

**INITIATING REHABILITATIVE MEASURES FOR THE DISABLED
IN SELECTED SLUMS OF COIMBATORE CORPORATION**

By

J. VIJAYALAKSHMI

**A THESIS SUBMITTED TO THE AVINASHILINGAM INSTITUTE FOR HOME SCIENCE AND
HIGHER EDUCATION FOR WOMEN (DEEMED UNIVERSITY), COIMBATORE - 641 043
IN PARTIAL FULFILMENT OF THE REQUIREMENTS FOR THE DEGREE OF
MASTER OF SCIENCE IN HOME SCIENCE EXTENSION**

MAY 1997

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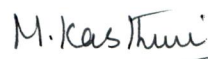
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(Certified as **bonafide** research work)



Signature of the
Head of the
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Introduction

I INTRODUCTION

A person with disability is one "suffering from not less than 40 per cent of any of the disability as certified by a medical authority" (Ram Kumar, 1990; Mohapatra, 1995; and Velayutham, 1996). The word 'disabled' carries with it a terrible stigma and this can only be wiped out when the able-bodied and 'normal' in society develop a positive approach in dealing with the rehabilitation of their less fortunate brethren (Sharma, 1996).

The World Health Organisation (WHO) has estimated that 10 per cent of the world population has one or more of the physical or mental disabilities. According to the survey of handicapped conducted by National Sample Survey Organisation (NSSO) in 1991, 1.8 per cent of the population in India suffer from locomotor, speech and hearing and visual disabilities. The working group on the Handicapped - constituted for the purpose of the proposed Ninth Plan estimated that, 'India may have well over 12 million blind, deaf and orthopaedically handicapped persons. In addition, an estimated 2 million suffer from moderate to severe retardation' (Ram Kumar, 1990). So far only nearly 10 per cent of the disabled population alone have been covered under various rehabilitation services (Yojana, 1993).

In Tamil Nadu, based on the sample surveys, the number of disabled children (0-14 years) has been modestly estimated to be 2.75 lakhs with the following breakdown:

- Visually handicapped	:	53,000
- Hearing handicapped	:	56,000
- Locomotor handicapped	:	162,000
- Mentally retarded and others	:	4,000

(Government of Tamil Nadu, 1995)

A survey conducted by the Department of Health, in Coimbatore District in September '95 pointed out the number of disabled persons as shown hereunder :

- Visually impaired	:	1464
- Orthopaedically handicapped	:	6347
- Hearing and speech impaired	:	2041
- Mentally retarded	:	1272

(Regional Rehabilitation Office, Coimbatore)

In all societies of the world there are still obstacles preventing persons with disabilities from exercising their rights and freedom and making it difficult for them to participate fully in the activities of their societies. The basic problems concerning disabled are lack of adequate facilities for differential medical care, education, training and rehabilitation programmes and a lack of knowledge about these facilities by handicapped persons (Ram Kumar, 1990).

Rehabilitation is a process of restoring a person's ability to live and work as normally as possible after a disabling injury or illness. It aims to help the patient achieve maximum possible physical and psychological fitness and regain the ability to care for himself. It offers assistance with the learning or relearning of skills needed in everyday activities, with occupational training and guidance and with psychological readjustment. Rehabilitation thus is the restoration of the physically disabled to the maximum possible physical, vocational and economic independence (Encyclopaedia and Dictionary of Medicine and Nursing, 1972 and Natarajan, 1992).

The World Health Organisation promotes an integrated approach to prevent disabilities by including all promotive, preventive, curative

and rehabilitative care in primary health care. Integrated health services can strengthen disability prevention by keeping health care personnel at district and subdistrict level informed about all aspects of disability prevention, including rehabilitation. In addition, the health sector can actively participate in intersectoral efforts to provide living conditions which reduce the risk of diseases and injuries, address the needs of people with impairments and disabilities through community - based rehabilitation and ensure their full integration in the society (World Health, 1995). Everyone in the society should realise that persons with disabilities are citizens like everybody else and therefore entitled to participate in the activities of their community.

As a first step towards this lofty goal it is imperative that attempts be made for early deduction of the disabled, in order to plan the rehabilitative measures for them, either medical or socio-economic. This research study on "Initiating Rehabilitative Measures for the Disabled in the selected Slums of Coimbatore Corporation" was an effort in this direction. The specific objectives of the study are to :

1. Identify the disabled in the slums under study;
2. Categorise them according to the type of disability;
3. Understand the Rehabilitative services available in Coimbatore to help the disabled and
4. Mobilise the disabled to avail the services.

Review of Literature

II REVIEW OF LITERATURE

The literature pertaining to the study entitled 'Initiating Rehabilitative Measures for the disabled in selected slums of Coimbatore Corporation' is reviewed under the following headings :

- A. Concept of Disability
- B. Rehabilitative Services for the disabled persons and
- C. Research Highlights

A. Concept of Disability

In our country about 16.15 million people suffer from one or other type of disabilities such as visual, hearing, speech and locomotor disabilities. A person is handicapped when he or she is denied the opportunities generally available to the community that are necessary for the fundamental elements of living, including family life, education, employment, housing, financial and personal security, participation in social and political groups, religious activity, intimate and sexual relationships, access to public facilities, freedom of movement of the general style of daily living (Desai, 1990). A disability is any restriction or lack of ability to perform an activity in the manner or within the range considered normal for a human being (Joseph, 1996). Disability is the restricted ability to perform an activity (Goeratt, 1995).

Hurkat (1988) says that a disabled person is a displaced person. The most acceptable definition of a disabled person is given by the UN as the disabled person is one who is unable to ensure by himself or herself wholly or partly the necessities of normal individual and or social

life as a result of deficiency either congenital or in his or her physical or mental capabilities.

According to World Health Organisation (WHO), impairment is defined as any deviation from the normal which results in defective functions, structures, or development of the whole, therefore impairment is any loss or a missing or defective body part or abnormality of psychological, physical or anatomical structure or function which leads to decrease of independence of mobility, leisure activities, social integration, economic viability etc. Disability is any restriction or lack of ability to perform an activity in the manner or within the range considered normal for a human being (Jain, 1988).

An impairment is any loss or abnormality of psychological, physiological or anatomical structure or function (Joseph, 1996). Handicap is the restriction faced by a person with a disability in fulfilling normal roles due to social barriers. Handicaps refer to the interactions of people and their societies (Lindquist, 1995). A handicap is a disadvantage for a given individual resulting from an impairment or disability that limits or prevents the fulfillment of a role that is normal (depending on age, sex, social and cultural factors) for that individual (Joseph, 1996).

Mental retardation is defined as subaverage general intelligence, manifesting during early developmental period. The child has diminished learning capacity and does not adjust well (Ghai, 1993). Mental retardation has been defined by the American Association on Mental Deficiency as it is significantly subaverage general intellectual functioning existing concurrently with deficits in adaptive behaviour and manifested during the developmental period (Grossman, 1973 and Mettler, 1995).

Visual disability is a person who does not have perception of light in both eyes and those who had perception of light but could not correctly count figures of hand (with / without spectacles) at a distance of 3 metres in good day light (Survey of Disabled Persons, 1983). There are two bases for defining visual problems, legal and educational. From a legal point of view, blindness is defined as a visual activity of 20 / 200 or worse in the better eye after correction. (The term 20 / 200 means that the person can distinguish at 20 feet what a person with normal vision distinguishes at 200 feet). For educational purposes, blind children are defined as children for whom the printed word is not a usable medium of reading and who thus need to read using means other than print, partially sighted children are defined as those who can read print under special conditions such as enlargement or magnification (Lilly, 1979).

