315

PRG 189-B (N)
1000

CENSUS OF INDIA 1961

VOLUME IX

MADRAS

PART XI - E

PHYSICALLY HANDICAPPED OF MADRAS STATE

P. K. NAMBIAR,
of the Indian Administrative Service
Superintendent of Census Operations, Madras

1964

Price: Rs. 7.15 or 16 Sh. 9 d. or $ 2.58

CS
1.2 NGI
NSI.9.11E;L
1636.

PRG 189-E (N)
1000

CENSUS OF INDIA 1961

With compliments from
The Superintendent of Census Operations, Madras.

P. K. NAMBIAR,
of the Indian Administrative Service
Superintendent of Census Operations, Madras

1964

Price : Rs. **7.15** or **16** Sh. **9** d. or **$ 2.58**

PRG 189–E (N)
1000

CENSUS OF INDIA 1961

VOLUME IX

MADRAS

PART XI - E

PHYSICALLY HANDICAPPED OF MADRAS STATE

P. K. NAMBIAR,
of the Indian Administrative Service
Superintendent of Census Operations, Madras

1964

Price : Rs. **7.15** or **16** Sh. **9** d. or **$ 2.58**

P 4626

CENSUS OF INDIA 1961

Census Report Vol. IX with relate to Madras only.

Under this series will be issued the following publications:

	Part I-A	...	General Report (2 Volumes)
	I-B	...	Demography and Vital Statistics
	I-C	...	Subsidiary Tables
*	Part II-A	...	General Population Tables
*	II-B (I)	...	General Economic Tables B-I to B-IV
	II-B (II)	...	-do- B-V to B-IX
	II-C (I)	...	Cultural Tables
	II-C (II)	...	Migration Tables
	Part III	...	Household Economic Tables
	Part IV-A	...	Report on Housing and Establishments
*	IV-B	...	Housing and Establishment Tables
	Part V-A	...	Scheduled Castes and Tribes (Report & Tables)
	V-B	...	Ethnographic notes on Scheduled Tribes
	V-C	...	Todas
	V-D	...	Ethnographic notes on Scheduled Castes
	V-E	...	Ethnographic notes on denotified and nomadic tribes
*	Part VI	...	Village Survey Monographs (40 Nos.)
*	Part VII-A	...	Crafts and Artisans (9 Nos.)
	VII-B	...	Fairs and Festivals
*	Part VIII-A	...	Administration Report-Enumeration (For official use only)
	VIII-B	...	Administration Report-Tabulation -do-
	Part IX	...	Atlas of the Madras State
	Part X	...	Madras City (2 volumes)
			District Census Handbooks on twelve districts
	Part XI	...	Reports on Special Studies
	A	...	Handlooms in Madras State
	B	...	Food Habits in Madras State
	C	...	Slums of Madras City
	D	...	Temples of Madras State (5 volumes)
**	E	...	Physically Handicapped of Madras State
	F	...	Family Planning Attitudes: A Survey
	Part XII	...	Languages of Madras State.

* ALREADY PUBLISHED

** THE PRESENT VOLUME

PUBLISHED BY THE MANAGER OF PUBLICATIONS, DELHI-8.
PRINTED AT THE IDEAL PRINTERS, MADRAS-1.

CONTENTS

PREFACE

It has been the policy of Sri A. Mitra, Registrar General, India to enrich the Census literature on a planned basis. He has suggested a series of special studies to be taken up by the State Superintendents. He has also encouraged every Superintendent in taking up any special study relating to his State. I have used his liberal approach and undertaken a series of studies on Madras State which I hope will be of interest in future. One such study is the survey of physically handicapped persons in Madras city and Chingleput district.

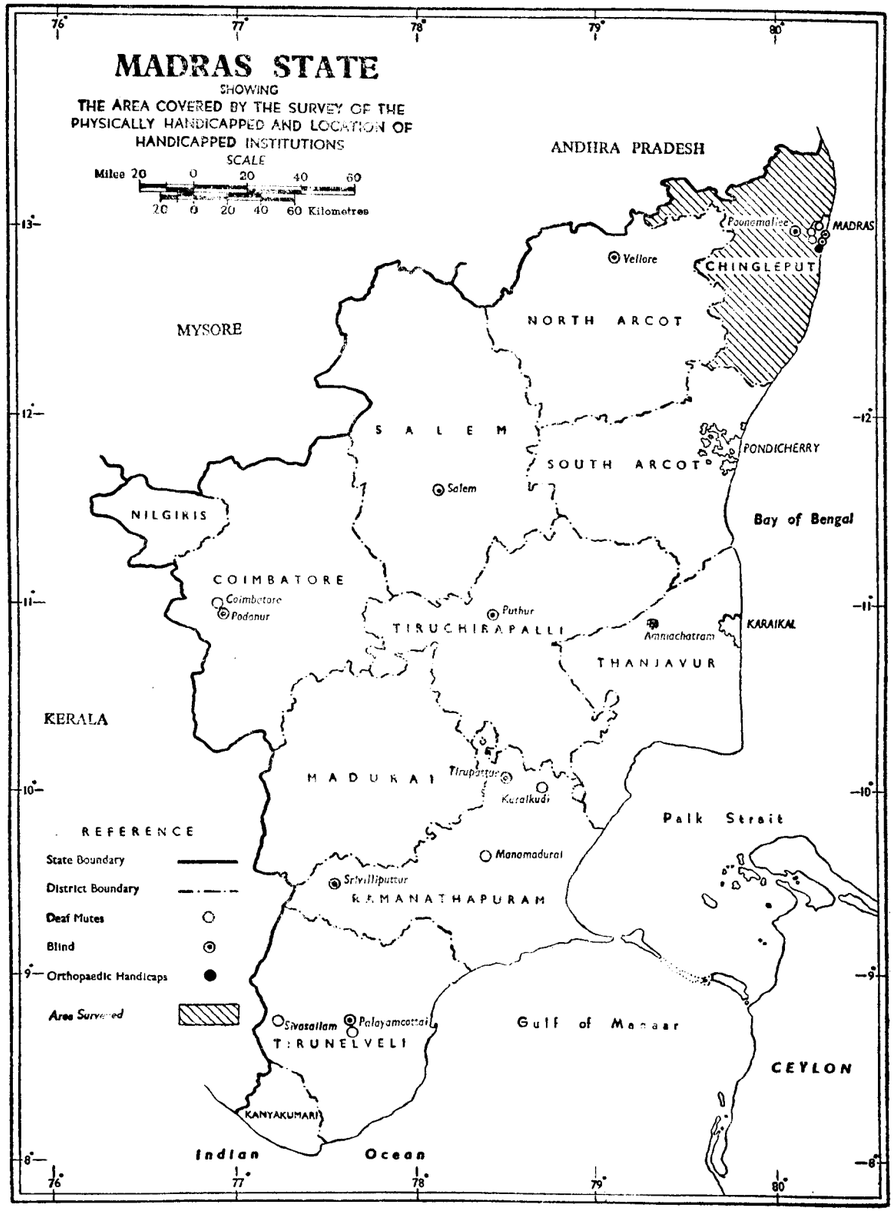
The need for collecting data on the handicapped was stressed by Dr. M. Natarajan, Orthopaedic Surgeon of Government General Hospital, Madras. The Government of Madras have constituted a Committee to mooi proposals for the rehabilitation of the physically handicapped. He is a member of this Committee. As the lack of data handicapped the formulation of suitable proposals by the Committee, he wished to know whether a sample survey of the population could be conducted as a special study by the Census Organisation. This was undertaken with the existing staff in my Office and the field work was ably supervised by Sri S. M. Sulaiman, the Deputy Superintendent of Census Operations, now District Revenue Officer, Chingleput. The tabulation and analysis of the data was undertaken by Sri K. E. Vaidyanathan, Tabulation Officer who has also prepared a useful preliminary report.

Sri A. Mitra, Registrar General, India and Sri D. Natarajan, Deputy Registrar General, India have perused the report and given useful suggestions, which have been incorporated in the Report. I take this opportunity to thank them for what they have done. My thanks are also due to the Director of Medical Services, Madras, the Principals of the Institutions for the Handicapped and Sri T. R. Natarajan, the Special Employment Officer for the Physically Handicapped for giving us the data included in this report. I do hope that this small report, apart from its statistical value, will be useful to those engaged in the rehabilitation of the physically handicapped.

P. K. NAMBIAR.

ILLUSTRATIONS

CHARTS :



PHYSICALLY HANDICAPPED OF MADRAS STATE

CHAPTER I

INTRODUCTION

"But what we're born for we must bear
Our frail condition it is such
That what to all may happen here
If't chance to me I must not grudge"

—Ben Jonson.

The scope of the survey:

1.1 Rehabilitation of the physically handicapped is a movement which has gathered momentum in the world today. A determined effort is made to develop programmes and services by which the handicapped can play a useful role in society. Apart from the human aspect of the problem, the movement has a material basis. It is perhaps economically sounder to rehabilitate the handicapped persons and return them to a productive and useful life than to maintain them as a community charge.

1.2 A major difficulty in facing this problem is the paucity of data on the handicapped in India and other Asian countries. In the Western countries, one can refer to the numbers of various types of handicapped and the nature of handicaps and the magnitude of incidence of each type of disability. Such reliable data cannot be had for under-developed countries like India. In many of them, no special Census has been made of the handicapped population. Again it is difficult to compile accurate data on the handicaps. Many try to conceal their handicaps because of the social stigma attached to certain deformities, and it is not possible to get precise information from the handicapped.

1.3 As the object of the Five Year Plan was the establishment of a socialistic pattern of society, the welfare of the physically handicapped was given due place in the II Five Year Plan. The Government of India gave financial assistance to certain voluntary organisations for conducting random sample surveys of handicapped persons. A survey was conducted in Bombay in 1957 by the All India Occupational Therapists Association on behalf of the Central Advisory Council for the Education of the Handicapped. Another survey was also conducted at Kanpur. The National Sample Survey Organisation has collected data on the physically handicapped in the course of their 16th round, but the results have not so far been published. The Governments of Kerala and Uttar Pradesh have also conducted such surveys in 1960-61.

1.4 Apart from the difficulty in collecting data, differences can be observed from country to country in the definition of the handicaps. This has made an international comparison difficult. It is however estimated that there are 215 million handicapped people in the world which exceeds the combined population of the U.S.A. and Canada. According to the United Nations Rehabilitation Chief, Mr. Kurt Jansson, 12 to 13% of the population of every country suffer from a permanent or long term disability. The definitions of the physically handicapped followed in different parts of the world will be found in Appendix I.

1.5 Indian Census has attempted the enumeration of the disabled till 1931. According to the Census Report of India, 1931, the figures of the handicapped were as follows:

Blind	...	600,000
Deaf-mutes	...	231,000
Insane	...	120,000
Lepers	...	148,000

But no information was collected on the orthopaedically handicapped. Tables were prepared till 1921 on infirmities classified by age and sex, and their

distribution according to district and community-wise breakup for each infirmity. The last classification was given up in 1931 Census by Mr. M. W. M. Yeatts, the then Census Commissioner. In his opinion, "Grave qualifications must attach to even the bare record of infirmity secured through a Census enumeration and an allocation of infirmities by community based on such an original enquiry can hardly be of any real value and might be misleading." Any enquiry into an infirmity during a general Census can therefore be taken only as an approximation. In the opinion of Mr. Yeatts, the order of accuracy of the four infirmities dealt in the earlier Census was probably blindness, deaf-mutism, leprosy or insanity. Mr. G. T. Boag, the Superintendent of Census Operations of Madras in 1921 has observed: "At the outset it must be admitted that the unskilled inquiries made by Census Officers in order to ascertain the number of people afflicted with certain infirmities can only give unsatisfactory results. It is difficult, if not impossible, so to frame the instructions as to define the degree of infirmity which it is intended to include in the tabulation; and the enumerators for whose guidance the instructions are drawn up are for the most part entirely devoid of any technical knowledge; in all probability they fail to understand the instructions properly and interpret them in a variety of different ways. Apart altogether from unintentional errors of commission and omission, the very nature of the questions and of the agency employed to make the enquiries precludes any hope of complete or reliable statistics". The questions on infirmities asked in the Censuses since 1872 are given in Table 1.1. It is seen that the deaf and dumb have been covered in all Censuses upto 1931 either separately or together as deaf-mutes. In 1881, 1891, 1901 and 1911 Censuses, the question was included as to whether a person is deaf-mute since birth. Blindness has also been covered, but no information has been collected on orthopaedically handicapped.

1.6 We felt that a special survey would give us more accurate results. The advantage of any special survey is that the attention of the enumerator is concentrated on the specific point at issue, viz. the handicapped in this case. Further the last Census enumeration was done in 1931 and much has happened after that date. As such any assessment of the quantum of handicapped in the population of Madras State will give a realistic basis to whatever planning we may undertake for the future. It is not our intention to cast any reflection on the figures previously compiled by Census authorities in India. But the fact remains that such coverage has been a part of the general Census and the persons responsible for such Census have unequivocally stated that they were not quite satisfied with the figures compiled by them.

Table 1.1

Questions on infirmities in Madras Censuses 1872—1961

	Year	Question number	Question asked
1.	1872	17	Remarks showing number of males and females blind, deaf, dumb, insane, idiots or lepers.
2.	1881	12	1. Unsound mind 2. Deaf-mutes from birth 3. Blind 4. Lepers.
3.	1891	14	If any person is insane, deaf-mute from birth, totally blind or a leper.
4.	1901	16	Insane, deaf-mute from birth, totally blind or leper.
5.	1911	16	If the person is insane or totally blind or suffering from corrosive leprosy or both deaf and dumb from birth.
6.	1921	16	Insane, totally blind, leper or deaf-mute.
7.	1931	18	Insane, totally blind, deaf-mute or leper.
8.	1941	---	———
9.	1951	13	Leprosy (optional)
10.	1961	—	———

Objects of the Survey:

1.7 Our Survey, however had only a limited object. It was to estimate the number of handicapped persons in two districts on a sample basis. Data on the demographic and social aspects like age, sex, marital status, language, educational attainments and economic aspects like household and personal income and occupational status were collected. The Survey also covered the nature of treatment and reasons for not giving treatment and also the nature of the handicap with its duration.

1.8 The Survey was conducted in Madras and Chingleput districts. It was done in sample blocks selected for the post enumeration check of the 1961 Census. It covered 1% of the blocks and 10% of the houses in rural areas and 2% of the blocks and 5% of the houses in urban areas. The data was based on a complete enumeration in 77 sample blocks located in the districts of Madras and Chingleput during March and April 1963 by investigators deputed from my office.

Coverage

1.9 Altogether 8,18,000 households in 77 blocks were covered by this Survey. The particulars with rural - urban break-up are indicated below:—

Table 1.2

Coverage of the Survey

	Blocks	Households
Madras	47	350,000
Chingleput (Rural)	18	370,000
Chingleput (Urban)	12	98,000
	77	818,000

Selection of sample blocks and houses:

1.10 The method of selection adopted for the post enumeration check is one of the systematic sampling with a random start. In rural areas every 100th block and in urban areas every 50th block were selected commencing from the random start. Census-used houselist was again used as a sampling frame for the selection of houses. Wherever there were more than one household in the selected houses, all the households were covered. In the case of urban areas, every 20th house in the selected blocks was investigated, and in the case of rural areas every 10th house in the block was covered by the enquiry.

1.11 The following definitions were adopted:

Household: means a group of persons normally living together under the same roof and taking food from the same kitchen:

Physically handicapped: means a person who belongs to any of these categories—blind, deaf, dumb, orthopaedically handicapped or any combination of these:

Blind: is a person who cannot see for all practical purposes being blind in both the eyes;

Deaf: is a person who cannot hear for all practical purposes being deaf in both the ears;

Dumb: is a person who cannot talk;

Orthopaedically handicapped: is a person other than a leper who is deformed in any part of the body and is disabled thereby.

It will be seen that the standard of definition is much lower than those followed in advanced countries like U. S. A. and U. K. (See Appendix I) No medical examination was conducted to determine the existence of any handicap. The statement of the persons enumerated was accepted.

1.12 Persons who were temporarily handicapped were not treated as handicapped persons in this Survey. Again, persons who had failing eye sight due to old age and those who could see with spectacles were not treated as blind. Persons using hearing-aids were treated as deaf and persons using crutches were included in the orthopaedically handicapped. Persons who were simultaneously either deaf and dumb, deaf and blind or blind and dumb were treated as separate categories. Orthopaedically handicapped persons who were either deaf, dumb or blind were treated as only orthopaedically handicapped and were not included in the other disabilities, the major handicap being the orthopaedic handicap. They were, however, negligible in number and will not affect the results.

Reference Period:

1.13 The information was collected with the moving reference period of a day, i. e. the date of the survey.

Method of enquiry and plan of work :

1.14 A member, preferably the head of the household was contacted and information relating to the number of physically handicapped persons in the household was obtained from him personally by the investigators. This was recorded in the household schedule. From the households having physically handicapped persons, detailed information as required in the Individual Slips was collected. The Individual Slip contained 14 questions on the social, economic and demographic aspects of the handicapped persons. A format of the Household Schedule and the Individual Slip are given below :

PART—I

Household Schedule

Location code :

1. Name of head of the household :
2. Total number of members in the household :
   Males
   Females
3. Number of physically handicapped persons in the household.
   Males
   Females

PART—II

Individual Slip

Location : Division/Street/House No.

1. (a) Name :
   (b) Relationship to the head of the household :
2. Sex :
3. Age :
4. Marital Status :
5. Mother tongue :
6. Educational qualification :
7. Nature of work :
8. (a) Monthly income of the individual, if any
   (b) Monthly income of the household :
9. Nature of disability :
10. Disability from birth or acquired :
11. Age at which acquired :
12. Cause, if any :
13. (a) Treatment, if any given :
    (b) Period of treatment :
14. Reasons for not giving treatment

Pretesting of Questionnaire :

1.15 The questionnaire was pretested by conducting an enquiry in one block on the 11th and 12th March, 1963. The concepts and definitions used for the enquiry were modified on the basis of experience gained during this test. Further Dr. M. Natarajan, Orthopaedic Surgeon of the Madras General Hospital was kind enough to give his comments on the different kinds of handicaps. The instructions to the Investigators were framed keeping in view these comments as well as the observations made at the time of the pretest. Dr. Natarajan had actually given specific examples of physical handicaps which have guided our Investigators and which are reproduced below :

Nature of Physical Handicap

1. Slightly lame due to spinal fracture
2. Right leg crippled at the ankle, two legs limping
3. Deaf
4. Left forearm amputed
5. Deformity in right forearm
6. Right leg and hand are lame due to small pox
7. Right leg lame
8. Right hand affected by infantile paralysis; Can write with left hand
9. Congenital jalepes equimns from birth
10. Crippled legs
11. Slightly deaf
12. Slanted right leg
13. Right hand completely amputed
14. Infant paralysis of left leg
15. Two legs are slighlty crippled
16. Right leg crippled
17. Left hand deformity due to fracture
18. Infant paralysis. Cannot walk without crutches
19. No right hand
20. Crippled left leg
21. Amputed right hand upto shoulder
22. Dumb
23. Blind

CHAPTER II

PHYSICAL HANDICAP - ITS NATURE AND EXTENT

Scope of data :

2.1 The data in respect of physical handicaps obtained by the survey relate to 669 handicapped persons out of which 321 were males and 348 were females. These are distributed as follows in Madras and Chingleput districts.

Table 2.1

Handicaps in Sample Population by sex

	Males	Females	Total
Madras	161	197	358
Chingleput (rural)	92	94	186
Chingleput (urban)	68	57	125
Total	321	348	669

2.2 The physically handicapped persons number 14 per 1000 of the population in the combined sample as well as in the Madras and Chingleput rural and urban areas. The rates for these three areas are shown in Table 2.2

Table 2.2

Handicapped rate per 1000 of population

	Males	Females	Total
Madras	12.2	15.9	14.0
Chingleput (rural)	14.0	15.3	14.6
Chingleput (urban)	14.8	13.2	14.1
Total	13.2	15.2	14.2

It is seen that the rates are higher for females than for males in Madras and Chingleput (rural) areas as well as in the combined sample. The difference is striking particularly in Madras City where the handicapped rate for males works out to only 12 per mille. Among females, the Chingleput urban sample has revealed the least rate, viz. 13.2 per mille and this is found to be even lower than the rate for males. The differences between the rates for the three areas are found to be not significant*

* Test for k binomial population on the basis of (r_i, n_i, π_i) $i = 1, 2, \ldots k$ to examine the hypothesis that $\pi_1 = \pi_2 = \ldots = \pi_k$; we use the statistic

$$u = \frac{n^2}{r(n-r)} \left[\Sigma \frac{r_i^2}{n_i} - \frac{r}{n} \right] \sim \frac{\chi^2}{k-1}$$

Where $r = \Sigma r_i$, $n = \Sigma n_i$, u is found to be 0.215 which is not significant at 5% level.

2.3 The prevalence of each of the physical handicaps in Madras, Chingleput rural and Chingleput urban areas is as follows :

Table 2.3

Handicapped persons per 100,000 of Population for each type of handicap

	Madras City			Chingleput (rural)			Chingleput (urban)			All areas		
	P	M	F	P	M	F	P	M	F	P	M	F
1. Deaf	270	257	283	275	152	406	438	393	487	303	254	355
2. Dumb	39	30	49	71	91	49	101	174	23	59	74	44
3. Blind	375	272	485	707	686	730	517	480	556	491	423	565
4. Deaf & Dumb	234	121	356	55	46	65	...	...	...	142	78	210
5. Deaf and blind	47	45	49	31	15	49	34	44	23	40	37	44
6. Blind and dumb	4	...	8	...	...	...	...	...	...	2	...	4
7. Orthopaedically handicapped	430	492	364	322	412	227	315	393	232	379	451	302
All handicapped	1399	1217	1594	1461	1402	1527	1405	1484	1321	1416	1317	1524

2.4 The following inference may be drawn from the above figures.

1. **Deaf :** There are more deaf among females than among males in all the three areas selected. Chingleput urban area has the highest prevalence of deafness (438 per lakh of population) whereas Madras has the least, viz. 270 per lakh of persons.

2. **Dumb :** In Madras and Chingleput rural areas, the prevalence of mutism is more among female than among males whereas in Chingleput urban the female prevalence rate is higher. The Chingleput urban rate is found to be the highest viz. 101 per lakh of population whereas the Madras rate of 39 per lakh of population is the least.

3. **Blind :** The prevalence of blindness is found to be higher among females than among males and this is particularly marked in the case of Madras City where the rate for females is higher than the rate for the males by 78%. The highest recorded rate is found in Chingleput rural area where 707 persons in every lakh of population are blind. The least prevalence is found in Madras where 375 persons in a lakh are blind.

4. **Deaf & Dumb :** No deaf and dumb person is found in the Chingleput urban sample and in the Madras and Chingleput rural samples, there are more females who have this handicap. Madras has a handicap rate of 234 per lakh of population whereas a considerably lower rate of 55 per lakh of population is observed in the case of Chingleput rural sample.

5. **Deaf and blind :** The order in which this double handicap is found in the areas selected is as follows : Madras City with 47 in every lakh of persons, Chingleput urban with 34 per lakh of persons and Chingleput rural with 31 per lakh of persons. The Chingleput urban sample reveals a low female rate whereas in the other two areas the females suffer from this handicap more than the males.

6. **Blind & dumb :** Only one female has been found to have this handicap in the entire sample and hence no inference can be drawn.

7. **Orthopaedically handicapped :** A striking feature of this category is that more males suffer from this handicap than females. It will be of interest to examine the possible reasons for the male selective nature of this handicap and this will be attempted in a later chapter. Madras City has the highest rate, viz. 430 out of every lakh of persons who suffer from this handicap. Both Chingleput rural and urban areas have this handicap to the extent of 320 per lakh of persons.

Type of handicap by sex

2.5 Table 2.3 also shows the rate for the combined sample. It is seen that in a lakh of persons 303 are deaf, 59 dumb, 491 blind, 142 deaf and dumb, 40 deaf and blind, 2 blind and dumb and 379 are orthopaedically handicapped. Blindness accounts for the largest number of persons, approximately one out of every 200 persons being blind. The next in that order are the orthopaedically handicapped who account for approximately one out of every 250 persons. Deaf persons number one out of every 300 and one out of every 700th person is having the twin handicaps of deaf mutism. The remaining categories are few in number.

2.6 Their distribution by sex is equally interesting. More females are found to be deaf, blind, deaf and dumb than males. The dumb and the orthopaedically handicapped are found to be more among males than among females. In the case of deafness, the rate for females is higher than that of males by two fifth; that of blindness is higher by one third; that of deaf and blind by one fifth. The differential is marked in the case of the deaf and dumb where the rate for females is as much as three times that for males. In the case of dumbness and orthopaedic handicap, males are the comparatively hard hit. The male rate is four fifth in excess of the female rate in the case of dumbness. Among the orthopedically handicapped the rate for males is higher than the corresponding rate for females by nearly 50%.

Age sex Distribution of the Physically Handicapped

2.7 The age distribution of the physically handicapped persons in the combined sample is given below :

Table 2.4

No. and percentage of handicapped by age groups

Age group	Males No.	Males %	Females No.	Females %
0—9	41	13	46	13
10—19	39	12	52	15
20—29	37	12	42	12
30—39	34	10	25	7
40—49	40	12	34	10
50—59	44	14	49	14
60+	86	27	100	29
All Ages	321	100	348	100

The percentage for the male is in excess of that of the female in the age groups 30–39 and 40–49. The male excess in these two age groups may be easily traced to a male excess in the percentage of orthopaedically handicapped in these two age groups as is evident from Table 2.5. The highest percentage of the handicapped is found in the older age group, viz. 60 + who constitute over one fourth of all handicapped. The next largest age group is the 20–39 group which accounts for as much as one fifth of the handicapped. Of this approximately half are found in 20–29 and 30–39 respectively.

2.8 The distribution of the different handicaps according to age groups is given in Tables 2.5 and 2.6.

Table 2.5

Distribution of the handicapped by sex and age, combined sample

Age group	Deaf & mute				Blind				Orthopaedically handicapped				All handicaps			
	Males		Females		Males		Females		Males		Females		Males		Females	
	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
0—9	19	19	27	19	7	6	5	4	15	14	14	20	41	13	46	13
10—19	15	15	29	21	6	5	9	6	18	16	14	20	39	12	52	15
20—29	13	13	29	21	4	4	10	7	20	18	3	4	37	12	42	12
30—39	14	14	12	8	7	6	7	5	13	12	6	9	34	10	25	7
40—49	13	13	16	12	12	11	13	9	15	14	5	7	40	12	34	10
50—59	11	11	7	5	16	14	32	23	17	15	10	14	44	14	49	14
60+	14	14	19	14	60	54	64	46	12	11	17	26	86	27	100	29
All ages	99	100	139	100	112	100	140	100	110	100	69	100	321	100	348	100

Table 2.6

Age-sex distribution of physically handicapped, areawise

Age group	Madras				Chingleput (rural)				Chingleput (urban)				Combined sample			
	Males		Females		Males		Females		Males		Females		Males		Females	
	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
0—9	27	17	36	18	11	12	8	9	3	4	2	4	41	13	46	13
10—19	27	17	39	20	5	5	10	11	7	10	3	5	39	12	52	15
20—29	20	12	18	9	11	12	10	10	6	9	14	24	37	11	42	12
30—39	11	7	11	6	9	10	9	10	14	21	5	9	34	11	25	7
40—49	26	16	23	12	7	8	8	9	7	10	3	5	40	13	34	10
50—59	21	13	23	12	10	11	18	19	13	19	8	14	44	14	49	14
60+	29	18	47	23	39	42	31	32	18	27	22	39	86	26	100	29
All ages	161	100	197	100	92	100	94	100	68	100	57	100	321	100	348	100

CHART 1

PHYSICALLY HANDICAPPED IN COMBINED SAMPLE BY SEX, AGE AND NATURE OF HANDICAP

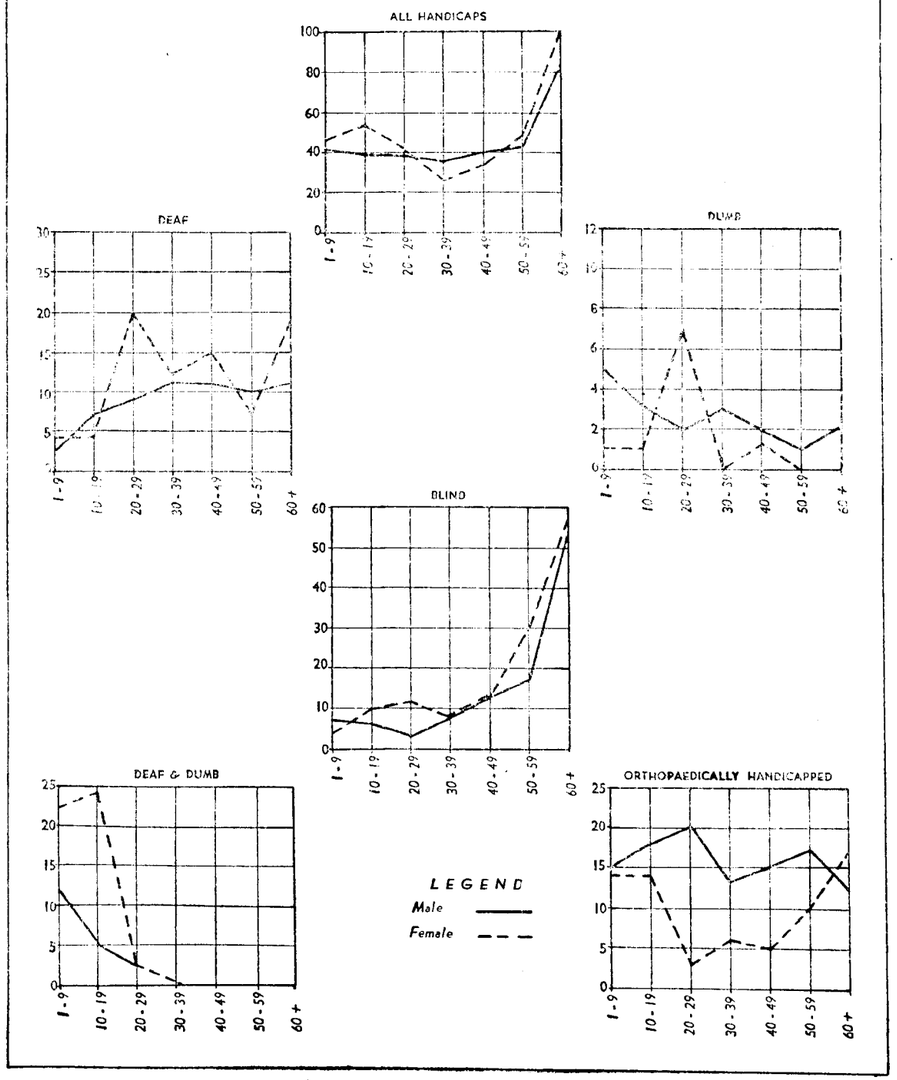
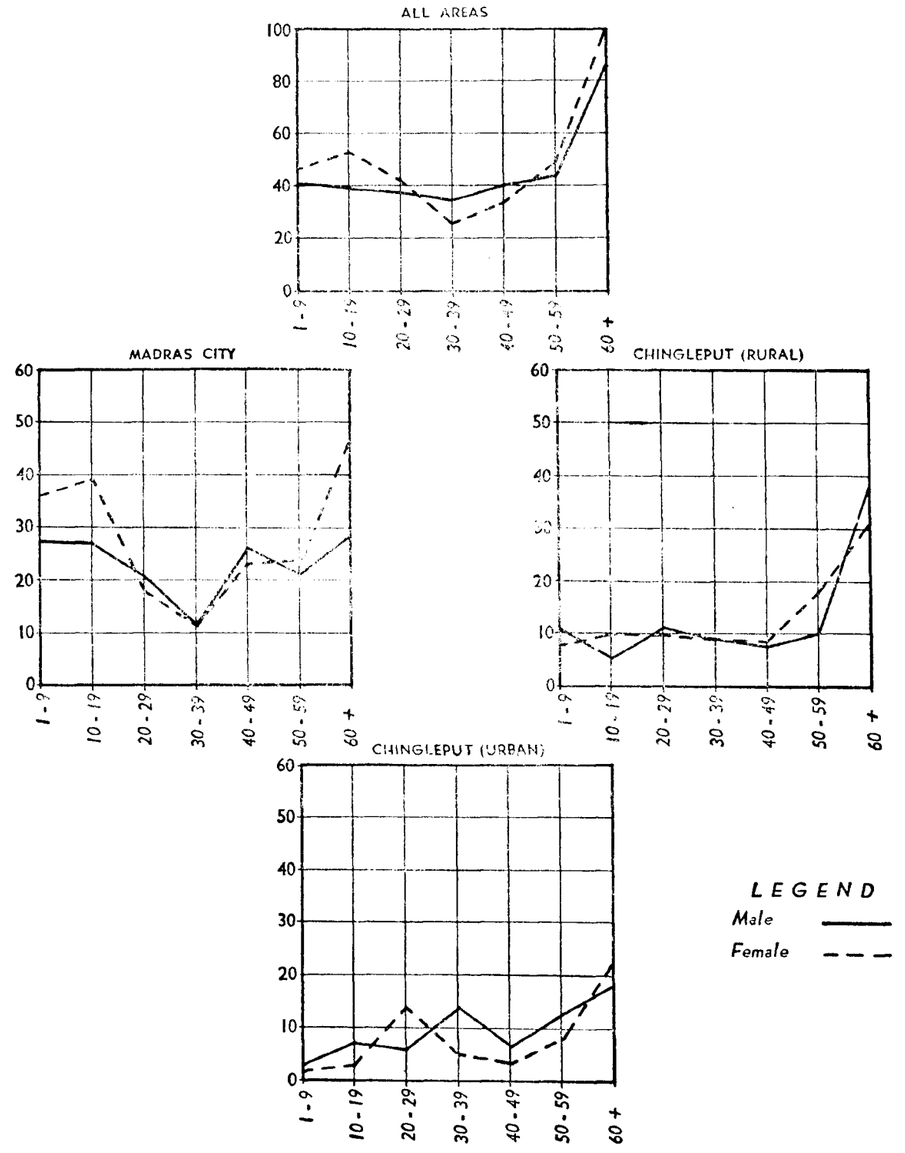


CHART II

AGE DISTRIBUTION OF THE TOTAL HANDICAPPED, AREAWISE



It is not possible to draw any firm inference regarding their distribution in the constituent districts as the samples for these areas are not sufficiently large. The pattern found above is more or less true in the case of each of the handicap except dumb and the deaf and dumb where the percentage is very high among children (0–9) and young adults (20–39). This is perhaps explicable by the congenital nature of these handicaps. The orthopaedically handicapped is found to be more among males than females and this is particularly the case in the middle and older age groups. This may be due to the occurrence of orthopaedic handicaps in later ages due to accidents, sickness etc.

Physically Handicapped rate by age and sex

2.9 An attempt has been made to work out the rate per lakh of population of each of the physically handicapped by age and sex. For this, data are required of the age distribution of the sample population by sex in addition to the age distribution of the handicapped. At the 1961 Census, data on age have been tabulated and are available in C-IV tables (Single Year Age Returns). These figures in broad age groups are presented in Table 2.7 for Madras, Chingleput rural and Chingleput urban areas. Assuming these percentages to hold good for the sample population for each area selected, the population in each age group in the sample population was estimated and the figures are presented in Table 2.8.

Table 2.7

Age sex distribution of population for the areas surveyed, 1961 Census

Age group	Madras				Chingleput (Rural)				Chingleput (Urban)			
	Males		Females		Males		Females		Males		Females	
	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
0— 9	224,273	24.7	218,207	26.6	234,669	26.5	238,511	27.9	59,901	25.5	59 012	26.8
10—19	168,535	18.5	165,060	20.1	165,378	18.7	153,650	18.0	45,929	19.5	42,687	19.4
20—29	188,047	20.7	174,040	21.2	147,568	16.7	157,855	18.5	42,859	18.2	44,538	20.2
30—39	142,304	15.6	111.264	13.6	121,137	13.6	116,045	13 5	34,776	14.8	30,153	13.7
40—49	96,458	10.6	70,235	8 6	97,070	11.0	82,962	9.7	25,066	10.7	19.758	9.0
50—59	54,466	6.0	44,947	5.5	63.535	7.2	56,380	6.6	14,910	6.3	13,059	5.9
60+	35,517	3.9	35,615	4.4	56,082	6.3	49,820	5.8	11,657	5.0	11,343	5.0
All Ages	909,600	100.0	819,368	100.0	885.439	100.0	855,223	100.0	235,098	100.0	220,550	100.0

Table 2.8

Estimated sample population by age groups

Age group	Madras		Chingleput (rural)		Chingleput (urban)		Total	
	Males	Females	Males	Females	Males	Females	Males	Females
0— 9	3,266	3,291	1,739	1,719	1,169	1,156	6,174	6,166
10—19	2,446	2,487	1,227	1,109	894	837	4,567	4,433
20—29	2,737	2,623	1,096	1,140	834	872	4,667	4,635
30—39	2,063	1,682	892	832	679	591	3,634	3,105
40—49	1,402	1,064	722	598	491	388	2,615	2,050
50—59	794	680	472	407	289	255	1,555	1,342
60+	516	544	413	357	229	216	1,158	1,117
All ages	13,224	12,371	6,561	6,162	4,585	4,315	24,370	22.848

Using the above age distribution of the sample population of Madras, Chingleput rural and Chingleput urban areas, the handicapped rate per lakh of population has been worked out and given below :

Table 2.9

Handicapped rate per 100,000 of population by age and sex, areawise

Age group	Madras		Chingleput (rural)		Chingleput (urban)		Combined Sample	
	Males	Females	Males	Females	Males	Females	Males	Females
0—9	827	1,094	633	465	257	173	664	746
10—19	1,104	1,568	407	902	783	358	853	1,173
20—29	731	686	1,004	877	719	1,606	793	906
30—39	533	654	1,009	1,082	2,062	846	936	805
40—49	1,854	2,162	970	1,338	1,426	773	1,530	1,659
50—59	2,645	3,382	2,119	4,423	4,498	3,137	2,829	3,652
60+	5,620	8,640	9,443	8,683	7,860	10,190	7,426	8,950
All ages	1,217	1,594	1,402	1,525	1,483	1,321	1,317	1,523

2.10 From this table one may notice a few similarities and dissimilarities in the pattern of the handicapped rate by age.

1. There is generally a rise in the handicapped rate beginning with 20–39, the exception being the rate for males in the case of Chingleput rural and females in the case of Chingleput urban. In the combined sample, this ascending tendency in the rate in quite clear.

2. In the age groups, 0–9, 10–19 and 20–39 no uniform tendency is noticed. In the case of Madras there is an increase in the handicapped rate in 10–19 starting from a low level in 0–9 and this is followed by a dip in 20–39. In Chingleput rural there is instead a fall in 10–19 followed by a rise in 20–39 for males and a steady rise in the case of females in 10–19 and 20–39. This latter tendency is noticeable in the case of Chingleput urban area also for both males and females. In the combined sample, one finds a steady increase in the rate for males as one passes from one age group to another whereas in the case of females this is altered only by a bump in 10–19. The graph will illustrate this point quite clearly.

2.11 Usually there is some error in age reporting which blurs the picture of the age-sex pattern in the prevalence of handicaps. Secondly the above table gives a picture of the prevalence of all handicaps which is affected by the age-sex selective nature of individual handicaps. It is, therefore, worthwhile to examine the handicapped rate for each type of handicap for the combined sample. For working out this rate, deaf, dumb and deaf and dumb have been combined and likewise blind, blind and dumb and blind and deaf have been combined to make allowance for the small sample effects and the discussion is confined only to the combined sample since it is felt that the size of the sample will be inadequate for purposes of analysis at the district level.

CHART III

PERCENTAGE DISTRIBUTION OF ALL HANDICAPPED BY AGE, AREAWISE

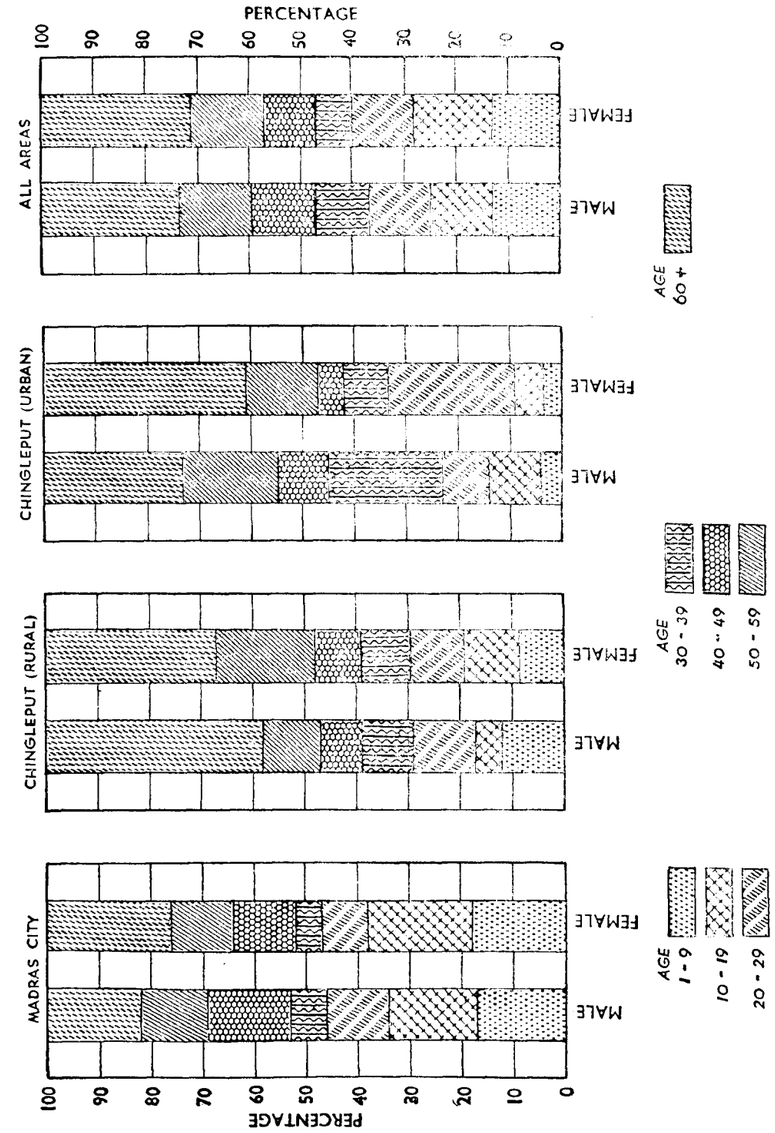


Table 2.10

Handicapped rate per lakh of population by types of handicap, combined sample

Age group	Deaf mute		Blind		Orthopaedically handicapped		All handicaps	
	Males	Females	Males	Females	Males	Females	Males	Females
0—9	308	438	113	81	243	227	664	746
10—19	328	654	131	203	394	316	853	1,173
20—29	279	626	86	216	429	65	793	906
30—39	385	386	193	226	358	193	936	805
40—49	497	781	459	634	574	244	1,530	1,659
50—59	707	522	1,029	2 385	1,093	745	2,829	3,652
60+	1,209	1,700	5,181	5,729	1,036	1,521	7,426	8.950
All ages	406	608	460	613	451	302	1,317	1,523

In this table as in the earlier table, one finds a steady increase in the physically handicapped rate commencing from the age group 20–39. There is no uniform pattern in the earlier age groups. The lowest rate is found in the age group 0–9 in all cases except for orthopaedically handicapped in the case of females. No reason can be given for this exceptional phenomenon. The highest rate is found in the 60+ age group which is susceptible to several disabilities.

