

# ECONOMIC EMPOWERMENT OF PEOPLE WITH DISABILITIES IN KERALA: STATUS, OPPORTUNITIES AND CHALLENGES

Thesis Submitted to the  
**UNIVERSITY OF CALICUT**  
For the award of the Degree of  
**DOCTOR OF PHILOSOPHY IN ECONOMICS**

*By*

**J. BINCY**

(U.O.No.4535/2019/ Admn. Dated 26.03.2019)

Under the supervision of  
**Dr. Shiby M Thomas**  
Associate Professor and Head



**PG and Research Department of Economics**  
**St. Joseph's college (Autonomous)**  
**Devagiri, Kozhikode, Kerala, India**  
**July 2022**



**Dr. Shiby M Thomas**  
Associate Professor and Head

PG and Research Department of Economics  
St. Joseph's College (Autonomous)  
Devagiri, Kozhikode, PIN: 673008  
Kerala, India  
shibymthomas@gmail.com

---

Date : 15.07.2022

## **CERTIFICATE**

This is to certify that this thesis entitled “**Economic Empowerment of People with Disabilities in Kerala: Status, Opportunities and Challenges**” is being submitted by **J. Bincy** for the award of the Degree of Doctor of Philosophy in Economics to the University of Calicut is a record of bonafide research work carried out by her under my supervision and guidance. The content of the thesis, in full or in part, had not been submitted to any other Institute or University for the award of any degree, diploma, fellowship or other similar title or recognition before.

**Dr. Shiby M Thomas**



## **DECLARATION**

I hereby affirm that the work for this thesis entitled “**Economic Empowerment of People with Disabilities in Kerala: Status, Opportunities and Challenges**” submitted to the University of Calicut for the award of the Degree of Doctor of Philosophy in Economics is an original record of research work carried out by me under the guidance and supervision of Dr. Shiby M Thomas, Associate Professor, and Head, PG and Research Department of Economics, St. Joseph’s College (Autonomous), Devagiri, Calicut.

I also declare that no part of this thesis has been presented for the award of any degree, diploma, fellowship, or other similar title or recognition of any University/Institution before. I have duly acknowledged all sources used by me in the preparation of this thesis.

15.07.2022

**J. Bincy**  
Research Scholar (Part-time)  
PG and Research Department of Economics  
St. Joseph’s College (Autonomous)  
Devagiri, Kozhikode, PIN: 673008  
Kerala, India



## ACKNOWLEDGEMENT

***“Oh Give thanks to the LORD, for he is good; for his steadfast love endures forever” (Psalms 118:1)***

*First and foremost, I would like to thank and praise God, the Almighty, who has provided me with countless blessings, opportunities, and knowledge for this endeavour, enabling me to complete the thesis.*

*The journey of research is a fresh start in life, as well as an entry into the world of academic conversations, debate, and renewal of concepts and perspectives. This is the moment to express my sincere gratitude and appreciation to all the incredible people with whom I have engaged and participated in this amazing research adventure. The conception, development, and conclusion of this research work benefited from many extending hands and open minds. Here, I try to thank everyone who helped me in my endeavour.*

*My supervisor, Dr Shiby M.Thomas, Associate professor and Head, PG and Research Department of Economics, St. Joseph's College (Autonomous), Devagiri provided constant guidance, feedback and valuable suggestions. His commitment and perseverance throughout the programme have been important in making this research possible. I experienced his confidence in me, as well as the freedom he has granted me to think and act throughout this research period. This endeavour would not have been possible without his generous support, knowledge and expertise.*

*I am extremely grateful to Dr K.P. Mani, Emeritus Professor and Head of the Department of Economics at the University of Calicut for his exceptional guidance and tremendous academic influence on this research. Furthermore, I've been blessed to witness his incredibly fatherly affection during our interactions throughout the study and his encouragement has served as a constant source of inspiration for me.*

*I am also grateful to the manager, Dr Rev Fr. Biju Joseph and Principal Dr.Boby Jose and former principals Dr Sabu K Thomas, and Dr Jose John Mallikasseri, St Joseph's College Devagiri for their support and encouragement during this period. I express my gratitude to the entire faculty members of the Department of Economics: Mr. Thomachan K.T, Fr. Anto N.J, Dr. Asha Mathew, and Ms. Shiny Mathew for their academic influence and support. I am grateful to Mr. Thomson A.J, the Librarian, and all the other office staff of Devagiri College for their valuable support.*

*I would like to express my gratitude especially to Mr. George Francis, former Joint Director of the State Employment Directorate Govt. of Kerala, as well as the officials at the Social Justice Departments and Employment Exchanges in the districts of Ernakulum, Thrissur, and Malappuram for sharing valuable information related to the study and data sources.*

*I want to express my special gratitude to Dr. Sanoop M.S, Assistant Professor, Department of Economics, Dr. John Mathai Centre, University of Calicut, Dr. M. Parameshwaran, Associate professor at CDS Trivandrum, Dr. Shabeer K.P., Associate professor at Government College Kodencheri, and Dr Rahul K, Assistant professor at Govt. Arts and Science College, Meechanda, Dr. Tejil Thomas and Mr. James Varghese, Assistant Professors, St. Thomas College Pala for their insightful comments and suggestions made at various stages of the research project.*

*I extend my sincere thanks to the librarian and staff at CDS, Thiruvananthapuram, C.H.M.K Library, University of Calicut, JMC library and especially to Dr. Vinod, Assistant Librarian C.H.M.K Library for their assistance in the completion of my research work, I would especially like to thank Mr. Rasin R.S, Assistant Professor, Department of Statistics at St. Thomas College, Thrissur and, Mr. Mahesh Kumar.T. Research Scholar at CDS Thiruvananthapuram for their assistance with the statistical data analysis.*

*I attribute sincere gratitude to the representatives of all three categories of disabilities (DPOs) especially Rev. Sr. Abhaya FCC, Principal of St. Clare Oral H.S.S. for the Deaf in Manikyamangalam, Kalady, and Rev. Sr. Prija Clare, Headmistress of Asha Bhavan H.S.S for the Deaf in Padavarad, Thrissur, who helped me to interact with hearing and speech impaired people.*

*I sincerely appreciate the affection and cooperation of my fellow researchers Ms. Jesna P, Ms. Irfana P P, Mr. Muhammad Salim A K, Ms. Deepa E, and Mr. Sebastian Jose. Throughout this journey, they have provided tremendous assistance and support. I would like to express my gratitude to all of the research scholars of the Department of Economics, St. Joseph's College (Autonomous) Devagiri'.*

*I would like to express my deepest gratitude to the authorities of Little Flower College Guruvayoor and to the superiors and sisters of my congregation (FCC) for providing me with the opportunity to pursue the research and providing all the support that I required at various stages of research. I offer my sincere appreciation and thanks to Rev. Sr. Little Mary, Manager and Provincial Superior and the provincial Council members of Assisi Province, Thrissur for the unwavering support and all the blessings and prayers they have bestowed upon me throughout my life. My heartfelt thanks to Dr. Rev.Sr. Jeesma Therese, Principal of Little Flower College Guruvayoor for invaluable help during the course of research and I am also thankful to all the*



*former Principals, especially to Dr Rev. Sr. Philo Jees. I attribute tremendous and sincere gratitude to the teaching and administrative staff of Little Flower College Guruvayoor, especially to my colleagues in the Department of Economics, Dr. Neethu.S. Arrakkal, Ms. Minju.Davis, and everyone else for their support and unconditional assistance throughout the research period.*

*I gratefully acknowledge the deepest gratitude to Sister Superior and all my sisters of the Cherupushapashram F.C. Convent community, in particular to Rev. Sr. Dani Maria and Rev. Sr. Mable for their wholehearted support, prayers and blessings. My gratitude and thanks are extended to my loving mother, brothers, sisters, and friends for keeping my spirit and motivation during this process. Finally, I would like to extend my thanks to one and all who helped me with the completion of my research on time.*

*Thank you all, and thank the Almighty*

***J. Bincy***



# CONTENTS

---

	<i>Page. No</i>
List of Abbreviations	
List of Tables	
List of Figures	
<b>Chapter I: Introduction</b>	<b>1-14</b>
1.1 Introduction	1
1.2 Conceptual Reflection of Disability	2
1.3 Disability prevalence and trends across the world	4
1.4 Perspectives of Disability in Indian Scenario	5
1.5 Background of the Study	6
1.5.1 Disability and Economic Empowerment	6
1.5.2 Low educational and employment status – The stepping stone to poverty	8
1.6 Statement of the Problem	9
1.7 Research Questions	11
1.8 Research objectives	11
1.9 Research Hypothesis	12
1.10 Organization of the Thesis	12
<b>Chapter II Literature Review</b>	<b>15-38</b>
2.1 Introduction	15
2.2 Theoretical Considerations and Disability Concepts	16
2.2.1 Conceptual Development of Disability	16
2.2.2 Disability Policy Perspectives and Economic Empowerment	19
2.2.3 Economic Empowerment Index	21
2.3 Disability and Employment	24
2.4 Policy Practice Gap	30
2.5. Disability Employment and Entrepreneurship	34
2.6. Conclusion Remarks	35
2.7. Research Gap	36

---

---

<b>Chapter III Research Design and Methodology</b>	<b>39-60</b>
3.1 Introduction	39
3.2 Theoretical Foundations of the Study	39
3.2.1 Capability Approach and Disability Research	40
3.3 Core concepts and Principals	42
3.4. Methodology and Data Source	46
3.4.1 Method and procedure of sampling	47
3.4.2 Data Sources and Types of data	50
3.5 Selection and development of Tools	51
3.6 Method of Data Analysis and Interpretation	51
3.6.1 Tools for Analysis	51
3.6.2 Normality Test	53
3.7 Empowerment Composite Index (ECI) of PWDs	53
3.7.1 Domain indicators and weight Distribution	59
<b>Chapter IV Disability Prevalence, Education and Economic Status of People with Disabilities in India and Kerala</b>	<b>61-94</b>
4.1 Introduction	61
4.2. Disability Prevalence in India	61
4. 2.1 Standardized Index of Diversity of Disability	63
4.3. Disability Prevalence in Kerala	66
4.3.1 District Wise Distribution of Persons with Disability in Kerala	68
4.3.2 Physically Challenged Population in Kerala	71
4.4 Education Status of PWDs in India and Kerala	72
4.5 Economic and Employment Status of PWDs in India and Kerala	77
4.6 Economic Burden and Cost of Disability	86
4.6.1 Out-of-pocket expenditure and Economic Burden of Disability	87
4.6.2 Work Losses and MPCE Status of PWDs in India	90
4.7 Conclusion	93
<b>Chapter V Socio-Economic Status of the People with Disabilities in Kerala</b>	<b>95-135</b>
5.1 Introduction	95
5.2 Work Participation rate of the respondents	95

---

---

5.3 Socioeconomic Constructs	96
5.4 Condensation of Socioeconomic Status of People with Disabilities	97
5.4.1 Demographic Profile and Constructs	97
5.4.2 Disability Profile and Constructs	101
5.4.3 Social Profile and Constructs	103
5.4.4 Educational Profile and Constructs	108
5.4.5. Economic Profile and Constructs	111
5.5 Intersectional Analysis of Socioeconomic Variables	114
5.5.1 The Intersection of Education Status and Disability Constructs	115
5.5.2 Intersection of Social Indicators and Disability Constructs	124
5.5.3 Intersection of Employment and disability Constructs	128
5.5.4 Intersection of Income, Employment and disability Constructs	132
5.6 Conclusion	134
<b>Chapter VI Economic Empowerment of Differently Abled People in Kerala</b>	<b>137-192</b>
6.1 Introduction	137
6.2. Condensation of basic constructs of empowerment for people with disabilities.	138
6.3 Analysis of domains of composite empowerment index	139
6.3.1 Empowerment in Education Dimension (EVD)	139
6.3.2 Empowerment in Social Dimension (Social Inclusion) SD	140
6.3.3 Empowerment in Health Dimension (HD)	142
6.3.4 Empowerment in Employment Dimension (EMD)	143
6.3.5 Empowerment in Economic Dimension (ED)	144
6.4 Analysis of composite index about the major component of socioeconomic status	152
6.4.1 Empowerment Composite Index Score of Demographic Segments	153
6.4.2 Empowerment Composite Index Score of Social Groups	165
6.4.3 Empowerment Composite Index Score by Education Status	168
6.4.4 Empowerment Composite Index Score by Employment Status	175
6.4.5 Empowerment Composite Index Score by Income Status	180

---

---

6.5 Analysis of Composite Index score of three different disabled groups.	184
6.6 Analysis of major determinants of economic empowerment of PWDs	187
6.7 Conclusion	192
<b>Chapter VII Constraints for Economic Empowerment</b>	<b>193-216</b>
7.1 Introduction	193
7.2 Condensation and grouping of the constraints	194
7.3 Validation of the model fit for analysis	196
7.3.1. Co-variance Based Confirmatory Factor analysis for the reliability and validity of research model building-Assessment criteria	196
7.4 Identification of the major constraint through factor analysis	202
7.5 Descriptive analysis of the constraints concerning Demographic Variables	211
7.6 Conclusion	215
<b>Chapter VIII Impact of Government Policies and Initiatives on economic empowerment of Persons with Disabilities</b>	<b>217-262</b>
8.1 Introduction	217
8.2 Provisions of PWD legislation in India	217
8.2.1 PWD Act of 1995	217
8.2.2 The Rights of Persons with Disabilities Act of 2016	218
8.3 Supporting Schemes for Persons with Disabilities in India	219
8.4 Supporting Schemes for Persons with Disabilities in Kerala	224
8.5 Impact of Government Policies and Initiatives	233
8.5.1 Gender, Place of Residence and District-wise impact of Government Policies and Initiatives.	240
8.5.2 Analysis of the Major Determinant of the impact of Government Policies and Initiatives.	245
8.6 Influence of NGOs and DPOs interventions	252
8.7 Conclusion	261
<b>Chapter IX Summary of Findings and Recommendations</b>	<b>263-280</b>
9.1 Introduction	263
9.2 Major Findings of the study	264
9.2.1 Disability Prevalence, Education and Economic Standing in India and Kerala	264
9.2.2 Socio-Economic Status of the people with Disabilities in Kerala	265

---

---

9.2.3 Economic Empowerment of People with Disabilities in Kerala: A Multi-Dimensional Analysis	268
9.2.4 Major Constraints in the path of Economic Empowerment	270
9.2.5 Impact of Governmental Policies and Strategies on Economic Empowerment of People with Disabilities in Kerala.	273
9.2.6 Influence of NGOs and DPOs Intervention on Socio-Economic Status of People with Disabilities.	274
9.3 Validation of Hypothesis	275
9.4 Limitations of the study	277
9.5 Recommendations and Policy Suggestions	277
9.6 Future Research Directions	279
<b>Bibliography</b>	<b>281-291</b>
<b>Appendix-Interview Schedule</b>	<b>293-303</b>

---





## LIST OF TABLES

<i>Table No.</i>	<i>Title</i>	<i>Page No.</i>
3.1	Physical Disability Population in Kerala by Age and Type Wise Distribution	48
3.2	Sample Framework	50
3.3	Tests of Normality	53
4.1	Percentage of persons with disabilities in India and Kerala	62
4.2	Disabled Populations by Age and Social Groups in India in 2011	62
4.3	Standardised Index of Diversity of Disability by Types and place of Residence in India	64
4.4	Frequency Distribution of households and Institutions having PWDS in Kerala	67
4.5	Prevalence of Disability in Households and Institutions by Districts in Kerala	68
4.6	Prevalence of Disability and PWD Institutions by District in Kerala	69
4.7	Percentage of persons with one type of broad disabilities district-wise in Kerala	70
4.8	Physical Disability Population in Kerala by Age and Type Wise Distribution	72
4.9	Status of Education of PWDs of India in 2002 and 2018	73
4.10	Percentage distribution of the persons with at least one disability (15-59) by vocational/technical training in Kerala in 2018	74
4.11	Educational Status of the Disabled People in Kerala in 2015	75
4.12	Education Status of Physical Disability Category of People in India and Kerala	76
4.13	Status of Employment of PWDs of India in 2002 and 2018	78
4.14	Employment Indicators among the disabled (15+) in Kerala in 2018	79
4.15	Occupational Distributions of Disabled People in Kerala in 2015	79
4.16	Percentage distribution of disabled people who have faced difficulties while accessing/using public transport by sector and gender in Kerala in 2018	81
4.17	Percentage distribution of persons with disability of age 15 by the situation of loss/change of work due to disability in Kerala	82
4.18	Percentage distribution of cause of disability by gender in Kerala	83
4.19	House Status and House type of PWD s in Kerala in 2015	84

---

4.20	The percentage distribution of the disabled by quintile (MPCE) sector and Gender in Kerala in 2018	85
4.21	Out-of-pocket expenditure on disability and receipt of aid by PWDs in India 2018	88
4.22	Financial Assistance Received by different Categories of PWDs in Kerala	88
4.23	Availability of social security benefits among the household members at least with one disability (15 years and above) in Kerala in 2018	89
4.24	Work Losses and Drop-in MPCE of PWDs in 2018	90
4.25	Work Losses and MPCE by Disability Types in 2018	92
4.26	Work Losses and MPCE by Social Group and Gender in 2018	92
5.1	Work Participation Rate	96
5.2	Demographic Profile- Age and Gender	98
5.3	Demographic Profile- Family Constructs	99
5.4	Demographic Profile- Family- Related Constructs	100
5.5	Disability Profile and Constructs	101
5.6	Disability Constructs and Causes of Disability	102
5.7	Disability and Related Constructs	102
5.8	Social Profile of the Respondents	103
5.9	Marital Status of the Respondents	104
5.10	Reasons for not getting married	105
5.11	Social Group Membership	106
5.12	Awareness of rights and Experience of Discrimination	107
5.13	Education Profile of the Respondents	108
5.14	Vocational Education and Constructs	110
5.15	Economic Profile- Income Category and Source of Income	111
5.16	Economic Profile –Ration Card Category and Housing Status	112
5.17	Economic Profile – Nature and Type of Employment	113
5.18	The intersection of Education Status and Disability Constructs By Gender	115
5.19	The Intersection of Formal Vocational Training and Disability Constructs By Gender	116
5.20	The Intersection of Informal Vocational Training and Disability Constructs By Gender	117
5.21	The Intersection of Education Status and Disability Constructs by Place of Residence	118

---

---

5.22	The Intersection of Formal Vocational Training and Disability Constructs by Place of Residence	118
5.23	The Intersection of Informal Vocational Training and Disability Constructs by Place of Residence	119
5.24	The Intersection of Education Status and Causes of Disability	120
5.25	The Education and Nature of Employment and Disability Constructs	121
5.26	Vocational Education and Nature of Employment and Disability Constructs .	122
5.27	Education Status and Social Groups and Disability Constructs	123
5.28	Membership in Social Groups and Awareness Level of Respondents	124
5.29	Marital status and Disability Constructs by Gender	126
5.30	Reasons for not getting married and Disability Constructs by Gender	127
5.31	The intersection of Types of Employment and Disability Constructs By Gender	128
5.32	The Intersection of Types of Employment and Disability Constructs By Place of Residence	130
5.33	The Intersection of Types of Employment and Degree of disability	131
5.34	Income and Types of Employment and Disability Constructs	132
6.1	The extent of Empowerment in the Education Dimension (EVD)	139
6.2	The Extent of Empowerment in the Social Dimension (SD)	141
6.3	The extent of Empowerment in the Health Dimension (HD)	142
6.4	The extent of Empowerment in the Employment Dimension (EMD)	143
6.5	The Extent of Empowerment in the Economic Dimension (ED)	145
6.6	Analysis of Variance of Score in the Domains of Empowerment Composite Index (Locomotor Disabled)	146
6.7	Post Hoc (Tukey's Test) Paired Test (Locomotor Disabled)	147
6.8	Analysis of Variance of Score in the Domains of Empowerment Composite Index (Visually Challenged Group)	148
6.9	Post Hoc (Tukey's Test) Paired Test (Visually Challenged Group)	149
6.10	Analysis of Variance of Score in the Domains of Empowerment Composite Index (Hearing and Speech Impaired Group)	150
6.11	Post Hoc (Tukey's Test) Paired Test (Hearing and Speech Impaired Group)	151
6.12	The Extent of Empowerment Composite Index Score by Districts	153
6.13	Analysis of Variance of Empowerment Composite Index Score of Districts	154
6.14	Post Hoc (Tukey's Test) Paired Test (Districts)	154

---

---

6.15	The Extent of Empowerment Composite Index Score by Place of Residence	156
6.16	Analysis of Variance of Empowerment Composite Index Score by Place of Residence	157
6.17	The Extent of Empowerment Composite Index Score by Age Groups (LM)	158
6.18	The Extent of Empowerment Composite Index Score by Age Groups (VIM)	159
6.19	The Extent of Empowerment Composite Index Score by Age Groups (HSIM)	159
6.20	Analysis of Variance of Composite Empowerment Composite Index Score by Age Group	160
6.21	Post Hoc (Tukey's test) Paired Test (Age Groups)	161
6.22	The Extent of Empowerment Composite Index Score by Gender	163
6.23	Analysis Of Variance Of Empowerment Composite Index Score Of Gender	164
6.24	The Extent of Empowerment Composite Index Score by Social Group	165
6.25	Analysis of Variance of Empowerment Composite index Score of Social Group	166
6.26	Post Hoc (Tukey's test) Paired Test (Social Groups)	166
6.27	The Extent of Empowerment Composite Index Score by Education Status	168
6.28	The Extent of Empowerment Composite Index Score by Vocational Education Status	169
6.29	The Extent of Empowerment Composite Index Score by Informal Vocational Education Status	170
6.30	Analysis of Variance of Mean Difference between the Empowerment Composite index by Education Status	171
6.31	Post Hoc (Tukey's test) Paired Test (Education Status)	172
6.32	Post Hoc Test (Tukey's test) Paired Test (Formal Vocational Training)	173
6.33	Post Hoc (Tukey's test) Paired Test (Informal Vocational Training)	174
6.34	The Extent of Empowerment Composite Index Score by Types of Employment	175
6.35	The Extent of Empowerment Composite Index Score by Nature of Employment	176
6.36	Analysis of Variance of Mean Difference between the Composite Empowerment Composite Index by Employment Status	177
6.37	Post Hoc (Tukey's Test) Paired Test (Employment Status)	178

---

---

6.38	The Extent of Empowerment Composite Index Score by Income Group (LM)	180
6.39	The Extent of Empowerment Composite Index Score by Income Group (VIM)	181
6.40	The Extent of Empowerment Composite Index Score by Income Group (HSIM)	181
6.41	Analysis of Variance of Mean Difference between the Empowerment Composite index by Income Status	182
6.42	Post Hoc (Tukey's Test) Paired Test (Income Status)	182
6.43	The Extent of Empowerment Composite Index Score by Disability Groups	184
6.44	Analysis of Variance of Mean Difference between the Empowerment Composite index by Disability Groups	185
6.45	Post Hoc (Tukey's Test) Paired Test (Disability Groups)	185
6.46	ANOVA of determinants of Economic Empowerment of PWDs	188
6.47	Multiple Regression Analysis Result (Determinants of Economic Empowerment)	189
7.1	Indicators of Constraints for Economic Empowerment	195
7.2	Model fit indices for the identification of major constraints	198
7.3	Final validity for the identification Model of major constraints	199
7.4	Final reliability and validity for the identification model of major constraints	200
7.5	Discriminant Validity for the identification model of major constraints	201
7.6	Path values of Confirmatory Factor Analysis for Constraints for economic empowerment – Economic Constraints	202
7.7	Path values of Confirmatory Factor Analysis for Constraints for economic empowerment – Employment Related Constraints	204
7.8	Path values of Confirmatory Factor Analysis for Constraints for economic empowerment – Institutional and Government support Constraints	206
7.9	Path values of Confirmatory Factor Analysis for Constraints for economic empowerment – Societal and Attitudinal Constraints	209
7.10	Economic Constraints (Gender and Type of Disability wise)	211
7.11	Economic Constraints (District and Place of residence wise)	211
7.12	Employment-Related Constraints (Gender and Type of Disability wise)	212
7.13	Employment-Related Constraints (Place of residence and Type of Disability wise)	212

---

---

7.14	Lack of Institutional and Government support Constraints (Gender and Type of Disability wise)	213
7.15	Lack of Institutional and Government support Constraints (Place of residence and Type of Disability wise)	214
7.16	Societal and Attitudinal Constraints ( (Place of residence and Type of Disability wise)	214
7.17	Societal and Attitudinal Constraints (Gender and Type of Disability wise)	215
8.1	Programmes and initiatives for the People with Disabilities in India	219
8.2	Fund Released for Skill Development of PWDs in India (₹. in Lakh)	221
8.3	Grant released for Persons with Disabilities Act in India	221
8.4	Scheme-wise Expenditure incurred for the Empowerment of PWDs in India (₹. in Crore)	222
8.5	Ministry of Social Justice and Empowerment Schemes for Persons with Disabilities	224
8.6	Outlay and Number of Beneficiaries of Directorate of Employment (2017-21) (Amount in ₹)	227
8.7	Outlay and Number of Beneficiaries of Kaivalya Self -Employment Scheme (2017-21)	228
8.8	The ratio of Job Placement to Job Seekers through Employment Exchanges in Kerala (2021)	230
8.9	Loan Released under NHFDC Scheme (₹. in Lakh)	231
8.10	Number of Beneficiaries under Scheme of Skill Development of PWDs under National Action Plan in India 2018	232
8.11	Awareness level of government legislation and initiatives among the disability groups	234
8.12	Gender-wise awareness level of government legislation and initiatives	241
8.13	Awareness level of government legislation and initiatives among rural-urban residents	243
8.14	Tests of Model Effects 1 ANOVA (Determinant of the impact of Government Policies and Initiatives)	246
8.15	Logistic Regression Analysis Result (Determinant of the impact of Government Policies and Initiatives on Education)	247
8.16	Tests of II Model Effects ANOVA (Determinant of the impact of Government Policies and Initiatives)	250
8.17	Logistic Regression Analysis Result (Determinant of the impact of Government Policies and Initiatives on Employment)	251
8.18	Awareness and Impact of the Intervention of NGOs and DPOs by Disability Groups.	253

---

---

8.19	Gender Wise Awareness and Impact of the Intervention of NGOs and DPOs	255
8.20	Awareness and Impact of the Intervention of NGOs and DPOs by Place of Residence	257
8.21	Districts Wise Awareness and Impact of the Intervention of NGOs and DPOs	259

---





## LIST OF FIGURES

<i>Figure No.</i>	<i>Title</i>	<i>Page No.</i>
2.1	Dimensions of Literature Review	15
3.1	Test Result of Normality	53
4.1	Percentage of persons with broad type of disability in India 2018	66
4.2	Disability Population in Kerala by Age and Gender Wise Distribution	67
4.3	Physical Disability Population in Kerala by Age and Type Wise	71
4.4	Education Status of Physical Disability Category of People in India	76
4.5	Work Participation Rate of Physically Challenged People in India	80
4.6	Work Participation Rate of Physically Challenged People in Kerala	81
4.7	Monthly Per-Capita Expenditure of Disabled People in Kerala in 2015	85
5.1	Socio-Economic Profile: Constructs and items	97
5.2	Age structure of the respondents	99
5.3	Social Group status of the respondents	104
5.4	Social Group Membership of the Respondents	106
5.5	Formal Vocational Education Status of the respondents	109
5.6	Income status of the respondents	112
5.7	Nature of Employment of Respondents	114
6.1	Basic constructs of Empowerment for people with disabilities	138
6.2	Domains Wise Score of Empowerment Composite Index (LM)	148
6.3	Domains Wise Score of Empowerment Composite Index (VIM)	150
6.4	Domains Wise Score of Empowerment Composite Index (HSIM)	151
6.5	Districts Wise Empowerment Composite Index Scores	155
6.6	Empowerment Composite Index Score Differences between Rural and Urban Residents	158

---

6.7	Age-wise Difference in Empowerment Composite Index Scores	162
6.8	Social Groups Wise Difference in Empowerment Composite Index Score	167
6.9	Empowerment Composite Index Differences by Education Status	172
6.10	Empowerment Composite Index Differences by Employment Status	179
6.11	Empowerment Composite Index Differences by Income groups	183
6.12	Empowerment Composite Index Differences by Disability groups	186
7.1	Major Constraints for Economic Empowerment through Confirmatory Factor Analysis	198
8.1	Budget Estimates, Allocation and Fund Released under Scheme for (SIPDA) in India	220
8.2	Loan Released (₹ in lakhs) for Person with Disabilities under NHFDC in India	223
8.3	Kaivalya Loan Beneficiaries from Ernakulum Special Employment Exchange	229
8.4	Loan Released under NHFDC Scheme	231
8.5	Acquired Level of Benefits among Different Disability Groups	236
8.6	Acquired Level of Benefits among the Districts	240
8.7	Gender Wise Acquired Level of Benefits	242
8.8	The Rural-Urban divide in the Acquired Level of Benefits	244
8.9	Disability Group Wise Impact of the Intervention of NGOs and DPOs	254
8.10	Gender Wise Impact of the Intervention of NGOs and DPOs	256
8.11	Impact of the Intervention of NGOs and DPOs by Place of Residence,	258
8.12	District Wise Impact of the Intervention of NGOs and DPOs	260

---

## **LIST OF ABBREVIATIONS**

UNESCO	:	Nations Educational, Social and Cultural Organization
WHO	:	World Health Organisation
SDGs	:	Sustainable Development Goals
UN	:	United Nations
UNCRPD	:	United Nations Convention on the Rights of Persons with Disabilities
ICF	:	International Classification of the Functioning, Disability and Health
UNDP	:	United Nations Development Programme
SIDD	:	Standardized Index of Diversity of Disability
PWDs	:	Persons with Disabilities
RPWD	:	Rights of Persons with Disabilities
WHODAS 2.0	:	World Health Organisation's Disability Assessment Schedule
ILO	:	International Labour Organisation
FICCI	:	Federation of Indian Chambers of Commerce & Industry
PRISMA	:	Preferred Reporting Items for Systematic Reviews and Meta-Analyses
NCPEDP	:	National Centre for Promotion of Employment for Disabled People
UNICEF	:	United Nations Children's Emergency Fund
KDHS	:	Kenya Demographic and Health Survey
WEI	:	Women Empowerment Index
EEO	:	Equal employment opportunities
EAWOP	:	European Association of Work and Organizational Psychology.
ECI	:	Empowerment Composite Index
MGNREGS.	:	Mahatma Gandhi National Rural Employment Guarantee Act
NGO	:	Non-governmental organization
DPO	:	Disabled Peoples Organisations
IGA	:	Income-Generating Activity

CB-CFA	:	Co-variance-Based Confirmatory Factor Analysis
HPI	:	Human Poverty Index
LM	:	Loco Motor
VIM	:	Visually Impaired
HSIM	:	Hearing and Speech Impaired
MDSs	:	Millennium Development Goals
CB-CFA	:	Covariance-Based Confirmatory Factor Analysis
ADIP	:	Assistance to Disabled Person for Purchase of Fitting Devices
SIPDA	:	Scheme for Implementation of Rights of Person with Disabilities Act 2016

# CHAPTER I

## INTRODUCTION

### CONTENTS

- 1.1. *Introduction*
- 1.2. *Conceptual Reflection of Disability*
- 1.3. *Disability Prevalence and Trends Across the World*
- 1.4. *Perspectives of Disability in Indian Scenario*
- 1.5. *Background of the Study*
- 1.6. *Statement of the Problem*
- 1.7. *Research Questions*
- 1.8. *Research Objectives*
- 1.9. *Research Hypotheses*
- 1.10. *Organization of the Thesis*



## **I.1 Introduction**

In recent times, disability issues have gained popularity across the world both in western and southern regions. This increased emphasis on disability was the product of common sweats of public governments and the pivotal enterprise of transnational associations similar to the United Nations Educational, Social and Cultural Organization (UNESCO), WHO, and the World Bank. They have handed fiscal support, moxie, and legislative fabrics to revolutionize social, educational, and infrastructural access for people with disabilities and developed an inclusive approach towards them. (Mishra & Gupta, 2006) The legislative foundations lay down by the transnational agencies paved the way for public region-wide wide acceptance of new disability concepts and strategies which could help to a new horizon of disability considerations. The global disability movement has brought about a remarkable shift in perspectives of the people towards disability from weal and charity grounded to right and development grounded approach. (Kama, 1999). As a result of this new idea of rights, the issue of disability is now often considered mortal right sights and experimental concern, rather than simply healthcare. The social protection of people with disabilities is seen as a necessary part of the movement for disability rights across the world. In this regard, the challenges and obstacles faced by persons with disabilities are primarily the product of the denial or violation of their mortal rights (Kama, 1999). The study of the progressive elaboration of the description of disability would give a clear picture of this paradigm shift in the global history of social changes and profitable development. The evolving nature of social institutions, morals, and values shaped by a wide range of forces and factors at both micro and macro levels tends to reformulate the traditional notion of disability regularly to accommodate the modified notion. This signals that we may be approaching a period when the "strong social model" (Shakespeare & Watson, 2001) is ready to acknowledge the variety that is emerging in the Disability Rights Movement and Disability Studies. In the Global North, disability studies have turned their emphasis away from simple survival issues and toward more intricate forms and manifestations of disability existence. The "medical model" may still apply to the Global South, most notably South Asia. Failure to

address the interaction between disability and poverty will stall economic growth and development, including meeting the SDGs (Hari, 2016; Banks et al, 2017).

## **1.2 Conceptual Reflection of Disability**

Owing to a broad variety of viewpoints and strategies, the concept of disability cannot be put into a single-dimensional structure. It is therefore important to consider the definition, nature, theoretical solutions, and the forms of disability. The definition of disability has evolved, from one region to the next, from one society to the next, and even from one person to the next. Anyone with physical anomalies or disabilities of any kind was referred to as "crippled" for many years and decades. The term "handicapped" and its synonyms have a negative connotation in society. The very mention of these items conjures up pictures of a distressed person. When disability is considered as the product of a dynamic interaction between persons and their surroundings, the focus shifts away from the individual and toward the larger social, cultural, economic, and political environment. In fact, from this perspective, disability might be seen as the product of a "disabling environment." Using the terms like "disabled," "physically handicapped," "persons with disabilities," and "physically challenged" to identify and categorise such people is a positive move that could result in rapid growth in social awareness of the issue. "Impairment, 'disability' and 'handicap' are commonly used in a vague and most frequently interchangeable manner. The World Health Organization (WHO) makes a strong distinction between these terms. Under the WHO conceptual definition, an impairment may be characterized as the loss of physical or sensory functioning of certain organs of the body and disability, which implies limitations that affect, in whole or in part to meet the needs of a typical person as a result of either congenital or physical capabilities. Handicap, on the other hand, means the socially vulnerable condition arising from the combined effects of illness or disability as well as the societal response (WHO, 2001).