Persons who do not hear normal sound with one or both ears without the use of hearing aids is called hearing disability (Survey of Disabled Persons, 1983). The prevalence rate for hearing disabilities is estimated to be 553 for one lakh rural population as against 350 for urban population. This does not include children below four years (National Institute of Public Cooperation and Child Development, 1988).

Hearing disability is defined in terms of both degree of hearing loss and educational significance of the loss. Degree of hearing loss is measured

in decibels (dB's), which refer to the level of intensity of sounds. Smith and Neisworth (1975) present the following classification of hearing loss :

Slight	: 27 to 40 dB
Mild	: 41 to 55 dB
Moderate	: 56 to 70 dB
Severe	: 71 to 90 dB
Extreme	: 91 dB or more

Riper (1972) has defined defective speech as speech which interferes with communication, brings negative attention to the speaker and causes social and emotional problems for the speaker. Speech disability is defined as, a person who has voice and can cry or cough but cannot speak (Survey of Disabled persons, 1981).

The orthopaedically handicapped are those who have a physical defect or deformity which causes interference with the normal functioning of the bones, muscles and joints (Punani, 1987). Deformity is an alteration in the shape of a limb or spine. The presence of deformity in a long bone after injury is a definite sign of fracture (Natrajan, 1992)

Physically handicapped means, a person who on account of any deficiency, injury, disease or congenital deformity, is substantially handicapped in obtaining or keeping employment, or in undertaking work on his own account of a kind which but for such deficiency, injury or deformity would be suited to his age, experience and qualification, (Punani, 1987).

Locomotor disability is defined as a person who is unable to move themselves as well as objects from place to place due to (i) Paralysis of the limb or body; (ii) deformity of the limb; (iii) amputation; (iv) disfunction of joints of the limb; and (v) other deformity of the body, viz., in spine, in neck, hunch backs, dwarfs etc. (Survey of disabled persons, 1981).

The NSS have estimated that there are 16.15 million physically disabled persons in the country belonging to only the three major categories, namely :

1. Visual
2. Hearing and / or speech (excluding 0-4 age-group), and
3. Locomotor

constituting about 1.9 per cent of the population. Estimated number of disabled persons in the country, on the basis of the survey is as follows :

Table 1. **Estimated Number of Disabled Persons in India – 1991** (in millions)

Type of disability Status	Percentage						
	Boys N-75	Girls N-25	Total N-100	Family income	Boys N-75	Girls N-25	Total N-100
	(Rupees per month)						
Visual	1.539 (46.15)	1.796 (53.85)	3.335 (83.27)	0.308 (45.97)	0.362 (54.03)	0.670 (16.73)	4.005
Hearing	1.409 (54.76)	1.164 (45.24)	2.573 (79.36)	0.339 (50.67)	0.330 (49.33)	0.669 (20.64)	3.242
Speech	0.942 (62.84)	0.557 (37.16)	1.499 (76.25)	0.298 (63.81)	0.169 (36.19)	0.467 (23.75)	1.966
Hearing and / or speech	2.009 (57.42)	1.490 (42.58)	3.499 (78.07)	0.557 (56.66)	0.426 (43.34)	0.983 (21.93)	4.482
Locomotor	4.396 (64.58)	2.411 (35.42)	6.807 (76.15)	1.370 (64.26)	0.762 (35.74)	2.132 (23.85)	8.939
Physical (at least one of the above)	7.442 (58.82)	5.210 (41.18)	12.652 (78.32)	2.078 (59.34)	1.424 (40.66)	3.502 (21.68)	16.154

- Notes :
1. Figures in brackets indicate percentages, and percentages shown in cols. (1) and (2), in cols. 3) and (6), and in cols.(4) and (5) add up to 100.
 2. Figures of hearing, speech and hearing and / or speech disability excludes the age-group below 5 years.

B. Rehabilitative Services for the Disabled persons

Rehabilitation is an integrated and broad programme needing the skills of many professions and cooperation of many agencies. The whole programme of total rehabilitation can be divided into the following phases :

1. Medical Rehabilitation.
2. Educational Rehabilitation.
3. Vocational Rehabilitation.
4. Social Rehabilitation or Integration.

1. Medical Rehabilitation (Natarajan, 1992 and Banerjee, 1996)

The objectives of Rehabilitation Medicine are : prevention of disability if possible, maximum reduction or elimination of the disability, training the person's residual abilities to achieve independent living. Some schemes and programmes, are summarised below :

(a) Assistance for Aids and Appliances

Free aids and appliances are provided to those disabled persons whose monthly income does not exceed Rs.1200/- and 50% subsidy is also provided to those whose income is between Rs.1200 - 2500 per month. This scheme is implemented through governmental and non-governmental agencies.

(b) Assistance to voluntary organisations for persons with cerebral palsy and mental retardation

Assistance is provided upto 100% for recurring and non-recurring expenditure under this scheme. It is aimed at developing organisational

and infrastructure facilities for the purpose of manpower training and for professionals, hostels and other assistance required to impart training to various categories of workers / trainers such as vocational teachers, rehabilitation workers, wardens in the field of Cerebral Palsy and Mental Retardation.

(c) National Trust

There is a proposal to set up a 'National Trust' for the welfare of persons with Mental Retardation and Cerebral Palsy. For the purpose of this National Trust an amount of Rs.1.25 crore was sanctioned for the year 1994-95.

(d) Government of Tamil Nadu Welfare Scheme

They provide various facilities to reestablish the disabled persons. They are as follows : (1) Tricycle, (2) Wheel Chair, (3) Hand supporter, (4) Hearing aider, (5) Folding stick for the blind, (6) Leg supporter, (7) Artificial limbs, (8) Free Polio corrective surgery.

The criteria for achieving this are, the age must be in the range of 5 - 70, monthly salary must be below Rs.2500 and various specialists government chief surgeons and assistant surgeons are to check them and note down the percentage of disability.

2. Educational Rehabilitation

Education began to be imparted to handicapped children towards the end of the 18th century. The first school for the blind in the world was set up in Paris in 1784. Special education travelled to India about a 100 years later. The first school for the deaf was set up in Bombay in 1885 and the first school for blind was set up in Amritsar in 1887 (Pandey and Adwani, 1995).

(a) Assistance to voluntary organisations working for the disabled

Upto 90 percent assistance is provided to voluntary organisations for education, training and rehabilitation of the disabled. This assistance is provided upto 95 per cent for voluntary organisations working in the rural areas. The aid also includes a component for rehabilitation of mentally retarded persons.

(b) Assistance for establishing of special schools

Financial assistance is provided to voluntary organisations for the establishment of special schools, upto the limit of even 90 per cent. In this scheme, preference is given to open schools in new districts and upgradation of existing schools. This scheme has been started in the year 1993-94 and aimed at establishing at least one special school in each district by providing above grant to voluntary organisations (Banerjee, 1996).

(c) Scholarships to Handicapped students

The scheme was started in 1955 to help them secure education and training as a step towards their rehabilitation. The scheme provides scholarships for general education from class IX onwards and for technical training at the certificate, diploma and degree levels. The scheme also covers :

- (I) handicapped persons between 14 and 40 years of age placed as implant trainees in approved industrial or commercial establishments.
- (II) students study music in institutions affiliated to the Gandharva Maha Vidyalaya Mandal, Miraj, Bombay and the Prayag Sangeet Samithi, Allahabad.

- (i) Rate : The amount of scholarships varies from Rs.40 to Rs.100 per month depending on the nature of the course.
- (ii) Eligibility : A candidate applying for scholarship under this scheme : (a) should be a citizen of India, (b) should be in the age-group of 14 to 40 years as on 1st June of the year (c) should have secured at least 40 per cent marks in the previous annual examination. (d) income of parents should be less than Rs.750 per month.

