CHAPTER III

LITERATURE SURVEY
CHAPTER III
LITERATURE REVIEW

This has remained one of the most neglected areas of research in India and very few empirical studies have been conducted relating to the rehabilitation of the disabled people as a whole. What ever research have been done, that is confined to the incidence of disability in a very piece-meal fashion. This chapter presents a critical review of the small number of studies conducted in the field related to the rehabilitation of the physically disabled. An attempt has been made to give brief account of the objectives, methodologies and findings of each research study and the observations and expressions as reflected in individual papers, reviews reports and books concerning rehabilitation of the physically handicapped with special reference to lower-limb disability. Keeping in view the objectives of the present study, the studies reviewed have been arranged under different broad headings as follows:

1. Empirical studies relating to social aspect of the rehabilitation of the disabled.

2. Experimental Studies on the psychological aspects of the physically Handicapped in India.

3. Important Books related to disability (Both general and Empirical studies).

4. Important Papers on the rehabilitation of the disabled.
5. Literature on the economic aspect of the rehabilitation of the disabled.


7. Miscellaneous Papers on the rehabilitation of the disabled.

(1) EMPIRICAL STUDIES RELATING TO SOCIAL ASPECT OF PHYSICAL DISABILITIES:

Among the few empirical studies on the social aspect of the disabled, the following are the important ones.

Bhatt (1963) has conducted an in-depth study on the problems of physically Handicapped. In her pioneering work, she has studied the physical, psychological, social, educational and vocational aspects of the life of the physically handicapped persons. She has interviewed 600 handicapped persons in Bombay, Pune and Ahmedabad. One of her interesting findings regarding family and social life of the handicapped is that, about 23% had left their homes/families because of their handicap, while other 7% had no family. The level of unemployment was quite high which was around 74%. It is interesting to note here that they had less motivation to seek for work/job. About 74% of the handicapped were accepted by the family, while 12% felt rejected occasionally, and the
remaining 14% were both rejected and deserted. The percentage of those who were accepted was higher (about 77%) in the case of nuclear families than in joint families. Similarly the percentage of acceptance was higher (87%) in the rich families than in poor families. The attitude of the friends towards the handicapped persons was primarily positive (69%), only one percent showed negative attitude while 30% were indifferent towards them. Likewise, 55% neighbors showed positive attitude, while 23% were indifferent towards them and 12% showed negative attitudes. Analyzing the attitude of the caste people she explains that 47% had positive attitude towards them while 32% were indifferent and 21% showed negative attitude towards them. The initial reaction to disability was reported to be fear mixed with panic and anxiety in majority of the cases (70%) and the rest had inferiority and guilt feelings. Vocation-wise, those who were working, 32% were reported to be content with their jobs, 47% were happy while 11% were unhappy. The rest 10% were neither happy nor unhappy.

Sengupta et al. (1982), undertook a study in National Institute for the Orthopaedically Handicapped in Calcutta in collaboration with the Center of Psychological Research of Calcutta. The sample consisted of 66 individuals orthopaedically disabled which included 32 patients with lower-limb disability of varying degrees. In order to elicit information various aspect of the rehabilitation, a questionnaire consisting of 50
items was used. The most significant result is that 50% of the patient wanted family-based rehabilitation scheme rather than hospital based rehabilitation scheme. The study spelt out that early detection and immediate full treatment of patients will go a long way in proper medical rehabilitation. The study also pointed out that there is a considerable lack of awareness on the part of the less educated group of the available facilities for treatment of such cases.

They also argue that illness resulting in disabilities in young ages should be checked, and a concerted effort on rehabilitation of these helpless victims should be made.

Jagatheesan et al. (1982) have undertaken a study in 1979-80 in Madras covering 34 bilateral lower-limb amputees whose mental agony is more than the physical suffering (especially so if he is the bread winner.). Their medical psycho-social and vocational problems were analyzed. A specially designed questionnaire was used for this purpose.

Of the 34 patients, 4 were bilateral above-knee amputees, 13 were above knee one side and below-knee on the other side, and the rest 17 were bilateral below knee amputees.

By quick medical rehabilitation, psychological and emotional level in affected persons were restored. By vocational rehabilitation, the majority of the patients were either went back to their original profession or made productive by alternate jobs which do not involve the use of lower-limb. They were
well accepted back by the society and the family.

They conclude that as the rehabilitation process of the bilateral lower-limb amputees are difficult, individual and detailed analysis are required before planning out the rehabilitation programme. Successful rehabilitation can be achieved by good planning, proper implementation and follow up. They also opined that failures are unavoidable in certain cases, who report for rehabilitation after a long interval, especially after resorting to meagre ways of living such as begging or totally depending on others, or old age. They conclude that the ultimate aim of rehabilitation of the bilateral amputees to lead a meaningful life and get assimilated in the mainstream of social life.

Sethi et al (1980) in their investigation on 1000 cases at the rehabilitation centre of SMS Medical College, Jaipur, where they fitted the famous "Jaipur Foot" during 1980, found that most of the respondents reported late for the prosthesis. On an average there was a lapse of 3 years between the performance of amputation and reporting of the patients for prosthesis. The main reason given was that there was lack of facilities nearby. Those who used some sort of prosthesis had discarded it long back because of lack of adaptability to the socio-economic way of life. The study revealed that around 95% of the people reaching for limb fitting either had no source of income or their income was below Rs. 500/- per month. This
really reflects the general pattern of poverty of our country. This economic status is an indication for thinking in terms of low cost limb-fitting services. Majority of our population live in rural areas and corroborating this, the number of rural amputees are more than the urban amputees. Sethi et al argued that there is need for proper redistribution of the limb-fitting centres. After rehabilitation, majority of them had to change their professions or remained idle. The study revealed that Indian amputees are much younger in age as compared to western amputees. Younger age group can be partly linked with the average expectancy of life in our country. Preponderance of males over females is 17:1 as compared to western figures of 3:1. (Jeney 1959, Gatty 1965). Since trauma remains the main etiological factor in our country this proportion is understandable in their study. In their study they have strongly pleaded that large number of limb-fitting centres should be set up keeping in mind the requirements of the amputee population. Special care should be given to the socio-cultural acceptability and economically useful prosthetic devices.

Mathew (1989), made a study at the Institute of Social Sciences on the situation of the handicapped in the country with special reference to Andhra Pradesh, Bihar, Maharashtra, TamilNadu, and West Bengal. According to this study, the handicapped have not yet been socially integrated, and as a consequence suffer from a sense of isolation and indifference
by the society. The government and the voluntary organizations in the country are doing a lot to train and rehabilitate the disabled persons, who are about 18 millions. Still much remains to be done as the traditional stigma sticking the handicapped continues to influence the attitude of a large number of people. Matthew points out that a handicapped should not be considered a disabled human being, but as a human being who has some sort of disability. He opines that unless we bring about this change in our attitude, the social integration of the handicapped would be just a cry in wilderness.

