

**SOCIO-ECONOMIC STATUS OF PEOPLE WITH DISABILITY:  
A Study of Gudukhati VDC, Bajura District, Nepal**

**A Thesis Submitted to  
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in  
Rural Development**

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## DECLARATION

I hereby declare that the thesis entitled **Socio-Economic Status of People with Disability: A Study of Gudukhati VDC of Bajura District, Nepal** submitted to the Central Department of Rural Development, Tribhuvan University, Kathmandu, is entirely my original work prepared under the guidance and supervision of my supervisor. I have made due acknowledgements to all ideas and information borrowed from different sources in the course of writing this thesis. The results of this thesis have not been presented or submitted anywhere else for the award of any degree or for any other purposes. I assure that no part of the content of this thesis has been published in any form before.

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## RECOMMENDATION LETTER

This thesis entitled **SOCIO-ECONOMIC STATUS OF PEOPLE WITH DISABILITY: A Study of Gudukhati VDC of Bajura District** has been prepared by **Birendra Bahadur Rawal** under my guidance and supervision.

I recommended this thesis for approval by the thesis committee.

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## APPROVAL LETTER

This is to certify that the thesis submitted by **Birendra Bahadur Rawal** entitled **SOCIO-ECONOMIC STATUS OF PEOPLE WITH DISABILITY: A Study of Gudukhati VDC of Bajura District** has been accepted as a partial fulfillment of the requirement for the Degree of Masters of Arts in Rural Development.

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**Birendra Bahadur Rawal**

## ABSTRACT

This is a micro level study of Gudukhati VDC of Bajura district to see the **Socio-economic Status of People with Disability** in the study area. People with Disabilities (PWDs) are one of the marginalized groups in Nepal. Few researches exploring situation of PWDs have shown that disabled people are experiencing stigma and discrimination in the society. This conducted research mainly aims to dig-out the real condition of PWDs in the society. It has objectives to assess the social and economic status of PWDs along with discovering the existing opportunities and potentialities at local level and study the social and family behavior upon them.

The research is based on descriptive research design to ease researcher in collecting information about socio-economic status of disabled people. For data collection, mostly qualitative technique was used to explore social and family behavior towards the disabled people which would help to know their status in society and own family. The data were gathered from both quantitative and qualitative nature. Similarly, both primary and secondary data were used in this study. Primary data were collected through household survey, observation, FGD and interview. The various internal and external sources used for acquire the secondary data. However, quantitative technique also used to identify the income, education and livelihood status of disabled people in the study area

The research found that, most of the PWDs were found to be from the households with agriculture as the primary means of livelihood. Majority 45% of the disabled people in Gudukhati VDC had speech and hearing disability. None of them are found to have received training on sign language. Majority of disabled people are dependent on their family members for daily living. Only 15% PWDs are able to engage in income earning activities, which have improved their socio economic status. They are living under the basic facilities. However, almost all of them are deprived from education and income earning opportunities Majority 70% of the PWDs were disabled by birth where it is found that need of pregnancy care of mother to prevent disabled. Furthermore, the study has also explored information on possibilities and potentialities of the PWDs and seeks possible recommendations to uplift their socio-economic status.

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## **ABBREVIATION AND ACRONYMS**

ANC	-	Anti-Natal Care
CBR	-	Community Based Rehabilitation
CBS	-	Central Bureau of Statistic
DC	-	Delivery Care
DDC	-	District Development Committee
DDWF	-	District Disabled Welfare Service Federation
DHRC-N	-	Nepal Disabled Human Rights Center
DPWA	-	Disable Persons Protection and Welfare Act-2039
FGD	-	Focus Group Discussion
HDR	-	Human Development Reports
ICF/DH	-	International Classification of Functioning /Disabilities and Handicaps
I/NGO	-	International/National Non-government Organization
MoE	-	Ministry of Education
MoH	-	Ministry of Health
MoLD	-	Ministry of Local Development
NFDN	-	Nepal Federation of Disabled-Nepal
PWDs	-	People with Disabilities
SES	-	Socio-economic Status
SWC	-	Social Welfare Council
UN	-	United Nation
UNCRPD	-	United Nation's Convention on the Rights of People with Disabilities
VDC	-	Village Development Committee
WDC	-	Women Development Committee
WHO	-	World Health Organization

# **CHAPTER-I**

## **INTRODUCTION**

### **1.1 Background of the Study**

Nepal is a least developed country with a low human development index rating; Nepal's level of human development remains among the lowest in the world though it has made progress in raising living standard since 1990. The report emphasizes, Human development in Nepal has not taken place fast enough to ensure the well-being of its people and defuse the socio-economic sources of conflicts (UN, 2004, p.2). According to this report, Nepal has faced various crises such as economical, social and political. Instable political movement is the mainly responsible for the crises acquired in Nepal. In such situation, development is not able to foster properly. The people's movement of 1990 raised the aspiration of the marginalized community, they had dream of better socio-economic life but it could not fulfill the dreams even it did not address the voice of marginalized group for their fundamental rights. Finally, the movement failed to deliver on its promises of socio-economic development (UN, 2004). Despite of some improvements, the level of the welfare indicators of the socially and economically excluded groups remains very low. These failures created conflict between the state and new comers in politics. Therefore, the country itself is in crisis politically and economically. In such situation, development is not able to foster properly. Nepali people are compelled to live difficult and miserable life in different aspects from long time. Especially for the marginalized, poor and people with disabilities(PWDs), development has become an unachievable goal. They have been left behind the mainstream of development process. According to the population census conducted by CBS in 2011, 1.94 % of Nepal's total population are disabled which comprises 5,13,321 number of people as disable. Among them 2,33,235 are female and 2,80,086 are male as included 45% and 55% respectively.

Disability is the physical and mental situation of body when one is unable to do the usual activities or major life activity easily because of physical or mental impairments. Nepal government catagorizes the disability in seven types; physically disabled, visually impaired, deaf, deaf-blind, speech and hearing disability, mental disability, multipule disability. The number of physically disabled people was

recorded 186457 among them 108279 males and 78178 females accounts for 36.32 percent of total disabilities. As per the case wise disabilities, visual disabilities is categorized into blind and visually impaired with total number of disabilities of 94765 which is 18.46 percent of total disabilities among them 47041 were males and 47724 were females. In hearing disabilities 79307 out of them 41204 males and 38103 females peoples were recorded which accounts for 15.45 percent of total disabilities and people with hearing disabilities are categorized into deaf and hard to hear disabilities. In deaf/blind disabilities there were 9436 which is 1.84 percent of total disabilities among them 4803 males and 4633 females. In speech related disabilities there were 58855 which is 11.47 percent of total disabilities among them 33190 were males and 25665 were females. In mental disabilities there were 30997 which is 6.04 percent of total disabilities among these categories there were three different groups which were mental retardation, mental illness and autism which contained 16787 males and 14210 females. In Intellectual disabilities there were 14888 or 2.90 percent of total disabilities out of them 8280 males and 6608 females. And in multiple disabilities there were 38616 in which 7.52 percent of total disabilities with 20502 males and 18114 females.

Among all the people with disabilities, 36.32 percent people had physical disabilities which includes leprosy induced disabilities in above category. Leprosy is a one of the disease which causes the disabilities in physical aspect associated highly stigmatized in most of Nepali societies. Among the people with physical disabilities more than 30,000 which is >16 percent people have leprosy induced physical disability (Pokheral, 2013).

Total disabled people are categorized in four different groups for their social security and provides identity cards. According to guidelines of disability identity card 2065, Disable people are provided four different color identity cards as per their severity of disability. Red colored identity card is provided to very severely disabled people which helps them to get financial supports and social security facilities. Blue colored card is provided to severely disabled people which helps them to get minimal financial support and social security facilities. Yellow and white identity card is provided to people with least severity which helps them to get social security facilities and most of the leprosy affected disabled peoples falls under this category. There are various types of

disability in the world. Disability may be invisible on some situation. In developing countries like Nepal, only visible disability is counted as disability. In Nepal's context, the term Disability requires to study in depth

Among the marginalized group, the community of people with disability is one which has been struggling for a long decade to be included in decision making level so that all disabled people could have better socio-economic status in a society. Conflict, due to political agitations in different period turned many people disabled but there is the least involvement of member from the community of disability in parliament. Among the 601 CA members, only three members from disabled community were nominate for making new constitution. It has long history that disabled community raised their voice for their inclusion in political agenda for socio-economic development. The more they involve in political agenda the better they enjoy their human rights. Nepal is party to International Conventions in spite of this it has not been able to follow the terms due to states' obligation. Therefore, in Nepal a new legislation is required for effective work and implementation to meet the international level.

Disability can be congenital from birth or acquired due to accident or as the result of disease which present every where in the global irrespective of in all casts, religions, geographical conditions, age groups, races and gender. In past, medical science was insufficient, so the people accepted disability as part of their fate to live with. However, with the advancement in science many disabilities can either be minimized or cured. It has been observed that approximately fifty percent of disability are preventable (Steward, 2001).

WHO has published World Report on Disability in collaboration with World Bank after realizing the lack of proper implementation of disabled right related policies and programs, which has defended inaccessibility and poor status of disabled people. The report underpins to improve accessibility and equality for opportunity, promoting participation and inclusion and increasing respect for the autonomy and dignity of persons with disability (WHO, 2011). By this, report WHO has modified the international definition of disability in modern perspective. Under WHO, the International Classification of Functioning, Disability and health (ICF) has advanced the understanding and measurements of disability. Environmental factors are emphasized in this new classification, which is the main difference from the previous

international classification of impairments, disabilities and handicaps (ICIDH). The new ICF has categorized problems with human functioning into three interconnected areas, which consists Impairments, Activities Limitations and Participation Restrictions.

- a. Impairments are problems in body function or alteration in body structure such as paralysis, blindness.
- b. Activities Limitations are difficulties in executing activities for example, moving or speaking.
- c. Participation Restrictions are problems with involvement in any area of life for example, facing discrimination in employment (WHO, 2011).

Disability is an issue of human development right and challenges for inclusive development entire the word because it is a problem, which affects people of all the nations, and races from which people seek to be freed socially, economically. Disability is found not only in human beings in animals as well. This is known to exist from the very beginning of the human existence. It is either congenital (by birth) or acquired due to different kind of accident or as the result of disease. It occurs in any time to any person. Therefore, it is necessary to understand disability as a part of life. It is also a socio-medical problem, which is known to have been prevalent in every corner of the world. The magnitude of the problem, however, varies from country to country and from one region to another region, within the same country. There is varying meaning of disability, which may understand in many senses. It is difficult as the state in which people live in a vulnerable or distressful condition either in physical, mental or psychological context.

Bajura District covers 2,188km square of the province seven in Nepal's Far Western Region. The elevation in Bajura ranges from 726 to 7,036 meter above the sea level. The district borders are Mugu and Kalikot on the east, Bajhang on the west, Humla on the north and Achham and Kalikot on the south. Bajura comprises 14% mountainous and 85% hilly areas. Difficult topography and lack of physical infrastructure present a major challenge to accessibility and service delivery in Bajura. Population of Bajura in 2011 was 134,912 people with annual growth rate of 2.2%, which has accelerated from 1.82% in 2001. The gender balance remained at 51% women and 49% men. The average household size increased to 5.45 in 2011 from 5.34 in 2001, and population



density similarly went up to 62 persons per km square in 2011 from 54 in 2001. The topography of Bajura includes mostly hill, middle hill and mountain regions, with the highest altitude at 7,036m above sea level. Most villages are remote and have very limited accessibility. Most of the people (80%) are involved in agriculture although they suffered by food crisis in Bajura. In Bajura majority of people (99%) are Hindus, while 0.6% are Buddhist and less than 1% Muslim, Christian or of other religions. Bajura is home to people belonging to 50 different castes, including 61% Chhetri, 23% Dalit, 10% Brahmin, 6% Thakuri, and 3% Sanyasi (CBS, 2011).

**Table 1.1 Disability Statistics of Bajura**

Sex	Total Population	PWD	Prevalence	Types of Disability							
				Physical	Visual	Hearing	Deaf-Blind	Speech	Mental	Intellectual	Multiple
Male	65806	3224	4.94	1361	577	698	37	228	84	55	184
Female	69106	2671	3.87	1007	633	543	41	168	84	44	151
Total	134912	5895	4.37	2368	1210	1241	78	396	168	99	335

Source: CBS, 2011

## 1.2 Statement of the Problem

Disabled person is still thought to be a stigma to the family. Due to lack of awareness majority of the people see disability because of the sin in the past. In most developing countries, the society views disability as a penance to the sins so people with disability are taken as ill omen. People with disabilities are hidden as a matter of social prestige by family is still practiced largely. Because of many social and political barriers, the voice of PWDs still suppressed. 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 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 (Sapporo Declaration,2002).

The study supports to know about several issues of People with disability of Bajura District in far western development region of Nepal. The study focuses on the PWDs social and economic status of the district as well as their livelihood potentialities, so it will help to understand the overall lifestyle condition of PWDs. It is very important to study about the different kind of disability and its challenges as they are still being discriminated in the society. They are living very hard life in physically, because of physical condition they are being unable to do their daily activities and need support even as well as they are living hard life in social and economic sectors. The modern law has granted equal rights and special rights to them but it is not shown in practice. Thus, the economic and social lives of PWDs are at risk. They live in a very poor life with no respect in the society. Because of poverty, people with disabilities are isolated from all opportunities such as entertainment, social and cultural activities. Generally, people do not like their participation in social and cultural activities. Even the family members ignore their members with disabilities during the special program like family gathering, festive moment and some other social events. All these behaviors make the PWDs feel isolated and humiliated. Consequently, they lose confidence to feel equal to other people without disability. In real, it is called disability.

