

*Extent of Participation in Rehabilitation Programmes
by Visually Impaired Women of Madurai and
Trichy Districts in Tamil Nadu*

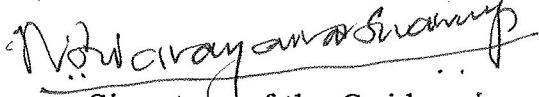
Andal .A

*Dissertation Submitted to the Avinashilingam Institute for Home Science and
Higher Education for Women (Deemed University), Coimbatore-641 043
for the requirements of the Degree of
Doctor of Philosophy*


June 1998

CERTIFICATE

This is to certify that the dissertation entitled **EXTENT OF PARTICIPATION IN REHABILITATION PROGRAMMES BY VISUALLY IMPAIRED WOMEN OF MADURAI AND TRICHY DISTRICTS IN TAMIL NADU** submitted to the Avinashilingam Institute for Home Science and Higher Education for Women (Deemed University), Coimbatore, in fulfilment of the requirements for the award of Doctor of Philosophy in Home Science Extension Education, is a record of original work done by **Mrs.A.ANDAL** during the period of her study in the Department of Home Science Extension Education, Avinashilingam Institute for Home Science and Higher Education for Women (Deemed University), Coimbatore, under my supervision and guidance and the dissertation has not formed the basis for the award of any Degree/Diploma/ Associateship/Fellowship or similar title to any candidate of any University.


Signature of the Guide
with Date 17.6.98

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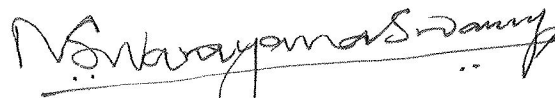
DECLARATION

I hereby declare that the dissertation entitled **EXTENT OF PARTICIPATION IN REHABILITATION PROGRAMMES BY VISUALLY IMPAIRED WOMEN OF MADURAI AND TRICHY DISTRICTS IN TAMIL NADU** submitted to the Avinashilingam Institute for Home Science and Higher Education for Women (Deemed University), Coimbatore, in fulfilment of the requirements for the award of Doctor of Philosophy in Home Science Extension Education, is a record of original research work done by me under the supervision and guidance of **Dr.N.S.Narayanaswamy,Ph.D.**, Professor, Department of Home Science Extension Education, Avinashilingam Institute for Home Science and Higher Education for Women (Deemed University), Coimbatore and that it has not formed the basis for the award of any Degree/Diploma/ Associateship/ Fellowship of any University.


17/6/98

Signature of the Candidate

with date



Signature of the Guide

with date

17.6.98

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I. INTRODUCTION

India is reported to have millions of handicapped due to accident or natural calamities. Everyday their number is increasing. Many handicapped persons are still behind the curtain of identity and there is no need (if it goes on) to develop more programmes for them unless their lost individuality is brought out. The country should search for the ways to develop their personality as well as all round development in education and life : morally, spiritually and economically. The work should reach the people in the nook and corner of the country. A planned programme will enable success.

Disability refers to a loss or reduction in the physical, mental or effective performance or functional level of the individual, in other words his or her behavioural or activity status.

The prosperity and growth of a nation depend on the status and development of its women who constitute nearly half of its population and influence the growth of the remaining half. However, women constitute one of the most deprived and long neglected sections of the Indian society. Their deprivation becomes more acute with their poverty, manifesting itself on education, health, nutrition, social, cultural and political status. Under pressures of traditional, cultural and historical forces, women have been ignored and denied opportunities for participation in the process of development and sharing its benefits.

Women are required to be integrated in all development sectors as equal participants and beneficiaries with men through

diversification of employment opportunities, chances of upgradation of skills and training, access to all facilities and distribution of land and other assets. This applied to both normal and handicapped women.

Shunned by society, reviled by the family for being burden and stung by the viper of utter helplessness and defeatism, the adult blind women were victims to the unscrupulous in this society. They must be brought back to the mainstreams of the society and this can be done only by making them self-dependent.

The blind person in every culture is a man/woman set apart, who by reason of his/her impairment cannot move about, work or read as can the majority of his/her sighted peers set limits on his activities. If, as in some primitive societies, his impairment is considered a special mark of attention from the deity, he/she is favoured. However, in most societies he/she is seen primarily as a public health problem. In the more economically advanced nations where society is work-oriented and where the major emphasis is on the employability of all citizens, including the sensory impaired, the blind person is an economic and a psychological problem.

Lack of sight causes detachment from the physical and to a lesser degree, from the social world. This prolonged sensory deprivation is likely to influence the personality and mental make up of the blind.

In this era of human rights, human worth and dignity it is a paradox that the blind are considered a social stigma. Because of this very attitude of nonacceptance and lack of support from the families and communities, this section of the society is even today denied simple

facilities and opportunities to lead an independent life with dignity. Visually disabled persons have deep feelings, sharp intellect, enormous physical energy, good personality, will to work, eagerness to share joys, spirit of working, service, etc., but they lack opportunity to blossom due to the lack of vision.

It is necessary to make the visually impaired as contributing members of the society as they are human beings first. It is a great challenge to the nation.

It is urgently necessary for blind women to know the current trends as also the desirable changes that must be brought about in the world of today to enable them to live as members of the universal community. They must also contribute to the development process and spread the message of hope, faith and peace among their fellow sisters, so that they may all put in concerted efforts to remove indifference and apathy from society.

Provision should be made for the blind women for fruitful and gainful education or training with the help of modern sophisticated technology. It is also essential to provide for the young group of blind women, rehabilitation services to enable them to carry out competitive work in the labour market and the domestic work of mothers and housewives.

The "International Year of Disabled Persons" (IYDP) 1981 is a commitment of the world community to uplift them. Various programmes came into effect to help them. Among them the rehabilitation work is one of the needed categories for the welfare of

disabled persons. It is an eye opener and invites all to extend their cooperation with it to uplift quality of life of disabled individuals.

The process of rehabilitation is lengthy and involves many personnel as it aims at treatment of the blind as a whole person. To make rehabilitation successful, the various aspects viz., physical, emotional, social and vocational have to be tackled. For the blind to lead an independent life with dignity and self respect, the combined skills of a rehabilitation team are required.

The goal of rehabilitation programme for the blind is personal independence, social participation and economic independence. This is more likely to occur when the client is not isolated from his or her own environment during the period of training and when training focuses on activities and occupations that are known and familiar or were performed before the person became blind. Recent experience in the field of rehabilitation of the blind especially in rural areas indicates that clients prefer the services to be provided in their homes and nearby in the village or community. Basing the training in the community and involving not only the clients but their families and other community members, is often the preferred method for serving the rural blind and offers a service which can be complementary to and coordinated with institution-based services.

The blind persons, don't want anybody's sympathy. What he/she needs is an opportunity to work, contribute his/her share to the national development and show the world that he/she is also a potential worker like others.

The vocational rehabilitation is a very important one to make a disabled stand on his/her own legs and support his/her family. Thus he/she can be made a contributing member of the society by enjoying equal rights and opportunities.

Many rehabilitation programmes were in operation in different parts of the country. But very few research studies were carried out in this field. Hence it was felt worthwhile to study in depth the extent of participation in rehabilitation programmes by the women of Madurai and Trichy districts of Tamil Nadu with the following objectives:

The overall all objectives of the study is to understand the problems and prospects of rehabilitating visually impaired women. The specific objectives are to :

1. study the socio-personal and psychological characteristics of visually impaired women of Madurai and Trichy districts,
2. assess the awareness of the facilities and rehabilitation programmes available,
3. know how far they had availed the rehabilitation programmes,
4. understand the benefits accrued to them by participating in the rehabilitation programmes and
5. study the association of selected factors with the awareness of and participation in the rehabilitation programme.

Scope of the Study

The present investigation is an attempt to study the extent of participation in rehabilitation programmes by the visually impaired women of Madurai and Trichy districts in Tamil Nadu. It deals with specific aspects such as awareness and views about facilities available for the visually impaired, psychological characteristics of the respondents, awareness about the facilities and participation level in rehabilitation programmes, benefits accrued to blind women due to the participation in the rehabilitation programmes and problems of the visually impaired women and association and contribution of the selected socio-personal and psychological characteristics with awareness and participation.

Limitation of the Study

Eventhough there are many rehabilitation programmes in the different districts of Tamil Nadu for visually impaired women, the investigator had limited her study to the neighbouring districts of Madurai and Trichy mainly due to the fact that the investigator works at Agricultural College and Research Institute, Madurai and the neighbouring districts are familiar to her.

Operational Definition of the Concepts :**Rehabilitation**

The meaning of rehabilitation is of giving life again to the blind clients. The goal of rehabilitation programme for the blind is personal independence, social participation and when possible, economic independence.

Visually Impaired

The World Health Organisation recognizes, visual acuity of less than 0.05 or 3/60 or 10/200 as blindness. In most of the developed countries, this definition has been adopted as the legal definition. In India, severe low vision that is visual acuity of less than 0.12 or 6/60 or 20/200 has been considered as blindness (Punani and Rawal, 1993).

II. REVIEW OF LITERATURE

The literature pertaining to this study was reviewed under the following headings.

- A. Visual Impairment - A Conceptual Analysis
- B. Situation of Blind Women in India
- C. National Programme for Control of Blindness
- D. Schemes for Rehabilitation of Visually Impaired
- E. Related Research Studies

A. Visual Impairment - A Conceptual Analysis

Blindness is a disability. In rehabilitation programmes the persons who suffer from it are helped to adjust his/her activities to cope up with it. The concept of disability and the process of adjustment are reviewed first.

Disability, in the context of health and rehabilitation experiences, has been defined as "any restriction or lack (resulting from an impairment) of ability to perform an activity in a manner or within the range considered normal for a human being. (Wood and Badley, 1981)

Disabilities result from impairments and are manifested as behavioural or performance deficits or restrictions of the integrated activities or functions expected of the whole person (Wood, 1980; Wood and Badley, 1981).

Impairment in the context of health and rehabilitation experiences, has been defined "any loss or abnormality of

psychological, physiological, or anatomical structure or function. It is characterized by the existence or occurrences of an abnormality, defect, or loss in a limb, organ, tissue or other structure of the body, or a defect in a functional system or mechanism of the body, including the systems of mental function" (Wood and Badley, 1981).

Livneh (1980) and Dembo (1982) have shown that the processes through which the disabled adjusts to his disability are mainly psychological in nature.

Meenhart and Renhar (1981) say that the integration of disabled individuals at their work place requires not only good educational, psychological and medical preparation but also good cooperation of the employer as contract partner.

Handicap is the result of an interaction between the disabled individual and the socioeconomic context of his or her treatment, home, work and community environment (Wood and Badley, 1989).

Mehrotra (1981) states that the study of adjustment to physical disability is only beginning to be regarded as serious area of investigation by a few isolated psychologists. The population of physically handicapped in India is roughly estimated to be 23 million.

Tamilkudimagan (1990) expresses that "metal piece cannot buy mental peace" meaning that psychological adjustment is more important than monetary assistance in helping the disability. The sufferings can be reduced if the voluntary organizations and the government come forward to fight with the problem.

Basha *et al.* (1990) feel that the term disability is synonymous with handicap, which has certain psychological overtures. In real sense the severity of disability determines the handicaps. Generally the terms disabled and physically handicapped are used in an identical sense. The experts prefer the term impairment.

Chatarpal (1988) says that the blinds need no mere sympathy or lip service of the society but its concern and solid support. In rehabilitation programmes efforts are on to instil a sense of self-reliance and self-respect among the disabled so that they also play their due role in nation building.

Kharbanda (1988) says that to lead a dignified life every one has to struggle. The struggle becomes all the more difficult for the physically handicapped. To secure the affection of the members of the family and achieve a place in society and at work place, they have to compete.

An integrated approach for the rehabilitation of the handicapped is to be adopted because it will keep the emotional ties alive. The outward physical differences between the handicapped and the non-handicapped deeply influence their attitude towards each other. Most of the handicapped develop much physical, psychological and social insecurity by which they tend to evaluate themselves and develop negative attitude of hatred, distrust and aggression towards those who are not handicapped (Goel and Arun, 1985).

Krishnasamy (1987) expresses that the problems a disabled person has to face in a rural setting are minimal, as there is less social or economic pressure on him.

Nadvi (1985) says that the disabled women consume more time in completing a task than normal home makers. However, their efficiency can be increased to a large extent by equipping the work place with certain facilities.

Narayanan (1986) says that vision is a concept totally unknown to those who are deprived of it from birth. Given the necessary encouragement and support, some of these blind persons can lead a normal life.

Kharbanda (1991) says that if the blind learn the first lesson of orientation and mobility, they can very well look after themselves without much outside help. Only in a barrier-free environment, the handicapped can become a part and parcel of society and contribute their best not only for their welfare but for the total welfare of the society.

Thus, disability to see or impairment of vision is the problem of the blind. It involves not only physical but also psychological problems. Any effort for enabling them to adjust with the disability is called rehabilitation.

Kaur (1990) says that in India there may be over one million cases of blindness due to malnutrition. Blindness due to deficiency of Vitamin A and protein is more common among children of the age

group of one to five years. This has found cognisance in the policies of the government and efforts are on to help the blind.

B. Situation of Blind Women in India

Bhalerao (1986) describes the situation of blind women in India and in other countries and his account for India provides information useful for the study. He points out that every third blind person in the world is an Indian. In other words, out of the total blind population of 20 million of the world, 6 to 7 million live in India and 48 per cent of them are blind women. The Government of India has taken the following measures for prevention of blindness.

1. It established Dr. Rajendra Prasad Centre for Ophthalmic Sciences in 1969. This Centre, which is an apex organisation, aimed at providing leadership in ophthalmic services, training and research related to the national programme of prevention of visual impairment and control of blindness.

2. Voluntary organisations are being given grants by the Government of India and State Governments and are encouraged to hold eye camps in various districts in the rural areas.

3. The Government of India has launched a 20 year national programme for prevention of visual impairment and control of blindness. The plan of action is problem-oriented and will cover treatment of visual impairment and blindness in an integrated manner through promotive, preventive, curative and rehabilitation efforts.

4. A programme for the eradication of small pox was successfully launched. Smallpox once used to be one of the major causes of blindness. The Government of India was able to achieve a zero level in small pox incidence and because of this effort, blindness due to this cause has been completely eliminated in the country.

5. The Government of India has launched a scheme for distribution of Vitamin A as part of the maternity and child health programme, under which 200,000 units of Vitamin A are provided free to each mother to ensure preventive eye care.

6. Other supplementary feeding programmes have been launched for pregnant and nursing mothers and children with the same benefit.

7. In the field of blindness caused due to cataract, operations are being performed in the hundred and odd state-run and private medical colleges and other ophthalmic institutions, as also in a large number of eye hospitals run by voluntary, social and philanthropic bodies.

In addition, International organisations like the Royal Commonwealth Society for the Blind, Christoffel Blindenmission and Operation Eye-Sight Universal of Canada are also helping in the prevention of blindness. Voluntary bodies like the National Society for the Prevention of Blindness, service organisations like Rotary club and Lions clubs and other charitable organisations sponsor eye camps, mainly for cataract operation.

The Government of India has recently introduced a scheme of fundamental literacy for adult women, which includes; elements of health and hygiene, food and nutrition, home management and child care, civic education and vocational and occupational skills. Efforts are being taken to bring needy blind women also under the scheme.

The factors which come in the way of education and vocational training of blind women also come in the way of getting them employment. It is increasingly felt that special services should be designed for covering the large number of blind women both in the urban and rural areas.

There are two organisations in India working for the blind at the national level, the National Association for the Blind and the All India Confederation of the Blind. Both these organisations have directed their special attention to the rehabilitation of blind women since 1981, the International Year of Disabled Persons. The former has launched several schemes for blind women, such as training them in telephone operation, rehabilitation, self-employment and others.

C. National Programmes for Control of Blindness

The United Nations has estimated that there are 42 million visually impaired in the world 9 million blind in India (Punani and Rawal, 1993).

Habibullah (1991) says that no nation can progress collectively unless all segments of the people are integrated into the main stream of nation-building activities. The, Government of India included the

'Welfare of Handicapped' in the nation's FIVE YEAR PLANS and from one Plan to another this area has been given an enhanced outlay.

National Institutes

The Government of India established National Institutes for each category of handicapped to provide national level facilities in research, training, documentation and consultancy.

a) National Institute for the Visually impaired : This Institute at Dehra Dun imparts integrated services, including a model secondary school for the blind children. This Institute also has a training centre for the adult blind, a school for the partially sighted children, a workshop for the manufacture of braille appliances, a sheltered-workshop and a central braille press. The National Library for the blind, which also forms a part of the Institute, circulates braille literature all over the country.

b) The Ministry of Education and Social Welfare established an orientation and mobility Instructors Training Programme at Dehra Dun in October, 1971 for the independent mobility of the blind people under the method and direction of Dr. Richard E. Hoover, who invented the Long-cane. In order to provide integrated education to the handicapped people, the Central Government has identified six centres in the major universities of the nation. Education and training of the disabled play a vital role in their socioeconomic rehabilitation. Therefore, to assist the handicapped in pursuing training, the Ministry of Welfare provides scholarship/stipends to the handicapped students from class IX onwards including technical studies. This Ministry also

provides stipend for in-plant training. The state governments provide scholarship from class V onwards to the handicapped.

The Government of India through its various Ministries provide the following facilities for the well being of the disabled :

1. The Government has allowed 3 per cent job reservation in group C and D (Class III & IV) posts for government jobs since 1977. The job reservation is, one per cent for the blind, one per cent for the orthopaedically handicapped and one per cent for the deaf-mute. All the state governments and the union territory administrations are observing the same policy (The U.P. State has only 2 per cent).

2. Age is relaxed upto ten years as compared to the normal age limit of 26 years, for government jobs. The SC and ST handicapped candidates are eligible for another five years of age relaxation.

3. Recanning of chairs in the Government offices is strictly reserved for the blind caners only.

4. If a handicapped candidate is unable to type due to disability, he/she is exempted from the typing test (as it is compulsory for clerical posts) for group "C" posts.

5. The Ministry of Communication, Department of Posts and Telegraphs has opened "Public Telephone Booths (PCO) for the handicapped (under self employment scheme) charging 30 paise (against 50 paise) per call from them. Under this scheme, most of the handicapped are manning these telephone booths and earning their livelihood through this beneficial scheme. This Ministry has also

exempted affixing of postage stamps on the letters of "braille scripts" meant for the blind people.

6. The Ministry of Railways has allowed one fourth of the normal fare in the Railways for all categories of the handicapped including the T.B. and cancer patients on producing a certificate from the Government doctor/orthopaedic surgeon since 1981. The orthopaedically handicapped should travel with his/her escort to avail this concession and their escorts are also allowed the same fare concession.

7. The Income Tax Act 1961 section 80-U, provides for an exemption of the amount of Rs.10,000/- from the total income of a person who is either blind or is suffering from a permanent physical disability.

8. A scheme to make petrol/diesel available at concessional rate has been introduced in 1977 and accordingly the handicapped owners of motorised vehicles are given exemption from the payment of Road Tax by the State Governments and Union Territory Administrations concerned. The handicapped motor owners are also eligible to claim refund upto 50 per cent of the expenditure incurred by them on purchase of diesel/petrol from the recognised dealers subject to a ceiling as given below: vehicles below 2 horse power : 15 litres per month and vehicles of 2 horse power : 25 litres per month.

9. The Ministry of Petroleum and Chemicals has reserved 15 per cent of all types of dealership/agencies of the public sector oil companies for the handicapped candidates.

10. All the Nationalised Banks are disbursing DRI (Differential Rate of Interest) loans upto Rs. 6500/- without any surety for the self-employment of the handicapped.

