CHAPTER IV

FINDINGS AND DISCUSSION

The findings of the present study are presented in six major sections. First section deals with individual cases and is presented in a narrative form. In second section an attempt is made to analyze and synthesize the problems faced, practices followed and attitudes of the homemaker towards disability. Third section presents the relationships and interrelationships among selected variables. In the fourth section findings are discussed in the light of the theoretical framework conceptualized for the study. The purpose of fifth section is to evolve suggestions for improvement of management by the homemaker with disabled family member. Section six deals with the results of, the follow up of the suggestions given to the individual homemakers and to test their feasibility.

Section - I : Case Studies - **Analysis**

In the present section the case study of each family with disabled family member is presented: the background characteristic, nature, cause and extent of disability, treatment given, problems faced and practices followed by each homemaker. The first five case studies deal with orthopaedically handicapped family member, next five with blind, then deaf-mutes, mentally retarded and cerebral palsy group. All names in the study are fictitious.

1. Family of Hemant

The father of Hemant is 38 years old, a graduate engineer owning a chemical store earning Rs.2000 per month. His wife is 33 years old and is a full time housewife educated upto secondary school level. They have three children- two sons and a daughter. The eldest son is 12 years old and studies in eighth class. Hemant, the second child, is 11 years old. He had schooling in special school 'Apang Bal Gruh till last year. He studied upto fifth class. The youngest is daughter aged one and a half years. The family has their own house but has no other source of income apart from the earnings of the head of the family. The house has three rooms and a kitchen. It is well lighted and ventilated and the surroundings are sanitary.

Nature, Cause and Extent of Disability.

When Hemant was only nine days old, he had an attack of broncho-pneumonia. The temperature stayed for 22 days and from then onwards his limbs have been affected due to neurological disorder.

Hemant is orthopaedically handicapped. The coordination and movement of both legs and arms is restricted but not completely bad. His speech is slightly affected. His walk is not steady; his feet give way suddenly.

Hemant can use his limbs slightly. He can walk without support but only around the house. He shuffles across the room generally because he has difficulty in walking freely. He can sit on his own accord and stand also. He has calipers to help him walk and move steadily but he does not use them. He needs help in dressing specially with buttons, shoes and slippers. He can undress himself and can take bath also. He is a little messy and slow in eating. He can drink from ordinary cup and glass. He can go to toilet unaided and can tell about bowel and bladder movement. His eyesight and hearing are normal, but speech is slightly defective. He has a little difficulty in speaking, but speech is clear. He can read and write. His physical and mental growth is normal. He does not have regular check ups. He is taken for physio-therapy occasionally and at times the exercises are carried out at home.

Treatment.

Hemant was hospitalized when he had the attack of broncho-pneumonia and family spent over Rs.3000 at that time. Since then a number of specialists have been consulted at Baroda and Bombay but nothing could be done. Family spent Rs.15000 over this. He was given physio-therapy for a couple of years but taking him daily to and fro became very difficult for the mother as the child grew up. This was costing Rs.200 per month.

He was given magnet treatment at a medical camp too. It had also not helped much. They spent Rs.200 over it. He was admitted to special school Apang Bal Gruh but he did not like to go there so they stopped sending him. The mother was feeling very frustrated. She said "We have spent about Rs.20,000 - 25,000 over the child's treatment".

Problems Faced.

The mother finds it difficult to cope up with time demands. She gets tired because of overwork. She does not have enough rest and leisure. She feels unhappy at her son's plight and feels frustrated that inspite of every possible treatment his condition did not improve much. She is very much worried about his future care because Hemant is not completely self-reliant. Hemant's parents were afraid to have any more children soon after him. The homemaker had to spend a lot of time on care and attention of the child thus they had the next child after nine years gap. Sometimes siblings do not play with him and resent extra attention given to Hemant.

Relatives and friends express pity and offer uncalled for advice which makes the homemaker unhappy at times. Hemant was sent to 'Apang Bal Gruh' for formal education but he felt that teachers did not give proper attention. The other children came from low income group and he found it difficult to adjust with them. On the whole the school atmosphere was not encouraging. The family feels need of special school for people from higher socio-economic group where proper attention and care could be given to children who need special attention.

The family does not anticipate problems about his employment. They found it difficult to build up saving because of the expenditure on Hemant's treatment.

Practices Followed.

The homemaker faces time problem. She has a young child to care for as well as Hemant. She has hired help for cleaning vessels and washing of clothes. She gets tired by mid morning. As their's is a single family, they have no one to leave the disabled child with. The older son is not of much help in the house but can look after Hemant. She, however, does have some rest for a couple of hours in the afternoon and late in the evening. She gets about 6-7 hours of sleep. She does not go out for movies and other social functions as often as she wants.

The family is planning to give him private tuition as he refuses to go to school. They want him to be trained to take charge of family business when he is older. They also are on look out for any treatment which could help him. They are going to try acupuncture too.

The family has accepted his disability at present, have not given up hope and are always ready to get any information which would help their child. They treat child normally but they seem to have encouraged him to be a snob. He said that the other children were dirty and were from very poor families and therefore he did not want to study with them. They have plans, for making his future financially secure. The family does not spend a specific amount every month on care of Hemant, although his private tuitions cost Rs.100 per month.

On the whole her attitude towards disability is satisfactory. Heamnt has calipers but he does not use them. The homemaker indulges to his whims and does not encourage him to use them so that he could be self-reliant in movement.

2. Family of Harish

Harish's father aged 50 years, educated upto sixth class and is a factory worker earning Rs.400 per month, while his mother is 42 years old, illiterate housewife. They have a daughter and four sons including Harish. Harish's three older brothers are working.

They are 22, 20 and 18 years old, none of them have studied upto even secondary school level. The eldest works with a photographer, earning Rs.150 per month, second one helps in a shop and earns Rs.100 and third one works on a lathe and earns Rs.100. Harish is 15 years old and is studying in eighth class. Harish is lagging behind because he could not go to school, till he was nine years old. They live in their own house which consists of one room and kitchen. It is a row type of housing. The lighting and ventilation are not very satisfactory. The sanitary conditions are also poor.

Nature, Cause and Extent of Disability.

Harish is orthopaedically handicapped, suffering from post polio paraplegia with contracture and muscle wasting. Both legs are badly affected because of polio at the age of one year. The family was not aware of polio vaccination and had neglected to get him vaccinated. Due to lack of physio-therapy subsequent deformity occured. He cannot walk at all. He can, however, shuffle across the room and in the house, but cannot climb stairs. He can sit without support but cannot stand at all. He has been able to secure a tricycle specially designed for such people with the help of 'Apang Bal Gruh'. With the help of tricycle he can move around everywhere including attending school. It has proved very helpful for him. He is self-reliant in his personal care. He can dress and bathe himself. He can feed himself and can go to the toilet unaided. His senses are normal. He can see, hear and speak without any difficulty and can read and write. In his physical growth only legs have been affected otherwise he is normal. His mental growth is also normal. He goes to special school and therefore gets physio-therapy as well as vocational training alongwith basic education. He is self-reliant in his day to day activities.

Treatment.

The family gave all possible treatment to him. He was only one year old when he had polio myelitis. Since then the family has spent money on his hospitalization and consulting specialists for his treatment but without success. They spent about Rs.200 initially and later around Rs.400 on his treatment. They spent around Rs.100 on treatment from faith healer too.

Problems Faced.

The mother used to get upset over his condition and worried about his future care but now Harish is self-reliant and quite mobile she is bit at ease in this respect. At present her main anxiety is his employment. The family is concerned about his financial independence. The relatives and friends pity the child and other children tease him too but Harish seems to have adjusted to his limitations and does not get very much affected by such teasings. Homemaker finds it difficult to take him out of station, otherwise he can go wherever he pleases. He can look after himself if he has to be left at home. Initially the homemaker also faced the problem of over work and limited family income.

Practices Followed.

Harish is being given formal education by the family, but he is poor in studies. He does not have any problem at school because he goes to special school. His education is free as he studies at 'Apang Bal Gruh' which is a government institution.

Harish is not yet employed and the homemaker anticipates problem in securing suitable employment for him in future. She is therefore more interested in his learning some skill. He gets training in cane-work and other handicrafts at school. The family as yet is not interested in his marriage but anticipates difficulty in getting a suitable partner for him.

The family had to live economically. The family had to cut expenses on food and clothing and could not spend much more on children's education. They also could not afford furnishing the house, giving holidays to children and on entertainment.

Family was resourceful; they secured the help of social welfare agency in getting free education and also a free tricycle for Harish. They want to establish him in some self-employment so that he can be financially independent but the family finds it difficult to save money therefore trying to get loan from bank or help from social welfare organization. Earlier they had to borrow money from relatives for his immediate treatment and were able to repay the loan. Their neighbours and friends are quite helpful when she has to go out leaving Harish behind.

The management of household work does not pose much of a problem to the homemaker at present. She has help from her daughter in household work. Her other sons are employed hence the financial burden has reduced. She gets enough rest and sleep as all children are grown up and Harish does not need any help. No time and labour saving device is owned by the family and homemaker does not feel the need for it. The family installed a toilet in their house especially for their child's convenience which was an additional expense to the family.

The family faced with the situation of having disabled child and tried their best to give him all the possible treatment. They were not very frantic about his disability, and they did not go to all sorts of people to get him cured. They have been very resourceful in securing free help from government organizations and social welfare agencies. They do not seem to have pampered their child and have always encouraged him to be self-reliant. They are getting him trained and educated for making his future secure. The attitude of homemaker towards disability was positive and it has helped in making Harish quite independent in his day to day activities.

3. Family of Hiren

Hiren stays with his brother and his family. His brother is 40 years old, educated upto fifth standard and works in a factory earnings Rs.300 per month. His wife is 38 years old, illiterate, works as servant for cleaning vessels in some houses. They have four children, three sons aged 20, 18 and 12 years, and daughter aged 16. The two older sons have left studies after eleventh and ninth respectively and the two younger children are studying in eighth and seventh standards.

Hiren is 25 years old, did not have any education but has learned to repair cycles from some friends. The family lives in their own house. They also do some seasonal work such as preparing 'sev' and selling during 'Holi' season and earn about Rs.200. The house in which they live is in congested area. The toilet and bath facility are convenient and adequate. Lighting, ventilation and sanitation are satisfactory.

Nature, Cause and Extent of Disability.

Hiren's both legs are badly affected as well as the left arm has restricted movement. His defect is congenital, because of birth trauma with paraplegia. As both his legs are affected, Hiren cannot stand or walk. He however can shuffle around the house but not climb stairs. He is self-reliant and can manage his personal care. He can dress, bathe and feed himself. He can go to toilet unaided. The family, with the help of Society for the Physically Handicapped, has been able to get for him a tricycle, free of charge. With the help of it, he can go anywhere and is completely mobile.

His senses are normal. He can see, hear and speak clearly. He has managed to learn to read and write with the help of his nephews. Except for his legs and the affected left arm his physical growth is normal. His mental growth is also normal. He does not have regular medical check up.

Treatment.

He was kept in hospital and an orthopaedic surgeon was consulted but nothing could be done to help him. The family spent around Rs.200 on him. The family then accepted the situation and did not waste money on his treatment, but they did spend about Rs.100 on faith-hearlers.

Probelms Faced.

Initially his mother had problems of taking care of him, but he was encouraged to be self-reliant from an early age. The family is unhappy about his condition and more worried about his future because of his unemployment. Hiren hates to be dependent on his brother. Financially and socially too the brother's family do not have to restrict themselves much on his account, because Hiren is self-reliant. Hiren was not given formal education first, as the family comes from low socio-economic group and secondly because of his limitation in movement. The family lives on a strained budget, because only one person is earning Rs.300 per month to support all the seven members of the family, including Hiren, who is unemployed and financially dependent. The homemaker gets tired of overwork, because she hardly gets any help from the family members.

Practices Followed.

Hiren's main goal is to be financially independent. He wants to start a shop of cycle repair. He is trying to secure financial aid so that he can be self-employed. He has contacts with 'Friend's Society' and 'Apang Bal Gruh' and 'Society for the Physically Handicapped' and through them he is making effort to secure financial loan for his venture.

He was not given any formal education because he needed special care and attention. Hiren has an obession about being self-employed and not being a financial burden to his family. He wants to get help from anyone and everyone who can help in establishing his work. He is at present unemployed and is dependent on his brother. He is not at all interested in his marriage at present. He may change his views when he is well established and earning. There is a strain on the family budget but not mainly because of having Hiren in the family. Although the family would be economically benefitted when he will start earning, presently the family has to restrain their expenses. The family needs funds to finance the self-employment project of Hiren. The homemaker cannot hire help for house work and it is very difficult to save money. The family has to cut expenses on food and clothing. Even a cup of tea was shared by two or three people as they could not afford to make tea for all the family members. They have limited scope for entertainment. The homemaker has too much of work. She works outside by cleaning vessels to increase family income. Housework, however, is shared by her daughter and even Hiren helps in making tea. She gets little rest in the afternoon and eight hours sleep at night. The homemaker works hard during 'Holi' season to prepare "Sev" for sale and for 'Diwali' and 'New Year' the family prepares "Mathia" and sells them. Her sons also earn little on selling the threads specially coated for strength during the 'UTTRAYAN' (Kite flying) season.

On the whole family has helped Hiren to be self-reliant. They are trying to get him established and financially independent. The family however could not give him formal education, but Hiren has managed to learn to read and write. He is also trained to repair cycles. This too, he has learned on his own from friends and did not have any special training at any training school. The family would be out of financial crisis, when the children who have left studies, and are unemployed take up some job and contribute to the family's income. The attitude of family towards disabled person is positive. They have encouraged him to be independent. They want him to settle in life and marry. They are however helpless because they cannot provide any financial help.

4. Family of Hirak

Hirak's father is 62 years old, educated upto secondary school level and leading retired life with a pension of Rs.225 per month. His mother aged 56 years is illiterate and a fulltime housewife. He has four sisters and three brothers. Three sisters are married and the younger aged 22 years has passed tenth class who helps mother in household work. He is the eldest among the brothers. The one younger brother aged 20 years had education upto S.S.C. and is at present working in a factory earns Rs.400 per month. The other two aged 19 and 12 years are studying in second year B.Com. and eighth standard respectively. Hirak himself is 25 years old, had no formal education but has learned to read and write with his own efforts. He also prepares attractive greeting cards and some wall pieces for sale. He cannot paint but can sketch with pencil and crayons also uses some other forms of decorations such as patch work. During 'Diwali' and 'New Year' time he earns about Rs.50 to 100 for his work. The total income of the family is Rs.625 per month with seasonal contribution of Rs.100 on the part of Hirak.

The housing conditions are far from satisfactory. The toilet is outside and shared with relatives. It is however lowered to suit the needs of Hirak and is at convenient height for him to use it unaided. Bathroom is inside the house and is convenient, water facility is at limited hours. The house is not properly lighted and ventilated. It is in residential area. The family cannot shift to a better house because of the financial limitation. The present house is old family house and is not in a very good condition.

Nature, Cause and Extent of Disability.

Hirak is orthopaedically handicapped suffering from post polio paraplegia with paralysis of right upper arm. His both legs are badly affected and his right arm is also completely useless. His left arm is partially affected and he can use it to some extent. His handicapping condition was the result of poliomyelitis with wasting and contracture of muscles. He was affected with this at the age of 10 months. The family was not aware of the polio vaccination.

As Hirak's both legs are badly affected he cannot walk at all. He shuffles and wriggles along the floor. His independent movement is restricted within the house but not the stairs. He can sit up on his own accord. With his limited mobility of limbs he can still manage to be self-reliant in terms of dressing, bathing, feeding and continence. His general health at present is satisfactory. He has normal senses. He has learned to read and write.

Treatment.

The family did not spare any effort to bring the disability to a workable level. When Hirak was affected with polio at the age of 10 months, the family spent about Rs.200 for his cure and hospitalization. At the age of one and a half years they took him to an orthopaedic surgeon to see if anything could be done for improving his condtion and had to spend additional amount of Rs.200. His mother took him to faith healers too and spent about Rs.200 on all such visits. They also employed a person to massage his limbs and paid Rs.150 to him. His medical bill used to be Rs.25-30 per month. All this treatment went on upto the age of 7-8 years. The family ultimately gave up all hopes as nothing proved to be helpful and accepted the reality of their son's handicapped condition.

Problems Faced.

The family was ignorant about the polio vaccination and its benefits and did not get Hirak inocculated at an early stage otherwise such a situation could have been avoided. The family had overcome a lot of hurdles with regards to care of Hirak, who is quite self-reliant at present. The parents however feel unhappy at his plight and worry a lot about his future as to who will take care of him when they would not any longer be there. They seem to be very much disturbed about his unemployment and also feel quite helpless because they cannot do anything for his marriage. Siblings feel embarassed at times but have got adjusted to his handicap and do not hesitate to carry him alongwith them to functions which he desired to attend. Hirak has no such feelings that his family does not like him and neglects him. Sometimes, only people other than family members, treat him as inferior.

The disability has mainly come in way of Hirak's education, employment and free movement outside the house. The treatment of Hirak caused a severe strain on the family's budget. Lack of funds are coming on the way of his self-employment and financial independence. The homemaker has no hired help but her daughters do help as and when required.

Practices Followed.

The goals regarding his rehabilitation were to make him self-reliant in his day to day activities and to help him to find a source of income so that he does not become a financial burden on the family. So far as self-reliance is concerned, Hirak has achieved it to a marvellous degree. With so many restrictions on movement of his limbs he can manage all his personal needs and is not at all dependent on others. Only once in a while if he goes out to attend some function, siblings help him as he has to be carried and placed in the vehicle. The decisions regarding his treatment were made by both his parents. His mother however took him to faith healers too. With regards to formal education, the family did not take any initiative in admitting to a school. But Hirak on his own learned to read and write. He cannot get any employment as he is not trained to do any work, again he has taken his own initiative and has started a creative hobby which has given him some satisfaction of earning a few rupees. The family however encourage him in his efforts and provides him with necessary materials. Hirak is very firm on his decision not to marry as he feels there is no possibility of his becoming financially independent enough to support a wife or a family.

Hirak is member of two welfare organizations. One is 'Society for the Physically Handicapped' through which he has made some trips outside the city too. 'Friend's Society' another voluntery welfare organization, takes him out frequently for recreation and arranges to display his work and sell his greeting cards during the season.

On his own accord Hirak has learned to read, write, draw and sketch as well as do patch work decorations. The family however did not make much efforts in finding out ways in which he could be trained for self-employment. The social welfare agencies have also not helped in this direction.

The expenditure on Hirak's treatment had caused a severe strain on the family's budget. The family had to borrow money from friends and relatives to meet his hospital charges. The family also had to live economically as the income of the father was not sufficient to meet all expenditure and also the additional expenses of Hirak's medical treatment. The education of Hirak's older sisters also suffered. They studied only upto seventh standard. The brother next to him had to give up studies and take a job because the father retired and no one was there to support the family.

The family also does not have enough funds to invest in special training or self-employment of Hirak. They can barely provide for materials for his greeting cards. The family also cannot hire help for homemaker. All family members share work. It is very difficult for the family to save money.

The family income is very limited and therefore they cannot do much for providing financial security to Hirak. The brothers will have to look after him. The mother is specially worried about his future because she says "One does not know how the daughter-in-law would behave with Hirak". She feels so long as the brothers are unmarried and the parents are alive Hirak would be properly fed, clothed and housed but once the brothers are married and the daughter-in-law come they are not sure what treatment Hirak will get.

The household work was not so much of a problem for Hirak's mother. She and her grown up daughters managed to do household work between them but at times they get tired of work. No hired help was utilized by the family. When Hirak was hospitalized, at that time too, the immediate family took the burden of work. Sisters managed to lookafter the household work when the mother had to stay with Hirak in the hospital.

At present however the problem is not very acute. The children are grown up and do not need special attention and Hirak is also self-reliant. The homemaker gets enough rest and sleep. She attends social functions and is engaged in religious activities. Hirak himself passes his day reading, drawing and listening to radio.

The family has natural gas pipe line and owns an iron as time and energy saving devices. Sometimes Hirak irons clothes for the family, but he cannot do it a larger scale because his only left arm is mobile and that too to a limited degree.

The family has accepted the disability of Hirak although they at times feel ashamed and embarassed in front of strangers. Hirak also has developed positive attitude towards disability and his family treat him normally. They do not fuss over him. Hirak has taken up the challenge and has become quite self-reliant and is trying to find ways and means of earning. He feels pessimistic at times because he cannot earn enough. On the whole he is quite cheerful and does not indulge in self-pity. The family seemed to have helped him a lot and did not encourage him to be dependent on others. Thus the family has got adjusted to Hirak and has developed a positive attitude towards his disability.

5. Family of Hina

Mrs. Hina is 31 years old, had education upto M.A. and works as a clerk in Baroda Municipal Corporation and earns Rs.600. Her husband is also 31 years old, a commerce graduate and a clerk in B.M.C. and earns Rs.625. Both husband and wife are orthopaedically handicapped. Hina's upper arms are under developed and her husband's legs are affected. They have two sons, one aged five years who is going to school and another aged three years. Hina's brother-in-law also stays with them. He is 20 years old and is studying in college.

The total family income is about Rs.1600 per month. Apart from their salary, they earn Rs.200 as their share of house rent, and Rs.200 as their share of land rent. Hina's husband owns land, has a house in the village and as well as one in the city. The family get grains and pulses from their land produce, sometimes seasonal vegetables and fruits too. They live in their own house with convenient bath and toilet facilities. They get 24 hours water from overhead tank. The house is well lighted and ventilated. The surroundings are sanitary, free from noise and odour. It is in a good residential locality.

<u>Nature, Cause and Extent of Disability</u>.

Hina's both upper arms were affected due to small pox osteo myelitis at the age of four years. Due to the virul infection the arms had to be kept in plaster and proper care was not taken. Therefore the growth of upper arms were affected. Although her arms are affected, Hina manages to do most of the household tasks and is completely self-reliant.

Treatment.

Hina was hospitalized for 15 days and her arms were put in plaster for six months. The family spent Rs.200 at that time. This restricted movement caused stunted growth of her upper arms. She could not move her arm from elbow joint but her wrists and finger worked alright. Her forearm growth was normal.

Hina was 15 years old when she had an operation which helped her to move one arm from the elbow joint. The arms however did not grow to normal length. The expenditure over this was Rs.1000.

Problems Faced.

The parents felt embarassed and unhappy at her plight. Their social contacts were not restricted due to Hina's minor handicap but the chief worry was her marriage. The relatives and friends always expressed pity. The family had no financial problems.

Practices Followed.

Her parents wanted her to be educated, self-reliant, married and trained in household work. They were able to achieve these goals for her rehabilitation. After marriage Hina took up a job also.

Hina's parents decided about her treatment and education, but she was also consulted before her marriage was arranged. Her husband helped her in getting the job. She did not need any special aid for being self-reliant. Both, she and her husband are planning for their financial security. Her husband's father has transferred some land and house on his name to make him financially independent. Hina was given education thinking that she may get married because of her high qualifications. She went to village school at first. Later she was sent to city where she stayed in hostel to complete her study. She did not feel any negative reactions from her teachers or her classmates. Hina's husband is the secretary of Society for Physically Handicapped. Both he and his wife secured jobs through the society. The office atmosphere is congenial. She says, "we are respected and treated normally by our colleagues".

Hina could not find physically fit partner. She had to adjust herself to marry a disabled person. Their marital relations are cordial. As both are handicapped they understand each others limitations and have no adjustment problem. The expenditure on Hina's treatment did not pose much of a problem to the family. She belonged to a well-to-do family and the expenditures were borne from the family savings.

Both of them are self-reliant. With regards to household work she says, "I can do all tasks and in as much time as any other housewife". Only in rolling chapatis she takes a little more time. She has a servant to clean vessels, wash clothes, to sweep and mop the house. Ironing of clothes is done by her husband. She teaches children and gets them ready in time for school. Marketing of vegetables is done by her, milk is brought by servant and the grocery by both of them. The younger son is being brought up by her in-laws, in order to help Hina to continue her job. She does not get rest during the day. She gets free time at night only after 8'O clock for about two hours. She then reads newspaper, magazines and listens to radio. She likes to go to movie every sunday. On sundays she gets extra rest from 12-3 p.m. She owns pressure cooker, Iron, gas and blender. Hina seems to be very well rehabilitated. Her parents accepted her limitations and got her well educated. They carefully chose a marriage partner for her so that there would not be any adjustment problem, the financial security was also assured. Hina has no problem in managing household work, however she gets tired at times. Their attitude towards disability is positive and they have accepted the challenge to overcome it completely.

6. Family of Biren

The father of Biren is 41 years old, graduate and works as marketing officer in an Industry. He earns Rs.900 per month. His mother is 33 years old, had education upto secondary school level and is full-time housewife. They have three daughters aged 13, 11 and nine years besides Biren who is seven years old. The first two daughters are normal. But the third daughter is mentally retarded and is at times quite violent. Biren is blind.

The family has income from their farm in village as well as the salary. The total money income comes to Rs.1200 per month. Apart from this they get cereals and pulses from their farm. They own a house in village too, but in city they live in a rented house. The housing condition is satisfactory. The house is rented, the number of rooms are inadequate to the family's need. Toilet and bath facility are on the ground floor and are common but sanitary. Water facility is 24 hours with overhead storage tank. The neighbourhood is residential.

Nature, Cause and Extent of Disability.

Biren's blindness is congenital with corneo retinitis. Within a week of his birth the mother could know that something was wrong with her child's eye-sight. Biren can walk independently around the house, and also move up and down the stairs. While going out he is usually escorted by someone. He has to be dressed and given bath. He is messy and slow while eating, and needs supervision. He can eat and drink himself and does not need special food. He can go to toilet unaided. He is able to tell about his bowel and bladder movement but at times wets bed and dirties his pants. He is blind but his other senses are normal. He does not have any regular medical check up.

Treatment.

When Biren was five years old, he was taken to Navsari to the Rotary Eyes Club. He was given injections in eye muscles for 20 days. The family spent around Rs.1000 at that time but the treatment did not prove helpful. They have tried homoeopathic treatment but that too did not prove of much helpful. Now they go to a faith-healer every thursday and every trip costs them about Rs.25-30. They are in touch with a doctor who would arrange for acupuncture treatment too for their child.

Problems Faced.

Biren's mother was very conscious about, whether her child was normal or not because her previous child - a daughter-was abnormal. She was thus able to detect soon that something was wrong with her son also. Their main worry is about his later life, when parents are not there to guide him, people may take advantage of his blindness.

The mother finds it very difficult to cope with demands of two handicapped children. At times they do feel embrassed and unhappy about the condition of their children. They therefore restrict their social life to very few close relatives.

They are very much worried about future of their only son and were afraid of having any more children. The girl gets very violent at times therefore they cannot take her out as she needs constant watching too. Both the disabled children are overprotected by father. He has soft corner for them. They feel the need of adequate day-care facility for their children. At present they do not have any contact with social welfare agency. Both children do not even go to school. The family has financial difficulties and the homemaker is also overworked.

Practices Followed.

They want him to be self-reliant and get educated and trained in order to be financially independent. Their plans for his financial security are not very clear. The decision making is jointly carried out by both the parents although father takes more initiative. The father is on the look out for a special school where he can send his son to get educated. Both handicapped children do not go to any school yet. The daughter is violent and cannot be left in any school and they feel the son is too young to go to residential school. The father wants the child to be trained for self-employment as there would be problem to get suitable job for him. Marriage, has not been given any thought to, because child is too young as yet.

The expenditure on treatment of Biren was borne from savings and with the help from relatives. The family tried to live economically and cut expenditure on luxuary items in order to meet their budget. Although there is no regular expenditure on medicine the family keeps need in mind and saves for it. The father does not like seeking financial help from others nor take credit. The family is managing with limited funds to provide for treatment of children from savings. They have provident fund and insurance too.

The homemaker does not have any hired help. The eldest daughter however helps her. She gets some rest in the afternoon and in the evening and gets about eight hours sleep at night, about 3-4 hours special attention is required by the disabled children. In household work the daughter helps and marketing is done by her husband. She has pipe line gas connection in home. The family has not invested in pressure cooker or any other time and labour saving devices. Before Biren was born his mother's health was not good. When it was identified that she was suffering from T.B. she was given proper nourishment and treatment. Her health has improved since.