The study supports to know about several issues of people with disability of Gudukhati village development committee of Bajura district in far western development region of Nepal. The study focuses on the PWDs social and economic status of the VDC as well as their livelihood opportunities, so it will help to understand the overall lifestyle condition of PWDs. Gudukhati is a least developed area of Bajura District. Disabled people of this area are also in miserable condition. Most of the disabled people lose many opportunities due to their isolation and ignorance even from family. The study will focus on red, blue and yellow disability cardholder people. Such people are 65 in Gudukhati. The study seeks to answer the following research questions;

- What is the social status of PWDs in the study area?
- What is the economic status of PWDs in the study area?
- What are the livelihood opportunities and potentialities to disabled people in the local area?
- Are they satisfied with the behavior of family and community?

### **1.3 Objectives of the Study**

The common objective of this study is to identify the socio-economic status of PWDs in Gudukhati VDC of Bajura district.

Specific objectives of the study are as follows:

- To assess social status of the PWDs in Gudukhati VDC of Bajura District
- To assess economic status of PWDs in Gudukhati VDC of Bajura District
- To study the family and community behavior towards the PWDs in the study area
- To discover the existing opportunities and potentialities of PWDs

### **1.4 Importance of the Study**

As the main objective of this research is to identify the socio-economic status of PWDs in the study area of Bajura, it will provide information on living standard of people with disabilities in the study area. It will show the relationship within family and society and try to find out the potentialities of PWDs in economic development. The results will be useful to the scholars, social scientists, planners, policy makers, and concerned people to make policies and programs related to people with disabilities. The study will help to sensitize the PWDs issue in the study area as well. It will be also supportive for the researcher who is interested on the same topic.

### **1.5 Limitation of the Study**

This study only focused to explore the social and economic status of people with disability in Gudukhati VDC. It is true that socio-economic condition and geographical location determine the livelihood potentialities and lifestyle as a whole, so the findings from this study may not equally applicable to other location. Due to constraint of time and limit budget, the research is very general in nature. There are some limitations in this research, which are as follows:

1. The study only focused to find out the socio-economic status of disabled people where it has tried to study the relationship between

disabled individual and family, family and society. It has also tried to analyze potential opportunities for disabled people according to their nature of disability.

2. Due to constraints of time and limit budget, the study is based only a small (30%) sample size of different kinds of disabled people in the Gudukhati VDC.
3. The research is based on purposive sampling through which respondents for the questionnaire were chosen.

## **1.6 Organization of the Study**

This study consists five chapters. Chapter I consists six parts, which give the general introduction of the study. Similarly, chapter II has seven parts, which give details about literature review on term of disability. Chapter III deals methodology about this study and it has six parts. Chapter IV describes the socio-economic background of the respondent in the study area. Data analysis and interpretation are given in this chapter. It has four titled and seventeen sub-titles. Lastly, chapter five deals about major findings about this study along with conclusion and recommendations.

## **CHAPTER - II**

### **REVIEW OF LITRATURE**

#### **2.1 Human Life and Health Hazard**

Health has traditionally defined as the absence of disease and illness. However, as defined by WHO 1948, it is a much broader concept – it is “a state of complete physical, mental and social well-being and not merely the presence of disease or infirmity”. Health is a valuable resource that enables people to lead individually, socially and economically productive lives, providing them with the freedom to work, learn and engage actively in family and community life. To have healthy life only individual health is not sufficient so we need to see the public health. Public health as defined by WHO in 1998 is “the science and art of promoting health, preventing disease, and prolonging life through the organized efforts of society”. It has also been referred to as the “combination of sciences, skills and beliefs that is directed to the maintenance and improvement of the health of people” similarly WHO priorities include “reducing disparities in health status between social groups and influencing the underlying social, economic, physical and biological determinants. Public health practice informs and empowers individuals and communities, and creates healthy environments through the use of evidence-based strategies, best practice and quality improvement approaches, and effective governance and accountability mechanisms”.

Health hazards may be anything that could cause health problems for individuals or groups of people. Many of those hazards are well known. While there are many that are unknown. Sometimes we find something or somewhere are hazardous to health only after enough time has passed to see patterns of illness. Those hazardous things can sometimes be microorganisms or sometimes industry/organization’s activities can present a hazard or source of risk to health and well-being that can create event, incident or circumstances. They are activities or elements that can interact with human health to represent a risk to health or well-being. Examples are air emissions or water pollution noise and displacement or relocation of people Health Risk Assessment Scoping Guidelines. Besides that, exposure with patients having communicable diseases also presents a risk for development of the disease or developing disabilities to normal people (Pokheral, 2013).

## 2.2 Concept of Disability

Disability is the physical and mental situation of body when one is unable to do the usual activities or major life activity easily because of physical or mental impairments. Here, technically the meaning of impairment, the term 'impair' denotes damage or loss of physiological, psychological or anatomic function or structure or mental function. This could mean loss of foot/arm, poor eyesight, eyesight, poor in hearing, paralysis of limbs, defective vision (David, 2001).

Major life activity includes; caring for one-self, performing manual tasks, seeing, hearing, eating, sleeping, walking, standing, lifting, bending, speaking, breathing, learning, reading, concentrating, thinking, communicating and working.

Disability is the consequence of an impairment that may be physical, cognitive, mental, sensory, emotional, developmental, or some combination of these. A disability may be present from birth, or occur during a person's lifetime. A disability is an umbrella term, covering impairments, activity limitations, and participation restrictions. Impairments may include physical, sensory, and cognitive or developmental disabilities. Mental disorders (also known as psychiatric or psychosocial disability) and various types of chronic disease may also qualify as disabilities (Chartlon, 2004).

Disability can be congenital from birth or acquired due to accident or as the result of disease which present every where in the global irrespective of in all casts, religions, geographical conditions, age groups, races and gender. In past, medical science was insufficient, so the people accepted disability as part of their fate to live with. However, with the advancement in science many disabilities can either be minimized or cured. It has been observed that approximately fifty percent of disability are preventable (Steward, 2001).

Most people seem to know what a disabled person is and are certain that they would be able to identify an individual as disabled, either because the disability is noticeable or because they are aware of a specific medical condition that lends itself to be called disability. However, what precisely the term disability means is less easy to determine. A common vision is that having a disability makes an individual less competent of performing a variety of activities. However, they are capable to carry

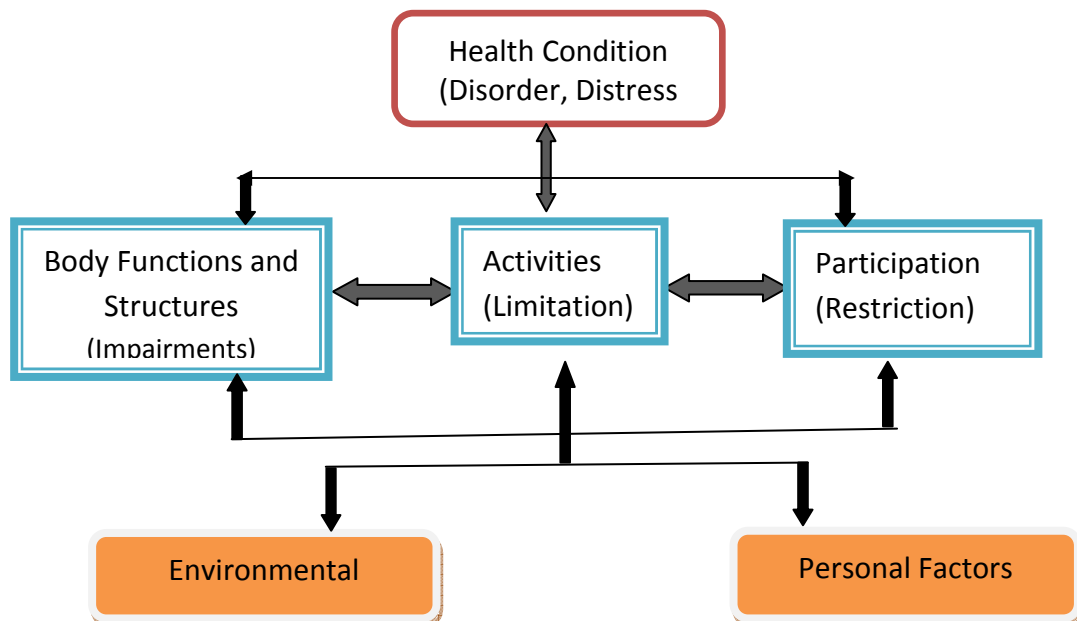
out various activities ranging from simple to highly skilled. Now it is more customary to refer to such people as “differently abled” rather than disabled (Dahal 2013). To understand this term better, one has first to differentiate it from other related concepts that are often perplexed with disability. The most frequent misunderstanding is to equate disability with disease. Differently abled people are often described as the opposite of healthy people and, consequently, as needing the help of the health profession. However, they need medical help only in situations of acute sickness or illness. Even in cases where the disability results from a protracted or chronic illness, such as diabetes or a cardiac disease, it is not the sickness as such, but its social consequences that are involved here. It is true that a disabling condition may affect to varying degrees the personal life of an individual and his or her relations with family and community. The individual who has a disability may, in fact, experience the disability as something that sets him or her apart from others and that has a negative impact on the way life is organized (Joshi, 2004).

Disability is an issue of human development right throughout the world because it is a problem that affects people of all the nations and races from which people seek to be freed socially, economically. Dr. Laxmi Narayan Prasad (2003) argues that disability is found not only in human beings in animals as well. This is known to exist from the very beginning of the human existence. It is either congenital (by birth) or acquired due to different kind of accident or as the result of disease. It occurs in any time to any person. Therefore, it is necessary to understand disability as a part of life. It is also a socio-medical problem, which is known to have been prevalent in every corner of the world. The magnitude of the problem, however, varies from country to country and from one region to another region, within the same country. There is varying meaning of disability, which understood in many senses. It is difficult as the state in which people live in a vulnerable or distressful condition either in physical, mental or psychological context.

WHO has published World Report on Disability in collaboration with World Bank after realizing the lack of proper implementation of disabled right related policies and programs, which has definded inaccessibility, and poor status of disabled people. The report underpins to improve accessibility and equality for opportunity, promoting participation and inclusion and increasing respect for the autonomy and dignity of

persons with disability (WHO, 2011). By this, report WHO has modified the international definition of disability in modern perspective. Under WHO, the International Classification of Functioning, Disability and health (ICF) has advanced the understanding and measurements of disability. Environmental factors are emphasized in a new classification that is the main difference from the previous international classification of impairments, disabilities and handicaps (ICIDH). The new ICF has categorized problems with human functioning into three interconnected areas, which consists Impairments, Activities Limitations and Participation Restrictions.

**Figure 2.1 Framework of ICF (WHO, 2011)**



### 2.3 Definition of Disability

According to International Functioning of Classification (ICF) (WHO 2011), disability is a condition or function judged significantly impaired relative to the usual standard of an individual or group. The term is used to refer to individual functioning, including physical impairment, sensory impairment, cognitive impairment, intellectual impairment mental illness, and various types of chronic disease. Disability is conceptualized as being a multidimensional experience for the person involved. There may be effects on organs or body parts and there may be effects on a person's participation in areas of life. Correspondingly, three dimensions of disability are recognized in ICF: body structure and function (and impairment thereof), activity (and activity restrictions) and participation (and participation restrictions). The



classification also recognizes the role of physical and social environmental factors in affecting disability outcomes.

Environmental factors are important elements in the ICF model, and it is fundamental to the present understanding of disability that activity limitations and restrictions in participation are formulated in the exchange between an individual and his/her environment (Charlton, 2004).

According to Oxford Dictionary, "Disability is an impairment that may be physical, cognitive, intellectual, mental, sensory, and developmental or some combination of these that results in restrictions on an individual's ability to participate in what is consider "normal" in their everyday society. A disability may be present from birth or occur during a person's lifetime. Disability is the physical and mental situation of body when one is unable to do the usual activities easily because of physical or mental impairments."

According to World Health Organization (WHO, 2011), "Disability is a term covering impairments, activity limitations and participation restrictions."

- Impairment; is a problem in body functions or structure
- Activity limitations; is a difficulties encountered by an individual in executing a task or actions.
- A participation restriction; is a problem experienced by an individual in involvement in life situation.

Thus, disability is a complex phenomenon reflecting an interaction between features of person's body and features of the society in which he or she lives. Disability is the umbrella term for impairment, activity limitations and participation restriction reflecting to the negative aspects of the interaction between an individual (with a health condition) and the individual's contextual factors including environmental and personal factors (Oliver, 1997).

The recently adopted UN Convention on Rights of People with Disabilities (UNCRPD) (UN 2006) defines disability as:

"Persons with disabilities include those who have long-term physical, mental, intellectual or sensory impairments which in interaction with various barriers may hinder their full and effective participation in society on an equal basis with others" (Article 1).

Disability results from an interaction between a non-inclusive society and individuals (WHO, 2011). Person using a wheelchair might have difficulties gaining employment not because of wheelchair, but because there are environmental barriers such as inaccessible buses or staircases which impede access. Similarly, a person with near-sightedness who does not have access to corrective lenses may not be able to perform daily tasks. This same person with prescription eyeglasses would be able to perform all tasks without problems (Sunuwar, 2015).

The definition varies from one country to another depending upon the socio-economic status of the nation. Recently, Nepal government has categorized disability in 2006 as follows;

"Disability is the condition of difficulty in carrying out daily activities normally and in taking part in social life due to problems in parts of the body and the physical system as well as obstacles created by physical, social, cultural environment and by communication."

