CHAPTER 1

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INTRODUCTION

BACKDROP

The society’s treatment of blind persons has undergone considerable change particularly during the last two centuries. In ancient times, as in ancient Sparta, Athens and Rome, blind people were denied the rights to exist and were put to death in a number of ways. The killings of blind people was supported even by great philosophers like Plato and Aristotle (Nijhawan, 1999). Blind people during this period were separated, ostracized or annihilated from the society. An attitude of pity and compassion dominated the Judiac or early Christian periods. During this period, though they were accepted as members of society, their capability of contributing to the society’s welfare was doubted. The doubt in the dignity and worth of the blind resulted in the lowered self esteem of the blind (Lowenfeld, 1975).

Several blind persons rose to prominence with their own efforts during the 17th and 18th centuries, the period referred to as self-emancipation period (Lowenfeld, 1975). The capabilities to learn and contribute productively to their own and society’s advancement, thus exhibited by these people helped to a greater extent in changing the society’s attitude towards blind people. Consequently several societies started to establish schools to impart training to the blind. These schools were primarily residential where blind children lived away from home and attended classes segregated from their sighted peers. The acceptance of blind as valuable and productive members of society was lacking despite their proven capabilities of learning academic subjects and vocational skills. The society neither encouraged the inculcation of feelings of worth and being valuable to the community among the blind nor attempted to foster the healthy attitudes taken for granted by the sighted population as the blind had not learnt to compete with the sighted at school and at the same
time sighted people had no opportunity to experience the full potential of blind individuals, which resulted in lack of assimilation and integration of blind people in the society.

Recognizing these aspects the educationists and rehabilitation personnel in the 20th century began focusing on alternative educational approaches for the blind and over the last 3 decades philosophies with regard to the education and rehabilitation of blind have undergone remarkable changes with a dramatic movement away from segregation, labeling, isolation, categorization and restrictive environment to emphasis on normalization, mainstreaming, integration and inclusive schooling.

Lowenfeld (1975) has identified four phases in society's treatment of blind persons:

a) Separation phase: During this phase blind people were ostracized or annihilated from the society.

b) Ward status phase: Pity and compassion for the blind was predominantly prevalent during this phase.

c) Self-emancipation phase: Many a prominent blind persons rose to prominence through their own efforts despite the prevailing unfavourable attitudes of society. They contributed productively to their own and societies welfare and excelled in their respective fields.

d) Integration phase: During the 20th century those concerned with the education and rehabilitation of blind persons focused their attention on educating the blind children along with the sighted peers in ordinary schools. All these changes have evolved passing through 3 phases. At first educability of the blind particularly those with severe and multiple disabilities was of prime concern. During the 1950's the principle of normalization evolved with emphasis on equalizing of opportunities and options. This
was followed by the concept of integration in the field of special education of blind as an viable option for equalizing opportunities, effective use of resources, reduction in isolation and stigma and providing a wider range of experiences.

This is assumed that ordinary schooling would enhance the social and emotional wellbeing of the blind, that it will bring them into educational and economic mainstream, will be helpful in total citizenship involvement, will sensitize them to their role in this endeavour, will provide favorable learning experiences and ultimately result in the life long quality education to which they are also entitled to as their sighted counterparts. It is also thought that it will provide them a continuity of services from early detection and early intervention through schooling, vocational education, independent living in the community and meets their specific needs. It will also ensure that blind persons:

a) experience a sense of participation and achievement with the group with whom they receive their education,

b) achieve increasing independence within the context in which they receive their education,

c) participate in decision making about choices of educational programme and thereby learns skills of self-advocacy, and

d) receive their education in context which reflect on ecological perspective, i.e. context which involves family and community resources.

Thus it is evident from the examination of above observations that emphasis in integration is on all-round development of blind persons. This encompasses the promotion of positive self concept and self esteem as well the two most important aspects of adjustment.

HISTORICAL PERSPECTIVES IN THE EDUCATION OF BLIND
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Formal schooling for blind children started as early as in 1784 when the first school specifically for the blind—the Institute National des Jeunes Aveugles was established in Paris by Valentin Hauy, the most honored, personality in the history of blind welfare and appropriately called the ‘father of the education for the blind’. It started with only one pupil but by 1786 twenty pupils were enrolled. Hauy presented these pupils before the king at Versailles where they exhibited their attainments. During the French revolution in 1791 the School was taken over by the state and still continue to be an public institution.


‘France was the cradle of new attitudes towards blindness and of the first school for blind children. The philosophical ground work was laid by Diderot, physician to King Louis XV and a great enlightenment philosopher. In 1749 he published Letter on the Blind for the Use of Those Who See.’

Further he states:

‘Admiration for their competence, nor pity for their blindness, was what Hauy hoped to engender for his students. Inspite of political upheavals in France and in the life of his school Hauy’s contribution was a lasting one. He founded the first school for blind children, which became a model; he emphasized reading and fostered the development of embossed print, and he believed in the vocational potential of blind people and instituted vocational training at his school.’

During the approximately same period when Hauy established school in Paris, a school for blind was open in Liverpool in 1791 by Edward Ruston. Blind were trained in craft work, singing and mastering in mouthorgan at this school.
Another special school for blind children was opened by David Miller, a teacher, who was encouraged by a famous blind priest, Thomus Blacklock. The school was established in Edinburgh with the objective of converting blind persons into useful persons of society. The same year an Industrial Home for the blind was opened in Bristol. Given a school status in 1803 the home was considered the best in Britain at that time.

In 1799 another school for the blind children was established in St. Georges, Southwark with the purposes to educate the blind children, train them in crafts and providing shelter.

The idea of providing education to the blind children traveled to United States. But it was "over half a century after the foundation of Hauy’s institution that the first school for blind children was founded" (Roberts, 1986) Subsequently 3 schools for blind children, today known as Perkins school for the blind, the New York Institute for the Blind and Overbrook school for the blind were started.

Perkins School for the blind was established under Dr. Fisher's committee in 1829 which was formed after the enactment of an act from Legislative Assembly. The first principal of the school was Dr. Semuel Gridley Howe. The school started working in 1832 with two sisters and later on four more children were enrolled. Dr. Howe believed in the dignity and worth of every individual blind child and stressed that every blind child gets education according to his qualifications. He stressed that training will be in accordance with the trade opportunities available in the society. The education would also be simple and organized in accordance with the level of ordinary school with the stress on craft and music.

Even today this school is considered one of the most famous schools of the world. The main objective of this school is to make the blind children self sufficient and a productive member of the society in terms of social economic aspects.
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The New York Institute for the Blind was established in 1832 and it is also among the best schools for the blind in America.

Philadelphia School for the blind was established in 1833 with Julius R. Friedlander as its first principal. After his death in 1838 the school was shifted to Overbrook and hence is called Overbrook School for the Blind.

From Europe and America the concept of special schooling for the blind was transported to other parts of the world, particularly after the missionaries moved into Asia before the turn of the 19th century. In India, Miss Annie Sharp, a Christian missionary from England founded the first school for the blind in Amritsar in 1887, exactly 103 years after the first school for the blind in Paris. The school was named, “the North India Industrial School for Christian Blind” Later Miss Annie Sharp shifted this School to Dehra Dun in 1903. After the death of Miss Sharp the school was renamed as “Sharp Memorial School for the Blind” in her memory as a tribute. This school still exists in Dehra Dun. The school is exclusively for blind girls and like other schools, prescribed curriculum is followed here in addition to emphasis on craft work.

Another school for blind children was founded by Miss Ann Ascawith in 1890 in a small village of Palamkota, 50 kilometers from Kanya Kumari. It was with the hard efforts of Miss Ascawith that the school has a building built in 1908. Palamkota school for the blind comprises of two main departments—the education and industrial. The education department provides education up to High school through enriched curriculum. Integrated education system is also practiced by the school For this the school acts as a resource school for the students. In 1991 department for the education of slow learners and multiple disabled blind was also opened here. The Industrial department of the school offers training in hand spinning as the main activity along with mat making, canework etc and agriculture and animal
husbandry is also taught a bit as the children mature. This school is considered to be the largest in India providing education, training and rehabilitation to approximately 500 blind inmates.

