

CHAPTER-ONE

INTRODUCTION

1.1 General Background

Nepal is a small landlocked south Asian country, which lies between India and China. The total area of Nepal is 147181 square kilometer. The topography of Nepal starts from the world's deepest gorge 'Kaligandaki' to highest peak point on the earth, The Mt. Everest (8848m). Nepal is located between 26° 12' to 30° 27' North latitude and 80° 4' to 88° 12' East longitude.

This unique geographical setting, broadly divided into three ecological zones, viz: the mountain, the hill and the Terai, has been the abode of various language Indo-Aryan and Mongolian people speaking Indo-Aryan and Tibeto-Burman language and have faith in Hinduism and Buddhism. The mountain and upper with Tibetan society and culture. Similarly, indigenous people of Indian origin interfaced with Northern Indian society and culture inhabit the lower hills and the Terai. The total population of the country is (26156836) (2008 census). Its average length runs from East to west is 885 Kilometer, and its width varies from 141 to 241 Kilometer, a mean of 193 Kilometer.

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

There is no uniformity in the definition of disability. According to disabled protection and welfare act 2039, "Disabled people are those who are physically or mentally unable to do the usual daily activities. Because of physical, mental impairment or impairment of knowledge, disabled people have little possibility to get job."

Disabled people can be found in all part of the world and all level of the society. The number of disabled people is being increased. The causes and

consequences of disability differ in different parts of the world. The difference of disability is the result of different socio-economic status and the government policy.

Because of social factor like innocence, ignorance, superstition or fear disabled people are discriminated in the society, which paralyzed their development process. But with the passage of time, people became aware and disabled also started to raise their voice on their rights and policies on rehabilitation of disabled were developed. The disabled people became more active through the further development of policy. After the Second World War (1939-1946) social integration and generalization theory began which helped the increment of capability of disabled people.

1.2 Concept of disability:

Based on the primary objective of this study, the initial task was to determine the standard definition of disability. However, this study cannot cover all the complexities related to disability definitions. A wide range of literature was reviewed to assess the definition used at the international as well as national level. The definitions provided by the WHO International classification of Impairments, Disabilities and Handicaps (ICIDH) 1980, and by the Ministry of Women and Social welfare, under the sub-section of protection and Welfare of Disabled Act, 2039, on 15 April 1999, were taken into account while developing a standard definition for the study.

In order to develop a framework for the collection of statistical information on disability for policy and program formulation, this study accepts the following concepts and definitions of disability.

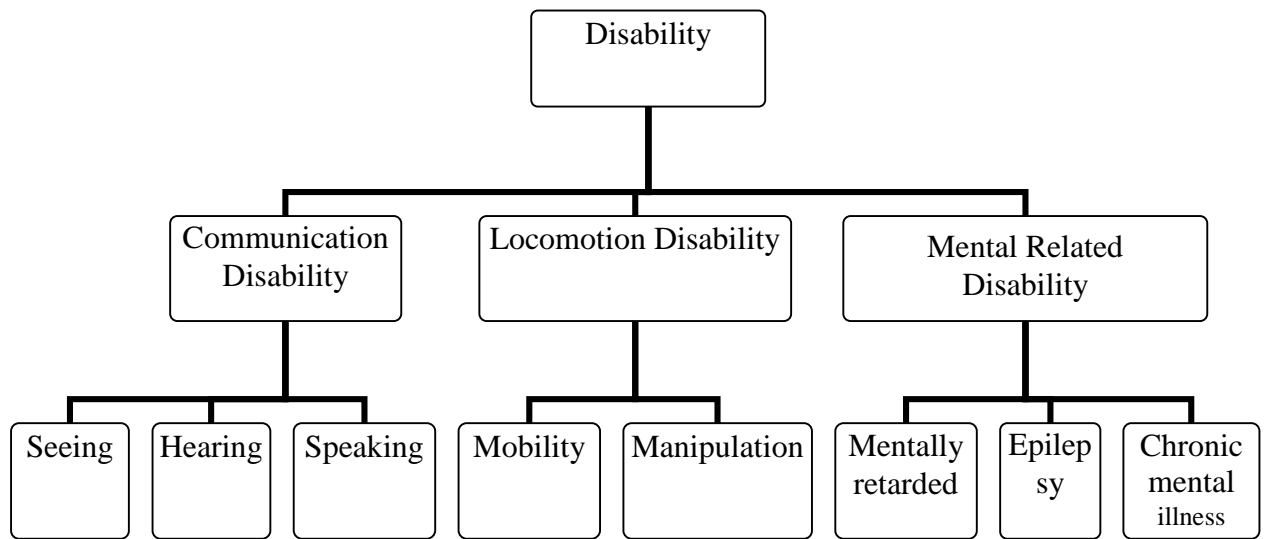
The term 'disabled persons' and 'disability' are used to describe the general situation of being 'disabled', implying that one is part of a special population group broadly referred to in the World Program of Action concerning disabled persons. In order to understand the situation of disability a conceptual clarity, which demarcates the conditions of impairments, disabilities and handicaps, is important.

1. **Impairment:** Technically, the term ‘impair’ denotes damage or loss of psychological or anatomic function or structure. These concern disturbances at the level of the body structure or mental function. This could mean loss of foot/arm, poor eyesight, hearing impairment, paralysis of limbs, defective vision.
2. **Disability:** As a result of impairment a person might not be able to perform activities of daily life considered normal for his/her age, sex, etc. A disability describes a functional limitation. For example, being disabled means having difficulty moving and having difficulty communicating (includes difficulty seeing, hearing and speaking), having difficulty moving and having difficulty learning. In other words, ‘it is the restriction or lack of ability to perform an activity in the manner or within the range considered normal for a human being.
3. **Handicap:** A handicap is a disadvantage in a person’s life due to impairment or disability as compared to other persons in performing the roles expected of him/her in society, like not being able to attend school or get a job or being socially isolated. Thus, a handicap is loss or limitation of opportunities to take part in the life of the community on an equal level with others.

This study attempts to reveal the present status of disability in Nepal. In the process, the underlying causes of impairment are also revealed. While exploring the causes of disability, in most circumstances it is determined by the type of impairment. The present study broadly contextualizes disability under the four major categories:

- a. Communication Disability
- b. Locomotion Disability
- c. Mentally Related Disability
- d. Complex Disability

Type of Disability



1. Communication Disability:

The communication disability basically meant a disability concerning seeing, hearing and speaking. A review of the previous definitions was done. It was suggested that the detection of visual disability at the field level was a difficult task. It was mentioned that the chances of detecting the visual impairment were even thought.

The cut-off point in demarcating the level of impairment was quite unclear and, furthermore, it would create complications at the field level. It would not be possible to detect the level of impairment without a medical examination, which was not feasible for a nationwide study with the given manpower. Thus, those who really require some sort of rehabilitation and could not perform their daily activities were included in the study. The visual acuity of less than 3/60 (Snellen) or its equivalent in both eyes was determined as the cut-off point to identify seeing disability. However, as the Snellen chart could not be used among the illiterate population it was decided to use the finger count in daylight at a distance of 3 meters, or 10 feet. This cut-off mark of 3 meters indicated that those persons included in the study were functionally blind.

Seeing Disability:

A person, who, even after treatment, cannot fingers with improved eyesight from a distance of ten feet (3 meters), is said to have seeing disability.

Hearing Disability:

A person who cannot hear ordinary voices from a distance of a meter is said to have hearing disability.

Speaking Disability:

A person who cannot speak at all or a person who cannot be understood outside the family is said to have a speaking disability.

2. Locomotion Disability

Locomotion disability concerns the defect or deformity in the limbs, which make a person unable to perform the daily activities of life. Locomotion disability includes the mobility and manipulation disability concerning the lower limbs and the upper limbs, respectively. This, however, does not include just a loss of any part of the limbs that does not hamper the daily activity of life. For example, the loss of a small toe or a finger may not make a person disabled as long as the person can perform the daily activities of life. If this deficiency, defect or deformity hampers the person's daily activity, then that person is considered to be disabled.

Physical Disability:

A person who is unable to perform daily activities of life due to a physical deficiency, defect or deformity is said to be physical disabled.