#### **2.4 Classification of Disability in the Context of Nepal**

Nepal government categorized according to the nature of the problem and difficulty in the parts of the body and in the physical system, disability has been classified into the following seven categories.

- **Physical Disability:** Physical disability is the problem that arises in operation of physical parts, use and movement in a person due to problems in nerves, muscles and composition and operation activities of bones and joints. For example: polio, cerebral palsy, absence of a body part, effect of leprosy, muscular dystrophy, problem with joints and spinal cord, club feet, rickets, weakness produced due to problem related to bones etc. are physical disability. Short and stunted also fall into this category.

- **Disability related to vision:** Disability related to vision is the condition where there is no knowledge about an object's figure, shape, form and color in an individual due to problem with vision. This is of two types.
  - a) **Blind:** A person who cannot see the fingers of hand by both eyes at a distance of 10 feet despite treatment (medicine, surgery and use of glasses), or cannot read the first line of Snellen chart (3/60), then that person is blind.
  - b) **Low Vision:** If any person who cannot distinguish fingers of a hand from a 20 feet distance despite treatments like medicine, surgery and use of glasses, in other words, cannot read the letters of the fourth line of Snellen chart, then that person has low vision.
- **Disability related to hearing:** Problems arising in an individual related to discrimination of composition of the parts of hearing and voice, rise and fall of position, and level and quality of voice is a disability related to hearing. It is of two types:
  - a) **Deaf:** an individual, who cannot hear, speaks incoherently or cannot speak and who has to use sign language for communication is deaf. An individual who cannot even hear sound above 80 decibels is deaf.
  - b) **Hard of Hearing:** An individual who can hear only little but can hear little and cannot talk clearly, can only speak little, who needs to put hearing aid in the ear to listen, is a hard of hearing. An individual who can hear sound between 65 decibels and 80 decibels is a hard of hearing.
- **Deaf-Blind:** An individual who is without both hearing and vision is a deaf-blind disabled.
- **Disability related to voice and speech:** Due to difficulty produced in parts related to voice and speech and difficulty in rise and fall of voice to speak, unclear speech, repetition of words and letters is disability related to voice and speech.

- **Mental Disability:** The inability to behave in accordance with age and situation and delay in intellectual learning due to problems arising in relation to implementation of intellectual activities like problems arising in the brain and mental parts and awareness, orientation, alertness, memory, language, calculation is mental disability.
  - a) Intellectual disability/Mental retardation: An individual having difficulty in carrying out activities relative to age or environment due to absence of intellectual development before age of 18 years is intellectual disability/mental retardation.
  - b) Mental illness: Mental disability is an inability where there is difficulty in living daily life due to mental illness or weakness or deviation.
  - c) Autism: Absence by birth of normal behavior in accordance with a person's age, to show abnormal reaction, to keep on repeating one activity, to not socialize with others or to show extreme reaction is autism.
- **Multiple Disability:** Multiple disability is a problem of two or more than two types of disability mentioned above.

**Classification of disability based on the seriousness of weakness:**

- a. **Complete disability:** Total disability is a condition where there is difficulty in carrying out daily activities even with the continuous assistance of others.
- b. **Severe disability:** The condition of having to continuously take other people's assistance in order to carry out individual daily activities and to take part in social activities is acute disability.
- c. **Moderate disability:** The condition of being able to perform daily activities by self with or without taking others' support, if the physical facilities are available, the physical environment is removed and there are opportunities of training and education is called Moderate disability.

- d. **Mild disability:** The situation where taking part in regular daily activities and social activities by self is possible if there is no social and environmental obstacle is ordinary disability.

## **2.5 Models of Disability**

### **2.5.1 Medical Model of Disability**

The medical model sees the disabled person as the problem. We are to be adapted to fit into the world as it is. If this is not possible, then we are shut away in some specialized institution or isolated at home, where only our most basic needs are met. According to the Medical model, disability is a feature of the person, directly caused by disease, trauma or other health condition, which requires medical care provided in the form of individual treatment by professionals. In the medical model, medical cure is viewed as the main issue, and at the political level, the principal response is that of modifying or reforming healthcare policy (Linton, 1998).

The medical model sees disability as the result of a physical condition intrinsic to the individual (it is part of that individual's own body), which may reduce the individual's quality of life and cause clear disadvantages to the individual. The medical model tends to believe that curing or at least managing illness or completely revolves around identifying the illness or disability from in-depth clinical perspectives. By extension, the medical model believes that a compassionate or just society invests resources in health care and related services in an attempt to cure disabilities medically, to expand functionality, to improve functioning, and to allow disabled persons a more "normal" life (Learne, 1980).

### **2.5.2 Social Model of Disability**

The Social Model of Disability defines disability as the disadvantage or restriction of activity caused by society, which takes little or no account of people who have impairments, and thus excludes them from mainstream activity. It views the barriers that prevent disabled people from participating in any situation as what disables them. The social model arises from defining impairment and disability as very different things. This lies behind the "paradigm" or thought framework shift in the UNCRPD. Disability as a socially created problem, not an attribute of an individual, demands a

political response, tie is due to unaccommodating physical environment brought about by attitudes and other features of the social environment (ICF, WHO).

The social model of disability is a reaction to the dominant medical model of disability, which in itself is a functional analysis of the body as machine to be fixed in order to conform to normative values (Kaplan, 2011).

The social model of disability identifies systematic barriers, negative attitudes and exclusion by society (purposely or inadvertently) that mean society is the main contributory factor in the disabling people. While physical, sensory, intellectual or psychological variations may cause individual functional limitation or impairments, these do not have to lead to disability unless society fails to take a account of and include people regardless of their individual differences. The origins of the approach can be traced to the 1960s; the specific term emerged from the United Kingdom in the 1980s (Shakespeare, 2006).

The fundamental aspects of the social model concerns equality. The struggle for equality is often compared to the struggles of other socially marginalized groups. Equal rights are said to give empowerment and the ability to make decisions and the opportunity to live life to the fullest. The social model of disability focuses on changes required in society. These might be in terms of attitudes, social support, information, physical infrastructures, flexible work hours etc. (UK Disability Right Commission: 2009).

## **2.6 Review on Disability Related Legislation in Nepal**

There are many governmental as well as non-governmental organizations working in the field of disability in the country. The governmental agencies working for disability are the National Planning Commission Secretariat, the Ministry of Women, Children and Social Welfare, the Ministry of Education, the Ministry of Health, the Ministry of Finance, the Ministry of Local Development and the Social Welfare Council.

Nepal recognized the human rights of person's disability in the year 1981 and celebrated, The International Year of Disabled Persons Protection and Welfare Act, 1982 (DPWA). The DPWA and other laws give certain rights and privileges to the

disabled persons. The law made in 1982 by the legislature' of the time for the welfare and protection of persons with disability promised to deliver many things (New Era 2001). These are the some main legal provision for disability in Nepal;

### **2.6.1 United Nation Convention on Right of Person with Disability-2006**

The purpose of the convention is to ensure the full and equal enjoyment of all human rights and fundamental freedoms by all persons with disabilities and to promote respect for their inherent dignity.

### **2.6.2 Disabled Persons Protection and Welfare Act-2039 and Regulation 2051**

The first legislation related specifically to disabled people in Nepal was the Disabled Persons (Protection and Welfare) Act (1982). DPWA give certain rights and privileges to the disabled persons. The law made in 1982 by the legislature' of the time for the welfare and protection of persons with disability promised to deliver many things (New Era 2001).

### **2.6.3 National Policy and Plan Action on Disability 2063**

The action plan mentions the agency responsible for implementing activities, coordination, period of implementation, monitoring indicators etc. in each of the 17 areas specified as priority area. The national policy and action plan has adopted the long-term objective of establishing inclusive, obstacle free and rights-based society for people with disability and to include them in the mainstream of national development. It believes that a continuous and coordinated implementation of activities like these will certainly make the lives of people with disability trouble-free and respectable. The action plan carried out to ensure the rights and security of people with disability and to include them in the national mainstream by establishing their access to all areas of development.

### **2.6.4 Disable Friendly Physical Infrastructure Guidelines 2069**

Cabinet meeting of Nepal Government in 2069-11-6 approved this guideline. It mainly focused to the disable friendly construction of physical infrastructures by any public authority. It makes compulsory to construct disable and disability assertive devices friendly public infrastructures like official buildings, public communication,

field, public toilet, school buildings, banks, streets and toilets, public taps, hospitals, public transportations etc.

### **2.6.5 Constitution of Nepal 2072**

The constitution is disable friendly and it ensure many social and economic allowances and facilities for people with disability. It also provides many privileges and rights in the socio-economic field for disable citizens.

### **2.6.6 Some Inclusive National Legislation in Nepal**

- **The Education Act 2000** authorizes and directs the Government to develop special rules for disabled people in education.
- **The Social Welfare Act 1992** established the Social Welfare Council and gave the Government powers to develop special programs for disabled people.
- **The Child Protection Act 1992**, which was introduced to address issues raised in the UN Convention on the Rights of the Child, states that disabled children cannot be discriminated against and gives a duty that disabled children who cannot be cared for by their family must be provided for in children's homes and receive necessary education.
- **The Local Self-Government Act 1999** authorizes VDCs and VDC Wards Committees to help protect disabled and other vulnerable people. It also gave them a duty to keep a record of disabled people in their area.
- **The Civil Service Act, section 7** has made provision of a five percent quota to persons with disabilities through open competition in all public services along with other marginalized communities such as women, indigenous people, Dalit, Madhesi and people from poor communities.

### **2.7 Situation Analysis of Persons with Disabilities in Nepal**

Nepal government has catagorized disabled people on the basis of sevirity of their disabilities. In total 513321 people were recorded as disabled according to the CBS, Nepal 2011. It accounts for 1.94 percentage of total population containing 280086



males and 233235 females. The number of physically disabled people was recorded 186457 among them 108279 males and 78178 females accounts for 36.32 percent of total disabilities. As per the case wise disabilities, visual disabilities is categorized into Blind and Visually impaired with total number of disabilities of 94765 which is 18.46 percent of total disabilities among them 47041 were males and 47724 were females. In hearing disabilities 79307 out of them 41204 males and 38103 females people were recorded which accounts for 15.45 percent of total disabilities and people with hearing disabilities are categorized into deaf and hard to hear disabilities. In deaf/blind disabilities there were 9436 which is 1.84 percent of total disabilities among them 4803 males and 4633 females. In speech related disabilities there were 58855 which is 11.47 percent of total disabilities among them 33190 were males and 25665 were females. In mental disabilities there were 30997 which is 6.04 percent of total disabilities among these categories there were three different groups which were mental retardation, mental illness and autism which contained 16787 males and 14210 females. In Intellectual disabilities there were 14888 or 2.90 percent of total disabilities out of them 8280 males and 6608 females. And in multiple disabilities there were 38616 in which 7.52 percent of total disabilities with 20502 males and 18114 females (CBS, 2011).

Among all the people with disabilities, 36.32 percent people had physical disabilities which includes leprosy induced disabilities in above category. Leprosy is one of the diseases which causes the disabilities in physical aspect associated highly stigmatized in most of Nepali societies. Among the people with physical disabilities more than 30,000 which is >16 percent people have leprosy induced physical disability. Total disabled people are categorized in four different groups for their social security and provides identity cards. According to guidelines of disability identity card 2065, Disabled people are provided four different color identity cards as per their severity of disability. Red colored identity card is provided to very severely disabled people which helps them to get financial supports and social security facilities. Blue colored card is provided to severely disabled people which helps them to get minimal financial support and social security facilities. Yellow and white identity card is provided to people with least severity which helps them to get social security facilities and most of the leprosy affected disabled people falls under this category (Pokheral, 2013).

However, some researches done in past decades have tried to pull out the real situation of disabled people in Nepal. The study done by New Era in 2001 is found more significance in situational analysis on disability. According to New Era's study 2001, the status of disabled people is very low in family. The household member usually sees disabled people as a burden. 90.5% of the households reported that they had faced various problems having disabled persons in the households. The study indicates that 31.4% of the household heads felt that the disabled member was a huge economic burden for the household. ). Due to lack of authorized definition of disabilities in Nepal, it is difficult to identify the exact number of disabled people in Nepal. Nevertheless, different surveys of different organization have revealed varied perspective and magnitude of disabled people ranging from 1 to 13 % of total population (Rana, 2008). National census 2011 has counted 5 13321 (1.94% of total population) disabled people in Nepal. Among them 2 33235 were female and 280086 were male. Most of them are physically disabled in both sexes followed by deafness (CBS, 2011).

**Table 2.2 Population by Types of Disability, Area and Region in Nepal**

Types of Disability	Population		
	Male	Female	Total
<b>Physical</b>	108279	78178	186457
<b>Visual impairment</b>	47041	47724	94765
<b>Hearing</b>	41204	38103	79307
<b>Speech</b>	33190	25665	58855
<b>Deaf-Blind</b>	4803	4633	9436
<b>Mental</b>	16787	14210	30997
<b>Intellectual</b>	8280	6608	14888
<b>Multiple</b>	20502	18114	38616
<b>Total</b>	280086	233235	513321
Persons with Disability by Area		Persons with Disability by Region	
Area	PWDs	Region	Percentage
Rural	4,58,517	Mountain	10
Urban	54,804	Hill	49
		Terai	41

Sources: CBS, 2011

There is considerable dispute within Nepal regarding the available prevalence data on disabled people. The latest census findings included a prevalence rate of 1.94 percent. Despite, few research studies have tried to find out the data on disability we are still unable to get reliable data due to lack of sincerity of stakeholders and government.

