

**PUBLIC POLICY FOR THE WELFARE OF HANDICAPPED: A  
STUDY OF HANDICAPPED IN ANDHRA PRADESH**

**A Thesis Submitted to the University of Hyderabad  
in partial fulfillment of the requirements for  
the award of the degree of**

**DOCTOR OF PHILOSOPHY  
IN  
POLITICAL SCIENCE**

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## DECLARATION

I, P. Saibabu, declare that the work embodied in this thesis entitled "**Public Policy For The Welfare of Handicapped: A Study of Handicapped in Andhra Pradesh**" is the original work carried out by me under the guidance of Prof. G. Haragopal, Department of Political Science, University of Hyderabad.

The thesis or a part thereof has not been submitted for any other degree at this University or at any other Universities.

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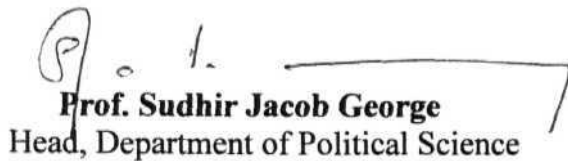
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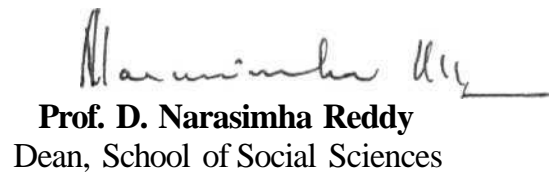
This is to certify that Mr. P. Saibabu worked under my supervision for the degree of Doctor of Philosophy in Political Science. His thesis entitled "**Public Policy For The Welfare of Handicapped: A Study of Handicapped in Andhra Pradesh**" represents his own work at the University of Hyderabad and it has not been submitted for a degree or diploma elsewhere.



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## CONTENTS

- Declaration
- Certificate
- Acknowledgement

### CHAPTER-1

**Pages No.**

#### **INTRODUCTION.....1-43**

- Welfare State and Public Policy
- Historical Origins
- Exposure and Destruction
- Care and Protection
- Training and Education
- Social Inclusion
- History of Social Attitudes towards the Handicapped in India
- Review of Literature
- Scope and Methodology
- Objectives of the Study
- Hypothesis of the Study
- Chapterisation
- Limitations of the Study

### CHAPTER II

#### **THE GOVERNMENT ORGANIZATIONS AND PROGRAMMES FOR HANDICAPPED:**

#### **THE PROMISE.....44-71**

- Situation in India
- Situating in Andhra Pradesh
- Establishment of Andhra Pradesh Vikalangula Cooperative Corporation
- Directorate for the Welfare of Handicapped
- Scholarships to Research Scholars
- Books & Instruments to ITI and Polytechnic Students
- Financial Assistance to Advocates

- Coaching for Competitive, Typewriting and Shorthand Examinations
- Supply of Musical Instruments to Professionals
- Incentive Awards for Marriage between Disabled and Normal Persons
- Celebrations of World Day of the Disabled
- Discretionary Grants
- Sanction of Tuition Fees to Handicapped Students Studying Professional Courses
- Education
- Training
- Employment for the Handicapped
- Homes and Hostels: The Scenario
- Summing Up
- References

### **CHAPTER III**

#### **HOMES AND HOSTELS FOR THE VISUALLY HANDICAPPED: INMATES'**

**PERCEPTION.....72-120**

- Personal and Parental Background of the Respondents
- Causes for Blindness and Medical Facilities
- Background of the Homes and Hostels for the Visually Handicapped
- Education, Training and Future Aspirations of the Respondents
- Summing up

### **CHAPTER - IV**

#### **HOSTELS FOR THE HEARING HANDICAPPED: INMATES'**

**PERCEPTION.....121-152**

- Causes For Hearing Impaired and Medical Facilities
- Background of the Hostels for the Hearing Disabled
- Education, Training and Future Aspirations of the Respondents



- Summing up

## **CHAPTER -V**

### **HOMES AND HOSTELS FOR THE ORTHOPEDICALLY HANDICAPPED: INMATES PERCEPTIONS.....153 -181**

- Causes for the Orthopedic Disabilities
- Background of the Home and Hostels for the Orthopedically Handicapped
- Education, Training and Future Aspirations of the Respondents
- Summing up

## **CHAPTER -VI**

### **STRIKES AND AGITATIONS OF THE PHYSICALLY HANDICAPPED: IMPACT ON PUBLIC POLICY.....182 - 213**

- The 1978 Agitation
- Demands putforth by the Committee and Government's Response
- 1992 Agitation
- Reasons Backdrop for 1992 the Agitations
- Forms of agitation and state response
- Support from Peoples Fora
- 1995 Agitation
- 1998 Agitation
- State Response
- Summing up

## **CHAPTER-VII**

### **CONCLUSION.....214-224**

<b>Bibliography.....</b>	<b>225 - 231</b>
--------------------------	------------------

Conferences and Workshops  
Magazines  
News Papers

## LIST OF TABLES

<b>Table No.</b>	<b>Title of the Table</b>	<b>Page No.</b>
3.1	Nature of Blindness	75
3.2	Blindness by Birth and After Birth	75
3.3	Age of the Respondents	76
3.4	Gender of the Respondents	76
3.5	Caste Background of the Respondents	76
3.6	Rural/Urban Background of the Respondents	77
3.7	Curability and Incurability of the Blindness	78
3.8	Income and Age at Which They Became Blind	78
3.9	Income and Blindness of other Members of the Family	79
3.10	Respondents' Parental Details	80
3.11	Parental Education	80
3.12	Parental Occupation	81
3.13	Annual Income of the Parents	82
3.14	Causes for Blindness	83
3.15	Rural-Urban Background and Causes for Blindness of Respondents	84

<b>Table No.</b>	<b>Title of the Table</b>	<b>Page No.</b>
3.16	Gender and Causes for Blindness of the Respondents	85
3.17	Caste and Causes of Blindness	86
3.18	Income and the Nature of Blindness	89
3.19	Respondents' Awareness of the Hostels and Homes	92
3.20	The Present Rates paid to the Inmates of the Homes and Hostels	93
3.21	Homes/Hostels and their Suggestions about Cosmetic Charges	94
3.22	Gender and Suggestions about the Cosmetic Charges	95
3.23	Homes/Hostels: Suggestions about the Cloth Allowance	96
3.24	Gender and Suggestions about Cloth Allowance	97
3.25	Suggestions of Respondents about Mess Charges	98
3.26	Existing Number of Readers in the Homes and Hostels	99
3.27	Existing Facilities in the Hostels and Homes	100
3.28	Problems in the Homes and Hostels	102
3.29	Grievance Redressal Machinery	103
3.30	Recreation and Extracurricular Activities in the Homes and Hostels	104
3.31	Present Educational Status of the Respondents	105
3.32	Education and Gender Background of the Respondents	106
3.33	Scholarships and Reader Charges by the Government of India	107
3.34	Respondents' Suggestions about the Scholarships	108

<b>Table No.</b>	<b>Title of the Table</b>	<b>Page No.</b>
3.35	Respondents' Suggestions about Reader Charges	110
3.36	Aspiration Level of the Visually Handicapped	112
3.37	Gender and Aspirations of the Respondents	114
4.1	Nature of Hearing Impaired	124
4.2	Hearing Impairment by Gender	124
4.3	Hearing Impaired by Birth and after Birth	125
4.4	Age of the Respondent	125
4.5	Gender of the Respondents	125
4.6	Caste Background of the Respondents	126
4.7	Rural / Urban Background of the Respondents	126
4.8	Respondents by Caste and Urban - Rural Background	126
4.9	Medical Treatment	128
4.10	Curability and Incurability of the Hearing Impairment	129
4.11	Respondent's Parental Details	129
4.12	Parental Education	130
4.13	Parental Occupation	131
4.14	Annual Income of the Parents	131
4.15	Causes of Disability	132
4.16	Gender and Causes for the Hearing Disability of the Respondents	133

<b>Table No.</b>	<b>Title of the Table</b>	<b>Page No.</b>
4.17	Rural - Urban Background and Causes of Hearing Impaired of Respondents	135
4.18	Caste and Gender Background of the Respondents	136
4.19	Caste and Causes of Hearing Impaired	136
4.20	Income and the Nature of Hearing Disability	137
4.21	Channel of Communication about the Hostels	139
4.22	The Present Rates paid to the Inmates of the Hostels	141
4.23	Hostels and their Suggestions about Cosmetic Charges	142
4.24	Gender and Suggestions about the Cosmetic Charges	142
4.25	Hostels Suggestions about the Cloth Allowances	143
4.26	Gender and Suggestions about Cloth Allowance	144
4.27	Suggestions of Respondents about Mess Charges	145
4.28	Existing Facilities in the Hostels	145
4.29	Problems in the Hostels	146
4.30	Grievance Redressal Machinery	146
4.31	Recreation and Extra-curricular Activities in the Hostels	147
4.32	Educational Status of the Respondents: Rural / Urban Origins	147
4.33	Educational Status of the Respondents: Gender Origins	148
4.34	Aspiration level of the Hearing Impaired Persons	149
4.35	Gender and Aspirations of the Respondents	150

<b>Table No.</b>	<b>Title of the Table</b>	<b>Page No.</b>
5.1	Nature of Orthopedically Handicappedness	154
5.2	Handicappedness by Birth and After Birth	155
5.3	Age of the Respondents	155
5.4	Gender of the Respondents	155
5.5	Caste Background of the Respondents	156
5.6	Rural / Urban Background of the Respondents	156
5.7	Curability and Incurability of the Handicap	157
5.8	Income and Age at which they became Orthopedically Handicapped	158
5.9	Respondent's Parental Details	159
5.10	Parental Education	159
5.11	Parental Occupation	160
5.12	Annual Income of the Parents	161
5.13	Causes for the Orthopedically Disabilities	162
5.14	Gender and causes for the Locomotor Disability of the Respondents	163
5.15	Rural - Urban Background and causes of the Orthopedical Disabled	164
5.16	Caste and Gender Background of the Respondents	165
5.17	Caste and Causes of Orthopedically Disabled	166
5.18	Income and the Nature of Hearing Disability	167

<b>Table No.</b>	<b>Title of the Table</b>	<b>Page No.</b>
5.19	The Channel of Communication	168
5.20	Homes / Hostels and Respondents Suggestions about Cosmetic charges	169
5.21	Gender and Suggestion about the Cosmetic Charges	170
5.22	Homes / Hostels Respondents Suggestions about the Cloth Allowance	171
5.23	Gender and Suggestions about Cloth Allowance	171
5.24	The Present Rates paid to the inmates of the Homes and Hostels	172
5.25	Suggestions of Respondents about Mess Charges	172
5.26	Existing Facilities in the Home and Hostel	173
5.27	Problems in the Home and Hostel	173
5.28	Grievance Redressal Machinery	174
5.29	Recreation and Extra-Curricular Activities in the Home and Hostel	175
5.30	Present Educational Status of the Respondents	176
5.31	Education and Gender Background of the Respondents	177
5.32	Present Rate of Scholars by the Government of India	177
5.33	Respondents Suggestions about the Scholarships	178
5.34	Aspiration level of the Orthopedically Handicapped Persons	179
5.35	Gender and Aspirations of the Respondents	179

## **CHAPTER - 1**

# **Introduction**



# **Chapter - 1**

## **INTRODUCTION**

In societies like India, the measure for a performing welfare state is its overall concern and commitment to its vulnerable sections particularly the handicapped or the 'disabled'. For the physically challenged is a category that has been hit by the nature and therefore deserve sustained attention. It is only the human species that can correct the deficiencies that the nature causes, be it of an individual or a group. The state that is said to be the product of a general will has special obligation towards that section of the society which cannot look after itself. The Welfare state is indispensable to vulnerable sections like the handicapped. It is in this backdrop a study of the public policy particularly policy for the disabled and its nuances assumes considerable importance.

### **Welfare State and Public Policy:**

The concept of Welfare State was first used by the ruling labor party in Britain in 1945. In England Welfarism was born in early 19<sup>th</sup> Century out of efforts to correct the abuse of factory system and improve penal institutions and outdoor relief. Humanizing the factory system was one form of meeting the grievances. At that time a new age of humanitarianism was dawning, which made the enfranchised and well-organized workers to clamor for substantive reforms. This led to comprehensive programme for social insurance in Britain followed by the programme of

unemployment and health insurance with the act of 1891. The famous Beveridge report of 1942 and the national insurance Acts of 1946 were mile-stones in the constitutional history of Great Britain which adopted a basic programme of social security, following Great Britain, Australia, Newzeland, Germany, Scandinavian countries, and finally France and Italy also had to incorporate a basic programme of security. But only in U.S.A. till 1930's there was no comprehensive programme of social security in spite of industrial revolution. But the great depression caused major insecurity in the country which resulted into a programme akin to social security in the form of adequate income for those who work, provision of welfare to those disabled resulting from accident, sickness, old age, so on. Thus welfare state in the west as well as in America was a continuation of liberal democratic revolutions started since 17<sup>th</sup> Century with a new framework of welfarism. This was a result of the conditions that arose out of industrial revolution <sup>1</sup>. Thus the welfare state is basically an institutional mechanism, for security or well-being of the people. However, these concepts are subjected to various interpretations and hence the concept is still ambiguous. <sup>2</sup> Jhones defines the welfare state as a form of society characterized by a system of Democratic Government which places welfare on a new footing and offer a guarantee of collective social care to its citizens concurrently with the maintenance of a capitalist system of production.<sup>3</sup>

<sup>1</sup> David, L. Sills, The Macmillan Company and the Free Press, New York, Encyclopedia of Social Sciences, 1972, pp.512-514

<sup>2</sup> Ibid, pp.512-514

<sup>3</sup> Jhones, P. The Elite in the Welfare State, London, 1966, p. 125.

According to Marshall "Welfare state is a part of complex society allied to a capitalist market economy and a democratic political structure".<sup>4</sup>

The Welfare State is a state which benefits its citizens in accordance with a certain set of principles. Hall writes "The distinguishing characteristic of the welfare state is the assumption by the community, acting through the state and taking upon the responsibility for providing the means whereby all its members can reach minimum standards of health, economic security and civilized living, and can share according to their capacity in its social and cultural heritage".<sup>5</sup>

According to Briggs, Welfare State not only establishes minimum standards of welfare but makes impact on social relationships in three ways: first by guaranteeing individuals and families a minimum income irrespective of the market value of their work or their property: second by narrowing the extent of insecurity by enabling individuals and families to meet certain social contingencies for example sickness, old age and unemployment which lead otherwise to individual or family crisis, and third by ensuring that all citizens without distinction of status or class are offered the best

<sup>4</sup> Paul Sicker, Principles of Social Welfare, An Introduction to Thinking about Welfare State, Routledge, London, 1988, p.77.

<sup>5</sup> Hall, Quoted in Forder A. Concept of Welfare in Social Administration, Routledge and Kegan Paul, London, 1974, p.2

standards available in relation to certain agreed range of social services.<sup>6</sup>

According to William Robson, the Welfare State is devoted to the well-being in whole society. It is as much concerned with maintaining or improving conditions for those who enjoy a good life style with raising of the standard of living of those who fall below an acceptable national minimum. The environment also becomes an essential aspect of welfare in welfare state. It is committed to a continuous improvement of social services in regard to their scope, adequacy and quality. The existence of a sense of fellowship and public spirit throughout the society is basic need of welfare state. Welfare State cannot be a genuine welfare state without having a welfare society as its counterpart, that each is complementary to the other.<sup>7</sup>

Given the ambiguity and plurality in "the concept of welfare state", Reishiratory in his article "the future of welfare state" has categorized various concepts of welfare state that prevail in the academic world today. First category includes the argument which stresses welfare state as a particular stage in the development of society in the process of social development, a particular type of society that emerges from industrial revolution with material abundance resulting from the great expansion of production together with freedom and tolerance which

<sup>6</sup> Briggs, A, The Welfare State Historical Perspective, European Journal of Sociology, 1961, pp.228-230.

<sup>7</sup> William, A Robson, Welfare State and Welfare Society Illusion and Reality, George Allen and Unwin Publishers Limited, London, 1976, pp. 175-178.

are caused by political development. Then here welfare state is so defined that it has an inevitable connection between the affluence and civil liberty, that it assumes its possibility only in a developed capitalist society. The welfare principles invariably could go with the essence of socialistic societies. However, it would be incomplete unless civil liberty is combined with the concept of welfare.

Second category views the welfare state as a way of life. According to this interpretation, the concept of welfare state has more to do with individual behavior. In the welfare state people pursue their individual way of life assuming that their fundamental living conditions are protected and promoted by the society. In spite of the state's broad coverage, they wish to limit its power. They appreciate the value of freedom, equality and fraternity, They are tolerant in almost all aspects of life-in religion, in belief, in sex and in behaviour.

Third, the policy side of the welfare state is emphasized. They consider the welfare state as a set of socio-economic policies securing the welfare of the citizens such as old age pension, unemployment benefits and a national health service so on. All the policies controlled by the public power are considered to be pursuing the policy network of welfare state. Bureaucratic system expresses the fundamental characteristics of welfare state.<sup>8</sup>

<sup>8</sup> Reishiratori, The Future of Welfare State, in the Welfare State East and West, Richard Rose, and Reishiratori, (ed.) Oxford University Press, New York, 1986, pp. 193-194.

The basic objective of any equity should be examining and analyzing the concept of social welfare and its application through the specific policy based programmes undertaken by the state. There are many studies in India which have focused on social welfare administration regarding socially under-privileged groups and otherwise known as backward classes consisting of scheduled caste, scheduled tribes and backward communities. But there are very few studies which focus and analyze the Welfare programmes for the welfare of physically handicapped or physically challenged persons including the blind, deaf, mute, Orthopedically handicapped so on. Hence, there is a need to study the programmes and policies undertaken by the Government for this specific category of persons. Given the vastness of the area, there is a need to delimit the nature of inquiry by focussing on a specific categories of blind RVH, deaf, dumb and O'm persons.

The study focuses on the programmes and policies undertaken by the Central Government in general and Government of Andhra Pradesh, in particular. There is more specific focus on the decade of 80s and 90s. The decade of 80s happens to be the International year of disabled persons and the declaration of UN decade 1983-1992 as the decade of physically challenged is significant. The study attempts to analyze not only policies but institutions involved in carrying out the administrative policies for the welfare of the handicapped.

Of all these categorizations the policy side of the welfare state seem to be an important categorization because it is the policy of the state that determines whether the state can be characterized as a welfare state or not - "Policy is an important lay type of State" - According to Dror. "It is the policy which decides major guidelines for action directed at the future, mainly by Government Organization. These guidelines (Policies) formally aim at achieving what is in the public interest by the best possible means."<sup>9</sup>

The state through a number of public policies seeks to intervene positively in the developmental process by stimulating production and ensuring distributive justice. The policies are broadly of two types: one, comprehensive policies that lead to structural transformation, and two, incremental policies which are of a reformative type. The structural policies are those which touch the ownership of the means of production and the incremental policies are intended to provide some relief to the poorer sections without affecting the basic socio-economic structure of the society.<sup>10</sup>

This study also attempts to analyze the plight of the disabled, the historical aspect of their existence, the performance of the state towards them in the past, and the present.

<sup>9</sup> P. Yehazkel Dror, Public Policy making Re-examined, the Hebrew University of Jerusalem, Chandler Publishing Company, 1968, p. 12.

<sup>10</sup> G. Ram Reddy and G. Haragopal, Public Policy and the Rural poor in India, Centre for Economic and Social Studies, Hyderabad and concept publishing company, Delhi, 1984,p.1.

The individual is a part and product of his social environment. His social relationships and his status and role performance are the vital areas of his social functioning. He lives in society, community, neighborhood, and family, not only as an individual but as a responsible person with multiple roles and statuses in a complex network of social relationships. The concept of a full and happy life is linked with the individual's healthy social adjustment and its zestful social functioning. An unhappy social life tells severely upon other areas of one's being. In the case of the physically handicapped it is a known fact that many of them, if not all, lead an imbalanced and frustrating social life. Their relationships, their attitudes and their behavioral patterns are vitally affected by the nature and extent of the harmony or disharmony of their relationship with family members, relatives, friends, community members, workplace colleagues and employers etc., Tragically enough, they are "less handicapped by their own physical disability than by the social attitude"<sup>11</sup> meted out to them in every walk of life.<sup>12</sup>

The problems of the physically handicapped are not only those caused by their disability per se, but also those of adjustment in a world whose apathetic or hostile attitude towards them magnifies their troubles and threatens their very existence as

<sup>11</sup> Silver H. "The Physically Handicapped", Social Work Year Book, 1957, P.412. S.P. Shrivastva, "Social Work and the Rehabilitation of the Physically Handicapped", The Journal of Rehabilitation in Asia, January, 1970, Vol-XI, No:1, P.32.

<sup>12</sup> S.P. Shrivastava, IBID.



human beings. A disabled man, like every other man, is a "social being" and is, therefore, no different from his able-bodied brethren. It is an irony, however, that he is not accepted by society as he is, for it invariably focuses its attention on his disabilities rather than on his abilities.

Society has always treated its physically handicapped members as a strange species altogether. Often they are regarded as inferior not only with respect to their specific physical limitations, but also as "total beings". The question and issues of the physically handicapped are, therefore, most difficult to deal with. Victims of disease, deformity or accident, they have been further victimized by the peculiar and irrational prejudice that society has always displayed towards its physically inferior.

### **Historical Origins:**

From a historical point, there are four distinct stages of social attitudes towards the physically handicapped;

1. Exposure and Destruction.
2. Care and Protection,
3. Training and Education.
4. Social inclusion.

## **Exposure and Destruction:**

In the prehistoric days, the elimination of the handicapped was achieved by Nature herself, through the operation of the law of 'survival of the fittest! Most of the primitive tribes would discard their disabled fellow beings on the grounds of physical unfitness to fight the foes and the wild animals. Deformed children were killed out right without any objection from the tribal chiefs. The Eskimos and the Dine tribes of North America are accustomed to kill their old and disabled fellow-beings because they are unfit to struggle hard for existence. The Masai, Dieri, the Carib and many tribes of Australia and Hawaii and quite a few of the Negro tribes of Africa, have also been following the same inhuman practice of abandoning the maimed and the crippled. Other tribes like the Navajo and Macri treated them jocularly and nicknamed them in funny forms. But then there are some primitive tribes which have shown clemency and softness of heart to their physically handicapped members. "Among Blackfoot Indians, infanticide, even in the case of marked deformity, is unknown and the ill or otherwise afflicted are always cared for by their family, even if sacrifice of the best interests of the rest of the family is necessary."<sup>13</sup>

"The Andamanese and the Bushman of Africa also exhibited a marked consideration for the disabled. Among the Andamanese, members of the group who

<sup>13</sup> Clark Wissler, "Social Organisation and Ritualistic Ceremonies of the Blackfoot, Indians", Anthropological papers of the American Museum of Natural History, Vol-VI, p:186

are disabled in any way are generally provided better conditions than the normal members of the group.<sup>14</sup>

Even the Mongols who were said to be cruel made some provision for the disabled. Marco Polo in the account of his travels through the Mongol Empire of Kublai Khan mentions that in the city of Kin-sai there were watchmen patrolling the streets who, if "they notice any person who from lameness or other infirmity is unable to work, they place him in one of the hospitals, of which there are several in every part of the city, founded by the ancient kings, and liberally endowed. When cured he is obliged to work on some trade".<sup>15</sup>

"The unwritten law of primitive society was that the disabled were to be sacrificed to the good of the group, this was carried over into the written law of the ancients and determined the course of the treatment of the disabled persons for many centuries".<sup>16</sup>

"According to Deneil, the Babylonians did not admit any person with physical blemishes to the Court".<sup>17</sup>

<sup>14</sup> Hugo Obermaier, "Der Mensch aller Zeiten," Regensburg, 1924, 1,185, as quoted by Henry H.Kessler in *The Crippled and the Disabled*, p:15.

<sup>15</sup> Manual Komroff, (Ed.,) *The Travels of Marco Polo*, pp. 242-243.

<sup>16</sup> O. Perl Kruppelium und Gasellschaft in *Wandel der Zeit*, Gotha, pp:2-3.

<sup>17</sup> *Ibid* P.86.

"The Hebrews did not permit a crippled or deformed Levite or priest to officiate in the Temple (because of the fear and dread of the inexplicable.) But the attitude towards the crippled as a member of society was one of the important considerations. This is shown in the Laws of Moses which note that a cripple was not to be destroyed. Crippled priest were given their share of the Holy things".<sup>18</sup>

Early Greeks destroyed crippled members because of their ideal of bodily perfection. The Athenians allowed their crippled children to die of cold and neglect, while the Spartans took theirs to the hill tops and killed them,<sup>19</sup> In Thebes, such offences were punished by death.<sup>20</sup>

Among the early Romans, the father had the right to destroy a deformed child if he first exhibited it to five neighbors and obtained their consent. The attitude of Romans Society toward the crippled found expression even in the form of Law, for, the Twelve Tables, which were promulgated in 541 - 540 B.C. extended the authority of the father so that he, individually, could destroy a crippled child immediately after its birth.<sup>21</sup> "Trade in slave dwarfs and maimed beggars became extensive among

<sup>18</sup> O.Perl,K.ruppletum and Gasell schaft in Wandelder Zeit, quoted by Henry H. Lessler, pp : 16-17.

<sup>19</sup> Will Durant, The Life of Greece, p:81.

<sup>20</sup> William E. Lecky, History of European Morals, Vol. II, p.26.

<sup>21</sup> Will Durant, Caesar and Christ, p:56.

Romans during 541-540BC. It was very profitable and the merchants even took entirely normal children and deformed them by binding them in artificial bandages to stunt their growth, or mutilated them so that they might collect money as beggars for their masters".<sup>22</sup>

Strangely enough, although the Spartans destroyed deformed children, they gave all possible protection to their war-disabled. From Aristotle's account of the State of the Athenians, it is evident that during the golden age of Pericles, i.e., in the 5th Century B. C. financial support and work were given to the war-disabled as well as the handicapped civilians by the governing board of Athens. Even thinkers like Plato and Aristotle consented in principle to the gruesome practice of disposal of the disabled. In Plato's ideal state there was no room for the physically unfit. For, Plato says in his Republic, "Surely then, to him, who has an eye to see, there can be no fairer spectacle than that of a man who combines the possession of moral beauty in his soul with outward beauty of form. . . . No, not if there be any defect in the soul, but if it is only bodily blemish, he may so bear with it as to be willing to regard it with complacency".<sup>23</sup>

This means that according to him the body and the soul are considered to be two aspects of a single whole, so that defect in the one indicates or involves a defect

<sup>22</sup> William E. Lecky, History of European Morals, Vol. I, p.29.

<sup>23</sup> Plato quoted by G.L. Dickinson in The Greek View of Life, pp.138-139.

in the other. Likewise, Aristotle declared; "Nothing imperfect or maimed shall be brought up".<sup>24</sup>

### **Care and Protection:**

With the spread of Christian ideals in the West and Buddhist doctrines in the East, these outrageous practices were gradually abandoned. But still the physically handicapped were boycotted socially. The twelve defects given in the Bible that disqualify a priest from officiating include: "a blind man, or a lame, or he that hath a flat nose, or anything superfluous, or a man that is broken-handed, or crookbacked, or a dwarf, or hath a blemish in his eye or be scurvy, or scabbed or hath his bones broken". The destruction of human life was considered sinful according to the fundamental principle of non-violence. Both these religions emphasized the need for protecting all types and classes of under privileged groups, including the physically handicapped. One of the most unequivocal teaching of Jesus Christ was that one should have compassion and mercy towards the deprived, the needy and the poor. The Christian community, in general, and the Church officials in particular, became interested in the custody and care of the mentally, visually and the physically handicapped.

<sup>24</sup> Willdurant, The Life of Greece, p.87.

There was emphasis on the brotherhood of man and on the responsibility of the strong to protect the weak. St. Jerome urged; "One should be eye to the blind, arms to the weak and feet to the lame". Many hospital fraternities were set up to give shelter, food and clothing to the physically handicapped. The most prominent of these brotherhood institutions was founded by St. Basil in 369 AD at Caesaria, Cappadocea, with the decline in the power of the Church, the care and protection of the poor and infirm were transferred to the State and local authorities. This marks the early beginning of the state intervention.

During the middle ages, a cripple was mocked at in the streets, treated harshly and driven to jugglery, begging or crime. Crippledom was linked in men's mind with malignity, divine punishments and superstitious fears. Parents often refused treatment of a crippled child on the ground that it is contrary to the will of God. The Christian culture prevented the killing of the crippled; but it failed to save them from social boycott. The disabled court jester and the beggar capitalized on their disability and were the focus of private and public attention in medieval society. "Among the beggars, jugglers, dancers, the leaders of the trained animals, the players of the flute and bagpipes, the thieves, quacks and mount banks, who thronged the roads and big ways of many ages, who filled the fair grounds and roamed the country, many were hunchbacked, lame, twisted of limb and horrible to look at. We remember the dwarfs and monsters who belonged to the regular retinue of princes and noblemen, immortalized by regular retinue of princes and noblemen, immortalized by the

paintings of Velasquez and Riberra which enable us today to identify infantile spastic paresis, certinism and achondroplasia underneath the lace, the features and the finery and at the other end of the scale, we think of Breughl's terribly dramatic painting in which a row of miserable, blind beggars are tied together by their common fate and crawl through an unfeeling world.<sup>25</sup>

Even reformers and thinkers, like Martin Luther, held the physically handicapped in contempt and justified their removal from society by death as "an act well-pleasing to God". "Between the time of promulgation of Twelve Tables in Rome and the eleventh century, only one instance of public provision for the crippled has been traced. This was in 590 AD when Pope Gregory included the crippled in his classification of the infirm and the destitute, to be supported from public funds".<sup>26</sup>

The first attempts to alleviate the misfortunes of the physically handicapped came from charitable societies of a religious nature. It was not until the sixteenth century that any legislative provision was made for the disabled. The 22<sup>nd</sup> Statute of Henry VIII, which dealt with the punishment of beggars and vagabonds in England, allowed the impotent to beg in the place of their birth. There was, however, no provision for maintaining them until the passing of Statute 27<sup>th</sup> in year 1535 - 36,

<sup>25</sup> Ibid. P.88.

