APPENDIX -1

An attempt to look at the severity of the problem reveals that the problems of the handicapped are overwhelming all over the world. Attempting an estimation of the magnitude of the problem is fraught with the dearth and inadequacy of reliable data. No country in the world has succeeded to take a complete census of its physically handicapped population. Very few nations have adopted the system of registration of handicapped persons who are in need of special services. In 1957, the United Nations Rehabilitation Chief, Mr. Kurt Janson observed that about 12 to 13 percent of the population of any given country suffer from a permanent or long term disability.

Surveys carried out in Asia, Europe and North America show that at least 7 to 8 percent of the population in any given country were affected by permanent and substantial physical disabilities.

Over the last few decades, there has been a considerable increase in the global estimates of the handicapped owing to several factors such as rise in world population, increase in accidents, increased survival rate of premature infants, advancement in pharmacology and surgery, enhanced survival rate of the handicapped, increased forceps trauma, increase in the average expectation of life, increased use of gondola irradiation by X-rays, atomic irradiation and increase in drug addiction by men and women. R. Freedman observed that based on the
difference between the birth rate and the death rate, the world population has been increasing at the rate of 20 per thousands per year. With 2% increase, every year 70 million people are added to the existing world population, giving rise to a proportionate increase in the number of the disabled in the world.

It means that every year on an average about 2,800,000 disabled are added to the existing number. According to Freedman the world population of the disabled in 1964 was 140 million. Based on this estimate the total population of the disabled in the world today would be 218.4 million.

The world population estimate of the disabled by U. N. expert Kurt Janson is still taken as a basis. The world population in 1991 was 4,439 million. Therefore, the present estimate of the disabled population would be 532.68 million to 577.07 million.

The estimates in India are also deficient and proper data has not been available. During the period 1957 to 1967 several sample surveys were conducted in different parts of India which throw light upon the magnitude of the problem in this country.

A random sample survey conducted on behalf of Central Advisory Council for the Education of the Handicapped by the All India Occupational Therapists'
Association in Mumbai during 1957 was the first among them. A total of 430 families were visited but data were available for only 319 of them. A total of 2326 handicapped persons were identified. The details are as follows.

### The Sample Particulars of the Handicapped

<table>
<thead>
<tr>
<th>Category</th>
<th>Count</th>
<th>Note</th>
</tr>
</thead>
<tbody>
<tr>
<td>Blind or visually Handicapped</td>
<td>83</td>
<td></td>
</tr>
<tr>
<td>Deaf</td>
<td>44</td>
<td></td>
</tr>
<tr>
<td>Deaf mute</td>
<td>28</td>
<td></td>
</tr>
<tr>
<td>Dumb</td>
<td>10</td>
<td></td>
</tr>
<tr>
<td>Orthopaedically and neurologically handicapped</td>
<td>126</td>
<td>(3 had only a speech defect)</td>
</tr>
<tr>
<td>Mentally ill and mentally retarded</td>
<td>55</td>
<td></td>
</tr>
</tbody>
</table>


The survey gave a rate of 3.5 handicapped persons per 1000 of the general population: 0.9 visually handicapped. 0.4 deaf, 0.4 deaf - mute and dumb. 1.36 Orthopaedically and neurologically handicapped and 0.6 mentally ill or mentally retarded.

In 1957 a sample survey of the physically and mentally handicapped persons was conducted by the Delhi School of Social Work in Greater Delhi area at the
request of the Central Government. From the sample population of 209 households, it was found that at least there was one handicapped member out of 113,853 such households surveyed earlier by the Delhi School of Economics. The total number of handicapped persons studied was 221.

The percentages in the different categories were; blind 38% mute 6.33%, persons with other physical handicapped 25.33%, mentally handicapped 12.66%, and persons with multiple handicaps 7.70%

According to the survey the disabled population in India was 1,118,948.