## **2.8 Review on Socio-economic Status of People with Disability**

Disabled people are living in low socio-economic condition and in some cases they are deprived of consuming facilities. Disabled people are more vulnerable of being handicapped and often discarded from the household. Most of the cases of disabilities are by birth. The disability by birth may be caused by Lack of Anti Natal Care (ANC) or Delivery Care (DC). Disabled people are one of the deprived as well as vulnerable groups. Disparities in education, employment and relationships are more pronounced in PwDs. They are deprived of enjoying same human rights or equal access to services as peers without disabilities (Rana, 2008). UNESCO estimates that 98% of children with disabilities in developing countries do not attend school and 99% of girls with disabilities are illiterate. The considerable variation in the prevalence of disability is 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 (Santago, 1994).

In Nepal's context, recent study conducted by New Era summarizes that among the total household's heads surveyed the majority were Hindu comprising of 68 percent, while 11.9 percent was Buddhist. The prevalence of disability was found more in Buddhist household. Where, 9.56 percent of the Buddhist families had had disabled member. A much higher percentage of Buddhist households found in the mountains were from Tamang and Sherpa communities. The prevalence of disability has been found to be high among Tamang and Sherpa communities with prevalence of 16.74 percent of households as compared to other groups. The prevalence among the Magar community has also been prominent with 10.82 percent (New Era, 2001).

The other prominent group has the occupational caste group with prevalence of 10.36 percent household. The group includes blacksmiths, tailors, sweepers, cobblers, laundry-men, etc (New era, 2001). In the most cases they were deprived of participating in the community activities and using community facilities such as schools, public water taps and community wells. It is evident that this group of people is deprived of social justice and more susceptible to the consequences of disability (New Era, 2001). The prevalence of disability among the Tharu/Rajbansi has also been prominent with a prevalence of 10.39 percent of the total number of those households (New Era, 2001). According to the educational level of survey by New Era 2001, 26.8 percent of the children of school going of 6-9 had not been yet enrolled in school. It was found that 31.2 percent of the total population had obtained primary education and this figure mostly represents children of primary school age. Only 5.3 percent of the population had pursued higher education level of S.L.C. and above (New Era, 2001).

In mountain region, 49.5 percent of the population was illiterate. The hilly region was found to be better with 35.3 percent having no education. Even in the case of acquiring higher level of education it was hills that had better position (New Era, 2001). Among the total households with disabled members, 57.6 percent of household's heads had no education while the figure for household without disabled members was 50.7 percent about location, there were more rural household's heads who were not education. In the rural location, the households with disabled members had 59.9 percent of household heads with no education and the households without disabled members had 52.8 percent of the household heads with no education (New Era, 2001).

The research conducted by New Era demonstrates that 89.8 percent of the households with disabled persons had land and 10.2 percent were landless. Most of the main-earning members of the households were involved in agricultural work, and made up 60.1 percent of the total households. However, this figure seems to be lower than the estimate of the Nepal Human Development Report (HDR) with 80 percent and NFHS with 90 percent involved in this sector. This could be due to the difference in the target population. The NFHS 1996 dealt with the occupation of the women and Human Development Report dealt with all earning members. The present concerns

only the main-earning members. In developing countries, maximum population of PWDs is apart from social justice and earning opportunities. Despite Nepal has ratified the UN Convention on the rights of people with disabilities, disabled people still have less freedom of enjoying their rights fully. Due to low socio-economic background, people with disabilities are compelled to live in miserable condition. Particularly in remote area, there are neither opportunities of education nor access of skill-oriented trainings (Dahal, 2013).

## **CHAPTER -III**

### **RESEARCH METHODOLOGY**

#### **3.1 Research Design**

Being the first study in socio-economic status of disability in Gudukhati VDC of Bajura district, the research is based on descriptive research design to ease researcher in collecting information about socio-economic status of disabled people. For data collection, mostly qualitative technique was used to explore social and family behavior towards the disabled people which would help to know their status in society and own family. The data were gathered from both quantitative and qualitative nature. Similarly, both primary and secondary data were used in this study. Primary data were collected through observation, interview and questionnaire. The various internal and external sources used for acquiring the secondary data. However, quantitative technique also used to identify the income, education and livelihood status of disabled people in the study area.

#### **3.2 Rational of the Selection of the Study Area**

Gudukhati is regarded as Village Development Committee, which is situated in Bajura District, of far western Nepal province no.7. It lies in far-western part of Nepal, is geographically remote, and has less access over development infrastructures. Gudukhati is one of the VDC of Bajura, which has 5,130 populations among them 2,386, are male and 2,744 are female. The literacy rate of this area is only 48.63 percent and the average household size reveals 6.02. People from many communities; Chetri 74.54%, Bramin 0.27%, Tharu 2.67%, Kami 14.23%, Sarki 5.42%, Luhar 0.62%, Badi 1.62% and others 0.62% are living in the Gudukhati VDC (CBS, 2011).

The situation of disability is also high in Gudukhati. The population census by CBS 2011 prevail the following situation of disability in the VDC:

**Table 3.3 Status of PWDs in Gudukhati VDC**

<b>Physical Disability</b>	<b>Blind</b>	<b>Deaf (hard to hearing)</b>	<b>Deaf-blind</b>	<b>Speech problem</b>	<b>Intellectual</b>	<b>Multiple</b>
2	4	2	2	2	7	46

Source: CBS, 2011

The research is based on Gudukhati VDC as it has high number of disabled people in Bajura. Population survey by CBS 2011 counted 65 disable people are living in Gudukhati VDC and out of total numbers of PWDs only 30% or 20 no. of respondents were taken for the purpose of study, in which who received the identity cards were also taken as respondents. Similarly, all the cardholders (A, B, C, D) were included for the survey. Among the total population 1.27 percent population are disable in Gudukhati in the record of CBS. Due to this reason, above mentioned Gudukhati VDC was select as a study area.

### **3.3 Nature and Source of Data**

This research is more concentrate towards finding the present condition of people with disability and explores the livelihood potentialities of disable people in the Gudukhati VDC fo Bajura District. Here in this study we can see the family and community behaviors as well as local stakeholders' over the facilitating life of PWDs. In this regard, quantitative and qualitative research has been carried out for the data. Both data were gathered in quantitative for finding present condition and qualitative for others in nature. Similarly, both primary and secondary data were use in this study. Primary data has been collected from the field survey that is for receiving real information for the finding and analyzing existing condition. Whereas, secondary data were collected from different source of Governmental and non-governmental organizations, Central Bureau of Statistics, NFDN, DDWF, articles, books, journals, magazines, many web pages and so on.

The measure tools of data collection were semi-structured interview and unstructured interview. Semi-structure interview was designed to interview the disabled people and their family member to know the socio-economic status of disabled people. Due to its flexibility, I had used semi-structured interview so that it could be easy to raise further

question while interviewing with respondents. Similarly, unstructured interview was designed for the FGD. These tools were developed on the basis of literature review and suggestion of intellectuals with disability and experts.

### 3.4 Population Sample and Sampling Procedure

Generally, many cases are practically not possible to include all units of population for the study. Therefore, a few number of the population unit were selected for the study. According to National Population Census (2068) B.S. this VDC contains all including 65 people are disabled. From the field study all ward number were selected but only comprised 30 percent of respondents selected using random sampling purposively. Only 20 respondents were taken for the study. Among them 8 PWDs were taken as respondents from those who were distributed with identity card and 12 from those who had not received identity card yet. All the respondents were disabled and their family as the purpose of the study is to analyze the living condition and status of PWDs for household survey. The selection of sample size is given in the following table:

**Table 3.4 Population Sample and Sampling Procedure**

Ward No.	Universe	Sample Percentage	No of Sample
1	8	30%	2
2	3	30%	1
3	9	30%	3
4	7	30%	2
5	4	30%	1
6	7	30%	2
7	13	30%	4
8	5	30%	2
9	9	30%	3
Total	65	30%	20

Source; Field Survey 2016



## **3.5 Data Collection Techniques and Tools**

### **3.5.1 Household Survey**

Household survey was conducted as a technique where semi-structured and structured interview comprised of 37 questions. The questions were both open and closed. The questions were developed to identify the actual status of people with disabilities and the behavior of society and family members towards the people with disabilities. Some questions were developed to find the potentialities of PWDs in income earning. Household survey questionnaire is in annex-I.

### **3.5.2 Focus Group Discussion (FGD)**

Focus group discussion was held among the local intellectuals, local leaders, family members and disabled people. The discussion was conducted using FGD checklist as given in Annex. The discussion revolved around the status of disability in the VDC, existing problems and future prospects. FGD was conducted regarding these topic namely access on education, health facilities, disabled right (identity card, citizenship card, government allowance etc), social and family behavior towards them, participation in social activities and problem facing by family member for their member with disabilities. There were 14 participants in FGD. A checklist for FGD is in annex II.

### **3.5.3 Observation**

Observation was conducted as a technique for which checklist was be developed as a tool. The researcher mainly observed the activities performed by PWDs for their livelihood and activities in household level etc. Observation checklists are mentioned in annex IV.

### **3.5.4 Case Study**

Three people with disability were studied in depth to identify their existing socio economic condition, their sources of livelihood and behavior of society and family towards them. These respondents were chosen purposively to serve the needs of the research. Life history and in depth interview were the tools used to collect the information for the case studies. Two case study were conducted during the research

period with covering their livelihood strategies, family and community support and for demonstrating socio-economic status in the study area. Guidelines for case study are in annex III.

### **3.5.5 Key Informant Interview (KII)**

Qualitative data were collected through KII interview schedule. KII was held among local intellectuals, local government representatives; VDC secretary, Health Post In-charge, school teachers, representatives of PWDs in VDC level, NGOs representatives who are working in disability field. it covered 5 members where PWDs are living together in local context. KII questions in annex-II.

### **3.6 Data Processing and Analysis**

The data and the information collected from the semi-structured interview, in depth interview and focus group discussion are tabulated and analyzed. The information that are directly related to the socio-economic status of people with disability were studied with extra effort while those unnecessary and insignificant one were paid less attention and thus were left behind. The essential data were rearranged in the tabular and graphical manner the way they make suitable appearance and be easier to study. The table, graphs, maps and diagrams were used to analyze the information and to reach the conclusion.

# **CHAPTER-IV**

## **PRESENTATION AND INTERPRETATION OF FIELD DATA**

### **4.1 Introduction of the Study Area**

Bajura District covers 2,188km square of the province seven in Nepal's Far Western Region. The elevation in Bajura ranges from 726 to 7,036 meter above the sea level. The district borders are Mugu and Kalikot on the east, Bajhang on the west, Humla on the north and Achham and Kalikot on the south. Bajura comprises 14% mountainous and 85% hilly areas. Difficult topography and lack of physical infrastructure present a major challenge to accessibility and service delivery in Bajura. Population of Bajura in 2011 was 134,912 people with annual growth rate of 2.2%, which has accelerated from 1.82% in 2001. The gender balance remained at 51% women and 49% men. The average household size increased to 5.45 in 2011 from 5.34 in 2001, and population density similarly went up to 62 persons per km square in 2011 from 54 in 2001. The topography of Bajura includes mostly hill, middle hill and mountain regions, with the highest altitude at 7,036m above sea level. Most villages are remote and have very limited accessibility. Most of the people (80%) are involved in agriculture although they suffered by food crisis in Bajura. In Bajura majority of people (99%) are Hindus, while 0.6% are Buddhist and less than 1% Muslim, Christian or of other religions. Bajura is home to people belonging to 50 different castes, including 61% Chhetri, 23% Dalit, 10% Brahmin, 6% Thakuri, and 3% Sanyasi (CBS, 2011).

Gudukhati is regarded as Village Development Committee, which is situated in Bajura District, of far western Nepal province no.7. It lies in far-western part of Nepal, is geographically remote, and has less access over development infrastructures. Gudukhati is one of the VDC of Bajura, which has 5,130 populations among them 2,386, are male and 2,744 are female. The literacy rate of this area is only 48.63 percent and the average household size reveals 6.02. People from many communities; Chetri 74.54%, Bramin 0.27%, Tharu2.67%, Kami14.23%, Sarki5.42%, Luhar 0.62%, Badi1.62% and others 0.62% are living in the Gudukhati VDC (CBS, 2011).

The situation of disability is also high in Gudukhati. The population census by CBS 2011 prevail the following situation of disability in the VDC:

**Table 4.5 Status of PWDs in Gudukhati VDC**

<b>Physical Disability</b>	<b>Blind</b>	<b>Deaf (hard to hearing)</b>	<b>Deaf-blind</b>	<b>Speech problem</b>	<b>Intellectual</b>	<b>Multiple</b>
2	4	2	2	2	7	46

Source: CBS, 2011

Gudukhati comprises 5075 hector land area among them 1712 hector is covered by forest and 604 is covered by arable land. It is located 5 kilometer north from the Sanfe-Martadi road, which is main road network of Bajura to join terai and other districts. The elevation in Gudukhati ranges from 1,100 to 2,587 meter above the sea level. The VDC borders are Kuldevmandu on the east, Dogadi and Jayabageshori on the west, Artichaur on the north and Barhabis on the south (VDC Profile 2072).

#### **4.1.1 Settlement Pattern**

The settlement pattern of Gudukhati VDC is scattered but somewhere we can see the agglomerate types. There are 0.5 to 2 kilometer distances according to the villages. It takes 15 to half an hour's (on foot) to reach one to another villages (VDC Profile 2072). The house structure in the VDC is traditional but somewhere we can see the modern type of house due to impact of urbanization. We can find caste diversity in the VDC. The majority of Chettri community can be seen in the VDC. There in most places we can see the caste-based villages are organized.

