



THE STATUS OF WOMEN WITH DISABILITIES FROM PERSONAL, FAMILIAR AND SOCIAL ASPECTS: A STUDY IN INDIA

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ABSTRACT

The attitude of society towards women with disabilities is very precarious across the world. More or less the same mindset also prevails in India. Because of high rate of illiteracy, ignorance and being a member of developing country in this twenty first century, no one come forward to sort out this issue totally from, personal, familiar, societal and governmental point of view. Many NGOs, Social activists and GOs are coming forward gradually to take up this issue as an important factor for the inclusive growth of the country, but it needs more thought process and rigor to include the disables in the main stream. Most of the disabled women are subject to violence, betrayed by husband, misbehaved by nears and dears. They are deprived of good education, livelihood for which they feel that they are marginalized. This study has emphasized on the conditions and status of women with disability, particularly in the state of Odisha (previously named as Orissa) in India. This study is a part of an All India Council for Technical Education (AICTE) funded project under Research Promotion Scheme (RPS). The study found out that there is association between age, educational qualification, family background and status, categorization of disability with women empowerment, satisfaction level towards life, sexual abuse, mental/ physical harassment, husband's extra-marital affairs etc.

Keywords: Women with disabilities, Marginalized, Inclusive growth, Women empowerment.

INTRODUCTION

The current plan of the Government of India speaks about an inclusive growth. This dream can't be realized unless 2.19 crore (Census Report, 2001) of Persons with Disabilities are included in the process of development. As a citizen of India, every human being has got equal rights. The preamble of Indian constitution does not do any discrimination among able and disable. As per Census 2001, the All India disability population is 21,906,769 out of which 9,301,134 are female. In Orissa, total population is 36,706,920. There are 11021335 persons with disability, out of which 452421 are women (Census Report, 2001). The attitude of society towards persons with disabilities

has been changing with time. Most countries in the world, people with disabilities are the largest minority group. They are subject to a long history of neglect, segregation, isolation, deprivation, charity, welfare and even pity. Women with disability (WWD) are assumed to have less of human needs at all level- physical, biological & psychological. There are threats as per convenience by people around and with same nonchalance dumped out. In their daily lives, they continuously battle exclusion and restriction to their full participation in society, facing discrimination, abuse and poverty which have been taken care of in the present study.

There are negative attitudes held by the families of the disabled, and often the disabled themselves. There are a heart-wrenching incidents happening with mental retarded women out of which few come to lime light and few get dissolved in the darkness. People with disabilities are considered ineligible to marry or they are “adjusted” by high dowry. Disabled girls are usually married to older men or those persons who are unable to earn anything. The disabled woman sometimes become an income source for them, either through job as per government norms or by begging incase of extremely poor family. Of course getting employment due to disability is a tough task for them, because job opportunity is less in India, particularly for disabled people and special for women. The disabled men’s condition is also measurable. The employment rate in India fell from 43% in 1991 to 38% in 2002, despite the country's economic growth. Many a times the disabled men are leading for strike to include them in State civil services, particularly the blind section. But the fact is only 10% posts are filled up by disabled persons concluding that others are not ‘suitable’, where as 3% reservation is kept for them by the government since 2003. It has been observed that due to the policy, government and public sector undertakings this rule to certain extent. But in private sector, the rate of disabled employee is negligible because the procedure for recruitment is not transparent.

Relevance of the Study

Although the rehabilitation measures have been taken by government and non-government organizations, it has not given the desired results which need immediate attention. Those are:

1. The women with disabilities are always been ignored and neglected.
2. Empowerment programmes for women do not include issues of disabled women.
3. Development programmes rarely address the needs of disabled women or include them in community development programmes.
4. Disabled women are seen imperfect, incomplete, inferior, asexual, and non-productive and denial recognition as women and human beings.

The fact is women’s movement is controlled by non-disabled women and disabled women lack the confidence and ability to raise their voice. Although the Persons with Disability Act has been initiated since 1995 in India, it has failed to bring about any desired change in the life of women with disability. Lot of modifications and amendments are required time to time as per the changes

of societal norms and preferences. The present study has tried to highlight the issues and to bridge the gap there in.

