

STUDY OF IMPORTANT PSYCHOSOCIAL FACTORS IN INSTITUTIONALIZED BLINDS

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ABSTRACT

Background: Blindness probably is the most feared infirmity of mankind. The blind individuals were considered useless for the centuries till recent development in culture and civilization. Present study was conducted with the **aim** to study important psychosocial aspects of blinds undergoing formal vocational training in institutes. **Objective:** to identify candidates' psychosocial profile using Self Reporting Questionnaire (S.R.Q.). **Materials and Methods:** it was a cross sectional study conducted in two vocational training institutes for blinds (one for males and other for females) in Mumbai. The individuals were subjected to pre tested S.R.Q. and the individuals found positive with this tool and double the number of matched S.R.Q. negative controls from the institute were subjected to psychiatric examination done by qualified psychiatrist. **Analysis:** analysis was done using fisher's exact test and chi square test **results:** 15 (7.18%) blinds were found S.R.Q. positive indicating they either have or prone to have psychiatric morbidity. **Conclusion:** Psychological rehabilitation of the blinds should be considered before planning the vocational training of blinds.

Key words: S.R.Q., Psychiatric Morbidity, Psychological Rehabilitation

INTRODUCTION

"The Biggest Disease Today Is Not TB/HIV/AIDS But The Feeling Of Being Unwanted."¹

Man predominantly is a visual animal. Our language reflects this primacy of vision in our life. Words like 'light,' 'bright' & 'glowing' have positive connotations, whilst 'darkness' is a metaphor for ignorance or evil. Therefore it is for no surprise that loss of vision has a devastating effect on person's health.²

From ancient times, blindness like other handicaps has been the cause of fear and rejection throughout the world. For centuries together blinds were considered useless to themselves and to the society and hence they

were deprived of all social status and were rejected.³

Blindness has always been one of the most feared of physical infirmities and therefore the problems of blinds are not only physical and economical, but also social and psychological.

Social Life of Blind:

The position of blind child is peculiar, not normal. His arrival is generally regarded as 'misfortune' by the poor family. In the rich family though he is a source of distress, he is an object on which wealth is lavished. In one case, he is economic burden; in the other, he commands 'luxurious indulgence' by arousing the sympathetic sentiments of the family. In both cases he develops abnormal personal traits. In the poor uneducated home, he is not

understood and is purposely neglected; in the rich home, he is patted and pampered to noticeable neglect of his sighted brothers and sisters. This over fondness and partiality on the part of parents are detrimental to the proper growth and development not only of the blind child but also of his normal siblings. Because of lack of factual and conceptual experiences in the home environment, a blind child may appear to be retarded. Social life of the blind school pupils consist mostly of their relationship with one another and their surroundings. The attitude of neighbors, social circles will have definite impact on their behavior. Their visual disability will force them to change their lifestyle in various fields like education, recreation and also their hunt for job will have a lot of impact on their day to day thinking. Their rehabilitation has a big role in their personality development so when they are in training institutes they will like training in the fields where they find they could get lucrative earning with that knowledge.

All Those aspects which were deemed to have substantial direct impact on the prognosis of rehabilitation process were selected for the study

METHODOLOGY

The study was conducted in the two vocational training institutions in Mumbai one for the men and other for the women. Written permission was obtained from respective authorities of institutions for conducting the study. All the blinds enrolled in these two institutions at the time of the study were included. Information was given to all blinds included in the study about types of questions and answers were obtained by interview technique.

A detailed pre-tested pro forma was used which consist of Demographic information, General clinical examination, Psychological aspects, Attitude of the subjects towards life and social attitudes of parents, spouses, neighbors and society.

General clinical examination was done only to build rapport with subjects. For studying psychological aspects S.R.Q.⁴ i.e. Self Reporting Questionnaire was used. All S.R.Q. positive subjects and a double number of matched S.R.Q. negative subjects from the institutes were examined by qualified psychiatrist for finding out psychiatric morbidities. S.R.Q. status of the

subjects was not made known to the examining psychiatrist.