The family has accepted the disability of children and are not very upset over it. They seemed to have controlled their emotions and are very practical and realistic about the limitations of their child. They have made special steel doors so that the mentally retarded child does not go out and hurt herself.

7. Family of Baldev

Baldev's parents are not alive. He is staying with his eldest brother aged 40 years, educated upto doctoral level and working as lecturer at the university. His sister-in-law aged 30 years is a graduate and is full time housewife. They have two daughters aged eight and four, studying in second standard and nursery school respectively. Baldev's unmarried younger brother and sister too stay with the family. They are also studying in M.B.B.S. and M.D. respectively. Baldev himself is 32 years old and has number of degrees and diplomas. He is M.A. B.Ed.B(Mus) (Tabla) and Diploma in music. He has learned typing and had been trained as a telephone operator.

The family income is Rs.1600 as the salary of the eldest brother. The brother and sister who are studying earn a scholarship of Rs.150 each. Baldev does honorary job at Blind Welfare Council and is paid an honariam of Rs.80 only. The family has purchased a scooter for which they got loan from the bank, because of the handicapped person in the family and they get concession on petrol also upto 15 litres. The family lives in University quarters and they have enough accomodation. It is well lighted, ventilated and a sanitary place. It is completely in residential area free from noise and odour.

Nature, Cause and Extent of Disability.

Baldev is blind. His present condition was due to the smallpox corneal ulcer with iridocyclitis with secondary glaucoma at the age of five years. Baldev goes to nearby places on his own but if he has to go to long distances or new places he is escorted by a family member. He is completely self-reliant in his personal care. His other senses are normal. He can read and write in braille. His physical and mental growth is quite normal.

Treatment.

Specialists were consulted at Poona and Bombay and that cost about Rs.200 but nothing could be done. He was advised to wait till he grew up for any possible operation. At the age of 21 years he was taken to Sitapur Eye Hospital, but the doctors advised them not to operate. The trip however cost Rs.200 to the family. Later another specialist was also consulted but similar advice was given. Therefore no further treatment is being given or planned.

Problems Faced.

The family is worried about his future care and maintenance and feel frustrated that in spite of every possible human effort made by the family they are not able to secure a job for Baldev. Although the government has special reservation for blind people in certain posts they have not been able to get him one and are very disheartened.

Practices Followed.

Family's main goal is to get some sort of employment for Baldev. He wants to be financially independent before getting married. For his treatment and education the parents took major decisions. Baldev and his elder brother now take joint decisions on his employment, marriage and financial security. He is financially dependent on his brother at present.

After so many years of effort the family could be well adjusted to the handicap of Baldev. Family members do help him when he needs. They read books and newspaper for him and also acted reader and writer for him in his education. Baldev is quite independent now and family does not face any problem in their social life. Baldev was given the highest possible education as he wished. For first five years he had education at Nasik Government Blind school. From sixth standard to secondary school certificate examination, he studied at V.M. school Bombay. He did M.A. B.Ed. from M.S.University of Baroda and B.Mus and diploma in music with 'tabla' as special instrument, also from M.S.University of Baroda. He learnt typing and got training as telephone operator at a course run by Baroda Productivity Council. He is a member of National Association of Blind, Blind Welfare Council and Talking Book Library. Baldev is unemployed and family is facing the biggest problem in securing a job for him. Although suitable jobs are available, the employers exploit the handicapped people. Disabled get underpaid job in private sector, while in government sector although there is vacancy Baldev is not getting the job. Unless and until Baldev becomes financially independent, he feels he should not burden the family with another person by getting married.

Family had been through economic strain throughout the life. Baldev's father was class IV servant in Railway. He could not afford to give good treatment and better education, but Baldev however had his education free at all levels. His brothers and sisters also secured merit scholarships and did part-time jobs, in order to improve their qualifications. The family had to go without luxuries in order to meet their growing day to day expenditures. The family lacks funds for self-employment of Baldev and hence interested in either getting bank loan or getting him a job somewhere. The family has been very resourceful in order to find supplementary finances for their necessities. The social welfare agencies were not of much help to him. They have recently bought a scooter and get concession on petrol because they will be using it to escort Baldev wherever he wishes to go.

The homemaker, that is, sister-in-law of Baldev, does not have much problem in managing home. She does not have to pay any special attention to Baldev. She is a full time housewife and gets rest for couple of hours in the afternoon and about eight hours sleep at night. Her sister-in-law helps her sometimes. They have a servant to clean utensils and to wash clothes.

The family has accepted Baldev's disability. They are concerned about his future financial independence. They treat him normally and encourage others to do so. Having given enough education to him, they are trying for his gainful employment everywhere. They are planning to get him married too, once he gets a job. They are however not able to save money to invest and make him financially sound. The homemaker does not face any time problem, because of having Baldev in the family. The family has set some very specific goals for rehabilitation of Baldev. The attitude of homemaker is positive and as such does not have any difficulty in dealing with Baldev and his limitations.

8. Family of Bankim

Bankim's parents are not alive. He is staying with his brothers and sister-in-law. His older brother is married and has a son. He is undergraduate and works in a factory earning Rs.400 only. The second brother is a graduate and earns Rs.1000. Bankim himself is going to appear for B.A. examination next year. He also has a brother staying at Kapadwanj and is planning to give examination from there.

The family house has been recently sold by the brothers and the proceeds are equally distributed among all. Bankim also has received his share of money. Earlier he used to get the rent for the house as his pocket money. At present however he has this capital only. The house in which Bankim lives is rented, small and close to the busy shopping area. Toilet facility is on the ground floor but it is convenient for Bankim. Similarly bathing facilities are also adequate. Water supply is at certain times only. Light, ventilation and sanitation are satisfactory.

Nature, Cause and Extent of Disability.

Bankim is blind because of congenital cataract in his eyes from birth. Bankim goes to nearby house or shops on his own but further than that, he needs to be escorted. Apart from this he is self-reliant in his personal activities. He is blind and his hearing is limited to one ear. Speech however is clear. He knows to read and write in braille.

Treatment.

At the age of three and a half years his eyes were checked for the first time. Needling was done at this stage and his eye-sight improved a bit. Rs.1000 were spent on it. When he was 12 years old his infected eye was removed and during this operation of lens capsule extraction some infection led to the loss of vision and cost the family Rs.1000. When he was 15 years old, he was taken to Sitapur Eye Hospital and was operated again on detatched retina. The operation however failed. The family spent Rs.3000 on it and had to stay there for about two and a half months. The vision went away slowly and he was totally blind at the age of 16 years. He had however finished his education upto the secondary school level.

Problems Faced.

The homemaker who is sister-in-law of Bankim does not face much of a problem. She has to make special arrangements for his meals when she goes out of station. Bankim himself feels embarassed and unhappy at his plight. His mother faced lot of problems; she used to worry about his employment, marriage and future care. Bankim and his mother were frustrated as his eye-sight could not be saved.

Bankim misses his mother very much. He feels brother and sister-in-law do not treat him properly. They pity him and neglect him too. Earlier Bankim used to have house rent as his income and was free to use it as he wanted. But now the house is sold and he has lump sum which he feels he should handle with care.

Bankim feels his handicap would be most likely to come in his way for employment. He also feels getting a sighted partner would be difficult for him.

Practices Followed.

The rehabilitation of Bankim started after he became totally blind. First he was sent to Blind rehabilitation centre, where he was trained to be mobile and get used to moving without sight. He learned braille, cane work and agricultural work. Later he was sent to Vastrapur Blind School at Ahmedabad for one year course in Motor rewinding. This occupation therapy course helped him to learn some skill but he does not find it very helpful. He feels he wasted his time there, because the job opportunity is very limited for blind person in this field.

His treatment and educational costs were met by savings when his mother was alive so he did not feel lack of funds. His eldest brother and the sister helped him a lot, both financially and in taking care. Sister took up job in order to help the family and delayed her marriage.

Bankim feels the need to handle his money carefully. He needs a reader and writer to continue his studies. Most of the time some friends and relatives help him and give honorary services and in turn Bankim gives them some gift. At times he hires a person to read or write for him and pays ₨.35-40 per month. His recreational pursuits include listening to radio, writing, listening to novels from talking book library and reading braille magazines. He also likes to go to movies and dramas and visiting friends. He is a member of Blind Welfare Council of Baroda as well as Rajkot. He is also a member of National Association of Blind, Baroda branch. He has membership of Talking Book Library. He attends meeting so as to keep in touch with latest information. He has both blind and sighted friends. At present he is going to appear at B.A. examination of Gujarat University.

Bankim's sister-in-law does not have much to do at present in terms of his care. He can look after himself. She goes out of station too after arranging Bankim's meals with a hotel. Earlier when Bankim was young and dependent, his mother, sister and elder brother helped a lot in his care.

Bankim feels the difference in treatment in the hands of mother to that by sister-in-law. He seems to be optimistic about his future, and wants to be financially independent. He himself realizes that he is very sensitive and that he should get hardened.

He says, "I used to feel neglected by my sister-in-law and did not have any patience to wait for things I want. I realize however that she has other things to do and cannot attend to my needs immediately". His sister-in-law feels that Bankim does not give any trouble to her and does not make undue demands on her time. Bankim is guided by her sister in managing his finances. Bankim is still not completely adjusted to his handicap.

9. Family of Biraj

Mrs. Biraj is blind and her husband is partially sighted. She is 35 years old studied upto secondary school level and is a full time housewife. Her husband who is 40 also has studied upto secondary school level and has additional training in handicrafts. He at present, is teaching at Government Blind School at Pensionpura. They have two children, a daughter aged six years and the son aged four years. Daughter is in first standard and son is in Kinder garten. Both the children are normal.

The family income is Rs.800 per month. They have a house of their own for which they have to pay Rs.100 monthly instalment. It is a two room flat on ground floor and quite convenient for their use. They have separate bath and toilet facility. It is on the main road and gets a bit dusty. The house has enough light and ventilation and surroundings are sanitary. The kitchen has raised surface for cooking which makes it safe for her as well as her children.

Nature, Cause and Extent of Disability.

Biraj was blinded at the age of two and a half years due to pthisis bulbi following small pox. The family might not have taken proper care and she lost her eyesight. She is quite independent but needs to be escorted when she goes outside. Usually she can manage her work at home and visit nearby places. She is totally self-reliant in personal care. Her hearing and speech are normal but she is totally blind. She can read and write in braille. She is physically and mentally normal in growth.

Treatment.

Biraj was taken to hospital to find out whether anything could be done to help her, but nothing could be done as she was declared to be totally blind. The family spent Rs.100 on it.

Problems Faced.

Biraj's parents were very much worried about her future care and attention as well as her education, employment and marriage. Biraj herself, however, has taken up the challenge of her disability and lives a normal life. Socially she does not go out much. She however feels that the place where she used to stay earlier, people were quite helpful but in her present neighbourhood they are very much wrapped up in themselves. She visits one or two families only. She feels she cannot go out to visit people as often as she would like, because people express pity towards her and she does not care to meet them. The parent's main concern is about the future of their children, their education, employment and marriage.

Practices Followed.

Biraj went to Blind School and was taught braille. In the rehabilitation centre she learned to be independent in life.

The occupational therapist worked with her and she became completely independent in doing household work, including lighting the stove. Now she feels she has enough free time to take up a job. Her parents attitude was not very encouraging but Biraj herself was very enthusiastic and with her own effort studied upto secondary school level. She worked for sometime at Blind school too, teaching braille to children. She met the man to be her husband there and herself took the initiative in getting married. Her husband is partially sighted. His eyes were affected by cataract at the age of 15 years.

She had been given education in order to overcome her handicap. At present she is unemployed but she would like to work and teach braille to blind children just as she used to teach before her marriage. Her husband does not have any problem from his employer's side. They however feel that there are very few jobs suitable for their handicapping conditions. When the time came, she could find a marriage partner, but it is always difficult to find a physically fit marriage partner for a disabled person.

The economic conditions of family is satisfactory. There is no need for special expenditure on both of them. They have accepted their disability. Their main concerns are their children. The family finds it difficult to save, therefore tries to cut on luxuries so as to make future of their children secure. They are very careful with their funds. Apart from provident fund and pension scheme for her husband, they have life insurance too.

Biraj manages most of the household work, except cleaning of wheat for which she pays a person to do the task. She does not hire anyone to do her daily work. It is not because she cannot afford to keep someone to clean utensils but as her daughter aptly says, "suppose the servant steals something".

Sometimes Biraj feels extremely tired. Otherwise she does not have much problem. She gets adequate amount of rest and leisure. She in fact feels the need of a job so that she can use her time more fruitfully. She is a very good example of how a blind person can lead a full life without being dependent on others.

Biraj seems to have taken her disability as a challenge and has a very courageous outlook on life. She does not indulge in self-pity. She has had education and training. She is settled in life with two children and husband. She however feels the need to take up a job so that she can use her time to utmost advantage. She manages to do all household work and does not take more time than taken by anyone. She has been very realistic in her goals and therefore has been able to achieve them. Her attitude is one which has helped her a lot.

10. Family of Bipin

Bipin is blind. He is 44 years old, educated upto B.A. and working as a telephone operator. His wife is also 44 years old, educated only upto fourth standard and is sighted. They have two sons aged 14 and nine years and an 11 year old daughter. All children are studying. The eldest son has also eye-trouble. Bipin's parents are also staying with them.

The family lives in their own flat. Bipin's salary is

Rs.1000 per month which is the only source of income for the family. The house is small and the space is inadequate to meet the needs of the family. It is however in good locality. There is enough light and ventilation. The neighbourhood is sanitary. The bath toilet and water facilities are adequate.

Nature, Cause and Extent of Disability.

Bipin's eyes were affected with juvenile cataract when he was studying engineering at the age of 19 years. He, however, had to give up studies once he was blinded, but he still graduated in the arts subjects afterwards. Bipin can walk independently but he is escorted back and forth for his job. He needs someone to guide him when he goes to see the doctor or to some far off place, but he can go to nearby places on his own. He is self-reliant in his personal care. He has normal hearing and speech, he can read and write in braille too. His physical and mental growth is otherwise normal.

Treatment.

The family did not stop at anything to save his eyes. They got him operated at Aligarh Eye Hospital spending about Rs.3000 and again at Sitapur Eye Hospital spending approximately the same amount but they could not save his eyes. He visits the doctor occassionally and finds the check up helpful.

Problems Faced.

His wife feels embarassed and unhappy at times to be married to a blind person. She is worried and afraid that her children may suffer from similar trouble. One of her sons is already suffering from poor eye-sight. She is worried about future of the family.

Bipin seems to be over protected by the family. They escort him everywhere. If wife cannot accompany, his parents go with him. Relatives and friends pity the homemaker. She does not however have problem in going out because Bipin's parents are there to look after him as and when required. The family feels the financial strain. Bipin's salary is the only source of income and it is difficult to make both ends meet. The family has to go without the luxuries, such as time and labour saving devices, and proper furnishing. The family has to cut down on entertainment expenses too. The homemaker cannot hire help. She feels the education of her children may suffer due to lack of funds. The family anticipates another financial setback as the eldest son has developed symptoms similar to his father.

Practices Followed.

Bipin himself is rehabilitated but he has specific goals for his children, their education, employment and marriage. Bipin was himself grown up when he suffered from blindness and therefore had a say in his treatment, education, employment and marriage. He is financially independent and in fact he is supporting his parents.

Bipin has been lucky in the fact that he was trained as telephone operator and was able to secure a job as very few jobs are available which would suit the condition of handicapped person.

He also got one of the rare advantages of being married to a sighted person. His wife although normal and sighted still felt herself to be at disadvantage because she had protruding teeth and had low level of education. She was finding it difficult to get suitable match and therefore agreed to marry a blind person.

There are sometimes problems but she has accepted the marriage because of the feelings that she too is handicapped to a certain degree.

She is trying to find if somehow she can get fee concessions for her children's education. She feels there is too much of work to do and she is busy whole day. She does not need to give any special attention to Bipin. Her children are also old enough to take care of themselves. She does not get any help from the family members in household work. She however does not have to go with Bipin to see doctor or take out, which is taken care of by the Bipin's parents. She gets enough rest and sleep. She goes with her husband on holidays arranged by social welfare organisations. She enjoys this change of routine every year.

Bipin's wife has accepted her husband's disability although at times she feels embarrassed about it. She however has an inferiority complex about her own self, therefore the adjustment problems are not much. They did not have any fear about having children. The family however does not treat him normally, as he is over protected and escorted everywhere by his parents. The friends also escort him to his place of job and back home. They have contact with National Blind Association and Blind Welfare Council. They have their recreation and holidays planned with the help of these social welfare agencies.

11. Family of Dilip

Dilip belongs to a large family. His father is 50 years old, studied upto fourth class and having a transport business earning Rs.5000 per month. He is also a faith healer and is interested in politics. His wife is 41 years old, illiterate and is full time housewife. They have five sons and two daughters. The three sons older than Dilip are 24, 14 and 12 years old. The youngest son is seven years old and Dilip is nine years old. He has two elder sisters aged 21 and 19 years. The eldest son helps in business. He has studied upto eighth class. The two daughters have studied upto seventh and sixth class respectively and now help mother in the household work. Second, third and fifth sons are studying in eighth, fifth and first standards respectively. Dilip also goes to special school for deaf-mute.

The family lives in a rented house. They have invested in two trucks and have their transport business. The house they are staying is very inadequate and the surroundings are not very sanitary.

Nature, Cause and Extent of Disability.

Dilip became deaf-mute after he had an attack of meningitis, when he was only 10 months old. Dilip is still young and thus needs to be escorted wherever he goes. He is physically alright and can move around independently. He uses hearing aid but only in school. Normally he does not like to wear it because even a little noise is too much amplified and with constant high sound he gets irritated. He is self-reliant in dressing, bathing and eating. His vision is normal but he is severely deaf and can talk only one or two words. Mostly his speech is unintelligible. He has learned to read and write. His physical and mental growth is otherwise normal.

Treatment.

He has no regular check up except those that are done at the special school. He has speech therapy too. When Dilip had the attack of meningitis, he was immediately hospitalized. Doctors did not have much hope of his survival. The father who is himself a faith healer had faith in God. He met two 'fakirs' outside the hospital on the day his child's condition was critical. They asked him for food and he gave them money to eat food. They gave their blessings and said "Go your child will be alright". The miracle happend according to Dilip's father and his child was saved. Father spent around Rs.2000 on his treatment at that time. Since then four times they have done lumber puncture and removed spinal fluid samples. Each visit costs Rs.200 to the family.

Problems Faced.

The family is very much worried about his care and attention in future. They feel the need of guidance in care and training of their child to be financially independent and productive member of the family. Socially they do not face much of a problem. Very occasionally Dilip disturbs other family members. Relatives and friends express pity and offer advice. The father feels that the day-care centre where his child goes, get lot of funds but are not utilizing it very effectively. A lot of corruption is there in handling of government funds. He also feels that more schools should be there. The school for deaf-mute where Dilip goes has very few classes. Children of different age groups are kept together and individual attention is lacking. As there are lack of jobs suitable to the handicapping conditions of such disabled people, they would like to prepare their child in such a way so as to help in the family business. Regarding marriage too they feel that he would have difficulty in getting a physically fit partner. They could however get a deaf-mute partner for him. The family faced temporary financial setback when Dilip was hospitalized.

Practices Followed.

The family is at present interested in education of Dilip. No thought is as yet given to his vocational training, marriage, employment and financial independence. Most of the decisions about treatment and education are taken by the father. The mother takes care of him at home and sees to his personal needs.

The family had to cut their expenditure on some of their luxuries when Dilip had to be hospitalized, but they could manage without borrowing or seeking help from welfare agency. They are able to afford private doctor and clinic's expenditure. The home-maker does not have much of problem in doing household work. Two grown up daughters share the responsibility. They have hired help to wash utensils and clothes. There is no problem in leaving Dilip at home when his mother wants to go out, because the siblings take care of him. She has enough rest and sleep. She has leisure time too in which she does embroidery and crochet work. She has however to spend 2-3 hours in care of the child. Dilip also has entertainment. The family takes him to movies, zoo or an outing once in a while, and he goes to 'Friends Society' every sunday for recreation.

The family has accepted his limitations. They have developed positive attitude and are helping him to be self-reliant and independent. They are however slightly protective towards him as he is still young. They pay Rs.40 per month to send him in a rickshaw to school, they feel he is too young to go on his own. They are giving him formal education. They have as yet to decide the area in which he would be trained. They have specific plans for his future financial security. They feel however that disabled people need special attention and special schools for their special needs.

12. Family of Dolly

The parents of Dolly are both doctors. Her father aged 44 years old, M.S. and is an eye specialist. Her mother is 42 years old with M.B.B.S & D.G.O. They have private practice worth Rs.5000 per month. They have two sons older than Dolly aged 16 and 12 years respectively studying in ninth and sixth class. Dolly who is seven and half years old is deaf-mute and goes to special school. Her uncle and grandmother also stay with them.

They live in their own house and get Rs.750 per month as rent from another house. They have their own house conveniently located near the market place. They have all the facilities. The place is well lighted, ventilated and sanitary.

Nature, Cause and Extent of Disability.

Dolly is deaf-mute. She hardly has 10 percent hearing. The cause of this defect was congenital, the mother had Rubella during pregnancy and also an attack of malaria, which required heavy doses of quinine. She can walk independently but needs to be escorted if she goes out of house because she cannot hear; within the house she moves around freely. She has been provided with hearing aid and it is helpful but she does not use it all the time.

She is self-reliant in her personal care. She can dress, bathe and feed herself. She goes to toilet unaided and can express her need of bowel and bladder movement. She can see clearly. She can hear with the help of hearing aid. She can speak a few words but generally her speech is unintelligible. She has learned to read and write. Her physical and mental growth is normal, and she has regular yearly check up. She is having speech therapy at special school.

Treatment.

The parents being doctors expected something in the child and were able to diagnose it. But anyway they got her thoroughly investigated at a Bombay hospital. This had cost the family Rs.1000. She is being given speech therapy at a special school for deaf-mute. The expenses are negligible for the parents.

Problems Faced.

The family feels embarassed sometimes about her condition and feel unhappy at her plight but on the whole they have taken up the challenge and are planning to bring her up normally. She is a bit over protected by others. The family feels that there is inadequate number of special schools for deaf-mute. The school does not have any teacher to give speech therapy in English.

Practices Followed.

The family is planning to help her lead a normal life. They are going to give her education upto whatever level she wants. They are going to encourage her to learn some creative art as well as dancing. They however are going to provide for her financial security and arrange her marriage at an early age enabling her to raise family at a younger age.

Both the parents are concerned about their only daughter and are deciding things jointly for her treatment, education and marriage. They are not very keen on her taking up job but encourage her to be self-employed or engaged in some work on her own. They have got her hearing aid and are encouraging her to be independent. They have also decided to make arrangement for her financial security. The family has no financial problems. They can afford to give her the best of treatment and education.

The family also does not have problem in management of household work. They have hired help to cook, clean and to do all household work. The grandmother living with their family supervises the servants. Dolly is self-reliant but still needs to be kept under watch.

The family has accepted the limitations of their child and are taking it as a challenge. The mother says "my daughter is going to lead an absolutely normal life". They have positive attitude towards the disability and are very optimistic about her future. They treat her normally and equally, and encourage others to do so. They have help from the child's grandmother, uncle and siblings in care of Dolly. They do not have any connection with social welfare agency but are sending their child to special school for deaf-mute.

The homemaker takes interest and participates in decision regarding Dolly's future. Her attitude is positive and would be helpful in making Dolly self-reliant.

13. Family of Deepa

Deepa's father 45 years old, is a B.Com. graduate and runs a business. His income is around Rs.2000 per month. Her mother is 42 years old, educated upto secondary school level. She is full time housewife but takes active part in ladies' club activities. They have two daughters. The older one is 19 years old and is studying in second year Fine arts. The younger one, that is, Deepa is 18 years old and studying in tenth standard.

They have a house of their own. They have rented the ground floor for which they get Rs.800 as rent. They have a spacious house. The children have separate rooms. The bath and toilet facility is adequate. The house has enough light and ventilation. It is in residential neighbourhood and the surroundings are sanitary.

Nature, Cause and Extent of Disability.

Deepa is deaf-mute. The defect is congenital. Her mother had Rubella at the time of second month of pregnancy. Her gynaecologist did not advise her of the danger otherwise they would have got done abortion. She herself did not know that Rubella during pregnancy may cause some defect in the child to be born.

Deepa is completely mobile. She goes to school on her own. She has hearing aid but uses only in school. She is self-reliant in her personal care. Her eye sight is normal but she can hardly hear or speak. She speaks very few words with great difficulty. She can read and write. The defect has not come in the way of her physical or mental growth. Looking at her no one could say that she is handicapped.

Treatment.

Deepa's parents have tried all possible medicines and consulted best specialists in Baroda, Ahmedabad and Bombay and spent a couple of thousand rupees on it. The verdict was however the same, they could not help much in curing her condition. She was sent to special school at Ahmedabad when there was no school at Baroda.

Problems Faced.

Deepa's mother went through a period of extreme psychological disturbance. She was very much upset about her daughter's handicap and used to blame herself for not being careful. She used to be very unhappy and used to cry at the plight of her child. She felt frustrated that all the money in the world could not help her daughter.

Being a daughter she used to worry about her all the more. When she sent her to residential school at Ahmedabad she was out of her mind with worry that her daughter should not pick up bad habits. She was worried about her education and marriage. She did not have much of a problem in care of her daughter. She was however very much affected by having the disabled child that she was scared of having more children. Her health was also very much affected by constant worry and tension.

Deepa did have extra attention and was slightly over protected but not to the extent that she became dependent. She worries a lot if her daughter is delayed in coming home. She feels there should be an increase in the number of schools for deaf-mute and their student teacher ratio should be small, thus individual attention would be given to each child during speech therapy.

She says that another school in Baroda with better facilities and staff should be started soon even if it has to cost more, which will help those parents who can afford to get best possible education available for their handicapped child also, thus providing equally for all their children including their education.

She was worried about the bad habits that her daughter may acquire by studying in an atmosphere where children of all socio-economic level attend the same school. They feel that background of all the students is not the one with which a family of higher socio-economic group may want their child to associate with. She feels they may be bad mannered and her daughter may unknowingly pick them up. She is not satisfied with the school atmosphere.

Practices Followed.

Deepa has speech therapy at school as well as formal education. The medium of instruction is Gujarati. Her mother wants to find someone who could give her daughter speech therapy in English. She is very keen to get her daughter educated. She feels that deaf-mute, young people should also be given special attention at college level just as blind have special seats. They should also be given opportunity to get higher education. She is however planning to give her training in electronics. One of the family friends has offered to train her. Marriage also is one of the goals of the family for Deepa's future.. They would of course find a suitable partner most probably a deaf-mute bachelor who is well educated. The decision making regarding the treatment and education were made by parents, but about training, employment and marriage, Deepa's views would also be considered. They have provided hearing aid for making her independent and are planning to make her financially secure. She has helped the school, by providing with a special teacher, paid by the club to which she belongs in order to facilitate speech therapy of students. She is sending her daughter to a typing school, as she feels, there are suitable jobs for people with hearing defect but the employers should be ready to employ them. The deaf-mute people, she feels can work with maximum concentration and can do a wonderful job where precision and concentrated effort is required. She hopes to get her daughter trained and employed for a job in such a firm.

She feels it would be difficult to find a physically normal partner for her daughter but she can look for a suitable deaf-mute person. Moneywise the family does not have much of a problem. The homemaker manages household work with ease. She however does not like to leave her daughter alone. Even if she has to go out for some reason she requests the next door neighbour to keep an eye on her and leave balcony door open.

The father and sister do help in care of Deepa but it is the mother who takes active interest in her welfare. Relatives and friends were full of pity and advice whcih made matters worse for Deepa's mother. They have not provided a bell with light indicator for the fear that some unwanted person may enter the house in their absence and cause trouble. Deepa is given strict instruction not to open the door to any unknown person.

The homemaker is very active in social welfare activities. She collects donations with help of her friends and helps handicapped children with necessary aids. Having a disabled daughter has made her aware of the needs of other disabled children. Over the years the homemaker has been able to adjust to the disability of her child. Her anxiety and worry did not come in way of making her child self-reliant. She treats her child normally and encourages others to do so. She has provided necessary education for her child and is planning to get her trained for vocation, so that any time in life she does not have to depend on anyone financially. She would however see that she is made financially secure. She is planning to get her married. Having a disabled child has made the homemaker sensitive to the needs of others and has motivated her to take active part in welfare of others. Her attitude has motivated her to do some constructive work for the handicapped in general.