The same line of thought can be reflected in the UN Declaration on the Rights of Disabled Persons (1975). It defines a disabled individual as a person who is unable to meet the needs of a normal individual and/or social life entirely or partly by



himself or herself, as a result of a deficiency, either congenital or not, in his/her physical or mental capabilities' (United Nations, 1975). For purposes of consistency, here disability is defined according to the International Classification of the Functioning, Disability and Health (ICF) of the World Health Organization (WHO, 2001) as a complex definition with multiple dimensions. It is “the umbrella term for impairments, activity limitations and participation restrictions, referring to the negative aspects of the interaction between an individual (with a health condition) and that individual’s contextual factors (environmental and personal factors)” (WHO, 2001, p.4). Later, however, we find a wider perspective on disability in the Preamble to the Convention on the Rights of Persons with Disabilities (UNCRPD 2006). Persons with disabilities, according to the UNCRPD, are those who have long-term physical, mental, intellectual, or sensory impairments that, when combined with other barriers, prevent them from fully and effectively participating in society on an equal footing with others (Lawson, 2006: article 1, purpose). However, the International Classification of Functioning, Disability, and Health, or ICF (WHO, 2001), is the most often used model for defining disability, since it provides a consistent terminology and conceptual framework for the description and assessment of health and disability. This definition distinguishes between (a) disability of body function and structure, (b) operation and capacity limits, and (c) participation constraints.

The Persons with Disabilities (Equal Opportunities, Protection of Rights, and Full Participation) Act of 1995 defines disability as a person who has at least 40 per cent of any handicap, as determined by a medical authority. According to the Right of Persons with Disabilities Act 2016 “person with disability” means a person with long-term physical, mental, intellectual, or sensory impairment which, in interaction with barriers, hinders his full and effective participation in society equally with others. The Act defines “barrier” as any factor including communicational, cultural, economic, environmental, institutional, political, social, attitudinal, or structural factors which hampers the full and effective participation of persons with disabilities in society (The Rights of Persons with Disabilities Act, 2016, Disabilityaffairs.gov.in.).

### **1.3 Disability prevalence and trends across the world**

People with disabilities are among the largest minority groups in the world. Currently, about 10 per cent of the world's population, or about 650 million individuals, are physically, sensually, psychologically or mentally disabled in one way or another. People with disabilities can be found in every region, with more than two-thirds of the living in the developing world. However, the lack of a clear approach across countries to disability definitions and survey problems has made comparisons of prevalence difficult (WHO & World Bank, 2011; Thompson, 2017). World Health Survey research results for 54 countries placed the global prevalence of impairment at 14 per cent (Mitra and Sambamoorthi, 2014). This number is projected to increase as the population ages. According to the United Nations Development Programme (UNDP), 80 per cent of disabled individuals reside in developing nations. According to the World Bank, 20 per cent of the world's poorest individuals have a disability yet are nonetheless considered the most vulnerable in their societies. Statistics show a steady rise in these numbers. Recent statistics suggest that low and middle-income countries currently have a higher prevalence of impairment compared to high-income countries (Mitra & Sambamoorthi, 2014).

The World Health Survey reports that about 785 million (15.6 per cent) people aged 15 years and older are living with disabilities. The Global Burden of Disability is estimated at 975 million (19.4%) people. 110 million (2.2 per cent) of these individuals have serious problems in living, while 190 million (3.8 per cent) have "extreme impairment" – the equivalent of disabilities resulting from conditions such as quadriplegia, severe depression, or blindness. The Global Burden of Disability measures childhood impairment (0–14 years of age), estimated at 95 million (5.1%) children, of which 13 million (0.7%) have a serious disability (WHO and World Bank, 2011).

With 81 per cent of studies reporting a link between economic poverty and disability, the results of this review provide a robust empirical basis. South Asia is home to a sizable proportion of the world's disabled. In this region, people with disabilities report poor health and substantial impediments to normal living.

## **1.4 Perspectives of Disability in Indian Scenario**

The number of disabled people in India has increased steadily over the previous century, from less than 1 million in 1881 to almost 26.8 million in 2011. During the same period, the number of people with disabilities climbed from 369 to 2208 per 100,000, with a wide range of disabilities (1881-2011). According to the Standardized Index of Diversity of Disability (SIDD), visual and locomotor disability has increased in all states and districts. Disabled people are more prevalent in North-Eastern regions such as Sikkim, Nagaland, and Manipur (Paul, 2015). Disability prevalence varies greatly between geographic locations and social classes. Regional or group-specific public health policies may be required. The government must step up its efforts to improve the socio-economic conditions of the most vulnerable segments of the population (Saikia et al, 2016).

At the start of the 1980s, India's inclusion and approaches towards individuals with disabilities on the premise of 'equality' became a prominent issue, especially with the recognition of 1981 as the International Year of People with Disabilities. Disability in India was included in the 2001 census for the first time after a concerted campaign by the Indian disability movement. India's Census uses the medical condition to assess the types and prevalence of disability and thus there are certain restrictions on the description and definitions. The census found that 2.2 per cent of the population was impaired. However, this figure is disputed by organizations working in the region, which claim that India has approximately 6 per cent or 70 million of the total disabled population. The Indian Census of 2001 employed its own set of disability categories, which were divided into five categories: (i) sight, (ii) speech, (iii) hearing, (iv) mobility, and (v) mental. The government has agreed to this definition, both administratively and legally. In February 2006, the Government of India introduced a National Disability Policy (National Policy for Persons with Disabilities - Disabilities Affairs 2006), which switched from the older welfare models of 'disabled treatment' to the 'rights' model, emphasizing the provision of equal opportunities in education, economic security, rehabilitation and the elimination of social and environmental obstacles to the full participation of people

with disabilities in Indian life. As per the 2011 census, 2.1 per cent of India's population is disabled and that comes in number 2, 68, 10557 with a male-female ratio of 58:42, and the prevalence of hearing and movement disabilities is continuously increasing. According to the Statistical Profile of Persons with Disability by the National Statistical Office (2021), there are 2,68,14,994 persons with disability in India with 2.21 per cent of the total population.

After the Disabled Persons (Security & Rehabilitation) Bill in 1981, the PWD Act was passed in 1995. On 14 December 2016, the Government of India replaced the original PWD Act of 1995, which had been passed 21 years earlier with the Bill on the Rights of Persons with Disabilities-2016. According to Act, the competent government must guarantee that PWDs have the same right to equality, dignity, and respect for their integrity as everyone else. (Government of India.,2016))

### **1.5 Background of the Study**

The formation of disability studies as a distinct discipline and the research activities and practices related to the subject indicates that this is an area in which a robust research foundation has developed concurrently with the subject. However, significant practical and theoretical issues will arise if disability studies evolve beyond the evaluation of disability policy and practice and contribute to disabled people's emancipation (Watson, 2013). Even though India adopted the United Nations Convention on the Rights of Persons with Disabilities in 2007, disabled people continue to encounter numerous challenges in the labour market. The structure and texture of the disability movement in India have changed dramatically, yet their lifestyles have remained relatively unchanged. They are the least fed, healthy, educated, and unemployed, and they lack access to specific services and facilities. Disabled individuals in India are frequently disregarded due to their lack of economic, political, and media influence (Wylie et al, 2013; Mishra & Gupta, 2006).

#### **1.5.1. Disability and Economic Empowerment**

Persons with disabilities can attain economic empowerment provided they have access to jobs and livelihoods, as well as essential entitlements like education, health

care, and housing. Economic involvement facilitates the integration of persons with disabilities into society, and economic engagement in the context of employment is more than just a source of income; it is also a source of empowerment and a vehicle for social change. The key to the economic independence of people with disabilities relies largely on successful inclusion in the labour market and employment system. Leni (2006) correctly observed that employment concerns are inextricably linked to the lives of disabled people. India's globalised economy and limited governmental role need the reorganisation and renovation of human rights, including disability rights and standards. Since the existing provision of employment reservation is strictly limited to public sector institutions, most disabled persons are forced to work in private institutions or unorganised work situations. While expanded job opportunities and accessibility benefit middle-class and highly-skilled disabled individuals, the majority of people with disabilities have been left out of India's economic boom (Hiranandani & Sonpal, 2010). Many studies in India and abroad have looked into the functioning, capacity, and resources available to people with disabilities. Only a few people considered and discussed the deep-seated issues of earning and conversion handicaps faced by disabled people. People with disabilities have access to a wide range of public services to help them find work, but their impact has been small and mostly limited to urban regions. (Shenoy, 2011). According to 2011 World Bank report, disabled people are falling further behind the general population in important areas like employment, risking and exacerbating their already severe poverty and social marginalisation. This is especially true in India, where the country's demographic dividend may be realised through creating and providing jobs and opportunities for individuals with disabilities, improving their quality of life while also generating major economic benefits for the country. The employment gap between people with disabilities and those without has widened in recent years in India, and the economic impact of disability, job loss, and career prospects attributable to disability are not effectively addressed in the research wing. The government has developed and implemented several social structures and programmes to assist disabled people in integrating into society. However, there is a significant wage gap between people with and without

disabilities on the job market. People with disabilities are often the last to be hired and the first to be fired, and their economic independence is typically neglected in research.

### **1.5.2 Low educational and employment status – The stepping stone to poverty**

According to the World Bank report (2006), India has a substantially lower educational attainment rate than the rest of the world and around 52 per cent of the disabled population is illiterate, compared to 35 per cent of the general population. The percentage of impaired children who do not attend school is approximately five and a half times higher than the general population. In India, disabled children are more deprived of education than the well-known deprived SC & ST (Scheduled Castes and Scheduled Tribes) community, whose percentage of out-of-school children is almost four times that of the general population. The education of disabled children has been a top focus since it considerably reduces the impact of impairment on daily living. The 1995 Persons with Disabilities Act provides comprehensive plans with alternative schools, flexible curricula, and special resource support for these youngsters. The coordinated efforts of state and non-governmental groups have made significant progress toward inclusive education. As a result, students with impairments have a variety of options, ranging from special education to general education and skill development. Even in the best-performing states, such as Kerala, where 27 per cent of out-of-school children are disabled, and Tamil Nadu, where over 33 per cent are, according to World Bank (2006). Filmer (2008) revealed that the poorest of the poor is the disabled population, because they have the lowest or no education, resulting in the lowest labour market earnings and consequently poverty.

All of these discussions lead us to the firm conviction that separation and inaccessibility, both in terms of financial and physical availability of opportunities for education, vocational training, and mainstreaming are the major impediments to people with disabilities achieving economic empowerment. Likewise, exclusive approaches, both in terms of attitudes and deeds, are the major reasons for the utmost deprivation of the lives of people with disabilities. The comprehensive study

of empirical and analytical research and reports on the above-mentioned issue of disability and economic empowerment will give us a clearer vision and mission, as well as a deeper dive into the lives of individuals with disabilities in our community. As a result, we will be armed with realistic but effective analytical tools and techniques to investigate the phenomenon of economic and social independence of individuals with disabilities in all aspects of life. Disability and its effect on economic independence and empowerment are significant aspects of the lives of people with disabilities in the developing world, especially in India. There are few studies on barriers to employment and constraints for disabled people's welfare, and the number and quality of research wings intimately involved in disabled people's economic functioning is comparatively small.

### **1.6 Statement of the Problem**

Education and employment are prominent indices in the literature on empowerment theorizing, whether it is for women or other vulnerable groups, as (Alkre et al, 2013) illustrate. The principle of economic empowerment of people with disabilities emphasizes the importance of enabling individuals to actively engage in income-generating programs to be independent and economically empowered. Employment opportunities are the sum of the ways and means by which individuals earn a sustainable livelihood. Disability is strongly linked to higher multidimensional poverty in the majority of studies conducted in developing countries. Individuals over the age of 40, as well as those with multiple disabilities, are more likely to be destitute on numerous levels. Policies aimed at enhancing the socioeconomic situation of disabled people cannot be one-size-fits-all (Mitra & Vick, 2013). India has one of the more progressive disability policy frameworks. However, people with disabilities are still subject to multiple disadvantages. Even several years after the passage of related legislation in India, such as the PWD Act of 1995 and the RPWD Act of 2016, discrimination against people with disabilities persists in all aspects of life, most notably in economic considerations. There is a significant and persistent gap in opportunity, particularly in schooling, vocational training, and access to work opportunities, health, and economic perspectives of life between a privileged and

neglected segment of society, particularly among people with disabilities. It has been demonstrated that the only way to break the cycle of economic dependency and inequality for these people is through education and economic inclusion. For proper planning, policy-making, and service implementation at the state and local levels, accurate and reliable evaluations of disability prevalence, type of disability, the occurrence of disability, potential causes of disability, rural and urban population, social and economic status, and other factors are critical. It also provides background and venues for research into the extent and ability of empowerment of differently-abled individuals to be tested, evaluated, and explored more systematically and comprehensively.

A review and re-examination of the demographic and socio-economic profile of the disability population in Indian states, with particular regard to Kerala, reveals that Kerala lags far behind in economic measures of development such as job participation rate, vocational training attained, and rate of engagement in self-employment venture by differently-abled people. In line with Kerala's higher HDI value and quality of life indices than other Indian states, there is an approximately 20 per cent higher difference in the literacy rate and other levels of education of people with disabilities in Kerala than at the national level. However, we cannot disregard the fact that Kerala's high level of education and literacy has not resulted in new job opportunities or increased occupational engagement for people with disabilities. To build a framework for economic empowerment as well as a decent and improved quality of life for people with disabilities in Kerala, a detailed investigation is required, particularly of their economic perspectives. This necessitates a focus on the effectiveness of the government's empowerment and inclusive policies, as well as the impact of educational approaches in the state. The purpose of this study is to look into the disability concerns associated with economic empowerment and independence of these people in India, as well as from regional perspectives, especially in Kerala. The research focuses on how the socio-economic position of disabled people, as well as government policies and programmes, impact their empowerment and well-being in three districts in Kerala.



### **1.7 Research Questions**

When we embark on disability research, especially on the economic perspectives of PWDs' lives, we must consider the following points:

1. What is the current status of their socio-economic life? Are the opportunities available to them capable of enhancing their economic empowerment?
2. What is the disability community's level of access to education, health care, social interaction, employment opportunities, and the benevolence of economic growth in Kerala
3. What kind of career openings and livelihood options do the people with disabilities in Kerala connect in? Is the quality of vocational training and education sufficient for the requirements of the current job market?
4. What are the obstacles and barriers that persons with disabilities in Kerala confront on their way to economic independence and empowerment?
5. What influence do government legislation and involvement have on the education and employment situation of individuals with disabilities in Kerala, as well as their economic empowerment?
6. Does the intervention and mediation of NGOs and DPOs in Kerala result in improved livelihood prospects and a better living environment for individuals with disabilities?

### **1.8 Research Objectives**

1. To assess the Socio-Economic Status of Persons with Disabilities in Kerala.
2. To assess the economic empowerment of Persons with Disabilities in Kerala in a multidimensional context.
3. To identify the constraints for economic empowerment of Persons with Disabilities in Kerala.

4. To analyse the impact of government policies and initiatives on the economic empowerment of Persons with Disabilities in Kerala.

### **1.9 Research Hypothesis**

The present study hypothesises that

1. Economic empowerment of Persons with Disabilities in Kerala is closely associated with their economic and social status.
2. Intervention through legislation, developmental strategies and programmes by the Government do not have significant influence and impact on the economic empowerment of the people with disabilities in Kerala.

We need a sound methodology to answer the above research questions, fulfil the objectives and validate the research hypothesis, which will be presented in the third chapter.

### **1.10 Organization of the Thesis**

This thesis is divided into nine chapters. The first chapter provides an introduction and a conceptual reflection on disability. This chapter also covers disability trends across the world, perspectives of disability in the Indian scenario, the background of the study, the problem statement, rationale of the research, research questions, objectives and research hypothesis. The organization of the thesis is presented in this chapter.

The second chapter outlines relevant research from the previous decades in the respective fields. Theoretical literature on conceptual development, disability policy perspectives, economic empowerment, the empirical literature on disability and employment, policy practice gap, and disability and entrepreneurship are the important review dimensions. This chapter also highlights the theoretical and conceptual foundations of the research.

The third chapter presents the methodology and data source. This chapter also presents various research tools and sample procedures used in both qualitative and

quantitative field research as well as analysis. It also contains a detailed explanation of several factors such as the population of the study, other general characteristics, and the location of the study area.

The fourth chapter attempts to provide an overview of disability prevalence, education, and economic status of disabled people in India and Kerala. A comparative outlook on the socio-economic status of the disabled people in India and Kerala is examined by incorporating their educational status, especially on vocational training basis as well as their economic condition by looking at their labour force participation and employment status. Under the scope of this chapter, the economic burden and cost of disability in terms of out-of-pocket disability expenses, work loss and drop-in monthly per-capita consumption expenditure are also considered.

The fifth chapter assesses the socio-economic status of three categories of disabled people in the study region in Kerala. The first part of the chapter condensed the socio-economic attributes of the life of disabled people followed by an intersectional examination of socio-economic factors and disability constructs among individuals with disabilities in Kerala.

Chapter six deals with the construction of a composite empowerment index for measuring the economic empowerment of disabled people in Kerala by incorporating five dimensions of their socio-economic life. The chapter discusses domain-wise empowerment and the mean score variation in empowerment across socio-economic categories. It ascertained the major determinants of economic empowerment of the people with disabilities under investigation.

Chapter seven assesses the extent to which inhibitions and barriers have hindered disabled individuals from achieving empowerment in the socio-economic spheres of their lives. In each major domain of empowerment, the most significant barriers contributing to disempowerment and economic dependency of individuals with disabilities are also recognised.

Chapter eight attempts to evaluate the influence of government policies and initiatives on the economic empowerment of people with disabilities in the respective categories of disabilities in the study area. The legal framework in India, as well as the supporting plans and programmes for disabled people in both India and Kerala, are examined separately in this chapter.

Chapter. nine culminates the report with findings and reflection on the disability challenges and concerns of the study. This closing chapter contains a review of the research and an analysis of the relationships demonstrated in various indicators. The research findings are given by the objectives of the study. The primary contributions and recommendations of this thesis are in the domain of economic empowerment of people with disabilities in Kerala by identifying the most important contributing variables and main obstacles. The last section contains the references and appendices.

The thesis is organised in a sequential pattern for presenting the purpose to interpret the analytical concerns in distinct chapters as depicted in the previous section. The very next chapter provides a review of the related literature on disability and economic empowerment, both theoretically and empirically.

## CHAPTER II

# LITERATURE REVIEW

### CONTENTS

- 2.1 *Introduction*
- 2.2 *Theoretical Considerations and Disability Concepts*
- 2.3 *Disability and Employment*
- 2.4 *Policy Practice Gap*
- 2.5 *Disability Employment and Entrepreneurship*
- 2.6 *Conclusion Remarks*
- 2.7 *Research Gap*









## 2.1 Introduction

An analysis of the related literature on disability-employment studies has been carried out, as the present research is limited to the economic empowerment through the employment aspect of the disability considerations. Disability concerns, as an established branch of social science research, are rich in comprehensive studies on various aspects of the discipline. For the earlier few decades, we could see a worldwide bulk of literature both in quantitative and qualitative lines of investigation, particularly in the Western countries on various dimensions of disability, mainly rehabilitation, discrimination, human rights, injustice, and economic empowerment with the linkage of employment and vocational training. But, the scope and extent of the problems linked with disability are quite different elsewhere, principally in emerging societies like India and in its regional levels where only a few academic and extensive research works, no considerable advancement has been made. A large literature is available in the field, including doctoral theses, thesis papers, review articles, general articles, working papers, books, studies, and so on. While there is extensive literature on disability analysis and concerns, only valid and credible studies have been reviewed. This session is segmented into theoretical literature as well as empirical literature. The former offers a clear theoretical framework for the analysis, and the latter paves the way for valid claims in the light of clear empirical proof.

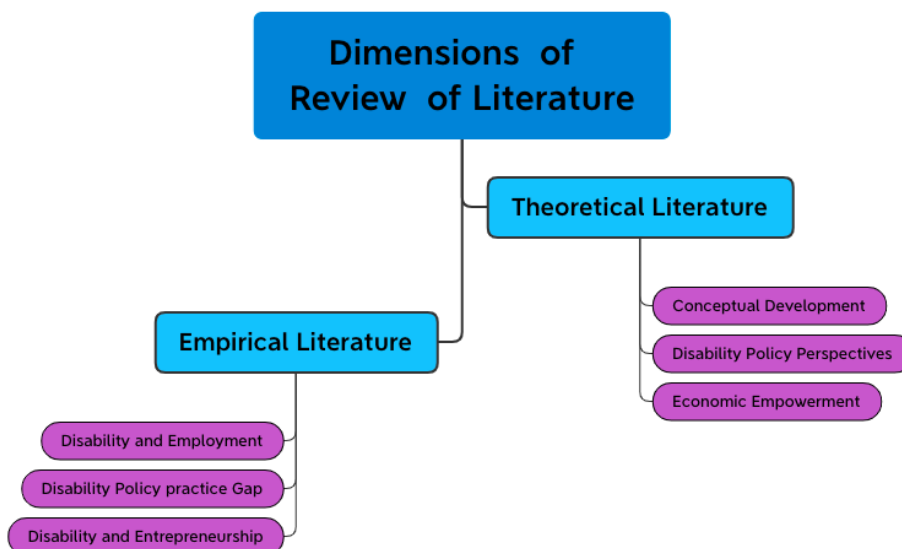


Figure 2.1: Dimensions of Literature Review

## **2.2 Theoretical Considerations and Disability Concepts**

### **2.2:1 Conceptual Development of Disability**

The present analysis is confined to the economic functioning and employment status of disabled people. Economic empowerment is defined as being able to engage freely in economic activity” (UNDP, 1993). Economic functioning, which is the basic requirement of economic empowerment, deals with problems related to employability and employment status of this section of the people. The economic well-being or empowerment of disabled people is very much dependent on the extent of accessibility and assurance of opportunity for these people for economic participation and employment. This will be determined by how disability is viewed and defined. The first part of this review section is concerned with the approaches and models of disability in recent studies.

Karna (1999) in one of his crux works “Disability Definition and Conceptualization” spells with utmost clarity about the notional and experiential extent of disability in the common structure of human rights. At the inception part, an assignment is given to accurate and explicit meaning to the indefinite terms such as 'disability' and 'rights' and their refinement in the perspective of an individual as well as group context. This work is sincere in its investigations into the anthropological erection of the disability and its varying paradigms established the world over with special reference to the developing world, and involvement of the global community both the States and NGO initiatives, to uphold the human rights of disabled people. The study looks deeply into the extent of awareness about the disability rights movements in India and scrutinizes the legislative measures implemented to ease the hardships of disabled people. Finally, there is a fruitful discussion about the commitment undertaken at the national and worldwide level and also their limits in bringing together these marginalized people into mainstream society.

Barnes and Mercer (1999) in their book *Exploring Disability: A Sociological Introduction* offers an introduction to the history of disability. The authors trace the history of sociological theorizing of disability and chronic disease and give

particular attention to the British "social paradigm of disability" that originated in the late 1980s and 1990s. As the authors have pointed out, the social model of disability is a theoretical account of disability focused on disabled people's perspective and of activists, rather than a sociological construct. The book is a valuable introductory text for the study of disability sociology.

Kama (2001) through his research effort has laid down a condensed version of the theoretical construction of disability from various perspectives. Accordingly, the medical and social models are the two significant heads under which all these approaches can be generally categorized. The different imperative outlooks like gender, psychological, minority basis, socio-political, and human rights are discussed appropriately in the course of work. Additionally, he seriously verifies the policy structure of disability based on the social model across the world. The study includes a comparative analysis of the width and depth of the troubles of disability in third world countries versus developed nations with special reference to UN human rights norms and standards. Propagation of disability rights awareness and its blow on society participation in building up citizenship of the PWDs in society at the worldwide level has been critically discussed.

Bualar & Ahmad (2009) in their qualitative research examines the interrelation between CBR and the self-distancing of physically challenged women from their society. A deep investigation of 40 women with loco-motor disabilities in northern Thailand shows that CBR was hardly accomplished in empowering women with loco-motor disabilities to understand their sense of identity within their community. This is because CBR was not capable to transform society's wrong notion of disability. The study identifies the reason for the failure of CBR Programmes as the intense resorting of CBR to medical practices rather than on social models and gender concerns.

Kumar et al., (2012) examine a number of problems and obstacles relating to the disability and rehabilitative sector in India and place special emphasis on improving community healthcare coverage and provision of services to the disabled. The dissemination of information about the impact on disabled people, social

mobilization, opportunities for work and education, acquisition of learning to the societal level, programme activities, and participation of disabled people should be strengthened in monitoring and evaluation of service delivery. One of the greatest issues, in their perspective, is providing rehabilitation care to the inaccessible disabled persons residing in regional and comparatively semi-urban settings.

Saikia et.al (2016) in their research paper examine the socio-economic and regional divides in India regarding the disability prevalence. They measure the prevalence of disability by the categories like gender, geographical base like rural/urban, districts and states, and caste. They also check the co-relation between disability prevalence and the important socio-demographic and socio-economic features of the districts in India. They develop Age-standardized disability prevalence (ASDP) using 2011 census data and the result shows that there is substantial variation across districts and is higher among women, rural people, and members belonging to scheduled tribes (STs) and scheduled castes (SCs). They think that it is desirable to reframe the definition of disability to construct an internationally comparable standard of disability prevalence in the country.

Haruna (2017) examines the problems of living with disability in Nigeria and their research paper based its investigations on the notional framework of the Medical Model and the Social Model of disability. The margins and backdrops that are experienced by the disabled people in terms of strategic inequity by the government and the negative outlook of most members of the society in which they live are highlighted. Based on the experiential evidence the paper discloses that the majority of the disabled people have downbeat experiences concerning employment, skill training, persisting and reliable empowerment, keeping out from social dealings, and contributing towards decision making on the issues that affect their lives such as lack of access to public facilities. The paper argued that the deficiency of effectual laws for safeguarding and promoting their rights slow down appropriate and sufficient funding of disabled organizations and the specification of inclusive welfare service for them.

Vornholt et.al (2018) opine that the decline in the working-age population, particularly in European countries, calls for a new consideration for the people with disabilities which has to be recognized as a valuable resource in the workforce, and disability and employment research is more important than ever before. This paper examines the role of the state in the sphere of disability and job opportunities. Therefore, they concentrated on a broad group of people with disabilities. They also addressed disability under the World Health Organization's International Classification of Living, Illness, and Protection (ICF) by acknowledging that impairment is the result of human and environmental experience. For each of the topics, the authors present important findings in the current literature and indicate where further research is required. They promoted a consistent disability and job study strategy to provide practical guidelines.

Bud's scheme under Kudumbashree and its function in the Kerala state of India was the topic of Selvi et.al, (2020) study. The study was built using secondary data. They came to the conclusion that the Kudumbashree programme achieves the long-term goal of building an inclusive society for children with disabilities. It offers up new avenues in the history of progress.

On the basis of secondary data, Vijayan et.al (2020) determined that social exclusion in India is stratified by caste, class, and gender. Differently abled persons are left out of the sophisticated human existence and development process. Apart from social isolation, issues like poverty, unemployment, and gender discrimination continue to impede the social and economic development of India's marginalised communities.

### **2.2:2 Disability Policy Perspectives and Economic Empowerment**

Hahn (1985) in an academic essay, *Towards a Disability Policy: Definitions, Disciplines, and Policies*, discusses the transition from the medical disability model and the economic (rehabilitation) disability model to the socio-political (minority group) model that calls for public policy reforms that transform the world from a discriminative one to one that is open to all. This shift calls for the reformation and re-design of disability definitions and policies.

Oliver (1996), in his edited book, *Understanding Disability: From Theory to Action* attempts to discuss recent and ongoing problems related to disability, citizenship and community care, the evolving structure of primary institutions such as the family in today's society, social policy, and healthcare, education, and the politics of new social movements. Reflecting on his own experience as a disabled person and theorizing the wider social, economic and political dimensions of disability, Oliver aims to explore and expand our perception of disability. The book consists of eleven essays and reflects Oliver's dream of moving from theory to reality in several ways, such as healthcare, education, recovery, and politics. It seeks to apply a materialist analysis to disability issues, rooting its theoretical insights into the current realities of the society that affect people with disabilities.

Dalal and Svanström (2015) used the World Bank's income categories to assess the economic burden and cost of Disability-adjusted Life Years (DALYs) due to disability at the national level. The Disability-Adjusted Life Year (DALY) and Gross Domestic Product (GDP) per capita data from the World Bank and World Health Organization websites were used to assess the economic loss. The majority of the DALYs burden of disability (almost 75%) was found in low- and lower-middle-income nations. Over 80 per cent of countries with greater middle- and high-income levels bore the brunt of the economic costs associated with disability. They concluded that due to their high cost and significant GDP losses, disability prevention should be given top priority to avoid such costs to lives and economies.

In their study, Ipek (2020) calculates the additional economic cost of disability for households in Turkey using a standard of living approach (SoL). The cost of disability is assessed using the ordered logit approach after the Standard of Living (SoL) index is divided into three income groups: low, middle, and high. To achieve the same level of life as those without disabled members, households with disabilities are expected to require the additional financial support of at least 9.1 per cent of family income. While the cost of an individual's disability in the workplace is 14.6 per cent of their household's income, the cost of an individual's disability in everyday life is 9.1 per cent.

Saju et.al (2020) examined in Kerala the relationship between neighborhoods cohesion and disability in society. A cross-sectional home survey was carried out with 997 participants who were 30 years of age or older. Three scales—trust, community involvement, and perceived safety—were used to measure the cohesion of the neighbourhood. WHODAS 2.0 was used to measure functional ability. Chronic disease states, age, gender, education, income, and mental health issues were all explanatory factors. Most demographic and health factors are positively correlated with functional capacity. Social cohesion, age, income, education, chronic illnesses, and mental health issues are the variables that remained statistically significant.

### **2.2.3 Economic Empowerment Index**

Mishra and Gupta (2006) have developed the concept of a disability index in India which measures the deprivation suffered by disabled people in education, skill development, and employment, and the analysis is based on National Sample Survey (2002) and census 2001 data. They developed the index based on the human poverty index of UNDP 2003 as it allows the flexibility of the number of variables without any constraints. Educational opportunities are taken by the weighted average of adult literacy rate, non-enrollment in a special school, and lack of pre-school intervention, while opportunities for skill development and employment are taken based on non-enrollment in vocational training and the percentage of non-working disabled respectively. The adult literacy level has been given more weight because it has a greater effect on disabled people's inequality than the other two variables. The disability index was measured for each type of disability in 16 major states, and the deprivation value ranges from one to a hundred, with a minimum value of Index 73. 92 and the maximum for Himachal Pradesh is 92. The report concludes with the observation that, even though numerous services, both government and non-governmental, have been initiated and implemented, they are only available to a small percentage of disabled persons.

Government of India (2015), Department of Empowerment of People with Disabilities, Ministry of Social Justice and Empowerment launched an index to

measure the inclusiveness and accessibility of Persons with Disabilities through different types of organizations in partnership with FICCI. This composite index is divided into two distinct sub-indices that assess inclusiveness and accessibility separately. The aim of developing this index was to determine the current stage of inclusiveness and accessibility of people with disabilities in various organizations across India. The standards given by this index are consistent with numerous national and international regulations and recommendations, such as the UNCRPD, ILO, and the PWD Act of 1995.

The status of an organization in terms of inclusiveness and accessibility of people with disabilities is measured using a formula that assigns equivalent weight to each of the inclusiveness and accessibility sub-indices. Finally, the inclusiveness and accessibility indexes will be constructed as an average of sub-indices, with the inclusive sub-index measured as the average of three subcategories A, B, and C, and the accessibility sub-index calculated as the average of subcategories D, E, and F

They have conducted a systematic literature review and meta-analysis by PRISMA recommendations to examine the available methods for measuring empowerment in people with disabilities, with a focus on developed countries. 36 papers were examined after thorough review and discussion, just 17 questionnaires were found to be validated, and there are no questionnaires of this standard available in developing countries. Furthermore, they discovered that none of these papers properly discussed or calculated psychometric properties and equivalence parameters. They conclude the analysis by stating that, while the empowerment scale was often used to assess empowerment, sufficient validity is lacking in the case of developed countries. To determine the analogous requirements in research, we need to conduct more research to improve empowerment instruments for developed countries. They say that Rogers' empowerment scale is the most established instrument for measuring empowerment.

Under the initiative of NCPEDP as a part of its campaign equity + 20, Jindal & Chari (2015). conducted a study on the job situation of people with disabilities as a result of the impact of the passage of the PWD Act in 1995. The paper has resulted



in a thorough discussion of the Act's legislative system dealing with education, employment, inclusion, and non-discrimination in the context of opportunities for people with disabilities. The study report specifically reported on various empirical discussions and inquiries about the results of this law, and it indicates that only a dismal rate of jobs in both public sector companies and private firms, which is well below the mandatory percentage of 3. The facts regarding the backlog of openings for people with disabilities in the public sector, which has been documented in certain studies, are also addressed in this study, and judicial action is advised to resolve the matter as soon as possible. The study presented the following significant suggestions to expand employment prospects for individuals with disabilities like; the government should provide an inclusive and barrier-free work environment with the reservation package, the establishment of a disability labor unit under the Ministry of Labour and Employment; some provisions for increasing employment in the private sector are also included. While highlighting the appropriate function of self-employment initiatives in decreasing unemployment among individuals with disabilities, the study demonstrates the role performed by NHFDC in providing a long-established concessional rate in recent years. The discussion also involved the poverty alleviation programmes in the unorganised sector to lessen the degree of poverty among these people. The report was concluded by stating that the capacity, skills, and potential of people with disabilities are still untapped, undervalued, and underdeveloped and that as we approach 2030, it is critical to guarantee that people with disabilities are not left behind.

Roy et.al (2018) created an index to assess the empowerment of women-led self-help group members based on sector-specific criteria. The study's sample size was 300 SHG group participants from rural West Bengal, and the empowerment parameters were financial liberty, decision-making capacity, health status, and stand against social evils. Equal weights were assigned to each indicator, adding up to unity, and the collective empowerment of the scorers ranges between 0 and 1, with 0.8 serving as the baseline threshold for attaining sufficient empowerment. They concluded that the average empowerment score was 0.8 among group leaders and those educated above the secondary school, and the score was less than 0.6 among

others. Inaccessibility to financial resources and services is described as a significant disadvantage among these women, and disparities between rural and urban areas are also observed. One of the study's shortcomings is that gender differences are not found in this model; however, it would be useful for policy-makers to implement new policies and restructure old ones to meet the needs of the time

United Nations International Children's Educational Fund (UNICEF), (2020) has established the Women Empowerment Index (WEI) in collaboration with its participants, particularly with UNICEF in a multidimensional context. The methodological work for building the index was carried out using data from the 2014 Kenya Demographic and Health Survey (KDHS), and the analysis was carried out separately for women in the union and women who were not in the union. They established the empirical result of the study to provide a benchmark for meeting the UN SDG 2030 target of "no one left behind." The Index is built on the philosophy of Sen's capability approach and qualities such as resources, agency, and achievements, which were also developed by Kabeer (1999)

Economic, human, and social resources, household and reproductive decision making, and attitude towards social-cultural norms are the important domains chosen for indexing, each with a suitable number of indicators. Following exploratory factor analysis, they used key variables under the above domains, and all the variables were coded dichotomously, with one indicating women are empowered in the indicator, and 0 indicating women are not empowered in the indicator. In general, a woman is called empowered if she scores 80 per cent or higher in all domains together. The results show that 29 per cent of Kenyan women are empowered, with a 100 per cent gap between rural and urban areas, and that younger women are more empowered than older women.

