Help for the handicapped

A survey was conducted in an Indian village by members of the community with a view to identifying handicapped persons in need of rehabilitative services. Visits to homes were made by enthusiastic young volunteers who used questionnaires couched in very simple terms. The community also became involved in follow-up action to help the disabled.

During the International Year of the Disabled we decided to try and apply some of the recommendations on rehabilitation and disability prevention given in a WHO document (1). We were particularly interested in verifying whether lay persons could conduct a survey of the disabled. Questionnaires described in the document were translated into simple Hindi and cyclostyled copies were prepared. We discussed the aims of our study, which took place in the village of Dakachya, Sanwer Tehsil, Indore District, in central India, with the local leaders. Once they had been convinced that the programme would benefit the less fortunate people in the village they lent their wholehearted support. Through them we got in touch with the postmaster and requested him to prepare an outline map of the village. We asked for volunteers and got an enthusiastic response. The five we selected were males aged 15–19 years, one of them a polio victim; all had received 8 years of schooling.

At a meeting with the community leaders and volunteers we explained the purpose of the study in detail. One frequent query concerned the time of day when home visits should be made—most men and women leave home early in the morning to work in the fields. We left the choice to the volunteers, hoping that this would help to make them feel responsible for their work. Most of them used their spare time for the visits, usually in the evenings but sometimes during the day. If nobody was at home on the occasion of the first visit, the volunteers were asked to keep trying until a successful outcome was achieved.

As the volunteers were youths who had grown up in the village and were known to a majority of the residents, they were able to win their confidence relatively quickly and establish a rapport with them. The volunteers gained a sense of pride and achievement from their involvement in welfare activity and won the respect of the community; people caring for the disabled began to seek their help and guidance in matters of treatment and rehabilitation.

The village was divided into areas with the help of the volunteers, who had a good knowledge of the locations of the houses. Each volunteer was allotted an area and

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asked to start his part of the survey. A check on the work done was made every four days and the volunteers were asked to report in between these checks in case any difficulty had arisen in the meantime.

The questionnaires were all correctly filled in. No time limit was set, although we explained that it was desirable to complete the survey as soon as possible. In fact it was completed in four weeks. The simplicity of the language used in the questionnaires made it very easy for the volunteers to deal with them.

The 450 families in the village comprised 2884 people (1391 females and 1493 males); 1064 were aged under 15 years. There were 109 handicapped persons: 48 had orthopaedic handicaps, 43 had visual defects, 13 were deaf and dumb, and 5 were mentally retarded. These data were announced at a meeting with the community leaders and the volunteers. It was explained that, as we now knew the kinds of disabilities suffered and the number of people affected, we should be able to alleviate their difficulties.

We requested UNICEF to organize a workshop in the village. A representative of UNICEF and a member of the Appropriate Health Resources and Technologies Action Group, of London, gave an illustrated talk and demonstrated how low-cost aids could be made from bamboo, string and nails. The services of two village carpenters were obtained and 8–10 such aids were made. This highly successful workshop, held in the school, was organized by the community leaders and attended by nearly 500 people, who displayed great enthusiasm.

Subsequently, people with orthopaedic handicaps who needed operations, calipers, artificial limbs, and so on, were referred to hospital. An ear, nose and throat surgeon checked on the deaf and dumb patients and five hearing aids were provided by voluntary agencies; 40 operations on lower limbs affected by polio were carried out and six ear operations were performed. The community leaders approached a local trust hospital and successfully arranged for 30 cataract operations to be conducted in the village about eight months later.

The one group for which little could be done were the mentally retarded. Unfortunately, a school for the mentally retarded, run by a Rotary club at Indore, was too far away for the affected children to travel there daily, and in any case their parents would not have been able to afford the cost of transport.

On balance, our experience convinced us of the value of involving communities in health surveys.

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Reference