Back Ground

First World Conference on women in 1975 did not mention disabled women at all. Second World Conference on women in 1980 asked Governments to “Direct special attention to the needs of elderly women, women living alone and disabled women.” Third World Conference on women in 1985, disabled women activists convinced Governments to include women with disabilities in the “Nairobi Forward-looking strategies for the advancement of Women”. Conventions on the Elimination of All Forms of Discrimination against Women (CEDAW) that came into force in September 1981 initially had no mention of women with disabilities. This committee recommended that ‘every State Party to the Convention have to report on the status of women with disabilities in their countries. In common usage, the terms impairment, disability and handicap are tended to be used interchangeably. However, according to the authorities in this area, these terms can have different connotations in different cultural contexts (Report of United Nations, 1964). Women with disabilities are always neglected and subject to violence (Abramson *et al.*, 2000). There was a study by (Alexander *et al.*, 1998) about relationship between sexual and/or physical abuse, health care utilization, and pain medication usage in female patients with fibromyalgia. The study revealed that 57% women with fibromyalgia were sexually and physically abused. Women with disability are subject to domestic violence and social oppression as a result of gender disability in the society. There are certain governmental schemes being implemented in India for the people with disability. The important schemes are discussed below:

Samarth Scheme

This scheme is for residential services-both short term (respite care) and long term (prolonged care). Vocational training is mandatory under the scheme. The facilities in the home shall be available to both males and females on 50-50% basis. It has a provision for person of all income groups like lower income and below poverty line category Samarth centers have up to 30 residents and are encouraged to extend support to adults and destitute children.

Remote Area Funding Scheme

The objective of the scheme is to stimulate National Trust activities in remote districts are not covered by any national Trust Registered NGO. These districts include area of tribal, hilly or desert region which are difficult to access. 100 such districts are mapped under the scheme with a plan to cover 30 districts every year. Support will be provided for running the existing programs/scheme in the areas with additional grant of 20%.

Sahyogi

Under the scheme, Care givers will be trained at different levels to offer a career path and motivation. Training of caregivers and their deployment will be done through a Care Givers Cell

(CGC) established in selected NGO centres. Two agencies, one for developing curriculum and training the trainers and second for administering the program have been set up. Enrolment of Care Givers and Care Seekers are being done by respective CGCs.

Nirmaya

‘Nirmaya’ is a Health Insurance Scheme to provide affordable Health Insurance to persons with Autism, Cerebral Palsy, Mental Retardation and Multiple Disabilities. The scheme is implemented in all the districts of the country (except J&K).The health insurance cover under the scheme is provided up to Rs.1.0 lakh.

Gharaunda

‘Gharaunda’ is a lifelong shelter and care scheme for providing assured minimum quality of care services throughout the life of persons with Autism, Cerebral Palsy, Mental Retardation and Multiple Disabilities.

Gyan Prabha (Scholarship) Scheme

GyanPrabha scheme is for pursuing any post school vocational training/professional courses for enhancement of skill of person’s with Autism, Cerebral Palsy, Mental Retardation and Multiple Disabilities.

Udyam Prabha (Incentive) scheme

UddyamPrabha scheme is for promoting income generating economic activities for self-employment of persons with Autism,Cerebral Palsy, Mental Retardation and Multiple Disabilities through incentives. Under the scheme incentive will be provided for availing loan for any income generating economic activity.

Arunim

Arunim(Association of Rehabilitation under National Trust Initiative of Marketing),is a Marketing Federation for development and marketing of products made by persons with Disabilities. Its objective is to facilitate marketing of products made by persons with disabilities in the domestic and international markets.