#### **4.1.2 Facilities Available**

The facilities available in the study area are not sufficient. The infrastructures are not appropriate for disabled people. There is only one health post, which is not enough to treat ill people. Anyway, the VDC does possess good electricity with micro-hydro production and drinking water facilities also satisfied. Some local organizations are running development programs in collaboration with INGOs and NGOs. It is far from the road facilities. There are two higher secondary school with one lower secondary and five primary level schools. The irrigation facility for crop framing is seen also

limited and people mostly engaged in agriculture for traditional agro-system. Mobile phone is main communication facility with absence of other means. There is a health post with health assistance.

#### **4.1.3 Occupation**

The main occupation of the people in Gudukhati VDC is agriculture (95%) as there is no alternative way of livelihood for most of the people. The VDC lacks diverse entrepreneurship due to lack of information and proper marketing and skill. Mostly the male people are migrates in India for searching jobs. Especially the male people with disabilities are involved in animal rearing and the female are involved in household tasks but the living status of people with disabilities is not fine. They are living under the instruction of able member of family. They do what the able member order. We see the less engagement of disable people in income generating activities.

#### **4.2 Social Status of the PWDs**

The social status of people with disabilities was measured by the factors namely age, gender, caste, types of disabilities, causes of disabilities, marital status, residential status and the level of education.

##### **4.2.1 Age Structure**

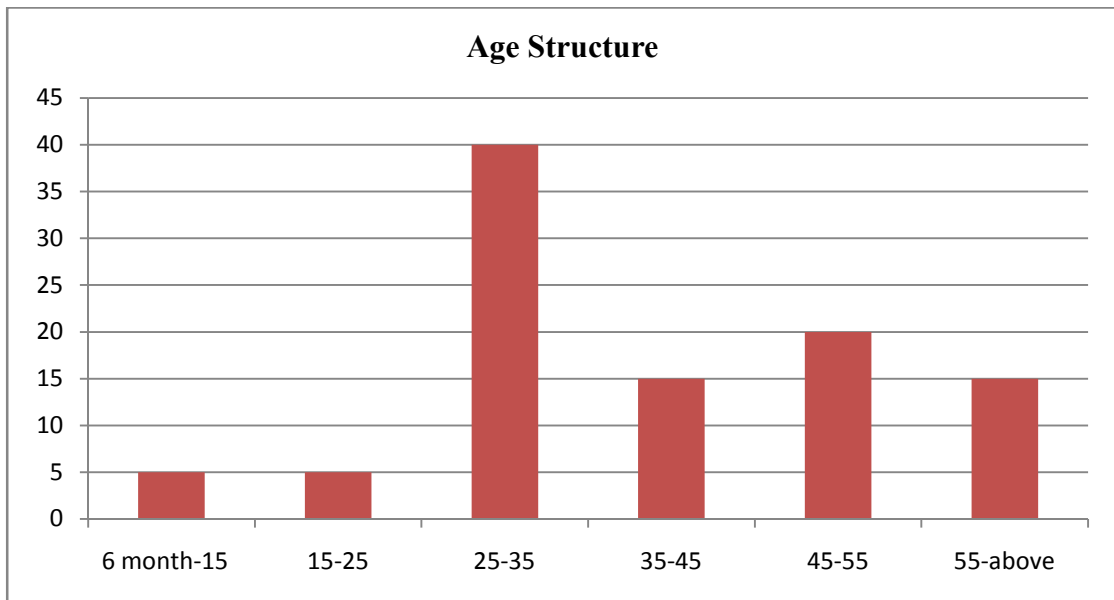
Age is an important demographic feature and an essential variable in analyzing the status of an individual. Most situations like educational, occupational and health are influenced by the age factor. Capability of doing something also influenced by age. It is linked with marriage, bearing children, fertility and other productive works of people. So it is needed to analyze the age factor of the respondents so that it could be easy to study socio-economic background of the respondents. Hence, the age structure analysis of the working of the area is shown below.

**Table 4.6 Age Structure of the PWDs**

S.N	Age Distribution	Number	Percentage (%)
1.	5-15	1	5
2.	15-25	1	5
3.	25-35	8	40
4.	35-45	3	15
5.	45-55	4	20
6.	55-above	3	15
	Total	20	100

Source: Field Survey, 2016

**Figure 4.2 Age Structure Presented in Bar Diagram**



Source: Field Survey, 2016

The table shows that 15 % of the total respondents belong to the age group 35 to 45, 40% belong to the age group 25 to 35, 20% belong to the age group 45 to 55, 15% belong to the age group 55 above and total 5% belong to the age group 5 to 15 and 15 to 25. This shows that most of the people with disabilities are of the age group 25 to 35. According to this data, most of the respondents were of working age group.

#### 4.2.2 Gender

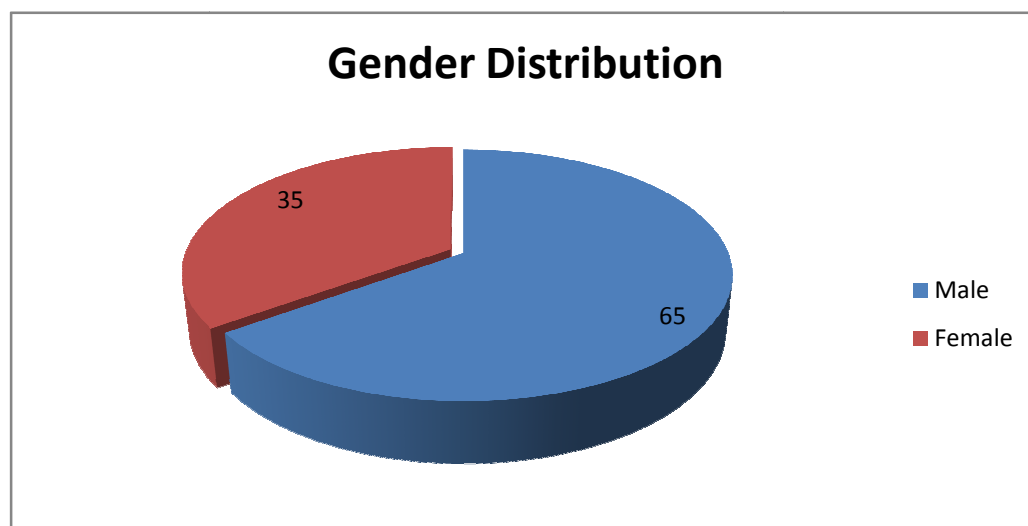
Gender is a major factor, which affects society economically and socially. It must be taken as an index to analyze the social status of People with Disabilities. The term refers to the socially constructed roles, behaviors, activities and attributes that a particular society consider appropriate for men and women. In developing countries, there is a higher chance of gender discrimination rather than in developed countries. Social behavior towards the People with Disabilities varies through gender perspective. The table below has shown the gender distribution in the study area.

**Table 4.7 Gender Distribution**

SN.	Distribution	Number	Percentage (%)
1.	Male	13	65
2.	Female	7	35
	Total	20	100

Source: Field Survey 2016

**Figure 4.3 Gender Distribution Presented in Pie Chart**



Source: Field Survey 2016

The chart shows that most of the respondents were found to be male. The percentages of male respondents were nearly double female respondents. Among the respondents, 35% were females where as the number of male respondents were 65%. The main

cause behind the huge difference between males and females number was found that most of the parents had sons than daughters.

### 4.3.3 Types of Disability

It is necessary to categorize the types of disability found in the study area so that it could make research easy to analyze the status of people with disability. Types of disability affect the living status. Comparatively people having multiple disabilities have more difficulties in living than other does.

**Table 4.8 Types of Disability shown in table**

S.N	Distribution	Number	Percentage (%)
1.	Speech and hearing disability	9	45
2.	Multiple	5	25
3.	Physically disabled	2	10
4.	Mental disability	1	5
5.	Visually Impaired	1	5
6.	Deaf blind	1	5
7.	Deaf	1	5
	Total	20	100

Source: Field Survey, 2016

The table shows the highest rate of speech and hearing disability. It shows that 45 % of the total respondents were having speech and hearing disability. Among the 20 respondents, 25% were having multiple disabilities whereas 10 % were physically disabled, 5% were visually impaired and 5% were mentally disabled. Deaf and deaf blind had equal rate that is 5%.

### 4.2.4 Age on Onset of Disability

It is immensely important to know the age on onset of disability, to analyze the plight of people with disability. in the case of remote area, it is show that people are being disable due to several cases; by birth, wrong and late treatment because of religious beliefs, accidents and so on. The following presented table prevails the age of the respondents that they were being disabled.



**Table 4.9 Age Onset of Disability**

S.N	Age on set of disability	Number	Percentage (%)
1.	By birth	14	70
2.	5 months-5 years	3	15
3.	5 years-15 years	2	10
4.	After 15 years	1	5
	Total	20	100

Source: Field Survey, 2016

The above table shows that 70% of the total 20 respondents were disabled by birth, which is the highest number in all. 15% were disabled at the age of 5 months to 5 years. 10% were disabled at the age of 5 years to 15 years. 5% of the total respondents were disabled after 15 years. The table shows that most of the respondents were disabled since their infant age.

#### **4.2.5 Causes of Disability**

Identifying the causes of disability can help us to analyze the social, economical, family and physical environment that people with disability live. There may be different causes of disability, which should be known for the socio-economic research. Identifying the reason of disability can give information about the history of respondent so that it can alert next generation.

**Table 4.10 Causes of Disability**

S.N	Cause Distribution	Number	Percentage (%)
1.	By Birth	14	70
2.	Other (wrong treatment)	3	15
3.	By Accident	3	15
	Total	20	100

Source: Field Survey, 2016

The above table shows that 70% of the total respondents were disabled by birth. It can be said that there may be hereditary trait and other health problems of expected mother which causes being disabled. 15% respondents were disabled due to accident,

whereas 15% were disabled because of wrong treatment and superstition (dhami jhakri), due to the negligence (Illiteracy, poverty etc). Here is one case study added which shows the superstitious belief of people which causes disability.

### Case Study: 1

#### ***A Man became Disabled due to Superstitious Belief***

*Fagune Dhami 32 years old is the second son of Hark Dhami and Suke Devi Dhami. He is a young and energetic person having hearing and speech disabilities. In addition, he has a sound mind and interesting skill. He works as a carpenter. Although, he is an illiterate person, he is sharp in measurement. In addition, he can write his name too. Among the people with disabilities in Tamtana village of Gudukhati VDC, Dhami is living his life in a abnormal way. He earns 500 rupees per day in average. Local people are satisfied with his work. He is laborious man so; sometimes he goes to farming too.*

*He seems very happy with his marital life. He has a wife who is physically and mentally well. She is elder than him. There is a sound understanding between them. They have a daughter. He loves his daughter very much. He is eager to see his daughter to be educated. If he provided with any vocational training related his interest, he could be a perfect entrepreneur man. His parents had urged him to send school. They also tried but without success because there was no appropriate education system for those who were not able to listen and speak. He communicates with the help of bodily gesture. He does not know the sign language, which is used widely by deaf and speechless people in developed world. The cause behind his disability seems to quite strange. When he was 3 years old, he fainted suddenly. Then he felt sick for a long time. His parents called local traditional healer (which called the witch doctor) for the treatment. The Dhami did his duty but no change had seen. Now his parents doubt on the Dhami for his wrong treatment. The effect is seen by using the hot spatula by the Dhami. They regret for not considering Fagune's health treatment on time.*

#### **Major findings**

- No education due to the lack of sign language
- No vocational training
- Disabled is seen because of wrong treatment (dhami Jhankri)
- Repentance by parents

#### 4.2.6 Marital Status

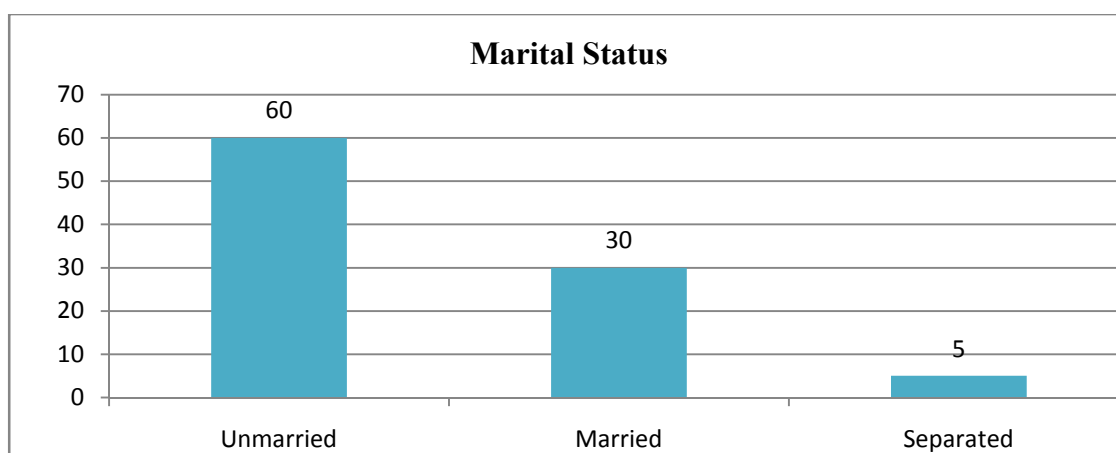
Marriage is one of the social processes, which affects human life socially and economically. It is a measurement used to analyze the status of human beings. Marriage can play a vital role in changing human life. Some people feel their life full of happiness and some feel themselves entangled with boundaries after marriage. Anyway, marriage is a factor that has contributed in transforming life one stage to another. It is a permission given by a society to stay both opposite sex under one roof where they have a physical relation and create a family ties with blood. Because of disability, disabled people rarely have chance of getting married. They have to face many hindrances to get marry. It is not easy to find suitable partners. Most of the family members seem not interested in marriage of disabled people. Due to unwillingness of the family and their own thought, the marital status of people with disability seems very sensitive. The table below shows the marital status of respondents.