(d) Integrated Education

This is a centrally sponsored scheme under which the Ministry of Human Resources Development, Government of India will assist the States / UTs for implementation of the scheme on the basis of the criteria laid down in the scheme. Assistance for all the items covered in the scheme will be on a 100 per cent lease but assistance for the programme would be conditional on prior creation of technically qualified staff as laid down in the scheme.

(I) Facilities for the Visually Handicapped children

- (i) books and stationery upto Rs.400 per child per annum.
- (ii) uniform allowance of Rs.200 per annum.
- (iii) transport allowance of Rs.50 per month for ten months.
- (iv) reader allowance of Rs.50 per month upto class V.
- (v) actual cost of equipments to a maximum of Rs.2,000 per student for a period of five years.

(II) Special Teachers

Teacher - Pupil ratio for special teachers is 1:8. The teachers will also provide counselling to the parents. (Jetley, 1981; Punani. B, 1993)

There are about 243 special schools for the blind in the country as per the directory brought out by the Rehabilitation Council in late eighties. Out of 478 schools for the deaf in the country, as per a directory brought out by the National Institute of the Hearing Handicapped, Bombay, 97 are secondary schools, the rest being primary and middle level schools. Two colleges for the deaf have also been established one at Vankon in Kerala and other at Madras. To cater to the needs of the orthopaedically handicapped, sometimes special schools are set up for such children where the required facilities are made available. The number of such schools in the country is however, very small. Such schools require special equipment of restorative rehabilitation and proper access facilities but normal teachers and normal syllabus would do. Presently, there are 481 special schools in the country for the mentally retarded and about a dozen for the cerebral palsid. In a total of about 1200 special schools in the country, only about less than 1,00,000 (0.1 million) children are being taken care of.

Additional Alternatives

Non-formal education has been launched on a massive scale to deal with the illiteracy of the population and this could be extended to disabled. National open school system, Open universities could be useful for the handicapped (Pandey, 1995).

In Tamil Nadu Welfare Scheme special schools for the disabled, within the group of 12 years, food, dress and hostel facilities are free. To

the students from 1st standard to 8th standard note books and other books are free. From IX onwards a scholarship of Rs.850 to Rs.2400 is given. For all the students bus pass is free (A Report from District Rehabilitation Office, 1996).

3. Vocational Rehabilitation

Vocational Rehabilitation is that part of the continuous and coordinated process of rehabilitation which involves the provisions of those coordinated services, eg. vocational guidance, vocational training and selective placement, designed to enable a disabled person to secure and retain suitable employment (Pandey, 1995).

- (a) Assistance to voluntary organisations for the rehabilitation of leprosy cured persons

Voluntary organisations working for leprosy-cured persons are entitled to receive financial assistance upto 90 per cent. Such financial assistance is provided to organisations, who develop programme for general awareness generation, early invention, educational and vocational training, economic rehabilitation and social integration of the leprosy-cured persons.

- (b) National awards

In order to stimulate the placement of trained physically handicapped persons, the Ministry of Welfare initiated in 1969 a scheme of National Awards to

- (I) outstanding employers of the physically handicapped, efficient handicapped employees, and
 (II) outstanding placement officers (Punani, 1993).

(c) Government of Tamil Nadu Welfare Schemes

Three per cent allotment is there in any kind of jobs. Age relaxation, that is, the disabled person can join the government service till 40 years. A resident individual who suffers from a permanent physical disability which has the effect of reducing substantially his capacity for engaging in gainful employment or occupation is entitled to a deduction of Rs.15,000 in the computation of his taxable income. For self employment there is a provision of Rs.3000 with a subsidy of Rs.1000. The age limit of this scheme is between 18 - 45 years (A Report from District Rehabilitation Office, 1996).

(d) Vocational Rehabilitation Centres and Training Centres

The main aim is to demonstrate that handicapped persons are capable of completing for open employment, to undertake vocational evaluation and adjustment. At these centres, assessment of the ability as well as disability is done, and suitable training followed by guidance and counselling for employment is provided. These centres rehabilitated 4,752 persons during 1992 (Punani, 1993).

4. Social Rehabilitation

It aims that rehabilitation must be based on the resources of the community, including the impaired, disabled and the handicapped persons, their families and the community as a whole.

(a) Differential Rate of Interest Scheme

The benefits of the Differential Rate of Interest Scheme are available to physically handicapped as well as the institution working for the welfare of the handicapped.

(b) Reservation of Dealerships / Agencies of oil components

The Ministry of Petroleum, Chemicals and Fertilizers have decided to earmark 15 per cent of all types of dealerships / agencies of the public sector oil companies for handicapped persons, including those disabled in war.

(c) Custom Duty

Institutions for the blind and the deaf are permitted to import equipments and apparatus required for education and training of the blind free of duty, if these items are received as bonafide gifts.

(d) Scheme of Assistance to Organisations for Disabled persons

The eligibility for getting benefits are

- (i) a registered society under the Societies Registration Act
- (ii) a registered public Charitable Trust
- (iii) Indian Red Cross Society or its branches
- (iv) Companies registered under Companies Registration Act or
- (v) any other Organisation which may be recognised by the Ministry for the purpose of this scheme.

(e) Free Postage

Payment of postage, both inland and foreign, for transmission by post of 'Blind Literature' is exempted if sent by surface route only. If packets are to be sent by air, the prescribed air mail charges should be paid. In addition, payment of registration fee, acknowledgment fee and attested copy of the receipt are also exempted in respect of these packets.

- (f) District Rehabilitation Centre scheme
- (I) The major objectives are to create public awareness that properly trained disabled persons could contribute towards the socio-economic development of the country.
- (II) To disseminate information on prevention, early detection and treatment of the disabled persons.
- (III) To provide education and training facilities to improve employment prospects of the disabled population.
- (IV) To provide employment guidance and placement services to the disabled population.
- (g) Special Employment exchange

These exchanges provide placement facility for the physically handicapped persons for their gainful employment. There are 21 such exchanges functioning (Yadav, 1981; Punani, 1993).

In the overall programme of rehabilitation of the handicapped persons, voluntary social agencies and social workers play a very vital role in promoting institutions and services for the training, employment and social integration of the disabled.

C. Research Highlights

A study was conducted in Haryana, to assess the attitudes of the parents towards the disabled children, with nine hearing handicapped and 41 orthopaedically handicapped. The areas covered by them included such aspects as education of their children, their behaviour, attitude of children being treated as liability, their future, aspirations of the disabled

child, reaction to teasing and their overall acceptance of the disabled children in the family. The study found that the mothers were more concerned about the discipline of the handicapped children as compared to fathers. They did not in any way over protect the child on account of his disability, either they attempted to punish the disabled child. Most of parents were in favour of formal education for their children and only a few wanted special education for them. Majority of the parents never came across behavioural or emotional problems with the handicapped children.

The rendering feature of the study has been that the parents never felt that the disabled child was liability but were genuinely worried about their future and here fathers were more worried than mothers. Most of the parents would like to provide higher education and vocational training for their children so that they would stand on their children. Most of the parents were willing to accept the reality of the handicapped child in their midst though majority would have preferred a normal child. Mothers were more emotional in regard to the acceptance of the handicapped children (Baldi and Nath, 1991).

The study conducted by NSS in 1991, there are 16.15 million physically disabled persons in the country belonging to visual, hearing and / or speech and locomotor constituting about 1.9 per cent of the population. The study further tried to find out the causes of the visual disability and nearly 30 causes were listed out (Pandey and Adwani, 1995).

In a study conducted by Kena (1989) on visually handicapped reveals that the voluntary agencies are very helpful in providing dress, food, gift, education, aids, musical instruments, etc., including finance.

The voluntary agencies are doing a wonderful work in organising the eye camp for visually handicapped children. So, it is clearly found that there is an active involvement of voluntary agencies.

