CHAPTER VII

RESULT AND DISCUSSION
This chapter attempts to present a brief overview of result discussion and conclusion of the study. Basing on the observation and discussion, some recommendations are made here in this chapter. The focus of the study is to discover several interlinked aspects of the life of the physically handicapped persons suffering from lower-limb disability and to assess the existing rehabilitation services available in India. The concept of disability is directly intertwined with the social perceptions towards disabled persons. It is interesting to note that over the years, the social perception towards the disabled has undergone changes through various stages of social evolution, the concept of disability has also changed accordingly. The traditional social perception towards the disabled persons was one of pity, sympathy, and charity. This social tendency could also be traced back to the terminology like 'Crippled' by which such disadvantaged persons were labeled for centuries. The terminology 'crippled' and its synonyms spell out some sort of social stigma. It also denotes a state of helplessness. The identification of the disabled by the terminologies like "Physically handicapped" and "Disabled" is, however, a recent innovation. Thus, under the traditional approach to disability an important element of the welfare of the disabled—recognition of the respect of human dignity and self-esteem of the disabled person—was
completely neglected.

Now the question arises "What is Rehabilitation?" Without getting involved in the definitional controversies, rehabilitation may be briefly defined as a process by which the restoration of the disabled to their full physical, mental, social and vocational activities. In other words, rehabilitation is a goal oriented programme aiming at enabling them to reach their optimum usefulness to the society.

The post-independence period in India has witnessed a broad national concern about the condition of the physically handicapped. The Indian Constitution through many of its provisions sought to established a welfare state and points to the need for protection and care of the vulnerable section of the community which includes the disabled. As a result many programmes emerge for the care, protection, education, training and employment of the disabled both in governmental and voluntary sectors.

As explained earlier, the main purpose of this study is to understand and explore the world of the disabled persons with lower-limb disability and investigate into the psycho-socio-economic and other related problems which forms a boundary of a special kind that affects the personality and stands on the way of total rehabilitation. Among other things, their problems, felt-needs and expectation relating to rehabilitation were investigated in this study.
In order to understand this, existing literature on the rehabilitation of the disabled were reviewed. A number of research studies conducted in this field were also analyzed. The above reviews testified that the condition of the disabled, specially with the lower-limb are in a pitiable state of negligence, inspite of various programmes for them. There are lot of hurdles on their path of rehabilitation. Most of them suggested that proper rehabilitation programme alone can remove the disability of the disabled and make them self reliant. Keeping the aim of the study in view, the people with lower-limb disability were the main targets of this study. An intensive field-study involving both quantitative and qualitative approach was adopted for this study. It included observations, interview through a pre-tested schedule (obtained through a pilot study of a sample of 52 respondents) informal discussions with the respondents. A number of case studies were also conducted through close observation.

A total number of 414 people with various degrees of lower limb disabilities from three main areas representing high, medium and low density of disabled population namely Rajasthan (Jaipur). New Delhi and Orissa (Kalahandi, Koraput, Samblpur and Cuttack) were administered the interview schedule within a long span of 10 years of the study. Some Important identifiable cases were reinterviewed after a long gap.
Limitation of an individual research scholar is the compelling reason to restrict the scope of this study only to the orthopaedically disabled with lower-limb disability.

FINDINGS AND IMPLICATIONS OF THIS STUDY :-

In the sample of 414 respondents 261 were males (63%) and 153 (37%) were female respondents. Of these 261 (52%) were married and 198 (48%) were not married. Out of that 124 males 47.5% and 92 (60.1%) were females who were married and 137 males (52.5% of the males) and 61 (39.9%) of the females were unmarried. Out of the 216 married disabled, 202 were blessed with children and the rest unmarried respondents find it really difficult to get married. Around 21% (87) of the respondents were from nuclear families and around 79% (327) belonged to the joint families.

AGE GROUP DISTRIBUTION :- Majority of the respondents belonged to the age group of 21 to 45 years, the most productive part of the life of a person. The most important characteristics of the sample is that the concentration of the respondents is the highest in the age brackets of 21 to 55 years which runs around 80% of the respondents.

EDUCATION OF RESPONDENTS AND PARENTS :- The respondents and their parents were overwhelming less educated. Highly educated respondents were quite few i.e numbering 26 respondents and 6 parents had P.G. or professional qualification and 56
respondents and 27 parents had studied up to graduation. The data shows that the bulk of the respondents' fathers were (59.9%) were either illiterate or barely literate. (23.9% and 36% respectively).

SOCIAL COMPOSITION OF THE RESPONDENTS:— The social composition of the sample gives an impression that it differs very much from the general trend in the normal society because of the sizable concentration of the tribals in the sample. It is because, two of the districts of Orissa had a big chunk of tribal population. Analysis of the social composition of the sample shows that most of the respondents were Hindus. Muslims and Christians were in a minority in the sample. Sikhs, Jains, Buddhists and others taken together constituted 8.7% of the sample.

MOTHER TONGUE OF THE RESPONDENTS:— The area of study being Hindi, Oriya and Rajasthani belt, the inclusion of metropolis like Delhi and famous popular centers like Jaipur (Famous for its "Jaipur Foot"). there is an added complexion to the sample with the presence of varied non-Hindi and Punjabi group. It is worth-noting here that the people of Koraput and Kalahandi were speaking a colloquial language namely 'Koraputia' or 'Desia' and 'Kalahandia' respectively which are their mother tongue.