### **2.3 Disability and Employment**

The decelerating employment level is an important issue in disability consideration and research all over the world. We have a large number of investigation reports and studies on disability and employment, dazzling the significance of this sphere of policy in recent years. (Planning commission of India 2008, Bound & Waidmann,

2002; Burkhauser & Daly, 2002.) These studies have mainly concentrated on the factors reflecting low levels of employment and influencing factors that determine the employability of people with disability. They have focused either on the policy direction or the critical review of new employment creation strategies and steer schemes that have been launched. In all these research works including in wealthy western societies, the universal string is the deceleration of employment rates among the person with disabilities. (Planning Commission of India, 2008; Bound & Waidmann, 2002; Burkhauser & Daly, 2002).

Bound and Waidmann (2000) reveal the barriers and difficulties faced by persons with Disability in the labour market. The magnitude of the hardships reaches its heights when impairment is followed by other factors like inadequate accessibility to work sites, lack of incentives provided by the public disability benefit programmes, and lack of communication and information. All these factors lead to lower employment rates for adults with disabilities.

Chi and Qu (2003), while analyzing the perspectives of employers towards the hiring and appointment of persons with disabilities in food service industries in America, the authors identify the biggest barriers to the employment of people with disabilities is the employers' negative attitude. They have used a simple random sampling approach for the survey of opinions and attitudes among 5000 Oklahoma Restaurant Association members. Factor analysis, multiple regression analysis, and one-way ANOVA were the tools used for data analysis. They have come to the conclusion that the more positive the employers' approach toward persons with disabilities employees, the more possible the opportunities that they are going to be employed or persist to appoint persons with disability.

Malo and Muñoz-Bullón (2006) explored the relationship between employment promotion and the quality of jobs for people with disabilities. The data from the Spanish survey on impairments, disabilities, and health status in 1999 were included and evaluated two variables both on the demand side and on the supply side as a proxy for quality analysis. On the demand side, the types of the contract held and on the supply side status of the worker have been taken as to whether or not he or she is

looking for another employment. The research hypothesises that benefits and programs that allow employers to recruit workers with disabilities out of their will and intermediates such as the quota system decrease the quality of their job. In specific, they used the regression analysis of the Probit model for theoretical experiments. The key finding of this research is that programs encouraging the welfare of people with disabilities do not increase the quality of their jobs. They correctly pointed out the explanation for this is those job recruitment initiatives and the intermediation process are primarily based on addressing the short-term challenges of entrance into jobs. They also recommended a financial reward to keep disabled people with their present job owners for the successful implementation of the above-mentioned initiatives, and their suggestion is in line with the need for disabled employees to seek long-term guidance and intermediation as regards their work opportunities as a whole.

Doucouliagos et.al (2006) addressed core determinants of the promotion process of labour markets in the Australian public sector. By making use of evidence from the 2004 Victorian Public Sector Census, the paper established the degree and extent of bias in the recruitment process. The assessment of the Probit model was made and the current disparity in the representation of class, disability, and cultural distinctions was examined after controlling both human capital and job characteristics. They came to the conclusion that no significant disparities were found on the grounds of disabilities, but that a certain degree of discrimination in gender issues and the key driver of promotion in the Victorian public sector labor markets is the commitment and success of workers. They also made four significant contributions to current research, such as: defining key determinants of promotion in Australian public sector labour markets; focusing on the effect of anti-discrimination laws on racism in recruitment; contributing to a comparatively limited number of studies investigating the recruitment mechanism for the whole public sector; this research is one of the very few that looked at inequality in the treatment of disabilities, as well as the other factors in Equal employment opportunities (EEO).

Pagán (2009) checked the status of self-employed disabled people in Europe. The data source for the analysis was the European Community Household Panel for the period 1995 to 2001 for 13 European countries. He found that self-employment is capable of providing convenience and a healthier modification between disability status and working conditions. Furthermore, the rate of job satisfaction, nature of the job, and working situations of self-employed disabled people are more than that of disabled people who are wage and salary earners.

Hiranandani and Sonpal (2010) examined the need for economic reorganization in the areas of social programs, employment generation and accessibility, education and health provisions, agriculture, and food security norms, drinking water facilities, and land acquirement from a disability perspective. The analysis showed that while increased job opportunities and accessibility are advantageous to middle-class and highly-skilled disabled persons, the greater part of people with disabilities has been missing out on India's economic prosperity. The authors remarked that India's globalized economy and limited state role require transformation and renovation of understanding of human rights, including disability rights and norms.

Jones (2011) analyses the impact of various types of disability heterogeneity on employment and labor market earnings. For this reason, the research took advantage of the additional questions posed in the UK labour force survey and found that the cause of disability and the onset of disability had potential consequences on labour market opportunities. The research was carried out using a bivariate Probit model and disability status specification is calculated to test the accuracy of the Probit model findings. The study concluded that information on the severity and cause of disability hurt the likelihood of employment. The type, cause, length, and extent of disability are the main determinants of employment for both men and women.

Shenoy (2011) addressed disability prevalence in India from a different viewpoint, in particular on gender inequality and disparities in job prospects for people with disabilities. This paper also explores the context of the implementation of universal standards and conventions in India and the constitutional provisions introduced by the Government of India. Possibilities are accessible in the Indian economy to train

young people to be successful in employability and to be a powerful force for diversifying the scenario in the rising economy of India. The initiatives taken by the various ministries, in particular, the Ministry of Labor and Jobs and the Department of Rural and Urban Development, have also been addressed in this regard. The paper was profoundly interested in the issues faced by key stakeholders in disability areas such as the Government, NGOs, Employers, and People with Disabilities. At the end of the debate, it was concluded that while a multitude of public services to encourage jobs could be found for people with disabilities, their effect has been quite negligible and largely restricted to urban areas. It also examined the job placement ratio in regular and special employment exchanges and established the reasons for the poor performance of these wings as well as for backlog vacancies. The study deepened its research into the background of instruction and skills growth for people with disabilities in both public and private institutions in India. The study continues with guidelines for job portals for people with disabilities and connects them to the ILO Global Market and Disability Network via an online portal.

Sciulli et.al (2012) tested the impact of various forms of disability on employment prospects with the use of Portuguese dataset from 1997 to 2002 on the person and unemployment spells. Applying semi-parametric durations models, they analyzed the results and concluded that locomotive-affected persons and persons with sensory disorders face the longest time of unemployment. They observed that prior work experience and vocational training had a positive effect on job prospects. They called for policy proposals to encourage work mobility, and due consideration should be given to the heterogeneous existence of the impact of various conditions on jobs. They also investigated the impact of disparities between males and females, disabled and non-disabled, and variations in the nature of impairment on the length of employability. The findings reflect the value of supporting autonomy for the disabled at the same time as access to work to improve the job prospects for these individuals.

Thorlacius & Ólafsson (2012). analyse the incidence and impact of disability pension and unemployment rate in Iceland to examine the incidence of disability

pension on unemployment rate by examining changes in this relationship from 1992 to 2007. The relationship between unemployment rates and disability pension incidence rates was calculated by checking correlation and other significant tests and it was done for different disease groups. During the study period, there were two significant variations in the unemployment rate, with a rise in unemployment between 1993 and 1995 and between 2002 and 2003. In both cases, there have been related to increases in the rate of disability benefits. The incidence of disability benefits declined again as the unemployment rate came down, but not to the same degree. The observed trend of disability pension incidence in the two unemployment periods of the study period indicates, in particular, that people with disability are pushed out of the job market at a time of increasing unemployment, rather than pointing to a negative impact of unemployment on health. The results suggest that the vocational education program in Iceland needs to be improved.

Friso and Caldin (2014) examine the universal framework which is having a troublesome complication followed by a European economic crisis that led to increasing unemployment and the downbeat consequence for people with disabilities is even more crucial when this condition accountable to deny the people without opportunities of job. They centered on the point of reforming the strategies to the work assimilation, with wages to complement those already schemed for disability, with a constant and continuous verification of the ease of access to workplaces, with a sturdy will, they concluded the study by the affirmation we can confirm the social inclusion and not only the economic payment.

Naraharisetti and Castro (2016) used linear regression and spatial autoregressive models to investigate the characteristics related to the proportion of disabled people who are working at the district level, based on 2001 Census data. There were also models stratified by rural and urban areas. In rural areas, having a mental disability reduced the chances of being employed. In urban areas, being female and illiterate reduced the chances of finding work, but having a vision, mental, or movement impairment (relative to other disabilities) enhanced the chances.

Vornholt et.al (2018) through their research paper (funded by EAWOP) make a detailed analysis of the key issues, including the complexity of defining disability, the legal situation in Europe and North America concerning disability at work, and barriers and enablers to employment. They specifically focus on mental disorders as an impediment to workplace inclusion. They analyse employers' crucial role in hiring, managing, and retaining employees with disabilities. They develop a new definition of disability that represents a change of mind because according to them disability can no longer be seen as a trait of a person, but rather as a problem in terms of physical, social, and attitudinal barriers. Their suggestions are in terms of policy systems which require more research and a more active role of work- and organizational psychologists. Accordingly, policies need to pay greater attention to keeping people in the labour force and preventing them from moving onto a lifetime benefit.

Baker et.al (2018) through their research article examine the scholastic research works and industry publications associated with management policies and perspectives that can influence employee allotment to individuals with disabilities. They focus on the factors like employer perspectives on the hiring of individuals with disabilities, the impact of apparent versus real cost on hiring, and the superficial mismatch of education to job qualifications among applicants with disabilities as the main obstruction to employment participation of individuals with disabilities. They present substantiate proof-based situations to assist in crafting targeted policy to deal with employer consciousness, industry guidance on topics that may support employers to accomplish a more inclusive workplace, and insights suitable to face the obstacles.

## **2: 4 Disability Policy practice Gap**

We could avail a lot of worldwide literature on identifying policy gaps regarding disability consideration and a policy brief can be seen as a reference to measure and improve disability-inclusive strategies and practices. In the case of India, it is the 27<sup>th</sup> year of passing the 3 percent reservation in employment opportunities for



people with disability in India and it is highly desirable to check the functionality of implementation of this law in practice in various employment sectors of the country.

Abidi (1999) conducted a study under the banner of the National Centre for Promotion of Employment for Disabled People in 1999 and found that the target achieved was severely fall short of 13% of the desirable level. The above result was arrived at through the analysis of data collected from 100 top companies through a well-structured questionnaire. The sample includes both public and private companies including multinational corporations. The result shows only a mere percentage of employment of disabled people in all these industrial firms.

Leni (2006) rightly pointed out the employment-related issues closely related to the lives of disabled people. The existing provision of reservation in employment is strictly restricted to public sector institutions, so in reality, this provision does not take into practice because the public sector is shrinking very fast and most disabled people are confined to private institutes and other unorganised employment scenarios.

Planning Commission, Government of India (2008) report evaluate that a remarkable beginning is made to bring the persons with disabilities into the mainstream of development with the approval of the Disability Act 1995, but still, there is a long journey towards the fulfillment of the target aimed. In reality, the 3 per cent reservation sanctioned for the PWDs against posts in Government Ministries/ Departments, PSUs/ Corporations, and Autonomous Bodies are not executed properly. We need concrete and penalty rules for committing misuse in the selection/ recruitment and appointment process. Apart from this, the report also suggests that the representative of the Chief Commissioner for Persons with Disabilities shall be empowered with the power of submitting a consent note to the Chairman of the Selection/ Appointment Committee as also the immediate boss. The report summarizes by suggesting a priority-based assessment for ensuring transparency in the selection and appointment process and for making affirmative concern for the gender differentials, age barriers, cast-based differentials, marital status, etc.

Karna (2010). thought that in contemporary schools, colleges, and universities' curricula, the topic of disability studies is still relatively underdeveloped. This may certainly be reflected in the haphazard manner in which national educational institutions have reorganised numerous degrees and diploma programmes over the years.

Agovino & Rapposelli (2012) investigate a two-step analysis of the employment of disabled people according to law 68/1999 focusing on Italian regions for the year 2005. Firstly, the researchers use multidimensional scaling to identify different socio-economic contexts. Secondly, the analysis by clustering is used and tests the presence of subsets among Italian regions. They come to the conclusion that a large number of profit-making firms are providing support services for disabled people and providing favourable opportunities for the employment of disabled people. They admit the reality that, large public sector organizations are not in a good position to create a rather closed social environment and do not seem to have a positive impact on employment.

Chand and Reddy (2012) conducted a study to better understand how the Society for the Elimination of Rural Poverty (SERP) programmes have an impact on the economic well-being of people with disabilities. The study also attempted to evaluate how much money disabled people provide to their families, what types of income-generating activities they engage in, and how their families and the community assist them before and after the programme. The study indicated that while state and non-state organisations' inclusive policies improved participation, they were unable to remove the socio-cultural context's inherent participation barriers.

O'Dowd et.al (2013) have examined the National Policy for Persons with Disabilities of India using a human rights approach. They implemented a structured study using the Equi Frame, which was used to determine the inclusion and consistency of core human rights principles and the inclusion of vulnerable groups. They ranked the policy and overall rating Low Quality by awarding a score of 67 per cent for Core Concept Coverage, 24 per cent for Core Concept Consistency, and 42 per cent for Vulnerable Group Coverage. They concluded the study by proposing

that the Core Principles of Human Rights be revised with increased monitoring of current laws and policies, through transparency and enhanced support for this group.

Singh (2014) in her research paper tries to find out the causation between disability and economic inequalities in India and the influential impact of this causation on the lives of PWDs. Furthermore, she explores the efficacy of the programmes initiated by the government in eliminating the repercussions of economic inequalities in the light of various legislations such as the 1995 PWD Act and UNCRPD. Results of the discussions show that even though the constitution of India and other legislations have provisions for equal rights and opportunities for employment and training, still disability stands as a source of exploitative discrimination and inequality. The net result is the limited opportunities for the person with disabilities to participate in the mainstream of different spheres of life socially, politically, and economically, thereby having fewer chances of empowerment.

Dhanda & Mishra (2016), in their paper investigated all sources of legal provisions and accessibilities available for the differently-abled people in the line of economic and social empowerment including psychological support also. Then it identified the factors and challenges to be addressed both by the government and society for the reprisal of the barriers that have been experienced by these people in the labour market and present employment scenario. They highlight the policy practice gap in India especially the implementation of 3 per cent reservation and other norms of the 1995 Act. The discussion ends with the suggestions like economic rehabilitation for the independent and dignified life of these people.

Ramachandra et.al (2017) in their scholarly article brings forth the real factors which influence the employability of the PWDs with empirical evidence from a metropolitan city Hyderabad in India. The important barriers point out from employees' perspectives are access to and within the workplace, harassment and discrimination at work, negative attitude toward PWDs, communication and information barriers, and inadequacy of training opportunities. They find a considerable gap to be covered in the realisation of the present disability laws and provisions like the 1995 Act. The conclusion shed light on the opportunities to develop advocacy and resource potential to fill the gap between PWDs and expert employers in the IT/ITES in India.

Joseph et.al (2020) used estimates from three large-scale population-based surveys in India to compare national and state-level estimates over time to analyse the trend in the prevalence of mental health disability in Kerala. They discovered that the prevalence of mental retardation and intellectual disability in Kerala grew from 194 per 100,000 people in 2002 to 300 per 100,000 people in 2018, which is two times higher than the national average. They claimed that there is a mismatch between the complexity of the issue and the public sector's resources.

### **2:5 Disability Employment and Entrepreneurship**

The studies which strongly support the need for developing entrepreneurship skills among disabled people site the reason is that will increase employment potentiality and reduce the over-dependence on disability benefits.

Burkhauser and Daly (2002) highlight the issue of decelerating the employment rate among people with disability, especially during the 1990s and explore its implications in job search and labour accommodations spheres. They show that, while employment yields are a major source of income, the downward trend causes these persons to rely more on non-labour income, particularly disability benefits.

According to Hameedu (2014) many initiatives are being attempted to improve the empowerment of persons with disabilities in developing nations, particularly in India. However, adequate development in proportion to the pre-determined programmes and budget allocation has never been attained to date. This research paper aims to appraise a new model of development and empowerment for the people with disability, appropriate for the situations in developing countries like India. The study is entirely an empirical one that assesses the empowerment of disabled people and it suggests that through the advancement of entrepreneurial quality, employability empowerment can be enhanced. Further research is needed to make sure about differently-abled entrepreneurs who emerged as a need of existence, rather than financially motivated and who can add a chief lump to the economic development of our nation.

Chacko (2015) in her paper explores the possibility of the damaging effect of disability and linked issues of health hazards, insecure livelihood, and

unemployment. The network of disability, joblessness and insecure living calls for genuine, experiential, and pragmatic studies for valuable policy interferences. The study sheds light on the causal linkage between social exclusion and health mutilation coinciding with disability. The paper calls our attention to the urgency for the intervention of the state and also from the part of the society especially for providing effective palliative care. Effectual psycho-social intermediation and assistance in terms of financial aid and livelihood provision through the potential employment opportunities will accommodate their priorities in an enhanced manner.

Dhar and Farzana (2017) made an exploratory investigation of the motivational factors and challenges of Entrepreneurs with Disabilities in Bangladesh. The result of the discussions indicates that social inclusion and acceptance, economic empowerment, breaking of the social and family barriers, and lack of job opportunity in the traditional workforce are the prominent motivational drivers for embracing entrepreneurship. The entrepreneurial challenges include personal, environmental, financial, operational, and infrastructural. The authors suggest a strategic framework for overcoming the challenges faced by entrepreneurs with disabilities in Bangladesh.

## **2.6 Conclusion**

The research works reviewed above examined the theoretical aspects such as conceptual development and policy perspectives of disability, economic empowerment and entrepreneurial potentials, employment concerns, policy practice gaps, and policy perspectives at regional, national, and international levels. The key points made are summarised below.

1. Most of the studies in the first session dealt with models and notional frameworks that in turn determine attitudinal inclusiveness toward people with disabilities, and thus the accessibility cater to them for employment and upliftment of their socio-economic life, using both qualitative and quantitative methods.

2. While western disability studies are highly focused and manifested on identifying and recognising valuable disability workforce, studies in developing countries, particularly regional studies in India, have failed to establish such recognition of human resources and labour force within the disability community.
3. Studies that attempt to measure economic empowerment of people with disabilities primarily rely on secondary data such as the NSO on disability, which incorporates capability variables such as education, vocational training, and access to health facilities, all of which lead to the conclusion that the economic status of differently-abled people is critically low, particularly among the poor and rural sections of the community. The use of a primary survey to assess economic empowerment would give us a more realistic picture of the situation.
4. The research articles and studies focused on policy direction or a critical review of newly implemented employment development programmes and steer schemes. To analyse the data, the majority of the studies used advanced econometric approaches and tools, and they all found a reduction in employment rates among people with disabilities, notably in wealthy western countries.
5. The research in India has also revealed a significant inter-state disparity in disability status, as well as the various components of disability empowerment programmes across the country. Only a few studies have looked at the many aspects of disability empowerment schemes' operation and the sustainability of these schemes and tactics on a cross-sectional basis at a regional base, especially in Kerala.

## **2.7 Research Gap**

In India and around the world, social inclusion, psychological integration, emotional fatigue, and challenges faced by people with disabilities have all been thoroughly researched. However, few studies have delved extensively into the problem of

economic dependence, the economic burden of disability, and the material hardships faced by these people. We lack conceptually grounded studies in India on exploring and theorizing economic empowerment or economic freedom of people with disabilities, especially at the regional level. In almost all western research on disability, many econometric models examine these individuals' psychological and holistic integration and economic freedom. But the studies in the western sense, though more systematic, inclusive, and comprehensive, are not suitable for applications in Indian complicated backgrounds and circumstances. While reviewing the literature, we can identify a significant gap in research about a comprehensive analysis of the disability sector of Kerala, especially about the economic perspectives of people with disabilities. To build a framework for economic empowerment and improved quality of life for these individuals, a thorough investigation is required. Given this context, it is worthwhile to empirically investigate and validate the economic empowerment of people with disabilities in Kerala from multidimensional perspectives. As a result of identifying this research gap in the literature, it is becoming increasingly vital to investigate different aspects of economic empowerment for people with disabilities. Further research is needed to disentangle the relationship between economic empowerment and other related parameters and it would allow us to include a plethora of additional realistic variables and indicators directly related to the social and economic situation of individuals with disabilities. Field investigation is essential to pinpoint the challenges facing the economic independence of disabled people.

An in-depth analysis of the socio-economic background, education status (both technical and vocational), and health conditions at a regional level, including rural and remote areas, will equip us to analyse and deeply inquire about the effectiveness of empowerment strategies and provide useful assistance in framing appropriate policies and inclusive strategies. The question of whether their living conditions have improved as a result of government initiatives and involvement is relevant. In this regard, the current study is suggested to analyse the economic empowerment and economic independence of disabled people and to create a measurement instrument in the form of a disabled empowerment scale. This would aid in properly

evaluating existing economic policy interventions and designing successful initiatives congruent with the targets for the betterment of the disabled. At the above-field level, micro-level research is highly significant. The research design, research methodology, and description of the study area are all covered in the next chapter.



## CHAPTER III

# RESEARCH DESIGN AND METHODOLOGY

### CONTENTS

- 3.1 Introduction*
- 3.2 Theoretical Foundations of the Study*
- 3.3 Core concepts and Principals*
- 3.4. Methodology and Data Source*
- 3.5 Selection and development of Tools*
- 3.6 Method of Data Analysis and Interpretation*
- 3.7 Empowerment Composite Index (ECI) of PWDs*







### **3.1 Introduction**

The research framework and research approach are the two major components of this chapter. The first section covers the theoretical foundations of the study, as well as core concepts and principles. The second section deals with methodological features, such as sampling method and procedure, as well as the development of instruments for data collection and data analysis and an overview of the composite empowerment index and domains. Finally, the process adopted for the selection of the study area and subsequent justification for methodological approaches are evaluated.

### **3.2 Theoretical Foundations of the Study**

The present study bases its theoretical framework on the "Capability Approach" of Amartya K Sen to examine the economic empowerment of persons with disabilities and to analyse the disability issues. This perspective has been taken from S. Mitra's (2018) Human Development Model of Disability, health, and Wellbeing. Any research or study of disability problems is focused either directly or indirectly on existing disability models. Model is, as we know, a symbolic phrase that explains the relationship between the concepts and makes explicit the terminology and its logical context for interpretation. It is not easy to provide a consistent and cohesive structure for the concrete definition of disability, as the dimensions of disability are contentious in their respective contexts. Yet how we frame the concept and meaning of disability has a huge effect on policy and methods for empowering individuals with disabilities.

The importance of the modern way of thinking about this philosophical discourse on disabilities is very important from a theoretical point of view. The concept of human development requires the integration of the benefits of the social model and the avoidance of shortcomings by other models of disability.

### **3.2.1 Capability Approach and Disability Research**

We owed to two great people, Sen (2009) who conceived, and Nassbaum (2006) who developed Capability Approach as a perfect philosophic tool for addressing social issues. This analytical approach is ideally adapted for the study of social security policy principles and problems such as living conditions, community development, and the well-being of persons with disabilities. A.K Sen rejects the argument that the ability to purchase goods is the measuring stick of the standard of life. He gave greater attention to the realistic resources of the people, and this success is referred to as functioning. Disability research has been adopted into the Capability Approach over the past few decades. Nassbaum (2006) and Sen (2009) used it as a tool or medium to address disability issues. Nassbaum (2006) used it to verify the association between the deprivations of justice for people with disabilities and their issues. The Philosophical Human Rights Base on Disability using the Capacity Approach by Chiappero-Martinetti & Venkatapuram (2014), the examination of policy practice gap in disability issues (Diaz Ruiz et al.2015), inclusive education provision and challenges (Walker & Hallinger, 2015)), assessment of wellbeing across different disability status( Mitra et al 2013) are the examples of the deep rootedness of disability literature in Capability Approach.

The two key principles of the Capacity Approach that can adopt into disability research are as follows. The first is to investigate whether or not a person with a disability is depriving him or herself of his or her capabilities. Second, factors such as personal traits, the climate, and impairments are responsible for the deprivation of capabilities and the ability to turn resources into capabilities and functionality is especially important and relevant and cannot be overlooked. These two concepts arising from the Capability Approach are the keystone or foundation of the present study, as it deals with the analysis of economic empowerment and the recognition of causes that have deprived them of empowerment or economic well-functioning. The notion of the approach to turning resources into capability is much more important in this study, in the sense that it is an effort to check the resources and development policy for these people and their success in empowering them. A.K Sens Capability

Approach is a well-founded platform on which concepts of disability can be taken into account and practical definitions derived. The philosophy behind this method is the deprivation of capacity or the economic functioning in general (Burchardt, 2004; Mitra, 2006; Hinchcliffe & Terzi, 2009) in the context of education (Riddell et al, 2009), public policy (Groce et al, 2011a ; Wallcraft & Hopper, 2015)

There are proven influences of impact both in Sen s approach to capability as well as in the vast literature on disability and capability approaches that may serve as the guide to this research. Robeyns (2016) analyses the definition and theoretical facets of the capability approach and highlights the discrepancies between means and ends and between functional (capability) freedoms and results (actual functioning). Hammell (2015) has sought to demonstrate the importance of a capability approach to tackling inequality in employment opportunities and disparities in participation. Law and Widdows (2008) advocate the introduction of a capability-based approach to core principles of health care and fully agree with this methodology as a framework for development ethics and economics

The capability approach induces in this study many fundamentals about of concept of disability and the obstacles to being empowered and economically independent. This paves the way for structuring new methods. The study follows a new model; the model of economic functioning, independence, and empowerment. The objective is to frame a structural base for analysing the economic empowerment of disabled people and to check whether the disability act as a hurdle for economic empowerment especially from having employment opportunities on an equal basis.

In India, we have several deep-rooted disability studies on social integration, the psychological effect of disability, recovery, etc., but rarely on the economic character of people with disabilities, especially in the areas of the economic cost of disability, and employment losses due to disability and carrier opportunities. Sen (2009) indicates that the economic burden of impairment should be measured in terms of earning handicap and conversion handicap. These terms can be seen again in a study by Raut et al. (2014) on the economic burden of disability in India. According to. Sen, (2009) earning handicap applies to a condition in which a person

with a disability can find it more difficult to get a job or keep a job or get a lower compensation for jobs. Conversion handicaps refer to the disadvantage that a person with a disability has in transforming money into a good life. (Sen, 2009)

### **3.3 Core concepts and Principels**

#### **1. Functioning and Capabilities**

The capacity approach is specifically linked to the quality of living that people are currently able to attain. This quality of life is analysed in terms of the core concept of functioning and capability.

- A) Functioning:** According to Amartya K Sen, functioning states are about "being and doing" as well as being well-nourished, and getting shelter. They should be differentiated from goods used to achieve them. In this study, functioning applies to the same context as that of individual achievements-possessing economic mobility amenities such as employment opportunities, skills training, and social inclusion.
- B) Capabilities:** It's in A.K. Sen's view of capability refers to a collection of useful functions to which an individual has successful access. Thus, the capacity of an individual is the successful independence to choose between various working coordination-between different styles of life. Capacity here in this research means an accessible opportunity needed to have effective freedom and economic independence to function well in every sphere of life.

#### **2. Earning Handicap**

This term applies to a condition in which a person with a disability can find it more difficult to get a job or keep a job or get a lower compensation for jobs. An individual with a disability may also have earning handicaps in the form of low or no education, lack of job growth opportunities, and lack of vocational training services which may contribute to a low level of earnings in the labour market.



### 3. Conversion Handicaps

This term refers to the disadvantage that a person with a disability has in transforming money into a good life and in this sense, it is an inability to convert an opportunity or the favourable conditions into a positive or desired outcome.

### 4. Resources

The term "resources" refers to goods, assistive services, dissemination of information, job opportunities, skill training, and rehabilitation facilities that a person owns or has access to.

### 5. Physical Disability

According to the current study's conceptual framework, a person with disability is described as someone who has a long-term physical disability, such as movement, hearing, speech or vision impairments, which, when combined with other obstacles, prevents them from fully participating in society and achieving economic freedom and empowerment. This research focuses on individuals with physical disabilities as described by the RPWD ACT 2016, which include visual impairment (blindness and low vision), hearing impairment, speech and language disability, and locomotor impairment. The portion that follows identifies each in accordance with the RPWD Act 2016 and then discusses the consequences of each for economic empowerment and independence.

- A. Locomotor disability.** (A person's inability to execute distinctive activities associated with movement of self and objects resulting from affliction of the musculoskeletal or nervous system or both), including
- (a) "leprosy cured person" means a person who has been cured of leprosy but is suffering from— (i) loss of sensation in hands or feet as well as loss of sensation and paresis in the eye and eye-lid but with no manifest deformity; (ii) manifest deformity and paresis but having sufficient mobility in their hands and feet to enable them to engage in normal economic activity; (iii) extreme physical deformity as well as advanced age which prevents him/her

from undertaking any gainful occupation, and the expression "leprosy cured" shall construe accordingly;

- (b) "cerebral palsy" means a Group of the non-progressive neurological condition affecting body movements and muscle coordination, caused by damage to one or more specific areas of the brain, usually occurring before, during, or shortly after birth;
- (c) "dwarfism" means a medical or genetic condition resulting in an adult height of 4 feet 10 inches (147 centimetres) or less;
- (d) "muscular dystrophy" means a group of hereditary genetic muscle diseases that weakens the muscles that move the human body and persons with multiple dystrophy have incorrect and missing information in their genes, which prevents them from making the proteins they need for healthy muscles. It is characterized by progressive skeletal muscle weakness, defects in muscle proteins, and the death of muscle cells and tissue;
- (e) "acid attack victims" means a person disfigured due to violent assaults by throwing of acid or similar corrosive substance.

The persons with locomotor disabilities who have access to vocational education and training are able to enter the labour force depending on their educational qualifications. However, for those who were unable to pursue education, this limitation severely limited their job options because they could not partake in agriculture or industry-based activities such as village and cottage industries, nor could they engage in manufacturing. This also limited their chances of participating in rural works schemes like MGNREGS.

#### **B. Visual impairment— includes blindness and low vision**

- (a) "blindness" means a condition where a person has any of the following conditions, after best correction— (I) total absence of sight; or (ii) visual acuity less than 3/60 or less than 10/200 (Snellen) in the better eye with the

best possible correction; or (iii) limitation of the field of vision subtending an angle of less than 10 degree

- (b) "low-vision" means a condition where a person has any of the following conditions, namely: — (I) visual acuity not exceeding 6/18 or less than 20/60 up to 3/60 or up to 10/200 (Snellen) in the better eye with best possible corrections; or (ii) limitation of the field of vision subtending an angle of less than 40 degrees up to 10 degrees.

This form of impairment has a significant effect on skill development because local schools are ill-equipped to serve blind children with modern learning aids and there are few technical training programs for the blind at the regional level, severely limiting access to vocational training and jobs opportunities. These individuals are also unable to do physical tasks because they need hand-eye coordination. Individuals suffering from this condition will be able to work in occupations that do not require visual or hand-eye coordination.

**C. Hearing Impairment**— (a) "deaf" means persons having 70 DB hearing loss in speech frequencies in both ears; (b) "hard of hearing" means the person having 60 DB to 70 DB hearing loss in speech frequencies in both ears;

**D. Speech and Language Disability** mean a permanent disability arising out of conditions such as laryngectomy or aphasia affecting one or more components of speech and language due to organic or neurological causes.

Hearing impairment and speech and language disabilities have a negative impact on employment opportunities and economic empowerment. There are few higher education institutions or vocational training facilities for deaf and dumb people in rural and semi-urban areas, limiting their ability to become vocationally trained and skilled. These individuals, on the other hand, could work in occupations that required physical strength and integration. Those with hearing and speech impairments would be able to receive training and instruction if advanced medical intervention and assistive devices were available. However, such services are scarce due to the inadequacy and inaccessibility of such organisations to train these

persons. This also blocked them from taking advantage of new opportunities, such as data entry and desktop printing, which were increasingly becoming available in the field. As a result, in addition to their disability, inadequate social systems prevented these people from broadening the range and variety of career opportunities available to them.

The term barriers include individual and contextual factors (environmental and personal factors). Economic empowerment of persons with disabilities can be defined as having access to jobs and livelihoods, as well as basic entitlements such as education and skill development, health services, and housing. Employment opportunities are important for PWDs (Persons with Disabilities) because it is the sum of the ways and means by which individuals become economically independent and empowered, as well as sustain a livelihood.

In the rest of this study, the term "persons" or "people with disabilities" will be abbreviated to "**PWDs**" in all cases.

## **6. Barriers**

The term barriers include individual and contextual factors (environmental and personal factors).

## **7. Economic empowerment of persons with disabilities**

Economic empowerment of persons with disabilities can be defined as having access to jobs and livelihoods, as well as basic entitlements such as education and skill development, health services, and housing. Employment opportunities are important for PWDs because it is the sum of the ways and means by which individuals become economically independent and empowered, as well as sustain a livelihood.

## **3.4 Methodology and Data Source**

The study is confined to people who can participate in some kind of economic activity since the primary association is between disability and economic empowerment through employment. As a consequence, the study concentrates on people with physical disabilities, as defined by the Right of Persons with Disabilities Act (RPWD ACT) of 2016. The sample of the study is consisting of physically

disabled people who are involved in any Income Generating Activities (IGA) for their livelihood in both formal and informal sectors. The researcher has made a deep investigation of the demographic features and disability prevalence with its diversified characteristics in all districts in Kerala. As per the 2015 Disability Census, there are about 7,93,937 differently-abled people in Kerala and it represents 2.32 per cent of the entire population of the state. The overall number of disabled people in 14 districts of Kerala ranges from 96447 to 23122, with People with Disabilities (PWDs) accounting for 2.75 to 2.09 per cent of the total population on average. This means that there are no substantial differences in the prevalence of disabilities between the districts.

According to the RPWD 2016 Act, the physical disability community includes individuals with locomotor abilities, people who are blind or have low vision, people who are deaf, and people who have speech and language disabilities. The present study focuses primarily on people with physical disabilities which are the main type of disability and account for the vast majority of disabled people. This is because an exploration of economic empowerment and independence would be relevant if we focus on those groups that have the ability to engage in economically productive activities.

### **3.4.1 Method and procedure of sampling**

In order to collect valid and reliable data regarding the status, challenges and opportunities of disabled people in Kerala and their status of economic empowerment, the researcher applied the multi-stage sampling method.

### **Population of the study**

Table 3.1 gives an illustration of the population with physical disabilities in Kerala. Locomotive disorders (disabilities that lead to difficulties with movement) are one of the most prevalent types of disabilities often observed. (Government of India report, 2016). The highest number of disabled people in the state belongs to the locomotive group in Kerala (32.88%). Visually impaired people, including those who are blind or have low vision, account for 9.38 percent of all disabled people in

Kerala, with a total population of 1.1 million. This reflects the fact that about 10 per cent of disabled persons in Kerala require special attention since they are unable to engage in any economic job that involves hand-eye coordination, and 54 per cent of them are between the ages of 15 and 59, i.e. working age. Hearing and speech disability is the next category, accounting for more than 10% of overall disabled persons in the state, representing a group that struggles to participate academically, occupationally, socially, and thereby economically in society, with 41920 people in the working-age group.