In Ahmedabad, Dr Neelkanth Rai Daya Bhai Chatrapati, who was adventitiously blind started a class comprising of some blind students. Later on after becoming the principal of Victoria Memorial Andha Pathshala in Bombay in 1902 he shifted his 24 pupils to this school.

S.P.G. Mission established a school for the blind in Rachi (Bihar) in 1898 with facilities for education of blind students.

Miss Anna Millard a missionary took some blind children, who were blinded as a result of some disease due to severe draught in Sholapur in 1900 to Bombay and established a school for them. The school was started in Hume School, Baikhala but shifted to Dadar in 1920 and was known as Dadar School for the Blind. Till 1948 the functioning of this school was regulated by American Marathi Mission but as due to shortage of finances and as the situation of closing the school arised, Blind Relief Association, Bombay took the responsibility of the school. The school is now called Kamla Mehta Dadar school for the Blind, named after Kamla Mehta who dedicatedly worked for the school. The school has facilities of accommodating and educating about 200 blind girls up to class VII. For the rest of the classes up to matriculation the girls go to nearby school, which have integrated education system.

A few more school were set up in different parts of the country and till 1944 there were 32 schools for the blind children existed in undivided India. (Report on Blindness in India 1944).
PRESENT STATUS OF EDUCATION OF THE BLIND IN INDIA

Certain landmark events have happened in India with regard to the education and rehabilitation of blind persons in the 20th century which include submission of the report on blindness (1944), development and acceptance of Bharati Braille as common Braille code for Indian languages in 1951, establishment of the National Association for the Blind in 1952, establishment of regional training centers in the mid sixties, establishment of National Institute for the Visually Handicapped at Dehra Dun, and the passage of PWD act in 1995.

Constitutional Provisions:

a) The basic structure of the constitution of India as reflected in its preamble enjoins upon the state to ensure social economic and political justice as well as equality of status and of opportunities to all Indian citizens including persons with disabilities and other marginalized groups of people (Punani, 1999).

b) The directive principles of State policy embody the aims and objectives of the state under the republican constitution i.e., that it is a welfare state. In other words it strives to promote the welfare of its people by securing and protecting as effectively as it may, a social order in which social economic and political justice shall inform all the institutions of national life.

c) Article 41 of the constitution under the directive principle states “the state shall, with the limits of its economic capacity and development make effective provisions for securing the right to work, to education and to public assistance in cases of employment, old age, sickness and disablement and in other cases of undeserved want.” Similarly according to article 14 equality before law or equal protection of law is guaranteed to all.
d) Article 15 of the Indian constitution states that "nothing in this article shall prevent the State for making any special provision for women and children nothing in this regard shall prevent the State from making any provision for the advancement of any socially or educationally backward classes of citizens." Article 45 demands the State, "to provide with in a period of 10 years from the commencement of this Constitution free and compulsory education for all children until they complete the age of 14 years." The 42nd constitutional amendment of the constitution in 1976 put the education subject in the concurrent list Previously education was a state subject. This amendment require a new sharing of responsibility between the center and the states in respect of the vital area of national life. The Union Government would accept a larger responsibility to reenforce the national and integrative character of education, to maintain quality of education, to maintain quality and standard to study and moniter the educational requirement of the country as a whole. The role and the responsibility of the states regarding education will remain substantially unchanged. (NPE, 1986 p 5-6)

Central Scheme of Integrated Education for People with Disabilities: This scheme was developed by the Ministry of Social Justice and Empowerment in 1974 under the earstwhile Department of Social Welfare. The scheme was transferred to the department of education in 1982. Initially, The States of Bihar, Kernataka Kerala, Maharashtra, Nagaland, Tamilnadu, Orissa, and the union territories of Andmand and Nikobar Islands and Mizoram started implementing the scheme. Later on the states of Andhra Pradesh, Haryana, Madhya Pradesh, Punjab, Uttar Pradesh and Delhi followed suit. Implimentation of the scheme was shifted to the Ministry of Human Resource Development during 1992. The scheme was revised in 1987, 1989 and in
1992 in view of the National Policy of Education. The scheme has not, however, progressed according to expectations.

**The National Policy on Education 1986:** The policy resolved to make special efforts to equalize educational opportunities for the doubly disadvantaged group of disabled children by attending to their specific needs. (NPE 1986, p 6-8). The POA -1987 NPE 1986 has emphasized that a child with disability, who can be educated in regular school should be educated there only. To achieve the target of Universalisation of Primary Education in the group of children with motor and other mild handicaps along with the rest by 1990 in the age group of 5-11 years and by 1995 in the age groups of 6-14 years the POA stressed on common education of these children with other children in general schools. It also emphasized that even those disabled children who join special schools, as soon as they acquire the communication skills, self help skills and basic academic skills, they may also be integrated with their peers in general schools. Only those disabled children whose needs can not be met in general schools should be educated in special schools. The policy recognizes that the non-enrollment and drop out of these groups of children is a major difficulty.

**The Project Integrated Education for the blind (PIED) 1987.** The project was designed by NCERT to strengthen the implementation of IEDC with financial support from UNICEF with the following objectives:

a) To increase enrolment of disabled children in general schools so that they can be educated with the other children.

b) To improve retention of disabled children in general schools through improved educational facilities by way of curriculum adjustment and adaptation of instructional methods and materials to their needs.
c) To improve achievement of disabled children at (a) and (b) above.

d) To develop context specific delivery modalities to achieve the objective of (a), (b) and (c) above. (PIED; 1987, p-7).

The thrust of the project was to place children in ordinary schools with the help of special teachers, aids and resources.

Some studies evaluated the PIED in Delhi and found that due to unavailability of appropriate assessment tools, the categorisation and selection was arbitrary and often incorrect. Also lack of clarity on the status of special education teachers caused confusion and professional conflict (Nathan, 1991).

Disabled Persons (Equalisation of opportunities, Protection of Rights and Full Participation) Act of 1995:

The Act was enacted by Parliament in 1995 and came into effect from 7th February, 1996.

The Act states that the State desires to provide every child with a disability access to free education in a conducive and appropriate environment till he attains the age of 18. It also desires the State to ensure this group equal opportunities, protection of their fundamental human and civil rights and encourage their full participation in the mainstream of social life.

In addition to these developments at the national level, certain resolutions have been adopted, policies framed and conferences held at International level which are oriented to the integration of disabled persons.
World conference on Education for All (1990):

The conference was held in Jomtien, Thailand in 1990 and was attended by 150 participants comprising delegates from 155 Governments, officials and specialists representing around 20 inter-governmental bodies and representatives of 150 NGO's. The clause 5 to Article 3 of the World Declaration on Education for All and Framework for Action to meet Basic learning needs was adopted at the conference and adhere to the needs of the disabled. It reads as:

5. The learning needs of the disabled demand special attention. Steps need to be taken to provide equal access to education to every category of disabled persons as an integral part of the education system (Brohier, 1999).

ESCAP (Economic and Social Commission for Asia and the Pacific).

ESCAP in its meeting on December 5, 1992 in Beijing during the launching of Asian and Pacific Decade of Disabled Persons adopted the proclamation on the Full Participation and Equality of People with Disabilities in the Asian and Pacific Region.

Some of the proclamations and pledges made at the meeting and which have a direct bearing on educational and rehabilitation of disabled in the context of social, emotional and attitudinal factors are listed below.

2. "We note that in Asian and Pacific societies, minimum care and service are, to a large extent, provided for people with disabilities in the traditional family and community context. However, much more must be done to enable persons with disabilities to develop their full potential so that they may live as agents of their own destiny in the rapidly changing economic and social conditions of the region".
3. “Throughout the region opportunities for full participation and equality for people with disabilities, especially in the fields of rehabilitation, education and employment, continue to be far less than those for their non-disabled peers. This is largely because negative social attitudes exclude persons with disabilities from an equal share in their entitlements as citizens. These attitudes also curtail the opportunities of people with disabilities for social contact and close personal relationships with others. The social stigma associated all too often with disabilities must be eradicated”.