RURAL URBAN DISTRIBUTION:— Taking into consideration the
permanent residence of the respondents, they have been classified into four categories such as rural, semi-urban, urban and metropolis. It was found that the majority of the respondents belonged to rural areas (173 - 41.8%) of these 39 were tribals in the rural areas. Semi-urbanities constituted about 28% of the sample. Around 23.7% of the sample belonged to urban areas and only 6.5% of the sample were from very big cities and metropolis. It is to be noted here that most of the tribals belong to the backward districts of Kalahandi and Koraput of Orissa.

ONSET OF THE DISABILITY :- The difference in age of the onset and the extent of disability may make a difference in the content and intensity of the problem posed by it. Disability occurring at a younger age of an individual allows him as well as his family to cope with its consequences. But its onset during active working life of a person shatters his economic, psychological and social balance. That is why it is important to discuss about this factor with care. A small number of respondents carried disability from birth as only a few cases of polio affected people were included after the pilot study just to compare the difference in the attitude of these people from the people who become disabled at a later stage in life. More than 75% of the respondents became disabled in between the age group of 11 to 40 years, which is the most productive period of a human being.

The pattern of disability is different in rural and urban
areas. The number of people affected by disability keeps increasing with age in rural areas and the main cause being domestic and agricultural accidents whereas in the urban areas, the main cause is outside accidents both road and industrial which reaches its peak between 30-45 and after that the proportion decreases. This trend is quite similar with the N.S.S.O. study (1983).

EXTENT OF THE ORTHOPAEDIC DISABILITY :- While the degree of the disability in medical terms is not within the purview of this study, an effort has been made to know how the respondents place themselves in terms of severity of the disability. (N.B. a 10 point ladder has been used for this purpose to reflect the past present and future positions as described and expected by them) A total number 223 placed themselves in the moderate stage of disability where as 77 reported to be severely and 72 totally disabled. It is to be noted that this is the felt and expressed rating of the disabled themselves.

It is worthwhile mentioning that out of the sample of the 414 disabled 51 (12.3%) had below left knee disability, 34 (8.2%) had above left knee disability. 51 (12.3%) below knee right leg disability, 86 (20.8%) had right leg above knee disability, 41 (9.9%) had disability of both legs below knee, 48(11.6%) had both legs above knee disability and around 103(24.8%) had disability of one leg below and leg above knee.
DEGREE OF DEPENDENCE:— Degree of disability is further judged from the residual capacity for performing day to day activities. In response to the question how independent they were in the daily activities in every day life like mobility, toilet activities, dressing and undressing, eating and drinking, house hold activities, reading and writing, using transport, climbing steps of high buildings etc. It was really remarkable to see that none of them were totally dependent upon others. Only a very negligible percentage of the respondents who were illiterate (1.7%) were dependent on others for reading and writing which they rarely required as they were essentially tribals, living in the rural areas and were hardly required the necessity of it. In most of the activities mentioned above the respondents were independent to a great extent which ranges from a minimum of 72% to 98%.

NATURE OF DISABILITY AND CAUSATIVE FACTORS:— A small number of the sample carried disability from birth. The reason for this small number (1.2%) of the respondents suffering disability due to congenial factor is that it was decided to include those people only after the pilot study, it was decided to include a small number of polio and congenial cases in the sample in order to find out the difference between their perception of disabled at birth and at certain stage of life. The analysis of the responses of the respondents reflected that disease and traumatic causes are important causes for orthopaedic disability. Poliomyelities is the most common disease responsible for orthopaedic disabilities.
with typhoid and meningitis contributing to this cause in their own way. Out of the sample, who have acquired disability due to disease around 72% belong to low income group. Disease usually takes tolls of such persons who belong to poor families.

OPINION ABOUT PREVENTION OF DISABILITY :- It was interesting to know that majority of them felt that the disability could have been averted. Around 49% of them felt strongly about the avertibility while another 25% felt the same but less emphatically. Only 20% were not sure and thus could not say whether their plight could have been averted and the rest were fatalists and gave negative reply. In response to why their expectations has not come true they indicated that ignorance about available means of treatment, consequences of illness, inadequate resources for treatment are the three major reasons that stand in their way. These are followed by such factors as ignorance about the preventive measures, lack of medical facilities in their area and superstition towards certain diseases. Detailed analysis of the responses reveal that financial constraint and lack of medical aid are more important than any other factors.

ATTITUDE OF THE RESPONDENTS TOWARDS THE DISABILITY :- A majority of around 68% of the respondent have clearly indicated a positive response towards their disability. They have either accepted and lived with it or are living with a chal-
lenge. About 10% repented over the tragedy and extremely negative traits were shown by around 14% as they blamed their fate for the misfortune. Another form of extreme negative attitude was shown by very few respondents, like craving for pity (around 7%). Only one respondent tried his best to hide the disability from others.

DIMENSION OF MEDICAL CARE: Notwithstanding the fact that the bulk of the respondents underwent some forms of medical treatment. Around 39% of them received the treatment immediately after the onset of the disabilities and continued the treatment as long as it was necessary. The others were reported to have irregular or late treatment. It is to be noted here that around 4% of the respondents were never treated for their ailment and all of them belonged to rural and tribal areas. (Only treatment they have undertaken was some vague treatment at home. The cases of Birsa, the tribal disabled boy clearly indicates that though the PHC and the District Head Quarter Hospital was near the village, he was not taken there, but attended by village head man and a quack.)

The analysis shows that the most respondents did try more than one source of treatment. Allopathic treatment was utilized by around 66% of the respondents as first mode of treatment. Only 19.6% tried Ayurveda/Unani/Homeopathy, the latter being quite negligible. Around 4% never tried any medicine. In the second choice, Ayurveda was preferred most
by the patients (58.5%). Folk medicine men and exorcisers were the third preference of the respondents. The analysis shows that the number of respondents who were given ethnomedicine treatment or traditional treatment like magic, prayer, massage were much less as compared to those who received more modern treatment. The analysis also reflects that among the different categories of treatment, drug and injections were most commonly used.