Theoretical Framework

The study of [Mays \(2006\)](#) explains the domestic violence and disability inadequately explain several features that lead women who have a disability to experience violent situations. May’s article argues that material feminist interpretations and disability theory, with their emphasis on gender relations, disabilities and poverty, should be used as an alternative tool for exploring the nature and consequences of violence against women with a disability.Disabled women are seen imperfect, incomplete, inferior, asexual, and non-productive and denial recognition as women and human beings. In a discussion of efforts to reduce global poverty, [Yeo and Moore \(2003\)](#) noted the

marginalization of people with disabilities. Meekosha (2002) revealed that there are three realms of social being - individual, society, and the state - interact in the making of the identities of disability. Morris (1991), a disabled feminist and activist, provides a feminist analysis to the study of the experiences of women with disabilities. Basing her arguments on the feminist principle that the personal is political, Morris eloquently challenges such issues as prejudice, abortion, and the notion that people with disabilities lead lives that are not worth living. 'Pride against Prejudice' is a commentary on political activism and rights, and stresses the need to fight back against the prejudice, stereotypes, and oppression of an abelist culture. Morris (1993) further discusses that there is absence of women with disabilities from feminist scholarship and feminist theory. She discusses her anger and frustration with feminism in two ways: first, that disability is generally invisible from feminism's mainstream agenda, and second, that when disability is a subject of research by feminists, the researchers objectifies disabled people so that the research is alienated from their experiences rather than attempting to understand the experiences of disabled women.

So, there is a need of research done by the disabled women themselves across the globe so that the real picture can be uncovered. There are differences of issues in the women disabilities in view with education, economic status, categorization, culture and government policies of every state and country. Language and communication are the basis of all development. But researchers are gradually addressing to the problems, particularly for MR in India. Rao (1992) has developed manual improving communication skills in 300 mentally retarded children in terms of language disorder and articulation disorders, voice disorder, fluency disorder. As per Human Rights report 2010, there is frequent abuse and discrimination done to women with disabilities by strangers, neighbours and even family members in Northern Uganda. Rashida Manjoo (2011), revealed in her study that women with disabilities face double or intersectional discrimination based on gender and disability (as well as other identities such as race, sexuality, indigenous status, etc.). As per the report of World Health Organization Report of World Health Organization (WHO) (2011), the rate of disability is more than a billion in the world. It is more observed in developing countries with the increase in population, medical advances and ageing process. According to the committee on 'Rights of Persons with Disabilities', 2013, there is gender stereotypes that violence against women with disabilities has unique forms, unique causes and unique consequences

Research Objectives

The study has focused on the below objectives:

1. To find out and analyze the present status of women with disability (WWD) from personal, familiar and social aspect.
2. To assess the educational and economic status of WWD.
3. To assess the status of WWD in health, reproductive health, sexuality and marriage.
4. To assess to provisions and entitlements by WWD and the existing gaps there in.

HYPOTHESES

Hypothesis 1: There is association between monthly family income and satisfied with life.

Hypothesis 2: There is association between categorization of disability and husband's extra marital affairs.

Hypothesis 3: There is association between age and categorization of disability.

Hypothesis 4: There is association between monthly family income and facing psycho-social problem.

Hypothesis 5: There is association between marital status and categorization of disability.

Hypothesis 6: There is association between Monthly family income and mode of education.

Research Design

This research has followed the in-depth-interview; personal discussions and observation method under qualitative method and descriptive statistics such as frequency table cross table and chi-square tests were done under quantitative. Results were discussed and tested by the social scientist experts. The research followed a diagnostic method.

Instrument

Self administered questionnaire was used to collect data from the respondents as they are quicker and unbiased way of collecting data. The reliability and validity were taken care of. The pilot study results were critically analyzed by the social scientist experts. The reliability was measured which was found as Alfa=.804.

Sampling

Stratified random technique was used for the study. Initially districts were selected from different parts of Odisha in India, and then blocks were selected. Anganwadi workers were consulted to identify the house of disabled women, and then the samples were interviewed. Initially a departmental letter was taken from the Department of WCD, Government of Orissa addressing to DSWs for rendering necessary help. 1400 samples were collected out of which 984 were found to be correct & suitable for the study.

Data Collection

Data were collected in both forms primary and secondary sources. Primary data includes direct interview to the respondents where as secondary data were collected from Governments reports, census report, reports of world conferences on women, books, journals, newspapers, workshops, experts, orthopedic doctors, parents, guardians, neighbors, observations, web site etc.