4. “The built environment throughout much of Asia and the Pacific, has been designed without consideration for the special needs of persons with disabilities. Physical obstacles and social barriers prevent citizens with disabilities from participating in community and national life. The various impediments to participation and equality are especially formidable for girls and women with disabilities. With improved attitudes, increased awareness and much care, we can build social and physical environments that are accessible for all, i.e. we must work towards a society for all. In this regard we urge the free exchange of information”.

7. “We thus proclaim and pledge our joint commitment to translating into action in our respective countries and territories the ideals and objectives of the Asian and Pacific Decade of Disabled Persons, and confirm our continued endeavor in accordance with the United Nations Charter’s affirmation of faith... in the dignity and worth of the human person. (reproduced by Brohier, 1999 in See with Blind)”

To review the progress of the Asian and Pacific Decade of Disabled Persons, ESCAP held its meeting in Bangkok from 26-30 June, 1995. The meeting set the target of enabling by 2002 at least 75% of all disabled children and adult to
participate in formal and non-formal educational programmes on an equal basis with their non-disabled peers. The early intervention programmes for children with disabilities with active participation of their families was targeted to be introduced by 1997 both in rural and urban areas. The inclusion of a component on special education and children's with special needs in the curriculum for regular teacher training courses was also targeted to be achieved by 1997. Reducing the drop out rate among disabled persons by at least 50% was another target to be attained by year 2000 (Brohier, 1999)

Thus all the efforts at National and International levels by various governments, international organizations, educationists and rehabilitation personnel are oriented to the integration of disabled persons and inclusive schooling with the objective of allround development of this group of society. Their orientation is based primarily on the thesis that:

a. Education of the disabled in common with others provides a natural environment for socialization through interaction with nondisabled peers, thereby facilitating the goal of societal integration.

b. As education in special schools is very costly, this facility has to be used only for those whose needs can not be met in general schools.

c. The teachers teaching in general schools could teach these children with certain disabilities with additional training input and organizational support. (UNESCO, 1985).

d. To achieve the target of universalisation of education the disabled children in the UPE age group not covered so far has to be served adequately.
e. Educating handicapped and non-handicapped children together is the expression of a widely held and still growing conviction that so far as humanly possible, disabled people should share the opportunities for self fulfillment enjoyed by other people. Good interaction provides least restricted environment to disabled children. It helps nondisabled children also to develop respect and affection for disabled.

f. Integration provides access to all, provides opportunities for utilizing the existing structures, prepares disabled child to develop communication skills, promote meaningful social interaction among all peers and above all fulfil the constitutional promises of equal educational opportunities for all.

g. Integrated education accepted as an essential ingredient of National Policy of Education is also necessary for bringing the disabled into educational and economic mainstream. It also helps in achieving total citizenship involvement and sensitize the disabled to their role in this endeavour.

h. Integration purports to utilize the existing educational infrastructure and so tend to relieve pressure on special schools.

i. With limited infrastructure for identification of disabled children, along with inadequate facilities for their education, a large number of children do enter the school. Due to lack of sensitivity to their needs in the school system, they experience learning problems and hence dropout.

j. In special schools because of the preoccupation with severely disabled children, teachers tend to have low expectation of academic abilities of even mild and moderately disabled children, with the result that their attainments fail to reach the optimum level.
So far as the integrated education for the blind is concerned, the idea is much older than the new educational policy. Samuel Gridley Howe, the first director of the Perkins School for the Blind, who himself helped in the establishment of several special schools for the blind, was an outspoken advocate of public day schooling of the blind children. (Roberts, 1986)

In the last few decades those concerned with the education of the blind the world over, also started realizing that the special schools for the blind create more problems than what they sought to solve. Having been reared all through in a cocoon, as it were, on coming out the blind had lots of difficulties coping with the world of the sighted. The Sighted too had their own quota of problems—they were blamed for being either too kind or too cruel. The effect of the prolonged institutionalization thus were both ways. Realising ill effects of segregated education, they started contemplating to educate the blind children in common schools on the premise that it will provide a natural environment for socialization through interaction with the sighted peers and thereby facilitate the ultimate goal of social integration.

Their efforts in this direction were reinforced by the realization that the needs of blind persons are the same the shared by all persons and many of these are satisfied in the very same way. Also the fact that the education of the blind is not fundamentally different from others made them more enthusiastic about integration. The abundant evidence to support the conviction that the blind children and adults can become contributing members of their society and with proper conditions can develop into an independent, responsible and free functioning individuals (Norris et al, 1957). The fact that blindness in and of itself does not impede mental growth is amply proved by the success of many prominent blind persons through out history (Kirtley, 1975).
Chapter 1

Introduction

The policies and Acts enacted, formulated and implemented so far in various countries, and the observations made by educationists and rehabilitation personnel have clearly spelt out the ill effects of segregated and isolated education of blind persons. Also the virtues and the benefits of integrated education for the blind in some or the other way for the State and the individual concerned have been well documented. The effects of segregated and integrated education on the emotional well being and personality development of the blind are varied. The aspects of an individual’s social, emotional development i.e. self concept and self esteem are affected adversely or favourably the way the blind are treated in their interactive experiences particularly at school. The minimal expectation and negative attitudes experienced by the blind students contribute to lower self esteem i.e. make his sense worth and competence vulnerable.

For proper rehabilitation of blind students, they should be provided the kind of experiences in which they feelworthy and capable of contributing to their own and society’s welfare, respect themselves and feel confident about themselves. It is necessary for them to feel that they are integral part of society, that they truly belong to it, are accepted by it, and that it is possible to contribute to it, (Routh 1970). Physical integration or mere physical presence of a blind child in the classroom does not necessarily result in social integration and is not the guarantee of his acceptance by the sighted. The promotion and development of self-esteem and positive self concept as the prime criteria of an individual’s allround development form the basis of any school setting’s effectiveness in discharging its responsibility towards blind children. All too often, even in integrated education setting insufficient attention is being paid to this aspect. As noted by Lowenfeld (1975) “Integration does not necessarily result in assimilation into adult society. This lack of assimilation of blind children in to the
society affect adversely the development of their self-esteem". Also according to Resnick (1981) "The level of self esteem is a function of the degree of assimilation they experience in society, a measure of the dignity, of worth of the individual". Gresham (1982), Ray (1985), Frederickson and Woolfson (1987) have also suggested that locational integration in a classroom can be associated with social segregation and low peer acceptance.

CONCEPTUALISATION AND DEFINITIONS OF TERMS

INTEGRATED EDUCATION:

The widely different, social and educational systems and various issues concerning the rights and welfare of individuals including the disadvantaged and deprived sections of society have been raised from time to time. The changing social beliefs and attitudes along with increasing political consciousness has led to integration becoming an international topic in education particularly in the last 2 or 3 decades.

As now the belief that every individual must have the same right and choices with regard to education, work and full participation in society and also that society must ward off the ill effects of its organization on human behaviour dominates the present political and social context. Alongside this the concept of handicap has also changed with distinction between a disability and its handicapping effects, which might lie in the environment as much as in the individual.

Snowden Working Committee in UK caught the spirit of new attitudes and beliefs in 1976 and reported

"integration for the disabled means a thousand things. It means the absence of segregation. It means social acceptance. It means being able to be treated like every body
else. It means the right to work, to go to cinemas, to enjoy outdoor sports, to have a family and social and love life, to contribute materially to the community, to have the usual choices of association, movement and activities, to go on holidays to the usual places, to be educated up to university level with one’s non-handicapped peer, to travel without fuss on public transport”.

This statement confirms that full integration in the society must be the ultimate goal of all educational and rehabilitation programmes for the blind.

However, in the context of special education, integration has, over the recent years come to be used in a very specific way. It refers to the measures taken to provide special educational resources within the ordinary educational system, for those children who need them. The aim of integration in this context is to avoid or reduce the restriction on any aspect of the child’s development which might result from segregated education.

Integration as the central contemporary issue in special education requires that the special provisions in ordinary schools must be compatible with the child’s educational needs, the efficient education of other children and efficient use of other resources.