**Table 4.11 Marital Status of Respondent**

S.N	Distribution	Number	Percentage (%)
1.	Unmarried	12	60
2.	Married	7	35
3.	Separated	1	5
Total		20	100

Source: Field Survey, 2016

**Figure 4.4 Marital Status of Respondents in Bar Diagram**



Source: Field Survey, 2016

For PWDs aged from 16 and above, questions on marital status were asked during the field survey. While the marriage law requires that the minimum age for marriage should be 20 for a man and 18 for woman, in fact many people got married at much earlier age, especially in rural and remote areas. The data shows a very high proportion of PWDs at studied provinces that were unmarried. This figure shows clearly how the PWDs were disadvantaged regarding marriage. Among the respondents, 60% were found to be unmarried whereas 30% were married. Similarly, 5 % were found to be separated out of total 20 respondents.

**Table 4.12 Marital Status by Gender**

S.N	Male	Number	Percentage	Female	Number	Percentage
1	Unmarried	8	61.54	Unmarried	4	57.14
2	Married	4	30.78	Married	3	42.86
3	Separated	1	7.7	Separated	-	-
	Total Number	13	100	Total Number	7	100

Source: Field Survey, 2016

There was a tremendously sharp disparity in marital status between male and female respondents. As shown in table among the 13 male respondents, 6.54% were found to be unmarred whereas 57.14% of total 7 female respondents were found to be unmarried. Similarly, 30.78% male respondents were married where as 42.86% female were found to be married. There was 7.7% male respondents were found to be separated in contrast, there was no separated female respondents found in the study area.

#### **4.2.7 Causes of Not Being Married**

People with disability rarely have chance of getting married. There are various reasons, which have been playing a vital role for not getting married. Having a disability is not only the cause of being unmarried. There are other causes, which make them apart from marital life. The table below shows the causes of not getting married found in the study area among 12 unmarried respondents.

**Table 4.13 Causes of Not Getting Married**

S.N	Distribution	Number	Percentage (%)
1.	Family	6	50
2.	Not found suitable partner	4	33.33
3.	Not wish to Marry	1	8.33
4.	Child age(Less 15)	1	8.33
	Total Number of Respondents	12	100

Source: Field Survey 2016

In this data, family has been seen as the main cause of being unmarried. One of the family members of a respondent named Budhi Kathayat told what they would do after getting married while they had nothing to make their partners happy. Similarly, other parents of disabled people shared same thoughts that their family members with disability were not able to handle their marital life so they did not want them to get marry. In contrast, the respondents had shown their eager on the topic. Even they blamed their parents for not supporting them to get marry. The table shows that the cause being unmarried behind the 50 % of total unmarried respondents was found to be family. Similarly, 33.33% respondents were found to be unmarried due to not getting suitable partners and In addition, 8.33% of the total unmarried respondents were found to be uninterested to get marry. one person was found to be in child age.

#### **4.2.8 Caste**

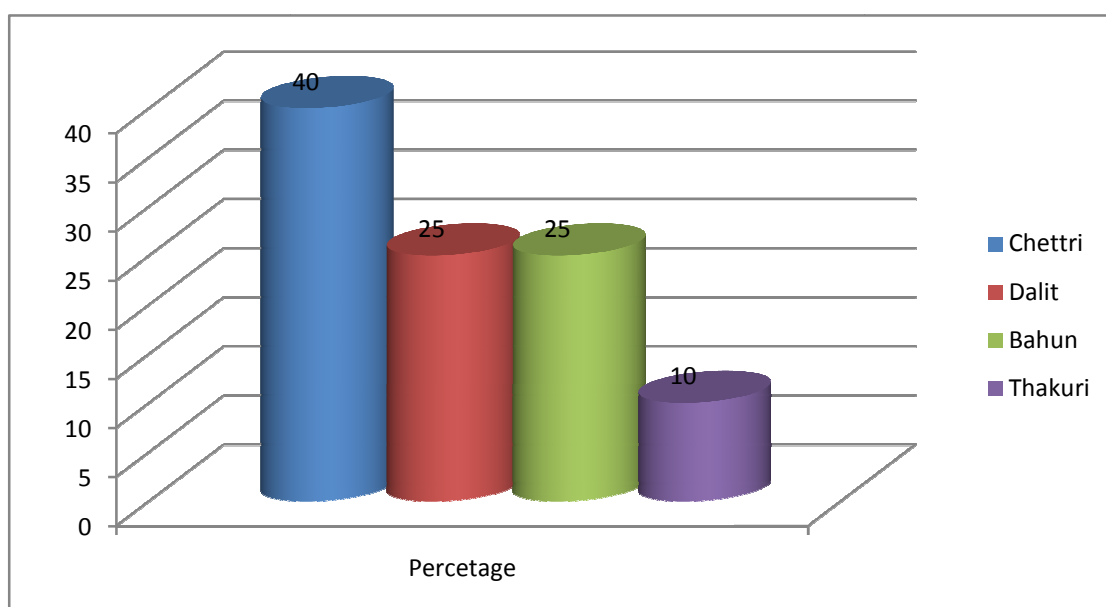
Caste is also one of the major determiners of the socio-economic status of any group of people. In Nepal mostly higher caste people are rich and prosperous in social, economical and political context whereas lower caste people are poor and deprived of riches and social, economical and political rights. Therefore, the lower caste people especially Dalit and other marginalized group are struggling for the existence. The caste also acts as a major component in socio-economical development. So, it is necessary to have caste wise study in socio-economic research.

**Table 4.14 Caste Distribution**

S.N.	Cast Distribution	Frequency	Percentages (%)
1	Chettri	8	40
2	Dalit	5	25
3	Bahun	5	25
4	Thakuri	2	10
	Total	20	100

Source: Field Survey, 2016

**Figure 4.5 Caste Distributions on Bar Chart**



Source: Field Survey, 2016

The above table shows that the majority of the people with disability in Gudukhati VDC are from Chettri which is 40% of the total 20 respondents. 25 % of the total respondents are from Dalit and Bahun. The table shows that 10% are from Thakuri.

#### **4.2.9 Educational Status**

A number of surveys and research studies have demonstrated that PWDs achieve fewer chance of being educational and higher qualification than people without disabilities. Education is the major component in making the people aware, informed and can play vital role in the overall development and improvement of the society. It

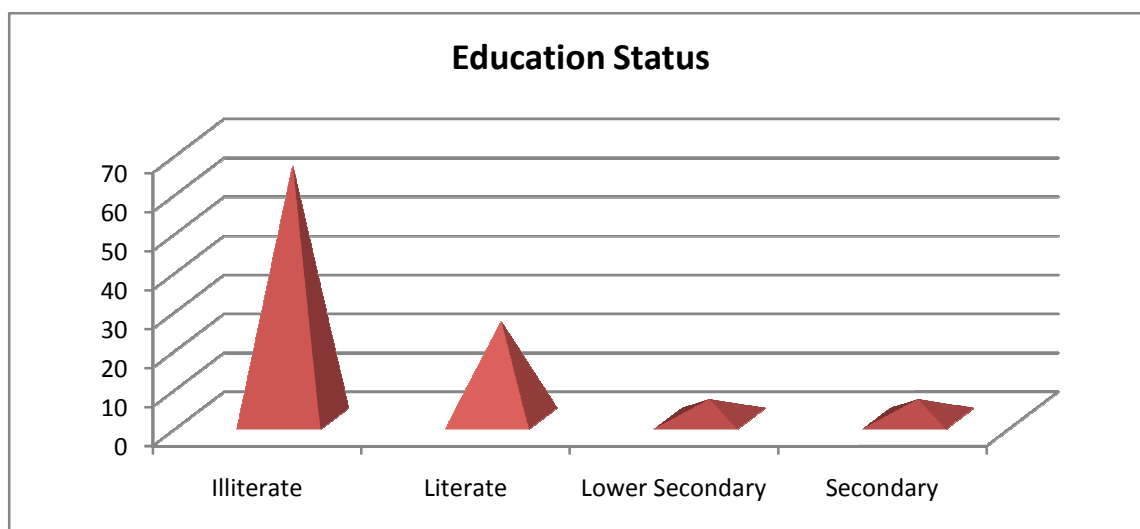
is essential human rights, a force for social change and the single-most vital element in combating poverty, empowering people from all exploitative and hazardous labor and any kind of exploitation. Education is also a path towards international peace and security. The possession of education makes a great difference in the lives of people in term of all socio-economic, political, moral and any other aspect of life. Therefore, it is very necessary to analyze the educational status of respondent so that it could help in socio-economic research. With the help of their educational background, we can analyze about the overall status of them.

**Table 4.15 Education Status of PWDs**

S.N	Distribution	Number	Percentage
1.	Illiterate	13	65
2.	Literate	5	25
3.	Lower secondary	1	5
4.	Secondary	1	5
	Total	20	100

Source: Field Survey, 2016

**Figure 4.6 Education Status of the PWDs**



Source: Field Survey, 2016

The table shows that the majority of the respondents are illiterate. Of the total 20 respondents only 5 % have obtained secondary lever education, 5 % have obtained lower secondary and 25 % are literate only. Of the total respondents, 65 % are

illiterate which shows that the people with disability in Gudukhati VDC are not take priority to education. This gives the picture of our society that people with disability are not receive opportunity to read and write. Since the majority of people with disability are illiterate, they are more vulnerable in term of socio-economic and social inclusion contest. Most of the respondents with physical disability were found to be literate. However, they did not have higher education due to poverty and the availability of schools near to their houses. The following is a typical example of this.

### **Case Study: 2**

#### **Karna drops out school**

*Karna Luhar is 38 years old an assistant teacher in Primary school of Gudukhati VDC. His type of disability is physical. He got leg pain during his childhood age due to lack of treatment of a boil seen on leg. Once when he was playing with his friends he got to be thrown down. It became a cause of lifelong disability. At this time he was reading in class one. After this accident, he started to walk with the help of stick. He continued his study though he had many challenges. His poor father supported him buying educational items. His mother also had hearing and speech impairments. It was very difficult for Karna to obtain higher education. When he was in class 5, his hard-working father got sick. He could not support his son Karna who wanted to study continuously. Then Karna began to sell handmade iron equipment by making himself in the community. That skill he obtained from his father. Selling handmade iron equipment, he collected money for his study. Thus, he completed secondary level. Finally, he gave up his aim to join higher secondary class due to lack of money and the school is far from his home, which is located in Kuldevmandu VDC. Now he regrets a lot for not having higher education. He seems to be contempt by himself.*

#### **Finding;**

- Poverty is the main cause of not having the more education.
- Access to obtain education for disabled people is difficult in remote area.

### **4.3 Economic Status of PWDs**

Throughout the world, people with disabilities are being isolated and excluded from the economy. Since they are excluded from earning opportunities PWDs are forced to



live under low socio-economic condition. According to the World Bank, there is a strong link between disability and poverty. People that acquire disabilities due to various causes, tend to slip into poverty due to severe physical and attitudinal barriers to reach employment. Most research exploring socio-economic status of PWDs has proved that economic background of most PWDs is very weak due to deeply rooted prejudice against PWDs. Inequalities in educational and skill development sources impact competitiveness in the labor market. Discrimination based on disabilities and critical behaviors toward PWDs are the primary obstacles to the economic development of PWDs.

#### **4.3.1 Source of Livelihood of the Family**

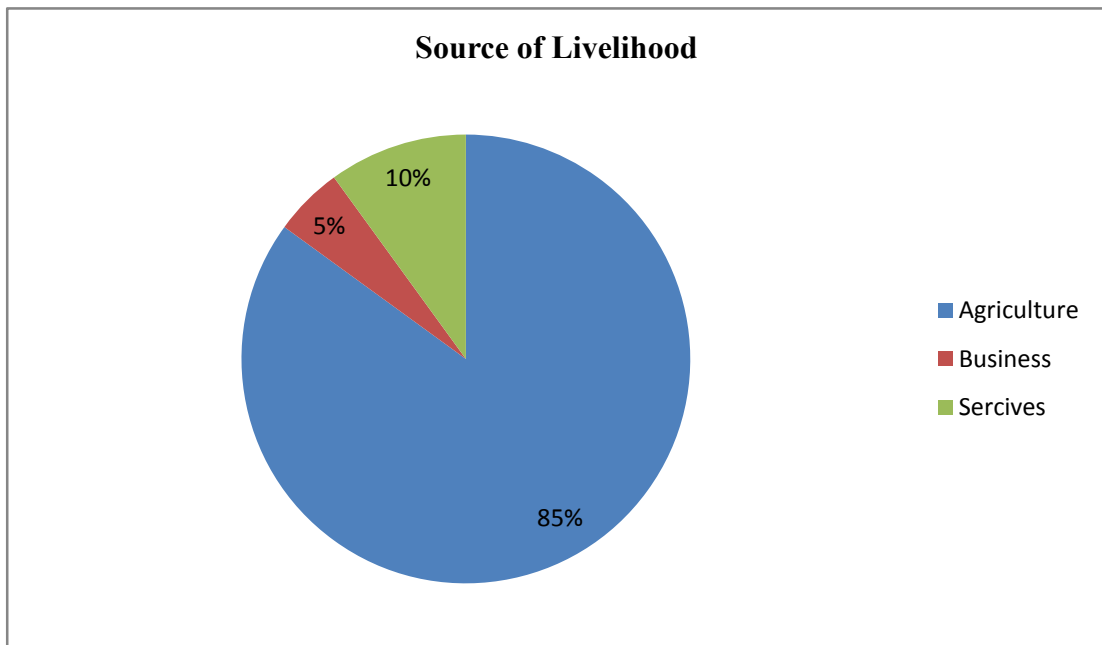
Source of livelihood of family is an important indicator of economic inclusion of people with disabilities. Person with disability whose family have good source of income have high chance of opportunities. Opportunities make them improve their life status. In developing countries, agriculture is the main source of livelihood. In Nepal, about 85% Nepali are directly or indirectly involved in agriculture. In the study area maximum respondent's family were found to be involved in agriculture.