14. Family of Devan

Devan lives in a joint family. His father 56 year old, is a tobacco merchant, and has a few years of college education. His mother is 52 years old, has studied upto seventh class, and is a full time housewife. He has four brothers and one sister. His elder brother who is 30 years old is a graduate and takes part in the family business. Devan, aged 27 years, studied upto secondary school level and runs an agency. One younger brother aged 26 runs a factory and the other two younger ones aged 24 and 22 years are still studying. The daughter and the three older sons including Devan are married. The family income is about Rs.5000 from all sources. Apart from this the family owns a house and some land in a village. They get grains, pulses, vegetables and seasonal fruits from their farm. The family owns a huge house with plenty of rooms and open space around it. It is well lighted and ventilated, and situated in a good, clean residential locality.

Nature, Cause and Extent of Disability.

Devan is deaf-mute. Both his ears are affected and he also cannot speak. The defect is congenital. Devan is quite independent. He can go around everywhere on his own accord. He does not, however, drive a car or ride a scooter. He has a hearing aid, but does not use much. He is self-reliant in his personal care. His vision is normal. He uses hearing aid and can speak few words with great difficulty. The defect has not come in the way of his, otherwise normal physical and mental growth. He can read and write. He does not need regular check up but family doctor is consulted as and when required. Apart from going to deaf-mute school he learned typing also.

Treatment.

He was hospitalized to find out if anything could be done to help him. He was also given electric shocks in order to try and start his dead nerves, but there was no improvement and cost the family Rs.1000. The mother spent about Rs.200 on faith healers too. The family then put him in a school for deaf-mute.

Problems Faced.

Devan was to a certain degree overprotected but not pampered so much, which could come in his way of being independent. Relatives and friends would pity the homemaker but as she had other normal sons she did not get very much affected by their talk. She took it in her stride. Initially she would hesitate to leave him aone and go out, but gradually Devan become very much independent.

Practices Followed.

The family had planned to give him education, establish him in business and get him married, and have succeeded in doing so as the finances were no problem. Devan's future is financially secured, he likes to have children but none is born as yet.

The treatment to be given was decided by Devan's father in consultation with his mother. About his education and employment, the father was the main decision maker. Devan himself chose his marriage partner who is also deaf-mute. Both used to go to school together from their childhood. The family provided hearing aid for Devan and had him established in his business. He runs an agency for electrical goods with the help of his brother. He attends to all correspondence and office matters while his brother attends to customers. The family lacked the knowhow to care for such a handicap, thus he was sent to a special school enabling him to learn and get rehabilitated. Family had no financial worry about his future but still they encouraged him to learn typing also which could make him feel that he was useful member of the family and not a parasite living on others.

He was given formal education. Although the school atmosphere was not according to their status, did not affect him much; he was able to learn. He went to special school where he had no problem. Family supplied the necessary funds to establish him in life.

His marriage was a love-match. He fell in love with his wife when he was young and used to take her to school with him as she too was deaf-mute. The family had no finacial problem. Household work too did not pose much of a problem as there were servants to look after it. The homemaker only had to supervise their work. The family accepted the limitations of their child. They could have pampered him and made him completely dependent but they did not do so. They sent him to special school first at Ahmedabad and later at Baroda. Having enough funds helped a lot in the rehabilitation of Devan. They treated him normally, got him properly educated and helped him to settle in life. His future has been made finacially secured. They had enough hired help to reduce their burden of household work on the homemaker. The attitude of the family was much helpful to Devan. He could have been indulged by all but the family did not do so and helped him to be independent.

15. Family of Dhiraj

Dhiraj is 58 years old and his wife is 47 years old. Both are deaf-mute. They claim that their's was the first marriage in Gujarat between deaf-mute. It was arranged and encouraged by Ishwar Petlikar, a social reformer some 25 years back. Dhiraj has studied upto eighth standard. He is a tailor himself and conducts tailoring classes for other deaf-mute people. Mrs.Dhiraj who is 47 years old is full time housewife. They have three daughters aged 22, 20, 17 and a son aged 14 years. The eldest daughter got married recently after her graduation. The second daughter is studying in final year in college, third daughter is in higher secondary and the son in eigth standard. Both the unmarried daughters help the mother in household work also. All the children act as interpreter between parents and outsiders, whenever there is need for communication.

The total income of the family is Rs.1000 per month and there is no other source of income except from the tailoring. Among other assets they have a house of their own and a part is used as business premises, that is, to run the tailoring classes. The housing condition is not very satisfactory. The house is old with inadequate number of rooms, lack of proper light and ventilation. It is very much in the heart of city and in a very congested area. The non-sanitary conditions of house could also have been a factor which initially led to the poor health of Dhiraj alongwith lack of proper rest and recreation. Thus he suffered from Tuberculosis.

Nature, Cause and Extent of Disability.

Dhiraj is suffering from post encphalitis deafness and can speak one or two words with great difficulty. The cause of the handicap was an attack of meningitis at the age of 12 years.. Dhiraj is completely mobile in his activities. He can go out independently wherever he wants. He does not use any hearing aid. Although he finds deafness as a limitation, he can, however, write and communicate himself with others, but he is very brief and to the point. He can read and write because he had formal education upto eigth standard before he was affected by the defect. The defect however did not stand in way of his physical or mental growth. After the initial expenses on treatment Dhiraj did not have any regular check up. He has never been to any faith healer.

Treatment.

The family of Dhiraj got every possible treatment for him, but could not save his hearing and speech. The treatment was started at home after the first attack. With doctor's fees and medical treatment they spent about Rs.2000 He was also admitted to T.B. Hospital for treatment and underwent operation which cost about Rs.1500 Recently he had some treatment at General Hospital and cost Rs.500 All the treatment he has so far received, has not proved very helpful in overcoming the handicap.

Problems Faced.

Mrs. and Mr.Dhiraj are both disabled and hence had no problems in adjusting themselves. The children however were affected psychologically sometimes. At times they feel embarassed about the condition of their parents and get irritated at times when they cannot communicate with their parents in a normal manner. Both feel that their handicap comes in the way of communicating with others and deafness becomes their limitation at times. In the social field they do not have much of a problem. After years of living with handicap they have learned to accept it. Dhiraj did not have contact with any social welfare agency at any time.

Dhiraj could not go to special school because there were not such schools during the days of his childhood. He however runs a training centre for deaf-mute. He teaches them tailoring and offers them commission on their daily work.

Practices Followed.

The main goals for his rehabilitation was to make him financially independent through self-employment, as the possibility of getting any other job was almost nil with this defect. Dhiraj has reached his goal or rehabilitation by his own perseverance and effort . He has got his daughter married and is giving education to his other children. Their goals now are more children oriented. He wants his children to get good education and settle in life comfortably.

The decisions regarding treatment of Dhiraj were taken by both the parents. The level of his education was determined by Dhiraj and his father. He did not go to any special school after being inflicted by the defect. He himself decided what vocational training he wanted and the father helped him to follow his interest. He learned about tailoring so that he could be self-employed. A third person played a major role in getting him married. He and his family had not even thought of the marriage but on encouragement from Ishwar Petlikar, a social reformer, the marriage between the deaf-mute couple was arranged.

The decision regarding his financial security was taken by both the parents and Dhiraj also showed an inclination to learn tailoring. He had to train himself with the help of the books and master the skill of tailoring as there were no special vocational training centres. He realized that he would not get any job and took up tailoring to be self-employed. He is very well established in his business and can support his own family very well. The only problem faced by him in marriage was to get a physically normal partner. He married very late and says "their's was the first marriage between two deaf-mute persons". They have set an example to others and have encouraged many more to get married among the handicapped persons.

Tha family of Dhiraj had a strained budget for sometime. They had to use their savings and live economically for sometime, the joint family provided basic necessities but personal expenses had to be cut. Father took loan from his employer and bought a sewing machine for him.

The management of household work was no problem because Dhiraj lived in a joint family. His mother, sister and his maternal uncle helped in his care while he was hospitalized. Other members in the joint family helped to share household work. Dhiraj accepted the disability and tried to overcome its limitations. The children at times feel ashamed or embarassed because of their disabled parents in front of strangers, but on the whole they have learned to accept it in their day to day life. They have learned to communicate with their parents through signs and speaking words slowly so that they can lip-read. Dhiraj is very optimistic of future and has overcome the limitations, become financially independent, and discharges his responsibility as bread earner for his family. Neither Mr. and Mrs. Dhiraj nor his children took training in deaf school to learn lip-reading but they seem to have developed their own ways of communication. He hasn't even taken help from any welfare organization or loan from any bank for supporting his training centre. He says "it is very complicated procedure and involve a lot of problems in maintaining records and so on". Dhiraj had set very specific and long term goal for his rehabilitation and he has managed to achieve it by his hard work. He is well established in life and is discharging his duty like any other head of the family. He and his wife have a positive attitude towards life and have been completely rehabilitated.

16. Family of Mehul

The parents of Mehul are quite young. His father, aged 30 years, is well educated and is teaching in a school earning Rs.500. His mother is 25 years old and has studied upto tenth standard. She is a full time housewife. Mehul is their first child and is eight years old and does not go to any school as yet. He has a younger sister who is five years old and is in the first standard. They live in a joint family, Mehul's three uncles, one aunt and her children stay with them.

The eldest brother earns Rs.1000. Mehul's father earns Rs.500 as salary and Rs.200 from tuitions. The younger brother earns Rs.800 while the youngest is still studying. The total family income is Rs.2500 per month. The family owns land and a house in the village. They get grains and pulses from there. They live in a three storeyed house which has six rooms. Mehul and his parents use the top floor.

Nature, Cause and Extent of Disability.

Mehul is mentally retarded. He was three years old when he had very high fever alongwith fits and convulsions which slightly affected the brain. He is suffering from post encephalitis mental retardation. Mehul is completely mobile physically. He can walk independently. But he is not allowed to go out of house alone. He freely moves around the house, up and down stairs. The mother has to help him to dress and give him bath. He can feed himself. He goes to toilet unaided and can tell about bowel and bladder movements. At present he does not have any 'bad turns'. He is otherwise healthy and does not fall sick. His senses are normal. He can speak but with some difficulty, one can understand what he says. He does not know how to read or write. The defect is causing a delay in his education. He is physically normal, but mentally his growth is retarded. He has no regular check up but he is taken to the medical practitioner and the specialist too is consulted when needed. The mother has also been to the faith healer.

Treatment.

A doctor was consulted when Mehul had the fits and convulsions but was not much of help. The mother feels she was not given proper guidance to care for her child, however they paid Rs.200 as he was hospitalized at that time.

Later he was taken to Bombay and a specialist was consulted, who diagnosed that he was mentally retarded and charged the family Rs.500.

Problems Faced.

The mother of Mehul is not very clear as to what exactly is wrong with her child. She feels she has inadequate knowledge about it. She gets upset emotionally when people talk about her child. She feels that the relatives laugh and pity her because she has such a child. She is very much worried about Mehul's education, employment, marriage and future care. She feels frustrated that she cannot do much about her child's handicapping conditions.

The atmosphere at home leads to make the mother over protective of her child. She always compares him with other children and feels miserable. She feels he will not learn anything. He usually throws temper tantrums and disturbs other family members, and threatens mother saying that he will jump down from terrace. People pity the homemaker and this attitude of their's upsets her more and she does not like to leave Mehul behind and go out for a long time. They anticipate problems about his employment and know that they have to train him to be self sufficient. They anticipate marriage problem too for him. They find it a little difficult to save money but have not felt the need to borrow money so far.

The household work is shared in the joint family and Mehul's mother has to do her share. She feels that there is too much of work at times. Her child interferes while she is working and therefore she takes more time to do work. Although there are other family members she is the one who has to look after her own child. She feels she does not get enough rest at times. Her tiredness is more psychological than physical. The emotional feelings exhaust her more than physical work.

Practices Followed.

The parents seem to have accepted his disability but have not yet completely adjusted to it, because the mother feels her child would never learn anything and therefore worries a lot. Living in the joint family helps the mother to share work with others and also saves on food expenses which are shared by all. She is not very optimistic about Mehul's future and worries unnecessarily. She has not taken her child's limitations as a challenge but tries patiently to teach him to be self-reliant and independent. She has not contacted social welfare agency and sought their guidance in learning more about how to care for him and understand the problems of her child.

She does not check his aggressive behaviour and stop him from disturbing others. She does not seek help of other family members and as she feels ashamed about the condition of her child. She feels her son is too young to go to school and needs special attention which he may not get. The father of Mehul gives tuitions to other children in order to supplement his income. They are taking safety precaution so that child does not hurt himself or others. They have constructed a high parapet wall for their terrace. The homemaker's attitude towards the disability is becoming a hindrance in making the child self-reliant.

17. Family of Manish

Manish's father is 40 years and mother is 33 years old. Both had education upto secondary school level. His father manages the farm and earns Rs.1500 per month and the mother is a full time housewife. He has four elder sisters aged 14, 13, 10 and eight studying in eigth, seventh, fifth and third standards respectively. Manish is the youngest and the only son in the family. He is seven years old and goes to a play centre specially run for mentally non-normal children.

The family own their farm. The farm produce is free. So the income is in kind, that is, grains, pulses, some seasonal vegetables and fruits. The main source of income is from agricultural products and family gets Rs.1500 as their share and the balance goes to Manish's uncles. The house in which they live is their own and has spacious rooms. The toilet is on the same floor, but bath facilities are downstairs. It is located on a busy street. There is enough light and ventilation.

Nature, Cause and Extent of Disability.

Manish is a case of mental retardation. His brain is affected. He has a slight squint in his eyes and he cannot hear or speak at all. The cause of this state was sudden high fever, fits and convulsions when he was only 15 days old. Manish has slight difficulty in controlling his limbs. He seems to walk alright but suddenly his feet will give way. He can walk independently around the house but is not allowed to go out. He is mobile otherwise. He has to be given bath and helped in dressing. He needs help to eat too, and takes mashed food only. He can handle ordinary glass or cup. He goes to toilet unaided and can sometimes indicate bowel and bladder movements. He wets bed occassionally at night and also dirties clothes sometimes.

At present he does not have any 'bad turns' or convulsions as his general health is satisfactory. His eyes have squint, his hearing is impaired and has no speech. The defect has not stood in his way physically as he is growing normally, but mentally his growth is retarded. He does not need any regular check up. He is given playtherapy at the play centre where he goes regularly.

Treatment.

A paediatrician was consulted when Manish had convulsions and was under his care for about one year. The family spent Rs.500 or so on the treatment. Later he was given homoeopathic treatment, and family spent Rs.1000 on it. He was given massage with almond oil, and the person who used to give massage charged Rs.1000.

When Manish was four year old he was taken to B.M.Institute, Ahmedabad for medical check up which cost the family Rs.1000. He was declared mentally retarded and his I.Q.level was determined and found to be one year behind his chronological age.

Problems Faced.

The mother of Manish was psychologically upset. She finds it difficult to cope with his limitations, feels very unhappy and usually cries seeing the plight of her only son. She is extremely worried about his care and attention in future, feels helpless and frustrated because she cannot do anything to make him speak. Finally when she realized her son's true state of mind she was very much shocked and become herself mentally imbalanced. She had to be given psychiatric treatment and was hospitalized for 25 days. She was given electric shocks too. She is under treatment as she gets hysterical at times. The shock of having a disabled son after four daughters was too much for her. Her brother's wife and her own mother came to look after her children at the time of crisis.

Manish's mother is mainly concerned over his not hearing, and not speaking at all. She feels even if he is non-normal mentally but his hearing and speach could have satisfied her upto some extent. He is over protected, he becomes destructive when he does not get his ways. He throws temper tantrums and hits other children. Relatives and friends express pity towards the family. His mother cannot visit other people because he cannot be left with anyone. The family went through financial crisis because of expenditure on treatment of Manish and his mother as well.

Practices Followed.

The main concern is that he cannot talk. The family wants him to have some education. They do not have any specific goals for his future as yet. They are right now only interested in getting information which would help to improve the condition of their child.

The decisions are taken by both the parents on treatment and education of their child. The father has yet no definite plans for his financial security, but being only son he is likely to inherit father's share in the joint family property.

The family has contact with welfare organizations. Manish goes to Balwadi from Monday to Friday and on Sundays he goes with V-one society volunteers for recreation. Both the above said organizations give guidance and counselling too. Uptill now they have not given any thought to vocational training or employment of Manish. The family had to mortgage the jewellry of Manish's mother in order to meet the financial crisis. They have to live economically and go without luxuries.

The homemaker has help for cleaning utensils and washing clothes. Her eldest daughter helps in cooking too. She looks after the cleaning of house herself. Her husband helps in marketing. She has to keep constant watch on Manish. He needs 2-3 hours of special attention. She gets some rest between 2 to 4 p.m. and has about six hours of sleep. Once in a while when she wants to go to movies she leaves him with the grandmother who lives in the same city. The mother has no problem in managing time in the sense that she has people to share her work. But she has a full time job, caring for her child. She gives him things to play while she is working. He normally plays by himself. He gets upset and destructive in the presence of other people. She has gas, uses pressure cooker and blender also, to save time and energy.

The mother is not still accepting the disability of Manish. She hopes that his condition would improve and gets very emotionally upset. They are trying to collect more informations about his handicap. She does not take him out much, as he gets chance to quarrel with others. He threatens her that he will break something if he does not get what he wants and the mother usually gives in. She leaves him with his grandmother when she has to go out alone for some important functions.

18. Family of Madan

The father of Madan, 35 years old, educated upto secondary school level working in a factory earning a salary of Rs.800 per month. His mother 31 years old also educated upto secondary school level is a full time housewife. Madan is the eldest child. He is mentally retarded. He is 15 years old and had formal education upto fifth standard only and is learning music at present. The other three children are also aged 13, 11 and five studying in eighth, sixth and senior kinder garten respectively.

The family has neither any supplementary source of income nor they have any other assets. They live in a rented one room house. The toilet and bath facilities are independent but outside. The room is overcrowded with household goods and furnitures and all activities including cooking are carried out in the same room.

Nature, Cause and Extent of Disability.

Madan is suffering from grandmal epilepsy with mental retardation but his physical growth is normal. His memory is weak, he took two years to get through in each class. When he was eight months old he had chicken pox and no treatment was given during those days due to religious beliefs, after that he started getting convulsions. The inexperienced young mother did not understand the cause and effects of convulsions and the child's brain was slightly affected.

Madan has no problem in physical movement. He goes to music class and nearby places independently. He can take bath, can dress, eat without help, handle everything normally and thus he is self-reliant in all his personal care activities. Earlier he used to have severe convulsions of few minutes durations only, but the after effects lasted for an hour or so. He suffered from this every month on the same date, but it became less frequent and finally stopped. His vision and hearing are normal. He has slight difficulty while speaking. He can read and write. His physical growth is normal but mental growth is not normal. He does not need any regular check up now.

Treatment.

At the age of eight months after suffering from chickenpox, the convulsions started and he was treated by a general medical practitioner. He was taken to Nadiad only at the age of two and a half to consult the specialist, where the mother was given to understand that Madan would be able to learn, but slowly. Mentally he would be one year behind his chronological age. It had cost the family Rs.300 at that time. He was taken to special institution 'Sharda Mandir' for further treatment which continued till the age of five. The treatment however cost Rs.25 per month but did not help much. He was admitted to normal school where he took two years to clear each class and thus studied upto fifth class only which meant his education cost was doubled. Now he is attending music classes by paying Rs.35 per month.

Problems Faced.

Madan's mother was very much upset when she came to know about the condition of her son. She used to cry very often at the plight of her son and used to worry about his future a lot. But now since he is grown up and learning a few things, she feels a bit optimistic about his future. Although she was discouraged by the doctor, she spent hours on training and teaching her child.

The family members treat him normally but neighbouring children tease him at times and the quarrel starts. Father and the siblings occassionally help in his care but usually the mother takes lead in sorting his problems. Madan throws temper tantrums and gets a bit violent when teased otherwise he is very calm and quiet. Earlier she could not visit friends and relatives for the fear that the child would create problems in her absence, now as Madan is grown up, she can socialize freely.

The education of Madan was stopped because he was a slow learner and other children used to tease him. Teacher used to punish him too. He was poor in studies and needed extra attention which could not be given and the schooling had to be stopped.

Practices Followed.

Madan's mother worked very hard, to make him self-reliant. She encouraged him and taught him what little she knew. His mother is planning to get him trained in repairing scooters at one of their friend's garages so that he can be self-employed and become financially independent. Then only they can try to get him married.

Madan's parents both decided on treatment to be given to him but on the whole his mother takes more interest in his progress.

The mother accompanied him to school and requested teachers to understand and allow him to continue studies inspite of his slow progress. She would spend hours on him trying to teach him.

He showed an inclination for music so the mother's got him admitted to music classes and makes him practice at home. She buys comics and other easy to read books for him, so that he can read and does not forget his reading skill. She is also planning to send him for vocational training so that he can get a job or be self-employed. Finding a suitable marriage partner, would be a problem, but if her son becomes financially independent there are chances to get a suitable match.

Family has been through financial crisis, but not due to the disabled person alone; it did add to economic problems upto some extent only. The father had to take loan from the employer to meet the expenses for Madan's treatment. He worked overtime to earn more money. They live in one room and economically, in order to be within their budget.

Madan's mother does all the household work, teaches children and cares for Madan's special needs. She does marketing of groceries together with her husband, the children help her to bring vegetables and milk. She has gas and pressure cooker. She manages to get 2-4 hours of rest during the day which she spends in reading religious books. She goes to see movies once in a while. She has developed Madan's interest in holy books and religious readings. He reads comics too, and listens to music.

Mother's attitude seems to be very positive. She took up the challenge of making Madan self-reliant and has succeeded admirably.

19. Family of Manhar

Manhar's parents are educated and both are working. His father, aged 54 years, studied upto master's level and works as lecturer in the University earning about Rs.1700 per month. His mother, aged 46 years, is well educated and works as LIC agent in her free time earning Rs.500 per month. Manhar has a seven year old sister studying in second standard. He himself is five and a half years old and goes to Kinder garten. Manhar's grandmother and also a distant relative live with them.

The family themselves live in a hired house but their own house is rented for Rs.350 per month. Total family income thus comes upto Rs.2550 per month. Their hired accomodation is only two rooms. The bath and toilet facilities are quite suitable to the needs of Manhar. They have adequate light, ventilation and sanitary surroundings. The house is in the heart of the city. They have water supply at regular timings. The gas pipe line connection too, is there in the house.

Nature, Cause and Extent of Disability.

Manhar's legs lack co-ordination and therefore he falls off suddenly while walking. Eyes have a slight squint and he is mentally non-normal. Speech too is not very clear. At times he gets attacks of epilepsy too. Manhar was four days old when he started turning blue and had to be given oxygen. Too late or too much of oxygen given at that time seems to be the cause of his present condition. Thus he has mental retardation due to post neonatal asphyxial brain damage.

Manhar has difficulty in moving freely on his legs. He however goes to nearby place on his own but the family does not generally allow him to go unescorted. He has to be helped in dressing and bathing. He feeds himself slowly and can drink from ordinary cup and glass. He also goes to toilet unaided and can tell bowel and bladder movements. Once in a while he gets epileptic attacks but they are not very severe. His eyes have a slight squint, hearing is normal and he speaks with slight difficulty. Physically he is growing normal but his legs lack co-ordination. His mental age is behind his chronological age by one year. He has medical check up occassionally from family doctor.

Treatment.

The family spent around Rs.500 at the time of first attack. Doctor gave a hint that Manhar may not walk or talk. His mother was sterilized just a day before the doctor informed her about their child's disability. For about two years Manhar had digestion problem and as a result at the age of three and a half years itself he was suffering from scurvy, a vitamin 'C' deficiency. He could not take any juice and was allergic to them. This treatment also cost the family Rs.250. He learned to walk and talk very late. He had his first epileptic attack when he was about five years old. He was admitted to hospital and a specialist was consulted. The family had to spent Rs.200 at that time. Manhar has his EEG too which cost about Rs.250. At present his regular medical treatment costs the family Rs.15-20 per month.

Problems Faced.

The parents of Manhar are worried about his future care and attention. They feel embarassed and unhappy at the dependence of their child. The homemaker went through tubectomy before they were aware of the condition of Manhar. So they cannot take another chance. They are therefore resigned to the fate of their child. Manhar is very much overprotected by the father. He also throws temper tantrums. Relatives and friends express pity and give uncalled for advice. The social visits of the homemaker are restricted to a certain extent. The family has no contact with any social welfare agencies.

The family experiences financial constraint on their budget. The homemaker gets tired and does not get enough rest. Manhar needs constant attention.

Practices Followed.

The family wants to prepare Manhar to face life keeping in mind his limitations. He is to be given proper education and to be trained according to his capacity and interest in whatever vocation he chooses. They want him to be self-reliant and financially independent.

The parents of Manhar are worried about his future care and attention and therefore want to do everything possible to make him self-reliant and financially independent. They feel embarassed and unhappy at the plight of their child but are determined to help him in every possible way to be independent. Manhar's mother got sterilized because they had children at a very late age and did not want more children. Had it happend earlier, the parents probably would have taken another chance. Now they seem to have resigned to fate and are trying to make Manhar's life as normal as possible.

Manhar, being a late child, and only son is being overprotected by father very much. His father takes keen interest in his care and attention. His sister plays with him and looks after him at school. She knows what to do in emergency, if Manhar has an attack.

When Manhar throws temper tantrums, his mother tries to check them. Social visits are a bit restricted, but not completely stopped because they can leave him with his grandmother and the relative who stays with them. Family does not leave child in care of friends or neighbours because he may be a bit destructive.

They do not have contact with any social welfare agency, Manhar goes to normal school. Teacher is specially requested to keep a watch on him and is told how to deal with him if an attack comes. Manhar is a bit mischievous and he troubles other children rather than they troubling him. At present family has no clear plans for his employment and marriage. They feel it is too early to think about it yet.

Financial problem is not too acute. Initially the expenditure was made from savings, but now Manhar's father is eligible for medical reimbursement from university so he can meet expenses for treatment without much difficulty. His mother however has taken up appointment as LIC agent; her husband helps her in spare time. Family has given up a few luxuries in order to save for the future of Manhar. They have neither spent much on furnishing and decorating the house nor on too many clothes. They are trying to earn more so that they can save enough money for care of child and in making him self-reliant in his day to day activities. They want to keep the money safe so that even if Manhar cannot get a job or work for his living, he has enough finance to live comfortably.

Inspite of help from the resident relative and the mother-in-law, the homemaker is busy thrroughout the day. The child needs extra attention and needs continuous watch. She does not rest during the day. She has got used to living without proper rest because Manhar demands attention day and night. She says, "I dose off when I am sitting idle and have become used to taking cat-naps". At night she sleeps for six hours or so. The strain has not left any mark on her health but they had to call a distant relative for help. Grandmother of Manhar is quite old and cannot be of much help.

In the absence of the homemaker, her daughter, the grandmother and the resident relative looks after Manhar. She goes for LIC work during evening between seven and eleven. She has recreation too; thrice a week she goes for training in vocal music, and twice a week for bhajans. Reading newspaper and magazines are her other interests. Manhar plays with his father daily for two hours. He is taken for a ride on scooter daily. On the whole the parents have a positive attitude towards Manhar's disability. They have accepted the challenge to make best out of his limitations. They are always in search of the latest information about the care and attention of the children with similar handicap. They do encourage people to treat him normally. They have found supplementary source of income by getting wife involved in job. They are careful in investing money and have not invested much in time and labour saving devices. They have not tried to contact any social welfare agency and they have no definite plans as yet about his vocation because they want to watch his progress. Right now their concentration is on giving good education. The homemaker has positive attitude and she is trying to make best out of whatever limited scope is offered by her child's disability.

20. Family of Mira

The father of Mira is a motor mechanic aged 51 years and educated upto secondary school level. Her mother is 49 years old had education upto fourth class and is a full time housewife. The family consists of four sons and two daughters. Two older sons, after completing their S.S.C., have also become motor mechanics. They work in their family garage. Mira is 25 years old and had no education. The younger brother, aged 21 years, is a commerce graduate and is working as accountant in a hotel, earning Rs.500 monthly. The youngest sister 19 years old is also educated upto secondary school level, is helping mother in the household work at present. The eldest brother is married and has a daughter but they do not stay with the family. Mira's grandmother also stays with her.

