

# CHAPTER – I

## INTRODUCTION

### 1.1 Background

Disability is the situation when one is unable to do the usual activities easily because of impairment of one or more organs of the body. The situation may be permanent or temporary. Any person can become disabled in any time. In other words, every person can have disability in some means but only physically and mentally disabled are counted as disabled people.

WHO adopted an international definition of disability as “A disability is any restriction or lack of ability (resulting impairment) to perform an activity within the range considered normal for a human being. A disability may be temporary or permanent, reversible and progressive or regressive (WHO 1980). Disability is the condition of an individual which creates the difficulty in taking part in daily activities and social life due to obstacle of physical organs and physical system including material, social and cultural environment (MOWCSW, 2006).

New ERA in its study (2001) has defined disability as, “As a result of impairment a person might not be able to perform activities of daily life considered for his/her age, sex etc. A disability describes a functional limitation, for example being disabled means having difficulty communicating (includes difficulty seeing, hearing and speaking), having difficulty moving and having difficulty learning. In other words, it is the restriction or lack of ability to perform an activity in the manner or within the range considered normal for a human being (New ERA, 2001).

It has been felt time and again that statistics on disabled persons are essential for policy analysis, action and monitoring. As defined disability is complex and controversial and ranges from physical or intellectual impairment to social implication as well as health concerns, it is difficult to derive the actual estimates.

Disabled people can be found in all parts of the world and all levels of the society. New ERA (2001) in its study noted that the prevalence of disability indicated in the studies

world wide ranges from as low as 0.2 percent to as high as 20.9 percent. In 1976, WHO estimated 10 percent disability prevalence among the total world wide population.

National federation of disabled Nepal claims that there are about 2.04 million disabled people in Nepal but the result of National census 2001 does not support the claim and shows that 0.46 percent peoples are with disability. Estimates of the disabled population of Nepal range widely, according 1.63 percent. At least 12 percent of Nepal's citizens are assumed to suffer from the different types of disability (UNDP, 2004).

An independent study conducted for UNICEF, 2001 attempted to classify disability en Nepalese context into four categories as follows.

1. Communication Disability

- Seeing
- Hearing
- Speaking

2. Locomotion Disability

- Mobility
- Manipulation

3. Mentally related Disability

- Mental Retarded
- Epilepsy
- Chronic Mental Illness

4. Multiple/Complex Disability

- Multiple Disability
- Cerebral Palsy

The communication disability basically meant a disability concerning seeing, hearing, and speaking which directly affects communication seeing disability includes blinds and visually impaired persons whereas hearing disability includes deaf and impaired persons, speaking disability commonly in most cases comes with hearing disability.

Locomotion disability concerns the defect or deformity in the limbs, which makes a person unable to perform the daily activities of life. Locomotion disability includes the mobility and manipulation disability concerning the lower limbs and upper limbs respectively. This however does not include just loss of any part of the limbs that doesn't hamper the daily activities of life.

### **1.2 Statement of the problem**

Unlike other citizens of the society disabled people live in most deplorable conditions, isolated and excluded from their communities by barriers of policy, environment and attitude. They are unquestionably the largest and most discriminated minority group in the world, whose human rights are systematically violated, This violated against the poorest of poor result in worsening living conditions, degrading in human treatment, lack of adequate housing health care, education, social inclusion and often face death(Sapporo Declaration, 2002).

According to United Nation statistics, there are about 600 million disabled people (about 10 percent of world population) worldwide. Among them 82 percent live in developing countries (UN, 1995).

From the stand point of public health, disability is a serious problem. Many disabilities were resulted from malnutrition, lank of proper immunization, social economic status, place of inhabitant and lack of knowledge and information of disability.

Because of social factors like innocence, ignorance, superstition or fear, disabled people are discriminated in the society, which paralyzed their development process, all think themselves as disabled. Nobody should laugh at the disabled people if we do so they regard themselves as real handicapped. They do not participate even in social and cultural activities.

The major disabilities are in the society i-e people's concept and mind that should be rubbed out. Disability is not due to the wrong done in past, but it is due to illiteracy, ignorance, negligence and superstitions present in the locality.

Disabilities are limitation that a person experiences as a result of impairment. When it is not possible to change or to compensate fully for impairment, rehabilitation consists of training a person with disability to improve his/her function despite the impairment. The person learns to perform activities, but in a modified manner or with the aid of special equipment. For example, a person who is unable to walk learns to move to around in a wheelchair (Duwal, 2004).

There are no sufficient previous studies on disability. Therefore, the problem toward which this study is directed to know the situation of disabled people. Thus this study has tried to answer the following research question.

1. What are the socio-economic problems of disabled people?
2. What type of supports they have been received?
3. How does disabled people response and cope with their problems?

### **1.3 Objectives of the study**

The general objective of this study is to explain the socio-economic situation of the disabled people in the society.

- ) To estimate the level of socio-economic characteristics of household having disabled people.
- ) To identify the socio-economic challenges faced by disabled people.

### **1.4 Rationale of the study**

Disability is a serious problem which has drawn little attention in Nepal. Due to ignorance, illiteracy, faith in super natural power etc, the common attitude of the people towards the disability has been to by-pass it as the curse of gods for the wrong done in the past life very few persons thought it to be the result of some disease or accident. A disabled person was thought to be a stigma to the family. Society looked down upon the disabled persons and their families and hated them. As a result, families felt humiliated and tried to hide the disabled persons from the society as long as they could (IYDP, 1981).

Disability is a global problem. This affects people of all nations and of all races  
Disability is one of the major burning issues on the field for the study.

### **1.5 Organization of the study**

This study consists of seven chapters. Chapter one provides the introductions, aims and objectives. The second chapter deals with the review of literature. The third chapter summarizes the methods and approaches followed for the research. The fourth chapter presents the data of socio-economic and demographic characteristics of the respondents. The fifth chapter includes the situation of Disability. Chapter six includes problems of Disability. Finally, chapter seven gives a glimpse of summary and conclusion.

## **CHAPTER - II**

### **LITERATURE REVIEW**

#### **2.1 Definition of Disability**

Disability is the physical and mental situation of body. It is the situation when one is unable to do the usual activities easily because of physical or mental impairments.

Development disability is used to denote the condition of a child who needs special care as well as service to live independently. Due to physical disorder, mental retardation or other sensory disorders, child becomes unable for proper development during the developing period (Bhattarai,2003).

In 1980, WHO described the terms Impairment, Disability and Handicap as follow.

‘An Impairment’ is any loss or abnormality of psychological, physiological, or anatomical structure or function. Impairment can be temporary or permanent. This includes the existence of or occurrence of an anatomy defect or loss in a limb, organ, tissue or other structure of mental function.

‘A Disability’ is any restriction or lack of ability (resulting impairment) to perform an activity within the range considered normal for a human being. A disability may be temporary or permanent, reversible and progressive or regressive.

‘A Handicap’ results from impairments or disability and limits or prevents the fulfillment of a function that is considered normal for human beings.

Many languages fail to make an important distinction between disability and handicap. Disability refers to the person, handicap does not. For many reasons the projective and confusing level of the handicapped should not be used at all. The word handicap originates from horse races and describes the disadvantages by the rule of race (R.E.Allen, 1990).

## **2.2 Disability in the Global context**

WHO estimated 10 percent disability prevalence among the total worldwide population (WHO, 1961). Halender states in his publication that the estimate of 10 percent of the world wide population was disabled needs to be reviewed. Halender calculates a global estimate of prevalence rate of moderate and severe disability of 5.5 percent. For the more developed regions the estimation is 8.5 percent and for less developed regions 4.8 percent. The difference is based on the age composition of the population 30 percent of the moderately and severely disabled people in the world live in more developed regions and 70 percent in less developed ones (Helander,1999).

UN estimate, the Asian and the Pacific region has nearly 200 million people with disabilities. Likewise, demographic trends in the region indicate that due to increasing life expectancy several developed countries have already experienced a phenomenal increase in aging population and developing countries are on the threshold of facing the same (UN, 1995).

The 'young old' group (aged 60 – 69 years) in 1990 constituted 62.65 million persons in China, 38.39 million in India, and 7.37 million in Indonesia. These 'young old' continue to work in self employment or non-organized sectors without pensions or social security until they cannot. The 'old' aged over 70 year, are likely to suffer from physical or mental disabilities of old age and require care (ESCAP, 1994). There were more children from lower social classes in the special education schools than there were in the national sample. Increased prevalence of disabilities among children of very low birth weight, low maternal educational level, high birth order, those from families whose origin is Asian/African, and those from families with interfamilial problems define those children who are at risk for disabilities and for placement in special education school (Palti et. al, 1992).