<sup>26</sup> H.E. Abt, The Care, Cure and Education of the Crippled Child, p:89.



which made it incumbent upon the authorities concerned to give succor and relief by way of voluntary charitable alms so that they might not be compelled to beg in the stress. In 1569, by another Statute, the aged, infirm, sick, lame or blind were to be taken to St. Bartholomew's or St. Thomas' Hospitals. In England, specific poor Relief Acts were passed in 1573 and 1601 authorizing the imposition of a rate for the purpose of supporting those who were incapacitated for work.

Some attempts were also made in the ancient and mediaeval times to cure various disabilities, but the methods of treatment were quite primitive and unscientific. Mere care and protection, however, were not enough. The stages of 'cutting off' and 'casting out' came to an end in Western civilization with the Era of Renaissance, which brought in its wake a great intellectual, social and spiritual awakening. Besides, the organization of society itself rendered it impossible to have a large number of its handicapped members loitering about. As a result, institutions for the poor and the destitute were founded to include the physically, mentally and visually handicapped. The exploitation of crippled children as mendicants, moved St. Vincent de Paul to establish, in 1634, the first haven of refuge for them.<sup>27</sup>

<sup>27</sup> (Dr. Jose Murickun S.J., George Kutty Karaparampil, (1995: *"Persons with Disabilities in Society"* Kerala Federation of the Blind, p. 184).

## **Training and Education:**

A third phase in the history of social attitudes characterized as "Training and Education" of the physically handicapped. With the advent of the eighteenth century, the ideas of liberty, equality and fraternity gained currency and the rights of the individual superceded the collective interest of the State or Society. The individualism could not but change for the better the conditions of the physically handicapped. Some of the eminent thinkers and educators turned their attention to the miserable lot of the handicapped and pleaded for a better deal for them. Consequently, a number of institutions for the blind, the deaf and mute, for the severely crippled, and for mental defectives sprang up. Crusaders of this mission of mercy were found amongst the priests, the physicians and the psychologists.

The first institution for crippled children was founded by Jean Andre Verrel at Orbe, Switzerland, in 1780. In 1832 the first home which combined care and education was founded in Munich, Germany for the exclusive benefit of crippled children. In 1851, the first institution for them was established in England, followed by one in France in 1853, the United States of America in 1863, Italy in 1874, Denmark in 1877, Sweden in 1879, Finland in 1880 and Norway in 1893. But throughout, the physically disabled were still regarded as objects of pity, as can be seen from contemporary literature.

Simultaneously, medical science also made great strides in the treatment of crippling diseases. It was realized that prevention and early care would relieve society of the burden of supporting the physically handicapped person throughout his life. In 1780, an English orthopedic surgeon wrote; "With the heritage of the ages, it is wise to begin with their treatment, it is wise to begin to build before the mind becomes warped. They have been shunned and restricted in their imprisonment and isolation. Their faults can only be removed by moral and intellectual training".<sup>28</sup>

In 1900, Dame Agnes Hunt, herself a crippled since the age of ten, started the first convalescent home for crippled at Bas-church in England, later to become the Robert Jones and Agnes Hunt Orthopedic Hospital. She also established the first 'After Care Clinic' in 1907. Similar developments took place in other countries of the West. With the gradual progress of orthopedic science, the social attitudes towards the physically handicapped softened.

### **Social Inclusion:**

Towards the end of the nineteenth century, vocational problems of the handicapped started attracting the attention of the public. In limited measures, some efforts were made to solve them. Before the beginning of the twentieth century, a number of Acts were promulgated in some of the progressive countries of the world,

<sup>28</sup> Quoted in "Vocational Rehabilitation of the physically Handicapped", Vocational Rehabilitation Series No.25. U.S.A., 1936, p:90

safeguarding the interests of the disabled workers. Several other factors, operating side by side, crystallized public opinion to the basic needs of the disabled. They were; growth in the size of the problem, development of an industrial society, spread of universal compulsory education, and rise of the democratic institutions.

Pioneering efforts to find a constructive solution to the problem of the physically handicapped were made by individuals with profound zeal and foresight. In 1917, a young industrialist of U.S.A Jeremiah Milbank, started the Red Cross Institution for Disabled Men, which induce course, came to be known as the New York Institute for the Crippled and Disabled. He thus paved the way for the vocational rehabilitation of the disabled. In England Robert Jones, in Germany Dr. C. Biasalski and in Vienna H.S.Spitzzy - all of them doctors working with the physically handicapped were the pioneers of rehabilitation in their countries in the nineteen twenties.

Finally, World Wars gave a new meaning to the term 'rehabilitation'. Prior to these wars the activities for the welfare of the physically handicapped were concerned only with their day-to-day requirements of food, clothing and shelter. Thereafter, a distinctive trend evolved in modern society endeavoring to integrate the handicapped in its fold. Rehabilitation gained currency in many countries of the West as well as of the East. The war production records of the disabled and the intensive publicity drive to enlighten people in general and employers in particular, on their abilities and

disabilities have done much to soften public attitude towards the handicapped. Their inclusion in the United Nations social welfare programme has undoubtedly conferred recognition and desirable position in society.

The above account testifies that the attitude of society has been changing in course of time. The greatest change has been from marked fear and hatred to general sympathy and tolerance. Even the unchanging East started gradually changing its attitude towards the disabled. It is observed that in the Orient, lack of scientific knowledge and traditional revulsion for physical deviants is giving place to western science and modern attitude towards the physically deformed. In Japan, where this traditional revulsion had reached heights unknown in the western world, there are now societies of and for the handicapped. With a large number of students in western universities, and through the establishment of proper facilities, scientific rehabilitation is becoming an actuality. India, the home of uncounted millions of sick and disabled, now has her rehabilitation centers and physical therapist. Israel, which accepts immigrants regardless of their physical condition, is organizing an excellent programme of medical and rehabilitative care for its expanding populace. Siam has a programme for educating its blind; Iran has formed one of its own. These developments not only mean more and better care for millions of handicapped persons, but taken together reflect the international ideal of service, which is the hope of a peace-seeking world.<sup>29</sup>

<sup>29</sup> Henry H. Kessler, *Rehabilitation of the Physically Handicapped*, P.92.

## **History of Social Attitudes towards the Handicapped in India:**

It has been a part of India's cultural heritage and legacy to help the poor and the needy even at a great personal sacrifice. In keeping with this tradition, every possible protection to the physically handicapped was debated by the society. In India we do not find any tangible instances of the inhuman practices of exposure and destruction, which characterized the primitive attitude towards the disabled. A foreign writer has stated that 'In ancient India the physically deformed children were cast into the Ganges'.<sup>30</sup> Nowhere in the recorded history of India do we find any evidence to prove that this was a general practice. On the contrary, a reference to Mahabharata shows that the handicapped were treated with sympathy. In the scriptures it is stated that Narada interrogates Yuddhisthira. "Do you treat as father, your subjects who are afflicted with blindness, dumbness, lameness, deformity, friendliness and those who have renounced the world?" 3)

The kings were expected to provide for the war-disabled and their dependents, for, Narada again puts a question to the eldest of the five Pandavas. "Do you maintain the women of those who died for you or who have come to a sad plight

<sup>30</sup> H. Hortwits, "The Cripple's Place in Society throughout the Ages". The Nations Health, August, 1923, quoted by Henry H. Kessler in The Crippled and the Disabled. P. 16.

<sup>31</sup> Mahabharata, II, p.93.

while fighting for you on the battlefield? And do you also maintain those who are wounded on the battlefield while fighting for you?" <sup>32</sup> The answer to this question was affirmative.

Likewise, laws of Baudhayana enjoined. "Granting food, clothing and shelter, they (kings) shall support those who are incapable of transacting legal business, viz., the blind, idiots, those immersed in vice, the incurably diseased, those who neglect their duties and occupations, and so on". <sup>33</sup>

The eminence of Ashtavakra (literally meaning a man with eight physical deformities) who was first jeered at by the pandits at the court of king Janaka, because of the crookedness of his body, but whose learning ultimately drew their plaudits. The status of Manthara as the favorite maid servant of the royal queen, though hunch backed, and the acclamation of Vamana, a dwarf, as an incarnation of God Vishnu, unmistakably show that even in early times the Hindu society gave some place to the individual merits of handicapped people. In India, the attitude towards the crippled never reached that height of cruelty that demanded their ruthless destruction.

<sup>32</sup> Mahabharata, II, 5,54

<sup>33</sup> Baudhayana, II, 2,3,37-39.

Religion stressed the values of charity, philanthropy and mutual help. The giving of alms, and the feeding and care of the destitute and the disabled were considered acts of religious merit as well as of spiritual redemption. The Hindu society, as it existed in those days, was virtually based on a joint family system, which among other things, ensured the provision of food and shelter to the helpless and the homeless.

One of the daily duties of the householder that Manu lays down is. "Let him gently place on the ground (some food) for dogs, out-castes, chandalas (svapak), those afflicted with diseases that are punishments of former sins, crows and insects". . . . . "Without hesitation he may give food, even before his guests, to the following persons, viz., to newly married women to infants to the sick and to pregnant women".<sup>34</sup>

These rules show certain consideration that is shown to the afflicted by way of protection and care. While laying down the duties of the King, Manu says: "The king should always give gifts and do other kinds of charities to a learned Brahmin, to one who is affected by disease or affliction, to one who is young (an orphan) to him who is very old and also to him who is born in a noble family".<sup>35</sup>

<sup>34</sup> Manu, III, 92-116, Cf. Apastamba, II, 9, 5-61; Yajnavalkya, I, 103, 105; Vishnu LXVII 26, 39, p 94.

<sup>35</sup> Manu, VIII, 395, Ibid.



*Manu further observes:* "A blind man, an idiot, (a cripple) who moves with the help of a board, a man fully seventy years old, and he who confers benefits on Shortriyas; shall not be compelled by any (kind) to pay a tax"<sup>36</sup> Although, Manu does not show any inclination to give the physically handicapped status in society, as is evidenced from the following excerpts:

"Let him (house holder) wed a female free from bodily defects, who has an agreeable name, the (graceful) gait of a hamsa (swan) or an elephant, a moderate (quantity of) hair on the body and on the head, small teeth and soft limbs".<sup>37</sup>

"Let him (house holder) not entertain at a Shraddha (anniversary of the dead) he who does not follow the rule of conduct, a men destitute of energy like (a) eunuch, one who constantly asks for favors, he who lives by agriculture, a club-footed man, and he who is censured by virtuous men"... "If a lame man, a one-eyed man, one deficient in a limb, or one with a redundant limb, be ever the servant of the performer (of the Shradda,) he also must be removed from that place (where the Shrada is held,)"<sup>38</sup>

<sup>36</sup> Manu, VIII, 394, Ibid.

<sup>37</sup>Manu, III, 10, Ibid.

<sup>38</sup> Manu, III, 165-242, p.95

To the king, Manu prescribes: "At the time of consultation, let him (the king) cause to be removed idiots, the dumb, the blind and the deaf, animals, very aged men, women, barbarians, the sick and those deficient in limbs. Such despicable persons likewise animals, particularly women betray secret council".<sup>39</sup>

*In his Civil and Criminal Codes, Manu lays down:* "that the king should not be a witness to the following:" not one wholly dependent, not one of bad fame, nor a Dasya (slave,) nor one who follows forbidden occupations, nor an aged (man,) nor an infant, nor one (man alone,) nor a man of the lowest castes, nor one deficient in organs of sense".<sup>40</sup> He added "with whatever limb a man of low caste does hurt a man of the three highest castes even that limb shall be cut off. "He who raises his hands or a stick, shall have his hands cut off; he who in an anger kicks with his foot, shall have his foot cut off.<sup>41</sup> "With whatever limb a thief in any way commits an offence against men, even of that the king shall deprive him in order to prevent a repetition of the crime."<sup>42</sup>

*About inheritance Manu says:* "Eunuchs and outcastes, person born blind or deaf, the insane, idiots and the dumb, as well as those deficient in any organ (of

<sup>39</sup> Manu, VII, 149-150, Ibid.

<sup>40</sup> Manu, VIII, 66, Ibid.

<sup>41</sup> Manu, VIII, 279-280, 70, Ibid.

<sup>42</sup> Manu, VII, 334, Ibid.

action or sensation) receive no share".<sup>43</sup> The handicapped, the aged, women and persons of low caste or low occupation are put on par by Mann for socio-legal and socio-religious rights.

*Manu holds that the causation for one being handicapped as follows: "Some wicked men suffer a change of their (natural) appearance in consequence of crimes committed in this life, and some in consequence of those committed in a former (existence)". He adds "thus in consequence of a remnant of (the guilt of former) crimes, are born idiots, dumb, blind, deaf and deformed men, who are all despised by the virtuous"*<sup>44</sup>.

That is the teaching of Manu. This trend is broadly the trend that one notices in the primitive time. However, in degree and magnitude Manu's approach is more severe, harsh and deeply anti handicapped.

Satatapa asserts that men guilty of grave sins that have not undergone Prayaschitta are, after undergoing the torments of Hell, born with bodies marked with certain condemned signs. One guilty of grave sins bears such signs for seven births, one guilty of upapataka for five births and one guilty of papa for three births.<sup>45</sup> Even

<sup>43</sup> Ibid.

<sup>44</sup> Ibid

<sup>45</sup> Satatapa, 1, 1-5, Ibid.

medical workers like Charaka Samhita held that diseases were the consequences of actions done in past lives.<sup>46</sup>

In ancient India, when the state and the joint family, and to a certain extent, the caste, took care of the individual who needed shelter and protection against the rigors of life, the physically handicapped did not present a problem. In the compact rural community, the headman was entrusted with the task of looking after welfare of its distressed and disabled members.

The theory of Karma was instrumental in depriving the disabled of their inherent right to lead an independent life. It was believed that the disabled were reaping what they had sowed in lives be gone and any attempt to ameliorate their lot would, therefore, interfere with this divine justice.

During the period intervening Smritis and the Guptas the social attitude towards the handicapped became more tolerant due to Buddhist influence. Buddhism emphasized the virtues of mercy, charity, truth, purity, kindness goodness and above all, non-violence. The followers of the Great Buddha practiced the preaching of their master and showed great compassion and regard for the decrepit, the maimed and the disabled. At the same time, somewhere in the middle of the sixth century BC another faith, Jainism, was born. Jainism also followed the same fundamental doctrines of

<sup>46</sup> Sutrasthanam, 1,116, Ibid

non-violence and selfless service to all living beings, including the physically handicapped.

Vocational rehabilitation presupposes a more humane approach to the handicapped. This foundation was already laid by Buddhism and Jainism. The Golden age of the Muryas, especially during the reign of Chandragupta stands out unique in establishing workshops for the vocational rehabilitation of the physically handicapped as well as other socially and economically handicapped members of the kingdom. Kautilya lays down; "The king shall provide the orphans, the aged, the infirm, the afflicted and the helpless with maintenance".<sup>47</sup>

Regarding their employment Kautilya states: 'those women who do not stir out of their houses, those whose husbands are gone abroad and those who are crippled or girls may, when obliged to work for subsistence, be provided with work (spinning out threads) in due courtesy the medium of maid-servants of the weaving establishments. He maintains that "Widows, crippled women, girls, mendicant or ascetic women, women compelled to work in default of paying fines, mothers of prostitutes, old women, servants of the king, and prostitutes who have ceased to attend temples on service, shall be employed to cut wool, fiber, cotton, panicle, hemp and flax."<sup>48</sup>

<sup>47</sup> Kautilya, Arthashastra Book II, Chapter - 1 , p.97.

<sup>48</sup> Ibid

Kautilya, one of the leading political strategists of his times, made it a special point to employ dwarfs, the hunchbacked and otherwise deformed people as political spies as well as secret agents in royal palaces.<sup>49</sup>

After Chandragupta, during the reign of his grandson, Ashoka, philanthropic work on behalf of the decrepit and the downtrodden expanded greatly. A staunch believer in Buddhism, he initiated special measures to provide medical relief. "Everywhere the King Priyadarsi, beloved of the Gods, has provided medicines of two sorts, medicines for men and medicines for animals. Wherever plants useful for either men or for animals were needed, they were imported and planted".<sup>50</sup>

Ashoka built hospitals on all the highways throughout his empire, stationed physicians and provided food, water and medicines. During the reign of Ashoka, charitable institutions for the care of the handicapped were established. Gopas, the village officials kept records of castes, gotra, births, deaths and marriages and looked after people in health and illness. The coins of the days of Samudra Gupta have a figure of a dwarf near the king. He seems to have occupied an exalted position in the kingdom.

<sup>49</sup> Vide Kautilya, Book, Chapter - II, Ibid.

<sup>50</sup> Rock Adict II of Ashoka, Ibid, p.98.

We get another insight into the social history of ancient India through the writings of Fa Hien, who came to India from China in 400AD. He writes; "the nobles and householders of his country have founded hospitals within the city (pataliputra) to which the poor of all countries, the destitute, crippled and the diseased may go. They received every kind of requisite help gratuitously. Physicians inspect their diseases, and according to their cases order them food and drink, medicine or decoctions, everything in fact that may contribute to their recover. When cured, they depart at their convenience".<sup>51</sup> Once in a year, King Harsha used to give away everything to the learned, the needy and the afflicted. He also employed deformed persons as spies in his harem.

In medieval India, the Muslim rulers followed the example of their Hindu predecessors in looking after the needs of the aged and the infirm, the destitute and the crippled. One of the Five Rukans (duties) of Islam, Zakat (charity,) was strictly adhered to by the Muslim rulers. The forms that this charity took were; alms to the poor and the infirm, construction of mosques, rest-houses, erection of ponds, hospitals and orphanages. The Mughuls had a special department with a head (sadr) to supervise charities and endowments. During the reign of Emperor Akbar, the benefits of such charitable institutions were extended to include even non-Muslims. During medieval periods, local Rajput chieftains looked after their distressed subjects.

<sup>51</sup> Fa Hien, quoted by R.C. Dutta in *Civilization in Ancient India*, p.59.

The inroads of Western civilization in the eighteenth century was a set back to many of the old institutions. The old order changed. The studies reveal that "the social institutions and the individuals lagged behind". And "the safeguards which were in vogue in the old order ceased to be effective as the new ways of life made heavy demands on individuals". Both these situations gave rise to a series of complicated problems. With the result "the dumb, the deaf, the blind, the physically and mentally handicapped and the mentally ill, who were formerly cared for in the family were being exposed to new dangers". The state did very little directly for children. Thus, before the state effort had become effective the family was incapacitated to take care of the problematic persons. This led to "destitution, beggary, delinquency, crime and immoral traffic to a considerable degree". It is observed that the crumbling of the old order, absence of new and appropriate substitutes, and confusion in transition made the situation extremely complicated."<sup>52</sup>

Sporadic efforts to set up hospitals and charitable homes for destitute were made in the country by individual philanthropists. A good deal of spadework in this field was done by Christian missionaries. By the end of the nineteenth century, schools for the deaf and the blind were founded, but none for the crippled. The problems of the crippled remained unsolved until after World War II, when the attention of the government and the public was drawn to the necessity of establishing centres for the rehabilitation and resettlement of the disabled veterans of war. Only

<sup>52</sup> V.M. Kulkarni, "Child Welfare in India", in Social Welfare in India, Report published by the Planning Commission, Government of India, P.99.



after Independence, problem of the civilian handicapped came into the limelight. As a result several government subsidized welfare and voluntary organizations sprang up during the last forty years.

In this long civilizational history there are certain encouraging and positive legacies but also distressing practices. This could be described in the two powerful traditions: one represented by inhuman approach of Manu and the other followed by Kautilya who was more considerate. This ambiguity is reflected even in the contemporary period. For these traditions together created compassion, sympathy and support at one level but indifference, casualness and deficient policy measures at another level. In contrast the Islam and Christianity have a far more positive approach towards the handicapped.

Given this backdrop much remains to be done to harmonize the attitude of the society towards its physically handicapped members. The common man of India still believes in the antiquated ideas of fatalism. The common woman still attributes the birth of a congenital cripple to some superstitious causes such as the evil influence of the lunar eclipse, or the charm of a witch or the non-observance of certain customary practices during pregnancy. Sympathy and understanding are confined only to those people who are closely associated with the welfare of the physically handicapped. Pity and avoidance are the most widely prevalent attitudes. These attitudes can well be demonstrated by the fact that people are always prepared to part with a coin to get

rid of a pestering handicapped beggar<sup>53</sup>, but are never prepared to probe into the causes which forced the unfortunate man to beg in the streets. This overall approach of the state and the civil society leaves several issues unattended to and hence the magnitude of the problem.

Given the magnitude of the problem, there has not been adequate research studies to provide an insight into this very complex problems. There are a few studies published concerning with the disabled persons. When compared to other areas like social welfare the works published on disabled welfare in terms of policy aspects are very few. There are a few academic works on blind or visually handicapped or the other handicapped categories. The following are findings some of the studies on the handicapped.

<sup>53</sup>They are under the impression that by putting a few coins into the begging bowl, they not only come to the rescue of a sinner of the past life, but also unconditionally reserve a seat for themselves in the heaven above. This popular philosophy of charity is misconceived. It is not helping the needy but helping oneself. In spite of repeated appeals from social workers and government officials, people have not given up the wrong mode of alms giving.

## Review of Literature:

One of the earlier studies was undertaken by Usha Bhale Rao<sup>54</sup> "Educated Blind of Urban Madhya Pradesh - A Sociological Study" threw light on the educationists who are interested in the education of the blind. Usha Bhale Rao herself is a talented blind woman who faced many challenges in her life and was the first woman in the country to obtain Ph.D. she presented the socio-economic conditions of the educated blind prevailing in the state of Madhya Pradesh. She explained how the facilities are concentrated for the blind in urban pockets of the Madhya Pradesh.

H.J.M. Desai<sup>55</sup> in his book "Planning Employment Services for the Blind", concentrated on providing employment training and other aspects to the blind and ~ — for integrating them with the rest of the society through the assistance of government and other agencies. It is a source material for the organizations working for the blind welfare. In addition to this, he has contributed a few books and articles such as "U.N. concern for the Disabled" and "Human Rights of the Disabled" for promotion of the welfare of the blind community. In his book he pointed out how the

<sup>54</sup> Bhalerao, Usha, *Educated Blind of Urban Madhya Pradesh: A Sociological Study*, Sterling Publishers Pvt. Ltd. New Delhi, 1983.

<sup>55</sup> Desai, H.J.M., *United Nations Concern for the Disabled*, Published by - World Council for the Welfare of the Blind, Paris, 1983.

blind are getting deprived of the employment opportunities. The book suggests various kinds of posts that are suitable to the visually handicapped.

Prof. N.K. Jangira <sup>56</sup> studied various educational aspects of the disabled persons in and around the world. He observed carefully the Indian conditions of the disabled he brought out his vast experiences and services through his book, "special Education Scenario in Britain and India". The same Professor collaborated with Sudesh Mukhopadhyaya <sup>57</sup> and brought out another book "Planning and Management of Integrated Education of the disabled programme" to plan, program and implement the integrated education in the context of National Education Policy, 1986. This book also provided certain guidelines for the integration of visually handicapped children and children with partial hearing disability. According to the new education policy, these categories of school going children can be accommodated in the normal schools and separately trained teachers are to be appointed to develop these children in special skills of education like teaching Braille.

V.S.Rawat<sup>58</sup> did an important study on problems of the blind in his book "Working for the Blind" and provided an insight to social scientists, educators and

<sup>56</sup> Jangira, N.K. and Mukhopadhyaya Sudesh, 'Planning and Management of Integrated education of the Disabled Program', Published by NCERT, New Delhi, 1987.

<sup>57</sup> Jangira, N.K. and Mukhopadhyaya Sudesh, 'Planning and Management of Integrated education of the Disabled Program', Published by NCERT, New Delhi, 1987.

<sup>58</sup> Rawat, V.S., *Working for the Blind*, Creative Published, New Delhi, 1991.

volunteers, ophthalmologists about the attitudes and psychological activities of the disabled and exclusively visually handicapped. This is a unique effort for the scholars engaged in social rehabilitation in the institutes and universities for the education of the blind. He discusses extensively evolution and growth of the welfare of the blind.

T.N.Kitchlu<sup>59</sup> discussed developmental activities in the services of the blind in his book 'A Century of Blind Welfare in India' through his collection of various articles from eminent personalities in the field of welfare of the blind from nook and corner of India. It also dealt with the causes and the consequences of blindness.

Datrange Subash and Jayasree Mokka<sup>60</sup> experienced in handling welfare activities for the blind and published a book entitled 'Research Abstracts on Blindness in India' which covered sociological, psychological, educational and other aspects of the blind.

Bhushan Punani and Nandini Rawal<sup>61</sup> published a book 'W. Stein Integrated Education'. It provides a vivid account of information about the integrated education

<sup>59</sup> Kitchlu, T.N. *"A Century of Blind Welfare in India"*, Penman Publishers, Delhi, 1919.

<sup>60</sup> Datrange Subash and Jayasree Kokkapati, *"Research Abstracts on Blindness in India"*, Published by NAB, Lois Braille Memorial Research Center, Mumbai, 1993.

<sup>61</sup> Bhushan Punani and Nandini Rawal, *"Western Integrated Education"*, Published by Blind Men's association, Ahmedabad, 1995.

of the blind that is the need of the hour. It explains not only planning the implementation and historical aspects of education of the blind but also the National Education Policy of 1986.

As far as Andhra Pradesh is concerned there are not many academic works relating to the handicapped persons in terms of their welfare and policy orientation. And also there are no works relating to the education, training and employment and the aspirations of various categories of physically handicapped. Therefore a modest attempt is made in this study to fill in the serious gap.

### **Scope and Methodology:**

The present study is intended to understand the public policy for the welfare of handicapped in general and a study of the handicapped in Andhra Pradesh in particular. The study is confined to only the physically handicapped, viz, the visually handicapped, the hearing handicapped and the Orthopedical handicapped. Whenever we use the term handicapped or disabled it is to be understood in terms of the handicap or disability particularly with reference to the specific aspect i.e. to say visually handicapped or visually disabled. This is to be understood that a person is disabled only in terms of vision or sight - and in all the other respects he is like any

other person. Therefore the usage of disabled or handicapped must be seen in the light of the particular aspects of the disability.

In the study, an attempt has been made to enquire into the existing facilities and problems of the inmates of the government Homes and Hostels for the handicapped in Andhra Pradesh. All the effort has been made to secure as much of secondary information as possible from the government organizations and the agencies for the handicapped. We also collected the primary data. The questionnaires were prepared to elicit the data pertaining to personal bio-data, family background, medical treatment, existing facilities in the Homes and the Hostels, education, training and employment facilities. It was also attempted to know the type of problems and issues that the inmates of the government Homes and Hostels have been encountering. After conducting pre-test with ten sample questionnaires, the questionnaire for the study was finalized with more than 100 questions to elicit the necessary information from the respondents.

For this purpose the random sample survey techniques is used. We have covered 20% sample from the inmates of selected government Homes and Hostels from Hyderabad and Vishakhapatnam. The total samples came to 150. From Malakpet government Hostel for handicapped girls, 50% of the sample is collected as the total strength of the broaders is 30. In the case of other hostels, 20% sample has been drawn. This 20% inmate of the four homes and six hostels were personally

interviewed. Although the coverage of the universe would have been desirable, the constraints of time and resources account for the sampling.

### **Objectives of the Study:**

This specific objective of the study is to explain how the public policies are made in tune with the nature of the welfare state concept.

- To explore and identify whether the programmes of the government are really helpful to the disabled persons.
- To study various problems and perceptions of the disabled persons and share the concerns of those staying in the homes and hostels.
- To enquire into the aspirations of the handicapped persons.
- To examine various struggles by the handicapped and their impact in formulation and implementation of the public policy in Andhra Pradesh.



### **Hypothesis of the Study:**

- a) There is a wide gap between the promise and performance of public policies relating to the handicapped due to casualness of the delivery system.
- b) The overall quality and effectiveness of public policies and their enforcement could be improved through the agitations and struggles of the handicapped.

### **Chapterisation:**

The following is the chapterisation scheme of this study.

The first chapter is an attempt to trace the historical origins of the response of the state and civil society to the problems of handicapped. This chapter also includes a brief review of literature and scope and methodology of the present study.

The second chapter deals with the government organizations programmes for the welfare of the handicapped.

The third chapter covers the perceptions of *visually handicapped* staying in the homes and hostels.

The fourth chapter covers perception of the *hearing handicapped* in the homes and hostels.

The fifth chapter covers the perceptions of *Orthopedically handicapped*.

The sixth chapter is an analysis of the agitations and strikes of the handicapped and their implications and impact on public policy.

The seventh chapter presents the conclusions.

### **Limitations of the Study**

The open-ended and the close-ended questions were used in the questionnaire. The researcher faced difficulties while interviewing the respondents. The respondents in certain cases were reluctant in answering some of the questions relating to Government policies. They questioned the purpose of the study asking what benefit they would derive because of such studies. The interviewer tried to persuade them that the facts should be brought into light so as to enable the public and the government to comprehend the problems better. The respondents, on the whole, answered most of the questions.

The nature of enquiry is limited mainly to the government homes and hostels for the physically handicapped because of constraints of time and resources. It is therefore more descriptive and narrative. The researcher himself being a visually challenged, his own subjective experience partly constitute a part of the analysis.

## **CHAPTER - 2**

# **The Government Organizations and Programmes for Handicapped: The Promise**

## **Chapter -2**

### **THE GOVERNMENT ORGANIZATIONS AND PROGRAMMES FOR HANDICAPPED: THE PROMISE\***

Independent India, as stated earlier, overwhelmingly choiced for a welfare state to improve the living conditions of its people who were struck with abject poverty, misery and deprivation at the time of independence. Indian constitution is not a mechanical arrangement for governance but a social document heavily weighed in favour of the weaker and the more helpless sections of the society. It covers a myriad of developmental and welfare schemes for every deprived individual in the country. The directive principles of state policy contains many provisions which make the Indian state a welfare state. Though these are not directly enforceable in the count of law, it is these principles which are nevertheless fundamental in the governance of the country as it envisages upon the state and its apparatus to enhance the space for the less privileged and strive for their well being and becoming.