11. Some State Governments like Punjab, Haryana, Orissa, Rajasthan, Himachal Pradesh and Maharashtra are providing unemployment allowance to the unemployed handicapped persons. The Kerala and the Andhra Pradesh Governments have setup "Handicapped Welfare Corporations" for the betterment of the handicapped. The Tamil Nadu Government has relaxed age, educational qualification and experience in the case of the handicapped job-seekers and application fee is fully exempted to handicapped job seekers.

12. The severely/totally handicapped Government employees can get the Government accommodation out of turn. The Delhi Development Authority (DDA) under the Ministry of Urban Development has reserved 5 per cent of shops, 1 per cent of residential plots and 1 per cent of flats for the disabled people. Moreover, all the Development Authorities Improvement Trusts of the states have also reserved 1.5 per cent of allotment quota for the disabled candidates.

13. The Ministry of Civil Aviation provides 50 per cent of fare concession in the Air India/Indian Airline flights for the blind travellers. The Delhi Transport Corporation (DTC), a Central Government Undertaking provides free lift to the handicapped people at Delhi within the Union Territory of Delhi and all other State Transport Corporations provide 50 per cent concession to the handicapped commuters including the later-stage buses.

14. The Ministry of Social Welfare and the Central Social Welfare Board/State Social Welfare Boards are providing grants to the outstanding voluntary Organisations, which work for the uplift of the handicapped community.

15. The Institutions for the handicapped, registered under the Societies Act are permitted to import equipment/ apparatus and appliances required for the education and training of the handicapped, free of duty and if they receive them as bonafide gifts, the gifts would not be charged customs duty. For this, the Institutions concerned will have to obtain "Customs Clearance permit" from the Chief Controller of Imports and Exports.

16. The Ministry of Human Resource Development, Department of Education has granted special pay to the blind scholars for engaging readers. Moreover, 10 per cent of marks are exempted to the handicapped students for the admission in colleges/universities.

17. Maruti Udyog Limited, a leading car manufacturing concern (in Gurgaon) manufacture's special Maruti cars for the disabled people according to their disabilities since May, 1986. This has been boosting the mobility of the handicapped in the country.

Swasth Hind (1992) National Programme for Control of Blindness: The National Programme for Control of Blindness (NPCB) is fully financed by the Central Government. Central Assistance is offered to the States/UTs for:

Raising infrastructure

Procuring materials and equipments

Meeting recurring expenditure in maintenance and operation of services

Establishing eye bank

To provide assistance to social and voluntary organisations as per approved pattern of financial assistance. Thus a concern for the disable including the blind and programmes to help them are seen in development plans. First step in rehabilitation is education.

Eye Health Education

Education of the people about the problem, causes, facilities and control measures regarding blindness control programme are given a high priority in NPCB.

Tiwari (1992) says that National Prophylaxis Programme against Blindness due to Vitamin 'A' deficiency was initiated during the fourth Five Year Plan and covered all children in the age group of 1-5 years. Two lakh International Unit (IU) of Vitamin A solution was given orally every six months to this group of children.

Basha *et al.* (1990) observe that the Government of India has launched National Programme for the Prevention of Visual Impairment and Control of Blindness in 1976. The programme covers both rural and urban areas. It is common knowledge that a blind needs both psychological and social adjustment besides opportunities for economic self-reliance. They need the support of the entire society to lead a normal life.

Kaur (1990) quotes that the eyes are the gifts of God. To keep them clean, healthy and guard them against accidents is the primary

duty of every one. To lose vision, totally or partially, is a tragedy. Considering visual impairment as an important national problem, the late Prime Minister, Mrs. Indira Gandhi, has given it the topmost priority and included it in her Twenty-Point Programme. Thus the rehabilitation of blind has the policy support.

D. Scheme for Rehabilitation of Visually Impaired

As shown by Abstron (1979) rehabilitation is the process of recognising that impairment cannot be removed and so it is an process of preparing blind person physically, emotionally and vocationally so that he can use the residual ability to the maximum in all aspects of life. This work cannot be done by the government alone.

Voluntary service organizations play a significant role in the services to the disabled. Many of them have introduced innovative approaches in taking services to the unreached. Helen Keller Services Society for the Blind at Madurai is one such pioneer. It serves hundreds of visually impaired in Madurai region. Its community-based rehabilitation services and services for self-employment of the blind are laudable (Michael, 1990).

Thiruvassagam (1990) says that even after tremendous efforts, the nation is not able to prevent the physical disability. As per the report of the World Health Organization, there is a fear that the number of the disabled would double by 2000 AD. It is the commitment on the part of every individual of the country to take efforts to rehabilitate the incurable. It is not fair to expect the Government alone to render services to the disabled. India is fortunate to have voluntary

organizations at international level, state level and regional level rendering yeoman services to the disabled, thus reducing the burden of the Government.

A community-based rehabilitation programme has already been implemented in a few areas in India with considerable success. In such programmes, the rehabilitation process starts with the identification of the disabled and proceeds to impart specialized training to give daily living skills, mobility skills, social skills, vocational skills and such other skills in specific areas of the needs of the blind. The training is provided by a trained field worker who hails from the same village and is monitored by field supervisor and specialists (Prabhakar, 1992).

Goldberg (1981) has criticised the exclusive concentration of rehabilitation programmes on vocational training and job seeking. He argues that vocational rehabilitation should be an end product of the resolution of such psychological forces impinging on the disabled adolescent such as body image, separation, independence, aggression, depression and sexual identity.

Richardson (1993) says that if work is a problem, individuals who are visually impaired can make changes in the way they manage it. The author believes that work can be improved by expanding training beyond the emphasis on the workers' methods and activities to include changes in the work place and progress.

Habibullah (1991) points out that every year, October 15 is observed as the White Cane Day to mark the invention of the long,

light, functional cane made of light weight aluminium by Dr.Richard E.Hoover in 1945 for giving proper mobility to the visually impaired. Mobility is one of the biggest challenges for the blind with some training the white cane helps them to move about with less difficulty.

The American Foundation for the Overseas Blind under the presidentship of the late Dr.Helen Keller started an O&M training camp in Kuala Lumpur, to train instructors of the Orientation and Mobility (O&M) and become masters in the techniques of O&M. It success found appreciation in other countries including India. Realising the importance of O&M training in the all round development of the handicapped, the Ministry of Social Welfare, Government of India, started an orientation and mobility programme for instructors of the blind in October 1971 at the National Centre for the Blind (presently known as the National Institute for the Visually impaired) at Dehra Dun. This is a sixteen week course.

The instructors of O&M are supposed to teach the blind the following guidelines.

1. Walk without veering, following the landmarks and clues.
2. The blind should be taught the orientation of a particular place where he moves daily so that he can move around without difficulty.
3. He/she should be taught how to eat properly and how to find his chair and bed and to recognize his friends.
4. He/she should also be taught how to behave with his superiors, parents, friends and others.

5. The blind should also be taught the techniques of ascending and descending so that he/she can easily board a bus without any problem.
6. The blind should be taught how to wear their dresses and how to take them off.

Rao (1986) argues that while finalizing the educational policy, the education of the handicapped should be given a special status and recommends that the following suggestions may be taken into account while finalizing the educational policy.

- (a) The disabled include the blind, deaf and dumb, the orthopaedically handicapped and the mentally retarded. We find people of different age groups having one disability or the other and all of them need special attention and special programmes of education keeping in view the degree of their disability and age.
- (b) The schools for the handicapped suffer from all kinds of limitations such as insufficient space, shortage of teaching personnel, teaching aids, furniture, play ground, library, laboratories and even such basic things as drinking water and toilet facilities. Minimum facilities are not provided even though the number of disabled schools are very few.
- (c) To have a uniform policy in regard to all schools for the disabled, all the educational programmes should be managed by the Social Welfare departments of the states.

- (d) Special provisions should be made for the education of disabled children of the preschool age. Parents also need to be trained in regard to the education of preschool children with disability.
- (e) Children also need special training in habit formation, mobility, toilet training, eating habits, etc. The principle of universalisation of elementary education should be made applicable to the disabled children also. Such children should be admitted to either normal schools or special schools.
- (f) The system of integrated education should be expanded at the school and college levels.
- (g) Special training should be imparted to teachers to give the best of education to the handicapped children.
- (h) Vocational training should be introduced in all special schools and separate industrial training institutes should be established for disabled children.
- (i) All schools should be provided with the latest teaching aids and equipments.
- (j) There is also the vital need to open adult education centres for the adult disabled.
- (k) Separate Inspectorates with experienced and trained persons should be formed in the Social Welfare department, to oversee the functioning of the schools for the handicapped children.

Prabhakar (1992) says that nearly 80 per cent of the blind population in India lives in rural areas. Hence effective services to the

rural blind adults could not be provided till now by existing organizations since such services are available only in urban areas and are expensive. If rehabilitation services can be provided to the rural blind at their door steps, it is likely to be more economical and meaningful. Such services should focus on their specific needs in rural areas and involve the community too.

Sethuram and Cherian (1986) say that bulk of the disabled in India lives in villages cut off from the rehabilitation services available in the cities. Even those who manage to come to the cities in search of rehabilitation assistance have to waste their time, energy and meagre resources owing to lack of correct information on the nature of services available.

Boraiyan (1989) states that development of the disabled is both an economic necessity and a development requirement because every unit of money spent from the national exchequer through various services and programmes and its resultant gains should also reach the disabled so as to enhance their productive abilities and skills which would serve as a potential factor for national development.

One must realise that nation spends a huge amount on the rehabilitation of the blind persons. The Government runs 150 vocational rehabilitation centres, 23 special employment exchanges, 17 vocational rehabilitation centres, 11 district rehabilitation centres, six institutions for blind women, two industrial homes, a home for aged and blind, three braille and equipment production centres, six braille printing houses and many other such Institutions. Educational

facilities have been provided for upto seven per cent of visually impaired children as against 84 per cent of normal children. It is the duty of all government and non-government agencies to carry out eye health education specially related to prevention of eye injuries and then we will be able to take care of the menace of blindness due to eye injuries (Swasth Hind, 1993).

Batra (1981) advocates that there are no predetermined factors which increase or decrease the integration of the blind. The integration proved most successful in cases where the blind had self-confidence and retained their will power of integration. The educational and occupational status acted as confidence of the blind themselves.

Jackle (1986) expresses that the goal of rehabilitation programme for the blind is personal independence, social participation and when possible economic independence.

According to Jayaraman (1985) "the socioeconomic condition of the blind in Tamilnadu has been running somewhat parallel to the socioeconomic conditions of the weakest section in Tamil Nadu as a whole.

Basha *et al.* (1990) state that India has been a pioneer in the field of rehabilitation. During the last two decades, things have moved fast in the direction of development of rehabilitation services for the handicapped persons. The Government is giving due consideration to develop this service.

Punani *et al.* (1987) found that the rehabilitation of a blind person is an extremely difficult task. The most important point is to

win the confidence of the blind person and convince him of his own abilities.

Amutha (1993) says that her study gives an insight in the area of the attitude towards religion among the visually impaired adults and workers of the institution. Religion is one of the areas where we expect the handicapped or disabled to participate and contribute which facilitates further acceptance of the individual.

Koestler (1983) gives the summary of the proceedings of the conference on "Education and employment opportunities for Blind and Visually Impaired Women" where he lists the major factors identified as road blocks to satisfactory career development and points to a variety of coping strategies that can help to overcome the dual handicap of gender and disability.

Gardner (1983) tells that with maturity came awareness, acceptance and enlistment in the struggle to overcome stereotyped attitude and prejudicial treatment towards visually impaired people.

Fiorito (1983) explains that wider opportunities have been in operation for blind women by the various civil rights movements for the past two decades. By acceding to the limited roles traditionally imposed on them by parents, teachers and other authority figures, blind females have perpetuated beliefs in their essential helplessness of dependency. This image must now be overturned. Preparation, persistence and performance are keys to achieving the needed reversal.

Kirchner and Peterson (1981) exhort that in the working age group, between 18 and 64 years, blind and visually impaired women

tend to be older, have less education and a lower level of employment than women in the general population. Visually impaired women are more likely than men to be separated, divorced or widowed.

Broom and Tedder (1995) say that the problem of 12 young people aged 19-27 who were visually impaired and moving from school to work were examined to identify services provided by an educationally based and a rehabilitation based transition programme. Eighteen services were identified and no major differences were found in the types of services which differed only according to the youths' secondary disabilities.

Mani (1986) feels that we have not made much progress in rehabilitation. But we have opened more avenues for the rehabilitation of the visually impaired individuals than any other country. India can have the pride that it is the only country where rehabilitation has been attained by the visually disabled individual. There are teachers, there are lawyers, there are engineers and so on and so forth. The so-called rehabilitation can take the forms of psychological rehabilitation, medical rehabilitation, vocational rehabilitation and so on.

In the rehabilitation services for the rural blind, Jackle (1986) has suggested that the blind clients can learn the full scale of operations necessary to grow crops. Most of the gardening activities can be performed without assistance from the sighted. When his training is completed, the client visually works along with the other members of his family. In a training programme, the main objective of the programme is to integrate the blind individual with active family and community life.

Punai *et al.* (1987) say that the National Association for the Blind (NAB) was established on 19th January 1952 by a resolution of the First All-India Conference on work for the blind held in Bombay.

NAB's objectives include coordination of work for the blind, cooperation and bringing together of Institutions and individuals working for the welfare of the blind, provision of facilities for education, training, rehabilitation, employment and after care of the blind.

NAB's present activities cover a wide range. In education, they include granting of scholarships to blind students in regular schools and colleges as well as for technical training, production of braille and recorded literature, loaning of brailers, provision of readers and other ancillary services. NAB also secures scholarships for the training of teachers of the blind at the Perkins School for the blind, USA.

Vocational training for the blind is provided at the NAB workshop for the blind, M.N.Banarjee Industrial Home for the Blind, and NAB Kaka Patil Centre for the Blind all in Bombay and at the NAB-IDBI Polytechnic at Ambernath, Maharashtra. Training in telephone operation is also provided by the NAB Rehabilitation and Training Committee.

The NAB Employment and Placement Committee secures jobs for the blind in open employment. The recently established NAB Bureau of Self-employment is helping the blind to achieve economic independence by providing vending stands, encouraging the establishment of small business and helping in becoming salesmen.

The rural blind are provided training in agricultural and rural pursuits at the Tata Agricultural and Rural Training Centre at Phansa in Gujarat. The NAB Rural Activities committee has recently launched rural rehabilitation projects in Gujarat, Karnataka, Maharashtra, Madhya Pradesh, Haryana, Delhi and some other states.

Rehabilitation of the newly blind and those blind persons who have not had the benefit of earlier schooling or training is conducted at the NAB Pheroze and Nostr Merwanji Rehabilitation Centre at Mount Abu in Rajasthan and at the NAB Department of Rehabilitation, Bombay. The NAB department of rehabilitation also runs courses for professionals in basic rehabilitation, mobility and employment and placement. The NAB Mobility Training Centre for the blind at Bangalore provides training in orientation and mobility.

The NAB Mata Lachmi Nursery for the blind is a preschool nursery for blind children. At the other end of the scale, the NAB Lions Home for the Aged Blind at Khandala provides occupations and shelter for the aging blind who have nowhere else to go. From time to time, all the officials of the NAB provide counselling services. Blind people can secure from the NAB office bus passes, railway concession forms and braille wrist watches, braille alarm clocks, white canes and a number of other useful items. The National Society for Prevention of Blindness in New Delhi is a creation of the NAB and continues to have a close relationship with the NAB.

The NAB Prevention of Blindness Committee undertakes surveys and screening programmes and follows them up with nutrition projects and referrals to hospitals when necessary (Punani *et al.*, 1987).

George (1989) says that one of the important emphases of the National Health Policy is care and rehabilitation of the handicapped. The 1982 National Health Policy document had said: "Social, well coordinated programmes should be launched to provide mental health care as well as medical care and the physical and social rehabilitation of those who are mentally retarded, deaf, dumb, blind, physically disabled, infirm and the aged.

Habibullah (1991) says that over the years, the handicapped have been leading a miserable life. Despite the best efforts towards their welfare the nation is not able to cover more than ten per cent of the disabled through our rehabilitation services, observed the then Prime Minister Chandrasekhar while speaking at a function held at Rashtrapathi Bahavan to give away awards to the outstanding handicapped employees and their employers.

Satya Jothi Project :

Satya Jothi Rehabilitation unit provides basic rehabilitation such as orientation and mobility, vocational training, work experience, employment and placement services. Integration in the home environment and in the local society; responsible acceptance of reality; confidence in one's ability to face and meet the challenges of life positively and with courage. Satya Jothi wants to protect and save the light of vision wherever this is possible for those whose sight is already impaired or lost (Diamond Jubilee, 1926-1986) School for the Blind, Little Flower Convent, Madras.

Hellen Keller Society :

Hellen Keller Service Society for the Blind has started a rural project under the name "Rehabilitation Service for the Rural Blind" at Thiruparankundram Panchayat. It is a 'Community Based' on the spot service project. Instead of bringing all the blind people to one place and giving training in rehabilitation, the field workers are sent to the rural areas for rehabilitation of the blind and the blind are getting training in various fields at their residences themselves (Hellen Keller (1987) Service Society for the Blind, Madras - Annual Report).

Narendrapur Rural Rehabilitation Project:

Sri Ramakrishna Mission has also developed an excellent project at Narendrapur, near Calcutta, for training the rural blind. This project fosters the concept of integration. The unit for training the rural blind forms an integral part of their main agricultural and rural project for normal trainees. This greatly facilitates the integration of the blind in the normal community from earliest stages (Thungon, 1983).

The Tata Agricultural and Rural Training Centre for the Blind-Phansa

Nearly two decades ago in January 1966, the National Association for the Blind gave a pioneering lead to the rest of India in starting a centre for the blind at Phansa in Gujarat. The project started training the blind in agriculture, animal husbandry, dairy, poultry, farming and in rural crafts and trades.

Rehabilitation Service for the Rural Blind

Blindness in the present society has to be tackled very effectively by providing services in education and rehabilitation. Rehabilitation service to the blind people at their doors have gained enormous attention in the recent years. In order to meet the needs of the rural blind in the Coimbatore region, a programme was launched by the Resource Development Centre in June 1985. The training is totally client oriented. The nature of the training also has varied from client to client, depending upon their needs. Apart from the training, the project is having a scheme of providing a modest amount (not more than Rs.300/-) as loan without interest to the needy people for starting independent work (RDC College, 1985-86).

Rehabilitation Amar Jyothi Way :

The children of Amar Jyothi School had an overwhelming experience of integration at Chandigarh. The rehabilitation drive is going on as vigorously for the grown-ups as for the children. What makes it most heartening is the spontaneous involvement of the community whether it is the parents of the handicapped child, a sophisticated urbanite woman or college/school students, all are involved equally, rendering their dedicated services for the success of the Amar Jyothi project.

Employing the Blind in Kerala

Ravindran Nair (1986) says that the Kerala Federation of the Blind is a leading organisation for the welfare of the blind. It had started three vocational training centres at Feroke, Angamally and

Koduvely. Nearly 150 blind are undergoing training in these centres preparing themselves to face the realities of life tomorrow in plastic moulding, chalk making, plastic work, chair canning, weaving, umbrella assembling, type writing, etc. Koduvely centre of the Federation is only for girls. Employment opportunities for girls as well as items of work are limited. So only selected fields are taken to impart training as in weaving, music, stitching, candle making, etc. They can work as teachers, typists, telephone operators, braille transcribers, social workers, home makers and packing work.

Industries should impart short term training for the blind persons so that they could be placed wherever vacancies arise (Prasad, 1984).

Welfare for the Blind-Madhya Pradesh

A special office is established at Jabalpur to suggest suitable vocational and technical training to the handicapped. The industrial training unit imparts pre-vocational education like chair canning, weaving and handlooms and light engineering. A sheltered employment is also provided. The orientation and mobility training unit trains the blind in mobility and helps in judging the environment (Rawal, 1981).