Srivastava, and Goyal .(1982), in their study entitled "Comparative study of Traumatic Paraplegia- Institutional versus Community Level Rehabilitation" have highlighted that the existing rehabilitation facilities for traumatic paraplegia is purely institutional. There is no rehabilitations facilities which can effectively implement the institutional training in the community. This paper by Srivastava and Goyal is a preliminary effort in highlighting the factors responsible for the failure of institutional rehabilitation when practiced in community. This study was conducted in the department of Rehabilitation of Safdurjung Hospital of New Delhi. Only those cases of traumatic paraplegia, who were rehabilitated fully were included. In planning the rehabilitation programme, due consideration was given to needs and requirements of patients in their community. Assessment of architectural barriers and method of overcoming them, was also
done. They were sent back to their community after full achievement of physical and vocational rehabilitation. Rehabilitation aids wherever indicated were provided from the institution. During the implementation of rehabilitation programme, expert service of physiotherapists, occupational therapists, clinical psychologists, medico-social worker and vocational counsellors were used. A total number of 48 patients were used for this study. Follow-up studies were conducted and the following conclusions were drawn.

The rate of failure of institutional rehabilitation of paraplegia in the community is quite high which is 40 out of 48. Community planning of rehabilitation programme of paraplegic is the only alternative because factors responsible for failure were found to be rooted in the requirements of patients in their community. Rural approach to the present methods of institutional rehabilitation for paraplegic is a must, to overcome this high rate of failures. Failure to achieve the maximum vocational potential in the community either due to defective vocational and physical rehabilitation planning is the most important cause of failure of institutional rehabilitation.

Prasad et al (1983) have undertaken a study in Bhagwan Mahavir Bikalanga Sahayata Samiti in Jaipur. The sample consisted of 400 beneficiaries of the 'Jaipur Foot' given free of cost by the Samiti within January 1983 to March 1983. Their
investigation of the records of these beneficiaries reveals that 90% of the beneficiaries belong to the lower strata of society. They were either landless laborers of the rural areas or the footpath dwellers of the urban areas who neither had any definite source of income nor had a definite place to stay or any family member to help. They are doubly disadvantaged group as they are not only poor but also disabled. There is a dire necessity of rehabilitating these people medically, vocationally and last but not the least socially in order to help them to live a dignified life. Analysis of the data shows that people from all parts of India have availed this opportunity of being fitted with 'Jaipur Foot'. Their response shows that since these are free gifts to them which are light comfortable and suit to their culture, profession, weather and geographic condition of their area and the scope of better rehabilitation facilities with economic assistance, they have opted to avail this opportunity. Analysis shows that there is a lack of awareness about the rehabilitation facilities provided to the disabled. Some of the vocationally rehabilitated were happy with their small shops like betel shop, roadside vegetable venders, book binders, tea and snack shop etc. They also plead for disseminating information about the rehabilitation schemes of not only the government but also the voluntary agencies in India.

Analysis of these studies show that proper planned rehabilitation programmes can only successfully solve the problem of the
vast disabled population of India.

EXPERIMENTAL STUDIES ON THE PSYCHOLOGICAL ASPECT OF THE
PHYSICALLY HANDICAPPED IN INDIA :-

The following are some experimental studies on the psychologi-
cal aspect of the disabled in India. All these studies attempt
to probe the psychological changes of a disabled individual.
Their personality pattern, intelligence level, their complexes,
work adjustment, their job involvement etc are examined in
these studies.

Prasad et al. (1971) conducted a study with 20 subjects in
the age range of 15 to 62 years. In the first stage of the
study they procured information from the patients by means of
a questionnaire. This was followed by administration of the
Rorschach projective technique. The various aspect studied
covered, personality characteristics, thought disturbances,
personal and social relationships, attitude towards self and
other phantom limb phenomenon. On personality extroversion and
introversion dimensions were also studied. The introversion
features were found to be more characteristic in the age group
of 15 to 25 years while the extroversion features were more
dominant between 26 to 40 years of age, and they were inter-
ested mainly in social and outgoing activities. These activi-
ties were marked by personality characteristics, such as
frankness, sincerity dominance and decent behavior in dealing
with others. On the other hand, the introverts were found to
be withdrawn, sensitive, shy, reserved, secretive and nervous in character. Their attitude towards their present situation was found to be pessimistic in eleven cases, indifferent in five cases and realistic in rest four cases. None of them were found to have marked features of depression, in addition, six of them exhibited mild hysterical characteristics. On the whole, the majority of the handicapped in this group had hypochondriacal features, narcissistic traits, self-centredness, poor interest in human beings, low adaptability to surroundings, lack of emotional warmth, weak ego, poor imagination and limited interest, in comparison to the normal able-bodied subjects.

Bose and Banerji (1969) studied 30 physically handicapped institutionalized children with the objective of understanding the masked inner life and drawing up their personality make up, on the basis of the test findings. The results revealed the presence of some covert determinants in these physically handicapped children. It was argued that while these covert determinants structured an active inner life, the negative pull of the said marked inner life made them withdrawn and passive resulting in crippling their spontaneous liveliness. Passivity and withdrawal became compensatory behavior magnifying their invalid condition and sustaining the same. Their failure to acquire social skill was also supposed to be related with them. It was argued that they were victims of invalid condition that developed as a direct sequel to
their original illness or trauma and due to the inter-action between their developmental background and interpersonal relationships.

Mathew (1974), with the help of a 80 statement 'Inferiority Feelings Questionnaire' observed that persons with body defects showed more inferiority feelings than those without any body defects. In other words a blow to one's body image can create inferiority complex. The feelings of incapacitation may give rise to lack of confidence in one's abilities and bring in, a host of psychological barriers in personal and social adjustments. One group comprised of paraplegics and the others were amputees. In some unfortunate cases people became disabled during their productive life due to some disease or accidents. When this kind of handicap occurs, it leads to serious implications different from congenital handicap.

Ghai and Ittyerah (1980), in a comparative study of the personality pattern, life satisfaction and problem patterns of orthopaedically handicapped and normal male adults, found out that the handicapped were less independent, less well adjusted, but more satisfied than the able-bodied normals. They were also found to have confronted with significantly higher number of problems in the domains of home and psychological and social adjustments.
Sethi and Sen (1981), studied the level of intelligence, creativity, self concept and frustration of orthopaedically handicapped children and compared them with their normal counterpart. The sample consisted of a group of 20 orthopaedically handicapped children and a group of 20 normal children in the age range of 8-12 years. They found out that though the intelligence level of the handicapped children found to be similar as that of the normals, their creativity scores differed significantly. The normal children showed more creative powers. The handicapped subjects held a better concept of themselves, but did not vary much on their reaction to frustration, as compared with normals. The results showed that locomotor handicap does not impair mental development as severely, as do their disabilities. Normal children had a better memory and were more flexible in their thinking and responded more cleverly as compared to the handicapped children. The results of this study supported the findings in the literature available in this field that intelligence and creativity are not necessarily related to each other. The self concept of the disabled children was found to be significantly better than that of the normals. The results indicated that handicapped children do not view themselves as inferior to others. On the other hand, they were found to hold a firm belief that they are as capable as any one else in private and social sphere. This finding is however not without controversy. A study by Sing and Akhtar (1971) on the private and
social self of handicapped children, yielded significant differences on the social self, but none on the private self. The better self concept of the handicapped children could be attributed to provisions of special care and education available to the handicapped children in the day training centre. Vocational training and work are also provided to the disabled in such centres and this could lead to the enhancement of self-concept of the handicapped children.