Mobility/ Walking:

A person who is unable to perform the daily activities of life due to a physical deficiency, defect or deformity in the lower limbs is said to have mobility or walking disability.

Manipulation/ Working:

A person who is unable to perform the daily activities of life due to a physical deficiency, defect or deformity in the upper limbs is said to have working or manipulation disability.

3. Mentally Related Disability

The task of identified mentally related disability was another major concern. First of all there was a need to define the types of mental function disabilities. The classification was done as follows:

a. Mental retardation

The failure to acquire the disability to perform activities or to learn new tasks as per the person's age and environment, due to delayed mental development prior to the age of 18 years was classified as mental retardation. All mentally retarded persons are not fully dependent on others for their daily activities. Two categories could be differentiated.

1. Persons who can manage their daily activities, like eating, dressing with the help of training.
2. Persons, who cannot manage their daily activities, like eating, speaking, going to the toilet.

b. Disabilities as a result of neuron-psychiatric conditions

Epileptic symptoms were noted, such as frequent attacks of being unconsciousness, tongue biting, frothing at the mouth, shivering and incontinence, all of which make it difficult to lead a normal life.

Chronic mental illness is a kind of mental instability, the symptoms being unprovoked anger or elation and/ or crying without reason and a tendency to seek isolation. Chronic mental illness usually starts over the age of 18, so it was proposed to assess for chronic mental illness among those above the age of 18.

4. Multiple/ Complex Disabilities

Those who had more than one type of disability were considered to have multiple/ Complex disabilities. These included a combination of any types, like both hearing disability and speaking disability, mental retardation with speaking disability or even manipulation with mobility disability. As it would be difficult in the field to identify the causal relationship, or which disability caused the other, it was divided a term all those having more than one type of disability as having multiple disabilities.

A more complex type of multiple disabilities was cerebral palsy, where damage in the immature brain leads to physical incapacity. This has been classified under complex disability, which prevents one from carrying out the normal activities of daily life.

Based on the systematic discussions with the technical experts, the definition and the classification of disability were proposed for the study. Further, this definition was discussed in the technical committee for approval after which the study proceeded.

Multiple Disabilities:

A person having more than one type of disability is said to be multiply disabled.

Cerebral Palsy:

A person who has some damage in the immature brain leading to physical incapacity is said to have cerebral palsy. Some cases could have mental retardation.

Once the persons with seeing disability were identified it was proposed to make a step forward and detect their perception of light with the help of the standardized method of light examination. This would detect the number of cases that could be cured those that could not be cured. It would be important to assess the degree of seeing disability from this broad perspective.

The hearing disability was also defined on the same lines whereby the disability had hampered the daily activity of the person. Communication is a vital

aspect of life and not being able to conduct daily activities due to this would lead to disability. It was made clear that there should be a clear demarcation between hearing impairment and disability. The cases of impaired hearing due to some wound or infection were not necessarily a disability that hampers daily activities. The loss of hearing ability required for daily activities was incorporated in this category.

In some texts, Disability can be found to be defined in four categories viz. communication disability, locomotion, mentally related disability and multiple/complex disabilities.

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

Locomotion disability concerns the defect or deformity in the limbs, which makes a person unable to perform the daily activities of life.

Mentally related disability includes mental retardation, disability as a result of neuropsychiatry conditions such as epilepsy, chronic mental illness etc.

Those who had more than one type of disability are considered to have multiple/complex disabilities.

1.3 Statement of the problem

Different disabled organizations claim that there are about 10 percent disabled people out of total population in Nepal. But the result of national census 2001 doesn't support the claim. The data shows that 0.46 percent of total populations are people with disability. Among them 39.39 are people with physical impairment. 24.94 percent are blind, 12.69 percent are mentally retarded and 7.47 percent are the people with multiple disability.

The statistics displays that 54.56 percent of disabled are females, which also reflects the social injustice. Deaf and hearing-impaired federation does not accept the

data published by CBS and claims that there is about 0.5 percent are people who are deaf of hearing impaired.

Nepal Blind association is also not satisfied with the data and claims to be about 200,000 blinds (including visually impaired.)

The result of census shows comparatively smaller scale, which might have caused by the error in the measurement of disabled in census questionnaire.

The large proportions of disabled people are in working age and those are ignored in job. The condition directly or indirectly affects the national economy (CBS, 2002).

Disabled people live in most vulnerable condition in the society. Some of them are isolated from society.

Although the voice on the behalf of disabled has been raised since the universal declaration for human rights 1948, Nepal has not lunched the effecting strategy and policy on them. However some legal amendment has been made.

According to the Muluki Ain 2019, under the heading of “Poor and Kangal” it is stated that blinds are to be proved second class facilities and other generals disabled are to be provided third class facilities and those who are able to study be managed to teach. But government seems to be failing to provide such facilities.

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).

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

The information Kit on the United Nations Standard Rules on the Equalization of opportunities for persons with disability, 1995, states that 98% of disabled people of developing countries are not rehabilitated (UN, 1995).

- ❖ About 20 million people who need wheel chair are not provided with wheel chair. In some countries, disabilities of more than 50 percent disabled people were caused by disease or war (UN, 1995).
- ❖ Disabled people do not have access in transportation.
- ❖ In some countries, 90 percent children with disabilities die before 20 years. Ninety percent mentally retarded children don't live more than 5 years (UN, 1995).
- ❖ In Zimbabwe, 52 percent children with disabilities don't have access to education; the percentage is 25 in Hong Kong and 97-98 in India (UN, 1995).
- ❖ 28.4 percent disabled children in Britain go to different school (UN, 1995).
- ❖ 41 percent of disabled people get only primary education in Canada (UN, 1995).
- ❖ 67 percent disabled people of working age 15-64 are unemployed in USA and UK. The percentage is 58 in Tunisia (UN, 1995).
- ❖ One in 3200 deaf people dies of HIV/AIDS in United Kingdom (UN, 1995).
- ❖ Disabled people are often deprived getting immigration.
- ❖ In Nepal less than 0.45 percent of disabled people have access in media (NFDN, 20003).

1.3.1 Disabled People in Nepal

National federation of disabled- Nepal claims that there are about 2.04 million disabled people in Nepal. But the result of National Census 2001 doesn't support the claim. The data shows that 103795 (0.46% of total population) are peoples with disability. Among them 39.39 percent are people with physical impairment. 24.61 percent are deaf, 15.94 percent are blind, and 12.69 percent are mentally retarded and 7.47 percent are the people with multiple disability.

The statistics displays that 54.56 percent (56633) of disabled are females, which also reflects the social injustice. Deaf and hearing- impaired federation does not accept the data published by CBS and claims that there are about 0.5 million people who are deaf of hearing impaired.

Nepal Blinds Association is also not satisfied with the data and claims to be about 200000 blinds (including visually impaired).

The result of census shows comparatively smaller scale, which might have caused by the error in the measurement of disabled in census questionnaire.

The large proportions of disabled people are in working age and those are ignored in job. The condition directly or indirectly affects the national economy (CBS, 2002).

The largest number of disabled people is shown in Eastern Development Region (30482) where as the smallest number can be found in Far- Western Development Region (9144). When we compare those numbers with total population of the region, the largest proportion can be found in Eastern Development Region (0.0058), Far-Western Development Region (0.0045), Western Development Region (0.0044) and Central Development Region (0.0038) (CBS, 2001).

In some countries disabilities of more than 50 percent disabled people are casual by disease or accident (UN, 1995).

In the case of Nepal the causes of disabilities can be classified in the following topics:

- ◆ Disease
- ◆ Accident
- ◆ Disability by birth
- ◆ Superstition/ Lack of awareness
- ◆ Lack of health facilities
- ◆ Malnutrition etc.
- ◆ Induced disability (Making disabled for different purpose).
- ◆ Parent's carelessness.

Disabled people live in most vulnerable condition in the society. Some of them are isolated from society. In brief consequences of disability can be listed in following points:

- ◆ Vulnerability
- ◆ Isolation
- ◆ Discrimination in school
- ◆ Discrimination in working place
- ◆ Deplorability
- ◆ Discrimination in consuming resources
- ◆ Worse health condition
- ◆ Untimely death etc.