The total income of the family is Rs.2000. There is no income in kind and the family does not own any property. The house and the garage space is rented but on a very small amount. The housing condition is not at all satisfactory. The house looks more like a shed with tin roof. The entire space is divided into three parts by wooden partitions. The garage is next door so it is quite noisy and dusty. There is a lot of open space around. Toilet facility is outside the house and bath is inside. Water is available for limited time so they have to store it for use. Lighting is dim, ventilation is satisfactory. The housing is very noisy and not very sanitary on the whole.

Nature, Cause and Extent of Disability.

Mira has post tuberculosis meningitis at the age of seven months. She is suffering from mental retardation with seccondary epilepsy and hemiplegia. The brain is partially affected and her left arm is also slightly restricted in movement. Mira is physically mobile, she can walk normally, use her limbs alright, but her mental condition does not let her move out alone and a person is constantly needed to escort her. She cannot take bath or dress herself. The family has not trained her for it. She can eat by herself and has no difficulty in handling ordinary glasses, cups or spoons. She can go to toilet unaided and can tell her needs for bowel and bladder movements.

She still has 'bad turns' thrice a year or so. They are occassionally severe, last for 2-3 minutes and are the result of gastric troubles. Her eyesight and hearing are normal. She can speak but with some difficulty. She does not know how to read or write. Her physical as well as mental growth is retarded.

Treatment.

When Mira had her first attack of meningitis at the age of seven months, she needed day and night attention. The family spent about Rs.1500 on hospitalization and treatment. Neighbours and friends helped the family in care of the child thus completely relieving the mother to see to the household work and care of the other two children. She also had lumber puncture at the age of two years and the family had spent about Rs.200 at that time. The spinal fluid removed was found to be clear thus the family did not fear serious damage.

The family switched over to the ayurvedic treatment when she was three years old, and spent about Rs.1500 on it. The treatment however reduced fits and convulsions and helped Mira to learn to walk. Later she was given daily massage and the family paid Rs.25 per month to the person for this purpose and continued for eight months or so. She started walking and talking at the age of five years. After this the family started giving home remedy. Whenever she gots fits they would use onion juice to make her come out of it. Now she is under the treatment of a specialist at the General Hospital. Her fits have stopped almost completely. She has medicine which controls fits and helps her to feel better. The family also had tried treatment from faith healers, and felt that she was better after they visited the holy place of Shirdi. They spent Rs.100 on the journey.

Problems Faced.

The mother and grandmother both worry about her future. They say "being a female she may have difficulties in future if someone does not take care of her". Mira is very sensitive and needs careful handling. Their chief worry is if the daughters-in-law are not good who would take care of her, after they have gone. When Mira has 'bad turns' she gets terribly weak for eight days or so and has to be properly looked after.

The family feels embarassed about having her in the family. She is very much kept out of the way of visitors. Her mother however accompanies her sometimes to social functions but not very often. Mira is left with grandmother most of the time when her mother has to go out for marketing or to attend social functions. The family did not have any contact with social welfare agency at any time. Probably there were no such agencies in the city when Mira was young enough to attend. The siblings, specially, still feel embarassed about taking Mira out with them as they feel uncomfortable. Mira gets annoyed very easily and is sensitive to atmosphere. So they do not antagonise her. The family has not been able to make Mira self-reliant. She was not given any education as no special schools were available. Mira needed special attention and she could not be sent to normal school. There is no chance of Mira either getting job or getting married. Family went through a very bad period economically.

Practices Followed.

The family is not aware of the help which can be had from the welfare agencies. They are also not aware that Mira could have gone to special school for mentally retarded. The grandmother has initiated in her some religious belief and has encouraged her to pray daily as a part of her routine. The family want her to be self-reliant but have not done much to help her. She is still given bath and helped her in dressing.

The decision making in the family is mostly influenced by the grandmother. The father does not take much interest in the family affairs. The grandmother alongwith mother and brothers of Mira takes charge of situation and decides what treatment to be given to her. She could not be given formal education because the family was not aware of it. There is no possibility of any employment as Mira is not trained for anything. The family feels she cannot be married too. They are channelizing her interest towards God, and are encouraging her to perform 'puja' daily. When Mira asked when she would get married, they told that she is already married to

Lord Krishna. They also encourage her to do some simple task such as shelling peas. Mira is very possessive about her job. She does not like anyone else to do what she can do herself. The initial costs of treatment were met by family in instalments. They had to live economically to meet the expenses. Apart from illness the family broke away from joint to single family, and therefore had to make a lot of adjustments. Family had to go without proper shelter. They could not spend on improving the place where they are staying. The family finds it difficult to save and has to meet expenses as they come. The father has taken up appointment abroad, and is sending money regularly. One of the son's income is also regular. The eldest son helps financially in need but not regularly, since he got married. The family has managed to meet medical bills but have not been able to provide any training to her or engage her in some self-employment. The lack of funds is not the limiting factor but lack of awareness on the part of family is the main cause now.

Making provision for financial security of Mira poses the biggest problem. The family finds it difficult to save money at all. Household work presented not much of a problem to Mirs's mother. The grandmother took care of her, leaving the homemaker free to take care of other children and household work. The homemaker did not have much help from other family member. She did not have any problem while doing work or going out for marketing as the grandmother helped a lot. At present however, all the children are grown up, the youngest daughter also shares the household work. The housewife has enough sleep and rest. She can engage in leisure activities too. She attends social and religious functions, reads, listens to radio and goes to movies sometimes. She has to attend to the needs of Mira which takes about 1-2 hours of her time daily.

The time and labour saving devices owned by the family include the use of gas, pressure cooker and electric iron. The management of time does not pose much problem because homemaker has hired help for cleaning vessels. The grandmother and the daughter help in other household work.. Mira is given to do certain things as part of her duty and daily routine so that she feels she is being of use to the family. The attitude towards disability is not so healthy. They tend to shelter her and do not allow her to be self-reliant.

21. Family of Chimpu

Chimpu's father is 32 years old, studied upto B.Sc level and is working in telephone department earning a salary of Rs.1000 per month. His mother is M.A. and is teaching in a private school earning Rs.300 per month. Chimpu is four years old. His only sister is one and a half years old. The family income thus includes salary of both husband and wife. The husband gives tuitions to the school children in the evening and earns around Rs.170 per month. They have recently bought a house of their own for which they have to pay Rs.200 as instalment per month. They have no other source of income. The house is large enough for them. They have the basic amenities. The surroundings are satisfactory.

Nature, Cause and Extent of Disability.

Chimpu is a case of cerebral palsy. His both legs and arms are affected. He does not have any control over his limbs. His brain is also damaged. His eyes are slightly squinted. Chimpu's defect is due to birth injury. He was born with a hard skull. There was no room for development of brain. The cause for his present condition was microcephaly. He looked abnormal right from birth. Chimpu is totally dependent. He cannot move on his own. He can neither walk, nor stand nor sit. He is having liquid diet and is bottle fed. He does not take any solid food.

He needs help in continence too. He cannot express himself or tell about bowel or bladder movement, neither has control over it. He wets bed almost daily and also dirties his pants.

He gets severe fits and convulsions sometimes and becomes stiff, which last for about five minutes and occur when his regular medicine is stopped. The attack leaves him very weak for few days. He suffers from bronchitis apart from his handicap. He catches cold easily and has a lot of breathing trouble. His hearing is normal and he can say one or two words but usually he produces unintelligible sound. His physical and mental growth is retarded. His normal growth stopped after the age of about two years. The parents do not take him for regular check up. He is taken to doctor only when he falls sick, otherwise they continue with the prescribed medicine.

Treatment.

The parents took him to paediatricians and neurosurgeons but nothing could be done to improve his condition. On the whole his health does not stay normal so medical bill is a part of their monthly expenditure. They spent initially around Rs.1000 on consulting various dactors. At present they have to keep a minimum of Rs.100 per month aside for his medicines and special food.

The mother used to take him for physio-therapy for couple of months to general hospital but did not continue because it was not much helpful and the to and fro journey was very cumbersome and time consuming. Chimpu's grandfather is a faith healer but he too could not do much for him.

Problems Faced.

Chimpu in his present state is not fit for education, employment or marriage. Not much can be done to make him even self-reliant. He is completely dependent on others. The parents were psychologically very much upset. The father was completely out of his mind with grief when he saw his child just after birth. The grandmother and other relatives helped to pacify him and told him that the child may recover after some time, but gradually he accepted the fact that his child will never be normal. The mother too took it very much to heart. She matured overnight. She keeps her grief very much to herself. The parents feel embarassed and unhappy at the plight of their child. They are worried about his future care and attention. They feel they look after the child but what would happen afterwards in their absence. They feel the need for day-care centre for their child. They were very much scared of having another child but after about three years they had a daughter who is very much normal. They find some happiness seeing their daughter growing up as normal thus the second child has compensated for the disappointment they had in bringing up their disabled son. The family faced financial problems too. The homemaker faces pressure of work after they have started living away from the joint family in their own house. The homemaker has taken up a job which further increased the demand on her time.

Practices Followed.

Their only goal is that the child becomes self-reliant. They plan to make financial provision for him. Both husband and wife take all decisions together. The doctor has said an operation of the brain may help but gives very little hope for his recovery. So the parents feel that they do not want to take a chance with his life. They said that they do not mind borrowing money and getting the operation done if doctors give some definite hope. However they do not want to run into debt if there is not even fifty percent of chances of his recovery.

Chimpu did not lack attention. Till recently he was staying in joint family; his uncle and aunts would help in his care. They would take him out for walk or carry him around while the mother could rest or do household work. The father also helped in sharing the responsibility. When Chimpu gets one of his bad turns disturbs everyone. His mother does not like visiting people because she feels embarassed about taking her child. She goes to only few places where they are very closely related. The grand parents who stay away from Baroda also take charge of Chimpu for a few days or even few weeks to help the family. Although they do not go out much, the neighbours drop in and relatives visit them.

The family lived on a strained budget for first couple of years when they were going around consulting doctors. They had to cut down on luxuries and personal expenses. They had financial help from grand father. They, however, do not have Rs.20,000 to dole out to doctors and take a very slim chance of Chimpu's recovery. They would have to take loan to meet such a expense, They haven't taken this chance. The family has taken loan from employers and invested in the house so that Chimpu would at least have a permanent shelter. As they could not save much, they are paying back the loan in parts. They have not sought the help of any welfare agency to get proper guidance and possibility of securing financial help.

The homemaker felt the pressure of work specially after she took up a job and they have employed a full time servant. The disabled person needs constant attention. She has to leave the children with her sister-in-law if the servant does not turn up. They had to call Chimpu's maternal grand-mother to help when there was crisis, and her husband fell sick because of overwork. He works eight hours at office then teaches children for couple of hours. Chimpu at times is very disturbing; he does not sleep and one of the parents has to keep awake by taking him in the lap whole night. All this had caused the breakdown of the father. The child is sometimes left with paternal grandparents so that the couple can rest and relax for few days. The homemaker goes to her mother's house sometimes to have a break where she does not have to do household work and gets help in care of the child too. The maternal grandmother is free as she has no ties and comes to help her daughter when needed. She also came to help during the second delivery of her daughter.

The parents have accepted the handicap of their child. They are trying to take care of their child to their utmost capacity. They are planning to put aside some of their savings for Chimpu's future needs. The homemaker has taken up a job and the husband is working extra hours to supplement the family income.

22. Family of Chitra

The father of Chitra is 45 years old, educated upto secondary school level and working as head clerk in R.T.O. office earning Rs.1000 per month. Her mother is 41 years old educated upto secondary school level and is a full time housewife. Chitra has two younger sisters and one brother. She, being the eldest is 14 years old. The younger sisters are aged 13 and eight years and studying in seventh and third standards respectively and the brother who is 10 years old and is studying in fifth class.

The family has no other source of income apart from the head of the family's salary. They however have their own house. The house is in a residential area easily approachable to marketing facilities. Chitra has to be given bed-pan, so toilet facility does not come in her way.

Nature, Cause and Extent of Disability.

Chitra is a severe case of cerebral palsy. Her brain is affected and as a result, she has no control over her limbs. The cause for her present condition was post asphyxial brain damage. She did not cry at birth and the oxygen needed to be given was delayed and given more than necessary. She also suffered from a severe attack of diarrhoea and used to get fits and convulsions. Her movement is completely restricted. Both of her legs and arms are badly affected. She cannot walk, can wriggle only across the room, cannot sit upon her own accord, cannot sit for long time in a chair and stand at all because knees are bent and legs cannot be kept straight. She had calipers but did not wear them because it was very painful and parents being sensitive, did not force her to wear them and learn to walk. She is completely dependent on others, in her personal care too, she needs to be bathed and dressed. Someone else has to feed her. She needs help to go to toilet. She can however tell about bowel and bladder movement. She rarely wets bed.

At present she does not get any fits and convulsions but when she had them it used to last for an hour or so during which she needed constant attention. She suffered from this trouble, whenever she had fever. She can see and hear normally but cannot speak much. Her speech is quite unintelligible and she cannot read or write. Both her physical and mental growth are affected. She does not have any regular medical check up.

Treatment.

She was hospitalized, many specialists were consulted and a sum of about Rs.300 was spent. Then they took her to Calcutta where her grandparents lived and Chitra was treated with homoeopathic medicines; her diarrhoea was controlled. Her mother stayed there for about four months especially for her treatment which cost Rs.100. In Calcutta, the general health of Chitra showed signs of improvement.

When she was six months old, another specialist was consulted and it was diagnosed that Chitra was a case of cerebral palsy. She was then taken to occupational therapy centre for confirming the diagnosis, which cost Rs.100. At the age of four years again a neuro-surgeon was consulted and the family spent Rs.150 for the consultation. For two years physiotherapy was given to Chitra which helped to improve the mobility of her hands. For two years the treatment was carried out and cost the family Rs.500. However they could not continue it for long time because it was costly as well as time consuming, as about five hours were required daily in taking her to the centre and bringing her back. The younger child was left with grand parents at Calcutta so that the mother could devote enough time in taking care of Chitra. They continued the exercises at home for some time but stopped as they felt it was of little help. Chitra was then taken to Balashinore where she was treated at Paraplegic hospital for one and a half years. The cost of this treatment came to Rs.500.

They consulted a faith healer too on the advise of friends and relatives and spent Rs.100 just for consolation. They have tried ayurvedic treatment also but with little success spending Rs.100 over it. When she was nine years old she was operated on tongue for which Rs.500 were spent, this could enable her to eat normal food as only soft food or liquid diet was given to her earlier.

Problems Faced.

The disability of Chitra has left a marked effect on her parents. The psychological and physical strain of living with such a child has affected their general health. Initially they were very upset and unhappy but now resigned to the fate of their child. They are worried about her care and attention in future, thus they were advised by the doctor to give her mercy injection and put her to sleep permanently. But they refused, as they felt they could not kill their own child deliberately, although they would not be grieved if Chitra died a natural death.

They have difficulty in coping with her demands because she is completely dependent. They feel frustrated because they cannot reduce her dependence and make her self-reliant. The family looks after her needs. Chitra is very sensitive and resents attention given to other children. She disturbs other children if she is not given anything or if she feels neglected. Relatives and friends express pity and give advice. The family is used to all this and is not much affected by it any more.

The family has contacted a number of welfare societies but none can help as there is no provision for day-care of such totally dependent people. The family feels they are the ones who need the help most, and social welfare organization do nothing to help them. They have contacted 'Apang Bal Gruh', 'Vrone Society' and also 'Spastic society' at Bombay for residential care of their child, but everywhere they were refused as there is no provision for care of totally dependent child. Tremendous financial strain is experienced by the family. They can hardly maintain themselves and cannot save much.

Practices Followed.

The main aim of family is to make her self-reliant. They want her to be treated so that at least she can look after herself. The decision making is jointly done by her parents. They were willing to leave her at a residential centre at Bombay, but the centre did not accept her. The parents purchased calipers so that Chitra could move independently but she could not get used to it. For the future security they have managed to buy a house with the help of relatives and government loan. No other financial provision is made for her.

The family went through economic crisis because of Chitra. They had to borrow money from friends, relatives and employer to meet some of the expenses. The family invested in a house so that they could permanantly settle in one place and Chitra would at least have a shelter in future. The family never shirked away from her treatment and they always managed to secure funds for her every new treatment. The family lives economically and go without luxuries. Homemaker did not have any hired help due to lack of funds, but was helped by her husband earlier and now the daughters assist her in household work and also in taking care of Chitra.

Taking care of Chitra is a time consuming job as she is completely dependent. She has arranged the school timings of her children in such a way that one of them would be at home always and she can go out when needed. The siblings take care of her, remember to give her medicine in time and play with her. The homemaker is planning to study further to improve her qualification to get some job and supplement family income. The neighbours do help homemaker at times to keep a watch on Chitra if she has to go out for some urgent work. The homemaker rarely takes a holiday as Chitra is grown up and it is difficult to carry her everywhere. She gets rest for an hour or so in the afternoon. She uses gas, pressure cooker and electric iron to save time. When she was expecting the other children, her mother and her sister came to look after her. The family has accepted the disability of their child and are trying to find out the means to make her self-reliant. The family has the sole responsibility of her care.

The respondent felt that the government should take up the responsibility and start centres for such handicapped people.

Even if it is only a day care centre, it would relieve the homemaker to carry out her work as well as look for a job to supplement family income. The homemaker feels that the disabled people need special attention, are more sensitive, need to be handled carefully and indulged. This indulgent attitude of the parents has come in the way of making Chitra self-reliant.

23. Family of Chander

Chander's father, aged 48 years, educated upto seventh class, works as Electrician. He is earning a salary of Rs.500. His mother is 32 years old, illiterate and a full time housewife. He is 14 years old. He had a sister who died at birth. He has a younger brother who is six years old and is studying in the Kinder garten class.

They live in a house of their own. The family property was sold out and the present house was purchased from its proceeds. The house is spacious, well lighted, sanitary and in residential locality. The bath and toilet facilities are convenient.

Nature, Cause and Extent of Disability.

Chander is a case of cerebral palsy, orthopaedically handicapped as well as mentally retarded. He is suffering from sciatica. His present condition is due to neonatal asphyxia. His both legs, his arms, and brain is also slightly affected. Chander's both legs are bent and are badly affected, therefore he cannot even stand, let alone walk. He shuffles along the floor. He can move around the room and can sit on his own accord without any support. Calipers were made for him at the cost of Rs.300 but they did not prove very helpful and Chander found them difficult to handle. He needs to be dressed, undressed, and given bath as well. He is messy and slow in eating. He can handle ordinary cup and glass.

He needs help while going to toilet and can tell about bowel and bladder movement. Very rarely he wets bed at night. He does not have any bad turns at present. His eyesight and hearing is normal, but the speech is not very clear. He speaks a few words which the family alone can understand. He does not know how to read or write.

Treatment.

His physical and mental growth is stunted. He does not have regular check up. He used to get physiotherapy treatment but now it is stopped because it is difficult to carry him and take him to hospital for the therapy. The mother of Chander is illiterate, not confident to go out on her own and the father has no spare time.

When Chander was six months old, he suffered from Jaundice, diarrhoea, vomitting and very high fever. He was hospitalized at that time for one month and about Rs.500 were spent. When he was three years old, an orthopaedic surgeon was consulted and Rs.300 were spent. His brain did not develop properly. He was admitted to 'Apang Bal Gruh' at the age of nine years. Rs.10 per month were paid towards transportation charges but otherwise everything else was free. Through this social welfare organization a series of operations were performed on Chander over a period of 8-10 months. Although cost of operations were free, the medicines and cost of maintaining the relative who came to help was about Rs.1000. At present every treatment is stopped because nothing seems to help in improving his condition.

Problems Faced.

As the child is growing they find it difficult to carry him everywhere. They feel embarassed about his condition and keep him inside the house all the time. They feel frustrated because they cannot reduce his dependence. They don't even think of his employment or marriage.

Chander does not get enough attention. The mother looks after his physical needs but cannot help in his mental development. The father seems to be always short of time. He does not get enough time to rest. The younger brother makes fun of him. Relative and friends pity the family. The family cannot socialize as much as they want because Chander cannot be left back for long time. Very rarely they leave him alone at home and put food and drink within his reach, enabling him to eat, if he feels hungry. Relatives take charge of him only in extreme emergency, usually the family does not seek their help.

Practices Followed.

The family tries to make him self-reliant in personal needs. They have not yet thought of any special training which could be given to him so that he can earn a living in future. The decision making in the family is carried out by the father only. The mother has developed an inferiority complex because her husband constantly makes her feel that she is no good. For Chander's rehabilitation, family wants him to be self-reliant, as their main concern is about his future care, when the parents will not be there any more.

Chander was sent to 'Apang Bal Gruh' for day care. He did not receive any formal education. He could not adjust to the centre as he could not study much. He also needed special attention which he did not get at the centre. The treatment of Chander was a strain on the family's budget. Financial help was sought from relatives. The joint family property was sold and part of the money was used for treatment and major part was invested in their present house so that Chander would at least have a shelter in future. The family lives economically and without certain essential as well as luxury goods.

Homemaker does not have any hired help as she does all the household work and takes care of Chander but cannot do any marketing or go out on her own. She cannot take Chander out for any treatment or school or recreation. The outdoor work is done by her husband who complaints of overwork. He had to let go promotion as it entailed transfer from the city. He feels tired more and feels his health was declined.

24. Family of Chiman

The mother and father of Chiman are 43 and 48 years old respectively. His father had education upto secondary school level and runs a business of his own. His mother has studied upto sixth standard and is a full time housewife. He has one elder sister who is twenty years old and studying in college. He himself is 18 years old. His parents adopted another son who is at present five years old and goes to school.

The total family income is ₨.1500 per month from the business of motor spare parts. The family lives in their own house which has adequate number of rooms, and convenient toilet and bath facilities. Water is also available 24 hours from an overhead tank. The house is well lighted and sanitary, but near the main road, with lot of open space in front so that the traffic noise does not reach inside.

Nature, Cause and Extent of Disability.

Chiman is a case of cerebral palsy and mental retardation. The co-ordination of legs and arms is lacking and the brain is affected too. His speech is also not very clear. The main cause was post small pox vaccinal encyphalitis. The family was not aware of the consequences and could not take proper care of him. The child was only five months old at that time.

Chiman has difficulty in controlling movement of his limbs. He can walk with some support around the house. He can stand himself but only for a few minutes. He was provided with calipers as well as elbow crutches, but did not find them much of help. He needs little help in dressing and undressing. He can take bath, feed himself, eat normal family food. He, however, has some difficulty in holding cup or glass. He goes to toilet unaided and generally tells about bowel and bladder movement, but wets bed occassionally at night. He does not have any 'bad turns' and does not fall sick easily. His eyesight and hearing is normal. His speech is not very clear, only mother can understand.

Treatment.

He does not have medical check ups regularly but family doctor is consulted when needed. He was earlier given physiotherapy as well as occupational therapy. When he was seven months old, the mother took him to Bombay and her sister pointed out that the child does not look normal and he should be shown to doctor.

For two months treatment continued and cost about Rs.500 and it had to be stopped as the family belonged to Baroda and found it difficult to continue treatment at Bombay.

When Chiman was one year old, he was taken to the child specialist at Baroda. The doctor, however, was very blunt in telling the nervous mother that her child will not get well. The mother was very much upset and felt very pessimistic. About Rs.200 were spent for the consultation and check up.

Chiman was hospitalized too in the General Hospital for check up. The mother tried ayurvedic treatment which lasted for eight months and cost Rs.200. She further spent Rs.4000 on homoeopathic treatment which helped him in learning to walk. When Chiman was two and a half years old, he suffered from typhoid for twentyone days. The family became panicky and spent about Rs.2000. Later on he was under the treatment of family doctor. An orthopaedic surgeon was also consulted who kept him under his treatment for about three months and charged Rs.500.

When Chiman was four years old, he was given physiotherapy, and the mother used to take him to hospital daily for almost three years. When he was seven years old, he was again hospitalized at Bombay for further treatment which lasted for about two and a half months. He had calipers and elbow crutches designed and made for him. All these cost about Rs.3000.

Chiman was admitted to 'Apang Bal Gruh' at the age of nine. He was allowed to attend the institution for six years. He has to be taken to school daily and brought back home. It had cost about Rs.900. He was neither classified as orthopaedically handicapped nor as mentally retarded, but was a combination of both.

She says, "everytime the new medical officer came he would object to Chiman being admitted there, but one look at my anxious face they would withdraw their objection and allowed him to continue". At the age of 15 years, however, he had to leave the institution, because he was becoming troublesome. At present he goes every sunday for recreational activities organised by 'V-one society'.

Chiman, even had acupuncture treatment which helped him a little in having control over his limbs. The treatment however was very expensive and not readily available at Baroda. Anyway she plans to give him treatment as soon as it starts in the city. She has spent Rs.900 on this so far. She tried treatment with solar rays too and spent Rs.1000 over it. She went to faith healers too and the regular fever, which Chiman used to have, was cured. She spent Rs.200 over this too. In short Chiman's mother has not left any stone unturned in order to improve the condition of her son.

Problems Faced.

Chiman's mother was very much shocked and upset when she was made aware of her son's condition, as the doctor told her very bluntly, without preparing her for the shock, and as a result his parents got scared of having more children of their own and instead adopted a son. The mother's main concern is to make him self-reliant completely. She is concerned about his not walking unaided. The mother feels very unhappy and gets very emotionally upset and almost in tears whenever someone talks about Chiman's condition. She is very much frustrated and helpless because she cannot reduce his dependence. The relatives pity the homemaker, but never offered any financial help. She feels shortage of funds to get further acupuncture treatment for him. Chiman is not fit for formal education, employment and marriage.

Practices Followed.

The family hopes for further treatment if it can help Chiman. They want to give him some occupational training. The family wants to will the house for him and plans to make him financially independent. The plans are not specific as yet. His mother wants him to acquire some skill so that he can earn his own living and not become a burden on others.

For treatment of Chiman, both his parents decided the type and place of treatment. His mother usually goes with him whenever necessary. About his education, his mother is more interested and takes most of the decisions. About marriage nothing has been thought as yet. His father and mother both are thinking about making financial provision for him.

Chiman gets enough attention from family and is over protected at times. His mother does not trust anyone on his paternal side but in case of maternal relations she can trust them to look after him. She avoids going out herself, or taking Chiman out because it is difficult to leave him with anyone for long time.

The family has contact with social welfare agencies. At present with the help of 'V-one society', he gets recreation every week. He went to 'Apang Bal Gruh' for six years and received medical aid, day-care and counselling from there. Chiman was not given formal education at the centre, he was only kept engaged in some games and physio-therapy. He is not fit for any vocational training, any kind of job or self-employment and the marriage is out of question for him.

Family savings were used upto meet expenses. The family lived economically and managed to cut expenses on luxuries. Family did not get any financial help from relatives or from social welfare agencies.

Chiman's mother takes care of him completely. She gets help from her daughter, but not much from husband. She had hired help to clean vessels, and wash clothes. She, however, does cooking, dusting and cleaning of house by herself. She washes special clothes herself and does ironing too. She regularly teaches children for about half an hour, the reading of holy book and saying prayers.

Chiman needs special attention for about an hour during the day, but she has to keep watch throughout the day and night. Her husband does help in marketing. She gets eight hours of rest and sleep. She gets about one hour free in the morning, afternoon and night. She uses this time to do some needle work, read magazines listen to radio and go to movies. Chiman likes to listen to radio, look at magazines and draw pictures. The family owns pressure cooker, refrigerator, electric iron as time and energy saving devices. They have gas pipe line too. Health of Chiman's mother has not been satisfactory after the realization of his condition. The mother has accepted the disability but is still optimistic that something may come up to make her son well. She had developed negative attitude towards having more children and therefore decided to adopt a child rather than risk bearing one again. Chiman gets aggressive at times but is constantly checked. On the whole, family has a positive attitude and is trying every possible way to rehabilitate the disabled person.

25. Family of Charu

Charu's father aged 47 years, educated upto secondary school level, is employed abroad in Kuwait. Her mother 45 years old had studied upto fifth standard and is full time housewife. Charu is the eldest child and is 19 years old. She has two younger brothers aged 16 and 13 studying in eleventh and seventh standards respectively. Her grandmother stays with the family.