Rao (1981), has conducted a study on the orthopaedically handicapped children who were compared with normal children on some psychological variables. The handicapped group exhibited lower self appraisal, passivity, low ego strength and projected aggressiveness. They were found to be more worrying type, exhibiting more self condemning attitudes and submissive reactions. However, they took a more realistic approach towards their frustration. Most handicapped children employed coping strategies, which were successful. In this study the handicapped children differed from the non disabled with regard to the attitude towards purpose in life. In contrast to popular notions, the disabled in most of the cases exhibited a better appreciation of the purpose in life and were better adjusted. They were relatively free from anxiety owing to the fact that they generally come to terms with their disability and set goals which are realistic which makes them more satisfied and happy.
Ravindran and Karunanidhi (1983) examined the job involve­ment among the physically handicapped and found that the physically handicapped and the normals did not differ signifi­cantly from each other when they were compared with respect to job involvement. Physical impairment may impose limitations on the person as well as it may reflect limitations imposed on him, because of socially and culturally defined reactions. (Barker, 1948)

Ghai and Sen (1985), have studied work adjustment and job anxiety of the physically handicapped along with other categories of the handicapped who were in open employment. The sample consisted of 30 orthopaedically handicapped, 30 blind, 30 deaf and 30 normal industrial employees working in open employment. The analysis of the study shows that after the deaf group, the orthopaedically handicapped showed best work adjustment.

Agarwal and Dhar (1982) in a study with the physically handicapped found that those who became physically handicapped later in life, were confronted with greater uncertainties and frustrations, as compared to those who were afflicted with disability early in their lives. Most of the disabled seemed to be fairly satisfied with their achievement during the last five years. Some of them who were not confident about their future, felt uncertain about it. Inspite of their disabili-
ties, physically handicapped still had some self confidence. Being deprived of the able bodies, they have shown certain expectations from the society and they have also learnt not to make compromises with their miseries.

Analysis of these experimental studies reveal that though the initial shock creates a psychological imbalance in the disabled persons, it can be overcome by determination and positive help from various quarters. They can not only show off their inferiority complex but at the same time can well adjust with their job and get thoroughly involved in it.

(3) IMPORTANT BOOKS RELATING DISABILITY (BOTH GENERAL AND EMPIRICIAL STUDIES) :-

The followings are the review of few books relating the general as well as empirical studies of the physically disabled.

Blaxter (1976), has studied the problems experienced by people with some physical impairment and examines the relationship between their perception of their needs and help available within the health and welfare services. This is a growing field of concern and an area where social policy is acknowledged to be confused. The author has based her research on a sample of 194 men and women who had suffered a potentially disabling illness or accident. She followed her subjects' struggles through the labyrinth of services in great
detail and makes some suggestions about the identification of those who are likely to have particular problems. She also demonstrates the relationship between prevailing concepts of need, the formal structures erected to all evitate this need and the procedures by which in practice agencies identify and treat it. The author's wider purpose is to demonstrate more general process, to examine the way in which the individual perceives his place in society, and relationship between his self perception and the structures which surround and constrain him.

Mandal (1979), has made an empirical study of the desirable impact of the post matric scholarship to the physically Handicapped persons in Bihar since 1955. It has been revealed that the financial assistance in the form of scholarships will promote educational training among the handicapped which in turn, will help in assuring the adult roles in work, marriage and community participation. This study points out that, though the scholarship has enabled the handicapped recipient to take up higher education, yet their number has been rather small over the decades, the reasons include lack of information about the scheme, ignorance about the educational facilities and concentration of institutions of higher education in certain pockets of the state. Thus on the one hand, there is a cry for a better deal for the handicapped, while on the other, there is under-utilization of opportunities like scholarship scheme.
Sen’s (1988) extensive and cumulative academic and research experience in the field of disability and handicap over the last two decades has resulted in a coherent analysis of the phenomena of handicap—the concept, the prevalence and prospects—as pertaining to the developing nation, particularly India. In her meticulous work entitled "Psycho-Social integration of the Handicapped: A challenge to the Society" she makes a clear distinction between impairment, disability and handicap. According to her, impairment of any particular type is a fact. However, for want of adequate understanding on the part of the members of the society, and in the absence of adequate services for them, the disability tends to be converted into handicap. She has divided her book into four parts. The first part deals with the concept, prevalence and multifaceted adjustments problems encountered by the handicapped. The second part is devoted to different categories of handicapped, for example, the visually handicapped, the hearing and speech handicapped, and last but not the least the orthopaedically handicapped. She has discussed their problems from various perspectives like etiology, psychological, social development, educational and rehabilitational possibilities. Similarly, part III of the book examine the exclusive problems of the mentally handicapped and its various dimensions. Finally part IV discusses the role of family, teachers and peer groups and community as an integrative process for the rehabilitation of the handicapped in the society so that he
to be an asset. The thrust of the book is that the professionals and others have realized that by providing adequate training and services to the handicapped would enable them to live a successful life and not to make them parasitic on the society. The author makes a fervent appeal that this concern should be spread among all to make them conscious of their responsibilities towards the problem. The analysis based on empirical data forcefully brings out an integrated approach to tackle the problem by parents, teachers, members of the peer group and professionals. The author also urges that the governmental plans and schemes should be properly monitored and implemented to outreach the services to the handicapped in rural and tribal areas. At the end she has suggested ways and meance to integrate the handicapped in the mainstream of social milieu which has always been posing a serious challenge to the society.

Gajendragadkar (1983) has edited an informative book which makes an attempt to study the multifaceted problems of the various categories of the disabled, people's attitude towards them, the contribution of the voluntary agencies and many such aspects. Gajendragadkar has compiled ten articles written by a cross-section of Indian scholars, and well known authorities dealing with the rehabilitation of the disabled. Gajendragadkar's book touches upon various areas of disabilities such as mentally retarded, visually handicapped, leprosy affected and orthopaedically handicapped among others. He has also taken a critical look at rehabilitation as a policy
and a programme and tries to assess its role in development planning.

The climate of concern and commitment towards the disabled which was shown in 1981 (IYDP_1981), is continued by Gajendragadkar in that book.