Sheltered and Open Employment

For the sake of convenience in studying and understanding, the problems of employment have been divided into two main categories-sheltered employment and open employment. When the blind are employed in a workshop or institution specially set up for providing some work to them and when they work along with other

blind persons (and sometimes along with other handicapped people), we call it the 'sheltered employment'. But when the blind work in agriculture industries, business and professions of various kinds along with their seeing counterparts, this sort of employment is known as 'open employment'. The blind are required to cooperate and also to compete on equal terms with their sighted peers (Vadprahash Varma, 1981).

A large majority of visually disabled in India live in rural areas almost untouched by modern rehabilitation services. The Government plans to appoint extension officers in vocational rehabilitation centres to assist the disabled persons in rural areas in their training and rehabilitation. This training will of course, be geared to the needs and demands of the rural environment (Tomy Abston, 1979).

Preventive rehabilitation is the provision of early psychological and vocational rehabilitation so as to assist the individual to retain his job/career, remain in school/college and perform household responsibilities and to adjust emotionally to the visual loss, in order to prevent a major interruption of the individual's life style and to prevent a delayed or pathological grief reactions. Major types of preventative rehabilitation are the following: Counselling, centering on the anatomy and physiology of the eye and basic diagnostic information, individual and group therapy by skilled professionals, vocational guidance and basic rehabilitation information in such areas as reading and mobility. It helps to prepare the individual to confront his fears about blindness and to cope with the changes in his life (Journal of Visual Impairment Blindness, 1978).

Theodore (1990) Director, Rehabilitation Centre for Blind Women, says that it is not our intention to help the unfortunate women coming under our care, for a year or two and leave them to fend for themselves, when they have finished a course or two. On the contrary, we want to see every one through in her individual life until she gets settled as a useful citizen, doing some work like the rest of us. Economic independence through placements is the ultimate goal of this Institution, which was able to achieve in a fairly large measure. Thanks to the help received from many, including Christoffel Blindenmission and the Nationalised Banks. Provision exists for the trainees to learn about 30 various handicrafts such as tailoring, weaving, recanning, envelope making, chalk making, palm leaf work, manufacture of beedies, making of phenyl, incense sticks, cleaning and washing powder, biscuits, candles, wire bags of various designs, brooms and manning of telephone booths.

As a development to this programme to help the educated blind women, from this year (1996) onwards a training course of one year duration is being organised in type writing and shorthand and from next year onwards a computer training centre is being developed to train the blind and disabled in basic programming and in computer operation.

Basu (1988) says that the blind requires some intensive training in mobility and orientation in the mobility. He exhorts that the handicapped need opportunities to take up different forms of art and their inherent talents could be nurtured by trained teachers who can

help them develop their skills and powers of self-expression and creativity. Art in its various forms can play a meaningful part in the lives of handicapped persons. Dance, music, mimicry, drama, drawing, sculpture, pottery and designing are a few areas where the handicapped can show their distinctive personality.

Moideenkoya (1986) says that the Kerala Federation of the Blind, Trivandrum which won a National Award from the Ministry of Social Welfare in 1983-84, has on its rolls 67 employees out of which 32 are blind men.

The public transport system should also modify its vehicles to suit the handicapped. The railway compartments and city transport buses should have low built steps so that a disabled person can easily climb them. At least we can make their struggle a little easier by allowing them to move freely and easily in the streets, by maintaining the roads properly, by modifying the public buildings with ramps as in Western countries and educating the drivers on safe driving (Kapoor, 1986).

E. Related Research Studies

Singh (1986) carried out a study in Coimbatore city to ascertain if the handicapped working in the public telephone call offices at important places like railway stations, public parks, cinema theatres, post offices, bus terminals and other busy places were getting benefits.

The sample contained 60 respondents of whom 76.67 per cent were orthopaedically handicapped and the rest visually impaired,

including 15 per cent partial and 8.33 per cent totally blind respondents. Majority of them (55 per cent) were earning Rs.200 to Rs.400 per month; about 33.6 per cent of the respondents were earning Rs.400 to Rs.600 per month. The average income of the respondents per month was Rs. 373.33. Though the income is small it is self earned.

Rajaguru (1986) in his study about the needs of the rural blind found that a good number of special purpose devices had been designed with which the blind workers could do their work without experiencing any type of difficulty. In the make of the cost of these devices, it is practically impossible for economically backward countries like India to make available these costly devices. Yet whatsoever the special devices may be, they are no substitutes for individual motivation and ability.

Rajaguru (1985) studied the status of rural blinds and the findings revealed that the rural blinds were isolated from the society due to lack of proper mobility; 84 per cent of the rural sighted persons had realised that the rural blind needed orientation and mobility training, many rural blind were suffering from minor diseases due to lack of ability to do their daily activities. 72 per cent of the rural sighted had realised this and had expressed the need of daily living skills. Social adjustment like acceptance of the family and acceptance of the society were needed as most of the blind were rejected because of their blindness. This could be fulfilled by the rehabilitation project. 68 per cent of rural people's responses showed that the rural blind respondents needed economic independence. 88 per cent had realised

that the blind respondents needed emotional adjustment. The rural blind respondents needed educational services, also 80 per cent of the rural co-workers had realised that rural blind needed vocational training. About the current status of the clients, the study revealed that 68 per cent of the blind were in vital need of sufficient food, 58 per cent were not having the medical care, 82 per cent had no proper shelter. 78 per cent were not having sufficient dress, 82 per cent were lacking in the area of orientation and mobility, 86 per cent were lacking in the area of daily living skills, 82 per cent were not able to participate with society in the rural activities due to lack of orientation and mobility and daily living skills, 90 per cent were suffering from emotional disturbances, 92 per cent were in need of vocational training and 88 per cent were in need of educational services.

The above findings threw light on the need for rehabilitation programmes to uplift the blind individual. The needs could be satisfied only if the programme was planned in a systematic way. The rehabilitation also needed cooperation from other members of the community.

Rajaguru's (1985) pointed out that one goal which was often stated for the severely handicapped was to make them as economically self-sufficient as possible. Although this was the objective, childhood educational programme often neglected to provide the means of attaining it. Most employers in every vocational rehabilitation unit were interested and concerned about general specific traits of individual who would be applying for employment.

He also found that when dealing with a visually impaired population where the individuals had never worked before, rehabilitation was making one person live again. There were general mandated services, however, that were supplied by vocational rehabilitation agencies. The same services were mandated for those handicapped persons who had never worked before and perhaps never would be employable. In this sense the term "Vocational Rehabilitation" was accepted and would be used. The vocational rehabilitation was a very important one to make a disabled to stand on his own feet and to support his family in spite of his blindness. Thus he could be made a contributing member of that society by enjoying equal rights and opportunities. Merely providing training was not sufficient and hence, the adult blind should be provided with the suitable auxiliary services.

Sethuraman (1979) conducted a study on 54 blind workers (38 male and 16 female) of rehabilitation centre for blind at Coimbatore. The data were collected with the help of interview schedule which was divided into personal details of blindness, family background, economic condition, vocational, social and rehabilitation training areas. Data analysis was done by calculating percentage. 64.8 per cent of the blind respondents were in the age range of 21-30 years. Knowledge about the centre was spread through the newspapers. 34 persons became economically independent and had been able to save some of their earnings. Fourteen workers had expressed their desire for marriage. Seventy three per cent were found to be religious by nature.

Svendsen (1994) studied the relationship between use of light rapid or light rail transit (LRT) systems by personnel with sense visual impairments and independence in orientation and mobility. He found that orientation and mobility training on LRT system would resolve many of the difficulties that the users of the systems, encountered. Modification that would make the systems more easily accessible to visually impaired were suggested.

Anandakanakavalli (1986) conducted a study to find out the techniques followed by the visually impaired ladies in doing household activities and the findings showed that 80 per cent of the subjects were employed and 20 per cent of them were not employed, 60 per cent were able to perform the house cleaning activity and 40 per cent were not able to perform it. More than half of them had ability in cutting the vegetables and had ability in cooking. Ninety per cent of the respondents were able to perform the personal hygiene and only 10 per cent were not able to perform it.

The study conducted by Vasanthi (1986) to find out the rehabilitation for visually disabled adult ladies in Tamil Nadu revealed that 70 per cent of the visually disabled adult ladies were unemployed, whereas 30 per cent were engaged in weaving. Most of them had stated that they had not achieved economic independence and only 18 per cent of them had job satisfaction, 65 per cent of the visually disabled adult ladies indulged themselves in job-oriented activities. The study revealed that the rehabilitation service programme given to the visually disabled adult ladies should be effectively done and the programme

rendered to them revealed that they were given only training and no job placement was guaranteed and it was clear that the visually disabled adult ladies liked to work with an organisation of blind women.

Taylor's (1986) study revealed that home sickness was a form of depression often felt by the continued stress of sight loss, aging and separation from family. Status of blind women showed that about 24 per cent of the blind women had felt that they should have money to improve their status, 28 per cent had felt that they should have education. 16 per cent had felt that they should have employment and another 32 per cent did not know as to how to improve their status, 48 per cent felt that they were respected by the society and 44 per cent of them had participated in social activities. Only 12 per cent of the sample knew about the training programmes for their development. All of them did not have any knowledge about the blind woman's rights such as free braille communication, concession in travel charges and allotment in employment opportunities, etc.

Thus, the review of literature shows that in India there are policy support and programmes to help the blind. It is well recognised that the process of rehabilitation needs money, but more importantly it needs a humane and systematic approach addressing to the psychological adjustment of the blind. This need places a special role for voluntary agencies in serving the blind. The process of rehabilitation begins with education at the blind about the opportunity for and ends with assisting them to be self supporting. The loss of sight is not the end of life, there are helping hands to the blind from both government and voluntary organisations.

III. METHODOLOGY

The empirical study on the Extent of Participation in Rehabilitation Programmes by the Visually Impaired Women in Madurai and Trichy Districts in Tamil Nadu. comprised the following steps:

- A. Selection of the Area,
- B. Selection of the Sample,
- C. Selection of the Method and Tool,
- D. Administration of the Tool and
- E. Analysis and Interpretation of the Data.

A. Selection of the Area

Among the 29 districts of Tamil Nadu, Madurai and Trichy districts were purposively selected for the present study, owing to the implementation of several governmental and non-Governmental rehabilitation programmes for the visually impaired. Further the researcher had proximity to the locale of the study and was familiar with the culture and dialect of these two districts.

B. Selection of the Sample

An appropriate sample selected through an apt sampling procedure is essential for a valid and reliable research study.

The investigator personally contacted the Government and Non-Governmental organisations/institutions in the two districts involved in the rehabilitation of the visually impaired and got the addresses of the beneficiaries Table I gives the list of institutions involved.

C. Selection of the Method and Tool

Survey method was selected for data collection. As the subjects for the study were visually impaired women, interview method was chosen to collect primary data from the sample.

An elaborate, structured interview schedule was formulated for collecting the data. It consisted of questions for eliciting information with regard to socio-personal and psychological characteristics of the respondents, details of visual impairment, awareness about rehabilitation programmes, extent of participation, benefits accrued and problems experienced. The tool was prepared in consultation with a panel of experts consisting of professors, administrators and social workers.

To test the validity of the schedule, it was pretested on a sample of 10 visually impaired women who were not included in the final study. In the light of the responses from the pretest, the draft schedule was recast and made more easily understandable by the respondents. Appendix I gives the interview schedule thus finalized.

D. Administration of the Tool

The investigator personally met the visually impaired women selected, created a good rapport with them and explained the purpose of the study before administrating the interview schedule.

At the end of every interview, the filled in schedules were carefully scrutinised by the investigator in order to check that all the questions were answered and responses recorded properly.

E. Analysis and Interpretation of the Data

The data obtained from the interviews were exhaustive and informative. The data were consolidated, tabulated and analysed using percentages and other statistical treatments for comparisons. The procedures followed for the selection, operationalisation and scoring of the variables are furnished in Appendix II.

The findings are presented and discussed in detail in Chapter IV.

IV. RESULTS AND DISCUSSION

This chapter highlights the results of the present investigation on the Extent of Participation in the Rehabilitation Programmes by Visually Impaired Women. The findings are discussed under the following headings:

- A. Personal and Family Background
- B. Details of Visual Impairment
- C. Psychological Characteristics of the Respondents
- D. Awareness about the Rehabilitation Programmes
- E. Participation in the Rehabilitation Programmes
- F. Extent of Satisfaction about the Rehabilitation Programmes
and
- G. Association of Factors with Awareness and Participation

A. Personal and Family Background

The background information about the respondents includes their age at the time of enquiry, caste, marital status, number of children, educational status, occupation and annual income.

1. Age

The study covered adult female in the 15+ age group. The chronological age of the 300 visually impaired women taken for the study is presented in Table II.

TABLE II

AGEWISE DISTRIBUTION OF THE RESPONDENTS

Age range in years	Madurai		Trichy		Total	
	No.	(n:150) (%)	No.	(n:150) (%)	No.	(n:300) (%)
15-19	12	8.00	16	10.67	28	9.33
20-24	22	14.67	54	36.00	76	25.33
25-29	38	25.33	43	28.66	81	27.00
30-34	38	25.33	23	15.33	61	20.33
35-39	29	19.33	10	6.67	39	13.00
40-44	10	6.67	3	2.00	13	4.33
45-49	1	0.67	1	0.67	2	0.67

More than one-fourth of the respondents (27.0 percent) were in the age range of 25-29 years; 25.33 per cent were in the range 20-24 years; 20.33 per cent were between 30-34 years; 13.0 per cent were in the 35-39 years range and 9.33 per cent were between 15-19 years and the rest (5.0 per cent) were above 40 years. The mean age of the respondents was 29.60 years.

In general it could be seen that a majority of 90.00 per cent respondents were in the productive age group of 20 to 44 years. The respondents from Trichy district were relatively younger than those in Madurai.

2. Caste

Caste shows the social status of the family. Social backwardness is a cause of economic backwardness, which may add to the problems of the visually impaired. The castewise distribution of the respondents is presented in Table III.

TABLE III
CASTEWISE DISTRIBUTION OF THE RESPONDENTS

Category*	Madurai		Trichy		Total	
	No.	(n:150) (%)	No.	(n:150) (%)	No.	(n:300) (%)
Other Caste	11	07.33	12	08.00	23	07.67
Backward Caste(BC)	74	49.33	55	36.66	129	43.00
Most Backward Caste(MBC)	42	28.00	55	36.66	97	32.33
Scheduled Caste(SC) and Scheduled Tribe(ST)	23	15.34	28	18.68	5	17.00

* As per the norms of Government of Tamil Nadu.

A majority of 43.00 per cent of the visually impaired women under study belonged to backward and 32.33 per cent to the most backward castes. A considerable proportion (17.0 per cent) belonged to scheduled castes and scheduled tribes and only a negligible 7.67 per cent, hailed from other communities. The pattern of distribution of the respondents among the four caste categories was almost similar in both the districts.

3. Marital Status

Marital status was studied in two-dimensions viz., married or unmarried and the age at the time of their marriage. The particulars are given in Table IV.

TABLE IV
MARITAL STATUS OF THE RESPONDENTS

Details	Madurai		Trichy		Total	
	No.	(n:150) (%)	No.	(n:150) (%)	No.	(n:300) (%)
Marital status						
Married	87	58.00	54	36.00	141	47.00
Unmarried	63	42.00	96	64.00	159	53.00
Age at the time of marriage						
21-25 Years	37	42.53	27	50.00	64	45.39
26-30 Years	40	45.98	18	33.33	58	41.14
31-35 Years	8	09.20	9	16.67	17	12.06
36-40 Years	2	02.30	-	-	2	2.30

Of the 300 respondents 141 (47.0 per cent) were married and the rest 159 (53 per cent) were unmarried. District wise, 58.00 per cent in Madurai district and only 36 per cent in Trichy district were married. This may be due to fact that 46.67 per cent in Trichy district were in the younger age group (below 24 years) as against 22.67 per cent in Madurai district in this age group.

Table IV further reveals that all the married respondents, irrespective of the district had their marriage only after the age of 21 years. A majority (86.53 per cent) had got married between the ages of 21 and 30 years.

It was noteworthy that except two women from Madurai, all the others had married visually impaired. In Trichy also all the 54 married respondents' had visually impaired partners.

It was interesting to observe that a majority of 81.56 per cent got married to their distant relatives and 8.51 per cent were married to their close relatives.

4. Number of children

The number of children of the respondents is as given in Table V.

TABLE V

NUMBER OF CHILDREN

Children	Madurai		Trichy		Total	
	No.	(n:87) (%)	No.	(n:54) (%)	No.	(n:141) (%)
Male						
One	39	44.83	25	46.30	64	45.39
Two	10	11.49	5	9.26	15	10.64
Female						
One	25	28.74	20	37.04	45	31.92
Two	4	4.60	4	7.41	8	5.67
No children	9	10.35	-	-	9	6.38

Nine respondents in Madurai had no children. Others had upto two male and two female children. While 45.39 per cent had one male child, 31.92 per cent had one female child. A limited proportion of them had two male (10.64 per cent) and two female (5.67 per cent) children. Districtwise variation was minimum.

It was further noticed that all the children of the respondents in both the districts were normal sighted.

5. Educational status

The educational status of the women under study is as furnished in Table VI.

TABLE VI

EDUCATIONAL STATUS OF THE RESPONDENTS

Educational levels	Madurai		Trichy		Total	
	No.	(n:150) (%)	No.	(n:150) (%)	No.	(n:300) (%)
Illiterate	51	34.00	48	32.00	99	33.00
Primary school	15	10.00	22	14.67	37	12.33
Middle school	29	19.33	29	19.33	58	19.33
High school	34	22.67	30	20.00	64	21.34
Higher secondary school	14	09.33	12	08.00	26	8.67
Collegiate	07	04.67	09	06.00	16	5.33

One-third of the respondents (33.0 per cent) were illiterates; 12.33 per cent were educated upto primary school level; 19.33 per cent had completed middle school level; 21.34 per cent had completed high

school education; only 8.67 and 5.33 per cent respectively had higher secondary and collegiate level of education. That more than two-thirds of the respondents in general had their education from primary to collegiate levels, shows that visual impairment was not a barrier to formal education.

6. Family details

Table VII gives the details of the family.

TABLE VII
FAMILY BACKGROUND OF THE RESPONDENTS

Category	Madurai		Trichy		Total	
	No.	(n:150) (%)	No.	(n:150) (%)	No.	(n:300) (%)
Type of family						
Joint	55	36.67	57	38.00	112	37.33
Nuclear	95	63.33	93	62.00	188	62.67
Size of the family						
Upto 5 members	90	60.00	56	37.33	146	48.67
More than 5 members	60	40.00	94	62.67	154	51.33

Nearly two-thirds (62.67 per cent) hailed from nuclear family system and the rest 37.33 per cent were living in the joint family system in both the districts.

On an average 48.67 per cent had upto five members in their families. Districtwise 60 per cent of the respondents from Madurai district and 37.33 per cent from Trichy district had five or less members in their families.

7. Occupation

The occupation of the heads of families of the respondents and the number of earning members in their families are furnished in Table VIII.

TABLE VIII
DETAILS OF OCCUPATION

Category	Madurai		Trichy		Total		
	No.	(n:150) (%)	No.	(n:150) (%)	No.	(n:300) (%)	
Occupation							
Arts and crafts	55	36.67	27	18.00	82	27.33	
Industries sector	32	21.33	28	18.67	60	20.00	
Agriculture	13	8.67	11	7.33	24	8.00	
Business	6	4.00	21	14.00	27	9.00	
Labourer	44	29.33	63	42.00	107	35.67	
Earning members							
Adult male	One	102	68.00	45	30.00	147	49.00
	Two	35	23.33	93	62.00	128	42.67
	Three	4	02.67	12	8.00	16	5.33
Adult female	One	110	73.33	72	48.00	182	60.67
	Two	24	16.00	66	44.00	90	30.00
	Three	-	-	6	4.00	6	2.00
	Four	1	0.66	2	1.33	3	1.00
Children male	One	17	11.34	73	48.67	90	30.00
	Two	1	0.66	7	4.67	8	2.67
Children female	One	13	8.66	6	140.67	74	24.67

The occupation of more than one-third (35.67 per cent) of the heads of families of the respondents was labourer, closely followed by arts and crafts related works (27.33 per cent). Twenty per cent of them were working in industries 9.0 per cent in business and 8.0 per cent were engaged in agriculture related activities.