The efforts to improve the situation of disabled people in developing countries are impeded by four main obstacles poverty, ignorance, misconceptions and faulty priorities. The impoverished disabled are frequently the last to benefit from development efforts and families with disabled members are often relegated to the margins of the community, misinformation, prejudice, superstition and fear

surrounding disability can be found at all levels of society and are a major factor if the inadequate reaction to the problem. Moreover, many who suffer serious impairments and disabilities, e.g. chronic somatic diseases or malnutrition, do not fit within traditional images of disability and are therefore excluded from services. The rehabilitation approach to disability tends to perceive disability as primarily a problem of the individual, ignoring the social and environmental factors that contribute to impairment. Finally, most planning and action has been weighted toward buildings, equipment, and specialized training to deal with traditional categories of impairment. It has been stated that the disabled comprise a third world within the third world. Within this sector, there are three distinct groups of disabled people! Those who are impaired but not handicapped those falling under the traditional categories of disablement, and those in the villages or urban slums with the greatest difficulties and the least help. The latter group faces physical barriers of distance and transport, economic barriers, and social barriers of class and tradition. It provides the clearest evidence of the obstacles confronting the impoverished disabled ( Shirley, 1983).

There are approximately 15 million disabled women in the reproductive age group who were reported to have inadequate options for effective contraceptives. The inadequacy was attributed to physical access barriers, socio economic factors, and educational gaps on the part of medical providers and the disabled women. Moreover, women with disabilities have little opportunity to receive contraceptive information or safe sex messages since health education classes are not geared to handle issues pertaining to disability and are often excluded from these classes (Walner SL, 1999).

Disability had a devastating effect on the quality of life of the disabled people with a particularly negative effect on their marriage, educational attainment, employment and emotional state. Disability also jeopardized their personal, family and social life. Disabled women and girl, particularly discriminated (Hosain et.al. 2002). Voluntary Health Association of India (1994) found that the number of people with one or more disabilities was about 12 million in India.

### **2.3 Disability Situation in Nepal**

UNDP (2004) found that the estimates of the disabled population of Nepal range widely, according to the latest census, they comprised 1.63 percent (0.37 million).



However, these numbers probably represent the difficulties of obtaining information about disabilities, particularly in view of the WHO estimate of approximately 10 percent of the world's population including that of high HDI countries, as disability. At least 12 per cent of Nepal's citizens are assumed to suffer from the types of disability. The report also pointed out that the discrimination against people with disability is rampant in all communities in general and in rural/remote communities in particular.

National census (2001) has counted 103795 (0.46% of total population) disabled people Nepal. Among them 56633 were female and 47162 were male. Most of them were physically disabled in both sexes followed by deafness (table: 1)

Table No. 1  
Population by Types of Disability in Nepal

Types of Disability	Population					
	Male	Percent	Female	Percent	Total	Percent
Physical	19495	41.61	21001	37.08	40496	39.14
Blindness	5483	11.71	11043	19.50	16526	15.97
Deafness	11948	25.50	13592	24.00	25540	24.67
Mentally Retarded	6469	13.80	6692	11.82	13161	12.71
Multiple	3455	7.38	4305	7.60	7760	7.51
Total	46850	100.00	56633	100.00	103483	100.00

Source:- CBS.2001.

There is considerable dispute within Nepal regarding the available prevalence data on disabled people. The latest census findings included a prevalence rate of 0.46 percent. A number of studies have been undertaken over the past 30 years which have produced widely disparate figures ranging from 1.5 percent to 5 percent (CBS,1971). A disability survey conducted in the district of Kanchanpur in 1995 estimated that 5.04 percent of the population was disabled and Yet a national survey in 1995 indicated that 4.9 percent of total population had intellectual disability (Land Down, 2003).

New ERA (2001) studied a situation of disability in Nepal. Nepal and found that the prevalence of disability was estimated to be 1.63 percent in total population, with estimates of 1.65 percent in rural areas and 1.43 percent in urban areas. Similarly the disabilities were seen more prevalent among males (1.75%) than females (1.52%) the difference could be due to the lack of proper care and early treatment for the female. New ERA in its study also found that most of the disabled people had multiple disabilities, which accounted for 31 percent of the total population.

In the most instances they are deprived from participating in the community activities and from using community facilities such as schools, water taps and community wells. It is evident that this group of people is deprived of social justice and is more susceptible to the consequences of disability (New ERA, 2001).

#### **2.4 Socio-economic situation of disabled**

The universal declaration of human rights, in its first article state, “all human beings are born equal in dignity and rights therefore the rights and the needs of all peoples should be considered equally important in dignity. Policies and plans, major advances in the equalization of opportunities for persons with disabilities in the community in which they live may be achieved through development programs and projects, if they are planned and implemented in the spirit of development for all” (UN,1995).

The prevention of the causes of disability should be seen as a basic duty of all member of society. Such members include first of all, promotion of peace and avoidance of conflict and violence. It includes activities which enable people to eat for their survival needs, such as ensuring an adequate supply and distribution of Food, safe drinking water, environmental hygiene, control of disease and provision of adequate shelter (UN.1996).

WHO regional health report 1998 (WHO, South East Asia region) indicates that women in developing countries are generally more malnourished than man because of biological demands such as menstruation pregnancy and lactation process they need more nutrition. These various processes make them nutritionally deficient. If mother gets frequently gross deficient, in basic and proper foods (deficient in calories, protein and several nutrients), it affects the fetus directly resulting various types of disabilities

such as mental retardation, visual impairments, physical disability etc (Bhattra, 2003).

During the United Nations decade of disabled persons (1983 – 1992), it was recognized that people with disabilities particularly in developing countries were not considered as potentially contributing to social and economic development. Similarly, the wisdom and skills of elderly person also reminded a neglected human resource.

Disability had a devastating effect on the quality of life of the disabled people with a particularly negative effect on their marriage educational attainment, employment, and emotional state. Disability also jeopardized their personal, family and social life. More than halves of the disabled people were looked at negatively by society. Disabled women and girl children suffered more from negative attitudes than their male counterparts, resulting in critical adverse effects on their psychological and social health. A combination of educational, economic and intensive rehabilitative measures should be implemented urgently to make them self-reliant (Hosain GM et. al 2002).

Although measures of socio economic status and various demographic factors were tested at the same time, disability remains a highly significant predictor of mortality. Being married is an important predictor of survival men were more likely to be married and less likely to survive the follow-up period or that age and severe disability predicts mortality. Age and disability levels persist as the only significant predictors of increased mortality risk when all the demographic and socio economic variables are included in the models for each of the sub populations (KA Mulhorn, 2001).

A fair number of subjects complain of various kinds of physical, psychological and sexual symptoms which they attribute to contraceptive procedures. In the majority of cases, the symptoms are mild, but about 2.3 percent cases seem to develop serious disability. It was also found out that the prevalence of neurotic symptoms in the general population is quite high. However, tubule ligation and vasectomy have no adverse psychological illness. Further more, higher incidence of these symptoms is also reported from Pakistan, Shrilanka and Bangladesh. There is also some evidence that these psychological symptoms are a From of 'social protests,' especially when in

many cases the decision to accept an operative procedure is taken under socio economic and/or political pressures (Chaudhary, 2001).

The depression and other mental illnesses are associated with profound disability independent of any co-existing physical illness. Thus, those who are already vulnerable due to their economic circumstances are at risk of becoming ill with a disorder which will further disable them and render them less able to cope with the adverse circumstances that they already face (Patel V,2001).

Lower socio economic groups have a lower life expectancy and a higher proportion with chronic morbidity and disability. Higher socio economic groups experience a higher life expectancy and fewer unhealthy years (Bos, 1997).

The birth of a disabled child is considered a misfortune, shameful and embarrassing, in the Lebanese context, and is likely blamed on the mother. Historically, families cared for children with learning disabilities (Boukhari, 1997).

Annual mortality from communicable maternal, prenatal, and nutritional disorders (group 1 causes) is expected to decline from 17.2 million to 10.3 million in 2020 in the baseline model. Also expected is a very large increase in death from non-communicable diseases (group 2 causes) from 28.1 million in 1990 to 49.7 million in 2020. Deaths from injuries (group 3 causes) are projected to increase from 5.1 million to 8.4 million. Diarrhea diseases, prenatal disorders, measles and malaria are expected to decline dramatically as causes of death in the 1990-2020 period, while lung cancer, stomach cancer, war injuries, liver cancer, and HIV are expected to move up five or more places in the ranking. In 2020, the 10 leading causes of disability-adjusted life years (in descending order) are projected to be ischemic heart disease, unipolar major depression, road traffic accidents, cerebrovascular disease, chronic obstructive pulmonary disease, lower respiratory infections, tuberculosis, war injuries, diarrhea diseases, and HIV. Tobacco-attributable mortality is projected to increase from 3.0 million in 1990 to 8.4 million in 2020 (Murray and Lopez, 1997).