Limitations

The study had to face a lot of huddles. Particularly the maoist problem in the KBK districts which aggravated to almost 22 districts of Orissa and three states in India. A very sensitive phase was

crossed by the investigators, the maoist had kidnapped the district collector that time, they were killing the governmental officer time and again, and it was difficult to collect data from around eight districts. Besides that, there was shortage of time, many questionnaires were lost and misplaced due to deluge. Women were not open in remote village areas due to having the habit of remaining within their cell, particularly the teen aged girls as they are uneducated or less educated.

DISCUSSION

It is observed in the study that most of the respondents are not educated which further become the reason of their being marginalized. The number of special school is less. It has to be scattered so that in every nook and corner people will be benefited. Most of the respondents are below not able to lead a comfortable life because of their incapability in earning and it is observed that most of them are from poor family. One of the reasons of their disability may be malnutrition of their mother during pregnancy time. Few other respondents viewed that their disability is due to reaction of vaccination. But they could not produce any evidence for that.

The parents of respondents are also not educated which further become the reason of their being poor and neglected. In most of the cases it is found out that people were attacked by leprosy in middle age and upper age of their life. Sometimes they were asked to leave their respective villages. As the society neglects those patients, they try to live together. In many places leprosy colony is there which is far away from normal places. Even though people now know that leprosy is a curable disease now days, then also they do have that tendency to keep distance from those disabled category. Therefore, a chunk of people remain unemployed and accept begging. In mental disorder and cured leprosy group also, the civil society do not give proper status to them. In few cases, when their parents/ caretakers would absent in their house or would go for work, as most of them are daily labourers, the so called well-wishers or family friend members would come to their house and would not hesitate to misbehave those girls. It is also observed that a large group of disabled women are subjected to violence due to any reason. 51.3% respondents feel themselves outcaste from the society. 52.7% respondents viewed that they feel as a burden for society.

A very less percentage (6.6%) of WWDs respondents feel that they are asexual but a large pull of respondents (93.3%) view that they are having the capacity of sexuality. But it is a matter of regret that those women having sexual urge are not considered by the society as the fittest candidate for marriage as most of them are not being selected as a daughter-in-law or wife or sister-in-law by the normal people. So, the sexual urge makes them more unhappy and dissatisfied in one side and not able to earn and not being empowered is another aspect for their suffering. A major chunk of respondents (87.8) have not got any property from any sources, neither from family members nor from outside agencies or government.

Table-1 depicts that most of the respondents (44.3%) are unemployed, 23.3% are self employed and beggars, 0.08% is in government job, 3.9% are in private job and 27.5% are in part-time job. It is observed that most of the leprosy patients are beggars. It is observed from Table-2 that 66.6% of respondents are discriminated against their own relatives because of their condition where as 33.5% respondents viewed negatively. It is observed that as few of the respondents are of lower age group, they have not yet realized the actual situation of them. As the time passes, they try to feel the real condition of their helplessness. But in case of older leprosy patients, it is rampant, as per the in-depth discussion and observation with the respondents. Table-3 depicts that 8.8% respondents are not coming under 'madhubabu pension' because they have not applied for it. 12.7% are not coming because of process timing. They have applied but not yet been registered under it. 13.1% respondents viewed that they can't go alone to the authority's office and require help which they have not yet been rendered. 65.3% respondents viewed that they have not applied till date. There are few reasons responsible for it also as observed. Few of them are children, few are ignorant in remote areas, and they only depend on their family members, again family members are also illiterate they only depend on the government employees to come to their house and give the benefit. They are also daily labourers so that they don't get time to visit to collector's office or DSW's office. Table-4 depicts that 36.6% respondents get only normal benefits of government, that is, madhubabu pension/ free education/ train pass etc. 14.1% respondents have received income certificate on the basis of which they can avail loans from bank. 14.5% disabled women have got appliances from government which includes artificial lumps, tri-cycle, staff etc and the benefits under government schemes like Samarth, Aspiration, Sahyogi, Gharaunda, Disability Equity Training Programme etc. Other benefits are given through central govt. through VRC sponsored by banks and NGOs that is stitching machine, weight measuring machine and other livelihood appliances. But the number of beneficiaries is very less. It is cleared indicated from table-5 that 65.3% respondents have received their handicapped certificate from government where as 34.6% have not received it. This handicapped certificate is provided either quarterly or bi-annually to the new applicants. In every district head quarter, or in big cities, zone wise a team of doctors, local administrative authority, officers, local MLA and other officials call the people to provide benefit and check the new disabled lot by the group of doctors about their percentage of disability and a certificate is issued to them on the basis of that certification. Only above 40% disabled people get the benefit.