While 68.0 per cent of the Madurai respondents had only one male earning member, 62.0 per cent of the Trichy respondents had two earning males.

Nearly three-fourths (73.33 per cent) of the Madurai district respondents had one adult female earning member whereas 48.0 per cent 44.0 per cent of the Trichy sample had one and two adult female earning members respectively.

Regarding the wage earning children, 30.0 per cent and 24.67 per cent of the respondents respectively had one male and one female wage earning child.

On an average there were 2.4 earning members per family in both the districts.

8. Annual income of the family

The annual family income of the respondents is presented in Table IX.

TABLE IX
DISTRIBUTION OF THE RESPONDENTS BASED ON ANNUAL INCOME OF
THE FAMILY

Income range (Rs.)	Madurai		Trichy		Total	
	No.	(n:150) (%)	No.	(n:150) (%)	No.	(n:300) (%)
Upto 5000	27	18.00	09	6.00	36	12.00
5001 -10000	92	61.33	95	63.33	187	62.33
10001-15000	27	18.00	39	26.00	66	22.00
15001-20000	4	2.67	7	4.67	11	3.67
		8,633		9,773		9,203
Mean		‘t’ 4.0967**				

The maximum annual income of the respondents' families was upto Rs.20,000. Nearly two-thirds (62.33 per cent) had family income in the range of Rs.5,001 to Rs. 10,000 followed by Rs.15,000 for 22.0 per cent. A negligible 3.67 per cent were earning upto Rs.20,000.

A majority of 69 and 79 per cent respondents respectively from Madurai and Trichy districts fell in the 'below poverty line' category.

The mean annual family income of the respondents of Madurai and Trichy districts were Rs.8633 and Rs.9773 respectively and the difference was statistically highly significant. Considering the fact that there was no significant difference in the average number of persons employed, The per capita earning was higher in Trichy when compared to that in Madurai.

B. Details of Visual Impairment

The nature of visual impairment, causes and treatment given are given in Table X.

TABLE X
DETAILS OF VISUAL IMPAIRMENT

Details	Madurai		Trichy		Total	
	No.	(n:150) (%)	No.	(n:150) (%)	No.	(n:300) (%)
Nature of visual impairment						
Total	128	85.33	125	83.33	253	84.33
Partial	22	14.67	25	16.67	47	15.67
Any other visual impaired member in the family						
Yes	6	4.00	7	4.67	13	4.33
No.	144	96.00	143	95.33	287	95.67
Age at which visual impairment occurred						
Birth	35	23.33	33	22.33	68	22.67
1-5 years	52	34.67	75	50.00	127	42.33
6-10 years	36	24.00	26	17.00	62	20.67
11-15 years	23	15.33	16	10.67	39	13.00
16-20 years	4	2.67	-	-	4	1.33
Causes						
Diseases	78	52.01	116	77.33	194	65.67
Accidents	34	32.66	-	-	34	11.33
Hereditiy	3	2.00	1	0.66	4	1.33
Treatment undergone						
Treatment taken	146	97.33	150	100.00	296	98.67
No treatment	4	2.67	-	-	4	1.33
Place of treatment						
Private & Govt. hospitals	101	67.33	83	55.33	184	61.33
Govt. hospitals	43	28.66	67	44.67	110	36.67
Private hospitals	2	1.34	-	-	2	0.67
No treatment	4	2.67	-	-	4	1.33

Over 83 per cent of the respondents were totally blind. District variations were negligible.

In 13 cases (4.33 per cent) there were visually impaired members in the families, other than the respondents.

Nearly one-fourth (22.67 per cent) were visually impaired by birth. While 42.33 per cent became visually impaired between the age of 1 to 5 years, 20.67 per cent were visually impaired between 6 and 10 years; 13.00 per cent became visually impaired between 11 and 15 years and 1.33 per cent between 16 to 20 years.

A majority of 194 respondents attributed some diseases for their visual impairment and 34 cases reported of accidents and four stated heredity as the causes. Among the diseases, small pox was reported as a major cause by 20.67 per cent of the respondents followed by viral fever (14.00 per cent) and congenital problems (12.67 per cent). Typhoid fever (9.33 per cent), nervous problems (6.67 per cent) jaundice (1.0 per cent), Ophthalmia (0.67 per cent), eye pain (0.33 per cent) and headache (0.33 per cent).

Almost all the respondents (98.67 per cent) had undergone treatment. However, only those who had partial blindness had slight improvement after treatment. That is, they could see during day time but found it difficult to see during night hours.

About 61.33 per cent had taken treatment both in the private and Government hospitals, whereas 36.67 per cent had taken treatment only in the Government hospitals. Only a negligible 1.33 per cent had not taken any treatment.

Special facilities available for the visually impaired

As many as 278 (135 in Madurai and 143 in Trichy districts) i.e., 92.67 per cent respondents were aware of the various facilities and concessions available for the visually impaired. The details are furnished in Table XI.

TABLE XI

SPECIAL FACILITIES FOR THE VISUALLY IMPAIRED

Facilities/ Concessions	Madurai (n:135)*				Trichy (n:143)*				Total (n:278)			
	Being aware		Utilising		Being aware		Utilising		Being aware		Utilising	
	No.	(%)	No.	(%)	No.	(%)	No.	(%)	No.	(%)	No.	(%)
Free bus pass	129	95.55	91	67.41	134	93.71	69	48.25	263	94.60	160	57.55
Stipend for training	85	62.96	74	54.82	88	61.54	43	30.10	173	62.23	117	42.09
Subsidy while purchasing materials	78	57.78	3	2.22	91	63.64	7	4.90	169	60.79	10	3.60
Train concession	67	49.63	14	10.37	122	85.32	27	18.88	189	67.99	41	14.75
Scholarship for studies	57	42.22	15	11.11	51	35.66	25	17.48	108	38.85	40	14.39
Free postage	24	17.78	3	2.22	26	18.18	12	8.39	50	18.00	15	5.40
Free education	19	14.07	3	2.22	27	18.88	8	5.59	46	16.55	11	3.96
Pension	16	11.85	2	1.48	22	15.39	20	13.99	38	13.67	20	7.19
Skill training	12	8.89	9	6.67	9	6.29	3	2.10	21	7.55	12	4.32

* Multiple responses

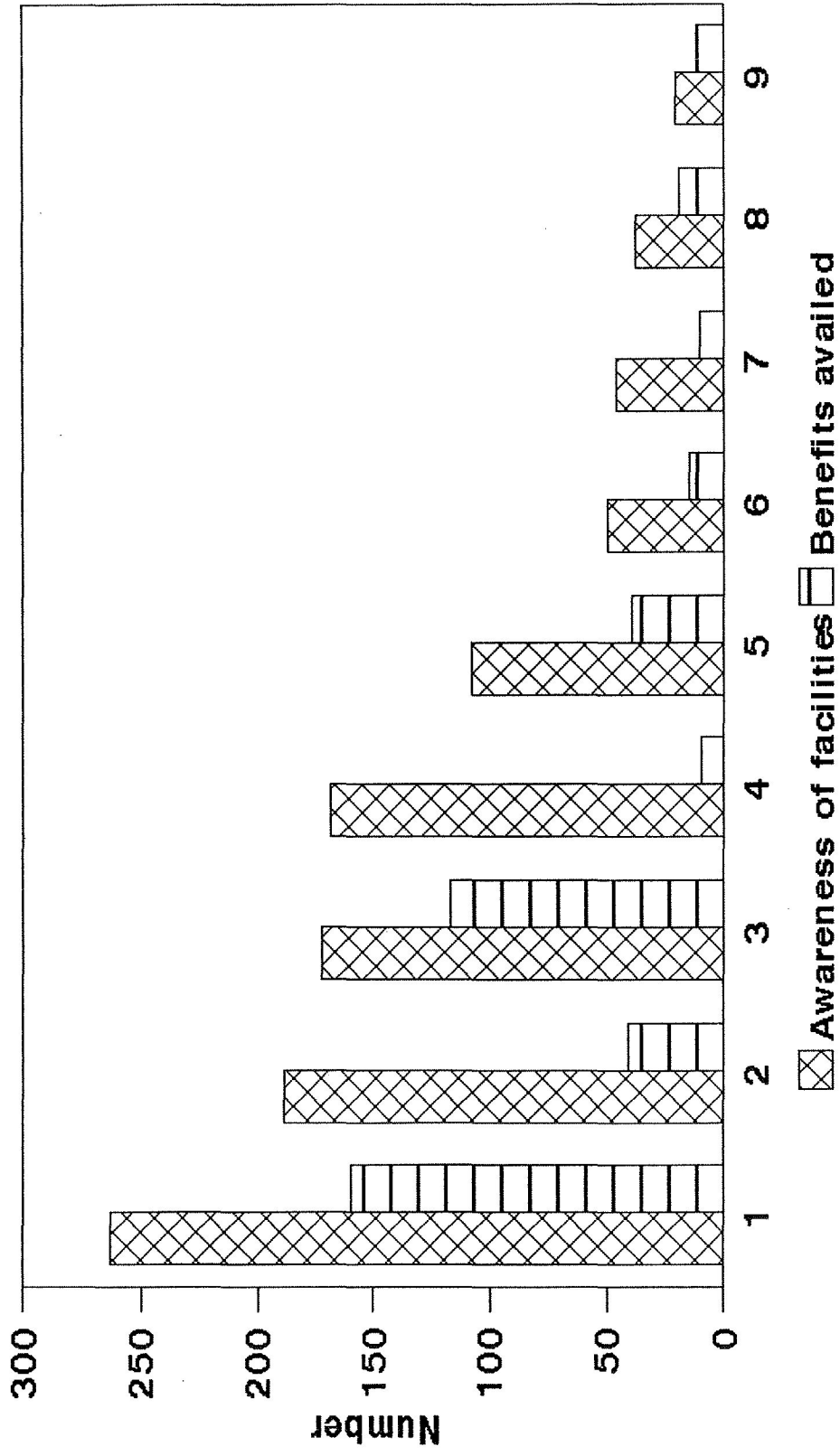
A majority of 94.6 per cent were aware of free bus pass facilities provided to visually impaired followed by train concession (67.99 per cent), stipend for training (62.63 per cent) and subsidy while purchasing materials (60.79 per cent). More than one-third (38.85 per cent) of the women were aware of the scholarship for studies. Only a limited number of them were aware of free postage (18.0 per cent), free education for the blind (16.50 per cent), pension (13.67 per cent) and training for vocational skills through TRYSEM programme (7.55 per cent).

More than half (57.55 per cent) had availed the free bus pass facilities followed by stipend for training (42.0 per cent). Districtwise more number of women in Madurai than those in Trichy availed these facilities. Almost an equal proportion of the respondents had availed train concession (14.75 per cent) and scholarship for studies (14.39 per cent). The other facilities availed by them were pension (7.19 per cent), free postage (5.40 per cent), TRYSEM (4.32 per cent), free education for the blind (3.96 per cent) and subsidy for purchase (3.60 per cent) (Fig. 1).

The districtwise distribution reveals that a larger percentage of Trichy district women had availed the train concession, scholarship for studies and pension than the Madurai respondents, whereas relatively more number in Madurai had availed the TRYSEM facilities.

The sources of information about the rehabilitation programmes are detailed in Table XII.

Fig.1. SPECIAL FACILITIES FOR THE VISUALLY IMPAIRED



1 - Free bus pass, 2 - Train concession, 3 - Stipend, 4 - Subsidy while purchasing materials
 5 - Scholarship for studies, 6 - Free postage, 7 - Free education, 8 - Pension, 9 - TRYSEM

TABLE XII
SOURCES OF INFORMATION

Sources	Madurai		Trichy		Total	
	No.	(n:135) (%)	No.	(n:143) (%)	No.	(n:278) (%)
Family members and relatives	80	59.25	106	74.13	186	66.91
Workers of the Institutions	68	50.37	37	25.87	105	37.77
Radio	10	7.40	18	12.58	28	10.07

The family members and relatives had served as major sources of information for 66.91 per cent of the respondents. The workers of the institutions also served as a source for a considerable proportion of the respondents (37.77 per cent). Radio announcements also appeared to be a medium for conveying information to the visually impaired .

Table XIII gives details of the time lag between the two stages - becoming aware of the programmes and availing the benefits.

TABLE XIII
TIME TAKEN FOR AVAILING THE FACILITIES

Time taken in months	Madurai		Trichy		Total	
	No.	(n:135) (%)	No.	(n:143) (%)	No.	(n:278) (%)
Upto 2	14	10.37	5	3.50	19	6.83
3-4	61	45.19	57	39.86	118	42.45
5-6	30	22.22	66	46.15	96	34.53
7-8	13	9.63	8	5.59	21	7.55
9-10	8	5.92	3	2.10	11	3.97
11-12	9	6.67	4	2.80	13	4.68

After submission of application and fulfilling all the formalities, the beneficiaries had to wait from one month to one year for availing the benefits of rehabilitation offered by the government and non-governmental institutions. Nearly half (42.45 per cent) of them had got the facilities within four months; 34.53 per cent availed the same within six months; 16.19 per cent had to wait for seven to 12 months for getting the benefits; 6.89 per cent got the benefits within two months. Inter district variations were minimum.

The time lag was acceptable to a majority of the respondents (87.05 per cent) because of the procedures involved. Only 12.95 per cent stated that the time taken in sanctioning the facilities was unduly long.

The persons who had helped the visually impaired women in availing the facilities were many, as presented in Table XIV.

TABLE XIV
PERSONS WHO HELPED IN AVAILING THE FACILITIES

Details	Madurai		Trichy		Total	
	No.	(n:135) (%)	No.	(n:143) (%)	No.	(n:278) (%)
Family members and relatives	79	58.52	119	42.80	198	71.22
Workers of Institutions	48	35.56	5	3.50	53	19.06
Neighbours	8	5.93	19	13.29	27	9.71

A majority of 71.22 per cent received help from their family members and relatives. The workers of the institutions helped 19.06 per cent and 9.71 per cent were helped by the neighbours. The respondents in Madurai were assisted to a greater extent by the workers of the institutions compared to those in Trichy district.

Nature of dependency

The extent to which the respondents were dependent on others for mobility, daily living skills, working skills and economic support is given in Table XV.

TABLE XV

NATURE OF DEPENDENCY EXHIBITED BY THE RESPONDENTS

Details	Madurai (n:150) (%)			Trichy (n:150) (%)			Total (n:300) (%)		
	I	II	III	I	II	III	I	II	III
Mobility	128 (85.33)	18 (12.0)	4 (2.67)	145 (96.67)	5 (3.33)	-	273 (91.0)	23 (7.67)	4 (1.33)
Daily living skills	133 (88.67)	3 (2.0)	14 (9.33)	140 (93.33)	7 (4.67)	3 (2.0)	273 (91.0)	10 (3.33)	17 (5.67)
Working skills	132 (88.0)	8 (5.33)	10 (6.67)	102 (68.0)	46 (30.67)	2 (1.33)	234 (78.0)	54 (18.0)	12 (4.0)
Economically	58 (38.67)	62 (41.33)	30 (20.0)	45 (30.0)	85 (56.67)	20 (13.33)	103 (34.33)	147 (49.0)	50 (16.67)

(Figures in parentheses indicate percentage to total)

I - independent

II - independent to a certain extent

III - totally dependent

It was indeed a matter of great satisfaction that a majority of the respondents (91.0 per cent) stated to be independent in mobility and daily living skills. More than three-fourths (78.0 per cent) had expressed that they were independent in their working skills also, whereas only 34.33 per cent had stated that they were fully independent economically.

When analysed districtwise, majority of the Trichy district respondents were relatively more independent in mobility (96.17 per cent) and daily living skills (93.33 per cent). As far economic status and working skills, relatively more number of Madurai district respondents were independent (Fig.2).

The facilities, concessions and developmental programmes offered by the government for the visually impaired might have helped the respondents to be independent.

C. Psychological Characteristics of the Respondents

The following psychological characteristics of the respondents were analysed in depth (Fig. 3).

Perceived acceptance

Self confidence

Group behaviour

Aspirations and

Attitude towards institutions

1. Perceived acceptance

The perceived acceptance of the respondents in their families and peer groups is given in Table XVI.