The three fourth of the 250 million disabled women in the world live in developing countries, development programs must consider the specific needs and right of

disabled women who suffer from double discrimination and are more likely than disabled men to live impoverished and isolated lives which lead to depression and despair (Habib, 1995).

The differences in health status and functional ability of middle-aged black and white men can explain a substantial fraction-through by no means all-of the black/white differences in the labor force attachment. At the same time, health differences between men with different levels of educational attainment seem to explain essentially the entire gap in labor force attachment of these groups. These findings also suggest that the manner in which individuals adapt to the onset of health limitations is affected by the characteristics of the jobs they hold (Bound et al. 1994). The considerable variation in the prevalence of disability. Women report significantly higher rates of disability than men. When examining prevalence across racial and ethnic groups, Puerto Rican men and women have the highest rates of disability, regardless of the indicator used to measure disability; Anglo men and women report the lowest rates. Women, regardless of disability status, are more disadvantaged than are men. This situation is exacerbated for Black and Puerto Rican women with disabilities, who are less likely to be employed, work fewer hours, have lower wages, and are more dependent on income from social welfare programs (Santiago, 1994).

The 640 children aged 2.9 years lived in either a lowest social status neighborhood or a next to lowest social status neighborhood in Madurai in Tamil Nadu state in India to determine whether small differences at the lowest end of the socio economic scale would be associated with differential health status. Interviews spoke with the families in December 1990 and used a screening tool with 100 percent sensitivity and 95 percent specificity previously validated in a community based study in Bangladesh (Natale et. al. 1992).

The population consisted of Hindus and Muslims with 27 percent scheduled caste, totaling 5911 subjects. Morbidity on the day of survey totaled 9.2 percent of the population, 8.2 percent males and 10 percent females, 55 percent fever, 13 percent digestive, 11 percent respiratory and 7 percent skin disorders. Infants and toddlers had the highest rate of illness, 16 and 15 percent. 11 percent of the population was sick during the last month and 5 percent had chronic illnesses, such as respiratory, skin,

rheumatic, tubercular illness. 17 percent of the elderly 45-59 and 17 percent of those over 60 had chronic illness permanent disabilities included polio paralysis 2/1000, mental retardation 0.8, lame 0.7, and blind 0.8. The infant mortality rate averaged 86/1000 compared to 62.5 for India. The maternal mortality was 9/1000, compared to 2-4/1000 nationality. The mean age at marriage was 16.5 comparative prevalence was 26 percent 11 percent of the women were pregnant, less than 25 percent were registered for antenatal care. 72 percent of deliveries were at home. 20 percent of lactating women had anemia and vitamin B deficiency. Only 0.8 percent had received vitamin A prophylaxis. The people's expressed needs were employment (49 %) housing (33%) and environmental sanitation (10%) (Bhattngar et. al 1986).

The Hispanics suffer generally less severe socio-economic disadvantages than blacks, they have significantly lower occupational status and income than non-Hispanic whites and are disproportionately exposed to the health risks associated with poverty. Because of the high chance of bias accompanying self-reporting methods, the results showing that disability varies greatly among various Hispanic groups may be overrepresented still, it is clear that self reported disability confounds aspects of culture, degree of assimilation, and employment possibilities in a complex manner Mexican and Puerto Rican origin groups, which are the most seriously disadvantaged Hispanic groups, also suffer the greatest economic impact as the result of ill health. In order to investigate the interaction of Hispanic ethnicity, disability, and the ability to speak and understand English a series of multivariate analyze are employed. Decreased proficiency in English has a negative impact on economic well being for all groups, and the impact of disability is greatest for those who are least proficient in English. In addition, greater English proficiency is associated with the acquisition of general job skill and a greater ability to keep working at or near one's previous level, while decreased English ability may be associated with more serious health limitations, especially if language ability helps sign individuals to job at different levels of the occupational hierarchy. This analysis confirms that, though there are significant group differences depending upon nationality chronic illness has a prolonged negative impact on the economic well being of Hispanics (Angels,1984).

## **CHAPTRR - III**

### **RESEARCH METHODOLOHY**

The chapter primarily discussed on the research method used for the whole study. In this study various methods are used in collection of different information. Prim Focus of this section of the study site, research design, universe and sample selection, nature and source of data, data collection techniques.

#### **3.1 Selection of the Study Area**

Disability is a global problem. Disabled people can be found in all part of World and all level of the society. It is either congenital or caused by accident of as the result of diseases. It occurs in all ages from child to old age. Majority of disabled people are backward in education, political and socio economic status. In fact disability is a human reality. In Nepal, there are no sufficient plan and program for disabled people. In this context, I have selected Chirtungdhara VDC of Palpa for this study. Majority of disabled people are underprivileged. Few researches have been conducted yet on the disability but nobody has discussed about their socio economic situation of chirtungdhara VDC. Disabled people are suffering from so many socio economic problems. So the researcher finds it as the rational idea to comprehend the socio economic situation as a national treasure for the progress of the people with disability.

#### **3.2 Nature and source of Data**

This study consisted of both qualitative and quantitative nature of data, the study is based on both primary and secondary data. Primary data were collected from the study area and secondary data were gathered from published and unpublished documents, articles, books etc.

##### **3.2.1 Primary Data**

The basic source of primary data is household survey so the data were collected from the fieldwork with the help of well structured questionnaire, personal interviews and participant observation. People with disability were the main participants who provided the required data for this study. Households were selected on the basis of the sample type.

In order to obtain necessary and reliable data for this study, the following tools were used to collect the required and relevant primary data from the surveyed household and the researcher has used traditional methods, such as direct participation observation and structured questionnaires covering education income, problems of disability, family support, opportunities and so on to obtain necessary and reliable data for this study.

### **3.2.2 Secondary Data**

Secondary source of data are also one of the important methods of tools used wherever relevant information to complete the study. The secondary data was obtained from the published and unpublished materials, journals, books, articles, thesis report and government publications. Hence, the relevant literature whatever and wherever were available have been studied and the required informants were extracted.

### **3.3 Sampling procedure**

All the persons with disabilities who lived in ward 3, 4, 6 and 7 of Chirtungdhara VDC were selected on the basis of cluster sampling method.

### **3.4 Data collection tools and techniques**

For the generation of primary data: household survey, key informant interview secondary information was obtained through review of relevant literature and interaction with related persons.

#### **3.4.1 The household survey**

Household survey was carried out to collect primary information. The basis information on the socio economic and demographic characteristics of the sample population was gathered through household survey. All together 52 household were surveyed. Primarily, people with disabilities were preferred, but in their absence other senior member of the family was also considered. There are structured questionnaire for household that were prepared to asses the socio economic and strategy in the study area. The questions about the necessary quantitative data on family structure, educational status, occupation, maternal status, their living option etc. were collected Moreover, the general information of family on the basis of sex, age, source of



income, agricultural productivity are personal identifications of the respondents were obtained from the questionnaire through household survey.

### **3.4.2 Key Informants Interview**

Key informant interview were conducted during the field work in order to comprehend the socio economic situation of the people with disabilities those topics which are not covered in formal interview such as involve in social customs, people's perception with disability, communal adaptation and many others were collected with key informants. Some key informants were interviewed and they are teachers, guardians of disabled persons, governmental official of VDC, staff of NHOS, member of VDRC were selected on the basis of their knowledge of topic. The key informants were met repeatedly during the survey period to have a greater insight into the problem under the study.

### **3.4.3 Observation**

Observation is one of the techniques to collect the information data. During the field survey everyday life, social interaction, household's activities among disabled people in the sample area was observed. This helped the researcher to know the socio economic situation of people with disability simple information for the study. They were used to collect qualitative data; direct observation was used to observe the intra structure of the ward, the people, settlement patter, home structure and activities related with socio-economic practices.

### **3.5 Data Analysis and Interpretation**

To analyze the qualitative and quantitative data collected from different source, at first they have been tabulated into various tables according to the subject in order then, calculated by applying simple statistical tools such as, frequency, percentage, charts and figures, where necessary and they have been presented and analyzed in analytical way.

### **3.6 Limitation of the study**

This study has some limitation due to the timeframe of the study, and the limited resources. The study was carried out in only 4 wards of VDC and therefore a complete generalization of the entire wards of the VDC may not be possible.