(4) REVIEW OF SOME IMPORTANT PAPERS ON THE REHABILITATION OF THE DISABLED :-

There are plenty of papers on rehabilitation of the physically disabled people. In the following pages, few important papers on the above subjects have been reviewed.

Ramalingaswami (1981) examines the problems of the disabled in India and warns the country against "Blind Dittoo copying" (Xerox copying) of technologies and rehabilitation development techniques in the more advanced countries. He strongly pleads for early detection of disability, especially among children, and also underlines the efficacy of prevention of disability over subsequent efforts to cure. More than the handicap itself, Ramalingaswami aptly points out, that it is the climate of deprivation, coupled with social ostracism that affect the disabled people and it is factor such as these that lead so many disabled to a life of beggary and servitude, therefore, he says, the safe way to reduce the extent of severity of disability is the awakening to society itself and when, in their process, the rural poor also become aware
of the facilities that are available to them.

Ramalingaswami (1983) stresses the preventive aspect of disability and urges to apply existing scientific knowledge, traditional skill and locally available inexpensive material in order to achieve an alternative approach of appropriate technology. Rejecting the western model of expensive and off-cultural rehabilitative services which reaches a tiny fraction of the population and drains away resources and devalue the nurturing role of family, he stresses that it is needed only at the apex level as referral institutions for complex cases. Pointing out the main causes of disability, he explains that apart from malnutrition, inter current infection and poor ante-natal and prenatal care, the main problem is poverty and under development which has to be tackled on a war footing. Emphasising the role of primary health centre, he calls for an attitudinal change among the health care personnel all the way, down the line. Describing the 'Leeds-Castle Declaration' as the watershed in the history of man's ability to deal with human disability, he asserts that most of the disability can be prevented and much of the disability that has already taken place is correctable. He argues in favour of home-based child care to effectively tackle disability among children due to malnutrition and other negligence. Appreciating Dr. Sethi's experiment with the "Jaipur Foot" he favoured innovative indigenous technology. At the same time he warns that indigenous technology is the partial answer to the problem of the
disability handling. The social dimension needs to be taken into account and through appropriate social support system, we should endeavour to end the social segregation of the disabled so that they become a part of the mainstream of the community life. He concludes with the need of an alternative approach and visualizes a decentralized, demystifed, community-based rehabilitative scheme which should use self-care, care by family members and community agents. This should be actively supported and supervised by trained personnel within the health care system. He spells out that this is not going to be an easy matter as this may give rise to cultural conglomeration. That is why we need break through not only in science and technology but also in education, motivation, organization and management.

Ramalingaswami (1983) while delivering the inaugural address of the XIth Annual National conference of the India Association of physical Medicine and Rehabilitation emphasized on the community-based rehabilitation services. Quoting the Indian delegate's statement in the General Assembly of U.N. on 7th December 1981, Ramalingaswami said that India's national policy on the disabled also included among other things a comprehensive rehabilitation service with rural bias with the ultimate goal of integrating them into the community. Lamenting over the lack of reliable estimate of the nature and magnitude of the disabilities in India, he believed that there are around 50 million disabled in India with one million being
added every year. He warned that population growth, the increasing proportion of older people, increasing use of motorized transport (with outdated traffic and road safety policies), expansion of industry and mechanization of agriculture can only magnify the problem in future. He pointed that while the bulk of India’s disability problem lies in the rural hinterland, most of the 30 institutions are located in urban areas.

In his address he has strongly pleaded for an alternative approach to the expensive, compartmentalized and highly institutionalized models of healthcare management and opt for appropriate technology with community-based rehabilitation scheme using to the maximum possible extent of self-care, by the family members and the community-based agents supported and supervised by trained personnel. The need of the hour is to develop new indigenous technologies suitable to our condition and acceptable to our people. In short, he has strongly pleaded for a decentralized and demystified, self-care and community care-based rehabilitation. In addition to the indigenous technological revolution, which is only a partial answer to the problem, he strongly felt that, it is the awakening of the society that is of crucial significance.

Sethi (1983) presenting the lead paper on 'Physical Disability' in the seminar organized by IMPACT INDIA on an International Initiative against Avoidable Disablement ex-
pressed his opinion that, as compared to other varieties of disabilities, physical disabilities constitute a much more complex group and it cannot be tackled as easily as other forms of handicappism. So a proper plan of planned management acceptable to the people is necessary. He is strongly against the usual practice of importing ideas from the west and grafting them recklessly into a totally different environment which leads to a disturbance in an otherwise well balanced traditional system. He warned against upsetting the old equilibrium. Accepting the limited elitistic use of the institutional rehabilitative measure which are sophisticated will only make them more dependent on the expensive items. These can act as referral institution for back up services. In his words "What is badly needed, however, is to change the culture of these places, clear them of a lot of expensive dead wood and get them susceptible to the needs of our society. "He believes that when 80% of our people staying in the remote villages, we have to carry our services to them and not wait for them to come to us. According to Sethi, how to 'reach the unreached' is the crucial question. With new optimism, he pleads for a community-based rehabilitation services. He believes that parents are the best teachers (trainers and Doctors) and the home is the best school (hospital, rehabilitation centre). In the people's movement for the rehabilitation services, he spelt out a major role of the mass media which also includes the traditional mass media like folk tales, puppetry, songs, dramas etc. Accepting the slogans 'peoples health in peoples
hand', he advocates the involvement of local people in the field of prevention in the line of 'Leeds Castle Declaration'. According to him, if we divide the problem of disability at the village level problem, the vast problem gets divided and can be tackled by the villagers if they are properly trained and given proper direction. By camp approach, knowledge about the handling of disability and prevention of disability may be imparted. In short, camp as the technique of sharing of skill and knowledge may be useful modality. The only way to meet the problem of our disabled lies in the use of appropriate technology and sharing of knowledge with the people so that ultimately it is the community itself which becomes equipped to look after itself and its disabled population. He emphasized that we need a technology which can cater to the need of the needies. By appropriate technology he means that it is a kind of dynamic mix, where traditional technology is updated by new science inputs to serve our ever changing needs.

Sethi (1985), the inventor of JAIPUR FOOT strongly pleads for demystification of medical knowledge. According to him, in order to provide rehabilitation aids to the persons who have lost their limbs anywhere in the country, the medical profession should shed its prejudice by utilizing the enormous reservoir of native talents in every town and village. Such a strategy, the author asserts, will lead to the satisfaction of basic human needs, generate self-reliance, demys-
tify medical knowledge, encourage social participation and advance developmental objectives. Sethi warned against the reproduction of 'Blurred Xerox copies' of western appliances and strongly argues in favour of appropriate technology keeping in mind the social, cultural, climatic, geographic and economic condition of Indian people. According to him, appropriate technology does not mean turning one's back on progress. The latest scientific knowledge should go into the development of new innovations. Appropriate technology is not necessarily primitive technology, though there is nothing wrong in using traditional tools and material and utilizing them for a superior biomechanical design. The author agrees entirely with Ivan Illich that we are confusing schooling with education and that is why we look down upon the expert illiterate village artisans who can play a central role in bringing out appropriate technology. Sethi equivocally supports Illichin call for demystification of medical knowledge and satisfy the basic medical need of the poorest of the poor.