Although the voice on the behalf of disabled has been raised since the universal declaration for human rights 1948, Nepal has not launched the effecting strategy and policy on them. However some legal amendment has been made.

According to the Muluki Ain, 2019, under the heading of "Poor and Kanganal" it is stated that blinds are to be provided second class facilities and other general disabled are to be provided third class facilities and those who are able to study should be managed to teach. But government seems to be failing provide such facilities.

1.4 Objectives of the study

The general objective is to find the situational analysis of differently abled students of Tribhuvan University. The specific objectives are:

1. To find out the present status of differently abled students of Tribhuvan University.
2. To find out the socio-economic condition of differently abled students of Tribhuvan University.
3. To find out the problem faced by differently abled students of Tribhuvan University.

1.5 Significance of the study

This study provides information on socio-economic situation of differently abled students of Tribhuvan University.

There is no other study on this topic.

This study could be useful to make policies and programs related to differently abled people.

1.6 Limitations of the Study

Each and every research has its own limitations. This study aims to focus the Situational Analysis of Differently abled students of Tribhuvan University. It is a micro study, which attempts to explore the situation and socio-economic condition of Differently Abled students. So the limitations of this study are:

1. This study is conducted only in Tribhuvan University.
2. Simple analytical tools are used to analyze the obtained data
3. Findings of the study may not exact applicable in wider level.
4. Time skill and resources may affect generalization of the conclusion.

CHAPTER-TWO

LITERATURE REVIEW

2.1 Literature Defining Disability

Voluntary Health Association of India (1994) found that order to apply disability test, the British use three different terms: loss of faculty, disability and disablement. These are mean to separate concepts.

2.1.1 Loss of faculty

Loss of faculty is any pathology condition or any loss reduction of normal physical or mental functions of an organ or part of the body. A loss of faculty in itself may not be a disability but is an actual cause of one or more disabilities, for example, the loss of one kidney.

2.1.2 Disability

A 'disability' means an inability to perform a normal bodily or mental process. It could either be complete (such as inability to walk) or partial (such as one can lift weights but not heavy ones).

2.1.3 Disablement

It is sum total of all the separate disabilities an individual may suffer from. It means an overall inability to perform the normal activities of life- the loss of health, strength and power to enjoy a normal life. While assessing an individual, his/ her physical and mental condition, inconvenience, genuine embarrassment, or anxiety, are taken into account.

2.1.4 Disabilism

Voluntary Health Association of India (1994) defines the number of people and agencies deeply concerned with the issues relevant to disabilities are increasing all over the world. They are demanding greater opportunities for their full participation in society so that the disabled enjoy independent living and economic self-sufficiency. These people are actually aware of the existence of a social process described as DISABILISM.

2.1.5 Impairments

Technically, 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, hearing impairment, paralysis of limbs, defective vision.

2.1.6 Disability

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

2.1.7 Handicap

A handicap is a disadvantage in a person's life due to impairment or disability as compared to other persons in performing the roles expected of him/her in society, like not being able to attend school or get a job being socially isolated. Thus, a handicap is loss or limitation of opportunities to take part in the life of the community on an equal level with others.

2.1.8 Development Disability

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

Definition of disability:

Disability is the physical and mental situation of body. It is the situation when one is unable to do the usual activities easily because of physical or mental impairments. 'Developmental disability' is used to denote the condition of a child who needs special care as well as special service to live independently. Due to physical disorder, mental retardation or other sensory disorders, child becomes unable for proper development during the developing period (Bhattarai, 2003).

In 1980 the World Health Organization (WHO) adopted an international classification of 'impairment', 'disability' and 'handicap'. There is clear distinction between these three.

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

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

A handicap result from impairments or disability and limits or prevents the fulfillment of a function that is considered normal for human beings.

Many languages fail to make an important distinction between disability and handicap. Disability refers to the person; handicap does not. For many reasons the projective and confusing level of the handicapped should not be used at all. The word

handicap originates from horse races and describes the disadvantages by the rules of race (R.E. Allen (ed.), 1990).

Standards Rules on the equalization of Opportunities for Persons with Disabilities states the term disability summarizes a great number of different functional limitations occurring in any population in all countries of the world. People may be disabled by physical, intellectual or sensory impairments, medical conditions or mental illness. Such impairments, conditions, or illness may be permanent or temporary in nature.

Situation of Disability:

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

The "young old" group (aged 60-69 years) in 1990 constituted 62.65 million persons in China, 38.39 million in India, and 7.37 million in Indonesia. These "Young Old" continue to work in self-employment or non-organized sectors without pensions or social security until they cannot. The "Old", aged over 70 years, are likely to suffer from physical or mental disabilities of old age and require care (ESCAP, 1994).

According to the 1986 Health and Activity Limitations Survey, an estimated 13.2 percent of the Canadian population has some form of physical or mental disability. The analysis seeks to: 1. Examine the overall socio-demographic structure of disability in Canada; 2. Model the impact of rural-urban difference in disability and on support services; 3. Provide estimates of disability at the regional scale using rates directly from HALS, and 4. Demonstrate an ecological approach to modeling disability rates at the census tract level for census metropolitan areas. The responses to the 1986 Census Question 20 about disabilities provided the sampling frame for the HALS survey. Approximately 1 in 25 individuals who responded No were sampled in the fall of 1986. Nationally, disability can be twice as high for low income as high

income earners and the consequences for elderly women are particularly severe, as over 30 percent of women 65 years of age and over both poor and live alone. The analysis of urban and rural differences in daily activities of the disabled showed that 3-20 percent of not severely disabled and 25-50 percent of severely disabled requested help with housework and shopping. The need for help with personal care and meal preparation was significantly lower, 15 regressions were run for 5 types of support used as the dependent variables. The variables living alone and those in metropolitan Toronto compared with rural areas indicated a higher propensity to receive services. Ecological models for Montreal, Toronto, and Vancouver Census Metropolitan Areas estimated the populations with disabilities. In Montreal, 63 percent of the variation in the geographical distribution of persons with disabilities was explained by the independent variables of low-income, less than Grade 9 education, recent immigration, and lack of knowledge of either English or French, which were statistically significant at the .05 level or better (Moore et al. 1993).

The prevalence of chronic conditions and illnesses, which cause disability in Israeli Jewish children age 7 who were born in 1975, was studied on the basis of a national sample (n=7739). 80 medical conditions, which cause disability, were defined and the study showed a total disability rate of 17.5 percent, higher than that reported on a similar national sample of 3 year olds (prevalence=6.9%). The percentage of disability among very low birth weight children and those with family problems was 4 times greater than among the total population. Mild retardation and undefined learning problems were more prevalent among children of mothers with low educational level and among children whose birth order was 4th or greater. Asthma and spastic bronchitis were more prevalent among children whose mothers were of European/American origin (p<0.05). Behavior and mental disorders, learning problems, and speech and language disorders were more prevalent among male children. 2/3 of the children with a diagnosed problem also had at least one functional disability. There were somewhat more children from lower social classes in the special education schools than there were in the national sample. Increase prevalence of disabilities among children of very low birth weight, low maternal educational level, and high birth order, those from families whose origin is Asian / African, and those from families with international problems define those children who are at risk for disabilities and for placement in special education schools (Palti et al, 1992).

Approximately 1 in 10 of the population in most 3rd world countries is handicapped or disabled in some way. The single most salient fact to recognize is the close connection that exists between poverty and disability in the 3rd world. Disability usually guarantees the poverty of the victim and most importantly poverty is itself a major cause of disability. New hazards are emerging which threaten to make the burden of disability borne by the world's poor still heavier. The kind of development now occurring in many 3rd world countries providing them with the improved standard of living that eventually followed the industrial revolution in the developed countries (TWGFD, 1983).

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

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

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

directly resulting various types of disabilities such as: mental retardation, visual impairments, physical disability etc (Bhattarai, 2003).