<table>
<thead>
<tr>
<th>Category</th>
<th>Urban</th>
<th>Rural</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Blind</td>
<td>54,350</td>
<td>424,307</td>
<td>478,657</td>
</tr>
<tr>
<td>Crippled</td>
<td>58,960</td>
<td>304,640</td>
<td>363,600</td>
</tr>
<tr>
<td>Dumb</td>
<td>36,237</td>
<td>240,454</td>
<td>276,691</td>
</tr>
</tbody>
</table>


The Analysis for there provides the distribution of the total disability by type of disability and by their rural, urban and sex-wise break up is given in the following table.
Number of Persons Disabled

<table>
<thead>
<tr>
<th>Type of Disability</th>
<th>Total</th>
<th>Rural</th>
<th>Urban</th>
<th>Male</th>
<th>Female</th>
</tr>
</thead>
<tbody>
<tr>
<td>Locomotor</td>
<td>5427</td>
<td>4342</td>
<td>1085</td>
<td>3493</td>
<td>1934</td>
</tr>
<tr>
<td></td>
<td></td>
<td>(80.00)</td>
<td>(19.99)</td>
<td>(64.36)</td>
<td>(34.64)</td>
</tr>
<tr>
<td>Visual</td>
<td>3474</td>
<td>2908</td>
<td>566</td>
<td>1442</td>
<td>2032</td>
</tr>
<tr>
<td></td>
<td></td>
<td>(83.17)</td>
<td>(16.29)</td>
<td>(41051)</td>
<td>(58.69)</td>
</tr>
<tr>
<td>Hearing</td>
<td>3019</td>
<td>3477</td>
<td>542</td>
<td>1654</td>
<td>1365</td>
</tr>
<tr>
<td></td>
<td></td>
<td>(82015)</td>
<td>(17.95)</td>
<td>(54.79)</td>
<td>(45.21)</td>
</tr>
<tr>
<td>Speech</td>
<td>1754</td>
<td>1366</td>
<td>388</td>
<td>1125</td>
<td>629</td>
</tr>
<tr>
<td></td>
<td></td>
<td>(77.8)</td>
<td>(22.12)</td>
<td>(64.14)</td>
<td>(35.86)</td>
</tr>
<tr>
<td>Physical</td>
<td>11939</td>
<td>9672</td>
<td>2267</td>
<td>6796</td>
<td>5143</td>
</tr>
<tr>
<td></td>
<td></td>
<td>(81.01)</td>
<td>(18.99)</td>
<td>(56.92)</td>
<td>(43.08)</td>
</tr>
</tbody>
</table>


During the International Year of Disabled persons the Ministry of Social Welfare, Government of India took the initiative to survey the extent of disability in India; at the Ministry's request, the National Sample Survey Organization conducted a country wide Sample Survey on disabled persons to arrive at reasonably accurate estimates of the incidence and prevalence of disability in the country.

The survey covered almost the entire country the included 5,409 sample villages and 3,652 urban blocks. All the State and five union territories participated in the survey. The survey covered three types of disabilities viz., visual disabilities, communication disabilities and locomotor disabilities.

The Survey arrived at an estimate of 12 million persons having at least one or other disability which constituted about 1.8% of the population of 680 million.
About 10% of those physically disabled are reported to have more than one type of physically disabled considering each type of disability separately, those having locomotor disabilities constituted the maximum number (5.43 million) followed by those with visual disabilities (3.47 million) and hearing disabilities (3.02 million) and speech disabilities (1.75 million)
Welfare Policies and Programmes for the Handicapped in U.K.

The U.K. has passed special legislations for the welfare of the disabled from time to time. By the 1974 Act for Chronically Disabled Persons a Minister with special responsibility has been appointed. As per the I.Y.D.P. 1981 social policies of succeeding British governments aimed at participation integration of disabled people into society. Accordingly, a wide-ranging system of socio-financial support has been developed to enable all disabled people to live full and purposeful lives.

U.S.A.

It is in United States that the most advanced research on blindness and other disabilities is carried out and a great deal of efforts are put to eliminate the age old sub-cultures of the disabilities. In contrast the discriminatory practices adopted on disabled by Scandinavian and Western -European countries, the full participation of the disabled has been severely impaired. However, the situation is different as America pursues welfare policies.
National Institute on Disability and Rehabilitation Research:

The National Institute on Disability and Rehabilitation Research (NIDRR) is part of the office of special Education and Rehabilitation Services (OSERS) in the U.S. Department of Education.