Trivedi (1985), appreciating Dr. Sethi's work which fetched him Magasaysay award in 1981 for 'Community Development' says that, Sethi has revolutionized the entire process of rehabilitation of the physically Disabled. Sethi also agrees that 'Jaipur Foot' was part of a wider effort to concentrate on basic human problems and establish a just social order. It was a symbol of self reliance and demystification of scientific
knowledge. Western technology can sometimes prove counter productive. It has proved true in case of rehabilitation of the rural Disabled in India.

Emphasizing the social importance of the 'Jaipur Foot' Sethi says "Our rural amputees were in the past required to migrate to urban areas when fitted with western designs, frequenting the corridors of the social welfare ministry, pleading for a sedentary job in an alien setting. With the help of Jaipur Foot they now live with their families and friends in their natural environment and carry out their former vocations. This is true rehabilitation." Sethi was of the opinion that only that technology can sustain which caters to the need of the neediest, which generates self-confidence and self-reliance and which is environmentally sound with its roots in the culture of the people. This new technology will intellectually liberate the scientists and doctors. Imposed western systems increase dependency on the expensive equipment rather than rehabilitate them. According to him, multi-disciplinary holistic view is needed to campaign for a move towards creating a more community-based rehabilitation programme which can only help the needy.

Mathur (1985), after reviewing the 'Jaipur Foot' developed by Dr. Sethi, felt that Sethi not only aimed at technology transfer but also a transfer of a new value system. He believes with Sethi in developing the concept of 'HAMARA
DOCTOR'or "Our Doctor" in the "Neighboring centres". Rehabilitation services should be such, from where the patients can go back with dignity to their own society and should not be uprooted from their cultural milieu and thrown in the alien urban land to exist on the pity of others. This is possible with sample accepted, useful technology which guards the sentiments of the people and involves less bureaucracy and more personal touch. Home and Village atmosphere in the rehabilitation centre adds to their speedy recovery and makes them feel quite at home. As against the western technology which is uprooting the vast rural disabled from native habitat, the Indian design like 'Jaipur Foot' are not only 'culture guards' but also tailor made.

Verma (1982) the inventor of "Squatting leg" at AIIMS. in his presidential address at the Tenth Annual National Conference of the Indian Association of physical Medicine and Rehabilitation held at Bairoi, Cuttack started his speech with the quotation of Lord Buddha where he wished to be born again and again till every living creature is saved from pain and preached that one has to look after and care for the handicapped. Reiterating the declaration of the 32nd session of the General Assembly of United Nations, efforts are being evolved for the suitable action, strategies and programmes for the disabled to ensure their full participation and integration into society. Verma emphasized on the control of the preventable diseases which is one of the major causes of disability.
and said that rehabilitation services should be developed and made up-to-date in order to achieve "Health For All by 2000 A.D." He also elaborated the resolution of Medical Council of India which was passed on 18th March 1981. He also spelt out the plan for training manpower for rural rehabilitation. In another article entitled "Geriatric Rehabilitation" Verma stresses on the preventive aspect of rehabilitation by saying "The prevention of disability is always preferable to its cure and rehabilitation"

Verma, and Chawla, (1981) have drawn attention to the correlation between disability and socio-economic disadvantages and have said that no single intervention at any one stage would solve what is a complex and multifaceted problem of the disabled. It is nevertheless important that the community should accept the basic right of the disabled to human decency and to a life of productivity and fulfillment whether his handicap is mild or severe, single or multiple, incurred at birth or later in life, whether he lives in an urban or rural environment, whether he is rich or poor.

Natarajan (1982), while delivering the inaugural address of the Scientific Session emphasized the need for appropriate technology in the field of Medical rehabilitation of the disabled in India. Commending the work of Dr. P.K. Sethi he also claimed of developing a 'Madras Foot' a bare footed
artificial limb which suited the rural poor specially the ladies who generally move around in the kitchen and the room for worship where she is not permitted to wear shoe or chappals. He also advocated for blending western Medical knowledge with the Indian system of Medicine like ayurveda etc. He went further by advocating yogic practices should be added to physiotherapy exercises for a better result. He praised the role of Asanas and accepted its efficiency in spinal extension exercises and pleaded that we should not wait till western rehabilitation research centre to accept the value of yogic practices in the medical rehabilitation of disability management. Natarajan in this paper strongly pleaded for the extension of rehabilitation services to rural Areas. He says that Academically our work is certainly of the highest order of excellence but in the face of challenging scale of problems, our work appears almost like a cruel joke when thousands and thousands of disabled in the rural areas have not even heard of rehabilitation services, artificial limb or an appliances, and have no access to the facilities of physical medicines "(Natarajan, 1982) In order to reach the unreached, the highly scattered disabled persons in the vast interior of our rural areas, peripheral outlets like the P.H.C. s and subcentres should be geared up by posting, after training.a local man/woman in rudimentary rehabilitation and physiotherapy activities. He further says that "if we are really serious to make a dent in the problem of rehabilitation of the rural disabled, we should devise a tool to deliver some rudimentary
therapeutic services at the village level in addition to education, prevention of the disabilities and initial referral services to bigger hospitals in the subdivision and district levels. "(Natarajan, 1982)

Gokhale, (1981) has strongly pleaded for appropriate technology in the field of rehabilitation in India. He stresses that rehabilitation should be closely related to the environment of the disabled persons. The rehabilitation services should not contrast and conflict with the work culture, health culture, social value and practical utility in the actual life setting of the disabled. Arguing in favor of application of appropriate technology in rehabilitation in rural setting he is confident that it will serve the disabled in the best possible manner. According to Gokhale, the rural society has certain inherent strengths such as closer interpersonal relation and a human attitude towards the affected. There are handicaps also in as much as superstition, ignorance, etc., exaggerate and stigmatize the disabilities.

Trivedi, (1981), stresses on the scope of prevention of the handicaps, especially in the rural areas. She also elaborates that policy making organisations like Ministry of Health and Department of Social Welfare should have coherent plan for the purpose. There should be scope for dialogue between them and among such organisations on same wave-
length. She expresses her unhappiness for the undesirable concentration of services in isolated institutions, especially in matter of education of the disabled. She harps upon the point that the disabled themselves do not want to be looked down upon or pitied upon. Therefore, the community effort should be to restore self respect among the disabled which in essence, points towards self employment so as to draw out the relevant skills of the disabled and also help them to retain their normal living conditions.

