

CHAPTER: V

SUMMARY, DISCUSSION AND CONCLUSION

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I Summary

The chapter summary and conclusion gives a brief summary of the study. The chapter includes major findings of the study, discussions, implications and recommendations, strengths of the study limitations, suggestions for future studies and conclusion.

5.1 Summary of the study

The study was focused on assessing the quality of life of the rural women with locomotor disability in two districts of Karnataka namely Bangalore and Raichur and make a comparative analysis of regions having diverse development ranking

The objectives of the study were as follows:

- To understand the socio demographic and economic characteristics of the rural women with locomotor disability and their households
- To understand the nature, characteristics and status of disability
- To understand and evaluate the education, economic, psycho-emotive, social and health conditions of the rural women with locomotor disability
- To assess and measure the quality of life of the rural women with locomotor disability.
- To analyze the inclusion initiatives and examine the accessibility and utilization of government facilities

The hypotheses of the study were as follows:

- Higher the magnitude of disability lower the Quality of life
- Higher the education level of the people with disability, higher the Quality of life
- Higher the income higher the quality of life
- Quality of life of people with disability is influenced by the regional disparity
- The quality of life of the rural women with locomotor disability has a relationship with their level of dependency on others.
- As the magnitude of disability increases the self-esteem of the women with disability decreases.
- As the level of education increases the self-esteem of the locomotor disabled women increases.
- As the level of income of the women with a disability increases their self-esteem increases.
- As the level of self-esteem increases the appearance of the women with locomotor disability increases.

The methodology of the study was developed through discussions with the research supervisor, the subject experts and through literature review. Descriptive research design was employed for the study. Quantitative data was collected using semi-structured interview schedules and qualitative data through observations and in-depth interviews. The interview schedules were

administered to the rural women with locomotor disability of Raichur and Bangalore districts in the age group of 18 to 59 years.

The sample size of 350 units was determined using statistical sample calculation table. The sample was proportionately divided to the study population of those districts and were determined as 250 from Raichur district and 100 from Bangalore district. The sample was chosen randomly based on Multi-stage sampling design. The gathered data was then analysed using SPSS, version 0.16.

5.2 Summary of the findings

The study brings forth findings based on the various objectives and hypothesizes on the quality of life of the rural women with locomotor disability.

5.2.1 Socio-economic and demographic characteristics of the sample population.

- A majority of the respondents (85.7%) belonged to Hindu religion.
- A majority of the respondents (53.7%) belonged to nuclear families. In Raichur, it was observed that a majority of 57.2 percent of the respondents belonged to the joint family systems and a vast majority of 81.0 percent of the respondents from Bangalore belonged to the nuclear family structures.
- A majority of 70.0 percent of the respondent's parents did not have consanguineous marriages. Consanguineous marriages among the parents

was recorded more among the respondents from Raichur than from Bangalore.

- A vast majority of the respondents' families belong to the below poverty line (BPL) economic status (85.1%).
- A high percentage of the houses (43.7%) belonged to the Semi-Pukka category. A majority of 87.0 percent of the houses of the respondents from Bangalore have pukka houses compared to 24.0 percent to that of Raichur.
- A majority of 62.3 percent of the respondents do not have a toilet facility for their homes. In Raichur a vast majority of 83.6 percent of the respondents' houses do not have a toilet facility compared to that of Bangalore where 9.0 percent of the homes of the respondents did not have a toilet facility. It was seen that 9.1 percent of the respondents, due to their disability, were uncomfortable with using the toilet facility in their homes although their homes had a sanitary facility.
- Most of the respondents belonged to the age category of 20 – 29 followed by the category 30 – 39.
- More than 34.6 percent of the respondents were illiterate and less than 6 percent have attained education above PUC level. The percentage of illiteracy is more in Raichur compared to Bangalore. More number of respondents from Bangalore have higher educational qualification than the respondents from Raichur.
- It can be noted that 28.3 percent of the respondents are home makers. It was seen that a significant percentage (20.0%) of the respondents are

neither home makers nor are they working for a livelihood. This percentage of non-contributors to the economy are more in Raichur (23.6%) compared to Bangalore (11.0%).

- It can be realized that more than half of the study population (57.7%) are spinsters. The percentage of spinsters is more in Raichur (62.0%) compared to the percentage of spinsters in Bangalore (47%). The researcher also found that three respondents from Raichur district were offered as Devadasis as they were people with disability.
- More than half (52.7%) of the respondents who had children had one or two kids. The prevalence of bearing more than two children can be observed more in the Raichur district. Surprisingly none of the children of the respondents have a disability.

5.2.2. Nature, characteristics and status of disability of the sample population.

- More than half of the respondents were people with disability in the later years of their life due to illness (58.6%) and accidents (9.1%) and not since birth. Percentage of respondents having a disability due to accidents is higher in Bangalore district and percentage of respondents who developed a disability due to illness was seen higher in Raichur district.
- It is seen that more than 60 percent of the respondents have a disability of the lower limbs.
- The study reveals that as high as 39.1 percent of the respondents have been living with their disability for 21 to 30 years.

- A majority of 70.0 percent of the respondents had a disability of less than 75%. Higher percentage of respondents from Bangalore had a disability magnitude of 75% and above compared to the respondents from Raichur.
- The data reveals that a majority that is more than eighty percent of the respondents opined that they are not dependent on others for their daily life activities.
- As little as 12.8 percent of the respondents use a supportive device. It can be noticed that all of the gadgets that the respondents use are supportive devices for the lower limbs and most of them use crude material to support themselves which are not designed by professionals.

5.2.3. Understanding and analyzing deprivations and societal perceptions on disability.

i) Education

- About 26.7 percent of the student respondents felt that travelling was a major hurdle to get education. The percentage of respondents who felt the problem of travelling as a hurdle was less in Raichur district compared to Bangalore district.
- A majority of 35.7 percent of the respondents who discontinued education, opined that the reason for discontinuing education was the disabling environment. This was a major cause in Raichur district where the percentage stood at 42.1 percent compared to Bangalore where 20.3 percent of the respondents discontinued education due to disabling environment.

- Around five percent (5.3%) of the respondents stated that they faced discrimination from their teachers. And the prevalence of this discrimination was recorded more in Raichur (7.1%) than in Bangalore (1.4%).
- A percentage of 32.5 respondents stated that they were bullied by their schoolmates.
- Around thirty percent (31.1%) of the respondents recall that they were excluded from games during their school life. It can be noted that the exclusion of the respondents from games was more in Raichur district (37.8%) than in Bangalore district (16.7%).
- The data reveals that 26.3 percent of the respondents were excluded from the cultural activities of the school. Exclusion from the cultural activities can be seen more in Raichur (33.3%) than that of Bangalore at 11.1 percent.
- It can be observed that 12.7 percent of the respondents were not included in the friend circles or basically they were lonely in school life. Exclusion from friends circles was recorded the most in Raichur (16.0%) compared to Bangalore (5.6%).
- A percentage of 14.4 of the respondents expressed that their views were not considered or valued in school life. A percentage of 20.5 felt the same in Raichur district and in Bangalore the percentage with such views was 1.4 percent.

