PREAMBLE

Human race is covetous about preservation of its species. This places a premium on communal power—physical and mental. It therefore emphasizes physical and mental adequacy of its members. Yet there have been such members in the species who have been inadequate physically or mentally or both. Histories of human societies give evidence that there has always been the issue of living along with such members. Attitudes of the 'adequates' towards the 'inadequates' have varied throughout the history of mankind.

Advancement in medical sciences, psychology, and education have combined in influencing the attitudes a great deal. Medical sciences gave and is continuing to give knowledge about the causes which make the individual 'inadequate'. Psychology has done and is doing the same regarding the knowledge of behaviours of the 'adequate' and the 'inadequate' individuals in the society. Education has carried on with the search of finding how these behaviours can be changed so that the 'inadequate' individual can integrate in the society with respect.

It is evident now that the 'inadequacy' is caused by a disease or disorder in health. It has also become clear that the 'inadequacy' of an individual is relative and it relates to the fulfilment of a role that is normal depending on age, sex and social & cultural factors for that individual.
It has become necessary hence to define and understand the stages between the disease/disorder stage and the final relative-inadequacy stage.

The World Health Organisation refers to the disease/disorder stage with the same term. It refers to the consequent (second) stage as 'Impairment' and defines 'Impairment' as "In the context of health experience, an impairment is any loss or abnormality of psychological, physiological or anatomical structure or function." (WHO, 1980).

The stage after that of Impairment is referred to as 'Disability' and defines 'Disability' as "In the context of health experience, a disability is any restriction or lack (resulting from an impairment) of ability to perform an activity in the manner or within the range considered normal for a human being." (WHO, 1980).

The last stage is referred to as 'Handicap' and 'Handicap' is defined as "In the context of health experience, a handicap is a disadvantage for a given individual resulting from an impairment or a disability, that limits or prevents the fulfilment of a role that is normal (depending on age, sex and social and cultural factors) for that individual." (WHO, 1980).

The WHO has drawn elaborate classifications of the inadequacies based on the predominantly impaired faculty, the resultant disability and handicap. However, the WHO also suggests simpler terms to describe the various categories of impairments. These terms are
descriptive and nearer to the terms used by common man. These terms are 'seeing difficulties', 'hearing and/or speech difficulties', 'moving difficulties', 'strange behaviours', and 'learning difficulties'.

(Helander, 1980)

In this study the investigator has worked with the families in which there is a child who could be referred to as one with 'learning difficulties.'

REFERENCES