Friese, (1981) advocates proper channeling of the resources for the rehabilitation of the disabled so that maximum utilization of the limited resources can be done. He advocates that we should shed off our mis-beliefs about the rehabilitation of the disabled. He has pointed out for ascertaining professional skill and competence to the needy disabled and realized that the achievement of disabled depends on the opportunities provided to them for learning and development of skills and attitudes. The economic cost of rehabilitating the disabled is certainly higher but the social cost of their remaining disabled is higher still. He further argues that we must realize that the achievement of the disabled is not dependent on their disability but on the opportunities provided to them for learning and development of skills and attitudes.
Mohsini, (1981), in his article entitled "Emerging concept of Welfare of physically handicapped " notes the changes that have occurred in this area over the years. He stresses on taking into account the socio-economic environment while caring for the disabled. The advancement in the field of medical science, pedagogical as well in behavioural and social sciences has also opened new dimension in the rehabilitation of the disabled. He also draws attention to the UN document on rehabilitation, elucidating the new approach to the problems of handicapped and the new concept of their welfare. It is part of this new approach, he says, that the physically handicapped is now recognizes as an emotionally disturbed person and that is why he has a special claim on society for sympathy and constructive help. The UN document expresses the faith that the handicapped, given the right opportunity, may turn out to be an economic asset to the community instead of being a burden on himself, on his family, and on the state.

Chudasama, (1981) in his article entitled "Let's not Handicap the Handicapped " argues that society should break the various barriers encircling the disabled such as architectural and transportation obstacle, unrelated medical criteria used in job requirement, the attitudinal barrier. According to him, attitudinal barrier is hard to break. He strongly advocates for the integration of the handicapped in every aspect of society.
Yadav (1982), in his article "Rural Rehabilitation" brings out a blueprint for Rural Rehabilitation Programme. According to him Rehabilitation is still an underdeveloped service and has to strive hard to achieve the objectives of solving the miseries of the disabled especially those 90% disabled who are living in the rural areas and where no such facilities exist. The concept of multi-disciplinary approach and dependence on sophisticated machines and equipments have created a feeling that rehabilitation services are expensive, but actually it is not so. By adopting appropriate technology, not only the price can be cut but also it will be socially and culturally acceptable. With limited resources rehabilitation services cannot be developed in isolation as a separate programme. It has to be integrated with the existing health delivery system of the country. According to Yadav, simple rehabilitative measures have to be developed and incorporated in the prevalent health care delivery system. Our activities and research should be need based and community oriented. He advocated for inclusion of Multi-Rehabilitation workers in the existing rural health service with proper training.

Gokhle (1977) has pointed out that it is also necessary that certain barriers like lack of public identification with the rehabilitation work, inadequacy of funds and volunteers, the handicapped persons fear of the society and his preference of his own kind, insufficient education and training facili-
ties and job opportunities for the handicapped, difficulty in getting married, irresponsible writing in the press about the handicaps, fatalistic attitude towards both handicapped and rehabilitation should be taken care of by proper planned integrated social action.

Mohan (1983) in his paper (Second Annual State Bank Lecture) entitled "Amputees in India: Who They Are, What They Need and What They Get" has tried to investigate the prevalence, cause, rehabilitation measures, its success and failures and last but not be least his suggestions etc. Agreeing with Duraswami (1967) he is disappointed that the problem of the rehabilitation of the handicapped has been given the lowest priority inspite of its humanitarian aspect. Relying on the NSSO data of (1983) he said that amputees are easily recognized and the statistics are more likely to be accurate. He emphasised for a realistic plan and pleaded for appropriate technology and thought in the line of Sethi (1981). He made a mark of caution by saying that as the health conditions improve in India and people live longer, the prevalence of amputees in the Indian population is likely to increase further and may even become double of the present rate. Talking about the amputee population in India, he quotes NSSO findings and says that Punjab and Haryana top the list of amputees because of the introduction of the thrasher and other such modern agricultural equipments. This reason does not seem to be very much relevant as population of
paralysis and deformed limb is also highest in India. Mohan's analysis shows that the pattern of sustaining amputation is different in urban area from rural area. "The number getting disabled keeps increasing with age in rural areas but in the urban areas the peak is reached between the age of 30-44 and after that the proportion decreases again". (Mohan) His paper shows that majority of the amputees belong to low socio-economic status group. Speaking on the NSSO data on socio-economic status he says "There may be an element of under-reporting of income, but even if the given income is doubled, it still does not make the disabled very rich. "Even in the high-income countries the disabled tend to come from low income families (Spencer,1979) This is partly due to the fact that the disabled themselves may have low incomes or they may be very old. In India 80% of the amputees come from rural areas where the socio-economic standard is very low. Most of the amputees in India stop using the aids after sometime because either it does not suit them or needs repairs which they can not afford. In this connection Mohan feels the need and argues strongly in favor of Sethi's 'Jaipur foot'. Mohan pleads for free supply of aids in order to help the amputees population in India. He recommends the need of setting up more production centres in the line of Jaipur foot. He is not happy with our programmes and policies of rehabilitation of the amputees as the need of the technology is most often based on the needs of the disabled person as programme administratitors instead of a blend of disabled persons need, desire and capabilities. He gives more importances to the perceived need of
the amputees. He pleads for such appliances which should give functional mobility, helpful for vocational needs and also cater to the personal and independent needs of the amputees. He wanted such appliances to be produced in large numbers at low cost and should be provided to the needy without long wait. He laments that the budget provision in India is woefully inadequate.

5. REVIEW OF LITERATURE ON THE ECONOMIC ASPECT OF THE REHABILITATION OF THE DISABLED:

The following are the review of some books and papers on the economic aspect of the rehabilitation of the disabled. Physically Handicapped persons are an important human resource with tremendous potential to contribute and proved most productive whenever given a chance to work on a suitable job according to the nature of their handicap. The economic potential of the physically handicapped persons can be enhanced and utilized by reducing the negative effects of their disabilities by providing them relevant aids and tools, education and vocational training and thus converting them to working human capital. These are the arguments of Goel(1991) who has tried to fill a void in the otherwise growing volume of literature on human Resource Development on the basis of a sample of 200 ex- beneficiaries of different vocational training institutions for the physically handicapped in Haryana. He has carried out an in-depth analysis of the cost and return
of the programmes for rehabilitation and training of the physically handicapped persons. He has taken pains to show that investment in rehabilitating the Physically Handicapped Persons (PHPs) and imparting suitable vocational training to them keeping in view their handicaps, yields a fair rate of return on reasonable assumption.

The cost of rehabilitation may be covered in a few years. So the planners need not feel apologetic in allocating resources for converting the PHPs into working human capital. The author makes a strong case for bringing the PHPs into the main stream of economically productive activity instead of treating the problem as one of doles and concessions on moral and social grounds. This study also provides penetrating insights into the working of various rehabilitation programmes of the Social Welfare Department. He opines that on the whole, the programme for the PHPs to convert them into working human capital in the state (Haryana) have expanded particularly after 1981, i.e. the International Year for the Disabled persons celebrated by the United Nations organization.