1. This study is limited to the disabled people of only Chirtungdhara VDC of Palpa.
2. The respondents were selected only from four wards of the VDC.
3. The samples are purposive to the study.
4. The study may not represent the socio economic characteristics of other disabled people of the same/ other district as well.

## **CHAPTER – IV**

### **THE SETTING**

#### **4.1 Palpa District**

Palpa district, located within Lumbini zone, the birth place of Lord Buddha, is a hilly district that lies in 27.34, to 27.26 North Latitude and 83.15 to 84.22 east Longitude. The covers an area of 1373 square kilometer which is equal to 0.93 percent of land of country. This district is surrounded different districts. Tanahun, Nawalparasi and Syangja is the east, Gulmi and Arghakhachi is the west, Syangja and Gulmi is the north and Rupandehi is the south. As the temperature of this district is 8 .c to 28.c , the climate for housing is good . In average 193.2mm rainfall is measured in this district.18 percent of land is occupied by Chure hill whereas 82 percent of land is occupied by Mahabharat hill. Being a hilly district, it posses the quality of being remote. Palpa also being a historical place, is a tourist based district.

#### **4.2 Chirtungdhara VDC**

Chirtungdhara Village Development Committee(VDC) is lies in 11 kilometer south eastern from the district headquarter Tansen. This VDC is surrounded by Chappani VDC, Nayar VDC, Pokharathok VDC and Madanpokhara VDC. Agriculture is main occupation of the local people. Paddy, Maize, Wheat and Millet were the major crops in the study area. Chirtungdhara VDC is near from district headquarter.

#### **4.3 Demographic feature of the study area**

The total households of the VDC is 938 and population is 3852(male 1920 and female 1932) (VDC profile, 2010). The targeted survey households were from ward no 3, 4, 6 and 7 of having disable people. With this, out of 477 households of those ward only 52 households were selected for this study purpose. Because of Magar being the dominated ethnic group, the highest percentage respondents were Magar and rest were Kumal, Brahmin and Chhetri. The average family size of sampled household is 5.5 of the study area. Rainfed farming systems dominate food production. The majority of the communities are depend on agriculture.

#### **4.4 An overview on disability**

The people, physically or mentally diseased is a disable person. The disabled people is compelled for a problematic life. The disable people is ownself unable to work ownself. According to Nepal Disable Fedaration around 30 lakhs people are disabled in the census of 2001, which becomes to 0.45 percent of total population of Nepal, whereas 0.42 percent of total population of Palpa seems to be disabled.

An undisable people may be disabled at any time and cost. In our society, being traditional dominated, disability is taken as the sin of past. In the present context, different programmes and projects regarding to disability are being conducted in society for the welfare of the disabled people.

## CHAPTER - V

### SOCIO ECONOMIC AND DEMOGRAPHIC CHARACTERISTICS OF RESPONDENTS

#### 5.1 Household Characteristics

##### 5.1.1 Types of family

Family is usually categorized in to three category viz nuclear, joint and extended family. But information was collected in first two categories. About 51 percent respondents live in nuclear family whereas 48 percent respondents reported that they live in joint family.

##### 5.1.2 Household size

Household (HH) size refers to a total number of member pertaining to a household. Family (HH) size varied in the study area from low as 2 persons to as high as 11 members. The average household size was 5.5 in the study area. It is similar to household size of national average household size of the country, i-e 5.4. The table 5 presents the distribution of household size.

Table No. 2  
Distribution of Household by size

Household size	No. of Household	Percent
1-2	2	3.8
3-4	15	28.8
5-6	20	38.4
7-8	10	19.2
9+	5	9.6
Total	52	100.00
Average size	5.5	

*Source: Field Survey 2010*

### 5.1.3 Household caste and Ethnicity

In the study area, local communities were found heterogeneous in terms of caste and ethnic composition. The different caste of people with different background and profession with their own culture, and their traditions are resident in this place.

Table No. 3  
Composition of the caste and Ethnic by sex.

Caste	Sex of Household members		Total
	Female	Male	
Magar	89	84	173
Kumal	33	32	65
Chhetri	16	19	35
Bahun	7	6	13
Total	145	141	286

Source: *Field Survey 2010.*

The table 3, displays the composition of caste and ethnic group in the study area. Magar constitute the major ethnic group followed by Kumal, Chhrtri and Bahun. Disability id affecting everybody, regardless of caste, ethnicity, and level of income.

### 5.1.4 Major Occupation

Nepal is an agricultural country. Most of people are of economically active population age engaged in agriculture. It is the backbone of economy of the village. There are many barriers for increasing the productions. These are lack of irrigations, improved seeds, fertilizer, insecticides, pesticides, improved tools, agriculture loans and technology. The major occupation of the respondents in study area is shown in the table below:

Table No.4  
Distribution of respondents by major occupation

Income source	No. of Respondent	Percent
Agriculture	33	63.4
Business	5	9.6
Service	9	17.3
Wage job	5	9.6
Total	52	100.00

*Source : Field survey 2010.*

The table 4, shows that about 63 percent respondent reported that agriculture was their main source of family income. About two third respondents reported that agriculture was their main source of family income. Service which includes 7.3 percent household of total respondents holds second position.

#### **5.1.5 Size of Land Holding**

In Nepalese context, land is the major index of economics status. It is important constant property. The economics is mainly influenced by the land holding. The occupational pattern indicated that majority of respondents depends on agriculture. The land holding size of respondents in the study area is given below:

Table No. 5  
Distribution of the land Holding size of the respondents

Area in Ropani	No. of Households	Percentage
0-5	22	42.30
6-10	16	30.76
11-Above	14	20.92
Total	52	100.00

*Source: Field survey, 2010.*

Table 5, shows that most of households have small size of farming i.e. 5 ropanies and below which covers 42.30 percent out of 52 selected households. Similarly, 30.76

percent households have 5-10 ropanies farming land, 20.92 percent households have 11 ropanies above farming land.

### 5.1.6 Land Ownership

Land ownership is one of the indicators of economic status. The pattern land holding system is fundamentally of three types in study area. Because land ownership also affects the economic condition of people, their economic condition is also very poor. Three types of land holding are owned and operated, tenancy and land rented out. The type of land ownership is given below:

Table No. 6  
Types of Land ownership in the study area

Types of Land Ownership	No. of Households	Percentage
Owned and Operated	25	48.07
Owner-cum-tenant	20	38.46
Owner-cum-cultivator and land rented out	5	9.61
Total	52	100.00

Source: Field Survey, 2010.

The above table shows that 48.07 percent of the total household of study area have their own land and cultivate themselves. It does not mean that they have enough land. Whatever, they have they do themselves. 38.46 percent household have their own land and cultivate other land also and only 9.61 percent households have own land and rented out to others, too.

### 5.1.7 Crop Production

Normally, the respondents are little and marginal farmer and their crop production is also below. The changes in crop production in study area either remain stable or increase or decreased. The table given below shows the annual production of household in study area:



Table No. 7

## Annual Crop Production of Respondents in Study Area

Quantity of production in Muri	No of Households					
	Paddy	Maize	Wheat	Millet	Potato	Pulse
0-1	6	8	10	9	35	42
2-4	13	10	18	16	-	-
5-7	14	16	7	11	-	-
8-10	6	9	1	2	-	-
11-s13	5	5	-	2	-	-
14-Above	18	2	-	1	-	-
Total	52	50	36	40	35	42

Source: Field Survey, 2010.

Table 7, shows that the annual crop production of study area. The major crops one paddy, maize, wheat, millet and potato. All 52 selective households cultivate paddy, 52 households cultivate maize, 36 households cultivate wheat and 40 households cultivate millet. 35 households cultivate potato and 42 households cultivate pulse, but comparatively potato and pulse are less quantity of production than other crops.

### 5.1.8 Food Sufficiency

The poverty of people is measured by the level of food production and consumption. During the study period, it was tried to find out whether annual production of food grain is sufficient to meet the daily requirement for one year or not for those people. The cultivated land area is limited. Therefore, the crops production of community would not meet the requirement of rapidly grown population. The average foods sufficiency mouth of respondent is given below.

Table No. 8

## Food Sufficiency of Respondents in the Study Area

Months	No. of Households	Percentage
< 6 Months	45	86.53
6-9	4	7.69
9-12	3	5.76
Total	52	100.00

Source: Field Source, 2010.

Table 8, shows that the food deficiency of study area. Only 5.76 percent of the total population have food sufficiency for 9-12 months. Similarly, 86.53 percent have sustainable up to 3 months, and 7.69 percent have 6-9 months have food sufficiency of less than 6 months. The make up their food deficiency through borrowing from their relative, neighbors and money lender. It proves the majority of the people living in study area are under poverty line.