- A majority (83.9%) of the respondents who were enrolled into formal schooling had positive experiences of school life.

ii) Economy

- As high as 52.3 percent of the respondents opined that they had no opportunity or no guidance to go for a job as the reason for not going for a job. The data reveals that opportunities for the women with disability are more in Bangalore than in Raichur district
- A majority of 84.1 percent of the working respondents work in the private sector. Respondents working in private sector are more in Raichur than in Bangalore.
- A majority (67.5%) of the respondents' monthly income from all sources range between rupees 1001 to rupees 5000. Around 15.2 percent of the respondents earn less than a 1000 Indian rupees a month.
- More than seventy percent of the respondents (71.7%) depend on their family members for fulfillment of their material needs and basic necessities. It can be noted that 27.4 percent of the respondents have an economic independence and take care of their material needs through their own earnings.
- Most of the respondents (69.1%) are of the opinion that they do not receive opportunities according to their capacities.

iii) Societal perception and Social relations

- A greater part of 63.7 percent of the parents of the respondents who were congenitally locomotor people with disability were non-consanguineously married.
- It was observed through the qualitative data that none of the children of the respondents had a disability although a large number of the respondents were consanguineously married.
- It is understood from the table that only 20.3 percent of the respondents who were married had no children.
- Of the married respondents 9.5 percent were married to a person with disability. Data reveals that of the respondents who were married to a people with disability, a majority of 71.4 percent of the husbands fall into the category of disability percent of above 40 and less than 75 percent.
- Around 32.7 percent of the married respondents have been married consanguineously.
- It can be observed that a majority of 60.4 percent of the respondents were consanguineously married though their parents' marriage was non-consanguineous.
- The data shows that above a quarter (25.2%) of the married respondents opined that they have been the victims of a bad marriage. Of the victims of bad marriage 51.4 percent of the respondents stated that their husbands expired within a few years of marriage.

- About 10.8 percent of the respondents who were the victims of bad marriage explained that they were given in marriage along with their sisters to the same person. This kind of behavior was recorded only in Raichur.
- A majority of 68.0 percent of the respondents said that they have given either money/ gold/ land/ vehicle/ career opportunity/ household gadgets to the husband or his family as dowry. The percentage of respondents who gave dowry at the time of marriage was seen more in Bangalore than in Raichur.
- Data reveals that 18.9 percent of the respondents believe that their disability is because of a curse on them or their ancestors or it is God given, either as punishment or to test them. The respondents who believed in such a theory are seen more in Bangalore than in Raichur.
- It is recorded that 25.7 percent of the respondents have been told by others that their disability is a curse. This prevalence is seen more in Bangalore than in Raichur.
- About 10.3 percent of the respondents revealed that they were taken to a God man for cure and such instances were recorded more in Raichur than in Bangalore.
- It is seen that 16.6 percent of the respondents were commented that they were a bad omen. This was mostly expressed in Bangalore than in Raichur.

- As high as 47.8 percent of the respondents who were told that disability was a curse said that they were called so by their intimate relatives. The phenomena was seen more in Bangalore than in Raichur.

iv) Psycho – emotional conditions

- Data revealed that 34.0 percent of the total respondents were not allowed to make decisions.
- Over fifty percent (50.6%) of the respondents are of the opinion that they are not given enough opportunity.
- About 44.0 percent of the respondents stated that they faced interference from their family members in the issues concerning their personal matters. It is also seen that 40.3 percent of the respondents felt that they are over cared and lack independence.
- It is noted that 35.1 percent of the respondents stated that they feel their house as a prison.
- Around 39.1 percent of the respondents are always criticized for their shortcomings. The data also unveils that more than sixty percent (62.9%) of the respondents expressed that their inabilities are counted all the time.
- The data reveals that 46.6 percent felt that they are a burden to the family.
- It is seen that 16.6 percent of the respondents opined that their parents have a discriminative attitude towards them.
- The data points that more than forty percent (42.9%) of the respondents are abused verbally more than others and around 15.7 percent claimed that they are beaten more often than others.

- About thirty percent (30.9%) of the respondents are of the opinion that they are not loved and are unwanted in the family. 27.4 percent of the respondents opined that they are not cared for and are often ignored. Almost forty percent (39.4%) of the respondents said that no one cares for their emotions.
- About 23.1 percent of the respondents said that they are kept aloof and not included in any of the activities. 37.4 percent of the respondents feel that their presence or their considerations are not valued. 17.7 percent expressed that they felt like a stranger in their house. About 41.1 percent of the respondents feel that they are not recognized or do not have an identity in the society and mainly their family.
- The present study also brings to our knowledge that half of the respondents (50%) expressed to have feelings of hopelessness.
- It is evident from the data that the respondents from Raichur district struggle with more of negative feelings about their home environment compared to the respondents from Bangalore district.
- The data presents that more than sixty percent of the respondents have opined that their personal beliefs give them strength to face difficulties in life and fuels their hope for a better future. The positivity is seen more in Bangalore than in Raichur.
- It can be noted that about 48.8 percent of the respondents have a positive attitude about their future. The percentage of such positivity is about 60

percent among the respondents from Bangalore, whereas the positivity among the respondents in Raichur is around 44 percent.

- It was observed that persons with disability with a higher magnitude of disability had lower self-esteem, people with disability with higher level of education and income had a higher self-esteem and the appearance of the people with disability depended on their self-esteem or vice versa.
- A low of 36.3 percent stated that they were satisfied about their ability in providing for others. The satisfaction level to provide for others of the respondents from Bangalore was double (56.0%) to the satisfaction of the respondents from Raichur (28.4%).
- Data reveals that more than half, which is 51.2 percent of the respondents are abused verbally. The proportion of verbal abuse is more in Raichur (55.2%) than in Bangalore (41%).
- It was observed that 18.6 percent of the respondents are subjected to physical abuse. This kind of abuse was seen more among the respondents of Raichur (20.4%) than that of Bangalore (14.0%).
- About 34.0 percent of the respondents opined that they have been abused economically. Economical abuse was detected more in Raichur (40.8%) compared to Bangalore (17%).
- Data indicates that emotional abuse rate of the people with disability rural women is the highest at more than half (51.4%) of the sample population. The data portrays that about 54.8 percent of the respondents of Raichur

have undergone emotional abuse, which is far greater than that of Bangalore which is at 43.0 percent.

- The data indicates that 6.6 percent of the respondents have faced Sexual abuse. Sexual abuse was recorded more in Bangalore (9%) than in Raichur (5.6%).

v) Health and environment

- About 38.1 percent of the respondents who felt the need for a supportive device felt the need of having a scooter for their mobility needs and it was opted the most in percentage in Bangalore district (70.0%). Around 33.3 percent of the respondents said that they would be more mobile if they were provided with a tricycle all the respondents who suggested for a tricycle were from Raichur and in Raichur tricycle was asked for the highest about 43.8 percent.
- About 12.0 percent felt the need to have a supportive gadget. The data also presents a consolidated data that 4.3 percent have an equipment of assistance which is not suitable for their needs and would like to have an equipment which would enhance their mobility in day to day life.
- A majority of 49.7 percent of the respondents' houses' architecture does not allow the respondents for full participation and have a contended life.
- The data presents that more than 34 percent (34.3%) of the respondents fall ill regularly and this prevalence is seen more in Raichur where the data says that about forty percent of the respondents regularly fall ill. A

vast majority of 87.1 percent of the respondents expressed that they were not visited by the health workers.