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

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

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

One tenth of the population of developing countries is handicapped or disabled in some way; on a global scale, this amount to about 340 million people. 1981, the international Year of disabled people, was designed to focus attention on the plight of these people and to marshal resources to enable them to help themselves. In most poor countries families do not have any land on which to grow food and do not earn enough to buy the most basic necessities for health. As a result they frequently become ill, often with a potentially disabling disease, and their resources are insufficient to provide needed medical services. For instance, schistosomiasis is

contracted through the victim entering snail-infested water and affects about 850 million people (Doyal, 1983).

People still believe that having disabled members in the house is their fate (28.4%). Some have superstitious beliefs and even give magical explanations for the cause of disability. These findings show that few people are aware about the medical causes of disability.

The household members encouraged the participation of disabled persons in different activities (going to school, playing with others and going to work) though they still do not encourage the marriage of disabled persons.

Many of the disabled persons (49.3%) took care of themselves. However, in those cases where the disabled persons were not able to take care of themselves it was usually the task of the female household members to take care of them.

Most of the disabled persons (69.3%) received support from their family members. However, giving stimulation and exercise to the disabled persons to improve their condition was found to be negligible. The attempts made by the households to make household adjustments for the disabled persons by modifying the furniture and facilities were negligible in general.

Having a disabled person posed problems in most (90.5%) of the households. The difficulties they faced were mostly related to the inability of the disabled persons to work and taking care of the disabled persons, like teaching new tasks or having to leave the disabled persons alone.

All together 31.4 percent of the households felt that the disabled persons in the households had posed a huge economic burden, and these were mostly people with mental retardation, mobility, seeing and manipulation disabilities. The females were seen as imposing less of an economic burden, probably they had fewer demands and expectations than the males.

In most of the cases (68.8%) expenditures were made for treatment. Most of the families (71.5%) took their disabled members for treatment. The disabled persons were mostly taken to the doctors or health post for treatment (40.9%). A considerable number of households took the disabled persons to the faith healers for treatment (30.3%).

Still, nearly 30 percent of the disabled persons did not get any kind of treatment. This could be due to the lack of knowledge and awareness that disabilities can be treated. It could also be because the family does not have the resources, or because the health facilities do not function properly and staff does not know about disability. The assumed problem with health facilities is supported by the findings that there are very few specialized referral services available in the rural areas.

In nearly half of the cases, the household members had to face humiliation within the community because of their disabled family members. It was also noticed in the focus group discussion sessions with the local leaders that the community outlook towards the disabled person varied according to the type and severity of disability. Persons with mild disability could be more easily accommodated in the society than those with severe types of disabilities.

It was stated 70.1 percent of the disabled persons that it was difficult to live in the community with self-respect.

Though most of them (82.9%) knew that they did have rights within the framework of human rights for disabled persons, they said that they were not able to take advantage of them.

The participation of the disabled persons in the local organization working for the disabled persons has been negligible.

(A situation Analysis of Disability in Nepal- 2001)

Economic and social participation:

Most of the disabled persons had no education (68.2%) as compared to the general population, where 4.8 persons had no education. The literacy rate was considerably lower for females than males, with 77.7 percent of the females and 59.6 percent of the males having no education.

While taking into account the age group of 6-2 years, it was discovered that half of the disabled persons in this age group were enrolled in school. Though nearly 95 percent of the household heads wanted their disabled children to go to school, only 56.3 percent of the age group 6-20 years was enrolled in school, indicating that there were different physical and social barriers for schooling. Disability was a powerful reason for not attending school for all, but it figured more girls than for boys.

The findings show that most of the disabled children were attending regular classes, most probably because there was no special school. It can be noted that special units maybe appropriate in some cases, but the majority still valued going to school (81.0 %) as they benefited from attending the classes. Not all those who had enrolled were currently attending school. For most of the dropouts (36.5%), the reason was their not being able to perform like others in the class, indicating a lack of support in school.

There were also some disabled children who did not actually benefit from school, indicating that some had difficulty in coping in the ordinary classes. The 67.6 percent who could not grasp what was taught require some special provisions or some sort of support within regular classes. There is a general lack of support for the disabled persons in school as indicated by the high dropout rate.

The distance to school and the need to be there on time poses problems in general in the rural areas, but it has particular significance for all the disabled children.

It can be noted that once at school, those with locomotion disabilities and those with epilepsy performed well at school. These children in particular would

clearly benefit from assistance to get to the school. The need for the teacher to be more sensitive and supportive is vital.

The non-formal education sector did not seem to be very productive for the disabled persons and requires better materials and specially trained teachers.

The participation of disabled persons in skill training was negligible, with only 27 disabled persons out of 917 disabled persons over the age of 14 getting some training. Among these, more than half did not benefit from such training even though they had acquired the skills. Some of the reasons given for this were the lack of materials, tools and market access.

Some of the economically active disabled persons (22.2%) were involved in agriculture. There were those who had worked before becoming disabled and lost their jobs due to their disabilities. However, most of the disabled persons were economically dependent on their family (79.9%).

Quite a large number of disabled persons had difficulties in joining social events, where most (84.6%) found it difficult to participate in the weekly market.

In general, it was also found that disability presented obstacles to getting married.

Few (only four) disabled persons participated in the organizations work in for the cause of disability and even those who participated were of the opinion that they were not benefiting.

Disabled persons are neither integrated into the schools or skill training or in employment development programs. Education and skill training has an impact on future occupation opportunities. The employment status of disabled persons has an impact on the economic situation of the households with disabled members. Disabled girls and women participate even less in education and employment than disabled boys and men.

Disability Situation in Nepal

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

Table 1: Population by types of disability in Nepal

Types of Disability	Population		
	Male	Female	Total
Physical	19495	21001	40798
Blindness	5483	11043	16526
Deafness	11948	13592	25540
Mentally Retarded	6469	6692	13171
Multiple	3455	4305	7760
Total	47162	56633	103795

Sources: CBS, 2002

There is considerable dispute within Nepal regarding the available prevalence data on disabled people. The latest census findings included a prevalence rate of 0.45 percent. A number of studies have been undertaken over the past 30 years, which have produced widely disparate figures ranging from 1.5 percent to 5 percent (CBS, 1971). A disability survey conducted in the district of Kanchanpur in 1995 estimated that 5.04 percent of the population was disabled and yet a national survey in 1995 indicated that 4.90 percent of total population had intellectual disability (DS, 1995) (Laansdown, 2003).

Recent study conducted by New Era summarizes the facts 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 households are had disable member. A much higher percentage of Buddhist households are found in the mountains where the Tamang and Serpa communities reside. The prevalence of disability has been found to be high

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

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).

The educational level of survey population was assessed. It was found that 26.8 percent of the children of school going of 6-9 were not enrolled in school (New Era, 2001).

It was found that 31.2 percent of the population had occurred primary education and this figure mostly represents children of primary school age. Only 5.3 percent of the population had acquired a higher education level of S.L.C. and above (New Era, 2001).

In the mountain 49.5 percent of the population had received no education. The hills were found to be better with 35.3 percent having no education. Even in the case of acquiring higher level of education 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 with regards to location; there were more rural household's heads that 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).

It was noted that 89.8 percent of the households with disabled persons held land and 10.2 percent were landless. In the households where no disabled persons, 13.5 percent of the households were landless and 86.5 percent own land (New Era, 2001).

It was noted that 72.4 percent of the household with disabled members own marginal land, which is less than 1.029, hectares while 71.4 percent of the household without disabled members hold the same amount. There was not such difference. The median holding was slightly higher in the households with disabled members, which was 0.43 hectares was compared to the households without disabled members. (0.41 hec.) (New Era, 2001).

Most of the main-earning members of the households were involved in agricultural work, and made up 60.1 percent of the total households. Whether the households had a disabled member or not, the main earners were mainly in agricultural sector. 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.

Chapter Three

Data Analysis

3.1 Nature of the Data

To find the above-mentioned objectives, data was collected from the secondary sources as well as primary sources. Primary data was collected from the field survey, informant interview and focus group discussion, questionnaire and secondary data was collected from more reliable information from the related different materials, books, literature, reports, articles, journals and information related to topic.

3.2 Sampling Procedure

Primary data was collected from questionnaire method. Random and quota sampling used as a sampling method. Sample has taken from different departs of Tribhuvan University.