### 5.1.9 Animal Husbandry

Animal husbandry is important not only for their economic boost up but also for cultural and nutritional point. The respondents of the study area keep livestock primarily to fulfill the necessity of milk, meat and compost manure. In additional to these, oxen are to plough land and chicken are used either for meat or sold in cash.

Table No. 9

Types of Domestic Animals of the Respondents/households

Types of Animals	No. of Animals	Percentage
Cows/Oxen	39	9.79
Buffalos	53	13.31
Goats	124	31.15
Pigs	29	7.28
Chickens	153	38.44
Total	398	100.00

Source: Field Survey, 2010.

Table 9, shows that out of total domesticated animals 153 are chicken and ducks and it is the highest number which makes 38.44 percent. Similarly, 9.79 percent are cows and oxen. 13.31 percent domestic animals are buffaloes. 31.15 percentage domestic animals are goat and 7.28 percent domestic animals are pigs.

### 5.2 Social Characteristics

This chapter describes the social characteristics of the study population on the basis of the information collected by using structured questionnaires. Social characteristics of the respondents include – caste, religion, mother tongue, and literacy and so on.

### 5.2.1 Mother Tongue.

National census 2001 defined mother tongue as language of people, which can be spoken for their daily communication in their locality . It may differ culture to culture and community. The 2001 census has identified 92 language spoken as mother tongue in Nepal. Majority of Nepalese population speak Indo-Aryan languages about 49 percent of the total population had reported Nepali as their as mother tongue in 2001 census. The distribution of interviewed disabled by their mother tongue is represented in the table 10.

Table No. 10  
Distribution of respondent by their mother tongue.

Mother tongue	No. of. Respondent	Percent
Magar	29	55.77
Nepali	23	44.23
Total	52	100

*Source: Field survey 2010*

Table 10, display that 55.77 percent of disabled included in the study speak Magar language as their mother tongue and 44.23 of total respondent speak Nepali as their mother tongue.

### 5.2.2 Caste/Ethnicity

Magar is the major caste of this district the study results majority of respondent belonging to Magar community. Magar holds more than half (55.77%) of total respondents followed by kumal (25%) chhetri (13.46 %) and Bahun (5.76%). (Table. 11)

Table 11.

Distribution of respondent by caste/ ethnicity and disability

Cast/Ethnicity	Types of Disability					Total
	Physical	Blind	Deaf	Mentally retarded	Multiple	
Magar	12	2	15	0	0	29
Kumal	4	0	5	2	2	13
Chhetri	3	1	3	0	0	7
Bahun	2	0	1	0	0	3
Total	21	3	24	2	2	52

*Source: field survey 2010*

From the above table 11, it is obvious that about 54 percent of physical disable are Magars followed by Kumals 19 percent and Chhetri about 14 percent. In the case of deaf, Magar constitute 62 percent of total deaf respondents.

### 5.2.3 Religion

Most of the respondents of this study belong to Hindu religion. The distribution of respondents according to their religion is shown in table 4.

Table No. 12

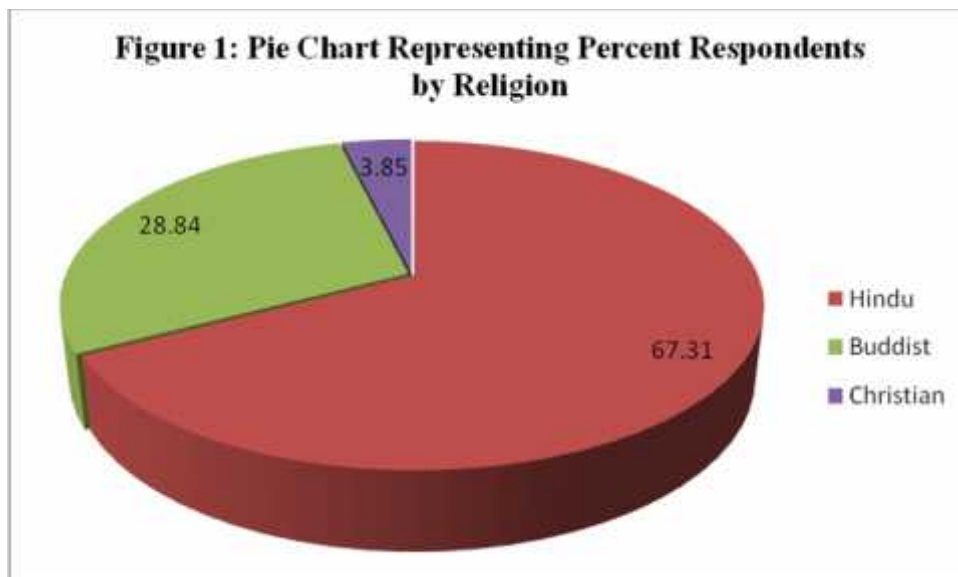
Distribution of respondents by religion and disability (in percent)

Religion	Types of Disability					
	Physical N-3	Blind N-3	Deaf N-24	Mentally retarded N-2	Multiple N-2	Total N-52
Hindu	68.75	33.33	58.33	100	100	67.31
Buddist	31.25	66.67	33.4	-	-	28.84
Christian	0	0	8.33	-	-	3.85
Total	100	100	100	100	100	100.00

*Source :Field survey 2010*

Table 12, reveals that majority of respondents (67.31%) are from Hindu religion compared to other religion. Buddhist 28.84 percent and Christian 3.85 percent. About

68 percent of physical disable, 33 percent of blind, 58 percent of deaf and all mentally retarded and respondents having multiple disabilities are from Hindu religion. The pie chart presented below represents the distribution of respondents by religion (Fig.1)



### **5.3. Literacy and Educational Attainment.**

The level of education is the indicator of socio economic status of particular community. Education is a means through which human being may lead a better life. National census 2001 defined literacy as the ability to read and write a simple statement in any language. Literacy reflects the accumulated achievement of primary education and adult literacy programs in imparting basic literacy skills that people can apply.

Data on literacy were collected from the all respondents as all respondents are of six years and above. Respondents were asked whether they could read and write. No tests were conducted at the time of interview. Respondents were also asked whether they ever had attended school and it was found that those who can read and write had attended school.

Table 13.

Distribution of respondents school attendance by types of disability (in percent)

Types of disability	School attendance		Total
	Attendance	Not Attendance	
Physical (N-21)	71.4	28.5	100.00
Blind (N-3)	33.3	66.6	100.00
Deaf (N-24)	6.6	33.3	100.00
Mentally Retarded (2)	-	100.00	100.00
Multiple (N-2)	-	100.00	100.00
Total (52)	61.5	38.5	100.00

*Source Field survey 2010.*

The above table reveals that more than 71 percent physically disabled respondents had attended school. Similarly, about 33 percent of blind and about 66 percent deaf had attended and all of mentally retarded and multiple disabled respondent had not attended school.

### **5.3.1. Causes for not attending school.**

Among the respondents who didn't attend school reported that they didn't attend school due to disability. There was no school near the village for having disability school's environment also was not disable friendly. There were many problems for disable so they didn't attend at school. The school attendance rate of the respondents is not satisfactory.

### **5.4 Marital status of the Respondents (14 years and above).**

Marriage is an important part of human life. It is a legally accepted relationship between a woman and a man. The following table presents the marital status of the respondent.

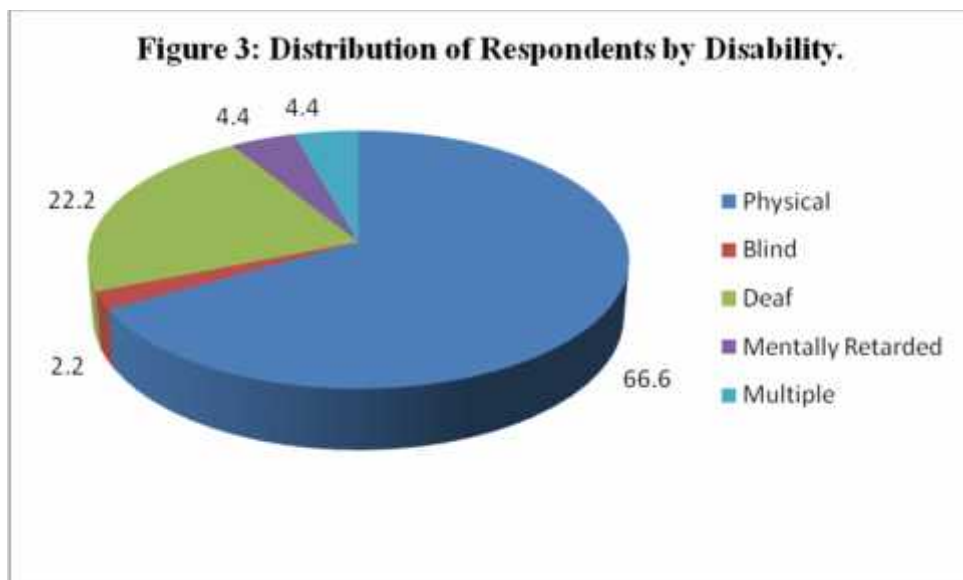
Table 14.  
Marital status of the Respondent (Total – 40)

Marital Status	No. of respondent	Percent
Married	17	42.5
Unmarried	23	57.5
Total	40	100.00

It is clear from the table 14, that majority of the respondents (57.5) were unmarried. 42.5 percent were married. Respondent were ask whether disability hindrances marriage.