- The study shows that about half (50.0%) of the total respondents had normal BMI index. About 21.7 percent fell in thin category which includes severe, moderate and mild thinness. 13.7 percent were overweight or pre-obese. And 14.6 percent of the respondents fell in obese category.
- The study shows that a majority of the rural women with locomotor disability (RWLD) from lower developed district (region with lower development (Raichur)) scored in the least category of cleanliness and tidiness in the surroundings of their homes compared to the rural women with locomotor disability of higher developed district (HDD).
- The data reveals that 13.4 percent of the respondents have scored lesser than 5 points on the scale of 10 in the scores given for the cleanliness for the place where the respondent spends most of her time. Raichur leads in the least score category. Mean score of Raichur was seen to be 6.2 with a standard deviation of 1.6 and the mean score of Bangalore was 8.7 with a standard deviation of 1.5.
- The study reveals that 28.0 percent of the respondents from Raichur district have scored less than 16 and all the respondents from Bangalore have scored more than 15 out of 25 marks, in the segment of appearance of the respondents. The mean score of all the respondents was 20.5. Mean score of Raichur on appearance of the respondents was 19.3 with a

standard deviation of 5.6 and the mean score of the respondents of Bangalore stood at 23.6 with a standard deviation of 2.3. Appearance of the respondents in terms of hygiene, grooming and cleanliness is better among the respondents of Bangalore than that of Raichur.

5.2.4 Measuring the Quality of life

- The mean score of the respondents in the physical domain is 60.9 with a standard deviation of 18.1. The mean score of the respondents in the psychological domain, is 57.2 with a std. deviation of 21.6. The mean score of the respondents in the social domain is 49.9 with a std. deviation of 21.5. The mean score of 42.3 with a standard deviation of 16.0 was recorded in the environment domain of Quality of Life (QoL).
- It can be noted that the respondents quality of life assessed in all the four domains is neither too high nor too low but mostly ranges between low, lower moderate and moderate categories.
- Quality of life among the respondents of Raichur district with a mean score of 57.2 is low compared to that of Bangalore district with a mean score of 70.0 in the physical domain of the Quality of life scale.
- In the psychological Domain of Quality of life, the mean scores of the two groups show that Raichur falls in the moderate category with mean score of 54.0 and Bangalore district belongs to the High scoring category with a mean score of 65.3.

- The mean score in the social domain of the Quality of life of the respondents from Bangalore (56.9) is higher than that of the respondents of Raichur (47.1) but both the means fall in the moderate score category.
- In the environment domain, the mean score of Bangalore which is 49.9 falls within the Moderate scoring category which is higher compared to the mean score of 39.3 of Raichur district which falls within the Low scoring category.
- The study finds that about forty nine percent (49.5%) of the respondents have rated their quality of life above the moderate level. However it can be noticed that the respondents of Raichur district (40.4%) have rated their quality of life much lower than that of the respondents from Bangalore (72.0%).
- The study found through the Spearman correlation that there was a positive relationship between level of education and the domains of quality of life.
- Pearson correlation test in this study, observed that as the magnitude of disability increased the quality of life decreased.
- Pearson correlation in this study, examined that as the income of the rural women with locomotor disability increased, their quality of life also increased.
- The negative spearman correlation values in this study, depicted that as the level of dependency of the rural women with locomotor disability increased, their quality of life decreased.

- The Independent Sample T-Test to understand the mean difference of the Quality of life of the two regions proved that, the people of a developed region will have a better quality of life compared to that of a less developed region
- A majority of 68.0 percent of the total respondents are satisfied with their health. However, it can be observed through the findings that the level of satisfaction with the health is low among the respondents of Raichur than that of Bangalore and inclines mostly towards lower score categories.

i) Physical Domain

- A majority of 74.3 percent of the total respondents opined that they are not troubled or are very little troubled by physical pain from doing anything. More respondents from Raichur felt that their physical pain prevented them from doing what they wished to do compared to their counterparts from Bangalore.
- A majority of 86.3 percent of the total respondents did not need or needed very less amount of medications to perform well in their daily life. The study also pointed that the respondents of Raichur needed more medical treatment than the respondents of Bangalore to function in their daily life.
- It can be observed that 35.8 percent of the total respondents felt that they had enough energy for their everyday life, comparative analysis proves that the respondents from Raichur lack sufficient energy compared to their counterparts from Bangalore for their everyday life.

- Only 25.7 percent of the respondents felt that their mobility was better than moderate level. The mobility status of the respondents of Raichur district was observed to be far inferior to the mobility status of the respondents from Bangalore district.
- It is seen that 68.8 percent of the total respondents were satisfied with their quality of sleep at more than moderate level. It was found that satisfaction with sleep was less among the respondents of Raichur than that of Bangalore.
- The data reveals that above forty percent (42.9%) of the respondents were satisfied with their ability to perform daily activities, the data also reveals that the respondents of Raichur are less satisfied and more dissatisfied with their abilities to perform daily living activities in comparison with the respondents from Bangalore.
- The study reveals that 40.3 percent of the respondents' are satisfied with their capacity for work. Nevertheless the respondents' from Raichur are mostly leaning towards the dissatisfaction category rather than the satisfaction category compared to the respondents from Bangalore.

ii) Psychological Domain.

- The study reveals that 53.1 percent of the respondents expressed that they enjoyed their life. However the data revealed that the respondents of Raichur enjoyed their life to a lesser extent than the respondents from Bangalore.

- The study reveals that 52.6 percent of the total respondents find meaning in their life and feel life as worth living. And meaninglessness in life is more prevalent among the respondents of Raichur than that of Bangalore.
- The data reveals that 40.5 percent of the total respondents expressed that they can concentrate more than the moderate level. And that the concentration levels among the respondents of Raichur is less compared to the concentration level of the respondents from Bangalore.
- It can be seen that only about 38.9 percent of the respondents accept their bodily appearances more than the moderate level. It can be noted that the respondents of Raichur district find it more difficult to cope and accept their bodily appearances compared to their counterparts from Bangalore.
- The study presents that only 38.0 percent of the total respondents are satisfied with their abilities more than the moderate level. It can be seen that the respondents from Raichur are more dissatisfied than the respondents of Bangalore regarding the satisfaction with their abilities.
- The study presents that 55.2 percent of the respondents have never or very rarely had negative feelings of mood. More percentage of respondents from Raichur have experienced negative mood than the respondents of Bangalore.

iii) Social Domain

- The study points that about 42.9 percent of the total respondents are satisfied with their personal relationships. Data also reveals that more

respondents from Raichur are dissatisfied with their personal relations than the respondents from Bangalore.

- It is found through the study that 41.1 percent of the respondents opined dissatisfaction with their sex life. More percentage of respondents from Raichur district expressed dissatisfaction with their sex life than their counterparts from Bangalore district.
- Around 32.3 percent of the total respondents are more than moderately satisfied with the support they receive from friends. It was found that more percentage of respondents from Raichur were dissatisfied from the support received from friends than the respondents from Bangalore.

iv) Environmental Domain

- Almost half (49.2%) of the total respondents opined that they feel safe in their daily life. The data showcases that more respondents from Raichur feel lack of safety compared to the respondents from Bangalore
- Around 33.8 percent of the total respondents expressed that the physical environment that they live in, is healthy to more than moderate level. However it is observed through the data that the physical environment of Raichur is less healthy than that of Bangalore.
- A vast majority of 84.3 percent expressed that they either do not have or have little money to meet their needs. However we do not see a notable difference in the sufficiency of money among the two districts.
- A majority of 80.6 percent of the total respondents expressed that the information needed for their life is not available to them. There was no

notable difference in comparative percentages among the two districts in this regard.

- About 58.2 percent of the respondents expressed that they did not have or had very little opportunity for leisure activities. The comparative analysis of both the districts show that Bangalore respondents get a higher opportunities for leisure activities compared to the respondents from Raichur.
- The data reveals that only 38.8 percent of the total respondents are satisfied with the condition of their living place. The comparative data realizes that more percentage of respondents from Bangalore were satisfied with their places of living compared to their counterparts from Raichur.
- The study points that only 16.6 percent of the total respondents expressed their satisfaction with their accessibility to health services. It was observed that more percentage of the respondents from Raichur were dissatisfied with their accessibility with health services compared to their counterparts from Bangalore.
- A majority of 62.0 percent of the respondents expressed dissatisfaction with their mode of transportation. More percentage of the respondents from Raichur were dissatisfied with their mode of transportation than the respondents from Bangalore.