Rural-Urban Differentials

2.12. We have data regarding rural-urban differentials only in respect of Chingleput district. Deafness is found to be more prevalent in urban than in rural area both among males and females. Likewise blindness and the twin handicap of deaf mutism are found to be more prevalent in rural than in urban area. In the case of the dumb and the deaf and blind, the prevalence is more in the urban area among the males and in the rural area among the females. The position is reversed in the case of the orthopaedically handicapped, the prevalence being higher in the rural area in the case of the males and in the urban area in the case of the females.

Mothertongue of the handicapped

2.13 Table 2.11 gives the distribution of the physically handicapped persons in the sample according to their mother-tongue.

Table 2.11

Language distribution of the Physically handicapped, areawise

Mother tongue	Madras				Chingleput (rural)				Chingleput (urban)				Combined sample			
	Males		Females		Males		Females		Males		Females		Males		Females	
	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
Tamil	112	70	137	70	87	95	83	88	59	87	39	68	258	80	259	74
Telugu	24	15	32	16	5	5	9	10	4	6	11	20	33	10	52	15
Malayalam	4	2	1	...	...	...	...	...	...	...	...	...	4	2	1	...
Others	21	13	27	14	...	...	2	2	5	7	7	12	26	8	36	11
Total	161	100	197	100	92	100	94	100	68	100	57	100	321	100	348	100

Out of the 321 males and 348 females covered, the mother-tongue of the majority is Tamil. This is as one should expect since the survey has been carried out in a predominately Tamil area. Telugus constitute 10% of the males and 15% of the females covered. The category 'others' represents a sizable section, viz. 8% of the males and 11% of the females. It is not possible to draw any inference regarding the factors leading to the high percentage of non-Tamils in the sample covered. The sampling procedure has taken sufficient care to avoid any bias in the selection and it is therefore reasonable to conclude that there are a large number of non-Tamils in the handicapped population of the districts covered. A comparison of Table 2.11 with the percentage of population in each language group in the general population presented in Table 2.12 shows that in Madras City percentage of Telugus and 'others' among the handicapped exceeds their percentage in the general population. In Chingleput rural as well as urban area, porportion of Tamils among the handicapped is higher than the proportion of Tamils in the general population. In the Chingleput urban area the percentage of Telugus and 'others' among the handicapped females is in excess of their percentage to the general female population.

Table No. 2.12

Language composition of the general population (as per 1961 Census)

Language	Madras				Chingleput (rural)				Chingleput (urban)			
	Males		Females		Males		Females		Males		Females	
	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
Tamil	639,114	70.3	587,505	71.7	739,008	83.5	719,098	84.1	185,948	79.1	176,407	80.0
Telugu	125,684	13.8	118,948	14.5	127,370	14.4	123,085	14.4	28,473	12.1	26,823	12.2
Malayalam	37,267	4.1	20,657	2.5	3,959	0.4	1,542	0.2	4,521	1.9	2,330	1.1
Others	107,636	11.8	92,330	11.3	15,141	1.7	11,531	1.3	16,171	6.9	15,005	6.7
Total	909,701	100.0	819,440	100.0	885,478	100.0	855,256	100.0	235,113	100.0	220,565	100.0

Table 2.13

Language distribution of the physically handicapped by nature of handicap, combined sample.

Mother tongue	Deaf				Dumb				Blind				Orthopaedically handicapped				All handicaps			
	Males		Females		Males		Females		Males		Females		Males		Females		Males		Females	
	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
Tamil	45	73	57	70	15	83	8	80	87	84	94	73	88	80	57	83	258	80	259	74
Telugu	8	13	14	17	3	17	1	10	7	7	24	19	11	10	4	6	33	10	52	15
Malayalam	1	1	...	...	...	...	...	...	2	2	...	...	...	...	1	1	4	2	1	...
Others	8	13	10	13	...	...	1	10	7	7	11	8	11	10	7	10	26	8	36	11
Total	62	100	81	100	18	100	10	100	103	100	129	100	110	100	69	100	321	100	348	100

CHART IV

PERCENTAGE DISTRIBUTION OF ALL HANDICAPPED BY MOTHER TONGUE, AREAWISE

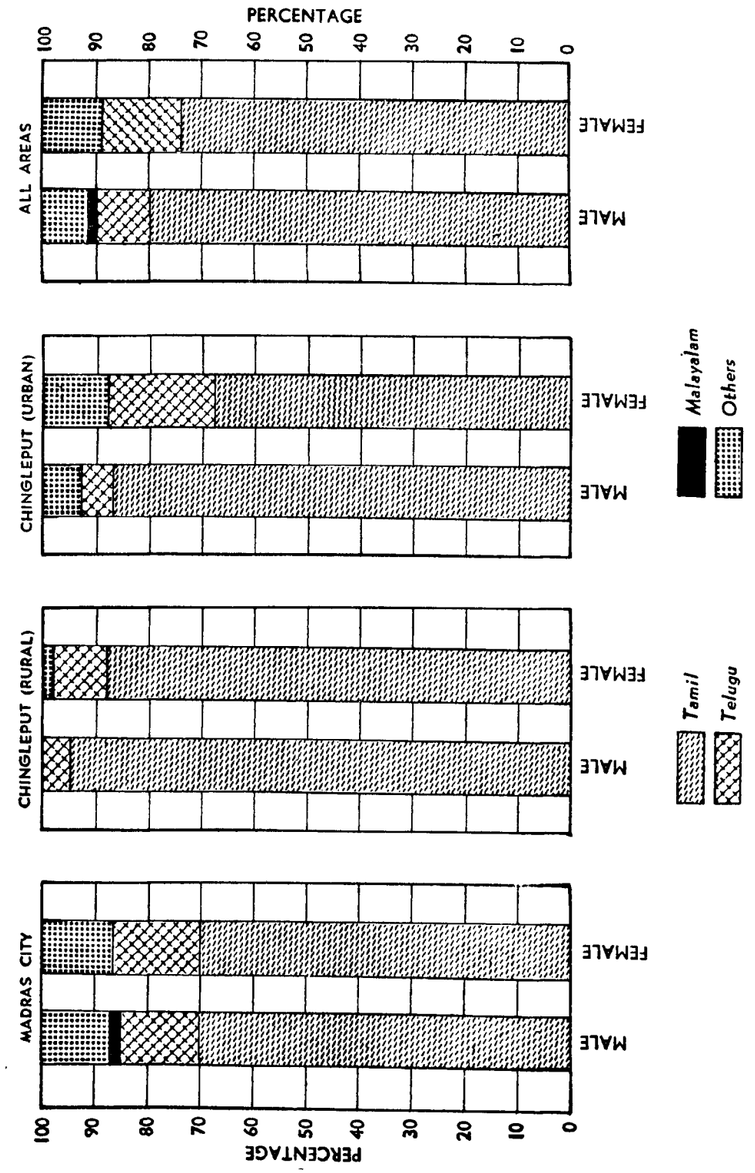
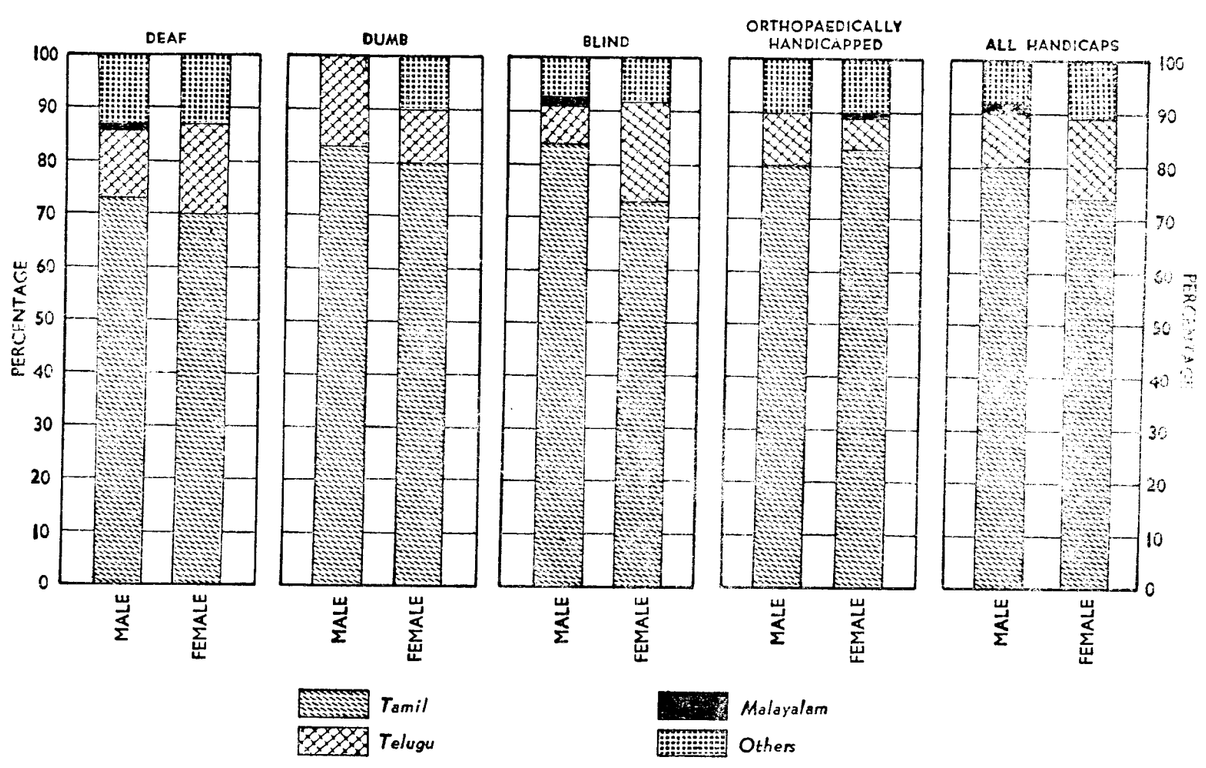


CHART V

PERCENTAGE DISTRIBUTION BY MOTHER TONGUE FOR EACH CATEGORY OF HANDICAPPED - COMBINED SAMPLE



In Table 2.13 the percentages in each language group is furnished in respect of each type of handicapped for the combined sample. Tamils constitute 73% of the males and 70% of the females among the deaf, 83% of the males and 80% of the females among the Dumb, 84% of the males and 73% of the females among the blind and 80% of the males and 83% of the females among the orthopaedically handicapped. Telugus constitute 13% of the males and 17% of the females among the deaf, 17% of the males and 10% of the females among the Dumb, 7% of the males and 19% of the females among the blind and 10% of the males and 6% of the females among the orthopaedically handicapped. Malayalam speaking handicappes are quite few, 4 males and 1 female. The highest percentage of 'others' are found among the deaf, (13% in either sex) and in the remaining handicaps they constitute approximately 10%.

Orthopaedically handicapped by region of handicap

2.14 An attempt was also made to classify the number of orthopaedically handicapped according to the four regions of incidence viz. back, upper limb, lower limb and both. These particulars are further available separately for congenital and acquired cases. The data are presented in Table 2.14.

Table 2.14

Orthopaedically handicapped in the combined sample classified by region of handicap

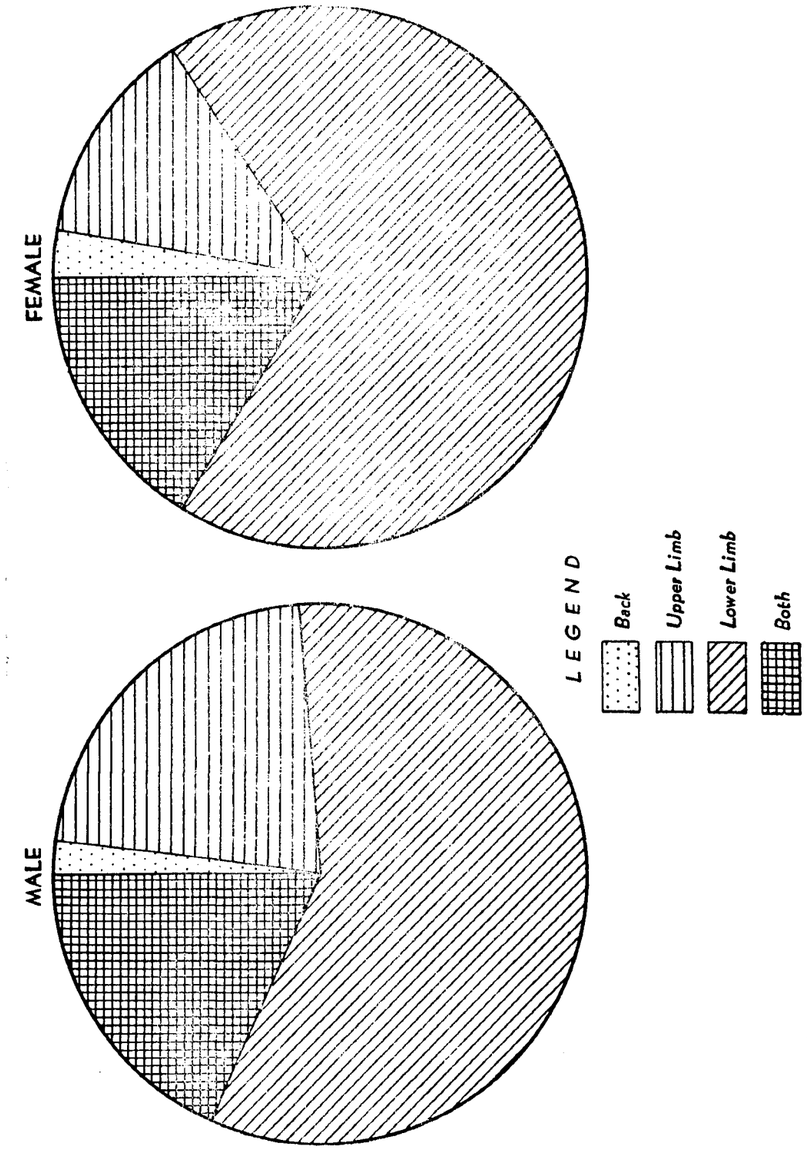
	Persons	%	Males	%	Females	%
BY BIRTH :						
Back	1	0.6	1	0.9	...	...
Upper Limb	2	1.1	2	1.8	...	...
Lower Limb	22	12.3	13	11.8	9	13.0
Both	2	1.1	1	0.9	1	1.5
Total	27	15.1	17	15.4	10	14.5
ACQUIRED :						
Back	3	1.7	1	0.9	2	2.9
Upper Limb	31	17 3	22	20.0	9	13.0
Lower Limb	89	49.7	51	46 4	38	55.1
Both	29	16.2	19	17.3	10	14.5
Total	152	84.9	93	84.6	59	85.5
TOTAL ORTHOPAEDICALLY HANDICAPPED	179	100.0	110	100.0	69	100 0

This table shows that acquired cases constitute 84.6% among males and 85.5% among females. Handicaps of the lower limb constitute the highest percentage–58% among males and 68% among females. This is prominent in the acquired class with 46% of males and 55% of females. The number of cases falling in the remaining three classes although of equal significance, are small when compared to those of handicaps of lower limb.

2.15 The above discussion shows the nature and extent of the problem of the physically handicapped. Females seem to be more susceptible to deafness, blindness and deaf-mutism whereas males are more prone to orthopaedic handicaps. Generally the handicap rate rises with age and inspite of the limitations of the age statistics in the survey the results are important. In Chingleput District deafness is found to be more prevalent in urban than in rural areas, whereas blindness and deaf-mutism are found to be more prevalent in rural than in urban area. This Chapter deals only with the magnitude of the handicaps in its broader aspects and its implication on the social life will be examined in the next Chapter.

CHART VI

ORTHOPAEDICALLY HANDICAPPED IN COMBINED SAMPLE BY REGION OF INCIDENCE



CHAPTER - III

THE SOCIAL LIFE OF THE PHYSICALLY HANDICAPPED

Educational level of the physically handicapped

3.1 The distribution of the physically handicapped by educational attainment helps us in understanding in their true perspective the problems confronting them in their formative years. Tables 3.1 and 3.2 protray the picture of educational attainment of the handicapped. Only 31 out of the 669 persons have matriculation and higher qualifications. Of this, 26 are matriculates. No matriculate is found among the dumb, deaf and dumb and deaf and blind. In all categories, illiterates dominate except the deaf mutes of which the major section falls in formal education group. Persons with formal education form 39% of the handicapped males and 24% of the handicapped females. Among the orthopaedically handicapped, this percentage is 38 for males and 19 for females.

3.2 Male illiteracy is highest among the dumb (83%) and female illiteracy is highest among the blind (83%). Female illiteracy is high even among the dumb (80%). Persons who are just literate account for 10% of males and 5% of females in the combined sample. Among the males the percentage is highest (12%) in the orthopaedically handicapped group whereas among the females the blind account for the highest percentage of the just literate category. Fifty percent deaf males possess some formal education. Among females, the position is more or less equal among the deaf, dumb as well as the orthopaedically handicapped which have roughly 20% possessing formal education.

Table 3.1

Distribution of physically handicapped by educational attainment for sample areas

	Madras				Chingleput (rural)				Chingleput (urban)				All areas			
	Males		Females		Males		Females		Males		Females		Males		Females	
	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
Illiterate	40	25	108	55	68	74	87	93	31	46	44	77	139	44	239	69
Literate	14	9	7	4	15	16	7	7	4	6	2	4	33	10	16	5
Formal education	87	54	76	38	9	10	...	...	30	44	9	15	126	39	85	24
Matriculation	16	10	5	3	...	...	...	...	3	4	2	4	19	6	7	2
Others	4	2	1	...	...	...	...	...	...	...	...	...	4	1	1	...
Total	161	100	197	100	92	100	94	100	68	100	57	100	321	100	348	100

Table 3.2

Distribution of physically handicapped by educational attainment and nature of handicap, combined sample

	Deaf				Dumb				Blind				Orthopaedically handicapped				All handicaps			
	Males		Females		Males		Females		Males		Females		Males		Females		Males		Females	
	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
Illiterate	20	32	61	75	15	83	8	80	55	53	107	83	44	40	47	68	139	44	239	69
Literate	4	6	4	5	1	6	...	...	11	11	9	7	13	12	3	4	33	10	16	5
Formal education	31	50	15	19	2	11	2	20	32	31	12	9	42	38	13	19	126	39	85	24
Matriculation	7	12	1	1	...		...	...	4	4	1	1	8	7	5	7	19	6	7	2
Others	...	...	...	...	...	...	...	...	1	1	...	...	3	3	1	2	4	1	1	...
Total	62	100	81	100	18	100	10	100	103	100	129	100	110	100	69	100	321	100	348	100

Marital status of the physically handicapped

3.3 One of the social problems pertaining to the handicapped is the problem of marriage of the handicapped. In Table 3.3 the distribution of the total handicapped by marital status is presented for the areas selected for the enquiry.

Table 3.3

Marital status pattern of the physically handicapped for sample areas

	Madras				Chingleput (rural)				Chingleput (urban)				All areas			
	Males		Females		Males		Females		Males		Females		Males		Females	
	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
Never married	76	47	82	42	29	32	16	17	19	28	9	16	124	39	107	31
Married	73	45	51	26	50	54	38	40	42	62	22	39	165	51	111	32
Widowed & divorced	12	8	64	32	13	14	40	43	7	10	26	45	32	10	130	37
Total	161	100	197	100	92	100	94	100	68	100	57	100	321	100	348	100

It is seen that 39% of males and 31% of females are not married among the handicapped persons in the combined sample. The percentage is high in Madras City where 47% of handicapped males and 42% of the handicapped females are unmarried. The widowed and divorced represent only a small percentage of the males (10%), but in the case of females, the widowed and divorced account for 37% of the handicapped. This percentage is high in Chingleput rural as well as urban areas which have 43 and 45 percents in this category.

CHART VII

PERCENTAGE DISTRIBUTION OF ALL HANDICAPPED BY EDUCATIONAL ATTAINMENT, AREAWISE

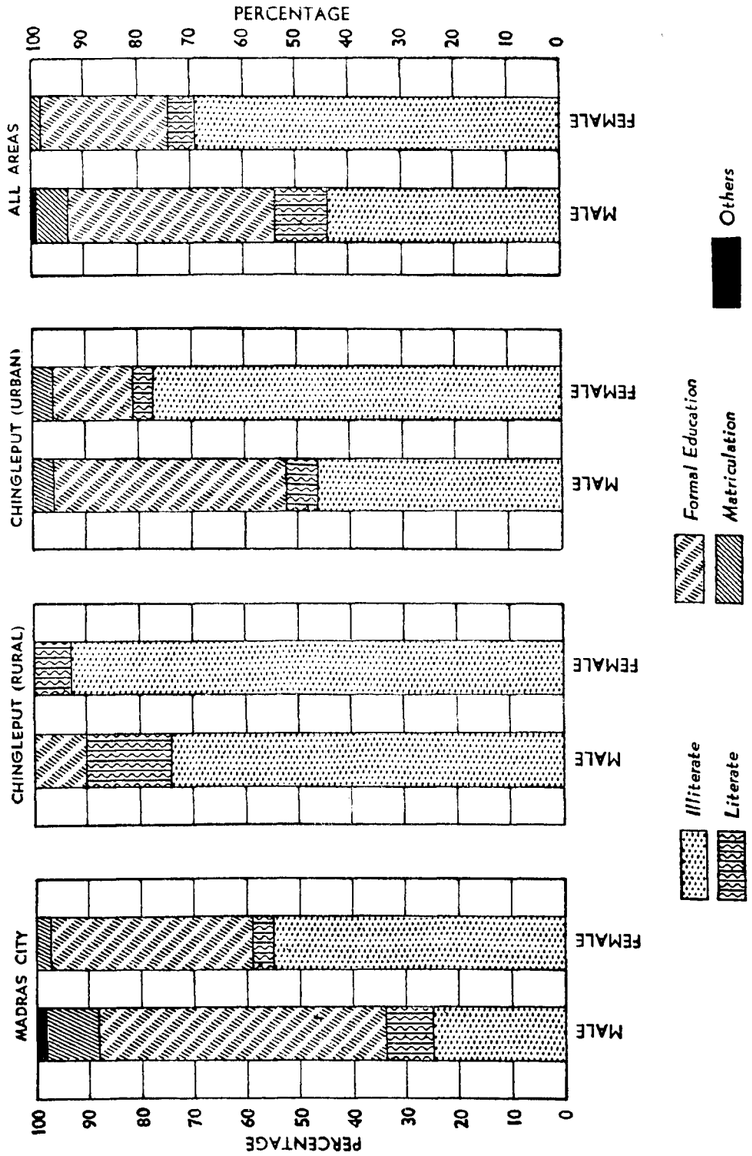


CHART VIII

PERCENTAGE DISTRIBUTION BY EDUCATIONAL ATTAINMENT FOR EACH CATEGORY OF HANDICAPPED - COMBINED SAMPLE

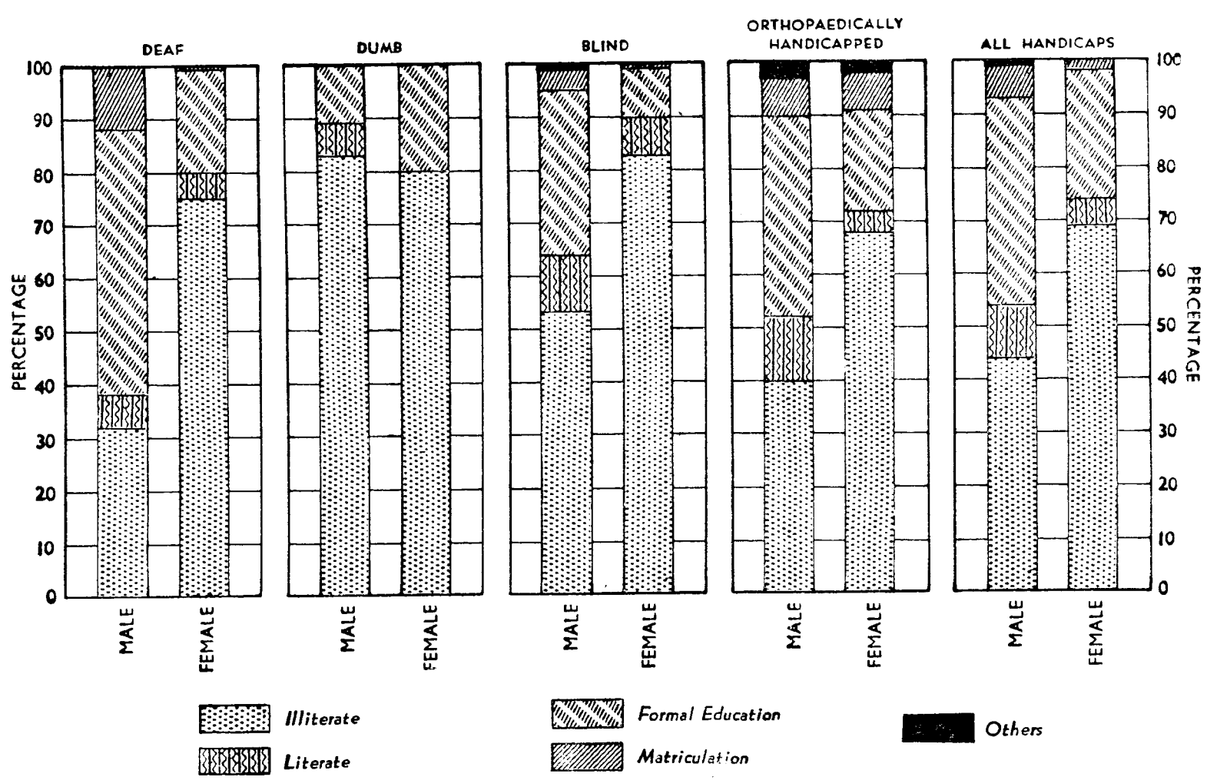


CHART IX

PERCENTAGE DISTRIBUTION OF ALL HANDICAPPED BY MARITAL STATUS, AREAWISE

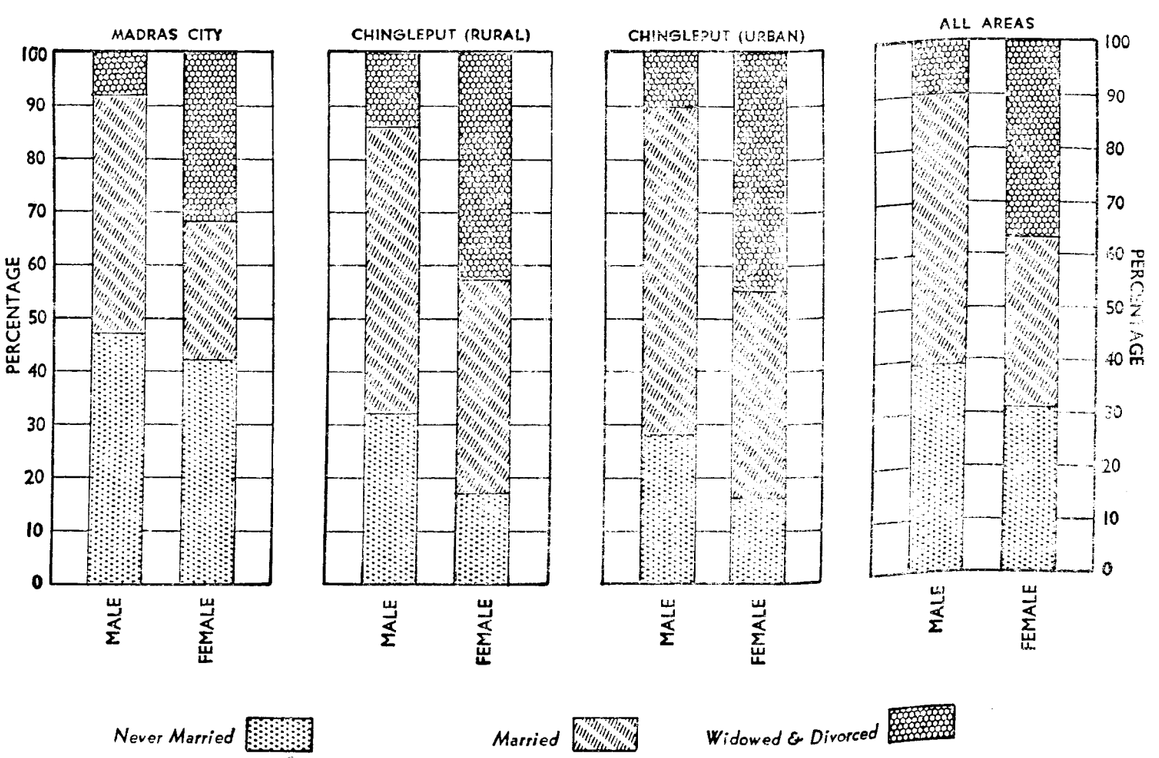


CHART X

PERCENTAGE DISTRIBUTION BY MARITAL STATUS FOR EACH CATEGORY OF HANDICAPPED - COMBINED SAMPLE

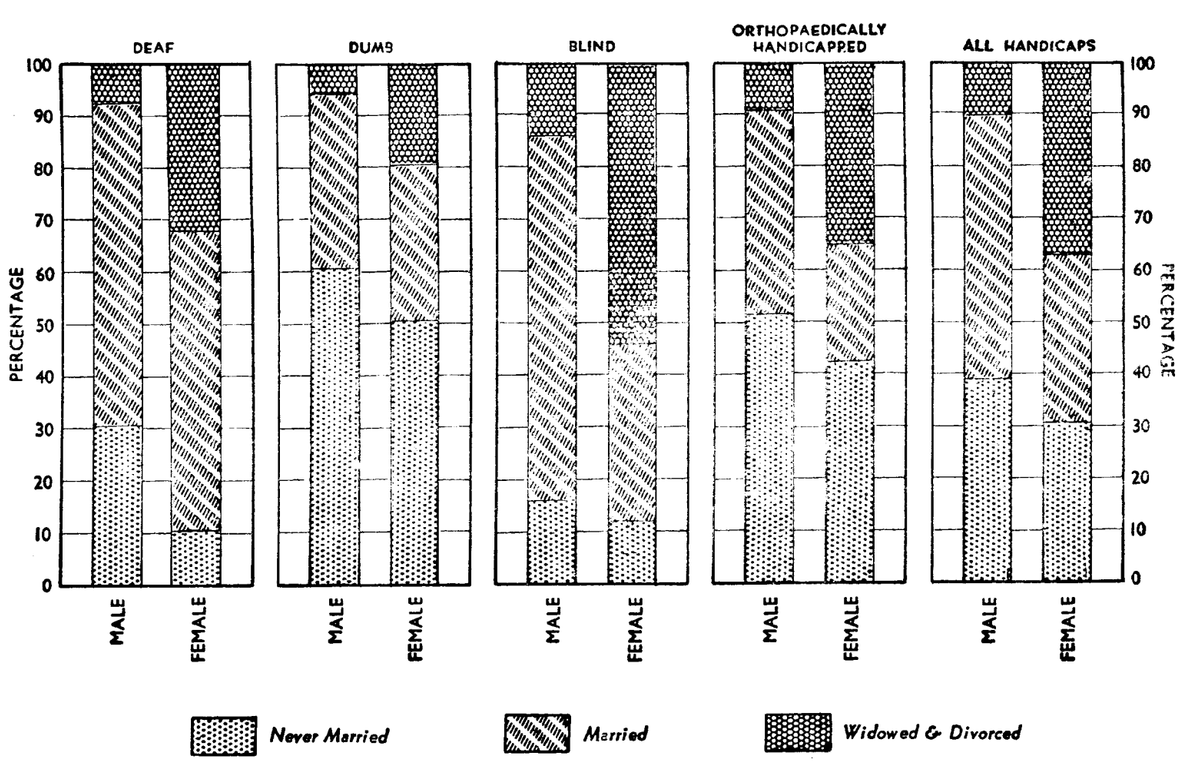


Table 3.4

Marital status and nature of handicap in the combined sample

	Deaf				Dumb				Blind				Orthopaedically handicapped				All handicaps			
	Males		Females		Males		Females		Males		Females		Males		Females		Males		Females	
	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
Never married	19	31	9	11	11	61	5	50	17	16	16	12	57	52	30	43	124	39	107	31
Married	38	61	46	57	6	33	3	30	72	70	44	34	43	39	15	22	165	51	111	32
Widowed or divorced	5	8	26	32	1	6	2	20	14	14	69	54	10	9	24	35	32	10	130	37
Total	62	100	81	100	18	100	10	100	103	100	129	100	110	100	69	100	321	100	348	100

3.4 To get a clearer picture of the differences among the different types of handicapped regarding the marital status, the Table 3.4 for the combined sample is helpful. It is found that the proporation of men and women who are not married is highest in the case of the dumb. Among the dumb 61% of males and 50% of females remain unmarried and this is closely followed by the orthopaedically handicapped category wherein 52% of males and 43% of the females are not married. Among males the blind have the highest percentage of married men (70%) closely followed by the deaf (61%) and among females, deaf are outstanding with over 57% married. The proporation of widowed and divorced females is highest among the blind whereas this proportion is low among males in all the categories.

Nature of work of the handicapped

3.5 A person's social standing is often based on the type of work one does. The Indian society has been rooted in the belief of *karma* which explains handicaps that one suffers by the sins committed in a previous *Janma* or life. The joint family system has hitherto acted as a social security measure for the handicapped. With the pace of industrialisation that has set in the country together with the breakup of the joint family system, there is less social security to the handicapped. In such a situation employment is the key to the well being of the handicapped.

3.6 In the present survey the work status of the handicapped was classified into 6 categories, viz. domestic servant, cooly worker, trader, student, others and not working. The classification adopted is different from that of the Census. The following Table gives a picture of the work status of the handicapped in Madras, Chingleput (rural) and Chingleput (urban) samples.

Table 3.5

Work status of the handicapped, areawise

	Madras City				Chingleput (rural)				Chingleput (urban)				All areas			
	Males		Females		Males		Females		Males		Females		Males		Females	
	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
Domestic Servant	1	1	3	2	...	...	34	36	...	...	25	44	1	...	62	18
Cooly Worker	8	5	...	...	11	12	14	15	9	13	...	...	28	9	14	4
Trader	11	7	2	1	1	1	...	...	2	3	...	...	14	4	2	1
Student	32	20	51	26	4	4	3	3	5	7	4	7	41	13	58	17
Others	29	18	5	3	30	33	10	11	19	28	7	12	78	24	22	6
Not Working	80	49	136	68	46	50	33	35	33	49	21	37	159	50	190	54
Total	161	100	197	100	92	100	94	100	68	100	57	100	321	100	348	100

It is seen that 50% of males and 54% of females are not working. While in the case of males the percentage not working varies little in the three areas surveyed the differences in this percentage are large in the case of females. The highest percentage (68%) is observed in the case of Madras City whereas in the case of Chingleput (rural) it is only 35%. The next important status is studentship which covers about 13% of males and 17% of females. Whereas males engage themselves in many odd jobs (which cover 24% of males), handicapped females seem to prefer domestic service which accounts for 18% of the females. The latter is predominant in Chingleput rural and urban areas whereas the choice of other jobs by males is found to be high in rural Chingleput (33%).

handicapped class which has 59% of males and 75% of females in this category. The next largest share goes to the blind who have 56% of males and 63% of females who do not work. The choice of several odd jobs (classified as others) among males accounts for a large proportion of the deaf (42%), dumb (39%) and to a smaller extent the blind (27%). Domestic service attracts a good proportion of females particularly among deaf (27%), dumb (20%) and the blind (23%).

Individual income of the handicapped

3.8 The economic status of an individual is determined by his income. For a proper understanding of the problems of handicapped, one has to ascertain their income levels and the distribution of the handicapped by income. This has been attempted in Table 3.7 which summarises in three broad income groups the handicapped persons found in the three areas surveyed.

Table 3.6

Nature of work of the different type of handicapped, combined sample

	Deaf				Dumb				Blind				Orthopaedically handicapped				All handicaps			
	Males		Females		Males		Females		Males		Females		Males		Females		Males		Females	
	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
Domestic Servant	...	...	22	27	...	...	2	20	...	...	30	23	1	1	8	12	1	...	62	18
Cooly Worker	8	13	3	4	2	11	2	20	10	10	4	3	6	5	1	1	28	9	14	4
Trader	4	6	...	...	...	...	...	...	2	2	2	2	8	7	...	...	14	4	2	1
Student	6	10	7	9	...	...	1	10	5	5	3	2	14	13	4	6	41	13	58	17
Others	26	42	9	11	7	39	...	...	28	27	9	7	16	15	4	6	78	24	22	6
Not working	18	29	40	49	9	50	5	50	58	56	81	63	65	59	52	75	159	50	190	54
Total	62	100	81	100	18	100	10	100	103	100	129	100	110	100	69	100	321	100	348	100

3.7 It is interesting to examine the work preferences of the different types of handicapped. This is possible with the help of Table 3.6 built up for the combined sample. The non-working class is the predominant class among the handicapped and accounts for over 50% of the handicapped. The extent of non-working class in the different types of handicapped varies, but is largest in the orthopaedically

3.9 In the combined sample, 59% of the males and 86% of the females do not earn anything and are dependent on others for their subsistence. This is

CHART XI

PERCENTAGE DISTRIBUTION OF ALL HANDICAPPED BY NATURE OF WORK, AREAWISE

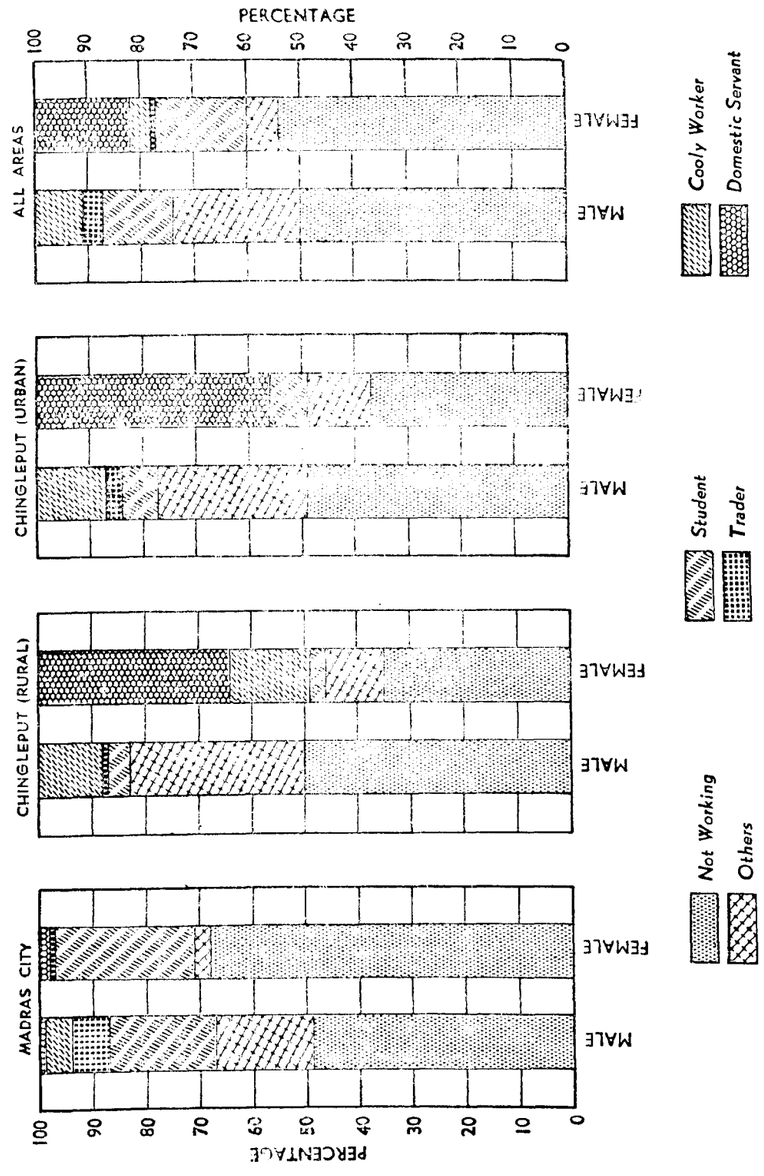


CHART XII

PERCENTAGE DISTRIBUTION BY NATURE OF WORK FOR EACH CATEGORY OF HANDICAPPED - COMBINED SAMPLE

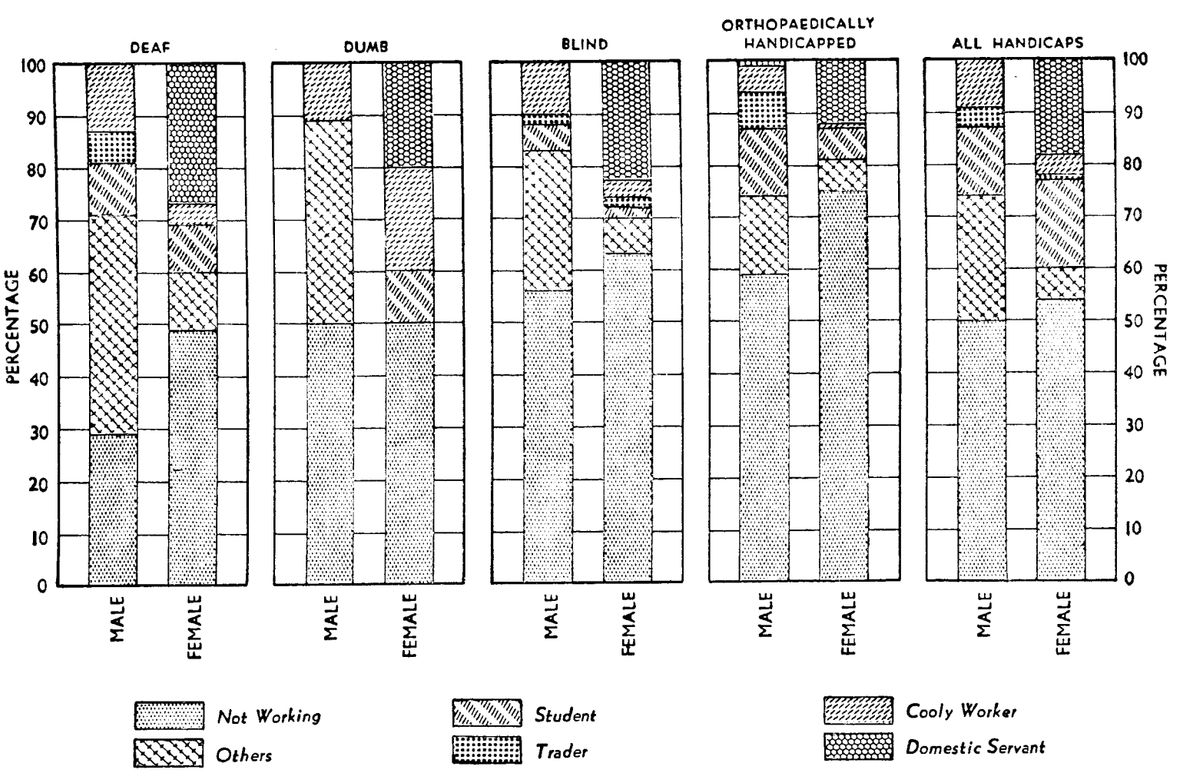


Table 3.7

Distribution of the handicapped by income level, areawise

	Madras City				Chingleput (rural)				Chingleput (urban)				All areas			
	Males		Females		Males		Females		Males		Females		Males		Females	
	No.	%	No.	%	No.	%	No.	%	No	%	No.	%	No.	%	No.	%
Not earning	102	63	180	91	49	53	71	76	38	56	50	88	189	59	301	86
Less than Rs. 500 per annum	59	37	11	6	37	40	23	24	13	19	6	11	109	34	40	11
Rs. 500 + per annum	...	...	6	3	6	7	...	...	17	25	1	1	23	7	7	3
Total ...	161	100	197	100	92	100	94	100	68	100	57	100	321	100	348	100

more so in Madras City where 63% of the males and 91% of the females do not earn a living. Urban Chingleput occupies the next place with 56% of the males and 88% of the females in the non-earning class. This Table is in conformity with the earlier one on work force status where the 'not working' class is the most predominant. The handicapped earning upto Rs. 500 per annum or Rs. 42 per month or Rs. 1.25 per day account for 34% of the males and 11% of the females in the entire sample, but a more fortunate position is occupied by rural Chingleput which has 40% of the males and 24% of the females in this class whereas in Madras City 37% of the handicapped males and 6% of the handicapped females belong to this class. Seven percent of the males and 3% of the females have an earning of more than Rs. 500/- per annum. In urban Chingleput area, 25% of the males come under this group whereas in rural Chingleput 7% of the males earn over Rs. 500 per annum. The above picture is confirmed by Table 3.8 which gives the number of persons in each category of handicapped by their income level.