Table-6 shows the distribution between monthly family incomes and satisfied with life variables. It is observed that out of 107 respondents of below rupees 2000 per month income group, 26.1% are satisfied where as 55.1% respondents are not satisfied with life. Similarly, in rupees 2000-5000 income group, 30.1% are satisfied where as 201 (56.6%) are not satisfied with life. The income group rupees 5000-10,000 depicts that only 23.4% respondents are satisfied where as 61.9% respondents are not satisfied with their lives. The comparatively above higher income group, rupees 10,000 and above are also not satisfied more than 50%, that is 106 (51.2%) and only 31.4% are satisfied with their life. That shows that their satisfaction level does not depend upon their income,

but there are different factors responsible for it. In table-6.1, it is observed that there is association exists between monthly family incomes and satisfied with life but it is not significant as the Chi-Square value is $> 10\%$ level that is 17.5% . Hence, alternative hypothesis 1 is rejected. It refers that satisfaction in life of women with disabilities is not only depending on monthly family income but also with other factors.

Table-7 shows higher percentage of husband's extramarital affairs in mental disorder category (66%). 28% is found in physically handicapped group, 26.5% is found in cure leprosy group, 21.8% found in blind category where as 16.1% is found in deaf and dumb category. Out of 984 respondents, around fifty percentage WWDs are unmarried (489). So out of 495 married respondents, 50.3% viewed that their husbands' are having extra marital affairs. It is really a matter of concern that more than 50% of married disabled women's husbands are having extra-marital affairs. In table-7.1, there is association exists between categorization of disability and husband's extra marital affairs significantly as the Chi- Square (asymptotic value is .000) which is significant at $< 1\%$ level as. Hence, hypothesis 2 is accepted.

Table-8 shows the category of mental disorder which is not very much visible outside unless we go to their house or mental asylum or psychiatric department of hospitals or nursing homes baring few. Those who are freely moving on the street having mental disorder, they are really suffering a lot. Sometimes sexually harassed, sometimes teased by the people, particularly by the children group. But those who are taken care of by the family members or any agency, leading a moderate life. More disability is found in the age group of 16 -25, that is in physically handicapped group where as comparatively lesser number of respondents were found in 46 and above age group. The any other category included dwarfs in this study because autism and other type of samples were not found out in these sample groups. In table-8.1, there is association exists between age and categorization of disability as the Chi- Square (asymptotic value is .000) which Square value is significant at $< 1\%$ level. Thus, hypothesis 3 stands accepted.

Table-9 depicts that out of 107, 90 disabled women of poor family having family income below rupees 2000 are facing psycho-social problem, that is 84.1% . From 2000-5000 income group, 293 respondents, that is 82.5% are facing psycho-social problem, 68.8% respondents of 5000-10,000 income group are facing psycho-social problem and 45.4% of higher income group, that is rupees 10,000 and above per month are facing psycho-social problem. It seems that lower family income group or lower economic status women are facing more psycho-social problem than higher income group. In table-9.1, there is association exists between monthly family income and psycho-social problem significantly as the Chi- Square value is significant at $< 1\%$ level. The discussion implies hypothesis 4 is accepted.