5.2.5 Inclusion initiatives, accessibility and utilization of government facilities

- A majority of 84.0 percent of the total respondents are receiving disability pensions. The percentage of the respondents who are unaware of this scheme are more in Bangalore compared to Raichur.
- A vast majority (82.9%) of the total respondents are unaware of a scholarship for the people with disability. And only 11.4 percent of the respondents have been benefitted from the scholarships for the people with disability.
- A vast majority of 94.6 percent of the respondents are unaware of the Adhara Scheme and only 0.9 percent have availed the benefits of this scheme and those who have availed for this scheme are from Raichur District only.
- A majority of 57.7 percent of the respondents are not at all aware about the Bus pass for them. The prevalence of not being aware of this facility is visible more in Raichur (64.4%) as compared to Bangalore (41.0%).
The utilization is seen more in Bangalore at the rate of 49.0 percent compared to Raichur where the utilization rate is as low as 13.2 percent.
- The data demonstrates that a vast majority of 86.0 percent are unaware of the facility of receiving a supportive gadget whereas only 7.4 percent have received a helping gadget from the scheme.

- Only 1 (0.3%) out of 350 respondents received financial help for surgery.

Whereas a vast majority of 95.7 percent of the respondents are unaware of this scheme.

- A vast majority of 84.3 percent of the respondents are not aware of reservations in jobs and only 1 out of 350 respondents which accounts to 0.3 percent of the respondents has benefited through reservation in job.
- A vast majority of 95.1 percent of the respondents are not aware of the opportunity to serve as Multi-purpose Rehabilitation Worker (MRW) or Village rehabilitative Worker (VRW) in their Taluks and Panchayaths respectively. Among the respondents 1.7 percent are presently working as VRWs.
- The data pertaining to the bank deposits for marring a person with disability shows that 93.4 percent of the respondents are unaware of such a scheme. And only 0.3 percent of the respondents have benefitted from this scheme.
- A vast majority of 95.1 percent of the respondents are not aware about the scheme of reimbursement of educational fees after SSLC and only 1.7 percent of the respondents have benefited from this scheme.
- The data reveals that the little knowledge that the respondents have about the various government schemes is through VRWs (68.9%) and the Qualitative data revealed that the VRW's and the MRW's are not given enough training regarding their approach as well as the schemes for the people with disability.

- Interviews with many of the VRW's revealed lack of knowledge on the schemes.
- The study points that 34.3 percent of the respondents expressed that they have faced obstacles in availing for the government schemes.
- Out of the respondents who stated that they had to face obstacles, 25 percent said that lack of awareness about the schemes was a major hurdle to avail for the schemes. Lack of awareness was seen the most in Bangalore district.
- The qualitative data also revealed that some of the VRW's took commission from the respondents in order to help them avail for the benefits. Some of the VRW's said that the honorarium that they received was not sufficient hence they took a small amount of money from the respondents to meet some petty expenses.
- A majority of more than sixty percent were satisfied with the schemes that they have availed.
- About 31.0 percent of the respondents suggested to increase the people with disability assistance amount.
- More than half of the respondents (51.3%) had suggestions related to employment and livelihood which included the provision for a job, training and assistance in self-employment. Provision for tailoring machines, loans and subsidies, animals for rearing, shop and land to cultivate.

II) Discussions

K.S. Ganesh (2008) observed that half of the people with disability were unemployed. The present study examined that about 20 percent of the rural women with locomotor disability were not contributing to the income of the household through any means be it directly or indirectly. Indirect means of economy means a work where you do not get a pay but is equally important in the economy building of a family. Home making and management of household chores can be considered as an indirect means of contributing to the household economy. Hence homemakers are not considered as unemployed in this study.

Hosamane (2007) observed that being a homemaker is the only preferable job for a women in male dominated societies, and a lack of education and vocational training, makes it even more difficult to get employment for the women with disability. The present study also found that about 30 percent of the rural women with locomotor disability contributed to the economy of the household indirectly through managing their homes.

Hosamane (2007) notes that if ever a work opportunity is obtained it is tormented by issues of low salary, travelling, sanitation needs and abuses. Hence the women with disabilities are prone to dependency and are considered as a financial burden. This study also observes that majority of the respondents who were earning through direct means of economy too had lower earnings. More than seventy percent of the respondents depended on their family members for fulfillment of their material needs and basic necessities.

Jayakumar, (2005) finds and stresses the need for training and motivation to the people with disability through Community Based Rehabilitation (CBR) to earn income. A majority of the respondents in the present study opined that they had no opportunity or no guidance in income generating works. It was observed that the rural women with locomotor disability had more opportunities in developed region than the backward region. Paul B. Horton, (1981) examines that handicapped with proper vocational guidance and training can equal or exceed other workers in productivity and dependability, yet they have a great difficulty in finding employment. Even the quantitative data of the study sees the need for training and opportunities for the rural women with locomotor disability, and the existing literature too stresses for the training and equal opportunities, hence for inclusion of the rural women with locomotor disability in sustained economy, honest programmes for their training needs to be initiated.

The study brought to light that the level of education among the rural women with locomotor disability was low. About 34.6 percent of the respondents were illiterate. And less than 6 percent have attained education above 12th grade. A.K.Mishra, (2006) states that people living with disabilities (PLWD) do not have any intellectual incapacities and could be accommodated along with normal children in normal schools, but a lower percentage of literacy and higher education among them stresses on the problem of accessibility or people with disability friendly infrastructure is a major hindrance for the people with disability to pursue education. The present study observes that more number of respondents from region with higher development (Bangalore) had higher

educational qualification than the respondents from region with lower development (Raichur). This means that educational and other related infrastructural capacities and the inclusive attitudes of the people concerned is better in region with higher development (Bangalore) compared to region with lower development (Raichur).

As Sachar, (2001) and Rao I ,(2004) observes that barrier free environment in public places and transport systems are inaccessible to the people with disabilities, the infrastructural incapacities such as buildings, roads, transport and toilet facilities fail to include all and the prejudices surrounding the womwn with disability ensures the futility of educating them, this is reflected in the present study where the major environmental hurdles to pursue education was traveling, lack of disability friendly toilet facilities in schools, and infrastructural barriers. The social hurdles faced were, ignorance in the families regarding the education of the girls with disabilities, bullying at schools, exclusion from peer groups, discriminating attitude of the teachers, and exclusion from the school activities such as games and cultural activities. These findings reflect the literature in ‘A handbook published by National Council for Teacher Education’, (2003) by Dwarka Nath Khosla, which discloses that discriminations in schools are based on sex, caste, religion and disabilities of the students.

Sexuality of the people with disability is seldom discussed even in research papers or academia, as just uttering the word ‘sex’ is considered a taboo. TARSHI, (2010) is of the opinion that sexuality is still kept largely unexplored

especially for people with disabilities who are considered as asexual. In societies which focus on beauty, youth and fitness as the ultimate features of wellbeing and attraction, people with visible disabilities are particularly stigmatized.