3.10 The 'not earning' class is more predominant among the orthopaedically handicapped than among the others, accounting for 68% of the males and 91% of the females. The blind have 58% of the males and 88% of the females closely followed by the dumb with 50% and 80% respectively of the males and the females. The next class viz. those earning less than Rs. 500 per annum or Rs. 1.25 per day account for 34% of the males and 11% of the females with all handicaps, but the percentages are

Table 3.8

Nature of handicap and income level, combined sample

	Deaf				Dumb				Blind				Orthopaedically handicapped				All handicaps			
	Males		Females		Males		Females		Males		Females		Males		Females		Males		Females	
	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
Not Earning	22	35	68	84	9	50	8	80	60	58	113	88	75	68	63	91	189	59	301	86
Less than Rs. 500 per annum	27	44	13	16	7	39	2	20	38	37	15	11	32	29	6	9	109	34	40	11
Rs. 500+ per annum	13	21	...	...	2	11	...	...	5	5	1	1	3	3	...	...	23	7	7	3
Total	62	100	81	100	18	100	10	100	103	100	129	100	110	100	69	100	321	100	348	100

highest among the deaf who have among them 44% of the males and 16% of females who are earning less than Rs. 500 per annum. The low economic condition of those who earn a livelihood will be evident from the fact that there is no deaf, dumb or orthopaedically handicapped female who earns more than Rs. 500 per annum and even among the males, they represent only 11% of the dumb, 5% of the blind and 3% of the orthopaedically handicapped. The deaf are more fortunate in this respect since 21% of their kinsmen are earning more than Rs. 500 per annum or Rs. 1.25 per day.

The household income of the handicapped

3.11 Where the individual's income is small or nothing, it is often the brothers, cousins or the uncles who support the family. In fact the system of joint family in India has served as a social security measure keeping destitution to a minimum. This system is slowly breaking up under the impact of industrialisation and the materialism that it has brought in its wake. But as far as the survey goes, the joint family system has its force as a source of support to the handicapped. This will be seen from the figures of the household income given below :

Table 3.9

Handicapped persons classified by their household income, areawise

	Madras City				Chingleput (rural)				Chingleput (urban)				All areas			
	Males		Females		Males		Females		Males		Females		Males		Females	
	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
Less than Rs. 1500 p.a.	115	79	135	89	91	99	94	100	61	90	50	88	267	87	279	92
Rs. 1500-2999 per annum	17	12	10	7	1	1	...	...	5	7	5	9	23	8	15	5
Rs. 3000 & above per annum	13	9	6	4	...	...	...	...	2	3	2	3	15	5	8	3
Total	145	100	151	100	92	100	94	100	68	100	57	100	305	100	302	100

Table 3.10

Nature of handicap and household income, combined sample

	Deaf				Dumb				Blind				Orthopaedically handicapped				All handicaps			
	Males		Females		Males		Females		Males		Females		Males		Females		Males		Females	
	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
Less than Rs. 1500 per annum	57	92	78	96	16	88	9	90	94	91	123	96	91	83	54	81	267	87	279	92
Rs. 1,500–2,999 per annum	2	3	3	4	1	6	1	10	7	7	2	2	11	10	9	13	23	8	15	5
Rs. 3,000 & above per annum	3	5	...	...	1	6	...	...	2	2	3	2	8	7	4	6	15	5	8	3
Total	62	100	81	100	18	100	10	100	103	100	128	100	110	100	67	100	305	100	302	100

CHART XIII

PERCENTAGE DISTRIBUTION OF ALL HANDICAPPED BY THEIR INDIVIDUAL INCOME, AREAWISE

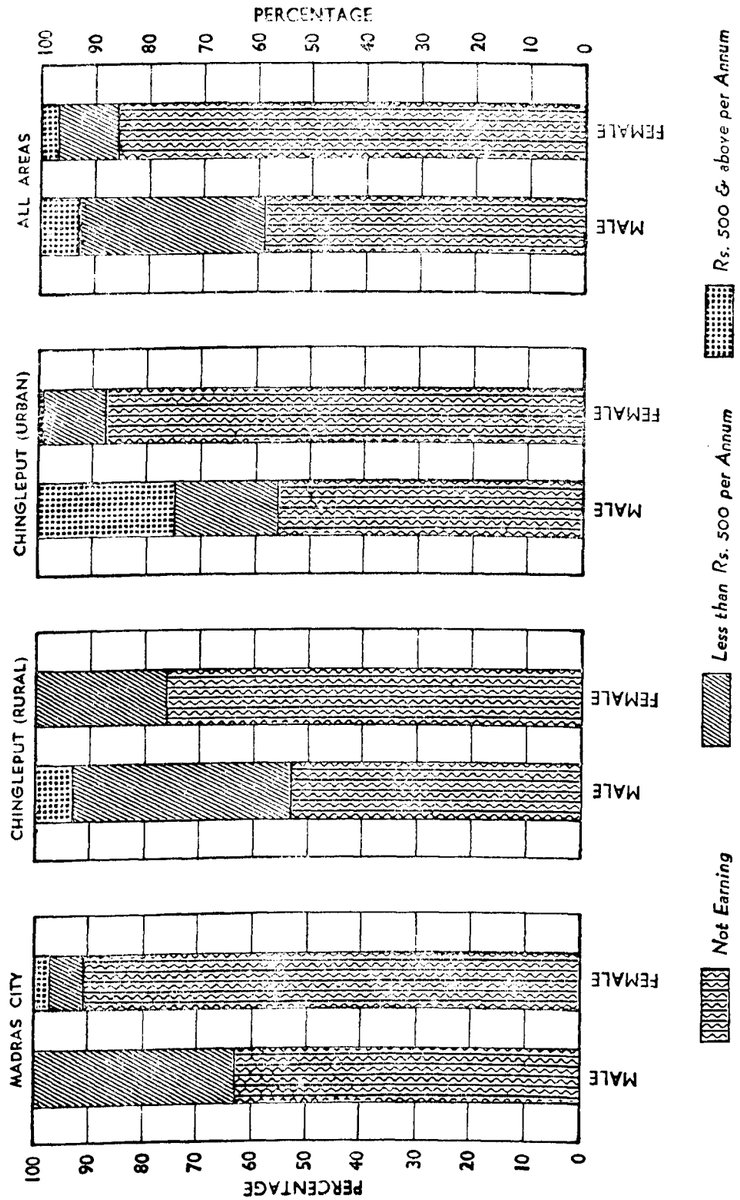


CHART XIV

PERCENTAGE DISTRIBUTION BY INDIVIDUAL INCOME FOR EACH CATEGORY OF HANDICAPPED - COMBINED SAMPLE

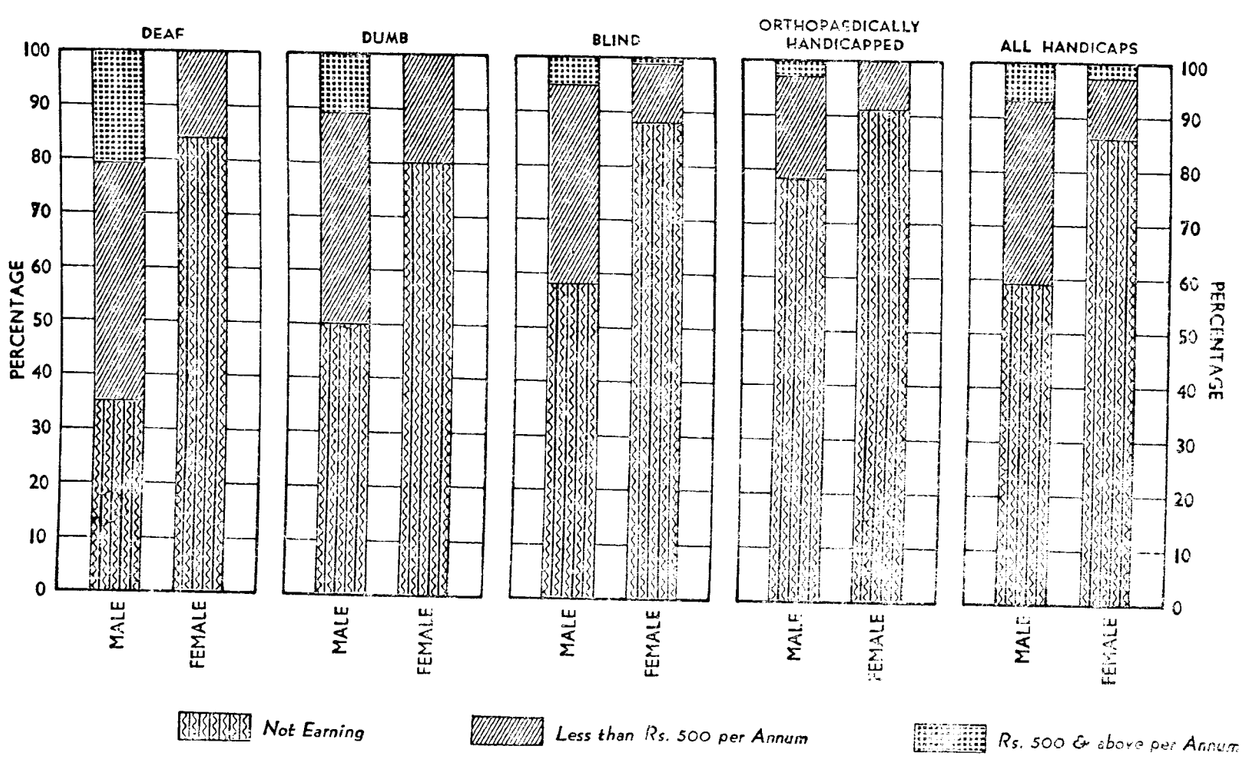


CHART XV

PERCENTAGE DISTRIBUTION OF ALL HANDICAPPED BY THEIR HOUSEHOLD INCOME, AREAWISE

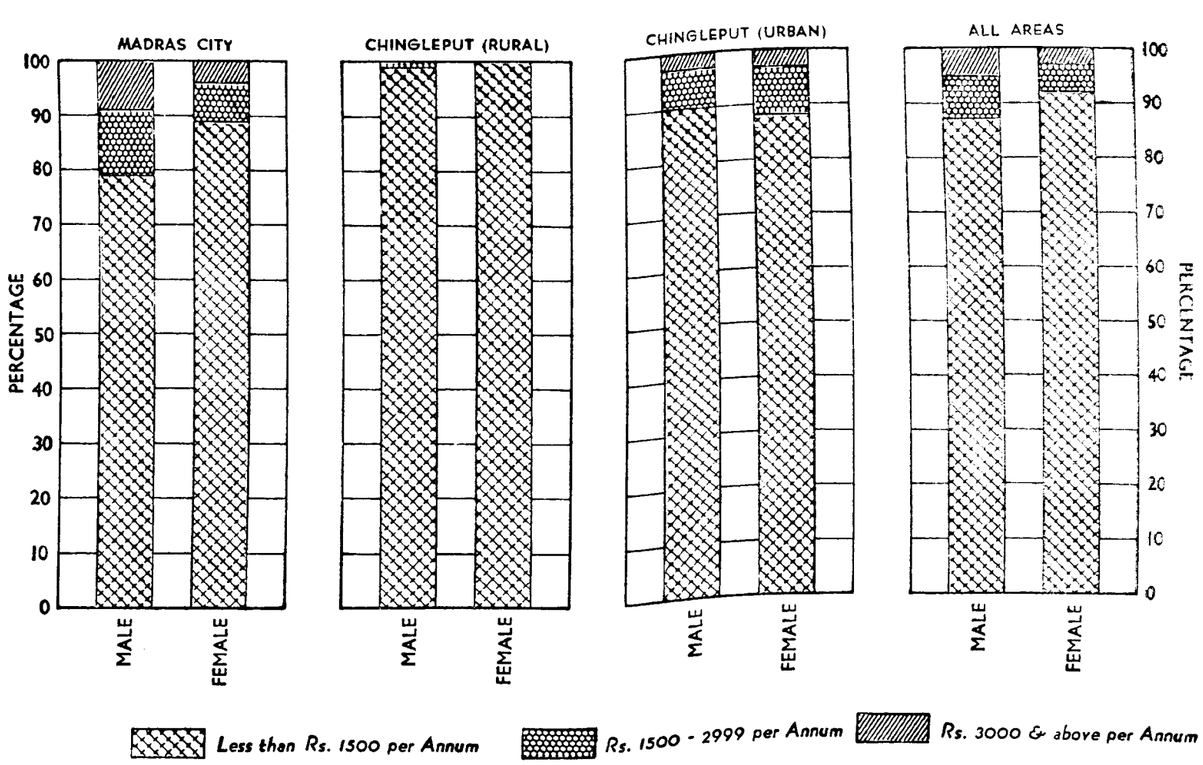
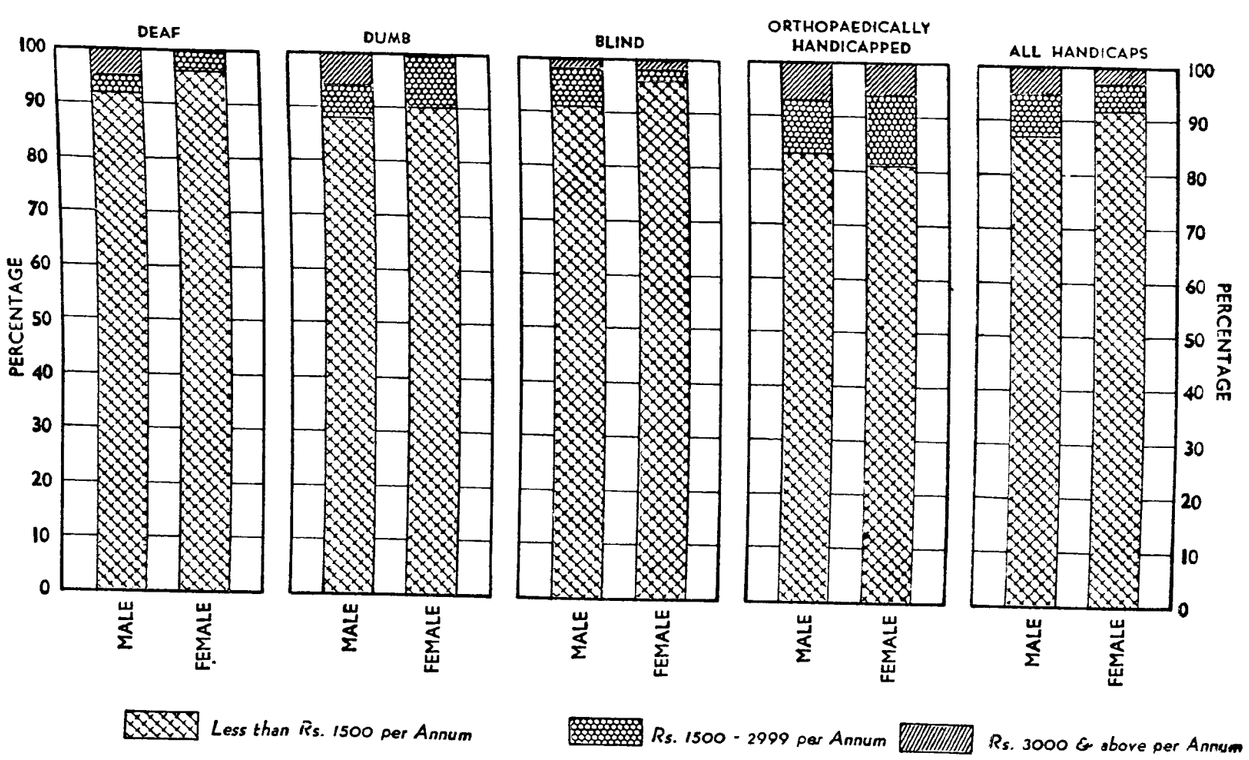


CHART XVI

PERCENTAGE DISTRIBUTION BY HOUSEHOLD INCOME FOR EACH CATEGORY OF HANDICAPPED - COMBINED SAMPLE



3.12 It is seen that 87% of the males and 92% of the females in the combined sample fall in the households with an income of Rs. 1,500 per annum or about Rs. 125 per mensem. This means that the household income of the majority of the handicapped is hardly Rs. 4.50 per day. Those whose household income lies between Rs. 1,500 and Rs. 3,000 constitute only 8% of the males and 5% of the females. Those with a household income of over Rs. 3,000 constitute a minority of 5% among the males and 3% among the females. This is quite marked in Chingleput district, particularly in the Chingleput rural area where practically everyone belongs to the first category. Madras City is better placed than the other two areas since 21% of the males and 11% of the females have household income of over Rs. 1,500. Of this over half fall in households earning over Rs. 3,000 per annum.

3.13 It is now relevant to examine the household incomes of the different types of the handicapped. This is possible only for the combined sample as the number of handicapped cases that are available in the different sample areas are very few. It is evident from Table 3.10 that in respect of each handicap over 80% of persons fall in the household income group of less than Rs. 1,500 per annum. The percentage is comparatively lower in the case of the orthopaedically handicapped.

CHAPTER - IV

CAUSES OF PHYSICAL HANDICAP

Nature of handicaps and causes

4.1 Information has been collected on the causes of different types of handicaps. Causes of handicaps have been examined in relation to age at incidence and duration of acquisition. The data have been classified under eight broad heads, namely birth, accident, small-pox, infant paralysis, paralysis, fever, old age and other causes. These in turn have been grouped into four broad groups viz., natural causes, accidents, sickness and others. Congenital and old age cases are grouped together under natural causes and those due to small pox, infant paralysis, paralysis and fever are brought under sickness. A synoptic view of the operation of the four broad causes can be had from Table 4.1, whereas a more detailed picture is given by Table 4.2.

4.2. Natural causes predominate and this is strikingly so among the dumb and the blind. In the case of the dumb, nearly four fifth of the cases have been caused by natural causes, for both males and females. In the case of the blind, two fifth of the males and three fifth of the females fall under this group. Sickness has accounted for one fifth of the total handicaps, but its impact is more striking in the case of the orthopaedically handicapped where half the cases are accounted for by sickness.

4.3 If the individual causes are examined, the highest percentage of all handicaps (27.1% among men and 25.3% among women) is returned under 'other causes'. Congenital and old age cases come next, each accounting for about 18% among men and over

Table 4.1

Percentage Distribution of Handicapped by 4 broad causes

Causes	Deaf		Dumb		Blind		Orthopaedically handicapped		All handicaps	
	Males	Females	Males	Females	Males	Females	Males	Females	Males	Females
1. Natural causes	24.2	21.0	88.8	80.0	41.8	60.5	16.4	18.8	36.8	48.3
2. Accident	1.6	1.2	...	...	8.7	5.4	21.8	11.6	10.6	4.6
3. Sickness	21.0	33.3	5.6	10.0	18.4	8.5	42.7	47.9	25.5	21.8
4. Others	53.2	44.5	5.6	10.0	31.1	25.6	19.1	21.7	27.1	25.3
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0

CHART XVII

PERCENTAGE DISTRIBUTION OF HANDICAPPED BY 4 BROAD CAUSES

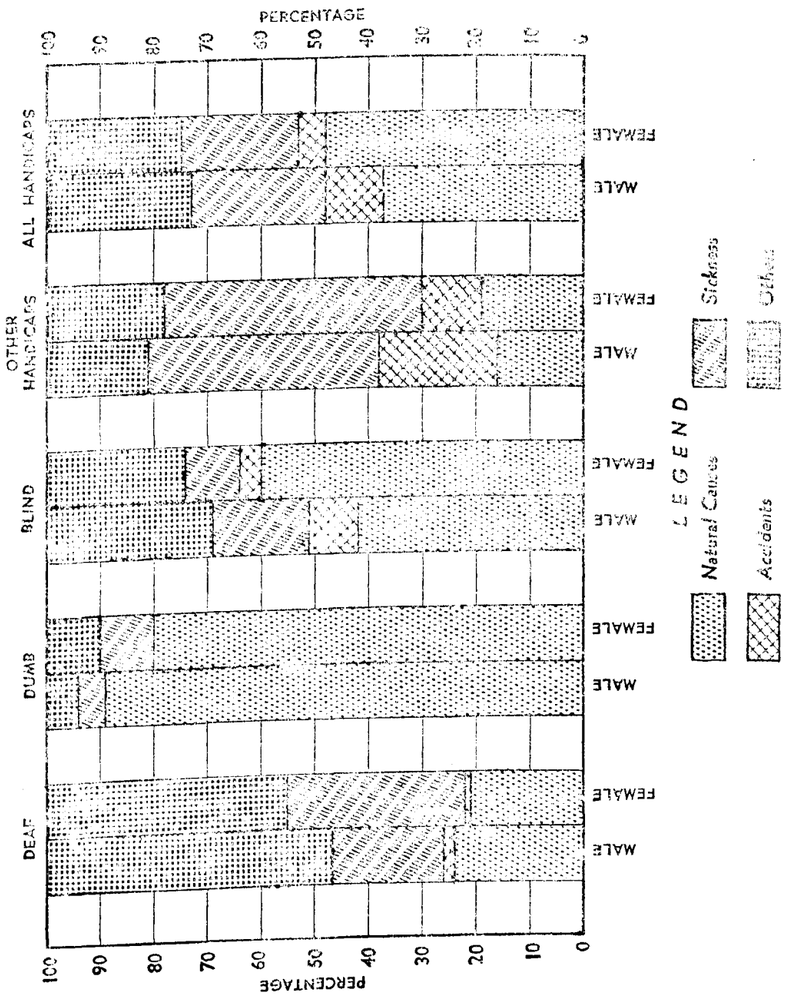


Table 4.2

Physically handicapped persons classified by causes of handicap, combined sample.

Causes		Deaf		Dumb		Blind		Deaf & Dumb		Deaf & Blind		Blind & Dumb		Orthopaedically handicapped		All handicaps	
		No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
								MALES									
1. By Birth		4	6.5	16	88.8	2	2.0	19	100.0	...	..	...	...	17	15.5	58	18.1
	%	6.9		27.6		3.4		32.8		...		...		29.3		100.0	
2. By Accident		1	1.6	...	...	9	8.7	...	...	...	...	...	...	24	21.8	34	10.6
	%	2.9		...		26.5		...		...		...		70.6		100.0	
3. By Small Pox		..	...	...	...	9	8.7	..	...	...	...	...	..	1	0.9	10	3.1
	%	...		...		90.0		.		...		...		10.0		100.0	
4. By Infant paralysis		...	...	...	..	...	...	...	...	...	...	...	...	14	12.7	14	4.4
	%	...		...		...		...		...		...		100.0		100.0	
5. By Paralysis		...	...	...	..	...	..	..	...	...	...	...	...	21	19.1	21	6.5
	%	...		...		...		...		...		...		100.0		100.0	
6. By Fever		13	21.0	1	5.6	10	9.7	...	...	2	22.2	...	...	11	10.0	37	11.5
	%	35.1		2.7		27.0		...		5.4		...		29.8		100.0	
7. By Old Age		11	17.7	...	...	41	39.8	...	...	7	77.8	...	..	1	0.9	60	18.7
	%	18.3		...		68.3		...		11.7		...		1.7		100.0	
8. Other Causes		33	53.2	1	5.6	32	31.1	...	...	...	...	...	...	21	19.1	87	27.1
	%	37.9		1.2		36.8		...		...		...		24.1		100.0	
Total		62	100.0	18	100.0	103	100.0	19	100.0	9	100.0	...	...	110	100.0	321	100.0
	%	19.3		5.6		32.1		5.9		2.8	...	...		34.3		100.0	

Table 4.2 Continued

Causes	Deaf		Dumb		Blind		Deaf & Dumb		Deaf & Blind		Blind & Dumb		Orthopaedically handicapped		All handicaps	
	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
							FEMALES									
1. By Birth	4	4.9	8	80.0	7	5.4	47	97.9	...	...	...	...	10	14.5	76	21.8
%	5.3		10.5		9.2		61.8		...		...		13.2		100.0	
2. By Accident	1	1.2	...		7	5.4	...	...	...	...	...	...	8	11.6	16	4.6
%	6.3		...		43.7		...		...		...		50.0		100.0	
3. By Small Pox	1	1.2	...	...	7	5.4	...	...	...	...	...	...	2	2.9	10	2.9
%	10.0		...		70.0		...		...		...		20.0		100.0	
4. By Infant paralysis	...	...	...	...	...	...	...	...	...	...	...	...	6	8.7	6	1.7
%	...		...		...		...		...		...		100.0		100.0	
5. By Paralysis	...	...	1	10.0	...	...	...	...	...	...	...	...	13	18.9	14	4.0
%	...		7.1		...		...		...		...		92.9		100.0	
6. By Fever	26	32.1	...	...	4	3.1	...	...	4	40.0	...	...	12	17.4	46	13.2
%	56.5		...		8.7		...		8.7		...		26.1		100.0	
7. By Old age	13	16.1	...	...	71	55.1	...	...	5	50.0	...	...	3	4.3	92	26.5
%	14.1		...		77.2		...		5.4		...		3.3		100.0	
8. By Other causes	36	44.5	1	10.0	33	25.6	1	2.1	1	10.0	1	100.0	15	21.7	88	25.3
%	40.9		1.1		37.5		1.1		1.1		1.1		17.2		100.0	
Total	81	100.0	10	100.0	129	100.0	48	100.0	10	100.0	1	100.0	69	100.0	348	100.0
%	23.3		2.9		37.0		13.8		2.9		0.3		19.8		100.0	

Table 4.3

Physically handicapepd persons classified by cause of handicap, areawise.

Causes	Madras City				Chingleput (Rural)				Chingleput (Urban)				All areas			
	Males		Females		Males		Females		Males		Females		Males		Females	
	No.	%	No.	%	No.	%	No	%	No	%	No	%	No.	%	No.	%
1 By Birth	30	18.6	59	29.9	13	14.1	14	14.9	15	22.1	3	5.3	58	18.1	76	21.8
%	51.7		77.6		22.4		18.4		25.9		4.0		100.0		100.0	
2. By Accident	17	10.6	8	4.1	13	14.1	3	3.2	4	5.9	5	8.8	34	10.6	16	4.6
%	50.0		50.0		38.2		18.8		11.8		31.2		100.0		100.0	
3 By Small-Pox	2	1.2	9	4.6	2	2.2	1	1.1	6	8.8	...	...	10	3.1	10	2.9
%	20.0		90.0		20.0		10.0		60.0		...		100.0		100.0	
4 By Infant Paralysis	9	5.6	5	2.5	2	2.2	1	1.1	3	4.4	...	...	14	4.4	6	1.7
%	64.3		83.3		14.3		16.7		21.4		...		100.0		100.0	
5 By Paralysis	13	8.1	8	4.1	5	5.5	3	3.2	3	4.4	3	5.3	21	6.5	14	4.0
%	61.9		57.2		23.8		21.4		14.3		21.4		100.0		100.0	
6. By Fever	23	14.3	26	13.2	6	6.5	11	11.7	8	11.8	9	15.8	37	11.5	46	13.2
%	62.2		56.5		16.2		23.9		21.6		19.6		100.0		100.0	
7 By Old Age	16	9.9	35	17.7	30	32.6	39	41.5	14	20.6	18	31.5	60	18.7	92	26.5
%	26.7		38.0		50.0		42.4		23.3		19.6		100.0		100.0	
8. By Other Causes	51	31.7	47	23.9	21	22.8	22	23.3	15	22.0	19	33.3	87	27.1	88	25.3
%	58.6		53.4		24.1		25.0		17.3		21.6		100.0		100.0	
Total	161	100.0	197	100.0	92	100.0	94	100.0	68	100.0	57	100.0	321	100.0	348	100.0
%	50.1		56.6		28.7		27.0		21.2		16.4		100.0		100.0	

20% for women. These causes have been classified as 'natural causes' as the handicaps arising at birth or due to aging cannot be controlled by human volition. They account for a big proportion of the handicapped, namely 37% among men and 48% among women. As an administrative measure, we have to deal primarily with the cases arising from sickness and accidents. The proportion of males with handicaps due either to accident or sickness is found to be higher than that of the females. The reverse is found to be the case with handicaps due to old age, the proportion of females being higher. It is a phenomenon observed in many communities that women live longer than men and perhaps their longer life is associated with the risk of handicaps arising from aging.

4.4 Among the deaf, other causes account for 53.2% among men and 44.5% among women. Fever forms the major cause for deafness with 21.6% of the men and 32.1% of the women. Congenital deafness occurs in 6.5% in the case of men and 4.9% in the case of women. The position is quite different in the case of the mute who mostly suffer from this handicap even at birth. Among men, 88.8% suffer since birth, but among women the proportion is slightly less being 80%. Fever accounts for the remaining 5.6% of the cases of mutism observed among men in the survey. Paralysis and 'other causes' each account for 10% among the women.

4.5 Blindness is associated with aging and over one third of the blind men and half of the blind women have acquired this handicap due to old age. 'Other causes' come next accounting for over one fourth of the cases of blindness noticed in the survey. Accident, small-pox and fever account for a very small proportion (4 to 8%) of the cases of blindness. Congenital cases are few in number, but the striking feature is that the proportion of those suffering from congenital blindness is greater among women than among men.

4.6 Orthopaedic handicaps occurring from birth, account for 15% and 'other causes' form nearly one fifth of the total. Next to these, accident, paralysis, infantile paralysis and fevers are other major causes for orthopaedic handicap. Men are more prone to orthopaedic handicaps arising due to accidents, while women run greater risk of acquiring such handicaps either from fever or aging. The percentage of those suffering from orthopaedic handicaps due to paralysis is approximately 19% for both men and women.

4.7 It is interesting to study the break-up of all handicaps for the three different areas surveyed by us. Madras City has more percentage of those having handicaps since birth, by accident, by infantile paralysis, by paralysis, by fever and by other causes for both males and females and by small-pox in the case of females. Chingleput rural has the highest percentage of handicaps due to old age and such handicaps are uniformly higher among women in all the areas.

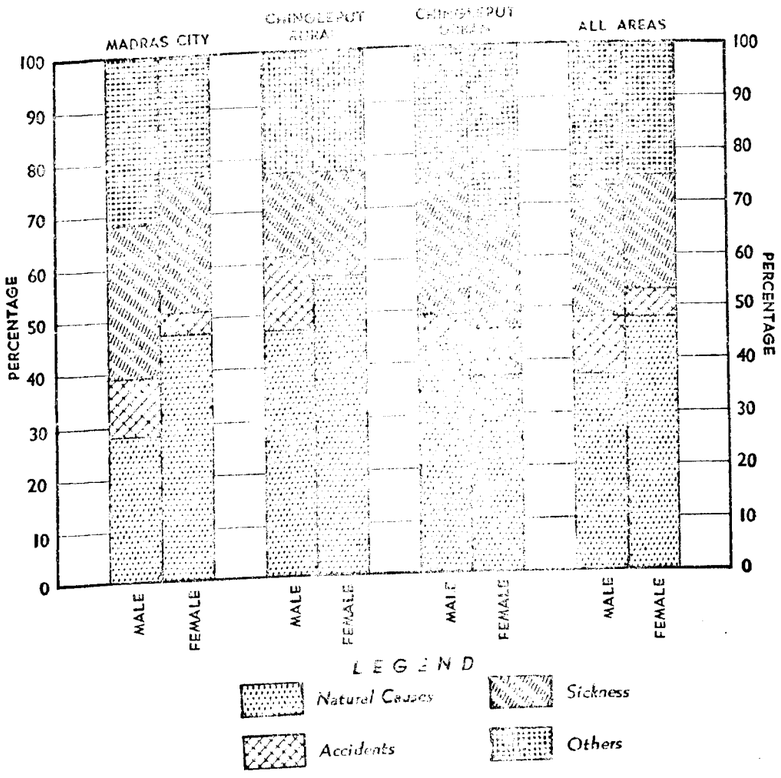
Table 4.4

Areawise percentage of handicapped by 4 broad causes

Causes	Madras City		Chingleput (rural)		Chingleput (urban)		All areas	
	Males	Females	Males	Females	Males	Females	Males	Females
1. Natural causes	28.5	47.6	46.7	56.4	42.7	36.8	36.8	48.3
2. Accident	10.6	4.1	14.1	3.2	5.9	8.6	10.6	4.6
3. Sickness	29.2	24.4	16.4	17.1	29.4	21.1	25.5	21.8
4. Others	31.7	23.9	22.8	23.3	22.0	33.3	27.1	25.3
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0

CHART XVIII

PERCENTAGE DISTRIBUTION OF HANDICAPPED BY BROAD CAUSES, AREAWISE



4.8 In Chingleput urban, the percentage of the various handicaps due to natural causes is higher for males than for females, whereas it is the opposite in Madras and Chingleput rural areas. In the case of accidents, it is higher for males than for females in Madras city as well as Chingleput rural areas. Congenital handicaps among females are few in Chingleput urban. The percentage of accident is highest in Chingleput rural among males and Chingleput urban among females. The percentage of handicaps due to sickness is lowest in Chingleput rural with 16.4% for males and 17.1% for females. Among the causes for sickness, fever is the major one in all areas. This accounts for 10% of the cases in Madras and Chingleput urban areas and 6.5% for males and 11.7% for females in Chingleput rural area.

Age at incidence

4.9 The classification of handicaps according to age at incidence is presented in Table 4.5. For all handicaps, the predominant age group is 0-4 which has nearly 30% of the total handicapped. All the deaf and dumb have been returned in this age group and nearly nine tenth of the dumb also fall in this group. Next in importance is the 35-59 age group which has 27% of the males and 31% of the females. Among both males and females, blindness is more marked in this age group. The age groups 20-34 and 60+ are other important age groups based on the prevalence of handicaps. Among these age groups, 20-34 is dominated by the deaf. In the 60+ age group, the blind predominate.

4.10 Another striking feature of this Table is that the percentage in each age group for all handicapped is alternativeiy higher for males and females. For instance in 5-9, 20-34, and 60 - the percentages for males exceed those for females, whereas in the other age groups, the opposite tendency is noticed. A similar tendency is noticed in the case of deaf where the percentage for females exceeds the corresponding percentages for males in 0–4, 10–19 and 35–59 and the percentages in 60+ are more or less equal. A good number of dumb fall in the age group 0–4 among both males and females and no significant sex differential is found. Among the blind too, we find that alternatively the proportion of males and females are higher or lower than the other. In the age group 5–9, 20–34 and 60+ the percentages are higher for males and in the remaining age groups for females. We have omitted from this discussion, the deaf-mute, deaf-blind and the blind-mute. The orthopaedically handicapped do not have this pattern. The percentages in 0–4, 5–9 and 35–59 among females exceed that of males, while in the remaining age groups the opposite is found.

4.11 We may now consider the areawise particulars of the distribution of all handicapped persons by age at incidence given in Table 4.6. In Madras City, the incidence is highest in the 0–4 age group, accounting for 33.5% of males and 42.6% of females. Next in order is the 35-59 age group. In Chingleput rural, the percentage is highest in the age group 35–59 with 39.1% for males and 37.2% for females, followed by the 0–4 age group with 21.7% among males and 21.3% among females. In Chingleput urban, the highest incidence for males, 30.9% is found in the age group 0–4, whereas in the case of females it is in the age group 35–59 (33.3%). The next two age groups in the order are 35–59 and 20–34 for males and 20–34 and 60+ for females.

Duration of acquisition

4.12 Duration of acquisition is an important factor in the study of handicaps and it is measured as the difference in the age at incidence and the present age. In Table 4.7, the duration of acquisition has been classified into 3 categories, namely (1) since birth, (2) duration less than 5 years and (3) duration 5 years and over. This table will help us to understand the problems of the handicapped and the extent to which it is acquired, recently or derived since birth or otherwise.

4.13 Those who have a prolonged ailment of over 5 years duration account for 51.4% of the cases among males and 46.3% of the cases among the females. Next in the order is the class whose handicap is of less than 5 years duration which is 30.5% for males and 31.9% for females. Those who have the handicap since birth number 18.1% among males and 21.8% among females.

4.14 The pattern is more or less similar in the case of the deaf, blind and the orthopaedically handicapped. Among the deaf, 59.6% of males and 51.9% of females suffer from their hadicap for over 5 years, whereas those who have acquired it within five years amount to 33.9% of males and 43.2% of females. Those who have derived this handicap at the time of birth amount to 6.5% of males and 4.9% of females.

4.15 The dumb are few in number and 90% of the males and 80% of the females have it since birth. The rest have acquired within 5 years in the case of males. In the case of females, they are distributed equally in the two catgories of duration less than five years and over five years.