Planning is yet another instrument where the Indian State attempts to achieve social justice - the principle feature of welfarism. Each and every plan has set forth on strategy for the achievement of these objectives planning process as a mode of optimum utilization of available resources aims at the best interest of the society at

large. Since modern state is not only a welfare state, but also a developmental state, it should provide the necessary facilities for the fuller development of people. In UN with the spirit of directive principles of state policy and also the efforts of the planning, Indian state has undertaken many public welfare programmes for benefit of concerned individual and certain sections in the society of the various other legislations and policies for the amelioration of the deprived segments, the welfare of the physically and mentally handicapped persons including the blind, deaf, mute, those permanently disabled or diseased, mentally retarded forms a part of the state policy. Assistance to the physically handicapped with emphasis on the blind formed one of the twenty point programme of Smt. Indira Ghandhi.

Of the total blind population of 20 millions of the world 6 to 7 millions live in India. The Government of India has accordingly initiated some specific programmes for all handicapped including visually handicapped persons. In 1949 a National Centre for Blind was started which gradually developed into National Institute for Visually Handicapped at Dehradun to cater to the diverse needs of the blind. Initially the services for the visually handicapped was stressed in the field of education only, then later services of the blind like, employment, vocational training was brought under the social welfare department. The central government has provided certain concessions for disabled persons in travel, communication, customs and provides allowances for conveyance and also for children education. There are

\* These organizations are meant for all the handicapped. There are no exclusive organizations for the handicapped.

certain reservations in jobs and provisions for economic assistance through scholarships. There is also a programme of integrated education to the disabled. There is also central assistance to voluntary organisations meant for the services of the disabled.

Since the study limits itself to the various public policy measures undertaken by the state of Andhra Pradesh, for the handicapped in general and the visually handicapped in particular, assigned to the Directorate for the Welfare of the Handicapped a wing of the social welfare department. The main, function of the Directorate for the welfare of the handicapped is to ensure effective and proper implementation of various schemes intended for the benefit and welfare of the handicapped visually handicapped and hearing handicapped, work relating to the homes and hostels for the welfare of handicapped is the basic function of the Directorate for the welfare of handicapped.

## **II**

### **Situating in Andhra Pradesh**

As far the Government of Andhra Pradesh is concerned it is carrying out some welfare programmes which have to be properly evaluated. The Government has established a corporation and subsequently created a Directorate for the smooth

execution of the programme for the welfare of the handicapped persons. The main function of the Directorate for the welfare of the handicapped is to ensure effective and proper implementation of various schemes intended for the benefit and welfare of the handicapped persons. These schemes include, scholarships, economic rehabilitation, financial assistance to unemployed, handicapped, supply of nationalized text books to pre-metric students, so on.

Maintenance of residential schools for Visually Handicapped and Hearing Handicapped, work relating to the homes and hostels for the welfare of handicapped is the basic function of the Directorate for the welfare of handicapped. At present, the Directorate for the welfare of handicapped is maintaining six residential schools. Out of six three are meant for the visually handicapped. The D.W.H. is also maintaining 52 homes and hostels for various categories of handicapped. As the homes and hostels for handicapped are most important to pursue their studies and undergo various trainings, we have undertaken a survey of two homes for males, one attached hostel for visually handicapped boys, one residential school hostel for girls and one hostel for handicapped girls, two homes of Orthopedically handicapped and two institutions for hearing handicapped. The purpose is to study the prevailing conditions and the available facilities.



## **Establishment of Andhra Pradesh Vikalangula Cooperative Corporation**

The Government of Andhra Pradesh, as per the compendium of the government orders (GO Ms. No. 35, dated 23-03-1981, Social Welfare (GI Department) has decided to establish a separate corporation for physically handicapped to achieve the following objectives:

- 1) To establish and develop the facilities such as special or multi-category sheltered workshops, production centres and service stations for providing gainful employment to the various categories of the handicapped.
- 2) To formulate and assist the conduct of research on various aspects of education and rehabilitation of the handicapped - physical, vocational and social - and to disseminate the findings.
- 3) To collect or prepare or arrange for the collection or preparation of reports, blueprints, statistics and other information for the purpose of formulating the schemes for the benefit of the handicapped persons.

- 4) To establish workshops and production units of its own for providing employment opportunities to the handicapped and to manage such workshops and units.
- 5) To canvass and secure contract and subcontract work orders for the workshop and industrial units of the handicapped persons to execute such contracts through units owned by the corporation or by handicapped persons or groups of such persons.
- 6) To organize any development-intensive agricultural operations, including farming, animal husbandry and allied activities.
- 7) To run provision shops, shops for consumable articles, dry cleaning units for members or to lend money to such establishments owned by handicapped persons.
- 8) To advance loans to qualified handicapped persons who practice the professions of doctors, engineers, lawyers, architects, chartered accountants or such other useful professions.

- 9) To receive loans, advance grants or other money from the central government, cooperative societies, Andhra Pradesh Khadi and Village Industries Board, Khadi and Village Industries Commission, etc<sup>1</sup>

The APVCC attempt to formulate many schemes, projects and implement them for the overall development of handicapped persons in the State. It is not possible to discuss the entire working of the corporation as: here the specific schemes, projects and other benefits extended to handicapped persons through the corporation are highlighted.

1. **Library:** The APVCC has set up a sound library to help the students of visually handicapped persons of all the college-going and private students who are interested in pursuing higher studies. The library is able to meet demands of 90% of the college-going students and 75% of the needs of the privately appearing candidates for higher studies. The sound library offers its services by recording the material, mostly from prescribed textbooks. Where there is a requirement, the cassettes are distributed. The corporation is providing a tape recorder at free of cost to the beneficiaries. From the year 1983 to 1990, the sound library of the APVCC has distributed approximately 643 tape recorders.

<sup>1</sup> A Compendium of Orders and Instructions on Welfare of Handicapped in A.P., APVCC, 1986, pp-1-5.

2. **Supply of Walking Sticks of the Handicapped Persons:** The corporation supplies walking sticks and foldable white canes in order to improve mobility, which is an essential part in the lives of handicapped persons. Moreover, the details of distribution of the above schemes are not available from the head offices of APVCC. It is true that most of the beneficiaries of this scheme were persons residing in twin cities of Hyderabad and Secunderabad. Most of the rural blind in the districts of the State are not aware of this scheme. Therefore, the scheme should be quantitatively improved so as to reach all these sections of the society.

3. **Braille Press Project:** This is a major project undertaken by the APVCC to help the handicapped persons to meet the study requirements such as textbooks, magazines, and so on. The Braille Press Project is a long-awaited demand by the blind friends of this State, which has finally fulfilled when this press started functioning from the month of June 1986. The training of the personnel began from 1<sup>st</sup> February 1986. The cost of the press was shared by both the State and the Central Governments equally.

According to the government, Braille Press now is meeting 90% of the requirements of textbooks to the students from 1<sup>st</sup> class to 10<sup>th</sup> class. It is benefiting nearly 12 hundred school-going students and 800 other readers of Braille. Books are supplied at free of cost to the school-going blind students. The APVCC sanctioned

about Rs. 6.0 lakh for the year 1991. The Directorate has sanctioned only Rs. 1.0 lakh, while the original printing cost was estimated to be at Rs. 9.0 lakh during the year 1991. Therefore, the press has stopped producing Telugu Magazines including Chandamama the popular monthly magazine.

The Braille Press has not produced any general books for improvement of general knowledge or dictionary and elementary grammar books in spite of the long-pending demands. The quality of the services of the Braille Press needs to be improved. The required funds should be provided by the APVCC or by the government. In the absence of such funds, the press would not be able to produce books to the blind readers, which is the only source for their personality development .

### **III**

#### **Directorate for the Welfare of Handicapped**

The government has decided to create a separate Directorate for the Welfare of the Physically Handicapped. (As per the GO Ms. No. 3, Department of Social Welfare, 12 January 1983. The Directorate for the Welfare of Handicapped started functioning from 1<sup>st</sup> February 1983.) The main functions of the Directorate for the Welfare of the Handicapped is to ensure effective and proper implementation of various schemes intended for the benefit and welfare of the handicapped persons,

<sup>2</sup> Information collected from APVCC.

viz. the Orthopedically handicapped, visually handicapped, the deaf and dumb and the mentally retarded. The Directorate looks after the work relating to homes, hostels, scholarships, unemployment allowance, grant for economic support schemes, etc. The implementation of various schemes by the Directorate for the Welfare of Handicapped is given below<sup>3</sup>.

- Nationalized textbooks are supplied free of cost to handicapped students and Braille type books are supplied to visually handicapped.

- The notebooks and Braille sheets are supplied to the inmates along with textbooks free of cost.

- A scheme of reimbursement of tuition fee to the pre-metric students is being implemented for the benefit of poor handicapped students. The rate of fees reimbursable is Rs. 25/- per month.

- Under this scheme, the handicapped students studying post-metric courses, whose parental income does not exceed Rs. 12,000/- per annum, are eligible for reimbursement of tuition fees. The rate of fee reimbursable is Rs. 50/- per annum.

<sup>3</sup> Information collected from Directorate of Welfare of Handicapped.

The mentally retarded children, even though are handicapped, they are not sanctioned scholarships along with other category of students for pursuing pre-metric courses, as they cannot be admitted into ordinary academic institutions for special. At present, there are certain special institutions functioning in the State for the cause of mentally retarded children. These institutions are charging tuition fee and boarding and lodging charges besides admission fee. If the required amount is sanctioned to the mentally retarded children, it would be a great relief and consolation to their parents. Hence, an amount of Rs. 1000/- per annum is sanctioned as scholarship to the mentally retarded children who are studying in the special schools meant for them and whose parents' annual income does not exceed Rs. 12,000/-.

### **Scholarships to Research Scholars**

Handicapped students who are pursuing their research studies like M. Phil, and Ph.D. are provided with scholarships. This is extended to those who are not in receipt of any assistance from any other sources. The amount of Rs. 400/- per month towards scholarships and Rs. 1000/- per annum towards contingency expenses is being sanctioned under this scheme. It is, however, confined to those whose parental income does not exceed Rs. 12,000/- per annum.

### **Books & Instruments to ITI and Polytechnic Students**

At present, under the scheme of Award of Government of India Scholarships, the Polytechnic and ITI 35 students those not in a position to purchase books and instruments due to poverty are given scholarships @ Rs. 120/- per month. As this is a technical course, they have to purchase essential textbooks and instruments prescribed by the institution. Handicapped students are, therefore, supplied books and instruments to pursue ITI and Polytechnic courses, whose parents/guardian's annual income does not exceed Rs. 12,000/-.

### **Financial Assistance to Advocates**

Financial assistance is given to handicapped law graduates @ Rs. 700/- towards enrollment fee and Rs. 1000/- for purchase of law books, etc. to set up legal practice, whose annual income does not exceed Rs. 12,000/-.

### **Coaching for Competitive, Typewriting and Shorthand Examinations**

There are several educated unemployed handicapped youth who are idle. With a view to providing employment opportunities to the educated unemployed youth, whose parents'/guardians' annual income does not exceed Rs. 12,000/- are



given coaching in typewriting (lower/higher grade), stenography (lower/higher grade) and are also coached for other competitive examinations.

### **Supply of Musical Instruments to Professionals**

There are government music colleges in the State where a good number of handicapped persons, especially visually handicapped, are undergoing diploma courses in various types of instrumental music. They cannot afford instruments. Besides, there are professionals among handicapped who are idle and can earn their livelihood if they are provided musical instruments. Hence, poor handicapped students and professionals are provided musical instruments free of cost.

### **Incentive Awards for Marriage between Disabled and Normal Persons**

To encourage marriages between disabled and normal persons, it is proposed to sanction a sum of Rs. 3,000/- to either of the spouse if normal person marries a disabled person as an incentive.

## **Celebrations of World Day of the Disabled**

Every year the third Sunday in the month of March is observed as the World Day of the Disabled. On this occasion, sports and games are conducted and celebrations are organized at the State level in any of the districts.

## **Discretionary Grants**

Handicapped persons in general and the inmates of Government Homes and Hostels in particular have several needs, which cannot be met within the regular budget of the Homes/Hostels. Therefore, provision is made for discretionary grant of the Director to meet such unforeseen expenditure.

## **Sanction of Tuition Fees to Handicapped Students Studying Professional Courses**

It is proposed to sanction tuition fees to the handicapped students studying professional courses like engineering, medical, etc. This scheme is implemented from the year 1990-9.

These are some of the facilities extended to the handicapped in general. However, those who are visually handicapped, deserve special attention. One of the

most important programmes is the educational programme. A properly designed programme can go a long way in improving the overall conditions of the visually handicapped.

## IV

### **Education**

The first school for the blind in India was established in 1887 at Amritsar exactly after 103 years since establishment of the first school for the blind in the world at Paris in France in 1784. This lamp of education for the blind was kindled with the establishment of school for the blind by a missionary Alburch at Rentachintala of Guntur District in Andhra Pradesh in 1911. After 28 years, a school for the blind in Hyderabad was established on April 7, 1939. It is more than fifty years that education for the blind was launched. For the last 28 years, they are also permitted to improve through private schools.

Education in general seeks to enable the individuals to take their due place in the society both as a social product and as a participating member of the society. While considering some of the aspects of the education imparted to the blind children, the major objective of socializing the blind child or fitting him/her in the society to bring him/her on par with sighted members of the community cannot be ignored at all. It is in the larger perspective of the social value and utility that problems relevant to the education of the blind have to be dealt with. When the

systems of education, whether oriental or occidental, whether academic or professional, fail to satisfy the primary needs of socialization, which is the first and the final aim and objective of education, then no purpose is realized.

One of the dark spots of education in Andhra Pradesh is the total absence of technical education for the blind. It has been estimated that 70% of ITI and Polytechnic operations can conveniently be performed by blind persons if they are provided with an opportunity to undergo proper training in all those operations. It is evident that all the blind persons cannot go for higher education. So, there should be enough of opportunities for the blind students to undergo training in diversified courses. The blind in Andhra Pradesh are not able to take advantage of technical training centres in National Institute for the Visually Handicapped on account of the barriers of language, topography, food habits, etc. It is, therefore, essential to establish a polytechnic and a technical training centre for the blind on the lines of the polytechnic under the National Association for the Blind in Mumbai to impart and develop the requisite technical skills so as to enable them to perform and adopt technical professions of their choice for their livelihood<sup>4</sup>

The National Policy on Education (NPE) 1986, envisaged that the country witnessed phenomenal expansion of educational opportunities in the post-independence period. It is obvious that the disabled children, have not benefited

<sup>4</sup> B.V. Reddy, A Seminar Paper on 50 Years of Education of the Blind in A.P. Souvenir, 1991.

substantially from this growth in educational facilities. The policy has brought education of this group of children under the provision 'Equal Educational Opportunities'. The NPE recommended education of the children with locomotor handicaps and other mild handicaps in common schools. The objective of the policy is to integrate the handicapped with general community as equal partners to prepare them for normal growth and to enable them to face life with courage and confidence. The programme of action formulated for implementing by the NPE envisages expansion of educational provisions for the disabled children to achieve the goal of Universal Primary Education (UPE), (Ministry of Human Resource Development, vide Memo No. F-1-53/86, Desk (Sch. 3), IE, dated November 1987).

The centrally-sponsored scheme of Integrated Education for the Disabled Children (IEDC) supports and provides educational opportunities for the disabled children in common schools. In addition to the children with locomotor and other handicaps, the POA recommends that the other disabled children who are placed in special schools should also be encouraged for integration in the common schools once they acquire the communication and daily living skills at functional level<sup>5</sup>.

According to the report of the Directorate, education is the basic prerequisite for an all-round development of a person. This is truer for the handicapped. The

<sup>5</sup> Govt, of India National Policy on Education (revised) (vide Memo No. F-1-53/86, Desk (Sch. 3), IE, dated November 4, 1987), New Delhi, 1987.

handicapped persons are deprived of many opportunities in life. Education is, therefore, very essential for their rehabilitation so as to enable them to join the society as equal partners. As there are no residential schools for handicapped in the State of Andhra Pradesh, the Directorate proposed to open residential schools for handicapped persons in phased manner and the Directorate's aims at ensuring that there is at least one residential school for each category of handicapped in every district in the long run. As the study deals specifically with visually handicapped persons, the residential schools for visually handicapped are taken up for discussion. The residential schools for visually handicapped are located at the following places.

- i.) Visakhapatnam for girls.
- ii.) Hindupur, Anantapur District, for co-education.
- iii.) Mahaboobnagar, for boys.

## V

### **Training**

Apart from education to the visually handicapped, more emphasis is being laid on training so as to enable proper rehabilitation and employment of this group. The NIVH is imparting training in traditional skills apart from the light engineering

and other trades at the national level. These schemes are there in Andhra Pradesh too<sup>6</sup>.

In Andhra, the visually handicapped are being trained along with their sighted counterparts in teacher training institutes and B. Ed. colleges<sup>7</sup>. Besides these training facilities, the Directorate for Welfare of Handicapped (DWH) in collaboration with the NIVH is running a temporary Teacher Training Institute in Braille Diploma<sup>8</sup>. With the special assistance of the UGC, the Andhra University has started a special education training, which is equivalent to B. Ed. cum Braille Diploma. This is the first of its kind in Asia. It aims at catering to the growing demand of the special teachers for the visually handicapped students<sup>9</sup>. The APVCC also introduced training-cum-production centres to make the blind persons economically independent.

The operations that are imparted to the blind are mostly the traditional skills like cane weaving, chalk making, candle making, envelop making and so on. Training in modern technical operations have to be undertaken by these training-cum-production centres so as to enable the blind persons to arm themselves with

<sup>6</sup> Information collected from NIVH.

<sup>7</sup> Government Memo No. 298/Lib.-IV/71-3, dated 02-03-1972.

<sup>8</sup> Information obtained from Teacher Training Institute, Ashok Nagar, Hyderabad.

<sup>9</sup> Information collected from Special Education Centre, Visakhapatnam, Hyderabad.

their skills and adopt themselves to economically viable professions. The quality and quantity of these training-cum-production centres have to be improved so as to cover the needs of most of the blind people, including the blind in rural areas<sup>9</sup>.

The vocational rehabilitation has been imparting training skills to the handicapped persons. So far as the visually handicapped is concerned, the centre is offering training in only canning.

### **Employment for the Handicapped**

As a result of the declaration of 1981 of the 'International Year of the Disabled Persons', the need for more employment opportunities is being widely recognized by most of the countries, including India. In his introductory address on workshop for visually handicapped conducted in 1982 in memory of Durgabai Deshmukh, Sri B. Venkatappaiah has rightly observed that "as for 'place of jobs', one complaint that has been voiced is that, today, there is more displacement than placement". He added that the "official agencies for securing employment for the blind must opt for sympathy and flexibility in place of apathy and red tape"<sup>10</sup>.

<sup>10</sup> B.V. Reddy, Durgabai Deshmukh Memorial Programme Workshop on Integrated Education, Vocational Training and Job Placement of the Disabled with Special Reference to the Blind, published by Council for Social Development, October 21-22, p. 12.



With regard to the definition of employment, Jagadesh K. Patil, in his paper on Employment of the Blind - A New Perspective, published in DDMP, quoting Swedish Report, stated that "work satisfies fundamental human needs of developing and enriching life". He also advocated that the employment for the blind should be seen not in the light of his/her disability but to keep up his/her abilities and talents".

The situation with regard to the placement of the blind is not only unsatisfactory but grave, as observed by no less a person than the then Prime Minister of India, Mrs. Indira Gandhi (refer her letter No. 976-PMO/80, dated 14-06-1980). It is regrettable that the situation continues to be deplorable. In the letter, the Prime Minister had observed that when properly trained, the blind are excellent in a number of jobs. She had also ordered a comprehensive survey of jobs in the Ministry and all attached/subordinate offices. She advised that Public Sector Undertaking and various other bodies to take up the responsibility and offer the jobs, which can be entrusted to the blind. Accordingly, a survey was made and job identification was done <sup>12</sup>.

<sup>11</sup> Jagdish, K. Patel, Durgabai Deshmukh Memorial Programme Workshop on Integrated Education, Employment of the Blind - A New Perspective, published by Council for Social Development, October 21-22, 1982, p. 150.

<sup>12</sup> R.L. Sethi, Durgabai Deshmukh Memorial Programme Workshop on Integrated Education, A Paper on the Placement of the Blind, published by Council for Social Development, October 21-22, pp. 133-134.

Government of Andhra Pradesh has issued instructions to all the departments to undertake a special recruitment drive to clear the backlog vacancies reserved for physically handicapped in a stipulated time. The outcome is yet to be seen<sup>13</sup>.

## VI

### Homes and Hostels: The Scenario

Homes and hostels maintenance is one of the important functions of the Directorate of Welfare of the Handicapped. Basically, the hostels are attached to the schools. The homes are for aged and disabled.

The DWH is maintaining 42 homes and hostels for the handicapped in Andhra Pradesh. Out of 42, ten are meant for visually handicapped. It includes the following:

1. Hyderabad and Secunderabad

i.)	Government Home for the Blind	-	3
ii.)	Hostel for Blind Girls	-	2
iii.)	Hostels for Blind Boys	-	1

2. Hostel attached to the School for Blind Boys, Cuddapah. -1

<sup>13</sup> GO Ms. No. 145, WECD, dated 29<sup>th</sup> September 1992.

3. Home for the Blind at Tirupati -1
4. Clinic Workshop-cum-School for Deaf and Blind, Karimnagar. -1
5. Hostel attached to Luthern High School for Blind, Narsaraopet. -1

In reality, the future of the visually handicapped is mostly dependent on the government homes and hostels. Since there are no educational institutions in rural areas for the visually handicapped, almost all the blind children and adults are joining the hostels and homes to pursue their academic courses and other training programmes. We wanted to examine the welfare component of the State and the policies through the government hostels and homes for the visually handicapped. Whether the welfare state really has had its influence in the working of the institutions that are meant for the visually handicapped and other handicapped?

Government of Andhra Pradesh in 1961 opened a home for the aged and disabled as a measure of social security in Yakathpura at Hyderabad. Gradually, the number of homes has been increased. The main distinctions between the homes and hostels are that while the homes are kept open throughout the year, the hostels are closed during vacation: the second difference is that while home inmates can be from the students, trainees, adults or orphans, the hostel inmates must be the bonified students of schools or attached schools, the third difference is that while there is no duration of stay limitation to the home inmates, the hostel students are permitted

only during the study period. All the remaining features and functions of the homes and hostels are similar.

An examination of nine institutions - homes and hostels - indicates a 'pathetic' state. Of the five institutions only one is housed in a permanent building. The general conditions of all the hostels/homes indicate lack of hygiene, absence of playgrounds, inadequate accommodation, no library facilities, no indoor games for mental relaxation, or any type of recreational facilities in the homes/hostels. This further indicates that government is paying no attention to the provision and maintenance of these institutions?

#### **Government home for the blind at Nanalnagar, Hyderabad**

It has 75 inmates and they live in fourteen rooms. Of these, two are very small. Though cots are given to nearly 40 residents, most of them are not in proper condition, and no efforts are made to provide cots for all and replace the damaged ones. There are only two tables and two stools for the entire home. The only silver lining is that the home has one TV set.

### **Government home for the blind, Salarjung Colony, Hyderabad**

The house has 80 inmates. There are fifteen rooms, but all these rooms are so small that they cannot accommodate not more than three persons. But presently six persons are hurdled in each room. All the inmates are not provided with cots and the last time that the inmates got the bedding materials was six years back.

### **Government school for the blind boys at Dar-ul-Shifa**

It has highest number of inmates on its rolls - 195 - but it has only 12 rooms. Pitiably, the same rooms are utilized for 'teaching and sleeping'. The state of the school looks like a "crowded Bus Stand".

### **Government hostel for handicapped girls at Malakpet, Hyderabad**

It has 100 inmates. The hostel consists of 14 small rooms. There is no furniture worth in the hostel. What is pathetic is that they do not have proper water facilities. Imagine blind girls going to the ground floor for water! It should be remembered that out of the 100 inmates, 30 are blind. The hostel does not have a TV or radio set.

### **Government Hostel for Visually Handicapped Girls, Vizag.**

It has 75 girls on its rolls. The entire hostel inmates are kept in a single hall in the hostel. The hostel has neither tables, chairs or cots. It has donated TV and Radio.

### **Hostels for Hearing Impaired (boys), Government Residential School, Amberpet, Hyderabad.**

The strength of this hostel is one hundred and twenty. It is a rented building which is under-furnished and congested. Libraries, play ground and other recreational arrangements are not available. Television is the only means of recreation.

### **Government Hostel for the Hearing Impaired (Girls), Malakpet, Hyderabad.**

The strength of this hostel is seventy five. Basic furniture like tables, chairs, cots are not provided. This is a government building accommodating more than its capacity. This like the other hostels neither has library nor other infrastructure needed for students.

**Government Home for Orthopedically Handicapped (Boys), Malakpet, Saleemnagar, Hyderabad.**

The total inmates of this home is seventy five, rented building, it no proper ventilation, leaking roofs, worn-out electric wires and acute shortage of water and congested space - not sufficient even to place a tri-wheeler and clutches. There are no library and playground.

**Government Hostel for Orthopedically Handicapped (Girls), Chambapet, Hyderabad.**

The number of inmates in this are fifty. This is a rented building which is too small for its strength. Furniture like table, cots, chairs and fans are not provided. Library and playgrounds are not seen, television is the only means of recreation.

**Summing up**

The historical evolution of the welfare of the handicapped could be traced to the school of the blind that was established in the year 1887 at Amritsar. This lamp of education for the blind was lit in Guntur District in Andhra Pradesh in 1911 by a missionary Alburch at Rentachintala. Gradually, the number of schools for the blind started increasing in Andhra Pradesh as well as in other states.

The department of Social Welfare was looking after the welfare of the blind till 1980s. The main task of the department include looking after the homes for aged and disabled, maintenance of hostel for the handicapped students, release of

scholarships to the handicapped and so on. The declaration of 1981 as IYDP year, most of the countries were required to expand their services. The Government of India also instructed its welfare agencies to offer meaningful services to the handicapped. In 1981, the Government of Andhra Pradesh established a corporation, and in 1983, created a Directorate for the Welfare of Handicapped for their overall development. The main objective of these agencies is to look after the release of scholarships and maintenance of homes and hostels. The DWH has district offices in all the 23 district to look after welfare of the handicapped. The DWH implements schemes such as supply of nationalized textbooks to pre-metric students, supply of notebooks to the hostel inmates, scholarships to mentally retarded children and so on. These activities are being carried out by the department's special agencies.

The most depressive performance is in the case of homes and hostels. As the handicapped heavily depend on these facilities, the policy programme in this regard should have been far more imaginative: and effective. In real terms, these homes and hostels present a pathetic picture. These places are all private houses which have not been designed keeping the needs of the handicapped in view. The rooms are too congested and the space is too scarce. The inmates are literally huddled like cattle. They do not have many of the facilities that should go normally with any home or hostel. This is the reason why in this study the perception of inmates considered important. The next three chapters deal with these aspects in detail



## **CHAPTER - 3**

# **Homes and Hostels for the Visually Handicapped: Inmates' Perception**

## **Chapter - 3**

### **HOMES AND HOSTELS FOR THE VISUALLY HANDICAPPED: INMATES' PERCEPTION**

The term "the visually handicapped" includes all persons handicapped of vision, ranging from total blindness to useful sight. The dictionary meaning of the adjective "blind" is 'sightless', that is, one without sight. Literally, this was true in the ancient world. But it is no more so in modern society. Today there are included among the blind not only those within the dictionary definition, but also a very large number of persons whose sight is so restricted that it constitutes not only a visual disability but also an economic liability. This places within the modern category of the blind a seemingly increasing number of persons, and establishes blindness as a major social problem which even till this day is not intelligently understood or efficiently handled.

The medical definition of blindness is "absolute sightlessness, congenital or adventitious". Popularly it implies that condition in which sight is so diminished that any occupation requiring the use of the eyes is out of the question.

The American Medical Association defines blindness in two ways, one for general purposes and the other for economic and employment purposes. For the general purposes it defines total blindness as "inability to perceive light, or lack of

light perception", while economic blindness is defined as "absence of ability to do any kind of work, industrial or otherwise, for which sight is essential".

The definition of blindness accepted by the Government of India for award of scholarships and for all reservation benefits is as follows:

- (a) Total absence of sight;
- (b) Visually acuity not exceeding 6/60 or 20/200 (Snellen) in the better eye with correcting lenses;
- (c) Limitation of the field of vision subtending an angle of 20 degrees or worse.

The present empirical study is intended to understand, as stated earlier, the policies and programmes of the state and their adequacy towards the visually handicapped. Such a study is imperative for two reasons: one, there is no reliable data on the programmes for the visually handicapped and their working, and two, there are also not many studies based on the aspirations of the blind. Here, an attempt is made to fill in this gap in the research on the handicapped. For this purpose, a sample study has been done.

The selected number of sample respondents for the study is 100, i.e. 20% of the official inmates of the homes and hostels for the blind. The sample is spread over five institutions - two homes and three hostels.

In this survey, we have examined association of the background of the blind and their latitudinal pattern in relation to the state policies. The variables included are: educational background of the parents, rural-urban origins, gender, caste and income levels. It also tried to survey the medical and other physical facilities available to this category of people.

The chapter is divided into five parts: The first part deals with both personal and parental background of the respondents. These variables relate to age, gender, caste, rural-urban origins, and nature of the blindness of the respondents. The parental details such as educational background, occupations, income are also presented. The second part deals with the causes for blindness and the medical facilities accessible to the blind. The third deals with the problems relating to homes and hostels. The fourth part deals with education, training and employment needs and the last with the perceptions and aspirations of the blind. All these factors are examined to understand the response of the blind to certain specific policy measures.