### 5.5 Economic Characteristics.

This chapter attempts to study the economic characteristics of the study population. Information on economic characteristics is collected from the respondents of 10 years and above on the basis of their engagement on economic activities and monthly earnings. It is found from the field survey that 86.5percent (45) respondents were 10 years above. Figure 3 presents the distribution of respondents by disability.



It is found from the study that 42.2 percent respondents were not engaged in any kind of economic activities 57.7 percent respondents were seemed to be economically active (Table 15).

Table 15.

Distribution of Respondents According to their Engagement in Economic Activities  
(In percent).

Economic activities	Types of Disability					Total
	Physical	Blind	Deaf	Mentally Retarded	Multiple	
Farmer	30.00	-	40.00	-	-	28.8
Service	10.00	-	-	-	-	6.6
Business	6.6	-	10.00	-	-	6.6
Wage labor	6.6	-	30.00	-	-	11.1
Household work	-	-	20.00	-	-	-
Nothing	46.00	100.00	-	100.00	100.00	42.2
Total	100.00	100.00	100.00	100.00	100.00	100.00

Table 15 shows that above 28 percent of total respondents (10 years and above) are farmer who in followed by wage labor (11.1%), service and business (6.6%) respondents engaged in economic activities. It can also be seen that 40 percent and 30 percent physically disabled respondents are farmer 46 percent of physically disable and all mentally related respondents, blind and respondents with multiple disability are found economically passive.

While exploring the causes for not engaging in economic activities, it was found that all of mentally retarded, physically disabled and respondents with blind to engage any kind of economic work and only two members of respondents are studying.

### 5.5.1 Monthly earnings.

Only 25 male and 20 female were seemed to be engaged in economic activities. Among them 16 percent male and 35 percent female were not paid for their work. 26.6 percent of total economically active respondent earn less than one thousand per month. It is remarkable that all respondent who were not paid and who earn less than one thousand belong to farmer by occupation. 8 male and 4 female earn 1000-3000 per month another 3 male and 2 female earn 3000-5000 per month, 1male and 1



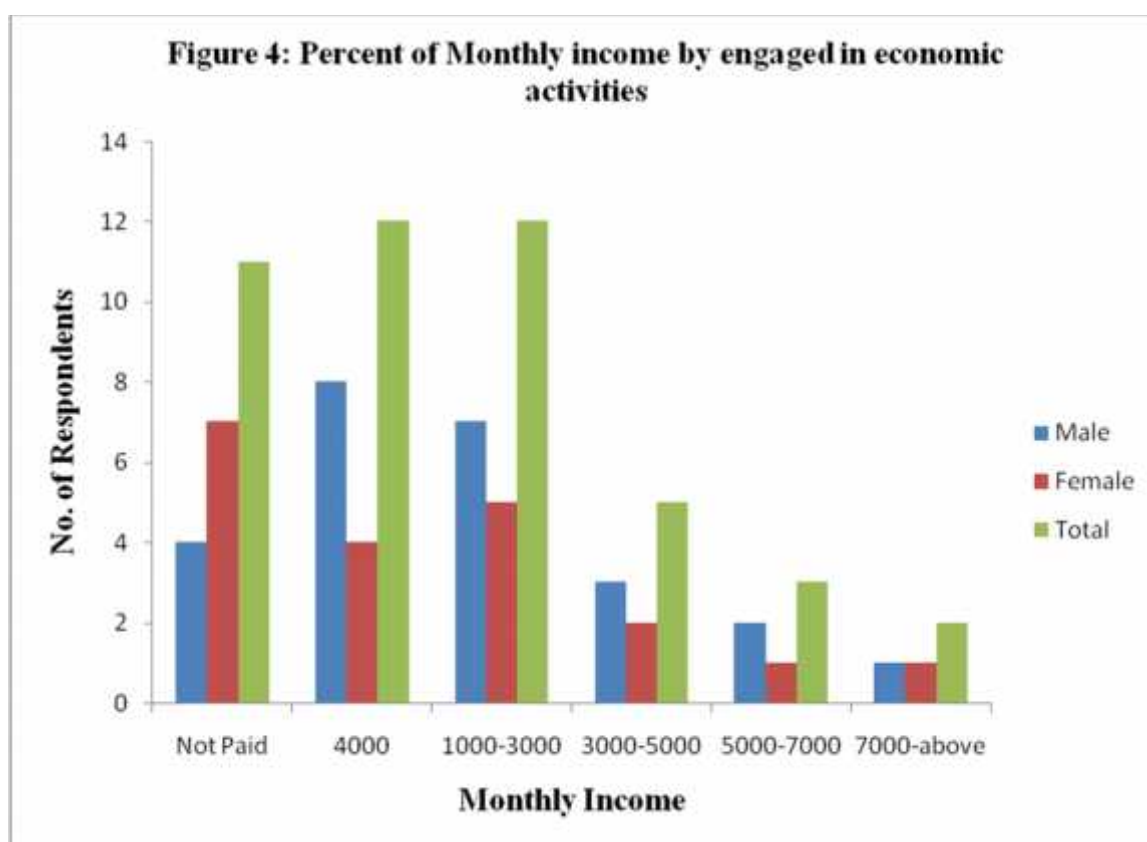
female earn more than 7000 per month 6.6percent of total respondent earn 5000-7000 per month. (table-16)

Table 16.

Distribution of respondents according to their monthly income.

Monthly income	No. of respondent					
	Male	Percent	Female	Percent	Total	Percent
Not Paid	4	16	7	35	11	24.4
4000	8	32	4	20	12	26.6
1000-3000	7	28	5	25	12	26.6
3000-5000	3	12	2	10	5	11.1
5000-7000	2	8	1	5	3	6.6
7000-above	1	4	1	5	2	4.4
Total	25	100	20	100	45	100

Source : Field survey 2010



### 5.5.2 Satisfaction from their engagement in economic work.

In the interview economically active respondents were asked whether they were satisfied from the work. 57.7 percent respondent said that they were satisfied with their work while others were dissatisfied because of difficulties in performing work (Table 17).

Table 17.

Satisfaction and dissatisfaction with their work

Satisfaction/Dissatisfaction	No. of Respondents	Percent
Satisfied	26	57.8
Not Satisfied	19	42.2
Total	45	100.00

*Source : Field Survey 2010*

## CHAPTER VI

### STATUS AND PROBLEMS OF DISABLED PEOPLE

This chapter deals with age-sex composition of respondents, situation of disability among respondents as well as the period and causes for becoming disabled in the study area. Brief description of this feature can be helpful to understand the situation of disabled person.

#### 6.1 Age Sex composition of the respondents.

The respondents were distributed in five years age group. It is because there was no restriction in the age and respondent of all age groups are attempted to include in the study. Age-Sex composition of the study population shown in the table 18.

Table 18.  
Composition of respondents by age and sex.

Age group	Male	Female	Total	Percent
5-9	4	3	7	13.4
10-14	1	3	4	7.6
15-19	6	4	10	19.2
20-24	4	-	4	7.6
25-29	4	2	6	11.5
30-34	1	2	3	5.7
35-39	2	3	5	9.6
40-44	1	1	2	3.8
45-49	2	3	5	9.6
50-54	1	1	2	3.8
55-59	2	1	3	5.7
60+	1	-	1	1.9
Total	29	23	52	100.00

*Source : Field Survey 2010*

The table 18 shows that age group 15-19 contains highest number (19.2%) of respondents. About 20 percent respondents were below 15 years of age and 1.9 percent were 60 years and above. Of the total study population 55.7 percent were male and 44.2 percent were female.