Ahmmad & Islam (2014) in their study in Bangladesh found that more than half of the people with disability faced problems to marry, the problems that they faced were delayed marriages, dowry, no one would marry them and no desired match. It was seen that women had more difficulties than men in getting married. Among the married people with disability a significant percentage faced marital conflicts after getting married. Dhungana, (2006) is of the opinion that women with disabilities encounter further discrimination as they are denied opportunities to marriage and family life. There is an attitude that marriage is not for women with disability. Men do not prefer to marry women with disability because they are considered incapable of looking after family life. Renu Addlakha (2007) in her case studies of college students of Delhi, finds difficulties of a person with disabilities in finding a partner. The present study found that more than half (57.7%) of the rural women with locomotor disability were unmarried this prevalence was more in backward region compared to the advanced region.

Tembo, (2014) observes that on the pretext of being a women and a people with disability above it, the women with disability also become the victims of bad marriages and although they get married, divorces are common. She also observed how a family is driven to poverty due to the societal lack of concern and that the people with disability find it difficult to provide for the educational

and daily needs of their children. The most saddening factor for unacceptability of the people with disability in the society is the social construct or the system of attitudes of the society. This is reflected in the present study as among the married some of the rural woman with locomotor disabilities were suitably matched with other persons living with disabilities, making the entire family vulnerable.

Ghai, (2009) observed that, a girl with disability has to be compensated accordingly during marriage. If compensation is not possible, then compromises such as being married to a widower have to be made. The present study too observed that many were married within consanguineous relations, few found spouses among the widowers, and some were married to the same person along with their able-bodied sisters. About 70 percent also offered dowry during marriage. Rao I. , (2004) expresses concern on the abandonment of girls with disability. This study bring to light a form of abandonment as it was also seen that a few of the rural women with locomotor disability were offered as Devadasis in region with lower development (Raichur).

There is a general belief that the children born to people with disability will be people with disability. Dhungana, (2006) states that there are misconceptions about a woman's disability being inherited by her children. There is also a belief that the children born to a consanguineously married couple also will be people with disability. There are studies that observe the phenomena of consanguineously married couple bearing children with abnormalities. Pramila D'souza, (2015) points out that pregnancy wastage, higher rates of

abortion, post natal mortality, congenital malformations, and genetic disorders are more evident among consanguineous couples. Z. Mosayebi, (2007) in his study conducted on 3529 neonates delivered alive during a one year period, 109 had congenital malformations which was 3.09/1000 live births, found that the rate of congenital malformation was 2.0 percent among neonates from non-consanguineous marriages and 7.0 percent from consanguineous marriages. The most common malformations were genitourinary at 32.1 percent followed by musculoskeletal impairments at 22.0 percent and cardiovascular at 14.7 percent. Whereas the present study gives a contradictory result to the above idea. This study found that a majority of the parents of the rural women with locomotor disability who were congenitally people with disability were married non-consanguineously and none of the children of the rural women with locomotor disability had a disability.

Alur, (2001) in her study found that disability in India is not seen as something "normal" or "natural," rather it is seen as an "evil eye." Guilt, stigma and different kinds of fears tend to be paramount in such families. Rao, Sharmila, & Rishita, (2003) identified that negative attitudes, supernatural beliefs, and misconceptions about disability still exist among the people who have less awareness and knowledge on disability and are from lower economic groups and less educated. Dhungana, (2006) observes that there are beliefs in communities that the presence of women with disability would bring bad luck to the families and in religious ceremonies. The present study found that superstitious beliefs about disability prevailed to some extent as some of the rural women with

locomotor disability, their family members and people closely associated with them believed that their disability was a curse, or a punishment for the faults of earlier birth or a test for them, some even believed that the people with disability were a bad omen. Few of the respondents were taken to a God-man for cure such negative beliefs and attitude about the people with disability and disability further marginalizes them as stated by Hosain, Atkinson, & Underwood, (2002) who viewed that the negative attitudes towards persons with disabilities are a significant obstacle to their successful integration in society.

The first two guiding principles of CRPD, respect for inherent dignity, Individual autonomy including the freedom to make one's own choices, and independence of persons and non-discrimination fails to be respected in the observations of the present study. The study found that the rural women with locomotor disability were neglected their basic rights of making a decision for themselves. They opined that they faced interference of their family members in issues concerning their personal matters. The respondents complained of lack of independence, their homes felt like a prison to them, discriminating attitude of family, verbal, physical and emotional abuse, criticized and blamed for everything, no recognition in family as well as the society. The findings of the present study are also reflected in the literature of Rao I. (2004) which says women with disabilities, especially from rural areas, are likely to be left out of family interactions and community activities. In addition, they are exposed to social stigma and stereotyping within their communities, which leads them to feel devalued, isolated, and ashamed. The present study also observes that the

rural women with locomotor disability also expressed that they felt that they were a burden to the family, were always lonely and felt like a stranger in the house. It was seen that the negative feelings were recorded more among the respondents of backward region compared to the developed region.

Copel, (2006) observed that, there is rampant domestic violence among women with disabilities, the violence can be ranging from verbal and physical to sexual abuses and most of the time these abuses go unreported as women with disability suffer and endure in silence the most; the violence, from their spouses compared to non-disabled women for the lack of security. The present study recorded that more than half of the rural women with locomotor disability faced verbal and emotional abuse, around twenty percent faced physical abuse and above thirty percent faced Economic abuse. All these abuses were seen to be more in the region with lower development (Raichur) compared to the region with higher development (Bangalore). About seven percent of sexual abuse was recorded in the study. Sexual abuse was recorded more in region with higher development (Bangalore) compared to the region with lower development (Raichur).

Albert, (2004) attitudinal barriers and environmental barriers keep a person away from dignified life. The social model puts emphasis on letting people with a disability decide what is best for them; instead of having non-disabled people taking decision for them. Unlike this, in the present study, the rural women with locomotor disability expressed that their mobility issues could be sorted to a larger extent by providing them with appropriate helping devices,

each locomotor people with disability has his or hers unique needs and requirements and it shouldn't be considered as one size fits all. It was found that some of the respondents were given an equipment of assistance which does not suit their needs. Around half of the rural women with locomotor disability could not have a contended life as their houses did not allow them for full participation in them.

Rajah, (1991) and I. Klasing (2007) are of the view that rural people with disability and specifically women with disabilities are socially excluded and face a greater difficulty to be included in dimensions of economy, social life, marriage, family, education, employment and health. Making health needs and medical care accessible to the people with disability needs to be focused on. The study found that about 35 percent of the respondents regularly fell ill. It was seen that a vast majority of 87.1 percent of the respondents expressed that they were not visited by health workers.

Groce, et al., (2014) observed that nutrition and disability is closely associated to each other. People with disability are relatively poorer to the non-people with disability and lack access to nutritious foods hence the people with disability as well as their family becomes a victim of malnourishment. Girls with disability might be more underweight than boys with disability. Study conducted by Alkazemi, Zadeh, Zafar, & Kubow (2018) observes that adults with disability face a higher risk of malnutrition compared to non-people with disability adults. Due to feeding problems and other related medical conditions. The present study too reflects the views of these studies and the data revealed that about half of the

rural women with locomotor disability had BMI within the normal range. The other half was in either thin or obese categories. However the study observed that BMI calculation would not be an apt method for understanding the nutritional and health status of the people with locomotor disability hence other methods need to be considered to measure the nourishment status of the people with locomotor disability.