The family income is Rs.2000 per month only and they do not have any other source of income in kind or cash. The house in which Charu lives, is their own. The toilet and bath facilities are inconvenient, therefore a special seat is placed for use of Charu in the toilet and she is given bath also on a stool specially made for her. The water facility is adequate. They have a tube well in the house and the water can be drawn out anytime apart from the regular limited time municipal water supply. The house is well lighted, sanitary and in residential area but very near to shopping centre.

Nature, Cause and Extent of Disability.

Charu is a case of cerebral palsy and as a result her both of her legs are badly affected from hips onwards. Her arms are also slightly affected. Her mental capacity is not completely damaged but control over limbs is lacking. The main cause for her present condition was prolonged high fever and jaundice when she was five days old. Charu was taken to hospital but the fever could not be rightly diagnosed and as a result the child was very badly affected. The deformity was the result of lack of proper treatment.

Charu had a lot of difficulty in moving and controlling her limbs as both the legs are badly affected, thus she cannot stand or walk without support and just shuffles around the room. Her hands are slightly affected, she can move them but cannot use them to dress or bathe herself. She is not allowed to move around much. She can get up into sitting position on her own, sit in bed/chair without support. She can get on her feet with some support but only for few seconds.

A wheel chair is also specially made for Charu. The chair has to be pushed by someone and is non-collapsible. She also has crutches to move on. She uses these to move around the house. She does not find crutches of much help. Charu has to go a long way to be self-reliant. She is dependent on her mother for bathing and dressing. She is a bit messy while eating food but can use normal cups and spoons and eats with the family. She needs help in continence too. She can tell her needs for bowel and bladder movements. She rarely has 'bad turns' at present. The bad period lasts for about one or two hours and are not very severe. Usually change of season brings about these periods and she has to be given special attention during this time. She suffers from bronchial trouble too. Her eye sight is normal and hearing is good, but the speech is slightly affected. She can read and write. Her physical growth is affected and she looks smaller than her age. Her legs and arms are very weak and the back is also deformed.

Treatment.

At present no medical check up is done regularly but whenever necessary the family doctor is consulted. Her massage and physiotherapy is continued. At the age of four years, Charu was taken to Bombay and a few specialists were consulted and about ₨.350 were spent at that time. At the age of six years Charu was under treatment of doctors in general hospital at Baroda for four years which cost about ₨.6000. Charu's mother took her to faith healers and spent about ₨.200 but of no avail. Earlier about ₨.2100 was spent on giving massage daily for one year.

Homoeopathic doctor was also consulted and the family spent ₨.10,000 on this mode of treatment; the only cure from this medicine was, that Charu could stand on her legs for few minutes with some support. For the last three years a Nurse is employed by the family to give her massage, make her walk and do all necessary exercises, which costs the family ₨.300 per month. She is also given medicine worth ₨.30 per month and special food in the form of milk daily.

Problems Faced.

The mother is psychologically upset and could not help Charu much in becoming self-reliant. She seems to over protect her and does not let her be independent in carrying out the day to day activities. As a result she finds it difficult to cope with the demands, Charu makes on her time. She feels unhappy and frustrated at the plight of her daughter. She worries over her future care and attention.

Charu felt that other school children used to laugh at her condition and therefore she did not feel like going to the school. The social life in somewhat restricted for homemaker, although grandmother takes charge of Charu in the absence of her mother. Lack of day-care facilities for such dependent people is felt by the family very acutely. V-one society people used to take

Charu for recreation on sundays, but recently it has stopped because it is difficult for the homemaker to take her to the bus stand, from where she was collected; as a child it was possible to carry her, but now to carry a grown up person is very strenuous and difficult.

Charu was given formal education upto fifth standard, but stopped when she had chicken pox. It was also difficult to carry her to and from the school, therefore she was admitted to a nearby school, but the children kept on teasing her. She says, "they kept on looking at her and giggling as if she was a 'tamasha', that is, something to laugh at". The family feels that there is no question of Charu being employed and married, even at a future date. The family went through financial strain when they were faced with the crisis.

Practices Followed.

The family wants her to be self-reliant but have not so far been able to achieve it. She is given religious education, to occupy her, and she is encouraged to teach young children at home. All this is done to keep her engaged and divert her attention from her handicap. She had been given education upto fifth standard in far away school but later she was shifted to nearby school where she did not like the atmosphere and left the school of her own will.

The decision maker in the family is the homemaker herself. Initially Charu's father was with them but later he took appointment abroad and comes home every three years. The mother therefore decides most of the things regarding treatment, education and keeping Charu engaged in some work. The family has adjusted to the economic strain when they faced this crisis, by setting aside certain amount of income for meeting the expenditure of Charu's rehabilitation. The father had to take loan also from his employer to meet sudden expenditures. He took up foreign appointment to ease the family's financial burden. The family has to go without luxuries so that there is enough to spend, on nursing, medicines and special food. The family has no financial assistance of any sort, either from relatives or welfare organizations.

Relatives did help in care of Charu. The grandmother is of constant help to homemaker. Her aunty took care of her when she was under treatment at Bombay and used to take her to hospital for treatment daily. The homemaker however had a major share of work. She had to nurse and care for Charu and do household work but for cleaning the utensils and washing clothes she had hired help. Now that her two sons are grown up they do certain amount of marketing for her. She gets very little rest. Charu needs special attention at least three hours a day and on the whole constant watch is necessary. The homemaker has 7-8 hours of sleep at night and hardly rests during the day. Once in a while she goes to movies and attends religious and social functions, and leaves Charu with her grandmother.

The homemaker uses gas, pressure cooker, blender and electric iron as time and energy saving devices. The family has accepted the daughter's disability but are still ready to try new treatments. They have not yet tried acupuncture therapy and are willing to try when possible. The family feels the need of special organization who could take at least day-care, of such severely disabled people. On the whole the attitude of homemaker is positive, but a little over protective, therefore it comes in the way of Charu's self-reliance.

Section - II Synthesis of Findings

Family Background Characteristics

The major factors included under this head are type and size of family, income of the family, ownership of property and income in kind. The age, education and occupation of respondents and the head of the family were also considered.

Type and Size of Family.

Almost equal number of respondents were from joint and nuclear families, 48 and 52 percent respectively (Table 1). Equal number of respondents (40 percent each) belonged to 3-5 member family and 6-8 member family. Only 20 percent were from very large families of 9-12 members.

Income of Family.

The total family income per month from all sources was considered. This included the income of the head of the family from main occupation as well as income of other family members and also income from other sources in form of cash. Forty percent of the families were in the income group of Rs.1001-2000. Next category of families were from the income group of Rs.501-1000 (30 percent). Sixteen percent families had income above Rs.2000 per month and eight percent had below Rs.500 per month as their total family income. The source of income other than salaries of family members and from their main form of occupation were, rent, sale of farm produce and seasonal work.

Table 1. Background Characteristics of the Sample

Characteristics	Frequency N = 25	Percentage
1. Type of family		
a) Joint	12	48
b) Nuclear	13	52
2. Size of family		
a) 3-5 members	10	40
b) 6-8 members	10	40
c) 9-11 members	5	20
3. Income of family per month from all sources		
a) Rs.500 or below	2	8
b) Rs.501 - 1000	9	36
c) Rs.1001 - 2000	10	40
d) Rs.2001 - 3000	1	4
e) Above Rs.3001	3	12
4. Income in kind		
a) Cereals and pulses	3	12
b) Vegetables	1	4
5. Other sources of income		
a) Rent	4	16
b) Sale of farm products	1	4
c) Seasonal work	2	8

Family Assets and Income in Kind.

Majority of the families owned houses (80 percent) and lived in it themselves. Twelve percent owned land in their village and shared the village house with other members of their family. One of the families owned a truck which they used in transport business. Income in form or cereals and pulses was available to only 12 percent of the families and in form of vegetables for only one family.

Age Education and Occupation of Respondents and the Head of the Family

Age of Respondents and Head of Family.

Fifty-two percent of respondents and 32 percent of the head of the family were in the age group of 20 to 40 years (Table 2). More number of heads of the family as compared to respondents were in the age group of 41 years and above (68 percent and 48 percent) respectively.

Education.

Majority of the respondents and their husbands had education below secondary school level (Table 2). Twenty percent of the respondents were however illiterate. Only 28 percent of the respondents and 12 percent of the heads of the family had education upto graduate level. Twenty percent in each category had education upto post graduate level.

Occupation.

Eighty percent of the respondents were housewives (Table 2). One was working as teacher, one as clerk in Municipal Corporation,

Table 2. Age, Education and Occupation of Respondents and Head of the Family.

Characteristics	Respondents N = 25 f	 %	Head N = 25 f	 %
1. Age				
a) Between 20-40 years	13	52	8	32
b) Above 41 years	12	48	17	68
2. Education				
a) Illiterate	5	20	-	-
b) Primary level	3	12	4	16
c) Middle level	3	12	4	16
d) Secondary level	7	28	9	36
e) Graduate level	2	8	3	12
f) Post graduate level	5	20	5	20
3. Occupation				
a) Housewives	2	8	-	-
b) Private service	1	4	7	28
c) Government service	1	4	7	28
d) Small scale business	-	-	5	20
e) Large scale business	-	-	2	8
f) Farming	-	-	2	8
g) Professional practice	1	4	1	4
h) Self Employment	1	4	-	-
i) Retired	-	-	1	4

one was doctor and one was self employed. Equal number of the heads of the family were involved in either service in private or government sector and/or involved in large or small scale business (28 percent). Two of the heads had major portion of their income from farm. One was a doctor and had professional practice. One was retired with no pension.

Characteristics of the Disabled Person in the Family

The characteristics of the disabled person in the family were also studied. The characteristics included were age, sex, relation of the disabled person to the respondent and age of the disabled person at the onset of disability. Education, occupation and income earned by the disabled person were also considered.

Age.

The age of the disabled person in the family ranged from four years to 58 years (Table 3). Almost equal number of the disabled persons belonged to the age group of below 12 years, 13-20 years and 21-40 years of age. Only two disabled persons were in the age group of 41 years and above.

Sex.

More male disabled than female disabled persons were found in the sample. Sixtyeight percent of the disabled persons in the sample were male and 32 percent were female (Table 3).

Relation to Respondent.

The investigator wanted to know the relationship of the disabled person to the respondent in order to determine whether it has any impact on problems faced by her. Out of the sample of 25 families, 38 percent had disabled sons and 24 percent had

Table 3. Characteristics of the Disabled Person in the Family.

Characteristics	Frequency N = 25	Percentage
1. <u>Age</u>.		
a) Below 12 years	8	32
b) 13-20 years	7	28
c) 21-40 years	8	32
d) 41 and above	2	8
2. <u>Sex</u>.		
a) Male	17	68
b) Female	8	32
3. <u>Relation to the Respondent</u>.		
a) Son	12	48
b) Daughter	6	24
c) Husband	2	8
d) Self	2	8
e) Brother-in-law	3	12
4. <u>Age at Onset of Disability</u>.		
a) Birth	10	40
b) Below one year	6	24
c) 1-3 years	2	8
d) Above 3 years	7	28
5. <u>Education</u>.		
a) Illiterate	7	28
b) Primary level	7	28
c) Middle level	2	8
d) Secondary level	4	16
e) Graduate level	1	4

contd.

Contd.

Characteristics	Frequency N = 25	Percentage
Education		
f) Post graduate level	2	8
g) Vocational training	1	4
h) Self education	1	4
6. Occupation.		
Employed.		
a) Government service	2	8
b) Self employed	2	8
Unemployed		
a) Dependent	17	68
7. Income.		
a) No income	21	84
b) Rs.501-1000	3	12
c) Rs.1001 and above	1	4

had disabled daughters (Table 3). Two of the respondents had disabled husbands; and in case of two respondents, they were disabled themselves. In case of 12 percent of respondents the disabled person was their brother-in-law.

Age at the Onset of Disability.

The findings revealed that 40 percent of the disabled persons were disabled right from birth (Table 3). In case of 24 percent of the disabled persons, the disability started within the first one year of their age. For eight percent and 28 percent of disabled persons, the onset of disability was within 1-3 years or after three years respectively.

Education.

The literacy level in case of disabled persons of the present sample revealed that 28 percent of them were illiterate (Table 3). Fiftytwo percent had school level education, 28 percent upto primary school level, eight percent upto middle school and 16 percent upto secondary school level. Only 12 percent had education beyond school level, that is, graduate or post graduate level.

One of the disabled persons had vocational training and one educated himself at home.

Occupation.

Very few disabled persons were employed (16 percent). Those categorized under employed were qualified or were interested in employment but did not get any job (Table 3). Sixteen percent fell under such category. Sixty eight percent of the disabled persons in the sample were dependent on the family. Thirty six percent were students and 32 percent were either very young or were not even studying.

Income.

As very few were employed the majority of the disabled persons did not have any income of their own and among those who were employed, three persons had income between Rs.501 - 1000 and only one person had income more than Rs.1000.

Nature, Causes and Extent of Disability

The sample for the present study was chosen to represent equal number of disabled persons in each of the five categories under study, namely, orthopaedic, blindness, deaf-mute, mentally retarded and those suffering from cerebral palsy (Table 4). Five families with disabled person in each of the above categories were chosen thus making a total sample of 25 families.

Table 4. Nature of Disability of the Disabled Person in the Family.

Nature of Disability	Frequency N = 25
1. Orthopaedic	5
2. Blindness	5
3. Deaf-mute	5
4. Mentally retarded	5
5. Cerebral palsy	5

Nature of Defect.

The nature of defect to the body part of the disabled person was seen from three aspects :

1. Whether the defect was partial or complete.
2. Whether the defect was temporary or permanent.
3. Whether the defect was hidden or visible.

The findings revealed that right leg of one of the disabled persons was completely and permanently affected (Table 5).

The defect was visible too. Similarly right arm of one of the disabled person was partially affected and for one, it was completely affected. For both however the defect was visible as well as permanent. Left arm of three disabled persons were affected partially but permanently and it was visible too.

Table 5. Nature of Defect to the Body Part of the Disabled Person.

Body Part.	Nature of Defect.					
	Partial.	Complete	Temporary	Permanent	Hidden	Visible
1. Right leg	-	1	-	1	-	1
2. Left leg	-	-	-	-	-	-
3. Right arm	1	1	-	2	-	2
4. Left arm	3	-	-	3	-	3
5. Both legs	3	7	-	10	-	10
6. Both arms	4	2	-	6	-	6
7. Eyes	2	5	-	7	-	7
8. Ears	6	-	-	6	6	-
9. Brain	10	-	-	10	-	10
10. Speech	2	5	-	7	7	-

In case of 10 disabled persons both legs were affected out of which for three, the defect was partial and for seven, it was complete. For all the ten the defect was visible as well as permanent. Both arms of six disabled persons were affected out of which four had partial defect and for two it was completely out of action. All six had this permanent and visible defect.

Eyes of seven disabled persons were affected but for five the defect was complete and for two it was partial. The defect was however permanent and visible in all seven cases.

The defect to the ears was found in six cases. The defect was partial in all cases as they had some percentage of hearing. None of them were tone deaf. The defect was however permanent and no outward sign of it could be seen. It was a hidden defect.

The brain of 10 disabled persons was partially affected. The defect was more or less permanent and although actual damage to brain was not seen, but the abnormal condition of the brain was quite obvious in the disabled person's actions, appearance and behaviour.

The defective speech was found in seven disabled persons. It was partial in two cases and complete in the case of five disabled persons. The speech defect was permanent and hidden.

Causes of Disability.

The causes for disability were mainly of three types, congenital, birth injury and due to disease of some type or the other.

The cause for disability for 24 percent of the disabled persons was congenital but 64 percent were disabled after being affected by some disease. The diseases were poliomyelitis, meningitis, small pox, high fever and convulsions, jaundice and cataract. Birth injury at the time of delivery was the cause of the disability in 12 percent of cases.

Table 6. Causes of Disability.

Causes	Frequency N = 25	Percentage
1. Congenital	6	24
2. Birth injury	3	12
3. Due to Disease		
a) High fever and convulsions	3	12
b) Poliomyelitis	2	8
c) Small pox	3	12
d) Jaundice	1	4
e) Meningitis	3	12
f) Epilepsy	2	8
g) Small pox Vaccination	1	4
h) Virulinfection	1	4
4. Other causes		
a) Lack of awareness on the part of the family	20	80

Apart from the physiological causes the lack of awareness on the part of family was also one of the reasons why disability due to diseases was more (Table 6).

Extent of Disability.

The extent of disability was measured in terms of the extent of dependence in carrying out day to day activities. A guide was prepared and weighted scores were alloted to various possibilities based on scoring pattern used by Hewett and Newsons in their study (Appendix I). The amount of help needed was determined on the basis of the mean score distribution according to the nature of disability and area of help needed. (Appendix IV). On the whole 17 out of 25 disabled person were found to be slightly disabled while eight were severely disabled (Table 7).

It was found that the deaf-mute group were scored lower on extent of disability than all other groups and cerebral palsy scored the highest indicating the need for help in this category.

Deaf-mute required least help in carrying out their day to day activities except when they moved out of house. The need of help was more in case of children rather than adults.

In case of cerebral palsy persons the need for help was the highest. Almost all needed help in the movement except one; the others needed help in dressing and bathing. Two did not need any help for feeding themselves while two needed more and one needed less. All needed help for continence although two needed more than the other three. The general health of three persons was alright while two need more attention. The special senses of all were affected to a greater or lesser degree as they did not have much control over their moves. From the total of five disabled person suffering from cerebral palsy three had very little control over their senses while two had some control.

The orthopaedically handicapped and blind persons scored low except for one person in each of the categories. Those who needed more help were in the age group of below 12 years. All of them needed help in movement although in both categories three needed help more than the other two. For dressing and bathing

Table 7. Frequency Distribution of Disabled Persons in the Family According to the Extent of Disability in Different Areas of Activity.

Nature of Diability	Extent of Disability in Different Areas of Activity.																			
	Total		Movement			Dressing & Bathing			Feeding			Conti-nence			General Health			Special Senses.		
	M	L	N	M	L	N	M	L	N	M	L	N	M	L	N	M	L	N	M	L
Orthopaedic	1	4	-	3	2	4	1	-	4	1	-	-	-	-	-	-	-	4	1	-
Blindness	1	4	-	3	2	4	1	-	4	1	-	4	1	-	-	-	-	-	2	3
Deaf-Mute	0	5	1	2	2	-	-	-	-	-	-	-	-	-	-	-	-	-	3	2
Mentally Retarded	1	4	-	1	4	1	4	-	3	2	-	4	1	-	3	2	-	-	2	3
Cerebral Palsy	5	0	-	3	2	1	3	1	2	2	1	-	2	3	3	2	-	-	3	2
Total	8	17	1	12	12	10	9	1	13	6	1	8	4	3	6	4	-	4	11	10

N = No help needed M = More help needed L = Less help needed four persons in each of the above mentioned two categories needed no help; only one in each required help again in the younger age group. Similerly for feeding, four needed no help and one in each needed help. With regards to continence, the orthopaedically disabled people did not need any help but one person in the category of blind person needed help. This person belonged to the age group of below 12 years. The general health of the disabled persons in both the categories was good and did not require regular attention. However the special senses of one person in orthopaedic group was also affected but in the blind group, for all of them it was the cause of disability.

The mentally retarded group also needed help. Out of five persons, two need more and three need less help. One needs more and others needed less help in movement. Similarly for dressing and bathing one needed more help than the others. For feeding three did not need any help while two needed a lot of help. With regards to continence four did not need any help but one needed more help. The general health of three did not need regular attention but for two persons the need was felt for care of their general health. The special senses were somewhat affected. For two persons the disability was more and for three it was less.

On the whole the cerebral palsy group had the highest disability mean score. Thus indicating that this group needed maximum help in their day to day activities. Next in the line was the mentally retarded group followed by orthopaedically handicapped, blind and deaf-mute. Both blind and deaf-mute are otherwise normal in their health except the special senses which are affected. Once properly trained they can become self-reliant.

Effect of Disability on Physical Growth and Mental Development.

It was observed that the physical growth of 72 percent of the disabled persons were badly affected (Table 8). Their physical growth was not normal and according to their age. In 28 percent of cases it was slightly affected because the defect was not visible in deaf-mute group. Out of all the mentally retarded persons, only two had slightly stunted growth.

Table 8. Effect of Disability on Growth and Development of Disabled Person

Area	Frequency N = 25	Percentage
1. Physical Growth		
Not affected	-	-
Slightly affected	7	28
Badly affected	18	72
2. Mental Development		
Not affected	15	60
Slightly affected	2	8
Badly affected	8	32

The mental development of 60 percent of the disabled persons in the families was not affected at all. This was true of the physically handicapped persons. In the categories of orthopaedically handicapped, blind and deaf-mute, though they were physically disabled their mental capacity was in no way affected.

Among the entire group, in eight percent of the cases the mental growth was 2-3 years behind in the person. Otherwise the person was able to learn with special guidance and help from the family. However it was badly affected in case of 32 percent of the disabled persons. Majority of them were from the Cerebral palsy group.

Treatment Given to Disabled Person in the Family.

The data presented in table (9) revealed that in 100 percent of cases medical care was given to the disabled person in an attempt to cure him/her. Allopathic, homoeopathic and ayurvedic physicians were consulted by the families. Similarly specialists were consulted in all the cases. Although some families consulted more than one specialists others were satisfied with the verdict of one only.

The disabled person was hospitalized in 64 percent of cases and in 60 percent of cases was treated at special institute for the particular category of disability. Operations were necessary and were performed in 36 percent of cases.

Special treatment was given to some of the disabled persons. Occupational therapy was given to 24 percent of the disabled persons. Four out of five of the deaf and dumb people had speech therapy. Vocational training was provided to four of the disabled persons and three had the benefit of play therapy. Apart from these one person had each of the following treatments : Massage, rays, magnet treatment, special tuition instead of formal education and acupuncture.

Table 9. Treatment Given to Disabled Person.

Treatment	Frequency N = 25	Percentage
1. Medicines	23	92
2. Specialist consulted	25	100
3. Hospitalization	16	64
4. Operation	9	36
5. Physiotherapy	3	12
6. Massage	1	4
7. Rays	1	4
8. Speech therapy	4	16
9. Tuition	1	4
10. Occupational therapy	6	24
11. Special institute	15	60
12. Acupuncture	1	4
13. Play therapy	3	12
14. Vocational training	4	16
15. Magnet treatment	1	4
16. Faith healer	13	52

In 52 percent of cases the families took the disabled person to the faith healer too.

Thus one would see that families tried to provide medical help to the disabled person in the family to the best of their ability and knowledge.

Medical Supervision at Present.

At present in 80 percent of cases the family did not feel the need of regular medical supervision of the disabled person because in the past the families had already made every effort to make the disabled person self-reliant as much as possible (Table 10). While 20 percent felt that they rarely needed medical help, None of them felt they should take the disabled person for periodic check up regularly.

Table 10. Medical Help Sought at Present.

	Medical Help	Frequency N = 25	Percentage
1.	Need felt for supervision :		
	Not needed	20	80
	Rarely needed	5	20
	a) Doctor consulted		
	Family doctor	1	4
	Hospital doctor	4	16
	b) Extent of helpfulness of visits to doctor		
	Very helpful	2	8
	Satisfactory	3	12
2.	Treatment followed at home :		
	Followed	5	20
	Not followed	20	80
3.	Doctor's Treatment :		
	Stopped completely	20	80
	Continued	5	20

Only five families consulted doctor on rare occassions; four among them consulted doctors in hospitals and one the family doctor. Three out of these five families found the visits satisfactory while two found them quite helpful. All of them tried to follow the treatment at home too.

Presently 80 percent of the families had stopped the treatment given by the doctors while 20 percent followed it up from time to time.

Problems Faced by the Homemakers

The managerial problems faced by the families with a disabled family member and relational problems faced by them were also studied. The management of the resources in the family is affected by the psycho-social system of the family too. The problems were thus studied with regards to the psychological aspect, social aspect, educational, employment, marriage as well as financial and management of household work. The investigator also wanted to find out the problems faced by the families due to inadequacies in the housing conditions and facilities.

Psychological Problems.

The problems which worried all except two of the respondents was "care and attention of the disabled person in future"(Table 11). The parents felt that while they are living they would look after the disabled person, but once they are no longer there who would look after their disabled son/daughter.

Majority of the respondents also felt unhappy at the plight of disabled person and felt embarassed when their condition was pointed out (Table 11). The extent of problem in this case was comparatively less than their worry over the care and attention of disabled person in future. In 84 percent of cases the homemaker expressed the desire to know how to handle special needs of the disabled person.

Table 11. Psychological Problems Faced by the Respondents.

Problems	Extent of Problems		
	No Problem	Major	Minor
1. Feeling the lack of knowledge in understanding the needs.	10	4	11
2. Embarassment.	2	1	22
3. Unhappiness.	2	3	20
4. Frustration.	7	8	10
5. Worry.	2	17	6
6. Anxiety.	9	13	3
7. Fear.	16	6	3

The respondents felt frustrated and helpless because they could not reduce the dependence of the disabled family member. They also expressed concern and anxiety over the employment and marriage of the disabled family member.

Lack of understanding about care, nature and cause of disability was felt as a problem by more than half of the respondents. The extent of problems faced was less thus implying that although they lacked the know-how, but it was not completely absent. They felt that they needed clearer explanations about nature and cause of disability, as well as how to care for the disabled family member.

The respondents were afraid to have any more children for the fear that they also could be disabled (Table 11). In three cases they did not take any further chance while the remaining, although afraid to have more children, had actually taken a chance and found that the next child was normal. More than half of them did not feel this as a problem at all.

Social Problems.

The problems in this area were concerned with relationship of disabled person with parents, siblings, relatives, friends and classmates. The problems created by behaviour of the disabled person were also included. Problems faced by homemaker with regards to her socialization opportunities were also considered.

Table 12. Social Problems Faced by the Respondents.

Problems.	Extent of Problems.		
	No Problem	Major	Minor
1. Reactions of the parents.	12	2	11
2. Reactions of the siblings.	21	-	4
3. Reactions of relatives & friends.	12	10	3
4. Behaviour of disabled person.	12	2	11
5. Socialization of the homemaker.	7	10	8
6. Reactions of classmates.	24	1	-

The opportunity for socialization of the homemaker posed a problem in more than two-thirds of the cases (Table 12). They were not able to visit people as much as they wanted because disabled person needed constant attention. Others also did not come to visit them so they felt socially isolated to some extent.

Relationship of the disabled person with siblings and classmates was not much of a problem. The siblings took the disabled person out with them as well as played with them. Very few however resented extra attention given to the disabled siblings.

Nearly half of the respondents expressed the problems concerning the relationship of the disabled with their parents (Table 12). Those who had problems the extent of problem experienced was less in most of the cases. There was a tendency towards overprotection rather than neglect of the disabled person on part of the parents. It came in way of making some of the disabled persons self-reliant.

The reactions of relatives and friends were a problem for nearly half of the respondents. Similarly the behaviour of the disabled created problem situations in nearly half of the cases. The relatives expressed pity towards family and treated the disabled as inferior persons in some of the cases. The extent of problems in such cases were more. Temper tantrums was the behavioural problem in most of the cases but the extent to which homemaker experienced it was less.

Educational Problems.

The two outstanding problems faced in this respect were: one, there are not enough special schools for the formal education of the disabled person in the family (Table 13). Second, limited scope for providing vocational training suitable for the handicapping condition of the family member, hence the scope for educating was limited.

The disabled person was found to be poor in studies in two cases and the homemaker was thus worried about their education, but in eight cases it was no problem.

Only in four out of 25 cases the homemaker felt that the disabled family member was not given proper attention by the teacher and did not find school atmopshere encouraging.

Table 13. Problems Faced by the Respondents in Regards to Education of the Disabled Person.