**Table 3.1****Physical Disability Population in Kerala by Age and Type Wise Distribution**

Age Group	Loco Motor Disability	Visual Impairment		Hearing and Speech Impairment	
		Blindness	Low vision	Hearing Impaired	Speech and Language Disability
0-14	15030	1659	8504	4944	6791
15- 34	38604	3659	12756	6269	6293
35 - 59	116843	8032	22090	22601	6757
60-79	79688	5987	16010	20391	2598
Above 80	10922	1144	2540	3720	209
<b>Grant Total</b>	<b>261087(32.89)</b>	<b>20477(2.58)</b>	<b>61900(7.80)</b>	<b>60925(7.67)</b>	<b>22648(2.85)</b>

Source: Disability Census. (2015). Kerala

**First Stage**

The sample in this study was chosen using a mixed sampling technique that includes random sampling, proportional sampling, and purposive sampling (judgment sampling). The mixed Sampling method is one in which samples are selected partly according to some laws of chance and partly according to a fixed sampling rule (no assignment of probabilities) and the technique of selecting such samples is known as mixed sampling (Gupta & Kapoor, 2000).

The sampling procedure was carried out at the district and local government levels, with the first stage being the selection of three districts. In order to get extensive and

reliable data representing all groups of people and different backgrounds the researcher selected three districts from 14 districts and they are Ernakulum, Thrissur, and Malappuram respectively. It is in the Malappuram District that most persons with disabilities live in Kerala, where their work participation rate is lower than the national average. Thrissur has the lowest disability prevalence in Kerala in terms of the number of individuals with disabilities in the total population, and disability diversity in terms of types is higher in Thrissur than in the other districts. The Ernakulum district is known for having a high concentration of institutions for people with disabilities and rehabilitation service centres in both the private and public sectors. It is here that one of the special employment exchange functions that we expect to have a spill over effect on the employment status of people with disabilities takes place.

The researcher chose to conduct a taluk-based - local body-based sample survey in order to obtain representative samples from a diversity of locations, including municipal corporations, municipalities, and Grama Panchayats. Based on the experience of the pilot study, we realised the inability to cover the entire geographical region of three districts due to time constraints, so four out of seven taluks from each district were chosen at random.

### **Second Stage**

In the second stage, sample units were chosen to provide an appropriate representation of various socioeconomic groups, particularly from urban and rural locations. Municipal corporations from Kochi and Thrissur taluks were identified, one municipality from the rest of the Taluks of respective districts was identified, and three Grama Panchayats from each of the 12 taluks were chosen at random. The study population is exclusively limited to persons aged 20 to 60 and those who are engaged in any income-generating activity (IGA). List of the people with disabilities in respective categories is obtained from the Social Justice Departments and Employment Exchanges of respective districts. From each stratum of these local bodies, the sample size was estimated in such a way as to ensure a ten per cent representation of the prescribed population of people with disabilities in three

research categories in the study area. As a result, 1790 people were randomly selected from the selected local bodies in the three districts.

### Third Stage

An investigation into the employment status of the sample units was conducted to satisfy the inclusion criterion of only including persons who are involved in income-generating activities. With the help of local body representatives and the leaders and representatives of DPOS and NGOs, a total of 536 persons with disabilities were identified and included in the research. The sample frame may be seen in the table below.

**Table 3.2**  
**Sample Frame Work**

District	Loco Motor Disability		Visual Impairment		Hearing and Speech Impaired	
	Sample	People Engaged in IGA	Sample	People Engaged in IGA	Sample	People Engaged in IGA
EKM	344	108 (31.40)	101	31 (30.69)	113	34 (30.08)
TSR	353	103 (29.18)	106	33 (31.13)	100	34 (34)
MPM	410	117 (28.29)	137	40 (27.73)	126	36 (25.39)
Total		328		104		104
<b>Grand Total</b>				<b>536</b>		

Source Primary Data

### 3.4.2 Data Sources and Types of data

The reports of the Kerala Government's Directorate of Employment, reports from NGOs working in the disability field, disability surveys conducted by the National Sample Survey Organization, the SRS bulletin, and the country's census records are the prominent sources of secondary data. Along with quantitative approaches, qualitative research tools such as in-depth interviews were conducted to gain insight into the challenges faced by PWDs in the labour market, community participation, and their perspectives on PWDs' economic empowerment in Kerala. The in-depth



interviews were carried out for all three categories separately and also with the key stakeholders like Employment Officer in the special employment exchange, the district Social Justice Department officials, and concerned NGO and DPO representatives.

### **3.5 Selection and development of Tools**

To collect information on the variables identified for the study, a formal interview schedule was developed. The results of related studies conducted by various researchers in various parts of the world were reviewed and discussed with the supervisor and other experts to frame the interview schedule for the present study.

#### **Method of Data Collection**

The interviewer sought verbal permission from all the respondents for the interview surveys and also for the in-depth interviews. The interview questions were read out to the respondent in the regional language (Malayalam) and the response was written down by the interviewer. This study is both empirical and exploratory in nature which is based on the primary and secondary data.

### **3.6 Method of Data Analysis and Interpretation**

#### **3.6.1 Tools for Analysis**

##### **a) Chi- Square Test by Pearson**

Pearson's Chi-Square test is a widely used non-parametric test for determining the degree of connection between two categorical variables.

##### **b) One-Way Analysis of Variance (ANOVA )**

When the distribution is normally or almost normally distributed, the One Way Analysis of Variance is used to assess the equality of three or more means. It examines if group means differ using the F statistic, which is derived as:

$F = MSR/MSE$  , where

- **MSR:** regression mean square ( $MSR = SSR/df$ )
- **MSE:** error mean square ( $MSE = SSE/df$ )

**c] Post Hoc (Tukey's test) Paired Test**

Tukey's test is used to determine whether groups in a sample vary. Every mean is compared to every other mean using the "Honest Significant Difference," a statistic that shows the distance between groups. Tukey's test uses the q-test statistic, which is effectively a modified t-statistic that accounts for multiple comparisons.

$$q_s = Y_{\max} - Y_{\min} / SE$$

$Y_{\max}$  and  $Y_{\min}$  are the larger and smaller means of the two groups being compared, respectively. The overall design's standard error is designated as SE.

**d] Multiple Regression Analysis**

The study used multiple regression analysis, a statistical technique for predicting the dependent variable using two or more independent variables. The multiple linear regression coefficients represent the value at which the criterion variable changes when the predictor variable changes.

**e] Binary Logistic Regression**

Binary logistic regression is used in this study since the dependent variable has a binary outcome. Logistic regression is a statistical method for predicting the relationship between predictors (our independent variables) and a predicted variable when the dependent variable is binary (the dependent variable). The logit function is the quantile function associated with the standard logistic distribution.

**f] Co-variance-Based Confirmatory Factor Analysis (CB-CFA)**

Confirmatory factor analysis (CFA) is a statistical method for determining the component structure of a set of observable data. CFA can be used by the researcher to see if there is a relationship between observable variables and their latent components. The discriminant and convergent validities and reliabilities of the measuring instrument are determined. For this, Cronbach's Alpha reliability, measurement error adjusted correlation analysis, Average Variance Extracted (AVE), Composite Reliability (CR), and CB-CFA fitness indices are utilised.

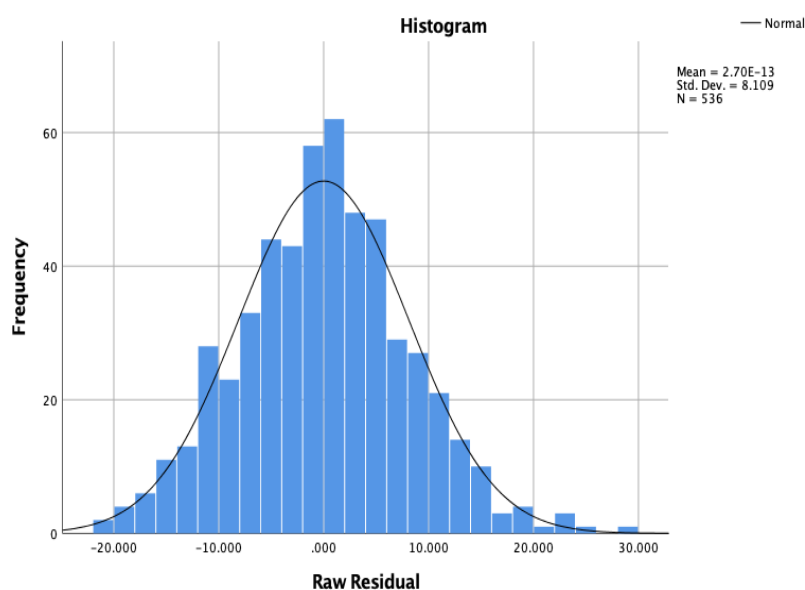
### 3.6.2 Normality Test

The normalcy test is an important step in determining which statistical procedures to use for data analysis. When our data has a normal distribution, we apply parametric tests to compare the groups. The following is the result of the normality test.

**Table 3.3**  
**Tests of Normality**

	Calculated Value	Degrees of Freedom	P - Value
<b>Kolmogorov-Smirnov</b>	0.026	536	0.20
<b>Shapiro-Wilk</b>	0.996	536	0.20

P values of the Kolmogorov-Smirnov test are more than 0.05, as can be deduced. It denotes that the data for each variable follows a normal distribution (Table 3.3)



**Figure 3.1 Test Result of Normality**

### 3.7 Empowerment Composite Index (ECI) of PWDs

Empowerment Composite Index of People with Disabilities (**ECI**) of PWD is intended to assess their access to opportunities, information, skill formation, education and training, employment and earning a living, health care services, social

engagement, and inclusion, as well as their opinions and attitudes. This index is consistent with India's national legislation and policies, as well as the social context, especially in Kerala. This index will be useful for organizations, including the government, to assess and track progress and development in relation to regional, national, and international commitments and guidance.

A systematic literature review was conducted in order to gain a clear understanding of the methodological framework and practices for assessing the economic empowerment of differently-abled persons, especially in developing countries. About the fact that there is no generally accepted strategy for assessing empowerment, the conceptual framework of Kabeer (1999) seems to be more realistic and valid, and it consists of three interrelated dimensions. They are resources, agency, and achievements and resources provide preconditions for economic empowerment such as economic, human, and social resources, as well as opportunities that improve the ability to work. We can trace the origins of the idea of empowerment back to Sen's capacity approach (Sen 2009), a broadly recognized conceptualization of economic empowerment that focuses on the previously mentioned attributes of resources and agency. Agency reflects the mechanism of exercising choices by decision –making power and this depicts the multidimensionality of the economic empowerment process.

In the case of human resource use, one of the tools or preconditions for empowerment will be the accessibility of differently-abled people to education and vocational training for their professional growth and livelihood opportunities. The domain agency would include the ability of differently-abled people to decide and utilize these resources. The achievement domain will entail educational and vocational training completion, as well as the job engagement and workforce rates of differently-abled individuals, resulting in a decrease in economic dependence and poverty of these people.

The indices (indicators) used to assess the economic empowerment of differently-abled people are based on research as well as the best examples and viewpoints of national and international organisations such as the UN, World Bank, and ILO. For

example, the central approach is focused on the UN Convention on the Rights of Persons with Disabilities (UNCRPD), the ILO Code, the PWD Act of 1995, and the RPWD Act of 2016, all of which encourage equality and empowerment of differently-abled individuals.

The United Nations Convention on the Rights of Persons with Disabilities (CRPD) is a critical step in facilitating the complete inclusion of people with disabilities in society. Its article 27 on employment and welfare states that our society should value the right of people with disabilities to serve on an equal footing with others, and it shines a light on the indicators for economic empowerment of these people. (Lawson, 2006).

The methodology for the disability index is based on the UNDP's Human Development Report 2003's human poverty index (HPI). This index's formulation is flexible in the sense that there are no restrictions on the number of variables used to create the index. Even though the connotation of the human poverty index is negative or misery in its context, we have positive empowerment metrics as the measuring rod of economic empowerment of differently-abled persons in the present report. The disability index measures empowerment in the five dimensions affecting disabled persons, using a weighted average of sub-variables or indicators.

#### **A. Educational and vocational training attainment: (Education Dimension) EVD**

By reviewing the literature, we identified that educational opportunities in terms of integration into the world of reading and communication, as well as opportunities for skill development in terms of enrolment in vocational training and technical education, were used as indicators in the construction of a disability index in the domain of education. (Mishra & Gupta, 2006 ) Children with disabilities are less likely to seek higher levels of education, and in many countries, the completion rate of secondary education is far lower than that of individuals without disabilities (Disability and Development Report SDGs pp.80, 2018). However, completion of secondary level education is a requirement for accessing higher levels of education and various schemes of vocational training and technical skill development, and we

have used the following measuring rods to assess empowerment in the education domain.

A<sub>1</sub> Highest level of completed education secondary and above,

A<sub>2</sub> Having technical education like ITC, diploma and B tech etc not less than 2 years,

A<sub>3</sub> Vocational training in either formal or informal mode not less than 6 months,

A<sub>4</sub> Participation in government-funded vocational training/ skill development program (as a proxy for receipt of financial assistance during education and vocational training period)

### **B. Social Dimension (Social Inclusion) SD**

Roy (2020) has taken three indicators such as SHG participation, NGO membership, and membership in local political parties for social empowerment through the development of dual empowerment indices such as the family empowerment index (FEI) and social empowerment index (SEI) for calculating gender empowerment of women. Following research documents, we have added some of the most used metrics in literature such as social media engagement, access to public resources, recognition of rights and privileges etc.

B<sub>1</sub> Membership and active participation of local body groups, NGOs, DPOs and labour union etc.

B<sub>2</sub> Exposure to social media/ electronic media accounts in any social network

B<sub>3</sub> Access to public services like transportation, public building, and public places.

B<sub>4</sub> Intervention and influence on decisions affecting local area (active participation in ward meetings, local body meetings, religious meetings)

B<sub>5</sub> Awareness of rights and freedom (About reservation for education and employment, financial assistance for self-employment and having medical certificate,)

### **C. Health Dimension (Health Status) HD**

The highest attainable level of health and well-being is a prerequisite for a healthy and prosperous life for people with disabilities because one's health and well-being impact the capacity to engage fully in employment, and education. To achieve a standard of health, access to good quality, effective and affordable healthcare services is essential. Ensure access to and dissemination of health-related records, even by alternative contact methods open to people with disabilities (Disability and Development Report SDGs pp.47, 2018). In line with the 2030 Sustainable Development Goals Recommendation, we include the provision of clean drinking water and sanitation facilities, the protection of healthcare systems and assistive devices, the right to make health-related choices, and the reliability of Health Insurance services as indicators for calculating empowerment in the health dimension.

C<sub>1</sub> Access to safe drinking water and safe sanitation facilities .

C<sub>2</sub> Access to health care services/ having assistive devices if they need.

C<sub>3</sub> Availability of health insurance cards.

C<sub>4</sub> Freedom in taking decisions about consulting Doctor, treatment, etc.

### **D. Employment Opportunities and Work Environment (Employment Dimension) EMD**

Access to any economic activities is determined by the number of working disabled persons, and this rate has been used as a metric for the disability index. (Mishra & Gupta 2006). Decent work and employment are important for everyone's well-being and dignity, even those with disabilities. The ability to work improves social inclusion and quality of living. Quality employment is also essential for economic empowerment and, as a result, independent life for people with disabilities. To overcome existing job challenges and achieve Goal 8, fostering sustained, equitable, and balanced economic development, complete and meaningful employment, and good work for people with disabilities is needed. (Disability and Development

Report SDGs pp 150, 2018). Accordingly, the following metrics were chosen to assess the employment facets of disability empowerment.

D<sub>1</sub> Safety and accessible workplace and environment

D<sub>2</sub> Suitable and appropriate job opportunities matching your qualification

D<sub>3</sub> Equal opportunities for promotion and increment in employment opportunities with the people without disabilities

### **E. Economic Dimension (ED)**

It is still a difficult journey to empower people with disabilities. Physical, psychological, and economic barriers to integration confront people with disabilities, potentially leading to poverty and hunger. Inadequate physical accessibility will prevent people with disabilities from entering the labour force, restricting the kind and volume of work they can perform and lowering their earnings (Disability and Development Report SDGs pp.32, 2018). For the economic empowerment sphere, whether for women, persons with disabilities, or any other disadvantaged section of society, key factors to include are the ownership of resources to generate income, paid employment for at least the last year, having a voice in family decision making, and having access to and control over our resources (Women Empowerment in Kenya, Developing a Measure, UNICEF 2020). In addition to these credit availability, resource use, and monthly wage levels are taken into account as indices of economic empowerment in several other studies. (Omair et al., 2020)

E<sub>1</sub> Ownership of property: ownership of land or house .

(Either alone or joint with parents or partner)

E<sub>2</sub> Paid Employment for the last year continuously .

E<sub>3</sub> Wage / Salary level (Not less than Rs293.5/- national average daily wage).

E<sub>4</sub> Credit access for self-employment or IGA purpose

E<sub>5</sub> Intervention power in economic decision-making in the family



(e.g.: sale and purchase of durables)

E<sub>6</sub> Ownership of consumer durables like Vehicle, Refrigerator, TV etc

E<sub>7</sub> Financial Assets holdings like Bank deposits, share, etc

E<sub>8</sub> Monthly Consumption Expenditure

E<sub>9</sub> Duration of the time lag between completing education and obtaining a job.

Years 1 to 4

### 3.7.1 Domain, Indicators, and Weight Distribution

To construct the Empowerment Composite Index (ECI), relative equivalent weights were allocated to each domain, and the weight of the domain was then distributed evenly to each of its constituent indicators. In the present study, a person with an impairment is considered empowered whether he or she is empowered in at least 80 per cent of the overall weighted empowerment metrics. (Women’s Empowerment In Kenya, Developing a Measure, UNICEF 2020). Each indicator's weights are supposed to be equal and add up to unity. The metrics are meant to be linear, with a ‘1’ representing empowerment and a ‘0’ representing disempowerment. To improve response accuracy and provide respondents with a holistic view of each attribute, we consider using a 5-point scale between 0 and 1 divided by 5 as zero, 0.25, 0.5, 0.75, and 1. This method of scaling has been suggested by previous research in several studies (Johns, 2010). As a result, the overall empowerment ranking will be between '0' and 1. Despite the fact that empowerment is calculated individually for persons with disabilities of respective types, the index will be provided jointly with all age groups ranging from 20-60 years.

$$\begin{aligned}
 PWD\_IECI &= \sum_{i=1}^4 w_i EVD_i + \sum_{i=1}^5 w_{i+4} SD_i + \sum_{i=1}^4 w_{i+10} HD_i + \sum_{i=1}^3 w_{i+13} EMD_i \\
 &\quad + \sum_{i=1}^9 w_{i+16} ED_i \\
 &= EVD + SD + HD + EMD + ED
 \end{aligned}$$

**Where,**

**PWD ECI = Empowerment Composite Index of PWDs**

$$w_i = \frac{1}{25}; \text{ for } i = 1, 2, \dots, 25.$$

An overview of the theoretical framework, terminology, and conceptions used in the study are included in the first section of the chapter. The second section depicted the methodological features of the research, including the procedure used to identify the study area, sampling strategy, and data collecting methods. The disability prevalence, education, and economic status and economic burden of disability of people with disabilities in Kerala and India will be presented in the following chapter.

## CHAPTER IV

# DISABILITY PREVALENCE, EDUCATION AND ECONOMIC STATUS OF PEOPLE WITH DISABILITIES IN INDIA AND KERALA

### CONTENTS

- 4.1 *Introduction*
- 4.2 *Disability Prevalence in India*
- 4.3 *Disability Prevalence in Kerala*
- 4.4 *Education Status of PWDs in India and Kerala*
- 4.5 *Economic and Employment Status of PWDs in India and Kerala*
- 4.6 *Economic Burden and Cost of Disability*
- 4.7 *Conclusion*







## **4.1 Introduction**

India signed and ratified the United Nations Convention on the Rights of Persons with Disabilities (UNCRPD). India is one of the nations with a more progressive framework for disability policy. However, people with disabilities are still subject to multiple disadvantages. The effect is most pronounced in families in low-income and weaker sections. For proper planning, policy-making, and service implementation at the state and local levels, accurate and reliable evaluations of disability prevalence, type of disability, the occurrence of disability, potential causes of disability, rural and urban population, social and economic status, and other factors are critical. It also provides background and venues for research into the extent and ability of empowerment of differently-abled individuals to be tested, evaluated, and explored more systematically and comprehensively. As a result, empirically derived surveys and data, such as Census and NSSO reports, are used. The main topics of discussion in this chapter are disability prevalence and its variations between states, disabled people's educational and job status, and the economic cost and burden of disability in India and Kerala.

## **4.2 Disability Prevalence in India**

Since the entire study is focused on the Kerala context, disability prevalence in India and Kerala in 2011 are taken into account while examining the overall picture of disability characteristics of the people under investigation. According to the 2011 Census, there are few variations in the proportion of disabled persons in various types to the overall differently-abled population at the national and state levels, with the mobility of loco-motor disability sector ranking first at all three levels. The prevalence of disability in Kerala is marginally higher than the national average, as evidenced by the Census data 2011.

**Table 4.1**

**Percentage of persons with disabilities in India and Kerala**

<b>Type of Disability</b>	<b>India</b>	<b>Kerala</b>
Seeing	19	15.16
Hearing	19	13.83
Speech	7	5.43
Movement	20	22.53
Mental Retardation	5.61	8.62
Mental Illness	2.69	8.78
Any other	18.37	12.62
Multiple Disability	7.89	13.02
Total Disabled Population	26814994 (100)	761843(100)
<b>Percentage of PWDs to the total population</b>	<b>2.21</b>	<b>2.28</b>

Source: Author's Calculation from Census of India (2011)

With an estimated 2.21 per cent disabled population in India overall, the incidence of disability among weaker sections of the society is found to be significantly higher (2.45%). In comparison to developed countries, this age-specific profile of disabled people in India shows a higher proportion of disabled people in the older age group (Dalal, 2002).

**Table 4.2**

**Disabled Populations by Age and Social Groups in India, 2011**

<b>Age Group</b>	<b>SC</b>	<b>ST s</b>	<b>Others</b>	<b>Total</b>
0-4	1.25	0.95	1.15	1.14
5-9	1.67	1.37	1.53	1.54
10-19	1.98	1.64	1.81	1.82
20-29	2.21	1.73	1.94	1.97
30-39	2.38	1.83	2.06	2.09
40-49	2.64	2.14	2.26	2.31
50-59	3.30	2.95	2.72	2.83
60-69	4.89	5.13	3.90	4.15
70-79	7.45	8.45	5.81	6.22
80-89	9.79	11.55	7.97	8.41
<b>All Ages</b>	<b>2.45</b>	<b>2.05</b>	<b>2.18</b>	<b>2.21</b>

Source: Author's Calculation from Census of India (2011)



The higher proportion of disabled people in India's later stage of life may be caused by the fact that there are many people with disabilities who acquire disabilities in their old age. The age-specific impairment across social groups shows that the proportion of young people with disabilities among SC and STs is relatively higher than among upper caste communities, and the reverse is true for older age groups.

#### 4. 2.1 Standardized Index of Diversity of Disability

We applied the Standardized Index of Diversity proposed by Lieberman (1969) to NSS Disability data in 2002 and 2018 to estimate disability prevalence among the disability population in India by its categories and residence differences. We can observe that Rowland (2003) used and modified the index, as well as Patel (2019) developed it. The index is calculated as follows.

$$\text{Standardized Index of Diversity of Disability} = \frac{(1 - (\text{PLD})^2 + (\text{PVD})^2 + (\text{PHD})^2 + (\text{PSLD})^2 + (\text{PMR})^2 + (\text{PMI})^2 + (\text{POD})^2)^{1/2}}{1 - 1/7}$$

- PLD - Proportion of Locomotor Disability,
- PVD - Proportion of Visual Disability
- PHD - Proportion of Hearing Disability
- PSLD – Proportion of Speech and Learning Disability
- PMR - Proportion of Mental Retardation,
- PMI - Proportion of Mental Illness and
- POD - Proportion of Other Disabilities

**Table 4.3**

**Standardised Index of Diversity of Disability by Types and place of Residence in India**

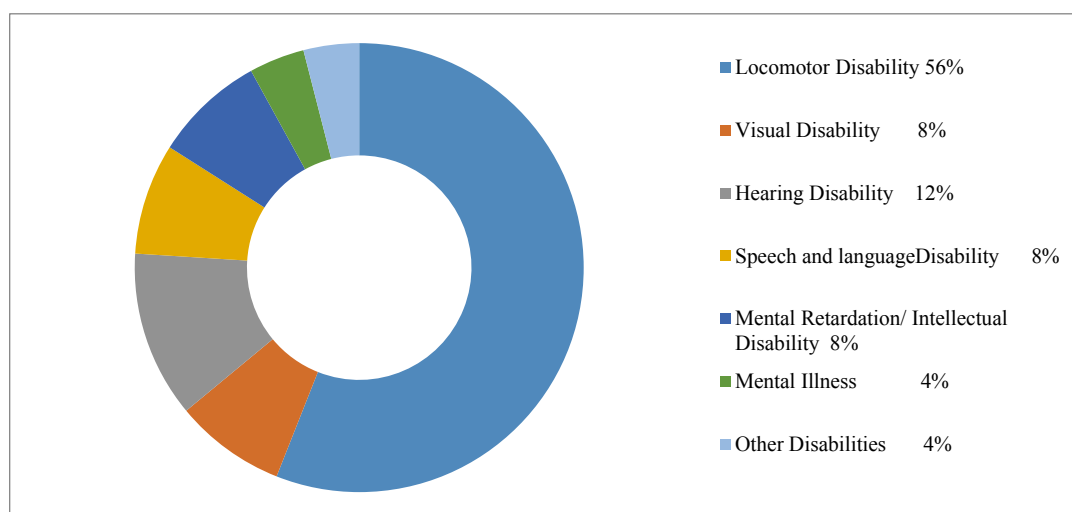
<b>Rural</b>				<b>Urban</b>			
<b>Highest Range</b>				<b>Highest Range</b>			
<b>2002</b>		<b>2018</b>		<b>2002</b>		<b>2018</b>	
State/ UT	Index	State/ UT	Index	State/ UT	Index	State/ UT	Index
Himachal Pradesh	1.00	Punjab	1.00	Puducherry	1.00	Kerala	1.00
Punjab	0.82	Andhra Pradesh	0.89	Lakshadweep	0.85	Haryana	0.64
Lakshadweep	0.78	Odisha	0.64	Kerala	0.67	Odisha	0.61
Sikkim	0.49	Haryana	0.55	Arunachal Pradesh	0.51	Andhra Pradesh	0.53
Kerala	0.45	Kerala	0.55	Mizoram	0.45	Madhya Pradesh	0.38
<b>Lowest Range</b>				<b>Lowest Range</b>			
<b>2002</b>		<b>2018</b>		<b>2002</b>		<b>2018</b>	
State/ UT	Index	State/ UT	Index	State/ UT	Index	State/ UT	Index
Jammu & Kashmir	0.02	Gujarat	0.01	Rajasthan	0.00	Jammu & Kashmir	0.01
Meghalaya	0.04	Assam	0.03	Himachal Pradesh	0.01	Telangana	0.03
West Bengal	0.05	Arunachal Pradesh	0.03	Andhra Pradesh	0.02	Gujarat	0.03
Arunachal Pradesh	0.06	Uttar Pradesh	0.03	Haryana	0.04	Tamil Nadu	0.06
Rajasthan	0.07	Dadra & Nagar Haveli	0.05	Maharashtra	0.05	Delhi	0.08

Source: Author's Calculation from NSS 58<sup>th</sup> and 76<sup>th</sup> Round on people with disability

The standardized index value of disability diversity (SIDD) ranges between 0 and 1. The zero value shows the regions and states where there is less diversification in types of disability and the value one shows the places where disability is highly diversified in types and by residence. On this basis, the 2018 NSS data was used to calculate the disability diversity index, which was then compared to the 58<sup>th</sup> round of disability data from 2002. The Standardized Index of Disabled Diversity (SIDD) depicts the range of disability diversity among states and UTs (highest / lowest). As a result, 5 states are in the highest range, with Himachal Pradesh (rural) and Pondicherry (urban) in 2002 and Punjab (Rural) and Kerala (Urban) in 2018,

respectively; nevertheless, big states like Assam, Gujarat, and Uttar Pradesh, as well as West Bengal, are in the lowest range. Although Himachal Pradesh, Pondicherry, Punjab, and Kerala are all close to the value one that represents the wide range of disability prevalence, other states show minimal variation in diversity.

The higher prevalence of disability among rural people in India is found in the top five states of Punjab, Odisha, Andhra Pradesh, Haryana, and Kerala, while Kerala, Haryana, Odisha, Andhra Pradesh, and Madhya Pradesh are the top 5 places among urban people. There are few differences in the index range between the two rounds of data, but Kerala and Punjab are the only two states that rank among the top five in both rounds. In seven states and one union territory in 2018, the rate of disability is greater than the national average. The results of the study are consistent with the results of earlier research that people living in rural areas suffer more from disability than urban people and the main form of disability is generally found to be movement, speech, hearing, and seeing. This variation or heterogeneity within the disability community call for our attention in the sense that the type and severity of impairment can have an impact on performance and employability. In addition, as noted by Jones (2011), these distinguishing features are critical in the study of disabled people's labour market outcomes. The policy significance of this topic has long been recognized by Baldwin & Johnson, (1994 ) arguing that “the success of the Americans with Disabilities Act may hinge on how well its rules are implemented, which takes into account the disparities between people with disabilities and different types of impairments.” More recently Jones (2011) in UK has highlighted this problem with empirical evidence. The present study reflects that the above-said variation is highly noticeable in the states like Kerala and Punjab which necessitates further research and investigations.



**Figure 4. 1: Percentage of persons with broad type of disability in India (2018)**

Source : NSS 76<sup>th</sup> Round on people with disabilities in India (2018)

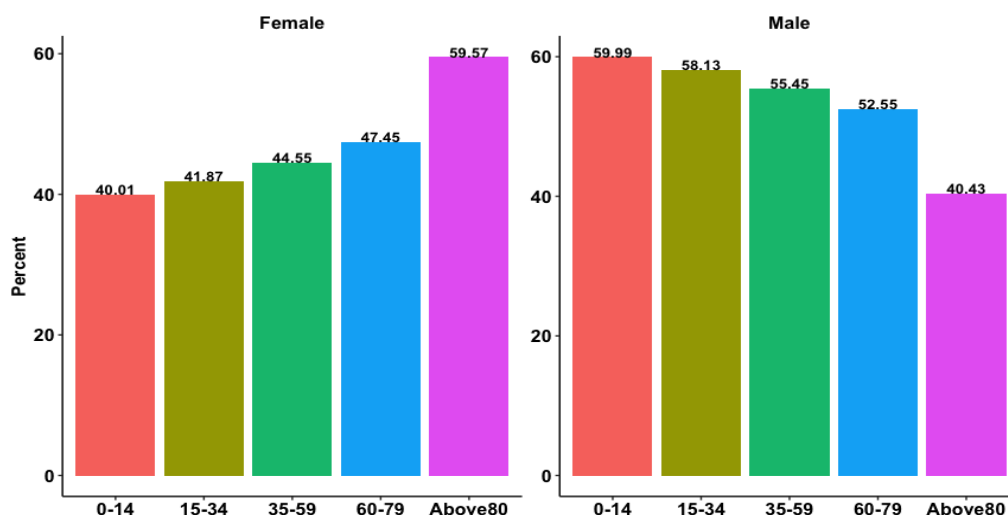
### **4. 3 Disability Prevalence in Kerala**

As per the 2015 Disability Census, there are about 7, 93,937 differently-abled people in Kerala, and it represents 2.32 per cent of the entire population of the state. The male-female ratio of the disabled population is 45:55 and 8.66 per cent of Kerala households are having persons with disabilities. The major type of disability among the people is locomotor disability and it constitutes 32.86 per cent of total disabled people in Kerala (Disability Census ,2015). As per the Statistical Profile of Persons with Disabilities, National Statistical Office. (2021), Kerala has 7,61,843 people with disabilities, or 2.28 per cent of the state's total population.

Three variables mainly the number and frequency of disabled in households and institutions, age, and gender have been examined here to analyse the demographic feature of the disabled population in Kerala. It is worthwhile to mention such attributes of these people in research that would have investigative light on social exclusion and deprivation exercised by these people in our society.

Figure 4.2 shows the gender-wise classification of persons with any type of disability in each age group according to the 2015 Disability Census of Kerala. The proportion of the disability population of men is higher than that of women, but this gender gap reverses at an older age. The evidence also supports the fact that men

have a higher percentage of disabilities than women do. Compared to women, men are more likely to have happened in accidents and incur injuries. (Mishra et.al, 2020)



**Figure 4.2: Disability Population in Kerala by Age and Gender Wise Distribution**

Source: Disability Census. (2015). Kerala

The major portion (40.60 %) of disabled people belongs to the age group 35-59. Disabled people less than 15 years of age and more than 60 years of age make up about 37 per cent of the overall disabled population in Kerala, which is a solely dependent portion of the population living on the earnings of the working class.

**Table 4.4**  
**Frequency Distribution of households and Institutions having PWDS in Kerala**

No of PWDS	No of Households	No of PWDS	No of Institutions
With one PWDS	653434	1-10	384
With Two PWDS	52030	11-20	89
With Three PWDS	4998	21-50	155
With Four PWDS	614	51-200	84
With more than Four PWDS	151	201-345	9
<b>Grant Total</b>	<b>7,11,227</b>		<b>722</b>

Source: Author's Calculation from Disability Census. (2015). Kerala

Disabled members of a family can have an effect on the entire family, especially parents, siblings, and extended family members. This unique shared experience of the family can affect all aspects of family functioning. The table given above illustrates the number of families and institutions in Kerala having one and more disabled persons. Around 60 thousand families in Kerala have more than one disabled person and it is a fact that draws our attention to the special care and assistance that must be taken into account.

#### **4.3.1 District Wise Distribution of Persons with Disability in Kerala**

It is in the Malappuram district where the largest number of people with disabilities is in Kerala. However, Wayanad is ranked the first position in the ratio between the overall population and the number of persons with disabilities, which is 10000: 275 or 2.75 per cent of the total population.

**Table 4. 5**  
**Prevalence of Disability in Households and Institutions by District in Kerala**

<b>District</b>	<b>Households having PWDs</b>	<b>PWDs in households</b>	<b>Institutions having PWDs</b>	<b>PWDs in Institutions</b>	<b>Total No</b>
Thiruvananthapuram	70255	75986	47	1178	77164
Kollam	59978	64907	39	1612	66519
Pathanamthitta	27149	29357	40	1090	30447
Alappuzha	46577	50219	37	1184	51403
Kottayam	39513	43000	124	2781	45781
Idukki	22819	24642	29	1584	26226
Ernakulum	65071	71051	141	3076	74127
Thrissur	60086	65317	93	1816	67133
Palakkad	57249	62311	29	503	62814
Malappuram	86600	95823	25	624	96447
Kozhikode	71282	77903	38	645	78548
Wayanad	20943	22875	17	247	23122
Kannur	52042	57067	53	1468	58535
Kasaragod	31663	35365	10	306	35671
<b>Total</b>	<b>7,11,227</b>	<b>7,75,823</b>	<b>722</b>	<b>18114</b>	<b>793937</b>

Source: Author's Calculation from Disability Census. (2015). Kerala

The district of Thrissur is at the lowest level in terms of the ratio of the number of people with disabilities to the total population. Wayanad is the district in which the highest portion of the ST category resides and the first position in disability location can be considered coincidental which again suggests a higher incidence of disability in the poorest section of the Kerala population

When we look at the distribution of disability in Kerala by district, there isn't much of a difference. However, there are some variations in terms of availability of institutional services, and rehabilitation facilities, as a proportion of the total disabled population.