In a study conducted by Jeevamani (1988) on blind, they are having training in various governmental and non-governmental institutions. These women seemed not to be worried about their handicap, but most of them worried at times. These handicapped feel a lot for being depended on others. All the respondents revealed that society showed concern towards the handicap. The respondents showed a great interest in starting their own business after having training from the institution.

A study of the Educational Management Systems for the 'Visually impaired' reveals that integrated education of the visually handicapped emerges economically more viable as compared to residential as well as semi-integrated education due to its lower investment, cost effectiveness and social disability. Three modes of education are namely integrated, semi-integrated and residential education. The study reveals that only viable practical option for the future would be promoting education of the visually impaired like that of any other child, involving regular educational facilities, bringing special education under the umbrella of regular education system, thus enabling a blind child to seek admission to a nearby regular school merely as a child and not as a special child.

According to the study conducted by Devi and Anitha (1995) on 'Personal and Social adjustment problems of selected Disabled Elderly persons' reveals that aging and disability are associated with physical and psychological adjustment problems which are required to make a fresh adjustment to the social rules and social settings. Several welfare programmes for the disabled aged are to be launched to solve their

problems. Home for the aged and day care centres should help in enhancing the capacity of the disabled elderly persons to integrate with the society and become independent in social functioning. Voluntary agencies must be motivated to plan and mobilise local resources, to develop appropriate aids for the disabled aged and to put scientific instructions into simple, everyday language which will be easily understood, accepted and acted upon. Mass media should telecast programmes to foster strong self help attitudes and to portray a positive and commendable image of the disabled aged in the society (Devi and Anitha, 1995).

Mcleskey et al (1994) made a study of students with learning disabilities. This study investigated placement practices for students with learning disabilities over the past 11 years, as reported in the Annual Reports to congress on the implementation of P.L. 94-142. Little progress is being made towards mainstreaming students with learning disabilities.

Parman, Cawley and Miller (1994) made an attempt to study the differences in mathematics performances between student with learning disabilities vs students with mild retardation. This study examined the performance of a large sample of students in both groups, age 8 - 14 years, in four mathematics, domains basic concepts listening vocabulary, problem solving and fractions. Results indicated that the students with learning disabilities, scored higher and had greater growth rather than did age equivalent students with mild mental retardation.

Madhumathi (1994) has made an attempt to study on training of primary school teachers on identification and education of learning disabled children. A large per cent of teachers have highlighted associated

behavioural problems among the learning disabled children. In the orientation programmes, the teachers obviously had learnt well the characteristics of learning disabled. Appropriate and efficient planning of indepth remedial programmes by the teachers were an appealing outcome of the orientation programme.

Corera, (1990) has made an attempt to study visual motor learning disability among fifth standard children. The objectives of this study were to identify children with learning difficulties in the visual / motor area in corporation schools and to study their general behaviour and socio-emotional characteristics. Results of this study indicated that IQ vs academic achievement of the children was not found to be associated. The visual - motor learning disabled children had a low behavioural profile compared to normal children. Identified learning disabled children have visual - motor problem though they appear like normal children.

Mani (1990) has made an attempt to review related literature pertaining to multisensory approaches to teaching learning disabled children. The studies discussed in this paper support the multi-sensory techniques as being one of the ways to achieve the goal of increased learning. An important reason for the success of multi-sensory approach is that it increased the attention of the student to the task.

Ramaa (1992) developed an Arithmetic diagnostic test for Primary School Children (251 children); 15 out of 251 children were considered as dyscalculics. A detailed analysis of the errors committed by those dyscalculics was done and following inferences were drawn. Dyscalculics differ among themselves in acquiring certain most basic concepts and skills. Majority of them experience difficulty in reading and writing

integers with more than 2 digits, solving simple problems of addition involving verbal and numerical relations, subtraction problems, difficulty in fraction terminology, in acquiring even simple multiplication, division skills, deficient in spatial relation and applying algorithms relating to different arithmetic processes.

Methodology

III METHODOLOGY

The methodology pertaining to this study included the following aspects :

A. Identification of the Disabled in the Coimbatore Corporation Areas and

B. Availing the Rehabilitative Measures to the Disabled.

A. Identification of the Disabled in the Coimbatore Corporation Areas:

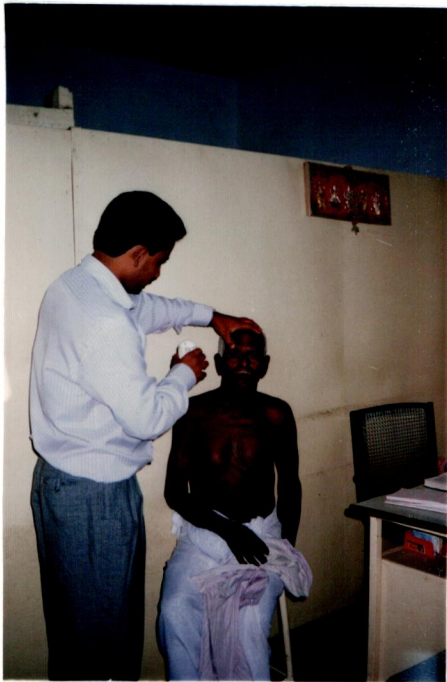
This aspect included the following :

1. Initial survey of the Disabled in the Corporation areas and
2. Detailed survey of the Disabled from selected areas.

1. Initial Survey of the Disabled in the Corporation areas :

Avinashilingam Deemed University has adopted 40 slums in Coimbatore Corporation for the community and social service. Women's groups are being initiated in these slums under the banner Indira Mahila Yojana (IMY) meant for collective action for awareness generation, convergence of sectoral programmes and income generation. The programme intends to first identify risk factors the families are exposed to. UNICEF has listed 12 risk factors adversely influencing families. A detailed study of the risk factors is imperative to chalk out action programmes for the women's groups to foster better family living. One of the risks is the presence of disabled in the families. With the help of the leaders of the women's groups called Indira Mahila Kendras (IMKs), the disabled in the IMY areas were identified. The leaders were requested to furnish the details of the physically and mentally handicapped in

DISABLED PERSONS WHO WERE EXAMINED IN THE
'FREE POLIO CORRECTIVE SURGERY CAMP'



their own areas and also list out the causes for the disabilities as elicited from the family members.

2. Detailed Survey of the Disabled from selected areas :

There were 631 disabled persons located by the IMK leaders from the 40 areas. Since it was too high a number to arrange for rehabilitative measures at one stroke, it was decided to select only seven areas in the first instance to make a detailed study of the disabled and work towards their rehabilitation.

The areas selected for the detailed study were : Avarampalayam, Karuppusamy Nagar, Ukkadam, Periyar Nagar, Raju Nagar, Seeranaicken Palayam and Venkitapuram. These areas were selected owing to their accessibility and the good response evinced by the leaders of the IMKs from these areas towards helping the disabled.

Through door to door visits to the households in all the seven areas, 168 disabled persons could be identified.

In order to collect the baseline information about the disabled, an interview schedule was prepared and administered on the 168 disabled persons identified. An interview schedule refers to a set of statements and questions to be answered by the respondents in a face to face interview to ensure accuracy and relevant information (Sidhu, 1984). The interview schedule called for details on the family background, type of disability, causes, steps already taken etc.

B. Availing the Rehabilitation Measures to the Disabled

This aspect of the study had the following steps :

1. Contacting the agencies ;
2. Screening the disabled and
3. Mobilising the disabled to avail the services.

1. Contacting the agencies :

The District Rehabilitation Officer, Coimbatore District, the Managing Trustee of the Society for the Aid of the Handicapped Children and the President of the Mid Town Rotary Club of Coimbatore were contacted for the possible rehabilitation measures which could be availed by the disabled located from the different slums.