PLACE OF TREATMENT :-

Place of treatment in relation to a sex shows that more males were treated at places other than their place of residence though many of them started it initially at their residence. Females constituted a small number of this category. Inversely fewer males were treated at the place of their residence as compared to large number of females. In other words, the family made a discrimination of sex while arranging for the treatment of the females. (the case of pochhama is a clear indication that had she been a boy, she would have got better treatment and help from the family). Most of the females had to be contented with the minimum facilities that were available in the locality.
TYPES OF TREATMENT :-

Most of them were registered as out patients in the nearby hospitals. (About 60% of them were never admitted in any hospitals and were treated as out patients) Around 25% were treated as in patients in the hospitals but only half of them remained in hospitals during the entire period of treatment. Although definite reasons are not known for the large bulk of out-patients, partial explanation can be found from our day to day observations. The poor villagers who are seldom acquainted with urban hospital life do not usually get access to the hospitals and their small purse keeps them away from private practitioners.

Extent of Treatment :-
In view of the fact that the bulk of the respondents had been out patients and most of them were not economically well off, it is necessary to know whether they had been able to take all treatment needed. Analysis showed that only 16.2% had fully received the treatment while others received in varying degree.

Support for treatment:
Most of the respondents stated that their parents supported the treatment both physically and financially. It may, however, be mentioned that the government hospitals contributed a good deal by meeting the full expenses of around 70% of the patients admitted there and supplemented the expenditure of the rest of the patients admitted there.
Rehabilitation aids recommended and used:

Rehabilitation aids have both supportive and therapeutic use. Its timely availability may even check the deterioration of the disability of the physically disabled and in general enhance its functional capacity. Majority of the patients were recommended the use of artificial limbs but only half of them made use of it. Those who did not use it either did not buy it because of financial constraint or bought it but did not use it as it was uncomfortable or not suited to their needs. (The case of Chandra Bahadur reflects that as the orthopaedic appliances used by him were uncomfortable he had to turn back to crutches again and is now happy with it and does not want to use artificial limb again). A small number of the tribals expressed their ignorance about the rehabilitation aids and as such have never used anything except bamboo sticks available in the jungle. (Birsa, the tribal boy and Gopal, the village tutor have been using bamboo stick ever since they acquired disability.)

Educational Career of the respondents:

Education is vital to the process of rehabilitation of the disabled. It is instrumental in preparing the disabled for adult roles as well as in assisting them to surmount the varied disability particularly of psycho-social origin. Education acts as a link between medical and vocational rehabilitation of the disabled. It enables them to develop
their mental abilities and to reduce social stigma attached to their disability on the one hand and enhance employment potentialities on the other hand and thus plays a vital role in their socio-economic rehabilitation. The investment in education of the disabled can be justified not only on purely moral and social grounds but also on economic grounds. The disabled do not necessarily belong to the weaker section of society from birth, but become so when they are neglected by society. They are an important human resource and can be fully utilized by providing them the educational opportunities, training, aids and tools taking into account the nature and extent of their disabilities.

The analysis of data on education clearly indicates that the sample consisted of a few highly educated (like Agarwal, Karna, Thangavellu and Nand Kumar) and large number of lowly educated respondents (like Birsa, Pochhama, Gurbaru etc) which also included 36 patients who are quite illiterate and belonged to the tribal districts of Kalahandi and Koraput in Orissa and some beggers of North India.

Persons inspired to study :-
An indomitable desire of the bulk of the respondents for study was observed in the sample. They themselves took the decision in this regard to continue study (Agarwal's case). The parents proved to be the main source of inspiration to study (Karna's case) Relatives, friends and school authorities also played their part in this regard (Nand
Kumar's case). It can be said that disability however, severe, cannot stop educational development of the physically disabled if the parents and other members of the family instill a sense of optimism in their minds.

DIFFICULTIES FACED WHEN DISABLED DURING STUDIES :-

It is an accepted fact that the onset of disability during student life created a number of difficulties and at times seriously dislocates the academic life of a scholar. Analysis of the responses shows that almost all of them felt depressed on the onset of disability (Sushil's case). A considerable number of them could not cope with studies. Very few had to change heir educational institution and joined a nearby institution close to their home. The disability however prevented the bulk of patients from participating in sports and extra-curricular activities. (Sushil was quite active in sports and games before his disability which had to be stopped after he acquired disability.) It is to be noted here that the normal institutions where most of the respondents studied do not have provisions for extra-curricular activities for them as their number was very small.

BEHAVIOUR OF TEACHERS AND CLASS MATES :-

The behaviour of teachers and classmates very much affects the educational performances of the physically disabled students. Their proper understanding and caring attitude and
behaviour towards the disabled may inspire them to overcome their disability as well. If indifference or pity is shown to them, they may develop the sense of inferiority and a feeling of insecurity. By and large, the disabled respondents do not seem to harbour any unpleasant memories of school relationship at integrated school (or at the training/Vocational rehabilitation center) for normal children where they studied. On the whole the behaviour of the classmates and teachers in educational institution was reported to be of understanding and co-operation. (Agarwal, Karna, Thangevelulu, Gopal, Alladini, Nand Kumar were rarely ill-treated during in their student life.)