**Table 4.6**

**Prevalence of Disability and PWD Institutions by District in Kerala**

<b>District</b>	<b>% of PWDs out of total Population</b>	<b>District- wise % of PWDs of total PWDs in the state</b>	<b>% of total Institutions in Each District</b>
Thiruvananthapuram	2.34	9.72	6.5
Kollam	2.46	8.38	5.4
Pathanamthitta	2.42	3.83	5.07
Alappuzha	2.37	6.47	5.19
Kottayam	2.34	5.77	17.17
Idukk	2.41	3.30	4.01
<b>Eranakulam</b>	<b>2.36</b>	<b>9.34</b>	<b>19.52</b>
<b>Thrissur</b>	<b>2.09</b>	<b>8.46</b>	<b>12.88</b>
Palakkad	2.19	7.91	4.01
<b>Malappuram</b>	<b>2.15</b>	<b>12.15</b>	<b>3.46</b>
Kozhikode	2.46	9.89	5.26
Wayanad	2.75	2.91	2.35
Kannur	2.16	7.37	7.34
Kasaragode	2.63	4.49	1.38
<b>Kerala</b>	<b>2.32</b>	<b>100</b>	<b>100</b>

Source: Author's Calculation from Disability Census. (2015). Kerala

Ernakulum district has the highest percentage of institutional facilities for people with disabilities (19.52), while Kasaragod has just 1.38 percent, and Thrissur district has the lowest proportion of people with disabilities as a percentage of the total population. The overall number of PWD institutions in 14 districts of Kerala ranges from 306 to 3076, with the ratio of PWDs to the total PWD population in the state varying from 2.91 to 12.15 per cent on average, implying that certain districts need special attention in terms of disability studies.

**Table 4.7**

**Percentage of persons with one type of broad disabilities district-wise in Kerala**

Districts	Types of disability						
	Locomotors	Visual	Hearing	Speech	Mental Retardation	Mental illness	Other
Kasaragod	1.2	0.3	0.2	0.2	0.4	0.2	0.1
Kannur	1.0	0.1	0.3	0.3	0.3	0.3	0.1
Wayanad	1.4	0.8	0.3	0.1	0.2	0.5	0.1
Kozhikode	1.3	0.1	0.2	0.2	0.3	0.9	0.1
Malappuram	1.3	0.5	0.4	0.3	0.5	0.5	0.0
Palakkad	1.4	0.1	0.3	0.1	0.3	0.2	0.1
Thrissur	2.4	0.2	0.4	0.2	0.3	0.4	0.9
Ernakulum	0.8	0.2	0.2	0.2	0.3	0.2	0.0
Idukki	1.7	0.2	0.4	0.4	0.3	0.6	0.2
Kottayam	1.8	0.1	0.6	0.2	0.4	0.5	0.1
Alappuzha	1.5	0.4	0.3	0.4	0.3	0.3	0.1
Pathanamthitta	2.0	0.3	0.5	0.3	0.2	0.3	0.3
Kollam	2.2	0.3	0.3	0.3	0.3	0.2	0.1
Thiruvananthapuram	1.4	0.2	0.2	0.2	0.3	0.4	0.2
<b>Kerala</b>	<b>1.5</b>	<b>0.2</b>	<b>0.3</b>	<b>0.2</b>	<b>0.3</b>	<b>0.4</b>	<b>0.2</b>

Source: Calculated by the author using NSS unit-level data of 76<sup>th</sup> rounds on persons with disability 2018

As seen in the 2011 census data, there are few variations in disability form between districts in Kerala, and according to the NSSO 2018 report, which is expressed as the percentage of people with one type of disability in each district in Kerala. There

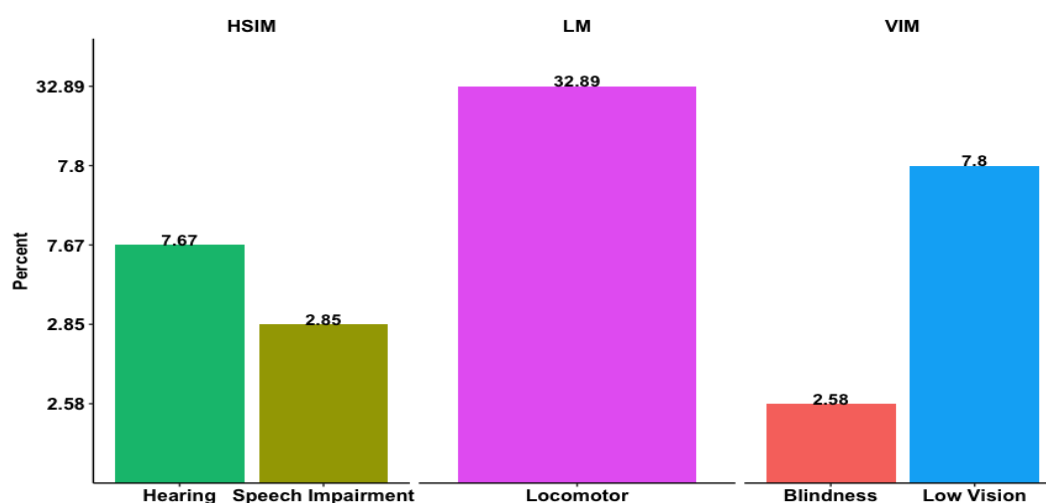


is some extent of difference in loco-motor disability rate in Thrissur district compared to other districts in Kerala state, while the rates of mental retardation and mental impairment are high in Malappuram and Kozhikode districts, respectively.

### 4.3.2 Physically Challenged Population in Kerala

According to the RPWD 2016 Act, the physical impairment community includes individuals with locomotor disabilities, people who are blind or have low vision, people who are deaf, and people who have speech and language disabilities. The current study focuses exclusively on people with disabilities of the primary kind, which are those who are physically impaired and who also make up the majority of disabled people. This is also because focusing on those groups with the ability to engage in economically productive activities would be pertinent to an examination of economic empowerment and independence.

The following figure (4.3) and table (4.8) provide a clear picture of the prevalence of physically challenged people in Kerala.



**Figure.4. 3: Physical Disability Population in Kerala by Type Wise (2011)**

Source: Census of India (2011)

**Table 4. 8**

**Physical Disability Population in Kerala by Age and Type Wise Distribution (2015)**

Age Group	Loco Motor Disability	Visual Impairment		Hearing and Speech Impairment	
		Blindness	Low Vision	Hearing	Speech Impairment
0-14	15030	1659	8504	4944	6791
15- 34	38604	3659	12756	6269	6293
35 - 59	116843	8032	22090	22601	6757
60-79	79688	5987	16010	20391	2598
Above 80	10922	1144	2540	3720	209
<b>Total</b>	<b>261087(32.89)</b>	<b>20477(2.58)</b>	<b>61900(7.80)</b>	<b>60925(7.67)</b>	<b>22648(2.85)</b>

Source: Author's Calculation from Disability Census. (2015). Kerala

Kerala was selected as the best state to support the empowerment of people with disabilities in India in 2019. This award honours new initiatives initiated by the Government of Kerala for the protection of individuals with disabilities. There are now also deliberate developments in the strategies of incorporation for this segment of the population. But they are well behind the goals that are expected.

#### **4. 4 Education Status of People with Disabilities in India and Kerala**

All over the world, people with disability are more crippled with low levels of educational qualifications, higher poverty rates, and less economic participation than people without disabilities and these difficulties are severe in less privileged sections of societies. When we examine the literature on empowerment theorising, we can see that education and employment are typical indicators, whether for women or other vulnerable groups, as (Alkire et al, 2013) point out. It has been demonstrated that the only way to break the cycle of economic dependency and inequality for these people is through education and economic inclusion.

**Table 4.9**  
**Status of Education of PWDs of India in 2002 and 2018**

Education status of PWDs (in Percent)	Rural		Urban		Total	
	2002	2018	2002	2018	2002	2018
Persons of age 15 years and above have the highest level of completed education in secondary and above	4.7	14.9	9.3	31	7.5	19.3
Formal Vocational/Technical Training	0.3	0.8	0.9	2.7	0.45	1.4
Non - formal/Informal Vocational Training	1.2	1.6	2.6	1.9	1.5	1.7

Source: NSSO 58<sup>th</sup> and 76<sup>th</sup> Round on Persons with Disability, Figures are in Percentages

Between 2005 and 2018, India's labour force participation rate averaged 53.9 per cent, with PWDs accounting for around 23.8 per cent of the workforce (National Sample Survey Office (NSSO) ,2018). People with disabilities are faced with many barriers to jobs, the most important of which is insufficient and inaccessible education and training facilities.

The NSSO statistics of the 58<sup>th</sup> and 76<sup>th</sup> round on Persons with Disability set out in table 4. 9 specifically lay down the education status of people with disabilities. Only a small percentage of PWDs in the age category 15-59, between 0.6 and 2.7 per cent, have technical and vocational training from formal or non-formal sources, and the increases over 16 years are minor. The NSO data provided envisages that there is a wide disparity between rural and urban disabled people as regards the level of education and the range of skills training, they have received, as well as the vital characteristics like labour force participation. Women with disabilities are well behind the male level of schooling, and vocational training, NSS data indicates that the rate of technical education among males is 1.6 per cent, but just 0.6 per cent among females with disabilities.

**Table 4.10**

**Percentage distribution of the persons with at least one disability (15-59) by vocational/technical training in Kerala in 2018**

Vocational/technical training	Male	Female	Persons
	<b>Rural</b>		
Receiving formal technical training	0.1	0.2	0.2
Formal vocational training	2.7	2.3	2.5
Other than formal vocational/technical training	2.9	1.3	2.2
Not received any vocational/technical training	94.2	96.2	95.1
Total	100	100	100
<b>Urban</b>			
Receiving formal technical training	0.7	0.4	0.5
Formal vocational training	17.6	3.8	11.2
Other than formal vocational/technical training	3.3	1.0	2.2
Not received any vocational/technical training	78.5	94.8	86.0
Total	100	100	100
<b>Rural+Urban</b>			
Receiving formal technical training	0.4	0.3	0.4
Formal vocational training	10.0	3.1	6.9
Other than formal vocational/technical training	3.1	1.1	2.2
Not received any vocational/technical training	86.5	95.5	90.6
Total	100	100	100

Source: Calculated by the author using NSS unit- level data of 76<sup>th</sup> rounds on disability ,2018.

A minority had access to technical skills and vocational training, and the disparity between rural and urban residents, as well as the gender gap, in terms of formal vocational training and education, is also worth investigating and researching for the betterment of these people. It would have serious conjecture on their employability and economic empowerment. Women with disabilities are perceived to face far greater barriers – in both the public and private sectors – in terms of housing, health, education, vocational training, and jobs. ( Kothari, 2012). Furthermore, the ILO Convention made it mandatory to provide vocational training and job services for disabled people in rural and remote areas, which is critical in India's situation (ILO Convention 2008).

Table 4.11

## Educational Status of the Disabled People in Kerala in 2015

<b>Educational Status</b>	<b>No of people</b>	<b>Percentage</b>
Illiterate	166300	20.94
Primary	233902	29.47
Middle School	134541	16.95
High School	165651	20.86
Higher Secondary	48805	6.16
Technically Educated ( ITI, Diploma)	12708	1.60
Graduation	22467	2.82
Post-Graduation and above	9357	1.17
PhD	266	0.03
<b>Total</b>		<b>100</b>

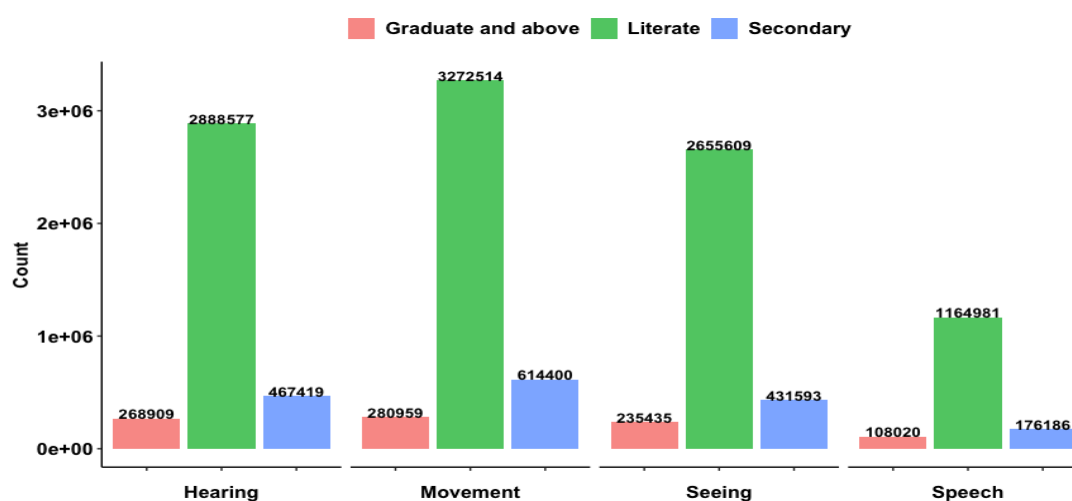
Source: Author's Calculation from Disability Census. (2015). Kerala.

On analyzing the educational status of the disabled population in Kerala it is clear that more than 20 per cent are illiterate and around 56 per cent of them have an education level only up to high school standard. According to the 2011 Census, the percentage of graduates and postgraduates in Kerala is 20 and 5 per cent respectively while it is nearly less than 2 per cent among disabled people. The illiteracy level in Kerala is 3.98 per cent but it is more than 20 per cent among disabled people.

**Table 4.12**  
**Education Status of Physical Disability Category of People in India and Kerala**

	Seeing	Hearing	Speech	Movement	Total
<b>India</b>	Literate (53)	2655609 (57)	2888577 (58)	1164981 (60)	3272514 (55)
	Secondary (9)	431593 (9)	467419 (9)	176186 (9)	614400 (11)
	Graduate and above (5)	235435 (5)	268909 (5)	108020 (5)	280959 (5)
<b>Kerala</b>	Literate (75.66)	87399 (76.85)	80978 (73.54)	30405 (83.40)	139714 (70.78)
	Secondary (11.63)	13438 (12.13)	12786 (13.40)	5544 (14.40)	24718 (12.11)
	Graduate and above (3.71)	4286 (4.32)	4562 (3.73)	1543 (4.65)	7992 (3.47)

Source: Author's Calculation from Census of India (2011)



**Figure 4.4: Education Status of Physical Disability Category of People in India**

Source: Census of India (2011)

Just about 9 per cent of people with disabilities complete secondary education and on average 55 per cent of them with literate or primary level of education. There are no remarkable differences in the percentage of people unable to complete secondary level between disability groups. Lower than 5 per cent of people with disabilities are

graduates, and therefore, a large proportion of disabled lack basic skills to help them achieve a better life. In rural areas and among women, the situation is more depressing.

The difference in the literacy rate and various levels of education for people with disabilities in Kerala compared to the rest of India is about 20 per cent greater. We cannot, however, ignore the fact that Kerala's high literacy and education rates have not translated into more employment opportunities or more participation in the workforce for those with disabilities. In terms of the inclusion rate and economic participation of people with disabilities in many spheres of life, Kerala trails far behind the national average. This calls for a focus on the success of the government's inclusive and pro-empowerment policies as well as the results of the state's educational initiatives.

#### **4.5 Economic and Employment Status of People with Disabilities in India and Kerala**

Across the world, people with disability confront several challenges in the job market (Ramachandra et.al,2017). The barriers which prevent them from entering the job market coincide with the discriminative approach of the society towards ability resulting in a very low level of economic participation of disabled people in the society. In a survey commissioned by the National Centre for Promotion of Employment for Disabled People (NCPEDP) among the top 100 firms in 1999, the employment figure for the disabled individuals in the private sector accounted for a dim 0.28per cent and in international corporations for 0.05 per cent. ((Jindal & Chari, 2015).).

The National Sample Survey Organization (NSSO) is a valuable source of disability information in India, and its most recent round (2018) offers a quantitative overview of the causes for low economic involvement and economic exclusion of people with disabilities in multidimensional contexts. NSSO survey shed light on disabled people's challenges in using public transportation and public building, obtaining a poor standard of vocational and technical training, and the survey gives explanations for the non-enrollment of disabled children in educational schools, as well as the number of people who missed or changed jobs due to disabilities. Financial support obtained by people with disabilities in various forms and from various sources, such

as scholarships from educational institutions, government scholarships, education loans, gifts, and voluntary contributions from other people such as NGOs, friends, and relatives, is also considered in NSSO records.

**Table 4.13**  
**Status of Employment of PWDs of India in 2002 and 2018**

Employment status of PWDs (in Percent)	Rural		Urban		Total	
	2002	2018	2002	2018	2002	2018
Persons working before the onset of disability	38.9	38.5	31.1	32	37.2	36.7
Persons who loss work due to Disability	55.8	57.9	53.1	54.8	55.3	57.2
Persons who change of work due to Disability	13.2	16.4	13.2	14.6	13.2	16
Labour Force Participation Rate (LFPR in percent)	31.9	24.5	28.4	21.9	31.1	23.8
Self-Employed	87.1	64.6	85.5	45	79.4	59.7
Regular Wage/Salaried Employees	2.2	8.9	8.8	33.3	11	15
Casual Labour	10.7	26.5	5.7	21.7	9.6	25.3

Source: NSSO 58<sup>th</sup> and 76<sup>th</sup> Round on Persons with Disability 2018, Figures are in Percentages

It shows that the major part of the labour force for people with disabilities is engaged in unskilled jobs, which holds them at subsistence wage rates. They face many barriers in the labour market according to their gender and whether they are rural or urban Women with disabilities are well behind the male, as NSS data indicates that the rate of male labour participation is 36.0 percent, whereas 7.7 percent among females. This will further decrease the well-being of the family, as shown by the extreme case of the *earning handicap* according to Sen (2009). According to NSS statistics, around 36 per cent of people with disabilities worked before the advent of disability, and it is also stated in the table that 57.2 per cent of people have lost their work and about 16 per cent have to change their job because of disability.



Table 4.14

## Employment Indicators among the disabled (15+) in Kerala in 2018

Employment Indicators (ps+ss)	Male	Female	Persons
Rural			
Labour force participation	31.3	5.9	18.7
Worker population ratio	29.9	4.9	17.5
Urban			
Labour force participation	29.1	12.1	20.6
Worker population ratio	27.3	11.1	19.2
Rural + Urban			
Labour force participation	30.1	9.1	19.7
Worker population ratio	28.6	8.1	18.4

Source: Calculated by the author using NSS unit-level data of 76<sup>th</sup> rounds on disability, 2018.

Kerala PWDs have considerably lower labor force participation rates than the national average, both in terms of gender and in rural and urban locations.

Table 4.15

## Occupational Distributions of Disabled People in Kerala in 2015

Category of Employment	Percentage
Self-Employment	2.18
Working in own enterprises	0.18
Daily Wage	5.81
Government employed	2.14
Private Employed	1.26
Temporary Employment	4.18
Hose hold works	1.26
Agriculture	1.06
No Employment	78.82
Other Sources	3.11
<b>Total</b>	<b>100</b>

Source: Author's Calculation from Disability Census. (2015). Kerala

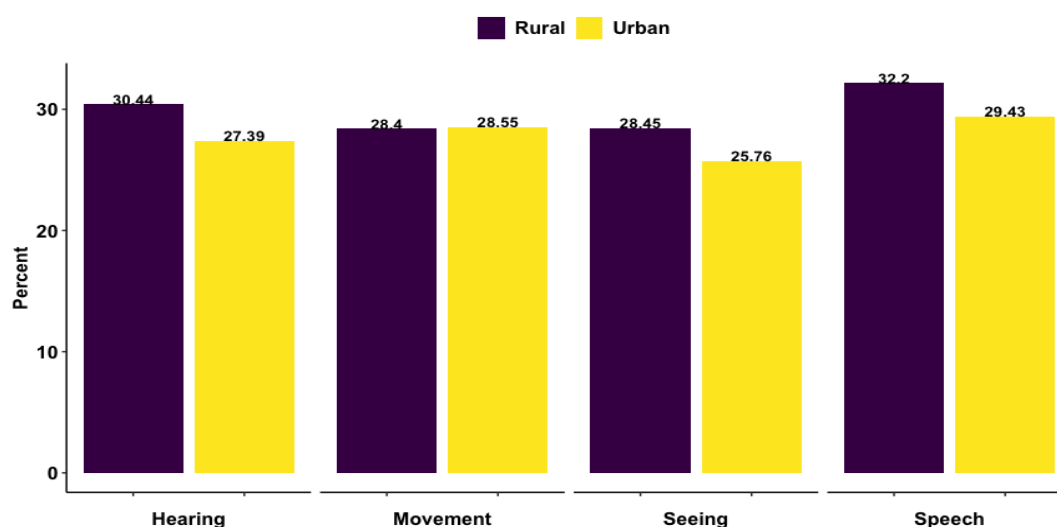
Occupational distribution among disabled people (table 4.15) shows that a signified portion of Disabled people are unemployed in Kerala and merely 4 per cent are occupied in the organized sector. Despite the fact that many disabled persons are capable of working, their employment rate is substantially lower than the general population, with only 2.91 per cent of disabled people employed permanently and 14.21 per cent employed temporarily.



**Figure 4.5 : Work Participation Rate of Physically Challenged People in India**

Source: Census of India (2011)

The figures (4.5 and 4.6) present the work participation levels of people with physical disabilities in India and Kerala. It states that at the national level, an average of 35 to 40 per cent of people with disabilities participate in the labour force in India, with just a 3 per cent difference in place of residence, which is higher in rural areas



**Figure 4.6 : Work Participation Rate of Physically Challenged People in Kerala**

Source: Census of India (2011)

However, in Kerala, an average job participation rate is just 28 per cent, with only a 2 percentage-point gap between rural and urban areas. Among these groups, the category of hearing and speech disabilities has a marginally higher rate of job engagement at both the national and Kerala state levels.

**Table 4.16**  
**Percentage distribution of disabled people who have faced difficulties while accessing/using public transport by sector and gender in Kerala in 2018**

Districts	Sector		Total	Gender		Persons
	Rural	Urban		Male	Female	
Kasaragod	78.4	89.3	82.2	87.1	75.5	82.2
Kannur	71.8	67.1	69.2	70.8	67.5	69.2
Wayanad	36.2	47.8	36.9	37.6	35.7	36.9
Kozhikode	43.7	71.7	65.7	55.4	74.5	65.7
Malappuram	36.6	40.0	38.1	35.1	41.9	38.1
Palakkad	31.1	58.1	34.2	52.2	24.4	34.2
Thrissur	55.0	67.7	64.2	47.8	76.3	64.2
Ernakulam	67.7	68.4	68.2	66.6	70.8	68.2
Idukki	51.5	21.7	49.0	45.1	54.7	49.0
Kottayam	27.9	18.7	25.4	20.9	33.1	25.4
Alappuzha	68.0	34.1	48.1	51.1	44.3	48.1
Pathanamthitta	82.1	83.3	82.3	75.8	94.9	82.3
Kollam	62.7	95.8	82.9	84.1	78.9	82.9
Thiruvananthapuram	55.0	50.5	52.6	50.5	55.4	52.6
<b>Kerala</b>	<b>50.1</b>	<b>63.0</b>	<b>56.5</b>	<b>54.5</b>	<b>58.9</b>	<b>56.5</b>

Source: Calculated by the author using NSS unit-level data of 76<sup>th</sup> rounds on the persons with disability 2018

On average, more than half of disabled people have difficulty in accessing public buildings and transit, and this figure is higher among women PWDs and rural residents, posing a significant barrier to their education, skill development and vocational training, employability, and earning a decent living. PWDs have complained about a lack of transportation and educational facilities, and it has been noted that Kerala is not a disability-friendly state, particularly in transportation, where both private and public buses are inaccessible to disabled people. There are lawsuits in the high court about mobility issues confronting people with disabilities in the transit and education fields. Many colleges and higher education institutions lack basic facilities such as ramps and disabled-friendly toilets, and PWD students, especially blind students, face significant challenges in accessing materials and advanced learning strategies.

**Table 4.17**  
**Percentage distribution of persons with disability of age 15 by the situation of loss/change of work due to disability in Kerala**

Districts	Disability caused	
	Loss of work	Change of work
Kasaragod	52.7	2.9
Kannur	41.9	10.4
Wayanad	63.3	18.4
Kozhikode	66.9	10.8
Malappuram	57.1	9.6
Palakkad	55.5	24.2
Thrissur	51.3	32.7
Ernakulam	54.6	10.8
Idukki	56.6	13.2
Kottayam	49.6	12.6
Alappuzha	52.3	7.6
Pathanamthitta	46.2	19.3
Kollam	55.3	16.8
Thiruvananthapuram	63.6	6.5
<b>Kerala</b>	<b>54.6</b>	<b>16.1</b>

Source:: Calculated by the author using unit-level data of 76<sup>th</sup> rounds on the persons with disability 2018

The relative deficiency of people with disabilities depends not only on their own attributes; but also on the social and economic environments and the lack of resources that support work accessibility. The figures in the table indicate the number of people who have lost or changed jobs due to disabilities, indicating the impact of disability on their professional lives. Taking an average statistic, it can be stated that more than 60 per cent of the disabled people belong to the group losing their work condition due to the onset of the impairment, with this figure ranging from 40.9 per cent in Kannur to 66.9 per cent in Kozhikode districts. It also conveys the fact that these people must be introduced to the changed circumstances of their lives, especially in earning a living environment in which they may be unfamiliar with experience and training. As a result, they must be helped by providing self-employment opportunities or other forms of making a decent living.

Table 4.18

## Percentage distribution of cause of disability by gender in Kerala

Causes	Loco-motor disability			Visual disability			Hearing disability			Speech and language disability		
	M	F	P	M	F	P	M	F	P	M	F	P
Disease	50.3	48.3	49.4	54.9	50.8	52.8	28.0	27.0	27.4	35.1	27.3	31.9
Burn	0.8	0.5	0.7	0.0	0.0	0.0	0.0	0.7	0.4	0.0	0.5	0.2
Injury	17.6	21.6	19.5	7.6	0.4	3.9	6.9	2.3	4.3	3.0	1.1	2.2
other reasons	31.3	29.6	30.5	37.4	48.8	43.3	65.1	70.0	67.9	61.9	71.1	65.7
<b>All</b>			<b>100</b>			<b>100</b>			<b>100</b>			<b>100</b>

Source:: Calculated by the author using NSS unit-level data of 76<sup>th</sup> rounds on the persons with disability 2018

M-Male F-Female P Persons Figures are in percentages

A look at the causes of disability provides us with the answer to the question that the cause of impairment is mostly due to diseases, particularly for people with physical difficulties such as locomotor disability and visual difficulty. And these reasons draw our attention to the need for treating people with disabilities in-depth in a different way, as well as their work access issues and obstacles. The NSS data reveals that 46.2 percent of disability is due to sickness, which is also a remarkable

observation that this degree of disability is entirely preventable with a good medical treatment system and a public vaccine programme. Other reasons mainly include the birth defect as a cause of disability.

**Table 4.19**

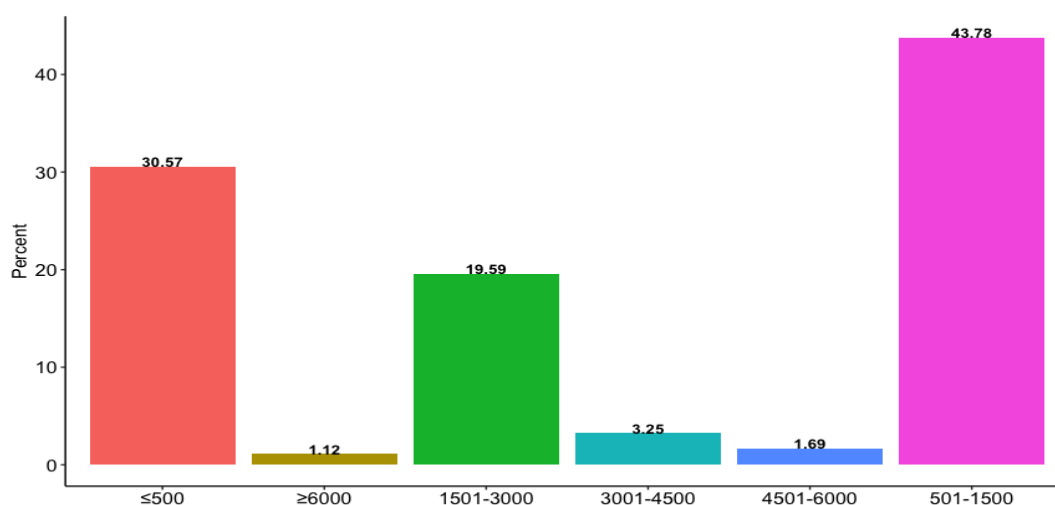
**House Status and House type of PWD s in Kerala in 2015**

House Status	No of Disabled	House Type	No of Disabled
Thatched	18967	Own	681936
Tile/Sheet	365895	Rented	38505
Concrete	371305	Others	55382
Apartments	19396	Institutions	18114
In Institution/ Not Replied	18374		
<b>Total</b>	<b>793937</b>		<b>793937</b>

Source: Author's Calculation from Disability Census. (2015). Kerala

The housing status and house type of disabled people in Kerala, as seen in the table, indicate that 46 and 47 per cent of them live in tiled or sheet and concrete homes, respectively, and only 2.89 per cent live in thatched houses. It is also worth noting that more than 85 per cent of them have their own houses, with only 4.84 per cent living in leased houses. It also reflects the fact that Kerala is one of the leading states in terms of providing better living conditions for disabled persons, despite the fact that we lag behind in terms of providing job opportunities to these people.

In the following figure, the economic status of the disabled people has been examined focusing on the monthly per capita expenditure of these people according to the 2015 disability Census of Kerala and NSO data 2018. The Monthly Per Capita income level serves as an indicator of the economic status of the people with disability.



**Figure 4.7: Monthly Per-Capita Expenditure of Disabled People in Kerala in 2015**

Source: Disability Census. (2015). Kerala

A considerable proportion of people with disability in Kerala are below the minimum standard of living. More than one-fourth of them are having expenditure level of less than 500 /- per month and a mere 6 per cent have a national average level of consumption *ie.*, above 3000 /- per month. According to the results of the 2018 NSS report, the Kerala disabled population has the same quality of living in terms of monthly per capita consumption spending, which is somewhat lower than the national average of monthly per capita consumption expenditure.

**Table 4.20**  
The percentage distribution of the disabled by quintile (MPCE) sector and Gender in Kerala in 2018

Quintile classes of MPCE	Rural			Urban			Total		
	Male	Female	Persons	Male	Female	Persons	Male	Female	Persons
1	33.7	35.2	34.4	30.0	41.9	35.9	31.7	38.8	35.2
2	7.7	5.2	6.5	14.6	7.2	11.0	11.4	6.3	8.9
3	14.6	19.4	16.9	22.8	21.8	22.3	18.9	20.7	19.8
4	15.5	14.1	14.8	15.3	13.0	14.2	15.4	13.5	14.5
5	28.6	26.2	27.4	17.3	16.1	16.7	22.6	20.8	21.7
All	50.9	49.1	100.0	50.8	49.2	100.0	50.8	49.2	100.0

Source: Calculated by the author using NSS unit-level data of 76<sup>th</sup> rounds on the persons with disability 2018

The table below shows the total expenditure on all goods and services, including durables, of people with disabilities who belong to quintile groups of monthly per capita consumption expenditure MPCE, which reflects their standard of living. It can be seen that spending on goods and services, including durables, is broadly and positively related to one's standard of living, and it specifically demonstrates the distinct difference in residence category between rural and urban areas. It demonstrates that the spending of the second and third quintile classes, i.e. low-income households in rural areas is 50 per cent and 30 per cent less than that of the same urban quintile classes, respectively, and that there is no discrepancy between male and female individuals with disabilities. Above all, the MPCE of households with disabled people is significantly lower than that of households without disabled people and the range in variation in MPCE is larger in rural areas.

#### **4. 6 Economic Burden and Cost of Disability**

Disability places a variety of economic obligations on the disabled person, his or her family, and, more widely, on the employer and society in which they reside. Disability adds to the cost by lowering productivity as a result of working while disabled, as well as causing total job loss or a reduction in the number of work hours. A family with a disabled member incurs additional expenses to meet the medical or equipment needs of a disabled family member, and the disabled individual contributes very little or nothing to the family resources. A family member's disability has an impact on the family's level of life. A disabled person must pay additional expenses in order to convert a level of income to a standard of living comparable to that of a normal person, and these additional expenses are referred to as conversion handicaps. In addition, other family members may be forced to reduce their work hours in order to care for disabled family members, thus depleting the family's resources. As a result, there is a paradoxical situation in which consumption will rise owing to conversion handicap while consumption will reduce due to a decrease in family resources which is extremely important for policy study. However, due to a lack of suitable data, there is no rigorous research on estimating the economic impact and cost of disability, particularly in developing countries like



India. Estimating the cost of disability is a crucial policy research topic because it allows policymakers to compare the costs and benefits of various disability prevention and welfare measures. We have a vast range of services for the financial freedom and economic empowerment of people with disabilities, but their effect is very marginal and under-targeted and often restricted to urban areas and only to educated and skilled people with disabilities. The economic costs associated with the exclusion of persons with disabilities have been classified in various ways in the literature. Costs (and, by extension, benefits) can be divided into two categories: those incurred by disabled individuals and their families or homes and those incurred by society (Khan et.al, 2014). Families with disabled members need an extra 14.6 per cent of income to live at the same standard as families without disabled members (İpek, 2020). In Turkey, it is estimated that everyday living disability costs 9.1 per cent higher than that of non-disabled.

These costs are divided into direct and indirect charges. Supporting rehabilitation, adapting houses, incurring increased transportation costs, or increasing disability benefits costs are all direct costs to individuals, households, and society. Indirect expenses include lost production and taxes incurred as a result of unemployment. Typically, direct expenses are addressed in studies that assess specific agencies' attempts to mainstream disability. Only a few studies examined indirect expenses, and those that do are essentially guesswork due to a dearth of statistical data on impairment. A social perspective should be taken to emphasize the burden's width beyond the family and health system (Ley et al, 2021; Krahn, 2021). Additionally, studying the relationship between poverty and disability is essential in developing countries

#### **4.6.1 Out-of-pocket expenditure and Economic Burden of Disability**

According to UN Disability and Development Report, the cost of disability has three elements, such as the actual expense of medical treatment, including the cost of transport and access; the indirect cost of those who are not directly impacted (Carers); the opportunity cost of income foregone from disability.