Fig.2.. NATURE OF DEPENDENCY EXHIBITED BY THE RESPONDENTS

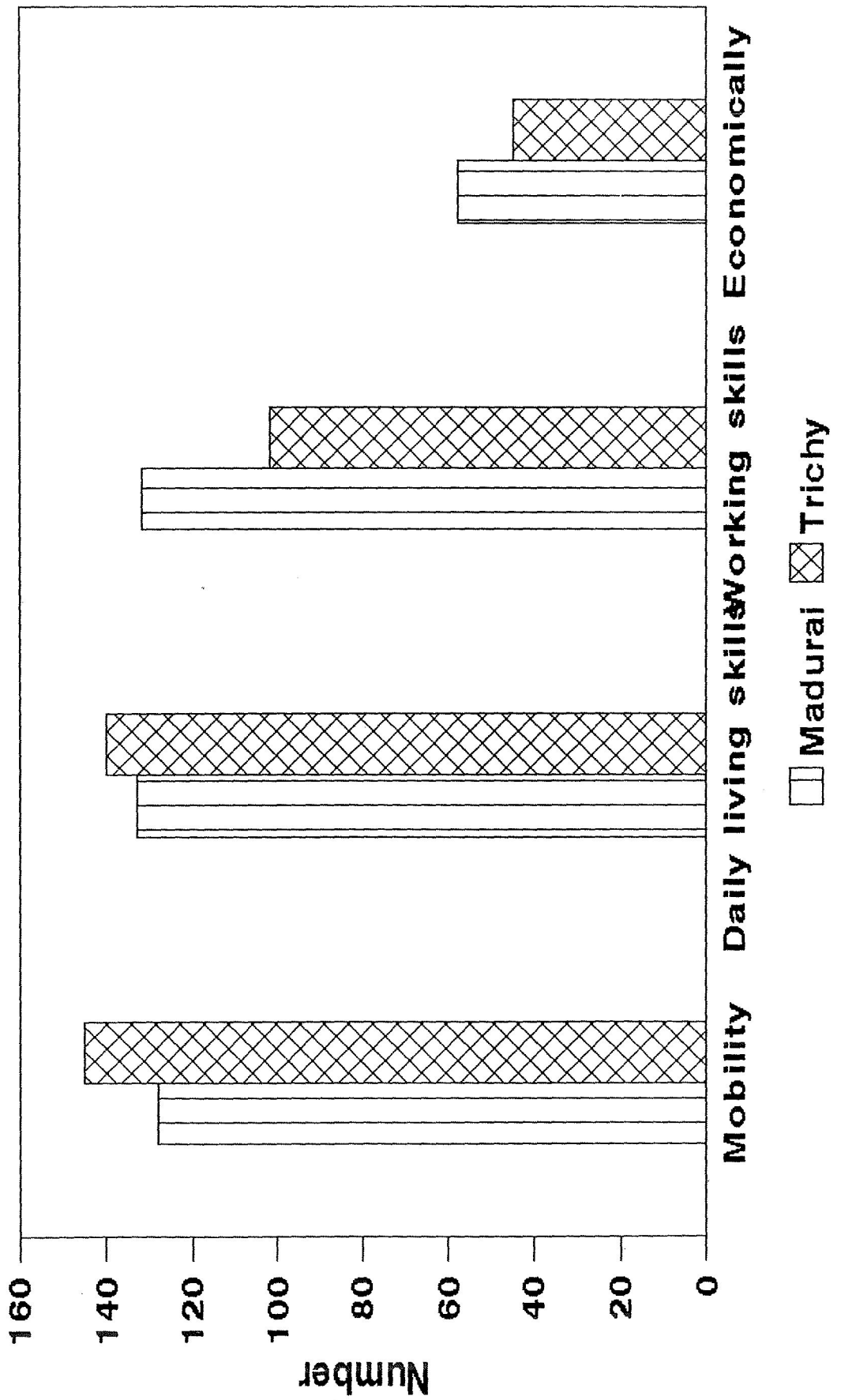


Fig.3. PSYCHOLOGICAL CHARACTERISTICS OF THE RESPONDENTS

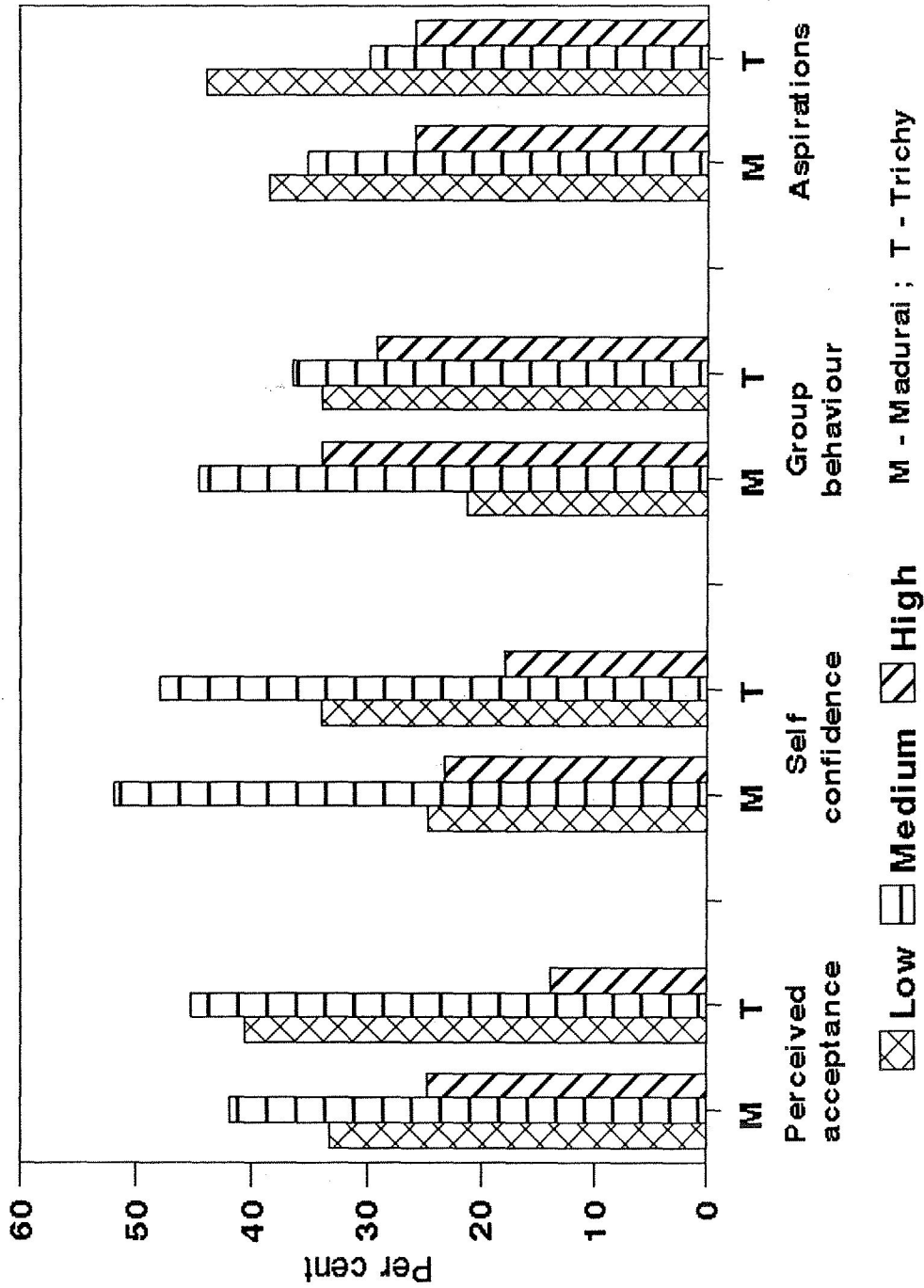


TABLE XVI
PERCEIVED ACCEPTANCE

Details	Madurai (n:150)				Trichy (n:150)			
	Never	Some times	Fre- quently	Always	Never	Some times	Fre- quently	Always
Feeling accepted by family	-	4 (2.66)	7 (4.67)	139 (92.67)	-	-	7 (4.67)	143 (95.33)
Feeling accepted by friends / peers	-	2 (1.33)	6 (4.0)	142 (94.67)	-	6 (4.0)	9 (4.0)	135 (90.0)
Expecting friends to treat as their equal	-	9 (6.0)	9 (6.0)	132 (88.0)	9 (6.0)	12 (8.0)	28 (18.67)	101 (67.33)
Wishing to be treated with sympathy	23 (15.33)	38 (25.33)	49 (32.67)	40 (26.67)	49 (32.67)	60 (40.0)	23 (15.33)	18 (12.0)
Feeling as a cursed soul	17 (11.33)	86 (57.33)	14 (9.33)	33 (22.0)	30 (20.00)	83 (55.33)	14 (9.33)	23 (15.33)
Considering visually impaired as one's fate	15 (10.00)	65 (43.33)	18 (12.0)	52 (34.67)	40 (26.67)	81 (54.0)	8 (5.33)	21 (14.0)
Considering visually impaired as an accident	29 (19.34)	28 (18.67)	10 (6.67)	83 (55.33)	44 (29.33)	28 (18.67)	19 (12.67)	59 (39.33)
Feeling free while moving with sighted people	15 (10.0)	29 (19.33)	28 (18.67)	78 (52.0)	20 (13.63)	32 (21.33)	27 (18.0)	71 (47.33)

(Figures in parentheses indicate percentage to total)

It was heartening to note that a majority of over 90 per cent respondents from Madurai as well as Trichy districts had always experienced the feeling of being accepted by the family and by friends/peers. More than three-fourths (88.0 per cent) of Madurai respondents and 67.33 per cent of Trichy respondents had expressed that their friends had always treated them as equals. However, mixed feelings were expressed with regard to treatment by others, self pity and fatalistic

attitude. About 15.33 per cent and 32.67 per cent of Madurai and Trichy respondents respectively had never wished to be treated with sympathy. However, 26.67 per cent from Madurai and 12.0 per cent from Trichy districts wished that they should be treated with more sympathy. Majority of the Madurai (57.33 per cent) and Trichy (55.33 per cent) districts had sometimes felt that visual impairment was a curse. Except 10 per cent in Madurai and 26.67 per cent in Trichy districts, others had occasions to feel that visual impairment was one's fate. On the otherhand a majority of the respondents (55.33 per cent) of Madurai district and 39.33 per cent of Trichy districts had always considered visual impairment just an accident. More than half (52.00 per cent) of the respondents of Madurai district and 47.33 per cent of Trichy district felt free while moving with sighted people.

Based on the scores for perceived acceptance, the respondents were categorised into three groups, as indicated in Table XVII.

TABLE XVII
LEVELS OF PERCEIVED ACCEPTANCE

Levels	Madurai (n=150)		Trichy (n=150)		Total (n=300)	
	No	(%)	No	(%)	No	(%)
Low	50	33.33	61	40.67	111	37.00
Medium	63	42.00	68	45.33	131	43.67
High	37	24.67	21	14.00	58	19.33
Mean	19.027		19.033			
	t' 0.0213NS					

While 43.67 per cent of the respondents were at the medium level of 'perceived acceptance', 37.00 per cent were at the low and 19.00 per cent were at the high level.

On comparison, relatively a higher percentage (24.67 per cent) of Madurai district respondents were in the high level category than the Trichy sample with only 14.00 per cent being at the high level. However, the mean difference between the districts was not statistically significant.

2. Self-confidence

How far were the respondents confident to attend to their daily routine and face their future was analysed and the responses are given in Table XVIII.

TABLE XVIII
SELF-CONFIDENCE

Details	Madurai (n:150)				Trichy (n:150)			
	Never	Some times	Fre- quently	Always	Never	Some times	Fre- quently	Always
Confident to work at home	-	5 (3.34)	17 (11.33)	128 (85.33)	-	6 (4.0)	8 (5.33)	136 (90.67)
Confident in moving about	9 (6.0)	13 (6.67)	15 (10.0)	113 (75.33)	-	10 (6.67)	44 (29.33)	86 (64.0)
Fear of accidents	59 (39.33)	59 (39.33)	3 (2.0)	29 (19.33)	32 (21.33)	59 (39.33)	32 (21.33)	27 (18.0)
Confident of self expression	2 (1.33)	2 (1.33)	11 (7.33)	135 (90.0)	8 (5.33)	5 (3.33)	10 (6.67)	127 (84.67)
Anxiety about the future	-	19 (12.67)	4 (3.67)	127 (84.66)	2 (1.33)	7 (4.67)	32 (21.33)	109 (72.67)

(Figures in parentheses indicate percentage to total)

A majority of the respondents of Trichy (90.67 per cent) and Madurai (85.33 per cent) districts expressed confidence while working at home and moving about (64.00 per cent in Trichy and 75.33 per cent in Madurai). More than one-third (39.33 per cent) respondents of Madurai and 21.33 per cent of Trichy never had the fear of accidents. A majority of the women under study also had the confidence of self expression (Madurai 90.00 per cent had Trichy 84.67 per cent) However, they had expressed anxiety about the future (Madurai 84.66 per cent and Trichy 72.67 per cent) mainly because their job opportunities and earning were uncertain. Institution of some kind of insurance and Provident fund schemes as part of rehabilitation programmes would perhaps remove their anxiety about future.

According to the scores obtained by the respondents, they were categorised into three levels, low, medium and high (Table XIX).

TABLE XIX

LEVELS OF SELF-CONFIDENCE

Levels	Madurai (n:150)		Trichy (n:150)		Total (n:300)	
	No	(%)	No	(%)	No	(%)
Low	37	24.67	51	34.00	88	29.33
Medium	78	52.00	72	48.00	150	50.00
High	35	23.33	27	18.00	62	20.67
Mean	15.453		14.800			
	‘t’ 3.7526**					

In general the level of confidence exhibited by the respondents was medium. Districtwise variations were minimum. While 29.33 per cent possessed a low level of confidence 20.67 per cent were placed at the high level.

Districtwise a greater proportion of the respondents from Madurai district was at the high level than those in Trichy district. The difference observed was statistically significant at 1% level of probability.

Group behaviour

The group behaviour was measured based on the responses of the visually impaired to certain statements and presented in Table XX.

TABLE XX

GROUP BEHAVIOUR

Details	Madurai (n:150)				Trichy (n:150)			
	Never	Some times	Fre- quently	Always	Never	Some times	Fre- quently	Always
Enjoy working in a group	2 (1.33)	-	17 (11.33)	131 (87.33)	6 (4.0)	-	-	144 (96.0)
Have many good friends	-	-	-	150 (100.00)	5 (3.33)	-	-	145 (96.67)
Have many sighted friends	6 (4.0)	-	-	144 (96.0)	13 (8.67)	-	-	137 (91.33)
Cannot mingle with family members	86 (57.33)	18 (12.0)	5 (3.33)	41 (27.34)	60 (40.0)	-	20 (13.33)	70 (46.67)
Fear to live with strangers	54 (36.00)	76 (50.66)	32 (21.33)	27 (18.00)	82 (54.66)	79 (52.66)	97 (64.66)	30 (20.00)

(Figures in parentheses indicate percentage to total)

A large majority of 87.33 per cent in Madurai district and 96 per cent in Trichy district had always enjoyed working in a group; had many good friends (Madurai 100 per cent, Trichy 96.67 per cent) and had many sighted friends (Madurai 96 per cent, Trichy 91.33 per cent) too. Majority (57.33 per cent) of Madurai respondents had stated that they had never hesitated to mingle with family members whereas 46.67 per cent of the Trichy district respondents had expressed that due to visual impairment, they always felt aloof.

On the basis of the scores obtained for the different items the respondents were categorized into low, medium and high levels for their group behaviour (Table XXI).

TABLE XXI

LEVELS OF GROUP BEHAVIOUR

Levels	Madurai (n:150)		Trichy (n:150)		Total (n:300)	
	No	(%)	No	(%)	No	(%)
Low	32	21.33	51	34.00	83	27.67
Medium	67	44.67	55	36.67	122	40.67
High	51	34.00	44	29.33	95	31.66
Mean	16.733		18.700			
			t'		7.9847**	

While 40.67 per cent of the respondents could be categorised under medium level for group behaviour, 31.66 per cent could be ranked high and 27.67 per cent were at low levels. This correlates with the earlier finding that majority of the respondents were placed at medium

to high levels for their self confidence and perceived acceptance (Tables XVIII and XIX).

The respondents of Trichy district obtained relatively more scores for group behaviour than those in Madurai district. The 't' test revealed that there existed a significant difference (at one per cent level of probability).

Aspirations

The aspirations of the visually impaired, assessed through eight criteria are furnished in Table XXII.

TABLE XXII
ASPIRATIONS

Details	Madurai (n:150)				Trichy (n:150)			
	Never	Some times	Fre- quently	Always	Never	Some times	Fre- quently	Always
Cannot progress in life since God was unfavourable	47 (31.33)	24 (16.0)	15 (10.0)	64 (42.67)	19 (12.67)	26 (17.33)	10 (6.67)	95 (63.33)
Can progress with all other abilities given by God	21 (14.00)	1 (0.67)	-	128 (85.33)	45 (30.0)	30 (20.0)	5 (3.33)	70 (46.67)
Can compete with normal persons	18 (12.0)	38 (25.33)	29 (19.33)	65 (43.33)	59 (39.33)	12 (8.0)	-	79 (52.67)
Can work towards fulfilling ambitions	27 (18.00)	16 (10.67)	20 (13.33)	87 (58.0)	47 (31.33)	1 (0.67)	21 (14.0)	81 (54.0)
Want to participate in all competitions for visually impaired	35 (23.33)	11 (7.33)	10 (6.67)	94 (62.67)	65 (43.33)	13 (8.66)	12 (8.0)	60 (40.0)
Wish to be an active worker in formal organisations	46 (30.67)	2 (1.33)	20 (13.33)	82 (54.67)	82 (54.66)	21 (14.0)	-	47 (31.33)
Wish to become a successful leader	77 (51.33)	3 (2.0)	2 (1.33)	68 (45.33)	104 (69.33)	4 (2.66)	-	42 (28.0)

(Figures in parentheses indicate percentage to total)

Nearly one-third (31.33 per cent) of the Madurai district and 12.67 per cent of Trichy respondents had never felt that God was unfavourable to them deterring their progress in life. Majority of the Madurai respondents (85.33 per cent) and 46.67 per cent of the Trichy respondents had expressed that God had provided them with other abilities for them to progress. They could 'always' compete with normal persons as stated by 43.33 per cent and 52.67 per cent of Madurai and Trichy respondents respectively. Majority of the Madurai (58 per cent) and Trichy (54 per cent) district respondents were always inclined to work towards their ambitions in life. Most of the Madurai (62.67 per cent) and 40 per cent of the Trichy respondents frequently or always had desired to participate in competitions for the visually impaired. About 54.67 per cent of Madurai respondents 'always' wished to be active workers in formal organizations; but it was not so with 54.66 per cent in Trichy. Several respondents from both the districts wished to become successful leaders if opportunity is given (Madurai 45.33 per cent; Trichy 28.00 per cent). By and large the respondents from Madurai district had a higher level of aspiration than that of Trichy district respondents.

The respondents were categorized into low, medium and high for their levels of aspirations based on the scores (Table XXIII).

TABLE XXIII
LEVELS OF ASPIRATIONS

Levels	Madurai (n:150)		Trichy (n:150)		Total (n:300)	
	No	(%)	No	(%)	No	(%)
Low	58	38.67	66	44.00	124	41.33
Medium	53	35.33	45	30.00	98	32.67
High	39	26.00	39	26.00	78	26.00
Mean	19.153		16.520			
	t' 5.3461**					

While 41.33 per cent of the total respondents were placed at 'low' level, 32.67 per cent could be categorised at the medium and 26.00 per cent at the high level categories.

Test of significance indicated that there existed a significant difference in the level of aspirations between the respondents of the two districts.

Attitude towards institutions

The attitude of the respondents towards the services offered by the institutions for the rehabilitation of the visually impaired was found out (Table XXIV).

TABLE XXIV
ATTITUDE TOWARDS REHABILITATION INSTITUTIONS

Levels	Madurai (n:150)		Trichy (n:150)		Total (n:300)	
	No	(%)	No	(%)	No	(%)
Less favourable	52	34.67	63	42.60	115	38.33
Favourable	59	39.33	45	30.00	104	34.67
Highly favourable	39	26.00	42	28.00	81	27.00
Mean	15.860		13.960			
	t' 8.4704**					

Only 27.00 per cent had highly favourable attitude towards institutions involved in rehabilitation of the visually impaired. While 38.33 per cent had a low profile of the institutions, 34.67 per cent had favourable attitude. The districtwise response showed that relatively a greater proportion (42.60 per cent) of the Trichy respondents had 'less favourable' attitude compared to Madurai respondents.

The highly significant 't' value indicated that there existed significant differences between the respondents of the two districts in their attitude towards institutional support.

D. Awareness about the Rehabilitation Programmes

Table XXV shows the awareness of the respondents about the programmes for rehabilitation of the visually impaired women.

TABLE XXV

DISTRIBUTION OF RESPONDENTS BASED ON THEIR AWARENESS

Programmes	Madurai		Trichy		Total	
	No. (n=150)	Percent	No. (n=150)	Percent	No. (n=300)	Percent
Furniture recanning	66	44.00	63	42.00	129	43.00
Handloom weaving	36	24.00	18	12.00	54	18.00
Promotion of telephone booths	34	22.67	42	28.00	76	25.33
Orientation and mobility training	30	20.00	42	28.00	72	24.00
Tailoring	25	16.67	19	12.67	44	14.67
Daily living skills	23	15.33	31	20.67	54	18.00
Typing	15	10.00	7	4.67	22	7.33
Women development loan scheme	13	8.67	4	2.67	17	5.67
Incense stick making	11	7.33	-	-	11	3.67
Baskets and bags making	22	4.67	36	24.00	58	19.33
Soap making	7	4.67	2	1.33	9	3.00
Candle making	6	4.00	43	28.67	49	16.33
Cover making	5	3.33	17	11.33	22	7.33
Floor mat weaving	5	3.33	-	-	5	1.67
Palmyra leaf work	4	2.67	14	9.33	18	6.00
Music (vocal and instrumental)	-	-	9	6.00	9	3.00

Out of the 15 programmes, furniture recanning (44.0 per cent), handloom weaving (24.0 per cent), promotion of telephone booths (22.67 per cent), orientation and mobility training (20.0 per cent), tailoring (16.67 per cent) daily living skills (15.33 per cent), typing (10.0 per cent), women development loan scheme (8.67 per cent), incense stick making (7.33 per cent), baskets and bags making (4.67 per cent), soap making (4.67 per cent), candle making (14.0 per cent), floor mat weaving (0.33 per cent) and palmyra leaf work (2.67 per cent) were known to the respondents of Madurai district.