Sharma P.L., (1988) elaborating the concept of integration states that “integrated education means providing the least restrictive environment to disabled children so that they may grow and develop like other children. It promotes a healthy social relationship between the normal and the disabled children at all levels and reduces the physical distance between them, through equal participation in social activities. It provides equal educational opportunities to the disabled and prepares them for life, like other members of the society. It also advocates that the disabled children are as important for its healthy growth and development as their normal peers. Therefore, it is imperative that their needs
should also be met adequately. They should be encouraged to participate in all academic and non academic activities of the society."

Concluding she further states that integration is:

a. An acceptance by society of the disabled persons as an individual in his own right and of equal opportunity for education and employment to the disabled.

b. It reduces negative attitudes towards the disabled through the building of healthy relations between the non-disabled and the disabled.

c. It ensures civic right to the disabled in order to raise their standards of living.

d. It prepares them for independent living.

Integration is not according to her

a. An alternative to special school, rather the two are complimentary to each other.

b. An arrangement that can be accomplished overnight.

c. Placing the disabled children in regular schools that impede the academic progress of non-disabled children.

d. The enrollment of all disabled children in a special school and educating in these schools through out.

e. To put the entire responsibilities of educating the disabled on the resource teacher in a regular schools.
Integrated School Settings:

Integrated school settings refer to the setting of education with adequate and desired facilities where blind students receive their education along with the sighted students in regular schools. It is assumed that the disabled students in regular schools enjoy the same rights as the non-disabled, have equal opportunities for growth and development in environmental conditions available to the nondisabled and are treated as equal partners in the schools.

Various educational provisions and organizational arrangements for integration of blind children have been described in the IEDC scheme. These arrangements range from general classroom in general schools to education in special class in general schools. However, the type of arrangements and provisions provided to the blind children depends on the needs and extent of visual impairment.

a. General classroom in general schools: Blind children receive their education in general classrooms along with the other children. General teacher teach them and the same curriculum is followed in this type of arrangement.

b. Education in general schools with adaptations and modifications of curriculum transaction: In this type of arrangements adaptations of teaching techniques or material matched with the specific needs of blind children are made by the teacher. Low vision children are provided this kind of provision.

c. Education in general class with support from special teacher: Services of special education teacher are required in this type of arrangement if the general classroom teacher faces any instructional or behavior problems with the blind children. However, the child is not removed from the general class.
d. Education in general classroom with part time withdrawal for special instruction: Special part time instruction by a special teacher is provided to the blind child after removing him from the general classroom.

c. Education in special class in general school: Some blind children with profound or severe impairments may need full time special class placement (self contained class) to receive appropriate individualized instruction. These instructions or special support may be provided by a resource itinerant teacher in a resource room center or even in general classroom with extra facilities.

SPECIAL SCHOOL SETTING

Special school setting refers to the setting of education where only the disabled, here the blind, receive their education. Such kind of schools enroll only the blind students.

BLINDNESS:

"Categories of special education do not exist in and or themselves. They are constructs given meaning and life through comparison of performance to criteria. Blindness is a name assigned to visual performance judged different from that called average or normal, criteria accepted as evidence for a condition from the cornerstone of a definition. Definition is the cornerstone for the existence of the condition. For all practical purposes with out any definition there are no categories." (James Ysseldyke et al, 1990).

The relevance of quoting the above mentioned statement is that the importance of definitions in a profession or field especially in special and remedial education is imperative.

Blindness is also a term which has been used to describe those people who suffer from any of the following conditions: (a) central visual acuity less than 20/200 after best correction and (b) whose field of vision subtends to angle of no more than 20 degrees.
For the purpose of the present study blind students are those who are either totally blind i.e. total absence of sight, or have only light perception.

SELF CONCEPT

The self is defined as the object of an individual’s own perception. It is that part of one’s personality of which one is aware. William James (1890) in his original discussion of the self-described the way in which the self could be expanded to include one’s clothes, one’s home, and one’s society. He described self as total sum of that one can call his own or total organism. Self encompasses both the “I” and “Me” i.e. both the subject and the object of the experiences, both the knower and the known.

Thus the concept of self emerges from an individual’s interaction with the social and physical world. Various theorists have described the means by which this process takes place in different ways. Freud e.g., sees ego and super ego developing as psychic structures steering the primitive impulses arising from the id out of the dangers of the real world. Erikson sees identity emerging during adolescent years from the selected earlier identifications. Piaget described the process of assimilation and accommodation by means of which an individual builds the reality of the world in to his own cognitive structure. Social learning theorists describe the process of determination of self-concept in terms of observational learning, identification and modeling processes.

Thus depending upon their own theoretical frameworks theorists’ have defined self, self-concept and its process of development in their own way.

Zahran, Hammed (1967) has defined self-concept as “conscious, cognitive perception and evaluation by individuals of themselves”.

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Erikson (1956) has given a very inclusive and comprehensive view of self-concept. He states "It is an individual's ego identity or self-perceived consistent individuality. It begins with the awareness of uniqueness, awareness that individuals are distinct, different from others, people in their own right. It also implies a developing awareness of who and what one is."

Defining self-concept Lawrence (1996) states, "Self concept is the individual's awareness of his/her own identity. There are three aspects to this concept, viz, self image, (what the person is), ideal self (what the person wants to be) and self-esteem (what the person feels about the discrepancy between he/she is and what he/she would like to be)."

Self-concept has been viewed as one of many terms: self-identity, self-image, self-ideal, perceived self, phenomenal self-relating to self-perception.

Various thinkers and researchers have also identified various components and dimensions of self-concept. Rath Strang (1957) e.g., outlined four basic dimensions of the self. First there is the overall basic self-concept, which is an individual's view of his personality and perceptions, of his abilities and his status and roles in the outer world. Second is individual's temporary and transitory self-concept, which consists of ideas that are determined by the mood of the movement or by a recent experience. Third are the individual's social self, the selves that he thinks others see, which in turn influence the way he/she sees himself/herself. Forth there is ideal self-concept; the kind of an individual would like to be. The aspirations an individual has may be too high or too low. Too high aspirations not in congruence with reality may lead to frustration and too low aspirations may impede accomplishments. Only realistic self-concept leads to self-acceptance mental health and accomplishment of realistic goals. (Zahran Hammed, 1967).

Monge (1973) identified four broadly defined components of self-concept viz, (a) achievement/leadership (b) congeniality/sociability, (c) adjustment and (d) sex appropriate
of self-concept. All these concepts were derived in an investigation conducted on several hundred adolescents of both sexes.

Thus, it is evident from the above definitions and description of certain dimensions and components of self-concept, that despite availability of considerable literature on self-concept, it is still a complex theoretical construct, which has generated diverse theoretical views.

For the purpose of the present study a functional definition, which is concise and comprehensive, has been adopted. It is assumed that self concept involves the description one individual uses to identify his characteristics that is influenced by the way others see him, that it is relatively consistent over time and place and it is related to relatively consistent behavior patterns and aspects in a person's experience and behavior. (Burns, 1982; Whyte, 1961).

**SELF-ESTEEM**

Self-esteem as the affective component of self-concept refers to a person's sense of value and worth, his sense of competence and adequacy and his sense of self-satisfaction. It is the personal judgment of worthiness that is expressed in the attitude the individuals hold towards themselves. (Coppersmith, 196%).

Some synonyms of self-esteem include self-respect, self worth, self-regard, self-acceptance, self satisfaction, self-confidence and self-love.

Self-esteem is restricted more to the affective dimension of the self-concept. It is a part of and emerges from one's self-concept.

The level of self-esteem is the evaluative component of the self-concept and presumes a well defined self concept. It refers to the evaluation which the individual makes and maintains with regards to himself. It expresses the attitudes of approval and disapproval, indicates the
extent to which the individual believes himself to be capable, significant and successful and worthy. Strong positive self-concept produces high self-esteem. In other words one is the prerequisite of the other.

The Encyclopedic Dictionary of Psychology (1983) has elaborately defined self-esteem as a "term given to the evaluation an individual makes of and applies to himself/herself. It can express positive or negative feelings and indicates the extent to which the individual believes himself/herself to be significant, capable and worthy. Although self-esteem is a concept which may be applied to specific areas of experience, it is always applied to general feelings of worthiness."