Table-10 shows the association between marital status and categorization of disability. It is observed that in blind category, there is very less number of married women. Out of 165 blind

samples only 32 are married where as 3 is widow/divorcee and 13 are separated. As unmarried women are more in blind, that is 114, we can notice from table-10 that blind category falls 60 in the age group of 5-15. So, as per marriage act, the girl child can not marry within that age group. So, we can conclude with a view that the blind category disabled women are not able to marry in comparison to others excluding mental patients. Because out of total 84 cases of mental disorder, it has been observed that only 10 are married, 2 are widow/ divorcee and 2 are separated. As per the qualitative and subjective data, the investigators got to know that most of the married mental disorder patients women have become mental patient after any trauma or extramarital affairs of their husband or due to genetic and age. That means the 10 married mental disordered were married while they were quite ok. So, no mental disorder woman is getting married. If they marry, that is, either before they become mentally disorder or in a suppressive condition. More respondents are married in physically disabled case that is 159. Quite an encouraging figure is found out in case of cure leprosy category because they are mostly beggars and their husbands are also beggars. Normally they stay separately from the common community which is far away from the others staying. So, they group their own community. Many a places leprosy colony has been spotted separately from the common community. On total, the rate of marriage among disabled women is found very less. Here the Chi-Square value (table-10.1) is significant is at <1% level. Thus, hypothesis 5 stands accepted.

Table-11 depicts that in below rupees 2000 income group, 20 (18.6%) respondents are educated from general school, 37.3% are educated from special school where as 43.9% are uneducated. This table also shows that in 2000-5000 income groups, 18.8% (67) are from general school, 35.4% (126) are from special schools and 45.6% are not educated at all. Similarly, in 5000-10,000 groups, 20.9% are educated from general studies, 40.3% are from special schools and 38.7% are illiterate in this group. Finally, in higher income group, 10,000 and above, 42.9% are from general school, 34.7% are from special schools and 22.2% are not literate. It shows that income differences do not have major impact on type of schools rather than the availability of special school is important. So, more number of special schools should be opened so that many disabled people/ women can be benefitted. There is association exists between monthly family income and mode of education significantly as the Chi- Square value is significant at < 1% level which reflects in table-11.1. Hence, hypothesis 6 is accepted.

Recommendations to Future Researchers

- More emphasis on research can be given towards their (WWDs) sustainability and livelihood.
- Study can be done on treatment/ therapy development in separate sections like leprosy, locomotors, hearing, brail, psychiatric treatment etc.
- Grassroots problem of women with disabilities can be studied and measures can be taken to bring them in to main stream and rescue them from being marginalized.

CONCLUSION

The concept of women with disability started with the notion that they can become an important part of the globalised era. The study substantially established the fact that first of all the WWDs are subject to a long history of neglect, segregation, isolation, deprivation, charity, welfare and even pity. This list is supplemented with conditions of ignorance and poverty. Poorer sections of the society are invariably more prone to these factors. Although the rehabilitation measures have been taken by government and non-government organizations, it has not given the desired results which need immediate attention. Those are: have always been ignored, empowerment programmes for women do not include issues of disabled women, development programmes rarely address the needs of disabled women or include them in community development programmes, disabled women are seen imperfect, incomplete, inferior, asexual, and non-productive and denial recognition as women and human beings. The study tried to find out the real problem of WWDs and how they can be brought into main stream. The first problem lies with the family members, the care takers have to be cautioned more that they will encourage the WWDs and try to make them self sufficient. They will show the real love and affection, accept their disability and will not think them as a burden. Every family member will keep an eye watch about the outsiders, relatives or neighbors so that they will not take advantage of the WWD during the absence of their family members, particularly in case of blind or manta disorder patients.

The study also tried to find out the relations between categorization of disability, economic standard, educational qualification, monthly income with women empowerment, satisfaction level, sexual abuse, mental/ physical harassment, husband's extra-marital affairs etc. It clearly shows that due to their disability, most of them are subject to violence, betrayed by husband; they are deprived of good education, livelihood for which they feel that they are being marginalized. The disabled women those suffering from mental illness or mental retardation face the worst stigma and are subject to severe social exclusion. There is negative attitude of the society regarding the marriage of people with disabilities. People think that they are asexual and ineligible to marry. So, they do not plan about their marriage. Only a few disabled women could get married as they are adjusted with dowry. Disabled girls are usually married to older men or unemployed person and become a source of income for them. The unemployed women with disabilities marriage chance are negligible. But this is not the case of leprosy patients. As they are almost separated from the common mass, they stay far away from the civil society, one leprosy patient happily get married to another. But staying far away from locality and begging for survival do not solve the human problem. This category of disability is to be handled with proper care including preventive measures. The country can be developed fully only when this disability group is taken care of and fully involved in the inclusive growth.