The respondents of the Trichy district were aware of furniture recanning (42.0 per cent), orientation and mobility training (28.0 per cent), candle making (28.67 per cent), promotion of telephone booths (28.0 per cent), baskets and bags making (24.0 per cent), tailoring (12.67 per cent), handloom weaving (12.0 per cent), cover making (11.33 per cent) palmyra leaf work (9.33 per cent), vocal and instrumental music (6.0 per cent), typing (4.67 per cent), women development loan scheme (2.67 per cent) and soap making (1.33 per cent).

Thus furniture recanning, promotion of telephone booths, orientation and mobility training and daily living skills were familiar to more than one-fourth of both Madurai and Trichy districts respondents. Vocal and instrumental music play was known only to Trichy respondents; incense sticks making and floor mat weaving were known only to Madurai respondents.

Categorization of the respondents based on their awareness about the rehabilitation programmes

The respondents were categorized as low, medium and high based on their level of awareness about the rehabilitation programmes (Table XXVI). Appendix II gives the scoring pattern.

TABLE XXVI

CATEGORIZATION OF THE RESPONDENTS BASED ON THEIR AWARENESS

Levels	Madurai		Trichy		Total	
	No	(n:150) (%)	No	(n:150) (%)	No	(n:300) (%)
Low	49	32.67	26	17.33	75	25.0
Medium	59	39.33	56	37.33	115	38.33
High	42	28.0	68	45.34	110	36.66
Mean	2.013		2.953			
‘t’ value 7.6861**						

It is an encouraging trend to observe that three-fourths (75.0 per cent) of the total sample were medium (38.33 per cent) to high (36.66 per cent) in their level of awareness and the rest 25.0 per cent had a low level of awareness. The districtwise data also revealed similar trends. However, relatively a higher proportion of Trichy sample had medium (37.33 per cent) to high (45.34 per cent) level awareness than Madurai district respondents (39.33 and 28.00 per cent). Nearly one-

third (32.67 per cent) of Madurai district sample and a small percentage (17.33 per cent) of Trichy sample were in the low level awareness category.

It could be inferred that the Trichy district respondents were in a better position than those in Madurai district with regard to their level of awareness about rehabilitation programmes. The highly significant 't' value revealed that both the district respondents significantly differed from each other with respect to their level of awareness.

E. Participation in the Rehabilitation Programmes

Table XXVII gives the distribution of the respondents based on their participation in the rehabilitation programmes (Fig.4 and Plates 1,2 and 3).



PLATE 1
VISUALLY IMPAIRED WOMEN RECANNING CHAIRS

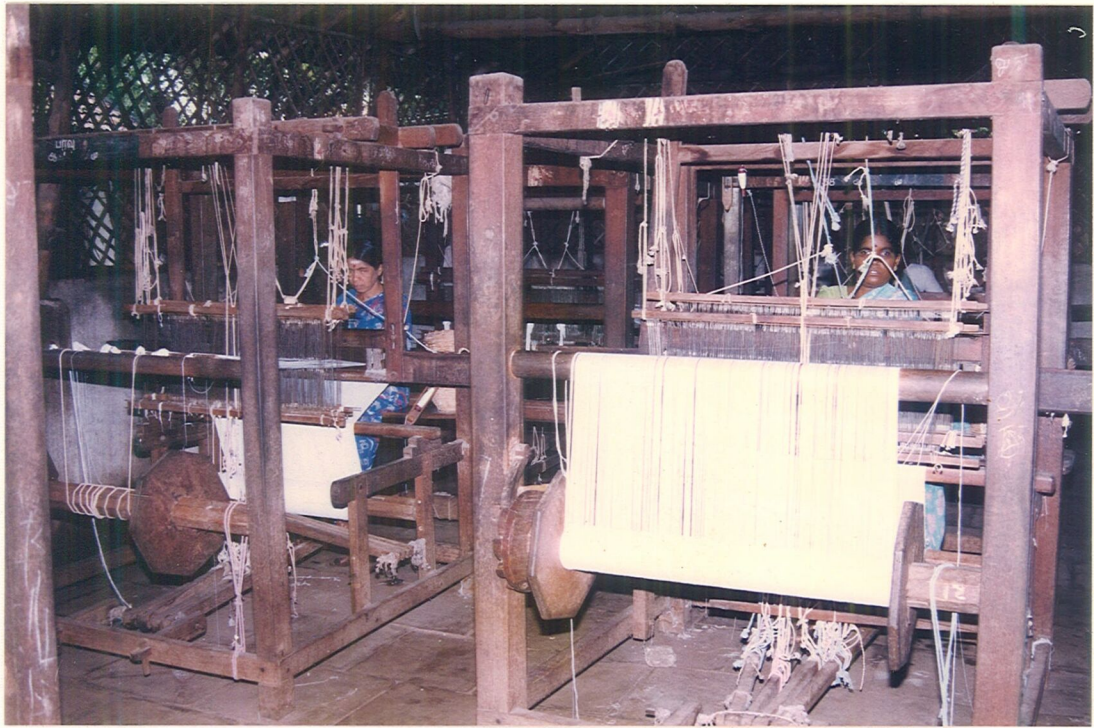
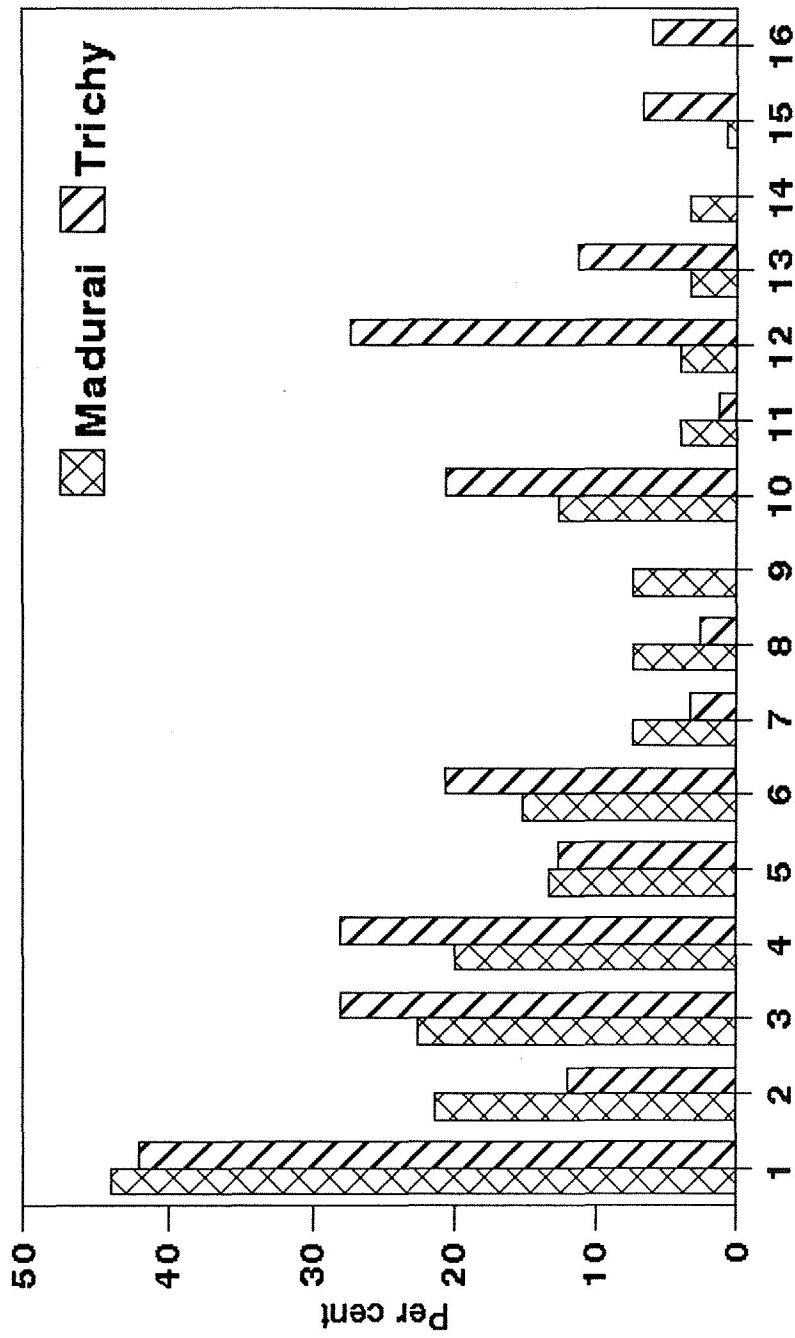


PLATE 2
VISUALLY IMPAIRED WOMEN WEAVING CLOTHES



PLATE 3
VISUALLY IMPAIRED WOMEN SEWING CLOTHES

Fig.4. PARTICIPATION IN THE REHABILITATION PROGRAMMES



1-Furniture recanning, 2-Handloom weaving, 3-Promotion of telephone booths, 4-Orientation and mobility training 5-Tailoring, 6-Daily living skills, 7-Typing, 8-Women development loan scheme, 9-Inscence stick making, 10-Baskets and bags making, 11-Soap making, 12-Candle making, 13-Cover making, 14-Floor mat weaving, 15-Palmyra leaf work, 16-Music

TABLE XXVII

DISTRIBUTION OF RESPONDENTS BASED ON THEIR PARTICIPATION

Programmes	Madurai		Trichy		Total	
	No. (n=150)	Percent	No. (n=150)	Percent	No. (n=300)	Percent
Furniture recanning	66	44.00	63	42.00	129	43.00
Handloom weaving	32	21.33	18	12.00	50	16.67
Promotion of telephone booths	34	22.67	42	28.00	76	25.33
Orientation and mobility training	30	20.00	42	28.00	72	24.00
Tailoring	20	13.33	19	12.67	39	13.00
Daily living skills	23	15.33	31	20.67	54	18.00
Typing	11	7.33	5	3.33	16	5.33
Women development loan scheme	11	7.33	4	2.67	15	5.00
Incense stick making	11	7.33	-	-	11	3.67
Baskets and bags making	19	12.67	31	20.67	50	16.67
Soap making	6	4.00	2	1.33	8	2.67
Candle making	6	4.00	41	27.33	47	15.67
Cover making	5	3.33	17	11.33	22	7.33
Floor mat weaving	5	3.33	-	-	5	1.67
Palmyra leaf work	1	0.67	10	6.67	11	3.67
Music (vocal and instrumental)	-	-	9	6.00	9	3.00

With regard to participation, it was observed that furniture recanning (Madurai 44.0 per cent, Trichy 42.0 per cent) orientation and mobility training (Madurai 20.0 per cent Trichy 28.0 Per cent), promotion of telephone booths (Madurai 22.67 per cent, Trichy 28.0 per cent), handloom weaving (Madurai 21.33 per cent, Trichy 12.0 per cent), daily living skills (Madurai 15.33 per cent, Trichy 20.67 per cent), soap making (Madurai 4.0 per cent and Trichy 1.33 per cent) and cover making (Trichy 11.33 Madurai 3.33 per cent) were the programmes the respondents in the two districts participated.

Categorization of the respondents based on their participation in the rehabilitation programmes

The respondents were categorized as low, medium and high based on their extent of participation (Appendix II) in rehabilitation programmes and the responses are given in Table XXVII.

TABLE XXVIII
CATEGORIZATION OF THE RESPONDENTS BASED ON THEIR PARTICIPATION

Levels	Madurai		Trichy		Total	
	No	(n:150) (%)	No	(n:150) (%)	No	(n:300) (%)
Low	14	9.33	39	26.00	53	17.67
Medium	101	67.33	62	41.33	163	54.33
High	35	23.34	49	32.67	84	28.00
Mean	3.693		5.427			

t'value : 7.8134**

The data in Table XXVIII reveals that more than half (54.33 per cent) of the total sample had medium level of participation in rehabilitation programmes followed by high (28.0 per cent) and low levels (17.67 per cent).

The districtwise data shows that more percentage (90.67 per cent) of Madurai district respondents were medium (67.33 per cent) to high (23.34 per cent) in their participation than those in Trichy district (41.33 and 32.67 per cent).

The significant 't' value indicated that the respondents from the two districts differed significantly in their level of participation. It could be concluded that participation in rehabilitation programme was relatively more by the Madurai district respondents.

F. Extent of Satisfaction about the Rehabilitation Programmes

Table XXIX gives the level of satisfaction of the respondents about the rehabilitation programmes.

TABLE XXIX
SATISFACTION OF THE RESPONDENTS ABOUT THE REHABILITATION PROGRAMMES

Programmes	Madurai				Trichy				Total			
	Number	SVM	SCE	NS	Number	SVM	SCE	NS	Number	SVM	SCE	NS
Furniture recanning	66	63 (95.46)	3 (4.54)	-	63	55 (87.30)	8 (12.70)	-	129	118 (91.48)	11 (8.52)	-
Handloom weaving	32	31 (96.87)	1 (3.13)	-	18	14 (77.78)	4 (22.22)	-	50	45 (90.00)	5 (10.00)	-
Promotion of telephone booths	34	33 (97.06)	1 (2.94)	-	42	41 (97.62)	1 (2.38)	-	76	74 (97.37)	2	-
Orientation and mobility training	30	22 (73.34)	4 (13.33)	4 (13.33)	42	30 (71.43)	12 (28.57)	-	72	52 (72.22)	16 (22.22)	4 (5.55)
Tailoring	20	16 (80.00)	4 (20.00)	-	19	17 (89.47)	2 (10.53)	-	39	33 (84.61)	6 (15.39)	-
Daily living skills	23	15 (65.23)	8 (34.77)	-	31	27 (87.10)	4 (12.90)	-	54	42 (77.78)	12 (22.22)	-
Typing	11	7 (63.64)	4 (36.36)	-	5	4 (80.00)	1 (20.00)	-	16	11 (68.75)	5 (31.25)	-
Women development loan scheme	11	7 (63.64)	2 (18.18)	2 (18.18)	4	3 (75.00)	1 (25.00)	-	15	10 (66.67)	3 (20.00)	2 (13.33)
Incense stick making	11	10 (90.91)	1 (9.18)	-	-	-	-	-	11	10 (90.90)	7 (9.09)	-
Baskets and bags making	19	16 (84.21)	3 (15.79)	-	31	27 (87.01)	4 (12.90)	-	50	43 (86.00)	7 (14.00)	-
Soap making	6	5 (83.33)	1 (16.67)	-	2	-	2 (100)	-	8	5 (62.5)	3 (37.5)	-
Candle making	6	3 (50.00)	2 (33.33)	1 (16.67)	41	20 (48.78)	21 (51.22)	-	47	23 (48.93)	23 (48.93)	1 (2.13)
Cover making	5	3 (60.00)	2 (40.00)	-	17	8 (47.06)	9 (52.94)	-	22	11 (50)	11 (50.00)	-
Floor mat weaving	5	5 (100.0)	-	-	-	-	-	-	5	5 (100.0)	-	-
Palmyra leaf work	1	-	1 (100.0)	-	10	6 (60.00)	4 (40.00)	-	11	6 (54.54)	5 (45.45)	-
Music (vocal and instrumental)	-	-	-	-	9	-	9 (100.0)	-	9	-	9 (100.0)	-

SVM - satisfied very much ; SCE - Satisfied to a certain extent NS - Not satisfied

Majority of the respondents of Madurai and Trichy districts (95.46 per cent and 87.30 per cent) were very much satisfied with the programmes viz., furniture recanning (95.46 per cent and 87.30 per cent), promotion of telephone booths (97.06 per cent in each of the districts), tailoring (Madurai 80.0 per cent and Trichy 89.47 per cent), Orientation and mobility training (Madurai 73.34 per cent and Trichy 71.43 per cent), daily living skills (Trichy 87.10 per cent and Madurai 65.23 per cent), baskets and bags making (Madurai 84.21 per cent and Trichy 87.01 per cent) and handloom weaving (Madurai 96.87 per cent and Trichy 77.78 per cent). The remaining were satisfied to a certain extent with the other programmes.

No respondent of the Trichy district had expressed dissatisfaction with any of the programmes they had participated. Whereas in Madurai district 18.18 per cent availing 'women development loan scheme', 16.67 per cent involved in 'candle making', 13.33 per cent who participated in 'orientation and mobility training' and 1.51 per cent in 'furniture recanning' had stated that they were not satisfied with those rehabilitation programmes. It might be due to the inadequate training imparted on those items which could have resulted in lack of adequate skills or returns.

By and large the programmes appeared to be cost effective for over 60 per cent of the respondents. The efforts taken, the expenditure incurred and the struggles they had undergone in getting the facilities

might have influenced 37.40 per cent of the visually impaired women to view the facilities as 'costly'. Relatively more number of Madurai district respondents (43.70 per cent) had given this view.

Problems of visually impaired women respondents

The respondents expressed some problems related to the personal, social and economic aspects of their daily life (Table XXX).

TABLE XXX
PROBLEMS OF THE RESPONDENTS

S. No.	Problems	No. (n:300)*	%
1.	Inadequate income	264	88.00
2.	No regular employment	239	79.67
3.	No social security	213	71.00
4.	Dependency on others	192	64.00
5.	Inability to meet the basic needs	190	63.33
6.	Lack of sympathy by others	177	59.00
7.	Lack of respect from others	142	47.33
8.	Difficult in moving freely	136	45.33
9.	Inability to enjoy life like others	124	41.33
10.	Difficulty in identify and boarding buses	112	37.33
11.	No priority treatment	98	32.67
12.	Inability to take care of the children	87	29.00
13.	Inability to sense the movement of reptiles, insects, etc.	78	26.00
14.	Uncertain future	72	24.00

* Multiple responses.

The major problems centered around economic issues such as 'inadequate income' (88.0 per cent); 'no regular employment' (79.67 per

cent) 'no social security' (71.0 per cent) and 'inability to meet the basic needs' (63.3 per cent). The dependency on others physically and emotionally also featured as major problems.

'Difficulty in identifying and boarding the bus' (37.33 per cent), 'no priority treatment' (32.67 per cent), 'could not take care of the children' (29.0 per cent) 'unable to sense the movement of reptiles, insects, etc'. (26.0 per cent) and 'uncertain feature' (24.0 per cent) were the other problems perceived by more than one fourth of the respondents of both the districts.

G. Association of Factors with Awareness and Participation

This section focuses on the degree of association and the contribution of the selected characteristics on the awareness about and participation in the programmes for rehabilitation by the respondents of Madurai and Trichy districts.

Association of characteristics with the level of awareness

The data on the degree of association of characteristics with the awareness level of Madurai and Trichy districts respondents are presented in Table XXXI.

TABLE XXXI
CORRELATION COEFFICIENT OF CHARACTERISTICS WITH THE LEVEL OF
AWARENESS

Characteristics	'r' value Madurai	'r' value Trichy
X1 Age	-0.196*	-0.177*
X2 Marital status	-0.176*	-0.224**
X3 Number of children	-0.170*	-0.123 ^{NS}
X4 Educational status	0.283**	-0.151 ^{NS}
X5 Nature of family	0.217**	0.246**
X6 Family occupation	0.022 ^{NS}	-0.233**
X7 Annual family income	-0.089 ^{NS}	-0.206*
X8 Perceived acceptance	0.380**	0.221**
X9 Self confidence	0.059 ^{NS}	-0.158 ^{NS}
X10 Aspirations	0.176*	0.489**
X11 Attitude towards institution	0.389**	-0.444**
X12 Group behaviour	-0.127 ^{NS}	0.372**

* Significant at 5% level

** Significant at 1% level

NS - Not Significant

The analysis indicated that, educational status, nature of family, perceived acceptance, aspiration and attitude towards institution were positively associated with the level of the awareness of the respondents of Madurai district whereas nature of family, perceived acceptance, aspiration and group behaviour promoted awareness of visually impaired women in Trichy district. Age, marital status and number of children worked against awareness of the respondents of Madurai district, while

age, marital status, family occupation, annual family income and attitude towards institutions had the negative influence on awareness of the respondents in Trichy district.

The degree of association of attitude towards institution of Trichy district respondents was more towards the negative side and that could be due to the fact that relatively more number of them had low level of attitude towards institution.