**Table 4.16: Source of Livelihood shown in Table**

<b>S.N.</b>	<b>Source of Livelihood</b>	<b>Number</b>	<b>Percentage</b>
1.	Agriculture	17	85
2.	Services	2	10
3	Business	1	5
	Total	20	100

Source: Field Survey, 2016

**Figure 4.7 Source of Livelihood shown in Pie chart**



Source: Field Survey, 2016

The data shows that 85 % of total respondent were involved in agriculture. It demonstrates that agriculture was the primary occupation in Gudukhati. Only 5% of the total respondents were involved in business as a small trade where as 10 % respondent were engaged in service sector as a teacher of primary level and lower level jobs.

#### **4.3.2 Income of Respondents**

Lack of education and not receiving the skills to function in the wider society limit the income opportunities for people with disabilities. Therefore, PWDs are compelled to live under low economic status. Income generating activities are out of reach for PWDs due to lack of friendly infrastructure and prejudice behavior towards them. In developing countries, agriculture is the main source of income. In Nepal, third-fourth Nepalese are dependent on agriculture. Therefore, people with disabilities can not be departed from agricultural sources. However, it is not easy for them to create the way of income in agriculture because of difficult geographical structure and entrenched traditional way of farming. However, due to lack of further opportunities PWDs are involved in agriculture particularly in remote area.

**Table 4.17: Income Status of the Respondents**

S.N.	Distribution	Number	Percentage (%)
1.	Have Not Income	15	75
2.	Have Income	5	25
	<b>Total Number</b>	20	100
	Income Type	Number	Percentage (%)
a.	By self	3	60
b.	Allowance	2	40
	<b>Total Number</b>	5	100

Source: Field Survey, 2016

The data shows the income status of the respondents. It also reveals that whether they earned the income or not. Firstly, it shows the status of income that only 25 % of total respondents had income whereas other 75 % had not. Secondly, the 25 % respondents of total number 5, having income has been broke down into two ways, income by self and allowance. Where we found that 60 % people earned by themselves whereas, government allowance was income of 40 % respondent of the total people having income.

#### **4.3.3 Skill of Respondents**

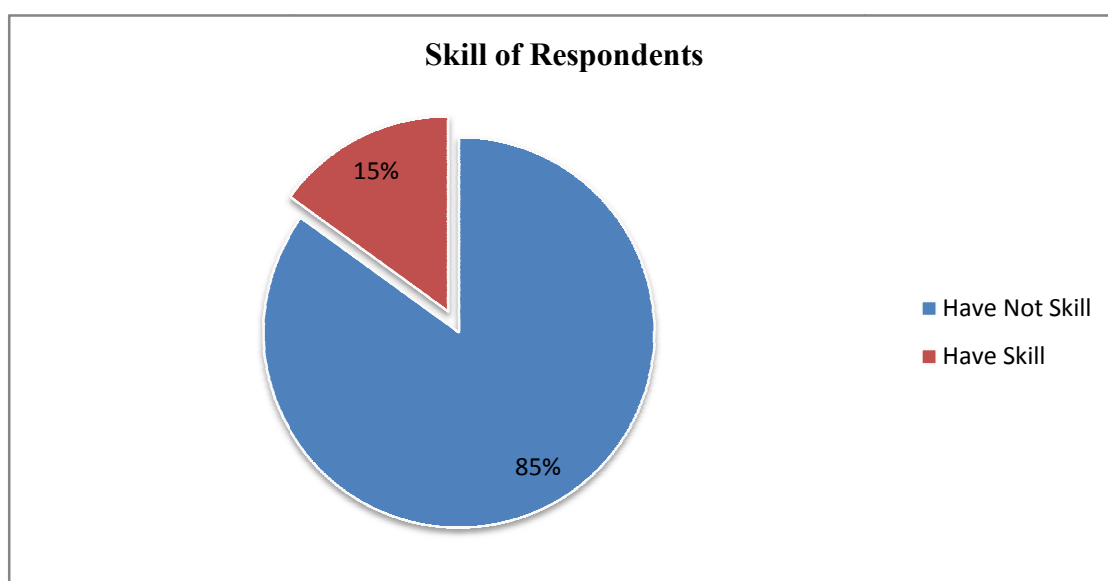
Skill is a primary factor to make people engage in social and economical affairs. Receiving skill is very necessary to function in society. Additionally, having skill can help one to get out from passive life. It is closely related with qualification too. For people with disabilities, discrimination and negative behavior towards them impact their potentialities in earning. In developing countries, most of PWDs are deprived of skill receiving opportunities due to ignorance of family and society. Though they have hidden talent and skill of doing something else, they are often ignored. If, opportunities and proper training are provided they of course, can improve their social and economic status.

**Table 4.18 Skill of Respondents**

SN.	Description	Number	Percentage (%)
1.	Have Not Skill	17	85
2.	Have Skill	3	15
	Total Number	20	100

Source: Field Survey 2016

**Figure 4.8 Have Skill or Have Not**



Source: Field Survey 2016

The data shows that 85% of the total 20 respondents were found to be unskilled. They were found to be fully dependent on their family. However, if they were provided with agriculture base training, they would have a quite better life status because most of them were involved in agriculture (which seems too monotonous) since their childhood. However, among the 20 respondents, 15% were found to be skillful. Most of them were found to be inactive at income generating activities. Similarly, disabled women were found to be busy in household work.

**Table 4.19 Types of Skill**

S.N	Types of Skill	Number	Percentage (%)
1.	Teaching Skill	2	66.67
2.	Carpenter	1	33.33
	Total skillful Respondents	3	100

Source: Field Survey 2016

In above table we can see that 66.67% of the total 3 skillful respondents have skill in teaching as engaged in job. Only 33.33 % respondents were found to be active at business as a carpenter.

#### **4.3.4 The Residential Condition of Respondent**

It is very important to know the ratio of the respondent's residential condition. It shows the economic condition of People with Disabilities in the study area. Most of PWDs have low chances of being independent due to lack of proper education and opportunities in income earning activities. Consequently, few of them may have chances to build their own residence whereas almost PWDs are confronted to live with parents or relatives. So, having own residence or house demonstrate the economic status of respondents.

**Table 4.20 Nature of Residence**

S.N	Description	Number	Percentage (%)
1.	With own family	16	80
2.	With relative	4	20
	Total	20	100

Source: Field Survey 2016

Most of the respondents were found to be living together with family. The table shows that 80 % of the total population is living with their own family. It shows that most of the respondents are taken care by family as there are no governmental or nongovernmental organization and rehabilitation centre which is very essential for development of those people who are physically or mentally impaired. 20% of the total 20 respondents were found to be staying with their relatives. Most of them were staying as a worker as they were orphan and homeless.

### 4.3.5 Land Ownership

In developing countries, people with disabilities often do not have right to have own land and property. People do not believe them of their capability like securing and handling the property etc. Even, their parents hesitate to hand over property ownership to them. Land is a major factor, which is closely related to socio-economic status in country like Nepal.

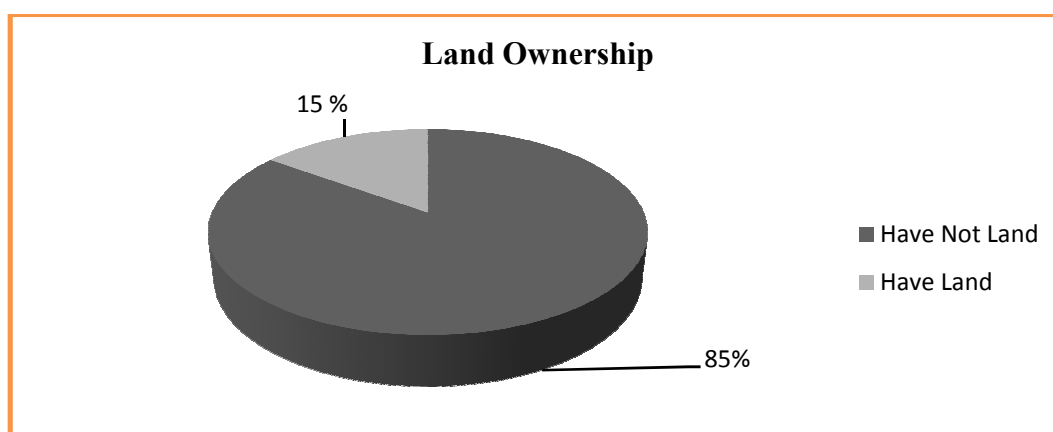
**Table 4.21 Land Ownership Shown in Table**

S.N	Land distribution	Number	Percentage (%)
1.	Have Not	17	85
2.	Have Land	3	15
	Total	20	100

Source: Field Survey 2016

Present research reveals that 85% of the total 20 respondents did not have land ownership. Their parents did not seem interested in allowing them to have own land. But few of them had own land. The rate of having land was 15 % of the total respondents. It shows that how PWDs have low chances of owning property. Since, agriculture is the main source of livelihood PWDs should be provided with land so that they could involve themselves for better income. Along this, they should be provided with agriculture base trainings. The status of land ownership has been presented in pie-chart below.

**Figure 4.9 Land Ownership shown in Pie chart**



Source: Field Survey, 2016

#### 4.4 Family and Community Behavior

In the case of PWDs, favorable family and community behaviors and encouragement is necessary to improve the condition of them. Discouragement and unsupportive behavior for doing something obviously degrade their psychological level. In the study area, total of 20 respondents express their level of satisfaction in following manner;

**Table 4.22 Family and Community Behavior**

S.N	Distribution	Very Satisfied%	Satisfied%	Normal %	Bad%	Total in %
1	Family	10	25	25	40	100
2	Friends	-	15	35	50	100
3	Relatives	5	20	45	30	100
4	Society	-	10	55	35	100

Source: Field Survey 2016

The above presented table reveals that 10% of the total 20 respondents feels very satisfied with their family behavior, 25% respondents express satisfied and normal, whereas 40% member express bad feeling. Similarly, 50% of total 20 respondents have feeling bad from the behavior by their friends, 35% respondents feel normal and only 15% respondents are satisfied with their friends' behavior. From the behavior of relatives, 30% respondents feel bad, 45% respondent feel normal, 20% respondent are satisfied and only 10% respondent was vary satisfied with their relatives' behavior. In the case of community behavior, 55% of total respondents feel normal, 10% respondents were satisfied and 35% respondents feel bad.

It shows that majority of PWDs were not satisfied with their family, friends, relatives and community behavior. It shows that PWDs are not get favorable environment in the community. Though it has been concluded that PWDs are wondering by the unsupportive behavior in the study area.

## **CHAPTER -V**

### **SUMMARY, CONCLUSION AND RECOMMENDATIONS**

#### **5.1 Summary**

People with disabilities are facing many problems such as social and economical. People take them as a result of previous life. They are deprived from social participation. Prejudice and discrimination against them seen as a major problem they face. Most of the families hide their disabled member from society as a matter of prestige. They take disabled person as a socio-economic burden. So, they do not let them get opportunities in social and economic activities. It is very difficult for them to get standard life status comparatively people without disabilities. In rural area, people with disabilities are deprived even of fundamental needs such as education, health service, and sanitation. Almost people with disabilities are illiterate due to poverty, inaccessibility in physical infrastructure, lack of proper education system, and lack of family's eagerness. Because of illiteracy, people with disabilities are compelled to live their lives in pitiable condition and are out of income generating activities. Skill base vocational trainings are not provided. However, some organizations conducted this program but the output is not satisfied. Most of the organizations related disability are scattered only in urban areas. In contrast, the remote areas like Bajura district are not concerned by the organizations. Furthermore, government policies and its implementation regarding disability right have been seen weak. Therefore, there is no socio-economic development seen in disabled people's life. Additionally, there is no security in their lives due to the negative perception of family member against PWDs. Their parents do not believe them to hand over property such as land, house, business etc. Very few members have chance to own property. Among the people with disabilities, women are more vulnerable than men are. They are facing double discrimination regarding the socio-economic cultural bond. Sexual violence is an essential factor, which has a negative impact on women with disabilities. The followings are the major findings of the study:

#### **Findings Regarding the Social Status of the PWDs**

- From the research, we get that, 40 % of the total respondents were found to be the working and productive age group 25 to 35. Similarly,



15 % were from the age group 35 to 45, 20% were from the age group 45 to 55. And, 15% respondents were of the age group 55 above and total 5% were of the age group 5 to 15 and 15 to 25. This shows that most of the people with disabilities are of the age group 25 to 35. This gap of age is taken as a productive and working period of life.