## 6.2 Situation of Disability.

Among 52 respondents, the largest number (46.1%) were deaf followed by physically disabled (40.3%), Blind (5.7%) and multiple disabled and mentally retarded were (3.8%). Among all respondents male comprise 55.7 percent and female comprise 44.2 percent (Table 19).

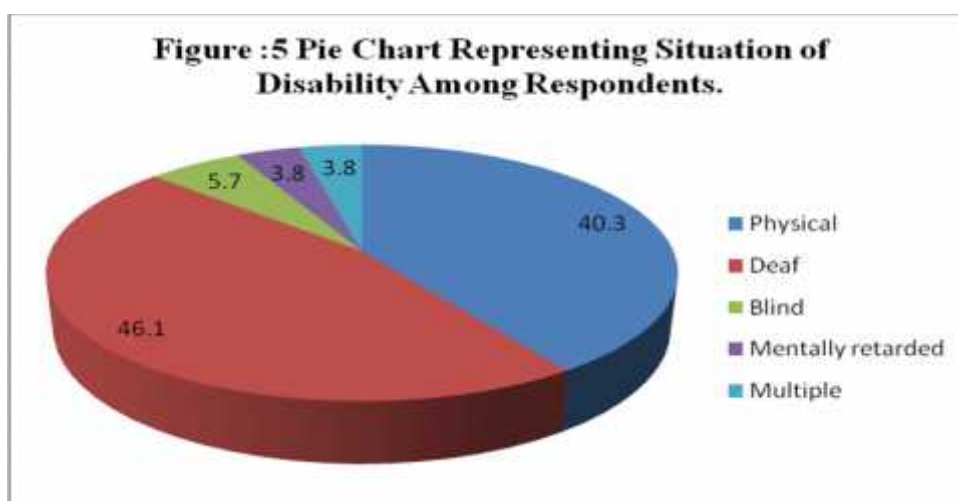
Table 19

Composition of respondents by sex and disability

Types of disability	Male	Female	Total	Percent
Physical	11	10	21	40.3
Deaf	13	11	24	46.1
Blind	2	1	3	5.7
Mentally retarded	1	1	2	3.8
Multiple	2	-	2	3.8
Total	29	23	52	100.00

Source :Field survey 2010

The situation of disability among respondents can be analyzed by following chart.



Source : Field survey2010

### 6.3 Period for receiving disability

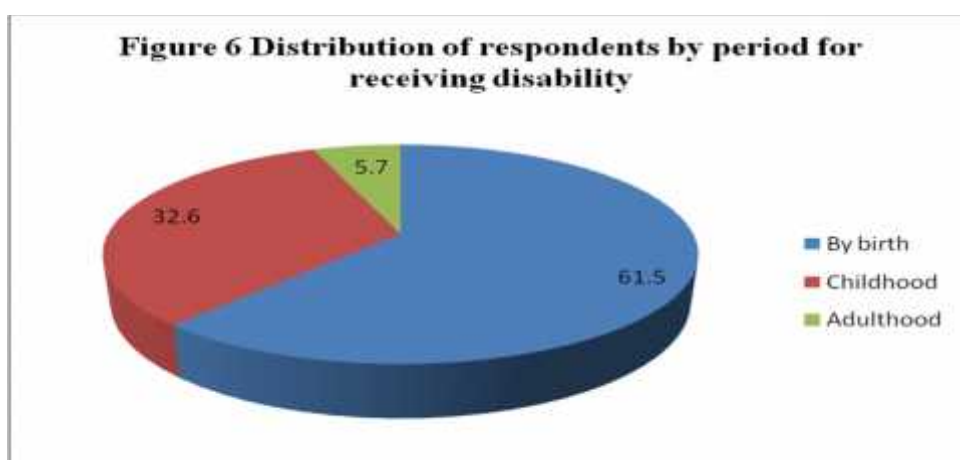
It can be noted that more than 60 percent respondents became disabled by birth and 32.6 percent respondents became disabled during his/her childhood. Rest of the respondents (5.7%) received their disability during adulthood.

Table 20.

Distribution of respondents by period for receiving disability.

Types of disability	Period of became disabled			
	By birth	Childhood	Adulthood	Total
Physical	13	5	3	21
Blind	1	2	-	3
Deaf	14	10	-	24
Mentally retarded	2	-	-	2
Multiple	2	-	-	2
Total	32	17	3	52
Percent in whole	61.5	32.6	5.7	100.00

Source ; Field survey 2010



Source : Field survey 2010

### 6.4 Cause for disability

Respondents were asked what the cause of their disability was. Majority of respondent (61.5%) were disabled by birth. About 15 percent were become disabled in accident. Disease is found to be major cause for disability after birth. About 23 percent of disabled received their disability from disease. The causes of disability are shown in the table.

Table 21.

Cause of disability of respondents (in percent).

Causes of disability	Types of disability					Total N52
	Physical N-21	Blind N-3	Deaf N-24	Mentally retarded N-2	Multiple N-2	
By birth	61.9	33.3	58.3	100	100	61.5
Accident	23.8	-	12.5	-	-	15.3
Disease	14.2	66.66	29.1	-	-	23.07
Total	100.00	100.00	100.00	100.00	100.00	100.00

Source :Field survey,2010

It is clear from the 21 that about 61 percent of physical, 33 percent of blind, 58 percent of deaf and all mentally retarded and multiple disabled by birth. It can also be noted that accident caused disability in 23.8 percent of physically disabled respondents. It makes clear that there is high risk getting physically disabled through accident. 66.6 percent of blind, 29.1 percent of deaf and 14.2 percent of physically disabled received their disability through disease.

### 6.5 Problems of Disabled People

Disabled people live in the most deplorable condition, isolated and excluded from their communities by barriers of policy, environment and attitude. They are unquestionably the largest and most discriminated minority group in the world, whose human rights are systematically violated, this violation against the poorest of poor result in worsening living conditions, degrading in human treatment, lack of adequate housing health care, education, social inclusion and often face death.

### 6.7 Treatment received against disability

50 percent of the respondents have received. Allopathic treatment against disability while 28.8 percent respondents didn't receive any kind of treatment. More than 17 percent disabled were treated traditionally against disability and 3.8 percent have received Aayurvedic treatment.

Table 22.

Distribution of respondents by treatment they received (in percent).

Treatment received	Types of disability					Total 52
	Physically N-21	Blind N-3	Deaf N-24	Mentally Retarded N-2	Multiple N-2	
Aayurvedic	9.5	-	-	-	-	3.8
Allopathic	47.6	66.6	41.	100	100	50
Traditional	14.2	33.3	20.8	-	-	17.3
No treatment	28.5	-	37.5	-	-	28.8
Total	100.00	100.00	100.00	100.00	100.00	100.00

Source :Field survey 2010

In the table 22 is worth nothing that 28.5 percent of physical and 37.5 percent of deaf have received no treatment.

### 6.6.1 Care taker in the family

Although disabled people need special care and support to perform usual activities. It was found that more than 78 percent of total respondents take care them selves. About 13 percent respondents are cared by their parents. In very few cases, brother, sister, and son/daughter serve as caretaker.

Table 23.

Distribution of respondents according to the caretaker in the family.

Caretaker	Types of disability					Total N-52
	Physical N-21	Blind N-3	Deaf N-24	Mentally retarded N-2	Multiple N-2	
Self	85.7	33.3	91.6	-	-	78.8
Parents	14.2	-	-	100	100.00	13.4
Brother/Sister	-	66.6	-	-	-	3.8
Son/Daughter	-	-	8.3	-	-	3.8
Total	100.00	100.00	100.00	100.00	100.00	100.00

*Source : Field survey 2010.*

### **6.7 Family members treating towards disabled.**

About 71 percent of total respondents said that they had been treated nicely in the family. About 9 percent respondents react that they had been discriminated by family members. Altogether about 29 percent of respondents were ill-treated in the family.



Table 24.

Distribution of respondents as treating by their family members.

Family members treating	Types of Disability					Total N-52
	Physical N-21	Blind N-3	Deaf N-2450	Mentally retarded N-2	Multiple N-2	
Good	80.9	66.6	62.5	50	100	71.15
Discriminate	9.5	33.3	8.3	-	-	9.6
Tease and hate	4.7	-	16.6	-	-	11.5
Scold	4.7	-	8.3	50	-	3.8
Beat	-	-	8.3	-	-	3.8
Total	100	100	100	100	100	100.00

Source : Field survey 2010.

### 6.8 Perception of family members towards disabled.

During the interview respondents were asked whether their family members feel economic burden having disabled member in the household. About 11percent of respondents said that they were felt huge burden by the family members while 32.6 percent of respondents replied not much burden. About 40 percent of respondents were not felt economically burden in the household whereas 15.3 percent respondents were unknown about their family members feelings towards them.