# I

## Personal and Parental Background of the Respondents

The following tables indicate the background of the respondents and their parents:

**Table: 3.1**

### Nature of Blindness

Nature of Blindness	No.
Total Blind	85
Partial Blind	15
Total	100

**Table: 3.2**

### Blindness by Birth and After Birth

Blindness	No.
By birth	62
After birth	38
Total	100

**Table: 3.3**

**Age of the Respondents**

Age	Total
8-12	13
12-16	36
16-20	16
20-24	18
24-28	14
28 and above	03
Total	100

**Table: 3.4**

**Gender of the Respondents**

Gender	No.
Male	70
Female	30
Total	100

**Table: 3.5**

**Caste Background of the Respondents**

Caste	No.
SC/ST	19
BC	48
OC	33
Total	100

**Table: 3. 6**

**Rural/Urban Background of the Respondents**

Rural/Urban	No.
Rural	71
Urban	29
Total	100

Table 3.1 to 3.6 present the characteristics of the sample of the blind respondents who are presently staying in the homes and the hostels. Table 1 indicates that out of the 100 sample, 85 are found to be totally blind and 15 are partially blind. A further inquiry revealed that 62 of them are blind by birth and the other 38 have gone blind at different stages of their age. The table 3 indicates that 65 of the respondents are less than 20 years old. This includes 13 persons of less than 12 years old and 36 are in the age group of 12 to 16 years. Another 32 are in their twenties. There is a small number of them who crossed 30 years. (It should be noted that there are no age restrictions for staying in the homes.) Table 4 dealing with the rural/urban and also the caste origins of the respondents reveals that more than two-thirds of the blind come from the rural background and come from the scheduled and backward castes. About one-third belong to the urban areas and are from the forward castes. The social composition of the blind reveals that they are young, largely blind by birth, predominantly rural and hail from the backward and scheduled castes.

Table: 3.7

## Curability and Incurability of the Blindness

Curable/Incurable	No.
Curable	8
Incurable	92
Total	100

Table 3.7 shows that out of the 100 sample, the number of blind people whose blindness can be cured is only 8. In the case of 92 people, their blindness cannot be cured.

Table: 3.8

## Income and Age at Which They Became Blind

(The Cases of Blindness after Birth)

Income (Rs. per annum)	Below 5 Years %	6-10 Years %	11-15 Years %	Total
Orphans	04 <i>57.1%</i> <i>16.6%</i>	03 <i>42.2%</i> <i>12.8%</i>		07
Below Rs. 3000	07 <i>63.6%</i> <i>29.1%</i>		04 <i>36.3%</i> <i>57.1%</i>	11
Rs. 3001 to Rs. 6,000	-	-	-	-
Rs. 6001 to Rs. 9,000	11 <i>64.8%</i> <i>45.9%</i>	3 <i>17.6%</i> <i>42.9%</i>	3 <i>77.6%</i> <i>42.9%</i>	17
Rs. 9,001 to Rs. 12,000	02 <i>66.6%</i> <i>8.3%</i>	01 <i>33.3%</i> <i>14.2%</i>		03
Rs. 12,001 to Rs. 15,000				
Rs. 15,000 and above				
TOTAL	24 (70.5%)	07 (18.4%)	07 (18.4%)	38

Note: The numbers in Italics are %ages of vertical totals. The numbers in normal figures indicate horizontal totals.



The Table 3.8 shows that more than 70 % of the respondents who became blind after birth belong to the age group of 5 years. From the other respondents, while half of them belong to 6 to 10 years' age groups, rest is from 11 to 15 years' age group. Of the total number of the respondents who became blind after birth, seven respondents happen to be orphans, eleven belong to the income group of below Rs.3000/-, 17 persons belong to the income group of Rs.6001/- to Rs.9, 000/-. It is only in three cases, the income is between Rs.9, 001 to Rs. 12, 000/-. Thus, the table shows that most of the respondents who became blind after birth are young and poor. The table further confirms that as the income increases, incidence of blindness after birth decreases; it is also not ruled out that those who have higher income do not join the homes and hostels as family itself can take care of them.

**Table: 3.9**

**Income and Blindness of other Members of the Family**

Income	Rural		Urban		Total
	Male	Female	Male	Female	
Below Rs.3000	1	1	2	-	04
Rs.3001 - Rs.6000	8	4	4	2	18
Rs.6001 - Rs.9000	-	-	-	-	-
Rs.9001-Rs. 12000	4	1	1	-	06
Rs. 12001- 15000	-	-	-	-	-
Rs. 15000 and above	-	-	-	-	-
Orphans	-	-	-	-	-
<b>TOTAL</b>	<b>13</b>	<b>6</b>	<b>7</b>	<b>2</b>	<b>28</b>

The Table 9 shows that in 28 cases, besides the respondents, there are other blind members in their families. Of these 18 belong to the income group of Rs.3001 -

Rs. 6000 and four belong to the income group of below Rs.3000, which shows that income is almost a critical factor in incidence of blindness and joining of the homes and hostels. In these two income groups, rural set up also has a significant relationship with the phenomenon. In some cases, there are more than two blind persons in a single family. It could be inferred that it is mostly due to poverty, malnutrition and lack of proper healthcare.

The Table 10 below shows that most of the parents (72) of the respondents are alive. About 10 of the respondents, as pointed out earlier, are orphans. The table also indicates that eight of the respondents have no mothers and ten have no fathers.

**Table: 3.10**

**Respondents' Parental Details**

Sl. No.	Parents	No. of Members
1.	Both are alive	72
2.	Only father is alive	08
3.	Only mother is alive	10
4.	Orphans	10
	TOTAL	100

**Table: 3.11**

**Parental Education**

Sl. No.	Parental Education	No. %
1.	Both parents are educated	26 (26.0)
2.	Only father is educated	24 (24.0)
3.	Only mother is educated	05 (05.0)
4.	Uneducated	35 (35.0)
	TOTAL	100

The Table 11 shows that a majority of the parents are either uneducated or partially educated. It is also striking that of both the parents, while the fathers who received education constitute about 50%, the number of mothers is about 30%. One of the causes of the blindness may be due to lack of educational background of their parents or it is an indication that they come from such poor background that they cannot afford education. This illiteracy among the mothers can also be a contributing factor to the incidence of blindness.

**Table: 3.12**

**Parental Occupation**

Sl. No.	Parental Occupation	Father	Mother
1.	Landless labourer	27	21
2.	Agricultural farmer	30	08
3.	Business	12	--
4.	Housewives	--	66
5.	Both Govt. and Private Employees	13	—
6.	Any others	18	05
	TOTAL	100	100

More than half of the parents of the respondents are landless agricultural labourers. A few parents got less than one-acre land. In some cases, the respondents' fathers are daily wage labourers in the industries. A few of them are self-employed. Only in the case of four, they happen to be government employees. Five percent of the fathers earn livelihood through tuition. Almost the mothers of all respondents are either housewives or agricultural labourers.

The Table 13 indicates that parental annual income of 25 % of the respondents is below Rs.3000 per annum, while nearly one-third's income is between Rs.3001 and Rs.6000. One third of them are between Rs.9001 and Rs.12000. In the case of orphans, the nearby relatives or friends and social workers are extending financial help.

**Table: 3.13**

**Annual Income of the Parents**

Income (Rs. Per Month)	Parents
Orphans	10
Below Rs.3000	25
Rs.3001 to Rs.6000	35
Rs.6001 to Rs.9000	-
Rs.9001 to Rs. 12000	30
Rs.12000 to Rs.15000	-
Rs. 15000 and above	-
TOTAL	100

Most of the respondents stated that "their parents and the other family members are treating them well". A small percentage of respondents reported that they are able to secure help of their brothers and sisters. This indicates that the family network continues to be one of the important support structures.

## II

### Causes for Blindness and Medical Facilities

After analyzing the personal and parental background of the respondents, here an attempt is made to examine further details relating to blindness such as causes for blindness, the association of these causes with their rural/urban background, gender background, caste and the medical facilities available for them.

**Table: 3.14**

#### Causes for Blindness

Causes of Blindness	Total
By birth	55
Accident	07
Genetic	05
Smallpox	09
Doctors' negligence	09
Parental negligence/others	15
TOTAL	100

The table 3.14 shows that of the total 62 respondents who were blind by birth, only seven could give causes for their blindness. Five respondents who were blind by birth do not know the actual cause of their blindness. Five percent of the respondents are blind because of genetic reasons. This means that they are blind by birth and the respondents do know the reasons for the blindness. In 15% of the

cases, ignorance of parents and in 9% of the cases, doctors' negligence contributed to the blindness.

**Table: 3.15**

**Rural-Urban Background and Causes for Blindness of Respondents**

Causes of Blindness	Rural	Urban	Total
By birth (causes not known)	39 70.9% 54.9%	16 29.1% 5.1%	55
Accident	04 57.1% 5.6%	03 42.8% 10.3%	07
Genetic	03 60.0% 4.2%	02 40.0% 6.8%	05
Smallpox	05 55.5% 7.0%	04 44.5% 13.7%	09
Doctors' Negligence	07 77.7% 9.8%	02 28.5% 6.8%	09
Parents' negligence/others	13 86.6% 18.3%	02 13.3% 6.8%	15
TOTAL	71	29	100

In Table 3.15, an attempt is made to present the causes of the blindness in relation to the rural and urban background of the respondents. It indicates that three-fourths of the respondents are from the rural background and one-fourth are from the urban background. It also shows that 54.9% of the respondents from the rural background are blind by birth.

Comparatively, the genetic factors and the smallpox seem to be contributing more to the incidence of blindness in the rural area coupled with doctors' negligence, the parental ignorance as the other causes. Parental ignorance can be understood from the fact that they took the children for treatment to quacks. A few rural parents believed the Witchcraft as the factor responsible for the blindness. Blindness can be prevented to a certain extent if only the rural parents get better educated and medical facilities are improved.

**Table: 3.16**

**Gender and Causes for Blindness of the Respondents**

Causes of Blindness	Male	Female	Total
By birth	37 (67.2) 52.8%	18 (32.7%) 60.0%	55
Accident	06 (85.7%) 8.5%	01 (14.2%) 3.3%	07
Genetic	03 (60.0%) 4.2%	02 (40.0%) 6.6%	05
Smallpox	06 (66.6%) 8.5%	03 (33.3%) 10.0%	09
Doctors' Negligence	07 (77.7%) 10.0%	02 22.2% 6.6%	09
Parents' negligence/others	11 (73.3%) 15.7%	04 26.6% 13.3%	15
TOTAL	70	30	100

In the Table 3.16, an attempt is made to find out the causes for the blindness in male and female respondents. A majority of the respondents (55%) who became blind by birth includes 37 males and 18 females. A few males and one female respondent became blind in accidents. Nine males and seven females became blind by smallpox and genetic problems. A few male and female respondents went blind because of the doctors' negligence. On the whole, the table indicates that both the genders have similar causes for blindness.

**Table: 3.17**

**Caste and Causes of Blindness**

Causes of Blindness	SC/ST	BC	OC	Total
By birth	8 14.5% 42.1%	27 49.0% 56.2%	20 36.3% 60.6%	55
Accident	2 28.5% 10.5%	2 28.5% 4.1%	3 42.8% 9.0	07
Genetic	1 20.0% 5.2%	5 55.5% 10.4%	2 22.2% 6.0%	09
Doctors' negligence	2 22.2% 10.5%	5 55.5% 10.4%	2 22.2% 6.0%	09
Parents' ignorance/others	4 26.6% 21.0%	7 46.6% 14.5%	4 26.6% 12.1%	15
TOTAL	19	48	33	100

The able 3.17 explains the relation between the blindness and the caste of the respondents. The table indicates that 55% of the respondents from SC/ST, BC and OC are blind by birth. There are seven persons from SC/ST, BC and OC who



became blind after birth by accident. Five persons became blind by genetic problems. Nine persons from all castes are affected by smallpox. Another nine persons are blind due to the doctors' negligence. Another 15 persons are affected because of parental ignorance. Apart from these causes some of the other causes traced out from the medical view are as follows:

- (1) **Malnutrition:** Malnutrition and consequent vitamin A deficiency in children are serious causes of blindness. Xerophthalmia and night blindness are two such conditions.
- (2) **Diabetic Retinopathy:** With more effective controls for diabetes an increasing number of affected persons are living to advanced ages and develop diabetic retinopathy. This is the most rapidly growing cause of blindness in the recent past. Currently 15 per cent of all new cases of blindness are of diabetic etiology.
- (3) **Glaucoma:** Glaucoma is the most dangerous of all the eye diseases, and is found most often in middle aged people. It is caused by the inability of fluids to drain out of the eye. This exerts increasing pressure on the large nerve which is responsible for the sight of the eye. Proper treatment, if given at once, will release the pressure and save the sight. The warning signs of Glaucoma are: headache, pain in

the eyes, and often lights appear to be surrounded by coloured rings. Another sign, though one which is more difficult to recognise, is that although things straight in front of the eyes can be seen clearly, objects at the side are seen much less clearly. Whenever there is any suspicion of Glaucoma there must be no delay in going to an eye hospital or consulting an eye specialist. The delay of even a few hours may make all the difference between sight and blindness.

- (4) **Trachoma:** Trachoma is an infectious disease caused by a germ which spreads through direct contacts by form it's files etc., Children between one and three years of age are the most susceptible group. However, those below the age of 10 are not often spared. Trachoma is usually associated with conjunctivitis i.e. inflammation of the mucous membrane which lines the eyelids and covers the front part of the eye ball. If the inflammation is not cured within 2 or 3 days, specialized treatment must be resorted to because it needs skilled treatment to get rid of the germs of trachoma which are very resistant. Otherwise scars may form on the inner surface of the eyelids. These scars, by contracting, alter the shapes of the lids, consequently the eyelashes, which should hang straight down, turn inward and injure the delicate surface of the eye. Then sores are formed and the sight is permanently damaged. An operation will restore the eyelids and lashes to their

proper position, but to be successful it must be done before the eye is injured. Insanitary conditions and lack of personal hygiene resulting from poverty and ignorance are largely responsible for the spread of this infection.

- (5) **Solar Eclipse:** Eyesight of many Young ones is lost by gazing at a solar eclipse with unprotected eyes. On account of the extremely high temperature of the enclosed sun, the rays emanating from it destroy the sensitive mechanism of the unprotected eye. The National Society for Prevention of Blindness has strongly admonished people against watching the eclipsed sun with naked eyes.

**Table: 3.18**

**Income and the Nature of Blindness**

Income (Rs. Per annum)	Totally Blind	Partially Blind	Total
Below Rs.3000	21 (84.0%) 24.7%	04 (16.0%) 26.6	25
Rs.3001 to Rs.6000	29 (82.8%) 34.1%	06 (17.1%) 40.0%	35
Rs.6000 to Rs.9000	-	-	-
Rs.9001 to Rs. 12000	26 (86.67) 30.6%	04 (13.33) 26.6%	30
Rs. 12001 to 15000	-		
Rs. 15000 and above	-		
Orphans	09 (90.0%) 10.5%	01 (10.0%) 6.6%	10
<b>TOTAL</b>	<b>85</b>	<b>15</b>	<b>100</b>

In the Table 3.18, the relationship between the total/partial blindness to their income level is examined. A majority of the respondents (85%) are totally blind, while 15 % are partially blind. It indicates that 34.1% of the totally blind belonged to the income groups of below Rs.6000 and 30.6% to the income group of Rs.9000 and Rs. 12000. The table further indicates that while 85% of the totally blind and around 60% particularly blind are from very poor background. The details also show that from Rs. 15000 and above there is neither partially nor totally blind, out of the ten respondents from the orphan families nine are totally blind.

After an analysis of the causes of blindness, we have asked the respondents about the medical check up and treatment that they underwent. As many as 90% of the respondents replied in the affirmative. The remaining 10 % did not go for any medical check up. This was because some of them did not have even the eyeballs in their eyes. There are a few respondents who do not even know about hospitals because of their belief in superstition such as witchcraft. However, 76 % of the respondents were advised for medical treatment. Out of the 76 who have undergone the medical treatment, only eight respondents could secure slight improvement in the sight.

As we have noticed earlier, 71 % of the respondents are from rural areas. It is further noticed that lack of better medical facilities, including qualified doctors, is

one of the main causes for the incidence of blindness. The low level of parental income also did not permit them to go for better medical treatment. Out of 32 respondents who have undergone operations, only six could secure slight improvement in their sight. The remaining 26 could not get any improvement. It is surprising to note that three cases failed because of the doctors' negligence and callousness in operating the eyes. The three respondents stated that the doctors conducted operations in the sighted eye instead of the affected eye. It is alarming to note that two such cases were reported from the famous Sarojinidevi Eye Hospital in Hyderabad. Eight respondents stated that their blindness is curable but for their financial position. Their conditions are so precarious that they cannot afford medical expenses. In the case of remaining persons, it depends on their physical growth.

Given the poverty and backwardness and absence of medical facilities the visually disabled persons look to public policies such as homes and hostels for shelter, security and progress. (Details could be seen in the II chapter)

### III

#### Background of the Homes and Hostels for the Visually Handicapped

In this part, an attempt is made to elicit opinions of the respondents on homes and hostels where they stay as inmates and also their awareness of the facilities available and problems in the hostels and homes.

**Table: 3.19**

#### **Respondents' Awareness of the Hostels and Homes**

<b>Sl. No.</b>	<b>Source of Information</b>	<b>Total</b>
<b>1.</b>	Through family members	08
<b>2.</b>	Relatives	18
3.	Neighbours	07
4.	Friends	35
5.	Social workers	09
6.	Government employees	15
7.	Radio & TV	08
	<b>TOTAL</b>	<b>100</b>

An enquiry into awareness about homes and hostels, a majority (53%) of them came to know about them through friends and relatives. However, fifteen of them came to know through government employees. Two of them joined the hostel with the personal initiative of a District Collector. Such an initiative is of course, not common. The flow of information is more through informal channels than formal government systems.

Most of the respondents stated that they joined the homes and hostels for the sake of education. There are two school attached hostels, one Government Residential School for Visually Handicapped Girls at Visakhapatnam and another Dar-ul-Shifa Government School for Boys at Hyderabad. The inmates in these hostels joined exclusively to pursue their education. In the case of Malakpet Girls' Hostel for the Handicapped, the visually handicapped inmates joined the hostel for more than one reason. They joined not only for the sake of education but also to overcome loneliness, and helplessness of the parents.

**Table: 3.20**

**The Present Rates paid to the Inmates of the Homes and Hostels**

Charges	HOMES		HOSTELS	
	Male (Rs.)	Female (Rs.)	Male (Rs.)	Female (Rs.)
Cosmetic Needs	10	17	10	17
Cloth Allowance	100	100	100	100
Mess Charges	180	180	150	150

The Table 3.20 presents the pattern of financial assistance by the government to the inmates of the homes and hostels for different needs. The mess charges in the homes is Rs. 180 and in hostels Rs. 150. This works out to Rs.6 per day. In the homes and hostels, male inmates are paid Rs.10 and female Rs.17 towards cosmetic charges. They are paid Rs. 100 as cloth allowance. There is no difference either in home or hostel nor male-female in the case of cloth allowance.

The per capita amount that the government has been giving to the homes and hostels towards these charges is meager compared to the present cost of living.

**Table: 3. 21**

**Homes/Hostels and their Suggestions about Cosmetic Charges**

Suggestions	Home	Hostels	Total
Rs.20	8 36.3% 25.8%	14 63.6% 20.2%	22
Rs.25	7 19.4% 22.5%	29 80.5% 42.0%	36
Rs.30	12 60% 38.7%	8 40% 11.5%	20
Rs.35	4 28.5% 12.9%	10 71.5% 14.4%	14
Sufficient	0	8 100% 11.5%	8
TOTAL	31	69	100

The inmates suggested the enhancement of cosmetic charges. While no one living in home opined that the present charges are adequate, nearly 12% of the hostel residents feel that the amount is sufficient. This may be due to the age difference.

The following table explains the present payment to the boys and girls as cosmetic charges and the suggestions that they have offered to enhance it according to the needs of the boys and girls.



**Table: 3.22****Gender and Suggestions about the Cosmetic Charges**

Suggestions	Home	Hostels	Total
Rs.20	19 86.3% (27.1%)	3 13.6% (10%)	22
Rs.25	29 80.5% (41.4%)	7 (19.4%) 23.3%	36
Rs.30	15 75.0% (21.1%)	5 25.0% (16.6%)	20
Rs.35	6 42.8% 8.5%	8 57.1% (26.6%)	14
Sufficient	1 12.5% (1.42%)	7 87.5% (23.3%)	8
TOTAL	70	30	100

When we look at the suggestions of the respondents on the enhancement of the cosmetic charges, the Table 3.22 shows that the female students demanded more money (i.e. 68%) than the male. They suggested the enhancement between Rs.25 to Rs.35 from their present Rs. 17. The boys suggested up to Rs.25 from the present payment of Rs. 10. In view of the growing prices, their suggestions seem to be reasonable. Eight respondents stated that the present charges are sufficient. The table clearly indicates that the blind students are very reasonable in their expectations.

Tables 3.23 and 3.24 give us the respondents' suggestions for the enhancement of the cloth allowance. It is well known that the amount given does not get any respectable clothes. Most of the respondents felt that the present amount was inadequate and suggested an enhancement up to Rs.250. In the case of cloth allowance, there is no difference in the amount demanded between male and female respondents.

**Table: 3.23**

**Homes/Hostels: Suggestions about the Cloth Allowance**

Suggestions (Rs. / Year)	Home	Hostel	Total
150-200	3 8.0% (9.6%)	34 91.8% (49.2%)	37
201 -250	9 32.1% (29.0%)	19 67.8% (27.5%)	28
251 -300	14 53.8% (45.1%)	12 46.1% (17.4%)	26
301-350	3 60.0% (9.6%)	2 40.0% (2.8%)	5
351 -400	2 50.0% (6.45%)	2 50.0% (2.8%)	4
TOTAL	31	69	100

The Table 3.25 relates to suggestions about mess charges. It highlights that except a few respondents, almost all of them felt that the existing rate of payment towards mess charges is highly insufficient. About 25 % felt that it should be raised to Rs.200; about 30 % felt that the rise should be Rs.200 to Rs.250. Another 24 %

suggested a rise of Rs.300 per month. The rest of the respondents suggested from Rs.300 to Rs.500 per month as mess charges. The table further suggests that the male respondents demanded higher rate of payments as mess charges compared to female members. The table, on the whole, shows that present rates of mess charges are highly insufficient and need to be enhanced. The demand for the enhancement of mess charges is most unambiguous when (93%) an overwhelming number of the respondents demanded for it. It should be recognized that present charges of Rs. 180 is hardly sufficient for two meals a day as it works out to six rupees a day. This is supposed to cover breakfast and two meals. Most of them (55%) are in favour of raising the charges up to Rs.250, by which they hope to get a tolerable meal.

**Table: 3.24**

**Gender and Suggestions about Cloth Allowance**

Suggestions (Rs. / Year)	Male	Female	Total
150-200	21 56.7% (30%)	16 43.2% (53.3%)	37
201-250	21 75.0% (30.0%)	7 25.0% (23.3%)	28
251 -300	22 84.6% (31.4%)	4 15.4% (13.3%)	26
301-350	4 80.0% (5.7%)	1 20.0% (3.3%)	5
351-400	2 50.0% (2.8%)	2 50.0% (6.6%)	4
<b>TOTAL</b>	<b>70</b>	<b>30</b>	<b>100</b>

**Table: 3.25****Suggestions of Respondents about Mess Charges**

Suggestion	S C / ST		BC		OC		Total
	Male	Female	Male	Female	Male	Female	
1 to 200 PM	1 4% 6.6%	1 4.0% 25%	6 24% 16.2%	5 20% 45.4%	6 24% 33.3%	6 24% 40%	25
201 to 250	3 10% 20.0%		16 53% 43.2%	1 3.3% 9.0%	3 10% 16.6%	6 20% 40%	30
251 to 300	5 20.8% 33.3%	1 4.1% 25%	11 46% 29.7%	1 4.1% 9.1%	7 29.1% 38.8%		24
301 to 350	2 33.3% 13.3%		1 16.6% 2.7%	1 17% 9.1%	2 33.3% 11.1%		06
351 to 400	2 33.3% 13.3%	1 16.6% 25%	1 16.6% 2.7%	1 17% 9.1%		1 16.6% 6.6%	06
401 to 500		1 50.0% 25%		1 50% 9.1%			02
Sufficient	2 28.5% 13.3%		2 28.5% 5.4%	1 14% 9.1%		2 28.5% 13.3%	07
<b>TOTAL</b>	<b>15</b>	<b>04</b>	<b>37</b>	<b>11</b>	<b>18</b>	<b>15</b>	<b>100</b>

The present number is so low that there is only one reader, it is highly difficult to adjust. The visually challenged need the support of one reader in a home (see Table 3.26). In Malakpet hostel where there are college-going girls, there is not even one reader. Though there are four readers in Dar-ul-Shifa school, most of the students complained that they are hardly seen in the school premises. In the Govt. Residential School for VH Girls, Visakhapatnam, they engaged three readers. There

is an urgent need to increase the number of readers\* in all these institutions. This would really help the inmates in pursuing their academic courses.

**Table: 3.26**

**Existing Number of Readers in the Homes and Hostels**

In this table, an observation is made on the existing number of readers at present in the homes and hostels.

Sl. No.	Government Homes/Hostels	Strength	Readers
1.	Govt. Home for the Blind, Nanal Nagar, Hyderabad	75	01
2.	Govt. Home for the Blind, Salarjung Colony, Hyderabad	80	01
3.	Govt. Hostel for Handicapped Girls, Malakpet, Hyderabad	30	—
4.	Dar-ul-Shifa Govt. School for Boys, Hyderabad	195	04
5.	Govt. Residential School for VH Girls, Vizag	75	03

' Reader is one who reads out the ink print materials to the visually handicapped persons so as to enable them to pursue their academic courses. To our surprise, the readers in home are mostly engaged in writing letters and reading newspapers to the inmates.

**Table: 3.27**

**Existing Facilities in the Hostels and Homes**

Sl. No	Homes/Hostels	Strength	Warden	Doctor	Mobility Instructor	Availability of TV/Radio
1.	Govt. Home for the Blind, Nanal Nagar, Hyderabad	75	Temporary Warden	Weekly once	No	Yes
2.	Govt. Home for the Blind, Salarjung Colony, Hyderabad	80	Temporary Warden	Weekly once	No	Yes
3.	Dar-ul-Shifa School for the Blind, Boys' Hostel	200	Permanent Warden	Weekly once	No	No
4.	Govt. Girls' Hostel for the Handicapped, Malakpet, Hyd.	28	-do-	No Doctor	Yes	No
5.	Govt. Residential School for VH Girls' Hostel, Visakhapatnam	75	No Warden	No Doctor	No	Yes
	TOTAL	458				

In the Table 3.27, an attempt is made to examine the existing facilities in the homes and hostels.

The table indicates that the facilities in terms of a doctor, warden, facilities like reader are meager. This shows apathy and indifference of government towards

visually disabled people. They have no mobility instructor<sup>#</sup>, nor doctors. The doctor visits the place once a week and the warden is hardly seen.

The Table 3.28 shows absence of keen interest of the government in providing infrastructural facilities. An overwhelming majority of the respondents from almost all the hostels reported that they do not have adequate furniture, suffer from space congestion and water problems. Space is so limited and congested that in one small hall (Visakhapatnam), nearly 75 residents are lodged. They eat, dwell, play and sleep in this small hall. Even in the hostel located in the capital city, Dar-ul-Shifa School, the space situation is pathetic. There is hardly any congenial or human atmosphere in the surroundings of the hostels.

There was a question with regard to the mechanism of grievance redressal (Table 3.29), about 27 of the respondents stated that they are seeking redressal of grievances through the official machinery. The rest of them have no access to any mechanism. A large number of them stated strike as the mechanism to resolve the conflict. However, the table shows that 97.6 % of those who preferred strike are male respondents. About 82.0 % of those who have not responded to the question are females.

<sup>#</sup> Mobility Instructor is one who instructs the blind in practicing mobility from place to place and identifying through orientation and so on.

**Table: 3.28****Problems in the Homes and Hostels**

In this table, we have presented the problems that inmates encounter in the homes and hostels.

Problems/ Hostel	Govt. Hostel for Blind, Darulshifa	Govt. Home for Blind, Salarjung Colony	Nanalnagar Home for the Blind	Govt. Girls' Home for the Blind, Malakpet	Residential School for VH, Visakhapatnam	Total
Furniture	33	12	15	10	01	71
Building Problem	35	01	02	01	15	54
Water Problem	-	-	-	15	-	15
Staff Problem	10	-	-	-	-	10
Library	02	02	01	-	-	05
Permanent Warden	09	03	-	-	15	19
Music Teacher	15	-	-	-	15	30
<b>TOTAL</b>	<b>104</b>	<b>18</b>	<b>18</b>	<b>26</b>	<b>46</b>	<b>212</b>



**Table: 3.29****Grievance Redressal Machinery**

Methods of Grievances Redressal	Male	Female	Total
Through Warden	14 70.0% 20.0%	6 30.0% 20.0%	20
Going to the A.D. Office in Groups	4 100% 5.6%		04
Going on strikes through students' unity	42 97.6% 60.0%	1 2.3% 33.3%	43
Collector Approaching	3 100% 4.2%		03
Not doing anything	4 30.7% 5.7%	9 69.2% 30.0%	13
Not Responded	3 17.6% 4.2%	14 82.3% 46.6%	17
<b>TOTAL</b>	<b>70</b>	<b>30</b>	<b>100</b>

Table 3.30 reveals that nearly 44 % of the respondents are taking advantage of recreational and other extracurricular activities. But nearly 49 % of the respondents felt that facilities are awfully inadequate. They suggested improvement of indoor games in the homes and hostels.

**Table: 3.30**

**Recreation and Extracurricular Activities in the Homes and Hostels**

The table presents a picture of recreation and extracurricular activities of the respondents.

Activities	Number (multiple responses)
Listening to TV and tape recorder	44
Reading/writing	30
Sports/games	64
Music/dance	27
Quiz/debate	04
Indoor games	15
TOTAL	184

The conditions, on the whole, are so sad that given an option no respondent from the homes desires to stay permanently in the home. They expressed their resentment about the facilities. In fact, they said, "once we get some sort of employment, we will leave the home at once". They added, "Until we get some source of livelihood, we have no alternative".

## IV

### Education, Training and Future Aspirations of the Respondents

This part deals with the education, training, employment and future aspirations of the respondents. Their present education, their aspirations are analyzed in relation to their gender, caste, rural/urban origins and income backgrounds.