2. Screening the Disabled :

At the 168 disabled from the seven slums included for the action programme were screened by the investigator. Based on the possibility of treatment and willingness of the family members, only 33 disabled could be selected in the first phase of the Rehabilitation programme.

3. Mobilising the disabled to avail the services :

The 33 disabled selected for further treatment or rehabilitation were examined by the District Rehabilitation Officer and the physiotherapist attached to the centre, for the type of disability. After the examination, each of the 33 disabled were provided with an identity card which enabled them to proceed to the next step - either medical help or vocational skill training.

The disabled thus selected were taken to the Government Medical College Hospital, Coimbatore for medical tests by the Civil Surgeons to diagnose the degree of disability and for medical certificates. The disabled who required surgery or the equipment (aids) were identified.

At the next stage, 30 disabled thus screened were taken by the investigator to the P.S.G. Medical College Hospital to benefit from the free Polio Corrective Surgery Camp on 2nd March 1997 jointly organised by the PSG Medical College Hospital and Coimbatore Mid Town Rotary Club. Such camps were reported to be organised every six months. Out of the 30 members, 13 persons were immediately selected and seven of them got admitted for surgery. The remaining six beneficiaries who were promised of medical and surgical help were below 18 years and were students. Surgery for these six members could be done during summer holidays. The project chairman of the Coimbatore Mid town Rotary Club was approached for help for ten visually impaired persons, who directed the investigator to contact the Moses Gnanambaram Eye Hospital, Coimbatore. After a detailed examination nine visually impaired got medical help. One person was severely affected would not be given any treatment. Chapter IV gives the findings of the study in detail.

DISABLED WHO WERE GIVEN MEDICAL ASSISTANCE IN THE
'FREE POLIO CORRECTIVE SURGERY CAMP'



Results and Discussion

IV RESULTS AND DISCUSSION

The results of the study are discussed under the following heads :

A. Background Information about the Disabled

B. Outcome of Availing the Rehabilitative measures on the Disabled

A. Background Information about the Disabled

The background information elicited is presented under the following headings :

1. General profile of the disabled
2. Findings of the detailed surveys conducted in the selected slums

1. General profile of the disabled

Table II and III give the general profile of the disabled as given by the leaders of the IMK's.

Table II. General Profile of the Disabled

S.No.	Areas	No. of Disabled		Total
		Physical	Mental	
1.	Kovil Medu	12	1	13
2.	Gandhinagar and Annanagar	25	3	28
3.	Venkitapuram / Nethaji colony	2	10	12
4.	K.K. Pudur	11	3	14
5.	Dobi-cana	9	1	10
6.	Raju Nagar	14	2	16
7.	Periyar Nagar, Karunanidhi Nagar	15	1	16
8.	Thillai Nagar	10	-	10
9.	Shanmuga gounda Nagar	4	-	4
10.	Karuppuswami Nagar, Manickavasa Nagar	14	2	16
11.	Anna Nagar	14	1	15
12.	Gandhi Nagar, Sivanandha colony	22	18	40
13.	Shastri Nagar, Sivanandha colony	12	1	13
14.	Anna Nagar, Sivanandha colony	20	3	23
15.	Rathinapuri	12	9	21
16.	Elango Nagar	10	1	11
17.	Ganesh Nagar	8	3	11
18.	Avarampalayam	22	2	24
19.	Hari puram	5	-	5
20.	Peelamedu Division	11	3	14
21.	Nanjunda puram	15	1	16
22.	Highway Backside	7	3	10
23.	Balasubramania Nagar I	3	-	3
24.	Udayam Palayam Balasubramania Nagar	11	2	13
25.	Gandhi Nagar, Periyar Nagar	21	3	24
26.	Ammangulam channel	2	-	2
27.	Masal layout	18	2	20
28.	Erimeedu	4	-	4
29.	Rajeev Nagar	6	-	6
30.	Amman Kulam South I	26	6	32
31.	Amman Kulam South II	6	3	9
32.	Amman Kulam Extension	8	-	8
33.	Ukkadam	17	9	26
34.	Kottaimedu	42	10	52
35.	Kempatti Colony	27	9	35
36.	Karumbukkadu	9	-	9
37.	Selvapuram North	5	-	5
38.	Selvapuram South	3	-	3
39.	Thelungupalayam pudur	8	-	8
40.	Seeranaaikan palayam	27	2	29
Total		517	114	631

A total of 631 disabled were identified in the 40 slums – 517 physically handicapped and 114 mentally disabled, the range varying from 2 to 52 numbers. In this, 38 per cent of the physically disabled and eight per cent of the mentally handicapped were females.

Table III and Figure I shows the causes for the disabilities as expressed by the family members of the disabled.

Table III. **Causes for the Disabilities**

S.No.	Causes	Percentage
1.	Genetic factors	38
2.	Diseases	29
3.	Lack of availability immunization facilities	17
4.	Accidents	16

While genetic factors were responsible for the disabilities in the case of 38 per cent; 29 per cent revealed that they became impaired due to communicable diseases and 17 per cent were affected by not availing the immunization facilities. Accidents happened to be the causes for disability for 16 per cent cases.

2. Findings of the detailed survey conducted in the selected slums
The findings of the survey are detailed as per the headings listed below :

- a. Types of disabilities
- b. Age wise distribution
- c. Age at which disability occurred
- d. Educational level
- e. Occupational status
- f. Family income

Causes for the disabilities

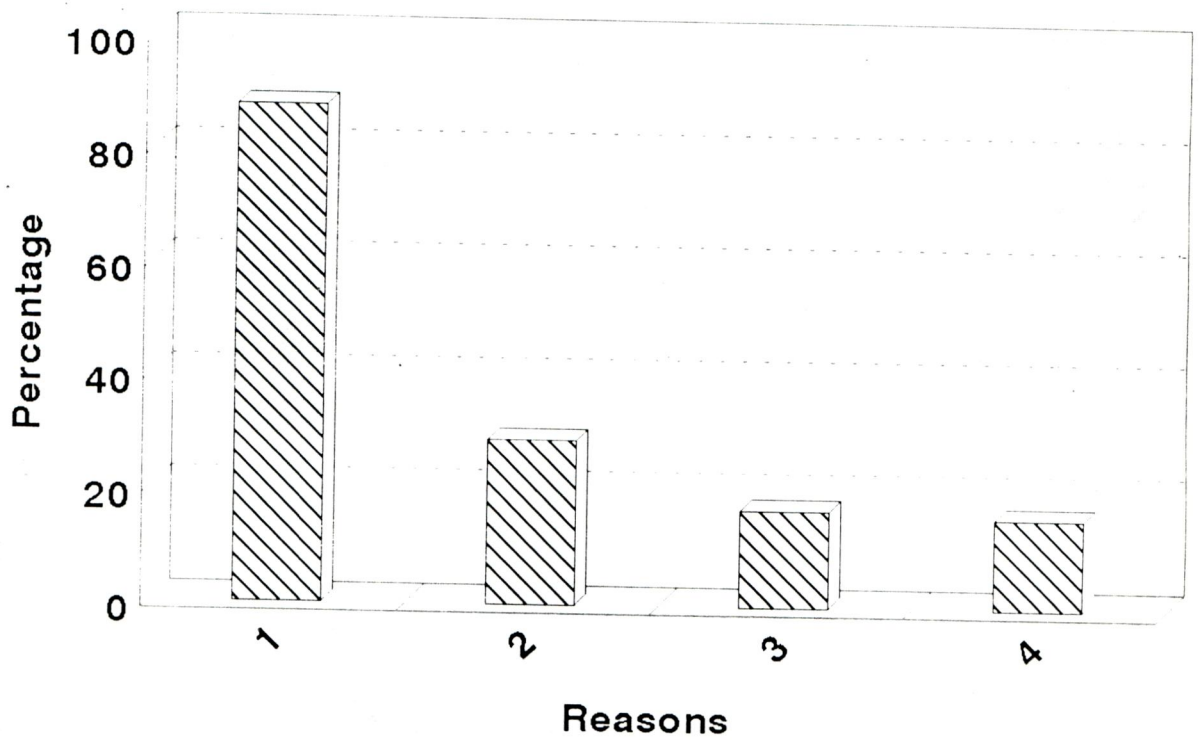


Figure 2

1. - Genetic factors; 2.- Diseases; 3.- Lack of availing immunization facilities; 4. - Accidents

a. Types of disabilities

The categories of the disabled identified from the seven areas are as shown in Table IV and Figure II.