RESULTS AND DISCUSSION

Table 1: Candidates' response to question regarding adequacy of training programme

Candidates response	Number	Percent
Good	60	28.71
Satisfactory	67	32.06
Not satisfactory	82	39.23
Total	209	100

Most candidates were not satisfied with the disciplines they were trained in the institutes and wanted some new or modified disciplines like computer education, industrial training to be included in their tenure. These views of the blinds though suggest their positive attitude to walk with time but it is doubtful how much they will be benefited with it; because even though it is proved that blinds can efficiently do most of the work sighted can do it is said, 'employer's perception of inability is often the biggest limitation that people who are blind face' and this attitude need to be changed.⁵

Table 2: S.R.Q. results in subjects

S.R.Q. Result	Number	Percent
S.R.Q. +VE	15	7.18
S.R.Q. -VE	194	92.82
Total	209	100

7.18 % of the total 209 study subjects were S.R.Q. positive and were prone to have psychiatric morbidity. These individuals when subjected to psychiatric examination with double the number of S.R.Q. negative individuals following results were obtained.

Table 3: S.R.Q. result and psychiatric diagnosis

S.R.Q. Results	Morbidity present (%)	Morbidity absent (%)	Total
S.R.Q. Positive	10 (83.33)	2 (8.33)	12
S.R.Q. Negative	2 (16.67)	22 (91.67)	24
Total	12*	24	36

* 3 S.R.Q. positive subjects couldn't be examined due to death in 1 and inability to follow in other 2 cases.

Remaining 12 out of 15 S.R.Q. positive subjects and double number i.e. 24 matched S.R.Q. negative subjects were subjected to psychiatric clinical exam to find psychiatric morbidity. When S.R.Q. positive results were correlated with psychiatric morbidity using Fisher's exact test there was statistically significant difference between the two ($P = 0.00000147$). The result here indicates that significantly high proportions of cases were conglomerated in true positive and true negative categories. This would mean that S.R.Q. results served as a good indicator of psychiatric morbidity.

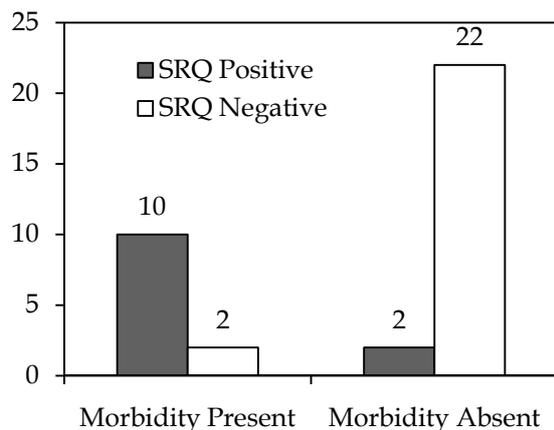


Fig 1: S.R.Q. Results and Psychiatric Diagnosis

As mentioned in the methodology all S.R.Q. positive subjects and a double number of matched S.R.Q. negative subjects were subjected to psychiatric clinical examination by qualified psychiatrist. When S.R.Q. results were co-related with psychiatric diagnosis using Fisher's exact test of significance, there was statistically significant difference between the two ($P = 0.00000147$). It was observed that subjects having psychiatric morbidity belonged to diagnostic categories of ICD-10 classification⁶ of mental and behavior disorders with morbidities such as dysthymic disorder, mixed anxiety and depressive disorder, anxiety and dependent disorder and adjustment disorder.⁷

Bansal et al⁸ in their study observed that visually handicapped subjects showed significantly high scores in the areas of depression and tension. Fitzgerald⁹ in his study found that blind goes through phases of disbelief, protest, depression and finally recovery.

The result here indicates that significantly high proportions of cases were conglomerated in true

positive and true negative categories. This would mean that S.R.Q. results served as a good indicator of psychiatric morbidity. As revealed in the table 83.33 % of S.R.Q. positive subjects were confirmed to be having psychiatric morbidity, while 91.67 % S.R.Q. negative subjects did not have any psychiatric morbidity.

RECOMMENDATION AND CONCLUSION:

The institutions are doing commendable job by bringing the blinds in the main stream of society. They are helping make the blinds self reliant and thus increasing their self esteem. These institutions are the places where blinds start to learn newer skills and newer job options. It now becomes responsibility of society and government to provide these blinds with the aid in whatsoever form so that they cease to be a burden to society.

Candidates completing training in the institutes should be assured income generating opportunities like financial support for utilizing their newly acquired skills in starting small scale businesses. Such institutions can be in collaboration with private firms train these individuals in various activities with which their firms can be benefited and blinds can get job placements.

All vocational training centers for blind should be persuaded to incorporate psycho-social screening of newly admitted trainees, before the actual training process is started. These individuals should again be subjected to such type of screening in the midterm and at the end of the training program so that if any risk factor found can be taken care and purpose of these institutes will be accomplished.

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