Table 4.5

Physically handicapped persons classified by age at incidence, combined sample

Age at Incidence		Deaf		Dumb		Blind		Deaf & Dumb		Deaf & Blind		Blind & Dumb		Orthopaedically handicapped		All handicaps	
		No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
MALES																	
0–4		6	9.7	16	88.8	12	11.7	19	100.0	...	...	...	...	42	38.2	95	29.6
	%	6.3		16.8		12.7		20.0		...		...		44.2		100.0	
5–9		7	11.3	...	...	7	6.8	...	...	...	...	...	...	11	10.0	25	7.8
	%	28.0		...		28.0		...		...		...		44.0		100.0	
10–19		6	9.7	1	5.6	2	1.9	...	...	1	11.1	...		9	8.2	19	5.9
	%	31.6		5.3		10.5		...		5.3		...		47.3		100.0	
20–34		23	37.1	...	...	10	9.7	...	...	1	11.1	...		16	14.5	50	15.6
	%	46.0		...		20.0		...		2.0		...		32.0		100.0	
35–59		14	22.5	1	5.6	44	42.7	...	...	1	11.1	...		25	22.7	85	26.5
	%	16.5		1.2		51.7		...		1.2		...		29.4		100.0	
60+		6	9.7	...	...	28	27.2	...	...	6	66.7	...		7	6.4	47	14.6
	%	12.8		...		59.5		...		12.8		...		14.9		100.0	
All Ages		62	100.0	18	100.0	103	100.0	19	100.0	9	100.0	...	...	110	100.0	321	100.0
	%	19.3		5.6		32.1		5.9		2.8		...		34.3		100.0	
FEMALES																	
0–4		8	9.9	9	90.0	17	13.2	48	100.0	1	10.0	1	100.0	28	40.6	112	32.2
	%	7.1		8.0		15.2		42.9		0.9		0.9		25.0		100.0	
5–9		4	4.9	...	...	4	3.1	...	...	...	...	...	...	7	10.2	15	4.3
	%	26.7		...		26.7		...		...		...		46.6		100.0	
10–19		13	16.1	...	...	6	4.7	...	...	...	...	...	...	5	7.2	24	6.9
	%	54.2		...		25.0		...		...		...		20.8		100.0	
20–34		24	29.6	...	...	8	6.2	...	...	2	20.0	...	...	6	8.7	40	11.5
	%	60.0		...		20.0		...		5.0		...		15.0		100.0	
35–59		24	29.6	1	10.0	63	48.8	...	...	2	20.0	...	...	19	27.5	109	31.3
	%	22.0		0.9		57.8		...		1.8		...		17.5		100.0	
60+		8	9.9	...	...	31	24.0	...	...	5	50.0	...	...	4	5.8	48	13.8
	%	16.7		...		64.6		...		10.4		...		8.3		100.0	
All Ages		81	100.0	10	100.0	129	100.0	48	100.0	10	100.0	1	100.0	69	100.0	348	100.0
	%	23.3		2.9		37.0		13.8		2.9		0.3		19.8		100.0	

CHART XIX

PERCENTAGE DISTRIBUTION OF PHYSICALLY HANDICAPPED PERSONS BY AGE AT INCIDENCE, COMBINED SAMPLE

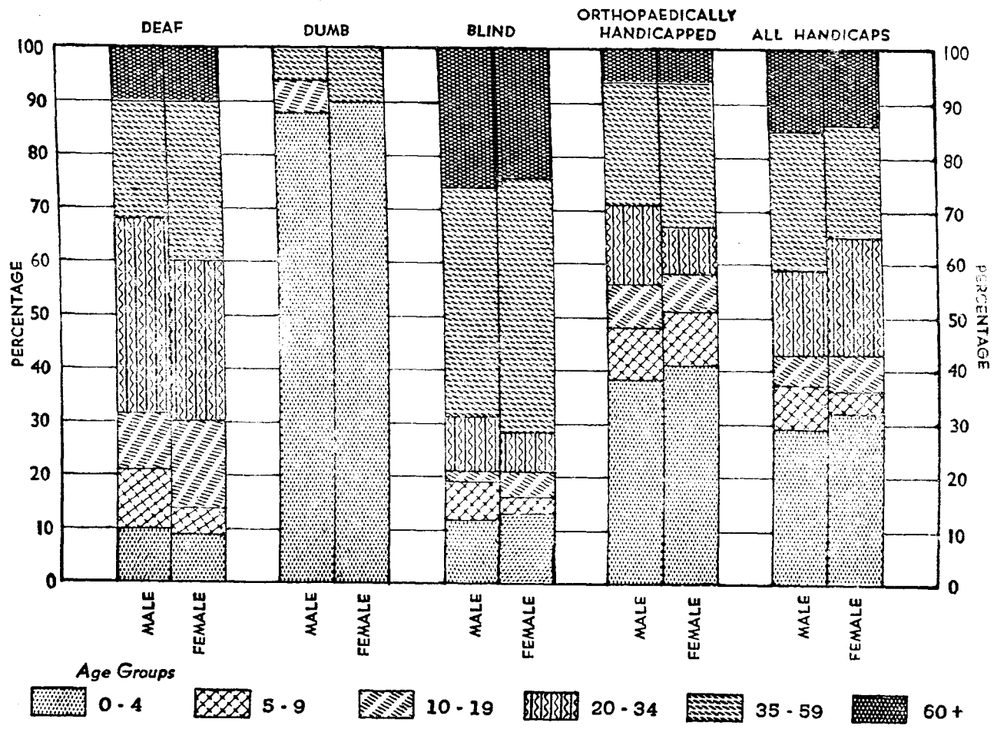


CHART XX

PERCENTAGE DISTRIBUTION OF PHYSICALLY HANDICAPPED PERSONS BY AGE AT INCIDENCE, AREAWISE

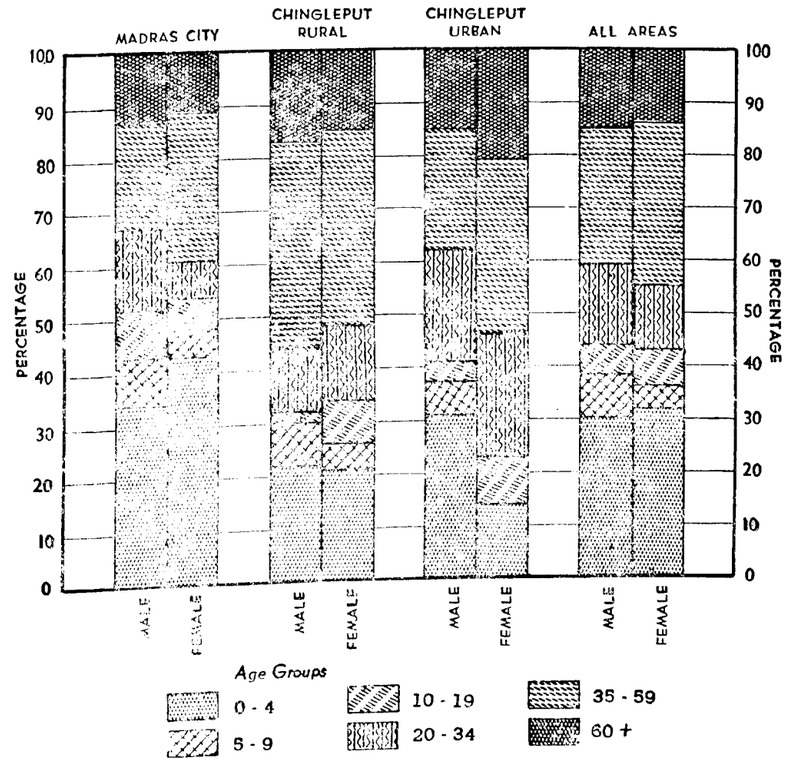


CHART XXI

PERCENTAGE DISTRIBUTION OF PHYSICALLY HANDICAPPED PERSONS BY NATURE OF ACQUISITION, COMBINED SAMPLE

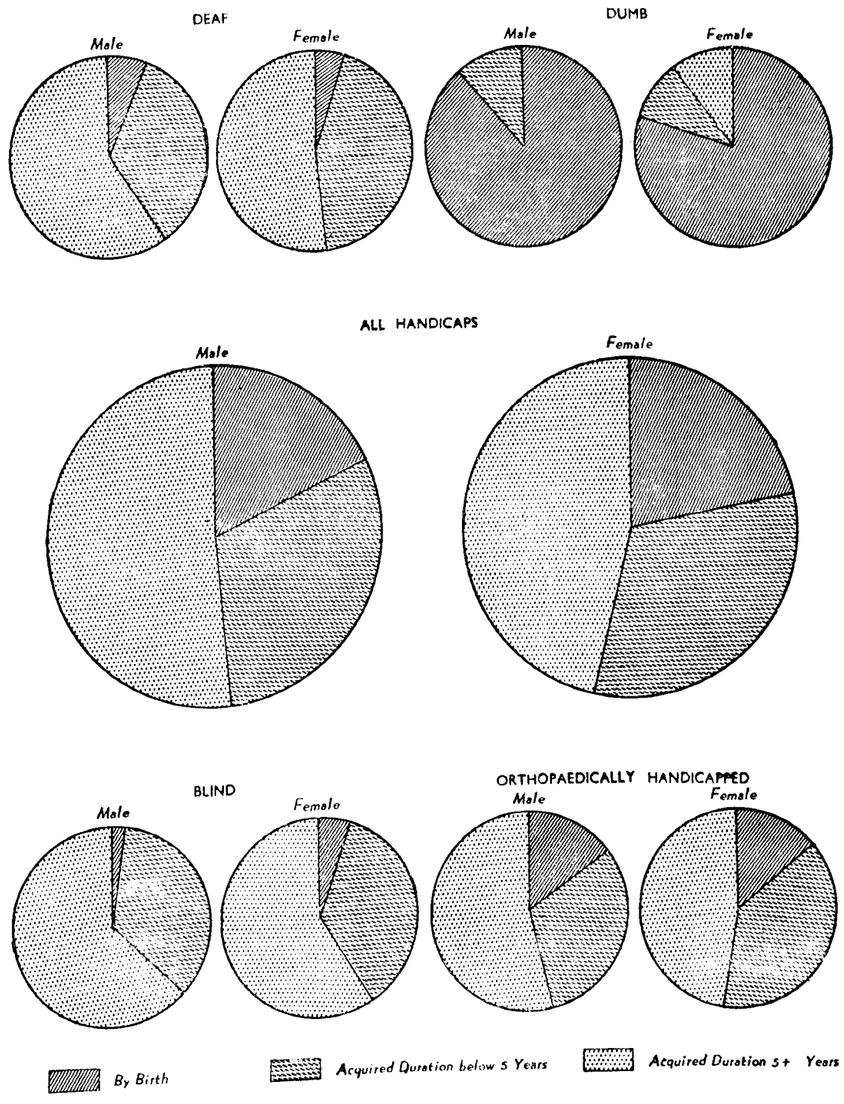


CHART XXII

PERCENTAGE DISTRIBUTION OF PHYSICALLY HANDICAPPED PERSONS BY NATURE OF ACQUISITION, AREAWISE

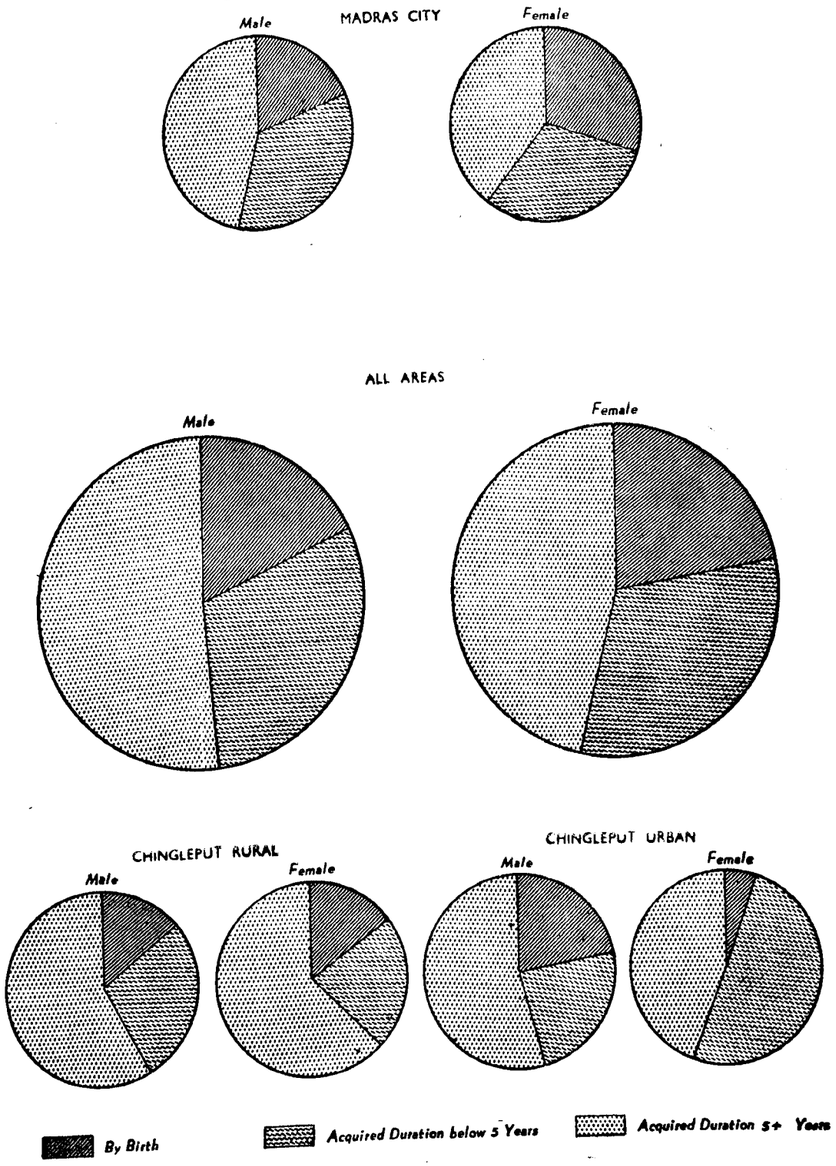


Table 4.6

Physically handicapped persons classified by age at incidence, areawise

Age at Incidence	Madras City				Chingleput (Rural)				Chingleput (Urban)				All Areas			
	Males		Females		Males		Females		Males		Females		Males		Females	
	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
0–4	54	33.5	84	42.6	20	21.7	20	21.3	21	30.9	8	14.0	95	29.6	112	32.2
%	56.8		75.0		21.1		17.9		22.1		7.1		100.0		100.0	
5–9	14	8.7	10	5.1	7	7.6	5	5.3	4	5.9	...	...	25	7.8	15	4.3
%	56.0		66.7		28.0		33.3		16.0		...		100.0		100.0	
10–19	14	8.7	12	6.1	2	2.2	7	7.5	3	4.4	5	8.8	19	5.9	24	6.9
%	73.7		50.0		10.5		29.2		15.8		20.8		100.0		100.0	
20–34	25	15.5	14	7.1	11	12.0	13	13.8	14	20.6	13	22.8	50	15.6	40	11.5
%	50.0		35.0		22.0		32.5		28.0		32.5		100.0		100.0	
35–59	33	20.5	55	27.9	36	39.1	35	37.2	16	23.5	19	33.3	85	26.5	109	31.3
%	38.8		50.5		42.4		32.1		18.8		17.4		100.0		100.0	
60+	21	13.1	22	11.2	16	17.4	14	14.9	10	14.7	12	21.1	47	14.6	48	13.8
%	44.7		45.8		34.0		29.2		21.3		25.0		100.0		100.0	
All Ages	161	100.0	197	100.0	92	100.0	94	100.0	68	100.0	57	100.0	321	100.0	348	100.0
%	50.1		56.6		28.7		27.0		21.2		16.4		100.0		100.0	

Table 4.7

Physically handicapped persons classified by nature of Acquisition, combined sample

Nature of acquisition	Deaf		Dumb		Blind		Deaf & Dumb		Deaf & Blind		Blind & Dumb		Orthopaedically handicapped		All handicaps	
	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
MALES																
1. By Birth	4	6.5	16	88.9	2	2.0	19	100.0	...	...	...	...	17	15.5	58	18.1
%	6.9		27.6		3.4		32.8		...		...		29.3		100.0	
2. Acquired Duration Below 5 Years	21	33.9	2	11.1	37	35.9	...	...	4	44.4	...	...	34	30.9	98	30.5
%	21.4		2.0		37.8		...		4.1		...		34.7		100.0	
3. Acquired Duration 5+ Years	37	59.6	...	...	64	62.1	...	...	5	55.6	...	...	59	53.6	165	51.4
%	22.4		...		38.8		...		3.0		...		35.8		100.0	
Total	62	100.0	18	100.0	103	100.0	19	100.0	9	100.0	...	...	110	100.0	321	100.0
%	19.3		5.6		32.1		5.9		2.8		...		34.3		100.0	
FEMALES																
1. By Birth	4	4.9	8	80.0	7	5.4	47	97.9	...	...	...	...	10	14.5	76	21.8
%	5.3		10.5		9.2		61.8		...		...		13.2		100.0	
2. Acquired Duration Below 5 Years	35	43.2	1	10.0	47	36.4	1	2.1	1	10.0	...	...	26	37.7	111	31.9
%	31.5		0.9		42.4		0.9		0.9		...		23.4		100.0	
3. Acquired Duration 5+ Years	42	51.9	1	10.0	75	58.2	...	...	9	90.0	1	100.0	33	47.8	161	46.3
%	26.1		0.6		46.6		...		5.6		0.6		20.5		100.0	
Total	81	100.0	10	100.0	129	100.0	48	100.0	10	100.0	1	100.0	69	100.0	348	100.0
%	23.3		2.9		37.0		13.8		2.9		0.3		19.8		100.0	

Table 4.8

Physically handicapped persons classified by nature of acquisition, areawise

Nature of acquisition	Madras City *				Chingleput (rural)				Chingleput (urban)				All areas			
	Males		Females		Males		Females		Males		Females		Males		Females	
	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
1. By Birth	30	18.6	59	29.9	13	14.1	14	14.9	15	22.1	3	5.3	58	18.1	76	21.8
%	51.7		77.6		22.4		18.4		25.9		4.0		100.0		100.0	
2. Acquired Duration Below 5 Years	56	34.8	61	31.0	26	28.3	21	22.3	16	23.5	29	50.9	98	30.5	111	31.9
%	57.2		55.0		26.5		18.9		16.3		26.1		100.0		100.0	
3. Acquired Duration 5+ Years	75	46.6	77	39.1	53	57.6	59	62.8	37	54.4	25	43.8	165	51.4	161	46.3
%	45.5		47.8		32.1		36.7		22.4		15.5		100.0		100.0	
Total	161	100.0	197	100.0	92	100.0	94	100.0	68	100.0	57	100.0	321	100.0	348	100.0
%	50.1		56.6		28.7		27.0		21.2		16.4		100.0		100.0	

4.16 Among the blind, the prevalence of congenital blindness is higher among females with 5.4% as against 2.6% among males, but this category is fortunately small in number. Blindness with duration over 5 years constitutes 62.1% among males and 58.2% among females. Those with duration less than 5 years constitute 35.9% among males and 36.4% among females.

4.17 In the case of deaf-mutism, all the cases among males and 98% among females are congenital. The only case of acquired deaf-mutism is of less than 5 years duration.

4.18 The deaf-blind and the blind-mute are very few in number and are mostly of duration exceeding 5 years in the former. In the case of the orthopaedically handicapped, 53.6% in the case of males and 47.8% in the case of females are of duration above 5 years. Those with less than 5 years duration constitute 30.9% of males and 37.7% of females. The congenital orthopaedics account for 15.5% among males and 14.5% among females.

4.19 Table 4.8 exhibits the distribution of all handicapped by duration of acquisition in the three areas surveyed by us. In all these areas, the above pattern has been noticed, namely, the majority are of the duration over 5 years, followed by those with less than 5 years duration and by those who had it since birth. The percentage of those with duration over 5 years is the highest in Chingleput rural where 57.6% of the males and 62.8% of the females fall under this category. This is closely followed by Chingleput urban with 62.8% among males and 54·4% among females. In Madras City, 46.6% of males and 39.1% of females belong to this category.

4.20 As regards those who acquired these handicaps within 5 years, 34.8% among males and 31.0% among females in Madras City and 28.3% of the males and 22.3% of the females in Chingleput rural fall under this category. In Chingleput urban, the sex differential is quite marked since 50.9% of females fall in this group as against 23.5% of males. Quite the opposite is the tendency in congenital handicaps where Chingleput urban has 22.1% of males as against 5.3% of females. The congenital cases number 18.6% of males and 29·9% of females in Madras City and 14.1% of males and 14.9% of females in Chingleput rural.

4.21 For anyone interested in the rehabilitation of the handicapped, the problem is quite serious. A high proportion of the handicaps due to natural causes has limited scope for check or control, except perhaps of a genetic or biological nature. All the measures which the State can attempt should depend on the control of sickness and prevention of accidents. The control of sickness has already received adequate attention in this country and considerable progress has been made in the eradication of malaria, prevention of tuberculosis and control of small-pox and effect of these measures on the reduction of handicaps will perhaps be visible in due course. A fall in the death rate and the rise in the expectancy of life is the result of these measures. Some of of the disabling ailments like small-pox, infant paralysis and paralysis can be controlled to a large extent by definite medical steps like vaccination and by providing better medical facilities especially in rural areas.

4.22 This survey has also focussed attention on the age groups which are viable to these handicaps. The age groups 0–4 and 5–9 account for nearly one third of the handicaps. It will be possible to tackle this problem if the parents and teachers are educated in child care. In the subsequent age groups, the handicaps are largely accounted by accidents, sickness and aging, each of which needing the education of the people in hygiene and physical care. Again the majority of the handicaps are of a long duration. An understanding of the factors leading to the prolonging of the ailment, whether it can be due to neglect, bad treatment or some other factor will perhaps be of interest and this has also been attempted in this survey. The treatment of the handicapped persons included in the survey will be discussed in the next chapter.

CHAPTER V

TREATMENT OF THE PHYSICALLY HANDICAPPED

5.1 The handicapped persons have been classified for the purpose of this survey into three categories—Treated, Not treated and Not known. The last category is intended to provide for the institutional population covered by the survey, the nature of whose treatment could not be ascertained. Thus for all practical purposes, treated and not treated are the important categories. In our definition treated meant only those who have consulted a doctor or attempted some treatment, but not necessarily cured of their defect or deformity. Actually, those who have been cured have been treated as normal persons and do not come within the scope of this survey. The discusssion in this chapter will be devoted to the proportion in the treated and not treated classes in each category of handicap and their treatment status by the nature of acquisition, by their age at incidence, by the cause of handicap and by the nature of their treatment. The reasons for not giving treatment were also ascertained. They have been tabulated and this would help us in studying the factors influencing the handicapped in not seeking the advice of doctors or in availing medical facilities.

Proportion treated and not treated

5.2 Table 5.1 gives the number of persons and their percentage in the three categories for each type of handicap. 62% of males and 45% of females fall in the treated class. The percentage is very high in the case of orthopaedically handicapped – 86% of males and 73% of females. Among the deaf, 55% of males and 61% of females never had any treatment. In the case of blind, there are more persons in the treated class than in the other, with 63% males and 51% females falling in this category.

5.3 It will be useful to make a comparison of the differentials in the proportions treated in the three areas surveyed by us. A larger percentage of males have been treated than females. Among males, Madras City ranks first with 75% of the handicapped males having received treatment while among females Chingleput urban area occupies the first rank with 53% of the females in the treated class. Chingleput rural area has the largest number of persons of either sex, 54% of the males and 69% of the females in the not treated class. A rural-urban differential is found in favour of urban area with regard to treatment of handicapped. This is natural as facilities for treatment are concentrated in the urban areas with total absence of such facilities in the rural areas.

Treatment status by nature of acquisition

5.4 Table 5.3 classifies the physically handicapped persons who have the ailment since birth, of duration less than 5 years and of duration extending 5 years and over. An abstract of this table is given in Table 5.4. It is evident from this Table that the percentage of those who have attempted treatment is the least among the congenitally handicapped while only one fifth of the cases have come under the treated class. In the second and third categories, viz., those with duration below five years and of duration 5 years and more, 70% of the males and slightly over 50% of females have attempted treatment. A similar tendency is observed among the individual handicaps also. The general impression one gets is that congenital cases are more neglected than the others probably due to superstition or a belief that the disease is incurable. In the second and third categories, one finds a larger percentage of the treated cases among those with duration over 5 years. This can be explained by indifference or negligence in the early years followed by some attention later on. A comparatively high proportion of orthopaedics have acquired

Table 5.1

Physically handicapped persons classified by treated/not treated/not known classes, combined sample.

Treatment Status		Deaf		Dumb		Blind		Deaf & Dumb		Deaf & Blind		Blind & Dumb		Orthopaedically handicapped		All handicaps	
		No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
MALES																	
1. Treated		28	45.2	4	22.2	65	63.1	...	...	8	88.9	...	...	94	85.5	199	62.0
	%	14.1		2.0		32.7		...		4.0		...		47.2		100.0	
2. Not Treated		34	54.8	14	77.8	38	36.9	3	15.8	1	11.1	...	...	16	14.5	106	33.0
	%	32.1		13.2		35.9		2.8		0.9		...		15.1		100.0	
3. Not Known		...	...	...	...	...	...	16	84.2	...	...	...	...	...	...	16	5.0
	%	...		...		...		100.0		...		...		...		100.0	
Total		62	100.0	18	100.0	103	100.0	19	100.0	9	100.0	...	...	110	100.0	321	100.0
	%	19.3		5.6		32.1		5.9		2.8		...		34.3		100.0	
FEMALES																	
1. Treated		32	39.5	3	30.0	66	51.2	...	...	3	30.0	1	100.0	50	72.5	155	44.5
	%	20.6		1.9		42.6		...		1.9		0.7		32.3		100.0	
2. Not Treated		49	60.5	7	70.0	63	48.8	5	10.4	7	70.0	...	...	19	27.5	150	43.1
	%	32.7		4.7		42.0		3.3		4.7		...		12.6		100.0	
3. Not Known		...	...	...	...	...	...	43	89.6	...	...	...	...	...	...	43	12.4
	%	...		...		...		100.0		...		...		...		100.0	
Total		81	100.0	10	100.0	129	100.0	48	100.0	10	100.0	1	100.0	69	100.0	348	100.0
	%	23.3		2.9		37.0		13.8		2.9		0.3		19.8		100.0	

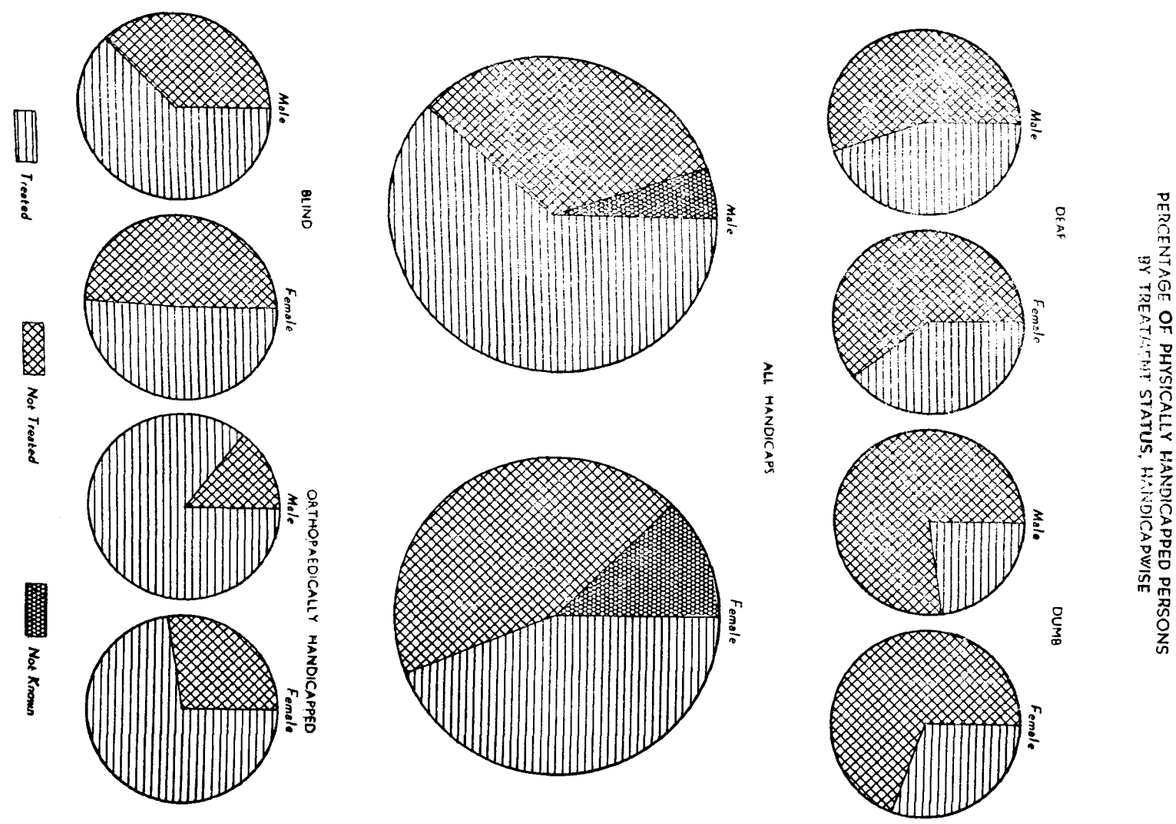
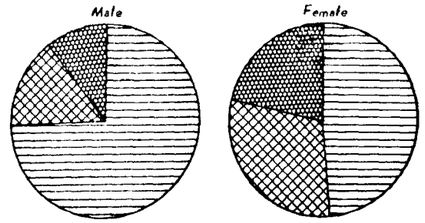


CHART XXIII
PERCENTAGE OF PHYSICALLY HANDICAPPED PERSONS BY TREATMENT STATUS, HANDICAPWISE

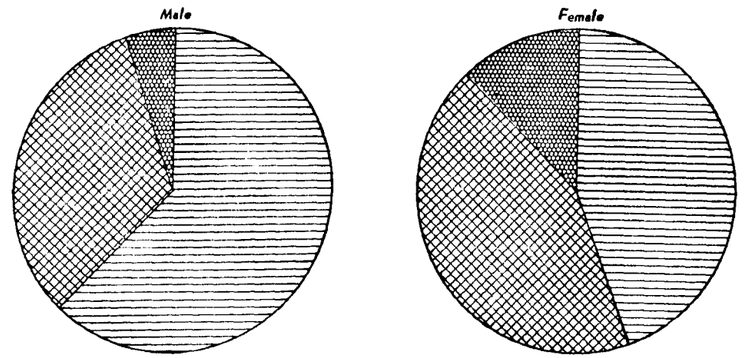
CHART XXIV

PERCENTAGE OF PHYSICALLY HANDICAPPED PERSONS BY TREATMENT STATUS, AREAWISE

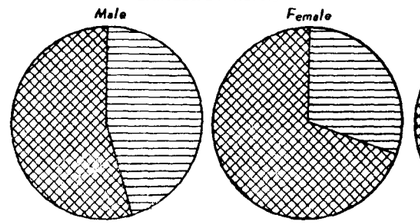
MADRAS CITY



ALL AREAS



CHINGLEPUT RURAL



CHINGLEPUT URBAN

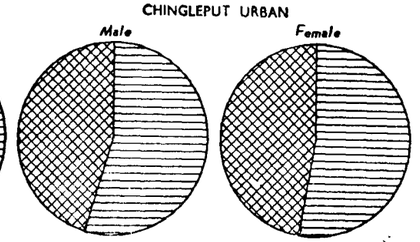


Table 5.2

Physically handicapped persons classified by treated not treated not known classes, area-wise.

Treatment Status	Madras City				Chingleput (rural)				Chingleput (urban)				All areas			
	Males		Females		Males		Females		Males		Females		Males		Females	
	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
1. Treated	120	74.5	96	48.7	42	45.7	29	30.9	37	54.4	30	52.6	199	62.0	155	44.5
%	60.3		61.9		21.1		18.7		18.6		19.4		100.0		100.0	
2. Not Treated	25	15.5	58	29.5	50	54.3	65	69.1	31	45.6	27	47.4	106	33.0	150	43.1
%	23.6		38.7		47.2		43.3		29.2		18.0		100.0		100.0	
3. Not Known	16	10.0	43	21.8	...	...	...	...	...	...	...	...	16	5.0	43	12.4
%	100.0		100.0		...		...		...		...		100.0		100.0	
Total	161	100.0	197	100.0	92	100.0	94	100.0	68	100.0	57	100.0	321	100.0	348	100.0
%	50.1		56.6		28.7		27.0		21.2		16.4		100.0		100.0	

Table 5.3

Physically handicapped by treated/not treated classes and nature of acquisition, combined sample.

Nature of Acquisition		Deaf				Dumb				Blind				Deaf & Dumb			
		Males		Females		Males		Females		Males		Females		Males		Females	
		No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
1. By Birth	T.	...	...	1	1.2	2	11.1	1	10.0	1	1.0	2	1.6	...	...	...	...
	N.T.	4	6.5	3	3.7	14	77.8	7	70.0	1	1.0	5	3.8	3	15.8	4	8.3
	N.K.	...	...	...	...	...	...	...	...	...	...	...	...	16	84.2	43	89.6
	Total	4	6.5	4	4.9	16	88.9	8	80.0	2	2.0	7	5.4	19	100.0	47	97.9
2. Acquired Duration below 5 Years	T.	9	14.5	14	17.3	2	11.1	1	10.0	25	24.3	28	21.7	...	...	...	...
	N.T.	12	19.4	21	25.9	...	...	...	...	12	11.6	19	14.7	...	...	1	2.1
	N.K.	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
	Total	21	33.9	35	43.2	2	11.1	1	10.0	37	35.9	47	36.4	...	...	1	2.1
3. Acquired Duration 5+ Years	T.	19	30.6	17	21.0	...	...	1	10.0	39	37.8	36	27.9	...	...	...	...
	N.T.	18	29.0	25	30.9	...	...	...	...	25	24.3	39	30.3	...	...	...	...
	N.K.	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
	Total	37	59.6	42	51.9	...	...	1	10.0	64	62.1	75	58.2	...	...	...	...
Total	T.	28	45.2	32	39.5	4	22.2	3	30.0	65	63.1	66	51.2	...	...	...	...
	N.T.	34	54.8	49	60.5	14	77.8	7	70.0	38	36.9	63	48.8	3	15.8	5	10.4
	N.K.	...	...	...	...	...	...	...	...	...	...	...	...	16	84.2	43	89.6
	Total	62	100.0	81	100.0	18	100.0	10	100.0	103	100.0	129	100.0	19	100.0	48	100.0

Deaf & Blind				Blind & Dumb				Orthopaedically handicapped				All handicaps				Nature of Acquisition	
Males		Females		Males		Females		Males		Females		Males		Females			
No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%		
...	...	...	...	...	...	...	...	7	6.4	3	4.3	10	3.1	7	2.0	By Birth	T.
...	...	...	...	...	...	...	...	10	9.1	7	10.2	32	10.0	26	7.4		N.T.
...	...	...	...	...	...	...	...	...	...	...	...	16	5.0	43	12.4		N.K.
...	...	...	...	...	...	...	...	17	15.5	10	14.5	58	18.1	76	21.8		Total
4	44.4	1	10.0	...	...	...	...	30	27.3	18	26.1	70	21.8	62	17.8	Acquired Duration below 5 Years	T.
...	...	...	...	...	...	...	...	4	3.6	8	11.6	28	8.7	49	14.1		N.T.
...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...		N.K.
4	44.4	1	10.0	...	...	...	...	34	30.9	26	37.7	98	30.5	111	31.9		Total
4	44.4	2	20.0	...	...	1	100.0	57	51.8	29	42.0	119	37.1	86	24.7	Acquired Duration 5+ Years	T.
1	11.2	7	70.0	...	...	...	...	2	1.8	4	5.8	46	14.3	75	21.6		N.T.
...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...		N.K.
5	55.6	9	90.0	...	...	1	100.0	59	53.6	33	47.8	165	51.4	161	46.3		Total
8	88.9	3	30.0	...	...	1	100.0	94	85.5	50	72.5	199	62.0	155	44.5	Total	T.
1	11.1	7	70.0	...	...	...	...	16	14.5	19	27.5	106	33.0	150	43.1		N.T.
...	...	...	...	...	...	...	...	...	...	...	...	16	5.0	43	12.4		N.K.
9	100.0	10	100.0	...	...	1	100.0	110	100.0	69	100.0	321	100.0	348	100.0		Total

T : Treated. N. T : Not Treated. N. K : Not Known.

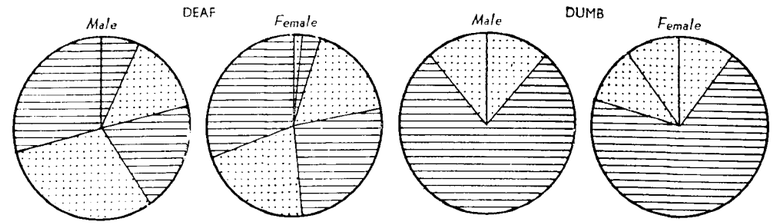
Table 5.4

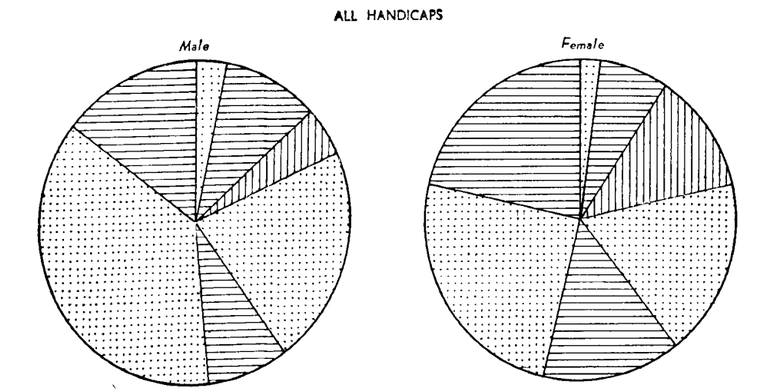
Percentage of treated, not treated classes by duration, handicap-wise.

Handicap and Duration	MALES				FEMALES			
	Treated		Not treated		Treated		Not treated	
	No.	%	No.	%	No.	%	No.	%
DEAF								
1. Since birth	...	...	4	100	1	25	3	75
2. Duration below 5 years	9	43	12	57	14	40	21	60
3. Duration over 5 years	19	51	18	49	17	40	25	60
DUMB								
1. Since birth	2	13	14	87	1	13	7	87
2. Duration below 5 years	2	100	...	...	1	100	...	
3. Duration over 5 years	...	...	...	...	1	100	...	...
BLIND								
1. Since birth	1	50	1	50	2	40	5	60
2. Duration below 5 years	25	68	12	32	28	60	19	40
3. Duration over 5 years	39	61	25	39	36	48	39	52
ORTHOPAEDICALLY HANDICAPPED								
1. Since birth	7	41	10	59	3	30	7	70
2. Duration below 5 years	30	88	4	12	18	69	8	31
3 Duration over 5 years	57	97	2	3	29	88	4	12
ALL HANDICAPS								
1. Since Birth	10	24	32	76	7	21	26	79
2. Duration below 5 years	70	71	28	29	62	56	49	44
3. Duration over 5 years	119	72	46	28	86	53	75	47

CHART XXV

PHYSICALLY HANDICAPPED PERSONS BY TREATED, NOT TREATED CLASSES AND NATURE OF ACQUISITION, COMBINED SAMPLE





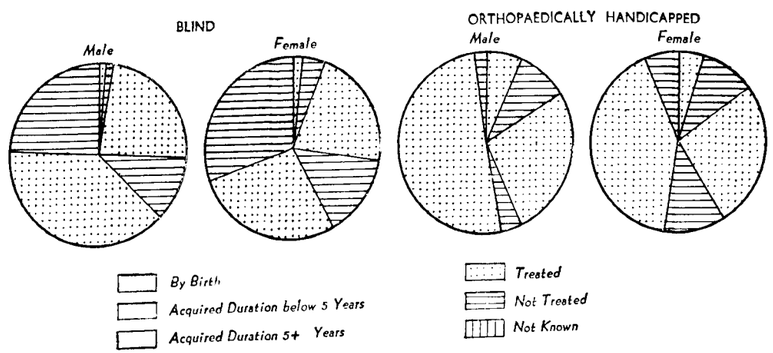
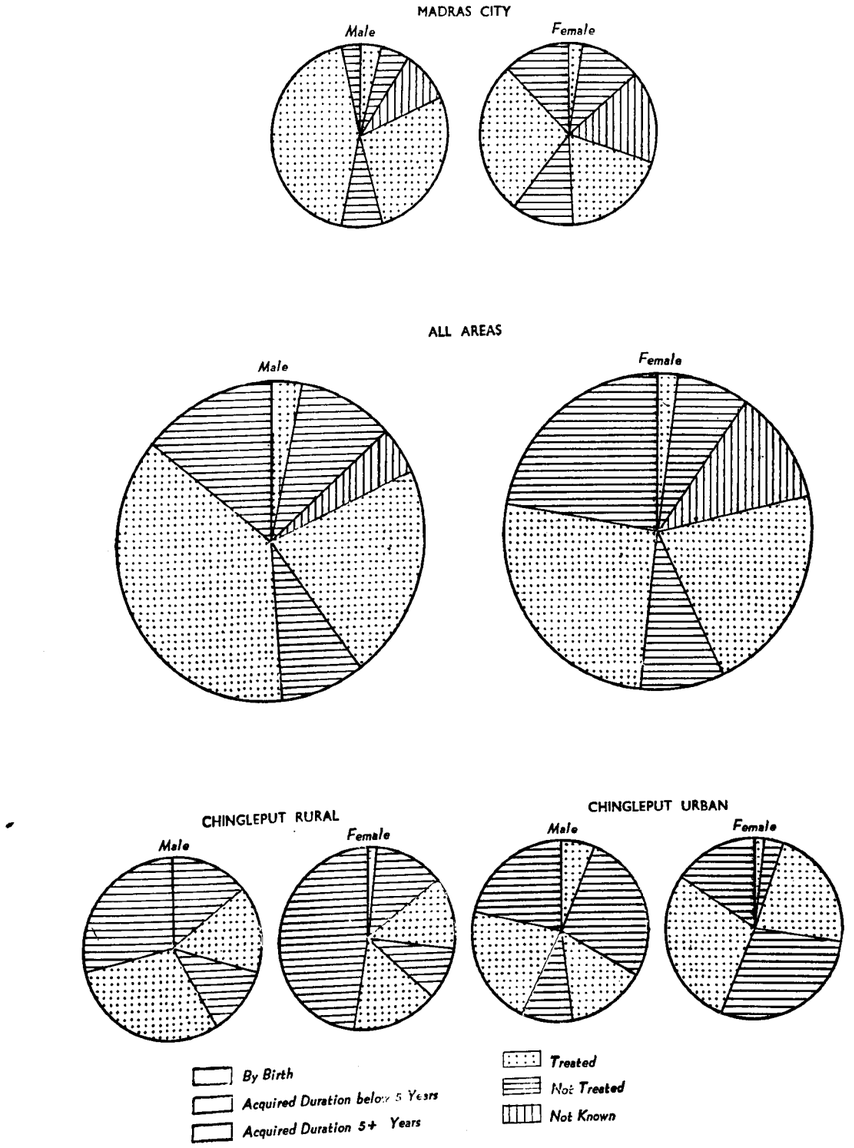


CHART XXVI

PHYSICALLY HANDICAPPED PERSONS BY TREATED, NOT TREATED CLASSES AND NATURE OF ACQUISITION, AREAWISE



their handicap in later life and did not have it since birth. Among them a large proportion have attempted treatment. Among those with duration less than 5 years, 88% of males and 69% of females and among those of duration over 5 years, 97% of males and 88% of females fall under the treated class. The sex differential is also in favour of males for each of the three categories considered here.