Table IV. **Types of Disabilities**

S.No.	Areas	Physically disabled			Mentally disabled	Total
		Orthopaedically disabled	Visually disabled	Speech and Hearing impaired		
1.	Ukkadam	30	4	–	10	52
2.	Seeranaickan palayam	16	2	9	2	29
3.	Avarampalayam	16	3	3	2	24
4.	Karuppuswami Nagar	10	3	4	2	19
5.	Periyar Nagar	8	7	–	1	16
6.	Raju Nagar	11	3	–	2	16
7.	Venkitapuram	7	–	3	2	12
Total		98	22	27	21	168
Percentage (N: 168)		58	13	17	12	100

A majority of 58 per cent were found to be orthopaedically handicapped; 13 per cent were visually disabled; 17 per cent were Speech and hearing impaired. The remaining 12 per cent were found to be mentally retarded.

b. Age-wise distribution

Table V depicts the age-wise distribution of the disabled.

Table V. **Age-wise Distribution**

S.No.	Age in years	Percentage n = 168
1.	Below 10	12
2.	11 – 20	24
3.	21 – 30	14
4.	31 – 40	16
5.	41 – 50	18
6.	Above 50	16

Categorise of the disabled in the selected slums

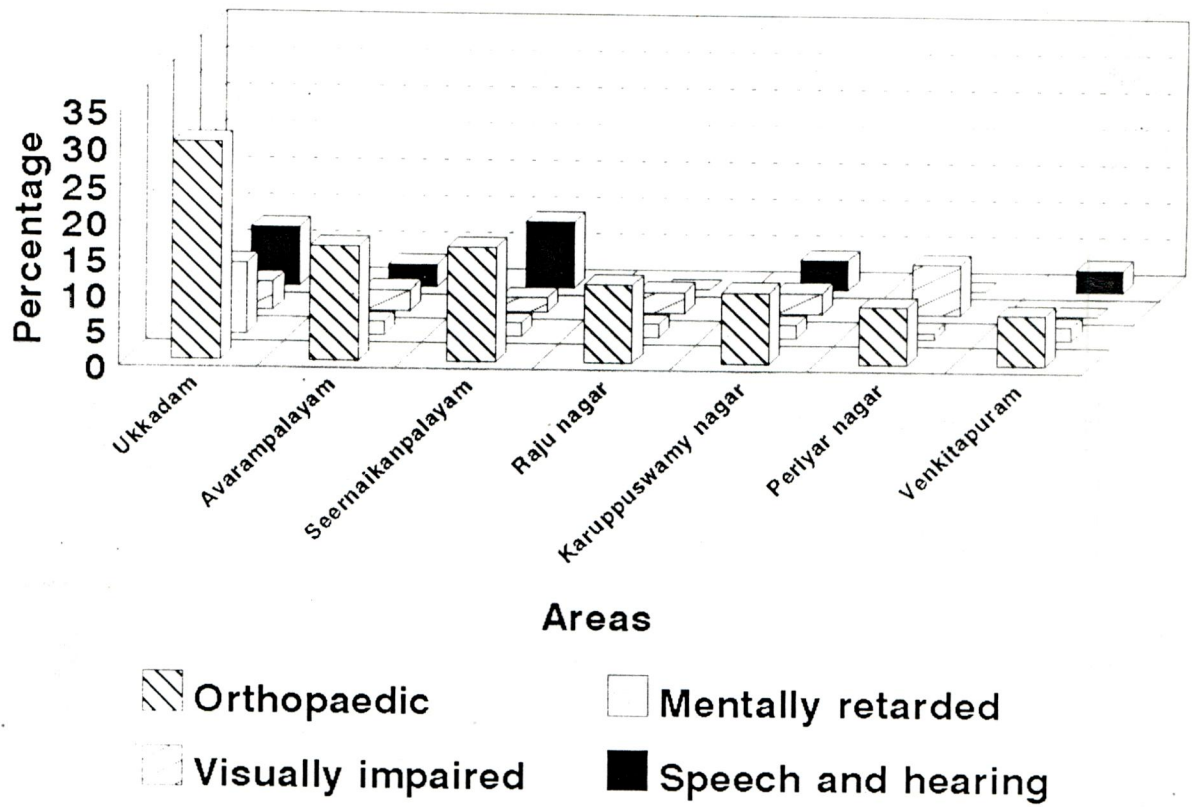


Figure 3

While 50 per cent of the disabled were young within 30 years, 34 per cent were in the age group of 31 – 50 years and 16 per cent were above 50 years.

c. Age at which disability occurred

Table VI shows, at which age disability occurred.

Table VI. Age at which Disability occurred

S.No.	Age in years	Percentage n = 168
1.	Below 5	50
2.	6 – 10	12
3.	11 – 15	8
4.	16 – 20	7
5.	21 – 24	9
6.	Above 25	14

A majority of 50 per cent became disabled at an early age of below five years, while 12 per cent became disabled at an age group of six to ten years; eight per cent of the disability resulted in the age group of 11 to 15 years; seven per cent at an age group of 16 to 20 years; nine per cent at the age group of 21 to 25 years and the remaining 14 per cent at an age of above 25 years.

d. Educational level

Table VII shows the educational status of the disabled.

Table VII. Educational level of the Disabled

S.No.	Educational level	Percentage n = 168
1.	Illiterate	33
2.	Primary	18
3.	Middle	23
4.	Secondary	16
5.	Graduate	5
6.	Specific education for the disabled	5

A majority 84 per cent of the families were living below poverty line, while the remaining 16 per cent were found to be living above the poverty line.

B. Outcome of availing the Rehabilitative measures on the Disabled

1. Details of Rehabilitative services availed by the disabled and
2. Case Studies of the beneficiaries availing intensive medical help

1. Details of Rehabilitative services availed by the disabled

Out of the 168 disabled covered under the detailed survey, only 33 cases could be helped with rehabilitative measures in the I phase. Table. X gives the rehabilitative services availed by the disabled.

Table X. **Details of Rehabilitative Services availed by the Disabled**

S.No.	Disability	Number	Rehabilitative services availed		
			Medical	Vocational	Educational
1.	Orthopaedically impaired	17	15	2	—
2.	Visually impaired	10	9	1	—
3.	Speech and hearing impaired	3	3	—	—
4.	Mentally retarded	3	1	1	1
Total		33	28	4	1

Of the 33 who received help, 17 were orthopaedically handicapped; 10 were visually impaired; three cases were speech and hearing impaired; while the remaining three were mentally retarded. Out of 17 orthopaedically disabled, 15 persons availed medical help and the remaining two received vocational rehabilitation. Out of 10 visually impaired, nine received medical services and one was assisted for vocational skill acquisition. Regarding mentally retarded, one was helped

to get medical help, another received vocational skill training and the third one was admitted for regular schooling in the school run by the 'Society for the Aid of Handicapped', Coimbatore. All the three speech and hearing impaired were helped to receive medical services and sanction has been accorded for hearing aids for all the three by the District Rehabilitation Officer.