Discussion about their Disability :-

Frequent discussion on disability by teachers and classmates remind the disabled of their shortcoming and may act as detrimental to the development of their personality. The majority of our respondents, however, never became the subjects of this discussions.

PLAN FOR FURTHER STUDIES :-

The majority of the respondents intended to go for further study or professional training irrespective of they are continuing their studies or not. Some of those who have left their studies wish to re-start it if they find it possible. It was found out that the educational and professional
aspiration of the disabled students depend to a large extent on the aspiration of their parents and of course on the economic condition of the families of the disabled. (Karna, Sushil and Thangavellu etc. expressed the desire to study further so long as the opportunities are available to them). (Agarwal, Karna got the scholarship regularly whereas Sushil and Thangavellu got it irregularly. At present Sushil is not getting it for some strange reason).

DELAYED START IN EDUCATION :-

An analysis of the responses of the respondents shows that one of the consequences of the disability is the delayed start in education. There is evidence that some of the respondents made up for the loss by joining higher classes. Treatment, lack of interest on the part of the parents and their orthodox attitude, ignorance about the availability of the educational facilities, non availability of the educational facilities, poverty and last but not least the interference of the disability for further studies came out as the more prominent reasons for the late start of education. (Thangavellu and Nand Kumar had delayed start in education).

Type of education availed :-

Most of the educated respondent have gone for integrated type of education at all levels. (Agarwal, Karna, Sushil
Nand Kumar, Thangavellu and Alladini have studied in integrated schools). Majority of them have studied in the non-residential educational institutions.

Proportionately more respondents have studied in residential institutions at degree, professional vocational or technical levels as compared to schools (Karna, Thangavellu and Nand Kumar have studied in residential institutions above degree level). Sex wise a large number of female respondents have studied in non-residential institutions from primary to degree levels. Though it is very difficult to locate the exact cause for this bias, presumably the orthodox views of the parents on girls education did not allow the female to live independently at their place of study. (Alladini's case clearly reflects that she was not allowed to study further in college or residential institute because of the reluctance of parents).

SOCIAL RELATIONSHIP AT SCHOOL :-

By and large, the disabled group does not seem to harbour any unpleasant memories of social relationship at integrated school where they have studied. Almost all the respondents expressed that they had enough friends both disabled and normals and never felt dearth of them. Most of them were cooperative, understanding and were normal in dealing with them. (Agarwal, Karna, Sushil, Nand Kumar, Thangavellu and Alladini never complained about ill-treatment in educational
institutes).

CONTRIBUTION OF EDUCATION AND TRAINING :-

It is interesting to note that around 73% of the respondents have found the utility of their education and training to a great extent in their personal development. However, in case of employment, the contribution of education and training is rated low. Around 21% of the respondents felt that education had made no contribution what so ever and 36.5% felt that it did contribute but to a small extent. Still around 30% respondents admitted that the contribution of education and training to a great extent in obtaining the employment opportunities. (Agarwal and Nand Kumar agreed that education did help in their employment opportunity).

Employment of the Disabled :-

Employment is a vital aspect of the rehabilitation of the disabled. Without employment and vocational rehabilitation, the disabled are likely to remain a social burden and face social stigma prevailing in the society. Employment is not only a source of economic independence to the disabled but also adds to the self respect, general sense of independence and security to the disabled.

The orthopaedically disabled persons not only perform their
work as efficiently as normal persons, but frequently being strongly motivated even do it better. (Agarwal, and Praveen are bright example of efficient workers in their own fields inspite of their disability). The problem is more a matter of being suited to the job for which they are both physically and mentally capable.

TYPES OF JOB AND NUMBER OF PERSONS ENGAGED :-

The data shows that only a small number of the respondents have been gainfully employed and a large number of them are under employed or still in search of a job. (Naresh, Subhash Kanniapan considered themselves to be underemployed). It is shocking to note that around 47.5% of the respondents are not at all employed and the rest who are employed except around 17%, there rest are underemployed. The unemployed included the students and the house wives also. A small number of beggars were also included in the study and considered as a separate group. Biggest single group of the employed are class IV employees and other categories are teachers and clerks. Very small category belonged to professionals and officers' category (like Agarwal and Praveen). It was also found that there was little opportunity of employment in private organizations except for teaching job. It is the government which is the potential employer of the disabled populations. Most of our respondents though not well placed had tried more than one source in order to obtained employment.
Persons Helped in Obtaining the Job :-

Respondents' responses show that to a great extent the respondents were helped by themselves. The bulk of them consisting of more than 55% depended on their own confidence and determination to a great extent and as such did not seek help from others (Agarwal and Praveen got the job on their own). Around 35% went to persons of influence very frequently and sought their help. The rest 10% were helped by their friends and parents. Some of the respondents who faced many interviews for employment were of the opinion that owing to unfair means adopted in the interview/selection, and stigma, misconception towards disabled persons they lost many chances of employment. (Nand Kumar got a good job after being rejected in more than thirty interviews). Most of them opined that the so-called reservation does not seem to be implemented properly. Unemployed disabled students always had high hopes of getting jobs but had also cultivated the usual fear of being unemployed considering the present circumstances (Sushil was apprehensive of remaining unemployed after his education). Financial difficulties, when searching for jobs were solved by parents in majority of the cases barring a few who solved it themselves. A very small number of the disabled said that they even resorted to bribing the authorities in order to obtain a job. (Alladini claims to have paid a small amount as gift for getting a job after her teachers training.
THE UNEMPLOYED DISABLED:

The sample had quite a good number of disabled unemployed. Out of the 47.5% unemployed, around 18% did not try for jobs and the rest could not get jobs inspite of their best efforts. A small number of conservative families did not permit their disabled daughters to take up jobs.