**Table 4.21**

**Out-of-pocket expenditure on disability and receipt of aid by PWDs in India 2018**

<b>Expenditure and Receipt</b>	<b>Rural</b>	<b>Urban</b>	<b>Total</b>
Percentage of persons with disability incurring out-of-pocket expenses	25.8	39.1	29.4
Disabled who incurred out-of-pocket expenses on disability (Rs.)	2117	3112	2477
Percentage of persons with disability received aid/help from Government	22.4	19.9	21.8
Disabled persons received aid/help from organization other than Government	1.9	1.7	1.8

Source: NSS 76<sup>th</sup> Round on Persons with Disability

The out-of-pocket household spending on disability in the NSSO Survey report has been estimated by taking into account the expenses of those incurred directly by households, minus reimbursements that cover infrequent medical and non-medical expenditures, usual monthly medical, and non-medical expenditures. It indicates that about 30 per cent of households have suffered an annual disability cost of 2,477 rupees, though their per capita consumption spending is well below the average MPCE in India. This data can be compared with the number of people who have obtained assistance from the Government and NGOs, which is just 21.8 per cent on average, and shows the need to upgrade the funding allocation and provisions for people with disabilities in India.

**Table 4.22**

**Financial Assistance Received by different Categories of PWDs in Kerala**

<b>Types of Assistance</b>	<b>SC</b>	<b>ST</b>	<b>OBC</b>	<b>Others</b>	<b>Total</b>	<b>% of total Disabled People</b>
Disability Pension	27094	3577	166170	64442	261283	32
Education	888	126	5316	2829	9159	1.15
Purchase of Vehicle	24	3	132	13	232	0.02
Treatment	528	294	2348	975	4175	0.52

Source: Author's Calculation from Disability Census. (2015). Kerala

When we look at the amount and kind of financial assistance earned by disabled persons in Kerala in 2014-15, it is clear that 32 per cent of them received disability pensions, while only 1.15 per cent benefited from social security measures for education and training. This highlights the importance of refocusing our priorities and reallocating funding for capacity-building programs across constructive means, in addition to providing assistance to needy and economically disadvantaged disabled persons.

Table 4.23

**Availability of social security benefits among the household members at least with one disability (15 years and above) in Kerala in 2018**

Availability of social security benefits	Male	Female	Persons
only PF/ pension	6.1	8.6	6.5
only gratuity	0.5	0.0	0.4
only health care & maternity benefits	0.0	5.9	1.1
only PF/ pension and gratuity	50.5	5.2	42.2
only PF/ pension and health care & maternity benefits	2.0	15.7	4.5
only gratuity and health care & maternity benefits	0.0	0.0	0.0
PF/ pension, gratuity, health care & maternity benefits	10.1	37.7	15.2
not eligible for any of above social security benefits	25.1	13.7	23.0
not known	5.7	13.2	7.1
All	100	100	100

Source: Calculated by the author using NSS unit-level data of 76<sup>th</sup> rounds on the persons with disability 2018

Note: indicates that the values are given in row-wise

The NSSO 2018 study also provides a good view of the social security payments received by families with at least one disabled person under various schemes for their welfare. The data reveals that, despite the fact that there are a variety of projects and programs for the care of disabled people, their coverage is so limited that we need to move further and distribute funds more systematically. Except for PF and gratuity, which represent the lower level of female involvement in economic

activities and jobs, there isn't much of a gender difference in the receipt of social security benefits in Kerala.

#### **4.6.2 Work Losses and MPCE Status of PWDs in India**

The 76th round of the National Survey on Disability provides us with a clear picture of the data on the percentage of disabled people who worked prior to being disabled and who lost or changed occupations as a result of their disability.

**Table 4.24**  
**Work Losses and Drop-in MPCE of PWDs in 2018**

Group	Disabled (N)	Loss work (%)	Average Monthly consumption		
			loss work	Change work	No loss or change work
Overall	1,06,872	57.2	635.36	700.73	765.41
Not literate	50,731	62.24	528.81	535.69	561.67
Lower education	46,398	53.98	721.13	694.04	803.97
Higher education	9,743	41.58	1080.26	1468.85	1378.35
Rural	74,933	57.95	551.82	649.52	609.95
Urban	31,939	54.77	909.53	880.47	1172.43
High-income state	43,850	59.98	624.96	679.25	833.73
Low-income states	63,022	55.04	643.8	714.45	718.46

Source: Calculated by the author using NSS 76<sup>th</sup> Round on people with disabilities in India (2018)

This dataset highlights a crucial issue facing the disability community: the experience of losing or changing occupations due to the onset of impairment, which has a significant impact on future employability, consumption patterns, and quality of life. Data in table 4.24 represents this fact profoundly and validly since it compares the average monthly per capita consumption expenditure of families with disabled members who lost and changed employment to households with disabled members who did not lose or change jobs. The table also includes information for the entire sample as well as its numerous subgroups, including rural and urban, high and low- educated groups, high- and low-income states, and various sorts of disability groups.

Table 4.24 shows that around 57 per cent of the overall sample lost their jobs due to disability, with the rate being significantly higher among the illiterate and less educated, who are more vulnerable to life's vulnerabilities, such as unemployment and seasonal swings in their livelihood opportunities. When we analyse different sectors of the population, such as rural and urban areas, or high- and low-income states, the employment loss rate and differential are not significant. The experience of job loss and loss of income sources is significantly more common among disabled people, such as locomotor and vision-impaired people, and hearing and speech impaired people experience the lowest rate of employment loss. Accidents, traffic accidents, and diseases are the most common causes of persons being crippled and unsuitable to perform skilled and appropriate professions for their qualifications, and they may be forced to do jobs with which they are unfamiliar or forced to remain underemployed.

For the entire sample, disability-related employment losses resulted in a 16.98 per cent decrease in average monthly household per capita consumption expenditure. The drop in consumer spending is around 6.5 per cent larger for highly educated groups, urban individuals, and the high-income state than for the entire sample. In illiterate groups and rural households, the reduction in consumption spending owing to disability is minor, at roughly 5.85 and 9.53 per cent respectively (Table 4.24). This could be because these rural and illiterate people's average monthly consumption spending is below subsistence, putting their lives at risk. In table 6 there are large variations in the loss of consumption for various types of disability and the decline in per capita consumption expenditure for locomotor disability is the biggest, about 23.20 per cent, and the lowest, about 4.29 per cent, for visual disability.

**Table 4. 25**

**Work Losses and MPCE by Disability Types in 2018**

Group	Disabled (N)	Loss work (%)	Average monthly consumption		
			Loss work	Change work	No loss or change work
Mental	11,843	51.4	656.71	593.58	632.71
Visual	10,295	63.05	636.09	740.34	664.66
Hearing	10,496	22.97	617.14	634.36	686.26
Speech	10,235	47.38	682.34	538.06	877.4
Locomotor	60,887	60.32	636.16	707.7	828.41
Other	3,116	69.47	563.46	847.83	844.68

Source: Calculated by the author using NSS 76<sup>th</sup> Round on people with disabilities in India (2018)

The remarkable difference for the mental disability group is that the loss of a job increased per capita consumption by about 3 per cent. For different segments of the study's entire sample, the relationship between job changes due to disability and a decrease in consumption spending indicates a mixed effect. While certain subgroups, such as urban individuals and high-income states, have experienced a fall in consumption spending of more than the average rate of 8.45 per cent for the entire sample group, others, such as rural and visually impaired persons, have seen an increase of 6 per cent or more.

**Table 4. 26**

**Work Losses and MPCE by Social Group and Gender in 2018**

Group	Disabled (N)	Loss work (%)	Average monthly consumption		
			loss work	Change work	No loss or change work
Overall	1,06,872	57.2	635.36	700.73	765.41
<b>Gender</b>					
Male	61,567	56.19	642.78	753.27	776.73
Female	45,305	59.53	618.64	558.93	736.74
<b>Social group</b>					
ST	11,697	60.53	387.02	496.87	549.56
SC	20,876	58.55	528.73	523.24	561.79
OBC	46,113	57.47	620.53	656.61	689.19
Others	28,186	54.1	875.36	986.34	1126.79

Source: Calculated by the author using NSS 76<sup>th</sup> Round on people with disabilities in India (2018)

The estimated drop in MPCE due to disability among various social groups shows that the ST section of the disabled population is the most affected, with a drop of more than 10%, and the MPCE level is also very low compared to other segments of society, indicating the degree of vulnerability that this community faces in every sphere of life. The true incidence of hardship and bias, as well as social stigma and exclusion, encountered by those who are victims of the excruciating twin identities of disability and Dalit, goes well above our expectations. They are living not just within the confines of increasing reliance and a lack of opportunity for self-development, but also in a state of powerlessness, segregation, and neglect of life's fundamental demands. Women and girls with disabilities in India confront several challenges, including a significant likelihood of segregation in job prospects, as well as a low economic presence and involvement in economic activities. A considerable number of them either do domestic responsibilities or work as unpaid employees in household businesses. In table 4.26 it is show that women lose more MPCE than males and the national average level when they are forced to shift employment due to disability.

According to data analysis on the impact of disability and work loss or changes, and therefore the drops in average MPCE of households with persons with disabilities, disability raises the economic burden and worsens the marginalization of families with disabled members. Even if the marginalization effect is more serious for persons with little income and low education and training, this is a factual fact that is irrelevant to different sections of society and disability groups. A family with a disabled member will need to spend more money on medical care and equipment to manage their everyday activities, which are referred to as conversion handicaps in A.K Sen's Capability Approach (2009). In addition to the conversion handicap, if the disabled member loses his work due to the severity of his disability, the family's resources available to spend shrink, thus reducing the household's wellbeing.

#### **4. 7 Conclusion**

The analysis of the disability prevalence and, education, employment, and economic status of the people with disabilities in India and Kerala provide us a clear-cut base

on which further analysis and in-depth investigations can be extended in the succeeding chapters. Examinations of disability prevalence in India reflect that there are variations in the diversity of disability across the states and disability is more prevalent in weaker sections of the society and among the rural residents. The physical type of disability especially the locomotor constitutes the major type of disability. A thorough analysis of education and employment backup of the disability community both in India and Kerala is done which ascertained that these two are the important variables that determine their socio-economic standing. Comparing the national and state positions in different spheres of disability life, it is evident that there are 20 per cent higher differences in educational attainment between Kerala and the national level. However, considering the work participation rate Kerala is behind the national average by 10 per cent. Hearing and Speech disability groups stand first in the work participation rate and economic standing

The analysis of the economic burden of disability brings the torch closer to the realities of material hardship and social exclusion of disabled people in India, especially in Kerala. The current study reflects an attempt to provide a point of view that can lead to the development of theoretically sound understanding through extensive research and findings on the employment status, economic independence, and empowerment of people with disabilities. So, in the next chapter, we'll delve into disability and related economic concerns, in order to arrive at a clear-cut analytical framework for the research.



## CHAPTER V

# SOCIO-ECONOMIC STATUS OF THE PEOPLE WITH DISABILITIES IN KERALA

### CONTENTS

- 5.1 *Introduction*
- 5.2 *Work Participation rate of the respondents*
- 5.3 *Socioeconomic Constructs*
- 5.4 *Condensation of Socioeconomic Status of People with Disabilities*
- 5.5 *Intersectional Analysis of Socioeconomic Variables*
- 5.6 *Conclusion*







## **5.1 Introduction**

The socioeconomic status of the representative sample of people with disabilities from three categories in the selected districts of Kerala is examined in this chapter. The socioeconomic profile is divided into five components, each of which covers every aspect of their lives and living conditions. This will help us in comprehending the realities of their lives, paving the way for a solid foundation for assessing their economic empowerment and identifying the barriers to achieving economic and social independence and empowerment. Policies aimed at enhancing the socioeconomic situation of disabled people cannot be one-size-fits-all. According to Mitra (2013), the bulk of national studies indicates a long-term discrepancy in educational achievement and employment rates between people with disabilities and people without disabilities.

## **5.2 Work Participation rate of the respondents**

The sampling method and procedure are explained in depth in the methodology section (3.4), we'd like to have a look at the work participation rate among people with disabilities in three districts of Kerala, given we know the sample exclusively comprised economically involved people with disabilities. The Ernakulum District has the highest participation rate in all categories of disability under consideration, which is consistent with the 2011 census disability data estimates. When it comes to disability categories, the visually impaired group performs marginally better than the other two, whereas Malappuram lags well behind the other two districts. In Kerala, the labour force participation rates of persons with disabilities and people without impairments differ by more than 20 per cent on average. When we look at more details like the rural-urban divide, gender gap, and nature of employment, the differences are much more severe and pathetic, and cannot be confined to this number disparity, which we shall address in depth later in this chapter.

**Table 5.1**  
**Work Participation rate**

District	Loco Motor Disability		Visual Impairment		Hearing and Speech Impaired	
	Sample	People Engaged in IGA	Sample	People Engaged in IGA	Sample	People Engaged in IGA
EKM	344	108 (31.40)	101	31 (30.69)	113	34 (30.08)
TSR	353	103 (29.18)	106	33 (31.13)	100	34 (34)
MPM	410	117 (28.29)	137	40 (27.73)	126	36 (25.39)
Total		328		104		104
<b>Grand Total</b>				<b>536</b>		

Source Primary Data

### 5.3. Socio-Economic Profile: Constructs and items

On the basis of primary data, the characteristics of people with disabilities in terms of their socioeconomic level are detailed below (Figure 5.1). Several aspects such as educational and vocational training status, demographic, social, economic, and disability-related factors are constituents of their whole socio-economic existence, according to the review of related studies.

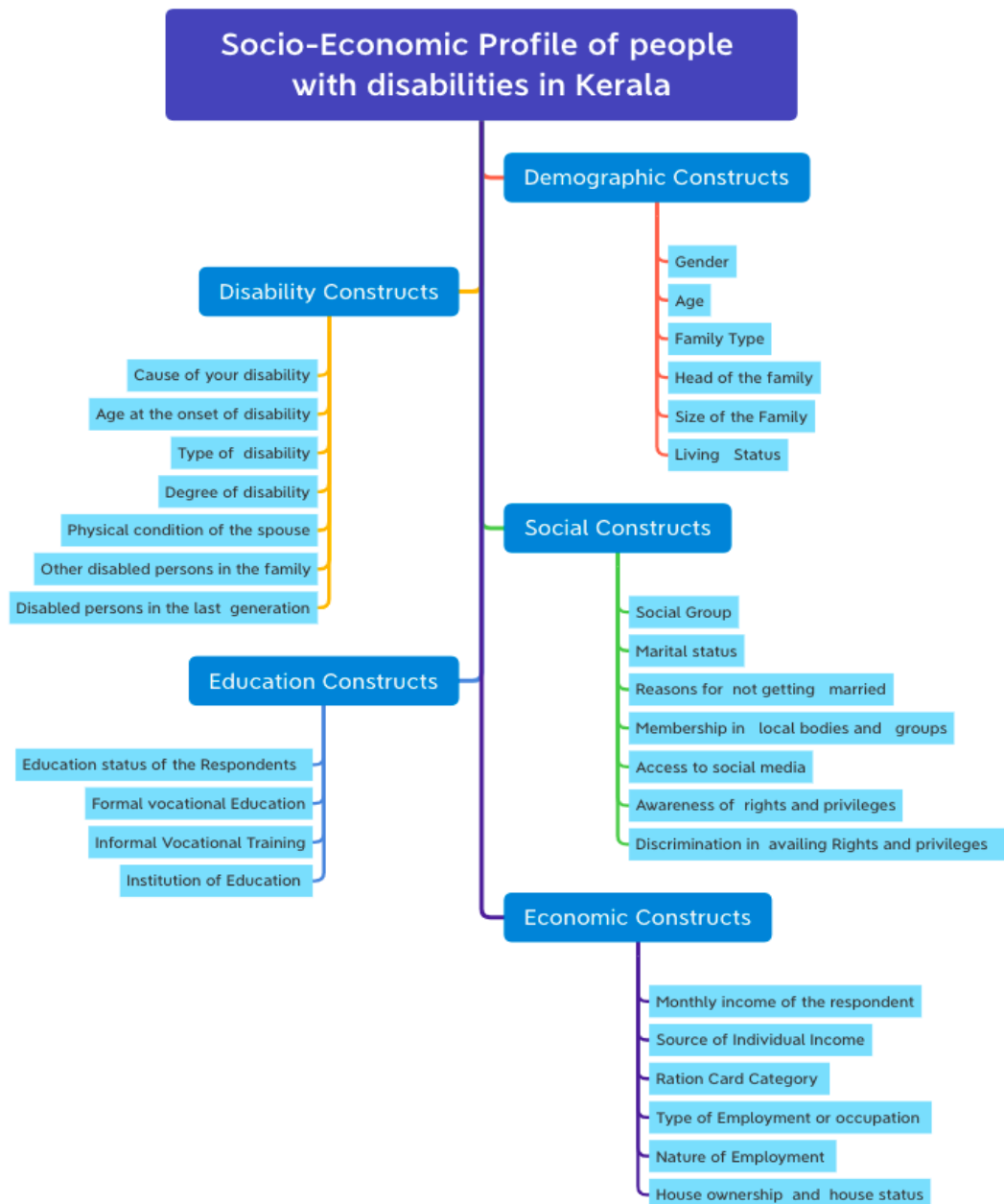


Figure 5.1 Socio-Economic Profile: Constructs and items

## 5.4. Socio-Economic Status of People with Disabilities

### 5.4.1 Demographic Profile and Constructs

Family constructs such as the type and size of the family, living status, and whether the family's head is male or female form the foundation or platform on which an individual with a disability's life evolves and develops. These constituencies play a

significant role in their lives both economically and socially. Other aspects included in the demographic profile are the male-female ratio and the age structure of the respondents.

**Table 5.2**

**Demographic Profile- Age and Gender**

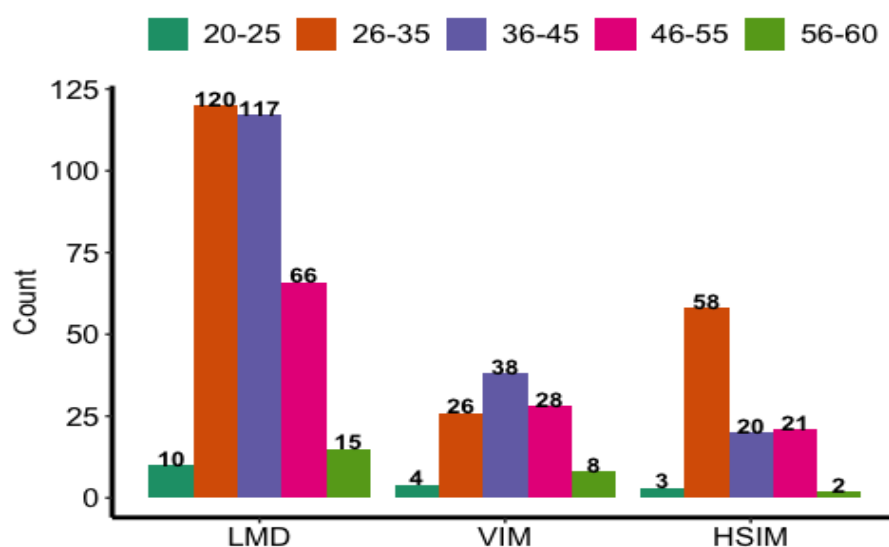
Demographic Constructs	Loco Motor Disability			Visual Impairment			Hearing and Speech Impairment			
	EKM	TSR	MPM	EKM	TSR	MPM	EKM	TSR	MPM	
<b>1. Gender</b>										
Male	0.54	0.57	0.58	0.64	0.51	0.60	0.53	0.62	0.64	
Female	0.46	0.43	0.42	0.36	0.49	0.40	0.47	0.38	0.36	
<b>2. Age</b>										
20-25	0.02	0.03	0.04	0	0.09	0.03	0.05	0.06	0.03	
26-35	0.38	0.34	0.38	0.13	0.24	0.35	0.52	0.35	0.50	
36-45	0.40	0.34	0.33	0.45	0.25	0.40	0.23	0.35	0.36	
46-55	0.17	0.23	0.20	0.32	0.33	0.18	0.17	0.24	0.06	
55-60	0.03	0.06	0.05	0.10	0.09	0.04	0.03	0.06	0.05	
<b>Total Number</b>	<b>108</b>	<b>103</b>	<b>117</b>	<b>31</b>	<b>33</b>	<b>40</b>	<b>34</b>	<b>34</b>	<b>36</b>	

Source: Field Survey, figures are in percentage

When looking at the age structure of respondents, the 26 to 35 and 36 to 45 age groups constituted the highest group in locomotive disabled people, while the 36 to 45 and 46 to 55 age groups constituted the highest rank in the visually impaired group. And the 26 to 45 age group constituted the highest rank in the hearing and speech impaired group, despite a slight difference between the three districts.

These discrepancies highlight the fact that locomotor handicapped people remain actively engaged in economic activities until they reach the age of 50s, implying that they may become unhealthy to engage in economic activities over time. The age groups of 20 to 25 and 55 to 60 have the smallest percentage of respondents in all categories, indicating that very few people can enter the labour market before the age of 25, and 55 to 60 is the post-retirement age group, which includes only those who are forced to work due to financial difficulties.





**Figure 5.2 Age structure of the respondents**

Source: Field Survey

The male-female ratio is 60:40 on average, with modest differences between districts and disability groups. Female representation is similar in Ernakulum and Thrissur districts, with Malappuram lagging behind the other two districts by 10 per cent in all categories except visually challenged people, who are slightly more than in Thrissur. On average, female labour participation rates are highest among locomotor challenged people, followed by visually impaired people, and finally hearing and speech impaired people.

**Table 5.3**

**Demographic Profile- Family Constructs**

Demographic Constructs		Locomotor Disability			Visual Impairment			Hearing and Speech Impairment		
		EKM	TSR	MPM	EKM	TSR	MPM	EKM	TSR	MPM
<b>Family Type</b>	Nuclear	0.88	0.77	0.71	0.81	0.73	0.68	0.97	0.92	0.58
	Joint	0.12	0.23	0.29	0.19	0.27	0.32	0.03	0.08	0.42
	Small 4	0.73	0.60	0.52	0.71	0.58	0.65	0.65	0.76	0.44
<b>Family Size</b>	Medium 5	0.27	0.37	0.37	0.29	0.42	0.22	0.35	0.18	0.50
	Large 8	0	0.03	0.10	0	0	0.13	0	0.06	0.06
<b>Total Number of each Category</b>		<b>108</b>	<b>103</b>	<b>116</b>	<b>31</b>	<b>33</b>	<b>38</b>	<b>34</b>	<b>34</b>	<b>32</b>

Source: Field Survey, Figures are in Percentages

In terms of family structure, as seen in Kerala, more than 80 per cent of respondents are from nuclear families, with the exception of Malappuram district, where Muslim culture and population predominate, where more than 30 per cent of respondents are from joint families. Similarly, in terms of family size Malappuram district is an anomaly, with more than 40 per cent of respondents belonging to medium and big families combined. The other two districts on average have more than 70 per cent of respondents belonging to small families, which is consistent with the Kerala situation.

**Table 5.4**  
**Demographic Profile- Family Related Constructs**

Demographic Constructs		Loco Motor Disability			Visual Impairment			Hearing and Speech Impairment		
		EKM	TSR	MPM	EKM	TSR	MPM	EKM	TSR	MPM
<b>Family Head</b>	Male	0.89	0.71	0.81	0.81	0.91	0.87	0.94	0.94	0.94
	Female	0.11	0.29	0.19	0.19	0.09	0.13	0.06	0.06	0.06
<b>Living Status</b>	Alone	0.03	0.01	0.02	0	0.03	0	0.03	0	0
	Family	0.95	0.94	0.98	0.97	0.88	0.97	0.94	1	1
	Institution	0.02	0.05	0	0.03	0.09	0.03	0.03	0	0
Bread Winner of the family		0.59	0.66	0.70	0.80	0.66	0.70	0.52	0.67	0.72
<b>Total Number of each Category</b>		<b>108</b>	<b>103</b>	<b>116</b>	<b>31</b>	<b>33</b>	<b>38</b>	<b>34</b>	<b>34</b>	<b>32</b>

Source: Field Survey, Figures are in Percentages

Almost 96 per cent of the respondents live in a family, with alternative living situations such as living alone or in an institution accounting for a small fraction that requires no more explanation. This data set is matching with the estimates of the 2015 Disability Census of Kerala. Female-headed households account for 20 per cent of all families with disabled people, implying a double burden on disability in the sense that female employment engagement and earning rates are extremely low, further marginalising such families. More than half of the respondents are the family's breadwinners, with the greatest percentage at 80 per cent, highlighting the families' deepening deprivation and poor socioeconomic condition.

### 5.4.2 Disability Profile and Constructs

Disability profile includes constructs such as the causes of disability, age at onset of disability, degree of disability, physical conditions of the spouse, other disabled members in the household, and in the previous generation, and all of these factors have their own influence and incidence on the socio-economic status of people with disabilities.

**Table 5.5**  
**Disability Profile and Constructs**

Age at onset of disability and Degree of disability	Loco Motor Disability			Visual Impairment			Hearing and Speech Impairment		
	EKM	TSR	MPM	EKM	TSR	MPM	EKM	TSR	MPM
Below 20	0.88	0.85	0.94	0.97	0.91	100	100	100	100
Above 20	0.12	0.15	0.06	0.03	0.09	0	0	0	0
Severe	0.09	0.17	0.09	0.87	0.67	0.57	0.91	0.79	0.81
Moderate	0.91	0.83	0.91	0.13	0.33	0.43	0.09	0.21	0.19

Source: Field Survey, Figures are in Percentages

In the current study, the onset of disability occurred in around 90 per cent of locomotor disabled people under the age of 20, and it is nearly 100 per cent for the other two types of disability. And it is almost entirely caused by disease and birth defects, necessitating medical intervention and preventative measures for disability prevention and early detection. The severity of suffering increases with the early beginning of disability and it may limit their prospects to become educated, occasionally competent, professionally qualified, and thus appropriately employed.

**Table 5.6**

**Disability Constructs and Causes of Disability**

Cause of disability	Loco Motor Disability			Visual Impairment			Hearing and Speech Impairment		
	EKM	TSR	MPM	EKM	TSR	MPM	EKM	TSR	MPM
Birth Defects	0.35	0.18	0.31	0.42	0.79	0.8	0.97	0.91	0.94
Disease	0.51	0.68	0.62	0.58	0.21	0.2	0.03	0.09	
Traffic crashes	0.11	0.13	0.04	0	0	0	0	0	0
Accidents at work	0.03	0.01	0.03	0	0	0	0	0	0

Source: Field Survey, Figures are in Percentages

In the 76th round on disability in 2018, the NSSO discovered various potential causes of disability, which were narrowed down to four in the current study: birth defects, diseases, traffic crashes, and workplace accidents. The causes and age at which these categories of disabilities develop may be very different, and causes such as traffic crashes and workplace accidents are particularly attributable to locomotor disabled people. It is accounting for more than 8 per cent of respondents' causes for the evolution of disability, while more than 80 per cent of respondents' disability develops as a result of diseases and birth defects.

**Table 5.7**

**Disability and Related Constructs**

Disability Constructs	Loco Motor Disability			Visual Impairment			Hearing and Speech Impairment			
	EKM	TSR	MPM	EKM	TSR	MPM	EKM	TSR	MPM	
Physical Condition of Spouse	Abled	0.36	0.31	0.44	0.29	0.27	0.25	0.05	0.03	0.19
	Disabled	0.25	0.18	0.19	0.39	0.30	0.47	0.71	0.77	0.61
	NA	0.39	0.15	0.37	0.32	0.43	0.28	0.24	0.02	0.02
Other disabled persons in the family		0.25	0.15	0.15	0.61	0.48	0.57	0.64	0.61	0.66
Disabled persons in last generation		0	0.01	0	0.13	0.18	0.1	0.03	0.18	0.03

Source: Field Survey, Figures are in Percentages

It's worth noting that out of 327 locomotor disabled people, 192 got married and 42 have differently-abled spouses, while out of 104 visually impaired people, 70 got married and 28 have a spouse with disabled status, and out of 104 hearing and speech impaired people, 79 got married and 55 have a spouse with differently-abled status.

Having more than one impaired individual in the family indicates that the burden of disability will be enhanced, both in terms of material wellbeing and mental stress. According to the survey, more than 60 per cent of visually and hearing and speech impaired people have the above-mentioned burden of disability, with the presence of disabled people in the previous generation up to 18 per cent, which calls for further research and investigations.

### 5.4.3 Social Profile and Constructs

According to the 2011 Census, the SC section accounts for only 3.65 per cent of the overall population, while the ST section accounts for 1.45 per cent. In Kerala, however, disability prevalence is significantly greater among the poorer sectors of society, and there is a significant imbalance in the distribution of disability burden across different groups of individuals.

**Table 5.8**

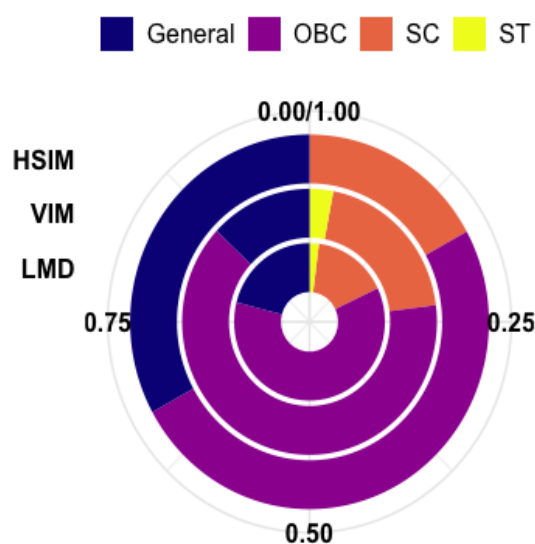
**Social Profile of the Respondents**

Social Group	Loco Motor Disability			Visual Impairment			Hearing and Speech Impairment		
	EKM	TSR	MPM	EKM	TSR	MPM	EKM	TSR	MPM
<b>SC</b>	0.17	0.18	0.14	0.35	0.15	0.13	0.24	0.18	0.08
<b>ST</b>	0	0	0.02	0	0	0.03	0	0	0
<b>OBC</b>	0.49	0.59	0.76	0.52	0.61	0.82	0.50	0.39	0.61
<b>General</b>	0.34	0.23	0.08	0.13	0.24	0.02	0.26	0.43	0.31

Source: Field Survey, Figures are in Percentages

Based on the distribution of sample respondents by social group, we may deduce that the majority of respondents are from the OBC section, with percentages ranging from 51 and 53 in Ernakulam and Thrissur districts, respectively, to 73.5 per cent in

Malappuram. In the three districts, scheduled castes account for 25, 17, and 12.5 per cent of the population, respectively. On average, 25 percent of the sample respondents belong to the general category, with Scheduled Tribes only being present in Malappuram district in a minor amount.



**Figure 5. 3 Social Group status of the respondents**

Source : Field Survey

**Table 5.9**

**Marital Status of the Respondents**

Marital Status	Loco Motor Disability			Visual Impairment			Hearing and Speech Impairment		
	EKM	TSR	MPM	EKM	TSR	MPM	EKM	TSR	MPM
Married	0.61	0.64	0.64	0.68	0.58	0.70	0.76	0.80	0.81
Unmarried	0.37	0.29	0.29	0.16	0.39	0.25	0.18	0.12	0.14
Separated/Divorced	0	0.03	0.03	0.09	0	0.05	0.06	0.08	0.03
Widow/Widower	0.02	0.04	0.04	0.07	0.03	0	0	0	0.02

Source: Field Survey, Figures are in Percentages.

**Table 5.10**  
**Reasons for not getting married**

<b>Reasons for Not married</b>	<b>Loco Motor Disability</b>			<b>Visual Impairment</b>			<b>Hearing and Speech Impairment</b>		
	<b>EKM</b>	<b>TSR</b>	<b>MPM</b>	<b>EKM</b>	<b>TSR</b>	<b>MPM</b>	<b>EKM</b>	<b>TSR</b>	<b>MPM</b>
Health Issues	0.18	0.28	0.10	0.12	0.27	0.22	0.03	0	0.08
Financial Difficulty	0.10	0.10	0.12	0.12	0.18	0.17	0	0	0.05
Societal Reluctance	0.17	0.23	0.14	0.03	0.24	0.15	0.03	0.09	0.02
Parent's Disagree	0	0.01	0.01	0	0	0	0.03	0.02	0

Source : Field Survey , Figures are in Percentages

The marital rates among these persons are 79 per cent in the hearing and speech impaired group and 63 per cent in both locomotor and visually handicapped people. The number of persons who were married in Malappuram is the highest among the districts, and hearing and speech is the highest among the three categories. Disabled people are more likely to be unmarried in the long run, and marital status is a major indicator of social inclusion and independence. As a result, it is critical to investigate the reasons for not marrying.

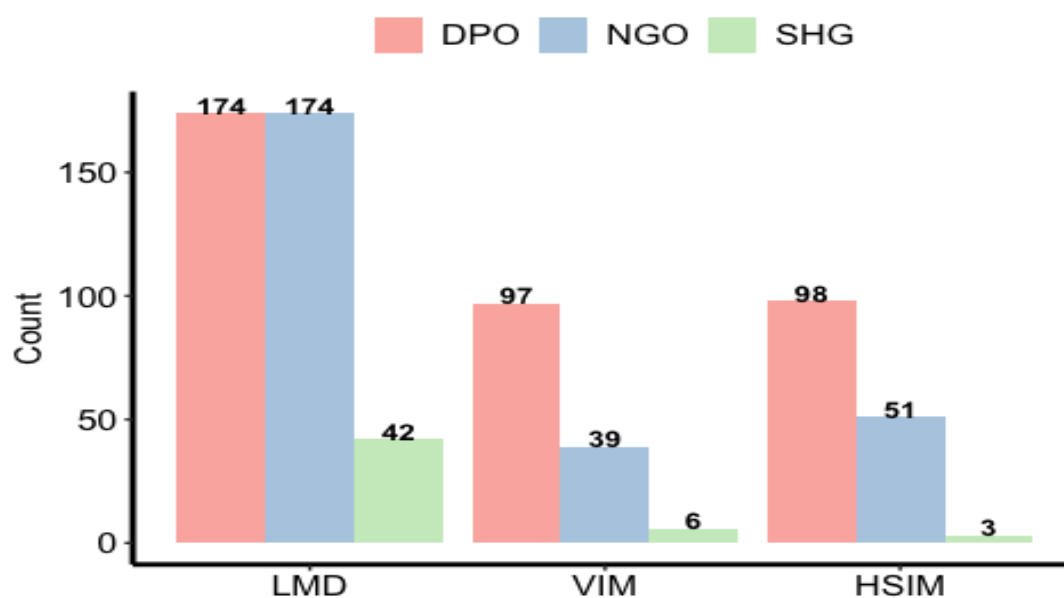
For those with locomotor disabilities, social hesitation and health issues are equally to blame for not getting married, whereas for the visually impaired, social sensitization and health issues, as well as financial challenges, are the main reasons for not getting married. These reasons for not getting married are less obvious among hearing and speech disabled people, who have a high marriage rate. Other statuses such as separated and divorced have a significant number of responders, ranging from 3 to 9 per cent and 2 to 7 per cent, respectively, who have lost their husband or wife.