Children with disability experience greater challenges to proper oral hygiene and health care, often due to a lack of basic manual skills and intellectual abilities that precludes adequate practices, such as tooth brushing (Rao, Amitha, & Munshi, 2005). The study found that region with lower development (Raichur) scored very low in cleanliness and tidiness around the houses of rural women with locomotor disability compared to region with higher development (Bangalore). The region with higher development (Bangalore) also leads in the scores for cleanliness and tidiness at the place where the rural woman with locomotor disability spends most of her time than the region with lower development (Raichur). The scoring on appearance of the rural women with locomotor disability of the region with lower development (Raichur) was lower compared to the appearance of the rural women with locomotor disability of region with higher development (Bangalore).

In addition to the prejudice and discrimination barrier, the inaccessibility of the physical environment like buildings, roads, transport and toilet facilities is a serious obstacle to women with disability working outside their homes. Abandoning girls with disability is another issue that needs strengthening. (Rao

I. , 2004) Nosek, Rintala, Young, Foley, & Howland (2001) opine that the self-esteem of the women with disability is strongly influenced by the Social and Environmental factors rather than their disability. The present study finds that the Quality of life of the rural women with locomotor disability in Physical, Psychological, Social relationship and Environmental domains was in the moderate category. That is neither high nor low. When the Quality of life of the rural women with Locomotor disability of both Raichur and Bangalore were compared the former being a least developed and the latter being a most developed district of Karnataka it was seen that the Quality of life scores of the respondents from the least developed district was lower compared to the Quality of life scores of the respondents of the most developed district. The scores of Raichur ranged within low and moderate and the scores of Bangalore ranged between moderate and high with a mean difference of 11.2 as an average between the two districts. The high scores of Quality of life in many of the studies on People with disabilities is compared to the term of “Happy slave” by Amundson (2010). He was of the opinion that a slave will be happy with his duties in confinement unless he has tasted the delicacies of freedom. It might be appropriate to say that the people with disability would have a high Quality of life as they might have adapted to their life situation and finding comfort in the little that they have. But the result of the present study shows that the respondents of one group have better educational and work opportunities than the other group hence the score in the Quality of life of the group having opportunities is higher to that of the group which has lesser opportunities.

A study by Powell, Mercer & Harte (2002) in Cambodia on people with physical disability and their Quality of life with and without rehabilitation services, found that Quality of life was low among the respondents who did not receive any rehabilitative services compared to the respondents who received benefit from the rehabilitative services. In the present study comparative analysis between income and quality of life revealed that the respondents who had higher income scored higher in the Quality of life measurement than the respondents who had lower or no income.

Kuvalekar, et al., (2015) in their study, assessment of quality of life score was done on people with movement disability and found that the quality of life score was low in psychological domain compared to all other domains. The present study found that Environment domain scored the least, followed by Social Relations domain, Psychological domain and Physical domain. Even the mean scores of Raichur and Bangalore showed the same precedence of higher scoring in Physical followed by Psychological, Social Relations and Environment.

There is a lack of knowledge and awareness among the people with disabilities about the acts and their rights. 41.3 percent of the people with disability are not aware of the reservation policy for the people with disability. (Society for Disability and Rehabilitation Studies, 2008) Limaye & Sandhya, (2016) also deliberated that though the state as well as the central governments in India provide for a number of disability assistance programmes, especially in the field of education they are seldom applied for and the reason behind it is the

lack of awareness on the part of the people with disability, their guardians or the schools they study in. The current study presents that a majority of the rural woman with locomotor disability have a disability certificate and receive pension as disability assistance.

Sharma & Sinha, (2014) in their study on the awareness level and utilization of services among the families with children with Cerebral Palsy in Jalandar District of Punjab, found that, less than 20 percent were aware of professional services and rehabilitation for their wards. Only 16.1 percent were aware of only a few governmental disability assistance programmes like disability certificate, travelling concession, tax rebates and a few of the disability benefits. It was also found that there was a lack of awareness related to the acts. The present study too correspondingly establishes that a vast majority of the rural women with locomotor disability are unaware of the various government schemes for the people with disability such as Scholarships for the people with disability, Reimbursement of fees after tenth standard, Aadhar scheme, Distribution of supportive equipment, Financial help for corrective surgery, Reservations in government jobs, Opportunity to serve as MRWs and VRWs, Bank deposit for marrying a person with disability and only About 60 percent were aware of Bus pass facility for the people with disability. Lack of awareness pushes the rural women with locomotor disability to deprivation of their rights and the poverty of information makes the people with disabilities more vulnerable in all the domains of life.

The current study also revealed that the little knowledge that the rural women with locomotor disability have, is from the VRWs and the MRWs which needs to be strengthened as it is aptly said that knowledge is strength. Kashyap, Thunga, Rao, & Balamurali, (2012) in their study found that there was poor awareness and underutilization of disability benefits. And also suggest that awareness needs to be improved at all levels that is, teachers, parents, target groups and general public through the use of various forms of media and theatre.

A study by Barisin, Benjak, & Gorka, (2011) found that educational level was not significantly correlated to the Quality of life of the women with disability. Whereas the findings of a study by Dumitru, Mariuca, & Elisabeta, (2013) supports the belief that investment in education results in positive economic and social outcomes which in turn would improve the quality of life. In the present study the hypothesis test using Spearman correlation proved that as the level of education increases the quality of life of the rural women with locomotor disability also increases.

In their study on people with physical disability in China, Zheng, et al., (2014) found that severity of disability had a direct effect on Quality of life of the people with physical disability (PWPD) and that the severity of disability had a significant negative correlation with Quality of life of people with disability. Similarly a study by Crompton, (2010) concluded that women with severe disabilities had significantly lower satisfaction with daily activities scores compared to the women with mild to moderate disability. The severity of disability and prevention from participation in leisure activities reduced their

satisfaction in health and daily activities of living (DAL). The present study too reflects through Pearson correlation that there is a statistically significant, negative relationship between magnitude of disability of the individual with his or her Quality of life, and that the Quality of life decreases as the magnitude of disability increases.

Findings from a study showed that more money does not necessarily buy more happiness, but less money is associated with emotional pain. The study draws attention to a certain limit until where income or wealth play important role in gaining happiness but after a certain point higher income or wealth cannot generate more happiness. According to their study high income delivers high life satisfaction but not happiness whereas low income delivers low life evaluation and low emotional wellbeing. (Kahneman & Deaton, 2010). Another study conducted in Zagreb on person with physical disability (PWD) showed a positive correlation between Quality of life and satisfaction with income, size of their residence and level of equipment of the residence. Physical mobility and type of disability had significant differences on the Quality of life of the people with physical disabilities (PWD). The study also focused on the social relations as they found that the membership in associations related to the people with disabilities showed positive results in the Quality of life of the PWD (Bakula, Kovacevic, Sarilar, Palijan, & Kovac, 2011). The present study through Pearson correlation found a statistically significant positive correlation between the level of income and the Quality of life of the rural women with locomotor disability,

which implied that quality of life of the rural women with locomotor disability increased as their income increased.

A qualitative study by King, et al., (2012) on the elderly revealed that dignity was fundamental for Quality of life and that dignity was a result of autonomy. It was observed that the participants in the study mentioned sadness due to the lack of ability to be involved in the activities of daily living (ADL) and the things that made them happy. It was seen that people fear of losing their dignity and loss of quality of life because as age and disability increased, their dignity decreased and hence quality of life decreased. The present study finds statistical evidence on the relationship of Quality of life and autonomy or level of dependency it was found through non-parametric correlation test that level of dependency and quality of life had statistically significant negative relationship. As the level of dependency of the rural women with locomotor disability on others increased their quality of life decreased.