Nathaniel Branden (1969) defines a high self-esteem "as the integrated sum of self-confidence and self-respect, i.e. positive self-esteem is the experience that a person is competent to live and worthy of happiness".

Cecilia Yau (1991) states, "The high self esteem person is eager and excited by new challenges. He seeks the unfolding of his abilities and potentialities to the fullest extent. He is not afraid to face choices, judgements and actions. He seeks joyful fulfillment and meaningful relationships". Cecilia Yau further states that a feeling of worthlessness motivates people with negative self-esteem. Feeling worthless is not the same being worthless, its impact on one's behavior is the same. The person with low self-esteem is often overwhelmed by anxiety and fear. A person who is haunted by chronic fears retreats from the challenges of life and tends to bury himself in the safety of the familiar; routine, and undemanding choices and decision-making are avoided. Self-renunciation and self-rejection become part of behavior. Avoidance and escape from reality becomes a way of life.

The behaviour of persons with high self esteem is motivated by "mental health, rationality, self confidence, trust, desire to achieve happiness, desire to use one's consciousness to be
fullest-sees life as a series of challenges, confidence and openness, coping, reaching out and inviting life challenges, love of self and self existence." On the other hand the behavior of persons with low self esteem is motivated by "neurosis, irrationality, self doubt, fear, desire to minimize pain, desire to escape one's consciousness strategies to withdraw from life, defense mechanisms—distortions, repression and evasion, fears that one is inadequate and unfit for existence", Cecilia Yau (1991) Self esteem is determined by the interpretations given to the perceptions from his social and physical environment. It results from the satisfaction of the basic needs to value himself to be valued by the others. Self-esteem is the correspondence between his concept of self and his ideal self-concept. If people are to have self-esteem there must be a correspondence between their concepts of self and self-ideals. (Carlson, Rae (1965).

On the basis of the literature available Tuttle, D.W. (984) has summarized many characteristics of high self esteem and low self-esteem persons. The characteristics as he found out and listed below may or may not be exhibited in totality by the person who possess high self-esteem .But these provide a frame work to understand the concept of self esteem.

Characteristics of High Self-esteem persons:-

1. "Persons with high self esteem tend to identify with their parents because during their childhood they -

   a. had mothers who exhibited higher levels of self-esteem and emotional stability and manifested more realistic orientation toward life.

   b. had closer relationships with their fathers.
c. Experienced parental acceptance (i.e. parental respect, care, concern, and attention) and parental receptivity to individual expression and dissent, within clearly defined limits that were consistently and strictly enforced.

d. Gained confidence in their own abilities through positive parental expectations.

e. Recognized that strong decisionmaking authority rested consistently with either the mother or the father but was not shared by both simultaneously.

2. Persons with high self-esteem tend to possess the intrapersonal characteristics described as-

a. respecting, trusting, and accepting self, with an appropriate appreciation and love of self.

b. Avoiding undue worry about tomorrow’s problems, today’s events, or yesterday’s mistakes.

c. Being more self directed, being guided by their own standards and values rather than continually striving to meet cultural expectations, standards, and values.

d. Guiding their behaviour by a well developed sense of ethics.

e. Having confidence in their own perceptions and judgments, enabling them to be more creative and spontaneous.

f. Expecting to be success full in their endeavors and expecting to be well received by others.
g. Exhibiting less self conscious behavior and less pre-occupation with personal problems

h. Showing an unhostile sense of humor;

i. Being relatively content with their situation.

j. Having a continuing appreciation for the good things in life and enjoying themselves in a wide variety of activities.

k. Needing periods of privacy that provide time for intense concentration on personal interests,

l. Being able to adapt to change, open to new experiences, and continually engaged in a growth process.

3. Persons with high self esteem tend to possess the interpersonal characteristics described as:

a. being sensitive to the needs of others.

b. Considering themselves of interest and value to others.

c. Feeling equal to others as a person irrespective of abilities, background, or appraisals of others.

d. Being more independent, and being less susceptible to others attempts to influence them.

e. Accepting criticism more readily, and accepting praise and compliments without false modesty and guilt.

f. Being more realistic in response to devaluing appraisals.
Chapter 1

In general, not retreating behind a façade, but being consistent in social behaviour and, more specifically, tending to disclose themselves fully to at least one other person.

Accepting their physical and social environment particularly appreciating others and individuals without prejudice.

Manifesting a broad concern for the welfare of mankind.

Judging themselves to be competent relative to members of their group, tending to experience greater numbers of successes in areas that are important to them.

Taking more active and assertive roles in social groups.

Having less difficulty in forming friendships and the relationships formed are deeper.

Receiving from significant others respect, acceptance, and concerned treatment, being treated as a person with dignity, value, and worth.

Giving and productive yet able to receive in return.

Thus, it is evident from the description of above-mentioned definitions and characteristics of high and low self-esteem, that it is a social and emotional variable. For the present study Self esteem has been viewed as the affective and evaluative component of self concept which is measured in terms of the personal judgment of worth, sense of competence and adequacy, sense of self-satisfaction, self-confidence, self acceptance, self-respect and self-love. This view is more comprehensive and fulfils the requirements of the study.
NEED AND IMPORTANCE OF THE STUDY:

India has a very large population of the visually handicapped. The United Nations have estimated that there are 9 million visually handicapped persons in India of which 80 percent live in rural areas. Indian Council of Medical Research conducted a survey in 1972-1973 and corroborated this figure. The National Sample Survey Organization in its 36th and 47th rounds of surveys conducted in 1981 and 1991 respectively estimated the total number of visually impaired persons as 4 million. Various aspects relating to impaired persons were also collected in the survey. Out of the 4 million visually impaired persons 18 lakhs and 47 thousands were male and 21 lakhs and 58 thousands were females. Further 15 lakhs 39 thousands males and 17 lakhs 96 thousands females lived in rural areas. The National Program of Control of Blindness in its survey popularly known as WHO—NPCH Survey 1981—86 estimated the total number of blind persons in India at 12 million. This comes around 1.49 percent of the total population in India.

The age-wise distribution of the blind persons as revealed in NSSO, (1991) shows that 9 thousand fall in 0-4 age group. 45 thousand are in 5-14 age group and 5 lakhs 59 thousands constitute the 15-59 age group. Rest are in the 60 plus age group.

The number of blind persons as evident from the differences in the above mentioned surveys range from 4 million to 12 million. This may be due to the differences in parameters used to define blindness in various surveys. (Nijhawan, 1999)

What ever may be the figure there is no denying the fact that there is a very large number of blind persons in India and of these a great number constitute the 15 years or under 15 age group who need to be enrolled for education to achieve the target of education for all or universalisation of education.
According to the 6th Educational Survey enrolment of visually impaired children in schools under Integrated Education Programmed in India stood at only 8633. Of these 3000 are in primary classes, 2506 are in upper primary and 2027 are in secondary and higher secondary classes. Enrollment in special schools for the blind is 10021 throughout India. This figure includes all children enrolled in primary, upper primary and secondary and higher secondary classes. Of these 1471 are in rural and the remaining 8550 are studying in urban areas. However, of these 2344 are studying in schools exclusively for boys and 649 in schools exclusively for girls. 7028 are enrolled in schools which are for both boys and girls.

Thus, the total number of blind children enrolled both in integrated and special schools comes to 8633 in integrated education programmes and 10021 in special educational setting. However, according to Mani, (2000) there are approximately 30000 blind children receiving their education in nearly 4 hundred special schools.

The total number of schools having integrated education programmes for all categories of disabled children, as per the 6th All India Educational Survey is estimated to be 16294. Of these 8782 cater to the educational needs of primary level students, 4209 are for upper primary level students and 3203 enroll secondary and higher secondary level students. 1009 schools having integrated educational programmes are located in rural areas.

So far as the number of resource teachers in these schools having IEDC scheme the sixth All India Educational Survey reveals that at primary level in rural areas 1443 schools have only one resource teacher while 61 schools under this scheme have more than one resource teacher. Corresponding figures for upper primary, secondary and higher secondary schools are 886 and 42 and 685 and 12. In urban areas 388 primary schools have one and only 48 schools have more than resource teacher. In upper primary schools these figures are 303 and
52 respectively. The number of secondary and higher secondary schools having one resource teachers are 350 and only 35 schools have more than one resource teacher.