5.5 Likewise, Table 5.5 helps the comparison as between the areas surveyed.

Table 5.5

Percentage of treated/not treated classes by duration, area-wise

Area and Duration	MALES				FEMALES			
	Treated		Not treated		Treated		Not treated	
	No.	%	No.	%	No.	%	No.	%
MADRAS								
1. Since birth	6	43	8	57	5	32	11	68
2. Duration below 5 years	45	80	11	20	37	61	24	39
3. Duration over 5 years	69	92	6	8	54	70	23	30
CHINGLEPUT (RURAL)								
1. Since birth	...	...	13	100	1	7	13	93
2. Duration below 5 years	15	58	11	42	12	57	9	43
3. Duration over 5 yerrs	27	51	26	49	16	27	43	73
CHINGLEPUT (URBAN)								
1. Since birth	4	27	11	73	1	33	2	67
2. Duration below 5 years	10	63	6	37	13	45	16	55
3. Duration over 5 years	23	62	14	38	16	64	9	36
ALL AREAS								
1. Since birth	10	24	32	76	7	21	26	79
2. Duration below 5 years	70	71	28	29	62	56	49	44
3. Duration over 5 years	119	72	46	28	86	53	75	47

Madras ranks first in the proportion treated under each of the three categories. Between rural and urban areas of Chingleput, proportion of treated cases is higher in the urban area in all the three categories for males and in the first and third category for females. This Table again conforms to the pattern observed earlier that urban sector leads in the treatment of the handicapped.

Treatment status by age at incidence

5.6 An equally important variant affecting the treatment of handicapped is age. While the young children need the help of elders for going to a doctor or for availing hospital facilities, the old men are inclined to be negligent and indifferent. Even among children, a certain amount of indifference can be noticed which is due to the lack of understanding of the serious consequences of the handicap. An attempt has therefore been made to study the effect of age on the treatment status of the handicapped. Table 5.6 brings out the number of persons who attempted treatment among those of different incidence ages clearly. Since the number of cases in each class is small and is liable to sampling fluctuations, we may confine our discussion to all handicaps. The number

Table 5.6

Physically handicapped persons classified by age at incidence and treated/not treated classes, combined sample.

Age at Incidence		Deaf Dumb Males No.	%	Deaf Dumb Females No.	%	Blind Males No.	%	Blind Females No.	%	Deaf & Dumb Males No.	%	Deaf & Dumb Females No.	%	Deaf & Blind Males No.	%	Deaf & Blind Females No.	%	Blind & Dumb Males No.	%	Blind & Dumb Females No.	%	Orthopaedically handicapped Males No.	%	Orthopaedically handicapped Females No.	%	All handicaps Males No.	%	All handicaps Females No.	%	Age at Incidence
0—4	T.	2	3.2	3	3.7	2	11.0	2	20.0	9	8.7	9	7.0	...	...	...	...	...	...	1	10.0	...	...	1	100.0	31	28.2	18	26.1	44	13.7	34	9.8	0—4
	N.T.	4	6.5	5	6.2	14	77.8	7	70.0	3	3.0	8	6.2	3	15.8	5	10.4	...	...	...	...	...	...	...	...	11	10.0	10	14.5	35	10.9	35	10.0		N.T.
	N.K.	...	...	...	...	...	...	...	...	...	...	...	...	16	84.2	43	89.6	...	...	...	...	...	...	...	...	...	...	...	...	16	5.0	43	12.4		N.K.
	Total	6	9.7	8	9.9	16	88.8	9	90.0	12	11.7	17	13.2	19	100.0	48	100.0	...	...	1	10.0	...	...	1	100.0	42	38.2	28	40.6	95	29.6	112	32.2		Total
5—9	T.	5	8.1	2	2.5	...	...	...	...	4	3.8	4	3.1	...	...	...	...	...	...	...	...	10	9.1	6	8.7	19	5.9	12	3.4	5—9	T.
	N.T.	2	3.2	2	2.4	...	...	...	...	3	3.0	...	...	...	...	...	...	...	...	...	...	1	0.9	1	1.5	6	1.9	3	0.9		N.T.
	N.K.	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...		N.K.
	Total	7	11.3	4	4.9	...	...	...	...	7	6.8	4	3.1	...	...	...	...	...	...	...	...	11	10.0	7	10.2	25	7.8	15	4.3		Total
10—19	T.	5	8.1	9	11.2	1	5.6	...	...	2	1.9	3	2.3	...	...	...	...	...	...	...	...	9	8.2	5	7.2	18	5.6	17	4.9	10—19	T.
	N.T.	1	1.6	4	4.9	...	...	...	...	...	...	3	2.4	...	...	...	...	...	...	...	...	...	...	...	...	1	0.3	7	2.0		N.T.
	N.K.	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...		N.K.
	Total	6	9.7	13	16.1	1	5.6	...	...	2	1.9	6	4.7	...	...	...	...	...	...	...	...	9	8.2	5	7.2	19	5.9	24	6.9		Total
20—34	T.	11	17.7	9	11.2	...	...	...	...	8	7.8	6	4.7	...	...	...	...	...	...	1	10.0	...	...	...	...	15	13.6	4	5.8	35	10.9	20	5.7	20—34	T.
	N.T.	12	19.4	15	18.4	...	...	...	...	2	1.9	2	1.5	...	...	...	...	...	...	1	10.0	...	...	...	...	1	0.9	2	2.9	15	4.7	20	5.8		N.T.
	N.K.	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...		N.K.
	Total	23	37.1	24	29.6	...	...	...	...	10	9.7	8	6.2	...	...	...	...	...	...	2	20.0	...	...	...	...	16	14.5	6	8.7	50	15.6	40	11.5		Total
35—59	T.	4	6.5	6	7.4	1	5.6	1	10.0	26	25.2	33	25.6	...	...	...	...	...	...	...	...	23	20.9	15	21.7	55	17.1	55	15.8	35—59	T.
	N.T.	10	16.0	18	22.2	...	...	...	...	18	17.5	30	23.2	...	...	...	...	...	...	...	...	2	1.8	4	5.8	30	9.4	54	15.5		N.T.
	N.K.	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...		N.K.
	Total	14	22.5	24	29.6	1	5.6	1	10.0	44	42.7	63	48.8	...	...	...	...	...	...	...	...	25	22.7	19	27.5	85	26.5	109	31.3		Total
60+	T.	1	1.6	3	3.7	...	...	...	...	16	15.5	11	8.5	...	...	...	...	...	...	...	...	6	5.5	2	2.9	28	8.7	17	4.9	60+	T.
	N.T.	5	8.1	5	6.2	...	...	...	...	12	11.7	20	15.5	...	...	...	...	...	...	...	...	1	0.9	2	2.9	19	5.9	31	8.9		N.T.
	N.K.	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...		N.K.
	Total	6	9.7	8	9.9	...	...	...	...	28	27.2	31	24.0	...	...	...	...	...	...	...	...	7	6.4	4	5.8	47	14.6	48	13.8		Total
All Ages.	T.	28	45.2	32	39.5	4	22.2	3	30.0	65	63.1	66	51.2	...	...	...	...	...	...	1	100.0	94	85.5	50	72.5	199	62.0	155	44.5	All Ages.	T.
	N.T.	34	54.8	49	60.5	14	77.8	7	70.0	38	36.9	63	48.8	3	15.8	5	10.4	...	...	...	...	16	14.5	19	27.5	106	33.0	150	43.1		N.T.
	N.K.	...	...	...	...	...	...	...	...	...	...	...	...	16	84.2	43	89.6	...	...	...	...	...	...	...	...	16	5.0	43	12.4		N.K.
	Total	62	100.0	81	100.0	18	100.0	10	100.0	103	100.0	129	100.0	19	100.0	48	100.0	1	100.0	1	100.0	110	100.0	69	100.0	321	100.0	348	100.0		Total

Table 5.7

Physically handicapped persons classified by age at incidence and treated/not treated classes, area-wise.

Age at Incidence		Madras City				Chingleput (rural)				Chingleput (urban)				All areas			
		Males		Females		Males		Females		Males		Females		Males		Females	
		No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
0–4	T.	28	17.3	26	13.2	7	7.6	4	4.3	9	13.2	4	7.0	44	13.7	34	9.8
	N.T.	10	6.2	15	7.6	13	14.1	16	17.0	12	17.7	4	7.0	35	10.9	35	10.0
	N.K.	16	10.0	43	21.8	...	...	...	...	...	...	...	...	16	5.0	43	12.4
	Total	54	33.5	84	42.6	20	21.7	20	21.3	21	30.9	8	14.0	95	29.6	112	32.2
5–9	T.	12	7.5	9	4.6	4	4.3	3	3.2	3	4.4	...	...	19	5.9	12	3.4
	N.T.	2	1.2	1	0.5	3	3.3	2	2.1	1	1.5	...	...	6	1.9	3	0.9
	N.K.	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
	Total	14	8.7	10	5.1	7	7.6	5	5.3	4	5.9	...	...	25	7.8	15	4.3
10–19	T.	14	8.7	8	4.1	2	2.2	5	5.3	2	2.9	4	7.0	18	5.6	17	4.9
	N.T.	...	...	4	2.0	...	...	2	2.2	1	1.5	1	1.8	1	0.3	7	2.0
	N.K.	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
	Total	14	8.7	12	6.1	2	2.2	7	7.5	3	4.4	5	8.8	19	5.9	24	6.9
20–34	T.	18	11.2	7	3.5	7	7.6	7	7.5	10	14.7	6	10.5	35	10.9	20	5.7
	N.T.	7	4.3	7	3.6	4	4.4	6	6.3	4	5.9	7	12.3	15	4.7	20	5.8
	N.K.	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
	Total	25	15.5	14	7.1	11	12.0	13	13.8	14	20.6	13	22.8	50	15.6	40	11.5
35–59	T.	31	19.3	38	19.3	15	16.3	8	8.5	9	13.2	9	15.8	55	17.1	55	15.8
	N.T.	2	1.2	17	8.6	21	22.8	27	28.7	7	10.3	10	17.5	30	9.4	54	15.5
	N.K.	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
	Total	33	20.5	55	27.9	36	39.1	35	37.2	16	23.5	19	33.3	85	26.5	109	31.3
60+	T.	17	10.6	8	4.1	7	7.6	2	2.1	4	5.9	7	12.3	28	8.7	17	4.9
	N.T.	4	2.5	14	7.1	9	9.8	12	12.8	6	8.8	5	8.8	19	5.9	31	8.9
	N.K.	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
	Total	21	13.1	22	11.2	16	17.4	14	14.9	10	14.7	12	21.1	47	14.6	48	13.8
All Ages	T.	120	74.5	96	48.7	42	45.7	29	30.9	37	54.4	30	52.6	199	62.0	155	44.5
	N.T.	25	15.5	58	29.5	50	54.3	65	69.1	31	45.6	27	47.4	106	33.0	150	43.1
	N.K.	16	10.0	43	21.8	...	...	...	...	...	...	...	...	16	5.0	43	12.4
	Total	161	100.0	197	100.0	92	100.0	94	100.0	68	100.0	57	100.0	321	100.0	348	100.0

CHART XXVII

PHYSICALLY HANDICAPPED PERSONS CLASSIFIED BY AGE AT INCIDENCE AND TREATED, NOT TREATED CLASSES, COMBINED SAMPLE

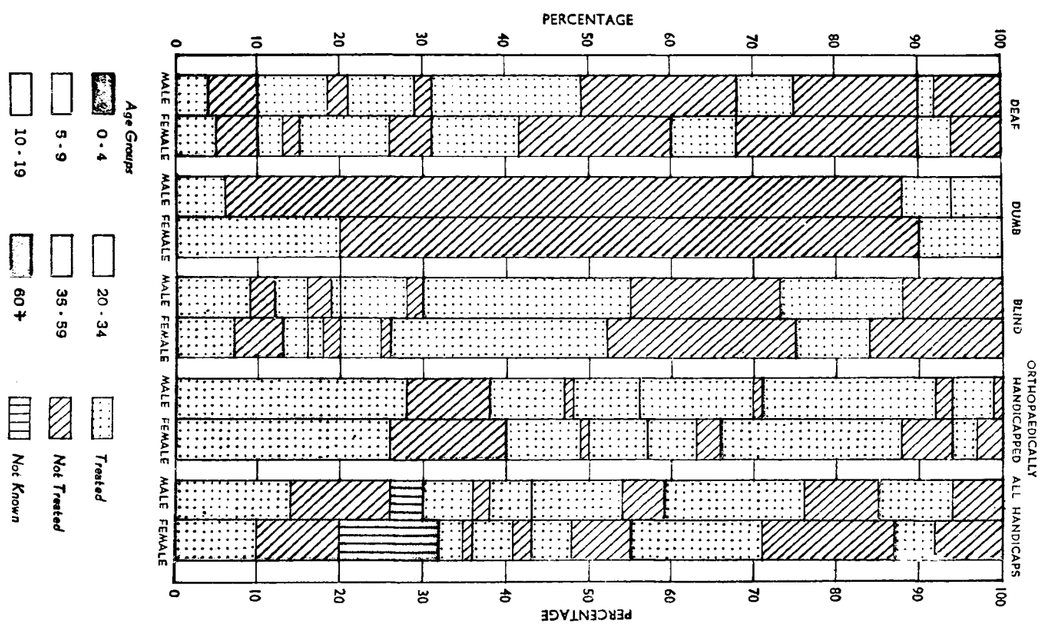
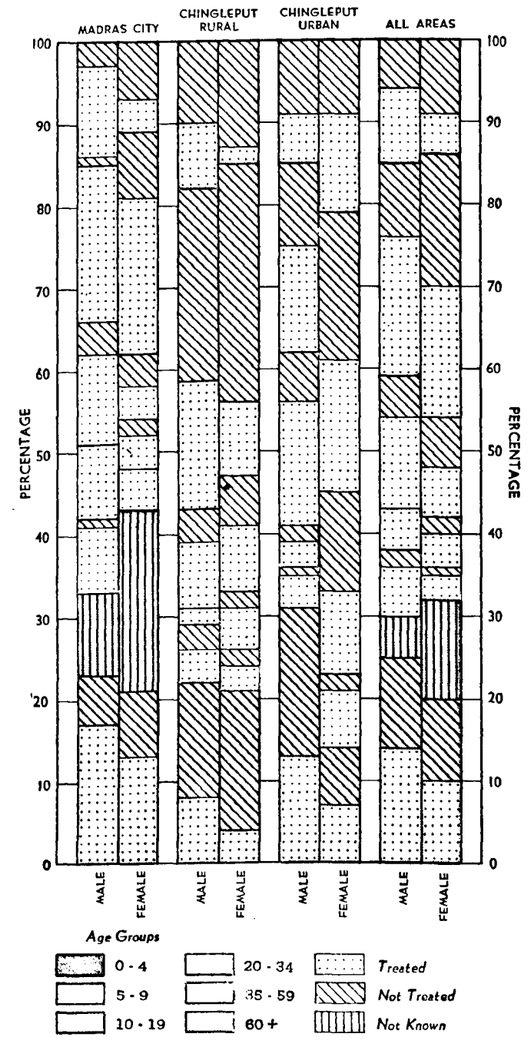


CHART XXVIII

PHYSICALLY HANDICAPPED PERSONS CLASSIFIED BY AGE
AT INCIDENCE AND TREATED, NOT TREATED CLASSES, AREAWISE



of males and females in each age at incidence group in the treated and not treated classes and their percentages are as follows :—

Table 5.8

Percentage of treated/not treated classes by age at incidence, combined sample.

Age at incidence	Males				Females			
	Treated		Not treated		Treated		Not treated	
	No.	%	No.	%	No.	%	No.	%
0 – 4	44	57	35	43	34	49	35	51
5 – 9	19	76	6	24	12	60	3	40
10 – 19	18	94	1	6	17	71	7	29
20 – 34	35	70	15	30	20	50	20	50
35 – 59	55	65	30	35	55	51	54	49
60+	28	60	19	40	17	35	31	65
All ages	199	65	106	35	155	51	150	49

For both males and females the first two positions are occupied by the age at incidence groups 10-19 and 5-9 respectively. In the 10-19 age group, 94% of males and 71% of females have attempted treatment. In the working age groups 20–34 and 35-59, over 65% of males and 50% of females have attempted treatment. The last two positions are occupied by 0-4 and 60+ age groups but their positions are interchanged in the case of males and females. As these two age groups constitute 42% of the handicapped persons among males and 46% among females, negligence to consult physicians is a matter of serious concern. Further this table reflects a greater reticence of females towards treatment and this is apparent in all the age groups.

5.7 It is worthwhile to attempt a comparison of the proportion treated in each age at incidence category in the different areas surveyed. Since the number of cases observed in Chingleput rural and urban areas is small, the two areas have been combined for purposes of comparison in the following Table :—

Table 5.9

Percentage of treated/not treated classes by age at incidence, Madras City and Chingleput samples.

Sample area	Age at incidence	Males				Females			
		Treated		Not treated		Treated		Not treated	
		No.	%	No.	%	No.	%	No.	%
Madras City	0 – 4	28	74	10	26	26	63	15	37
	5 – 9	12	86	2	14	9	90	1	10
	10 – 19	14	100	...	...	8	67	4	33
	20 – 34	18	72	7	28	7	50	7	50
	35 – 59	31	93	2	7	38	69	17	31
	60+	17	81	4	19	8	36	14	64
	All ages	120	83	25	17	96	62	58	38
Chingleput	0 – 4	16	39	25	61	8	29	20	71
	5 – 9	7	64	4	36	3	60	2	40
	10 – 19	4	80	1	10	9	75	3	25
	20 – 34	17	68	8	32	13	50	13	50
	35 – 59	24	46	28	54	17	31	37	69
	60+	11	42	15	58	9	35	17	65
	All ages	79	49	81	51	59	39	92	61

Table 5.10

Physically handicapped persons classified by cause of handicap and treated/not treated classes, combined sample.

Causes		Deaf				Dumb				Blind				Deaf & Dumb			
		Males		Females		Males		Females		Males		Females		Males		Females	
		No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
1. By Birth	T.	...	...	1	1.2	2	11.0	1	10.0	1	1.0	2	1.6	...	...	...	...
	N.T.	4	6.5	3	3.7	14	77.8	7	70.0	1	1.0	5	3.8	3	15.8	4	8.3
	N.K.	...	...	...	...	...	...	...	...	...	...	...	...	16	84.2	43	89.6
	Total	4	6.5	4	4.9	16	88.8	8	80.0	2	2.0	7	5.4	19	100.0	47	97.9
2. By Accident	T.	...	...	1	1.2	...	...	...	...	9	8.7	5	3.8	..	...	...	...
	N.T.	1	1.6	...	...	...	...	...	...	...	...	2	1.6	...	...	...	...
	N.K.	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
	Total	1	1.6	1	1.2	...	...	...	...	9	8.7	7	5.4	...	...	...	...
3. By Small-Pox	T.	...	...	1	1.2	...	...	...	...	4	3.9	4	3.1				
	N.T.	...	...	...	...	...	...	...	...	5	4.8	3	2.3	...	...	...	...
	N.K.	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
	Total	...	...	1	1.2	...	...	...	...	9	8.7	7	5.4	...	...	...	...
4. By Infant Paralysis	T.	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
	N.T.	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
	N.K.	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
	Total	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
5. By Paralysis	T.	...	...	...	...	...	...	1	10.0								
	N.T.	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
	N.K.	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
	Total	...	...	...	...	...	...	1	10.0	...	...	...	...	...	...	...	...
6. By Fever	T.	9	14.5	11	13.6	1	5.6	...	...	8	7.7	4	3.1				
	N.T.	4	6.5	15	18.5	...	...	...	...	2	2.0	...	...	...	...	...	...
	N.K.	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
	Total	13	21.0	26	32.1	1	5.6	...	...	10	9.7	4	3.1	...	...	...	...
7. By Old Age	T.	2	3.2	2	2.5	...	...	...	...	16	15.5	24	18.6				
	N.T.	9	14.5	11	13.6	...	...	...	...	25	24.3	47	36.5	...	...	...	...
	N.K.	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
	Total	11	17.7	13	16.1	...	...	...	...	41	39.8	71	55.1	...	...	...	...
8. By Other Causes	T.	17	27.4	16	19.8	1	5.6	1	10.0	27	26.2	27	20.9				
	N.T.	16	25.8	20	24.7	...	...	...	...	5	4.9	6	4.7	...	...	...	...
	N.K.	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	2.1
	Total	33	53.2	36	44.5	1	5.6	1	10.0	32	31.1	33	25.6	...	...	1	2.1
Total	T.	28	45.2	32	39.5	4	22.2	3	30.0	65	63.1	66	51.2	...	...	...	...
	N.T.	34	54.8	49	60.5	14	77.8	7	70.0	38	36.9	63	48.8	3	15.8	5	10.4
	N.K.	...	...	...	...	...	...	...	...	...	...	...	...	16	84.2	43	89.6
	Total	62	100.0	81	100.0	18	100.0	10	100.0	103	100.0	129	100.0	19	100.0	48	100.0

Deaf & Blind				Blind & Dumb				Orthopaedically handicapped				All handicaps					
Males		Females		Males		Females		Males		Females		Males		Females			
No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%		
...	...	...	...	...	...	...	...	7	6.4	3	4.3	10	3.1	7	2.0	By Birth	T.
...	...	...	...	...	...	...	...	10	9.1	7	10.2	32	10.0	26	7.4		N.T.
...	...	...	...	...	...	...	...	...	...	...	...	16	5.0	43	12.4		N.K.
...	...	...	...	...	...	...	...	17	15.5	10	14.5	58	18.1	76	21.8		Total
...	...	...	...	...	...	...	...	23	20.9	7	10.2	32	10.0	13	3.7	By Accident	T.
...	...	...	...	...	...	...	...	1	0.9	1	1.4	2	0.6	3	0.9		N.T.
...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...		N.K.
...	...	...	...	...	...	...	...	24	21.8	8	11.6	34	10.6	16	4.6		Total
...	...	...	...	...	...	...	...	1	0.9	2	2.9	5	1.6	7	2.0	By Small-Pox	T.
...	...	...	...	...	...	...	...	...	...	...	...	5	1.5	3	0.9		N.T.
...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...		N.K.
...	...	...	...	...	...	...	...	1	0.9	2	2.9	10	3.1	10	2.9		Total
...	...	...	...	...	...	...	...	13	11.8	6	8.7	13	4.1	6	1.7	By Infant Paralysis	T.
..	...	...	...	...	...	...	...	1	0.9	...	...	1	0.3	...	...		N.T.
...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...		N.K.
...	...	...	...	...	...	...	...	14	12.7	6	8.7	14	4.4	6	1.7		Total
...	...	...	...	...	...	...	...	19	17.3	9	13.1	19	5.9	10	2.9	By Paralysis	T.
...	...	...	...	...	...	...	...	2	1.8	4	5.8	2	0.6	4	1.1		N.T.
...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...		N.K.
...	...	...	...	...	...	...	...	21	19.1	13	18.9	21	6.5	14	4.0		Total
2	22.2	2	20.0	...	...	...	...	11	10.0	11	16.0	31	9.7	28	8.0	By Fever	T.
...	...	2	20.0	...	...	...	...	...	...	1	1.4	6	1.8	18	5.2		N.T.
...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...		N.K.
2	22.2	4	40.0	...	...	...	...	11	10.0	12	17.4	37	11.5	46	13.2		Total
6	66.7	1	10.0	...	...	...	...	1	0.9	2	2.9	25	7.8	29	8.4	By Old Age	T.
1	11.1	4	40.0	...	...	...	...	...	...	1	1.4	35	10.9	63	18.1		N.T.
...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...		N.K.
7	77.8	5	50.0	...	...	...	...	1	0.9	3	4.3	60	18.7	92	26.5		Total
..	...	...	...	...	...	1	100.0	19	17.3	10	14.5	64	19.9	55	15.8	By Other Causes	T.
...	...	1	10.0	...	...	...	...	2	1.8	5	7.2	23	7.2	33	9.5		N.T.
...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...		N.K.
...	...	1	10.0	...	...	1	100.0	21	19.1	15	21.7	87	27.1	88	25.3		Total
8	88.9	3	30.0	...	...	1	100.0	94	85.5	50	72.5	199	62.0	155	44.5	Total	T.
1	11.1	7	70.0	...	...	...	...	16	14.5	19	27.5	106	33.0	150	43.1		N.T.
...	...	...	...	...	...	...	...	...	...	...	...	16	5.0	43	12.4		N.K.
9	100.0	10	100.0	...	...	1	100.0	110	100.0	69	100.0	321	100.0	348	100.0		Total

Table 5.11

Physically handicapped persons classified by cause of handicap and treated/not treated classes, area-wise.

Causes		Madras City				Chingleput (rural)				Chingleput (urban)				All areas			
		Males		Females		Males		Females		Males		Females		Males		Females	
		No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
1. By Birth	T.	6	3.6	5	2.5	...	...	1	1.1	4	5.9	1	1.8	10	3.1	7	2.0
	N.T.	8	5.0	11	5.6	13	14.1	13	13.8	11	16.2	2	3.5	32	10.0	26	7.4
	N.K.	16	10.0	43	21.8	...	...	...	...	...	...	...	...	16	5.0	43	12.4
	Total	30	18.6	59	29.9	13	14.1	14	14.9	15	22.1	3	5.3	58	18.1	76	21.8
2. By Accident	T.	16	10.0	7	3.6	12	13.0	3	3.2	4	5.9	3	5.3	32	10.0	13	3.7
	N.T.	1	0.6	1	0.5	1	1.1	...	...	...	...	2	3.5	2	0.6	3	0.9
	N.K.	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
	Total	17	10.6	8	4.1	13	14.1	3	3.2	4	5.9	5	8.8	34	10.6	16	4.6
3. By Small-pox	T.	1	0.6	6	3.1	1	1.1	1	1.1	3	4.4	...	...	5	1.6	7	2.0
	N.T.	1	0.6	3	1.5	1	1.1	...	...	3	4.4	...	...	5	1.5	3	0.9
	N.K.	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
	Total	2	1.2	9	4.6	2	2.2	1	1.1	6	8.8	...	...	10	3.1	10	2.9
4. By Infant Paralysis	T.	9	5.6	5	2.5	1	1.1	1	1.1	3	4.4	...	...	13	4.1	6	1.7
	N.T.	...	...	...	...	1	1.1	...	...	...	...	...	...	1	0.3	...	...
	N.K.	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
	Total	9	5.6	5	2.5	2	2.2	1	1.1	3	4.4	...	...	14	4.4	6	1.7
5. By Paralysis	T.	12	7.5	8	4.1	4	4.4	...	...	3	4.4	2	3.5	19	5.9	10	2.9
	N.T.	1	0.6	...	...	1	1.1	3	3.2	...	...	1	1.8	2	0.6	4	1.1
	N.K.	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
	Total	13	8.1	8	4.1	5	5.5	3	3.2	3	4.4	3	5.3	21	6.5	14	4.0

Table 5.11 Continued

Causes		Madras City				Chingleput (rural)				Chingleput (urban)				All areas			
		Males		Females		Males		Females		Males		Females		Males		Females	
		No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
6. By Fever	T.	23	14.3	16	8.1	3	3.3	6	6.4	5	7.4	6	10.5	31	9.7	28	8.0
	N.T.	...	...	10	5.1	3	3.2	5	5.3	3	4.4	3	5.3	6	1.8	18	5.2
	N.K.	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
	Total	23	14.3	26	13.2	6	6.5	11	11.7	8	11.8	9	15.8	37	11.5	46	13.2
7. By Old Age	T.	12	7.5	15	7.6	8	8.7	6	6.4	5	7.4	8	14.0	25	7.8	29	8.4
	N.T.	4	2.4	20	10.1	22	23.9	33	35.1	9	13.2	10	17.5	35	10.9	63	18.1
	N.K.	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
	Total	16	9.9	35	17.7	30	32.6	39	41.5	14	20.6	18	31.5	60	18.7	92	26.5
8. By Other Causes	T.	41	25.5	34	17.3	13	14.1	11	11.7	10	14.6	10	17.5	64	19.9	55	15.8
	N.T.	10	6.2	13	6.6	8	8.7	11	11.6	5	7.4	9	15.8	23	7.2	33	9.5
	N.K.	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
	Total	51	31.7	47	23.9	21	22.8	22	23.3	15	22.0	19	33.3	87	27.1	88	25.3
Total	T.	120	74.5	96	48.7	42	45.7	29	30.9	37	54.4	30	52.6	199	62.0	155	44.5
	N.T.	25	15.5	58	29.5	50	54.3	65	69.1	31	45.6	27	47.4	106	33.0	150	43.1
	N.K.	16	10.0	43	21.8	...	...	...	...	...	...	...	...	16	5.0	43	12.4
	Total	161	100.0	197	100.0	92	100.0	94	100.0	68	100.0	57	100.0	321	100.0	348	100.0

It is evident that Madras city has a larger percentage of handicapped persons who have attempted treatment in each category for males and for all categories except the age at incidence group 10-19 in the case of females. In Madras, among males the highest percentage of treated cases is recorded in 10-19 and among females in the 5-9 age class. Even the lowest class, viz., 20-34 has 72% who have attempted treatment. In Chingleput district, the 10-19 age class ranks first in this respect with 80% of males and 75% of females who attempted treatment.

Influence of cause of handicap on treatment

5.8 Table 5.10 gives the number of handicapped cases who attempted treatment classified by different causes of handicap and type of handicap. Since the number of cases in each cell is small and is open to sampling fluctuations the interpretation of this Table has been confined only to all handicaps. In Table 5.11 cross classification of treatment status is furnished for each of the three areas surveyed. But here again it will be more appropriate to combine the rural and urban areas of Chingleput to avoid small sample effects. A summary of these two Tables is given in Table 5.12. This Table clearly indicates that the handicaps due to accident, infant paralysis and paralysis receive the maximum attention while the handicaps arising from birth and old age receive the least attention in either sex. Comparatively, females are less attentive than males in respect of each category of handicap. The handicapped of Madras of either sex have shown greater attention to treatment of handicaps than those of Chingleput district. In Madras all the infant paralysis cases have attempted treatment. Among accidents which ranks next, 94% of males and 88% of females have attempted treatment. Among the paralytic cases, 92% of males and all the 8 females included in the survey have attempted treatment.

Table 5.12

Percentage of treated/not treated classes by cause of handicap, area-wise

Causes	Madras City				Chingleput				All areas			
	Males		Females		Males		Females		Males		Females	
	T.	N.T.	T.	N.T.	T.	N.T.	T.	N.T.	T.	N.T.	T.	N.T.
Congenital	43	57	31	69	14	86	12	88	24	76	21	79
Accident	94	6	88	12	94	6	75	25	94	6	81	19
Small-Pox	50	50	67	33	50	50	(100)*	...	50	50	70	30
Infant Paralysis	100	...	100	...	80	20	(100)*	...	93	7	100	...
Paralysis	92	8	100	...	88	12	33	67	90	10	71	29
Fever	100	...	62	38	57	43	60	40	84	16	61	39
Old Age	75	25	43	57	30	70	25	75	42	58	32	68
Other Causes	80	20	72	28	64	36	51	49	74	26	63	37
Total	96	4	62	38	49	51	39	61	65	35	51	49

* Figures indicated in brackets are based on only one case each.

CHART XXIX

PHYSICALLY HANDICAPPED PERSONS CLASSIFIED BY CAUSE OF HANDICAP AND TREATED, NOT TREATED CLASSES, COMBINED SAMPLE

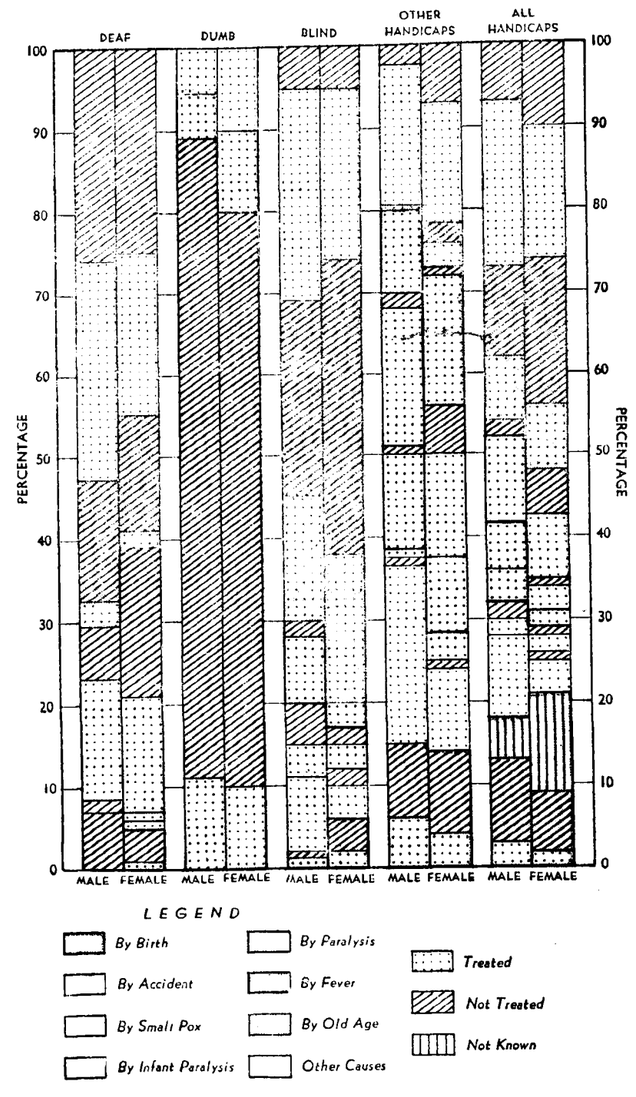
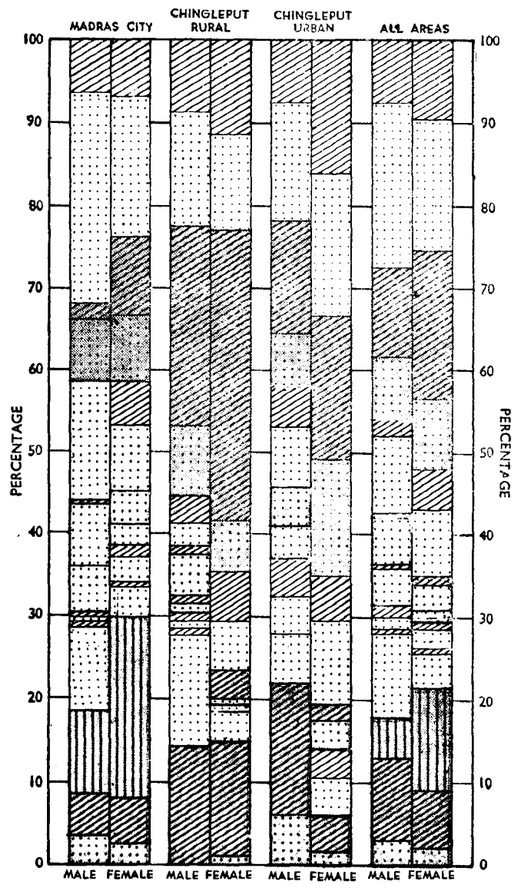


CHART XXX

PHYSICALLY HANDICAPPED PERSONS CLASSIFIED BY CAUSE OF HANDICAP AND TREATED, NOT TREATED CLASSES, AREAWISE



LEGEND

- By Birth
- By Accident
- By Small Pox
- By Infant Paralysis
- By Paralysis
- By Fever
- By Old Age
- Other Causes
- Treated
- Not Treated
- Not Known

In Chingleput District, accidental handicaps rank first in the matter of attention bestowed with 94% of males and 75% of females. Among males, paralytic cases occupy the next place with 88% and among females fevers rank next with 60%. Only one case due to small-pox and infantile paralysis was noticed among females and as such no inference can be drawn. Congenital cases occupy the lowest place with 14% of males and 12% of females who ever attempted treatment.

Preferences regarding method of treatment

5.9 With a view to facilitate planning, it is essential to examine the preferences shown by the handicapped in the matter of treatment, the extent to which allopathic and ayurvedic methods and surgical and non surgical methods are preferred and the proportions each constitute to the total cases. This has been attempted in Table 5.13 for each type of handicap and in Table 5.14 for each area respectively. It is seen that 50% of the handicapped males and 38% of the handicapped females have attempted non-surgical allopathic methods. 5% of males and 2% of females have attempted allopathic surgical methods bringing the percentage of those adopting allopathic method to 55% of males and 40% of females. It means that allopathic method of treatment is generally preferred. Among males ayurvedic treatment account for only 3% and other method 4% of the cases. Among females, 4% have attempted allopathic treatment and only 1% other treatment. These proportions are worked out against the total handicapped cases in each sex and it is interesting to recall that 33% of males and 43% of females have never attempted treatment.

5.10 The orthopaedically handicapped have the highest percentage of persons who attempted non-surgical allopathic treatment and over 60% of the orthopaedically handicapped males and females have attempted this form of treatment. Actually, under orthopaedically handicapped, the lowest proportion of not treated cases has been recorded. Among males, preference for ayurvedic treatment is high among the orthopaedically handicapped and among the females, the deaf prefer this form of treatment. The ayurvedic-cum-allopathic treatment reported in the survey has been classified as other treatment. This latter category constitutes 9% of the orthopaedic males and less than 2% of the orthopaedic females. The percentage not treated is high among the deaf and the dumb and in either case, over 80% of the treated class have resorted to allopathic treatment.

5.11 In the three areas surveyed by us, the percentage of those resorting to allopathic treatment is highest in Madras with 62% of males and 42% of females in non-surgical methods and 7.5% of males and 3.1% of females in surgical methods. Chingleput urban area ranks next, indicating that greater facilities available for such treatment has influenced this tendency. Under ayurvedic treatment, Madras occupies the last position with less than 1% of males and 2% of females who have resorted to this treatment.

Reasons for not giving treatment

5.12 Among the not treated class, several reasons are given for not giving treatment. They can be broadly classified into four categories—viz., economic reason, incurability, negligence and others. Table 5.16 shows the proportion in each of these classes for different types of handicap. Over 82% of the handicapped males and 86% of the handicapped females give lack of money as the reason. Nearly 9% of males as well as females who have attempted treatment have stated that their handicap is incurable and therefore it is not worth taking any treatment. 5.7% of males and 2.7% of females come under negligence. The balance of 2.7% males and 1.3% of females have never attempted treatment due to other causes. Under different handicaps, the percentage of those who never attempted treatment due to economic reasons is high as evident from the following figures :—

	Males	Females
Deaf	85	90
Dumb	71	86
Blind	92	89
Orthopaedically handicapped	63	79
All handicaps	82	87

These figures indicate how the low economic conditions can influence the attitude towards handicaps. It is one of resignation even when the handicapped are aware of the consequences they have to face. Table 5.16 is more revealing than Table 5.15. If the percentage of those who never attempted treatment due to

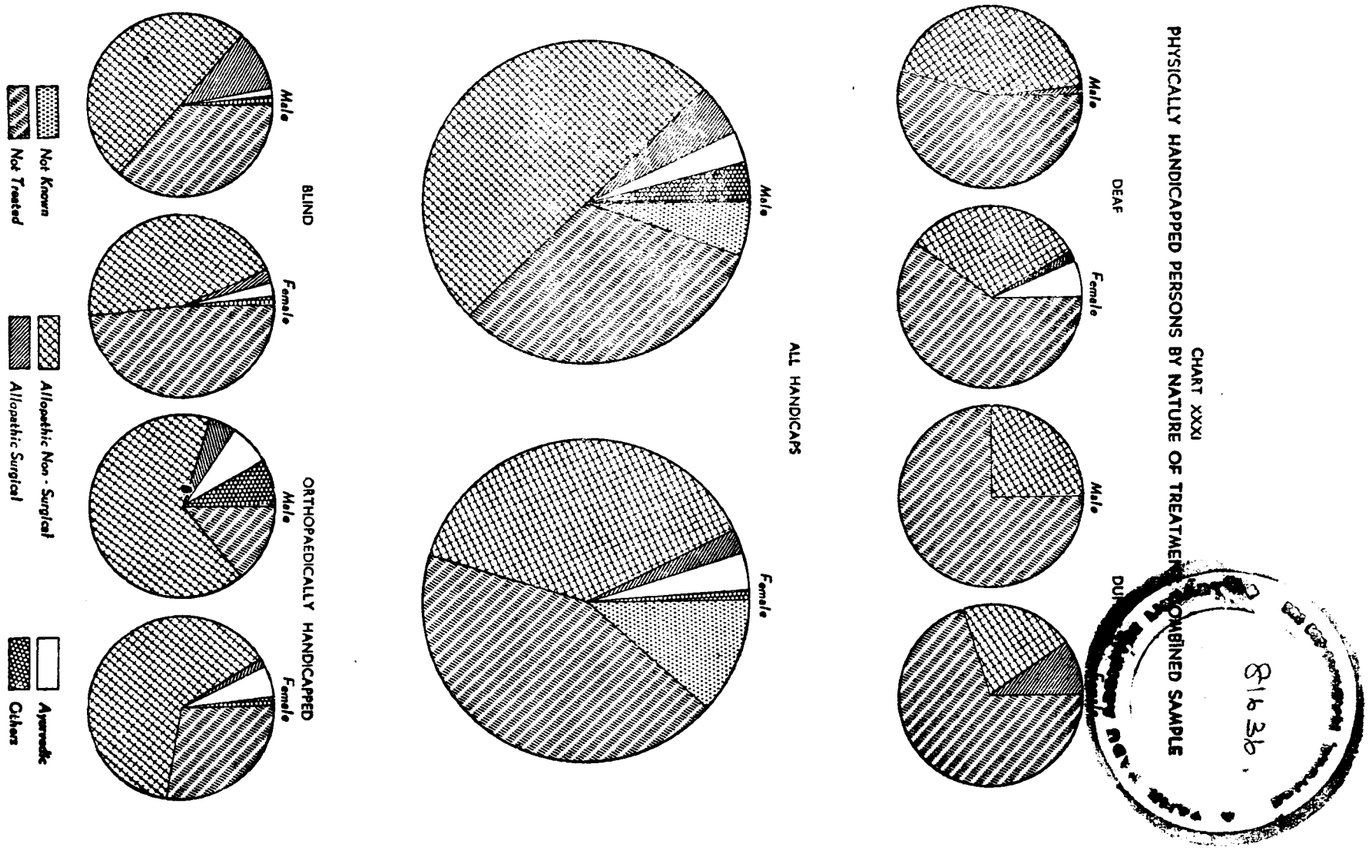
Table 5.13

Physically handicapped persons by nature of treatment, combined sample

Nature of Treatment		Deaf		Dumb		Blind		Deaf & Dumb		Deaf & Blind		Blind & Dumb		Orthopaedically handicapped		All handicaps	
		No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
MALES																	
1. Not Known		...	...	...	...	...	...	16	84.2	...	...	...	...	...	...	16	5.0
	%	...		...		...		100.0		...		...		...		100.0	
2. Not Treated		34	54.8	14	77.8	38	36.9	3	15.8	1	11.1	...	...	16	14.5	106	33.0
	%	32.1		13.2		35.9		2.8		0.9		...		15.1		100.0	
3. Allopathic Treatment (Non-Surgical)		27	43.6	4	22.2	51	49.5	...	...	8	88.9	...	...	71	64.6	161	50.2
	%	16.8		2.5		31.7		...		5.0		...		44.0		100.0	
4. Allopathic Treatment (Surgical)		1	1.6	...	...	11	10.7	...	...	...	...	...	...	5	4.5	17	5.3
	%	5.9		...		64.7		...		...		...		29.4		100.0	
5. Ayurvedic Treatment		...	...	...	...	1	1.0	...	...	...	...	...	...	8	7.3	9	2.8
	%	...		...		11.1		...		...		...		88.9		100.0	
6. Other Treatment		...	...	...	...	2	1.9	...	...	...	...	...	...	10	9.1	12	3.7
	%	...		...		16.7		...		...		...		83.3		100.0	
Total		62	100.0	18	100.0	103	100.0	19	100.0	9	100.0	...	...	110	100.0	321	100.0
	%	19.3		5.6		32.1		5.9		2.8		...		34.3		100.0	
FEMALES																	
1. Not Known		...	...	...	...	...	...	43	89.6	...	...	...	...	...	...	43	12.4
	%	...		...		...		100.0		...		...		...		100.0	
2. Not Treated		49	60.5	7	70.0	63	48.8	5	10.4	7	70.0	...	...	19	27.5	150	43.1
	%	32.7		4.7		42.0		3.3		4.7		...		12.6		100.0	
3. Allopathic Treatment (Non-Surgical)		25	30.9	2	20.0	58	44.9	...	...	3	30.0	...	...	44	63.8	132	37.9
	%	18.9		1.5		44.0		...		2.3		...		33.3		100.0	
4. Allopathic Treatment (Surgical)		1	1.2	1	10.0	2	1.6	...	...	...	...	1	100.0	1	1.5	6	1.7
	%	16.7		16.7		33.3		...		...		16.7		16.6		100.0	
5. Ayurvedic Treatment		6	7.4	...	...	4	3.1	...	...	...	...	...	...	4	5.7	14	4.0
	%	42.8		...		28.6		...		...		...		28.6		100.0	
6. Other Treatment		...	...	...	...	2	1.6	...	...	...	...	...	...	1	1.5	3	0.9
	%	...		...		66.7		...		...		...		33.3		100.0	
Total		81	100.0	10	100.0	129	100.0	48	100.0	10	100.0	1	100.0	69	100.0	348	100.0
	%	23.3		2.9		37.0		13.8		2.9		0.3		19.8		100.0	

CHART XXXI

PHYSICALLY HANDICAPPED PERSONS BY NATURE OF TREATMENT, COMBINED SAMPLE



8/6/36

Table 5.14

Physically handicapped persons by nature of treatment, area-wise.