A study conducted on quality of life of leprosy inflicted clients in two regions of Brazil found statistically significant differences between the Quality of life of the leprosy patients of Santo Andre region and the Amazon region of Brazil. It was found that the patients of leprosy from the Amazon region suffered more due to the disease due to the lack of early detection of the disease resulting from insufficient medical care facilities compared to the Santo Andre region. (Rodrigo, Filho, Rehder, Paixao, & Angelucci, 2010). Studies even presented that children with disability from developing countries have a greater risk of vulnerability, lesser opportunities in all spheres of life, face greater challenges,

and have serious impact on their Quality of life. (Shrivastava, Shrivastava, & Ramasamy, 2016). It was seen that opportunities for achievement in sports for the people with disability leads to a positive change in the quality of life of the people with disability. However accessibility to sports and games for the disability has not made a giant leap in many of the developing countries as compared to the developed countries (International Platform on Sport & Development, 2009). A study on the impact of regional inequalities, education and wealth was measured on the self-rated health of people with disability in Turkey. The results found that regional inequalities in self-reported adult health existed, and is the result of long duration of gender discrimination. But rather than the regional disparities the socio-economic inequality were found to be of major concern (Ergin & Kunst, 2015). Researchers have tried to understand the difference in life satisfaction, life expectancy, opportunities, prevalence of diseases, etc. in various regions. And how it affected the life of the people living in those regions. The present study gives evidence for the regional disparities of having an impact on the quality of life of the people with disability and especially rural women with locomotor disability. It was found through independent sample t-test that there was a significant statistical difference in the Quality of life of the rural women with locomotor disability living in region with lower development (Raichur) and region with higher development (Bangalore). Where it was found that the Quality of life of the rural women with locomotor disability was found to be much lower in the region with lower development (Raichur) than the region with higher development (Bangalore).

It was seen that there was a significant mean difference in the scores of self-esteem between the students with a disability and the students with no disability. Non-disabled students of both the gender scored higher than the students with disability. This proves that the self-esteem of the people with disability is lower than the self-esteem of the non-disabled. It was also noted in the study that the self-esteem of boys with a disability was higher than that of girls with a disability. (Narimania & Mousazadeha, 2010) A comparative study on the self-esteem, self-cognition and social isolation between disabled and non-disabled women revealed a significant lower correlation in self-esteem and cognition and greater correlation in social isolation in women with disabilities than women without disabilities. It also found correlation between salaried employment and self-esteem, education had no significant correlation with self-esteem (Nosek, Hughes, Swedlund, Taylor, & Swank, 2003). Another study found a correlation between name calling and self-esteem. Name-calling such as, dwarf, crippled and other sort in local colloquial language had an impact on the self-esteem of the people with disability (Wairimu, 2015). However the studies reviewed did not try to find a relation between the magnitude/severity of disability, income and education with self-esteem. The present study finds evidence through non-parametric correlation that there is a statistically significant positive correlation between level of income and self-esteem, level of education and self-esteem, appearance of self and self-esteem and a statistically significant negative correlation between Magnitude of disability and self-esteem. It is understood from the current study that people with disability with higher

magnitude of disability would have lower self-esteem, people with disability with higher level of education and income with have a higher self-esteem and the appearance of the people with disabilities depends on their self-esteem or vice versa, that is when one increases the other also increases and if one decreases the other also decreases.

III) Implications for Social Work

Every study should have some implication, solutions or recommendation for improvement in the problem observed. The implications and recommendations that follow are derived through pondering upon the outcomes of the present study. The implications in this study are derived from prevention, mitigation and rehabilitation perspectives. The social workers are present in each and every field of the society, be it medical care, economy, empowerment, policy making, corporate world, and community development. Any issue on the topics of vulnerability is the concern for Social Work. Social Workers understand that change is possible, but with collaboration with other governmental and non-governmental agencies and not only through the profession. Hence these implications are seen in the view of micro, mezzo and macro level intervention.

- Poverty is seen as the cause as well as the result of disability and it is understood that poverty further marginalizes the people with disability and effects the Quality of life of the individual. Social workers in the field of disability need to focus more on the income generative programmes for the people with disabilities, and especially the women with disabilities. It is essential to collaborate with the governments and pressurize them to

focus on poverty elimination programmes for a healthy society as well as to improve the quality of life of the people living with disability.

- A lack of facilities to attend the call of nature is a blemish on the dignity of any individual, including the people with disability and especially the women with disability. The government needs to take appropriate steps to provide for a hygienic and dignified life for all including the people with disability. The society too needs to understand the unique hygiene needs of the people with disability and provide for them. Social Workers have an additional responsibility to work for the cause of the vulnerable. There is a need to address the misconceptions on the use of toilet facilities, through appropriate awareness regarding the necessity of toilets, its use and to change the perspective of the people with disability. The Social Workers need to make the society understand the importance of the wash facilities through suitable means.
- The literacy rate of the people with disability in comparison with the national literacy rate speaks volumes on the marginalization of the people with disability in the field of education. The present study also reveals the level of education and obstacles in gaining education for the rural women with locomotor disability. Although it is the responsibility of the government to provide education to all including the people with disability and address to their obstacles in attaining education, the school Social Workers as well as the Social Workers in the field of disability and the NGO's need to collaborate and demand for Separate boards to be set

up in each of the district to monitor the educational needs of each of the pupils with disability. These boards should be made responsible that every student with a disability should complete SSLC and to see to it that no one discontinues education due to disability and problems associated to it. Timely counselling should be undertaken for each of the student to understand the obstacles and the exclusion that they face in attaining education. The people with disability are unaware of most of the resources available for them to pursue education like; scholarships, reimbursement of fees, etc. The Social Workers need to create awareness on the importance of education for the people with disability especially the women pupil, with disability, and introduce them to the available assistance programmes for them.

- Most of the people living with disability feel that they are an economical drain on their families, and express intentions to contribute to the economy of the family and become an asset rather than a liability. But most of them especially women living with disability find no training or opportunities for income generating works. The Social Workers in association with the governmental organisations, have a long way to go in motivating, training and providing income generating opportunities for the people with disability at the place of their living.
- Companionship is an acute problem faced by the people with disability and especially by the women with disability. It is difficult to find an appropriate match and hence are married off irresponsibly, with a

widower, with another person with disability, with dowry, given in marriage along with sister and also offered as devadasi, which creates further problems in marital life and pushes the individual or the family to additional vulnerability. The Social Workers should create awareness on the marital prospectus of the people with disability and help the people with disability to take right decision. Instead of the present scheme of monetary reward to the married couple of which one is a Person with disability, schemes for providing with a job which can sustain the life of the family can be made available to one of the spouses.

- Disability itself reduces the quality of life. Numerous measures need to be taken to reduce the prevalence of disability in the country. More research needs to be conducted to assess and analyze the various types of disability, etiology for disability and work on the prevention of disabilities. The policy makers therefore need to start new programmes and improve existing programmes that feed the policies on disability and health. Health policies and health care need to be strengthened particularly in less developed regions of the states as lack of health infrastructure and emergency care leads to disability and stringent enforcement of traffic and industrial regulations need to be met in developed regions where the disability is mostly caused due to accidents. Social Workers have a greater role to play in the health care, and policy making initiatives through research and awareness generation.