Way Forward

Based on the findings of this study, the following recommendations are made: every office, educational institutions, hospitals, libraries, parks, market places and in social forums there should be the provision of mandatory ramp. Of course government has started giving emphasis to it but it needs further improvement. Government has enacted 'Persons with Disabilities (equal opportunities Protection of rights & full participation) Act 1995 but actually the ratio of disabled employees are much less than that. Government has to ensure this quota system thoroughly in every private sector also because now a day there is more job vacancies in private sectors in comparisons to government sector in India. The family members of disabled women are needed to be counseled properly along with the near and dears who are coming in contacts with the WWDs. More number of mental asylums should come up. Every pregnant mother should be supplied with healthy diet from the government (those who are poor) so that they should not be blessed with an abnormal/ disabled child. Government has already started implementing the schemes like Sahyogi, Niramaya, Aspiration (Day care centre), Remote area funding scheme, Gharaunda, Gyanaprabha (scholarship), Uddyamprabha (incentive), Arunim etc. to help and uplift the status of people with disability particularly to Autism, Cerebral Palsy, Mental Retardation and Multiple Disabilities. But for physically handicapped and blind group, the benefits are bit less where their number is more. These schemes have to be executed properly which requires improvement. But some policies are further required to be started. Like life-time security which includes either job or pension (the amount in which she can fulfill at least the bare necessities), quota in plot, free housing, compulsory free education including their care takers accommodation, easy loan should reach at their door step to start up any business instead of they come to collector's office & banks, more financial assistance in health, higher education, more special schools should be opened, free treatment in hospitals along with medicines, the check up should be done time to time regarding the degree of disability. The husbands of disabled women should be specially rewarded, may be with job, promotion, increment, special quota etc. so that people will come forward to marry the neglected disabled women and their divorce rate will be very less. Certain counseling has to be done to the husbands to restrict their extra-marital affairs. The amount of punishment has to be increased in Indian Penal Code if any one harasses the disabled women and abuses physically, sexually and mentally. There should be rigorous research on artificial looms and other appliances which should be provided to them in subsidized rate or freely in case of below poverty line WWDs. Including the improvement in governmental policies, there has to be more awareness programme arranged in the society by NGOs and executed accordingly. Every citizen has to extend a supporting hand to the people with disability to bring them to the main stream.

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Table-1. Frequency Table for Occupation

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Self employed/ beggars	230	23.3	23.3	23.3
	Unemployed	436	44.3	44.3	67.6
	Govt. Service	8	0.08	0.08	67.6
	Pvt. Service	39	3.9	3.9	71.5
	Part-time job	271	27.5	27.5	100.0
	Total	984	100.0	100.0	

Table-2. Frequency Table for Discrimination of relatives due to Disability

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	654	66.6	66.6	66.6
	No	330	33.5	33.5	100.0
	Total	984	100.0	100.0	

Table-3. Frequency Table for Reasons for not getting Madhubabu Pension

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Not applied for it	87	8.8	8.8	8.8
	Applied but not registered	125	12.7	12.7	21.5
	Can't go alone & need help	129	13.1	13.1	34.6
	Not Applicable	643	65.3	65.3	100.0
	Total	984	100.0	100.0	

Table-4. Frequency Table for Benefits getting from Government

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Only Madhubabu pension/free edu/Train pass	361	36.6	36.6	36.6
	Income Certificate	139	14.1	14.1	50.7
	Appliances/Govt.Schemes	143	14.5	14.5	65.2
	Nothing	341	34.6	34.6	100.0
	Total	984	100.0	100.0	

Table-5. Frequency Table for Received Handicapped Certificate from Government

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	643	65.3	65.3	65.3
	No	341	34.6	34.6	100.0
	Total	984	100.0	100.0	

Table-6. Cross tabulation of Monthly family income * satisfied with life Count

		satisfied with life			Total
		yes	no	To some extent	
monthly family income	below 2000	28	59	20	107
	2000-5000	107	201	47	355
	5000-10000	74	195	46	315
	10000 & above	65	106	36	207
Total		274	561	149	984

Table-6.1. Chi-Square Tests

	Value	df	Asymptotic Significance
Pearson Chi-Square	8.976(a)	6	.175
Likelihood Ratio	8.997	6	.174
Linear-by-Linear Association	.003	1	.957
N of Valid Cases	984		

a 0 cells (.0%) expf < 5. Min exp = 16.20...