Nature of Treatment		Madras City				Chingleput (rural)				Chingleput (urban)				All areas			
		Males		Females		Males		Females		Males		Females		Males		Females	
		No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
1. Not Known		16	10.0	43	21.8	...	...	...	...	...	...	...	...	16	5.0	43	12.4
	%	100.0		100.0		...		...		...		...		100.0		100.0	
2. Not Treated		25	15.5	58	29.5	50	54.3	65	69.1	31	45.6	27	47.4	106	33.0	150	43.1
	%	23.6		38.7		47.2		43.3		29.2		18.0		100.0		100.0	
3. Allopathic Treatment (Non-Surgical)		99	61.5	84	42.6	30	32.6	24	25.5	32	47.1	24	42.1	161	50.2	132	37.9
	%	61.5		63.6		18.6		18.2		19.9		18.2		100.0		100.0	
4. Allopathic Treatment (Surgical)		12	7.5	6	3.1	4	4.4	...	...	1	1.5	...	...	17	5.3	6	1.7
	%	70.6		100.0		23.5		...		5.9		...		100.0		100.0	
5. Ayurvedic Treatment		1	0.6	4	2.0	6	6.5	4	4.3	2	2.9	6	10.5	9	2.8	14	4.0
	%	11.1		28.6		66.7		28.6		22.2		42.8		100.0		100.0	
6. Other Treatment		8	4.9	2	1.0	2	2.2	1	1.1	2	2.9	...	...	12	3.7	3	0.9
	%	66.6		66.7		16.7		33.3		16.7		...		100.0		100.0	
Total		161	100.0	197	100.0	92	100.0	94	100.0	68	100.0	57	100.0	321	100.0	348	100.0
	%	50.1		56.6		28.7		27.0		21.2		16.4		100.0		100.0	

Table 5.15

Reason for not giving treatment, combined sample.

Reason for not giving Treatment		Deaf		Dumb		Blind		Deaf & Dumb		Deaf & Blind		Blind & Dumb		Orthopaedically handicapped		All handicaps	
		No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
MALES																	
1. Economic Reason		29	85.2	10	71.4	35	92.1	2	66.7	1	100.0	...	...	10	62.5	87	82.1
	%	33.3		11.5		40.2		2.3		1.2		...		11.5		100.0	
2. Incurability		1	3.0	3	21.4	1	2.6	...	...	...	...	...	...	5	31.3	10	9.4
	%	10.0		30.0		10.0		...		...		...		50.0		100.0	
3. Negligence		3	8.8	1	7.2	...	...	1	33.3	...	...	...	...	1	6.2	6	5.7
	%	50.0		16.7		...		16.7		...		...		16.6		100.0	
4. Others		1	3.0	...	...	2	5.3	...	...	...	...	...	...	...	...	3	2.8
	%	33.3		...		66.7		...		...		...		...		100.0	
Total		34	100.0	14	100.0	38	100.0	3	100.0	1	100.0	...	...	16	100.0	106	100.0
	%	32.1		13.2		35.9		2.8		0.9		...		15.1		100.0	
FEMALES																	
1. Economic Reason		44	89.8	6	85.7	56	88.9	3	60.0	6	85.7	...	...	15	78.9	130	86.7
	%	33.8		4.6		43.1		2.3		4.6		...		11.6		100.0	
2. Incurability		1	2.0	1	14.3	5	7.9	2	40.0	1	14.3	...	...	4	21.1	14	9.3
	%	7.1		7.1		35.8		14.3		7.1		...		28.6		100.0	
3. Negligence		4	8.2	...	...	...	...	...	...	...	...	...	...	...	...	4	2.7
	%	100.0		...		...		...		...		...		...		100.0	
4. Others		...	...	...	...	2	3.2	...	...	...	...	...	...	...	...	2	1.3
	%	...		...		100.0		...		...		...		...		100.0	
Total		49	100.0	7	100.0	63	100.0	5	100.0	7	100.0	...	..	19	100.0	150	100.0
	%	32.7		4.7		42.0		3.3		4.7		...		12.6		100.0	

CHART XXXII

PHYSICALLY HANDICAPPED PERSONS BY NATURE OF TREATMENT, AREAWISE

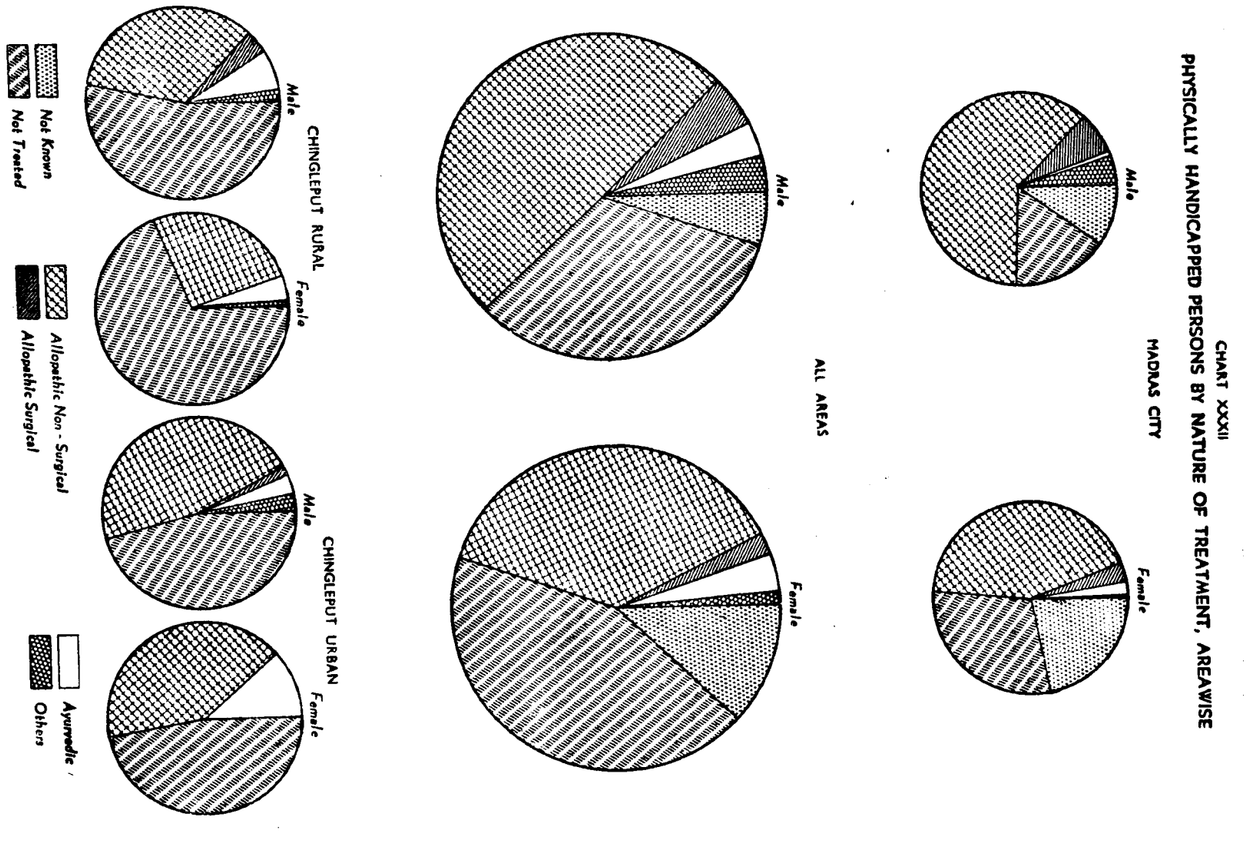


Table 5.16

Reason for not giving treatment, all areas.

Reason for not giving Treatment		Madras City				Chingleput (rural)				Chingleput (urban)				All areas			
		Males		Females		Males		Females		Males		Females		Males		Females	
		No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
1. Economic Reason		13	52.0	47	81.1	46	92.0	60	92.3	28	90.4	23	85.2	87	82.1	130	86.7
	%	14.9		36.2		52.9		46.2		32.2		17.6		100.0		100.0	
2. Incurability		6	24.0	9	15.5	3	6.0	3	4.6	1	3.2	2	7.4	10	9.4	14	9.3
	%	60.0		64.3		30.0		21.4		10.0		14.3		100.0		100.0	
3. Negligence		4	16.0	1	1.7	1	2.0	2	3.1	1	3.2	1	3.7	6	5.7	4	2.7
	%	66.6		25.0		16.7		50.0		16.7		25.0		100.0		100.0	
4. Others		2	8.0	1	1.7	...	...	...	...	1	3.2	1	3.7	3	2.8	2	1.3
	%	66.7		50.0		...		...		33.3		50.0		100.0		100.0	
Total		25	100.0	58	100.0	50	100.0	65	100.0	31	100.0	27	100.0	106	100.0	150	100.0
	%	23.6		38.7		47.2		43.3		29.2		18.0		100.0		100.0	

economic reason is considered an index of the prosperity of the handicapped they are comparatively better off in Madras than in the other two areas. Secondly, even in Madras, the effect of the economic hardship is more severely felt by the females than by the males. Strangely enough, Madras ranks first even in the percentage of males and females who have adduced incurability as a factor for not receiving treatment.

5.13 Adequate steps have not been taken by the handicapped persons and their guardians to attempt treatment to rehabilitate and to bring them back to active and normal life. The high proportion who have never consulted a physician—33% among males and 43% among females highlights a serious situation worthy of attention by all who are interested in the welfare of the handicapped. The proportion of those who have attempted treatment is low among the congenitally handicapped, where only one fifth of the cases have come under the treated class. They seem to have learnt to live with their handicaps with resignation or indifference. This attitude is particularly noticed in the age group 0–4 and 60+, viz., the young and the old among whom those who have not consulted a doctor amount to 40% of males and 65% of females. Inability to meet the expenditure involved in treatment, incurability, negligence are given as reasons. The most significant factor is the low economic condition of the handicapped which has prevented as many as 80% of them from attempting any treatment. Further, the data for Chingleput rural and urban areas reveal the comparative disadvantage of the rural area in the matter of treatment. We find that over 54% of males and 69% of females of the Chingleput rural area have not attempted treatment, of which a little less than 8% can be attributed to negligence and incurability. The remaining 92% of the cases have cited the economic factor as the reason for not attempting treatment. This brings out in bold relief the need for extension of diagnostic and medical facilities to the rural areas and for making them available to the masses at a relatively low cost. This sphere needs more attention from medical authorities and social workers.

CHART XXXIII

REASONS FOR NOT GIVING TREATMENT, COMBINED SAMPLE

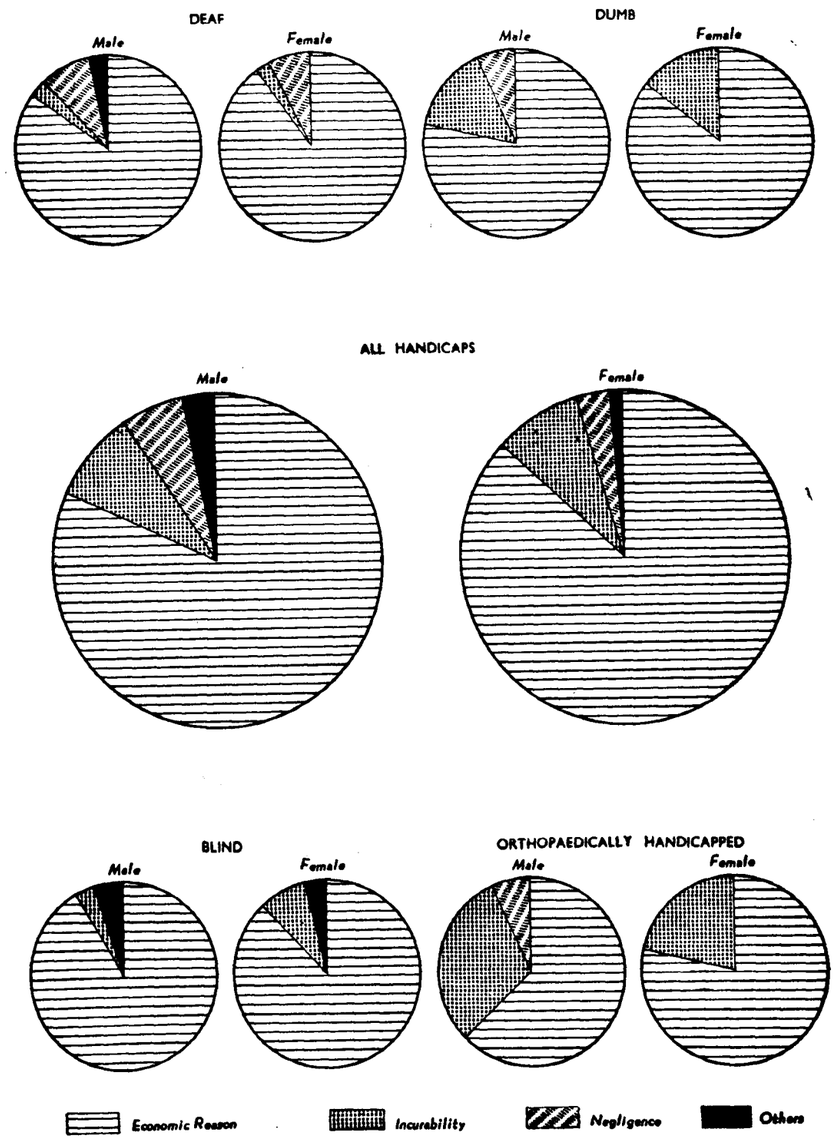
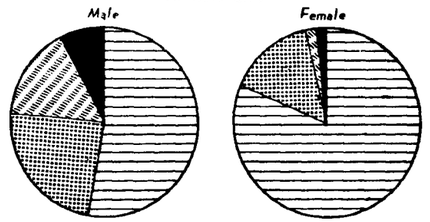


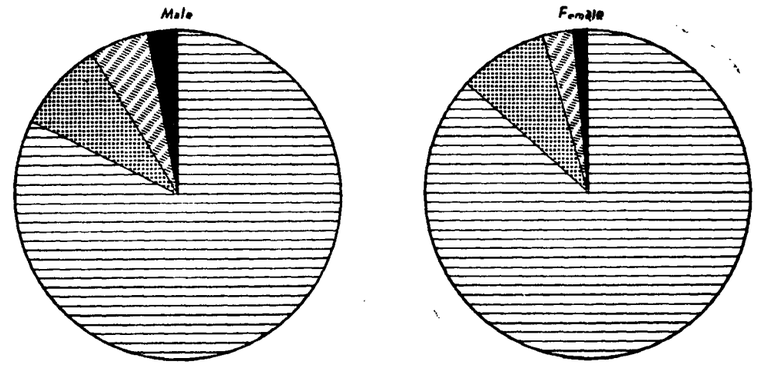
CHART XXXIV

REASONS FOR NOT GIVING TREATMENT, AREAWISE

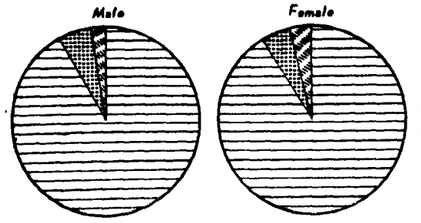
MADRAS CITY



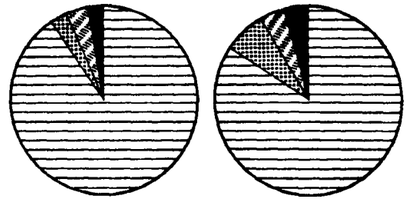
ALL AREAS

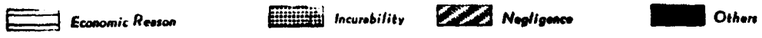


CHINGLEPUT RURAL



CHINGLEPUT URBAN





CHAPTER VI

REHABILITATION OF THE HANDICAPPED

Prior to 1951

6.1 A history of welfare work among the handicapped will be of interest to the reader. The Bombay Institution for the Deaf and Dumb, Mazagaon (Bombay) was established in 1884. It was the first institution of its kind in India. The Calcutta Deaf and Dumb School, the largest school in the country was established in 1893. In Madras State, the C. E. Z. M. School, Palayamcottai was established in 1896. The first organised effort for the education and training of the blind was made in 1887 with the establishment of Miss Sharp's School for the Blind at Amritsar which was later shifted to Dehra Dun. Five more institutions were established before the close of the last century; one of them is the T. D. A. School for the Blind, Madras.

6.2 In 1942, the Government of India appointed Lt. Col. S. V. Clutha Mackenzie as a Special Officer in the Department of Education, Health and Lands. He investigated the extent of blindness in India, its causes and the facilities for their education and employment. In April, 1943 he submitted an interim report to the Government. In 1944, a Special Joint Committee of the Central Advisory Board of Health and Education was set up to enquire into the incidence of blindness in India. In July 1953, a Centre known as St. Dunstan's Hostel was established at Dehra Dun for the Indian War-Blinded. The training of the blinded ex-servicemen was completed by the end of 1949. In January 1950 the Union Ministry of Education took over the Centre and developed it into a Training Centre for the Adult Blind.

6.3 Another important development took place in 1951 with the establishment of the Central Braille Press for producing Braille Literature in the Indian Languages. The Bharati Braille Code was fully adopted during 1950–51 as the common code for the whole country in the light of the recommendations of the conference convened by the UNESCO.

6.4 Rehabilitation of the orthopaedically handicapped is the most neglected. Prior to 1947, no institution, private or Government provided for medical relief, education or rehabilitation of the orthopaedically handicapped. Many of them were left to their fate and only the few who could afford costly treatment could seek the help of orthopaedic surgeons. In 1944, an Artificial Limb Centre was established at Poona for the benefit of servicemen. In 1947 the Society for the Rehabilitation of Crippled Children was started in Bombay with the object of organising hospitals and clinics for the diagnosis, care and treatment of disabled and crippled children. The Society started a small clinic which expanded into a 50-bed hospital in Bombay.

Era of planning:

6.5 After 1951, a more systematic effort was made to deal with this problem. The Union Ministry of Education convened a seminar on the Education of the Deaf in Mussourie in September 1955, at which certain important recommendations were made. A scheme of scholarships for deaf students receiving instructions in ordinary institutions was initiated. The Second Plan provided for a Model Audiological Centre and a Technical Training Centre for the Adult Deaf and for giving scholarships for the Deaf. So far only one scheme, viz., that of scholarship for deaf and dumb has been implemented. Several municipalities came forward to open centres for the deaf including one by the Coimbatore municipality in Madras State.

6.6 The First Plan provided several schemes for the welfare of the blind including the establishment of a workshop for manufacturing Braille appliances. An Employment Office was set up in Madras in July 1954, as a part of the Training Centre at Dehra Dun to secure employment for the former trainees of the Centre in industrial and commercial concerns. In 1952 the National Association for the Blind was

started in Bombay to promote education, rehabilitation and training of the blind. The Training Centre for the Blind and the workshop for the manufacture of appliances for the blind at Dehra Dun was expanded and a model school was also started. Several municipalities in India including the Tiruchirapalli Municipality in Madras State came forward to run institutions for the Blind.

6.7 The Artificial Limb Centre set up at Poona for the benefit of servicemen was thrown open to civilians in 1951. In addition to the supply of artificial limbs, the centre started manufacturing a large variety of orthopaedic appliances such as walking calipers for polio cases, orthopaedic boots, various types of belts and spindle braces. In 1955, a Rehabilitation and Training Centre for the Crippled was established at the K. E. M. Hospital in Bombay to impart postgraduate instruction on a co-ordinated and integrated rehabilitation programme for the disabled. Further the Society for the Rehabilitation of Crippled Children in Bombay established a Psychological Department for psychotherapic treatment of emotionally disturbed children. The Society established several training programmes for doctors, physiotherapists and occupational therapists.

6.8 During the Second Plan, the Rehabilitation and Training Centre for the Crippled at the K. E. M. Hospital, Bombay was renamed the All-India Institute of Physical Medicine and Rehabiiitation and in April 1959 a Prosthetic workshop was added to this institute. During this period several voluntary agencies as well as the State Government started schools for the handicapped. The voluntary agencies are helped by the Government by liberal grants-in-aid and advice.

Medical rehabilitation :

6.9 Medical rehabilitation consists of (i) diagnosis; (2) provision of visual, accoustic or prosthetic aids; (3) treatment viz., operation, psychotherapy, remedial gymnastics, occupational therapy, and physiotherapy. The latter consists of exercise therapy, massage, electro-therapy, hydro-therapy, helio-therapy and walking training and use of braces. The aim of occupational therapy is to teach some occupation to the child or adult by means of which movement is gained and also to find out the occupation suitable to the person. A list of medical institutions in the State with facilities for treatment of the handicapped is furnished in Appendix II. The Orthopaedic Department of the Madras General Hospital started in October, 1929, is one of the oldest institutions of its kind in India. The Ophthalmic Hospital, Madras established in 1819 attends to the needs of the visually handicapped. In January 1960, the Dattareya Orthopaedic Centre, Adyar, was started by the Andhra Mahila Sabha for the rehabilitation of the orthopaedically handicapped.

Special institutions

6.10 Voluntary agencies as well as the State Government run schools for the handicapped. The schools for the handicapped generally have classes upto middle school level. Some new schools go upto V Standard only. The Government School for the Blind, Poonamallee offers education upto S.S.L.C. Class. A small number of blind students attend normal schools along with sighted students. After passing S.S.L.C. a small number of students pursue university education in normal colleges. The Government of India gives them liberal scholarships. All the schools for the blind and deaf are residential. The tution fee and boarding is mostly free. The number of special institutions and number of pupils attending them are as follows :—

Table 6.1

Handicapped institutions and their strength—1963

	Institutions	Pupils
Deaf-Mutes	8	1006
Blind	10	672
Crippled	2	52
All Handicaps	20	1730

The districtwise distribution of the handicapped institutions is indicated in Table 6.2. These institutions are not evenly distributed in all the districts as will be evident from the map given in the frontispiece.

6.11 The major Schools for the Deaf and Blind train their own specialist teachers on *ad hoc* basis. There are two grades of training — (i) senior and (ii) junior. Only graduates in teaching are admitted into senior grade whereas secondary grade teachers could take up junior grade. The training had is either a full time one for one academic year or an in-service one spread over two years. The School

Table 6.2

List of institutions for the handicapped in Madras State.

District	Deaf & Dumb	Blind	Orthopaedically handicapped
Madras	1. C. S. I. School for the Deaf, Santhome, Madras-4. 2. School for the Deaf, Cathedral Post, Madras-6. 3. St. Louis Institute for the Deaf, Adyar, Madras-20.	1. Government School for the Blind, Cathedral Post, Madras-6. 2. St. Louis Institute for the Blind, Adyar, Madras-20.	1. Eswariprasad Dattatreya Orthopaedic Centre, Adyar, Madras-20.
Chingleput		3. Government School for the Blind, Poonamallee.	
North Arcot		4. Home & School for the Blind, Fort Round, Vellore.	
Salem		5. Government School for the Blind, Salem-2.	
Coimbatore	4. The Municipal School for the Deaf & Dumb, R.S. Puram, Coimbatore.	6. The T.E.L.C. School & Home for the Blind, Podanur, Coimbatore.	
Tiruchirapalli		7. School for the Blind, Puthur, Tiruchirapalli.	2. Rehabilitation Centre Run by Rotary Club, Ammachatram, via., Kumbakonam.
Thanjavur			
Ramanathapuram	5. Municipal Deaf & Dumb School, Karaikudi, Ramanathapuram. 6. School for the Deaf, Manamadurai, Ramanathapuram.	8. The School for the Blind C/o Swedish Mission Hospital, Tiruppathur, Ramanathapuram District. 9. St. Francis Xavier's Orphanage, Srivilliputhur, Ramanathapuram.	
Tirunelveli	7. Santisamarasa Deaf & Dumb School, Kalyanipuram, Sivasailam, Tirunelveli. 8. Florence Swainson Deaf School, Palayamcottai, Tirunelveli.	10. School for the Blind, Palayamcottai, Tirunelveli.	

for the Deaf, Cathedral, Madras founded in 1926 offers facilities for training the teachers for the deaf. The Government School for the Blind, Poonamallee has on its rolls over 250 students or over 33% of the pupils admitted to the blind schools in the State. Teachers for the blind are trained in this school. More details regarding the special institutions in the state may be found in the Appendix III.

Employment aspects

6.12 In Septemper 1956, the Ministry of Education convened a Seminar on Employment of the Blind. Although this Seminar was concerned primarily with problems of the blind, the conclusions reached at the Seminar are equally significant to all types of handicapped. A major result of the Seminar was the scheme for the establishment of Special Employment Offices for the Physically Handicapped drawn up in consultation with the experts of the International Labour Organisation. These offices were intended to function as an integral part of the National Employment Service and to promote the placement of the trained blind, deaf and orthopaedically handicapped persons in suitable occupations by persuading prospective employers. The first two offices were started in Bombay and Delhi in 1959 and 1961 respectively. The Employment Office for the Blind, existing in Madras since 1954 was reorganised and made into the Special Employment Office for the Physically Handicapped in April, 1961.

6.13 The Employment Office at Madras of the Training Centre for Adult Blind, has placed in Employment 146 ex-trainees of the Centre upto September, 1961. The average monthly earnings of the blind workers placed by the Madras Employment Office varies between Rs. 30/- and Rs. 120/- per mensem according to the report "Employment of the Physically Handicapped" published by the Ministry of Education, Government of India. The above report has also given an extract of the opinion of the employers regarding their handicapped employees which clearly shows that the handicapped can be trained for even skilled jobs.

6.14 At present there is only one Special Employment Office for the Physically Handicapped functioning in the State and the office is located at Madras. This office is assisted by a medical Board consisting of an orthopaedic surgeon, an Ear, Nose, Throat Specialist, an Ophthalmologist and a general physician. They examine the applicants and ensure that they are free from infection and assess their working capacity. Employment Offices are functioning in every district for assisting the unemployed to find employment. In these offices the handicapped persons can also register themselves just like any normal person. It is laid down in the Manual of Instructions on Placement of Physically Handicapped that Physically Handicapped Persons reporting at Employment Exchanges in areas not covered by the Special Employment Office should be dealt with in accordance with normal Exchange procedure and rendered normal employment assistance. It has also been stressed that all Employment Exchanges should consider placement of Physically Handicapped persons as a special responsibility and that special efforts should be made to fit such persons into types of employment where their disability will not be a serious handicap.

6.15 As on 31 July 1963, 619 handicapped males and 108 handicapped females have registered themselves in the employment exchanges of Madras State. Out of this, the major proportion—205 males and 55 females have registered in the Special Employment Exchange at Madras. The majority of these registrants are orthopaedically handicapped and the next largest group are the blind. A large proportion of these registrants belong to the age group 20-29 in each category of handicapped. As against the total registrants of 619 males and 108 females on 31 July 1963, 96 males and 7 females were placed in employment in the period 1 April 1962 to 31 July 1963. Most of them were placed in employments fetching a salary less than Rs. 100 per mensem. These data throw light on the role of the employment exchanges in placing the handicapped unemployed in suitable positions.

6.16 While the Employment Offices can do their best in advising the handicapped about employment opportunity available and also use their influence in finding employment, the success of their efforts will very much depend upon the sympathy, goodwill and co-operation of employers and co-workers. The rehabilitation of the handicapped has to be tackled in many aspects, medical, psychological, technical, vocational and social. All these aspects are inter related and require the co-ordination of the activities of the government, voluntary organisations, employers and others concerned with the welfare of the handicapped.

CHAPTER VII

PERSPECTIVES OF THE PHYSICAL HANDICAP PROBLEM

Trends in the extent of handicaps

7.1 The remarkable development in medicine and technology has made it possible that some relief could be given to the persons suffering from physical handicap. The object is to prevent the occurrence of handicaps and to provide opportunities for a useful life even to those handicapped whom medicine cannot cure. The conditions in India cannot under any circumstances be compared with those prevalent in advanced countries like U. S. A. and U. K. Before Independence, the welfare of the handicapped had depended largely on the isolated efforts of missionaries and philanthropical institutions. What has been attempted so far is negligible when compared with what has to be done.

7.2 To make the future planning realistic, it is necessary to have a proper estimate of the number of handicapped persons found in this State. We have indicated in an earlier Chapter that enumeration of the handicapped was attempted in the Censuses upto 1931. Only the blind and deaf-mute were actually covered. Whatever data are available have been adjusted to the present Madras State and are presented in Table 7.1 and an abstract of it is given below.

Number of blind and deaf-mutes by sex 1901-61

Year	Blind		Deaf-mutes	
	Males	Females	Males	Females
1901	7,711	7,898	7,158	5,780
1911	8,569	8,742	9,560	7,798
1921	9,913	9,764	8,361	6,592
1931	11,134	11,390	9,577	7,450
1961*	104,682	114,204	a. 35,504	70,013
			b. 24,655	18,239

* Estimated from the survey : (a). Deaf only.
(b). Deaf-mutes.

7.3 It is seen from the above Table that the estimated blind and deaf-mutes based on this survey are much higher than the figures of the earlier Census enumeration. The returns of 1901-31 indicate a more or less steady trend. For a comparative study, we have converted these absolute figures in terms of rates per lakh of population. These rates have been presented in Table 7.2 for each district and a summary is as follows :

Number of blind and deaf-mutes per lakh of population, 1901-61

Year	Blind		Deaf-mutes	
	Males	Females	Males	Females
1901	81.9	80.3	76.0	58.8
1911	83.7	82.0	93.4	73.1
1921	93.0	89.0	78.4	60.1
1931	96.2	95.8	82.7	62.7
1961*	423.0	565.0	a. 254.0	355.0
			b. 78.0	210.0

* Estimated from the survey : (a). Deaf only.
(b). Deaf-mutes.

7.4 During the period 1931–61, an alarming increase in blindness and deaf-mutism has been recorded. Actually we should expect a decrease in handicaps. With the increasing medical and hospital facilities and larger coverage by preventive medicine, any improvement in sanitation and health should also be reflected by a fall in the number of the handicapped. But as observed earlier, the Superintendents of Census Operations of Madras State of 1921 and 1931 have not thought highly of enumeration of the handicapped through the Census machinery. Considering that there was a fatalism among the people and there was a desire to suppress all handicaps in the interest of respect in society, it stands to reason that no accurate

Table 7.1

Number of blind and deaf-mutes by sex in Madras State, 1901 to 1931.*

Districts	1901				1911				1921				1931			
	Blind		Deaf-mute		Blind		Deaf-mute		Blind		Deaf-mute		Blind		Deaf-mute	
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
Madras	172	133	100	65	96	98	143	75	161	111	138	99	188	151	189	152
Chingleput	404	368	570	413	496	486	817	577	703	609	693	468	617	615	627	467
North Arcot	782	520	732	389	924	974	994	740	1,259	1,276	1,232	1,040	1.139	1,196	845	629
South Arcot	893	908	869	745	964	898	1,034	958	1,063	1,089	515	398	1,306	1,373	1,016	838
Salem	718	817	765	660	690	660	774	657	735	816	870	725	750	892	762	550
Coimbatore	669	845	741	581	678	842	933	744	820	1,018	959	718	712	840	749	588
Nilgiris	31	19	34	26	36	27	38	45	47	38	39	34	31	22	33	28
Madurai	738	763	550	472	864	980	833	663	1,033	1,018	889	625	1,203	1,334	999	762
Tiruchirapalli	913	1,047	811	747	810	906	1,104	947	1,020	985	1,091	937	1,172	1,169	1,097	920
Thanjavur	620	649	950	732	696	666	1,139	862	715	614	528	379	1,041	876	1,146	886
Ramanathapuram	679	738	449	421	999	979	799	702	924	932	469	402	1,160	1,213	913	740
Tirunelveli	945	947	450	424	1,138	1,054	754	672	1,201	1,040	742	619	1,534	1,431	959	708
Kanyakumari	147	144	137	105	178	172	198	154	232	218	196	147	281	278	242	182
State	7,711	7,898	7,158	5,780	8,569	8,742	9,560	7,798	9,913	9,764	8,361	6,592	11,134	11,390	9,577	7.450

* Adjusted to the present Madras State.

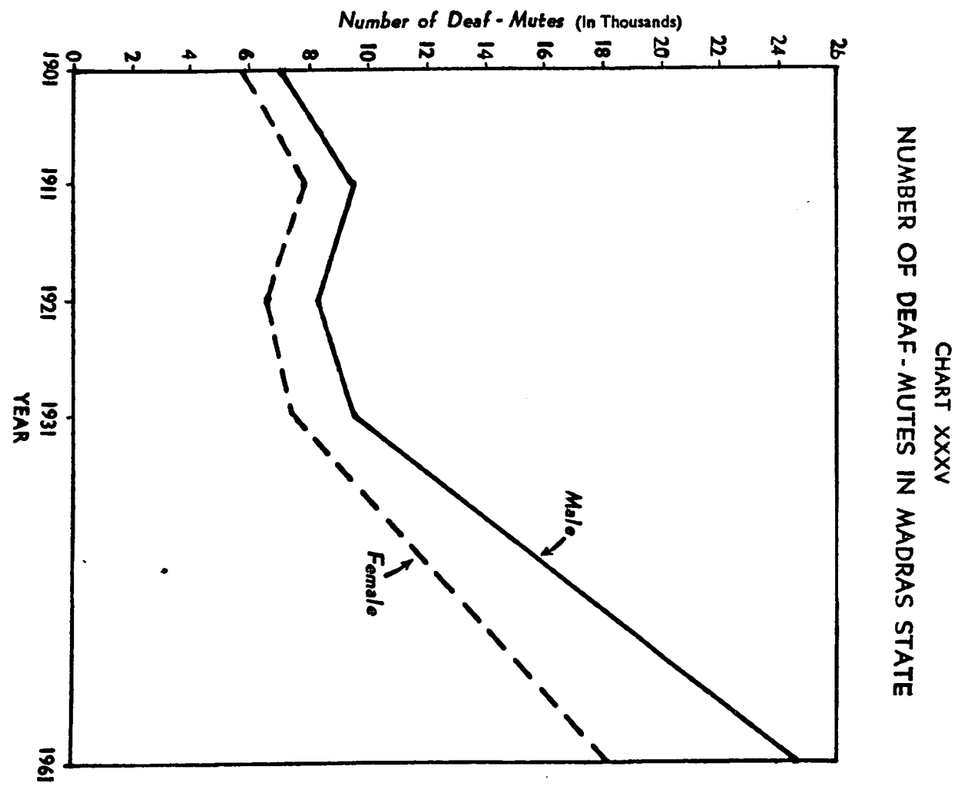


CHART XXXV
NUMBER OF DEAF-MUTES IN MADRAS STATE

CHART XXXVI

NUMBER OF BLIND IN MADRAS STATE

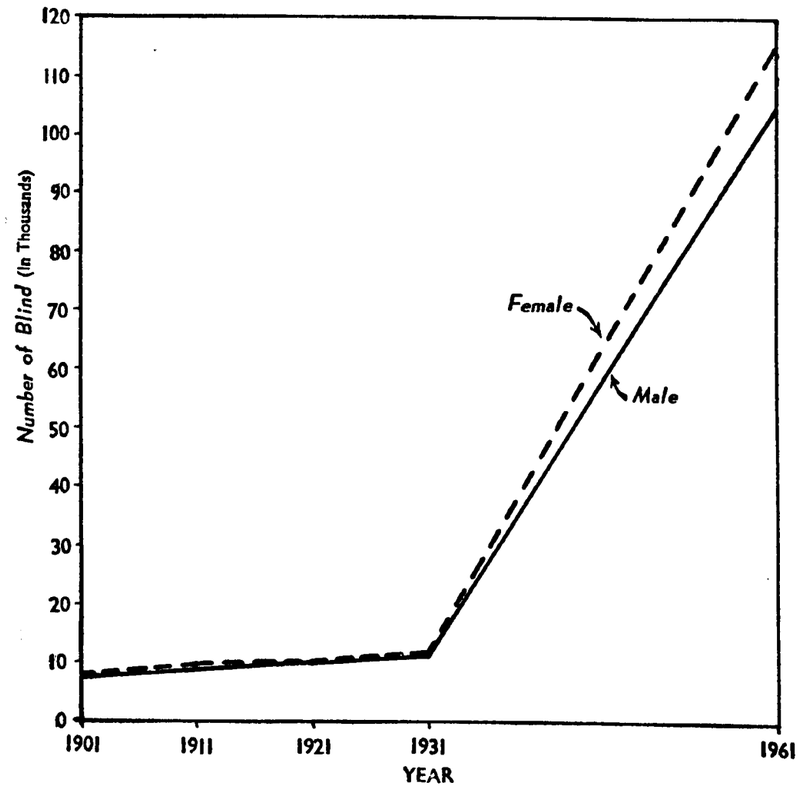


CHART XXXVII

NUMBER OF DEAF-MUTES PER LAKH OF POPULATION

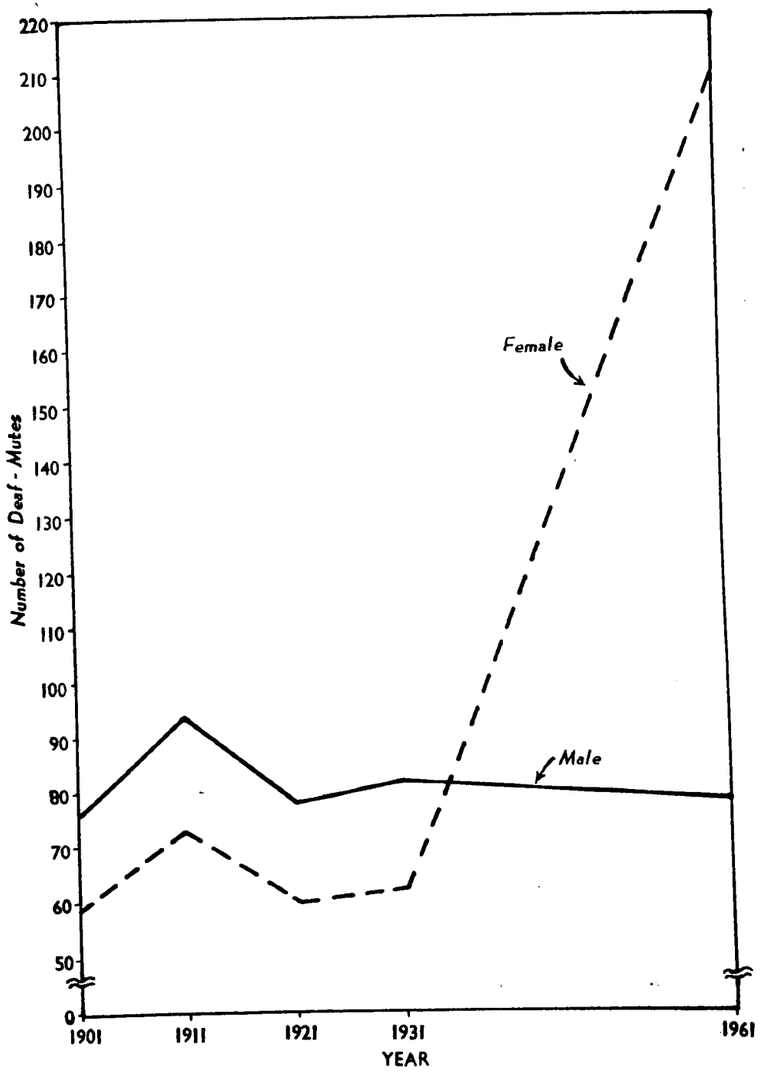


CHART XXXVIII

NUMBER OF BLIND PER LAKH OF POPULATION

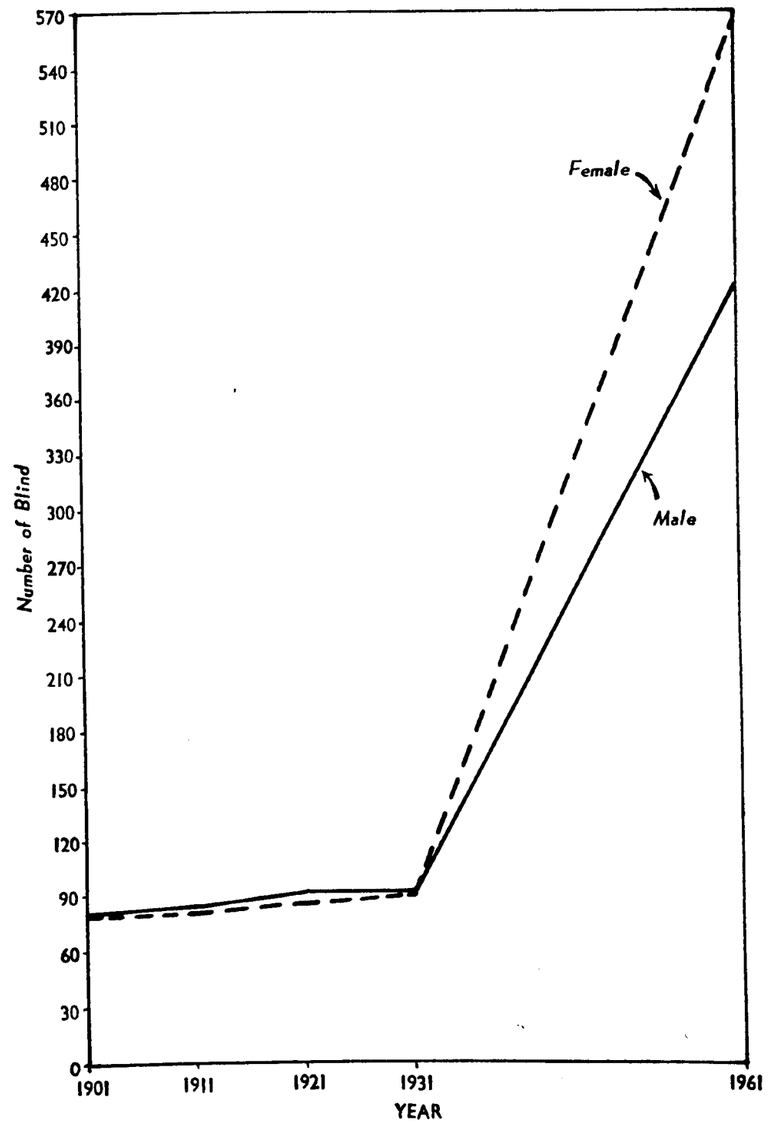


Table 7.2

Number of blind and deaf-mutes per lakh of population by sex in Madras State, 1901 to 1931.