**Table: 3.31**

#### Present Educational Status of the Respondents

Present Status	Rural	Urban	Total
Elementary School	3 75.0% (4.2%)	1 25.0% (3.4%)	4
High School	34 68.0% (47.8%)	16 32.0% (55.1%)	50
College	20 74.0% (28.1%)	7 25.9% (24.1%)	27
University		2 25.9% (24.1%)	2
Training	6 85.7% (8.4%)	1 14.2% (3.4%)	7
Unemployees	8 80.0% (11.2%)	2 20% (6.8%)	10
TOTAL	71	29	100

The Table 3.31 shows that more than 70 % of the respondents, except university students are from rural background. The table shows that there are more number of respondents in the category of school education than higher education. This shows that many blind respondents are not in a position to go for higher education. A careful observation of the table would reveal that if the government provides better facilities for the rural blind, the number of blind students in the higher education will increase.

**Table: 3.32**

**Education and Gender Background of the Respondents**

Present Status	Male	Female	Total
Elementary School		4 (100%) (13.3%)	4
High School	39 (78%) (55.7%)	11 (22%) (36.6%)	50
College	50 (55.5%) (21.4%)	12 (44.4%) (40%)	27
University	2 (100%) (2.8%)		2
Training	5 (71.4%) (7.14%)	2 (28.5%) (6.6%)	7
Unemployees	9 (90%) (12.8%)	1 (10%) (3.3%)	10
<b>TOTAL</b>	<b>70%</b>	<b>30%</b>	<b>100</b>

One striking feature is (Table 3.32) that there are no female students at the university level. A few students are undergoing some training while 27 % respondents are college students. If the society adopts a more positive attitude towards the visually handicapped, particularly the parents of female respondents, the number of educated female as well as male would increase.

**Table: 3.33**

**Scholarships and Reader Charges by the Government of India**

(in Rs.)				
Sl. No.	Type of Course	Rate per Month for Day scholars	Rate per Month for Hostlers	Readers' Allowance for VH only P.M.
1.	Class IX, X, Pre-university and IA/I. Sc.	85	140	50
2.	B.A. /B. Sc. /B. Com., etc.	125	180	75
3.	M.A. / M. Sc. / M. Com. / LLM / M. Ed. etc.	170	240	100

In the Table 3.33, we have presented the rates of scholarships and the reader charges that the Government of India is giving to the visually handicapped who are pursuing their education.

From IX standard to university level, the day-scholarships provided by the Government of India is very meager (Table3.33). Even the scholarships to the hostel

is insufficient compared to the cost of living. The reading charges that the Government of India is giving at various levels of education, i.e. Rs.50, Rs.75, and Rs, 100 is not sufficient even for snacks to the readers per month. The table clearly indicates the apathy of the Central Government towards the visually handicapped and the other handicapped, The above rates were fixed in 1986. There has been no revision. The State Government is giving a meager amount of Rs.35 (I to V) as scholarship and Rs.25 as reader charge to the elementary school-going children. The amount as scholarship offered to the students studying from VI to VIII class, towards reader charges is Rs.50 and Rs.25. There is a need to enhance the scholarships and the reader charges provided by both the State and Central Governments.

The State Government has not taken this responsibility for giving either scholarships or reading charges to the students studying from I to VIII class.

**Table: 3.34**

**Respondents' Suggestions about the Scholarships**

Suggestions Rs. / Annum	Respondents
300	20
500	50
800	10
No Response	20

The table given above deals with the existing amount of scholarship offered to the visually handicapped students and the expenses incurred by them towards

reader charges. The Table 3.34 indicates the demand of 20% of the respondents to raise the scholarship amount to Rs.300 per annum. Another 50% desired that the amount is raised to Rs.500 per annum. Another 10% wanted it to be Rs.800 per annum. About 20% did not respond to the question at all. The reason for their non-response can be ascribed to their apathy and a feeling that no purpose would be served even if there is a demand for enhancement. However, giving scholarships to the visually handicapped inmates of the homes/hostels would be a great incentive in view of their socio-economic background. This would be in conformity with the welfare goals.

With regard to the reader charges (Table 3.35), 95% resented the present rates. When asked for suggestions regarding the amount, 30% asked for Rs. 100 per month, 63% for Rs.250 per month, and 2% wanted Rs.300 per month. The remaining 5% did not respond. When insisted on their responses, they remarked "government spends huge amounts for its survival, but on the questions of funds to the handicapped, they always say that it has no funds to increase the budget for the handicapped". The above respondents expressed their displeasure on government's attitude towards the handicapped. They said it is futile to give any suggestions regarding the enhancement of the amount, when they are pretty sure that it was going to fall only on deaf ears.

**Table: 3.35**

**Respondents' Suggestions about Reader Charges**

Reader Charges Rs. / Annum	Respondents
100	30
250	63
300	02
No Response	05

From the respondents pursuing education, 14 respondents failed in their respective examinations after joining the homes. They cited non-availability of books in Braille and lack of readers as reasons for this failure. When asked for the alternative arrangements they had to cope with the studies in the absence of Braille books, 21% of the respondents were getting their friends' help, 15% had access to readers arranged by the hostel, 39% were getting help from tutors and 20% got readers on their own. Remaining 5% were helped by social workers.

As far as the Braille books are concerned, they are printed at the Government Braille Press in Malakpet. They print only the textbooks up to SSC level. The Mathematics books are also stopped. Earlier, Telugu magazines were brought out in Braille. These are also not coming out for the last three years. Regarding the supply of the textbooks, the government claims that there is free supply of the books to all the students on par with SC and ST students. The respondents complained that the books are available only up to the elementary school. For the high school students,



books in Social Studies such as History and Civics and Chemistry and Physics are not available. A few respondents from VI and VII standards drew the attention to the non-availability of Hindi and English textbooks.

Almost all the college students and the PG students are using audio-cassette tapes as an alternative to the Braille books. Regarding the science diagrams and the Social Science maps, 50% of the respondents are under the impression that they were exempted from this part of the test. Another 30% said that there was no exemption. Several of them are not being awarded the marks. The remaining 20% were ignorant about the procedure. However, when we approached the school principals, we learnt that the marks are awarded if the relevant descriptions are given wherever necessary. This shows the lack of awareness among the students regarding the examination procedures. With regard to the scribe, 60% of the respondents complained that they are not getting adequately qualified scribes. There were some instances where the scribes attended the exam half an hour or even 45 minutes late. The respondents stated that the scribes should be able to write whatever they dictate with at least some minimum speed during the examinations. In the absence of trained scribes, the students feel further handicapped.

When the respondents were asked about the training they had undergone, the data indicates that 38% have undergone various types of training of which 32% in cane-weaving, 2% in electronics and 4% got training as telephone operators.

Another 10% are undergoing training in diploma in Braille, telephone operators' course and chair caning. There are a few respondents seeking academic pursuits. At present, they are not undergoing any training.

Braille diploma students, while getting Rs.300 as stipend, the VRC trainees are getting only Rs.175. Braille diploma training is a joint venture by the State and Central Governments. About the utility of the training, 30% of the respondents reported that the training has practical utility, while 8% said even after training, there are no job opportunities.

**Table: 3.36**

**Aspiration Level of the Visually Handicapped**

Aspirational Trends of the Respondents	Total
Teachers	50
Lecturers	13
Engineers	01
IAS	02
Professors	02
Lawyers	03
Music Teachers	05
MLA	01
Telephone Operators	04
Any Suitable Job	19
TOTAL	100

As far as the employment is concerned, though there is a special employment exchange for the physically handicapped persons, it is quite dismal. The employment exchanges do not send any call letters at all. If they send, the blind are rejected in the interviews on the plea that "you are blind and not suitable for the job".

This was the opinion of all the respondents who are in search of jobs. The remaining 90% are either pursuing their studies or undergoing training. As they are not trying for employment at present, the question seems to be not bothering them. However, the respondents stated that the Department of Education is the only one which is absorbing the visually handicapped candidates.

With regard to the levels of aspirations (Table 3.36 & 3.37), an overwhelming majority of them want to be in the teaching profession. This is partly influenced by the fact that at present, the openings are in the teaching profession. About 20% of them are willing to do any job. The table 39 shows the preference of the women (60%) for soft or teaching jobs, while men preferred a variety of jobs. Another trend is that most of the men are ready to take up any available job, while women seem to be having some specific preferences. For the rest, they would like to join different occupations, particularly professions like engineering, law, IAS and music. Their aspiration levels almost match with the Aspirational levels of the non-handicapped people.

**Table: 3.37****Gender and Aspirations of the Respondents**

Aspirational Trends of the Respondents	Male	Female	Total
Teachers	32 (64%) (45%)	18 (36.0%) (60.0%)	50
Lecturers	09 (69.2%) (12.8%)	04 (30.7%) 13.3%)	13
Engineers	01 (100%) 1.4%)		01
IAS	01 (50%) (1.4%)	01 (50%) (3.3%)	02
Professors	02 (100%) (2.8%)		02
Lawyers	02 (66.6%) (2.8%)	01 (33.3%) (3.3%)	03
Music Teachers	03 (60%) (4.2%)	02 (40.0%) (6.6%)	05
MLA	01 (100%) (1.4%)'		01
Telephone Operators	04 (100%) (5.7%)		04
Any Suitable Job	15 (78.9%) (21.4%)	04 (21.0%) (13.3%)	19
TOTAL	70	30	100

When we asked the respondents to give their suggestions to improve the overall conditions of the visually handicapped in the society, the following suggestions have been made:

Most of the respondents are of the view that all the blind children should be given formal education. To achieve this objective, the department should send the trained teachers and the visually handicapped students to various rural areas so that they can convince the parents of the blind children of the need to send their visually handicapped children to schools. If the teachers are accompanied by the VH students, the parents can easily be convinced.

The students also expressed the need for publicity by broadcasting through radio/TV and using other mass media regarding the education and the possibilities of all round development of personality of the blind students. The wide publicity would enable most of the blind children from the urban as well as rural areas to know about the available educational opportunities.

A female respondent opined that the government should provide a vehicle with mike and all necessary information and send a team of experts to tour in all the rural areas, particularly backward areas, to inform about the prevention of blindness and educate the rural public about the blind children's' education.

Two female respondents said that the government should pay the travelling charges to poor students to travel from the distant places to the schools so as to enable the poor to come to the school and go to the places in holidays. This would ease the burden on the poor parents.

Most of the respondents were of the view that the government should open more schools for visually handicapped, which can promote education of the blind children.

Almost all the respondents stressed the need for the enhancement of scholarships, reading charges, mess charges, etc.

All the textbooks up to graduation and the general knowledge books should be made available in Braille.

A few respondents wanted introduction of typewriting and computer training in the school education.

Respondents from homes suggested that the sound library services are to be increased as these services at present are not adequate.

More than half of the respondents stressed the need for proper implementation of the reservations that are made available to the visually handicapped.

To ensure fair play and justice, one-fourth of the respondents are of the view that the government should offer good amount of loans to enable the blind in settling in self-employment programmes.

Opening up of public telephone booths and petty businesses in view of shortage of public employment.

All the respondents from homes suggested training-cum production centres, especially for visually handicapped, to enable them to undergo training.

They also suggested to open sheltered workshops where they can contribute their mite in increasing the productivity for betterment of the society with reasonable remuneration.

The respondents also expressed the need for opening telephone and stenography training centres.

Government should constitute a committee to look into various problems of the visually handicapped and suggest appropriate measures.

Since there are no debates in the Assembly and Parliament, the centre as well as the State Government should nominate one visually handicapped member, both in the Central and State Legislature.

The officials in the Department of Welfare of Handicapped should undergo some training, which will enable them to understand the nature of the problems of the handicapped and the ways to tackle them.

The Welfare of the Handicapped Department should be annexed to the Ministry of Social Welfare rather than keeping it with Women and Child Welfare Department.

Forty % opined that the budget for the welfare of the handicapped should be increased to 20 crore at its minimum.



## **Summing up**

This analysis of the visually handicapped indicates that a majority of the respondents are blind by birth and are young and poor. That some of them are orphans and belong to the income group of below Rs.9000/- indicates the dire need for homes and hostels which can help them pursue their education. It is stressed by a large number of them that they join the homes and hostels for education. The incidence of more than one blind in the family indicates malnutrition, improper health care which are in turn due to poverty. Added to this is the ignorance and illiteracy among parents. The support and encouragement from the family shows that the family network continues to be one of the important support structure.

In rural areas the cause for blindness due to the impact of smallpox and genetical problem is high. This is attributed to doctors negligence and parental ignorance which happens to be more in rural areas than in urban areas. That villagers believe in witchcraft and consider blindness as a curse on family shows that blindness to a certain extent can be prevented once the rural parents get educated and better medical facilities are provided. It is the absence of medical facilities that makes them rely on superstition and all its forms.

All of them suggested the need to improve the living conditions of the homes and hostels, increase in cosmetic, mess and cloth allowances and also reader charges.

Unlike the needs of the hearing impaired and orthodepadically handicapped, the visually handicapped requirements are different. As far as employment opportunities are concerned others could be accommodated in varied professions, but the visually handicapped can be absorbed only in limited professions. Though one percent reservation exists for them in teaching and non-teaching sectors, it is not fully implemented. The respondents aspire to be engineers, doctors, teachers and IAS to realize their potential. The government should come forward with a human package corresponding to their disability.

The study on the whole reveals that almost all the respondents prefer 'strike' as a method to activate authorities, and ventilate their grievances. When the policies of the government are inadequate they are frustrated and resort to strike which has happened many a times. In all the cases the causes were common. This includes: one, to improve the conditions of the homes and hostels including increase in various allowances, two, to fill the one percent reservation in teaching and non-teaching positions.

The whole discussion indicates as to how the visually handicapped feel deprived of the minimum facilities. There is a strong feeling that the system is insensitive to their questions. This feeling and non-responsive attitude of the governmental agencies together result in tensions in the maintenance of homes and hostels. It is these tensions that give rise to protests, strikes, agitations, and sometimes violent outbursts.

## **CHAPTER - 4**

# **Hostels for the Hearing Handicapped: Inmates' Perception**

## **Chapter - 4**

### **HOSTELS FOR THE HEARING HANDICAPPED: INMATES' PERCEPTION**

The deaf are those in whom the sense of hearing is non-functional for ordinary purposes in life. They do not hear/understand sound at all even with amplified speech. The cases included in this category will be those having hearing loss of more than 70 decibels in the better ear (profound impairment) or total loss of hearing in both ears.

Hearing impaired children generally cannot speak, therefore many people think that they are both deaf and dumb. It is not completely true that they are dumb. They are considered to be dumb or they remain dumb because as they cannot hear the sounds, they cannot pronounce the sounds though they are capable to do so.

There are many reasons for the occurrence of deafness. To mention a few, the marriages in close relations, malnutrition, suffering of mother from ill health during pregnancy and the conduct of the parents too. While some people get deafness by birth, some others get it after the birth due to the reasons such as, suffering from measles, high temperature, consumption of over dosage of medicines or wrong medicines, for instance, medicines like *Clorocept* and *Ceptomysine*.

There have been varied medical attempts to find treatment, but operations done to remove the deafness by and large have been a failure. It is because of the very complex system of ear. A majority of the deaf children come from poor families of agricultural labourers, construction workers and carpenters. A few also come from comparatively better off background. A majority of the children in the deaf school belong to BC community, followed by SC, OC and ST. Religion wise a majority of these belong to Hindu, followed by Islam and Christianity.

There are schools for these children both in the government and the private sectors. Even those who are studying in private schools are eligible for scholarship given by the government of Andhra Pradesh. While some of the schools provide education up to 5<sup>th</sup> class, some other schools provide education up to 10<sup>th</sup> class. For instance, while the private deaf school in Proddutur, Andhra Pradesh is providing education up to 5<sup>th</sup> class, deaf school in Malakpet, Hyderabad provides education up to 10<sup>th</sup> class. There are also colleges, like college for deaf in Adayaru very recently a college for deaf was set up in Hyderabad by Dr. Khan.

Generally deaf students understand the messages through lip movements and signs / gestures. They can perform better in some activities than others. Some of such activities include painting, tailoring and carpentry. Since their attention is not diverted by the sounds, they possess more capacity for concentration on the works that they undertake.

Now government is trying to integrate deaf organizations with other normal people. But it is not desirable. If deaf children are kept separately that would be better as their nature is different from other people.

Marriages are taking place between deaf and deaf. Some such couple are getting normal children without any deformity. But there are also instances where deaf and deaf couple got deaf children. Generally deaf children in schools can understand what we write, therefore, they can reply to our questions by writing. The present empirical study on hearing handicapped is intended to understand the problems and perceptions of the hearing handicapped.

The chapter is divided into four parts: first part deals with both personal and parental background of respondents. These variables relate to age, gender, caste, rural-urban origins and nature of the blindness of the respondents. The parental details, such as educational background, occupations, income are also presented. The second part mainly focuses on the causes for hearing impaired and the medical facilities accessible to them. In the third part, problems relating to them have been clearly analysed and the fourth part deals with education, training and employment needs and the perception of the hearing handicapped. All these factors are analysed to understand the response of hearing handicapped to certain specific policy measures.

## II

The following tables indicate the background of the respondents and their parents.

**Table: 4.1**

**Nature of Hearing Impaired**

Nature of Hearing Disability	Total	%
Totally Deaf	35	87.5
Partially Deaf	5	12.5
Total	40	100

**Table: 4.2**

**Hearing Impaired by Birth and after Birth**

Hearing Disability	Total
By Birth	39 (97.5%)
After Birth	1 (2.5%)
Total	40 (100%)

**Table: 4.3**

**Gender of the Respondents**

Gender	No
Male	25 (62.5%)
Female	15 (37.5%)
Total	40 (100%)

**Table: 4.4**

**Hearing Impairment by Gender**

Nature of Impairment	Men	%	Women	%	Total	%
Partially Deaf	4	16	1	6.67	5	12.5
Totally Deaf	21	84	14	93.33	35	87.5
Totally Deaf	25	100	15	100	40	100

**Table: 4.5**

**Age of the Respondent**

Age	Total
8-12	5
12-16	25
16-20	10
20-24	-
24-28	-
28 and above	-
Total	40



**Table: 4.6**

**Caste Background of the Respondents**

Caste	No.
SC /ST	10 (25%)
BC	<b>20</b>
OC	<b>10</b> (25%)
Total	<b>40</b> (100)

**Table: 4.7**

**Rural / Urban Background of the Respondents**

Rural / Urban	No
Rural	30 (75%)
Urban	10 (25%)
Total	40 (100)

**Table: 4.8**

**Respondents by Caste and Urban - Rural Background**

Caste	Urban	Rural	Total
SC	3 42.86% (30%)	4 57.14% (13.33%)	7 100%> (17.5%)
ST	1 33.33% (10%)	2 66.67% (6.67%)	<b>3</b> 700% (7.5%)
BC	5 25% (50%;	15 75% (50%)	20 100% (50%)
OC	1 10% (10%)	9 90% (30%)	10 100% (25%)
Total	10 25% (100%)	30 75% (100%)	40 100% (100)

Tables 4.1 to 4.8 represents the characteristics of the sample of the hearing impaired who are presently residing in the hostels. Table 4.1 indicates that out of 40 sample 35 are found to be totally hearing impaired and 5 (12.5%) are partially hearing impaired. The table 4.2 shows that a majority of the respondents are totally deaf. Unlike the visually handicapped or Orthopedically handicapped, all these respondents got the hearing disability by birth. Only 12.5% respondents of the total, comprising 80% men and 20% women are partially deaf. The total deaf mean the hearing and speech ability is totally lost. This may also be called profound category. On the other hand the partial deaf are those who can hear the voice / sounds to some extent.

A further enquiry revealed that 39 of them are hearing impaired by birth, and only one has gone hearing impaired after birth. The table 4.5 indicates that the total 40 respondents are less than 20 years old. This includes 5 persons of less than 12 years old and 25 are in the age group of 12 to 16. Another 10 are in their twenties. Thus, the hearing impaired in the hostels is young. Table 4.5 and 4.6 deals with the gender and also the caste origins of the respondents. The tables reveals that 62.5% of them are male and rest of the i.e. 37.5% are female. Likewise, 50% of them belong to backward class and 25% of them belong to SC/ST and remaining 25% belong to OC. Table 4.7 reveals that rural and urban background of the respondents. About three-fourth belong to the rural areas and the only one-fourth of them belong to urban.

As shown in the table 4.8 hearing impairment is more among the respondents belonging to rural than the urban background. Caste-wise, there are more hearing impaired respondents among the backward classes (50%) followed by other castes (25%) Scheduled Castes (17.5%) and Scheduled tribes (7.5%). Similarly, only 25% belong to urban whereas 75% belong to rural areas. The social composition of the hearing impaired reveals that they are young, largely hearing impaired by birth, predominantly rural and hail from the backward class. The policies for the hearing impaired should take these background factors into account while formulating the policies particularly pertaining to hostels.

**Table: 4.9**

**Medical Treatment**

Those who underwent Medical checkup	Those who have not underwent Medical checkup	Total
<b>40</b>	Nil	40 (100%)

The above table 4.9 reveals that in the case of hearing impairment almost everybody went for medical treatment. This shows parents' interest and anxiety in getting them the medical check up,

**Table: 4.10**

**Curability and Incurability of the Hearing Impairment**

Curable / Incurable	No
Curable	3 (7.5%)
Incurable	37 (92.5%)
Total	40 (100)

According to the above table curability among the hearing impaired persons is not plausible as the curable is mere 7.5%. In contrast, the state of incurability is as high as 92.5%. When we conducted a survey the important reasons for it is that a majority of the respondents are hearing handicapped by birth.

**Table: 4.11**

**Respondent's Parental Details**

Sl. No.	Parents	Number of Members
1.	Both are alive	35 (87.5%)
2.	Only father is alive	0
3.	Only Mother is alive	5 (12.5%)
4.	Orphans	0
5.	Total	40 (100)

From the above table 4.11 it could be seen that a majority of the hearing handicapped are having both the parents and their number is as high as 35 (87.5%)

out of 40. There are 5 (12.5%) persons who lost their father but mother is alive. No body is an orphan among the respondents.

**Table: 4.12**

**Parental Education**

Sl. No.	Parents	Number of Members
1.	Both parents are educated	10 (25%)
2.	Only father is educated	10 (25%)
3.	Only Mother is educated	0
4.	Both parents are uneducated	20 (50%)
6.	Total	40 (100)

The above table 4.12 reveals that both the parents uneducated constitute 50%, and both parents educated and only father educated is 25% each. The educational background of the parents which is extremely low indicates poverty and helplessness.

**Table: 4.13****Parental Occupation**

Parental Occupation	Father	Mother
1. Landless labour	35 (87.5%)	25 (62.5%)
2. Agriculture farmer	0	0
3. Business	3 (7.5%)	0
4. House wives	0	15 (37.5%)
5. Employee	2 (5%)	<b>0</b>
Total	40 (100%)	<b>40</b> (100%)

So far as parental occupation is concerned, a majority of them belong to the category of landless labourers. As far as the above table is concerned, under the landless labour category 87.5% of fathers and 62.5% of mothers are landless labourers.

**Table: 4.14****Annual Income of the Parents**

Income (Rupees per annum)	Parents
1. Orphans	0
2. Below Rs.3,000	0
3. Rs.3001 to Rs.6000	7 (17.5%)
4. Rs.6001 to Rs.9000	28 (70%)
5. Rs.9001 to Rs. 12000	5 (12.5%)
6. Rs. 12000 to Rs. 15000	Nil
7. 15000 and above	-
Total	40 000)

According to the table 28 out of 40 i.e. 70% are under Rs.6000/- to Rs.9000/- category. Similarly, only 12.5% parents come from Rs.9000/- to Rs.12000/- category. There is none in the above Rs.15000 category. It clearly shows that majority of the parents are at a very low income level.

## II

### **Causes for Hearing Impaired and Medical Facilities:**

**Table: 4.15**

#### **Causes of Disability**

Causes of Disability	Total
1. By Birth	39
2. Accident	0
3. Measles	0
4. High Temperature	1
5. Doctors negligence	0
6. Parental negligence / others	0
Total	40

Probably, the causes of the hearing handicapped of the respondents can be traced as malnutrition, lack of proper medical treatment, use of over dosage of drugs during the pregnancy of their mother and the marriages among the blood relationship.

**Table: 4.16**

**Gender and Causes for the Hearing Disability of the Respondents**

Causes for the Hearing Disability	Male	Female	Total
1. By birth	25(64.10%)	14(35.90)	39 (97.5%)
2. Accident	0	0	0
3. Doctor's negligence	0	0	0
4. Parental ignorance and negligence	0	0	0
5. High Temperature	0	1(100%)	1 (2.5%)
6. Measles	0	0	0
Total	25	15	40 (100%)

The study attempted to know the causes for the hearing disability directly from the respondents. An overwhelming majority, both the male and female suffer the disability by birth. The cause for the disability is not clearly known.

**Other Causes:**

Generally the causes of deafness can be classified into three main groups, (A) Hereditary, (B) Congenital and (C) Adventitious.



(A) *Hereditary:*

These include otosclerosis, predisposition to early degeneration of the auditory nerve, and anatomical malformations. Otosclerosis is a familial biological defect that causes a bony sclerosis between the footplate of the stapes and the oval window. The eventual results is undoubtedly, in utero but usually symptoms (hearing loss and sometimes tinnitus) appear delayed.

Predisposition to early degeneration of the auditory end organ is seen in children of various ages from shortly after birth to five or six years of age. Anatomical malformations may vary from a slight defect of the external ear to a complete absence of the entire otic mechanism.

(B) *Congenital:*

Virus diseases, notably Rubella in the first trimester of pregnancy, to a lesser extent, mumps and influenza, may cause severe inner-ear impairment. Any severe acute illness, particularly if it is accompanied by a high fever, it is likely to injure the cochlear nerve endings prenatally.

(C) *Adventitious (Acquired):*

The adventitious cause of deafness are many and varied. They are classified into seven main groups as follows. The type of hearing loss associated with each condition is different (*see table 4.17*).

**Table: 4.17**

**Rural - Urban Background and Causes of Hearing Impaired of Respondents**

Causes for the Hearing Disability	Rural	Urban	Total
1. By birth	30 76.92% (100%)	9 23.08% (90%)	39 100% (97.5%)
2. Accident	-	-	-
3. Doctor's negligence	-	-	-
4. Parental ignorance and negligence	-	-	-
5. High Temperature	-	1 100% (10%)	1 100% (2.5%)
6. Measles	-	-	-
Total	30 75% (100%)	10 25% (100%)	40 100% (100%)

In the table 4.17 an attempt is made to present the causes of the hearing impaired with the rural and urban background of the respondents. The table indicates that three-fourths of the respondents are from the rural background. From the remaining, one-fourths are from urban background. It also shows that 77% of the respondents from rural background are hearing impaired by birth. Certainly it is more than three folds compared to the urban situation.

**Table: 4.18****Caste and Gender Background of the Respondents**

Caste	Male	Female	Total
1. SC/ST	8	2	10(25%)
2. BC	10	10	20 (50%)
3. OC	7	3	10(25%)
Total	25	15	40 (100)

As far as our study is concerned, in hearing impairment according to table 4.18 a majority of the respondents belong to Backward Class (BC). It comprises 50% male and 50% female. However, in absolute number it is 20. It is also noticed that from the others, 25% are from the Scheduled Caste (SC), the Scheduled Tribe (ST) and another 25% are from Other Classes (OC) Similarly, female percentage from BC caste is 66%.

**Table: 4.19****Caste and Causes of Hearing Impaired**

Causes for the Hearing Disability	SC / ST	BC	OC	Total
1. By birth	9 23.08% (90%)	20 51.28% (100%)	10 25.64% (100%)	39 100% 97.5%
2. Accident	-	-	-	-
3. Measles	-	-	-	-
4. High Temperature	1 100% (10%)	-	-	1 100% (2.5%)
5. Doctor's negligence	-	-	-	-
6. Parental ignorance and negligence	-	-	—	-
Total	10 25% (100%)	20 50% (100%)	10 25% (100%)	40 100% (100%)

The table 4.19 indicates that 97.5% of the respondents from SC/ST, BC, OC are hearing impaired by birth. There is only, 2.5% of the respondents from SC/ST who became hearing impaired after birth by high temperature. The overall observation indicates that while prevalence rate of hearing impaired by birth among the BC sample is cent percent.

**Table: 4.20**

**Income and the Nature of Hearing Disability**

Income (Rupees Per Annum)	Totally Hearing Impaired	Partially Hearing Impaired	Total
Below Rs.3000	6 85.71% (17.14%)	1 14.29% (20%)	7 100% (17.5%)
Rs.3001 to Rs.6000	25 89.29% (71.43%)	3 10.71% (20%)	28 100% (70%)
Rs.6001 to Rs.9000	4 80% (11.43%)	1 20% (20%)	5 100% (12.5%)
Rs.9001 to Rs. 12000	-	-	-
Rs. 12001 to Rs. 15000	-	-	-
Rs. 15000 and above	-	-	-
Orphans	-	-	-
Total	35 87.5% (100%)	6 12.5% (100%)	40 100% (100%)

In the table 4.20 the relationship between the total / partial hearing impaired to their income level is examined. A majority of the respondents (87.5%) are totally hearing impaired while 12.5% are partially hearing impaired. It indicates that around 89% of the total hearing impaired belong to the income group of below Rs.9000 and 11.43% to the income group of Rs.9001 to 12000. The table further indicates that around 89% of the totally hearing impaired are from very poor background. This

establishes a significant association between parental income and incidence of hearing impaired.

After an analysis of the causes of hearing impaired, we have asked the respondents about the medical check up and treatment that they underwent. Almost all of them replied that they went for medical check up. In case of four who are advised for medical treatment got slight improvement with the help of the hearing aids, they are able to hear the sounds. Thus, the overall medical treatment is not improved on par with the other scientific development in the case of hearing disabled. The respondents also felt that the operation for the care of hearing disabled is not always within the reach of common man. Therefore, in a few cases, who are advised for an operation did not go due to the financial constraints as it involves huge amount of money. The majority of the hearing disabled are from the rural areas whose disability can not be cured.