All these data and figures along with some more details have been depicted in the next few tables mentioned below:

**Table: 1.1**

**Estimated population of the visually impaired (1991, in thousands)**

<table>
<thead>
<tr>
<th>Area</th>
<th>Male</th>
<th>Female</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rural</td>
<td>1539</td>
<td>1796</td>
<td>3335</td>
</tr>
<tr>
<td>Urban</td>
<td>308</td>
<td>362</td>
<td>2158</td>
</tr>
<tr>
<td>Total</td>
<td>1847</td>
<td>2158</td>
<td>4005</td>
</tr>
</tbody>
</table>


It is evident from the table that majority of blind persons live in rural areas only. 1.69 percent among male and 9.03 percent among female are in urban areas.

**Table: 1.2**

**Population of the visually impaired in India**

<table>
<thead>
<tr>
<th>Agency / Source</th>
<th>Year</th>
<th>No. of Blind (Millions)</th>
<th>% total population</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bhore Committee</td>
<td>1944</td>
<td>2.00</td>
<td>0.57%</td>
</tr>
<tr>
<td>Health Ministry</td>
<td>1963</td>
<td>4.50</td>
<td>1.00%</td>
</tr>
<tr>
<td>ICMR Study</td>
<td>1971-74</td>
<td>9.00</td>
<td>1.40%</td>
</tr>
<tr>
<td>NSSO Survey</td>
<td>1981</td>
<td>3.47</td>
<td>0.50%</td>
</tr>
<tr>
<td>WHO – NPCB Survey</td>
<td>1986</td>
<td>12.00</td>
<td>1.49%</td>
</tr>
<tr>
<td>NSSO Survey</td>
<td>1991</td>
<td>4.00</td>
<td>0.47%</td>
</tr>
</tbody>
</table>

Source: WHO – NPCB Survey, 1981-86
Survey of Disabled Persons, NSSO, 1991

Age wise distribution of blind persons found in rural and urban areas as shown in table 1.3 that 5 to 14 age group, i.e. the target group for education constitute a great number.

Table 1.3:

Age-wise distribution of visually disabled persons (per thousand)

<table>
<thead>
<tr>
<th>Area</th>
<th>0-4</th>
<th>5-14</th>
<th>15-59</th>
<th>60 and above</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rural</td>
<td>4</td>
<td>24</td>
<td>255</td>
<td>717</td>
</tr>
<tr>
<td>Urban</td>
<td>5</td>
<td>21</td>
<td>304</td>
<td>670</td>
</tr>
<tr>
<td>Total</td>
<td>9</td>
<td>45</td>
<td>559</td>
<td>1387</td>
</tr>
</tbody>
</table>

Source: N.S.S.O, 1991

The comparative prevalence and Incidence of visual disability as found in the 1991 NSSO Survey shows that it has gone up marginally as compared to 1981 in general disability. But in case of visual disability the prevalence and incidence has declined as shown in table 1.4.

Table 1.4

Comparative prevalence and Incidence of visual Disability

<table>
<thead>
<tr>
<th>Area</th>
<th>1981 Male</th>
<th>Female</th>
<th>Total</th>
<th>1991 Male</th>
<th>Female</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prevalence rate</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Rural</td>
<td>444</td>
<td>670</td>
<td>1114</td>
<td>471</td>
<td>548</td>
<td>1019</td>
</tr>
<tr>
<td>Urban</td>
<td>294</td>
<td>425</td>
<td>719</td>
<td>263</td>
<td>346</td>
<td>609</td>
</tr>
<tr>
<td>Total</td>
<td>738</td>
<td>1095</td>
<td>1833</td>
<td>734</td>
<td>894</td>
<td>1628</td>
</tr>
<tr>
<td>Incidence</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Thus NSSO survey 1991 reveals that both prevalence and incidence rate in case of visually disabled has declined substantially in 1991 as compared to 1981.

So far as the educational facilities for the visually disabled persons are concerned following few tables contains the figures on such aspects as number of schools in integrated settings enrolment, number of resource teachers at primary, upper primary and secondary and higher secondary levels.

**Table: 1.5**

**No. of Schools having integrated educational programme for disabled children**

<table>
<thead>
<tr>
<th>Area</th>
<th>Primary</th>
<th>Upper Primary</th>
<th>Secondary and Higher Secondary</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rural</td>
<td>6508</td>
<td>478</td>
<td>2332</td>
</tr>
<tr>
<td>Urban</td>
<td>1198</td>
<td>598</td>
<td>801</td>
</tr>
<tr>
<td>Total</td>
<td>7706</td>
<td>1076</td>
<td>3133</td>
</tr>
</tbody>
</table>

Source: Sixth All India Educational Survey, 1998

So far as the enrolment of blind children in various schools including both special residential and those having integrated education programme, the following tables reveals that considering the number of blind children in the age group of 5 – 14, the target group of Universatisation of Education, a great number of these children are still yet to be enrolled in any type of school education.
Table 1.6, 1.7 and 1.8 shows enrolment of blind in both type of educational settings.

**Table: 1.6**

**Enrolment of Blind Children in Schools**

<table>
<thead>
<tr>
<th>Type of School</th>
<th>Area</th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Rural</td>
<td>Urban</td>
<td>Total</td>
<td></td>
</tr>
<tr>
<td>Boys only</td>
<td>481</td>
<td>1863</td>
<td>2344</td>
<td></td>
</tr>
<tr>
<td>Girls only</td>
<td>49</td>
<td>600</td>
<td>649</td>
<td></td>
</tr>
<tr>
<td>Both Boys and Girls</td>
<td>941</td>
<td>6087</td>
<td>7028</td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>1471</td>
<td>8550</td>
<td>10021</td>
<td></td>
</tr>
</tbody>
</table>

*Source: Sixth All India Educational Survey, 1998*

State-wise enrolment of blind children in schools is presented in table 1.7.
### Table: 1.7

**State-wise Enrolment of Blind in Schools**

<table>
<thead>
<tr>
<th>S. No.</th>
<th>State/U.T.</th>
<th>Rural</th>
<th>Urban</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Andhra Pradesh</td>
<td>226</td>
<td>734</td>
<td>960</td>
</tr>
<tr>
<td>2.</td>
<td>Arunachal Pradesh</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>3.</td>
<td>Assam</td>
<td>0</td>
<td>342</td>
<td>342</td>
</tr>
<tr>
<td>4.</td>
<td>Bihar</td>
<td>1</td>
<td>88</td>
<td>89</td>
</tr>
<tr>
<td>5.</td>
<td>Goa</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>6.</td>
<td>Gujrat</td>
<td>89</td>
<td>573</td>
<td>662</td>
</tr>
<tr>
<td>7.</td>
<td>Haryana</td>
<td>22</td>
<td>176</td>
<td>198</td>
</tr>
<tr>
<td>8.</td>
<td>Himachal Pradesh</td>
<td>0</td>
<td>10</td>
<td>10</td>
</tr>
<tr>
<td>10.</td>
<td>Karnataka</td>
<td>15</td>
<td>659</td>
<td>674</td>
</tr>
<tr>
<td>11.</td>
<td>Kerala</td>
<td>134</td>
<td>106</td>
<td>240</td>
</tr>
<tr>
<td>12.</td>
<td>Madhya Pradesh</td>
<td>8</td>
<td>446</td>
<td>454</td>
</tr>
<tr>
<td>13.</td>
<td>Maharashtra</td>
<td>473</td>
<td>763</td>
<td>1236</td>
</tr>
<tr>
<td>14.</td>
<td>Manipur</td>
<td>63</td>
<td>0</td>
<td>63</td>
</tr>
<tr>
<td>15.</td>
<td>Meghalaya</td>
<td>0</td>
<td>42</td>
<td>42</td>
</tr>
<tr>
<td>16.</td>
<td>Mizoram</td>
<td>0</td>
<td>6</td>
<td>6</td>
</tr>
<tr>
<td>17.</td>
<td>Nagaland</td>
<td>1</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>18.</td>
<td>Orissa</td>
<td>52</td>
<td>492</td>
<td>544</td>
</tr>
<tr>
<td>19.</td>
<td>Punjab</td>
<td>0</td>
<td>180</td>
<td>180</td>
</tr>
<tr>
<td>20.</td>
<td>Rajasthan</td>
<td>4</td>
<td>245</td>
<td>249</td>
</tr>
<tr>
<td>21.</td>
<td>Sikkim</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>22.</td>
<td>Tamil Nadu</td>
<td>96</td>
<td>1233</td>
<td>1329</td>
</tr>
<tr>
<td>23.</td>
<td>Tripura</td>
<td>55</td>
<td>0</td>
<td>55</td>
</tr>
</tbody>
</table>
The number of blind children enrolled in Schools under Integrated Education Programme are depicted in table: 1.8.