**Table 5.11**  
**Social Group Membership**

Social status	Loco Motor Disability			Visual Impairment			Hearing and Speech Impairment			
	Districts	EKM	TSR	MPM	EKM	TSR	MPM	EKM	TSR	MPM
Member ship	NGO	0.59	0.48	0.52	0.35	0.33	0.42	.50	0.59	0.39
	DPO	0.48	0.68	0.44	0.87	0.97	0.95	100	0.94	0.89
	SHGs	0.20	0.03	0.13	0	0.03	0.12	0	0.02	0.05
Access to social media		0.97	0.94	0.93	0.87	0.93	0.92	100	100	0.92

Source: Field Survey Figures are in Percentages

Membership in their own organisations (DPOs ) is quite strong among the visually impaired, hearing and speech impaired, and it is very low in the locomotive group. The locomotor group has a greater rate of NGO membership, and the kudumbasree movement's intervention to empower differently-abled people looks to be ineffective and weak. In all categories of respondents, the majority have access to social media,



**Figure 5.4 Social Group Membership of the respondents**

Source : Field Survey



**Table 5.12**  
**Awareness of rights and Experience of Discrimination**

Social status	Districts	Loco Motor Disability			Visual Impairment			Hearing and Speech Impairment		
		EKM	TSR	MPM	EKM	TSR	MPM	EKM	TSR	MPM
Awareness of Rights	To a great extend	0.21	0.23	0.20	0.19	0.18	0.27	0.44	0.35	0.13
	Some What	0.63	0.59	0.55	0.55	0.67	0.50	0.56	0.59	0.67
	Not at all	0.16	0.18	0.25	0.26	0.15	0.23	0	0.06	0.20
Experience of Discrimination	To a great extend	0.49	0.52	0.59	0.48	0.61	0.40	0.56	0.50	0.31
	Some What	0.38	0.40	0.37	0.42	0.39	0.55	0.44	0.38	0.50
	Not at all	0.13	0.08	0.04	0.10	0	0.05	0	0.12	0.19

Source: Field Survey, Figures are in Percentages

When we look at the level of understanding of rights and privileges, it is obvious that nearly 50 to 67 per cent has some level of awareness. And, on average, less than 20 per cent of the population is aware to a significant degree, with nearly 20 per cent having no awareness at all.

Around 50 per cent of people with locomotor disabilities, 52 per cent of people with vision impairments, and 42 per cent of people with hearing and speech impairments have experienced discrimination in obtaining their rights and privileges. On average more than 30 per cent of people have some level of discrimination, with some exceptional differences between the districts. When we compare the data, we find that the people have a lower than average level of awareness, have a high level of discrimination experience, and unaware of capacity-building programmes, vocational and higher education training facilities, and are only aware of financial assistance such as housing loans and other compensatory allowances.

#### 5.4.4 Educational Profile and Constructs

Education is a crucial instrument for empowering disabled people, as it may help them become empowered and socially included. The respondents were divided into six categories to determine their educational level: not Illiterate, primary, secondary, higher secondary ,Graduation above, and Professional courses. There are significant discrepancies in educational status across different types of disability, as well as a gender divide.

**Table 5.13**

**Education Profile of the Respondents**

Education status	Loco Motor Disability			Visual Impairment			Hearing and Speech Impairment		
	EKM	TSR	MPM	EKM	TSR	MPM	EKM	TSR	MPM
Not literate	0.01	0.02	0.02	0.09	0	0.05	0	0.03	0
Primary	0.04	0.09	0.07	0.05	0.03	0.07	0.03	0.06	0.03
secondary	0.31	0.33	0.36	0.11	0.21	0.30	0.15	0.35	0.25
Higher Secondary	0.11	0.25	0.18	0.22	0.19	0.27	0.38	0.20	0.27
Graduation above	0.33	0.19	0.25	0.19	0.48	0.15	0.29	0.09	0.11
Professional	0.19	0.12	0.10	0.27	0.09	0.16	0.15	0.27	0.34

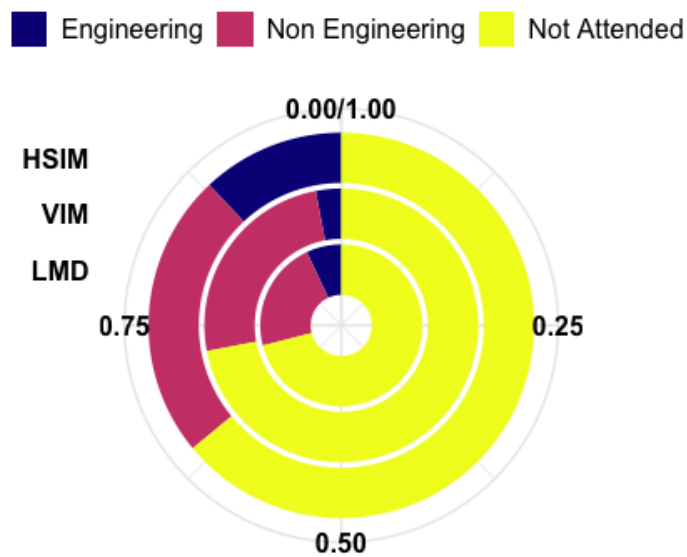
Source: Field Survey, Figures are in Percentages

50 per cent of those in the locomotor group have completed higher secondary, 26 per cent have graduated, and 14 per cent have a professional degree. People with a high secondary level of education account for 40 per cent of the visually impaired category, while graduates account for 26 per cent and professional degree holders for 18 per cent. The hearing and speech impaired group included 56 per cent of people with higher secondary education and 16 and 25 per cent graduates and professional degree holders, respectively.

In terms of district-level distinctions, Ernakulum District ranks first in terms of educational status, whereas Thrissur and Malappuram are nearly identical in terms

of educational status, with minor variances in terms of graduates and professionally educated persons.

Among the three groups, visually impaired persons have the highest educational status, with the most graduates, while hearing and speech impaired people have the highest professional degree status. People with technical education such as ITC and diplomas, as well as those who have diplomas in fashion design, painting, and stitching, are considered to have a professional degree, with only a few having a higher level of professional certification, particularly in teaching.



**Figure 5.5 Formal Vocational Education Status of the respondents**

Source: Field Survey

The participation rate of people with disabilities in both engineering and non-engineering vocational training is higher in the category of hearing and speech disability across all districts, with a slight variation in the participation in the non-engineering trade in Ernakulum. However, an average of 53 to 80 per cent of persons with disabilities in all categories are unable to access this type of occupational skill training and education, with visually impaired people being at the bottom of the list, and Malappuram district lagging behind in this regard.

**Table 5.14**

**Vocational Education and Constructs**

A. Formal B. Informal	Loco Motor Disability			Visual Impairment			Hearing and Speech Impairment		
	EKM	TSR	MPM	EKM	TSR	MPM	EKM	TSR	MPM
<b>Engineering</b>	0.09	0.06	0.05	0.03	0	0	0.14	0.12	0.11
<b>A Non Engineering</b>	0.25	0.17	0.25	0.23	0.31	0.20	0.09	0.35	0.28
<b>NA</b>	0.66	0.77	0.70	0.74	0.69	0.80	0.77	0.53	0.61
<b>Up to 1 year</b>	0.42	0.31	0.45	0.61	0.58	0.52	0.80	0.41	0.22
<b>B 1year above</b>	0.05	0.08	0.04	0.03	0.06	0.03	0.02	0.06	0.06
<b>NA</b>	0.53	0.61	0.51	0.36	0.36	0.45	0.18	0.53	0.72

Source : Field Survey , Figures are in Percentages

People with disabilities participate in informal vocational training that lasts anywhere from 3 months to 2 or 3 years and covers a wide range of areas such as beautician courses, fashion design, MS Office, Tally and accounting, automotive workshop training, stitching and tailoring, embroidery works, umbrella and candle making, paper pen and bag making, chair weaving, and food processing. The fact is that the majority of them are outdated and unsuitable for current labour market demands, and the difficulties of marketing these items keep people from finding gainful employment.

There are also intriguing disparities between the districts in terms of the length of the course and the percentage of respondents who have completed informal vocational training programmes. Ernakulum District is first in attendance at long training programmes that are thought to be more sustainable, whereas Thrissur District is first in terms of the number of persons who participate in these training programmes. Malappuram district lags behind in both of these areas, and locomotor disabled people are underrepresented in informal vocational training programmes, possibly due to transportation difficulties or inaccessibility to training centres.

### 5.4.5. Economic Profile and Constructs

To evaluate the economic status of people with disabilities, they are divided into five income categories and sources of income, and we may deduce that there are significant differences in economic status between these disability categories only by looking at them.

**Table 5.15**

**Economic Profile- Income Category and source of Income**

A. Monthly Income	B. Source of Income	Loco Motor Disability			Visual Impairment			Hearing and Speech Impairment		
		EKM	TSR	MPM	EKM	TSR	MPM	EKM	TSR	MPM
A	Up to 5000	0.28	0.38	0.38	0.59	0.51	0.53	0.32	0.24	0.36
	5000-10000	0.31	0.29	0.26	0.26	0.18	0.17	0.23	0.29	0.29
	10000-15000	0.21	0.12	0.16	0.03	0.10	0.08	0.21	0.27	.24
	15000-20000	0.04	0.06	0.08	0.06	0.09	0.10	0.09	0.06	0.10
	20000 above	0.16	0.15	0.12	0.06	0.12	0.12	0.15	0.14	0.01
B	Disability pension	0.04	0.04	0.01	0.23	0	0	0.02	0	0
	Wage/Salary	0.77	0.72	0.78	0.68	0.61	0.45	0.71	0.76	0.83
	Self-Employment	0.16	0.18	0.19	0.06	0.24	0.45	0.18	0.3	0.15
	Other sources	0.03	0.06	0.02	0.03	0.15	0.1	0.09	0.03	0.02

Source: Field Survey, Figures are in Percentages

While 28 to 38 per cent of locomotor disabled respondents fall into the income category of up to 5,000, more than 50 per cent of visually impaired persons fall into this area of income, and 30 per cent or more of hearing and speech impaired people fall into this category of income. The same picture can be seen in higher-income groups with more respondents with locomotor disability people, while hearing and speech people are in second place except in the Malappuram district. The major source of income is wage and salary, but when we look into their occupational and employment status, the picture reveals many more aspects of their economic status.

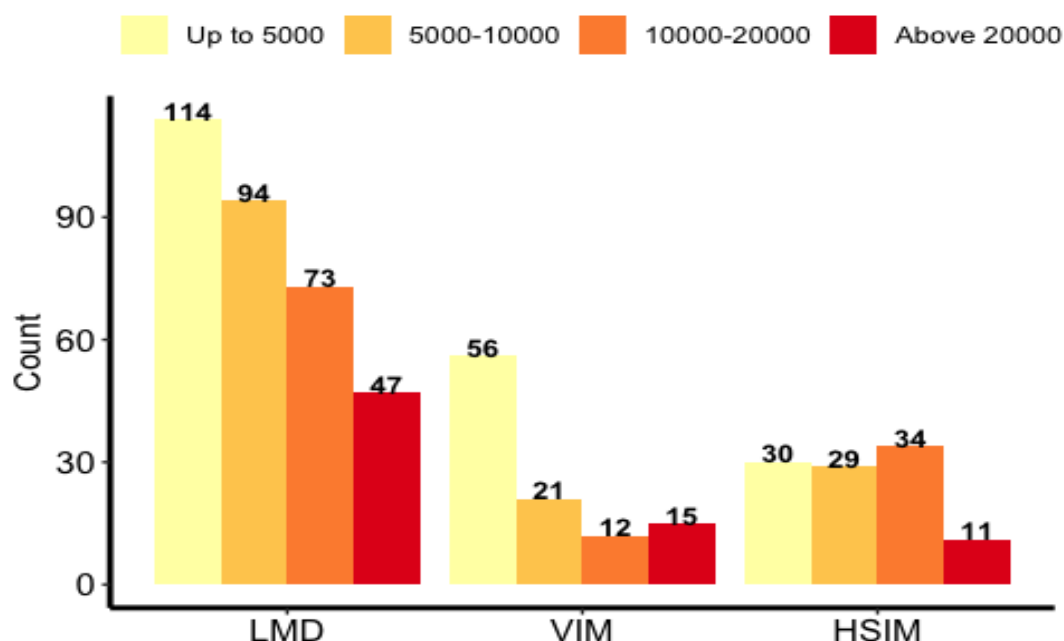


Figure 5.6: Income status of the respondents

Source: Field Survey

Table 5.16

Economic Profile –Ration Card Category and Housing Status

Characteristics	Loco Motor Disability			Visual Impairment			Hearing and Speech Impairment		
	EKM	TSR	MPM	EKM	TSR	MPM	EKM	TSR	MPM
White	0.18	0.19	0.18	0.09	0.12	0.2	0.18	0.12	0.11
Blue	0.29	0.20	0.10	0.07	0.09	0.08	0.15	0.35	0.22
A Pink	0.50	0.55	0.66	0.68	0.54	0.47	0.64	0.53	0.64
Yellow	0.03	0.04	0.05	0.13	0.22	0.17	0	0	0.03
NA	0	0.02	0.01	0.03	0.03	0.08	0.03	0	0
B Own	0.89	0.89	0.88	0.81	0.89	0.75	100	100	0.95
Rent	0.11	0.11	0.12	0.19	0.18	0.25	0	0	0.05
Hut/thatched	0	0.02	0.06	0	0	0.03	0	0	0
C Tiled/ Sheet	0.32	0.46	0.35	0.68	0.33	0.55	0.38	0.26	0.25
Concrete	0.68	0.52	0.59	0.32	0.67	0.42	0.62	0.74	0.75

A. Ration Card Category, B. House ownership, C. House status

Source: Field Survey , Figures are in Percentages

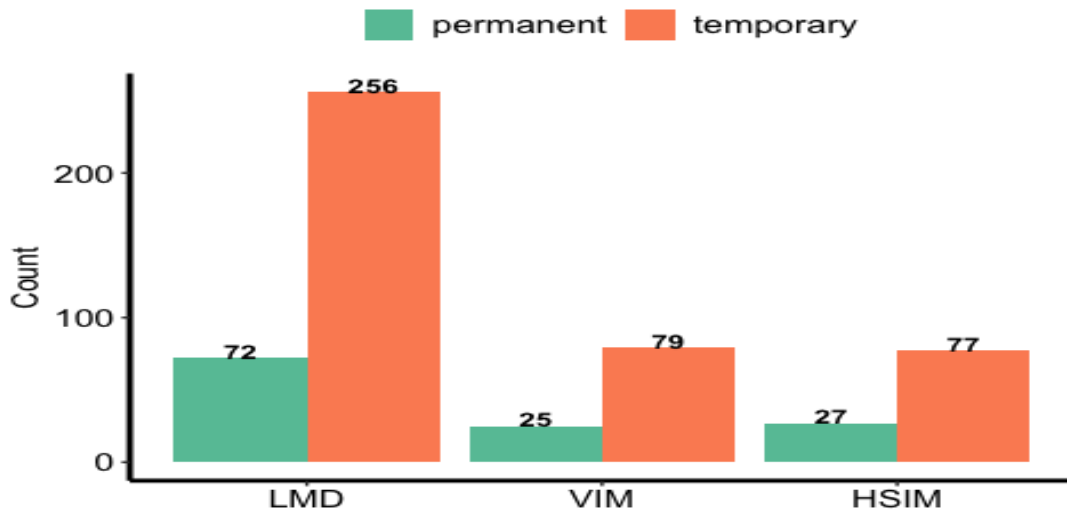
The economic condition of differently-abled individuals in three districts of Kerala in terms of income slab shows some mixed results, with more respondents in higher-income groups in Thrissur, Ernakulum, and Malappuram, while lower-income groups are more in reverse order. The same inference of income category can be seen in the division of disabled people according to their ration card category, with the result that white cardholders are more in the locomotor disability group, while yellow cardholders are more in the visually impaired group (22%), and Malappuram district has more yellow cardholders.

Looking at housing ownership and status, it is shown that 80 to 90 per cent of respondents own houses, regardless of district or disability category, which may be due to social security supports provided by the Kerala government. It is also worth noting that only a small percentage of them live in thatched houses, with the rest having concrete or tiled (sheet) houses.

**Table 5.17**  
**Economic Profile – Nature and Type of Employment**

Nature and Type of Employment	Loco Motor Disability			Visual Impairment			Hearing and Speech Impairment		
	EKM	TSR	MPM	EKM	TSR	MPM	EKM	TSR	MPM
Government	0.10	0.13	0.11	0.09	0.09	0.08	0.09	0.08	0.09
Private job	0.60	0.44	0.54	0.59	0.56	0.59	0.59	0.59	0.56
Self-employed	0.29	0.41	0.33	0.23	0.32	0.33	0.23	0.33	0.32
Agriculture, others	0.01	0.02	0.02	0.09	.03	0	0.09	0	0.03
Temporary	0.76	0.77	0.81	0.73	0.73	0.77	0.71	0.68	0.84
Permanent	0.24	0.23	0.19	0.27	0.27	0.23	0.29	0.32	0.16

Source : Field Survey , Figures are in Percentages



**Figure 5.7 Nature of Employment of Respondents**

Source: Field Survey

It is noteworthy that an average of 10 per cent of people with disabilities are employed in government departments, either permanently or temporarily, with no differences between districts and a slight advantage for people with locomotor disabilities.

We must applaud the legislative steps taken to promote the employment of people with disabilities in government departments, particularly the 1995 PWD Act and its implementation. 50 to 60 per cent of respondents, regardless of disability group, are private employees, and when we correlate their status with income levels, it is very pathetic in the sense that most of them are underpaid or underemployed. The self-employment category is also affected by this crisis, owing to the unsustainable nature of self-employment strategies and projects, as well as the failure to market the products they produce. Adding to the precarious job status of persons with disabilities, more than 70 per cent (varying from 68 to 84 per cent) are temporary employees, raising doubts about the long-term viability of the supportive programmes and initiatives implemented by both government and non-government entities.

### **5.5.The Intersection of Socio-Economic Status and Disability Constructs**

Since our research focuses on the socioeconomic status and empowerment of differently-abled persons in Kerala, it is critical to examine the interaction of



socioeconomic variables in their life. This cross-section analysis would provide us with a better understanding of the pros and cons of their life circumstances, paving the way for more investigations and research to be conducted in order to formulate successful policies and strategies.

### 5.5.1 The Intersection of Education Status and Disability Constructs

The confluence of socioeconomic status and disability constructs between different sectors of the disabled community is examined for the associations of socio-economic characteristics of respondents. The null hypothesis (**H0**) is that there is no significant association between the characteristics of different groups of disabled persons, as well as education and other factors such as employment and disability causes etc. As a result, the following aspects of the respondents are being investigated.

- Education Status and gender
- Education Status and Place of Residence
- Education Status and Causes of Disability
- Education Status and nature of employment
- Education Status and Social Group

**Table 5.18**

#### The Intersection of Education Status and Disability Constructs By Gender

Education Status	Loco Motor Disability		Visual Impairment		Hearing and Speech Impairment	
	Male	Female	Male	Female	Male	Female
Professional	28(15)	16(11)	13(21)	4(9)	22(35)	4(10)
Non Professional.	45(24)	41(29)	14(23)	14(33)	9(15)	8(19)
Others (up to Higher Secondary)	112(61)	86(60)	34(56)	25(58)	31(50)	30(71)
<b><math>\chi</math>-squared</b>	1.5198		3.1155		9.0243	
<b>p-value</b>	0.46		0.21		0.01*	

Source: Field Survey, Figures in parenthesis are the percentage share of the column total

(\*indicate 5 per cent level of significance, this applies to the entire thesis wherever \* is mentioned.)

In terms of professional education, there is a significant gender gap in all categories, with the Chi-square test value and P-value of 0.01 indicating that it is most pronounced among hearing and speech disabled people. In the group of locomotor and visually impaired people, there is no discernible difference in educational status between males and females, however, more females finished nonprofessional degrees. Even if there is no statistical evidence of gender discrepancy in educational attainment, when we correlate women's educational attainment with their income and economic status, we see the true image of an apparent divide between men and women. Furthermore, the employment and economic status of more than 60 per cent of the disabled sample units with up to a higher secondary level of education (majority with a secondary level) is extremely poor.

**Table 5.19**

**The Intersection of Formal Vocational Training and Disability Constructs By Gender**

<b>Formal Vocational Training</b>	<b>Loco Motor Disability</b>		<b>Visual Impairment</b>		<b>Hearing and Speech Impairment</b>	
	<b>Male</b>	<b>Female</b>	<b>Male</b>	<b>Female</b>	<b>Male</b>	<b>Female</b>
Engineering	20(11)	3(2)	1(1)	0(0)	12(19)	1(2)
Non . Engineering	36(19)	37(26)	13(22)	12(27)	18(29)	7(17)
Not attended	129(70)	103(72)	47(77)	31(73)	32(52)	34(81)
<b>χ-squared</b>	10.283		1.2439		10.76	
<b>p-value</b>	0.00*		0.53		0.00*	

Source : Field Survey, Figures in parenthesis are the percentage share of the column total

With the exception of visually impaired people, gender disparities in favour of men are plainly noticeable and are particularly apparent in formal vocational courses completed by disabled people. In general, the percentage of visually impaired people entering technical-vocational fields is low, and even if new technology developments are available, they are not readily available in our regional-rural areas. Many disability studies, such as (Kumar, 2012), recommend vocational skill development as a strong and sound strategy to integrate these persons into the labour market. The issue of human resource scarcity could be addressed by increasing

workforce creation through the promotion of new courses and the establishment of degree and diploma programmes.

**Table 5.20**  
**The Intersection of Informal Vocational Training and Disability Constructs By Gender**

Informal Vocational Training	Loco Motor Disability		Visual Impairment		Hearing and Speech Impairment	
	Male	Female	Male	Female	Male	Female
Up to 1 year	61(33)	70(49)	32(53)	27(63)	20(32)	29(69)
1 year above	4(2)	14(9)	3(4)	1(2)	1(1)	4(10)
Not attended	120(65)	59(42)	26(43)	15(35)	41(67)	9(21)
<b><math>\chi</math>-squared</b>	21.943		1.2985		20.858	
<b>p-value</b>	<b>0.00*</b>		0.52		<b>0.00*</b>	

Source : Field Survey, Figures in parenthesis are the percentage share of the column total

A Chi-square test value and P-value of association, both in formal and informal vocational training among locomotor and hearing and speech challenged categories of disability, clearly favour women. In the instance of visually challenged people, where the P-value is greater than 0.05, the hypothesis of no association between occupational education and gender cannot be rejected. The test result can be explained by the fact that the majority of female visually impaired people are engaged in vocational trades, despite the fact that they are underpaid and underemployed. Stitching and tailoring, embroidery stitching, bookbinding, chair weaving, paper pen and bag making, and umbrella-making are all examples of short-term vocational training. The period of participation in informal vocational training is evaluated, and it is found that more disabled respondents had attended extremely short-term courses ranging from three months to one year. A negligible per cent in all categories of disabilities attended the courses that are about a year longer in duration and are deemed to have a better career possibility.

The gender-based division of disability shows that men have more disabilities than women.(Singh 2014). However, disabled females endure more bias and exploitation in terms of access to education, health care, and career possibilities than disabled

males. On this basis, it may be inferred that what we require is not a single disability policy, but rather distinct policy decisions for each category that take gender into account.

**Table 5.21**

**The Intersection of Education Status and Disability Constructs by Place of Residence**

Education Status	Loco Motor Disability		Visual Impairment		Hearing and Speech Impairment	
	Rural	Urban	Rural	Urban	Rural	Urban
Professional	16(9)	28(19)	5(8)	12(29)	4(11)	22(32)
Non Professional	30(17)	56(38)	16(25)	12(29)	4(11)	13(19)
Others	134(74)	64(43)	42(67)	17(42)	27(78)	34(49)
<b><math>\chi</math>-squared</b>	33.074		9.8332		7.7415	
<b>p-value</b>	0.00*		0.00*		0.02*	

Source : Field Survey , Figures in parenthesis are the percentage share of the column total

The issue of rural India's most serious challenge, according to Sarma, J (2016) is the access to infrastructure. The majority of disabled people in remote places lack access to social infrastructure such as excellent education and skill development programmes.

**Table 5.22**

**The Intersection of Formal Vocational Training and Disability Constructs by Place of Residence**

Formal Vocational Training	Loco Motor Disability		Visual Impairment		Hearing and Speech Impairment	
	Rural	Urban	Rural	Urban	Rural	Urban
Engineering	9(5)	14(9)	0(0)	1(2)	2(6)	11(16)
Non . Engineering	24(14)	49(33)	10(15)	15(37)	2(5)	23(33)
Not Attended	147(81)	85(58)	53(85)	25(61)	31(89)	35(51)
<b><math>\chi</math>-squared</b>	23.318		7.744		14.553	
<b>p-value</b>	0.00*		0.02*		0.00*	

Source: Field Survey, Figures in parenthesis are the percentage share of the column total

The tables above depict that the rural people stream is behind urban people in all elements of education, but the rural-urban split is particularly pronounced in the participation rate of disabled individuals in formal vocational training courses. The Chi-square test value and P-value of association demonstrate that there is a significant gap between rural and urban disabled people in terms of educational access, both vocational and non-vocational. As a result, we reject the null hypothesis that there is no difference in access to education options based on residency in all categories of disability. The link between education and employment is substantial, and policy should prioritize vocational education. We need to build similar training centers in semi-urban and rural areas, where disabilities are prevalent.

Table 5.23

**The Intersection of Informal Vocational Training and Disability Constructs by Place of Residence**

Informal Vocational Training	Loco Motor Disability		Visual Impairment		Hearing and Speech Impairment	
	Rural	Urban	Rural	Urban	Rural	Urban
Up to 1 year	62(35)	69(46)	39(62)	20(49)	15(43)	34(50)
1 year above	8(4)	10(8)	1(2)	3(7)	2(6)	3(4)
Not Attended	110(61)	69(46)	23(36)	18(44)	18(51)	32(46)
<b><math>\chi</math>-squared</b>	6.9314		3.2186		0.41647	
<b>p-value</b>	0.03*		0.20		0.81	

Source: Field Survey , Figures in parenthesis are the percentage share of the column total

The Chi-square and P-value reveal that there is no link between rural and urban people's informal vocational education status, and no disparities in obtaining informal vocational training among visually impaired and hearing and speech challenged people based on their area of residence. However, there are some discrepancies in obtaining informal vocational training in the locomotor category, owing to the fact that movement is very difficult for locomotor disabled persons, particularly those from remote areas, to get into these educational institutions. However, this outcome is unsatisfactory in the sense that the informal vocational

crafts in which the majority of disabled persons are trained are outmoded and have little connection to the needs of today's labour market.

**Table 5.24**

**The Intersection of Education Status and Causes of Disability**

Types of Disability	Education Status	Cause of disability				χ-squared	p-value
		Birth Defects	Disease	Traffic crashes	Accident at work		
<b>LMD</b>	Professional	22(23)	17(9)	5(17)	0(0)	20.795	0.00*
	Non Professional.	31(33)	45(23)	8(27)	2(29)		
	Others	41(44)	135(68)	17(56)	5(71)		
<b>VIM</b>	Professional	12(17)	5(15)	0(0)	0(0)	1.0117	0.60
	Non Professional	17(24)	11(33)	0(0)	0(0)		
	Others	42(59)	17(52)	0(0)	0(0)		
<b>HSIM</b>	Professional	25(26)	1(17)	0(0)	0(0)	0.24697	0.88
	Non Professional.	16(16)	1(17)	0(0)	0(0)		
	Others	57(58)	4(66)	0(0)	0(0)		

Source : Field Survey , Figures in parenthesis are the percentage share of the column total

The intersection of educational status and disability constructs demands our attention because there is a great deal of variation in accessing different levels of education and vocational training depending on the severity of disability and the causes of disability's onset. When it comes to the degree or intensity of impairment, particularly in the locomotive category, the severity of disability inhibits people from pursuing various levels of education, capacity-building programmes, and vocational skill training.-

We reject the null hypothesis that there is no association between the cause of disability and educational status among people with locomotor disabilities, but we cannot reject the null hypothesis for people with the other two types of disabilities.

Professional degree holders account for 50 per cent of those who developed disability due to birth, 39 per cent of those who developed impairment due to

disease, and 11 per cent of those who developed disability due to traffic accidents in the locomotive category. The same tendency can be found among non-professional degree holders, and for the rest of the population, including those with only high school education, the sickness category comes first. The impact of disability causes on access to education facilities greatly among different categories of differently-abled people, and for those who are born with a disability, there is a chance to shape their lives to be trained and educated in a different way depending on their disability status. People with disabilities that began as a result of disease are far behind in obtaining a professional education (only 29 per cent among visually impaired people and per cent among hearing and speech impaired people), and we have no respondents with disabilities that began as a result of workplace accidents or traffic crashes.

Table 5.25

## The Education and Nature of Employment and Disability Constructs

Types of Disability	Education Status	Nature of Employment		$\chi^2$ squared	p-value
		Temporary	Permanent		
Loco Motor Disability	Professional	42(15)	2(5)	15.621	0.00*
	Non-Professional	77(26)	9(23)		
	Others	170(59)	28(72)		
Visual Impairment	Professional	6(19)	11(15)	21.47	0.00*
	Non-Professional	7(22)	21(29)		
	Others	19(59)	40(56)		
Hearing and Speech Impairment	Professional	3(18)	23(26)	9.6478	0.00*
	Non-Profession	5(29)	12(14)		
	Others	9(53)	52(60)		

Source: Field Survey , Figures in parenthesis are the percentage share of the column total

The Chi-square and P-value of association reveal that the revealed of the job and educational status of differently-abled people in the three groups under study are significantly linked. The majority of those with only up to secondary education are employed on a temporary basis, earning subsistence wages and having sporadic job

opportunities. The relationship between employment and educational status is stronger among visually impaired, hearing and speech impaired individuals than among locomotives, highlighting the need for targeted initiatives to improve their employability. Around 67 per cent of persons with locomotor disabilities are intermittently employed, and this figure rises to 77 to 78 per cent among the visually impaired, hearing, and speech impaired. This indicates that the majority of people with disabilities are with job insecurity and rely on subsistence income.

**Table 5.26**

**Vocational Education and Nature of Employment and Disability Constructs**

Types of Disability	Formal Vocational Education	Nature of Employment		$\chi^2$ -squared	p-value
		Temporary	Permanent		
<b>Loco Motor Disability</b>	Engineering	21(7)	2(5)	5.40	0.05*
	Non -. Engineering	67(24)	6(16)		
	Not Attended	201(69)	31(79)		
<b>Visual Impairment</b>	engineering	0(0)	1(2)	10.93	0.00*
	Non -. Engineering	10(31)	15(20)		
	Not Attended	22(69)	56(78)		
<b>Hearing and Speech Impairment</b>	Engineering	3(18)	10(11)	12.00	0.00*
	Non -. Engineering	7(41)	18(21)		
	Not Attended	7(41)	59(68)		

Source : Field Survey , Figures in parenthesis are the percentage share of the column total

When it comes to formal vocational education and job status, Chi-square and P-value demonstrate independence between the two variables in the case of the locomotive category and correlation between the two variables in the case of the other two disability categories. People without formal vocational education are primarily engaged on a transitory basis, as expected. Informal vocational education is assessed based on the length of the course taken, and we may deduce that the length of the course did not lead to greater job opportunities. As previously noted, the poor outcome is primarily due to obsolete vocational training that is not aligned with labour market demands.



Table 5.27

## Education Status and Social Groups and Disability Constructs

Types of Disability	Education Status	Social Groups				$\chi^2$ -squared	p-value
		SC	ST	OBC	General		
Loco Motor Disability	Professional	4(8)	0(0)	27(13)	13(18)	16.25	0.01*
	Non-Professional.	6(12)	0(0)	55(28)	25(36)		
	Others	42(80)	2(1)	121(59)	33(46)		
Visual Impairment	Professional	1(4)	1(1)	14(21)	1(8)	15.17	0.04*
	Non-Professional	5(25)	0(0)	17(24)	6(46)		
	Others	15(71)	0(0)	38(55)	6(46)		
Hearing and Speech Impairment	Professional	3(18)	0(0)	13(26)	10(29)	3.0301	0.55
	Non-Professional.	2(12)	0(0)	7(13)	8(23)		
	Others	12(70)	0(0)	32(61)	17(48)		

Source : Field Survey , Figures in parenthesis are the percentage share of the column total

We reject the null hypothesis in the assessment of education status as well, because the P-value for locomotor and visually challenged people is less than 0.05. The disparity in educational attainment between socio-economic classes is exemplified in these categories of disability, where the majority of the SC and OBC population lacks a professional or non-professional education degrees. Clearly, these differences could have a negative impact on their employment and financial situation. The null hypothesis that there is no association between educational rank and social group cannot be rejected for the category of hearing and speech group. Even if the discrepancies are not as stark as in the other two groups, there is still an under-representation of SC and OBC sections in higher educational categories in the hearing and speech challenged category.

### 5.5.2 Intersection of Social Indicators and Disability Constructs

The null hypothesis (**H<sub>0</sub>**) is that there is no significant association between social indicators and disability constructs and the following aspects of relations are examined .

- Membership in Social Groups and Awareness about Rights and Privileges
- Marital Status and Gender

Membership and participation in NGOs and DPOs are thought to be a way of providing persons with disabilities with a more accurate and thorough understanding of their rights and benefits, as well as more effective and long-term livelihood possibilities.

**Table 5.28**

#### **Membership in Social Groups and Awareness Level of Respondents**

<b>Loco Motor Disability</b>					
<b>Awareness</b>	<b>To a great extend</b>	<b>Some What</b>	<b>Not at all</b>	<b>χ-squared</b>	<b>p-value</b>
NGO Members	45(64)	116(59)	33(51)	4.5322	0.10
Non-Members	25(36)	77(41)	32(49)		
DPO Members	50(71)	102 (53)	32(49)	12.326	0.00*
Non-Members	20(29)	91 (47)	33(51)		
SHGs Members	10(14)	27(14)	5(8)	1.9018	0.38
Non-Members	60(86)	166(86)	60(92)		
<b>Visual Impairment</b>					
NGO Members	11(48)	27(46)	1(5)	12.959	0.00*
Non-Members	12(52)	32(54)	21(95)		
DPO Members	22(96)	54(92)	21(95)	6.6119	0.02*
Non-Members	1(4)	5(8)	1(5)		
SHGs Members	2(9)	2(3)	2(9)	1.4233	0.49
<b>Hearing and Speech Impairment</b>					
NGO Members	21(66)	27(43)	3(33)	5.3742	0.05*
Others	11(34)	36(57)	6(67)		
DPO Members	32(100)	59(94)	7(78)	6.4796	0.03*
Others	0(0)	4(6)	2(22)		
SHGs Members	1(3)	1(6)	1(11)	2.5593	0.27

Source : Field Survey , Figures in parenthesis are the percentage share of the column total

In the locomotive group, membership in DPO and NGO accounts for around 42 to 60 per cent of responders, with a gender gap of 20 per cent. There is a significant association between participation in DPOs and awareness of the rights and privileges of people with locomotor disabilities, and the null hypothesis is rejected because the p-value is less than 0.05. There are significant disparities in the level of awareness between members and non-members in both NGOs and DPOs, with 64 to 71 per cent of members having the highest level of understanding. A noteworthy feature is that among individuals who are unaware of their rights and opportunities, there are an equal proportion of members and non-members of social organisations. It means that a significant number of people, roughly 32 per cent on average, lack active involvement and awareness beyond the reach of social organisations such as NGOs and DPOs.