NIDRR contributes to the independence of persons or all ages who have disabilities, by seeking improved systems products and practices in the rehabilitation process. It does this through grants, contracts and co-operative agreements with universities, research groups, non-profit organizations, some profit-making companies and individuals. Recipients of funds range from graduate student fellows to university consortia.

Rehabilitation Research and Training Centre (RRTC):

This is NIDRR's largest programme. Each centre focuses on a particular aspect of the behavioral, medical or vocational rehabilitation of people with disabilities. Some centres concentrate on a specific disabling condition such as deafness, low vision, spinal cord injury, or long-term mental illness. Others study activity areas important in the lives of people with disabilities, including independent living, housing, services delivery and information systems. Knowledge contributed
by the RRTC has greatly influenced the fields of rehabilitation medicine, psychosocial rehabilitation, integration, vocational strategies and architecture.

**Rehabilitation Engineering Centres (RECs):**

These centres seek solutions to disability related problems through technology. Areas of study include sensory loss, mobility impairment, chronic pain-communication difficulties, and the adaptation of assistive device and technology transfer.

**Field Initiated Research:**

These projects allow NIDRR to fund activities that bend well with its overall mandate but which fall outside the usual range of priorities. Institutions of higher education, non-profit organizations and profit making business are eligible to apply for these grants.

**Research and Demonstration Projects:**

To supplement the work of the RRTCs and RECs the Institute supports research and demonstration projects that seek solutions to specific problems encountered by disabled individuals and the professionals who work with them. Some of these have included model care systems for traumatic brain injury, the
creation of a specialized date set for the collection of clinical and scientific information, and job development and placement for agricultural workers with disabilities.

**Research Fellowships:**

Fellowships named for the late Mary E. Switzer are building future research capacity. NIDRR makes these grants on two levels. Distinguished Fellowships are awarded to individuals so doctorate or comparable academic status who have had seven or more years experience relevant to rehabilitation research. Merit Fellowships are given to persons in earlier stages of their research careers.

**Research Training and Career Development:**

These grants train physicians, therapists of various types, rehabilitation engineers and other professionals in research methods and statistical analysis.

**Dissemination and Utilization Grants:**

Through this type of grant, the Institute places information derived from research as well as the products of its grants and contracts in the hands of policy makers, rehabilitation practitioners, educators, technology developers and persons with disabilities.
Innovation Grants:

One year grants, for a maximum of $50,000 support inventive approaches to old and newly identified problems. Some recent examples include: an in depth study of persons with mental retardation as victims or witnesses of crime, a plan to promote more realistic treatment by the media of disability issues, and an effort to improve health care encounters for adults with learning disabilities.

Technology Assistance:

Through an important new programme, NIDRR supports consumer driven state plans for the delivery of assistive technology. Some grants will also explore innovative ways of financing these devices.

Small Business Innovative Research Grants:

New products useful to persons with disabilities and the rehabilitation field are encouraged through grants to small business. This three phase programme takes an idea from development to market readiness.
**International Programme:**

NIDRR's legislation encourages active outreach to other countries with similar rehabilitation concerns. NIDRR co-operates in jointly funded programs with India and Yugoslavia. It has also taken part in several projects with the USSR in co-operation with the Department of State and other International agencies. NIDRR also conducts a worldwide programme for the exchange of experts and Information on rehabilitation.

**U.S.S.R:**

After the October revolution local associations of the blind and handicraft workshops were set up with assistance of social welfare services, the workshop employed the visually handicapped for making baskets and text books. In 1925 the All Russia Association of the blind was created which received assistance from the Soviet Government and substantially expanded its production by setting up new workshops. After the Second World War by adopting a large scale machanising of production in well equipped, modern enterprises. The new concept of Vocational Training and Employment of the blind is started by U.S.S.R.