Table: 1.8

Enrolment of Blind Children in Schools under Integrated Educational programme.

<table>
<thead>
<tr>
<th>Stage</th>
<th>Rural</th>
<th>Urban</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Govt.</td>
<td>Non-Govt.</td>
</tr>
<tr>
<td>Primary</td>
<td>1539</td>
<td>391</td>
</tr>
<tr>
<td>Upper Primary</td>
<td>996</td>
<td>262</td>
</tr>
<tr>
<td>Secondary and Higher Secondary</td>
<td>290</td>
<td>428</td>
</tr>
<tr>
<td>Total</td>
<td>2825</td>
<td>1081</td>
</tr>
</tbody>
</table>

Source: Sixth All India Educational Survey, 1998
Table 1.8: Shows that while at primary stage the number of blind children enrolled in schools under Integrated Educational programme are marginally more in rural areas than in urban areas. At upper primary stage also the difference is not as wide as at secondary and higher secondary stage, where there is a wide gap between the number of students enrolled in rural and urban area schools. More students are enrolled at this stage in urban area schools. This may be due to the concentration of higher level education facilities in urban areas only.

Table 1.9

Number of schools under Integrated Programme and Number of Schools having resource Teachers.

<table>
<thead>
<tr>
<th>Stage</th>
<th>Area</th>
<th>No. of Schools</th>
<th>Govt. Managed</th>
<th>Non-Govt. Managed</th>
<th>No. of Schools</th>
<th>Govt. Managed</th>
<th>Non-Govt. Managed</th>
<th>Govt. Managed</th>
<th>Non-Govt. Managed</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>No. of Schools having Resource Teachers</td>
<td>No. of Schools having Resource Teachers</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>One</td>
<td>More than one</td>
<td>One</td>
<td>More than one</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Primary</td>
<td>Rural</td>
<td>6508</td>
<td>1443</td>
<td>61</td>
<td>478</td>
<td>307</td>
<td>20</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Urban</td>
<td>1198</td>
<td>388</td>
<td>48</td>
<td>598</td>
<td>240</td>
<td>27</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>Rural</td>
<td>2332</td>
<td>886</td>
<td>42</td>
<td>356</td>
<td>217</td>
<td>22</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Urban</td>
<td>801</td>
<td>303</td>
<td>52</td>
<td>720</td>
<td>274</td>
<td>65</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Upper Primary</td>
<td>Total</td>
<td>3133</td>
<td>1189</td>
<td>94</td>
<td>1076</td>
<td>491</td>
<td>87</td>
<td></td>
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<tr>
<td></td>
<td>Rural</td>
<td>1169</td>
<td>683</td>
<td>12</td>
<td>569</td>
<td>396</td>
<td>33</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Secondary and Higher Secondary</td>
<td>Urban</td>
<td>743</td>
<td>350</td>
<td>35</td>
<td>822</td>
<td>460</td>
<td>60</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>Total</td>
<td>1912</td>
<td>1035</td>
<td>47</td>
<td>1391</td>
<td>856</td>
<td>93</td>
<td></td>
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</tr>
<tr>
<td>G.Total</td>
<td>12751</td>
<td>4055</td>
<td>250</td>
<td>3543</td>
<td>1894</td>
<td>227</td>
<td></td>
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</tr>
</tbody>
</table>

Source: Sixth All India Educational Survey, 1998
Table: 1.9 reveals that out of total number of schools under integrated programme, those having only one resource teacher are much more than those having more than resource teacher at all the stages of educational levels i.e. primary, upper primary, secondary and higher secondary. This trend is same in both type of school, i.e. govt. managed and non-Govt. managed.

Considering all these figures mentioned above and the number of blind children nor enrolled in any school it can be safely concluded that the situation is not satisfactory.

The Government of India and a large number of educationists realizing the magnitude of the problem are trying to put forward the integrated and inclusive education schemes for the visually impaired and the blind students on the ground that the integrated education is cheaper and offers many social psychological advantages. It is also assumed that it will help in the realization of the goal of universalisation of the education.

However, the real question is “what are the benefits of integrated and inclusive education in terms of social-emotional well being for the blind children?"

Another question of paramount importance is “in which setting of education the blind child has the optimum opportunities of scholastic development comparable to his seeing counterpart?”. The research evidence in this regard are inconclusive and contradictory.

**RATIONALE OF THE STUDY**

The case for integration as a viable approach of providing quality education to the blind children usually emphasise equality of opportunities, effective use of resources, reduction in isolation and stigma and a wider range of experiences including promotion of feelings of self-worth. An underlying assumption is that ordinary schooling would enhance the social and emotional well being of the blind children with special educational needs.
However, despite too much stress on integrating the blind with the sighted in common schools, there are some commentators who have noted that the fervour for integration has been based more on faith and emotions and less on research evidences (Hedderley, 1985; Mitler, 1985). Although this may not be altogether true, as there has been some research in this field over this period (Cope and Anderson, 1977; Hegarty et al; 1981; Brennan, 1982; Howarth, 1987 and some more). Yet there is no denying the fact that there is lack of sufficient research evidence to support the case of integration. Also various researchers do not fully agree on the value of mixing of disabled with the non-disabled. e.g., Howarth (1987) opined that mixing of peers promote self confidence and maturity among children with special educational needs. On the contrary Hegarty et al (1981) found no clear cut research evidence about the benefits of integration in terms of social emotional outcomes for the disabled.

There are a number of researchers also such as Fitts, (1972); Delafield, (1976) and Lalkhen, and Norwick, (1991) who held the conviction that understanding of the development of self-concept and self-esteem is fundamental for the professional who works with disabled children. This is more so because of the centrality of the self concept and self-esteem for social emotional well being of the individuals. This problem of self concept and self esteem is not a unique problem to blind persons only. The needs for love, warmth and belongingness, need for food and shelter, for self acceptance, for responsibility and productivity are universal regardless whether the person is blind or sighted. The factors that contribute to the development of self concept and self esteem are also the same in both the cases. A person's perceptions about his abilities and worth influences his performance which in turn affects others perceptions about his feelings of worth. The way others perceive him affects the way he is able to perform. This interactive process of the development of the self-esteem is the same for both sighted and blind. However, blindness contributes some added dynamics...
deserving special attention. The social and emotional development of a blind individual is influenced both by factors related to the impairment of vision and responses of the significant others to the fact of his impairments.

In essence the development of self concept and self esteem depends largely on interaction with other people and on the responses of significant others in the blind child’s social environment as well as his own modes of responses. Blind persons face a wide divergence of negative attitudes towards blindness, (Lukoof et., al. (1972). Many of the stereotypic misconceptions on the part of the sighted have a depressive effect on the self-esteem of the blind persons especially where these attitudes are held by parents, teachers, rehabilitation workers and peers in the schools.

Another factor important to the development of self concept and self esteem is the degree of warmth, care and acceptance exhibited by significant others including parents, teachers, peers and rehabilitation workers.

Just as attributes are learnt by reflections from others, so are feelings of esteem and worth. Blind come to value themselves as they valued by others. (Symonds, 1951).

Strong positive correlation between blind’s level of self-esteem and the degree of warmth, care and acceptance shown by significant others was found by Coppersmith, (1967).