Table-7. Cross tabulation of Categorization of disability * husband's extra marital affairs Count

		your husband has extra marital affairs			Total
		yes	no	not applicable	
categorization of disability	blind	36	15	114	165
	deaf & dumb	39	65	137	241
	physically handicapped	100	107	149	356
	cure leprosy	35	81	16	132
	mental disorder	11	2	71	84
	any other	4	0	2	6
Total		225	270	489	984

Table-7.1. Chi-Square Tests

	Value	df	Asymptotic Significance
Pearson Chi-Square	193.434(a)	10	.000
Likelihood Ratio	211.668	10	.000
Linear-by-Linear Association	9.345	1	.002
N of Valid Cases	984		

a 3 cells (16.7%) expf< 5. Min exp = 1.37...

Table-8. Cross tabulation of Age * categorization of disability Count

		categorization of disability						Total
		blind	deaf & dumb	physically handicapped	cure leprosy	mental disorder	any other	
age	5-15	60	63	45	2	28	0	198
	16-25	65	99	151	6	30	3	354
	26-35	26	59	106	16	19	2	228
	36-45	8	16	38	52	4	1	119
	46 & above	6	4	16	56	3	0	85
Total		165	241	356	132	84	6	984

Table-8.1. Chi-Square Tests

	Value	df	Asymptotic Significance
Pearson Chi-Square	429.826(a)	20	.000
Likelihood Ratio	365.156	20	.000
Linear-by-Linear Association	86.952	1	.000
N of Valid Cases	984		

a 5 cells (16.7%) expf< 5. Min exp = .52...

Table-9. Cross tabulation of Monthly family income * facing psycho-social problem Count

		facing psycho-social problem		Total
		yes	no	
monthly family income	below 2000	90	17	107
	2000-5000	293	62	355
	5000-10000	217	98	315
	10000 & above	94	113	207
Total		694	290	984

Table-9.1. Chi-Square Tests

	Value	df	Asymptotic Significance
Pearson Chi-Square	97.357(a)	3	.000
Likelihood Ratio	94.881	3	.000
Linear-by-Linear Association	85.812	1	.000
N of Valid Cases	984		

a 0 cells (.0%) expf< 5. Min exp = 31.53...

Table-10. Cross tabulation of Marital status * categorization of disability Count

		categorization of disability						Total
		blind	deaf & dumb	physically handicapped	cure leprosy	mental disorder	any other	
marital status	married	32	90	159	102	10	0	393
	unmarried	114	131	152	6	70	2	475
	widow	6	12	21	13	2	4	58
	divorcee/ separated	13	8	24	11	2	0	58
Total		165	241	356	132	84	6	984

Table-10.1. Chi-Square Tests

	Value	df	Asymptotic Significance
Pearson Chi-Square	230.050(a)	15	.000
Likelihood Ratio	237.912	15	.000
Linear-by-Linear Association	3.748	1	.053
N of Valid Cases	984		

a 6 cells (25.0%) expf< 5. Min exp = .35...

Table-11. Cross tabulation of Monthly family income * mode of education Count

		mode of education			Total	
		below 2000	2000-5000	5000-10000	10000 & above	
monthly family income	below 2000	20	40	47		107
	2000-5000	67	126	162		355
	5000-10000	66	127	122		315
	10000 & above	89	72	46		207
Total		242	365	377		984

Table-11.1. Chi-Square Tests

	Value	df	Asymptotic Significance
Pearson Chi-Square	57.715(a)	6	.000
Likelihood Ratio	55.278	6	.000
Linear-by-Linear Association	38.707	1	.000
N of Valid Cases	984		

a 0 cells (.0%) expf< 5. Min exp = 26.32...