There are two institutes for the visually impaired children in Ludhiana and one each in Jalandhar, Amritsar, Malerkotla and Ferozepur. 'Institute for the Blind', Amritsar was established in July 1923 and it imparts education to Visually impaired boys. Up to matriculate visually impaired students are also trained in various vocations.

'District Council for welfare of the Handicapped', Home for the Blind, Ferozepur was established in July 1956. It is a private unaided secondary school.

'Punjab Welfare Association for the Blind', Malerkotla has a school for visually impaired children, which is named as 'Home for the Blind and Handicapped'. It is a residential school for visually impaired boys between 8 to 15 years. It is a private unaided school where students get education and vocational training.

'Rotary school for the Blind, at Malerkotla provides free Braille education and vocational training. The training includes vocal and instrumental music, weaving and tailoring. Some students have graduated in
humanities from the university and are in good jobs. Other pass-outs are now successfully engaged in gainful professions.

Dr. E.M. Johnson established 'Vocational Rehabilitation Training Centre (VRTC), Ludhiana in 1964. The centre was established with projects for research and rehabilitation in the Christian Medical College and Hospital. It was set up to impart training to 15 visually impaired trainees in small vocations like canning, candle making, soap making, sewing, embroidery, typing and shorthand etc. to enable them to stand on their own feet. At present, it's a co-education school, which provides education to about 300 visually impaired of minimum 5 years of age. The centre offers facilities in counseling, medical relief, secondary education and training. It offers expensive, almost unaffordable, vocational training and education to visually impaired. At present, the VRTC has 18 sections where training is imparted to inmates after they have been put through aptitude tests. All India basis specialized training programmes in telephone operation-cum-reception, office management, public relations, basic accountancy, diploma in computer science are conducted by VRTC. These vocational trainings enables the visually impaired to become independent. VRTC has emerged as a premier institution for the visually impaired in the country. By now, it has helped to rehabilitate over 15,000 visually impaired and assisted over 850 visually impaired to be placed in employment. The institute has a strong outreach programme, which currently covers 154 villages. It provides, with Swedish help, a low vision clinic with state-of-the-art facilities. It also houses the zonal centre of National Association for the Blind.

The only government school for the visually impaired in Punjab, 'Government Institute for the Blind' Jamalpur was established on February 2, 1968. It is a co-education school for visually impaired where the education, boarding and lodging are free for the children. The minimum age limit for admission to the first class is five years. The upper age limit is 12 years for boys and 16 years for girls. It also runs a vocational course especially for visually impaired girls. They are taught short-hand, typing and tailoring. The students are taught subjects for the PSEB. Besides these subjects, the
children are taught music, cane work, candles and detergent making and they are encouraged to play games like cricket.

‘Rashtriya Andh Vidyalaya’, Jalandhar city was established on September 22, 1977. It is a co-education school for visually impaired of 5 to 15 years of age. It is a private unaided middle school, which also provides vocational training to the students.

Chandigarh is the first planned modern city of India designed by the French architect Le Corbusier. Chandigarh and the area surrounding it were constituted as a union territory on 1st November 1966. It serves as the joint capital of both Punjab and Haryana. It is bounded on the north and west by Punjab and on east and south by Haryana. Total area of the union territory is 114sq/km. The city was named after the mother goddess of power, Chandi, whose temple Chandimandir is a feature of the new city. The district at present comprises of one Tehsil and equal number of community development blocks. It has 5 towns and 25 villages. According to 2001 census total population of the city is 9,00,914 of which 5,08,224 are male and 3,92,690 are females. Number of Visually impaired persons in the UT is 8422 of which 5041 are males and 3381 are females. 953 Visually impaired persons live in rural areas and 7469 live in the urban areas of the city.

To provide education and vocational training to visually impaired of the city there are two institutes for the Blind. ‘Institute for the Blind’ in Chandigarh, sector 26, is run by the society, with adviser to the UT Administrator as its ex-officio chairman. It offers education up to class XII level and also runs vocational courses for the rehabilitation of visually challenged students. This is a residential school housed in a spacious building built by the society. It is much sought-after, after, being the only school for the visually impaired in the region, to offer senior secondary-level studies, apart from other services free of cost. With a record pass percentage of 100, the institute is always on top priority of parents whose wards are visually impaired.

Financially self-sufficient, the institute is an example for others to emulate. With its networking, the institute has been able to add the following features to its infrastructure: the Braille embosser, library, and computer literary section and Braille shorthand.
There is an institute called National Association for Blind (NAB). This association was established in 2004. This provides training in computer literacy, empowerment of women through the training in household activities and other vocational trainings such as candle making and envelop making. It also provides training in music, computer to educated visually impaired and other trainings to illiterate visually impaired. This association is funded by the National Association for the Blind, Bombay.