The United Nations has estimated that al least one person out of ten of the population of any country is affected by some kind of disablement. This gives us an
estimated number of at least 450 to 500 million people on earth who suffer from some form of physical or mental impairment.
## Causes for Hearing Disability

<table>
<thead>
<tr>
<th>Cause</th>
<th>Type of Loss</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Sensorineural</strong> (or conductive)</td>
<td></td>
</tr>
</tbody>
</table>

### 1. Brain Conditions:

- Meningitis
- Encephalitis
- Tumors, Vascular circulatory diseases
- Concussion, central auditory area damage
- Fracture of the temporal bone

### 2. General Infectious Diseases:

- Scarlet fever
- Measles
- Mumps
- Pertussis
- Varicella
- Influenza
- Pneumonia, virus and pneumococccic
- Typhoid fever
- Diphtheria
- Syphilis
- Common cold
- Any disease causing high fever

### 3. Infections of the Ear:

- External Otitis
- Otitis media, acute and chronic
- Non-suppurative
- Suppurative
- Serous
- Mastoiditis, acute and chronic

### 4. Physical Agents:

- Impacted cerumen
Foreign-body impaction  Conductive
Trauma, accidental  Both
Noise-exposure  Sensorineural
Barotrauma  Both
Excessive growth of lymphoid tissue in nasopharynx  Conductive
Surgical interference  Both

5. **Toxic Agents:**

Quinine  Sensorineural
Aspirin (salicylates)  Sensorineural
Streptomycin  Sensorineural
Dihydrostreptomycin  Sensorineural
Hydrostreptomycin  Sensorineural
Neomycin  Sensorineural

6. **Miscellaneous:**

Functional
Psychogenic
Hysteria
Malingering

7. **Advancing Age (Presbycusis)**  Sensorineural
APPENDIX-VIII

QUESTIONNAIRE

1. Name of the Respondent :

2. Age :

3. Sex :

4. Caste :

5. Native Place :

6. Urban/ Rural ? :

7. Type of Disability :
   1. Blind
   2. Hearing Handicapped
   3. Orthopaedically Handicapped

8. Nature of Disability :
   1. Partial
   2. Total

9. By birth :
   Yes No

10. After Birth :
    Yes No

11. If yes, at what age ? :
    Medical Treatment

12. What are the causes of your disability?:

13. Were you taken to any medical checkup? Yes No

14. If yes what type of treatment you have taken?

15. If yes what was the outcome?

16. If no, why?

17. Have you undergone any operation: Yes No

18. If yes, what is the outcome?

19. If no, specify the reasons?

20. Whether your disability curable? Yes No
21. If yes, are you planning any treatment?  Yes ☐  No ☐

22. If yes, what steps are you taking for the improvement?

(FAMILY BACKGROUND)

23. Give the details of your parents?

24. Are your parents educated?
   A) Only mother is educated?  Yes ☐  No ☐
   B) Only father is educated?  Yes ☐  No ☐
   C) Both the parents are educated?  Yes ☐  No ☐

25. Occupation of your mother? (if she is dead, what was she?)
   1. House wife
   2. Landless Labourer
   3. Agricultural Farmer
   4. Business
   5. Employee
   6. Any other, specify?

26. Occupation of your father? (if he is dead, what was he?)
   1. Landless Labourer
   2. Agricultural Farmer
   3. Business
   4. Employee
   5. Any other, specify?

27. Annual Income of parents?
   1. Rs.3,001 to Rs.6,000
   2. Rs.6,001 to Rs.9,000
   3. Rs.9,001 to Rs.12,000
   4. Rs.12,001 to Rs.15,000

28. If your parents are not alive, who is taking care of you?

29. How many sisters?
   and how many brothers?
30. Is there any other case of disability in your family?

   Yes           No

31. If yes, give the details?

32. Who use to take utmost care about you?
   1. Brothers
   2. Sisters
   3. Parents
   4. Neighbours
   5. Other friends

33. How did you come to know about the home/hostel?
   1. through family members
   2. relatives
   3. neighbours
   4. friends
   5. social workers
   6. Government employee
   7. Radio
   8. T.V.