Table 25.

Family members feelings having disabled person in household.

Family member feeling	Types of disability					Total N-52
	Physical N-21	Blind N-3	Deaf N-24	Mentally retarded N-2	Multiple N-2	
Huge burden	9.5	33.3	41.16	50	50	11.5
Not much burden	19,04	33.3	45.8	50	-	32.6
Not at all	61.9	33.3	29.16	-	50	40.3
Do not total	9.5	-	20.8	-	-	15.3
Total	100.00	100.00	100.00	100.00	100.00	100.00

Source : Field survey 2010.

### 6.9 Disabled members expectation from the family.

Most of the respondents' centered on love and support from the family. 26.9 percent respondents hope love, 19.2 percent hope support and 40.3 percent respondent hope both love and support from the family.

Table 26.

Respondents by their hope from family members (in percent).

Disabled peoples' hope	Types of disability					Total N-52
	Physical N-21	Blind N-3	Deaf N-24	Mentally retarded N-2	Multiple N-2	
Love	19.04	33.3	37.5	-	-	26.9
Supports	28.5	-	12.5	-	50	19.2
Love and support	42.8	66.6	33.3	50	-	40.3
Help	9.5	-	-	50	50	5.7
Nothing	-	-	16.6	-	-	7.6
Total	100.00	100.00	100.00	100.00	100.00	100.00

Source : Field survey 2010.

#### 6.10 Problems faced by disabled.

Disabled people are facing problems/difficulties in different place in different ways. The problem such as ; difficulties in performing work, difficulties to reach the place etc, may have caused by their physical or mental impairments or social perceptions like discrimination, teasing, scolding etc.

#### 6.11 Problems in participating social activities.

Respondents of 15 years and above were asked about their involvement in social activities and difficulties for participating social activities. 56.09 percent of total respondents answered that they had faced no problem in participation. 21.9 percent responded had not participated in social activities because of their impairments while 9.7 percent fear of being mocked and 12.9 percent of respondent feel uncomfortable to participate in social activities.

Table 27.

Distribution of respondent according to difficulties.

Problems	No. of respondent	Percent
Because of disability	9	21.9
Fear of being mocked	4	9.7
Feel uncomfortable	5	12.19
No problem	23	56.09
Total	41	100.00

*Source : Field survey*

## **CHAPTER VII**

### **SUMMARY AND CONCLUSION**

This study based on socio economic situation of disabled people of Chirtungdhara VDC of Palpa. This study has been attempted to find socio economic situation of disabled and identify the problems faced by disabled in the society. This study is conducted on the base of primary data, collected from 52 respondents of 3, 4, 6 and 7 wards of the VDC. The summary of major findings of the study and conclusion is presented below.

All the respondents are of 5 years and above. Among and respondents 55.76 percent were male and 44.23 percent were female. Age group 15-19 holds highest number of the study population (19.2%).

Disability is the condition of body, which causes in efficiency in its function. Major five types of disabilities are identified viz physical disability, blindness, deafness, mentally retardation and multiple disabilities.

Most of the respondents were disabled by birth (61.5%). Diseases caused 23.07 percent of disabilities while 15.3 percent disabilities were caused by accident.

Most of respondents belong to Magar community 55.76% while Kumal, Chhetri and Bramin holds 25, 13.46 and 5.76 percent respectively.

Agriculture was the main source of household income of 63.4 percent respondents, 9.6 percent depend of wage job where as 17.3 percent household depended on business.

It was found that 61.5 percent respondents have attended at school and were literate while 38.5 percent were illiterate.

Disabled people are the largest and most discriminated minority group.

50 percent disabled received Allopathic treatment while 17.3 percent received traditional and 3.8 percent received Ayurvedic treatment and 28.8 percent disabled didn't receive any kind of treatment against disability.

78.8 percent disabled were found to be cared by themselves while 13.4 percent were cared by parents. About 71 percent of respondents were treated nicely in the family.

11.5 percent of the respondents were failed huge economic burden in the household while 32.6 percent were taken as not much burden 26.9 percent respondents hope love and 19.2 percent respondents hope support from the family while 40.3 percent hope both love and support from the family.

Disabled people are facing problem in different place in different ways. Such problems include caused by disability, discrimination, teasing, scolding etc.

About 54 percent of total respondents had faced problems in participating social activities and rest of them didn't feel any problem.

From the analysis done above, it can be concluded that disabled people are living in low socio-economic condition and in some cases they are deprived of consuming facilities. Disabled are more vulnerable of being handicapped and often discarded from the household.

Most of the respondents are found to be disabled by birth. The disability by birth may be caused by lack of anti-natal care or delivery care. So family should be encouraged to provide such facilities to pregnant women. Government should also be concerned to control disease and uplift the socio-economic status of people by awarding them and providing them opportunities to involve in economic activities.

Agri-oriented economic activities are the major source of income of most of the disabled and their monthly income is comparatively low. So special training should be provided to develop their skill on non agri-oriented activities.

Disabled people are facing difficulties in different places in different ways. Most of the difficulties that they are facing caused by their disability. Such difficulties include difficulties to reach the place (school, work-place etc), difficulties to perform activities, difficulties caused by physical situation of the place and so on.

In one sentence it can be said that disabled people are one of the deprived as well as vulnerable group. To build a managed society, they should not be ignored. Effective policy and program should be implemented to uplift their social and economic status. Further study is needed to collect in-depth information about disabled people.

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## Questionnaire

District : .....

Date : .....

VDC : .....

Ward No. : .....

### 1. General information of the respondents:

Name of the respondent:

Name of the household head

Age:

Sex:

Education :

Occupation:

Cast/Ethnicity :

Religion:

Marital status :

Types of family : Joint   
 : Nuclear

### 2. Households member details :

S. No	Name	Age	Sex	Education	Occupation	Relation of the household head
1.						
2.						
3.						
4.						

### 3. Types of Disability :

Physical

Blind

Deaf

Mental retarded

Multiple

4. Causes of Disability

By birth

Accident

Disease

Others

5. How much land does your household have?

Ropani:..... Ana:.....

6. What is the main source of income of your household?

Agriculture :.....

Business :.....

Service :.....

Other :.....

7. How much of cultivated land you have?

Types of landholding	Land
Owned and operated	
Tenancy	
Land rented out	

8. Agricultural production of your household :

Crops	Paddy	Maize	Wheat	Millet	Pulse
Production in Muri					
Total					

9. What livestock does your household have? (if any)

Types	Number owned
Cows/Oxen	
Buffaloes	
Goats	
Pigs	
Chickens	
Total	

10. Food sufficiency level:

- a. Up to 3 months :.....
- b. 3 to 6 months :.....
- c. 6 to 9 months :.....
- d. 9 to 12 months :.....

11. When did you become disabled?

- |           |                          |           |                          |
|-----------|--------------------------|-----------|--------------------------|
| By birth  | <input type="checkbox"/> | Childhood | <input type="checkbox"/> |
| Adulthood | <input type="checkbox"/> | Other     | <input type="checkbox"/> |

12. Is there any disabled person except you in your family?

- a. Yes
- b. No

If yes, number of disabled person :.....

Types of disability:.....

13. Have your family tried any treatment fo recovery?

- a. Yes
- b. No

If yes, what kind of treatment did you receive?

- a. Aayurvedic
- b. Allopathic
- c. Traditional

14. If no, why didn't your family try any treatment?

- a. Poor economic condition
- b. Others

15. Do your family member support you in your daily activities?

- a. Yes
- b. No

16. Do your family member feed economic burden having disabled in family?

17. Does your family discriminate you with other able?

- a. Yes  b. No

18. Are you getting equal opportunities as able ones?

- a. yes  b. No

19. Can you read?

- a. Yes  b. No

20. Have you ever attended school?

- a. Yes  b. No

If no, why didn't you attended to school?

- a. Because of disability   
b. Parents didn't send   
c. No school near the village   
d. others

21. Are you currently attending school?

- a. Yes  b. No

If no, what are the reasons for currently not going school?

- a. Cannot perform like other   
b. Due to disabilities   
c. Others

22. Did you face/are you facing any problem at the educational institution?

- a. Yes  b. No

23. Are you engaged in any economic work?

- a. Yes  b. No

24. If yes, what type of work?

a. Farmer

b. Services

c. Business/Trade

d. Other

25. How much do you earn monthly?

a. Less than 1000

b. 1000 to 2000

c. 2000 to 4000

d. 4000 to 8000

e. More than 8000

26. Are you satisfied with your work?