DIFFICULTIES IN OBTAINING JOBS :-

Three reasons came out to be main obstacles in getting jobs. These are inadequate training, non availability of jobs, and the third one is reluctance to employ disabled persons. Scarcity of jobs is the most important among the hurdles. The sample also had its own quota of work-shy people.

ATTITUDE TOWARDS THE PRESENT JOB :-

As most of the employed are underemployed, most of them were not happy with their jobs. Most of them have accepted the jobs which came their way. Only a few had the jobs of their choice (like Agarwal, Alladini and Praveen). Satisfaction with the working condition is a very important factor in a workers life. Physical lay out and safety measures matter a lot to the physically disabled in his work
life. Except two of the sample the rest were, however, satisfied with the physical lay out of the place of work.

BENEFITS AVAILABLE IN THE JOB :-

Inspite of difficulties and discriminations, the disabled get the same benefits which their able bodied friends get, like usual leave, L.T.C. and medical facilities, house facilities etc. Some needy cases have been provided transport facilities and some other have been provided quarters near their place of work. The benefits like medical, housing and transport are relatively important from the disabled point of view and their non-availability in general may tell upon their work life. It was seen that what ever may be the working condition and benefits, they are getting it seems that they cling to their occupation wholeheartedly. That the disabled employees are sincere to their work is proved by the fact that they have received many certificates and prizes in appreciation of their work. (Agarwal has won many awards including National Award from the president of India).

Though most of the working disabled get these facilities, still a sizeable number of the disabled population are denied these facilities. A number of them do not enjoy the provision for promotion.

WORK RELATIONS WITH OTHERS AT THE PLACE OF WORK : -
There is a wide spread belief that the physically disabled do not get adequate assistance and co-operation from their fellow workers and supervisors. The data of the present study goes contrary to this belief. Most of the respondents felt considerably free to seek assistance from fellow workers. Although certain distance was maintained with fellow workers, and supervisors by a small number of the disabled workers, majority of our respondents were reasonably satisfied with their subordinates, co-workers, immediate supervisors and the head of the organisations. (Praveen, Alladini, Naresh and Subhash have excellent relationship with both seniors and juniors).

SEX AND EMPLOYMENT :-

Analysis reflects that female respondents clearly represent the disadvantageous group so far as employment is concerned. Out of 153 females in the sample of 414 respondents, only 27 were employed and out of the rest 126 females, 120 were never employed at any point of time. It was reported that the conservative attitude of the family members of the female respondents is responsible for being unemployed. This made the female disabled a double disadvantaged group. (Alladini is an exception to this, she had to take up a job because of economic constraint).

EMPLOYMENT OF THE DISABLED IN RELATION TO EDUCATION AND
TRAINING :-

There seems to be a positive co-relation of employment and educational achievement and training and thus, the possibility is greater if the training and educational achievement is higher. There is also an indication that greater percentage of respondents engaged in self employment and employed in family business come from low and medium educational achievement group. Again the group never employed belonged to the main chunk of low education group.

SOCIO-ECONOMIC STATUS AND EMPLOYMENT :-

Analysis of the data gives an indication that the employment distribution is more favourable to the better offs in terms socio-economic status. Among the employed and self employed group, more than 60% of them belong to the well off group. Poverty is definitely a major problem in India, and disability adds to this problem making it worse. Because of economic constraint, they neither get good medical treatment nor they get better educational or vocational facilities making them more handicapped in the matter of employment.

Self employed and people employed in Family business :-

Of the self employed and people employed in family business, most of them were engaged in farming and were
marginal farmers. Only a few joined their family business. Most of this group belongs to the low educational achievement group. Finance for the agriculture, home industry and trade came from family in most of the cases and from the bank only in a small number of cases.

JOB SATISFACTION:

Analysis revealed that more than half of the disabled were not satisfied with their job. Slightly less than one third of the respondents were satisfied to some extent and slightly above one fifth of the respondents who were employed were satisfied to a great extent with their job. The main reasons for being dissatisfied were low salary, difficult work, lack of liking for the job, below status job, etc.

Income of the Disabled:

It is noteworthy that around 44% of the respondents did not have any income what so ever, which included, housewives, students and unemployed respondents. Out of the rest around 80% of the respondents income does not exceed Rs. 750/- per month. Only around 66% earned more than 2000/- monthly. The income pattern shows that most of them belong to low class of society. It was also reported that most of them had reported to have incurred debt mainly from friends and relatives and have developed a complex because of that. It is needless to say that barring the 5% elite among the group, most of them
had no savings.

FAMILY AND SOCIAL LIFE OF THE DISABLED :-

Family plays a vital role in the life of a disabled and shape their personality. The bulk of our respondents belong to joint families. Only 11% of them are born in nuclear families. These families are large in size, each consisting of around seven to eight members on an average whose monthly income is about Rs. 750/- . It is therefore seen that our respondents belong to low income families.

INCIDENCE OF DISABILITY IN THE FAMILY :-

It is satisfying to note that only few of the respondents reported incidence of disability in their family or in the family of their spouse.

ATTITUDE OF THE FAMILY TOWARDS DISABLED :-

Although the families are large in size and belong to low income brackets, our respondents are well accepted and looked after properly. Most of them were brought up in congenial family atmosphere. (Almost all the cases discussed in the case studies had happy family emotional support except Pochhama who was discarded and Darshan who was treated shabbily).

RELATIONSHIP WITH FAMILY MEMBERS DURING GROWING UP YEARS OF
THE EARLY DISABLED:

Though the entire sample of respondents reported in unmistakable terms that the attitude of the families was one of accepting and helpfulness, the extent of their relationship with family members differed.