- The care and assistance providers should be educated that each and every person with disability has his or her own disability specific needs, and should be made to understand that one size does not fit all. The people with disability should be given autonomy to decide programmes and choose the assisting device that suits his/her disability. Social Workers can work on building decision making skills for the people with disability and the government has to bring in the implementation of the programmes where the decision and the autonomy of the people with disability is respected.
- Livelihood opportunities in both public and private sector needs to be created for the people with disability. For this to happen, misconceptions needs to be eradicated and favourable environment has to be created towards the work life of the people with disability. Social Workers have a vital role to play in creating favourable environment for the people with disability in the working sector. Recruitment agencies, companies, CSR components of various industries, need to be sensitized to the livelihood and occupational needs of the people living with disabilities and appropriate measures have to be taken to improve the income range of the people with disability.
- A promising atmosphere towards the people with disability needs to be created for a healthy quality of life, and this can be achieved only through the elimination of misconceptions and superstitious beliefs about disability. Information, knowledge and awareness itself can reduce much

of the burden of disability, from the people with disability and of the society, and this dissemination of knowledge can be the joint responsibility of the Social Workers and the government. A chapter can be included in the school syllabus which will lead to an attitudinal change among the new generation about disability and people with disability. Exposure to the subject of disability studies should be given to the people associated with people with disability to create an empathetic atmosphere through theatre, mass and social media.

- The study brought to light the negative psycho-emotive conditions of the rural women with locomotor disability where they were not allowed to take decisions, were over-cared, were denied autonomy, lacked respect of dignity, interference in personal matters was reported, felt imprisoned in the houses, were criticized always, was considered a burden, were discriminated, were abused, were ignored and not recognized and lacked self-esteem. The role of Social Worker of an educator can be performed here to the family members, and an advocate for the people with disability. Helplines for the people with disability can be set up for immediate response to their emotional needs and can be used to cater to their needs through information on employment and educational opportunities, people with disability assistance programmes and other related information.
- Some amount of financial assistance can be granted to the people with disability for improvement or modification of their houses for benefiting

full participation of the people with disability in the activities of their homes.

- Health policies should also focus on accessibility issues of the people with disability. It can be initiated by the government that the health workers pay regular visits to the people with disability, and address not only their health issues but also advise them on hygiene and cleanliness issues. They should also be made available on phone call.
- The people with disability are one of the most vulnerable people in the society, due to disadvantaged conditions in all spheres of life including education and employment, they are driven to dependency on others and negative attitudes of the society further marginalize them. They are at a risk of health hazards due to malnutrition due to poverty and lack of goodwill. Hence the government can take measures to provide them with nutritious food through the Public Distribution System (PDS) or any other center, which can be home delivered to the doors of the people with disability.
- There is a need for further researches on quality of life of all sections of people to access and provide a quality life for all the people of the country. It is a known fact that the disadvantaged people are prone to have a lower quality of life, but it is also understood through the present as well as the earlier researches that the quality of life of the people can be improved through improvement in socio-economic profile of the individuals, better and inclusive opportunities in education, employment, health, transport

and infrastructure, improved attitudes of the people, inclusive, safe and secure environment. The government needs to take positive measures through policies with the help of research and experts in the field for an improved quality of life of all the citizens including the disadvantaged particularly the people with disability, and especially the women with disability. Special provisions should be made to reduce the disparities among the regions.

- It was seen that the quality of life of the rural women with locomotor disability in the environmental domain was lowest compared to other domains. As all the domains of quality of life are statistically significantly positively related, an impact on any of the domains effects other domains as well. As mere modifications in the environments of the subjects can improve their quality of life to a greater extent, although inclusion has been the agenda of the governments according to the Disability acts passed over time in India the implementation of the inclusion initiatives has not been implemented stringently. The Social Workers in the field of disability in collaboration with the media need to pressurize the government to take appropriate steps to modify the environment to suit the capabilities of all the citizens and take measures to inculcate the revision in all architectural designs like, toilets, houses, government buildings, transportation, infrastructure of educational institutions and other buildings that serve the general populations to improve accessibility to the people living with disability.

- Although there are a number of assistance programmes for the disadvantaged people and particularly the people with disability, underutilization of services is a known fact. The reason behind underutilization is a lack of awareness which has been understood through the present research. There is a larger scope for the Social Workers in the field of disability to try and bring about a change in the pattern of utilization of disability assistance programmes. Proper use of information dissemination needs to be undertaken through the use of various media and communication systems. The system of grass root level workers in the field of disability should be strengthened. The Village Rehabilitation Workers (VRW) and the Multipurpose rehabilitation Workers (MRW) do amazing work in assisting people with disability in the villages although there is still a need of improvement. This system can be made more efficient through proper training and introduction of various methods to reach the people with disability who are out of the frame of assistance. The honorarium to the VRWs and the MRW's should be increased and all the villages and taluks should compulsorily appoint VRWs and MRWs and they should be given specific targets in the field of disability so as to improve the quality of life of the people with disability in their villages. A mechanism needs to be developed to maintain proper data base of all the people with a disability at village level.
- There is a need to provide with livelihoods for the people with disability, the study found that the rural women with locomotor disability were in

need of livelihood opportunities. Every person with disability has his/her own strengths and weakness and they know what kind of work is more suitable for them hence they should be given an opportunity to avail loans at subsidized rates to get engaged in livelihood opportunities. The social workers need to introduce the people with disabilities to newer avenues of empowerment through opportunities in income generation.

- Timely and appropriate monitoring of utilization of schemes needs to be undertaken, so that the benefits meant for the people with disability should not be denied to them and enjoyed by others. The schemes availed too must be awarded to the beneficiary within a timeframe and should not be delayed.
- There were a few suggestions from the respondents that it would have been better for a doctor to visit the homes of persons with locomotor disability in cases of severe locomotor disability to issue a disability certificate. There were many suggestions to increase the disability assistance pension and other benefits and also to have a scheme for a home for handicapped in line with the homes for the aged.
- A few of the rural women with locomotor disability expressed their inability to educate their children, the government can therefore assist the children of the people with disability to avail education through scholarships for the children of the people living with disability above a magnitude of certain level of disability.

- There is also a need to rejuvenate the holistic approach of Community Based Rehabilitation (CBR) model, for the enhancement of Quality of life of persons with disability, which is also the primary aim of this model. Schools of Social Work can utilize and encourage their students or trainees to come up with new ideas and work upon the CBR model in rural areas.

IV) Strengths of the Study:

The present study gives a new understanding on the quality of life of the people with disability and especially the rural women with locomotor disability. The study considered the factors responsible for the variations on quality of life and suggests remedies and measures for a better quality of life. The study can be generalized to the state of rural women with locomotor disability in the whole of Karnataka. The study helps to draw implications for the Social Workers, NGOs and practitioners in the field of disability and the policy makers to frame new policies and implement existing policies in a newer perspective.

V) Limitations of the Study

The findings of the study cannot be generalized to the entire people with disability population as the study was conducted only on people with locomotor disability residing in the rural areas and specific only to women. Only BMI calculation method was used to assess the health and nutritional status of the respondents. The study does not focus on the caretakers or the dependents of the respondents hence their perspective is not reflected in the study. As the study

was focused only on the women with disability a comparison of their situation with that of their men counterparts was not possible. As the research was conducted in the rural areas, in a few cases, as soon as the researcher reached the respondents house the entire neighbourhood would be gathered and hence asking private questions on sexuality was avoided. The caste factor was not considered for the study. Many of the respondents started crying when questions related to emotionality were probed, and the researcher was not prepared well enough to tackle such situations. And some amount of time was taken to make them comfortable and continue with the interview.

VI) Suggestions for future studies in the area

Comparative studies can be undertaken based on gender, region, and other types of disability to improve understanding on the quality of life of the disadvantaged communities such as the people with disability. Advanced nutrition tests such as Anemia test can be administered to have a better and accurate understand of the nutritional status of the people with disability. Factors influencing the Quality of life of the people with disability can be given more focus in future studies. Health issues, pregnancy and health care of the women with disability needs to be addressed more.