### III

#### Background of the Hostels for the Hearing Disabled:

**Table: 4.21**

##### **Channel of Communication about the Hostels**

S1. No.	Category	Total
1.	Through family members	6 (15%)
2.	Relatives	2 (5%)
3.	Neighbours	3 (7.5%)
4.	Family Friends	8 (20%)
5.	Social Workers	10 (25%)
6.	Government employees	8 (20%)
7.	Radio & T.V.	3 (7.5%)
	Total	40 (100%)

The above table 4.21 reveals that how the hearing impaired respondent came to know about the hostel and other facilities. From the respondents 25% of them came to know about the hostel and school education through social workers. Another 40% of the respondents are sent to the hostel for education by both government employees and family friends respectively.

As far as awareness of the family members of the respondents is concerned, only 6 respondents are encouraged by the family members. It is observed that, because of the illiteracy or lack of education most of the family members of the respondents are still not aware of the educational and other facilities. The categories

such as neighbor, radio & TV together electronic medical account for 15% of the total. Therefore, in absolute terms, 3 from neighbors and another 3 from T.V. & Radio out of the 40 drew their information. Finally, the remaining two i.e. 5% of the respondent came to know through the relatives about the educational facilities.

By conducting fieldwork, some of the important panic conditions have been traced out. Importantly due to lack of education particularly of the family members, the nature of information towards educational hostels is still at low ebb. According to respondents, even though the coordination from social workers is quite plausible, it is more temporary and not as concrete as the support of family members. It is observed that if family members were educated, and inspired the percentage of social workers towards hearing disabled. The reasons behind it are as follows:

- a) Finding a hearing disabled is quite tiresome to the social workers compared to the family members, who can always take a more sympathetic view.
- b) Due to lack of dissemination of information pertaining to educational hostels, hearing impaired respondents have not been able to join in this hostels at their correct age. With the result over aged persons are getting admission into these educational hostels, particularly from rural region.

- c) The attitude of social workers is however in the context of family member. The poor state of literacy of the family members leads to adverse impact on hearing disabled.

**Table: 4. 22**

**The Present Rates paid to the Inmates of the Hostels**

	Hostels	
	Males (in Rupees)	Females (in Rupees)
Cosmetic needs	20	27
Cloth Allowances	250	250
Mess Charges	270 up to Upper Primary School & 330 above 8 <sup>th</sup> Class	270 up to Upper Primary School & 330 above 8 <sup>th</sup> Class

The table 4.22 presents the pattern of financial assistance by the government to the inmates of the hostels for various needs. In the hostels male inmates are paid Rs.20 and females Rs.27 towards cosmetic charges. They are paid Rs.250 as cloth allowances. There is no difference either male or female in the case of cloth allowances. Similarly, in the case of mess charges Rs.270 is given to both male and female up to upper primary school level, however, Rs.330 is given 8<sup>th</sup> class and above. There is no difference between male and female in the mess charges.



**Table: 4.23**

**Hostels and their Suggestions about Cosmetic Charges**

Suggestion	Hostels
Rs.40	13 (32.5%)
Rs.60	27 (67.5%)
Sufficient	0
Total	40 (100%)

The inmates suggested enhancement of cosmetic charges since they are very inadequate. No one among the respondents is satisfied with the existing charges. Among the respondents 67.5% desired enhancement of the existing charges to Rs.60, and 32.5% preferred Rs.40.

**Table: 4.24**

**Gender and Suggestions about the Cosmetic Charges**

Suggestion	Male	Female	Total
Rs.40	15 100% (60%)	-	15 100% (37.5%)
Rs.60	10 40% (40%)	15 60% (100%)	25 100% (62.5%)
Total	25 62.5% (100%)	16 37.5% (100%)	41 100% (100%)

The above table 4.24 reveals the present payment to the boys and girls as cosmetic charges and the suggestions that they have offered to increase according to their needs. When we look at the suggestions of the respondents on the enhancement

of the cosmetic charges the table 4.22 shows that the female students demanded more money (i.e. 60%) than the male. They suggested the enhancement of Rs.60 from their present Rs.27. The boys suggested up to Rs.40 from the present payment of Rs.20. No one is satisfied with the existing rates. The table clearly indicates that the hearing impaired students in view of the growing prices, are very reasonable in their suggestions.

**Table: 4.25**

**Hostels Suggestions about the Cloth Allowances**

Suggestion (Rupees per year)	Hostels
Rs.300	13 (32.5%)
Rs.500	27 (67.5%)
Total	40 (100%)

Table 4.25 presents respondents suggestions for enhancement of the cloth allowances from Rs.250 to Rs.300 or Rs.500. It is true that this amount does not get any respectable clothes. Most of the respondents feel that the present amount was inadequate.

**Table: 4.26**

**Gender and Suggestions about Cloth Allowance**

Suggestions	Male	Female	Total
Rs.300/-	10 76.92% (40%)	3 23.08% (20%)	13 (100%) (32.5%)
Rs.500/-	15 55.56% (60%)	12 44.44% (80%)	27 (100%) (67.5%)
Total	25 62.5% (100%)	15 37.5% (100%)	40(100%) (100%)

The above table explains the suggestions about the cloth allowances. There is a difference between male and female respondents.

**Table: 4.27**

**Suggestions of Respondents about Mess Charges**

Suggestions	Male	Female	Total
Rs.400/-	10 66.67% (40%)	5 33.33% (60%)	15 100% (37.5%)
Rs.500/-	15 60% (60%)	10 40% (40%)	25 100% (62.5%)
Total	25 (62.5%) (100)	15 37.5% (100)	40 100% (100)

With regard to the mess charges, the present rate is Rs.270/- for upper primary students and Rs.330/- for 8<sup>th</sup> Class and above. When asked for suggestions regarding the desirable amount, 37.5% demanded Rs.400/- and 62.5% Rs.500/- per month. However, with respect to gender 10 (40%) female respondent out of 25 preferred Rs.500/- and the remaining 15 (60%) male respondents wanted Rs.500/-.

**Table: 4.28**

**Existing Facilities in the Hostels**

Hostels	Strength	Warden	Doctor
Hostel for the Hearing Handicapped, Malakpet, Hyderabad.	75	Yes	No
Government Residential School for Hearing Handicapped (attached hostel), Amberpet, Hyderabad	125	Yes	No

Insofar as our study is concerned there are two hostels located at Amberpet (government residential school for hearing handicapped, attached hostel), Hyderabad and another is at Malakpet (hearing handicapped hostel for boys), Hyderabad. The total strength of these two hostels is 200 comprising 125 males and 75 females. According to the table, both hostels have permanent wardens. However, no hostel has a permanent or even temporary doctor. It is observed that owing to inadequate medical facility, it is difficult for those unable to hear, to go to any doctor.

**Table: 4.29**

**Problems in the Hostels**

Problems	Hostel
Furniture	15
Building Problem	10
Water Problem	20
Staff Problem	5
Library	20
Permanent Warden	0
Music Teacher	0

As far as the problems in the boys hostels is concerned, there are no facilities such as library, furniture etc. With regard to the government hearing handicapped school, Malakpet (girls hostel) they also have problems like lack of furniture, water and adequate space. However, the building is permanent building.

**Table: 4.30**

**Grievance Redressal Machinery**

Methods of Grievances Redressal	Male	Female	Total
1. Through Warden	15	5	20
2. A.D. Office in Groups	5	0	5
3. Going of strike through students unity	0	0	0
4. Collector Approaching	0	3	3
5. Not responded	5	7	12
Total	25	15	40

In the case of grievances redressal machinery the situation is different. They always approach the concerned warden for every case. The table shows that 50% of the respondents are resolving their grievances through warden, as he is well versed with their signs and gestures. To this question, 12 respondents (5 male and 7 female) have not responded. It is observed that their hesitation is due to their reluctance to share their views frankly, as they are dependent on the officials. This does not mean that their problems are attended to or addressed properly.

**Table: 4.31****Recreation and Extra-curricular Activities in the Hostels**

Activities	Number
1. Watching T.V.	25 (62.5%)
2. Sports / Games	15 (37.5%)
Total	40 (100)

As far as recreation is concerned, mostly the respondents depend on watching T.V. It is on account of their hearing and speech disability, unlike the other handicapped they can not enjoy the music both vocal and instrumental. Some of them go for sports and games in their leisure time. In all 62.5% of the respondents watch T.V. and 37.5% are spending their leisure time in sports and game.

**IV****Education, Training and Future Aspirations of the Respondents:****Table: 4.32****Educational Status of the Respondents: Rural / Urban Origins**

Present Status	Rural	Urban	Total
1. Elementary School	3 60% (10%)	2 40% (20%)	5 100%
2. High School	27 77.14% (90%)	8 22.86% (80%)	35 100%
3. College	0	0	0
4. University	0	0	0
Total	30 80% (100%)	10 20% (100%)	40 700% (100%)

As far as the education status of the hearing impaired is concerned it is observed that literally every body stopped their education with matriculation. The table indicates 5 from rural and 35 from urban areas are studying at elementary and high school levels respectively. It is found that 30 respondents out of 40 come from rural compared to the 10 respondents from urban. It indicates that a majority of the hostlers belong to rural.

**Table: 4.33**

**Educational Status of the Respondents: Gender Origins**

Present Status	Male	Female	Total
1. Elementary School	3 60%	2 40%	5 100%
2. High School	22 62.86%	13 37.4%	35 100%,
3. College	0	0	0
4. University	0	0	0
5. Training Unemployees	0	0	0
Total	25 62.5%	15 37.5%	40 100%

In terms of gender there is a noticeable difference between the male and female at elementary as well as high school levels. It is striking that female educational status is slightly higher than the male in the case of hearing disabled. No hearing impaired student could join either college or university studies. As far the details given by the respondents, it is seen that educational facilities are limited only up to the high school level. Though they desire to go for higher studies there are no ways and means to go for it. It is very recently that a junior college with only H.E.C. (History, Economics, and Civics) group has been opened at Bapatla, Guntur district.

That the group like deaf and dumb had to wait for more than five decades for college education is a sad reflection on public policy.

**Table: 4.34**

**Aspiration level of the Hearing Impaired Persons**

Aspirational trends of the Respondents	Total
Teachers	3 (7.5%)
Engineers	5 (12.5%)
I.A.S.	0
Doctor	5 (12.5%)
Drawing artists	10 (25%)
Mechanics	10(25%;
Any suitable jobs	7 (17.5%)
Total	40 (100%)

With regard to the levels of aspiration, a majority of the respondents desire to become either mechanics or drawing artists. These jobs do not required much of resources. It is the levels of poverty that account for this moderate aspiration. It is also true that there is no higher education imparted for hearing impaired, and professions like engineering and medicine are beyond their reach. However, there are aspirants for even these professions indicating the struggle of the impaired to make a mark.



**Table: 4.35**  
**Gender and Aspirations of the Respondents**

Aspirational trends of the Respondents	Male	Female	Total
Teachers	1 33.33% (4%)	2 66.67% (13.33%)	3 100% (7.5%)
Engineers	4 80% (16%)	<b>1 20%</b> (6.67%)	5 100% (12.5%)
Any suitable jobs	2 28.57% (8%)	5 71.43% (33.33%)	1 100% (17.5%)
Drawing artists	<b>7 70%</b> (28%)	3 30% (20%)	10 100% (25%)
Mechanics	10 100% (40%)	0	10 100% (25%)
Doctor	1 20% (4%)	4 80% (26.67%)	5 100% (12.5%)
Total	25 62.5% (100%)	15 37.5% (100%)	40 100% (100%)

As far as aspiration of the respondents in terms of gender is concerned, the females have interest in teaching (66.67%) and becoming doctors (26.67%). In contrast male respondents are more inclined in becoming engineers (80%), drawing artists (70%). Those who want to become mechanics, there is none from female. From any suitable subjects while the percentage of male is 28.5% the female is as large as 71.4%. This only shows that the aspiration levels are high, irrespective of the handicap and the gender.

## **Summing up**

The study reveals that a majority of the hearing handicapped get their deafness by birth. It is noted that absence of proper and immediate medical attention, use of over dosages of drugs during the pregnancy of the mothers and the marriage among the blood relationship contributed to hearing disability. A large number of respondents have parents who are illiterate. Only less than one third of the respondents have educated parents. Occupationally a large number of them are landless agricultural labourers. The aspiration level of these respondents is striking and impressive.

A survey of inmates perception of the homes and hostels for the hearing handicapped highlights that there are certain domains in which they can perform better than others - like carpentry, handicrafts, tailoring and mechanics as their concentration is not diverted by sounds. The government should absorb them in the professions they are well suited.

It is rather dismal to note that there are no government institutions of higher learning for the hearing impaired after matriculation. It is desirable that government should come out with subsidies in providing latest technologies within their reach such as the electronic hearing aid. Application of advance technologies is needed both in the field of medicine and education. Government should open up more

opportunities concentrating more on their 'abilities rather than the disabilities'. The inmates opined that a lot more has to be done to improve the homes and hostels, particularly the need to increase mess and cosmetic charges periodically in tune with the living standards of the day. The study suggests the need to involve government and voluntary agencies to spread health education which should form a part of literacy campaign, particularly to young girls who are ignorant of the basic care during their motherhood. Along with it there is a need for a policy package which can be a correctional measure and see that this category does not feel neglected and also see that they realise their full potential.

## **CHAPTER - 5**

# **Homes and Hostels for the Orthopedically Handicapped: Inmates' Perception**

## **Chapter - 5**

### **HOMES AND HOSTELS FOR THE ORTHOPEDICALLY HANDICAPPED: INMATES' PERCEPTION**

This chapter proposes a study of the homes and hostels of Orthopedically handicapped in the state of Andhra Pradesh. A random sampling was employed in selecting the government homes and hostels. The objective of this chapter is to study the causes, socio-economic, rural-urban, educational backgrounds and medical awareness of the respondents. A modest attempt is made to understand the aspiration levels of these inmates. An attempt is also made to study the condition of the government homes and hostels, facilities provided and their adequacy. At the end the methods that the inmates resort to when the basic requirements are not met with, is also analyzed.

The selected sample respondents for the study are 25 i.e., 20% of the official inmates of the home and hostel. The sample is spread over two institutions - one home and one hostel. The questionnaire covers the background of the respondents and their perceptions of facilities and the conditions obtained in home and hostel. It also deals with the educational, training and employment needs of the Orthopedically handicapped.

The chapter is divided into four parts. First part deals with both personal and parental background of respondents. These variables relate to age, gender, caste, rural

urban origins and nature of the Orthopedical disability of the respondents. The parental details, such as educational background, occupations, income are also presented. The second part deals with the causes for orthopedic disability and the medical facilities accessible to them. The third deals with the problems related to home and hostel. The fourth part deal with education, training and employment needs and the perception of the Orthopedical disabled. All these factors are analyzed to understand the response of the orthopedic disabled to certain specific policy measures.

**Table: 5.1**  
**Nature of Orthopedically Handicappedness**

Nature of Orthopedically Handicappedness	No
Total Handicapped	20 (80%)
Partially Handicapped	5 (20%)
Total	25 (100%)

**Table: 5.2**  
**Handicappedness by Birth and After Birth**

Handicappedness	No
By birth	5 (20%)
After birth	20 (80%)
Total	<b>25</b> (100%)

**Table: 5.3**  
**Age of the Respondents**

Age	Total
8-12	Nil
12-16	6 (24%)
16-20	8 (32%)
20-24	<b>6</b> (24%)
24-28	<b>3</b> (12%)
28 above	2 (8%)
Total	<b>25</b> (100%)

**Table: 5.4**  
**Gender of the Respondents**

Gender	No
Male	15 (60%)
Female	10 (40%)
Total	<b>25</b> (100%)

**Table: 5.5**

**Caste Background of the Respondents**

Caste	No
SC/ST	8 (32%)
BC	12 (48%)
OC	5 (20%)
Total	25 (100%)

**Table: 5.6**

**Rural / Urban Background of the Respondents**

Rural / Urban	No
Rural	20 (80%)
Urban	5 (20%)
Total	25 (100%)

Tables 1 to 6 present the characteristics of the sample of the Orthopedically handicapped respondents who are presently staying in the homes and the hostels. Table I indicates that out of the 25 samples 20 are found to be totally handicapped and 5 are partially handicapped. A further enquiry revealed that 5 of them are handicapped by birth and the other 20 have gone handicapped at different stages of their age. The table 3 indicates that 14 of the respondents are less than 20 years old.



This includes 6 persons who are less than 16 years old. Another 8 are in their twenties. There is a small number of them who crossed 30 years.

Table 4 and 5 deals with the rural/urban and also the caste origins of the respondents. The tables reveal that more than 80% of the respondents come from the rural background and come from the scheduled and the backward castes. Of the respondents 20% are from the urban areas and come from the forward castes. The social composition of the Orthopedically handicapped reveals that they are young, largely handicapped by birth, predominantly rural and hail from the backward and scheduled castes.

**Table: 5.7**

**Curability and Incurability of the Handicap**

Curable / Incurable	No
Curable	5 (20%)
Incurable	20 (80%)
Total	25 (100%)

The above table shows that out of the 25 sample the number of OH people whose disability can be cured is only 5. In the case of 20 people, it can not be cured.

**Table: 5.8**

**Income and Age at which they became Orthopedically Handicapped**

*(The Cases of blindness after Birth)*

Income (Rs. Per Annum)	Below 3 Years %	3-5 Years %	5-8 Years %	Total
Orphans	-	-	2	2
Below 3000	-	-	-	-
3001 to 6000	8	-	-	8
6001 to 9000	7	-	-	7
9001 to 12000	4	-	-	4
12001 to 15000	4	-	-	4
15000 and above	-	-	-	-
Total	23	-	2	25

The above table indicates the income and at what age the respondents became handicapped. Eleven respondents became Orthopedically handicapped below the age of 3 years. Another 7 respondents became disabled between the ages of 3-5 years. There are other 2 respondents who are unfortunately orphans. The total table shows that 8% of the people are becoming disabled at various ages due to various causes. Of them eight Orthopedically handicapped belong to below Rs.6000 income group. Seven respondents are below Rs.9000. Another four respondents belong to below Rs. 12000 and the rest of the four belong to income group of below Rs. 15000. The overall table indicates higher the income lower the rate of incidence of handicapped.

**Table: 5.9**  
**Respondent's Parental Details**

Parents	Number of Members
1. Both are alive	14 (56%)
2. Only father is alive	4 (16%)
3. Only mother is alive	5 (20%)
4. Orphans	2 (8%)
Total	25 (100%)

The above table shows that most of the parents (16) of the respondents are alive. About two of the respondents as pointed out earlier are orphans. The table also indicates that three of the respondents have no mother and four have no father.

**Table: 5.10**  
**Parental Education**

Parental Education	No %
1. Both parents are educated	4 (16.0)
2. Only father is educated	10 (40.0)
3. Only mother is educated	3 (12.0)
4. Both uneducated	6 (24.0)
5. Orphans	2 (08.0)
Total	25

The table shows that a majority of the parents are either uneducated or less educated. It is also striking to note that both the parents, while the fathers who received education constitute about 40%, the number of mothers is about 19%. One

of the causes of the disability may be due to lack of education of their parents or it is an indication that they come from such poor background that they can not afford education. This illiteracy among the mothers can also be contributing factors to the incidence of disability.

**Table: 5.11**  
**Parental Occupation**

S.No	Parental Occupation	Father	Mother
1.	Landless Labor	7 (28%)	7 (28%)
2.	Agriculture farmer	14 (56%)	12 (48%)
3.	Business	1 (4%)	-
4.	House wives	-	4 (16%)
5.	Both Govt, and private employees	-	-
6.	Any other (orphans)	2 (8%)	2 (8%)
Total		25	25

According to table 28% of the respondents' parents are landless labourers of the rest 56% of the fathers of the respondents are agricultural farmers having less than one acre. From the mothers sixteen percent are housewives.

**Table: 5.12**  
**Annual Income of the Parents**

Income (Rs. Per Annum)	Parents
Orphans	2 (8%)
Below 3000	-
3001 to 6000	8 (32%)
6001 to 9000	7 (28%)
9001 to 12000	4 (16%)
12001 to 15000	4 (16%)
15000 and above	-
Total	25 (100%)

As per table 5.12, 32% of the respondents belong to below Rs.6000 income, 28% of the parents annual income is below Rs.9000, 16% of them belong to the income group of below Rs. 12000. Another 16% of the respondents' parents belong to below Rs. 15000 and the rest of the 8% are orphans.

## II

### CAUSES FOR THE ORTHOPEDIC DISABILITIES

After analysing the personal and parental background of the respondents, here an attempt is made to examine further details relating to orthopedic handicap such as causes for Orthopedically handicappedness, the association of these causes with their rural/urban background, gender background, caste and the medical facilities available for them.

**Table: 5.13**

#### **Causes for the Orthopedically Disabilities**

Causes for the Locomotor Disability	Total
By birth	5 (20%)
Accident	4 (16%)
Fever	7 (28%)
Polio	5 (20%)
Doctors' negligence	2 (8%)
Parental ignorance / others	2 (8%)
Total	25 (100%)

Here an attempt is made to examine details relating the causes for disability, the association of these causes with their rural / urban, gender, caste background and the medical facilities available to them. The above table shows that from among these respondents 20 percent are disabled by birth and 40% are affected by Polio, and then 28 percent became disabled by Higo fever and typhoid. Of the respondents 16 percent became victims by the negligence of the parents and doctors. It implies that human negligence can also be a cause for the Orthopedically handicapped.

**Table: 5.14**  
**Gender and causes for the Locomotor Disability of the Respondents**

Causes for the Locomotor Disability	Male	Female	Total
By birth	3 (20%)	2 (22.2%)	5
Accident	4 (26%)	-	4
Doctor's negligence	2 (13%)	-	2
Parental ignorance and negligence	1 (4%)	1 (11.1%)	2
Fever	3 (20%)	4 (44.4%)	7
Polio	2 (13%)	2 (22.2%)	5
Total	15 (100%)	9 (100%)	25

In the above table an attempt is made to bring out the causes for the locomotor disability. From 20% of the respondents 12% male and 8% female became Orthopedically handicapped by birth. They are effected by Polio. 16% male respondents became disabled by accidents. 8% male respondents became

handicapped by the negligence of the doctor's. 12% of the male respondents and 16% of the female respondents went handicapped by severe fever. 8% each both male and female respondents happen to be disabled due to the parental ignorance and negligence.

**Table: 5.15**

**Rural - Urban Background and causes of the Orthopedical Disabled**

Causes for the Locomotor Disability	Rural	Urban	Total
By birth	4 80% (20%)	1 20% (20%)	5
Accident	1 25% (5%)	3 75%> (60%)	4
Fever	7 100% (35%)	-	2
Polio	4 80% (20%)	1 20% (20%)	2
Doctors' negligence	2 100% (10%)	-	7
Parental ignorance / others	2 100% (10%)	-	5
Total	20	5	25

Table 5.14 indicates that a majority of the Orthopedically handicapped hail from rural background. It is striking that all the respondents who were effected and became disabled by fever, doctors negligence and parental ignorance happen to be from the rural background. Majority of the respondents became Orthopedically disabled by accidents and from the urban background. The respondents became



disabled because of the polio are four from rural one from urban. However the number of respondents disabled by birth also happen to be more from the rural background and only one from the urban.

**Table: 5.16**  
**Caste and Gender Background of the Respondents**

Caste	Male	Female	Total
SC/ST	5 (33%)	3 (30%)	8 (32%)
BC	7 (45%)	5 (50%)	12 (48%)
OC	3 (20%)	2 (20%)	5 (20%)
Total	15 (100%)	10 (100%)	25 (100%)

The social and gender background reveals that 20% of the male respondents are from SC/ST, 12% of the respondents are female and come from SC/ST. Roughly half of the respondents both male and female belong to backward communities. The other 20% of the respondents both male and female belong to forward castes. The table reveals that the incidence of locomotor disability is high among the backward communities. The respondents were asked about the medical check up and treatment that they underwent. As many as 80% of the respondents replied in the affirmative. The remaining 20% did not go for any medical check up. Of the sample ten persons were advised for surgical operation which they did undergo but was not much of help. About 32% of the respondents stated that their disability could to some extent be cured if only they can afford the expenses, but due to poverty, they can not afford it.

We have already noticed that 80% of the respondents are from the rural background. It is further noticed that lack of better medical facilities including availability of qualified doctors is one of the main causes for the incidence of locomotor disabilities. The low level of parental income restricted them to go for better medical treatment. It is reported that two cases failed because of the doctor's negligence. Their conditions are so poor that they cannot afford medical expenses.

**Table: 5.17**

**Caste and Causes of Orthopedically Disabled**

Causes for the Locomotor Disability	SC/ST	BC	OC	Total
By birth	2 40% (25%)	2 40% (16.66%)	1 20% (20%)	5 (20%)
Accident	1 25% (12.5%)	2 50% (16.66%)	1 25% (20%)	4 (16%)
Fever	2 28.58% (25%)	4 57.14% (33.33%)	1 14.28% (20%)	7 (28%)
Polio	1 25% (12.5%)	2 40% (16.66%)	2 40% (40%)	5 20%
Doctors' negligence	1 50% (12.5%)	1 50% (8.33%)	-	2 8%
Parental ignorance / others	1 50% (12.5%)	1 50% (8.33%)	-	2 8%
Total	8	12	5	25

The above table 5.17 indicates association of the causes for the disability and their social composition. The respondents became disabled by birth two from SC/ST, two from BC and one from OC. Because of the accident two respondents belong to BC, one each from SC/ST and OC became disabled. Due to polio two respondents

each from BC, OC and one from SC/ST got orthopedic disability. Due to the high temperature four from BC, two from SC/ST and one from OC got victimized. Due to doctors' negligence and parents' ignorance and negligence two each from SC/ST and BC happen to be Orthopedically handicapped.

**Table: 5.18**

**Income and the Nature of Hearing Disability**

Income (Rupees Per Annum)	Totally Orthopedically Disabled	Partially Orthopedically Disabled	Total
Below Rs.3000	-	-	-
Rs.3001 to Rs.6000	8 100% (40%)	-	8 (32%)
Rs.6001 to Rs.9000	7 100% (35%)	-	7 (28%)
Rs.9001 to Rs. 12000	1 25% (5%)	3 75% (60%)	4 (16%)
Rs. 12001 to Rs. 15000	2 50% (10%)	2 50% (40%)	4 (16%)
Rs. 15000 and above	-	-	-
Orphans	2 100% (10%)	-	2 (8%)
Total	20 80% (100%)	5 20% (100%)	25 100% (100%)

The table 5.18 explains the relationship between the income and the nature of orthopedic disability. From the sample 15 respondents who are totally handicapped belong to income groups of below Rs.6000 and below Rs.9000. Another three who belong to Rs. 12000 income group are partially handicapped. From the same group one is totally handicapped four respondents belong to below Rs. 15000 and also

belong to both totally and partially Orthopedically handicapped. The rest of the two are orphans.

### III

#### BACKGROUND OF THE HOME AND HOSTELS FOR THE ORTHOPEDICALLY HANDICAPPED

In this part an attempt is made to elicit the opinions of the respondents on the homes and hostels where they stay as inmates. Their awareness of the hostels/homes, facilities available and problems in the hostels and homes are also presented.

**Table: 5.19**

#### The Channel of Communication

Sl.No.	Category	Total
1	Through family members	5 (20%)
2	Relatives	3 (12%)
3	Neighbors	6 (24%)
4	Friends	6 (24%)
5	Social workers	4 (16%)
6	Radio & TV	1 (4%)
	Total	25 (100%)

Table 5.19 indicates the channels of communication to the Orthopedically handicapped respondents about the homes and hostels. Fourteen respondents got the awareness about the homes and hostels by the family members, relatives and neighbours. However, friends and the social workers communicated the information about the homes and hostels to 10 respondents. Only 1 out of 25 got the information through the electronic media (Radio & TV). It shows the government's apathy to disseminate the information about the government homes and hostels.

Most of the respondents stated that they joined the homes and hostels for the sake of education. Two institutions from where the data is collected, one is the home for the Orthopedically handicapped persons at Saleemnagar, Hyderabad and the second is the hostel for the Handicapped girls Chambapet, Hyderabad. The inmates in these home and hostel joined to pursue their education.

**Table: 5.20**

**Existing Facilities in the Home and Hostel**

Home/Hostels	Strength	Warden	Doctor
Home for the Orthopedically handicapped, Malakpet, Hyderabad	75	yes	No
Orthopedically Handicapped girls Hostel, Chambapet	50	yes	No

The above table (5.20) examines the existing facilities in the homes and hostels. It indicates that the facilities in terms of a doctor, warden, facilities like

counselor are meager. They have no counselor, or visit of doctor even once a week.

The warden is hardly visible in the hostel.

**Table: 5.21**

**The Present Rates paid to the inmates of the Homes and Hostels**

	Homes		Hostels	
	Males Rs.	Females Rs.	Males (in Rupees)	Females (in Rupees)
Cosmetic needs	20	27	20	27
Cloth allowance	250	250	250	250
Mess charges	330	330	270 up to Upper Primary School & 330 above 8 <sup>th</sup> Class	270 up to Upper Primary School & 330 above 8 <sup>th</sup> <i>Class</i>

The above table represents the pattern of financial assistance by the government to the inmates of the homes and hostels for different needs. In the homes and hostels male inmates are paid Rs.20, and female Rs.27 towards cosmetic charges. They are paid Rs.250 as cloth allowance. There is no difference either in home or hostel nor male and female in the case of cloth allowance. In the case of diet charges, the difference between home and hostel is same.

**Table: 5.22**

**Homes / Hostels and Respondents Suggestions about Cosmetic Charges**

Suggestions	Home	Hostel	Total
Rs.40	-	-	-
Rs.50	15 100%	-	15 (60%)
Rs.75	-	4 100% (40%)	4 (16%)
Rs. 100	-	6 100% (60%)	6 (24%)
Total	15	10	25

The above table 5.22 shows the need for the increase in cosmetic charges up to Rs.50 by all home inmates. On the other hand all the hostel inmates demanded that it should be increased between Rs.75 to Rs. 100.