ROLE OF OTHER COMMUNITY MEMBERS TOWARDS THE DISABLED:

Among other members of the society, like friends, relatives, and casual visitors and teachers, the last agent was reported to be more influential as compared to others.

OCCASIONS FOR GOING OUT WITH FAMILY MEMBERS:

Concern for children may be reflected in the activities like taking them out for various activities or just taking them when the parents are going out. Data relating to this is not that encouraging at all. Frequency of distribution in regard to number of respondents accompanying their parents during their childhood varied from activity to activity. It was shocking to know that, those respondents who got chance to accompany their family members, a substantial number of them did not avail this opportunity either because they did not like to accompany the family or because of their handicap. It was interesting to note that the tribals did not have any kind of inferiority complex and very often went out
of their house accompanied by their family members.

DIFFICULTIES FACED BY THE FAMILIES DURING THE CHILDHOOD OF THE EARLY DISABLED :-

It was reported that around two third families, irrespective of size of family or income group, ever faced any specific or special problem because of the disabled member of the family. Most of the families did agree that they see no difference in the problem pattern of the families without the disabled member with the same economic status. Some other families did face pecuniary hardship. Some other were worried over the health hazard of the disabled. Even at present, many of these families are still incapable of overcoming stress. Some families face the difficulty in establishing marital relationship of the grown up disabled. (Alladini faced the problem initially but overcame it as the orphaned teacher agreed to marry her).

REACTIONS TOWARDS DISABLED AND DISABILITY :-

The belief that with the passage of time, the disabled persons overcome the frustration caused by the onset of the disability, and their families begin to adjust with situation hold true in case of respondents. The bulk of our respondents as well as their families have well accepted the challenge of disability. (Agarwal, Karna, Pradeep, Praveen and others have successfully faced the challenge of disability)
Majority of the disabled (Around half of them) and their families have fought the disability and have overcome it. A small number repented over the tragedy. Slightly less than one third accepted it and lived with the tragedy. A negligible section wanted to be pitied and protected. Equally negligible number attributed it to the tragedy to Karma and previous birth.

PRESENT POSITION IN THE FAMILY :-

It was observed that employment and marriage of the respondents enhanced their position in the family, the first being more important. (Agarwal, Buti and Gurbaru are the heads of their families and enjoy respect).

SHARE IN DAILY ROUTINE WORK :-

Analysis shows that the disabled also were sharing the daily household works in the house extensively according to their capacity. Among the works, cleaning the house and washing came out to be the prominent ones. Other activities like cooking, shopping, gardening and teaching children were also undertaken by them in varying degree.

Those who did not share the house hold activities, explained that family's over protective attitude, and male's so called
prerogatives for not getting involved in the house hold works which is considered as a feminine activity. A more objective reason such as physical inability was stated by a small number of the respondents. A negligible number felt that they just do not feel like sharing the house hold work and there is no special reason for it. (Almost all the cases discussed in the case studies chapter shared some house-hold work or other except Pochhama who did not have a house).

REASON FOR SHARING THE DAILY ROUTINE WORK :-

It was interesting to record the reason for sharing the daily activities of the house hold work. Majority of the respondents who perform the activities expressed that they feel duty bound to share in the household work (Around half). Around one third of the respondents said that these works give them self satisfaction and thus it motivates them to go ahead in sharing the work. Other reasons reflected in the response are expectation of others, compelled by circumstances and compelled by other members of the family etc. The data also makes it clear that there are at least 8 families which hardly take into account the disability of the disabled and expects and at places compels them to do these house hold odds.

In short, majority of the respondents who share the household work do have a positive outlook on sharing the burden and the pleasure of working for the kins men.
UNMARRIED RESPONDENTS' VIEW ON MARRIAGE:

It was seen that both male and female disabled were interested to get married but in varying degree. (One of the respondents whose name is not given to safeguard his privacy, has inserted matrimonial advertisement in various newspaper and magazines has got very good response.) More than half of the male respondents and parents of the disabled people thought of marriage very often. Whereas around one third females and more than half of their parents thought that way. Around one third of the parents and respondents both males and females thought of it occasionally. It was interesting to note that while a small number of parents of the respondents and male rarely think of marriage because of disability, but more than one third of the disabled ladies spoke that they would not like to get married. It was found that the parents of the disabled were more worried about the marriage of their wards than the disabled themselves.

PREFERENCE REGARDING SPOUSE BY THE UNMARRIED DISABLED:

Significant number of respondents and parents had positive attitude towards marriage. Analysis shows that there was a clear unanimous choice for the non disabled spouse. Neither the respondents nor the parents wanted disabled spouse.
ARRANGEMENT OF MARRIAGE OF THE DISABLED :-

Most of these marriages were initiated and solemnised by the parents. The respondents seldom played any significant role in this regard. About one third of them had little initial difficulty in getting spouse but in the long run, they overcame it. Except a very few cases the rest of them got non-handicapped spouses. The cost of the marriage was mainly borne by the parents while a small number of respondents, took the initiative and selected their spouse and even financed them.

PROBLEMS IN CASE THE SPOUSE IS ALSO DISABLED :-

Marriage between disabled and non disabled persons does not lead to unsatisfactory conjugal life. This statement is supported by the available data. (Buti, the handicapped farmer has two wives and both are very happy. They do not regret marrying a disabled). Some of them do not lead satisfactory conjugal life mainly because of the illiteracy of their wives spouses and lack of proper understanding between them. These are usual causes of marital disharmony.