Problems.	Extent of Problems.			
	No problem	Major	Minor	Not applicable.
1. Not enough special schools for the education of the disabled person in the family.	9	12	4	-
2. Lack of proper attention from teacher.	6	4	-	15
3. The disabled family member could not adjust to school.	6	4	-	15
4. Lack of proper transport to take him/her to school.	8	2	-	15
5. School atmosphere was not encouraging.	6	4	-	15
6. The disabled family member is poor in studies.	8	2	-	15
7. The disabled child requires special attention so cannot attend school.	6	4	8	7
8. Limited scope for encouraging vocational training.	6	10	9	-

This became the cause for discontinuation of studies for the disabled person. In four families the disabled person required special attention and therefore could not attend school, while in four cases disabled person left school as he/she could not adjust to the school. Thus homemaker worried about their education. Two of the homemakers stopped sending the child to school due to lack of proper transport facilities.

Employment Problems.

The need for suitable jobs was also felt. Two-thirds of the respondents faced the problem of finding suitable jobs for the handicapping conditions of the family member (Table 14).

Table 14. Problems Faced by Respondents with Regards to Employment of Disabled Person.

Problems.	Extent of Problems.			
	No problem	Major	Minor	Not applicable.
1. The disabled person in the family is unemployed.	4	3	14	4
2. Not enough encouragement from the employers of disabled.	2	-	-	23
3. Lack of suitable jobs for the handicapping condition of the family member.	4	3	14	4
4. Self-employment.	2	4	9	10

In less than half of cases the respondents faced the problem of the disabled family member being unemployed. Out of these, only in few of the disabled persons had the training and qualification to get a job but he or she did not get the job. Disabled employees did not feel the lack of encouragement from their employers.

In case of self-employment it was found that four faced more problems due to lack of funds, nine anticipated problems in future but were preparing them to be self-employed and only two were already self-employed.

Marriage Problems.

The problem of getting a suitable marriage partner for disabled family member was realized by more than half the families but to find a suitable and physically fit partner was still greater problem; three-fourths of the respondents realized it (Table 15).

Table 15. Problems Faced by the Respondents with Regards to Marriage of the Disabled.

Problems	Extent of Problems			
	No problem.	Major.	Minor	Not applicable.
1. The disabled person in the family cannot find a marriage partner.	5	11	3	6
2. Adjustment problem with the spouse.	4	-	1	-
3. The disabled person cannot find physically fit spouse.	6	18	1	-

Out of the five married disabled couples, only one homemaker had adjustment problems but the extent to which it was faced was less. In six cases the marriage was not possible because they were severely disabled.

Financial Problems.

The disability of the family member and its related expenses caused a strain on the budget of majority of the families. They also had to cut on luxuries in order to meet the situation. The cut in expenditure on essential items, such as quality of food, clothing, education was made by nearly three-fourths of the families (Table 16).

The extent to which the cut was made on essential items was less than that made on luxury items. In majority of the cases the families had found it difficult to save money as much as they would like to, because of heavy expenses on the disabled person's treatment.

Lack of funds was not much of problem in providing the special training, enough medical attention, buying special equipments and educating the disabled person. The reason being the free educational and vocational training facilities and the help from the social welfare agencies to purchase suitable equipment such as tricycle, crutches, hearing aid and calipers. To invest for self-employment of the disabled person nearly one half of the families felt the shortage of funds as they could not save money.

Although the homemakers did have some help from the family members but to hire special help for care of disabled person or the household work, was not financially possible for more than half of the respondents (Table 16).

Financial help from relatives or friends and from social welfare agencies was not taken by two-fifth of the respondents. One third of the families were compelled to take credit from

Table 16. Financial Problems Faced by the Respondents.

Problems	Extent of problems		
	No problem	Major	Minor
1. Strain on Family's budget.	5	11	9
2. Cut on expenditure for essential items because of extra expenses on disabled person.	7	6	12
3. Cut on expenditure for luxury items.	5	9	11
4. Lack of fund for treatment of disabled person.	16	3	6
5. Not enough funds for investing in self-employment of disabled person.	12	4	9
6. Not enough finance to hire help for the homemaker.	11	9	5
7. Difficult to save money.	7	8	10
8. Family is compelled to take credit because of heavy expenses on treatment of the disabled person.	16	3	6
9. No financial help available from relatives or friends.	15	6	4
10. No financial assistance from any welfare agency.	15	8	2
11. Lack of funds for giving adequate education to other children.	21	1	3

employer and other sources in order to meet the heavy expenses on treatment of their disabled family member. To provide good education to the normal members of such families, it was found that the high income group did not experience any problem at all, the middle income group sent their wards to less expensive schools while the low income group made full use of the free educational facilities provided by the state government. The few families from the middle and low income groups were very anxious to give good education to their children, but could not do so due to lack of funds and especially stopped their daughter's education after middle school to help the homemaker in household work. All the members of one family got high education with the help of merit scholarships because of their hardwork and intellect.

Management of Household Work.

The demands of disabled person on the time of the homemaker also posed a problem. She felt extremely tired, did not get enough rest and leisure as well as sleep in two thirds of the cases. Too much time spent in taking care of disabled family member was the cause of poor health of homemakers in more than half of the cases (Table 17).

Lack of time to complete household work was not much of a problem for the homemakers in nearly half of the cases. The reason was that they lived either in joint families or the work was shared by the daughter, husband and the sons. Majority of them had hired help for at least part of the household work. The low income families, because of their close pattern of living in the row type of houses maintained good neighbourly relations and thus always received help from them when needed.

Only in two-fifths of the cases no hired help was available to cope up with the demands of work. While working or going

Table 17. Problems faced by Respondents in Management of Household work

Problems	Extent of problems		
	No problem	Major	Minor
1. Lack of time for homemaker to complete household work.	12	3	10
2. No hired help for homemaker.	15	7	3
3. Inadequate amount of leisure time for homemaker.	9	4	12
4. Too much time spent in taking the disabled person to the doctor and waiting for him.	11	5	9
5. No place or person available to leave the disabled person with when going out or doing household work.	13	4	8
6. No help from family member to attend disabled person at night.	16	3	6
7. Poor health of the homemaker because of overwork.	10	3	12
8. Limited help to homemaker from family members.	15	0	10
9. Not enough rest and sleep for homemaker.	9	3	13
10. Inadequate recreation facilities for homemaker and the disabled person.	14	1	10

out of the house the homemaker did not find suitable person nor place where they could leave the disabled person so that they could work without interruption, in nearly half of the cases.

For the parents of the cerebral palsy group the problem of leaving the child behind was acute because such children are extremely dependent in their daily routine activities. The homemaker with mentally retarded children could not trust others in their absence because they may make fool of the child by teasing, annoying and provoking the child to be violent and thus hurting himself. In the case of nuclear family with young children the problem was more as the need for a responsible adult was felt. During night also the homemaker was responsible to attend the needs of disabled person in majority of cases.

Housing Conditions.

The existing housing conditions were also studied. Three families lived in detached bungalow type houses, eight in semi-detached, six in row type and the ~~rest~~ remaining eight in flats. Only two families lived in multi-storeyed buildings, eleven in single storey, ten in two-storeyed and two in three-storeyed building. Fewer number of people (44 percent) lived in two rooms kitchen set, 28 percent lived in three rooms kitchen set, 20 percent in one room kitchen set, one family lived in one room only and the other one in a big spacious bungalow (Appendix V).

Separate bath and toilet facilities were available to majority of the families. A few had to take bath in kitchen itself, while few had to share. The facility was inside the house and on the same floor in majority of the cases. Except three families all others had this facility inside the house. Sixty percent had toilet on the same floor while 40 percent had to come downstairs.

The natural light in the house was adequate in majority of the cases; 60 percent had adequate ventilation while 40 percent of cases it was inadequate.

Sanitary conditions around the house were poor only in 16 percent of the cases; 40 percent had satisfactory and 44 percent had good sanitary conditions around their houses. The neighbourhood was quiet in 56 percent of cases, and noisy in 44 percent. The surroundings were pleasent in 24 percent of cases, satisfactory in 52 percent and unpleasent in 24 percent cases.

Inadequacies in Housing Conditions.

The inadequacies in the housing conditions sometimes create more problems for the care of disabled person and affect their general health (Table 18). It was found that inadequate number of rooms was the problem faced by some of respondents.

Toilet facility was not found suitable to the needs of the disabled persons in only eight cases out of 25. The respondents faced problems in this respect to manage the disabled person's needs.

Lack of proper bath facility for the disabled also created problem in giving bath to the disabled person. Not enough daylight, poor ventilation and poor sanitary conditions were the problems in one fourth of the homes and hence affected the general health of the disabled person. Too much of noise also posed a problem in one fourth of the cases and interfered in the rest and sleep of the disabled person. In both the above cases the respondents faced the problem of increase in demands on their time in the care of disabled person.

Table 18. Inadequacies in Housing Conditions and Facilities creating Problems for Disabled Person.

Housing Conditions and Facilities.	Extent of problems		
	No problem	Major	Minor
1. No alteration to suit needs of the disabled person can be made because it is rented house	20	1	4
2. Inadequate number of rooms.	15	4	6
3. Inadequacy of bath and toilet facility.	17	1	7
4. Lack of adequate supply of water.	20	-	5
5. Not enough daylight and ventilation.	18	-	7
6. General health of disabled person affected due to poor sanitation in and around the house.	18	-	7
7. Too much of noise in the neighbourhood interferring in rest of disabled person.	19	1	5

As most of the houses were owned families themselves had made alteration to suit the needs of disabled person and was not much of a problem. Shortage of adequate water supply as a problem was felt by few of the families (Table 18).

Goals for Rehabilitation of Disabled person

All the families had set goals for rehabilitation of the disabled member of their family. The need was however, felt to assess the specificity of the goals the family had set to achieve.

Self-reliance of the disabled person in day to day activities and self-employment were the most common goals, and were clearly defined by 68 percent of the families (Table 19). Twentyfour percent of the families had not clearly defined their goals on self-reliance while remaining eight percent had no specific goal in this regard; probably they felt nothing could be done to help the disabled person to be self-reliant. With regards to self-employment, 16 percent of the families were not very specific and they belonged to the mentally retarded group. The remaining 16 percent had no specific goal related to this aspect of rehabilitation of the disabled person, and were from cerebral palsy group. The goals for the formal education of the disabled person was clearly defined by 60 percent of the families, while 20 percent were not very clear and were from mentally retarded group. Again keeping in mind the limitations imposed by the disability, the remaining 20 percent of the families belonging to the cerebral palsy group felt nothing could be done to educate the disabled family member.

The measures to be taken for the financial security of the disabled persons future were very clear in the minds of 52 percent of the families. They planned to use their savings and provident fund in self-employment of the disabled person, invested in property so that the disabled person could rent it, took life insurance policy in favour of disabled person or planned to train him to take over family business. Twentyeight percent of the families were aware of the need but were not very specific with regards to the measures they would make the future of the disabled person secure. The remaining 20 percent of the low income group families had no specific goal regarding the financial security of the disabled member of their family (Table 19).

The marriage of the disabled person was not considered as important goal by 40 percent of the families because of the severe handicapped condition of their family member. Only 28 percent of the families had specific goals with regards to marriage of disabled member with slight disability. For 32 percent of the families the goal was less clearly defined as the homemaker said that they would try to get the disabled person married if he becomes self-supporting.

In 36 percent of cases the families felt that the disabled person should have children while eight percent were not very clear about it. Thirtytwo percent were not very specific in this respect. The disabled persons who already had married and had children were concerned about their education because they wanted them to get job and be able to look after themselves (20 percent) and support the parents in old age.

Other specific goals specially set by some of the families for the rehabilitation were training of the disabled family member in the household work, and in creative art such as music

Table 19. Goals for Rehabilitation of the Disabled Person.

Goals.	Very specific		Less specific		No goal	
	F	%	F	%	F	%
1. Formal education of Disabled person.	15	60	5	20	5	20
2. Self-reliance of disabled person.	17	68	6	24	2	8
3. Self-employment of disabled person.	17	68	4	16	4	16
4. Marriage of disabled person.	7	28	8	32	10	40
5. Financial security of disabled person.	13	52	7	28	5	20
6. Disabled person wants/ should have children for their emotional security.	9	36	2	8	8	32
7. Training of disabled person in householdwork.	2	8	-	-	-	-
8. Training of disabled person in Music, dance.	3	12	-	-	-	-
9. Education of disabled person's children for their old age security.	5	20	-	-	-	-
10. Social welfare activity by disabled person for his psychological satisfaction.	1	4	-	-	-	-

and dance. One of the disabled persons was engaged in social welfare activities because it gave him psychological satisfaction to help others, with similar nature of disability.

Decision Making Pattern of Families.

The decision making pattern in six different areas of rehabilitation of disabled person was studied. The areas included were; treatment, education, employment, marriage, self-reliance in day to day activities and their financial security.

In the area of treatment it was found that both husband and wife made joint decisions in majority of the cases (76 percent). In equal number of cases the husband and wife took decisions independently (12 percent each). Only one disabled person could participate in the decision about his treatment because he was blinded by cataract at the age of 19 years (Table 20).

In 48 percent of the cases, the decisions on education was jointly made by the husband and wife and separately by each of them in 12 percent of the cases. In four percent the disabled family member took independent decision and in 20 percent the decision was jointly taken with the parents. In 24 percent the decision about formal education was not yet made as the family was not aware of the possibilities of educating such children.

The type of job the disabled family member should engage in, was decided in four percent of the cases by the disabled person himself, and in consultation with the parents in 20 percent of cases. The decision on employment was not specifically made by 52 percent of the families because some of them were very young and others were still studying. With regards to the type of vocational training to be provided to secure job, 52 percent of families had made no specific decision. Among those who made decision regarding vocational training, the disabled person had a say in it alongwith the parents.

Table 20. Decision Making Pattern with Regards to Area of Rehabilitation.

Areas of Rehabilitation.	Decision Making Pattern.											
	No decision		Husband		Wife		Parents		Disabled Person		Disabled & Parents	
	F	%	F	%	F	%	F	%	F	%	F	%
Treatment	-	-	3	12	3	12	19	76	-	-	1	4
Education	6	24	3	12	3	12	12	48	1	4	4	16
Employment	13	52	2	8	3	12	6	24	1	4	6	24
Marriage	11	44	1	4	3	12	2	8	8	32	4	16
Self-reliance	7	28	3	12	1	4	11	44	3	12	2	8
Financial Security	1	4	3	12	-	-	16	64	5	20	2	8

Regarding marriage of the disabled family member, 44 percent did not take any decision probably because the person was severely disabled and the family considered him/her unfit for marriage. Thirtytwo percent of the disabled persons were very clear about their views on marriage, and the type of marriage partner they would choose. In 16 percent the parents also were consulted.

The development of self-reliance of the disabled person in day to day activities was the joint concern of both the parents in 44 percent of the cases. The homemaker on her own did take decision only in one case. The disabled person took independent decision in 12 percent and jointly with the parents in eight percent of the cases. The father alone took independent decision in 12 percent cases. In 28 percent of the cases the families did not consult the doctor regarding aids to be provided for making disabled person self-reliant. Four families did make changes in the house for free and independent movement of the disabled person. Two provided toilet facilities suitable to the needs, one blocked stairs and the other one raised the parapet as a measure of safety.

The measures to be taken to make the future of the disabled person secure was jointly decided by 64 percent while in 12 percent of the families the decision was independently taken by the father.

The 20 percent disabled persons who took independent decisions were either self-earning or those who had lost their parents. Eight percent decided about their financial security measures with the help of the parents. In one case only the disabled member was left to the mercy of the siblings, as the family belonged to a low income group. The disabled person also could not stand the strain of self-employment all by himself because of the physical limitations.

Practices Followed by Respondents

The practices followed by respondents in making adjustments and solving managerial problems were also included in the present study. These practices can also be broadly classified in the categories of psychological adjustments, social adjustments, education, employment and marriage of disabled person; and the managerial practices involved in dealing with financial problems and management of household work. The related findings are presented in the following tables.

Psychological Adjustments.

As lack of adequate information was one of the major problem, the practice followed by all the respondents, was to seek further knowledge about the handicap of their disabled member.

The disability of the family member was accepted by the respondents and they tried to make adjustments in majority of the cases. Two of the respondents were psychologically disturbed and found it difficult to face the fact.

Similarly most of the respondents have developed positive attitude towards disability. They were not feeling ashamed or guilty about having disabled family member as well as not feeling uncomfortable and embarassed by their presence in the family but the extent to which they felt so was less (Table 21).

Table 21. Psychological Adjustments Made by the Respondents.

Adjustments.	Frequ-ency.	Perce-ntage.	Frequency of Adjustments Made.	
			Often	Sometimes
1. Accepted the disability of the person in the family.	23	92	21	2
2. Do not feel ashamed or guilty about having disabled person in the family.	23	92	3	20
3. Do not feel uncomfortable or embarassed by the presence of the person in the family.	23	92	1	22
4. Have developed positive attitude towards disabled person.	23	92	8	15
5. Collect more information about the handicap to be able to cope with it.	25	100	23	2

Social Adjustments.

The family members and the respondents treated the disabled person in the family normally and equally in all the cases. They also encouraged other people to treat them in similar manner. All of them also tried to maintain cordial relationship with the neighbours, so that they rendered help in need. All but one of the respondents did not seek any help from the relatives she got it from her daughters.

Table 22. Social Adjustments Made by the Respondents.

Adjustments.	Frequency.	Percentage.	Frequency of Adjustments Made.	
			Often	Sometimes
1. Treat the disabled person normally and equally and encourage others to do so.	25	100	19	6
2. Check the aggressive behaviour of the disabled person.	19	76	13	6
3. Seek help when needed from relatives in care of disabled person.	24	96	17	7
4. Maintain cordial relationship with neighbours so that they render help in need.	25	100	23	2
5. Contact social welfare agencies regularly for proper guidance and help.	22	88	19	3

In majority of the cases the respondents tried to contact social welfare agencies regularly for proper guidance and help. They also tried to control the aggressive behaviour of the disabled person in most of the cases and checked that the disabled person did not quarrel with the neighbours (Table 22). In all cases the homemaker had more often made social adjustments to the problems of having a disabled person in the family.

Education, Employment and Marriage.

More than half of the respondents tried to find suitable school to give formal education to the disabled family member.

Among these fifteen families, six had completed formal education, six are still studying and three had left the school. Among the remaining ten who could not have any formal education, three were sent for play therapy to special institutions, two were unfit, two were self educated, two were considered too young by the parents to go to achool and one mentally retarded girl of 25 years of age could not be given formal education due to lack of special schools and not sent to normal schools because of her epileptic attacks. The practice of finding suitable school was more frequently followed by the homemaker in majority of the cases.

Table 23. Practices Related to Education, Employment and Marriage of the Disabled Member.

Practices.	Frequency.	Percentage.	Frequency of Practices Followed.	
			Often	Sometimes
1. Find suitable school to give formal education to the disabled person.	15	60	12	3
2. Find out place to provide vocational training to the disabled person.	16	64	13	3
3. Look for appropriate job for the disabled person to make him financially productive.	11	44	8	3
4. Get the person married unless advised by doctor not to.	4	16	4	-
5. Choose the spouse carefully or guide the person to choose spouse carefully.	4	16	4	-
6. Inform the other person who is getting married about the disability before marriage.	4	16	4	-
7. Seek help of social welfare agencies.	21	84	17	4

Most of the families were trying to find centres, where they could provide vocational training for their disabled family member. The practice followed was more often in this respect. The remaining were either not aware of the training potential or the family member was unfit for any form of training. Therefore in about half of the cases the family was more concerned to find suitable job for their disabled member. The disabled person in the present sample who were already married were only 16 percent. The spouse was chosen carefully and was informed all about the disability before marriage. Only one respondent who was herself physically fit had some adjustment problems because of her marriage with a disabled person. The family sought help of the social welfare agencies in majority of the cases; 68 percent for education, eight percent for employment and eight percent in arranging marriage of the disabled person (Table 23).

Financial Management.

The families with disabled family member experience strain on their financial resources. The findings related to the expenditures incurred by the families on treatment of disabled person, are presented here. The sources from where the families secured help were also identified and the practices followed by the family in managing the finance were also studied.

Expenditure on Treatment of Disabled Person. When the family member is affected with some form of disability it necessitates expenditures. The detailed expenditures were not available as the respondents did not maintain any specific records. The figures given are the approximate amount, the families spent on various items (Table 24).

Table 24. Expenditure on Treatment of Disabled Person.

Expenditure (Rupees)	Medicine.	Specialists	Operation	Hospital.	Special treatment.	Physical aid.	Faith healer.
Free	-	-	2	-	4	2	2
Less than 100	3	2	-	-	-	3	1
100 - 200	3	5	-	4	1	3	9
201 - 400	-	3	-	-	4	6	-
401 - 600	-	1	1	2	2	-	-
601 - 800	-	4	-	2	1	-	-
801 - 1000	1	3	2	3	1	-	-
1001 - 3000	2	1	5	5	1	-	-
3001 - 5000	-	-	1	-	-	-	-
5001 and above	2	1	1	2	-	-	-

The expenditure on medicine varied from less than Rs.100 to as much as Rs.10,000. In 12 percent of cases it was between Rs.100 - 200. Only in one case it was above Rs.801 and in two instances it was between Rs.1001 to Rs.3000 over number of years. One of the families spent Rs.5600 on medicines, out of which Rs.500 on alopathic, Rs.200 on ayurvedic, Rs.4000 on homoeopathic and Rs.900 on acupuncture treatment. Another family spent Rs.10,000 on homoeopathic treatment alone (Table 24).

In two cases only once the specialist was consulted to find out if anything could be done to improve the condition of the disabled family member, therefore the family spent less than

Rs.100 on it. Those families who consulted specialists in General hospital or Trust hospitals spent between Rs.100 to 200; but for others who consulted private specialists the expenditure varied from Rs.401 to Rs.15,000. The maximum number of respondents among this group spent between Rs.601 to Rs.800. Only one family spent Rs.15,000 on specialists from various places as suggested by anyone and everyone, considering the well wisher's advice may show miracle to cure the child on getting treated by the reputed specialists (Table 24).

The expenditure on operation varied. The actual cost of operation was free in two cases only, because their approach was through the social welfare agencies. The expenditure, however, was incurred on hospitalization and going back and forth from hospital. In one case the cost of operation and its related expenditure was between Rs.401 to Rs.600 as it was only a minor operation. For two families the total cost was less than Rs.1000, for five it was between Rs.1001 to Rs.3000, one spent between Rs.3001 to Rs.5000, while in one case it was Rs.6000 because two operations were carried out each costing Rs.3000 to the family.

The hospitalization of the disabled family member was a necessity in 72 percent of cases. In four cases the cost was between Rs.100 to Rs.200. But in majority of the cases it varied from Rs.401 to Rs.1000. In five cases repeated hospitalization increased the cost from Rs.1001 to Rs.3000 and in two cases the expenditure was more than Rs.5000.

The special treatment given to the disabled person included physio-therapy, occupational therapy or vocational training, teaching of braille to blind, speech therapy to deaf-mute and play therapy. In four cases (Table 24) special treatment was free but the cost of transportation was borne by the family, it also took lot of time to take the child to and fro from place of treatment. In some cases only a nominal fee was charged. The treatment cost between Rs.100 to Rs.200 in one case; between Rs.201 to Rs.400 in four cases; and between Rs.401 ~~-~~ 600 in two cases. The cost went beyond Rs.601 in three cases; in one case the cost was for treatment at special institute, in second it was special person giving treatment at home, and in the third case it was on the medical aid and special food.

The physical aids in the form of tricycle was received free by two disabled persons from social welfare organizations, which helped them to be independent in their movement. In three cases the crutches were made by the family itself and it cost less than Rs.100. Three spent on calipers Rs.100 to Rs.200 and secured them with the help of social welfare agencies. The hearing aid costing Rs.201 to Rs.400 was the item of expenditure for six families.

The families when disappointed from doctor's verdict tried treatments from faith healers too. In two cases the expenditure was none because the father of one, and grandfather of another disabled were faith healers themselves. In one case the expenditure was less than Rs.100 and in nine cases it was between Rs.100 to Rs.200 (Table 24).

Sources of Finance. The sources from which the families received financial help were employers, relatives and friends. Social welfare agencies also helped in securing free medical aid, special treatments and physical aids.

Table 25. Sources of Financial Help for the Families.

Sources.	Frequency.
1. Savings.	25
2. Employer.	5
3. Relatives.	6
4. Mortgage jeweller.	2
5. Overtime work by father.	3
6. Employment of mother.	1
7. Siblings take up job.	2
8. Medical reimbursement.	1
9. Husband takes better job.	1

Almost all the families had to draw upon their savings in order to meet the cost of treatment given to the disabled person. In six cases, family had help from relatives and five took loan from employers. In two families the mothers' jewellery was mortgaged, and in one the mother took up job to finance the treatment. The father started working overtime in three families while in one, the father took up a job abroad on better wages to increase family income. The siblings took up employment to extend financial help to the family. The medical reimbursement benefit was available to one family only (Table 25).

Financial Management Practices. The presence of a disabled person poses constraints on the financial resources of the family. The family had to cut expenditure on essential items such as quality of food, clothing and education of normal children. The family had to live without luxury items such as time and labour saving devices including the electrical appliances, and even simple furnishing for home.

Table 26. Financial Management Practices Followed by the Respondents.

Practices	Freq-ency.	Perce-ntage.	Frequency of practices followed	
			Often	Sometimes
1. Find supplementary source of income.	17	68	12	5
2. Plan for future needs of disabled person.	24	96	17	7
3. Invest savings carefully	25	100	17	8
4. Make use of credit only if extremely necessary.	9	36	3	6
5. Seek financial and other help from welfare agencies.	7	28	2	5
6. Seek temporary financial assistance from relatives.	7	28	3	4

The families found it extremely difficult to save money for any unexpected expenditure or for their future financial security. In spite of this almost all the families however made great effort to save for their future needs in form of provident fund, life insurance scheme, fixed deposits, stocks and shares, property, gold and national saving certificate. Most of them followed this practice but there were some who found it difficult to save.

Thirtysix percent of the families made use of credit in extreme emergencies but only sometimes, and 68 percent of them often tried to find supplementary source of income to meet the additional expenditure (Table 26). In 28 percent of the cases families sought financial assistance from the welfare agencies. Only 28 percent of the respondents sought help from relatives temporarily. Both the practices were however followed sometimes. The social welfare agencies had provided suitable equipments to the disabled persons either free or at subsidized rates. The shortage of funds came in way of special needs of the disabled persons in some cases.

Management of Household Work.

The presence of a disabled member in the family not only affected the management of financial resources but also the time and energy spent in the household work by the homemakers. The problem aggravates when the disabled family member is young and needs constant attention and special care. An effort was therefore made to find out, the amount of time the homemaker spends in care of the disabled person, secondly the help she receives in care of the disabled person and/or in the household work; thirdly the time she gets for rest, sleep and leisure and finally the practices followed by homemaker in managing the household work and the additional time demands imposed by the presence of the disabled member in the family.

Time Spent in Care of Disabled Person. The researcher was interested in finding out the amount of time spent by homemaker in special care of the disabled person. Table (27) revealed that 48 percent of the disabled did not need any special care from the respondent because they were self-reliant.

Table 27. Time Spent by Homemakers in the Care of Disabled Person.

Time spent	Frequency	Percentage
No special care	12	48
1 - 2 hours	5	20
2 - 3 hours	3	12
3 - 4 hours	3	12
4 - 5 hours	2	8
Constant watch on disabled person apart from special care.	6	24

Among those who needed special care and attention, 20 percent needed 1 - 2 hours special attention only for dressing and bathing, 12 percent needed 2 - 3 hours attention for dressing, bathing and feeding; another 12 percent needed 3 - 4 hours, attention for dressing, bathing, feeding and continence. Only eight percent needed 4 - 5 hours attention because they were completely dependent, they could neither move nor feed themselves, they were also dependent in dressing, bathing and continence (Table 27).

Twentyfour percent of the disabled persons needed constant watch apart from special care for their daily routine activities. The homemaker had to keep an eye on them even while doing other household work.

Help Available to the Homemaker. The homemaker needs hired help/ help from the family members to cope up with heavy demands placed on her time, to take care of disabled person as well as to carry on with the normal load of household work.

Table 28. Help Available to the Homemaker.

Help available.	care of disabled Frequency	Household work Frequency
1. Husband	3	5
2. Daughters	6	12
3. Sons	2	3
4. Relatives	9	6
5. Neighbours + Friends	2	-
6. Hired help	2	15
7. No help	3	2
8. No need for help	5	-

For the care of disabled person relatives were a great help in nine of 25 cases. Next person from whom the homemaker could get help was her daughter. Husband and sons also helped in some cases. Neighbours and friends also helped the homemaker when needed. In only two families the disabled person was looked after with the help of the hired persons; in one, a nurse was employed to give special attention, massage and exercise; and in another a full time servant was kept, to take care of the disabled person and to do part of the household work too, because the homemaker was employed.