Goel (1982) has investigated the employment opportunity and achievement of the physically handicapped in Haryana. His study shows an increasing trend of registration and placement of the physically handicapped in employment exchange during 1966 to 1981. The placement rate was 42% of the registration
during this period. In Haryana, the blind are comparatively more educated than the other categories of the physically handicapped job seekers. The maximum of the job seekers belong to the poorer strata of the society. The facilities and concessions available in the state remain underutilized because of lack of information, transportation, finance, nepotism etc. Goel has also studied the attitude of the employers towards their physically handicapped workers in relation to their productivity and production capacity, ability to work independently, relationship with their colleagues and supervisors working conditions of the physically handicapped who got employment and analyzed the extent to which these conditions are different from those of the normal.

Chopra (1975) has made an evaluative study of the special employment Exchange in New Delhi. He has ascertained the views of the job seekers towards the employment officer and the staff of the employment Exchanges which was found satisfactory. However, the job seekers felt that the waiting for the employment through the exchange was delayed because of severity of their handicap, employers reluctance and very few job opportunities. The maximum number of employers employing the physically handicapped have policy decisions as their main consideration in employing them.

R.I. (1981), A research study undertaken by Rehabilitation
International concludes that a disabled person who is placed in production employment can add to the national production if he is properly rehabilitated. There is not only his life time earning, but also his tax payments and savings and social security benefits by which the nation will gain if he is properly rehabilitated. A nation thus, may regain the cost of its rehabilitation services in a comparatively short period (say 3 to 5 years) whereas the disabled worker may be productive for as long as 30 to 40 years. It is important to note here that physical handicap does not mean vocational handicap and it is not necessarily related to the work adjustment of the disabled worker. A number of studies (Pockrass, 1959, Block and Campbell, 1964, Bollinger, 1969, Buresova 1969, Wolfe, 1974, Tsengl 1975, Arn 1976, Gonujkar 1981, Batra 1981, Agarwal and Dhar 1982, Ghai and Sen 1985) have shown that the disabled are as productive as the normals.

6. REVIEW OF PAPERS ON LEGISLATIVE AND POLICY MATTERS ABOUT THE PHYSICALLY DISABLED :-

The following are few reviews of the papers on Legislative and Policy matters about the disabled. "In formulating policy for the welfare of the disabled, both humanitarian and economic consideration should receive attention. The humanitarian aspect should promote the dignity and self respect and self reliance of the disabled, and the economic aspect should provide for development of skill and unhampered opportunities for them to lead a productive life in the community." These
are the words of Thangavellu (1981) who has pleaded for the policy for the welfare of the disabled. According to him, it should be humanitarian as well as economic and should include education, health and medical services, vocational training and placement of handicapped in gainful occupation and a special provision to deal with the social problems of the severely handicapped. He has nicely explained his policy programme, both institution-based and home-based. He elaborates the services that will be required under this programme, the training that will be imparted the feedback that will be required and the effort that will be needed to link services with cost. He also discusses appropriate administrative arrangement for delivering the services and for involving the people in the entire programme.

Inamdar, and Paranjape, (1981) say that the welfare service for the handicapped in the country are hampered by inadequate finance. It is surprising to note that allocations are regarded as 'consumption expenditure' with the connotation that they mean a drain on the economy. They viewed that the third plan no doubt called for investment in "human resources", but this is not visible in practice and the welfare schemes of the handicapped are still in essence, seen as measure of charity. They have called for a cost-benefit analysis of the different services so that the meagre resources can be put to the best use.
Desai, (1981) also argues in the same line as Inamdar and Paranjape. Desai feels that our existing organisational structure for dealing with the problem of the disabled is not at all sound. He advocates that there should be a fresh look at the performance of the government as well as voluntary agencies. He strongly speaks out for decentralization of responsibility of looking after the disabled and it should go down to the district level. The district authorities should not only be given the necessary responsibility but also be empowered to generate resources in their limited way to supplement the aid given by the state and the centre for providing rehabilitation services. Further, he advocates proper management of the delivery services for the handicapped so that it will render best service to the disabled people. If required, modern techniques of management may be used for this. He further says that legislation relating to the proper rehabilitation of the disabled is necessary, but it should be in the line of national policy and national plan and should have support of the people.

Natarajan, (1981) has given a detailed chart of a national organisation of the disabled. He has spelt out the function broadly at each level: the country, the state, the district and the village. He wants a committed philosophy for the rehabilitation of the disabled which should form a part of the constitution of the country. He also writes about the need for
the proper devolution of responsibility and wants the country to realize that rehabilitation of the handicapped is a service oriented activity and the strategies and tactics therefore should have to mobilize certain social forces in order to reach the goal. This in turn, requires the active participation of the community leaders in the service organizations and the involvement of voluntary agencies in order to provide the emotional and popular drive to the programme sanctioned, initiated and monitored by official machinery.

Seetharam, (1981), in his article "Legislation for Rehabilitation services for the Disabled in India," starts with the definition of social legislation and say that legislation formulated to bridge the gulf between the existing laws and the current needs of the society is called social legislation. In this paper, he gives a descriptive and analytical views of the existing legislation concerning disabled persons in India. In the process he has discussed some of the basic issues confronting the rehabilitation of the disabled and a few suggestions are made considering the core and experience of other developed countries in this field. He lists several laws under which the disabled men can expect state help. He strongly feels that almost all of them need to be amended keeping in view the changed social climate and specific requirements of the handicapped. Such laws must have corresponding institutional arrangement for their effective implementation. In the final analysis, he says that, no
amount for legislation would be adequate, unless the preconceived notions and prejudices against the disabled are removed. This calls for a sustained and systematic campaign to cultivate positive social attitude among the public about the abilities, capacities and potentialities of the disabled.

Dey, (1981) in his article entitled "Reservation for the Handicapped: Constitutional and Programmatic Issues" pleaded for the constitutional and legislative rights of the disabled in India. Analyzing the constitution of India, Dey discusses the justification and continuation of the reservation of jobs for the disabled. According to him, the rehabilitation programmes of the handicapped, however well intentioned, cannot be generic in terms: they should be tailored to the specific requirements of particular categories of this community. However, he is conscious of the fact that the state, with its limited resources crying for distribution among competing claims, cannot hope to fulfill all the needs of the handicapped. In these circumstances state can at best be only a catalytic agent. According to Dey, the problem tormenting the handicapped is basically human-cum-social in nature and it can be better dealt with effectively and fully only when there is total participation of all concerned section of the society. At the end, he pleads for a sympathetic and compassionate national policy for the handicapped. Analysis of these papers reveal that there is a necessity of proper formulation of policies for the disabled with adequate reservation.
in various categories of jobs. Adequate legislation and its proper implementation will go a long way in ameliorating the plight of the physically disabled in India.