From the significant positive association it could be inferred that a high level of awareness might be possible if there is a greater perceived acceptance, enhanced aspiration level and favourable attitude towards the institutions and better group behaviour. In short, motivational programmes would promote awareness and they should be part of the rehabilitation programmes.

A higher level of aspiration would induce them for availing the developmental programmes so as to improve their status. It could be further observed that the educational status of the respondents of Madurai district showed a positive and significant relationship with their awareness. This coincides with the discussions on the educational status where the respondents in Madurai district were relatively better educated than those in Trichy district.

Contribution of characteristics towards the level of awareness

In order to find out the relative contribution of each of the selected socio-personal and psychological characteristics, partial regression coefficients were worked out and the results are given in Tables XXXI and XXXII for Madurai and Trichy districts respectively.

TABLE XXXII
MULTIPLE REGRESSION ANALYSIS OF CHARACTERISTICS OF
MADURAI RESPONDENTS ON THEIR AWARENESS

Characteristics	Partial regression coefficient	Standard Error	Computed 't' value
X1 Age	0.0217	0.0173	1.2583 ^{NS}
X2 Marital status	-0.0725	0.2508	0.2892 ^{NS}
X3 Number of children	-0.1809	0.1348	1.3420 ^{NS}
X4 Educational status	0.1588	0.0650	2.4418**
X5 Nature of family	0.2237	0.1287	1.7382 ^{NS}
X6 Family occupation	0.1137	0.0849	1.3383 ^{NS}
X7 Annual family income	0.0169	0.0341	0.4954 ^{NS}
X8 Perceived acceptance	0.1055	0.0294	3.5833**
X9 Self confidence	0.0106	0.0571	0.1862 ^{NS}
X10 Aspiration	0.0079	0.0178	0.4470 ^{NS}
X11 Attitude towards institution	0.1307	0.0428	3.0545**
X12 Group behaviour	-0.0305	0.0335	0.9116 ^{NS}

**Significant at 1% level

R^2 : 0.347641 n = 150

NS Not Significant

F : 5.3145**

The low value of the coefficient of multiple determination ($R^2 = 0.3476$) showed that the estimated equation was not robust and had small explanatory power, but it was statistically significant as shown by 'F' statistics. Hence it was valid to draw inferences. Only three explanatory variables viz., educational status, perceived acceptance and attitude towards institution had statistically significant (at five per cent level) partial regression coefficients and all of them had positive side. Thus, these three variables were important for promoting

awareness about rehabilitation programmes among the visually impaired in Madurai district.

TABLE XXXIII
MULTIPLE REGRESSION ANALYSIS OF CHARACTERISTICS OF
TRICHY RESPONDENTS ON THEIR AWARENESS

Characteristics	Regression coefficient	Standard error	't' value
X1 Age	-0.0199	0.0247	0.8045NS
X2 Marital Status	0.0637	0.3459	0.1840NS
X3 Number of children	0.0519	0.1759	0.2948NS
X4 Educational status	0.0251	0.0834	0.3013NS
X5 Nature of family	0.1856	0.1736	1.0688NS
X6 Family occupation	-0.1243	0.0902	1.3780NS
X7 Annual family income	-0.0654	0.0375	1.7421NS
X8 Perceived acceptance	0.0291	0.0305	0.9540NS
X9 Self confidence	-0.0119	0.0474	0.2511NS
X10 Aspiration	0.0946	0.0214	4.4237**
X11 Attitude towards institution	-0.0637	0.0511	1.2463NS
X12 Group behaviour	0.1123	0.0385	2.9183**

R² : 0.396855 F : 7.5119** * - Significant at 5% level

NS : Not significant ** - Significant at 1% level

The R² value indicated that the 12 variables taken together acted as causes for 39.6 per cent of variations in the awareness level. The significant 'F' value revealed the overall significance.

The variables aspiration and group behaviour of Trichy district respondents had contributed significantly towards their awareness on rehabilitation programmes. Thus, these two variables were important in promoting awareness about rehabilitation programmes among the visually impaired. The coefficient of all other variables were not statistically significant i.e., they had no influence on awareness.

Direct and indirect effects of independent variables on the level of awareness of the visually impaired women

Path coefficient analysis depicts the direct and indirect effects through the other related variables apportioning the correlation coefficient into different components. Therefore, an attempt was made to evaluate the association of such variables through path co-efficient analysis.

The results are furnished in Tables XXXIII and XXXIV for Madurai and Trichy districts respectively.

TABLE XXXIV
DIRECT, INDIRECT AND SUBSTANTIAL INDIRECT EFFECTS OF
INDEPENDENT VARIABLES ON THE LEVEL OF AWARENESS OF THE
MADURAI RESPONDENTS

Characteristics	Direct effect	Indirect effect	Substantial indirect effect		
			I	II	III
X1 Age	0.10563	-0.30137	0.08478 (X8)	0.08342 (X11)	0.06222 (X4)
X2 Marital status	-0.02714	-0.14775	0.07033 (X3)	0.05626 (X8)	0.04277 (X4)
X3 Number of children	-0.12302	-0.04683	0.04235 (X8)	0.02907 (X4)	0.02750 (X1)
X4 Educational Status	0.19955	0.08361	0.03736 (X11)	0.03294 (X1)	0.01792 (X3)
X5 Nature of family	0.13207	0.08470	0.06302 (X11)	0.02255 (X8)	0.01540 (X4)
X6 Family occupation	0.10329	-0.08105	0.05203 (X8)	0.03866 (X11)	0.01755 (X4)
X7 Annual family income	0.04283	-0.12976	0.12041 (X8)	0.04566 (X11)	0.03811 (X4)
X8 Perceived acceptance	0.30315	0.07664	0.08911 (X11)	0.02954 (X1)	0.01773 (X6)
X9 Self confidence	0.01386	0.04496	0.03665 (X4)	0.03094 (X8)	0.01130 (X11)
X10 Aspiration	0.03442	0.14141	0.05595 (X8)	0.05347 (X4)	0.05279 (X11)
X11 Attitude towards institution	0.25377	0.13300	0.10645 (X8)	0.03472 (X1)	0.03280 (X5)
X12 Group behaviour	-0.06654	0.06021	0.02958 (X11)	0.02545 (X8)	0.01945 (X4)

It could be seen that the variables perceived acceptance (X8), attitude towards institution (X11) and educational status (X4) had maximum positive direct effects. On the otherhand aspiration (X10) had high positive indirect effect and age exhibited a high negative indirect effect.

From a perusal of the substantial effects, it could be observed that 10 passed through perceived acceptance (X8), nine each acted through education status (X4) and attitude towards institution (X11), four routed through age (X1), two passed through number of children (X3) and one each passed through nature of family (X5) and family occupation (X6).

It could be inferred that the variables attitude towards institution perceived acceptance and educational status were the crucial variables which influenced the awareness of the respondents from Madurai.

TABLE XXXV
DIRECT, INDIRECT AND SUBSTANTIAL INDIRECT EFFECTS OF
INDEPENDENT VARIABLES ON THE LEVEL OF AWARENESS OF THE
TRICHY RESPONDENTS

Characteristics	Direct effect	Indirect effect	Substantial indirect effect		
			I	II	III
X1 Age	-0.07325	-0.10404	0.06485 (X10)	0.03287 (X11)	0.01788 (X5)
X2 Marital status	0.01842	-0.24255	0.08311 (X10)	0.04326 (X1)	0.04222 (X11)
X3 Number of children	0.02623	-0.14905	0.06214 (X10)	0.03725 (X1)	0.02257 (X11)
X4 Educational Status	0.02274	-0.17405	0.05288 (X10)	0.04166 (X12)	0.02989 (X11)
X5 Nature of family	0.08152	0.16422	0.06309 (X10)	0.02993 (X6)	0.02964 (X11)
X6 Family occupation	-0.10747	-0.12581	0.05029 (X7)	0.03025 (X12)	0.02270 (X5)
X7 Annual family income	-0.13603	-0.07032	0.03973 (X6)	0.2659 (X12)	0.02172 (X11)
X8 Perceived acceptance	0.06776	0.15347	0.04796 (X10)	0.03091 (X11)	0.02182 (X12)
X9 Self confidence	-0.01768	-0.14031	0.09704 (X10)	0.02066 (X11)	0.01741 (X12)
X10 Aspiration	-0.35890	-0.13006	0.05574 (X11)	0.05277 (X12)	0.01433 (X5)
X11 Attitude towards institution	-0.11138	-0.33271	0.17963 (X10)	0.06051 (X12)	0.02653 (X7)
X12 Group behaviour	0.21163	0.05929	0.08949 (X10)	0.03185 (X11)	0.01709 (X7)

The variable group behaviour (X12) had more direct path value whereas aspiration (X10) exhibited high direct negative effect. Attitude (X11) had more negative indirect effect followed by marital status (X2).

Of the substantial effects 9 passed through aspiration (X10), 10 passed through attitude towards institution (X11), 7 routed through group behaviour (X12), 3 each passed through nature of family (X5) and annual family income (X7), and two each acted through age (X1) and family occupation (X6).

It could be inferred that group behaviour (X12) and aspiration (X10) were the crucial factors which influenced the level of awareness Trichy district respondents.

Association of characteristics with the level of participation

Simple correlation coefficient worked out to find out the characteristics having significant association with the participation of the respondents in the rehabilitation programmes are furnished in Table XXXVI.

TABLE XXXVI
CORRELATION COEFFICIENT OF CHARACTERISTICS WITH THE LEVEL OF PARTICIPATION

Characteristics		'r' value Madurai	'r' value Trichy
X1	Age	-0.180*	-0.172*
X2	Marital status	-0.203*	-0.234**
X3	Number of children	-0.211*	-0.114 ^{NS}
X4	Educational status	0.234**	0.190*
X5	Nature of family	0.231**	0.230**
X6	Family occupation	-0.038 ^{NS}	-0.265**
X7	Annual family income	-0.162*	-0.207*
X8	Perceived acceptance	0.386**	0.204*
X9	Self confidence	0.052 ^{NS}	-0.166*
X10	Aspiration	0.137 ^{NS}	0.525**
X11	Attitude towards institution	0.433**	-0.493**
X12	Group behaviour	-0.112 ^{NS}	0.340**

* Significant at 5% level

** Significant at 1% level

NS Not Significant

In Madurai district, the correlation of education status, nature of family, perceived acceptance and attitude towards institutions with the participation of the respondents was positive and statistically significant at five per cent level. Age, marital status, number of children and annual family income had significant negative correlation with the participation and were statistically significant at five per cent level. Family occupation, self confidence, aspiration and group behaviour had no marked effect on the participation in rehabilitation programmes.

In Trichy district, educational status, nature of family, perceived acceptance, aspiration and group behaviour had positive association with the participation which were statistically significant. Age, marital status, family occupation, self confidence and attitude towards institution were significant negative correlation with the participation as shown by the correlation coefficients with negative signs. Number of children had no effect on the participation in rehabilitation programmes as the coefficient was not statistically significant.

In general it could be concluded that educational status, nature of family and perceived acceptance had positive and significant influence on the participation of respondents in the rehabilitation programmes.

Contribution of characteristics towards the level of participation

In order to find out the relative contribution of each of the characteristics towards the level of participation, partial regression coefficients were worked out and the outcome of the analysis are presented in Tables XXXVII and XXXVIII Madurai and Trichy districts respectively.

TABLE XXXVII

**MULTIPLE REGRESSION ANALYSIS OF CHARACTERISTICS OF
MADURAI RESPONDENTS ON THEIR PARTICIPATION**

Characteristics		Partial regression coefficient	Standard Error	Computed 't' value
X1	Age	0.0482	0.0314	1.5377NS
X2	Marital status	-0.1922	0.4556	0.4219NS
X3	Number of children	-0.4124	0.2449	1.6841NS
X4	Educational status	0.2407	0.1181	2.0373*
X5	Nature of family	0.4528	0.2337	1.9372NS
X6	Family occupation	0.1401	0.1543	0.9083NS
X7	Annual family income	-0.0090	0.0619	0.1452NS
X8	Perceived acceptance	0.1713	0.0535	3.2033**
X9	Self confidence	0.0275	0.1038	0.2653NS
X10	Aspiration	0.0027	0.0323	0.0822NS
X11	Attitude towards institution	0.2938	0.0777	3.7812**
X12	Group behaviour	-0.0333	0.0608	0.5472NS

* Significant at 5% level $R^2 : 0.332810$

** Significant at 1% level $F : 5.6949^{**}$ NS - Not significant

It could be observed that the coefficient of determination (R^2) revealed 33.28 per cent variation in the participation was explained by the independent variables chosen for the analysis.

The explanatory variables perceived acceptance and attitude towards institution had contributed significantly at one per cent level and educational status at five per cent level of probability.

This revealed that an increase in educational status, perceived acceptance and attitude towards institution by one unit, **Ceteris paribus** the participation would be increased by 0.2407, 0.1713 and 0.2938 units respectively.

The coefficient of all other variables were not statistically significant. The inference was that they had no influence on participation.

It is obvious from the foregoing discussion that educational status, perceived acceptance and attitude towards institution were the variables which contributed significantly to the increased level of participation of the respondents of Madurai district as also on their awareness Table XXXVIII.

TABLE XXXVIII
MULTIPLE REGRESSION ANALYSIS OF CHARACTERISTICS OF TRICHY
RESPONDENTS ON THEIR PARTICIPATION

Characteristics	Regression coefficient	Standard error	't' value
X1 Age	-0.0380	0.0435	0.8726
X2 Marital status	-0.0305	0.6090	0.0502
X3 Number of children	0.1539	0.3097	0.4970
X4 Educational Status	-0.0489	0.1468	0.3332
X5 Nature of family	0.1940	0.3057	0.6344
X6 Family occupation	-0.3225	0.1588	2.0312*
X7 Annual family income	-0.1035	0.0661	1.5650
X8 Perceived acceptance	0.0393	0.0538	0.7320
X9 Self confidence	-0.0126	0.0835	0.1514
X10 Aspiration	-0.1980	0.0376	5.2595**
X11 Attitude towards institution	-0.0849	0.0900	0.9441
X12 Group behaviour	0.1579	0.0677	2.3306*

* - Significant at 5% level

** - Significant at 1% level

NS - Not Significant

R² : 0.417104

F : 8.1694**

It could be observed from the table that the contribution of all the 12 independent variables over participation was 41.71 per cent and the 'F' value was found to be significant at 1% level of probability. It was found that 41.71 per cent of the variation in participation of visually impaired women was attributed to the 12 characteristics as indicated by the co-efficient of determination (R^2).

Family occupation, aspiration and group behaviour were found to have significant effect on the level of participation.

The foregoing results on the multiple regression analysis clearly exhibited that the factors aspiration and group behaviour of Trichy district respondents contributed significantly towards their awareness about and participation in the rehabilitation programmes.

Direct and indirect effects of independent variables on the level of participation of the visually impaired women in the rehabilitation programmes

The results of the path analysis to estimate the direct and indirect effects of each of the 12 variables which were collectively found to explain variations in the participation of the visually impaired women are presented in Tables XXXIX and XL for Madurai and Trichy districts respectively.

TABLE XXXIX

**DIRECT, INDIRECT AND SUBSTANTIAL INDIRECT EFFECTS OF
INDEPENDENT VARIABLES ON THE LEVEL OF PARTICIPATION OF
MADURAI RESPONDENTS**

Characteristics	Direct effect	Indirect effect	Substantial indirect effect		
			I	II	III
X1 Age	0.12764	-0.30796	0.10211 (X11)	0.07494 (X8)	0.05133 (X4)
X2 Marital status	-0.03916	-0.16423	0.08727 (X3)	0.04973 (X8)	0.04265 (X1)
X3 Number of children	-0.15265	-0.0588	0.03743 (X8)	0.03322 (X1)	0.02399 (X4)
X4 Educational Status	0.16464	0.06925	0.04573 (X11)	0.03980 (X1)	0.0224 (X3)
X5 Nature of family	0.14555	0.08581	0.07714 (X11)	0.01993 (X8)	0.01773 (X1)
X6 Family occupation	0.06930	-0.10761	0.04732 (X11)	0.04599 (X8)	0.01489 (X3)
X7 Annual family income	-0.01241	-0.14997	0.10644 (X8)	0.05589 (X11)	0.04362 (X3)
X8 Perceived acceptance	0.26797	0.29266	0.10908 (X11)	0.03570 (X1)	0.02132 (X3)
X9 Self confidence	0.01954	0.03282	0.03024 (X4)	0.02735 (X8)	0.01383 (X11)
X10 Aspiration	0.00626	0.13038	0.0642 (X11)	0.04945 (X8)	0.04411 (X4)
X11 Attitude towards institution	0.31064	0.12211	0.09409 (X8)	0.4196 (X1)	0.03614 (X5)
X12 Group behaviour	-0.03950	-0.07219	0.03621 (X11)	0.02250 (X8)	0.01605 (X4)

High, direct path values were observed from the characteristics namely attitude towards institution (X11) and perceived acceptance (X8). High positive indirect effect was seen with perceived acceptance (X8) and age (X1) with high negative indirect effect. Among the 36 substantial effects studied, 10 passed through perceived acceptance (X8), 9 passed through attitude towards institution (X11), 6 acted through age (X1), 5 each routed through number of children (X3) and educational status (X4) and one passed through nature of family (X5).

It could be concluded from the foregoing discussion on the results of path co-efficients that attitude towards institution and perceived acceptance were the two important factors primarily responsible for the participation of the visually impaired women in the rehabilitation programmes in Madurai district.

TABLE XL
DIRECT, INDIRECT AND SUBSTANTIAL INDIRECT EFFECTS OF
INDEPENDENT VARIABLES ON THE LEVEL OF PARTICIPATION OF TRICHY
RESPONDENTS

Variables	Direct effect	Indirect effect	Substantial indirect effect		
			I	II	III
X1 Age	-0.07810	-0.1154	0.07579 (X10)	0.02448 (X11)	0.02210 (X3)
X2 Marital status	-0.00494	-0.22945	0.09714 (X10)	0.04613 (X1)	0.03215 (X6)
X3 Number of children	0.04346	-0.15429	0.07263 (X10)	0.03972 (X1)	0.01206 (X7)
X4 Educational Status	-0.02473	-0.1655	0.06181 (X10)	0.03271 (X12)	0.02538 (X6)
X5 Nature of family	0.04757	0.11604	0.07373 (X10)	0.04337 (X6)	0.02207 (X11)
X6 Family occupation	-0.15573	-0.10898	0.04441 (X7)	0.02374 (X12)	0.01469 (X11)
X7 Annual family income	-0.12014	-0.08671	0.05757 (X6)	0.02375 (X10)	0.02088 (X12)
X8 Perceived acceptance	0.05111	0.15296	0.05605 (X10)	0.02328 (X6)	0.02302 (X11)
X9 Self confidence	-0.01048	-0.15504	0.11342 (X10)	0.01539 (X11)	0.01367 (X12)
X10 Aspiration	-0.41948	-0.10555	0.04151 (X11)	0.04143 (X12)	0.01411 (X1)
X11 Attitude towards institution	-0.08294	-0.36001	0.20995 (X10)	0.04751 (X12)	0.02343 (X7)
X12 Group behaviour	0.16615	0.13697	0.10459 (X10)	0.02372 (X11)	0.02226 (X12)

The factor group behaviour (X12) had more direct positive effect whereas aspiration (X10) had shown high direct but negative effect. In the same way group behaviour (X12) and perceived acceptance (X8) had more positive indirect effect.

Of the 36 substantial effects studied 10 passed through level of aspiration (X10), seven each acted through attitude towards institution (X11) and group behaviour (X12), 5 routed through family occupation (X6), 3 each passed through age (X1) and annual family income and one acted through number of children (X3).

It is inferred that aspiration and group behaviour were the crucial factors influencing the participation of Trichy respondents in the rehabilitation programmes.