MARITAL RELATIONSHIP OF THE MARRIED RESPONDENTS :-

Around 79% of the respondents were happy with their marriage. (Agarwal, Kanniapan, Bachchu, Nand Kumar, Jaladhar and others have wives who are normal able-bodied wives and lead
a very satisfactory life). Somewhat satisfactory conjugal life was enjoyed by around 17% of the married respondents. The rest do not lead a satisfactory conjugal life which is mainly because of maladjustment. Economic difficulties, quarreling nature of the spouse, Spouse getting influence by others, sexual debility etc. were the minor reasons for the unsatisfactory relationship between them. It is to be noted that disability is hardly a factor in not having good relationship.

RELATIONSHIP WITH CHILDREN :-

It was pleasant to note that most of the respondents who were blessed with children expressed their relationship with the children as satisfactory. Around 18% of the disabled who maintained that their relationship with the children is "Some what satisfactory" blamed economic hardship is one of the important reasons for this. Majority of these children go to school barring 17% who are deprived of it because of economic hardship. These children reported to have no problems in cultivating friendship with other kids of the locality and their parents' disability does not come in the way of their friendship. (The children of Agarwal, Bachchu, Nand Kumar and Buti are like any other normal children in the society).
RELATIONSHIP WITH NEIGHBOURS AND THEIR ATTITUDE:

Neighbours and social attitude towards the disabled and their relationship speak a great deal about the degree of social acceptance by the community. A big majority of the respondents said that they were admired by their neighbours. (The neighbours of Agarwal, Kanniapan, Bachchu, Nand Kumar and Praveen appreciated them very much.) Majority of married couple were admired most followed by single disabled. Widow, widower or the separated disabled were hardly admired by many. They generally did not get proper treatment from the neighbours. It was seen that as compared to other groups, the unmarried respondents were more ridiculed by the neighbor though its overall percentage is very small.

It was also seen that the social interaction of the married and unmarried respondents' was more as compared to the social interaction of the divorced and the widow/widower.

The main reasons given for not having relations of social or courtesy visit are lack of time of the respondents, their unmixing nature, indifferent neighbours, socially shy respondents social isolation of the respondents family etc.

MEMBERSHIP OF VARIOUS ORGANIZATIONS AND ASSOCIATIONS:
A poor response was obtained in this regard as our sample was essentially from deprived section of the society and was mainly from low educational and social strata from rural and semi urban areas. Only 17% of the respondents were associated with any organizations or associations at district, state or national level. Most of the rural disabled hardly knew anything about it. An analysis of the respondents who were associated with various organizations reflect that greater percentage of the respondents join the association at the place of work, followed by community level. The incidence of membership at the club and college level seems to be less common. (Agarwal, Karna and Thangavellu are members of various national and international organisations. Karna has presented three papers on disability in three separate international conferences. Pradeep Agarwal has started voluntary service centre of his own.)

LEISURE TIME ACTIVITIES :-

The notion that the disabled do very little in their leisure time, goes contrary to the data of the present study. The social and mental health of the disabled is reflected by the way they spend their leisure time. The majority of the respondents showed considerable interest in literary, recreational, cultural and social activities. (Sushil and Praveen are very good poets. Agarwal and Karna have been writing articles and engaged in social work, Jaldhar has been teaching the kids of low caste people of his village free of cost
etc.).

RESPONSE RELATING TO REHABILITATION:

Rehabilitation is the most important step for caring for the disabled. The residual abilities of the disabled are channellised in such a way that they are made self-sufficient and can join the main stream of the social life as useful citizen, and do not become economic liability on others.

KNOWLEDGE ABOUT THE REHABILITATION SERVICES FOR THE DISABLED:

On enquiry it was found that most of the respondents were not very much aware of the rehabilitation services, except the medical rehabilitation, available to them. Around half of the respondents said that they have heard about the rehabilitation facilities but do not have clear idea about it. (Pochamma, Barkatullah, Chandra, Darshan, Allabadi and others were ignorant about rehabilitation services). Around one eighth of the respondents did not have any idea about it. Around one fourth of the respondents did know about it. Around one tenth of the respondents are well aware of it. (Agarwal, Karna, Thangavellu, Pradeep and Praveen were well aware about it). The ignorance of the majority of the sample is because of the fact that most of the respondents are from low socio-economic and poor educational group.

The respondents expressed the need of making people aware
about the various facilities available to the disabled through mass media like Radio, T.V., News papers, Folk dance, Street plays, puppet shows, village nataks etc. This is the most important step of rehabilitation programme as the authorities should reach the unreached through information revolution.

MEDICAL REHABILITATION :-

It was found that most of them were aware about the available medical rehabilitation. Most of them even have visited various government and private hospitals and rehabilitation centers for immediate treatment and for subsequent prosthetic aids. (Except Birsa, every one in the sample of case studies have visited various government and private hospitals and rehabilitation centres).

VOCATIONAL REHABILITATION :-

When it comes to vocational rehabilitation, very few of them have availed the facilities. Even the facilities provided by the welfare department through the welfare officers were rarely utilized. Ignorance about these facilities and red-tapism are said to be the main reasons for this.

SOURCE OF INFORMATION ABOUT VOCATIONAL REHABILITATION :-

The main source of information about the rehabilitation
facilities, the major sources came out to be friends, News papers and the community. Family of the respondent was also one of the important sources of information for rehabilitation.

PROBLEMS PERCEIVED BY THE DISABLED:

In the multiple response to the open ended question relating to the difficulties faced by the disabled resulted is an interesting analysis. Around 73% of the respondents felt that medical rehabilitation is inappropriate. In other words the availability of immediate medical service at the reachable distance is quite negligible.