Self-esteem emerges from blind’s evaluation of his personal attributes, some of which are more significant than others in their contribution to his self-esteem. In this context Gergan, (1971) suggests that “people tend to be attracted to those who evaluate them positively and dislike those who evaluate them negatively”.

The significance of indicating and examining this literature is to elaborate the thesis that social emotional factors both at school and home and in society play a vital role in the
development and promotion of an individual's personality development. Adjustment, self-concept and self-esteem as important aspects of personality are influenced to a greater extent by these factors. The type of social environment to which a blind child is exposed is an important factor determining the development of self-concept and self-esteem. Since different educational settings i.e. is integrated and special school settings in this case purports to meet the educational needs of blind students differently and constitute, though not entirely, distinct physical, social, attitudinal and emotional environment it is assumed that these two types of educational settings influence the development of these two aspects of personality. Since research evidence in this regard is inconclusive and inconsistent, hence the present study was formulated and conducted.

STATEMENT OF THE PROBLEM:

The main objective of the present study was to see the effect of integrated and special school settings on the social-emotional well being of blind children. The two main aspects of social emotional well being are the positive self-concept and high self-esteem. Also the realization that success of rehabilitation and educational programmes for disabled including the blind should be measured in terms of the opportunities and experiences it provides to the individuals for the development of their positive self-concept and self-esteem (Tuttle, D.W. 1981), form the basis of formulation of the present problem. Hence the present study was designed to compare the two group of blind students, one studying in integrated and the other studying in special school settings. The problem thus was formulated as "A COMPARATIVE STUDY OF SELF-CONCEPT AND SELF-ESTEEM OF BLIND STUDENTS STUDYING IN INTEGRATED AND SPECIAL SCHOOL SETTINGS".

OBJECTIVES OF THE STUDY

The present study was designed to attain the following objectives:
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1. To ascertain whether the blind students in integrated school settings possess higher self-esteem than their counterparts in special school settings.

2. To ascertain whether the blind students in integrated school settings possess more positive total self-concept than those studying in special school settings.

3. To ascertain whether the blind students in integrated school settings score more on all dimensions of self-concept than those studying in special school settings.

4. To ascertain whether the blind boys in integrated school settings possess more higher self-esteem than the blind boys in special school settings.

5. To ascertain whether the blind boys in integrated school settings possess more positive total self-concept than their counterparts in special school settings.

6. To ascertain whether the blind boys in integrated school settings score more on all dimensions of self-concept than those studying in special school settings.

7. To ascertain whether the blind girls in integrated school settings possess more higher self-esteem than the blind girls in special school settings.

8. To ascertain whether the blind girls in integrated school settings possess more positive total self-concept than their counterparts in special school settings.

9. To ascertain whether the blind girls in integrated school settings score more on all dimensions of self-concept than those blind girls studying in special school settings.

10. To adapt the self-esteem inventory and self concept questionnaire used in the present study for blind students. These questionnaire were adapted for use in the present study only.
RESEARCH QUESTIONS

The present study attempted to answer the following questions:

1. Do the blind students studying in integrated school settings score higher on self-esteem than those blind students studying in special school settings?

2. Do the blind students studying in integrated school setting possess more positive total self-concept than those blind students studying in special school settings?

3. Do the blind students studying in integrated school settings score more on all dimensions of self-concept than those blind students studying in special school settings?

4. Do the blind boys students studying in integrated school settings possess more higher self-esteem than their counterparts in special school settings?

5. Do the blind boys students studying in integrated school settings possess more positive total self-concept than those blind boys studying in special school settings?

6. Do they blind boys students studying in integrated school settings score more on all dimensions of self-concept than those blind boys studying in special school settings?

7. Do the blind girls students studying in integrated school settings possess more higher self-esteem than those blind girls students studying in special school settings?

8. Do the blind girl student studying in integrated school setting possess more positive total self-concept than those blind girl student studying in special school settings?

9. Do the blind girl students studying in integrated school settings score more on all dimensions of self-concept than those blind girl students studying in special school settings?
HYPOTHESIS OF THE STUDY

Board on the nature of problem, objectives of the study, research questions, and nature of variables and the results of previous research studies in the area, the following null hypothesis were formulated and tested in the present study:

H₁ There will be no significant difference between blind students studying in integrated and special school settings on their total self-concept.

H₂ There will be no significant difference between blind students studying in integrated and special school settings on their physical self-concept.

H₃ There will be no significant difference between blind students studying in integrated and special school settings on their social self-concept.

H₄ There will be no significant difference between blind students studying in integrated and special school settings on their temperamental self-concept.

H₅ There will be no significant difference between blind students studying in integrated and special school setting on their moral self-concept.

H₆ There will be no significant difference between blind students studying in integrated and special school setting on their educational self-concept.

H₇ There will be no significant difference between blind students studying in integrated and special school setting on their intellectual self-concept.

H₈ There will be no significant difference between blind students studying in integrated and special school setting on their personally perceived self scores.

H₉ There will be no significant difference between blind students studying in integrated and special school setting on their socially perceived self scores.
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$H_{10}$ There will be no significant difference between blind students studying in integrated and special school setting on their scores of differences between personally perceived self and socially perceived self (a measure of self-esteem).

$H_{11}$ There will be no significant difference between blind boys studying in integrated and special school setting on their total self-concept.

$H_{12}$ There will be no significant difference between blind boys studying in integrated and special school setting on their physical self-concept.

$H_{13}$ There will be no significant difference between blind boys studying in integrated and special school setting on the social self-concept.

$H_{14}$ There will be no significant difference between blind boys studying in integrated and special school setting on their moral self-concept.

$H_{15}$ There will be no significant difference between blind boys studying in integrated and special school setting on their educational self-concept.

$H_{16}$ There will be no significant difference between blind boys studying in integrated and special school setting on their temperamental self-concept.

$H_{17}$ There will be no significant difference between blind boys studying in integrated and special school setting on their intellectual self-concept.

$H_{18}$ There will be no significant difference between blind boys studying in integrated and special school setting on their personally perceived self-concept.

$H_{19}$ There will be no significant difference between blind boys studying in integrated and special school setting on their socially perceived self scores.
Chapter I

There will be no significant difference between blind boys studying in integrated and special school setting on their scores of differences between personally perceived self and socially perceived self (a measure of self-esteem).

There will be no significant difference between blind girl students studying in integrated and special school setting on their total self-concept.

There will be no significant difference between blind girl students studying in integrated and special school setting on their physical self-concept.

There will be no significant difference between blind girl students studying in integrated and special school setting on their social self-concept.

There will be no significant difference between blind girl students studying in integrated and special school setting on their temperamental self-concept.

There will be no significant difference between blind girl students studying in integrated and special school setting on their moral self-concept.

There will be no significant difference between blind girl students studying in integrated and special school setting on their educational self-concept.

There will be no significant difference between blind girl students studying in integrated and special school setting on their intellectual self-concept.

There will be no significant difference between blind girl students studying in integrated and special school setting on their personally perceived self.

There will be no significant difference between blind girl students studying in integrated and special school setting on their socially perceived self.
H$_{10}$ There will be no significant difference between blind girl students studying in integrated and special school setting on their scores of differences between personally perceived and socially perceived self (a measure of self-esteem).

DELIMITATIONS OF THE STUDY

Due to certain unavoidable constraints the study had certain limitations. However, it was ensured that the basic spirit and efficacy was not affected and study was conducted with maximum care so as to answer the research question reliably. The following limitations were unavoidable by the investigator in the present study:

1. The study was confined to Delhi region only.

2. The sample was restricted to 104 only. Since the blind students in integrated school settings were matched on certain variables with the blind students in special school setting, a number of students for whom no match was found had to be dropped from the study.

3. It was confined to visually impaired students only.

4. The age group of students was restricted to 14 plus as the tools used in the study were meant for this age group only.

5. The blind students in integrated school settings were not selected randomly, as very few blind students were enrolled in the integrated school settings.

6. The study was ex post facto in design and hence no pre testing and post testing was involved.

7. The blind girl students were not equal to the blind boys students in the total sample.

8. Due to certain constraints the study was carried out with the blind students studying in NCT Delhi only.