3.3 Data collection Tools and Techniques

To collect the information, applied structures questionnaire or unstructured interviews and observation to generate the primary data.

3.4 Questionnaire Design

To generate the accurate data from the study area, structured and unstructured questionnaire was prepared. The respondents were requested to fill up questionnaire. In the case of the respondents who couldn't fill up the questionnaire, the questions were asked to the respondent and answer was filled up to collect the required information.

.4.2 Field Visit and Observation

This study area was observed to identify the different departs of Tribhuvan University.

Chapter Four

Socio-Economic and Demographic Characteristics of Respondents

4.1 Social Characteristics

This chapter describes the social characteristics of the population on the basis of the information collected by using structure questionnaires. Social characteristics of the respondent's include-cast, religion, mother tongue and so on.

4.1.1 Mother tongue

National census 2001 defined mother tongue as language of people, which can be spoken for their daily communication in their locality. It may differ culture to culture and community. The 2001 census has identified 92 languages spoken as mother tongue in Nepal. Majority of Nepalese population speaks Indo-Aryan languages. About 49 percent of the total population had reported Nepali as their mother tongue in 2001 census, followed by Maithili (12.3%). The distribution of interview differently able by their mother tongue in presented in the table 3.

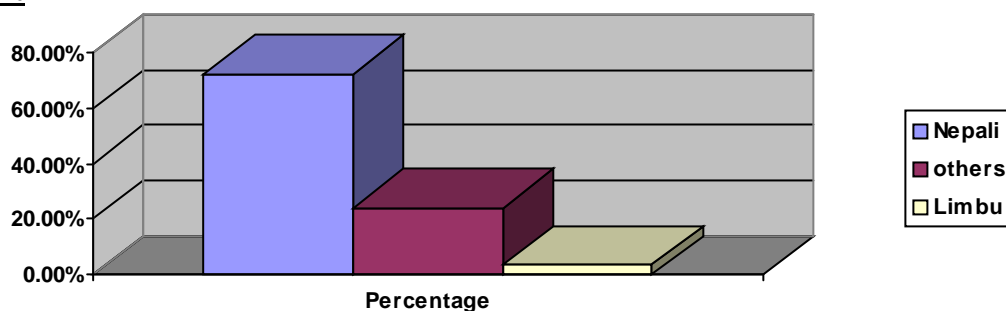
Table 2: Distribution of respondent by their mother tongue

Mother Tongue	Percentage	Frequency
Nepali	72.43%	21
Others	24.13%	7
Limbu	3.44%	1
Total	100%	29

Source: Field Survey 2009

Figure 1: Bar Chart representing percentage of respondents by their Mother tongue.

Bar-Chart



Source: Field Survey 2009

Table 3 displays that 72.43 percent of students include in the study speak Nepali. 3.44 percent of student used Limbu language as their mother tongue. The portion of other language speaker (Newari, Rai, Gurung, Tamang) is significantly compared to the other language.

4.1.2 Religion

Most of respondents are follower of Hinduism. Remaining respondents are follower of Buddhist and Christian. The distribution of respondents according to their religion is shown in Table 3.

Table no 3: Distribution of respondents by Religion and disability (in percent)

Religion	Types of Disability		Total (29)
	Physical (20)	Blind (9)	
Hindu	75	55	69
Buddhist	20	22.5	20
Christian	5	22.5	11
Total	100	100	100

Source: Field Survey 2009

Table 4 reveals that majority of respondents (69%) are from Hindu religion compared to other religion. Buddhist (20%) and Christian (11%) are followed to other religion. About 75 percent of physical disabled, 55 percent of blinds are from Hindu religion. About 20 percent physical disabled, 22.5 percent blind are from Buddhist religion.

And about 5 percent physical disabled and 22.5 percent blinds are from Christian religion. The Pie chart presented below represents the distribution of respondents by religion.

4.2 Household Characteristics:

4.2.1 Type of Family

One major characteristics of the household is the head of the household. The condition of the household is influenced by whether a male or a female heads it. Different studies have indicated that female-headed households are more disadvantages as compared to male-heads households. Family is usually categorized into three category viz. nuclear, joint and extended family. But information was collected in first two categories. About 65 percent respondents live in joint family whereas about 35 percent respondents reported that they live in nuclear family.

Table 4: Distribution of respondents according to their type of family (in percent).

Type of Family	No of Disability	Total
Joint Family	19	65%
Separated	10	35%
Total	29	100%

Source: Field Survey 2009

From Table 5, 65 percent of respondents are living in joint family whereas 35 percent of respondents are living in nuclear family.

4.2.2 Ownership of House

Table 5: Distribution of respondents by ownership of the house (in percent)

Type of Ownership	Frequency	%
Own	2	7
Rented	17	58
Relatives	10	35
None		
Total	29	100

Source: Field Survey 2009

From the Table 5, it is clear that the majority of respondents have their own house but they are living in rent. They leave their house for study. 58 percent of respondents are living at rent whereas 35 percent are living at their relatives and 7 percent have their own house.

4.2.3 Sources of Income of Disabled Students

Agriculture is the main source of about three- fourth Nepalese. About 85 percent Nepalese are directly or indirectly involve in agriculture. Our main occupation is agriculture. In the study maximum respondent's family were involved in agriculture.

Table 6: Distribution of respondents according to their main sources of income of their family.

Income sources	Frequency	%
Agriculture	25	86
Business	2	7
Services	2	7
Wage Job		
None		
Total	29	100

Source: Field Survey 2009

About 7 percent of families of respondent's family are dependents on service and business. 86 percent of respondent's family dependent on agriculture.

4.3 Educational Status

No fee will be charged to be the differently able persons by any educational institution. The word 'educational institutions' as used in the Act actually denotes all the schools, college and University funded by government or semi-government institution having technical and vocational training programs must reserve five percent of the total seats to the differently able persons without charging any fee provided that the training will be useful for the differently able persons. The government shall also provide free education up to a specified level (not fixed yet) to the children of Differently Able Persons (DAP), applicable for only two children. Similarly, special educational facilities shall be arranged for the persons with seeing, hearing and speaking disability and those who are mentally retarded. Any non-governmental or private institutions that provides education and training facilities for DAP has the right to ask for assistance from the government as directed under Disabled Persons (Protection and Welfare) Act, 1982. (A situational Analysis of Disability in Nepal, 2001).

The government established a Disabled Relief Fund (DRF) in 1982 in order to provide education, training and maintenances and facilitate rehabilitation programs for the DAP. Nearly, 8 million rupees have been deposited in the DRF till now and DRF distributes scholarships of Rs.100 to Rs.250 to the differently able children of the economically disadvantaged Differently Able (DA) children for their education.

4.3.1 Attending University and Disability

National census 2001 defined literacy as the ability to read and write a simple statement in any language. In the study all respondents are reading Master's Degree on Tribhuvan University (TU). Respondents were asked whether they ever had attended University and were found that maximum respondents are attending their class. But it is difficult to measure the attending or not attending in class by the absence of class

register. It was found by asking their friend, other respondents and with the class professors and lecturers.

Table 7: Distribution of respondent's university attendance by types of disability (in percent)

University Attendance	Type of disability			Total (N=29)
	Physical (N=20)	Blind (N=9)	Others	
Attendance	60	77		65
Not Attendance	40	23		35
Total	100	100		100

Source: Field Survey 2009

Table 7 reveals that more than 60 percent physical Differently Able Student (DAS) had attended University. Similarly 77 percent blind student had attended University. Whereas about 40 percent physical DAS had not attended their class. Similarly about 23 percent blind had not attended their class. In total about 65 percent of DAS had attended their classes whereas 35 percent of DAS had not attended their classes.

4.3.2 Performance at University

The information on an overall performance of the respondents at University compared to able student was obtained by asking whether the performance was good, satisfactory or weak of the total 29 respondents. Majority reported that their performance at University was satisfactory, while one fourth considered their performance weak compared to able student. Table 9 displays the performance of DAS at University.