**Design of the Study**

Research studies are distinguished on the basis of their different purposes and approaches and this may be attributed to the difference in methods. The selection of a method and the specific design within that method depends upon the kind of data that the problem entails, time and resources available at the disposal of researches. However the method selected should be in harmony with scientific principles and adequate to lead to dependable generalizations.

For the present study research design is both exploratory and descriptive. The present study is designed to answer several questions which have never been explored and are relevant to improve the status of visually impaired.

Further, through descriptive research design, descriptive and quantitative analysis was done.

**Universe and population**

The study of the entire population of elements (people or things) is called universe. The universe of present study includes all the visually impaired who have studied up to matriculate. Since it is not feasible to study all the visually impaired the study is confined to three institutions in Punjab and two at Chandigarh, as most of these institutions do not provide education up to matriculation. In the very beginning it was only with the demand and people participation of the visually impaired whole heartedly in educational endeavors that some institutions started education up to matriculation. In the
present study students who have passed from these institutions since the inception of matriculate were studied.

The institutes which are included in the present study were:

1. ‘Institution for the Blind’, Amritsar was established in July 1923 and it imparts education to visually impaired Boys between the age group of 14 to 22 yrs.

2. ‘Vocational Rehabilitation Training Center (VRTC), Ludhiana established by Dr. E.M. Johnson who himself was a blind. It imparts both vocational training and education for the visually impaired children.

3. ‘Government Institute for the Blind’, Jamalpur (Ludhiana) was established on 2nd February, 1968. It is the only government school for the visually impaired in Punjab.

4. ‘Institute for the blind’, Chandigarh is a voluntary organization which was established to provide education, vocational training and computer education to visually impaired.

5. ‘National association for the Blind’, Chandigarh was established in 2004 and is funded by National Association for Blind, Mumbai. It provides computer education to the educated blind and crafts training for the uneducated blind. It also deals with empowerment of women by providing them household and vocational training in different fields like music, candle making, envelope making etc.

The following table highlights the total number of students who have done their matriculation from these five institutes. All these institutions were not providing education up to matriculate, when these institutions started. At later stage, these institutions started providing education up to Matriculation. Total number of such students is 282, out of which 198 were residing in Punjab and 84 in Chandigarh. Total number of males was 184, out of which 122 were from Punjab whereas 62 belonged to Chandigarh. Total number of females was 84, out of which 62 were from the state of Punjab while 22 were from Chandigarh. Lists of names and addresses of these students were procured. There were some of the persons who were not available due to change in their residence as they moved to some other places for the purpose
of job or went back to their native place. Thus, only those respondents were included in the present study, which have passed matriculation from these institutions and at present were residing in Punjab and UT Chandigarh. Those visually impaired who have studied from formal institution and later joined other Vocational Institutions for training were included only once.

Table 2: Total number of students with matriculation from five institutions

<table>
<thead>
<tr>
<th>S. No</th>
<th>Name of the Institute</th>
<th>Matriculate Students</th>
<th>Vocational Trainees</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Males</td>
<td>Females</td>
</tr>
<tr>
<td>1</td>
<td>Institute for the Blind (Chandigarh)</td>
<td>50</td>
<td>12</td>
</tr>
<tr>
<td>2</td>
<td>School for the Blind (Amritsar)</td>
<td>34</td>
<td>-</td>
</tr>
<tr>
<td>3</td>
<td>Government Institute For Blind (Jamalpur)</td>
<td>18</td>
<td>16</td>
</tr>
<tr>
<td>4</td>
<td>Vocational Rehabilitation Training Centre (Ludhiana)</td>
<td>50</td>
<td>44</td>
</tr>
<tr>
<td>5</td>
<td>National Association For Blind (Chandigarh)</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td></td>
<td><strong>Total</strong></td>
<td><strong>152</strong></td>
<td><strong>72</strong></td>
</tr>
</tbody>
</table>

Sample

Sampling is the process of selecting a representative group from a larger population for the purpose of providing statistical estimates on the nature of the larger population.

Since the inception of these institutions, approximately 282 students have passed out matriculate examination. Thus for the present study, it was decided to take a simple random sample of the total population. Out of 282, 179 are males and 103 are females. A sample of 70% of total (approximately 200 respondents out of which 128 were males and 72 were females) was
drawn from both Chandigarh and Punjab. A list of name and addresses of all the respondents was procured from these institutions by using lottery method.

**Unit of Analysis**

The visually impaired, who had studied up to Matriculation from various institutions of Punjab and Chandigarh, constituted the unit of analysis for the present study. Eleven case studies of visually impaired were done in order to get idea of subterranean aspect of the personality of visually impaired.

**Technique of data collection**

For the present study, interview schedule/questionnaire was used to collect data, which was also made in Braille. Those respondents who were proficient in Braille filled it and for others researcher collected information. The interview schedule consisted of a number of aspects related to personal characteristics (age, sex, educational qualifications, and marital status), Visual Impairment (severity and onset) and family background (socio-economic status and family structure). The researcher also obtained information on various support systems (family, educational institutions and occupational institutions). The perception of visually impaired about the attitude of society in general was also procured.