Three homemakers did not ask for any help because the amount of attention required by their disabled member was comparatively less. Out of 25 cases, five families felt they did not need any help to care for the disabled person, because he/she was completely self-reliant in his/her routine activities (Table 28).

Time Spent by Homemakers in Rest, Sleep and Leisure. The homemaker with the additional responsibility of the disabled family member's care would definitely have a different leisure time pattern. The time they get for rest and sleep could also be limited.

Table 29. Time Spent by Homemakers in Rest, Sleep and Leisure.

Time spent (per day)	Leisure		Rest + Sleep	
	Frequency	percentage.	frequency.	Percentage.
1 - 2 hours	6	24	-	-
2 - 3 hours	7	28	-	-
3 - 4 hours	6	24	-	-
4 - 5 hours	6	24	-	-
6 - 7 hours	-	-	6	24
7 - 8 hours	-	-	5	20
8 - 9 hours	-	-	14	56

Therefore the stress and strain of constantly living with disabled may affect the physical and mental health of the homemaker. These assumptions prompted the investigator to find out the amount of rest, sleep and leisure time available to the homemakers.

The leisure time pattern revealed varying amount of time available to homemakers depending upon the extent of disability of their family member. In 24 percent of cases, it was 1-2 hours only; while in another 24 percent of cases, it was 3 - 4 hours per day; and yet in another 24 percent of cases it was 4-5 hours per day. However, in 28 percent of cases, it was 2-3 hours per day (Table 29).

The amount of rest and sleep available to homemakers varied from 6-9 hours. The maximum number of respondents (56 percent) had about 8-9 hours of rest and sleep, while 20 percent had 7-8 hours and in 24 percent of the cases only, the rest and sleep was 6-7 hours for the homemakers because the disabled needed constant attention during day and often at night.

Practices Related to Management of Household Work. All the respondents tried to plan their time often so as to meet the demands of household work as well as care of disabled person. They tried to simplify meals in order to reduce household work, but the practice was not followed frequently. Majority of them often invested in time and labour saving devices, such as pressure cooker, blender, grinder, electric iron and gas stove.

In 92 percent cases the homemakers were able to make arrangements for the care of disabled person when they had to go out but it was not usually possible to do so. The family members, neighbours and relatives were the obvious choice as there are no institutions who undertake occassional day-care of the disabled. Only in 44 percent cases the homemakers had hired persons to help them in household work; in the remaining 56 percent the lack of funds were the reason for the homemaker not hiring the help (Table 30).

It was interesting to find that apart from the disabled homemakers, the other disabled family members also participated

Table 30. Practices Followed for Management of Household Work.

Practices Followed	Frequency.	percentage.	Frequency of Practices Followed	
			More	Less
1. Plan use of time carefully for self and others so as to meet the demands of work.	25	100	20	5
2. Take help of relatives or friends wherever necessary.	21	84	15	6
3. Hire help to reduce time spent by the homemaker in household work.	11	44	6	5
4. Invest in time and labour saving equipments if possible to meet time demands.	24	96	18	6
5. Simplyfy meals to reduce household work.	25	100	12	13
6. Make arrangements for care of the disabled person while going out.	23	92	13	12
7. Take help from disabled person in some household work.	4	16	4	-

in the household work. Two disabled persons were homemakers and did majority of the work themselves. One of them was blind; the other who had handicapped arms was also employed outside. Two disabled family members helped in simple household tasks such as cutting vegetables; preparing tea and folding washed clothes.

Changes in Housing Conditions.

Except two families all others tried to live in healthy surroundings and away from noisy neighbourhood. They both belonged to lower economic group. In 80 percent cases the respondents made some efforts to provide proper lighting and ventilation and keep the surroundings sanitary so that the environment was conducive to healthy living for all and specially to the disabled who may be prone to infections. In most cases homemakers did take care to provide a healthy conditions but in few the housing conditions were very poor.

Table 31. Changes Made in Housing Conditions.

Changes Needed	Changes Made	
	Frequency	Percentage
1. Make necessary alteration in toilet and bath facilities for disabled person.	7	28
2. Make necessary alteration in furniture for special needs of disabled person.	4	16
3. Make provision for proper lighting and Ventilation.	20	80
4. Live in healthy, sanitary neighbourhood.	23	92
5. Live away from noisy neighbourhood.	23	92

In 28 percent of cases the necessary alterations were made in toilet and bath facilities to suit to the needs of disabled family member.

Alterations were made in furniture and in the kitchen to suit the needs of disabled person in four families only. These included designing special chair and proper work heights in kitchen. A special wheel chair was designed with the handle so that the disabled could walk holding it to exercise her legs. It was also used to ease in movement of the disabled person. The kitchen with a raised platform of convenient heights was planned in the houses of both the disabled homemakers. The blind homemaker wanted it for safety, and the homemaker with underdeveloped upper arms and restricted movement of elbow joint, wanted it slightly higher than the standard height, for convenience in cooking (Table 31).

Overall Management

All of the respondents often tried to set realistic long term goals for the rehabilitation of disabled person. They wanted them to be self-reliant, educated, employed, married and financially independent if possible. Some of them had defined these goals more clearly than others.

Homemakers did take part in making joint decisions in almost all the cases alongwith the head of the family, and the practice was often followed in most of the families. All homemakers made efforts to develop positive attitude towards the disabled persons but again all were not often successful in doing so; and all except one, who had a four years old son suffering from cerebral palsy, encouraged the disabled person also to have positive attitude towards disability.

Table 32. Overall Management Practices.

Practices.	Frequency.	Percentage.	Frequency of Practices Followed	
			More	Less.
1. Set realistic and specific long term goals for rehabilitation of disabled person.	25	100	19	6
2. Take active part in making decisions regarding disabled family member.	25	100	18	7
3. Homemaker should develop positive attitude towards disabled person.	25	100	17	8
4. Encourage the disabled person to have positive attitude towards disability.	24	96	17	7
5. Plan for adequate rest, sleep and leisure.	25	100	11	14

All homemakers also made an effort to plan for adequate amount of rest, sleep and leisure time in order to maintain physical and mental health but more than half of them were not successful in doing so (Table 32).

Attitude of Respondents Towards Disability

The attitude studied were general reactions toward disability rather than specifically related to the person concerned in the family. The various areas in which the attitudes were studied included psychological, social, educational, employment, marriage and special treatment to be given to the disabled person.

Table 33 : Attitude of Respondents Towards Disability

	Aspects	Attitudes N = 25			
		Mean Scores	Positive	Neutral	Negative
1	Psychological (12-60)	40.20	14	2	9
2	Social (8-40)	26.75	15	4	6
3	Education (8-40)	24.12	9	8	8
4	Employment (6-30)	17.12	23	-	2
5	Marriage (6-30)	17.68	10	9	6
6	Special Treatment (8-40)	22.48	13	1	11
7	Overall (48-240)	150.16	13	1	11

The response of the homemakers were scored on a five point continum from strongly agree to strongly disagree. The attitude scores were derived by adding the responses towards all the items in the attitude scale.

The overall picture of attitudes of respondents was a balanced one, although the general trend in all areas was towards positive attitude. Uncertainity marked the attitude of respondents in certain areas especially their view on education and marriage. The attitude towards psycho-social aspects of disability revealed a trend towards positive reactions from the respondents although a number of them were anxious about the future care of the disabled member. The negative attitude of respondents in the areas of special treatment to be given to disabled person brought to light the fact that they considered disabled persons as different with special needs. Thus their negative attitude.

became a hindrance in rehabilitation of the disabled person in these areas. With regards to employment of the disabled persons, responses of homemakers showed dominated by positive ~~and negative~~ attitudes (Table 33).

Section - III : Relationship Among Variables

Management problems faced and practices followed in making adjustments by the homemaker may be influenced by certain factors. An attempt was therefore made to determine the factors that influence the extent of problems faced and the adjustments made by the homemakers with disabled family member. The relationship among various variables was sought according to the following plan:

Figure 2. Schematice Presentation of Relationships Among Variables.

Independent Variables		Dependent Variables
1) Nature and Extent of disability.	→	Extent of problems.
2) Extent of disability	→	Adjustments made.
3) Attitude of Homemaker	→	Problems faced.
	→	Adjustments made.
4) Personal factors (Age, sex and role of disabled person)	→	Extent of problems.
5) Income and type of the family.	→	Extent of problems.
6) Interdependence.		Adjustments Problems ⟷ Attitudes

Effects of Variables on the Extent of Problems.

The extent of problems that the homemakers face not only depend upon the nature of disability of the family member, but the personal factors such as age, sex and role of the disabled person are also among some of the factors which affect the extent of problems faced by the homemakers. The income of the family and type of family also have their impact on the extent to which the homemaker faces the problems. Homemakers own attitude towards disability may either aggravate or reduce the problems which the homemakers face.

The extent of problems faced by the homemaker were studied under following categories viz. psychological, social, educational, employment, marriage, financial and management of household work.

Nature of Disability. To find out whether the extent of problems faced by the homemakers were affected by the nature of disability, chi-square test was applied. The nature of disability under consideration were orthopaedic, blindness, deaf-mute, mentally retarded and cerebral palsy. The analysis was also done with regards to problems faced in different areas viz. psychological, social, educational, employment, marriage, economic and management of household work. Table (34) reports the results of chi-square test when applied with Yate's corrections to see the relationships.

The table (34) revealed that on the whole the nature of disability was significantly related to the extent of problems faced by the homemaker in the present sample at 0.05 level. It can therefore be said that the problems faced by the homemaker differ

Table 34. Chi-square Values Showing Relationship Between Extent of Problems Faced by the Homemaker and the Nature of Disability.

Areas of Problems	Nature of Disability		
	X^2 value	df	Level of significance
Psychological	4.0	4	N.S
Social	5.556	4	N.S
Education	5.269	4	N.S
Employment	6.169	4	N.S
Marriage	7.179	4	N.S
Economic	2.269	4	N.S
Management of household work	7.083	4	N.S
All areas	12.365	4	0.05

with the nature of disability. The test when repeated in different areas of problems the results were found to be not significant. Thus the extent of problem faced by the homemaker were combined effect of different areas.

Extent of Disability. The extent of problems faced by the homemakers are influenced by the extent of disability of the disabled person in the family. The extent of disability of the disabled person in the family was measured in terms of the extent of his dependence in movement, dressing and bathing, feeding, continence, special senses and general health. A scoring sheet was developed for this purpose and each disabled person was scored in terms of his extent of disability (Appendix I). Coefficient of correlation was computed to test the relationship between the two variables and t-test was applied to judge the significance of computed r-value.

Table 35. Correlation Between the Extent of Problems Faced by the Homemaker and the Extent of Disability.

Variables.	r-value calculated.	df	t-value calculated.	Level of Significance.
Extent of disability and Extent of Problems.	-0.37	23	1.868	N.S.

The r-value is not significant. It can therefore be said that extent of problems faced by the homemakers are not affected by the extent of disability (Table 35).

Age of the Disabled Person. The extent of problems faced by the homemakers could be closely related to the age of the disabled person. This assumption prompted the investigator to see the relationship among the two variables. The sample contained families with disabled person with the age ranging, four to 58 years. Co-efficient of correlation was computed to test the relationship between these two variables and t-test was carried out to judge the level of significance of r-value.

The results of the test reported in table (36) indicate that the relationship between the extent of problems faced by the homemakers are significantly influenced by the age of the disabled person. The relationship is however negative which indicates that as age increases the extent of problems faced decreases. The reason

Table 36. Correlation Between the Extent of Problems Faced by the Homemakers and the Age of the Disabled Person.

Variables.	r-value calculated.	df	t-value calculated.	Level of Significance.
Age of disabled person and Extent of Problems	-0.54	23	3.065	0.05

for such a relationship could be that when the child is young he is very much dependent on the homemaker for everything but as he grows he learns to be self-reliant, and even later, becomes financially independent too (Table 36).

Role of the Disabled. The various roles of the disabled person identified in the present study were: husband, son, daughter, brother-in-law and the homemaker herself. The relationship was sought between the extent of problems and the role of the disabled person in the family.

Table 37. Chi-square Value Showing Relationship Between the Role of the Disabled Person and Extent of Problems.

Variables	df	X^2 value calculated.	Level of Significance
Role of the disabled person and Extent of Problems	4	5.83	N.S.

It was found that the chi-square value was not significant therefore one can say that there was no difference in the extent of problems faced by the homemaker as a function of the role of the disabled person (Table 37).

Sex of the Disabled. The relationship between the extent of problems faced by the homemaker and the sex of the disabled person were also assessed in order to find out whether there was difference in the extent of problems faced by the homemaker.

Table 38. t-test values to Compare the Mean Scores on the Extent of Problems Faced and the Sex of the Disabled Person.

Sex.		Mean Scores.	t-calculated.
Male	N = 17	89.05	1.76 N.S.
Female	N = 8	84.42	

The t-calculated value was 1.76 which was not significant indicating that there is no significant relationship between the extent of problems faced and the sex of the disabled person. It can therefore be said that there is no difference in the problems faced if male or female member of the family is disabled (Table 38).

Type of the Family. The relationship between the extent of problems faced by the family and the type of family to which the disabled person belonged was also studied.

Table 39. t-test values to Compare the Mean Scores on the Extent of Problems Faced and the Type of Family

Type of Family		Mean Scores	t-calculated
Joint	N = 12	82.58	5.04**
Nuclear	N = 13	94.23	

** Significant at 0.01 level; 23 df.

The t-calculated was 5.04 which is significant at 0.01 level, thus indicating that the type of family to which the disabled person belonged had significant effect on the problems faced by the homemakers. The joint families faced less problems than nuclear families (Table 39).

The relationship between the extent of problems faced by the homemaker in management of household work and the type of the family was also tested.

Table 40. t-test values to Compare the Mean Scores on the Extent of Problems Faced by the Homemakers in Management of Household Work and the Type of Family.

Type of Family	Mean Score	t-value calculated	Level of Singnificance
Joint N = 12	15.40	0.9	N.S.
Nuclear N = 13	16.66		

The results of the statistical analysis indicated that there was no significant relationship between the problems faced by the homemaker with regards to management of household work and the type of families. The problems faced thus do not differ with the type of families. This probably was due to the fact that both joint and nuclear families hired persons to do part of the household work. Differences could therefore be attributed to the amount of care needed by the disabled family member rather than management of household work (Table 40).

Income of the Family. The investigator wanted to know whether there was relationship between the income of the family and the financial problems faced by them as well as problems faced in the in the management of household work. Coefficient of correlation was applied to test the relationship between theabove mentioned variables and t-value was computed to judge level of significance of r-values.

Table 41. Correlation Between the Income of the family and Financial Problems; and Income of the family and Problems in Management of Household work.

Variables.	r-value calculated.	df	t-value calculated.	level of significance
a) Income and financial problems.	-0.75	23	5.437	0.01
b) Income and Problems in Management of Household work	-0.69	23	4.574	0.01

A study of the Table (41) revealed that the financial problems faced were negatively related to income as the r-value was -0.75 and it was highly significant at 0.01 level. The financial problems faced by the family increased as the income decreased and vice-versa. The low income families therefore experienced more strain on their financial resources. Similarly the extent of problems in management of household work are also negatively related to the income. The coefficient of correlation being -0.69 which is highly significant at 0.01 level. Therefore income of the family had direct bearing even on the problems faced by the homemakers in the management of household work. The problems were more in low income families than in high income families.

Attitude of the Homemaker Towards Disability. The extent of problems faced by the homemakers would be influenced by the attitude of homemaker towards the disability. The attitudes scores obtained were correlated with the scores obtained by the homemakers on the extent of problems faced by them.

Table 42. Correlation Between the Extent of Problems Faced by the Homemakers and Their Attitude Towards Disability.

Variables	r-value calculated.	df	t-value calculated	level of significance.
Attitude of the homemaker and, Extent of Problems.	-0.91	23	10.52	0.01

The results of test as in table (42) showed that there was a high degree of correlation between the attitude of the homemaker towards disability and the extent of problems faced by them. The calculated t-value to judge the significance of r-value was much higher than the expected table value at o.01 level thus implying that the attitude of the homemaker towards disability plays a very significant role in the extent of problems faced by them. The relationship is however negative, therefore if the attitude of the homemaker was more favourable, the extent of problems faced by her would be less and vice-versa.

Effects of Variables on Adjustments Made by Homemakers.

The frequency with which the homemakers made certain adjustments was categorized as "always", "often", "sometimes", "rarely" and "never". These levels of frequency were given weighted scores of 4, 3, 2, 1 and 0 respectively. Thus the adjustments score was obtained for each respondent. The frequency with which the adjustments made by the homemakers were correlated with the extent of disability, extent of problems faced by the homemakers and the attitude of the homemaker towards disability. Coefficient of correlation was computed to test the relationship between above mentioned variables and t-values were computed to judge its level of significance.

Table 43. Correlation Between Frequency with which Adjustments were made and Extent of Disability; Extent of Problems Faced and Attitude of Homemaker.

Variables	r-value calculated.	df	t-value calculated.	Level of significance.
1. Adjustments made and, Extent of Disability.	-0.43	23	2.277	0.05
2. Adjustments made and, Extent of Problems.	-0.31	23	1.536	N.S
3. Adjustments made and, Attitude of Homemaker.	+0.67	23	4.133	0.01

Extent of Disability. The r-value calculated to test relationship between frequency with which adjustments were made and extent of disability was -0.43 which is significant at 0.05 level. It, therefore, indicates that the adjustments made by homemakers have a significant relationship with the extent of disability of the disabled member in the family. The relationship is negative and therefore it can be said that when the person was severely disabled the homemaker can do very little to help him. This could probably be due to the fact that the person is not self-reliant and can neither be educated, trained, employed nor married (Table 43).

Extent of Problems. The frequency with which they made the adjustments were not significantly related to the extent of problems faced by the homemakers as the r-value was -0.31 which is not significant. It can therefore be said that the adjustments made by the homemaker did not depend on the extent of problems faced by them.

Attitude of Homemaker. The adjustments made by the homemaker were significantly and positively related to the attitude of the homemaker as the r-value was +0.67 which was significant at 0.01 level. The attitude of the homemaker towards disability thus motivated the homemaker in adjusting to the problems arising due to disability. The more positive the attitude, the better the adjustments made by the homemaker to the disability of the family member.

Effects of Goals for Rehabilitation on Variables.

The responses of the homemaker were scored, with regards to goals for rehabilitation of the disabled person in terms of "very definite", "definite" and "not definite" (2, 1 and zero respectively). The scores thus obtained were then correlated with the problems faced, the adjustments and the attitude of homemakers towards disability. It was felt that if the family had set clear and specific goals for rehabilitation of the disabled person in the family; the problems faced would be less and the adjustments made would be directed to achieve desired results. The attitude of the homemaker towards disability may on the other hand have impact on the goals set by the homemaker.

Table 44. Correlation Between Specificity of Goals for Rehabilitation of Disabled Person and; Problems Faced; Adjustments Made and Attitude of the Homemaker.

Variables	r-value calculated.	df	t-value calculated	level of significance.
1. Specificity of Goals and, Problems Faced.	-0.59	23	3.505	0.05
2. Specificity of Goals and, Practices Followed.	-0.65	23	4.099	0.01
3. Specificity of Goals and, Attitude of Homemaker.	+0.61	23	3.692	0.05

Coefficient of correlation was computed to test the relationship between the above mentioned variables and t-test was used to determine level of significance of r-values.

The r-values reported in the table (44) are all significant at 0.05 to 0.01 level. The relationship of the specificity of the goals to problems faced, adjustments made and attitude of homemakers was very significant. The relationship was negative (-0.59) in case of problems faced by the family which meant that when goals were of clear and specific the problems faced by the homemakers were less.

The relationship was also negative(-0.65) when the specificity of goals was correlated with the adjustments made by the homemaker to solve the problems. It, thus indicated that inspite of the specific goals set by the homemakers, they did not know how to go about solving their problems. It therefore reflected the need to improve the practices of the homemakers so that they could improve their management.

The relationship between attitude of the homemakers and the specificity of the goals for rehabilitation of disabled person is positive. It, therefore, can be said that the goals were very clear and specific in case of the families in which the homemakers had more positive attitude towards disability.

Inter Relationship Between Problems Faced, Adjustments Made and Attitude of Homemaker Towards Disability.

The Researcher wanted to analyze the relationship among the three variables viz. the extent of problems faced by the families, the adjustments made by them and the attitude of the homemaker towards the disability. Correlation of coefficient was computed between pairs of the above mentioned variables and then partial correlation was computed to see the inter relationship among all three variables and t-test was carried out to determine level of significance of r-values.

Table 45. Partial Correlation Among Problems Faced, Adjustments made and Attitude of Homemaker Towards Disability.

Variables	df	Partial Correlation	
		r-value	t-value
1. Problems faced, Adjustments made, with; Attitudes of Homemaker.	K = 1	$r_{12.3}$= -0.96	-16.021 **
2. Adjustments made, Attitudes of Homemaker, with; Problems faced.	K = 1	$r_{23.1}$= +0.99	+32.928 **
3. Problems faced, Attitude of Homemaker, with; Adjustments made.	K = 1	$r_{13.2}$= -1.0	-4.690 **

Level of Significance ** 0.01 * 0.05

The relationship as revealed in the table (45) shows that the relationship was not significant between problems faced and adjustments made when separately correlated but when partially correlated with attitudes it was highly significant. Thus indicating that attitudes play a very significant role in the extent of problems faced and adjustments made. The attitudes when separately and also partially correlated with adjustments and problems gave very significant results. The forming of right attitudes is thus of greatest importance in the extent of problems faced by the homemakers and the adjustments made to solve them.

Section - IV : Discussion of Findings

Home scientists have a definite contribution to make to rehabilitation programmes and their role should complement that of the occupational therapist rather than compete with. This role should take the form of teaching plus research. Teaching would include retraining the disabled homemaker or the family member and the rehabilitation of handicapped teenager or young adult who has the potentiality of living independently or who could be helped to be useful in the home of someone else. The methods and equipments by which the disabled person can be relatively independent must also be demonstrated by members of the rehabilitation team to the family.

The purpose of the present study was to discover how families with disabled member meet the various problems in rehabilitation of disabled family member. It further aims to help these families in improving their management.

The findings were analyzed in the light of the framework conceptualized for the present study and would be discussed accordingly.

Inputs.

The inputs considered in the framework were disability of the family member and the attitude of the homemaker.

Disability of a family member is a major crisis in the family. Its impact can be seen on the homemaker's personal sub-system. The homemaker face a number of problems in rehabilitating the disabled person in their family. The nature of disability and the degree to which the disabled person is dependent on the family both physically, emotionally and financially intensifies the problems. A number of factors such as: age of the disabled person in the family, the type of family and the income of the family have impact on the extent of problems faced by them. The sex of the disabled and his/her relationship with homemaker however had no significant effect.

On the whole the dependence was lower in the deaf-mute group as compared to the cerebral palsy group. The families of these people however ~~who~~ need more help than any other in their care. There is very little provision for rehabilitation of such totally dependent person by social welfare agencies, therefore the burden of their care is completely left to the family concerned. On the whole the nature of disability of the disabled person and the problems faced by the family showed significant relationship. The X^2 value = 12.365 was significant at 0.05 level.

The extent of disability measured in terms of extent of dependence of the person in day-to-day activities was however not significantly related. The r-value = -0.37 was not significant. Therefore for conclusive results the relationship should be tested on a larger sample.

The age of the disabled person was treated as continuous variable and was correlated with the extent of problem scores. It was found to be significantly related (r = -0.54). The relationship was however negative. Therefore the younger the person the greater the problems faced. The increase in age helped the disabled person in mastering some of the daily routine activities and thereby reduce the homemaker's task. As the child grows the period of adjustment to the disability also increases and thereby giving him time to become self-reliant to a certain extent.

The mean scores on the extent of problems faced by the families with male or female disabled person were compared. The calculated t-value (t = 1.76) was not significant, implying that the sex of the disabled person did not affect the problems faced by the homemaker. The extent of problems faced by the family was not the function of sex of the disabled person.

When the mean scores of joint and nuclear families were compared with regards to the extent of problems faced by the homemaker it was found that the mean difference was significant (t = 5.04), thus indicating that homemakers in the joint families faced less problems than those belonging to nuclear families. This probably could be due to the fact that in joint families other members share the care of disabled person and in management of household work.

It was conceptualized that the role the disabled person played in the family ~~and~~ had significant relationship with the extent of problems faced by the family. The roles under study were that of husband, son, daughter, brother-in-law and the homemaker herself. It was however discovered that it was not significantly related to the extent of the problems faced by the family ($X^2 = 5.83$). Thus whatever may be the relationship of disabled person with the homemaker the problems faced were not different. Availability and quality of community facilities also contributed to the problems faced by the homemakers. Thus it should also be treated as inputs to the personal system.

A lot is being done by both government and voluntary agencies for the welfare of orthopaedically handicapped, blind, deaf-mute and mentally retarded groups. It is however the cerebral palsy group which seems to be neglected. This group is probably neglected because of its high extent of disability. They are comparatively more dependent than other people with other types of handicaps.

Attitude of Homemaker. As conceptualized in the theoretical framework, the attitude of the homemaker towards disability was found to have most significant effect on the extent of problems faced by the homemakers. The homemakers who had positive attitude were able to make better adjustments and experienced less problems.

The attitude scores of homemakers were correlated with the extent of problem scores. The relationship was found to be highly significant, but it was negative relationship ($r = -0.91$). The more positive attitudes, towards disability lead to less number of problems as interpreted by the families. Those who had negative attitude towards disability however experienced more problems. The reason for such a situation could be that the homemakers with positive attitudes encouraged the disabled person to be self-reliant and thereby reduce the extent of problems faced by them in his/her care.

The Problem Situation.

The problem situation arising due to the presence of the disabled family member gave rise to two sets of problems : the psycho-social and the managerial.

The Psycho-social Problems identified were arising due to lack of understanding of the disability; fear, worry, anxiety, embarrassment and unhappiness. These problems have a definite bearing on the physical and mental health of the homemaker. The problems are more if the homemaker has to deal with the disability of a younger child. The thing which worried most of the respondents was "care and attention of disabled person in future". This problem was felt to a greater extent than their unhappiness over the plight of the disabled person. A number of homemakers found it difficult to cope with the demands of disabled person in his daily routine activities and more so was in the case of families who had completely dependent disabled person. Frustration was experienced by nearly three-fourths of the homemakers. There were very few respondents who gave up hope inspite of they being frustrated in their efforts to reduce the disability of their family member. The need for clear explanation about, nature and cause of disability as well as care of disabled person was felt by majority of the homemakers. This was evident in the reasons enlisted by the family regarding cause of disability namely, "lack of awareness of the homemaker".

Only in eight percent of the families the respondents did not take chance of giving birth to another child. The fear created by having one disabled child was the psychological block in having more children. In the above cases the defect was due to disease and need not have repeated in the next child. In majority of cases however it did not come in way of having more children.

On the social front the problems were less severe once the disability was accepted. However the constraints imposed by the dependence of disabled person in the family was the cause of restricted social contacts of the respondents. They felt they could not go out as often as they want. The problem, however was more when children grew up and it became difficult for the respondents to carry them everywhere. The destructive tendency of the disabled child was another cause why they did not take the child with them or they themselves did not go out much. Others, too, did not come to visit her often because the homemakers could not return their visits.

The disabled persons were over protected rather than neglected by the family. Very few had adjustment problems in their relationship with siblings and classmates. Their behaviour however created problems for the homemakers. To find a suitable marriage partner for the disabled was the problem faced by most and to find a physically fit one was even greater. This probably was due to the attitude of the society towards disability. The marriage between two disabled persons was found to be most acceptable to all, but a marriage between a physically fit person and a disabled person was rare. The present study, however, included a case where the blind person had a sighted wife. The investigator wanted to know why the women agreed to marry a disabled person. On questioning further, it was found that she herself had some problems in getting married. She was illiterate, and coming from a low income family, her teeth were protruding, she was finding it difficult to marry. The family was also from low socio economic group and did not have enough money to pay a large dowry and get a suitable bridegroom for their daughter. The blind person was educated and was employed with a reasonable source of income so the family and the person concerned agreed to marry the disabled man.