Table 8: Distribution of respondents according to their performance at university (in percent)

Performance	Type of disability			Total (N=29)
	Physical (N=20)	Blind (N=9)	Others	
Good	25	44		31
Satisfactory	75	66		69
Weak				
Total	100	100		100

Source: Field Survey 2009

Table 8 shows; about 75 percent respondents reported that their performance at University was satisfactory. Similarly 66 percent blind students reported that their performance at University was satisfactory. Whereas 25 percent physical DAS and about 44 percent blind student reported that their performance was good. About 69 percent in total DAS's performance was satisfactory whereas 31 percent DAS's performance was good.

4.3.3 Extra Curriculum Activities (ECA) participation and differently able

Significant percentage of respondents (58%) seems not participating in any kind of extra curriculum activities. The major causes for not participating those activities are: physical disability, blindness, lack of opportunity and humiliation. Table 10 shows the extra curriculum activities (ECA) participation and differently able student's situation.

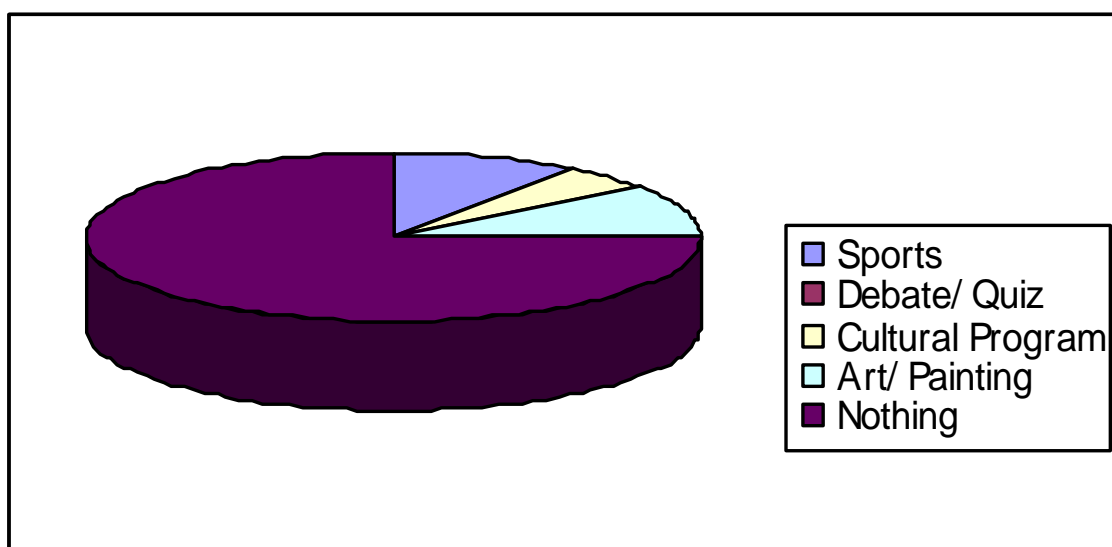
Table 9: Distribution of respondent's participation in ECA of Disability (in percent)

ECAs	Types of disability		Total (N=29)
	Physical (N=20)	Blind (N=9)	
Sports	10	22	14
Debate/ Quiz	---	22	7
Cultural Program	5	34	14
Art/ panting	10	---	7
Nothing	75	22	58
Total	100	100	

Source: Field Survey 2009

About 75 percent physical DA respondents seem not participated in any activities. Whereas 34 percent blind respondents seems to be participated in cultural program. Now a day blind respondents are involving in cricket, so their percentage in participating sports was 22. Overall 58 percent DAS seems not participating in any kind of ECA.

Figure 2: Pie-Chart representing percentage of respondent's participation in ECA of Disability.



Source: Field Survey 2009

4.4 Marriage

Marriage is an important social phenomenon. It is the legal union of the persons with opposite sex. The validity of the marriage may be clarified by culture, costumes and society or by the prevailing law. Marital status is categorized into four categories viz. single, married, widowed and separated.

4.4.1 Marital Status of the respondents

Table 10: Distribution of respondents by marital status (in percent)

Marital Status	Types of disability			Total (N=29)
	Physical (N=20)	Blind (N=9)	Others	
Single	60	44		55
Married	40	44		41
Widowed				
Separated		12		4
Total	100	100		100

Source: Field Survey 2009

From Table 10, it is clear that majority of the respondents (55%) are single. About 60 percent physical DAS are single, whereas 44 percent blinds are single. About 12 percent blinds are separated. It is found that 12 percent blinds are separated because of their disability. From this study it is found that, disability hinder marriage.

4.4.2 Husband/ wife's status of respondents

Table 11: Distribution of respondents by their husband/ wife and their status (in percent)

Status of H/W	Gender		Total (290)
	Male (22)	Female (9)	
W/H- Disable	72	85	75
W/H- Able	28	15	25
Total	100	100	100

Source: Field Survey 2009

Table 11 shows 72 percent male had disable wife, whereas 85 female had disable husband. Similarly 28 percent male had able wife whereas 15 percent female had able husband. About 75 percent had disable wife or husband. Similarly 25 percent had able wife or husband.

4.4.3 Fertility

To collect the information on fertility married respondents were asked about their children. It was found that among 12 married respondents, 4 had children while other 8 didn't have. Table 14 shows the distribution of respondents by number of children they had.

Table 12: Distribution of respondents according to their fertility (in percent).

No. Of children	Frequency	Percent
Nothing	8	66
1	3	25
2	1	9
3		
Total	29	100

Source: Field Survey 2009

It is shown in the table 12 that 66 percent respondents reported that they didn't have any children whereas 25 percent had 1 child. Similarly 9 percent had 2 children.

4.5 Economic Characteristics

This chapter attempts to study the economic characteristics of the population. In this chapter it was tried to find out that the respondents engagement in economic activities and their land ownership.

Table 13: Distribution of respondents according to their engagement in economic activities: (in percent)

Economic Activities	Types of disability			Total
	Physical (N=20)	Blind (N=9)	Others	
Services	25	22		24
Business				
Nothing	75	78		76
Industry				
Total	100	100		100

Sources: Field Survey 2009

This chapter attempts to study the economic characteristics of the population. From the study it is found that more (76 %) respondents were not engaged in any kind of economic activities. About 24 percent respondents were seemed to be economically active. Table 15 shows that 25 percent physical involved in service likewise 22 percents of blinds involved in services. Whereas 75 % physical didn't have any job. Similarly 78 percent didn't have. In total 24 percent involved in economic activity whereas 76 percent didn't have.

4.5.1 Land Ownership

Land ownerships show economic condition of our society. Who have more land they are called rich. Land is main source of earning, main source of fulfillment basic needs. Because of this, in this study this phenomenon had been taken.

Table 14: Distribution of respondents according to their land ownership (in percent)

Status of land holding	Types of disability		Total (N=29)
	Physical (N=20)	Blind (N=9)	
Land Holder	35	44	38
Non-land holder	65	66	62
Total	100	100	100

Sources: Field Survey 2009

From the table 14, about 35 percent physical DAS had their own land. Similarly 44 percent blinds had their own land. Whereas 65 percent physical DAS and 66 percent blinds didn't have any land. In total 38 percent respondents reported that they were land ownership. Whereas 62 percent didn't have.

CHAPTER FIVE

Status of disability in study Area

This chapter deals with age-sex composition of respondents. Situation of disability among respondents as well as the period and causes for becoming disabled.

5.1 Sex of the respondents

The respondents were distributed according to their faculty in Tribhuvan University.

Table 15: Distribution of respondents by sex (in percent)

Faculty	Male	%	Female	%	Total (29)
Education	11	50	1	14	41
Humanities	9	40	3	42	41
Management	2	10	2	30	14
Science	0		1	14	4
Total	22	100	7	100	100

Sources: Field Survey 2009

From the Table 15 it is found that 41 percent respondents were from Humanities likewise 41 percent from education. Similarly 14 percent and 4 percent from management and science. From the study it is also found that about 50 percent male were studying on education faculty and 10 percent from management. Whereas 42 percent female students from humanities, 30 percent from management, likewise 14 percent from education and 14 percent also from science.