2. Case Studies of the beneficiaries availing intensive medical help.

CASE STUDY I

Prasanth, aged 5 years, is an orthopaedically handicapped boy suffering from phocomelia as his right hand is attached to the trunk. He is the only child. He is brought up in a joint family. His father is working in a private concern and his mother is a house-wife. He is more attached to his aunt and uncle. All his family members were very kind and attached to him.

As his right hand is affected, he is dependent on his parents to do his activities. He becomes emotionally upset when others talk about his inability. Otherwise, he enjoys playing with his friends and also he is regular in going to school. Prasanth likes to use his right hand just like a normal person for eating, writing etc. He founds to be very upset at times as he is not able to use his right hand for doing his favourite hobby of drawing pictures. He used to feel about his disability telling his mother. Whenever he is taken to family functions, seeing his peers with normal physical appearance playing and enjoying, he becomes upset and keeps away from them. Seeing this his parents too become upset. Thought they had the will to give the needed treatment, their economic condition is not feasible to do so.

When the investigator approached his parents and informed them about the 'Free Polio Corrective Surgery Camp' conducted in PSG Medical Hospital they readily accepted and brought him to the camp. There he was examined and admitted for surgery on 2nd March 1997. On the seventh of March 1997 surgery was carried out. He undergoes physiotherapy at present.

He feels very happy saying that soon he is going to eat with his right hand. His parents too feel happy about his progress. He will continue the treatment for his hand for another couple of months. The boy was assured of doing all activities by his hand freely and normally.

CASE STUDY II

Nanjappan, a nine year old boy had deformity in both legs which occurred after six months of his birth. His father is a weaver and his mother assists the business. He has a brother who is also mentally retarded to some extent.

He could not walk, he was not able to stand for a while he could only crawl using hands and knees and he has to forgo his education, as his parents could not help both the disabled sons. He is dependent on his mother for day-to-day activities. He feels dejected when other children are playing. He was immunised soon after his birth. Though he was treated at various places, his disability could not be cured. As he is too young to feel for his disability, he seemed not be worried about it. His parents feel that he is not revealing his feelings, as he thinks it may affect his younger brother, who is mentally retarded. Nanjappan feels bad to the extent that in the future he may not earn for his parents and allow them to relax.

DISABLED PERSONS SEEN WITH THEIR FAMILY MEMBERS

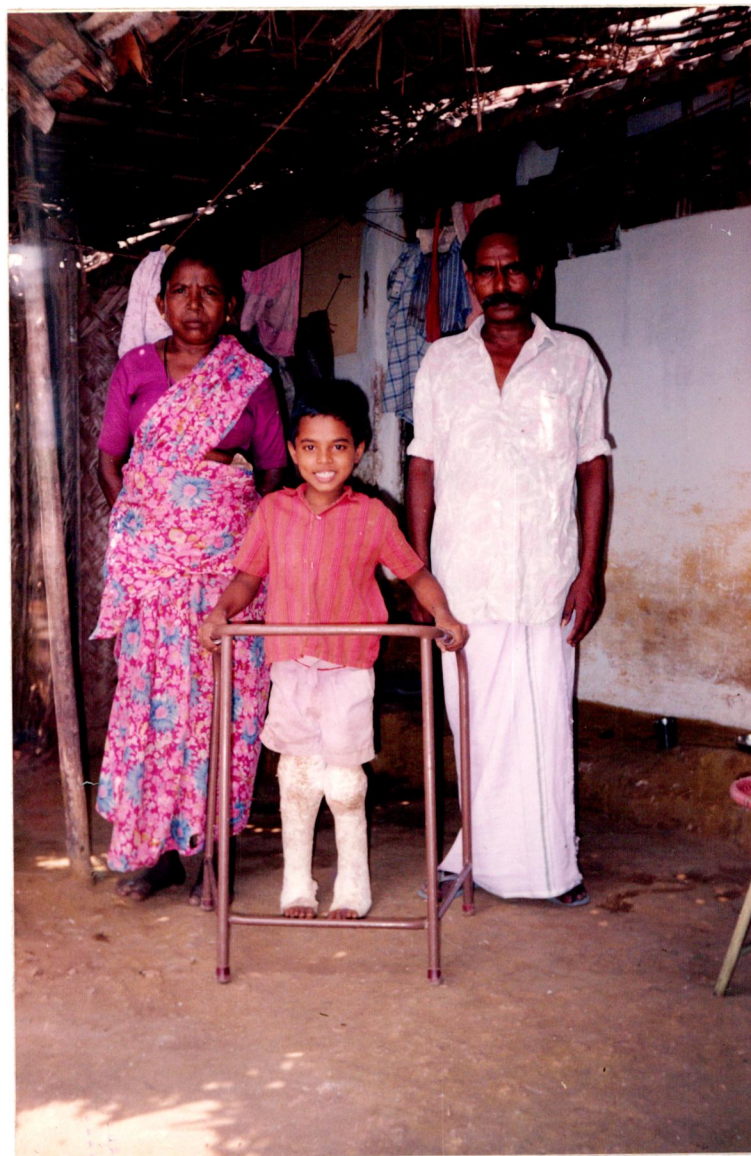


PLATE III.

The investigator approached his parents and informed them about the 'Free Polio Corrective Surgery Camp', they showed their willingness to take him there. He was taken to the hospital on the second of March 1997 and after having a preliminary check up he was admitted there for his treatment. His legs were positioned properly and plaster cast was applied on fourth March 1997. After a period of fortnight he was discharged. Now he is able to stand and he is practising to walk slowly. He is having a great hope that soon he can walk and go for a job, earn by himself and look after the family especially his brother, with whom he is found to be too attached, play and do all activities on his own. He can go to school, and for a job.

CASE STUDY III

Muthumari, seven years old is a mentally retarded girl suffering from cerebral palsy and polio myelitis. Her father is a vegetable vendor. She has an elder sister and an younger brother. She was not given proper care as she was found to be mentally retarded from her birth. The other two children are provided with proper education and care. Muthumari alone was not immunized while the other two were immunized in the appropriate time. Even though she is not given proper care by her family members, she is not considered as a burden. Muthumari cannot stand or even sit. She has to be kept lying always as her disability is very severe. She could not feel anything happening around her, so she could not express her feelings. Her parents feel too depressed of having a child with such a condition.

Muthumari was taken to the camp on the second of March, 1997. There the doctors examined her and agreed to do surgery to correct the disability caused by polio myelitis and also to give treatment to improve

her mental ability. On the same day she was admitted to the hospital. She was kept there for a period of a week. Her parents were not satisfied with the treatment as they could not feel any improvement in the condition of the patient. Despite the doctor's advice that the condition will improve very slowly they took her from the hospital. Lack of interest on the part of the parents is the main reason for the present condition of the child. Along with this the economic status of the parents also does not allow them to think a while to spend on this child.

CASE STUDY IV

Radhamani, aged 10 years is attached by polio in her right leg when she was three and a half years old. Due to the ignorance of her parents she was devoid of the immunization facility. Her parents are manual labourers earning a meagre amount for living. She is completely dependent on her mother and elder sisters to do her day to day activities. She becomes very frustrated at times and shouts at her sisters. She becomes emotionally upset when any one feels for her disability and keeps away from them. Her parents feel depressed seeing her condition, but were unable to help her in any way. When her peer groups play with her she enjoys and spend her time happily. But, this is not the case always.

With the help of the efforts taken by the investigator, Radhamani was admitted in the PSG Medical Hospital for treatment in the month of March. Operation was carried out on free of cost. The patient now is improving slowly, also she is given regular practice to walk. Her parents opined that her emotional feelings have changed a lot and she may walk soon. One can easily feel that she becomes less frustrated now and moves well with her friends and neighbours. She is having a great hope that

soon she will be able to walk and do her work by herself. Her parents too wish the same.