**Tabulation of Data**

After collecting the data, using code design, simple frequency table and cross tables were made. Using SPSS statistical tools was used.

Additionally case study method was used to understand in depth, life history of visually impaired persons. Various support systems like family, educational, work place environment and attitude of society were included in the case study. Eleven case studies were consisted of both male and female visually impaired persons.
CHAPTER SCHEME

Chapter 1- Introduction:
The first chapter has outlined the general introduction of disability, visual impairment in detail, concepts and terminology used, model of disability, causes of visual impairment, historical development of visual impairment, review of literature pertaining to incidence, causes, problems faced by visually impaired, role of support services, factors which influenced their integration in the society and changing attitude of society and theoretical perspective used. Further, methodology adopted to carry out the research, objectives and research questions, locale of the study, sample, tools and techniques of data collection have been discussed.

Chapter 2- Profile of the respondents:
The 2nd chapter of the present study has analyzed the medical, socio-economic and demographic background of the respondents. As the study has focused on the visually impaired adults, it is important to study their medical history i.e. onset of visual impairment, causes of visual impairment, type of visual impairment. Along with the medical history, this chapter has included the socio-economic profile of family of orientation and family of procreation.

Chapter 3- Family Support System:
Family plays a powerful role in the child’s social, emotional, behavioral and academic progress. The support of family helps in the successful integration of visually impaired in the society. The 3rd chapter of the present study has discussed the positive and negative attitude, behavior and role of parents, family members and spouse in the lives of visually impaired. Parent’s reaction about the causes of visual impairment and type of treatment provided by them has been studied as well. An attempt has also been made to study the reasons for lack of support and its impact on the development and integration of visually impaired.
Chapter 4- Education Support System:

Education is one of the most important vehicles that enhance the social integration of visually impaired in the society. The 4th chapter of the present study has highlighted the educational support provided by the special schools as well as the institutions of higher education i.e. college or university. Their academic achievements, type of support and difficulties faced by them have been discussed.

Chapter 5- Work Place Support:

Employment is an essential factor in gaining independence, achieving social inclusion and ensuring equal participation in all aspects of life. The 5th chapter of the present study has discussed the employment status of visually impaired, type of difficulties in getting and maintaining an employment, their relationships with their colleagues, super-ordinates and subordinates. Further type of accommodation made for their independent functioning and type of discrimination faced by them have also been discussed.

Chapter 6- Social Support System:

Positive attitude and support of society is very important for the acceptance and integration of visually impaired in the society. The 6th chapter has discussed the views of visually impaired regarding the causes of visual impairment, coping strategies adopted to cope with visual disability, psycho-social problems, their satisfaction with achievements, their interaction and social network, their recognition in the society, changes made for their accessible environment and attitude of society from the view point of visually impaired.

Chapter 7- Case studies and Analysis:

The case study method has been used to study the broader spectrum of the perception of visually impaired persons at a more in-depth level. 11 case studies have been taken from the diverse socio-economic and cultural background. 7th chapter has presented all the case studies and their subsequent case analysis.
Chapter 8: Summary and Conclusion:

The present chapter provides a discussion of the overall findings of the research. The findings are discussed in general and in relation to the other research studies. Implications for social support are highlighted and possible directions for future research and concluding comments are provided.

Significance of the study:

Educated visually impaired have relatively rarely been studied in India. The person with visual impairment during different phases of life permanently must resort to visual support in order to survive, to look for something misled, to approach the bus, to cross sidewalks, to read the material, to locate addresses or offices etc. Thus, they need the support of family members, friends, teachers, fellow colleagues and others. Therefore any study on Visual Impairment would not be complete if it does not focus on their support system which is essential if a visually impaired has to catch up the people of their surroundings.

There are declarations and legal provisions that claim to provide equal opportunities for persons with disabilities in general and persons with visual impairment in particular to participate in the life of the society. However, the practice seems to be to the contrary as many studies indicate that visually impaired persons are considered useless, helpless, and unable to be self sufficient, hence, they are neglected and stigmatized. Studying their perception regarding their own capabilities, potentialities, self-sufficiency and self-reliance, in relation to their education, employment and family life is important for the improvement of their integration in the society.

The findings of the present study hope to provide an insight by:-

I. Providing information for parents, teachers, special educators, teaching personnel and employers in order to provide appropriate support services to visually impaired.

II. Creating awareness regarding the potentialities of visually impaired, capabilities and type of support which can erode various myths and superstitions associated with people with visual impairment, their
capabilities and limitations and can add a new dimension to the rehabilitation policy.

III. Providing information on the current barriers of social integration, as well as serving as an instrument of advocacy to influence policy and encouraging others to make further in depth studies, the results of which will help in initiating and influencing program planning and decision making.

IV. Serving as a stepping stone for further studies.