7. REVIEW OF SOME MISCELLANEOUS PAPERS ON THE REHABILITATION OF THE PHYSICALLY DISABLED :-

The followings are the reviews of some miscellaneous papers on the rehabilitation of the physically disabled people.

Bhatnagar (1990), a disabled civil servant on a wheel chair has pleaded strongly that it is for the disabled persons to strive for themselves and their welfare. He urges them to come out of the self imposed barrier. All the disabled persons across the world should come together and pool their resources - mental, financial, physical and spiritual to set up a show of sustained might that will sweep across the world bringing down attitudinal revolution. According to him, the problems which a disabled person faces has to be viewed from the physical, psychological, sociological and economic planes. This virtually becomes a vicious circle which holds the handicapped persons and his family in its thrall. The handicapped person is often beset with psychological problems owing to a feeling of inadequacy or helplessness as compared to other able bodied persons. The psychological problems virtually makes him a misfit for society which leads to his alienation from the society and consequently economic deprivation. Accepting disabilities as an integral part of human
experience, one has to come to terms with it.

Joshi (1983) observes that the disabled children have not benefited from the expansion of educational opportunities because of various misconception and refers to the National Policy on Education which has recommended the placement of disabled children in regular schools.

Karna and Gharana (1990), in their paper entitled "The Rights of the Disabled Persons" presented in the World Congress on Human Rights, have pleaded for putting an end to the discrimination between the disabled and able bodied. They emphasized that since concept of disability is directly linked with social attitude towards the disabled persons, such traditional societal attitude should be replaced by new consciousness of understanding and respect for them. Their rights as human beings should be safeguarded at any cost.

Nair (1981), discussing the role of voluntary organisations in India for the welfare of the disabled brings out the change in emphasis in these series over the years. According to him, the momentum of rehabilitative social welfare movement is greater in some states as compared to others. He has mentioned that Maharashtra, Tamil Nadu and Gujarat are leading in this field. Metropolitan cities like Delhi, Bombay, Calcutta and Madras experience a concentration of voluntary
institutions. He has praised the voluntary institutions for their pioneering work in several spheres of social rehabilitation of the handicapped but most of them suffer from lack of adequate trained manpower and resources. He opines that the services rendered by all these institutions put together have touched the fringe of the problem. The main and most important achievement of these agencies is that they have been successful in creating social awareness to this problem, even though it is very small.

Bisht (1983) strongly pleaded in his paper that a camp approach will be of great help to minimize this problem. According to him India has a long tradition of holding large congregations on certain religious occasions. It is also common that many disabled persons assemble on these occasions either with the hope of getting some alms or the attonement of their sins and acts of omission and commissions because of their feelling that these disabilities have come about as a result of their sins. In order to get the best of this congregation, government and the rehabilitative voluntary agencies should accept the congregation approach to tackle the problems of disability in a major way. This is one of the easiest ways of reaching the unreached. Several such camps have been successfully experimented. These camps were held periodically and manned by experts under active supervision of the health authorities in various parts of the country particularly in the rural and backward areas where institutional facilities
are yet to be provided. There are often criticism about the effectiveness of this approach. However, the statistics are in favor of the camp approach.

Sengupta (1982), in his paper entitled "Organisation of Rehabilitation Services in a Specialized Institute" emphasizes on 'Total Care' of the disabled. As most of the patients belong to rural area and urban slums, he emphasizes for a nucleus service in the specialized National Institutes. Pleading for more production of the prosthetic devices, he also expresses the need of an information data bank. He strongly pleads for a research centre with an emphasis on co-ordination of various research in this field going on in our country. He is of the opinion that, in a poor country like ours with limited resources we should guard against duplication of research and must concentrate on basic research. He has spelt out the following diagram:

REFERRAL SPECIALIZED INSTITUTE
↓
INFORMATION BANK-RESEARCH CO-ORDINATION-RESTORATIVE SURGERY
↓
CONCEPT OF TOTAL SURGERY
↓
ECONOMIC REHABILITATION
↓
EDUCATION
↓
DEDICATION AND DISCIPLINE
↓
MEDICAL & PARAMEDICAL-COMMUNITY-PARENTS-POLICY MAKERS.

Halachmi, (1981), in his article entitled "Disability in America: Paradoxes and Public Policy" deals with the paradox
in that country where an economy conscious administration tries to cut expenditure on social services in contrast to the public interest in the problems of the disabled. He specifically mentions four types of paradoxes in this respect and says that unless there is a change in society as regards its basic values and approaches, the effects of so-called public polices towards the disabled may be just marginal and temporary. The first paradox discussed by him is the paradox of symbolic politics i.e. assigning high ceremonial value of such policies without corresponding effort to provide adequate resources of their implementation. The second paradox is that of a change in public attitudes results in a reduction of public help at the time when there is increased demand for such help. The third paradox is the paradox of providing help not on the basis of need but rather as a function of the interest, the resources and the ability to get organized of rather than the disabled themselves. The fourth and final paradox is that the situation which results when short term considerations prevails and interfere with the attempt to introduce a change that is necessary to deal with the problem of the disabled in the long, if not in the short run. He concludes that change in the value system towards the handicapped is a precondition for progress in this area since the public policy on disability is first of all a socio-economic policy and as such it must correspond to other social or economic policies.

Review of above literature suggest that there must be a new
evaluation of physical disability, based on the following considerations.

1. The disabled person is an individual with full human rights which he shares in common with the able bodied, and he is entitled to receive from his country every possible measure of protection assistance and opportunity for rehabilitation.

2. By the very nature of his physical handicap, he is exposed to the dangers of emotional and psychological disturbance, resulting from a deep sense of deprivation and frustration and that, he therefore, has a claim on society for special consideration and constructive help.

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

4. The disabled persons have a responsibility to the community to contribute their services to the economic welfare of the nation in any way that becomes possible after rehabilitation and training.

5. The chief longing of the physically handicapped person is to achieve independence within a normal community instead of spending the rest of his life in a segregated institution, or within an environment of disability.

6. The rehabilitation of the physically handicapped can only
be successfully accomplished by the combination of medical, educational social and vocational services.

The first task which, therefore, confronts all international agencies and local agencies dealing with rehabilitation is that of using all possible means to secure general acceptance of the new conception of "Disability."

Apart from these, the above literature review indicated that the studies on the actual problems faced by the disabled are very few. Also they do not throw adequate light on the reasons for some of the disabled being successfully rehabilitated and integrated into the mainstream of society. Thus there is a need to conduct an exhaustive study on the physically handicapped with lower-limb disability so that one can understand the problems faced by this group and the way some of them overcame these problems and were rehabilitated properly. Only such indepth study will help in formulating strategies for proper rehabilitation of this group.