The foregoing discussion on the results of path co-efficients on the awareness and participation of the visually impaired women of both the districts revealed that perceived acceptance and attitude towards institution were important in Madurai district and aspiration and group behaviour for the respondents of Trichy district, for their awareness about and participation in the rehabilitation programmes.

V. SUMMARY AND CONCLUSION

This study is an attempt to understand the Extent of Participation of Visually Impaired Women in the Rehabilitation programmes provided by the Government and non-governmental institutions/organisations in Madurai and Trichy districts of Tamil Nadu. A total of 300 visually impaired women (150) from each of the two districts constituted the sample for the study. The data were collected from the sample using a specially formulated interview schedule. The following are the major findings of the study :

Personal and family background

- * A large majority of 90.00 per cent of the visually impaired women under study belonged to the productive age group of 20 to 44 years. The respondents from Trichy district were relatively younger than those in Madurai.
- * Nearly half (47.0 per cent) were married. A majority (86.53 per cent) got married between the ages of 21 and 30 years. It was interesting to observe that a majority of 81.56 per cent got married to their distant relatives and 8.51 per cent were married to their close relatives. Except two women all others had married visually impaired man.
- * Nearly two-thirds (62.67 per cent) hailed from nuclear family system.

Districtwise, more number of women in Madurai than those in Trichy availed those facilities / concessions.

- * Majority of the respondents (91.0 per cent) stated that they were independent in mobility and daily living skills. More than three fourth (78.0 per cent) had expressed that they were independent in their working skills also, whereas only 34.33 per cent had stated that they were economically independent. When analysed districtwise, majority of the Trichy district respondents were relatively more independent in mobility (96.17 per cent) and daily living skills (93.33 per cent), whereas with regard to economic independence and working skills relatively more number of Madurai district respondents were independent. The facilities, concessions and developmental programmes offered by the Government for the visually impaired might have helped the respondents to be independent.

Psychological characteristics of the respondents

- * It was heartening to note that a majority of over 90 per cent respondents from Madurai as well as Trichy districts had always experienced the feeling of being accepted by the family and by friends/peers. More than three-fourth (88.0 per cent) of Madurai respondents and 67.3 per cent of Trichy respondents had expressed that their friends had always treated them as equals.

- * Categorized on the basis of scores while 43.67 per cent respondents were at the medium level of '**perceived acceptance**', 37.00 per cent were at the low and 19.00 per cent were at the high level.
- * A majority of the respondents both the districts expressed confidence while working at home Madurai (85.33 per cent) and Trichy (90.67 per cent) and moving about 75.33 per cent in Madurai and 64.00 per cent in Trichy.

The **level of confidence** exhibited by 50.00 per cent respondents was medium, 29.33 per cent possessed a low level of confidence whereas 20.67 per cent were placed at the high level.

When analysed for group behaviour, a majority of 87.33 per cent in Madurai district and 96 per cent in Trichy district stated that they had always enjoyed working in a group and had many good friends too (Madurai 100 per cent, Trichy 96.67 per cent).

On the basis of the scores obtained, 40.67 per cent of the respondents were categorised at the medium level for **group behaviour**, 31.66 per cent could be ranked high and 21.67 per cent were at the low level. This is in conformity with the earlier finding that the majority of the respondents were placed at medium to high levels for their self confidence and perceived acceptance.

By and large the respondents from Madurai district had a higher **level of aspiration** than that of Trichy district as revealed from the

expressions, 85.33 per cent of Madurai respondents (85.33 per cent) and 46.47 per cent of the Trichy respondents that God had provided them with other abilities to progress in life.

Categorywise 41.33 per cent of the total respondents were placed at a low level, 32.67 per cent could be categorised at the medium and 26.00 per cent at the high level categories.

With regard to attitude towards institutions involved in the rehabilitation of the visually impaired. Only 27.00 per cent had highly favourable attitude.

Awareness about the rehabilitation programmes

Of the 21 different rehabilitation programmes offered by the Government and voluntary organisations, only 15 programmes were known to the sample. Furniture recanning, promotion of telephone booths, orientation and mobility training were familiar to more than one fourth of both Madurai and Trichy districts respondents. It is an encouraging trend to observe that three fourths (75.0 per cent of the total sample) had medium (38.33 per cent) to high (36.66 per cent) level of awareness.

Participation in the rehabilitation programmes

* With regard to participation, it was observed that furniture recanning (Madurai 44.0 per cent and Trichy 42.0 per cent) orientation and mobility training (Madurai 20.0 per cent and Trichy

28.0 per cent), promotion of telephone booths (Madurai 22.67 per cent and Trichy 28.0 per cent), handloom weaving (Madurai 21.33 per cent and Trichy 12.0 per cent) were the programmes the respondents participated in, in the order of priority.

- * More than half (54.33 per cent) of the total sample had medium level of participation in rehabilitation programmes followed by high (28.0 per cent) and low levels (17.67 per cent). Districtwise a greater proportion from Madurai had a higher level of participation which may be attributed to the fact that 35.56 per cent in Madurai were helped by the workers of institution to avail the programmes against only 3.50 per cent from Trichy beneficiaries by the staff of the rehabilitation institution.

Satisfaction about the rehabilitation programmes

- * Majority of the respondents of Madurai and Trichy districts 95.46 per cent and 87.30 per cent were very much satisfied with the programmes.
- * The major problems centered around economic issues such as 'inadequate income' (88.0 per cent), 'no regular employment' (79.67 per cent), 'no social security' (71.0 per cent) and 'inability to meet the basic needs' (63.3 per cent).

Association of selected factor with awareness about and participation in the rehabilitation programmes

- * Educational status, participation, nature of family, perceived acceptance, aspiration and attitude towards institution were positively associated with the level of awareness of the respondents of Madurai district whereas nature of family, perceived acceptance, aspiration and group behaviour promoted awareness of visually impaired women in Trichy district.
- * Educational status, perceived acceptance and attitude towards institution were the factors which contributed significantly to the increased level of participation of the respondents of Madurai district.
- * The factors aspiration and group behaviour of Trichy district respondents contributed significantly towards their participation in the rehabilitation programmes.
- * The results of the path analysis revealed that perceived acceptance and attitude towards institution were important for the respondents in Madurai district and aspiration and group behaviour for those in Trichy district, for their awareness about and participation in the rehabilitation programmes.

Recommendations

1. Visually impaired women should be made aware of all the Rehabilitation Programmes meant for them. The institutions concerned and the Rehabilitation Department of the Government should take special efforts in this direction.
2. The visually impaired women who receive training for vocational skills should be followed up and helped to get employed or initiate self employment ventures. The existing community based Rehabilitation Programmes should network with the non-governmental organisations and the training institutions and assist the visually impaired women to be economically independent.
3. Social security measures such as individual or group insurance, provident fund, etc. should be instituted/strengthened to relieve the visually impaired from the anxiety about their future.

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APPENDIX I

EXTENT OF PARTICIPATION IN REHABILITATION PROGRAMMES BY THE BLIND WOMEN OF MADURAI AND TRICHY DISTRICTS IN TAMIL NADU

(Doctoral Research)

Schedule for Beneficiaries

I. GENERAL

Name of the Respondent:

1. Age : Years
2. Caste : OC/BC/MBC/SC & ST
3. Marital status : Single/Married
If married : Age at which married : _____ Years
4. If married, number
of children? : Male _____ Female _____
5. Is the husband : Close relative/distant relative/
Other caste
6. Educational status : Studied upto _____

7. Details of Blindness

- i. Is it : Partial/Total
- ii. Has she undergone treatment? Yes/No
If Yes : State the nature of treatment
- iii. Place of treatment: Private/Govt. Hospital/Voluntary
Organisations
- iv. Is there any other members in the family blind?
If Yes, since what age, he/she became blind Nature (or)
cause of blindness
- v. Since which age you became visually impaired?
- vi. Cause for visual : Accident
impairment : Disease (Specify)
Keratomalacia (specify)
Congenital (specify)

8. Family Status

- i. How many members are : < 5
there in the family : > 5
5

Items	Independent	Independent certain extent	Dependent
Mobility			
Daily living skills			
Working skill			
Economically			

16. Perceived Acceptance :

Following are some of the statements to measure your perceived acceptance level. Please specify your response in a five point continuum for each statement.

Items	Never	Some times	Frequently	Mostly
1. Do you feel accepted by your family				
2. Do you feel accepted by friends/peers outside family				
3. Do you expect your friends to treat you as their equal?				
4. Do you wish to be treated with sympathy?				
5. Have you felt at any time as a soul cursed				
6. Do you consider blind being a fate?				
7. Is it just an accident?				
8. Do you feel free while moving with sighted people?				

17. Self-Confidence

Items	Never	Some times	Frequently	Always
<hr/>				
1. Do you feel confident in doing your work at home by yourself				
2. Do you feel confident of walking alone in the streets?				
3. Do you have anxiety of accidents while moving out?				
4. Do you feel confident of expressing yourself?				
5. Are you confident about your future?				
6. If you have anxiety about your future, it is due to what reason?				

18. Perceived Group Involvement :

1. Do you enjoy working in a group?
2. Do you have many good friends?
3. Do you have many sighted friends?
4. Do you wish to marry a normal person?
5. Do you wish to marry a handicapped (but not blind) person
6. Being a woman is an added cause to be cursed by family members. Do you agree?
7. Do you believe that blindness may be inherited and so you should not marry a blind partner

19. Aspirations :

1. Do you feel that God has been unfavourable to you
 2. Do you thank God that he has provided all other abilities in your life (specify)
 3. Do you feel that you can compete with normal persons in other walks of life (specify)
 4. Do you have any specific ambition (specify)
 5. Do you feel fit to participate in competition that the blind can do? (Such as singing, instrument playing, other arts/sports)
 6. Do you wish to be an active worker in cooperative/panchayat/legislative/women's organisation
 7. Do you feel that given the opportunity, you will be a successful leader in society
 8. Will you be able to play a leading role in your village/town/area
-

20. Attitude towards institution :

	Strongly Agree	Agree	Disagree	Strongly disagree
1. What cannot be escaped has to be followed?				
2. Being blind is a problem, but life has other enjoyable features				
3. Blinds should live with not just confidence of living independently but with an ambition and a drive to achieve it sincerely				
4. The Government has been very sympathetic to the blind				
5. Institutional services are the boon to the blind and it should be with dedicated voluntary agencies and not with Government				

21. Views about the facilities availed :

Indicate your views on the items mentioned below:

- i. The facilities availed : Timely/Not so by you are
 - ii. Usefulness : Very useful/somewhat useful/
not much
 - iii. Nature of facilities : Costly/not costly/cost was not a
matter compared to the benefit
 - iv. Changes needed : Needs drastic changes/moderately/
rarely/no need
 - v. Perception on benefit : Benefited to a large extent/to a
certain extent/not at all
-

22. Awareness, participation and satisfactory level of the blind women on rehabilitation programme :

The rehabilitation programmes offered for the benefit of blind women are listed out hereunder. Please indicate whether you are aware of the programme?

If aware, mention your extent of participation and your satisfactory level after such participation.

S.No.	Programmes	Awareness		Participation		Satisfaction		
		Aware	Not aware	Participated	Not participated	SVM	SCE	NS
1.	Orientation and mobility training							
2.	Daily living skills							
3.	Women development loan scheme							
4.	Handloom weaving							
5.	Floormat weaving							
6.	Soap making							
7.	Umbrella assembling							
8.	Candle making							
9.	Book binding							
10.	Cover making							
11.	Furniture recanning							
12.	Promotion of telephone booths							
13.	Tailoring							
14.	Typing							
15.	Palmyra leaf work							
16.	Baskets and bags making							
17.	Gardening							
18.	Dairy							
19.	Poultry							
20.	Stenography							
21.	Music (Vocal & Instrumental)							

SVM → Satisfied Very Much
 SCE → Satisfied Certain Extent
 NS → Not Satisfied

23. Problems experienced by the blind women (please specify)

List out the problems experienced by you in availing the facilities and participating in the rehabilitation programmes

- 1.
- 2.
- 3.
- 4.

APPENDIX-II

SELECTION, OPERATIONALISATION AND SCORING PROCEDURE FOR THE VARIABLES

Mendenhall and Reinmuth (1974) defined the independent variables as non-random variables related to the response and they are used to predict or estimate the effect on the dependent variables. The selected independent variables along with their operationalised measures are detailed in the succeeding pages.

AGE

The number of completed chronological years of the respondents at the time of enquiry was considered as their age.

CASTE

The four fold classification of the Government was adopted to categorize the sample as scheduled caste/tribe, backward class, most backward class and other class.

MARITAL STATUS

The scores of 0 and 1 were allotted for unmarried and married respectively.

Percentage analysis was performed for the subcomponents viz., age of the blind women at the time of her marriage and the spouse's relationships.

NUMBER OF CHILDREN

The actual total number of children was taken for analysis.

EDUCATIONAL STATUS

The scoring procedure as used by Uma (1994) was followed viz., from 0 to 5 scores for the illiterate, primary school level, middle school level, high school, higher secondary and collegiate respectively.

DETAILS OF BLINDNESS

Percentage analysis was performed to discuss the following items.

- the blindness is partial or total
- age at which the sample became blind
- causes for blindness (accidents, disease, kerato malacia, congenital, heredity, etc.
- treatment undergone whether in Government or private hospitals
- Any other blind members in their family

NATURE OF FAMILY (Including type and size)

The scoring procedure adopted by Pushpa (1991) was followed in this study. The scores of 1 and 2 were allotted nuclear and joint family.

SIZE OF THE FAMILY

Less than or equal to 5 members 1

More than 5 members 2

The sum of scores obtained by the sample was considered as the total score of the samples and taken for analysis.

FAMILY OCCUPATION

The scores ranging from 1 to 5 were assigned to the occupations viz. labourers, agriculture, arts and crafts, industry and business respectively in that order.

The following are the sub components measured under the family occupation by using percentage analysis.

- number of earning and non-earning members
- both adult male and adult female and male and female children.

ANNUAL FAMILY INCOME

For every 1000 rupees of income one score was given to the respondents. The respondents were categorized into low, medium and high income group by using mean and standard deviation as followed by Uma (1994).

AWARENESS OF FACILITIES AND CONCESSIONS

This referred to the awareness level of the blind women sample on various facilities and concessions offered by the Government and NGO for blind people and used by them. The respondents were requested to list out such of those facilities used, concessions aware off and benefited by them.

SOURCE OF INFORMATION

The sources may be either personal localite (family members, relatives, etc.) personal cosmopolite (workers of institutions, officials of institutions, etc.and impersonal cosmopolite (radio, newspaper, etc.).

Under these variables, the following sub-components were also assessed using percentage analysis.

- The duration of time from awareness to availing the facilities
- Anxiety about the duration
- Whether the duration is acceptable or not
- Persons who had helped in availing the facilities

NATURE OF DEPENDENCY

It relates to the extent to which the sample was dependent on others for mobility, daily living, working skill and economically, percentage analysis was used for discussion.

PERCEIVED ACCEPTANCE

This referred to the respondents perception on others treatments towards themselves and their personal feeling on the blindness. There were eight

statements in the scale used for measuring the perceived acceptance level of the sample. The response were measured in a four point continuum *viz.*, never, sometimes, frequently and mostly and the scores were assigned from one to five respectively.

The scores obtained for each statement by a blind woman were summed up to obtain her total score for perceived acceptance. The respondents were categorized into low, moderate and high level perceived acceptance based on mean and standard deviation.

SELF-CONFIDENCE

Self-confidence of the respondents was operationalised as the feeling of an individuals ability, initiative and zeal to achieve the goal or aim. This was measured on a four point continuum with five items. The score was assigned from 0 to 3 for never, sometimes, frequently and mostly responses.

Thus the total self-confidence score for each individual was obtained by summing up all the scores on the items. The respondents were categorized into low, moderate and high level confidence by using mean and standard deviation.

PERCEIVED GROUP INVOLVEMENT

This relates to the blind woman's perception towards her involvement with friends, groups and her in-sight feeling about the future. Seven statements were used to assess the perceived group involvement of the sample on a four points continuum with the scores from 1 to 4 as measured in the self confidence. The sample was categorised into low, medium and high based on mean and standard deviation.

LEVEL OF ASPIRATION

It is defined as goal statement concerning future level of achievement and it is the achievable level of set goal that matters for progress and prosperity.

Level of aspiration of the blind woman was studied as the goal that has set herself. Her level of aspiration as in its turn, determined largely by her

estimate of her ownability, being generally placed somewhere near the limits of what her past experience indicate that she can do.

The scale used for measuring the aspiration of blind women consisted of eight statements which was measured on a four point continuum. Pooling of the response scores constituted the total score obtained by a respondent for aspiration. The maximum score one could obtain was 32 while the minimum was 8. Based on mean and standard deviation, the respondents were classified as low, medium and high.

ATTITUDE TOWARDS INSTITUTION

Five statements were used and measured on a four point continuum. The respondents were asked to respond to each statement in terms of their own degree of agreement or disagreement. The total score of an individual was obtained by adding the scores of all statements. The respondents were categorised as less favourable, favourable and more favourable by using mean and standard deviation.

VIEWS ABOUT THE FACILITIES AVAILED

It relates to the views of the sample on the timeliness, usefulness, costliness nature of the facilities and the benefits accrued by them. Percentage analysis was used for discussing about the opinion.

Among the personal characteristics discussed so far only some selected independent variables which would likely to affect the dependent variables were used for correlation and multiple regression analysis. Such of those variables were age, marital status, number of children, educational status, nature of family, family occupation, annual family income, perceived acceptance, self confidence, level of aspiration, attitude towards institution and perceiving group involvement. The other sub-components of these variables were discussed with percentages.

DEPENDENT VARIABLES

Mendenhall and Reinmuth (1974) defined the dependent variable as the variable of interest, which were said to be functionally related to one or more independent or predictor variables. The dependent variables identified for this study were as follows:

1. Level of awareness on rehabilitation programmes for blind women
2. Extent of participation in rehabilitation programme by blind women

LEVEL OF AWARENESS

Awareness implies the building up of knowledge and capability for reasoning based on logical facts rather than affective factors (Muthaya, 1986). Awareness which is cognitive behaviour of an individual was operationalised as the extent to which the individual blind woman was aware of the rehabilitation programmes organised by Government and voluntary agencies.

The list of rehabilitation programmes organised by Government and non-governmental agencies was identified and selected in consultation with the agencies concerned. The respondents were requested to indicate their 'awareness or unawareness' of those programmes. The response score of 1 or 0 was assigned for aware and not aware respectively. The score obtained under all the programmes were summed up to form the awareness score of an individual respondent about the score. Based on the awareness level the blind women were categorised into low, medium and high by using mean and standard deviation.

PARTICIPATION OF BLIND WOMEN IN REHABILITATION PROGRAMMES

People's participation in development is an educational process. It is to create a sense of awareness, a sense of involvement, a sense of belongingness and a sense of possession. It is to develop self-reliance, self confidence, competence and managerial capacity. It is to enable them to discover their innate potentials, increase their aspiration level and mobilise their resources for

productive purpose. Participation is to activate people from passiveness to be thinkers, decision makers, doers and implementors (Setty, 1985).

The participation in each rehabilitation programme was assessed by using two point rating scale as 'participated' and 'not participated' with the scores as 1 and 0 respectively. The total score was the degree of participation of an individual in the programme. The scoring procedure followed by Uma (1994) was used in this study. Based on the participation, the respondents were categorised as low, moderate and high by using mean and standard deviation.

Satisfactory level of the blind women on each programme after their participation was also assessed on a three-point rating scale as satisfied very much, satisfied to a certain extent and not satisfied. Percentage analysis was used for discussion on this aspect.

STATISTICAL TOOLS USED

1. Percentage analysis
2. Mean and standard deviation
3. 't' test of significance for mean difference
4. Simple correlation co-efficient
5. Linear multiple regression
6. Path analysis