5.2 Age of the respondents

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

Table 16: Distribution of respondents by Age:

Age group	Male	%	Female	%	Total
20-24					
25-29	16	80	4	57	69
30-34	6	20	3	43	31
34+					
Total	22	100	7	100	100

Sources: Field Survey 2009

From the table 16 it is clear that age group 25-29 contains highest number (69%) of respondents. Whereas 31 percent from age group 30-34. 80 percent male from age group 25-29 and 57 percent female from the same age group. Whereas 43 percent female from 30-34 age group and 20 percent male from age group 30-34.

5.3 Situation of Disability

This chapter tries to provide the estimates of the different types of disabilities prevalent in the Tribhuvan University. It was indeed the most difficult part of the study to identify the types of disabilities prevalent in the population. Table 19 shows situation of disability.

Table 17: Distribution of respondents by the types of Disability and sex.

Types of Disability	Male	%	Female	%	Total
Physical	15	68	5	71	69
Blind	7	32	2	29	31
Multiple					
Others					
Total	22	100	7	100	100

Sources: Field Survey 2009

Among 29 respondents, the largest numbers (69%) were physically DAS followed by blind (31%). About 68 percent male from physically DAS and 32 percent

blind were male. Whereas 71 percent female were physically DAS and 29 percent female were blind.

5.4 Period for receiving Disability

Table 18: Distribution of responds by period for receiving Disability

Types of Disability	By Birth	Childhood	Adulthood	Total
Physical	5	14	1	20
Blind		9		9
Multiple				
Others				
Total	5	23	1	29

Sources: Field Survey 2009

From table 18 it is clear that, 5 respondents were physically DAS by birth. Likewise 14 respondents were physically DAS during his/her childhood. All 9 blinds respondents were disabled during his/her childhood.

5.5 Causes for Disability

Respondents were asked what the cause of their disability was. Majority of respondents (41%) were disabled by an accident. Diseases were disabling about 39 percent. About 20 percent were become disabled by birth.

Table 19: Distribution of respondents by causes of disability (in percent)

Causes of Disability	Types of Disability			Total (N=29)
	Physical (N=20)	Blind (N=9)	Others	
By Birth	25	11		20
Accident	50	22		41
Diseases	25	67		39
Others				
Total	100	100		100

Sources: Field Survey 2009

It is clear from the table 19 that about 25 percent physical, 11 percent of blinds were disabled by birth. It can also be noted that 50 percent of physical, 22 percent of blinds were disabled by an accident. Whereas 25 percent of physical respondents, 67 percent of blinds were disabled by diseases.

CHAPTER SIX

Problems of differently able people

This chapter attempts to deal with the problem faced by disabled people in the society, family, education institute etc.

Differently abled people live in the most deplorable condition, isolated and excluded from their communities by barriers of policy, environment and attitude. They are unquestionably the largest and most discriminated minority group in the world, whose human rights are systematically violated. This violation against the poorest of poor result in worsening living conditions, degrading in human treatment, lack of adequate housing health care, education, social inclusion often face death.¹

6.1 Friends Perception towards Differently able Student

Table 20: Distribution of respondents as treating by their friends (in percent)

Friends Treating	Types of Disability			Total (N=29)
	Physical (N=20)	Blind (N=9)	Others	
Good	80	44		69
Discriminate	20	66		31
Tease and Hate				
Others				
Total	100	100		100

Sources: Field Survey 2009

Table 20 shows that 80 percent physical DAS reported their friends treated good behave towards them. Likewise 44 percent blinds reported that their friends treated good behave. Whereas 66 percent blind reported that their friends discriminate them. Likewise 20 physical felt that their friends behave was discriminated.

¹ Situational Analysis of Disabled in Nepal, 2001

6.2 Perception of Family Members towards Differently able Students

During the study respondents were asked whether their family members feel economic burden having disabled member in the household. This shows table 23.

Table no 21: Distribution of respondents according to family members feeling economic burden (in percent)

Family member's Feeling	Types of Disability			Total (N=29)
	Physical (N=20)	Blind (N=9)	Others	
Huge Burden				
Not much Burden	15	22		17
Not at all	75	78		76
Do not know	10			7
Total	100	100		100

Sources: Field Survey 2009

About 76 percent of respondents said that they weren't felt burden. 17 percent of respondents said that they were felt burden in family. In the comparison between physically DAS and said that they were felt burden whereas physically DAS's percent was 15.

6.3 Disabled member's expectation from the friends

Most of the respondents hope centered on love and support from the friends. 86 percent of respondents hope both love and support. Whereas 7 percent of respondents hope support and 7 percent of respondents hope help.

Table no: 22 Distribution of respondents by their hope from their friends (in percent)

There hope	Types of Disability			Total (N=29)
	Physical (N=20)	Blind (N=9)	Others	
Love				
Support		22		7
Love and support	20 (100)	56		86
Help		22		7
Nothing				
Total	100	100		100

Sources: Field survey 2009

According to above table, 86 percent of respondents hope from their friend's love and support, similarly 7 percent of respondents were hope support and same percent of respondents were hope help from their friends.

6.4 Problems/ Difficulties faced by differently able student

Differently able persons faced different problems. The problem such as: difficulties to reach the place, difficulties in study, etc may have caused by their physical or social perceptions like discrimination, teasing, scolding, dominating, etc.

6.4.1 Problems by infrastructure of Tribhuvan University

Infrastructure difficulties are common difficulties, which are faced by disable on road, public place such as: school, cinema hall, ticket counter, college, university, bank, shopping mall etc. Our road is inaccessible for differently able. In this study, the study area (Tribhuvan University) is far from differently able's access.

Table no 23: Distribution of respondents to the problem faced by infrastructure of Tribhuwan University (in percent)

Problems	Types of Disability			Total (N=29)
	Physical (N=20)	Blind (N=9)	Others	
Yes	10	100		38
No	90			62
Total	100	100		100

Sources: Field Survey 2009

Among the respondents, 90 percent of respondents reported that there were no any problems in Tribhuvan University. Whereas about 10 percent of respondents reported that they had been faced problem.

CHAPTER SEVEN

Summary, Conclusion and Recommendations

This thesis entitled 'situational Analysis of differently able Students' is the study of differently able Students of Tribhuvan University. This study has been attempted to find socio-economic as well as demographic situation of differently able and identify the problems faced by differently able student in Tribhuvan University as well as in the society. This study is conducted on the base of primary data collected from 29 respondents of different departs of Tribhuvan University, deal on the topic 'status of differently able students', 'socio-economic characteristics', 'demographic characteristics' and 'problems of differently able students'. The summary of major findings of the study and conclusion is presented below.

7.1 Social Characteristics

- Majority of Nepalese population speaks Indo-Aryan languages. About 49 percent of the total population had reported Nepali as their mother tongue in 2001 census, followed by Maithili (12.3%).
- Among the respondents 72.43 percent of students include in the study speak Nepali. 3.44 percent of student used Limbu language as their mother tongue. The portion of other language speaker (Newari, Rai, Gurung, Tamang) is significantly compared to the other language.
- Majority of respondents (69%) are from Hindu religion compared to other religion. Buddhist (20%) and Christian (11%) are followed to other religion. About 75 percent of physical disabled, 55 percent of blinds are from Hindu religion. About 20 percent physical disabled, 22.5 percent blind are from Buddhist religion. And about 5 percent physical disabled and 22.5 percent blinds are from Christian religion.
- Sixty five percent of respondents are living in joint family whereas 35 percent of respondents are living in nuclear family.