**Table: 5.23**

**Gender and Suggestion about the Cosmetic Charges**

Suggestion	Male	Female	Total
Rs.50	15 100% (100%)	-	15 (60%)
Rs.75		4 100% (40%)	4 (16%)
Rs. 100		6 100% (60%)	6 (24%)
Total	15 100% (100%)	10 100% (100%)	25 (100%)

The inmates suggested for the enhancement of cosmetic charges: while all the male respondents suggested the cosmetic charges to be increased at least by Rs. 50/- per month, four female respondents held it should be Rs.75/- per month and six of them wanted it to be raised to Rs. 100/- per month. This has to be viewed in the light of the increased cost of living, growing needs and rising prices.

**Table: 5.24**

**Homes / Hostels Respondents Suggestions about the Cloth Allowance**

Suggestions	Home	Hostel	Total
Rs.450	15 100%	-	15 (60%)
Rs.500	-	10 100%	10 (40%)
Total	15	10	25

**Table: 5.25**

**Gender and Suggestions about Cloth Allowance**

Suggestions	Male	Female	Total
Rs.300	15	-	15
Rs.500	-	10	10
Total	15	10	25

The above tables 5.24, 5.25 deal with suggestions for the enhancement of the cloth allowance. All the respondents from the home felt the need for the enhancement of the cloth allowance from the present Rs.250 at least Rs.450. On the other hand all the hostel inmates demanded the increase to be at least to Rs.500. There is a



difference between the male and female respondent in the demand for the increase in the cloth allowance as their needs differ.

**Table: 5.26**

**Suggestions of Respondents about Mess Charges**

Suggestions	Male	Female	Total
Rs.400	-	10 100%	10 (40%)
Rs.500	15 100%	-	15 (60%)
Total	15	10	25

The above table relates to suggestions about the mess charges. Almost all the respondents felt that the existing rate of payment towards mess charges is insufficient. From them 40% suggested increase upto Rs.400, and 60% felt that it be increased at least to Rs.500 per month. The table further suggests that the male respondents demanded higher rate of mess charges compared to female members.

**Table: 5.27**

**Problems in the Home and Hostel**

Problems	Home	Hostel	Total
Furniture	15	10	25
Building problem	10	10	20
Water problem	-	10	10
Staff problem	-	10	10
Library	15	10	10
Permanent warden	-	-	-
Music teacher	-	-	-

The above table (5.27) indicates absence of keen interest of the government in providing infrastructural facilities. Almost all the respondents from the home and hostel reported that they do not have adequate furniture, suffer from space congestion. Female respondents reported the water problem and problems of security.

**Table: 5.28**

**Recreation and Extra-Curricular Activities in the Home and Hostel**

Activities	Number
Listening T.V. & Tape recorder	18
Reading / Writing	13
Sports/Games	15
Music/Dance	-
Quiz/Debate	-
Indoor games	1

Most of the respondents use T.V. as a good recreation. Many of the respondents are interested in reading and writing in their leisure time. As many as 60% of the respondents interested in games and sports. However, the study reveals that there is no conducive atmosphere and encouragement from the government side.

The conditions, on the whole, are so sad that no respondent from the homes desired to stay permanently in the home. In fact they said, "once we get some sort of employment we want to leave the home at once". They held that Until we get some source of livelihood, it not possible for us to leave the homes".

**Table: 5.29**  
**Grievance Redressal Machinery**

Methods of Grievances redressal	Male	Female	Total
Through Warden	3 (20%)	-	3 (12%)
A.D. Office in groups	8 (53%)	-	8 (32%)
Going of strike through students unity	-	10 (100%)	10 (40%)
Not responded	4 (26%)	-	4 (16%)
Total	15	10	25

When we asked about adequacy of the grievance redressal mechanism 12% of the respondents get their problems solved through warden. Surprisingly all the female respondents preferred strikes to the other alternatives. One respondent from the home stated that he seeks help of his friends (inmates) about the problems and their solutions. Some of the respondents replied that they approach the A.D. office, but without any positive results. However, 16% of the respondents did not respond to the question. This propensity to go for strike particularly from female respondents is largely a result of absence of proper machinery for redressal of the grievances.

## IV

### **EDUCATION, TRAINING AND FUTURE ASPIRATIONS OF THE RESPONDENTS:**

This part deals with the education, training, employment and their aspirations. The aspirations are analyzed in relation to their gender, caste, Rural/Urban backgrounds.

**Table: 5.30**  
**Present Educational Status of the Respondents**

Present Status	Rural	Urban	Total
Elementary School	-	-	-
High School	2	2	4
College	13	2	15
University	-	1	1
Training	5	-	5
Unemployed			
Total	20	5	25

The above table indicates 52% of the respondents from the rural background and 8% of the urban respondents are attending the colleges. About 16% of the respondents are high school students. There are also 25% of the respondents unemployed are staying in the home. Table presents that most of the persons from the rural background are staying in the home for the purpose of their college studies, or because they have no gainful employment.

**Table: 5.31****Education and Gender Background of the Respondents**

Present Status	Male	Female	Total
Elementary School	-	-	-
High School	1	3	4
College	8	7	15
University	1	-	1
Training	5	-	5
Unemployees			
Total	14	10	25

In the table above an attempt is made to observe the present educational levels of the inmates. The table reveals that 60% of the respondents both male and females are college going students. Only a few of them are high school students. Only one respondent is undergoing computer training. The rest of the respondents are waiting for the jobs.

**Table: 5.32**  
**Scholarships**  
**Present Rate of " by the Government of India**

Type of Course	Rate per month for day scholars	Rate per month for Hostlers
Class IX, X, Pre-University and I.A/I.Sc.	Rs.85	Rs. 140
B.A./B.Sc./B.Com. etc.	Rs. 125	Rs. 180
M.A./M.Sc./M.Com/LL.M/ M.Ed, etc	Rs. 170	Rs.240

From IX standard to University level the day scholarships that are provided by the Government of India to this category of student is very meager. The scholarship amount even to the hostilities is insufficient compared to the cost of living. The table

clearly shows the apathy of the governments - Central or State - towards the handicapped. The above rates were fixed in 1986, and there has been no revision. The state government is giving a meager amount of Rs.35/- as scholarship per month.

**Table: 5.33**  
**Respondents Suggestions about the Scholarships**

Suggestions	No. of Respondents
Rs.200	5
Rs.300	4
Rs.350	1
Rs.400	15

To the question of the reasonable amount of scholarship, 60% of the respondents expressed that the amount of scholarship be raised to minimum of Rs.400/- per month. Another 16% demanded the increase up to Rs.300/- per month. However, 25% of them asked for a modest rise of Rs.200/- per month. The difference in demand of the rates of the scholarships can be traced to the age and level of their educational standards.

Almost all the respondents from the homes and the hostels expressed their anguish for not taking proper care about their education and employment problems. The respondents felt that at least the government should extend the facilities that are given to the other weaker sections like S.Cs., STs. Some of the respondents expressed their anger about partial reimbursement of fee to the handicapped persons to various professional courses by the government. At present it is only Rs.4000/-.

They are of the opinion that the government should come forward to reimburse the total prescribed fee to the professional courses. So that the handicapped persons could pursue their higher studies.

**Table: 5.34**  
**Aspiration level of the Orthopedically Handicapped Persons**

Aspirational trends of the Respondents	Total
Teachers	6
Engineers	3
I.A.S.	2
Doctor	3
Steno	1
Any suitable jobs	10
Total	25

**Table: 5.35**  
**Gender and Aspirations of the Respondents**

Aspirational trends of the Respondents	Male	Female	Total
Teachers	3	3	6
Engineers	1	2	3
I.A.S.	1	3	4
Any suitable jobs	7	1	8
Doctor	2	-	2
Steno	1	1	2
Total	15	10	25

In the above tables 5.34 and 5.35 the aspiration levels of the handicapped is presented. It indicates that as many as 40% of the respondents preferred any suitable job. From other preferences 24% of the respondents opted for teaching, 12% each for engineering and medical professions. Four of them wanted to enter I.A.S.

The table 5.35 presents the gender and the aspiration levels. It indicates 12% each male and female preferred teaching. Two female respondents opted for engineering and one for medicine, one male and three females expressed desire to enter I.A.S. (Civil Service). However, one female and seven male respondents are ready to join any suitable job. The aspiration levels of the handicapped persons match with the aspirations of their non-handicapped counter parts.

### **Summing up**

The data on the orthopedically handicapped indicates that a number of male respondents became disabled due to accidents and female due to fever and lack of medical facilities. Poverty is yet another major reason as some of them could not consult the doctors at their curable stage. The medical expenses due to pharmaceutical prices add to the gravity of the problem in the absence of proper government medical aid. These respondents have no option except to join homes and hostels. It is noticed that even this information is not properly and adequately reaching the needy persons. It is to be noted that the channel of communication to these respondents, which in large cases was through friends and neighbours. This shows the inadequacy of government publicizing agencies. As regards to existing facilities the present allowances for mess and cosmetic were not corresponding to the purchasing power of money. The infrastructure facility is so pitiable that people are



huddled in congested rooms. Understaffing, lack of furnitures, absence of supply of basic necessities such as blankets, clutches, reading materials picturise the poor quality of homes and hostels. The clutches that were provided were either too big or too small making them more handicapped. As far as education and employment is concerned it is worth noting that educational status of the respondents is quite impressive. A large number of them were college going students and some of them even reached the university level. The aspiration level of these respondents is fairly high. They aspire to join teaching, engineering and medicine. Given their handicap and levels of aspiration, they need sustained policy support and providing adequate facilities.

The redressal machinery has on many occasions failed to address their ever increasing grievances. This is what led to strikes and protest. It is striking that an overwhelming large number of female inmates strongly felt that the strikes and agitations are the only options left for them. That the Orthopedically handicapped are forced to think on these lines is a sad reflection on the public policy.

## **CHAPTER - 6**

# **Strikes and Agitations of the Physically Handicapped: Impact on Public Policy**

## **Chapter - 6**

### **STRIKES AND AGITATIONS OF THE PHYSICALLY HANDICAPPED: IMPACT ON PUBLIC POLICY**

The chapters on differently disabled categories of people reveal not only casualness and callousness but enormous neglect. That no systematic studies have been done, that no experiments have been done to find alternative solutions is indicative of poor quality of the public policy. The able bodied people can influence the policy through their interest groups or exert continuous pressure but the handicapped categories do not have these advantages. If the state fails to formulate proper policy measures, there are bound to be its ripples in the form of social unrest and consequent protest. That is precisely the reason why they resort to strikes and protests not only to pressurise the Government but mobilise the community opinion. The study of strikes and agitations is one way that provides an insight into the whole interface between the people and the handicapped at one level but more so the interaction between the handicapped and the public policy dynamics.

This chapter is an attempt to bring out the existing gap in policy making and implementation. It is not only the legislations themselves are weak but the implementation is all the more worse. The failure to give what is due to any category as their right precipitate into strikes and agitations. This chapter proposes to highlight the reasons for the major strikes by the handicapped in the State of Andhra Pradesh, that have taken place in 1978, 1992, 1995, 1998 years.

Strike by definition is to cease work and enforce a demand by paralyzing the routine functions <sup>1</sup>. Agitation on the other hand is much more wider which keeps a matter constantly before the public to stir up public interest for a cause<sup>2</sup>. Strikes and agitations as forms of protest are not a new phenomenon. They are as old as mankind. However, in India they are used on a large scale more during the modern phase, particularly during colonial period. This reached its height during the Gandhian era particularly in its fight against the British Rule. In a democracy strikes and agitations are strong weapons in the hands of the aggrieved men and women to ventilate their grievances, and draw the attention, sympathy and support of the public. This, in turn, can generate inputs for policy making. It is in this backdrop the strikes by the disabled or differently abled is studied.

In the recent past, there were some agitations held by the blind people in Madras and Delhi. In Andhra Pradesh there were agitations during the year 1978, 1992, 1995 and 1998, by the visually handicapped in particular and handicapped in general. The 1978 struggle lasted for more than three months. The governments intervened and responded. They did come up with some token packages for

<sup>1</sup> *Concise Oxford English Dictionary*, Vol. VIII, Calcutta, Oxford University Press, 1979, P.952.

<sup>2</sup> *The New Lexicon Webster's Dictionary of the English Language*, Lexicon Publication INC, New York, 1981, P. 15.

ameliorating the conditions of the visually handicapped. The following are the strikes and their patterns.

### **The 1978 Agitation**

Many government orders that existed prior to 1978 such as 3% of reservation for the handicapped and 1 % for the visually handicapped in the employment did not materialise. This led to the protest and demand from the blind students who, though qualified and eligible for the posts were not recruited.

The Andhra Pradesh Blind Welfare Committee spearheaded the agitation consisting of more than 400 blinds all over the state. The office bearers of the committee submitted petitions and memorandums to the concerned departments, i.e. Department for Women and Child Welfare, Social Welfare Department, District Collector, Hyderabad, Departments of Secretariat, Education Department. When no response came forth from them, a "group sitting"<sup>1</sup> of nearly 300 blind students before the Secretariat (from 23-01-1978 to 27-01-1978), was launched. From 28-01-1978 the blind went on a relay hunger strike. The stir continued as 250 blind students belonging to government school for the blind, the government home for the disabled and the government home for the blind, took part in the relay hunger strike sponsored by the "Blind Welfare Committee". During this period of 56 days, a delegation of the blind also met the then Governor, Mrs. Sarada Mukherjee and submitted a memorandum recounting their grievances.

The stir continued in other forms. On 3<sup>rd</sup> Sunday of every March, which is being celebrated as the "World Handicapped Day" all over the world, in Andhra Pradesh, the "World Day of the Disabled Celebration Committee" of the city organized for a rally, which was joined by physically handicapped employees working in government, semi-government and private establishments and also officers working in the city. Many blind students joined the rally. The rally started from Osmania Medical College grounds enroute Koti, Legislative Assembly, Abids to Secretariat. Covering six to seven kms through the heart of the city. The Convenor of the rally submitted a memorandum to the Social Welfare Minister. The purpose of the rally was to appeal to the government and the general public of the need to give a helping hand to the less-privileged sections of the society and more so to the handicapped to combat with their disability.

The handicapped who had no other option to vent their agony and anguish went on fast "unto death", that commenced from 13-03-1978. They also released to the press their resolve that any damage to the lives of the three blind students who were on "fast unto death" would be followed up with an extreme step of self-immolation of the blind students. In the meanwhile, the blind students also went on a procession to the state legislative Assembly. The procession was stopped on the way. Later, a delegation, on behalf of the blind students' welfare committee, met the then Assembly Speaker. The Speaker asked the delegation to see him on 27<sup>th</sup> March.

The blind students continued the stir with an insistence that all their long-standing demands were conceded. The students giving slogan in front of the Assembly demanding their rights were arrested and all the sixteen members were released later on personal bonds; as the self-immolation threat was on the three blind students fast unto death - one of them being a women were forcefully taken away by the police and were admitted to the Osmania General Hospital. During this whole episode the slogans against the police rented the air "*Police Rajyam Nashinchali*" (Defeat the Police raj).

The very next day, a special rally was taken from the Secretariat to Gandhi Bhavan for mobilising the opinion of the public and the press. The visually handicapped, who were firm and determined to activate the state and draw the attention of the public released a press note drawing the attention to the fact that even after 60 days of their agitation nothing came out and hence resolved to resort to self-immolation, which was to commence from Raj Bhavan and touch all the places of public importance viz., Assembly, Secretariat, High Court, Collectorate Office, etc. Nearly 60-70 students prepared for self-immolation took out a procession the next day. It was at that stage her excellency, the then Governor intervened. The programme of self-immolation was postponed as the government decided to hold talks with the delegates of the "Blind Welfare Committee" and discuss their demands. Discussions were held on 26-04-1978 between the committee for the blind welfare and the social welfare department, Government of Andhra Pradesh.

## **Demands putforth by the Committee and Government's Response**

- *Demand 1:* Eight blind postgraduates who were interviewed two years ago be absorbed immediately and remaining seven be called for interview and appointed on the basis of 50% marks as concession.
- *Response:* Eight blind postgraduates who were interviewed would be absorbed before the end of June 1978. In respect of remaining seven, they will be appointed in a phased manner in a period of about six months from the commencement of the next academic year.
- *Demand 2:* Immediate appointment of trained blind graduates and language Pandit's by the end of July 1978.
- *Response:* This will be discussed with the education department and efforts will be initiated to get them appointed before the end of July 1978.
- *Demand 3:* Strict implementation of 3% reservation for physically handicapped by allotting certain minimum quota for the blind and carry forward system should be followed with regard to reserved vacancies.
- *Response:* Orders have been issued already to all appointing authorities to ensure strict implementation of 3% reservation of physically handicapped. Specific cases where violations taken place would be remedied immediately. With regard to carry forward rule, same principles of carry forward as followed in the case of scheduled caste and scheduled tribes will be adopted and orders in this respect



will be issued within a period of one month - (Memo No. 958/SC & ST Cell, B/78-1, dated 20-04-1978).

- *Demand 4:* To set up a job surveying committee consisting of representatives of the blind to explore the avenue for employment of the blind.
- *Response:* A job survey committee consisting of officers will be appointed in a few days, association of non-officials with the committee will be considered separately. (The Committee has been appointed vide GO MS No. 128, dated 12-05-1978).

a *Demand 5:* Commencement of the diploma training course in teaching the blind and admission of blind into intermediate training course for teachers' before 30<sup>th</sup> 1978.

- *Response:* This will be discussed with the education department and suitable action be taken for this purpose before the end of June 1978. (A committee has been appointed for Model Training Programme vide GO Ms. No. 4751/GLOBALIZATION/77-4, dated 20-04-1978).
- *Demand 6:* Immediate absorption of qualified blind students before June 30, 1978.
- *Response:* As there are a few qualified blind musicians, they will be absorbed by the beginning of the academic year i.e. on or before 20<sup>th</sup> June 1978.
- *Demand 7:* Establishment of vocational and pre-vocational training centres for the blind.

- *Response:* Orders have already been issued to organize training programme for blind persons in typewriting and similar skills, vocational and pre-vocational training centres for the blind will also be established by the commencement of the forthcoming academic year.
- *Demand 8:* Appointment of blind additional officers in the special employment exchange for the physically handicapped, vocational rehabilitation centres and special section (blind) in medical welfare, women's welfare, children welfare department and the office of the director of school education within a period of six months.
- *Response:* As this involved creation of staff, it would take time. However, in the meantime, an officer will be nominated in each directorate specially to deal with the problems of the -blind. Proposals for the creation of staff and appointment of blind persons will be taken up separately within six months. (A committee has been formed vide government memo No. 1628, GL/78, dated 9-5-1978. Another committee has been formed vide government memo No. 1764, OP/ML Sc/78, dated 20-05-1978).
- *Demand 9:* An unemployment allowance of Rs. 300/- for blind postgraduates and graduates and Rs.250/- for matriculate and above both trained and untrained blind, be sanctioned.
- *Response:* Though a general unemployment allowance is under consideration, the category of blind will be treated on a special footing, as their problems are peculiar in nature. Allowance in the range of Rs. 75/-, Rs. 100/- and Rs. 150/-

will be sanctioned sympathetically in view of the fact that blind are of a special category. No limitation as to the period for which their names are on the live registers is necessary. (Final decision on 2nd May 1978)

- *Demand 10:* Opening of blind schools and hostels for girls before next academic year.
- *Response:* A school and hostel for blind girls will be opened by the next academic year. Efforts will be made to appoint more teachers.
- a *Demand 11:* Immediate appointment of adequate staff such as warden, matron, doctor, barber and watchman.
- *Response:* Action will be taken to appoint immediately the staff such as Matron, Doctor, Warden, Barber and Watchman in the existing vacancies. Suitable persons with proper orientation will be selected.
- *Demand 12:* Immediate allotment of additional budget provisions to meet the items a, b and c.
- *a:* Additional expenditure incurred during the year 1977-78 to be approved (GO Ms No. 94/559/GI/Depy, dated 21-03-1978.)
- *b:* Enhancement of reading charges for college students from Rs. 30/- to Rs. 60/-.
- *c:* Immediate allotment of budget as per the enhanced rates of boarding charges, book allowances, clothing allowances for 1978-79.
- *Response:* Budget for enhanced rates accorded. The funds have been sanctioned by exempting treasury control, (vide GO Ms No. 84, dated 21-03-1978 and GO Ms No. 103, dated 21-04-1978).

- *Demand 16:* Admissions into educational institutions at all levels, including PG courses, for all the blind who apply with minimum qualifications.
- *Response:* This will be discussed with the universities and education department and efforts be made to get all blind people with minimum qualifications admitted before the end of July 7<sup>th</sup>.
- o *Demand 17:*
  - a) All the concessions extended to the scheduled castes and scheduled tribes be extended to the blind on or before 1<sup>st</sup> June 1978.
  - b) Incentive for inter-caste marriage as between scheduled castes/scheduled tribes and others be extended to marriages between blind and non-blind.
  - c) Relaxation in minimum qualifying marks as is available for SC/ST be extended to blind.
  - d) Financial assistance to SC/ST advocates also be extended to the blind advocates before 1<sup>st</sup> June 1978.
- *Response:* All the concessions available for SC/ST will be available to the blind and all the concessions will be extended (GO Ms No. 150, dated 7-6-1978).
- . *Demand 18:* Implementation of sanction of the government for the reading charges for VII and X class as in intermediate class from 1978-79 academic year.
- *Response:* Reading charges will be given to class 7 to 10 where there are public examination from 1978-79 academic year (Memo No. 1632 - GI/78-2, dated 30-05-1978, Rs. 30/- per month per student orders issued).

- *Demand 19:* The hostel attached to the government schools for the blind in Andhra Pradesh should not be closed for orphans during the vacations.
- *Response:* Blind orphans in the schools for the blind will be allowed to stay in the hostel during the vacation. (Orders passed vide government Memo No. 1633-GI/78, dated 06-05-1978.)
- *Demand 20:* Supply of Brail's textbooks to blind students and teachers.
- *Response:* Supply of Brail's textbooks as well as other stationeries will be arranged in the next academic year.
- *Demand 21:* Travelling concessions for the blind in APSRTC.
- *Response:* Travel concessions in RTC will be taken up with the APSRTC and suitable travel concessions will be extended.
- o *Demand 22:* Establishment of transcription section in government high school for the blind in Hyderabad.
- *Response:* Supply of Braile's textbooks as well as other aids will be arranged by the next academic year.
- a *Demand 23:* All the government schools for the blind attached with hostels in the state should be taken over by the social welfare department.
- *Response:* Government schools for the blind with attached hostels will be brought within the scope of the social welfare department as is already under contemplation.
- *Demand 24:* Supply of special aids to study the blind students and teachers.

- *Response:* Supply of Braille's textbooks as well as other aids will be arranged by the next academic year.

The demands put forward by the visually handicapped were genuine. The agitation was able to make the government in a way responsive to the most vulnerable segments of the society. The agitation received its support from various people's movement like the Student Federation of India (SFI), the Youth Congress, All India Students Federation of India (ASFI), All India Youth Federation (AIYF), Progressive Democratic Students' Union and many more people's forums. With these support structures and the vigour and intensity of the visually handicapped themselves, a few policies got shaped during 1978 and after. The 1978 strike came to an end when the government called the delegation for talks, with assurance of immediate passing of G.O's in this regard.

The following orders pertaining to the twenty four demands put forth during the 1978 agitation, indicates that how the agitational inputs engender policy outputs.

- I) On 6-6-1978, a circular (Memo No. N3/24237/78) was issued to the directorate of employment and training regarding the caution needed to be taken in the placement of physically handicapped persons. It stated, "the employment officers are aware of the reservations in service, both central and state government allowed to the physically handicapped applicants. Despite

these instructions, the placements of physically handicapped appointment is found to be far from satisfactory. In some cases, it may be due to the reason that several employers reject the applicants sponsored by the employment exchanges on the ground that the handicap suffered by the applicants comes in the way of discharge of the functions of the job. In some other cases, the employer is willing to appoint a particular physically handicapped candidate but the employment exchange is not in a position to sponsor him. After reviewing the placements of physically handicapped applicants and the provisions relating to the placements of the physically handicapped in the National Employment Service Manual, it is decided that physically handicapped applicant or applicants who are suggested to the employment exchange by appointing authorities may be sponsored irrespective of their seniority of registration on the registers. Any instance of misclassification of applicants as physically handicapped by employment officers in contravention of the definition given in National Employment Service Manual would entail serious consequences".

- II) The Secretary, Andhra Pradesh Public Service Commission, issued a GO relating to carry forward, (Government Order Ms No. 521, 04-07-1978) of 3% reservation in services - through the principle of carry forward of vacancies. The above order was passed in the light of the welfare committee of the blinds' request that the carry forward rule in respect of unfilled

vacancies should be made applicable to physically handicapped persons in the same manner as in the case of the scheduled castes and scheduled tribes. The government considered it fair and just to adopt the same procedure for physically handicapped persons. Accordingly, the government directed that the unfilled vacancies meant to be filled by the physically handicapped persons according to the provisions of various relevant special rules/adhoc rules be carried forward for the succeeding recruitment years, and those vacancies be allowed to lapse thereafter as is the case with the scheduled caste and scheduled tribes.

III) **Social Welfare:** Welfare of physically handicapped, blind students, rates of charges for readers - were enhanced to Rs. 60 per month per student. Order in this regard were issued (GO Ms No. 103, dated 21-04-1978) This GO states the enhancement in the rates of charges for the readers to read out the course books to the blind students studying in government junior and degree colleges, and ordered that the rate of payment be enhanced from Rs. 30/- to Rs. 60/- per month per blind student.

IV) **Social Welfare:** As a part of the Welfare of the blind, financial assistance to law graduates who are blind was extended by the Social Welfare Department (GO Ms No. 150, dated 7-6-1978.) Government decided, inter alia, that the financial assistance given to scheduled castes, scheduled tribe advocates may



also be extended to blind advocates. It has, accordingly, been decided to sanction financial assistance to law graduates who are blind at Rs.500/- for enrollment fee, including stamp duty and Rs. 1000/- for the purchase of law books.

V) In accordance with the Government of India - Sanctioning of Conveyance Allowance - the state government, after examining the suggestions and looking into the demands (one of the 24 demands mentioned above), it issued orders extending the benefits to the blind and orthopaedically handicapped employees employed under the state government.

VI) The government issued the order for unemployment allowance to the totally blind and the totally crippled persons who are on the rolls of the employment exchange for more than one year - at the rate of Rs.30/- per month the (GO Ms No. 135, dated 24-09-1981). In addition to this, there are a few more grants made by the state government for the handicapped like a) reserving stalls to physically handicapped persons at the bus stations of corporation at concessional rates, b) civil supplies - allotment of fair price shops - reservation of 3% fair price shops for physically handicapped candidates. Enhancement of diet charges and cosmetic charges to the inmates of

homes/hostels and residential schools/training-cum-production centres of Handicapped <sup>3</sup>.

### **1992 Agitation:**

The wide gap that persisted between the policy formulation and implementation of the said policies for the handicapped. In general and visually handicapped particularly with respect to employment. The decade of nineties saw a sharp decline in welfarism. The market driven capitalism rendered the people vulnerable. This shift led to enormous insecurity among different sections of the society. The directions of development of the nation at large and the state (Andhra Pradesh) in particular started drifting which in turn resulted in agitations and strikes to compel the state to adhere to its constitutional mandate. There were three strikes in quick succession in the decade of nineties.

### **Backdrop for the 1992 Agitations:**

Most of the students and other inmates in the hostels and homes became frustrated with the lopsided policies and their ineffective implementation. When some of the students and inmates of the home for the blind at "Bhavaninagar" went

<sup>3</sup> The information and evidence for the 1978 agitation of the blind students is drawn from the local newspapers of Andhra Pradesh Deccan Chronicle, Eenadu and Andhrabhoomi from March 13, 1978 to May 14<sup>th</sup> 1978.

to the Directorate to submit a petition with a request to improve the conditions of the home - and other basic facilities including implementation of reservation in jobs, it is not only that there was no positive response but they were ill treated. The Director categorically refused to respond to the problems. Agitated students were persistent on their demands. The agitating blind were handed over to the police. The police department not having any reason to offer for their arrest released them after a few hours. However, a few days later the inmates of "Bhavani Nagar" hostel were roughed up twice by the workers of other homes in the city on the advice of the higher officials of the department. Launching of a complain at Saroo Nagar police station did not help them in any way. Some of the blind students were suspended from the homes on the grounds of discipline. They were denied food and shelter from the homes. The students protested against this act. For this they were assaulted in which four of them were seriously injured. The inmates of the various hostels and homes in Hyderabad formed into an action committee and submitted a memorandum representing the whole issue to the concerned authorities and demanded immediate action. After submission of the memorandum, when no action was initiated by the concerned authorities the committee decided to go on an agitation.

### **Forms of agitation and state response:**

Protesting against the indifference of the authorities to their demands the blind students went on a relay hunger strike for 15 days in support of their demands.

The failure of the administration to respond led the blind students to stage a *dharna* in front of the office of the Collector. On information the police reached the spot and asked them to disperse. However, the blind students insisted on going ahead with their demonstration. A scuffle soon ensued between the students and the police. When the warning to disperse went unheard, police allegedly resorted to *lathi* charge. This further provoked the students who squatted on the road and obstructed traffic - leading to *rastha roko*. Police allegedly resorted to *lathi* charge and took 57 blind students into custody. Later the action committee for the blind in a press release condemned the *lathi* charge by the police and demanded fulfillment of their demands.

Homes for the blind in the twin cities took out a procession in support of their demands in which nearly 400 students joined the "Chalo Assembly rally" under the auspices of the action committee protesting against the attacks on the inmates of the home for the blinds at "Bhavaninagar". The procession began from Gandhi Bhavan and culminated in a public meeting near the state Assembly. It submitted a memorandum to the speaker and the chief minister.

Blind students strike continued and the students went on a hunger strike at the secretariat for one month. Many press meetings were organized in which the office bearers of the action committee for the blinds declared to intensify the agitation and announced to organise a state wide agitation if their demands not met. The media

extensively covers the issue which served the purpose of sensitisation. The laxity of the government stood exposed drawing the attention of various concerned forums.

The demands, by and large included the following.