Managerial Problems. The managerial problems were specifically more in the areas of financial aspect and in the management of household work. The problems in both these areas were related to awareness, availability and utilization of the resources. Some of the homemakers were not aware of the help they could have from the social welfare agencies. Their awareness of work simplification methods, utilization of intangible resources such as interest, skill and abilities of the family members was also lacking. The maximum utilization of labour saving devices was not made. The importance of making alterations in the existing housing conditions to reduce the dependence of the disabled person was not recognized by some of the families. The need was thus felt to make families aware of the various resources available for their use and their role in reducing managerial problems.

The Financial Problems felt by the family were lack of funds for making the disabled family member financially independent and also for the needs of the other family members. The problems which the homemakers face in making the disabled person financially independent are influenced by the education and vocational training provided to the disabled family member in majority of cases. Only in some families the question of financial security of the disabled was not a major problem.

The main educational problem faced was, that there were not enough special schools for the education of the disabled person. The parents of the disabled person felt that there should be special schools run with better facilities where families who are better off could send their children. The government run organizations have children from all socio-economic groups and they do not want their children to pick up bad language or bad manners. The need for education was felt because they wanted to equip the child for some job or even self-employment.

One of the homemakers whose daughter was deaf-mute felt that provision should be made at college level for deaf-mute people also so that they too can have the benefit of higher education as was in the case of blind. The results of the study also revealed that among the disabled people it was in the category of the blind people only, that the level of education was upto post-graduate level. This was possible because there is provision for these people to register in the university.

The respondents felt that there were very few centres to provide vocational training for the disabled person. In some cases even if they had the training, they did not get suitable job. About 40 percent were unemployed. Out of these 16 percent had training but could not find suitable job. One of the blind persons had applied for a post which is reserved for the blind people he still could not secure it. It was given to a sighted person. Thus unemployment of the disabled person and his financial dependence was a problem for the family.

Families who have disabled person often experience a strain on financial resources. The economic impact of illness on a family is related both to the family's earning and to its demands on income. The family had to pool all its resources and reduce all possible expenses in order to meet the economic pressures. The heavy costs involved in treatment left a mark on the family's financial condition. They found it difficult to save. Lack of funds came in way of providing special training for the disabled person, for providing enough medical attention (Acupuncture in case of some families), for buying special equipments and most of all for investing in self-employment of disabled person.

The lack of funds came in the way of providing specially trained person to care for the disabled family member. The homemaker felt that the doctors take advantage of their helplessness and charge a lot for the treatment of the disabled family member. The expenditures on treatment were made on various items. Some of the most common ones were - medicine, consulting a specialist, operation, hospitalization, special treatment such as physiotherapy, occupational therapy and provision of physical aids such as crutches, tricycle, hearing aid. People still believe in faith healers. Fortyeight percent of families in the present study went to faith healers too for treatment of the disabled family member.

The extent of problems faced with regards to financial resources and management of household work were correlated with income of the family. The relationship was negative but highly significant at 0.01 level ($r = -0.71$). The income thus inversely affected the economic problems faced by the family. As the income increased the extent of problems faced by the family decreased.

The Management of Household Work. was a great problem at the time of crisis as well as if the disabled family member demanded more time and attention of the homemaker. The homemaker felt tired, did not get enough rest as well as sleep. They were not able to take proper holiday and too much of time was spent by the homemaker on care of disabled person. Although 48 percent of the disabled people were self-reliant the others needed special attention. One to two hours of special attention was mostly required although some required as much as 4-5 hours of special care and attention. Some needed constant watch apart from special care and attention.

The amount of leisure time was limited to 1-2 hours for some families and for some it was 3-4 hours per day. Most of them were able to get enough sleep while some had only 6-7 hours of rest and sleep. The results on time spent by homemakers with disabled person in household activities when compared with studies carried out abroad revealed that homemakers did not take more time in household work as they had someone to share it. In India one can also get hired help to do household work which is very expensive for the families abroad. They do not have to spend extra time in household work. The care of disabled child does take up extra time and hence their leisure time is less compared to those who need less care and attention.

The families with a disabled member who required constant attention had difficulty in working without interruption. In case when the child needed attention during the night the homemaker in majority of cases attended to his needs.

The homemakers who did not have help from other family members and those from nuclear families faced more problems in this respect. The pressures on the homemaker's time had their impact on the amount of leisure time available to her.

Goals for Rehabilitation of the Disabled Person.

The problems thus created, motivate the homemakers to set forth specific goals for rehabilitation of their disabled family member. The need was also felt to assess the extent to which the goals the families wanted to achieve were specific and clear.

Self-reliance of the disabled person in his day to day activities was one of the most common goals and family was very clear about it. As revealed in some of the researches, the families were very much worried about care and attention of disabled person in future. This anxiety was motivation for such importance given to this goal. The parents felt that while they are alive they could look after their disabled child but what would happen to him when they die and were no longer there to look after him. They realized that they cannot expect that the daughters-in-law (if they have) would take proper care of their disabled relative. Similar reasons prompted the families to set the goals of self-employment for the financial independence of the disabled person. The employment possibilities of the disabled family member are very limited due to several reasons including non co-operative attitude of employees and co-workers.

Education of the disabled person and the training given to him either for some vocation or self-employment were the goals stemming from the desire of the family to make the person financially independent. For those whom education and training prospects were limited the family took other measures of financial security such as provident fund, insurance, investment in property and business.

The specificity of goals set for rehabilitation were also correlated with the problems faced by the homemakers. The relationship was however negative, r = - 0.59, but significant at 0.01 level. The extent of problems faced by the homemakers therefore depended on specificity of goals they had for rehabilitation of the disabled member. The more specific the goals, the less were the problems faced by them.

The relationship between the adjustments made and the specificity of goals for rehabilitation of the disabled person was found to be significant at 0.01 level. It showed, however, negative association between the two variables, r = -0.65. It can therefore be said that the more specific the goals the less the adjustments needed. The reason could be that the families who had specific goals did not have to try different ways of handling a situation; they were capable of finding best solution to their problems. The problems they faced would also be less, therefore less adjustments have to be made.

Resources tapped by the homemakers were; money, time, energy, knowledge, ability and skill, interest and help of other family members, friends and relatives and the community resources in the form of guidance and help of social welfare organizations. The homemakers made every possible effort and allocated the family resources in such a way that the disabled family member could be rehabilitated.

Managerial System.

The family, when faced with problem situations, try their best to cope with it. The ways they employ in coping with the demands of the disability and the adjustments they make in their relational and managerial situation reflect their managerial ability. Some families made the most of their resources and met the crisis without much difficulty. Others, who were not aware of the resources which they could use, faced a lot of constraints on their already limited resources. Those who had set realistic and specific goals seemed to make better adjustments than those who were not very specific about their goals. The attitude homemaker had towards disability also had impact on the practices they followed.

The Plans were made by the homemakers for rehabilitation of the disabled family member. The disabled were medically treated, educated, trained in most cases and helped in seeking employment in very few cases. The marriage of the disabled were also among their plans.

All respondents, to some extent, made an effort to acquire information regarding the disability so that they could cope with the demands of their disabled family member in better way. Those who did not make much effort in contacting social welfare organization were the ones who had the greatest difficulty in managing with the problems. In two of the cases, the family did not want to advertise the fact that they had a disabled person in the family and therefore did not try to take guidance of the social welfare agencies.

Majority of them were optimistic about the future of the disabled person and were ready to accept the challenge of overcoming their limitation. The extent to which they were successful in this was however varied with different families. Two of the respondents were psychologically very much disturbed. While two others got over it after living with it for number of years. The mothers with mentally retarded young children were very emotional. The ones with cerebral palsied children were also easily upset. This was because the lack of understanding of the actual disability as well as the extreme dependence of their children even in daily routine activities. One homemaker with a deaf mute and one with cerebral palsy child were very much upset and could not bring themselves to bear another child for the fear that it might also be disabled.

The visible defects in case of orthopaedically handicapped blind were easily acceptable. Similarly, the sensory defect in case of deaf-mute was relatively easier to accept than others as in these three categories the disabled person could be trained to be self-reliant. In case of those who were mentally retarded to a greater extent and those suffering from cerebral palsy it was difficult to train them to be self-reliant because their brain was not functioning normally.

The feeling of shame and guilt was not present in most of the cases but in some it developed a negative attitude towards having more children. One of the family decided to adopt a son rather than have another one of their own.

The family relationship was not much of the problem for homemaker. The family members treated the disabled person equally and normally in all cases and encouraged others to treat them normally too. They maintained cordial relationship with the neighbours although the frequency with which they sought help was occasional. Most of them, however, had contact with social welfare agency but this could be due to the fact that the sample was collected from the list of people who had contact with social welfare agencies at one time or another. The researcher could contact only few families who did not have any contact with social welfare agencies.

The aggressive behaviour of the disabled person especially in mentally retarded and cerebral palsy group was checked by the families although it needed to be checked among young children in other disability groups too. This problem usually arises because the child is over protected and indulged. One of the children used to threaten his mother that he would break something if she did not give way to him. In this particular case the homemaker had four daughters and the fifth child was a son but he was disabled. This had upset the lady so much that she lost her mental equilibrium. This psychological condition may have its root in the social attitudes of people towards having a son to carry the name of the family and when the homemaker found her disabled son born after having four daughters, the shock was too great for her to bear.

The respondents felt that the disabled child should be treated normally in the school, by teachers and friends. More than half of them tried to give some education to the disabled family member out of which one of the blind persons had post graduate qualifications too. Among those who did not have any formal education, two were extremely dependent and could not be sent to school at all. They were the victims of cerebral palsy. One tried to learn to read and write on his own.

The families were interested in providing vocational training to the disabled person because it is difficult to get job for disabled person. Vocational training such as typing, cane weaving, telephone operating, tailoring, electric motor winding, cycle and scooter repair were also provided to number of disabled persons so that it would be easier for him to get job. The training could also prove to be useful in self-employment of disabled person.

The families with orthopaedically handicapped, blind or deaf mute persons were very much aware of the training to be provided while those in mentally retarded or cerebral palsy group were probably not aware of the possibilities where and in which vocation the training could be given. Awareness of community facilities as a resource was not found among some of the families and the resources were not fully utilized by these families. Although some of them used these facilities in getting equipments for the disabled family member. In some cases, however, the children were too young and the family was more concerned about their education, and self reliance than vocational training. In two cases the disabled person were not fit for training of any kind.

Only 44 percent of families were concerned of securing a suitable job for the disabled person. The others were either not aware of their job potential or were anticipating problems in getting a suitable job. In some cases however the disabled person was not fit for any type of job.

The presence of the disabled person in the family causes an economic strain on the family budget. All families in the present study were also concerned about the financial security of the disabled person in their family. It was one of the chief causes of worry to the family. All except one family made special provisions for disabled person in their budget. The family resorted to credit in 68 percent of cases and took loan from either relatives, or employers. Only two families mortaged the jewellery to get money. Family sought help of welfare agencies in securing free medical help and operation cost in 52 percent of cases. The families did not make any gadgets at home themselves to make the child independent; they had to pay to get it made. Some of the parents in a research conducted by Hewett and Newsons, tried to make some gadgets at home to make child independent.

The families were able to accomplish a lot of work in their daily routine. They did have some leisure time although it varied from 1-5 hours per day. However, sometimes they were able to have enough leisure while sometimes very little. Inadequate amount of leisure time was the problem in 64 percent of cases. The families were able to plan for some leisure activities for themselves and the disabled child except in case of one family. She had young children and no relatives staying with her, the hired help was also limited and therefore she worked very hard and was tired even by mid-morning.

The families tried to have simpler meals to reduce house work. The standards for other household work were also adjusted to suit the amount of time and energy at the disposal of the housewife, for instance, washing of clothes every other day or once in a week rather than daily washing; cleaning house properly only once in a week and mopping the floors only twice of thrice a week.

The family members, neighbours or relatives helped the homemaker in the care of disabled person when she had to go out. The homemakers tried to get a complete break from routine activities when they visited their mother once in a while. Some went for annual holiday arranged by the social welfare organizations for the benefit of their members. One of the homemaker could leave the child with her in-laws for couple of months to have breathing space because her child is only four years old and needs constant attention.

The families, however felt the need of residential as well as day care institutions so that they can stop worrying about the care of child at least for part of the time. They, however, do not want to leave them at 'any' institution because they feel proper attention should be given to the child. Institution that charge high but take proper care of the disabled person are necessary.

It was interesting to find that in 32 percent of cases the disabled family member was encouraged to help in household work such as preparing tea, cutting vegetables, shelling peas and so on. Two of the disabled housewives did majority of the household work themselves. One of them was blind and another one had under developed arms with restricted movement of one arm from elbow joint. The latter one was employed outside also.

All except two families lived in healthy surroundings and away from noisy neighbourhood. The two families belonged to lower economic group. Proper lighting and ventilation was found in 82 percent and 80 percent cases. The families also kept surrounding conditions sanitary. The families made alterations in toilet facilities to suit the needs of the handicapped person in four families only.

Other alterations included designing of special chairs and proper work heights in the kitchen.

All respondents tried to set realistic goals for the rehabilitation of the disabled family member although some had them more clearly defined than others. Homemakers did take part in decision-making in almost all the cases but the degree to which they were involved was less in some cases. They made joint decisions with the head of the family regarding treatment, education, employment, marriage, financial security and measures for self-reliance of disabled person. However, in the area of employment and marriage the disabled family member had a say too. All respondents made effort to develop positive attitude towards disability and also encouraged the disabled family member to develop positive attitude towards disability, but the extent to which they succeeded in doing so varied.

The investigator wanted to know whether there was any association between the adjustments made by the homemakers for rehabilitation of disabled person and their attitude towards disability. The association was found to be positively significant, $r = 0.67$. Thus if the attitude of the homemaker was positive, the adjustments made were better.

The three variables: extent of problems faced, the extent of adjustments made to solve the problems, and the attitude of homemaker towards disability, were correlated in pairs and were also partially correlated to see the inter-relationships of these variables.

The extent of problems faced and the extent of adjustments made were not significantly correlated when treated seperately but when attitude of the homemaker was also included, the relationship became significant. Thus the relationship between problems, adjustments and attitude had significant results. The relationship was not negative when partially correlated with attitudes. Thus the positive attitude had significant effect on reducing the problems faced.

Attitudes, when seperately correlated with problems and adjustments, gave significant results. They had negative relationship with problems and positive relationship with adjustments. When attitudes were partially correlated with problems and adjustments made, the relationship was negative, but when adjustments were partially correlated with attitudes and problems, the relationship was positive. Similarly, when problems were partially correlated with attitudes and adjustments, the relationship was positive.

The outcome of all the above relationships is that the attitudes have very significant role to play. Therefore, the development of correct attitude is of paramount importance in rehabilitation of disabled person.

Implementation. It refers to checking the progress of plans and adjusting them to meet the desired goals. In the present study it was found that the families wanted the child to have best treatment, but had to satisfy themselves with local medical aid in few cases. They could not stay for long periods in another city with their relatives to get proper treatment. Besides other family members would be neglected. The physiotherapy treatment and regular medical check up was also given up by most families because as the child grew up it was difficult to carry him/her daily to the hospital for therapy and other mode of transport would be costly. It was discontinued in some cases because it was time consuming and the family felt it did not give the obvious results.

With regards to the education of the disabled, some of the problems which obstructed the plans were, lack of awareness and availability of schools for educating and training the disabled in the past. Some private and good schools did not take residential students. One of them could not get admission because of her extreme dependant condition. Parents of cerebral palsy group wanted schools for their children but there are none available in Gujarat.

A few of the children discontinued their studies because the school atmosphere was not encouraging and classmates teased them. One of the blind person found that the centre, where he was trained for motor winding course, did not want to employ the blind. He felt, therefore, his training was a waste of time. Another disabled person with vocational training and education also found it difficult to get job, inspite of repeated efforts made by the family members.

High cost of living and expenditure on disabled's treatment, care and attention made is difficult for the families to save for their financial security or for investing in the self-employment of the disabled person.

Some of the homemakers wanted to pay extra attention to help in educating and training the disabled child at home too, but the demands on her time came in the way of their plans especially where the other children were also young.

Therefore, eventhough the families made plans for the [illegible] -

rehabilitation of the disabled family member, they faced difficulties in the execution of their plans.

Output.

The output was measured in terms of the extent of rehabilitation of the disabled person and the resources utilized by the families.

Extent of Rehabilitation. As an output of the family's resource management, the disabled family member was rehabilitated to certain degree, although in some cases it was more than in the others. As the age increased, the extent of self reliance of the disabled family member also increased, thus they were physically rehabilitated. The family tried to equip them to be financially independent too, but most of them had difficulty in finding job.

Resources Utilized. The resources most widely used were money, time and energy of both homemaker and other family members. Relatives, friends and neighbours also helped. The social welfare agencies were a source of great help to the families in providing treatment, education, training, recreation and job placement of the disabled family member.

Feedback.

The analysis of the managerial behaviour of the homemakers revealed the need for improving their management.

The suggestions evolved and feedback to the homemakers were centred around developing awareness among the homemakers regarding the opportunities for rehabilitation of the disabled family member, the psycho-social adjustment she could make and the ways in which she could improve her financial as well as time management.

Section - V : Suggestion Evolved for Improvement of Management

One of the objective of the study was to evolve suggestions for improving the management of the homemakers with disabled family member in light of the findings. The suggestions given were under three major categories.

1) Rehabilitation Opportunities.
2) Psycho-social Adjustments.
3) Managerial Behaviour.

Rehabilitation Opportunities.

The investigator found that the homemakers were not fully aware of the possibilities of rehabilitation of the disabled family member. The need was therefore felt that the investigator should make them aware of these opportunities or direct them to the places and people who could provide proper guidance to the families. The suggestions under this category were made as follows :

1) Treatment - The specific suggestions were that the family could try acupuncture treatment as one of the latest treatment in case of Biren. In the other try, physio-therapy and calipers to make person self-reliant (Case No.22).

2) Guidance and Counselling - Some homemakers needed professional guidance and counselling and were directed, so that they could understand the disability better and can learn about ways in which they can help their child to develop his/her residual resources. The parents of mentally retarded group need more help than other handicap groups (Case numbers, 1, 6, 16, 17, 19, 20).

3) Health and Hygiene - The families with totally dependent disabled family members were given suggestions for keeping the disabled person clean (Case No.22) and protecting the bedding and keeping other surroundings clean so that the disabled person's health is not affected otherwise (Case No.21).

4) Formal Education and Vocational Training - The homemakers were given suggestions as to where they could send their child for formal education and vocational training. One of the respondents who was keen on providing higher education opportunity for the disabled person was given suggestion to apply for admission at University or try correspondence courses (Case No.13).

5) Job Placement - One of the respondents was asked to contact local corporator, legislator or Member of Parliament to plead for their case (Case No.7). The others were asked to register at local employment exchange.

6) Physical Facilities - The suggestions offered were with regards to improvement in equipment, clothing and housing. One of the disabled respondents was advised to raise height of rolling board, so that she can simplify process of making chapatis (Case No.5). The homemakers were advised to use clothing with some special features in the clothing of the disabled so as to ease their dressing and undressing and help them to be self-reliant in dressing. The homemakers were asked to use raglan sleeves, front openings, large buttons, zip or velero fastners and elastic bands in the garments so that the disabled person can easily manipulate them or the homemaker can dress and undress the disabled without much difficulty. The homemakers in two cases were asked to move

to better housing if possible (Case No.18, 20).

7) Facilities and Benefits - The homemakers were supplied with information about the various facilities and benefits available to all the disabled people and specific ones depending upon their nature of disability. The homemaker were also advised to become member of social welfare agency related to the specific disability so that they could be in touch with the latest information about the benefits and facilities for their disabled family member.

Psycho-social Adjustments.

The homemakers, especially the mothers of the young disabled children, needed help in making psycho-social adjustments to the disability of the family member. The suggestions given were related to ways homemaker can use to encourage disabled to be self-reliant, to improve her own attitude and to help disabled person to improve his own attitude. Homemakers were advised to :

1) Reinforce efforts of self-reliance through praise and/or gifts.

2) Be patient and train the child to be self-reliant.

3) Induce reaction by showing other children as model in coping with the handicap.

4) Visit institutions and meet parents of other children so that they would get sensitized to the problems of their children.

5) Improve their own attitude towards disability.

6) Help disabled adult to gain confidence in moving independently.

7) Think what the child "can do" instead of what he "cannot do".

8) Check aggressive behaviour in child by diverting his attention to interesting things.

9) Treat the child normally and equally.

10) One of the homemakers was encouraged to disregard comments of relatives or try and live away from joint family but maintain cordial relationship (Case No.16).

11) One whose husband was blind but she herself was sighted was advised to think positively and take pride in marrying a disabled person rather than feel inferior (Case No.10).

12) One of the disabled adult person was advised to be realistic in his expectations from sister-in-law (Case No.8).

Managerial Behaviour.

The homemakers also needed help and guidance in improving their managerial behaviour. Couple of parents were advised to be realistic in their hopes and expectations about their child's future, education, training and employment potential. One of the homemakers was advised to take more interest in decision-making and be a little outgoing. Rest of the suggestions centred around two major aspects that of time and energy management and financial management.

Time and Energy Management. Some of the homemakers faced time and energy management problems and therefore a need was felt to give suggestions so that they could improve it. The homemakers were advised to:

1) Invest in time and labour saving devices and to make use of them in reducing work.
2) Take help of children.
3) Take help of relatives.
4) Simplify work methods.
5) Change sequence of work.
6) Hire help.
7) Take help and guidance of social welfare agencies and utilize day-care facilities wherever available.

Financial Management. Most of the families faced financial problems and needed guides for solving some of their problems. The specific suggestions given are :

1) Try to secure loan from Nationalized Banks for self-employment and expanding existing business.
2) To sell home produced seasonal products.
3) Try for scholorship for education and training of the disabled person.
4) Encourage disabled person in income generating activity suitable to their capacity.
5) Seek financial help or recommendations from social welfare agencies for free medical and surgical help.
6) Some were advised to invest money in Insurance Policy for financial security of the disabled family member especially in cerebral palsy group.
7) In one case the homemaker wanted to improve her qualification and was therefore advised to join professional course so that she can get suitable job and supplement family income.
8) The daughter in one of the families was advised to take up a job.
9) The head of the family was advised to take advantage of promotion due to him and go out of station also if necessary.
10) The family was advised to rent part of the house to supplement family income.

Section - VI : The Follow Up Stage

The researcher wanted to know whether the suggestions given to the homemakers were feasible or not. The data were collected with the help of interview schedule designed with specific suggestions for each case under study. The sample was same as that of Phase II. The respondents were interviewed after a period of six months to find out whether it was possible for them to follow the suggestions given by the investigator.

Table 46. Feasibility of the Suggestions Evolved to Help Homemaker in Improving Manangement.

Suggestions.	Frequency.	Percentage	Feasible		Not Feasible
			Present.	Future.	
I. Rehabilitation Opportunities.					
* Treatment	2	8	1	-	1
* Guidance and Counselling	5	20	5	-	-
* Health and Hygiene	3	12	3	-	-
* Formal Education	5	20	4	-	-
* Vocational Training	4	16	1	38	-
* Job Placement	3	12	-	2	1
* Physical Facilities	3	12	2	-	1
* Information on Benefits and Facilities	14	56	11	3	-
* Membership of Social Welfare Agencies	6	24	5	-	1
II. Psycho-social Adjustments	10	40	10	-	-
III. Managerial Behaviour					
*Goal-Setting	3	12	3	-	-
*Decision-making	1	4	-	-	-
*Time and Energy Management	10	40	10	-	-
*Financial Management	17	68	13	4	-
*Mental Health of Homemaker	5	20	5	-	-

The respondents were asked to state whether they found the suggestions "helpful", "helpful at future date" and "not feasible". They were also asked to give reasons for their response. The data thus collected was analyzed and the specific suggestions were grouped under broad categories for ease of presentation. The results related to the investigation thus conducted are presented in the table (46).

An examination of the table (46) revealed that the respondents needed help and guidance in understanding the disability and to know the ways of coping with situation so that they could help the disabled person to develop a healthy personality. As pointed out by Light (46),

> "A handicapped child must be viewed first as a family system with the same functions and characteristics as families with non-handicapped children and second, as a family with special needs. Many of these special needs emerge from parental reactions to the handicapped child of guilt, blame, hostility and rejection. These feelings first must be acknowledged and then by planning for their child's and their own future. Other special needs include ways to cope with the additional physical and financial responsibilities that usually accompany caring for people with handicapping conditions".

The suggestions given by the researcher of the present study were in the categories of developing an awareness among the parents about the rehabilitation opportunities for the disabled person in the area of treatment, guidance and counselling services available, places for formal education and training for the disabled person and ways of seeking employment. It was found that the one of the homemakers tried the treatment suggested but did not find it of much help. The homemaker who wanted to secure a teacher to teach her deaf-mute daughter in English has not been able to find someone so far, but she may be able to do so when the new school for Deaf-mute will start functioning. With regards to job placement, the suggestions have been accepted and the disabled have registered at employment exchange but have not been able to secure a job. One of the families has not been able to do much help to the disabled person because of lack of interest on the part of the father and brothers in the welfare of their disabled family member. The other two have secured special clothes and are finding them useful.

The researcher found that nearly 50 percent of the respondents were not aware of the facilities for the benefit of the disabled from the state government. Most of them found suggestions helpful and said that they have been able to take advantage of these facilities and a few felt that they will be making use of them in future when they feel the particular need.

All except one person has not been able to become member of social welfare organization. Again the non-cooperative attitude of the family has restricted the homemaker for following the suggestions. The homemakers who were advised to improve the hygienic conditions so as to create healthy environment for the disabled also found the suggestions very helpful.

The various suggestions offered to the homemakers to facilitate their psycho-social adjustments to the disability were found to be helpful. The change is not very drastic but the homemakers find that they have accepted the fact and are trying to adjust to it. They also felt that the child is trying to be self-reliant and is generally improving in behaviour. Even the homemaker with non co-operative attitude of family member is doing everything under her own power within the house where she can make her daughter feel a useful member of the family.

The suggestions given to the respondents with regards to their time and energy management have also proved helpful. The homemaker has realized that refrigerator is not used only to store milk and water and occassionally prepare sweet dishes but also to save several trips to market and save money on cost of vegetables and fruits for a week, that cooking large quantities at one time and using them according to need reduce time and energy in cooking time.

The raised rolling board for making chapaties was also found to be practical suggestion. The homemaker sought help of family members and relatives in order to have some leisure. The financial management suggestions were accepted by majority of the respondents. They have secured loan and some are in the process of getting them for self-employment, expansion of business, buying vehicle and so on.

The homemakers in two cases have tried sale of home production of preserved foods like pickles and papads as source of supplementary income. In four cases the suggestions would be useful when the child is of age, when he can receive the certain financial help from the government. The break away from the care and attention of disabled person completely for few days or weeks was found to be helpful to the respondents in improving their mental health.

The advice for setting specific goals for rehabilitation of the disabled person were suggested and the homemakers realized that they should be careful and not harm the disabled person in their enthusiasm to be of great help. One of the parents realized the talent in painting as potential to their deaf-mute child and therefore have decided to encourage her in this.

The suggestion given to the head of the family for taking advantage of promotion was not found to be feasible as the head of the family did not want to leave the responsibility with the homemaker. The person is expecting promotion in the city itself. He is not ready to rent part of his house too because he had very bad experience with tenants in the past. The same person is very dominant and is not allowing his wife to be much of help to him, always treating her as inferior and irresponsible.

The analysis and synthesis of findings revealed that the homemakers with disabled family member experienced a number of psycho-social and managerial problems and they made efforts by diverting the family resources to rehabilitate their disabled member. The extent to which the problems faced by the homemaker and the suitable adjustments made varied with the situations. The homemakers with positive attitude faced fewer problems and needed only few adjustments, whereas the homemakers with negative attitude faced more problems to make suitable adjustments. Majority of them, however, needed further suggestions to improve their managerial behaviour but the guidance needed varied with the attitude. The suggestions evolved and fed back were found extremely useful, thus emphasizing the importance of guidance and training to improve managerial behaviour of the homemakers.