Districts	1901				1911				1921				1931			
	Blind		Deaf-mute		Blind		Deaf-mute		Blind		Deaf-mute		Blind		Deaf-mute	
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
Madras	61.7	48.5	35.9	23.7	32.5	35.0	48.4	26.8	52.0	39.4	44.6	35.1	48.6	43.5	48.9	43.8
Chingleput	60.0	55.4	84.6	62.2	69.0	68.1	113.7	81.1	92.7	81.4	91.4	62.6	74.2	75.4	75.4	57.3
North Arcot	91.9	59.7	86.0	44.6	96.6	99.7	104.0	75.8	124.8	124.9	122.2	101.8	99.3	103.9	73.6	54.6
South Arcot	85.4	85.6	83.1	70.3	82.2	75.5	88.1	80.5	92.2	93.3	44.7	34.1	106.7	111.6	82.9	68.2
Salem	73.5	81.2	78.3	65.6	67.6	63.4	75.9	63.1	69.3	76.2	82.0	67.7	62.0	73.1	63.0	45.1
Coimbatore	73.6	99.0	81.6	62.1	69.5	84.1	95.7	74.3	78.3	96.6	91.7	68.1	61.1	71.5	64.3	50.1
Nilgiris	50.5	36.9	55.4	50.5	56.7	48.9	59.8	81.7	70.1	63.9	58.2	57.2	33.7	28.4	35.9	36.2
Madurai	88.8	87.8	66.2	54.3	92.0	100.2	88.7	67.7	105.2	100.4	90.5	61.6	111.8	120.3	92.9	68.7
Tiruchirapalli	91.2	98.4	81.0	70.2	74.8	78.4	101.9	82.0	89.7	82.6	96.0	78.6	104.1	98.4	97.4	77.4
Thanjavur	58.1	55.0	89.0	62.0	61.9	53.6	101.2	69.5	63.9	50.7	47.2	31.3	91.0	70.6	100.2	71.3
Ramanathapuram	93.7	91.2	62.0	52.0	125.8	111.1	100.6	79.7	112.4	102.8	57.0	44.3	132.1	124.7	104.0	76.0
Tirunelveli	115.4	109.0	55.0	48.8	128.9	111.9	85.4	90.6	126.9	104.5	78.3	62.2	152.6	132.8	95.4	65.7
Kanyakumari	81.7	80.3	76.1	58.6	83.9	81.9	93.3	73.3	93.0	89.0	78.6	60.1	96.2	95.9	82.9	62.8
State	81.9	80.3	76.0	58.8	83.7	82.0	93.4	73.1	93.0	89.0	78.4	60.1	96.2	95.8	82.7	62.7

Table 7.3

Estimated handicapped population by sex for Total, Rural and Urban areas of Madras State, 1961.*

District		Population			Deaf			Deaf-mute		
		Persons	Males	Females	Persons	Males	Females	Persons	Males	Females
Madras	T	1,729,141	909,701	819,440	4,656	2,337	2,319	4,693	1,374	3,319
	R	...	...	...	...	...	...	...	...	...
	U	1,729,141	909,701	819,440	4,656	2,337	2,319	4,693	1,374	3,319
Chingleput	T	2,196,412	1,120,591	1,075,821	6,816	2,270	4,546	2,648	1,622	1,026
	R	1,740,734	885,478	855,256	4,818	1,346	3,472	2,188	1,213	975
	U	455,678	235,113	220,565	1,998	924	1,074	460	409	51
North Arcot	T	3,146,326	1,581,826	1,564,500	9,774	3,170	6,604	3,783	2,285	1,498
	R	2,515,101	1,263,943	1,251,158	6,999	1,921	5,078	3,158	1,732	1,426
	U	631,225	317,883	313,342	2,775	1,249	1,526	625	553	72
South Arcot	T	3,047,973	1,535,928	1,512,045	9,109	2,813	6,296	3,727	2,179	1,548
	R	2,655,651	1,337,130	1,318,521	7,386	2,032	5,354	3,335	1,832	1,503
	U	392,322	198,798	193,524	1,723	781	942	392	347	45
Salem	T	3,804,108	1,923,885	1,880,224	11,564	3,683	7,881	4,620	2,752	1,868
	R	3,186,760	1,609,236	1,577,524	8,853	2,446	6,407	4,003	2,205	1,798
	U	617,348	314,649	302,699	2,711	1,237	1,474	617	547	70
Coimbatore	T	3,557,471	1,809,591	1,747,880	11,539	4,040	7,499	4,217	2,677	1,540
	R	2,525,302	1,264,800	1,250,502	7,015	1,938	5,077	3,172	1,746	1,426
	U	1,032,169	534,791	497,378	4,524	2,102	2,422	1,045	931	114
Nilgiris	T	409,308	213,833	195,475	1,416	553	863	474	328	146
	R	229,441	119,287	110,154	628	181	447	289	163	126
	U	179,867	94,546	85,321	788	372	416	185	165	20
Madurai	T	3,211,227	1,607,229	1,603,998	10,602	3,685	6,917	3,766	2,393	1,373
	R	2,195,482	1,091,964	1,103,518	6,140	1,660	4,480	2,754	1,496	1,258
	U	1,015,745	515,265	500,480	4,462	2,025	2,437	1,012	897	115
Tiruchirapalli	T	3,190,078	1,588,429	1,601,649	10,018	3,244	6,774	3,824	2,303	1,521
	R	2,512,007	1,244,491	1,267,516	7,039	1,892	5,147	3,149	1,705	1,444
	U	678,071	343,938	334,133	2,979	1,352	1,627	675	598	77
Thanjavur	T	3,245,927	1,610,241	1,635,686	10,152	3,243	6,909	3,891	2,328	1,563
	R	2,584,407	1,280,196	1,304,211	7,241	1,946	5,295	3,241	1,754	1,487
	U	661,520	330,045	331,475	2,911	1,297	1,614	650	574	76
Ramanathapuram	T	2,421,788	1,175,769	1,246,019	7,802	2,495	5,307	2,862	1,720	1,142
	R	1,822,307	882,147	940,160	5,158	1,341	3,817	2,281	1,209	1,072
	U	599,481	293,622	305,859	2,644	1,154	1,490	581	511	70
Tirunelveli	T	2,730,279	1,330,220	1,400,059	9,058	3,022	6,035	3,178	1,976	1,202
	R	1,882,397	914,694	967,703	5,319	1,390	3,929	2,356	1,253	1,103
	U	847,882	415,526	432,356	3,739	1,633	2,106	822	723	99
Kanyakumari	T	996,915	503,735	493,180	3,011	948	2,063	1,211	718	493
	R	846,836	428,220	418,616	2,351	651	1,700	1,063	587	476
	U	150,079	75,515	74,564	660	297	363	148	131	17
State	T	33,686,953	16,910,978	16,775,975	105,517	35,504	70,013	42,894	24,655	18,239
	R	24,696,425	12,331,586	12,364,839	68,947	18,744	50,203	30,989	16,895	14,094
	U	8,990,528	4,579,392	4,411,136	36,570	16,760	19,810	11,905	7,760	4,145

	Blind			Orthopaedically handicapped			Others			All handicapped		
	Persons	Males	Females	Persons	Males	Females	Persons	Males	Females	Persons	Males	Females
	6,448	2,474	3,974	7,459	4,476	2,983	876	409	467	24,132	11,070	13,062
	...	...	...	...	...	...	...	...	...	...	...	...
	6,448	2,474	3,974	7,459	4,476	2,983	876	409	467	24,132	11,070	13,062
	14,672	7,203	7,469	7,025	4,572	2,453	706	236	470	31,867	15,903	15,964
	12,317	6,074	6,243	5,589	3,648	1,941	552	133	419	25,464	12,414	13,050
	2,355	1,129	1,226	1,436	924	512	154	103	51	6,403	3,489	2,914
	21,072	10,197	10,875	10,023	6,456	3,567	1,015	330	685	45,667	22,438	23,229
	17,804	8,671	9,133	8,047	5,207	2,840	803	190	613	36,811	17,721	19,090
	3,268	1,526	1,742	1,976	1,249	727	212	140	72	8,856	4,717	4,139
	20,828	10,127	10,701	9,732	6,290	3,442	979	288	691	44,375	21,697	22,678
	18,798	9,173	9,625	8,502	5,509	2,993	847	201	646	38,868	18,747	20,121
	2,030	954	1,076	1,230	781	449	132	87	45	5,507	2,950	2,557
	25,748	12,549	13,199	12,150	7,867	4,283	1,222	379	843	55,304	27,230	28,074
	22,555	11,039	11,516	10,211	6,630	3,581	1,014	241	773	46,636	22,561	24,075
	3,193	1,510	1,683	1,939	1,237	702	208	138	70	8,668	4,669	3,999
	23,206	11,312	11,894	11,349	7,354	3,995	1,153	426	727	51,464	25,809	25,655
	17,874	8,745	9,129	8,091	5,252	2,839	804	191	613	36,956	17,872	19,084
	5,332	2,567	2,765	3,258	2,102	1,156	349	235	114	14,508	7,937	6,571
	2,550	1,272	1,278	1,311	863	448	134	60	74	5,885	3,076	2,809
	1,622	818	804	741	491	250	72	18	54	3,352	1,671	1,681
	928	454	474	570	372	198	62	42	20	2,533	1,405	1,128
	20,803	9,964	10,839	10,190	6,524	3,666	1,047	391	656	46,408	22,957	23,451
	15,547	7,491	8,056	7,004	4,499	2,505	705	164	541	32,150	15,310	16,840
	5,256	2,473	2,783	3,186	2,025	1,161	342	227	115	14,258	7,647	6,611
	21,300	10,189	11,111	10,131	6,479	3,652	1,035	338	697	46,308	22,553	23,755
	17,791	8,538	9,253	8,004	5,127	2,877	807	187	620	36,790	17,449	19,341
	3,509	1,651	1,858	2,127	1,352	775	228	151	77	9,518	5,104	4,414
	21,730	10,366	11,364	10,301	6,571	3,730	1,052	337	715	47,126	22,845	24,281
	18,303	8,782	9,521	8,235	5,274	2,961	831	192	639	37,851	17,948	19,903
	3,427	1,584	1,843	2,066	1,297	769	221	145	76	9,275	4,897	4,378
	16,021	7,460	8,561	7,632	4,788	2,844	792	261	531	35,109	16,724	18,385
	12,911	6,051	6,860	5,768	3,634	2,134	593	132	461	26,711	12,367	14,344
	3,110	1,409	1,701	1,864	1,154	710	199	129	70	8,398	4,357	4,041
	17,738	8,270	9,468	8,602	5,402	3,200	893	320	573	39,469	18,991	20,478
	13,339	6,275	7,064	5,966	3,769	2,197	611	137	474	27,591	12,824	14,767
	4,399	1,995	2,404	2,636	1,633	1,003	282	183	99	11,878	6,167	5,711
	6,770	3,299	3,471	3,184	2,061	1,123	319	97	222	14,495	7,123	7,372
	5,993	2,937	3,056	2,714	1,764	950	269	64	205	12,390	6,003	6,387
	777	362	415	470	297	173	50	33	17	2,105	1,120	985
	218,886	104,682	114,204	109,089	69,703	39,386	11,223	3,872	7,351	487,609	238,416	249,193
	174,854	84,594	90,260	78,872	50,804	28,068	7,908	1,850	6,058	361,570	172,887	188,683
	44,032	20,088	23,944	30,217	18,899	11,318	3,315	2,022	1,293	126,039	65,529	60,510

* The Rates for Chingleput rural and urban areas have been assumed for all Districts except Madras City; for Madras City, the rates for the City have been assumed.

estimate of the handicapped has been made in the early decades. Again it is possible that the increase in the rate of handicapped is due to the greater readiness of the people to admit their handicaps because they now think that something will be done to help them. Such an increase is bound to persist for several decades. Even in advanced countries, any person is inclined to suppress his physical handicap unless some promise is made to him of assistance in the form of money or service. In Britain for example, the increasingly wide State and philanthropical services available under Blind Persons Act brought about a rapid rise in the number of registered blind from 29,926 in 1919 to 74,324 in 1941, an increase of 148%.

7.5 Of all the surveys of the handicapped made by the Census Organisation, we consider that the present is the best because each household has been visited by an enumerator to ascertain the physical infirmities by a personal enquiry. Added to this was the fact that the enumerator was an agent of of the Government and a feeling has grown among the people that the National Government of today is immensely interested in the welfare of the less fortunate sections of the society. This survey may therefore be expected to give a more accurate picture of the infirmities subject to the limitations of sample studies.

7.6 We are well aware that the rate for the different types of handicaps has recorded some variations as between Madras City, Chingleput urban and Chingleput rural areas. The rate for all handicaps has, however, remained constant. As such it may not be quite accurate to estimate the number of handicapped among various groups on a pro-rata basis. But as far as a discussion on the total number of handicapped is concerned, this method is likely to give a realistic picture. But one will be struck by the wide difference in the rate of prevalence of two handicaps—blindness and deaf-mutism in 1931 and 1961. Actually the rate for the blind has increased five times and that of the deaf four times among the males and nine times among the females.

7.7 If we accept the figures of the previous Censuses, they reveal an alarming increase in blindness and deaf-mutism during the last 30 years. Similar increase in other countries have been attributed to such factors as greater willingness on the part of the handicapped or their relatives to disclose the handicaps to the enumerators. Several reasons can be advanced why the ratio of handicaps in India should be on the decrease and not on the increase. The masses of our villages and cities are being brought more and more into contact with Western medicine each year. The hospital facilities are on the increase and the number of vaccinated persons have also increased steadily which means fewer people are likely to lose their sight due to small-pox. Any improvement in sanitation and health noticeable in the fall in death rate should also result in the prevention of handicaps.

7.8 In a lakh of population in Madras State, there are 491 blind, 379 orthopaedics and 303 deaf and a few have various combinations of these handicaps. In absolute figures, there are 219,000 blind, 109,000 orthopaedics and 106,000 deaf in Madras State. The dumb and deaf-mute together account for 201 persons in every lakh of population. If all categories of handicapped are considered, 1,416 handicapped persons are found per lakh of population, i. e. 488,000 handicapped persons live in this State. To rehabilitate all these persons is a problem of such magnitude that calls for serious thinking by administrators, planners, educationists and technicians.

7.9 The estimated handicapped population obtained by applying rates for the sample to the population of each of the district is presented in Table 7.3. Variations from district to district, will be found in the rates of prevalence for each of these handicaps but these figures can be taken as an approximation and used for planning until better data are available. The location of schemes for the welfare of the handicapped should be done on a regional basis. For this, statistics on the distribution of handicapped in the different districts will be of use.

School age handicapped population

7.10 From the survey, we find that the percentage of handicapped people in the age group 10–19

Table 7.4

The school age handicapped population in Madras State, 1961.

Districts	Deaf-mute			Blind			Orthopaedically handicapped			All handicapped*		
	Persons	Males	Females	Persons	Males	Females	Persons	Males	Females	Persons	Males	Females
Madras	1,741	557	1,184	362	124	238	1,313	716	597	3,287	1,328	1,959
Chingleput	1,754	584	1,170	808	360	448	1,223	732	491	4,303	1,908	2,395
North Arcot	2,519	818	1,701	1,163	510	653	1,746	1,033	713	6,177	2,693	3,484
South Arcot	2,396	749	1,647	1,148	506	642	1,694	1,006	688	6,006	2,604	3,402
Salem	3,012	965	2,047	1,419	627	792	2,116	1,259	857	7,479	3,268	4,211
Coimbatore	2,906	1,008	1,898	1,280	566	714	1,976	1,177	799	6,945	3,097	3,848
Nilgiris	344	132	212	141	64	77	228	138	90	790	369	421
Madurai	2,653	912	1,741	1,148	498	650	1,777	1,044	733	6,273	2,755	3,518
Tiruchirapalli	2,574	832	1,742	1,176	509	667	1,767	1,037	730	6,269	2,706	3,563
Thanjavur	2,615	836	1,779	1,200	518	682	1,797	1,051	746	6,383	2,741	3,642
Ramanathapuram	1,986	632	1,354	887	373	514	1,335	766	569	4,765	2,007	2,758
Tirunelveli	2,270	750	1,520	982	414	568	1,504	864	640	5,351	2,279	3,072
Kanyakumari	787	250	537	373	165	208	555	330	225	1,961	855	1,106
State	27,557	9,025	18,532	12,087	5,234	6,853	19,031	11,153	7,878	65,989	28,610	37,379

* This includes other categories of handicapped.

to the total handicapped in each category is as follows :

	% in 10–19	
	Males	Females
Deaf-mute (including deaf and dumb)	15	21
Blind	5	6
Orthopaedically handicapped	16	20
All handicapped	12	15

Applying these percentages to the total handicapped in each category we get a picture of the school age handicapped population. The handicapped of the school age group in the state is as follows :

	Persons	Males	Females
Deaf-mute (including deaf & dumb)	27,557	9,025	18,532
Blind	12,087	5,234	6,853
Orthopaedically handicapped	19,031	11,153	7,878
Others	7,314	3,198	4,116
All handicapped	65,989	28,610	37,379

7.11 Any plan for the education of the handicapped will have to face lot of problems. Firstly the handicapped are not concentrated in any specific area. They are scattered all over the State, in the towns and villages including inaccessible hamlets. It will not be possible to create educational facilities in all these places because it needs a large expenditure and an army of technically qualified personnel to run the schools. Even if we start a few institutions in selected centres, it is difficult to make the handicapped to come to these centres due to the force of tradition and habit including superstitions, beliefs and taboos. Psychologically, the handicapped are sensitive to any effort made by their family members and others to rehabilitate them. Sometimes they think that such steps are taken only to get rid of them. Such an attitude is a major impediment to their rehabilitation. Further, the relatives and friends of the handicapped should be educated about the attitude they should have towards the handicapped and the manner in which they should be handled. They should be taught what is called handicap care before progress can be achieved by Government in their efforts to bring them back to normal life.

7.12 We have today 1,730 pupils attending the special schools in Madras State. Their distribution among the different handicapped is as follows :

	Number	% in each category
Deaf-mutes	1,006	3.7
Blind	672	5.6
Orthopaedics	52	0.3

These figures show the extent to which the educational facilities lag behind the requirements. The lag in the individual districts of the state highlighted by Table 7.5.

Table 7.5

Proportion of handicapped persons attending school.

Districts	Deaf-mute			Blind			Orthopaedics		
	School age population	No. Attending school	Col. 3 as % to Col. 2	School age population	No. Attending school	Col. 6 as % to Col. 5	School age population	No. Attending school	Col. 9 as % to Col. 8
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)
Madras	1,741	534	30.7	362	119	32.9	1,313	43	3 3
Chingleput	1,754	...	...	808	248	30.7	1,223	...	...
North Arcot	2,519	...	...	1,163	35	3.0	1,746	...	...
South Arcot	2,396	...	...	1,148	...	...	1,694	...	...
Salem	3,012	...	...	1,419	47	3.3	2,116	...	...
Coimbatore	2,906	78	2.7	1,280	18	1.4	1,976	...	...
Nilgiris	344	...	...	141	...	...	228	...	...
Madurai	2,653	...	...	1,148	...	...	1,777	...	...
Tiruchirapalli	2,574	...	...	1,176	53	4.5	1,767	...	...
Thanjavur	2,615	...	...	1,200	...	...	1,797	9	0.5
Ramanathapuram	1,986	100	5.0	887	36	4.1	1,335	...	...
Tirunelveli	2,270	294	13.0	982	116	11.8	1,504	...	...
Kanyakumari	787	...	...	373	...	...	555	...	...
State	27,557	1006	3.7	12,087	672	5.6	19,031	52	0.3

Handicapped working population

7.13 In Social Welfare Planning, the working population among the handicapped is a significant factor. Prior to this survey, no statistics have been compiled regarding the nature of the handicapped working population. Conventionally, the age group 20–59 is regarded as the working age group. On this basis, we have estimated the working age population by applying the percentage of handicapped in this age group to the total handicapped population. The following figures reveal the magnitude of the handicapped working population.

	Persons	Males	Females
Deaf-mute	71,278	30,682	40,596
Blind	86,887	36,638	50,249
Orthopaedics	54,515	41,125	13,390
Others	8,915	5,994	2,921
All handicapped	221,595	114,439	107,156

Evidently, 2 lakhs of handicapped are found in Madras State who are in the working ages and who need work or are already working.

7.14 The employment status of the handicapped was not cross tabulated by age group in this survey. It is not therefore possible to estimate how many of these are unemployed. We have, however, the percentages of unemployed among the handicapped people of either sex which are given below :

	Percentage not working	
	Males	Females
Deaf-mute	29.3	34.5
Blind	56.3	62.8
Orthopaedics	59.1	75.4
All handicapped	49.5	54.6

Applying these percentages to the total handicapped in the State, we have the following picture of the unemployed handicapped in the State.

	Unemployed handicapped		
	Persons	Males	Females
Deaf-mute	48,070	17,625	30,445
Blind	130,658	58,936	71,722
Orthopaedics	70,890	41,193	29,697
Others	4,459	265	4.194
All handicapped	254,077	118,019	136,058

More than a lakh of blind, 48,000 deaf-mutes and 71,000 orthopaedics do not have work. Out of this, 148 blind, 105 deaf-mutes and 474 orthopaedics are in the live register of employment exchanges, which constitute a negligible proportion of the estimated unemployed. The industrial base which can facilitate the placement of the handicapped exists in Coimbatore and Madurai. There is therefore scope for the establishment of employment offices in these places. No legislation has been so far enacted for the welfare of the handicapped comparable to the social security legislation in the West. Disablement benefits are provided under the Workmen's Compensation Act for workers disabled in accidents while at work in factories or in organised establishmements. Apart from this, no provision exists at present for persons disabled since birth or due to some sickness.

7.15 We have indicated the magnitude of the problem faced by this State. It will be relevant to reproduce the observations made by the Planning Commission on this problem in their Third Five Year Plan.

"In recent years there has been progress in developing special services and facilities for physically and mentally handicapped persons specially those who are blind, deaf and dumb, and those who who are orthopaedically handicapped and mentally deficient. For each category, the primary object of the services provided for these groups should be to enable them to rehabilitate themselves through work. Since many persons in these groups come from rural areas where traditionally the community readily provides a measure of help, it would be desirable to give a rural bias to the training and rehabilitation programmes for these groups. Facilities for enabling handicapped persons to find work have been provided at a few employment exchanges. Local Bodies and voluntary organisations are already playing a significant role in serving handicapped persons. Their services should be further developed along the following lines :

(a) Teaching handicapped persons in their homes ;

(b) Providing work in the homes or in the neighbourhood for those not able to move ;

Table 7.6

The working age handicapped population in Madras State, 1961.

Districts	Deaf-mute			Blind			Orthopaedically handicapped			All handicapped*		
	Persons	Males	Females	Persons	Males	Females	Persons	Males	Females	Persons	Males	Females
Madras	4,486	1,893	2,593	2,615	866	1,749	3,655	2,641	1,014	10,931	5,314	5,617
Chingleput	4,548	1,985	2,563	5,807	2,521	3,286	3,531	2,697	834	14,498	7,633	6,865
North Arcot	6,509	2,782	3,727	8,354	3,569	4,785	5,022	3,809	1,213	20,758	10,770	9,988
South Arcot	6,154	2,546	3,608	8,252	3,544	4,708	4,881	3,711	1,170	20,167	10,425	9,752
Salem	7,767	3,282	4,485	10,200	4,392	5,808	6,098	4,642	1,456	25,142	13,070	12,072
Coimbatore	7,584	3,426	4,158	9,192	3,959	5,233	5,697	4,339	1,358	23,420	12,388	11,032
Nilgiris	913	449	464	1,007	445	562	661	509	152	2,684	1,476	1,208
Madurai	6,913	3,100	3,813	8,256	3,487	4,769	5,095	3,849	1,246	21,103	11,019	10,084
Tiruchirapalli	6,645	2,829	3,816	8,455	3,566	4,889	5,065	3,823	1,242	21,040	10,825	10,215
Thanjavur	6,738	2,841	3,897	8,628	3,628	5,000	5,145	3,877	1,268	21,407	10,966	10,441
Ramanathapuram	5,117	2,150	2,967	6,378	2,611	3,767	3,792	2,825	967	15,934	8,028	7,906
Tirunelveli	5,878	2,549	3,329	7,061	2,895	4,166	4,275	3,187	1,088	17,922	9,116	8,806
Kanyakumari	2,026	850	1,176	2,632	1,155	1,527	1,598	1,216	382	6,589	3,419	3,170
State	71,278	30,682	40,596	86,887	36,638	50,249	54,515	41,125	13,390	221,595	114,439	107,156

* This includes other categories of handicapped.

Table 7.7

Estimated unemployed handicapped population by sex, 1961.

Districts	Deaf-mute			Blind			Orthopaedically handicapped			All handicapped		
	Persons	Males	Females	Persons	Males	Females	Persons	Males	Females	Persons	Males	Females
Madras	3,032	1,087	1,945	3,889	1,393	2,496	4,894	2,645	2,249	12,612	5,480	7,132
Chingleput	3,062	1,140	1,922	8,746	4,055	4,691	4,552	2,702	1,850	16,588	7,872	8,716
North Arcot	4,393	1,598	2,795	12,571	5,741	6,830	6,505	3,815	2,690	23,792	11,109	12,683
South Arcot	4,169	1,463	2,706	12,422	5,702	6,720	6,312	3,717	2,595	23,122	10,740	12,382
Salem	5,248	1,885	3,363	15,354	7,065	8,289	7,878	4,649	3,229	28,807	13,479	15,328
Coimbatore	5,086	1,968	3,118	13,838	6,369	7,469	7,358	4,346	3,012	26,783	12,775	14,008
Nilgiris	606	258	348	1,519	716	803	848	510	338	3,057	1,523	1,534
Madurai	4,641	1,781	2,860	12,417	5,610	6,807	6,620	3,856	2,764	24,168	11,364	12,804
Tiruchirapalli	4,487	1,625	2,862	12,714	5,736	6,978	6,583	3,829	2,754	24,134	11,164	12,970
Thanjavur	4,555	1,632	2,923	12,973	5,836	7,137	6,695	3,883	2,812	24,565	11,308	13,257
Ramanathapuram	3,460	1,235	2,225	9,576	4,200	5,376	4,974	2,830	2,144	18,316	8,278	10,038
Tirunelveli	3,962	1,465	2,497	10,602	4,656	5,946	5,606	3,193	2,413	20,582	9,401	11,181
Kanyakumari	1,369	488	881	4,037	1,857	2,180	2,065	1,218	847	7,551	3,526	4,025
State	48,070	17,625	30,445	130,658	58,936	71,722	70,890	41,193	29,697	254,077	118,019	136,058

(c) Providing recreational facilities for the handicapped, the aged and the infirm ; and

(d) Providing assistance by way of special aids.

During the period of training for a new employment, there should be provision for financial assistance. stipends, etc."

7.16 It is not possible for any Government to devote full attention for the amelioration of the handicapped. It is a stupendous problem involving huge expenditure for which an adequate return cannot be expected. As such, it should be done by voluntary agencies working in the field. The present trend has been for such agencies to disappear more as a consequence of the economic policy in which the major role is assigned to the public sector and a number of reforms like the Abolition of the Zamindari and the Limitation of Holding by land owners have resulted in an apparent drying of the private enterprise in the rural sector of the State. Again the people have become more materialistic in the sense that what was once considered to be charity has ceased to be so today.

7.17 One encouraging feature of the situation is that to-day people talk less of *Karma* and previous birth. As such even the handicapped who have in the past preferred to resign themselves to whatever handicap was given to them by God at the time of birth or later consider that it will be possible to remedy them or to rectify them to some extent. In order to facilitate this process, coordinated effort by all sections of society are needed, so that maximum facilities are given to the handicapped persons to make them more useful citizens of this country. Today we hear of Rotary Clubs, Lions Clubs and other similar organisations engaged in the welfare of the community. They are more suited to the undertaking of schemes for the rehabilitation of the handicapped. In any scheme there must be a definite assurance that a person after education or training will be placed suitably in life. If the handicapped persons found in India can be given the minimum medical treatment and fitted into some work or other, after suitable training, and after ascertaining their aptitude, it will be possible to establish a society in which the handicapped can play their effective part. Whatever has been attempted so far in this country is only a first step in the right direction, but nothing much can be achieved in an economy in which maximum production is the object. Even a school run for the blind can be considered to be a wasteful expenditure if such blind persons cannot be fitted in to do some useful work to the community. It is possible as has been demonstrated by U. S. A. and U. K. to make blind persons work in a factory. A handicapped person can make an efficient typist or a stenographer and be more useful because he will stick to his seat. So any planning for the future settlement of the handicapped in this State should have this primary objective in mind, viz. that it should not be too much of a burden on the other sector of the society which has to support them.

7.18 Again the approach to this problem should vary from district to district. Potentialities of each district will depend on its industrial background and we have indicated that districts like Madurai and Coimbatore can provide employment for more handicapped persons than any other district. Any plan, therefore, should aim at an integrated scheme for the whole of the Madras State. If our survey has succeeded in highlighting this serious problem and if the readers who go through these pages think in terms of rehabilitating at least a few of their less fortunate brethern we will feel happy.

APPENDIX I

DEFINITIONS OF THE PHYSICALLY HANDICAPPED

Canada

" Physically or mentally handicapped applicants are those who, on account of injury or disease of a character which is likely to last for more than 6 months, or on account of congenital condition, are substantially handicapped in obtaining or keeping employment of a kind generally suited to their age, previous experience and qualifications. The needs of this group are those of occupational adjustment or readjustment or special assistance in obtaining a job. It is to be noted, however, that applicants with physical or mental impairment which does not constitute an occupational handicap are not in need of the service of special placements unless they fall into one or another of other groups dealt with by special placements".

Source : " The Disabled in the Modern World ". Proceedings of the Fifth World Congress of the International Society for the Welfare of Cripples, 1951, Stockholm.

United Kingdom

A disabled person is "one who, on account of injury, disease, or congenital deformity, is substantially handicapped in obtaining or keeping employment or in undertaking work on his own account of a kind, which, apart from injury, disease or deformity, would be suited to his age, experience and qualifications".

Source : Disabled Persons' Employment Act of 1944.

United States of America

A disabled person is "any person who by reason of physical defect or deformity, whether congenital or may be expected to be, totally or partially incapacitated for remunerative employment".

Source : Vocational Rehabilitation Act of 1943.

Australia

In Australia, "a physically handicapped person" is, from the point of view of eligibility for special facilities in placement assistance from the employment service, "a person who suffers or who has suffered from injury, disease or deformity, the effects of which, at the time of registration, appear likely to handicap him substantially in obtaining or maintaining himself in employment, or in undertaking work on his own account, of a kind in which he has usually engaged in the past, or which, but for that injury, disease or deformity, would be suitable to his age, experience and qualifications".

Japan

The rules formed in the Law for Welfare of Disabled Persons, 1949, restricts those eligible for vocational rehabilitation facilities, to all persons over 18 years "whose vocational ability is hampered by one of the following specified disabilities and who have received a Disabled Person's Handbook from Governor of a prefecture or an equivalent administrative area :

(1) optical disability, vision being permanently less than 0.1 ; the loss of one eye, with vision in the other less than 0.6.

(2) auditory disability, both ears being incapable of normal hearing at a distance greater than 40 cm.

(3) oral disability i. e. loss of speech or other marked permanent disability.

(4) amputation or loss of use of limbs, disability of the backbone, deformation of the chest or pelvis, marked disability in function of motion owing to a scar or injury in the cartilages and similar cases.

(5) disability of nerve centre.

Federal Republic of Germany

The following categories of disabled workers fall within the competence of the employment offices and the central welfare office for the purpose of vocational rehabilitation :

(1) persons of German nationality who, as a result of injury received on military service or of an accident or of a combination of both, are suffering from a loss of earning capacity of not less than 50%.

(2) if their placement is not prejudicial to those in (1) above, blind persons not included in (1) above, and men disabled by war or accident with a resulting 30–50% loss of earning capacity.

(3) those seriously limited in earning capacity but not coming within categories (1) and (2) above, e. g., those with congenital disabilities.

Belgium

"The term disabled is to be understood in its broadest sense as far as the cause of disability is concerned and is to cover not only persons disabled as a result of accident or sickness but all persons suffering from congenital disability. Any person who as a result of physical or mental impairment is unable to obtain suitable employment without first receiving suitable training or vocational rehabilitation should be considered disabled.

Luxembourg

In a legislative order dated 26 February, 1945 a disabled person is defined as "any Luxembourg national whose working capacity is reduced by 50% or more as a result of employment injury, events during the war or measures taken by the occupying power". Today definition is extended to "any person whose working capacity has been reduced to such an extent that he is no longer able to exercise his normal occupation is considered to be disabled".

Denmark

"The following groups of persons are generally considered as disabled : the blind, the weak-sighted, the deaf, the hard-of-hearing, cripples, tuberculars, persons who for other reasons are disabled or chronically sick ; further, persons with mental diseases, such as the feeble-minded, insane, mentally retarded, psychopaths and neurasthenics and also convicted persons or persons who are other-wise socially deteriorated".

Finland

"An individual whose general or working capacity has been permanently reduced, as a result of the lack or deficient functioning of any part of his body, to such an extent that this daily life or his ability to provide for his needs has been substantially impaired".

France

"For purposes of access to vocational training and rehabilitation facilities, a disabled person should be defined as an individual whose disability constitutes a handicap of a nature to hinder his normal vocational training or employment".

Indonesia

"A disabled person should be defined as an individual whose employment ability is substantially reduced for a vocation which would suit an able-bodied individual is the same circumstances with regard to education, experience and surroundings as the disabled individual".

Israel

"A disabled person should be defined as an individual who, as a result of disability from any

cause or from causes specified by national law or regulations, is substantially handicapped in employability or in doing work on his own account".

Netherlands

"A person whose disabilities affect him adversely in the performance of his activities to such a degree that he is unable to find suitable employment without help from third parties".

Sweden

"A disabled person is any person who, owing to a physical or psychological disability or social affliction, has or may be expected to have more difficulty than others in finding and retaining a gainful occupation".

Switzerland

"A disabled person is one suffering from an occupational handicap arising from disability and adversely affecting his employability, provided that he can by appropriate treatment be enabled to return to active life".

Yugoslavia

"A disabled person . should be defined as an individual whose ability to acquire means of subsistance by his own work is impaired".

Proposal of the I. L. O. 37th Session

"A disabled person should be defined as an individual whose prospects of employment are substantially reduced as a result of an occupational handicap produced by disability".

Source : I. L. O. – 37th Session, Report No. IV 1954 – Vocational Rehabilitation of the Disabled.

APPENDIX II

Medical institutions for the physically handicapped in the Madras State.

S. No.	Name of the Institution with address.	Private or Government	Facility Available			
			Surgical	Physiotherapy	Occupational Therapy	Others
1.	Government General Hospital, Madras-3.	Government	**E. N. T.:** Hard of hearing clinic is available for examining the deaf and where surgery is done for certain cases of hard of hearing. **Orthopaedic:** Orthopaedic surgical correction to improve functions and to correct deformity care carried out.	...	...	**Orthopaedic Department:** Brace and Limb fitting facilities available.
2.	Government Stanley Hospital, Royapuram, Madras-13.	Government	Facilities available for treatment of Orthopaedically Handicapped. Patients of Deaf, Dumb and Blind are treated in the Hospital.	...	...	...
3.	Government Royapettah Hospital, Madras-14.	Government	**Opthalmic:** Temporary blindness due to conditions curable by surgery is dealt with **E. N. T.** Audiology Clinic availabie to assess the amount of loss of hearing in deaf and partially deaf cases.	...	**Orthopaedics:** Proposals have been put up for starting a department for Physiotherapy. This will enable the rehabilitation of the Orthopaedically handicapped.	...
4.	Dattatreya Orthopaedic Centre, Adyar, Madras-20.	Private	...	Yes	Yes	School attached

Appendix II (Contd.)

S. No.	Name of the Institution with address	Private or Government	Facility Available			
			Surgical	Physiotherapy	Occupational Therapy	Others
5.	Christian Medical College Hospital, Vellore.	Private	...	Yes	Yes	...
6.	Schieffelin Leprosy Research Sanatorium, Karigiri Via Katpadi.	Private	...	Yes	Yes	Weaving & Limb making Centre.
7.	Government Headquarters Hospital, Salem.	Government	**Orthopaedic:** Orthopaedic Ward available.	...	...	...
8	Government Erskine Hospital, Madurai.	Government	**Deaf:** Stapes mobilisation and other Operations and aids for hard of hearing. **Orthopaedically Handicapped:** Orthopaedic Surgical correction to improve function and to correct deformity can be carried out.	... Exercise and apparatus for giving the same to pre-operative and post operative cases.	...	...
9.	Catherine Booth Hospital, Nagercoil.	Private	**Special facilities available for the treatment of the following:** 1. Orthopaedically handicapped persons. 2. Deformity Anaesthetable to Plastic Surgery. 3. Leprosy deformities.	...	...	...

APPENDIX III

1. Institutions for the handicapped in Madras State and their activities.

S. No.	Name and address of institution	When Started	Aims	Activities
1.	C.S.I. School for the Deaf, Madras-4.	1912	To give a general education upto Standard VIII to deaf children of all castes and creeds and to specialise in crafts later.	Lipreading and speech are taught and the oral method is used.
2.	St. Louis Institute for the Deaf & Blind, Madras-20.*	September, 1962	General Education of the Handicapped and making them capable of earning their livelihood.	Crafts like tailoring and needle work, printing and binding are taught.
3.	School for the Deaf, Madras-6.	January, 1926	Education and rehabilitation of Deaf children.	Academical teaching and Technical training.
4.	School for the Blind. Madras-6.	January, 1926	Technieal and general education for the Blind.	Academical education for boys and girls and Technical education for girls only.
5.	Iswari Prasad Dattatreya Orthopaedic Centre, Madras-28.	January, 1960	To rehabilitate the Orthopaedically handicapped children.	Physiotherapy, occupational therapy and electrotherapy treatment and education upto V Standard are being given to children.
6.	Government School for the Blind, Poonamallee.	1930	Rehabilitation of the Blind.	To give academic education to Blind children upto Secondary School stage, to give industrial training to blind adolescents and to train teachers for the Blind. To train the Blind in vocal and instrumental music.
7.	Home and School for the Blind, Fort Round Road, Vellore, (run by Blind Relief Association, Vellore)	1955	Prevention of destitute Blind from begging and their rehabilitation.	Teaching of braille, mat-making and handloom weaving and to facilitate social activities.
8.	Government School for the Blind, Salem-2.	January, 1950	To impart elementary education to Blind children.	Weaving, mat-weaving, paper-folding, clay-making, knitting and palm-leaves work are taught during crafts periods. V Standard students who have aptitude for music are sent up for technical examination in Indian Music (Vocal) Lower Grade Examination.
9	Municipal Deaf & Dumb School, Coimbatore.	1931	For general welfare and education of the Deaf & Dumb.	Academic and vocational education for the Deaf and Dumb.
10.	T.E.L.C. School and Home for the Blind, Podanur.	April. 1958	To serve the Blind.	School upto V standard; music (vocal and instrumental) classes, crafts school for teaching mat-making, cloth-weaving and tape-making is attached.