34. Why did you join the home/ hostel?
   1. because the parents cannot support in the house
   2. for the sake of education
   3. loneliness
   4. for training
   5. because no body is there to look after you
   6. any others

35. How did you come to the home/ hostel?
   1. alone
   2. with parents
   3. friends
   4. relatives
   5. neighbours
   6. social workers
   7. political leaders
   8. Government employee
   9. Any other

36. Name of the home/ hostel?
37. Since how long you have been staying in the home/hostel?

38. How many times in a day you are getting food?
   1. three times including breakfast
   2. two times without breakfast

39. Mess charges paid to you are sufficient? Yes [ ] No [ ]

40. If no, give your suggestions?

41. The money which paid for cosmetic charges is sufficient?
   Yes [ ] No [ ]

42. If no, how much you are expecting?

43. How many times a year Government giving the clothes?

44. What is the cloth allowance amount?

45. Is it sufficient? Yes [ ] No [ ]

46. Give suggestions?

47. How many readers you have in the home?

48. Is the existing arrangement in this regard is sufficient?
   Yes [ ] No [ ]

49. If no, give suggestions?

50. Who frequent the doctor visits your home/hostel?

51. Is it sufficient? Yes [ ] No [ ]

52. If no, give suggestions?

53. Do the Asst. Director pay any visit periodically?
   Yes [ ] No [ ]

54. How frequent he is visiting?

55. If no, what do you suggest?
56. Do the Director Welfare of Handicapped come for any checking to the Home/hostel?
   Yes ☐  No ☐

57. Do the officials of the Welfare of Handicapped convene any meeting to discuss about the problems of the inmates of the home/hostel?
   Yes ☐  No ☐

58. If yes, how frequent it is?

59. If no, how you are trying to solve your problems?

60. Do you need a mobility instructor in the home/hostel?
   Yes ☐  No ☐

61. How do you spend your leisure time?

62. Do you have any recreation facilities, specify?

63. Would you like to stay permanently in the home?
   Yes ☐  No ☐

64. If yes, specify the reason?

65. If no, what are you expecting from the Government?

66. What are the other problems in addition in the home? Specify EDUCATION AND TRAINING

67. What are you doing at present?

68. In what class are you studying?

69. Do you receive any Scholarships? Yes ☐  No ☐

70. If yes, it is sufficient? Yes ☐  No ☐

71. If no, how much do you think is desirable?

72. The reader charges which paid to you are sufficient?
73. If no, how much you are expecting?

74. Have you ever failed in your education after you have joined in the home?  
   Yes ☐ ☐ No ☐ ☐

75. If yes, specify the reasons?

76. Who is helping in reading out your books?

77. Do you have any text books in Braille for your study?  
   Yes ☐ ☐ No ☐ ☐

78. If yes, how far the books are useful for your studies?

79. If no, what is the other alternative?

80. Do you have any exemption in Science and Social maps?  
   Yes ☐ ☐ No ☐ ☐

81. If yes, do they give full marks to you regarding maps?  
   Yes ☐ ☐ No ☐ ☐

82. If no, give suggestions?

83. Have you undergone training courses?  
   Yes ☐ ☐ No ☐ ☐

84. If yes, give details?

85. Are you undergoing any training?  
   Yes ☐ ☐ No ☐ ☐

86. If no, why? Specify the reasons?

87. What is the course? (if any)

88. Do you get stipend?

89. If yes, what is the amount?

90. If no, give suggestions?

91. Is it Government Institutions?  
   Yes ☐ ☐ No ☐ ☐

92. Institution is by State or Central?

93. Do you thing you will get good opportunities in your future because of training?  
   Yes ☐ ☐ No ☐ ☐
94. Do you participate in extra-curricular activities?  
   Yes ☐  No ☐

95. If yes, give details?

96. What is the general attitude from the society towards you?

97. Are you trying for a job?  
   Yes ☐  No ☐

98. If no, why are you not trying? (specify the reasons)

99. If yes, what is the outcome?

   EMPLOYMENT

100. What are the problems you are facing in getting the employment?

101. What are your future plans?

102. What are the other suggestions that you would like to offer to improve the conditions of your category of handicap persons?