1. Setting up of a Home Committee which should submit its report within three months on the implementation of reservation for the blind.
2. Increasing the seats in Braille diploma course to 30.
3. Raising the budget of the welfare of the Handicapped department to Rs.20 crores and the monthly mess allowances from Rs. 150 to Rs.400 and cloth allowance from (Rs. 100 to Rs.400) and soap and oil allowances from Rs. 10 to 20.
4. Provision of security and other amenities at the Home for the blind girls, setting up of training-cum-production centre and jobs to educated among the sightless.
5. Suspension of some officials of the Directorate for the Handicapped in connection with the incident of violence at the home for the blind at "Bhavaninagar".

Agitations too went in vain. It did not yield any fruitful results. Though the agitation lasted for 45 days, the state government did not initiate any serious

negotiations. After the opposition parties and other organizations put a little pressure, the minister for women and child welfare intervened and promised that she would look into all the matters and try to meet the demands of the Blind within a week and persuaded the leaders to call off the strike. However she failed to fulfil the promise and did not initiate any positive action, in this regard. This only indicates how the policy making levels are turning out to be insensitive to the demands of the handicapped.

### **Support from Peoples Fora:**

The blind students strike lasted for 45 days. Notwithstanding widespread use of methods of intimidation throughout the strike the stir continued. The police came down heavily on the struggling blind students violating even the norms of rule of law. The ruling elite (both the state and bureaucracy) in the absence of legitimacy have come to depend on coercive force for their security and survival. This is sharply manifest in the consensus of the ruling groups on repression and the enthusiasm that the coercive armed wings exhibit in suppressing the peoples protest or dessent movements. The agitation under study derived its support from

- The Telugu Yuvatha
- The Andhra Pradesh Yuva Sangharshana Samithi
- The Andhra Pradesh Backward Caste Welfare association
- Progressive Democratic Students Union (PDSU)
- Action Committee of Hyderabad University

The Andhra Pradesh Civil Liberties Committee (APCLC) submitted its fact finding report to the government and demanded action against erring officials. The committee lamented that the administration was blind to the problems of blind students and their rights. The blind and the other such vulnerable groups need, if anything, special protection. The other democratic groups also had put pressure on the Government. One of the major outcomes of this strike was the transfer of the insensitive administrator - Director and Deputy Director, Welfare of the Physically Handicapped. It also led to a promise to meet some of the demands like enhancing the mess charges and filling up the allotted quota to the visually unemployed youth. The APCLC (Andhra Pradesh Civil Liberties Committee) and organisations for the protection of democratic rights, appealed to the state government to concede all the demands of the blind students. The OPDR also appealed to all democratic organisations and individuals to bring pressure on the government to immediately meet the demands of the blind.

In spite of the prolonged struggle and support from the various public interested groups, the response from the state was not all that encouraging. The strike was withdrawn on the promise from the government which was never fulfilled once the strike was withdrawn. The overall context has been changing in a way which is

unfavourable to the weaker sections over a period of time. This resulted in another strike in 1995 within three years<sup>4</sup>.

### **1995 Agitation:**

On September 12, 1995, nearly 180 inmates from the home for handicapped in Malakpet, Saleem Nagar Colony, Hyderabad, went on an indefinite hunger strike drawing the attention to the conditions of the homes and hostels which was horrifying and inhuman. This was a result of deprivation of basic necessities. The conditions gradually deteriorated. The roofs of the homes were leaking, electric wires were worn out, blankets and other bedding materials were not provided for eight years, the fans given for repair never returned. Stationary was not provided on a regular basis. The clutches that were provided to them in most cases either were too short or too long making them more handicapped. Of the thirteen workers, only five were regular. When this was brought to the notice of the authorities, they never even bothered to inspect the place but started harassing the inmates.

On September 18, 1995, the blind girls of Malakept Home boycotted their classes, as against their plight and insensitivity of the authorities who did not respond

<sup>4</sup> The information and evidence for the 1992 agitation of the Visually Handicapped is drawn from the major newspapers of Andhra Pradesh - Deccan Chronicle, Eenadu, Vaartha and Andhrabhoomi from July 14<sup>th</sup> 1992 to October 7<sup>th</sup> 1992.



to their repeated petitions. The home, which had nearly 300 blind girls, was understaffed. There were no teachers. The male teachers misbehaved with them. There was continuous insecurity. There was overcrowdedness. In a room with capacity of five more than fifteen were dumped. There was shortage of general study material in Braille up to upper primary standards in Braille except a few textbooks was made available. Failure to implement 1% reservation for the blind in the 18,000 teaching posts filled under DSC. This was the major reason for the outbreak of the 1995 strike. The 1% reservation that was promised to the eligible blind students, (according to the GO Ms No. 145, 1992) were not implemented. As a result, they were deprived of 450 non-teaching posts legitimately meant for the blind and nearly 180 teaching post. They were also deprived of their reservation quota in various appointments in group C and D in spite of the special recruitment orders by the government. The unemployed blind students, addressing a press conference, expressed their agony and help that the eligible candidates for various posts were becoming age barred. They also demanded recruitment in departments like the Secretariat, Corporations and Directorates.

The Action Committee of the Blind, submitted a memorandum to the Chief Minister, Governor, MLAs and concerned authorities. All in vain. It evoked no response from the insensitive bureaucrats. When all channels for mediation to mitigate their problems failed, they resorted to indefinite relay hunger strike at the secretariat for nearly 60 days. This, as usual, did not move the state nor its

apparatus. It moved from relay hunger strike to indefinite hunger strike. This also produced no results. This led to "Chalo Assembly" rally and petitions were submitted to the speaker and other opposition leaders. Talking to the press, the Chairman of the blind students' Action Committee lamented at the chief minister "send the postcard" programme to immediately respond to the grievances. He said "though we are agitating for nearly 60days, he has not shown any compassion, leave alone "through this postcard"

This period also witnessed administrative and Political Gimmicks. When the blind were observing indefinite hunger strike, this was the time that the Chief Minister of Andhra Pradesh Chandra Babu Naidu launched a new programme "Government at the Doorsteps". As part of this programme when the Chief Minister visited Karimnagar a lady from the crowd asked him the question, "when the blinds were agitating for nearly 58 days, though visiting the Secretariat every day, why did he not see them". This public protest made the government to come down. The Chief Minister appealed to the blind withdraw the hunger strike and come for talks. The agitated students declined to do so till their demands were conceded.

Instead of appreciating the problem, the administration pushes the police into action. The brutal force was used to thrash the blinds who gathered at "Potti Sree Ramulu's Statue". The students on fast unto death were dragged and forcefully admitted to Osmania Hospital as their health was deteriorating. This act of the police

should not surprise us, when they razed the tent where students sat for fast unto death, demoralizing and dampening the assertive spirit of the vulnerable. As the agitation became intensive, the political bosses started paying visits the spot. A member of opposition party leaders raised the issue in the Assembly. One member of the parliament criticized the government for its negligence.

This Agitation like the previous agitations did receive support from the people's forums like:

Telugu Yuvatha

All India Democratic Students' Association

Students' Federation of India

Progressive Democratic Students

People's Organization for Democratic Rights

All India Youth Federation and

Andhra Pradesh Civil Liberties Committee (APCLC), condemned the government's apathy and extended their support to the ongoing strike. All the forums for people's rights expressed their complete solidarity and pressurized the government to act upon their demands. They submitted memorandums and met various concerned authorities and insisted that the respective political parties raise the issue on the floor of the house.

The demands of the 1998 strike included:

- Filling of reservation quota in various departments in group 'C and 'D'
- To fill the 450 non-teaching posts meant for the blind and also 180 teaching posts.
- Recruitment in departments like the Directorate, Corporations and Secretariat.
- The Directorate for the Welfare of the Handicapped should be headed by a handicapped person.
- To drastically improve the living conditions of the homes and hostels of the handicapped.
- Recruitment of female teachers in the homes, hostels and schools of the blind girl students.
- Periodic supply of teaching aids, enhancement of scholarships, mess and cosmetic charges, and increase the number of homes and hostels for the blind girl students.
- Increase in budget allocation to the handicapped.

Although the strike ended abruptly, its impact was there and the state government passed an order (GO Ms No. 165, 1996) for "a special drive in employment of the handicapped in teaching and non-teaching posts". This cold and partial response kept the unrest alive and there was another agitation in 1998. That

one agitation was followed by another agitation in quick succession indicates the growing indifference of the State and the restlessness of the handicapped <sup>5</sup>.

### **1998 Agitation:**

One of the major strikes that happened during 1998 August 14<sup>th</sup> in Hyderabad was the strike of the visually handicapped. Failure to fill up the reserved 1% quota for the blinds in teaching posts during the 1998 DSC recruitment ignited the blinds to go on a relay hunger strike at Indira Park, hundreds of blind students all over Hyderabad from different schools, homes and hostels gathered on 12<sup>th</sup> August 1998 and commenced their relay hunger strike, which went on for nearly 76 days.

This strike began with the protest from the homes and hostels of the handicapped, Malakpet, Saleem Nagar Colony, Hyderabad. The inmates went on hunger strike for fifteen days in their homes, as their petitions and requests, produced no results. The immediate provocation was that even after three months of commencement of the academic year, the blind had not received their books and other stationaries. The wardens, instead of attending to the problems resorted to threats. The inmates demanded suspension of the warden. The protesting students were assured by the local MLA that their demands would be met. With the failure of

<sup>5</sup> The information and evidence for the 1995 strike of the Visually Handicapped is widely drawn from the leading dailies of Andhra Pradesh - Deccan Chronicle, Eenadu, Vaartha and Andhrabhoomi from August 10<sup>th</sup> 1995 to October 2nd 1995.

the promises of the legislative member, the handicapped students, on the eve of "Janmabhoomi" week for the physically handicapped, petition submitted to the Chief Minister drawing his attention to the trauma and government irresponsiveness. Addressing to the press, politicians and nodal officers of Janmabhoomi programme, the handicapped lamented the failure authorities to deliver minimum facilities such as hearing aids, walking sticks, wheel chairs as most of these given earlier became unusable. These were of not only low quality but the blind were not properly instructed of their usage. Though the inmates were planning for the protest on the Janma Bhoomi week for the previous one week, the concerned authorities just underplayed the whole issue. The Opposition party leaders extended their support to the demands the handicapped. They started talking of the misuse of crores of rupees allotted for the welfare of the handicapped. The (Seventh) 7<sup>th</sup> phase of the Janmabhoomi programme laid emphasis on the welfare of the physically handicapped under the grand scheme of 'Cheyoota' (Helping Hand) under which the distribution of tricycles and hearing aids were proposed to be distributed.

This protests from the physically handicapped were in vogue through out the Janma Bhoomi programme. They gheroed and boycotted the asset distribution function held at Hyderabad and Warangal. When this did not move the institutions to respond, they moved on to indefinite hunger strike demanding immediate allocation of jobs to the 250 qualified blind students. This did not yield any result. They went on a procession from Raj Bhavan enroute Nampally, Public Gardens, Secretariat and

assembly. "The blind government shall be made to open its eyes through the movement", "Down with the Janmabhoomi Programme", etc. rented the air. Organizing the press conference at the Basheerbagh Press Club, they recalled and reminded the promises of Chief Minister Chandra Babu Naidu in the "National Seminar for the Blinds" where he assured them that the 1300 posts in teaching, non-teaching and various other departments would be filled shortly. His assurance that all efforts will be made to uplift the blinds, and his government will expedite the decision and not adhere to any formalities in allocating budget for the disabled". With the fast unto death entering the 5<sup>th</sup> day, the determination of the blind went up. It was at this stage the APCLC a popular democratic voice in Andhra Pradesh - mediated between the agitating students and the government. The APCLC assured the striking blind students to take up their issues and pressurise the government.

The main demands of 1998 strike were:

One: To improve the living conditions of the homes and hostels of the handicapped.

Two: To implement the government order of 1995, special recruitment drive for the filling up the posts for physically handicapped.

Three: Trifurcation of the reservation quotas.

Four: Immediate recruitment of the eligible blinds to the posts of teaching and non-teaching.

This movement, like the previous ones, received its support from all the people's organizations which include the following organisations.

Telugu Yuvatha

All India Democratic Students' Association

Students' Federation of India

Progressive Democratic Students

People's Organization for Democratic Rights

All India Youth Federation and

Andhra Pradesh Civil Liberties Committee (APCLC)

**State Response:**

- Enhancement of reading allowances to teachers, lectures and school assistants under the GO Ms No. 70.
- Concessional telephone facility to blind persons as a welfare measure - (GO Ms No. 99, DHH.)



- Trifurcation amendments were done, specifying clearly the 3% allotted quota among the physically handicapped (GO Ms No. 388.) Almost all the eligible blinds were recruited in the teaching and non-teaching posts. This resulted in nearly 275 teaching posts being filled.
- Mess (Rs. 180/-, Rs.330/-,) cosmetic charges (Rs. 17/-, Rs.27/-) clothing allowances (Rs. 100/-, Rs.250/-) increased in leap <sup>6</sup>.

### **Summing up:**

The study reveals that the outburst in the forms of agitations do cause social tensions, but it is an outcome of a growing failure of the government. It is worth noting that the period under study, i.e. 1978, 1992, 1995 & 1998, one major and common cause of all the agitations was "recruitment" of the handicapped in general visually handicapped in particular and improvement in the living conditions of the homes and hostels. Employment is one critical means for providing security to the ever - insecure and vulnerable segments of the society. The unemployment among the physically handicapped is a serious problem. In case of physically handicapped they have to be absorbed carefully and suitable job need to be identified and provided to them. The problem of deaf, mute and blind is different from that of orthopaedically handicapped.

<sup>6</sup> The information and evidence for the 1998 strike of the Physically Handicapped and Particularly of the Visually Handicapped is drawn from the leading local newspapers of Andhra Pradesh - Deccan Chronicle, Eenadu, Vaartha and Andhrabhoomi from August 18<sup>th</sup> to October 18<sup>th</sup> 1998.

The present study reveals that state through rhetoric temporarily holds the groups but as they get disillusioned, the upsurge gets intensified. In other words, when the anomalies get accumulated and the state is unwilling to care, the aggrieved groups express their demands through agitations. Agitations, though cannot bring metamorphosis in the state policies nor can it play transformative role, they surely pressurize the state to formulate policies and enforce them. The inactive anti-people state and its agencies can be made reactive. The study indicates that every agitation evoked some response. This shows that there is no substitute for movements to make the repressive state more responsive. In these agitations the state did use the police in ruthlessly suppressing the agitation of the blind. For instance in "Bhavani Nagar Home for the Blinds" the police was brutal. In 1995, when the blind unemployed youths went on a fast unto death, their tents were demolished, they were beaten up and arrested. The solidarity that was shown by various people's forums suggests the need for consolidation of democratic forces to make democratic rights integral to the concept of development.

Although in all the cases of agitation the Government temporarily averted the agitation but not solved the problems on a lasting basis so that the agitations would not recur. As long as there are problems, frustrations and discontentment, there are bound to be organised protests. This leads to a more basic question that: will agitations make the governments become more welfare minded? Or will the increasing insensitivity to the welfare would give rise to more militant agitations by the handicapped in general and visually handicapped in particular?

## **CHAPTER - 7**

# Conclusions

## **Chapter - 7**

### **CONCLUSION**

A study on the historical origin of response of the state and civil society to the problems of the handicapped indicates that the state in the ancient and medieval period was not friendly to the handicapped. They were made to feel disabled by focusing the attention more on their disabilities rather than their abilities. In the pre-historic days, the elimination of the handicapped was achieved by nature herself through the operation of the law of survival of the fittest. Most of the primitive tribes would discard their disabled fellow beings on the grounds of physical unfitness to fight foes and the wild animals. During the 18<sup>th</sup> century, with the spread of liberal ideas, this phase saw attempts to go for "training and education" for the physically handicapped. A number of institutions for the blind, crippled and mentally disabled came up, Medical sciences made strides in explaining the causes for of the handicap and also provide medical relief taking advantage of the scientific break-throughs. The modern period saw a further shift in the attitudes of the civil society and state towards the handicapped.

It has been a part of India's cultural heritage and legacy to help the poor and the needy. In keeping with this tradition, the question of protection of the physically handicapped was debated in the society. Manu's approach in degree and magnitude is more severe, harsh and solely anti handicapped. Kautilya's Artha Shashtra required the state and its citizens to care for the handicapped. Ashoka's welfare

administration through *Dhamma* attempted to reach the needy. These traditions had had their own influence in shaping the aspirations during the freedom movement and independent Indian state made attempts to reach the people in the fringes of the society through public policy measures. The elements of Manu-Kautilya combination are noticed in the nature of the state - a blend of indifferences and involved approaches to the vulnerable.

Independent India witnessed freedom and progress at one level and abject poverty, misery and suffering at another level. The state promised amelioration of the neglected and the deprived. The Indian government declared itself a welfare state. Our constitution enjoined upon the government to secure a socio-economic order based on the values of freedom and democracy in which the state shall strive to promote the welfare of the people by securing and promoting as effectively as it may a social order in which justice, social, economic and political shall inform all the institutions of the national life. The image of India as a welfare state emerged more fully from Article 41 of the constitution, which provides that the state shall direct its policy towards securing the right to work, to education, to public assistance in case of employment, old age, sickness and physical disability. The states are also directed to formulate social legislations as and when needed to meet the special needs of the individuals and groups, who, because of social and economic physical and mental handicaps, are unable to make use of services in the community or have traditionally been denied the use of these services.

In a welfare state, the state is called upon to play an interventionist role in providing services for the people. The governing bodies of central government each in its own sphere, have to ensure that they have at least the minimum administrative machinery for dealing with social welfare programmes. These programmes include social legislation, welfare of women and children, family welfare, youth welfare, physical and mental fitness, crime and correctional administration and welfare of the physically and mentally handicapped. This held considerable promise for the vulnerable in general and the physically handicapped in particular.

An analysis of the government organizations and programmes presents the institutional arrangements for understanding the welfare programme for the handicapped. The Department of Social Welfare was taking care of the physically handicapped till 1980s. The main task of the department was to look after the homes for the aged and disabled, hostel for the handicapped students, sanctioning scholarships to the handicapped so on. As a result of the declaration of 1981 the International Year for Disabled Persons (IYDP), most of the countries began to expand their services. The Government of India also instructed its welfare agencies to offer more services to the handicapped.

In 1981, the Government of Andhra Pradesh established a corporation and created a Directorate for the Welfare of Handicapped in the year 1983 for the overall

development of the handicapped persons. The task of directorate is to look after homes and hostels and issues of scholarships to the handicapped students. There are D.W.Hs as district officers in all the districts with an assistant director as the head of each district office charged with the responsibility to look after welfare of the handicapped. The DWH implements schemes such as supply of nationalized textbooks to pre-metric students, supply of notebooks to the hostel inmates, staffing the homes and hostels. It is, however, sad that the Department of Handicapped is not with the Ministry of Welfare in Andhra Pradesh, but with Women and Child Welfare Department. Does the welfare of handicapped have anything to do with women and child welfare? This sort of organizational arrangements suggests serious gaps in the institutional framework itself. In addition to this, the budget allocation of the Government of India and more specifically the state of Andhra Pradesh is grossly inadequate. The Directorate for the Handicapped in the State hardly had provided a budget that is barely sufficient to maintain its institutions. The Andhra Pradesh Handicapped Financial Corporation does not have sufficient finances to advance loans to the technically qualified people to stand on their own feet.

The organization has not been receptive to the needs and demands of the handicapped people. This study, therefore, reveals the need for a separate ministry for the physically handicapped as their problems starting from education, health down to assimilation in jobs are unique and need special attention. The policy framework of the state is much more problematic. State by choice has not made any

serious attempts or devise novel approach in rehabilitating the handicapped except a few token concessions.

A survey of perceptions of visually handicapped staying in homes and hostels suggest that a majority of the respondents are blind by birth and are very young. Most of them are poor and belong to the income group of below Rs.9000/- indicating the dire need for homes and hostels.

The presence of more than one blind in the family indicates malnutrition and improper health care. They are largely due to poverty. Added to this are the ignorance and illiteracy among others. The support and encouragement from the family shows that the family network continues to be one of the important support structures. A large number of them, it is seen, have come to the homes and hostels for education.

In rural areas the cause for blindness due to the impact of smallpox and genetical problem is high. This is attributed to doctor's negligence and parental ignorance. This happens to be more in rural than urban areas. Since villagers believe in witchcraft they consider blindness as a curse on the family. This shows that blindness to certain extent can be prevented once the rural parents get educated and better medical facilities are provided. It is the absence of medical facilities that makes them rely on superstition and all such unscientific beliefs.



All of them suggested the need to improve the living conditions of the homes and hostels, increase in provision for cosmetic, mess, cloth allowances and reader charges. Unlike the needs of the hearing impaired and orthopedically handicapped, the requirements of the visually handicapped are slightly different. As far as employment opportunities are concerned the visually handicapped are not provided with reasonable opportunities. Though one percent reservation exists for them in teaching and non-teaching sectors, they are not fully implemented. Notwithstanding the handicaps the respondents aspire to become engineers, doctors, teachers and join IAS, to realize their potential. The government should come forward with a fair package corresponding to their levels of disability and aspirations. The efforts of the state are far from satisfactory.

The whole discussion indicates as to how the visually handicapped feel deprived of the minimum facilities. There is a strong feeling that the system is insensitive to their requirements. This feeling and non-responsive attitude of the governmental agencies together lead to tensions in the maintenance of homes and hostels.

As far as the perception of the hearing handicapped the study reveals that a majority of the hearing handicapped get their deafness by birth. It is noted that absence of proper and immediate medical attention, use of over dosages of drugs during the pregnancy and marriage among the blood relationship contribute to

hearing disability. A large number of respondents have parents who are illiterate and come from landless agricultural labourer category. Despite these handicaps the study indicates that there are certain domains like carpentry, handicrafts, tailoring and machine repairs, where this category of handicapped can perform better as their concentration is not diverted by sounds.

It is rather dismal to note that there are no government institutions of higher learning for the hearing impaired after matriculation. It is desirable that government should come out with subsidies in providing latest technologies within their reach, such as the electronic hearing aid. It is also necessary that application of advanced technologies both in the field of medicine and education is encouraged. The government should open up more avenues looking more at their 'abilities rather than the disabilities' as there are lots of expectations. The inmates opined that a lot more has to be done to improve the homes and hostels, in respect of mess and cosmetic charges. They have to be raised periodically in tune with the living standards of the day.

The study suggests the need for involving the government and voluntary agencies to spread facilities for health and education which should form a part of literacy campaign, particularly to young girls who are ignorant of the basic care during motherhood. Along with it there is a need for a policy package which can be a correctional measure and see that this category does not feel neglected. Given their

levels of aspiration policy makers should see to it that the disabled realise their full potential.

The data on the Orthopedically handicapped male and female indicates that a number of male respondents became disabled due to accidents and female due to fever and lack of medical facilities. Poverty is yet another major reason as some of them could not consult the doctors at their curable stage. The medical expenses due to pharmaceutical prices add to the gravity of the problem in the absence of adequate medical aid. It is seen that most of these respondents have no option except to come to homes and hostels. The information about homes and hostels is not properly and adequately reaching the needy persons. It is noticed that in large number of cases the channel of communication to these respondents was friends and neighbours. This shows inadequacy of publicity agencies of the government.

The infrastructure facility is so appalling that people are huddled in the rooms. Understaffing, lack of furniture, absence of supply of basic necessities such as blankets, clutches, reading materials picture the quality of homes and hostels. The clutches that were provided were either too big or too small making them more handicapped. As regards to the existing facilities, it was reported that the allowances - mess and cosmetic were not corresponding to the purchasing power of money. As far as education and employment is concerned the educational status of the respondents is quite impressive. A large number of them were college going students and some of them even reached the university level. The aspiration level is fairly

high and they aspire to become teachers, engineers and doctors. Given their handicap and levels of aspiration, they need sustained policy support.

The redressal machinery has on many occasions failed to address their ever increasing grievances. The study on the whole reveals that large number of respondents prefer 'strike' as a method to activate authorities, and ventilate their grievances. When the policies of the government are inadequate they are frustrated and resort to strikes which did take place many a times. In all the cases the causes were common. This includes: one, improving the living conditions of the members of the homes and hostels including increase in various allowances; two, to fill the 1% reservation in teaching and non-teaching positions.

An analysis of the strikes and agitations of the physically handicapped and more so the visually handicapped indicates that this is a tool for generating public consciousness and pressing a democratic method into action to remind the government of its obligations. The strikes of 1978, 1992, 1995 and 1998 were mainly for improving the living conditions of the homes and hostels of the physically handicapped and the implementation of the 1 % reservation for the posts that were meant for the visually handicapped in teaching and non-teaching and also in group C and group D led to the agitations.

The analysis further reveals that in the state of Andhra Pradesh the physically handicapped resorted to agitations only when the pleas and petitions got exhausted.

After repeated appeals to look into the matter to begin with, they went on relay hunger strikes, hunger strikes and ended with fast unto death. These protests were met not through imaginative policy but police brutality. The only force that the authorities had was the 'police' which plunged into action even before they were called for.

It was only after the intervention of various pressure groups and democratic organizations that negotiations became possible and some policy package was announced. However this pressure for alternative policies were initially met with repressive measures. Arresting of the blind students without warrant, demolishing the tent where the students were agitating, beating up the students on hunger strike are some of the instances indicating the changing nature of the state. Notwithstanding these hardships the positive outcome of these agitations was sensitization of the public at large.

This study reveals the nature of the state and its attitude towards the disabled people. This is guided by two streams of thought. One, the diminishing *Welfarism* of the modern state and two the increased dependence on *privatism*. In other words the state is abdicating its role to protect the vulnerable from the onslaught of the powerful, privileged and organized interests. It is in the wake of such unfortunate drift, the strikes and agitations were able to partly contain the drift and check the system.

This is the overall tendency of the state attitude in the 20<sup>th</sup> century throughout the world, calling our attention once again to the question of basic issues of modern state. It should also be recognized that the bargaining power of the marginal sections in the society has considerably weakened. The lack of bargaining power or what in normal political parlance described the inability of vulnerable sections to pressurize, does shape the nature of the state. It also brings home the point that marginal groups, bereft of the capacity to directly or indirectly influence the state are left with no options except resort to strikes and movements. These methods, at this historical juncture, seem to be the only means to counter balance the anti-poor and anti-vulnerable interests that have come to shape the nature and content of public policies.

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Andhrabhoomi, October 22, 1995.

Andhrabhoomi, October 25, 1995.

Eenadu, October 26, 1995.

Eenadu, October 29, 1995.

Andhrabhoomi, November 5, 1995.

Andhrabhoomi, November 12, 1995.

Andhrabhoomi, November 24, 1995.

Andhrabhoomi, December 6, 1995.

Andhrabhoomi, December 7, 1995.

Eenadu, December 10, 1995.

Eenadu, December 11, 1995.

Eenadu, December 12, 1995.

Eenadu, December 22, 1995.

Eenadu, January 4, 1996.

Andhrabhoomi, July 15, 1998.

Andhrabhoomi, August 4, 1998.

Andhrabhoomi, August 9, 1998.

Andhrabhoomi, August 10, 1998.

Andhrabhoomi, August 14, 1998.

Andhrabhoomi, August 24, 1998.

Andhrabhoomi, September 12, 1998.

Andhrabhoomi, October 10, 1998.

Andhrabhoomi, October 13, 1998.

Andhrabhoomi, October 16, 1998.

## **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**

Blind or visually Handicapped	83	
Deaf	44	
Deaf mute	28	
Dumb	10	
Orthopaedically and neurologically handicapped	126	(3 had only a speech defect)
Mentally ill and mentally retarded	55	

*Source: Dr. Jose Murickun S.J, George Kutty Karaparampil, (1995): "Persons with Disabilities in Society" Kerala Federation of the Blind, p.6.*

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.

Category	Urban	Rural	Total
Blind	54,350	424,307	478,657
Crippled	58,960	304,640	363,600
Dumb	36,237	240,454	276,691

*Source: Dr. Jose Murickun SJ, George Kuttu Karaparampil, (1995): "Persons with Disabilities in Society" Kerala Federation of the Blind, p. 10.*

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

Type of Disability	Total	Rural	Urban	Male	Female
Locomotor	5427	4342 (80.00)	1085 (19.99)	3493 (64.36)	1934 (34.64)
Visual	3474	2908 (83.17)	566 (16.29)	1442 (41.05)	2032 (58.69)
Hearing	3019	3477 (82015)	542 (17.95)	1654 (54.79)	1365 (45.21)
Speech	1754	1366 (77.8)	388 (22.12)	1125 (64.14)	629 (35.86)
Physical	11939	9672 (81.01)	2267 (18.99)	6796 (56.92)	5143 (43.08)

*Source: Dr. Jose Murickun S.J, George Kutty Karapampil, (1995): "Persons with Disabilities in Society" Kerala Federation of the Blind, p. 11.*

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)

## **APPENDIX-2**

### **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 rwide-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 of 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 data 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 mechanising 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 at 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.

## APPENDIX-3

### Causes for Hearing Disability

Cause	Type of Loss Sensorineural (perspective or conductive)
<b>1. Brain Conditions:</b>	
Meningitis	Sensorineural
Encephalitis	Sensorineural
Tumors, Vascular circulatory diseases	Sensorineural, central
Concussion, central auditory area damage	Sensorineural, central
Fracture of the temporal bone	Sensorineural or conductive
<b>2. General Infectious Diseases:</b>	
Scarlet fever	Both
Measles	Sensorineural
Mumps	Sensorineural
Pertussis	Sensorineural
Varicella	Sensorineural
Influenza	Sensorineural
Pneumonia, virus and pneumococcic	Sensorineural
Typhoid fever	Sensorineural
Diphtheria	Sensorineural
Syphillis	Sensorineural
Common cold	Both
Any disease causing high fever	Sensorineural
<b>3. Infections of the Ear:</b>	
External Otitis	Conductive
Otitis media, acute and chronic	
Non-suppurative	Both
Suppurative	Both
Serous	Conductive
Mastoiditis, acute and chronic	Conductive
<b>4. Physical Agents:</b>	
Impacted cerumen	Conductive

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 Yes ☐ No ☐
  2. Total Yes ☐ No ☐
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 toRs.6,000
2. Rs.6,001 toRs.9,000
3. Rs.9,001 to Rs. 12,000
4. Rs.12,001toRs.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?

Yes ☐ ☐

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 ☐ ☐

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?