Appendix III (Contd.)

S. No.	Name and address of institution	When started	Aims	Activities.
11.	School for the Blind, Puthur, Tiruchirapalli.	September, 1956	Rehabilitate them in their own villages after giving full training in three crafts one main and two subsidiary.	School upto V Standard, crafts, music, physical education and extra-curricular activities such as hearing radio, acting, going to film shows, radio talks, dance etc.
12.	Rehabilitation Centre, (run by Rotary Club), Ammachatram, Kumbakonam.	June, 1963	Rehabilitation of Orthopaedically handicapped.	Teaching of cane-work, coir fibre, extraction, etc.
13.	St. Francis Xavier's Orphanage, Srivilliputhur.	October, 1911	To give education and work to the distitutes of all castes or creed.	Though this institution is meant for destitutes of all kind, at present there are many blind who were former pupils of the School for the Blind, Cathedral.
14.	School for the Blind, Swedish Mission Hospital, Tirupathur.	1928	To give home and work to the Blind and their rehabilitation.	The handicapped are engaged in gardening, music, out-door games 50% are self supporting and 50% by aid from Sweden.
15.	C.S.I. School for the Deaf. Manamadurai.	June, 1961	To make the Deaf to behave as normal children.	Garden games, dramas and drill form part of the curriculum. Tailoring and needle work are taught.
16.	Municipal School for the Deaf & Dumb, Karaikudi.	April, 1938	Education of the Deaf & Dumb.	Teaching of tailoring, clay-modelling, spinning, paper-folding and gardening.
17	Santhisamarasa Deaf & Dumb School, Kalyanipuram, Sivasailam.	September, 1956	To make every Deaf child a useful citizen.	Vocational speech training is given.
18.	School for the Blind, Palayamkottai.	1890	Education and industrial training to the Blind.	General education is imparted upto the VIII standard. After the completion of the prescribed period of general education, boys and girls are given vocational training for five years.
19.	Florence Swainson Deaf School, Palayamkottai.	1897	To enable the children to learn to converse with hearing people understanding what they say and replying in speech and preparing then to live an useful life.	The curriculum of an ordinary Elementary School is followed. Besides this, carpentry, book-binding, printing, tailoring, mat-weaving etc., for boys, and different kinds of needle work including making of garments for girls are taught.

*In the Report, this institution has been treated as two separate institutions for the Blind and the Deaf.

Appendix III (Contd.)

2. Age distribution of the physically handicapped.

S. No.	Name of School	Nature of physical handicap.	Age Groups						All ages.
			1–9	10–19	20–39	40–49	50–59	60+	
1.	C. S. I. School for the Deaf, Madras-4.	Deaf	71	90	2	...	...	...	163
2.	St. Louis Institute for the Deaf & Blind, Madras-20.*	Deaf	...	63	...	...	...	...	63
		& Blind		21	...	...	...	...	21
3.	School for the Deaf, Madras-6.	Deaf	171	137	...	...	...	...	308
4.	School for the Blind, Madras-6.	Blind	30	58	10	...	...	...	98
5.	Iswari Prasad Dattatreya Orthopadic Centre, Madras-28.	Orthopaedic	21	22	...	...	...	...	43
6.	Government School for the Blind, Poonamallee.	Blind	39	157	38	8	4	2	248
7.	Home and School for the Blind, Vellore.	Blind	6	11	13	1	...	4	35
8.	Government School for the Blind, Salem-2.	Blind	9	38	...	...	...	...	47
9.	Municipal Deaf & Dumb School, Coimbatore-2.	Deaf & Dumb	50	28	...	...	...	...	78
10.	T. E. L. C. School and Home for the Blind, Podanur.	Blind	2	6	10	...	...	...	18
11.	School for the Blind, Puthur, Tiruchirapalli.	Blind	11	36	6	...	...	...	53
12.	Rehabilitation Centre, (run by Rotary Club), Ammachatram, Kumbakonam.	Orthopaedic	...	...	9	...	...	...	9
13.	St. Francis Xavier's Orphanage, Srivilliputhur.	Blind	1	...	11	...	1	1	14
14.	School for the Blind, Swedish Mission Hospital, Tirupattur.	Blind	...	2	19	1	...	...	22
15.	C. S. I. School for the Deaf, Manamadurai.	Deaf	44	34	...	...	...	...	78
16.	Municipal Deaf & Dumb School, Karaikudi.	Deaf & Dumb	6	16	...	...	...	...	22
17.	Santhisamarasa Deaf & Dumb School, Kalyanipuram, Sivasailam.	Deaf & Dumb	14	13	...	...	...	...	27
18.	School for the Blind, Palayamkottai.	Blind	...	22	78	...	16	...	116
19.	Florence Swainson Deaf School, Palayamkottai.	Deaf	82	160	13	3	6	3	267

* In the Report, this institution has been treated as two separate institutions for the Blind and the Deaf.

Appendix III (Contd.)

3. Nature of acquisiton of the physical handicap.

S. No.	Name of School	Nature of physical handicap.	No. of inmates who got the ailment from births.	Number of inmates who acquired due to					Total
				Small-pox	Para-lysis	Other sickness	Acci-dent	Other causes	
1.	C. S. I. School for the Deaf. Madras-4.	Deaf	162	...	...	1	...	...	163
2.	St. Louis Institute for the Deaf & Blind, Adyar, Madras-20.*	Deaf &	50	...	...	10	3	...	63
		Blind	7	2	...	2	10	...	21
3.	School for the Deaf, Madras-6.	Deaf	291	3	2	11	1	...	308
4.	School for the Blind, Madras-6.	Blind	41	9	...	42	4	2	98
5.	Iswari Prasad Dattatreya Orthopaedic Centre, Madras-28.	Orthopaedic	12	...	24	7	...	...	43
6.	Government School for the Blind, Poonamallee.	Blind	66	58	...	72	3	49	248
7.	Home and School for the Blind, Vellore.	Blind	5	2	1	...	2	25	35
8.	Government School for the Blind, Salem-2.	Blind	25	15	...	5	...	2	47
9.	Municipal Deaf & Dumb, School, Coimbatore-2.	Deaf & Dumb	76	...	...	2	...	...	78
10.	T. E. L. C. School and Home for the Blind, Podanur.	Blind	5	5	...	7	1	...	18
11.	School for the Blind, Puthur, Tiruchirapalli.	Blind	13	10	...	Included in other causes.	...	30	53
12.	Rehabilitation Centre (run by Rotary Club), Ammachatram, Kumbakonam.	Orthopaedic	2	1	...	...	2	4	9
13.	St. Francis Xavier's Orphanage, Srivilliputhur,.	Blind	10	1	...	3	...	...	14
14.	School for the Blind, Swedish Mission Hospital, Tiruppathur.	Blind	1	2	...	15	3	1	22
15.	C. S. I. School for the Deaf, Manamadurai.	Deaf	78	...	...	...	...	...	78
16.	Municipal Deaf and Dumb School, Karaikudi.	Deaf & Dumb	22	...	...	...	...	...	22
17.	Santhisamarasa Deaf & Dumb School, Kalyanipuram, Sivasailam.	Deaf & Dumb	25	...	...	2	...	...	27
18.	School for the Blind, Palayamkottai.	Blind	16	46	...	44	...	10	116
19.	Florence Swainson Deaf School, Palayamkottai.	Deaf	255	Not known	1	11	...	...	267

* In the Report, this institution has been treated as two separate institutions for the Blind and the Deaf.

Appendix III (Contd.)

4. Vocational training of the physically handicapped.

S. No.	Institutions	Carpentry.	Tailoring and needle work	Spinning	Knitting	Cloth weaving	Warping and bobbining	Carpet making	Mat weaving	Clay modelling	Printing	Binding	Paper folding	Clay work	Palm-leaf work other than mat weaving	Home science	Gardening	Typewriting	Others
1.	C. S. I. School for the Deaf, Madras-4.	52	75	11	...	...	...	...	...	52	...	...	34	...	...	31	161	...	...
2.	St. Louis Institute for the Deaf & Blind, Adyar, Madras-20.*	...	37	...	...	23	...	...	...	...	26	26	...	...	...	...	...	...	...
3.	School for the Deaf, Madras-6.	...	276	...	24	...	...	...	...	120	...	...	120	...	...	9	...	6	...
4.	School for the Blind, Madras-6.	...	9	60	...	3	5	1	3	86	...	...	40	...	9	...	16	1	...
5.	Iswari Prasad Dattatreya Orthopaedic Centre, Madras-28.	6	3	...	...	6	4	...	6	...	...	...	4	...	...	...	...	1	6
6.	Government School for the Blind, Poonamallee.	...	...	...	57	31	...	...	2	59	...	...	24	...	...	...	17	...	43(a)
7.	Home and School for the Blind, Vellore.	...	...	6	6	16	6	2	4	...	...	...	...	...	6	...	6	3(b)	(c)
8.	Government School for the Blind, Salem-2.	...	...	...	22	22	...	...	22	26	...	...	26	...	13	...	...	...	...
9.	Municipal Deaf & Dumb School, Coimbatore-2.	...	78	...	...	...	...	...	...	...	...	78	...	...	...	...	...	...	78(d)
10.	T. E. L. C. School and Home for the Blind, Podanur.	...	...	2	...	3	...	...	17	...	...	...	18	...	...	...	10	1	...

Appendix III (Contd.)

S. No.	Institutions	Carpentry	Tailoring and needle work	Spinning	Knitting	Cloth weaving	Warping and bobbining	Carpet making	Mat weaving	Clay modelling	Printing	Binding	Paper folding	Clay work	Palm-leaf work other than mat weaving	Home science	Gardening	Typewriting	Others
11.	School for the Blind, Puthur, Tiruchirapalli.	...	4	...	7	12	...	1	9	4	...	...	...	...	6	...	...	...	(e)
12.	Rehabilitation Centre (run by Rotary Club), Ammachatram, Kumbakonam.	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	(f)
13.	St. Francis Xavier's Orphanage, Srivilliputhur.	...	...	...	...	...	...	...	10	...	...	...	...	...	2	...	...	...	...
14.	School for the Blind, Swedish Mission Hospital, Tirupattur.	...	...	...	...	22	22	...	22	...	...	...	...	...	...	...	...	...	...
15.	C. S. I. School for the Deaf, Manamadurai.	...	78	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
16.	Municipal Deaf & Dumb School, Karaikudi.	...	2	20	...	...	...	...	...	20	...	...	20	...	...	...	22	...	...
17.	Santhisamarasa Deaf & Dumb School, Kalyanipuram, Sivasailam.	...	9	4	...	...	...	...	...	...	...	...	...	...	2	...	...	...	6(g)
18.	School for the Blind, Palayamkottai.	...	...	...	10	60	10	30	16	...	...	...	35	30	27	27	...	...	28†
19.	Florence Swaison Deaf School, Palayamkottai.	60	155	22	...	...	...	...	4	5	9	13	83	83	11	25	6	...	30†

* In the Report, this institution has been treated as two separate institutions for the Blind and the Deaf. (a) Rattan work; (b) Braille; (c) Tape-weaving 28 Match-Box making 3; (d) Drawing & Painting; (e) Rattan work 12; Candle work 16; Bag-making 4. (f) Rattan work 4; and Coir extraction 5. (g) Painting.

† Kindergarten

APPENDIX IV

Handicapped persons in the live register of Employment Exchanges in Madras State as on 31st July, 1963.

District	Blind		Deaf		Deaf-mute		Orthopaedically handicapped		Total	
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
Madras	78	17	11	...	49	9	127	29	265	55
Chingleput	1	...	3	...	...	...	14	...	18	...
North Arcot	3	...	3	...	...	...	13	1	19	1
South Arcot	2	...	...	...	1	...	12	1	15	1
Salem	19	5	...	...	1	...	61	13	81	18
Coimbatore	3	...	3	...	4	...	31	7	41	7
Nilgiris	4	...	5	...	...	...	5	...	14	...
Madurai	...	...	...	...	...	...	1	...	1	...
Thiruchirapalli	1	1	1	...	2	...	14	2	18	3
Thanjavur	...	1	3	...	2	...	50	7	55	8
Ramanathapuram	3	1	5	...	...	...	29	3	37	4
Thirunelveli	2	...	...	1	...	...	...	...	2	1
Kanyakumari	4	...	...	...	2	...	47	10	53	10
Total	120	25	34	1	61	9	404	73	619	108

APPENDIX V

Social security payments as a proportion of National income and Government expenditure in the British Commonwealth.

Item	United Kingdom £ stg. m.		Canada m.		Australia £A. m.		New Zealand £NZ. m.	
	1938	1948	1938	1948	1938	1948	1938	1948
I. Social security payments.	229	506	181	552	31	103	7.7	39.5
II. National income.	4640	9675	4291	11960	814	1955	194	419
III. Total Government expenditure.	963	3698	1211	3261	211	543	42.9	172.2
IV. Percentage of Social security Payments to National income.	4.9%	5.2%	4.2%	4.1%	3.7%	5.3%	4.0%	9.4%
V. Percentage of Social security payments to total Government expenditure.	23.7%	13.7%	14.9%	16.9%	14.7%	19.0%	17.7%	22.9%

SOURCES: United Kingdom: Economic Survey for 1949, Cmd. 7647, and White Paper on National Income and Expenditure, 1946 to 1948, Cmd. 7649;
Canada: Dominion Bureau of Statistics: National Accounts, Income and Expenditure, 1938–46, 1941–48 and 1949;
Australia: White Paper on National Income and Expenditure, 1948–49, F. 3985;
New Zealand: Budget, 1949, p. vi and Monthly Abstract of Statistics, April, 1949.

APPENDIX VI

Invalidity benefits in the British Commonwealth.

Item	United Kingdom	Canada	Australia	New Zealand
Coverage.	Insured employed or self-employed.	Blind pensions only.	Citizens over 16 with 5 years continuous residence. Means test.	Persons over 16 with 10 years continuous residence. Means test.
Amount of benefit.	32s. 6d. per week plus 21s. 6d. for wife or adult dependent, plus 10s. 6d. for one child and 2s. 6d. for each additional child.	$40 per month. Some provinces make supplementary assistance grants.	£3. 10s. per week plus £1. 15s. per week for wife, and 11s. 6d. per week for each child.	£2. 17s. 6d. week for applicant plus £2. 17s. 6d. for wife. Invalid wives also £2. 17s. 6d. weekly.
Duration of benefit.	Duration of incapacity if more than 156 contributions paid since entry. 312 days (52 weeks) if less than 156 contributions paid since entry.	No limit.	No limit.	No limit.
Qualifications.	Not less than 26 contributions paid since entry into insurance; not less than 50 contributions paid or credited in last complete contribution year. Benefits payable, at reduced rates for deficient records.	Age 21.	Permanent incapacity or permanent blindness.	Applicant must be permanently incapacitated through accident, illness or congenital defect, or be totally blind.
Remarks.	There is also an industrial injuries benefit with a basic rate of 55s. per week.	Means test.	Means test. Persons disqualified include aliens, persons who have deprived themselves of income or property to qualify, persons under 21 adequately maintained by their parents, persons not deserving of a pension.	Means test. Incapacity must not be self-inflicted or self-induced.

SOURCE: From pages 366-367 of the Social Security in the British Commonwealth, by Ronald Mendelsohn, 1954. University of London, The Athlone Press, London 1954.

Table I

Abstract of statistics of survey of physically handicapped.

S. No.	Items		Madras City		Chingleput (rural)		Chingleput (urban)		Total	
			Aggregate	Sample	Aggregate	Sample	Aggregate	Sample	Aggregate	Sample
1.	No. of households		350,043	5,155	369,566	2,529	97,969	1,757	817,578	9,441
2.	Population	Males	909,701	13,224	885,478	6,561	235,113	4,585	2,030,292	24,370
		Females	819,440	12,371	855,256	6,162	220,565	4,315	1,895,261	22,848
		Total	1,729,141	25,595	1,740,734	12,723	455,678	8,900	3,925,553	47,218
3.	Physically handicapped	Males	11,075	161	12,416	92	3,486	68	26,977	321
		Females	13,049	197	13,047	94	2,914	57	29,010	348
		Total	24,124	358	25,463	186	6,400	125	55,987	669
4.	Handicapped persons per 1,000 of sample population	Males	...	12.2	...	14.0	...	14.8	...	13.2
		Females	...	15.9	...	15.3	...	13.2	...	15.2
		Total	...	14.0	...	14.6	...	14.1	...	14.2

Table II

Physically handicapped persons in the sample population and their rates, combined sample.

S. No.	Nature of physical handicap	Persons	Males	Females	Handicapped rate per 100,000 population		
					Persons	Males	Females
1.	Deaf	143	62	81	303	254	355
2.	Dumb	28	18	10	59	74	44
3.	Blind	232	103	129	491	423	565
4.	Deaf & Dumb	67	19	48	142	78	210
5.	Deaf & Blind	19	9	10	40	37	44
6.	Blind & Dumb	1	...	1	2	...	4
7.	Orthopaedically handicapped	179	110*	69@	379	451	302
	All handicaps	669	321	348	1,416	1,317	1,524

* Blind 5 Dumb 3 Deaf 1

@ Blind 2 Dumb 3 Deaf 1

Table II-A

Orthopaedically handicapped persons classified by detailed causes and nature of incidence, combined sample.

Birth	Acquired																Total
	Back			Upper limb			Lower limb			Both							
	Amputations	Paralysis	Others	Amputations	Paralysis	Others	Amputations	Paralysis	Others	Amputations	Paralysis	Others					
PERSONS	...	...	3	6	3	22	3	32	54	...	19	10					179
% to total Orthopaedically handicapped persons.	...	...	1.7	3.4	1.7	12.3	1.7	17.9	30.0	...	10.6	5.6					100.0
MALES	...	...	2	6	1	15	3	23	25	...	11	8					110
% to total Orthopaedically handicapped persons.	...	...	1.8	5.5	0.9	13.6	2.7	20.9	22.8	...	10.0	7.3					100.0
FEMALES	...	...	1	...	...	7	...	9	29	...	8	2					69
% to total Orthopaedically handicapped persons.	...	...	1.4	...	...	10.1	...	13.0	42.2	...	11.6	2.9					100.0

Table III

Physically handicapped persons by income groups of households, combined sample.

S. No.	Nature of physical handicap	Lower classes		Lower middle classes		Middle classes		Upper middle classes		Upper classes		Not stated		All classes	
		Less than Rs. 1500 per annum		Less than Rs. 1500-2999 per annum		Less than Rs. 3000-5999 per annum		Less than Rs. 6000-11999 per annum		Less than Rs. 12000 and above					
		M	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
1.	Deaf	57	78	2	3	3	...	...	...	...	...	...	...	62	81
2.	Dumb	16	9	1	1	1	...	...	...	...	...	...	...	18	10
3.	Blind	94	123	7	2	...	3	1	...	1	...	...	1	103	129
4.	Deaf & Dumb	3	5	...	...	...	...	...	...	...	...	16*	43*	19	48
5.	Deaf & Blind	6	9	2	...	1	...	...	1	...	...	...	...	9	10
6.	Blind & Dumb	...	1	...	...	...	...	...	...	...	...	...	...	...	1
7.	Orthopaedically handicapped	91	54	11	9	6	2	1	2	1	...	...	2	110	69
	All handicaps	267	279	23	15	11	5	2	3	2	...	16	46	321	348

* Inmates of an Institution.

Table IV

Age distribution of disabled persons as on reference date, combined sample.

S. No.	Nature of Physical handicap	0–9		10–19		20–39		40–49		50–59		60+		All ages.	
		M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
1.	Deaf	2	4	7	4	20	32	11	15	10	7	12	19	62	81
2.	Dumb	5	1	3	1	5	7	2	1	1	...	2	...	18	10
3.	Blind	7	4	6	9	10	17	12	12	16	30	52	57	103	129
4.	Deaf & Dumb	12	22	5	24	2	2	...	...	...	...	...	...	19	48
5.	Deaf & Blind	...	1	...	...	1	...	...	...	...	2	8	7	9	10
6.	Blind & Dumb	...	...	...	...	...	...	...	1	...	...	...	...	...	1
7.	Orthopaedically handicapped	15	14	18	14	33	9	15	5	17	10	12	17	110	69
	All handicaps	41	46	39	52	71	67	40	34	44	49	86	100	321	348

Table V

Physically handicapped persons classified by age at incidence, cause, and treated/not treated classes, combined sample.

S. No.	Nature of Physical handicap	0—4						5—9						10—19						20—						All ages					
		Males			Females			Males			Females			Males			Females			Males			Females			Males			Females		
		T.	N.T.	N.K.	T.	N.T.	N.K.	T.	N.T.	N.K.	T.	N.T.	N.K.	T.	N.T.	N.K.	T.	N.T.	N.K.	T.	N.T.	N.K.	T.	N.T.	N.K.	T.	N.T.	N.K.	T.	N.T.	N.K.
1.	DEAF																														
a.	By Birth	...	4	...	1	3	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	4	...	1	3	...
b.	By Accident	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...
c.	By Small-pox	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	1	...	...
d.	By Infant Paralysis	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
e.	By Paralysis	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
f.	By Fever	...	...	...	...	1	...	2	...	...	...	1	...	...	...	...	3	2	...	5	2	...	2	5	...	2	2	...	5	6	...
g.	By Old Age	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
h.	Other Causes	2	...	...	2	1	...	3	2	...	2	1	...	5	1	...	5	2	...	6	10	...	...	...	...	1	3	...	1	4	...
	Total	2	4	...	3	5	...	5	2	...	2	2	...	5	1	...	9	4	...	11	12	...	2	5	...	3	5	...	6	10	...
2.	DUMB																														
a.	By Birth	2	14	...	1	7	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	2	14	...	1	7	...
b.	By Accident	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
c.	By Small-pox	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
d.	By Infant Paralysis	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
e.	By Paralysis	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...
f.	By Fever	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...
g.	By Old age	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
h.	Other Causes	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	1	...	...
	Total	2	14	...	2	7	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	4	14	...	3	7	...

Table V (Contd.)

Physically handicapped persons classified by age at incidence cause, and treated/not treated classes, combined sample.

S. No.	Nature of Physical handicap	0–4						5–9						10–19						20					
		Males			Females			Males			Females			Males			Females			Males			Females		
		T.	N.T.	N.K.	T.	N.T.	N.K.	T.	N.T.	N.K.	T.	N.T.	N.K.	T.	N.T.	N.K.	T.	N.T.	N.K.	T.	N.T.	N.K.	T.	N.T.	N.K.
3.	BLIND																								
a.	By Birth	1	1	...	2	5	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	1
b.	By Accident	3	...	...	1	...	...	...	...	...	1	...	...	...	...	...	...	...	...	1	...	3	...	...	1
c.	By Small-pox	...	2	...	1	2	...	...	1	...	1	...	...	2	...	...	1	...	...	1	1	...	1	1	...
d.	By Infant Paralysis	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
e.	By Paralysis	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
f.	By Fever	...	...	...	2	...	...	1	...	...	...	...	...	...	...	...	...	...	...	1	1	...	1	1	...
g.	By Old Age	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
h.	Other Causes	5	...	...	3	1	...	3	2	...	2	...	...	...	...	...	2	2	...	3	...	...	4	3	...
	Total	9	3	...	9	8	...	4	3	...	4	...	...	2	...	...	3	3	...	8	2	...	6	2	...
4.	DEAF & DUMB																								
a.	By Birth	...	3	16	...	4	43	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
b.	By Accident	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
c.	By Small-pox	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
d.	By Infant Paralysis	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
e.	By Paralysis	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
f.	By Fever	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
g.	By Old Age	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
h.	Other Causes	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
	Total	...	3	16	...	5	43	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...

35–59						60+						All ages						
Males			Females			Males			Females			Males			Females			
T.	N.T.	N.K.	T.	N.T.	N.K.	T.	N.T.	N.K.	T.	N.T.	N.K.	T.	N.T.	N.K.	T.	N.T.	N.K.	
																		BLIND
...	...	...	...	...	...	...	...	...	...	...	...	1	1	...	2	5	...	By Birth
1	...	...	3	...	...	2	1	...	...	...	...	9	...	...	5	2	...	By Accident
1	1	...	...	1	...	...	...	...	1	...	...	4	5	...	4	3	...	By Small-pox
...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	By Infant Paralysis
...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	By Paralysis
...	...	...	4	1	...	1	...	...	2	...	...	1	...	...	8	2	...	By Fever
...	1	...	10	13	...	16	26	...	6	12	...	8	20	...	16	25	...	By Old Age
4	...	...	9	3	...	14	3	...	7	...	...	2	...	...	27	5	...	Other Causes
6	2	...	26	18	...	33	30	...	16	12	...	11	20	...	65	38	...	Total
																		DEAF & DUMB
...	...	...	...	...	...	...	...	...	...	...	...	3	16	...	4	43		By Birth
...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...		By Accident
...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...		By Small-pox
...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...		By Infant Paralysis
...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...		By Paralysis
...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...		By Fever
...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...		By Old Age
...	...	...	...	...	...	...	...	...	...	...	...	1	...					Other Causes
...	...	...	...	...	...	...	...	...	...	...	...	3	16	...	5	43		Total

Table V (Contd.)

Physically handicapped persons classified by age at incidence cause, and treated/not treated classes, combined sample.

S. No.	Nature of Physical handicap	0–4				5–9				10–19				20–34			
		Males		Females		Males		Females		Males		Females		Males		Females	
		T.	N.T.	T.	N.T.	T.	N.T.	T.	N.T.	T.	N.T.	T.	N.T.	T.	N.T.	T.	N.T.
5.	DEAF & BLIND																
a.	By Birth	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
a.	By Accident	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
c.	By Small-pox	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
d.	By Infant Paralysis	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
e.	By Paralysis	...	...	...	1	...	...	...	...	...	...	...	1	...	...	...	...
f.	By Fever	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
g.	By Old Age	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
h.	Other Causes	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
	Total	...	...	...	1	...	...	...	...	...	...	...	1	...	...	...	...
6.	BLIND & DUMB																
a.	By Birth	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
b.	By Accident	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
c.	By Small-pox	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
d.	By Infant Paralysis	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
e.	By Paralysis	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
f.	By Fever	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
g.	By Old Age	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
h.	Other Causes	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...
	Total	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...

35–59				60+				All ages				S. No.
Males		Females		Males		Females		Males		Females		
T.	N.T.	T.	N.T.	T.	N.T.	T.	N.T.	T.	N.T.	T.	N.T.	
...	...	...	...	...	...	...	...	...	...	...	...	DEAF & BLIND
...	...	...	...	...	...	...	...	...	...	...	...	By Birth
...	...	...	...	...	...	...	...	...	...	...	...	By Accident
...	...	...	...	...	...	...	...	...	...	...	...	By Small-pox
...	...	...	...	...	...	...	...	...	...	...	...	By infant Paralysis
...	...	...	...	...	...	...	...	...	...	...	...	By Paralysis
1	1	...	...	...	...	1	...	2	...	...	2	By Fever
...	...	1	...	...	...	1	...	6	1	...	1	By Old Age
...	...	...	...	...	...	1	...	...	...	...	1	Other Causes
1	1	...	1	...	...	2	...	8	1	...	3	Total
...	...	...	...	...	...	...	...	...	...	...	...	BLIND & DUMB
...	...	...	...	...	...	...	...	...	...	...	...	By Birth
...	...	...	...	...	...	...	...	...	...	...	...	By Accident
...	...	...	...	...	...	...	...	...	...	...	...	By Small-pox
...	...	...	...	...	...	...	...	...	...	...	...	By Infant Paralysis
...	...	...	...	...	...	...	...	...	...	...	...	By Paralysis
...	...	...	...	...	...	...	...	...	...	...	...	By Fever
...	...	...	...	...	...	...	...	...	...	...	...	By Old Age
...	...	...	...	...	...	...	...	1	...	...	...	Other Causes
...	...	...	...	...	...	...	...	1	...	...	...	Total

Table V (Contd.)

Physically handicapped persons classified by age at incidence cause, and treated/not treated classes, combined sample.

S. No.	Nature of Physical handicap	0–4				5–9				10–19				20			
		Males			Females	Males			Females	Males			Females	Males			
		T.	N.T.	N.K.	T. N.T. N.K.	T.	N.T.	N.K.	T. N.T. N.K.	T.	N.T.	N.K.	T. N.T. N.K.	T.	N.T.	N.K.	
7.	ORTHOPAEDICALLY HANDICAPPED																
a.	By Birth	7	10	...	3 7 ...	...	...	...	... ...	...	...	...	... ...	...	...	...	...
b.	By Accident	1	1	...	... 1 ...	3	...	...	1	5	...	...	2	8	...	...	
c.	By Small-pox	1	...	...	1	...	...	...	... ...	1	...	...	... ...	...	...	...	
d.	By Infant Paralysis	9	...	...	4	3	1	...	1	1	...	...	... ...	...	...	...	
e.	By Paralysis	3	...	...	... ...	1	...	...	... ...	...	...	...	... ...	1	...	...	
f.	By Fever	7	...	...	6 1 ...	2	...	...	3	...	...	...	2	1	...	...	
g.	By Old Age	...	...	...	... ...	...	...	...	... ...	...	...	...	... ...	...	...	...	
h.	Other Causes	3	...	...	4 1 ...	1	...	...	... 1 ...	3	...	...	1	5	1	...	
	Total	31	11	...	18 10 ...	10	1	...	6 1 ...	9	...	...	5	15	1	...	
8.	ALL HANDICAPS																
a.	By Birth	10	32	16	7 26 43	...	...	...	... ...	...	...	...	... ...	...	...	...	...
b.	By Accident	4	1	...	1 1 ...	3	...	...	2	5	...	...	2 1 ...	11	...	...	
c.	By Small-pox	1	2	...	2 2 ...	...	1	...	2	2	...	...	2	1	1	...	
d.	By Infant Paralysis	9	...	...	4	3	1	...	1	1	...	...	... ...	...	...	...	
e.	By Paralysis	3	...	...	... ...	1	...	...	... ...	...	...	...	... ...	1	...	...	
f.	By Fever	7	...	...	9 2 ...	5	...	...	3 1 ...	2	...	...	5 2 ...	8	3	...	
g.	By Old Age	...	...	...	... ...	...	...	...	... ...	...	...	...	... ...	...	...	...	
h.	Other Causes	10	...	...	11 4 ...	7	4	...	4 2 ...	8	1	...	8 4 ...	14	11	...	
	Total	44	35	16	34 35 43	19	6	...	12 3 ...	18	1	...	17 7 ...	35	15	...	

–34			35–59			60+			All ages							
Females			Males		Females		Males		Females		Males			Females		
T.	N.T.	N.K.	T.	N.T. N.K.	T.	N.T. N.K.	T.	N.T. N.K.	T.	N.T. N.K.	T.	N.T.	N.K.	T.	N.T.	N.K.
...	...	...	...	... ...	...	... ...	...	... ...	...	... ...	7	10	...	3	7	...
2	...	...	4	... ...	2	... ...	2	... ...	...	... ...	23	1	...	7	1	...
...	...	...	...	... ...	...	... ...	...	... ...	...	... ...	1	...	...	2	...	...
...	...	...	...	... ...	1	... ...	...	... ...	...	... ...	13	1	...	6	...	...
...	1	...	12	1 ...	7	2 ...	2	1 ...	2	1 ...	19	2	...	9	4	...
...	...	...	1	... ...	...	... ...	...	... ...	...	... ...	11	...	...	11	1	...
...	...	...	...	... ...	2	... ...	1	... ...	1	... ...	1	...	...	2	1	...
2	1	...	6	1 ...	3	2 ...	1	... ...	...	... ...	19	2	...	10	5	...
4	2	...	23	2 ...	15	4 ...	6	1 ...	2	2 ...	94	16	...	50	19	...
...	...	...	...	... ...	...	... ...	...	... ...	...	... ...	10	32	16	7	26	43
4	...	...	7	... ...	4	1 ...	2	1 ...	...	... ...	32	2	...	13	3	...
1	1	...	...	1 ...	...	... ...	1	... ...	...	... ...	5	5	...	7	3	...
...	...	...	...	... ...	1	... ...	...	... ...	...	... ...	13	1	...	6	...	...
...	1	...	12	1 ...	8	2 ...	2	1 ...	2	1 ...	19	2	...	10	4	...
3	6	...	7	3 ...	6	6 ...	2	... ...	2	1 ...	31	6	...	28	18	...
...	1	...	12	18 ...	18	35 ...	13	17 ...	11	27 ...	25	35	...	29	63	...
12	11	...	17	7 ...	18	10 ...	8	... ...	2	2 ...	64	23	...	55	33	...
20	20	...	55	30 ...	55	54 ...	28	19 ...	17	31 ...	199	106	16	155	150	43

ORTHOPAEDICALLY HANDICAPPED

By Birth

By Accident

By Small-pox

By Infant Paralysis

By Paralysis

By Fever

By Old Age

Other Causes

Total

ALL HANDICAPS

By Birth

By Accident

By Small-pox

By Infant Paralysis

By Paralysis

By Fever

By Old Age

Other Causes

Total

Table VI

Distribution of physically handicapped persons by nature of work, combined sample.

S. No.	Nature of Physical handicap	Domestic servant		Cooly worker		Trader		Student		Others		Not working		Total	
		M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
1.	Deaf	...	22	8	3	4	...	6	7	26	9	18	40	62	81
2.	Dumb	...	2	2	2	...	...	...	1	7	...	9	5	18	10
3.	Blind	...	30	10	4	2	2	5	3	28	9	58	81	103	129
4.	Deaf & Dumb	...	...	1	2	...	...	16	43	...	...	2	3	19	48
5.	Deaf & Blind	...	...	1	2	...	...	...	...	1	...	7	8	9	10
6.	Blind & Dumb	...	...	...	...	...	...	...	...	...	...	...	1	...	1
7.	Orthopaedically handicapped	1	8	6	1	8	...	14	4	16	4	65	52	110	69
	All handicaps	1	62	28	14	14	2	41	58	78	22	159	190	321	348

Table VII

Marital status distribution of physically handicapped persons, combined sample.

S. No.	Nature of Physical handicap	Not married		Married		Widowed or divorced		All groups	
		M.	F.	M.	F.	M.	F.	M.	F.
1.	Deaf	19	9	38	46	5	26	62	81
2.	Dumb	11	5	6	3	1	2	18	10
3.	Blind	17	16	72	44	14	69	103	129
4.	Deaf & Dumb	19	46	...	1	...	1	19	48
5.	Deaf & Blind	1	1	6	1	2	8	9	10
6.	Blind & Dumb	...	...	...	1	...	...	...	1
7.	Orthopaedically handicapped	57	30	43	15	10	24	110	69
	All handicaps	124	107	165	111	32	130	321	348

Table VIII

Distribution of physically handicapped by mother tongue, combined sample.

S. No.	Nature of Physical handicap	Tamil		Telugu		Malayalam		Others		Total	
		M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
1.	Deaf	45	57	8	14	1	...	8	10	62	81
2.	Dumb	15	8	3	1	...	...	...	1	18	10
3.	Blind	87	94	7	24	2	...	7	11	103	129
4.	Deaf & Dumb	15	37	3	8	1	...	...	3	19	48
5.	Deaf & Blind	8	6	1	1	...	...	...	3	9	10
6.	Blind & Dumb	...	...	...	...	...	...	...	1	...	1
7.	Orthopaedically handicapped	88	57	11	4	...	1	11	7	110	69
	All handicaps	258	259	33	52	4	1	26	36	321	348

Table IX

Physically handicapped persons by nature of treatment, combined sample.

S. No.	Nature of Physical handicap	Not known		Not treatment		Allopathic treatment				Ayurvedic treatment		Other treatment		Total	
						Non-surgical		Surgical							
		M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
1.	Deaf	...	...	34	49	27	25	1	1	...	6	...	...	62	81
2.	Dumb	...	...	14	7	4	2	...	1	...	...	...	...	18	10
3.	Blind	...	...	38	63	51	58	11	2	1	4	2	2	103	129
4.	Deaf & Dumb	16	43	3	5	...	...	...	...	...	...	...	...	19	48
5.	Deaf & Blind	...	...	1	7	8	3	...	...	...	...	...	...	9	10
6.	Blind & Dumb	...	...	...	...	...	...	...	1	...	...	...	...	...	1
7.	Orthopaedically handicapped	...	...	16	19	71	44	5	1	8	4	10	1	110	69
	All handicaps	16	43	106	150	161	132	17	6	9	14	12*	3*	321	348

* Out of this 7 Males and 1 Female received Ayurvedic cum Allopathic Treatment.

Table X

Reason for not giving treatment, combined sample.

S. No.	Nature of Physical handicap	Economic reason		Incurability		Negligence		Others		Total	
		M.	F.	M.	F.	M,	F.	M.	F.	M.	F.
1.	Deaf	29	44	1	1	3	4	1	...	34	49
2.	Dumb	10	6	3	1	1	...	...	...	14	7
3.	Blind	35	56	1	5	...	...	2	2	38	63
4.	Deaf & Dumb	2	3	...	2	1	...	...	...	3	5
5.	Deaf & Blind	1	6	...	1	...	...	...	...	1	7
6.	Blind & Dumb	...	...	...	...	...	...	...	...	...	...
7.	Orthopaedically handicapped	10	15	5	4	1	...	...	...	16	19
	All handicaps	87	130	10	14	6	4	3	2	106	150

Table XI

Distribution of physically handicapped persons by educational attainment, combined sample.

S. No.	Nature of Physical handicap	Illiterate		Literate		Formal education		Matriculation		Others		Total	
		M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
1.	Deaf	20	61	4	4	31	15	7	1	...	...	62	81
2.	Dumb	15	8	1	...	2	2	...	...	...	...	18	10
3.	Blind	55	107	11	9	32	12	4	1	1	...	103	129
4.	Deaf & Dumb	2	5	1	...	16	43	...	...	...	...	19	48
5.	Deaf & Blind	3	10	3	...	3	...	...	...	...	...	9	10
6.	Blind & Dumb	...	1	...	...	...	...	...	...	...	...	...	1
7.	Orthopaedically handicapped	44	47	13	3	42	13	8	5	3	1	110	69
	All handicaps	139	239	33	16	126	85	19	7	4	1	321	348

Table XII

Distribution of physically handicapped persons by their individual income, combined sample.

S. No.	Nature of Physical handicap	Not earning		Less than Rs. 500 per annum		Rs. 500–1000 per annum		Rs. 1000+ per annum		Total	
		M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
1.	Deaf	22	68	27	13	13	...	...	...	62	81
2.	Dumb	9	8	7	2	1	...	1	...	18	10
3.	Blind	60	113	38	15	4	1	1	...	103	129
4.	Deaf & Dumb	18	46	1	2	...	...	...	...	19	48
5.	Deaf & Blind	5	2	4	2	...	2	...	4	9	10
6.	Blind & Dumb	...	1	...	...	...	...	...	...	...	1
7.	Orthopaedically handicapped	75	63	32	6	3	...	...	...	110	69
	All handicaps	189	301	109	40	21	3	2	4	321	348

8136

Table XIII

Physically handicapped persons by nature of physical handicap and treated/not treated classes by sex and duration, combined sample.

S. No.	Nature of Physical handicap		Persons				Males				Females			
			By Birth	Acquired duration Below 5 Years	Acquired duration 5+ Years	Total	By Birth	Acquired duration Below 5 Years	Acquired duration 5+ Years	Total	By Birth	Acquired duration Below 5 Years	Acquired duration 5+ Years	Total
1.	Deaf	T.	1	23	36	60	...	9	19	28	1	14	17	32
		N.T.	7	33	43	83	4	12	18	34	3	21	25	49
		N.K.	...	...	...	...	...	...	...	...	...	...	...	...
		Total	8	56	79	143	4	21	37	62	4	35	42	81
2.	Dumb	T.	3	3	1	7	2	2	...	4	1	1	1	3
		N.T.	21	...	...	21	14	...	...	14	7	...	...	7
		N.K.	...	...	...	...	...	...	...	...	...	...	...	...
		Total	24	3	1	28	16	2	...	18	8	1	1	10
3.	Blind	T.	3	53	75	131	1	25	39	65	2	28	36	66
		N.T.	6	31	64	101	1	12	25	38	5	19	39	63
		N.K.	...	...	...	...	...	...	...	...	...	...	...	...
		Total	9	84	139	232	2	37	64	103	7	47	75	129
4.	Deaf & Dumb	T.	...	...	...	...	...	...	...	...	...	...	...	...
		N.T.	7	1	...	8	3	...	...	3	4	1	...	5
		N.K.	59	...	...	59	16	...	...	16	43	...	...	43
		Total	66	1	...	67	19	...	...	19	47	1	...	48
5.	Deaf & Blind	T.	..	5	6	11	...	4	4	8	...	1	2	3
		N.T.	...	...	8	8	...	...	1	1	...	...	7	7
		N.K.	...	...	...	...	...	...	...	...	...	...	...	...
		Total	...	5	14	19	...	4	5	9	...	1	9	10
6.	Blind & Dumb	T.	...	...	1	1	...	...	...	...	...	...	1	1
		N.T.	...	...	...	...	...	...	...	...	...	...	...	...
		N.K.	...	...	...	...	...	...	...	...	...	...	...	...
		Total	..	...	1	1	...	...	...	...	...	...	1	1
7.	Orthopaedically handicapped	T.	10	48	86	144	7	30	57	94	3	18	29	50
		N.T.	17	12	6	35	10	4	2	16	7	8	4	19
		N.K.	...	...	...	...	...	...	...	...	...	...	...	...
		Total	27	60	92	179	17	34	59	110	10	26	33	69
	All handicaps	T.	17	132	205	354	10	70	119	199	7	62	86	155
		N.T.	58	77	121	256	32	28	46	106	26	49	75	150
		N.K.	59	...	...	59	16	...	...	16	43	...	...	43
		Total	134	209	326	669	58	98	165	321	76	111	161	348