CASE STUDY V

Lakshmi, 12 years old girl is studying in 6th standard. Her parents are coolies and thriving hard for making a living for the whole family. Her family is a joint family, with grand parents, two younger brothers and parents.

The parents were aware about immunization and gave her two doses of vaccines. Before the administration of the third dose she was struck with Polio. She is completely dependent on her mother even for her day to day activities. Due to her illness she is mentally depressed when she sees children of her peer group, actively participating in games.

Financial constraint held them back from going for advanced treatment. So they readily agreed when approached by the investigator to undergo operations free of cost. Presently, she is recapturing from her first operation. Two more operations may have to be performed in future.

In the near future with a hope of recovering from her disability she has high hopes of starting a business, on her own. She has a great hope that soon she will be able to walk, this had made her behaviour change a lot.

Learning from the previous experiences the parents made sure that other two younger children were given the complete doses of vaccine against polio.

They are highly satisfied by the care given to her by the officials of the hospital.

CASE STUDY VI

Vinodh, 9 years old, is an orthopaedically handicapped boy. His father is working as casual labourer in the Agricultural University, Coimbatore, and his mother is a housewife. He is an younger brother. His parents gave immunisation to him but the dose was incomplete. This could be the cause of his deformity. Now, he is studying IV standard in Government School. He is behaving like a normal child. He used to walk by knee, as the two legs were affected. But, he does not feel disabled. He used to play with all the age-groups.

First, he has got treatment from Christian Mission Hospital without any expenses. They operated him and asked to follow the procedures like doing exercises, trying to walk etc. Due to pain, he hesitated to do exercise. He could not wear shoes. If he have done the exercises taught by the institution regularly, he could have had the chance to walk.

His parents are taking care and being kind to him. His younger brother often plays with him. If his parents have the confidence, definitely he will be enlightening in his life. All his day to day activities were undertaken by his parents and family members. His parents had come to know about this campaign (Free Polio Surgery Camp) through the investigator. He participated in this camp and he was given corrective plaster cast treatment. After this treatment, he is trying to walk slowly. Now, he has much confidence to walk on his own. Before treatment, he never thought of recoverment, neither imagined of walking. But, now he wishes to walk, run, jump, play and do all the activities by himself. He does not want to depend on others. Thus, he would definitely achieve his goal, to become a highly educated person and earn by himself for his livelihood.

Summary and Conclusion

V SUMMARY AND CONCLUSION

A study on 'Initiating rehabilitative measures for the disabled in selected slums of Coimbatore Corporation was carried out and the findings are summarised below :

Avinashilingam Deemed University has adopted 40 slums in Coimbatore Corporation for the Community and Social Service. Women's groups are being initiated in these slums under the banner Indira Mahila Yojana (IMY) meant for collective action for awareness generation, convergence of sectoral programmes and income generation. The programme intends to identify risk factors the families are exposed to UNICEF has listed 12 risk factors adversely influencing families. One of the risks is the presence of disabled in the families. With the help of the leaders of the Women's groups, the disabled in the IMY areas were identified. There were 631 disabled persons located from the 40 areas. Since it was too high a number to arrange for rehabilitative measures at stroke, it was decided to select only seven areas in the first instance to make a detailed study of the disabled and work towards their rehabilitation.

The areas selected for the detailed study were : Avarampalayam, Karuppasamy Nagar, Ukkadam, Periyar Nagar, Raju Nagar, Seeranaickenpalayam and Venkitapuram.

A total of 631 disabled were identified in the 40 slums - 517 physically handicapped and 114 mentally disabled, the range varying from 2 to 52 members.

The genetic factors were responsible for the disabilities in the case of 38 per cent; 29 per cent revealed that they became impaired due to

communicable diseases and 17 per cent were affected by not availing the immunization facilities. Accidents happened to be the causes for disability for 16 per cent cases.

A majority of 58 per cent were found to be orthopaedically handicapped; 13 per cent were visually disabled; 17 per cent were speech and hearing impaired. The remaining 12 per cent were found to be mentally retarded.

Fifty per cent of the disabled were young within 30 years, 34 per cent were in the age group of 31 – 50 years and 16 per cent were above 50 years.

A majority of 50 per cent became disabled at an early age of below five years, while 12 per cent became disabled at an age group of six to ten years; eight per cent of the disability resulted in the age group of 11 to 15 years, seven per cent at an age group of 16 to 20 years, nine per cent at the age group of 21 to 25 years and the remaining 14 per cent at an age of above 25 years.

One third of the disabled identified in the detailed survey were illiterates. On the other hand five per cent were graduates and 16 per cent had completed their higher secondary level, proving that disability was not a hindrance to educational attainment.

Among the employed disabled persons, 56 per cent were working in the unorganised sector, 23 per cent were in the organised sector and the remaining 21 per cent of the respondents were taking up self employment for their livelihood.

A majority 84 per cent of the families were living below poverty line, while the remaining 16 per cent were found to be living above the poverty line.

Among the 13 received help, 17 were orthopaedically handicapped, 10 were visually impaired, three were speech and hearing impaired, while the remaining three were mentally retarded. Orthopaedically disabled received both medical (15 persons) and vocational rehabilitation (2 persons). Visually handicapped too received both medical (nine persons) and vocational rehabilitation (one person). Regarding mentally retarded, one was helped to get medical help, another received vocational skill training and the third one was admitted for regular schooling in the school run by the 'Society for the Aid of Handicapped', Coimbatore. All the three, speech and hearing impaired were helped to receive medical aids for all the three by the District Rehabilitation Officer.

The background of the cases of the disabled before and after the rehabilitative services are given in the case studies. It is revealed that with initiation, motivation and provision of services can help the disabled to get adjusted with the society.

Recommendations

- Governments should create a legal base for measures in the disability field leading toward accessibility and participation and should support and cooperate with organisations of disabled people.
- Governments should integrate disability measures, based on laws or regulations aimed at achieving general accessibility – particularly

in education, where the needs of disabled children and youths should be catered for in the general school system.

- Governments should actively support opportunities for employment and take concrete action to open up various sectors of society like family life. Culture and recreation to disabled individuals.

Conclusion

Though there are enough rehabilitative programmes for the welfare of the disabled persons, people in the selected slums were found to be unaware of it. Continuous motivational efforts can only help them to get benefited. A majority of the disabled persons liked to get only economical benefit rather medical treatment.

A greater awareness therefore need to be created in the society that the disabled persons even can be educated and treated one among the society which will enable them to stand on their own legs.

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Appendices

APPENDIX I

AVINASHILINGAM INSTITUTE FOR HOME SCIENCE AND HIGHER EDUCATION FOR WOMEN (DEEMED UNIVERSITY)

Coimbatore – 641 043

A SCHEDULE TO ELICIT INFORMATION ON 'INITIATING REHABILITATIVE MEASURES FOR THE DISABLED IN SELECTED SLUMS OF COIMBATORE CORPORATION'

1. Name of the investigator : _____
2. Name of the respondent : _____
3. Address : _____
4. Name of the head of the family : _____
5. Religion : Hindu Christian Muslim
6. Caste : FC BC MBC SC ST
5. Type of family : Large Small
7. **Family Background**

S.No.	Name of the family members	Age	Sex	Educational status					Occupation	Income
				Pri- mary	Mid- le	High	Gra- duate	Illi- terate		
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8. Do you need further help? If yes, what type of help do you expect?
- (a) Medical aid (c) Educational facilities
 (b) Job opportunities (d) Others
9. What is your opinion about Government help?
10. What is your opinion about Voluntary Organisations?

S.No.	Category	Before	After
	Physical		
	a. Dependency for day to day activities		
	b. Psychological		
	1) Discomfort		
	2) Feeling of comfort		