- Most of the respondents were found to be male. The percentage of male respondents was nearly double comparatively to female respondents. Among the respondents, 35% were female where as the number of male respondents was 65%. The main causes behind the huge gap between male and female number was found that the birth rate of son was comparatively more than the birth rate of daughter and male has the responsibility to earn money by bearing risky jobs.
- Majority of the respondents were found to be having speech and hearing disability. 45 % of the total respondents were suffering from speech and hearing disability. Among the 20 respondents, 25% were having multiple disabilities whereas 10 % were physically disabled, 5% were visually impaired and 5% were mentally disabled. Deaf and deaf blind had equal rate that is 5%.
- There was 70% of the total 20 respondents were disabled by birth which is the highest number in all. 15% were disabled in the age of 5 months to 5 years. 10% were disabled in the age of 5 years to 15 years. 5% of the total respondents were disabled after 15 years. The table shows that most of respondents were disabled since their infant age.
- 70% of the total respondents were disabled by birth. It can be said that there may be hereditary trait and other health problems of expected mother, which causes being disabled. 15% of the total respondents were found to be disabled due to accidents cases whereas 15% were disabled because of wrong treatment (dhami/jhakri) and other negligence (not try to show doctor).
- For PWDs, questions on marital status were asked during the field survey. While the marriage law requires that the minimum age for marriage should be 20 for a man and 18 for woman, in fact many people got married at much earlier age, especially in rural and remote areas. The data shows a very high proportion of PWDs at studied

provinces that were unmarried. The figure shows clearly how the PWDs were disadvantaged regarding marriage. Among the respondents, 60% were found to be unmarried whereas 35% were married. Similarly, 5% were found to be separated.

- There was a tremendously sharp disparity in marital status between male and female respondents. As shown in table among the 13 male respondents, 61.54% were found to be unmarried whereas 57.14% of total seven female respondents were found to be unmarried. Similarly, 30.78% male respondents were married whereas 42.86% female were found to be married. And 7.7% male respondents were found to be separated. In contrast, there were no separated female respondents found in the study area.
- Family had been seen as the main cause of being unmarried. Most of the respondent's parents and relatives told what they would do after getting married while they have nothing to make their partners happy. They thought that their family members with disability were not able to handle their marital life that is why they did not want them to get marry. In contrast, the respondents had shown their eager on the topic. Even they blamed their parents for not supporting them to get marry. According to data, family was found to be cause behind being unmarried of 50% respondents. Similarly, 33.33% respondents were found to be unmarried due to not getting suitable partners and 8.33% of the total unmarried respondents were found to be uninterested to get marry.
- Majority of the people with disability in Gudukhati VDC are from Chettri which is 40% of the total 20 respondents. 25% of the total respondents are from Dalit B.K. The table shows that 25% are from Bahun, 10% are from Thakuri which is the least.
- Majority of the respondents were illiterate. According to the survey, of the total 20 respondents only 5% have obtained secondary level education, 5% have obtained lower secondary and 25% were literate only. Of the total respondents, 65% were found to be illiterate. It shows that the people with disability in Gudukhati VDC were not provided with the educational right. This gives the picture of our

society that people with disability are not given opportunity to read and write. Since the majority of people with disability are illiterate, they are more vulnerable in term of socio-economic and social inclusion contest. However, they did not have higher education due to poverty and lack of schools near to their house.

### **Findings Regarding the Economic Status of the Respondents**

- Of the total population, 85 % of the respondents were involved in agriculture. It demonstrates that agriculture was the primary occupation in Gudukhati. Only 10% of the total respondent's families were found to be based in services and 5% were found in business.
- The research has tried to find out income status of the respondents. Equal number was seen in both have income on have not. But the research reveals that whether the income was earned by themselves or not. Firstly, it shows the income that 25% of total respondents had income whereas other 75% had not. Secondly, the 25% respondents of total number 5, having income has been broke down into two ways, income by self and allowance. Where I found that 60% people earned by themselves whereas, government allowance was income of 40% respondent of the total people having income.
- In the study area, 85% of the total respondents did not have any skill. They were found to be fully dependent on their family. However, if they were provided with agriculture base training, they would have a quite better life status because most of them were involved in agriculture, which seems so monotonous since their childhood. Among the 20 respondents, 15% were found to be skillful. Some of them were provided with vocational training but the training seemed not efficient for them. Most of them were found to be active at weaving (Furniture basket,Bolla ). Similarly, disabled women were found to be active in household work.
- Most of the respondents were found to be living together with family. The table shows that 80% of the total population was found to be living with their own family. It shows that most of the respondents

were taken care by family, as there are no governmental or nongovernmental organization and rehabilitation centre which is very essential for development of those people who are physically or mentally impaired. 20 % of the total 20 respondents were found to be staying with their relatives. Most of them were staying as a worker as they were orphan and homeless.

- Present research reveals that 85% of the total 20 respondents were not allowed to have land ownership. Their parents did not seem interested in allowing them to have own land. But few of them had own land. The rate of having land was 15% of the total respondents. It shows that PWDs have low chances of owning property. Since, agriculture is the main source of livelihood PWDs should be provided with land so that they could involve themselves for better income generating activities. Along this, they should be provided with agriculture base trainings.

#### **Findings Regarding Behavior of Family, Friends, Relatives and Community**

- This research has tried to find out that are they satisfied with the behavior done by family and community 10% of the total 20 respondents feels very satisfied with their family behavior, 25% respondents express satisfied and normal, whereas 40% member express bad feeling. Similarly, 50% of total 20 respondents have feeling bad from the behavior by their friends, 35% respondents feel normal and only 15% respondents are satisfied with their friends' behavior. From the behavior of relatives, 30% respondents feel bad, 45% respondent feel normal, 20% respondent are satisfied and only 10% respondent was very satisfied with their relatives' behavior. In the case of community behavior, 55% of total respondents feel normal, 10% respondents were satisfied and 35% respondents feel bad.
- It shows that majority of PWDs were not satisfied with their family, friends, relatives and community behavior. Further it justify, PWDs are not get favorable environment in the community. Though it has been concluded that PWDs are wondering by the unsupportive behavior in the study area.

## **5.2 Conclusion**

From the analysis done above, it has concluded that the socio-economic status of people with disabilities in Gudukhati VDC is low. They are living in a pitiable situation that they are not in freedom of doing something else. Due to root rigid of society, people with disabilities are always taken as a burden. Similarly, family hides their disable member because of prestige-delusion. Disabled people are more vulnerable of being handicapped and often discarded from the household. Most of the respondents are found to be disabled by birth. In the case of social status, PWDs are highly excluded and deprived. Similarly, the economically they are backwarded and they are living far from the income generating activities. Only few (15%) of PWDs are involved in income generating activities. it can be concluded that they have not access over economic resources like land.

PWDs are not satisfied with family and community behavior for facilitating their livelihood. Majority of the PWDs express the view on bad behavior facing in the study area. However, the research concludes that family and community behavior is not satisfactory for PWDs. Often community and family misbehave them, using humiliated language, neglecting the voice of PWDs in decision-making process etc. Supportive family and community behaves is necessary to encourage PWDs towards income generating activities and creative activities.

It has shown that agriculture is a main source of livelihood for the family of PWDs. Agriculture can be prioritized for the first livelihood source of PWDs because most of the PWDs are already engaged in agriculture. They have somehow gained the knowledge in there. Secondly, for the literate PWDs other livelihood strategies like tailoring, goat farming, and technical knowledge in mobile repairing, computer knowledge can be list out for existing potentialities.

## **5.3 Recommendations**

After completing the study about the socio-economic status of people with disabilities in Gudukhati VDC of Bajura the research has identify some major points to recommend which are given below.

- For uplifting the socio-economic status of the PWDs in the study area, it is required providing and promoting agro-oriented economic activities because it is major source of income of most of the disabled. Agro-based training should be provided to develop their skills on agro-oriented activities such as nursery farm, fish farm and livestock. Some of them need furniture and handicraft training because they had shown keen interest at furniture and weaving basket and cloths (Bolla) etc
- Most of the people with disabilities are illiterate due to poverty and lack of accessible physical environment and appropriate education system. Despite, the number of people with speech and hearing disability was very high, there was no sign language practice for them. Therefore, the research recommended that there should be sign language practice among the people with disabilities.
- The research shows that there is a lack of Community Based Rehabilitation Program (CBR) to benefit PWDs to improve their daily lives and health practice. Due to lack of CBR, all families of PWDs are bearing socio-economic burden. Since there is high population of PWDs, it is necessary to bring such kind of program to support the PWDs and their families as well.
- Family should encourage disabled member to participate in social and economic activities so that they can improve confidence level.
- Most of the PWDs are disabled by birth so all expected mother should have properly checked up their health during the pregnancy. In addition, family should be encouraged to provide such facilities to pregnant women. Government should also be concerned to control disease and provide health services with awareness program.

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## ANNEX- I

### QUESTIONNAIRE FOR DATA COLLECTION

#### A. General Information:

1. Name of Respondents:
2. Gender:                      Male                      Female
3. Occupation:
4. Address

#### B. Information about Disability:

5. Types of Disability:
  - i. Physical
  - ii. Hearing and speech Disability
  - iii. Deaf
  - iv. Deaf Blind
  - v. Blind
  - vi. Mental Disability
  - vii. Multiple Disabilities

#### C. Causes of Disability:

- i. In Born
  - ii. Accident
  - iii. Wrong Treatment.....
  - iv. Other.....
6. Do you use any assertive devices for your daily activities due to your disability?
  - Yes
  - No
7. If you use any supports what do you use?
  - Wheelchair
  - White cane
  - Crutches
  - Others
8. Have you done any treatment on your disability? Yes/No  
.....

9. If yes, what kind of treatment did you do?  
.....

10. If no, why you did not do so?  
.....

**D. Marital Status:**

- a. Married
- b. Unmarried
- c. Separated

11. If married, is your spouse disabled? Yes/No  
.....

12. If yes, what types of disability does he or she have?  
.....

13. Have you got love or arrange marriage?  
.....

14. Do you have any children? Yes/ No  
.....

15. If yes, how many children do you have?

SN.	Son/daughter	Age	Education	Disabled/without disability
1.				
2.				
3.				
4				

**E. Education Status:**

16. What is your qualification?  
I. 1-5 class                      II. 5-10                      III. 10-above

17. The distance of your school from your house  
I. 5-20 min                      II. 20-45 min                      III. 45-1 hour      IV. 1 hour above

18. Is your school disabled friendly? Yes/No  
.....

19. If no, what types of physical difficulties do you face?
- i. Inaccessible Road
  - ii. Inaccessible administrative
  - iii. Inaccessible Building
  - iv. Others
20. What types of further problem did you face during your study?
- .....

**F. Health Status:**

21. How is your health condition?
- I. Good
  - II. Normal
  - III. Critical
22. Does your health condition affect your daily activities?
- .....

**G. Social Services Used:**

23. Do you know the government policies regarding disability? Yes/No  
If yes, mention:
- .....

24. Are you getting free education?                      a) Yes                      b) No  
If no, for what purpose are you paying?
- .....

25. Are you getting free health services?
- .....

26. Are you getting any allowances from government? Yes/No
- .....
- If yes, what type of allowance are you getting?

**H. Social Status:**

27. Do you participate on social activities? Yes/No
- .....
- If yes, how often did you participate in last year and what was the program?
- .....
- .....
- .....
- .....

28. How do you feel the social behavior towards you?

SN.	Distribution	Very Good	Satisfied	Normal	Bad
1.	Family				
2.	Friends				
3.	Relatives				
4	Society				

29. Do you involve in any social or local institution?

- Yes
- No

If yes, mention your post and institution:

.....

30. Have you faced any sexual or domestic violence? (only for women) Yes/No

.....

If yes, what types of sexual/domestic violence have you faced in your society?

- .From family

.....

- From society

.....

**I. Economic Background:**

31. What is the source of livelihood of your family?

- i. Agriculture
- ii. Business
- iii. Foreign Employment
- iv. Labor
- v. Other

32. What do you do?

- i. Agro-based work
- ii. Household work
- iii. Business
- iv. Furniture/ craft
- v. Handicraft
- vi. Other

33. Your yearly Income?

i. Have

ii. Have not

34. Is there any land in your name? Yes/No

.....

If yes, how much land do you have?

.....

**J. Skill and Hobbies:**

35. Did you take any skill-oriented training? Yes/No

.....

If yes, mention it.

SN.	Types of Training	Provided by	When it was

36. What do you like to do

i. ....

ii. ....

iii. ....

37. Would you like to say anything at last?

.....

.....

.....

**THANK YOU**

**ANNEX-II**  
**QUESTIONS FOR FOCUSED GROUP DISCUSSION (FGD)**  
**AND KII**

- What is the condition of disable person in Gudukhati ?
  - ✓ Health
  - ✓ Education
  - ✓ Economic involvement
  - ✓ Social involvement etc
- What are the main issues in local context for disable?
- What types of behavior you have facing from the family, community and local government organizations?
- What are the main causes that disable persons staying in trauma?
- How we improved the condition of persons with disability?
- Do you have accessible infrastructure in local level?
- Do you have knowledge about allowances and services given by Nepal government and other organizations.

## **ANNEX-III**

### **CASE STUDY GUIDELINES**

- ✓ What is the Problem faced by PWDs?
- ✓ What are their Livelihood Strategies of PWDS?
- ✓ How they are disadvantage by allowances of government?
- ✓ What types of behaviors facing by PWDs in household and community level?
- ✓ Are they satisfied with their working condition?
- ✓ What are the expectation of PWDS by family, community and government?

## **ANNEX-IV**

### **OBSERVATION CHICKLISTS**

- ✓ What is the main source of livelihood of PWDs?
- ✓ Are they involved in income generating activities?
- ✓ What types of work they perform in the household?
- ✓ They have access on education, health etc?
- ✓ Have they use any assertive devices and what types of?

**Thank you**