Around 81% of the respondents were not happy with the preventive measures taken by the government and other voluntary agencies. This problem is highlighted by the maximum number of respondents showing their concern for proper preventive measures.

Slightly more than half of the respondents indicated the inappropriateness of the vocational rehabilitation services. An alarming number of around 76% of the respondents hit the bull's eye by stating economic hardship as one of the important difficulties faced by them. Highlighting the problems of the rural area around one third of the respondents expressed their concern regarding the neglect of the rural disabled in almost all matters including rehabilitation. Around 77% of
the disabled strongly felt that the social attitude towards the disabled is still not positive and favorable. Complaining about the inappropriateness of the orthopaedic appliances around 28% of the respondent said that there is a shortage of useful culturally accepted and comfortable prosthetic aids. Quite considerable number (48%) criticized the inefficiency of the government towards the proper welfare measures of the disabled. They also attacked the bureaucratic red-tapism of the government offices and expressed their difficulties resulting from improper implementation of government policies.

Around 21% of the respondents were bold enough to point out the problem in the family and said the unreasonable treatment in the family is making them more disabled than they really are. A small number of disabled did point out that they face a problem of transport i.e. the problem of movement, specially in towns and cities where the vehicles at times do not have facilities for the disabled people. Around 8% of the respondents said that their free movement is obstructed by wrong design of the transport vehicle. (Thangavellu and Karna were ardent advocates for this).

A negligible number of the disabled pointed out a very significant problem namely architectural inconvenience in specially big cities where multistoried building can be found. Around 3% of the respondents referred to this problem. (Thangavellu was vehemently propagating this).
NEED AS PERCEIVED BY THE DISABLED :-

Needs of the disabled have stemmed from the problems they have perceived-. Interestingly some needs like community based rehabilitation have emerged from a number of complex problems which can effectively handle most of the problems.

Another need in the same category is need for becoming a political force or a pressure group, so that their problems can be tackled by the political authority and can get their demand fulfilled through the constitutional means. Most of the disabled felt that they should make their voice heard through such organizations and if required fight for their rights. (Naresh and Subhash advocated this and have even floated their own organisation of physically disabled people).

Other needs as perceived by them are extension of medical rehabilitation services to the rural unreached at their doorstep. Expressing the need of proper preventive service they advocated that the investment in this regard is worth it. Need of appropriate vocational rehabilitation was advocated by many to ward off monetary problems and restore their self respect. Majority of them opined that vocational rehabilitation specially in the rural setting is the need of the hour. Judging the attitude of the friends and family members, majority of the respondents felt that social awareness among the mass about the disabled has to be given priority.
Proper and ample useful and culturally acceptable prosthetic aids is also badly needed. Very few of the disabled felt the need of removing architectural inconveniences faced by them specially in urban areas.

Apart from these, there was almost unanimity about the need of general education as it broadens the mental horizons of the disabled which they are quite capable of.

SUGGESTIONS AS CONCEIVED BY THE DISABLED :-

Problems and needs of the disabled makes the way clear for constructive and correct suggestions which stems out from their felt need of the disabled respondents.

More attention on prevention of disability, extension of the medical rehabilitation to the rural poor at their door steps, training local manpower to tackle disability, setting up more vocational rehabilitation centers in the rural areas, making people understand the truth about disability, through the mass media, proper implementation of the policies and programmes for the welfare of the disabled implementing community-based rehabilitation programmes (also family based) making available more useful, comfortable and culturally accepted prosthetic aids to the disabled, etc were suggested by most of the disabled.

A small number of the disabled suggested for proper carriages for the disabled member of the society. This was
essentially the elite disabled group of the society. The same group also suggested that the plans of the multistoried buildings should not be approved unless it has provisions for the proper entry point for the physically disabled.

It was felt by the disabled that they should organize properly so that their interests are safeguarded. As education is vital for the proper development of human being special and adequate incentives apart from the meagre scholarship is suggested without delay.

Most of the respondents suggested that the problem of rehabilitation can not be dealt in isolation as it is a part of the problems of the health care services in India and that is why it was suggested by the disabled that overall health care services should be modified for the better.

SELF RANKING IN THE REHABILITATION LADDER :-

It is encouraging that most of the respondents have positive attitude towards the expectation of the achievement of "Total Rehabilitation."

The analysis of the ladders indicating state of health and rehabilitation at three different points of time, one soon after the disability, second at the time of the interview and third the health and rehabilitation status after all the
rehabilitation facilities provided to them reflects that, soon after the disability almost all of them felt very bad about it, indicating their place in the lower steps of the ladder. It really gave them a great shock and compelled them to cultivate a feeling of inferiority complex which they took quite sometime to overcome it. It was observed that those who became disabled at a later stage of life, were more prone to shock than the disabled who get disability by birth or at an early stage of life. The second ladder indicate that considerable number of respondents have improved their condition and have moved up in the ten point ladder.

At the same time it was also observed that a small number of the disabled have also gone down in the ladder for non availability of proper rehabilitation facilities.

Analysis of the self ranking ladder of the expected rehabilitation of the respondents reveals a very positive trend of the minds of the disabled. A little less than half of the disabled said emphatically that they can achieve the top most step of the rehabilitation ladder without any doubt. Expectation to reach the 9th step was voiced by as many as one fourth of the respondents.

As compared to the previous ladders, the third one gives an improved version of their health and social status.

The respondents are very hopeful that if they get all the facilities mentioned by them in the earlier pages, they will definitely march ahead in the expected rehabilitation ladder.