- Majority of respondents have their own house but they are living in rent. They leave their house for study. 58 percent of respondents are living at rent whereas 35 percent are living at their relatives and 7 percent have their own house.
- Seven percent of families of respondent's family are dependents on service and business. 86 percent of respondent's family dependent on agriculture.
- According to the study 60 percent physical Differently Able Student (DAS) had attended University. Similarly 77 percent blind student had attended University. Whereas about 40 percent physical DAS had not attended their class. Similarly about 23 percent blind had not attended their class. In total about 65 percent of DAS had attended their classes whereas 35 percent of DAS had not attended their classes.
- Among the study 75 percent respondents reported that, their performance at University was satisfactory. Similarly 66 percent blind students reported that their performance at University was satisfactory. Whereas 25 percent physical DAS and about 44 percent blind student reported that their performance was good. About 69 percent in total DAS's performance was satisfactory whereas 31 percent DAS's performance was good.
- Among the respondents 75 percent physical DA respondents seem not participated in any activities. Whereas 34 percent blind respondents seems to be participated in cultural program. Now a day blind respondents are involving in cricket, so their percentage in participating sports was 22. Overall 58 percent DAS seems not participating in any kind of ECA.
- Majority of the respondents (55%) are single. About 60 percent physical DAS are single, whereas 44 percent blinds are single. About 12 percent blinds are separated. It is found that 12 percent blinds are separated because of their disability. From this study it is found that, disability hinder marriage.

- Seventy two percent male had disable wife, whereas 85 female had disable husband. Similarly 28 percent male had able wife whereas 15 percent female had able husband. About 75 percent had disable wife or husband. Similarly 25 percent had able wife or husband.
- Sixty six percent respondents reported that they didn't have any children whereas 25 percent had 1 child. Similarly 9 percent had 2 children.
- From the study it is found that more (76 %) respondents were not engaged in any kind of economic activities. About 24 percent respondents were seemed to be economically active. Table 15 shows that 25 percent physical involved in service likewise 22 percents of blinds involved in services. Whereas 75 % physical didn't have any job. Similarly 78 percent didn't have. In total 24 percent involved in economic activity whereas 76 percent didn't have.
- Thirty five percent physical DAS had their own land. Similarly 44 percent blinds had their own land. Whereas 65 percent physical DAS and 66 percent blinds didn't have any land. In total 38 percent respondents reported that they were land ownership. Whereas 62 percent didn't have.

7.2 Status of disability in study Area

- From the study it is report that 41 percent respondents were from Humanities likewise 41 percent from education. Similarly 14 percent and 4 percent from management and science. From the study it is also found that about 50 percent male were studying on education faculty and 10 percent from management. Whereas 42 percent female students from humanities, 30 percent from management. Likewise 14 percent from education and 14 percent also from science.
- The age group of 25-29 contains highest number (69%) of respondents. Whereas 31 percent from age group 30-34. 80 percent male from age group 25-29 and 57 percent female from the same age group. Whereas 43 percent female from 30-34 age group and 20 percent male from age group 30-34.

- Among 29 respondents, the largest numbers (69%) were physically DAS followed by blind (31%). About 68 percent male from physically DAS and 32 percent blind were male. Whereas 71 percent female were physically DAS and 29 percent female were blind.
- Among the respondents 5 respondents were physically DAS by birth. Likewise 14 respondents were physically DAS during his/her childhood. All 9 blinds respondents were disabled during his/her childhood.
- Twenty five percent physical, 11 percent of blinds were disabled by birth. It can also be noted that 50 percent of physical, 22 percent of blinds were disabled by an accident. Whereas 25 percent of physical respondents, 67 percent of blinds were disabled by diseases.

7.3 Problems of differently able people

- Eighty percent physical DAS reported their friends treated good behave towards them. Likewise 44 percent blinds reported that their friends treated good behave. Whereas 66 percent blind reported that their friends discriminate them. Likewise 20 physical felt that their friends behave was discriminated.
- Among the respondents 76 percent of respondents said that they weren't felt burden. 17 percent of respondents said that they were felt burden in family. In the comparison between physically DAS and said that they were felt burden whereas physically DAS's percent was 15.
- Most of the respondents hope centered on love and support from the friends. 86 percent of respondents hope both love and support. Whereas 7 percent of respondents hope support and 7 percent of respondents hope help.

- Infrastructure difficulties are common difficulties, which are faced by disabled on road, public place such as: school, cinema hall, ticket counter, college, university, bank, shopping mall etc. Our road is inaccessible for differently able. In this study, the study area (Tribhuvan University) is far from differently able's access. Infrastructure difficulties are common difficulties, which are faced by disabled on road, public place such as: school, cinema hall, ticket counter, college, university, bank, shopping mall etc. Our road is inaccessible for differently able. In this study, the study area (Tribhuvan University) is far from differently able's access.

7.4 Conclusion and Recommendations

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

Though the Tribhuvan University provides free education for Differently Abled Students but they cannot get this opportunity easily because of physical inaccessibility. The road of University is difficult for blind Students who use White Stick and those physical Disabled who use Churches.

Tribhuvan University says, "No entry for wheel-chair user". Wheelchair user cannot go to the class of any department of University. Every department of University is inaccessible for blind, wheel chair user and churches user.

Such as, Central Library of Tribhuvan University is also inaccessible for DA. Wheel chair user cannot go to study in the library. There is no any Brail book for blind. Policy maker of University should think about this. Study room, library and program hall should be build-up disabled friendly. Brail book for blind should be kept.

Most of the respondents are found to be disabled by birth. The disability by birth may be caused by lack of Anti-Natal Care (ANC) or Delivery Care (DC). The issue of childhood demands a closer look in the context of Nepal, where this has been greatly overshadowed to some extent. Studies have found disability among children under 5 to be low. It was reported in the NMIS study, 1997 that for children up to 36 months there were no disabilities noted which accounted for about 98 percent of the children surveyed.

One important cause for this could be the difficulty of detecting of disability among small children. It is only after few months or year that the parents realize that the child has a certain disability. Disability at birth indicates that under normal conditions if the child has difficulties without any episode of disease or accident the parents generally state that their child was born with it. It can also be noted that the following discussion deals with the types of disabilities and not the disabled persons. While carrying out the assessment, the cases of those having multiple disabilities have been included. In an individual the cause of one disability might be different from that of the other disability. The age at onset for different disabilities in a person may also be different.

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Questionnaire for Data collection

General Information:

1. Name of Respondents:

Age: Gender: Male..... Female:.....

Religious:..... Occupation:.....

2. Place of resident:

Permanent:..... Anchal.....District

Temporary:.....

Information about Disability:

3. Types of Disability:

- a) Physical
- b) Blind
- c) Deaf
- d) Others

4. Causes of Disability:

- a) Road Accident/ Other Accident
- b) Polio
- c) Fever
- d) Inborn
- e) Others...

5. What you use when you walking?

- a) Wheelchair
- b) White Stick
- c) Crutches
- d) Others...

6. Is Tribhuvan University Disability friendly?
 Yes..... No.....
7. If no, what types of physical difficulties do you face?
 a) Inaccessible Road
 b) Inaccessible Department
 c) Inaccessible administrative office
 d) Inaccessible Library building
 e) Inaccessible program hall
 f) Others...

Mention your
 reason:.....

9. Marital Status:
 a) Single..... b) Married.....

10. If, married, is your wife/ husband disabled?
 a) Yes..... b) No.....

11. If yes, what types of disability?.....

12. Is your love or arrange marriage?

13. Do you have any children?

- a) Yes..... b) No.....

14. If yes, no of your children and their information:

Sn	Age	Level of education	Others

Education Status:

15. Which faculty do you study?
a) Humanities
b) Management
c) Education
d) Science
16. Why do you choose this faculty?
Because.....
17. Is your classroom is suitable for you?
Yes..... No.....
18. If no, what are the problems?
19. Do you have your study books? (Special for blinds)
20. What you want to be after your degree?

Health Status:

21. How is your health condition?
a) Good
b) Normal
c) Critical
22. Is your health condition affect on your study?

Services used:

23. Do you know the education policy of government?
Yes..... No.....
24. If yes, mention:
a)
b)
25. Are you getting free education?
26. If no, for what purpose are you paying?
27. Are you getting scholarship for study?

28. If yes, from where are you getting scholarship?

Problem Faced:

30. During your study, what type of problem did you faced?

a)

b)

c)

31. Did you face any problem in Tribhuvan University?

Yes..... No.....

32. If yes, what types of problem did you face?

a)

b)

Social Attitude:

33. Is there any land in your name?

Yes..... No.....

34. If yes, how much land do you have?

35. What are the differences after having degree and when you were at home?

36. Are there any changes on you after coming Tribhuvan University?

37. Any recommendation for this research?