DPO membership and involvement are very high and strong among visually, hearing, and speech impaired persons, with little gender difference, whereas NGOs membership and engagement are not as strong, with just 20 to 30 per cent female and 43 to 66 per cent male people. Membership in NGOs and DPOs has a considerable impact on respondents' understanding of rights and benefits available to visually impaired people. In the case of NGO and DPO membership, we reject the null hypothesis of no association between the membership and awareness level.

The Chi-square test of association reveals the strong relationship between DPO membership and awareness level while we cannot reject the null hypothesis in the case of NGOs. Because of psychological stigma and communication difficulties, these two groups of individuals are unique; their communication with people who do not have impairments and other groups of disabled people is limited and less, and we must take special efforts to assist them.

The interventions of the kudumbasree movement for financial and social empowerment of people with disabilities are ineffectual and weak. Special SHGs for disabled people exist in Kerala, mainly in the Ernakulum and Malappuram districts, although membership is low, and mediation is ineffectual. According to (Esper et al, 1999; Galab & Rao, 2003), and (Naraharisetti & Castro, 2016) self-help groups have been widely focused on women, but their approach is less widespread within the disabled community. Self-help groups, in general, take the shape of micro-credit-

based activities aimed at promoting entrepreneurship and economic empowerment. They can, however, be employed as neighbourhood-based communes that are actively involved in problem resolution and growth. Under such a context persons with disabilities would be able to organise themselves systematically and solve the difficulties they encounter in their local setting, which would be more practical and useful.

Approximately half of the respondents claim that their rights and privileges have been violated. However, when it comes to getting rights and benefits, there is a gender difference in discriminatory experiences. The majority of female responders (40 to 60 per cent) had experienced significant discriminatory encounters. There is no substantial link between participation in social organisations such as NGOs and DPOs and the experience of discrimination. It reveals the truth that social organisation involvement and interference for the advancement of people with disabilities is unproductive and has no practical impact on their lives, necessitating greater debate and research.

**Table 5.29**

**Marital status and Disability Constructs by Gender**

Marital Status	Loco Motor Disability		Visual Impairment		Hearing and Speech Impairment	
	Male	Female	Male	Female	Male	Female
Married	119(64)	74(52)	48(78)	20(47)	51(83)	31(74)
Unmarried	62(33)	59(41)	11(18)	17(39)	9(14)	6(15)
Separated/Divorced	1(1)	7(5)	1(2)	4(9)	2(3)	4(9)
Widow/Widower	3(2)	3(2)	1(2)	2(5)	0(0)	1(2)
<b>χ-squared</b>	9.8501		12.198		3.4252	
<b>p-value</b>	0.01*		0.00*		0.33	

Source : Field Survey, Figures in parenthesis are the percentage share of the column total.

It is inferred from Chi-square and P- values that there is a significant gender difference in marital status among locomotor disabled and visually challenged people and this difference is less noticeable among hearing and speech impaired people. As previously indicated, marriage status is a significant determinant of social inclusion and independence. Male disabled persons marry more often than

female disabled people, and this disparity is much more pronounced in the visually challenged category. The difference in numbers is 12 per cent in the locomotor disability group, 31 per cent in the visually impaired group, and 9 per cent in hearing, and speech impaired groups respectively. Separated or divorced cases are also more among women. This data is in line with the findings of Sivanandan (2018) that there is a substantial proportion of widows in the visual handicap group in India, with females outnumbering males. From a policy aspect, the link between disability and divorce and separation shows not just the potential consequence of unplanned economic need, but also the loss of support and family welfare.

The null hypothesis is rejected for the first two categories, but cannot be for hearing and speech impaired people. Hearing and speech challenged people tend to have a smaller gender difference in marital status because they frequently marry people who have the same impairment, as seen by the physical state of the spouse in the analysis of demographic characteristics.

Table 5.30

## Reasons for not getting married and Disability Constructs by Gender

Reasons for not get Married	Loco Motor Disability		Visual Impairment		Hearing and Speech Impairment	
	Male	Female	Male	Female	Male	Female
Health Issues	34(12)	27(13)	7(6)	15(15)	2(3)	2(3)
Financial Difficulty	22(9)	15(10)	7(8)	10(13)	1(5)	1(2)
societal reluctance	23(12)	37(18)	5(4)	10(11)	2(6)	3(7)
Parent's disagree	0(0)	3(2)	0(0)	0(0)	0(0)	2(3)
NA	140(67)	94(66)	54(82)	27(61)	48(86)	36(85)

Source: Field Survey, Figures in parenthesis are the percentage share of the column total

Health issues, financial backwardness and social reluctance have all been mentioned as causes for disabled persons not marrying. The biggest barrier for locomotor disabled individuals and hearing and speech impaired people is social hesitation, which is particularly prevalent among women, while financial insecurity is the cause for visually challenged people, particularly women. Due to societal pressure and

concern for their children's future, it's also possible that parents will hide or neglect to inform potential spouses about their children's disabilities. This could lead to a significant number of divorces and marriage nullifications. Many factors contribute to social apprehension, including negative attitudes and opinions regarding the possibility of disability in children whose parents are impaired. This is a critical scenario for disadvantaged families that are already struggling financially and have limited access to technologically advanced medical treatment and consultation. In short, social-economic backwardness and a lack of self-reliance are the major backward engine forces for this type of social exclusion, as well as the increased likelihood of disabled persons being unmarried, alone, and reliant throughout their lives. This problem is more prevalent among disabled women and people who are visually impaired than in other groups.

### 5.5.3: Intersection of Employment and disability Constructs

For analysing the intersection between employment and disability constructs null hypothesis ( $H_0$ ) is set as there is no significant association between these two characteristics and the following aspects of relations are examined.

- Employment status and gender
- Employment status and place of residence
- Employment status and Causes of Disability

**Table 5.31**

**The Intersection of Types of Employment and Disability Constructs By Gender**

Types of Employment	Loco Motor Disability		Visual Impairment		Hearing and Speech Impairment	
	Male	Female	Male	Female	Male	Female
Government	16(9)	20(15)	9(15)	7(16)	7(11)	2(5)
Private employee	97(52)	76(53)	17(27)	13(30)	42(68)	18(43)
Self-employed	67(36)	46(32)	33(54)	20(47)	11(18)	20(47)
Agriculture, others	6(3)	0(0)	2(4)	3(7)	2(3)	2(5)
<b><math>\chi</math>-squared</b>	<b>6.3724</b>		<b>1.0893</b>		<b>11.573</b>	
<b>p-value</b>	<b>0.09</b>		<b>0.77</b>		<b>0.00*</b>	

Source : Field Survey , Figures in parenthesis are the percentage share of the column total

Except in the instance of hearing and speech challenged females, the Chi-square test value and P-value of the association between employment status and gender demonstrate that there is no significant difference in employment status between males and females. Female representation in government jobs is higher than male disabled people in the locomotive and visually impaired categories. While more than half of both men and women work as private employees in the locomotive group, there is little gender disparity in the proportion of persons who engaged in self-employment ventures. In the visually challenged category, the ratio of male to female engagement in self-employment initiatives is 54:47. Female participation in government employment among hearing and speech challenged people is extremely low, with the majority of them working in private jobs (43 per cent) or running their own businesses (47 per cent). Females with hearing and speech impairments are the most disadvantaged in terms of employment status, and so have a low level of economic independence. Despite the fact that there are not many variations in occupational positions between men and women, the truth remains that the majority of women live with a disabled life partner or are alone or separated. As a result of their pitiful living conditions, they are forced to engage in underpaid and underemployed economic activities.

Given the nature of employment, more disabled women than men work in temporary jobs, with the rate being 15 per cent higher in the hearing and speech impaired group. Even though the male and female participation in various occupations is not particularly discriminatory, the income earned from jobs and economic self-sufficiency attained through employment are extremely low for women disabled people, particularly those who engaged in self-employment or in private jobs. In general, the economic and income status of people engaged in self-employment initiatives and private jobs, both men and women, is dismal in terms of self-sufficiency and independence. When we look at the income status of these people, it becomes extremely evident.

**Table 5.32**

**The Intersection of Types of Employment and Disability Constructs By Place of Residence**

Types of Employment	Loco Motor Disability		Visual Impairment		Hearing and Speech Impairment	
	Rural	Urban	Rural	Urban	Rural	Urban
Government	10(6)	26(18)	7(11)	9(22)	0(0)	9(13)
Private employee	88(49)	86(58)	17(27)	13(32)	18(52)	42(61)
Self-employed	77(43)	36(24)	35(56)	18(44)	14(40)	17(25)
Agriculture, others	5(2)	0(0)	4(6)	1(2)	3(8)	1(1)
<b><math>\chi</math>-squared</b>	24.118		3.5408		9.825	
<b>p-value</b>	0.00*		0.31		0.02*	

Source: Field Survey, Figures in parenthesis are the percentage share of the column total

The rural-urban divide in employment status is evident in the table; there are many differences in government job placement among all categories of disability between rural and urban people, with the hearing and speech impaired group being the most affected. We rejected the null hypothesis that there is no association between job status and place of residence based on the results of the Chi-square test and the P-value. The differential between rural and urban persons is particularly visible in the nature of employment, with a more than 20 per cent difference in temporally employed people in rural locations among locomotive and visually impaired people and It is 30 per cent in the hearing and speech impaired group

People in these three categories with disabilities should be treated differently, with the degree of disability being taken into account in connection to other variables for analysis. People with severe disabilities in the locomotive category are most often unable to move or operate independently due to physical limitations, although this may not be the case in the other two disability categories.



Table 5.33

## The Intersection of Types of Employment and Degree of disability

Types of Disability	Types of Employment	Degree of disability		$\chi^2$ -squared	p-value
		Moderate	Severe		
<b>Loco Motor Disability</b>	Government	35(12)	1(2)	29.661	0.00*
	Private employee	165(58)	9(23)		
	Self-employed	86(29)	27(69)		
	Agriculture, others	3(1)	2 (6)		
<b>Visual Impairment</b>	Government	4(12)	12(16)	1.0204	0.79
	Private employee	11(34)	19(26)		
	Self-employed	16(51)	37(52)		
	Agriculture, others	1(3)	4(6)		
<b>Hearing and Speech Impairment</b>	Government	4(23)	5(6)	6.0825	0.10
	Private employee	8(47)	52(60)		
	Self-employed	4(24)	27(31)		
	Agriculture, others	1(6)	3(3)		

Source : Field Survey, Figures in parenthesis are the percentage share of the column total

In the case of locomotor disability, the Chi-square and P-value also imply the rejection of the null hypothesis of no significant association between the degree of impairment and work status, however, we cannot reject the null hypothesis for the other two categories. The table clearly shows that among the locomotive impaired, those with a severe degree of disability are underrepresented in various categories of employment, with 3 percent in government employees, 5 per cent in private employees, and 24 and 4 per cent respectively in the other two types of employment. The difference in the representation of different types of employment with respect to the degrees of disability is not reflected among the visually and hearing and speech impaired group, as their physical fitness for the labour market and employment is different with respect to the degrees of disability as stated above.

Given the diversity of disabilities, it is reasonable to assume that general policy aimed at improving disabled people's access to education and employment will be more effective for certain subgroups who are closer to the labour market and for those who are further away from the labour market due to their disability severity

and other barriers. According to Jones (2009) interventions may be better targeted if they relate to the specific needs of sub-groups of the disabled and, thus, acknowledge the existing differences in labour market performance within the group.

#### 5.5.4 Intersection of Income, Employment and disability Constructs

The researcher formulated the null hypotheses ( $H_0$ ) as there is no significant association between income and employment constructs for analysing the intersection between these variables. Following are the relation examined under this section.

- Employment status and income level
- Personal and Family income (monthly income) of the respondent

**Table 5.34**  
**Income and Types of Employment and Disability Constructs**

Types of Disability	Income	Types of Employment				$\chi$ -squared	p-value
		Government	Private employee	Self-employed	Agriculture, others		
Loco Motor Disability	Up to 5000	0(0)	41(24)	67(59)	5(100)	199.44	0.00*
	5000-10000	0(0)	66(38)	28(25)	0(0)		
	10000-20000	7(19)	53(31)	13(12)	0(0)		
	20000 above	29(81)	13(7)	5(4)	0(0)		
Visual Impairment	Up to 5000	0(0)	10(35)	41(77)	5(100)	108.77	0.00*
	5000-10000	0(0)	12(41)	9(17)	0(0)		
	10000-20000	2(13)	7(21)	3(6)	0(0)		
	20000 above	14(87)	1(3)	0(0)	0(0)		
Hearing and Speech Impairment	Up to 5000	0(0)	9(15)	19(61)	2(50)	64.636	0.00*
	5000-10000	0(0)	25(42)	4(13)	0(0)		
	10000-20000	3(33)	23(38)	6(19)	2(50)		
	20000 above	6(67)	3(5)	2(7)	0(0)		

Source : Field Survey, Figures in parenthesis are the percentage share of the column total

People employed by the government are more likely to be visually impaired, with government school teachers making up the majority of this group. People with locomotor disabilities are found in a variety of departments, ranging from Grade 2 employees in medical sections and other offices to teachers, and bank employees, and designated in government departments such as the Kerala State Financial Enterprise and the Revenue Departments. People with hearing and speech problems are the most disadvantaged group in this category, with the bulk of their jobs in the private sector, ranging from very low-paying and temporary jobs, and there is a greater gender divide in this group.

The self-employed group is also more common among visually impaired people, and by analysing the category of self-employment, we can see that they are engaged in out-of-date and less-demanded projects like chair weaving, paper pen and bag making, candle and umbrella-making, and so on. Self-employed people account for 59 per cent of people earning less than 5000 rupees per month in the locomotor category, 73 per cent in the visually impaired category, and 63 per cent in the hearing and speech impaired category. We must also keep in mind that this merely minimal income level includes their monthly disability pension of 1600 rupees. The majority of private employees earn between rupees 5,000 to 10,000, with 71 per cent in the locomotive category, 57 per cent in the visually impaired group, and 86 per cent in the hearing and speech challenged group. This realisation highlighted the reality that the livelihood options and programmes for economically empowering differently-abled individuals are not sustainable and do not reflect current demands.

Better employment categories are associated with high-income levels and the noticeable point is that the self-employment category sticks on the lowest level of income with the majority in number followed by the private income groups. In all categories of divisibility, the majority of low-income earners are temporary employees, with 98, 100, and 96 percent in the locomotive, visually impaired and hearing and speech impaired groups, respectively. This reflects the state of differently-abled persons in Kerala, who are underemployed and underpaid. The majority of government employees and only a few private employees in the

permanently employed group earn more than Rs. 20000 a month. There are only about 15 people in the sample with a monthly income of Rs 75000 or more, such as college teachers, bank personnel, and others. The data clearly reveals that the locomotive impaired group's lowest income category is represented by SC (77%) and OBC (50%), the majority of the poorest sector of society, with the general category accounting for only 38 per cent of the total. Only 7 per cent of visually challenged respondents are from the SC category, 14 per cent from the OBC category, and 23% from the general category are in the highest income group. . The poorer sections of the society, on the other hand, are overrepresented in the lowest income category compared to the entire sample units.

### **5.6. Summary and Conclusion**

This chapter looked at the demographic, social, disability, educational, and economic dimensions of the life of differently-abled persons. The analysis of the socio-economic characteristics of differently-abled people has revealed significant discrepancies in life entitlements across the various categories of disability and also between the three districts that represent the entire state of Kerala. The attempt to trace gender variations in various indicators of life entitlements reveals that women's positions are far weekend in vocational training, income levels, membership in associations, awareness about rights and privileges, the experience of discrimination, and marital status. Except for hearing and speech impaired people, no disparities in education or employment status can be detected. We clearly figured out highly noticeable variations in all the main parameters of socio-economic life in all categories of disabilities while analysing the rural-urban divide. On average, Ernakulum District outperforms Malappuram and Thrissur District in all socio-economic indicators, whereas Malappuram and Thrissur District have a mixed lead in many elements of individuals with disabilities' socio-economic lives.

The cross-sectional assessment of economic and employment variables reflects the poor economic conditions of private employees and those active in self-employment initiatives. Self-employed and private employees make up the majority of those in the lowest income bracket. Employment and formal vocational training status are

associated with all three types of disabilities, however informal vocational training and occupational status are not. This inference highlights the importance of expanding and improving educational and vocational opportunities for people with impairments. In addition, informal vocational training and rehabilitation programmes, which are widely provided by both government and non-government organisations, must be updated and adjusted to the present labour market scenario.

The next chapter deals with the design of a empowerment composite index to assess the economic empowerment of differently-abled people in a multidimensional context, as well as the explanatory power of key indicators in contributing to the empowerment process.









**CHAPTER VI**

**ECONOMIC EMPOWERMENT OF  
DIFFERENTLY ABLED PEOPLE IN KERALA**

**CONTENTS**

- 6.1 *Introduction*
- 6.2 *Condensation of basic constructs of empowerment for people with disabilities.*
- 6.3 *Analysis of domains of composite empowerment index*
- 6.4 *Analysis of composite index about the major component of socioeconomic status*
- 6.5 *Analysis of Composite Index score of three different disabled groups.*
- 6.6 *Analysis of major determinants of economic empowerment of PWDs*
- 6.7 *Conclusion*





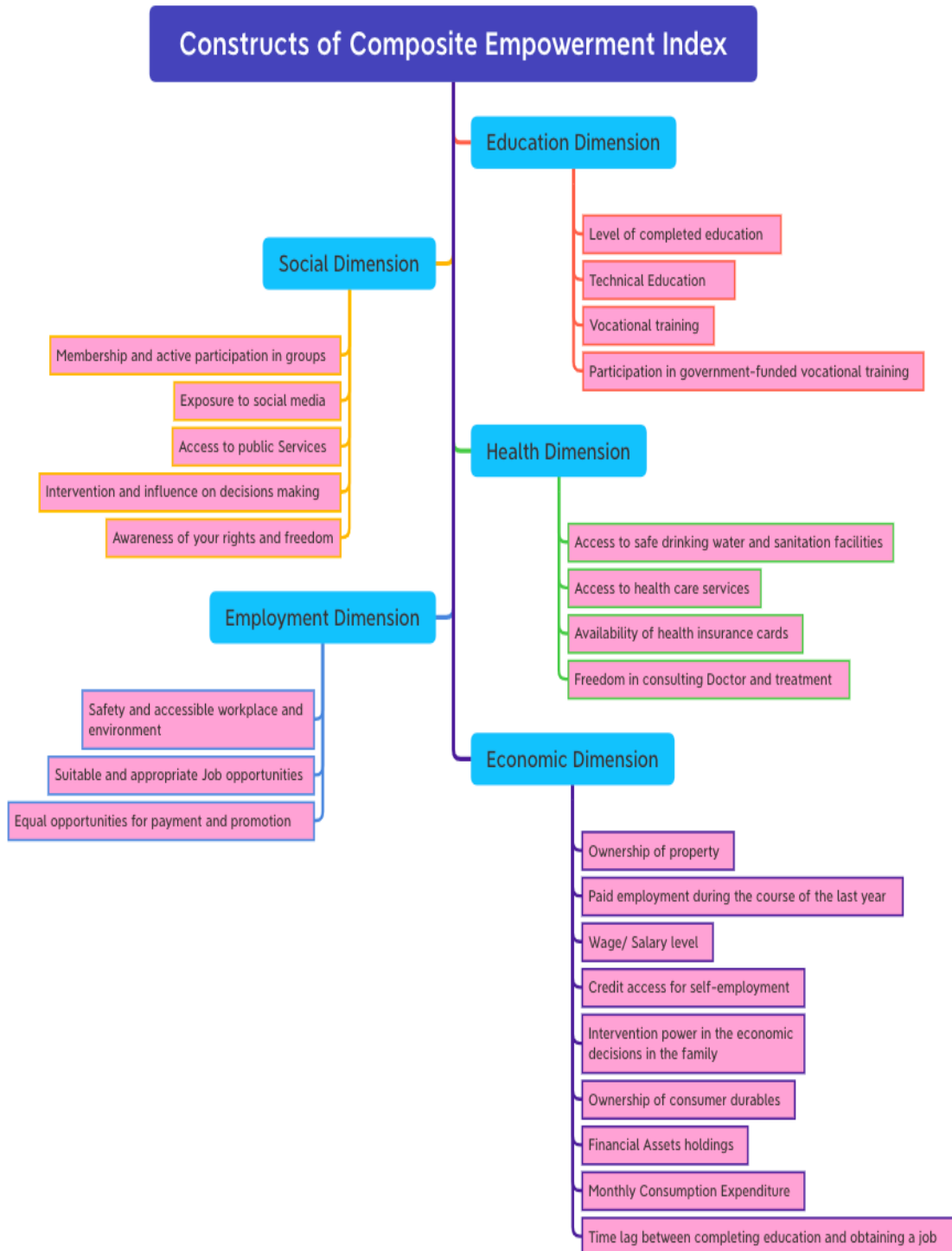


## **6.1 Introduction**

The call to “leave no one behind” is a fundamental concept of the Sustainable Development Agenda, which provides a roadmap for a stronger and more sustainable world for everyone by 2030. The goals that resolve global issues such as inequalities in general and disability in particular have been included in numerous priorities, especially goals 1, 3, 4, and 8 as a cross-cutting topic. Strong measures must be maintained to ensure that the priorities and objectives for these individuals are met, especially by the United Nations Convention on the Rights of Persons with Disabilities (UNCRPD) norms. In light of this, there is a need to assess the empowerment of people with disabilities in a multidimensional context, taking into account the regional situations and characteristics.

This chapter looks at how to construct a composite empowerment index to assess the economic empowerment of differently-abled people in a multidimensional setting. The major purpose of the study is to assess the empowerment of numerous indices of the socio-economic status of PWDs. The study also looks into the explanatory power of crucial indicators such as education, employment, and economic status in contributing to the empowering process.

## 6.2 Constructs and Items of Economic Empowerment of PWDs in Kerala



**Figure 6.1 Basic Constructs of Empowerment for people with disabilities**

### 6.3 Analysis of Domains of Empowerment Composite Index

Based on a review of significant studies on the empowerment (United Nation's International Children's Educational Fund (UNICEF). (2020), the threshold for empowerment has been set at 80 per cent of the weighted indicators. To understand the typical score and therefore the variability between different sections of the group, the mean and variance of the score attained by each category at different levels are analysed. The empowerment scale is divided into five ranges of percentages, such as 80, 70, 60, 50, and less than 50 per cent, to determine where different categories stand.

#### 6.3.1 Empowerment in Education Dimension (EVD)

Highest level of completed education secondary and above, having technical education like ITC, diploma and B tech not less than 2 years, vocational training in either formal or informal mode not less than 6 months, and participation in government-funded vocational training are the indicators assessed in education domain.

**Table 6.1**  
**The extent of Empowerment in the Education Dimension (EVD)**

Types of Disability	Range of Empowerment in the Education Domain										Combined Mean
	80%		70%		60 %		50%		< 50%		
	Mean	SD	Mean	SD	Mean	SD	Mean	SD	Mean	SD	
<b>LMD</b>	1 (80.6)	-	3 (76.6)	15.6	4 (62)	2.91	30 (52)	11.5	290 (39.4)	15.8	<b>41.29</b>
<b>VIM</b>	1 (96)	-	-	-	1 (68)	-	21 (55.4)	19.2	81 (32)	14.7	<b>37.63</b>
<b>HSIM</b>	-	-	3 (78.2)	8.5	4 (61.4)	10.7	22 (57.1)	12.3	75 (41.3)	13.3	<b>46.47</b>

Source: Primary Data, Figures in parenthesis is the mean score of empowerment

A considerable proportion of locomotor disabled people exhibit low levels of empowerment, with 30 people in the 50 per cent range (62 mean score) and 290

people in the less than 50 per cent range (39.4 mean score). Only one respondent scored in the 80 percentile, while three and four respondents scored in the 70 and 60 percentiles, respectively. There is a great amount of diversity among visually challenged people, with one respondent each in the first (80%) and third (60%) ranges of the index. 82 persons with a mean score of 32 in the lowest range. 75 per cent of hearing and speech challenged respondents fell into the lowest range of the index, with a mean value of 41.3, and 21 per cent in the next category, with a mean score of 57.1.

When comparing and contrasting the three categories, the visually impaired people within the group, as well as between the other two groups of disabilities, show the most variability. Nearly 88 percent of people with locomotor disabilities, and 77 and 72 percent of people with visual, hearing, and speech impairments, respectively, have a score of less than 50 percent on educational status and empowerment. The status of empowerment in the education sphere is severely poor, as evidenced by various relevant research that offers practical remedies to the problem. Kumar (2012) proposed that increasing workforce creation by promoting new courses and establishing degree and diploma programmes would solve the issue of paucity of human resources.

### **6.3.2 Empowerment in Social Dimension (Social Inclusion) SD**

The indicators assessed in the social inclusion domain are membership and active participation in local body groups, NGOs, and labour unions, exposure to social media, access to public services such as transportation, public buildings, and public places, intervention and influence on decisions affecting the local area, and awareness of rights and freedom.



**Table 6.2**  
**The Extent of Empowerment in the Social Dimension ( SD )**

Types of Disability	Range of Empowerment in Social Domain										Combined Mean
	80%		70%		60 %		50%		< 50%		
	Mean	SD	Mean	SD	Mean	SD	Mean	SD	Mean	SD	
<b>LMD</b>	69 (83.8)	4.95	11 (75)	0	25 (66)	3.17	51 (54.7)	2.75	172 (28.7)	11.2	<b>48.73</b>
<b>VIM</b>	17 (85.3)	7.31	3 (75)	0	4 (64.1)	3.12	5 (51.2)	2.8	75 (27.5)	9.53	<b>40.86</b>
<b>HSIM</b>	21 (83.3)	4.97	3 (75)	0	6 (64.6)	3.23	16 (53.5)	3.2	58 (33.3)	7.89	<b>49.51</b>

Source: Primary Data, Figures in parenthesis is the mean score of empowerment

At the threshold of 80 per cent of the weighted indicators of social inclusion, 20% of the respondents are empowered. When the data is broken down by disability groups, it shows that 21percent of locomotive people and 16 and 20 per cent of visually challenged and hearing and speech impaired are empowered respectively. 52 per cent of respondents in the locomotive group, 72 per cent of visually handicapped persons, and 56 per cent of hearing and speech-disabled people are in the lowest strata. Visually impaired people are, without a doubt, the most ignored and marginalised members of the disability community, particularly in terms of social inclusion. The condition of disabled individuals in terms of social status and indicators of social inclusion is extremely bleak, with more than half of them lacking access to public services and a decreasing proportion of them participating in social groups and other communal settings. Individuals and families with disabilities are more likely to face economic and social adversity than non-disabled individuals and families. Access to intervene and influence the decisions affecting the local area is a weaker indicator in the social empowerment domain. It is required to have a special Grama Sabha for these impaired persons at least once a year (Government of Kerala. 2015). However, the majority of them reported in the survey that they do not receive timely meeting information or that they are underrepresented in such meetings, and that their views and requests are not heard. The multidimensional impact of

disability has a detrimental effect on and deteriorates impaired people's social and economic well-being (Vijayan et al, 2020). It is extremely encouraging that more than 90 per cent of respondents have access to social media, with over 50 per cent of them using it to obtain information and raise awareness about their rights, benefits, and possibilities for a better life.

### 6.3.3 Empowerment in Health Dimension (HD)

The indicators utilised for the assessment in the health status domain are access to safe drinking water and sanitation facilities, access to health care services, availability of health insurance cards, and freedom in making decisions about consulting a doctor and treatment.

**Table 6.3**  
**The extent of Empowerment in the Health Dimension ( SD )**

Types of Disability	Range of Empowerment in Health- Domain										Combined Mean
	80%		70%		60 %		50%		< 50%		
	Mean	SD	Mean	SD	Mean	SD	Mean	SD	Mean	SD	
<b>LMD</b>	15 (83)	4.55	23 (71.3)	2.24	56 (61.7)	2.39	72 (52.7)	2.51	162 (29.1)	11.5	<b>45.27</b>
<b>VIM</b>	1 (85)	-	2 (75)	0	7 (61.4)	2.44	22 (52.0)	2.52	72 (29.3)	13.8	<b>37.67</b>
<b>HSIM</b>	7 (85)	5	8 (70.6)	1.77	19 (61.6)	2.39	25 (52.4)	2.55	45 (33.4)	9.22	<b>49.45</b>

Source: Primary Data, Figures in parenthesis is the mean score of empowerment

The score for empowerment is not viable in the health component of the disability community, as 52 per cent of them live far away from basic health services, and this number is 70 per cent higher among visually challenged persons. At the 80 per cent threshold level, only 4 per cent of them are empowered, but when the threshold is dropped to 60 per cent, the proportion increases to one-fourth of the total respondents. It is noteworthy that more than 75 per cent of respondents had access to adequate sanitation and drinking water as a result of the Kerala government's increasing focus on health standards for the people. However, more than 80 per cent

of them do not have access to health insurance, indicating a failure to integrate this marginalised section into the inclusive growth process. A pre-request for effective labour participation and livelihood chances is health feasibility. Public health policies that are region- or group-specific may be necessary. The government must intensify its efforts to enhance the socio-economic situations of the population's most vulnerable sectors (Saikia et al, 2016)

### 6.3.4 Empowerment in Employment Dimension (EMD)

Safety and accessible workplace and environment, suitable and appropriate Job opportunities matching to qualification, and equal opportunities for promotion and increment in employment opportunities with people without disabilities are the indicators in the employment dimension.

**Table 6.4**

**The extent of Empowerment in the Employment Dimension (EMD )**

Types of Disability	Range of Empowerment in the Employment Domain										Combined Mean
	80%		70%		60 %		50%		< 50%		
	Mean	SD	Mean	SD	Mean	SD	Mean	SD	Mean	SD	
<b>LMD</b>	22 (89)	6.5	17 (75)	0	9 (66.7)	0	76 (52.7)	3.94	204 (25.6)	13.3	<b>39.81</b>
<b>VIM</b>	14 (89.3)	7.62	1 (75)	-	2 (66.7)	0	16 (53.1)	4.17	71 (19.7)	11.4	<b>35.64</b>
<b>HSIM</b>	5 (90)	6.97	4 (75)	0	5 (66.7)	0	30 (54.4)	4.23	60 (28.6)	10.4	<b>42.61</b>

Source: Primary Data, Figures in parenthesis is the mean score of empowerment

The working condition of persons with disabilities is evaluated using the index, and it is shown that 62.5 per cent of them have a lower than average level of empowerment in their job situation with the visually impaired in the most impoverished category (68 per cent). With 80 per cent of weighted measures of empowerment, 8 per cent of the entire sample has just crossed the threshold level. The employment domain contributes the least to disabled people's socio-economic empowerment, accounting for 39 per cent of the mean value. The lowest loading factor among the three indicators is adequate and job opportunities matching

qualifications, indicating the vulnerability and neglect these people have faced in the labour market. They have been subjected to exploitation and discrimination in terms of promotion and advancement in their careers. As revealed in the survey that individuals have frequently been subjected to malpractices and unwanted interferences by labour unions and political parties, which have prevented them from being promoted or appointed.

The situation of the disabled in terms of their employment status is miserable, as (Mishra & Gupta 2006) observed, and this is true even after the PWD Act 1995 has been in effect for 25 years. At both the highest and lowest levels, there is a lot of variation in job status among people with disabilities. This also highlights the vulnerability of those with disabilities. There are lacunas in the economy which lead to inequality such as lack of equal opportunities, a huge gap in wages, and exploitation in workspaces (Singh 2014) Focusing on economic globalisation from the disability perspective, Hiranadani & Sonpal (2010) argued that economic opportunities are mostly confined to highly skilled and educated persons with disabilities whereas, majority of the persons with disabilities have been left out from the workforce.

### **6.3.5 Empowerment in Economic Dimension (ED)**

The indicators for measuring economic empowerment are set as follows: Ownership of property ( ownership of land or house ) , paid employment for the last one year continuously, wage/salary level (not less than ₹293.5/- national average daily wage), and credit access for self-employment or IGA purpose are the first four indicators. Intervention power in economic decision-making in the family, ownership of consumer durables like the vehicle, refrigerator, and TV, financial assets holdings like bank deposits, and shares, monthly per capita consumption expenditure, and duration of the time lag between completing education and obtaining a job are the other indicators contributing to economic empowerment.

Table 6.5

## The Extent of Empowerment in the Economic Dimension ( ED )

Types of Disability	Range of Empowerment in the Economic Domain										Combined Mean
	80%		70%		60 %		50%		< 50%		
	Mean	SD	Mean	SD	Mean	SD	Mean	SD	Mean	SD	
LMD	22 (87.1)	4.33	29 (75.4)	2.45	34 (65.1)	2.83	45 (54.6)	3.09	198 (31.7)	11.6	45.88
VIM	9 (88.8)	4.46	8 (75.9)	2.63	5 (64.9)	3.37	8 (55.1)	3.09	74 (28.1)	11.5	40.87
HSIM	9 (85.8)	4.86	10 (75.5)	3.35	10 (64.4)	2.11	18 (54.9)	2.92	57 (37.7)	9.03	51.04

Source: Primary Data, Figures in parenthesis is the mean score of empowerment

With the same proportion of respondents from two groups and with 2 per cent behind in the locomotive group, 7 per cent of the total sample observations (536) cross the threshold level of 80 per cent of the weighted indicators of economic dimension. When the threshold level is lowered from 80 to 70 and to 60 per cent, the proportion of respondents who are empowered increases to 16 and 26 per cent, respectively. At the same time, 61 per cent of respondents are living at a very subsistence level of economic standing, with the visually handicapped group accounting for the biggest number (71 per cent). Disabled people's position in fundamental economic amenities, which are incorporated as indicators of economic empowerment, is dismal in their status, which hurts critical aspects of their lives. Poverty has a negative impact on education, employment, social involvement, access to health care, livelihood, earnings, and livelihood through numerous channels, as Vijayan et.al (2020) correctly points out. Economic empowerment has a higher mean score than the educational and employment domain index for all three impaired groups. This is because the economic domain Index includes indicators that are usually owned by the family or life partner. Aside from that, Kerala's wage rate is significantly greater than the national average, which contributes to the higher mean score of the economic domain index.

### Hypothesis Testing using one way ANOVA

In the previous section, we looked at how disabled persons are empowered in each of the five dimensions of their lives. Only the discussion of the comparative

contribution of each domain to the composite empowerment index will bring this cross-section analysis to a conclusion. Hypothesis testing using one-way ANOVA is incorporated to find out if there is any significant mean difference between the five domains of composite empowerment index for each category of disabilities under study.

### **Analysis of Variance of Domains of Empowerment Composite Index**

The dimensions are entitled as follows

- A. Education Dimension (EVD)
- B. Social Dimension (SD )
- C. Health Dimension (HD)
- D. Employment Dimension (EMD)
- E. Economic Dimension (ED)

**Hypothesis Testing:** The hypothesis is set as follows

$H_0$ : Mean of A=Mean of B=Mean of C= Mean of D =Mean of E

$H_1$ : At least one of the means is different.

**Table 6.6**

#### **Analysis of Variance of Score in the Domains of Empowerment Composite Index (Locomotor Disabled )**

<b>Source of Variation</b>	<b>Sum of Squares</b>	<b>Degrees of Freedom</b>	<b>Mean Sum of Squares</b>	<b>F - Ratio</b>	<b>P-Value</b>
Domain Wise Index Range	25734	4	6433	17.44	0.00*
Residuals	189957	515	369		

Conclusion:- rejecting the null hypothesis

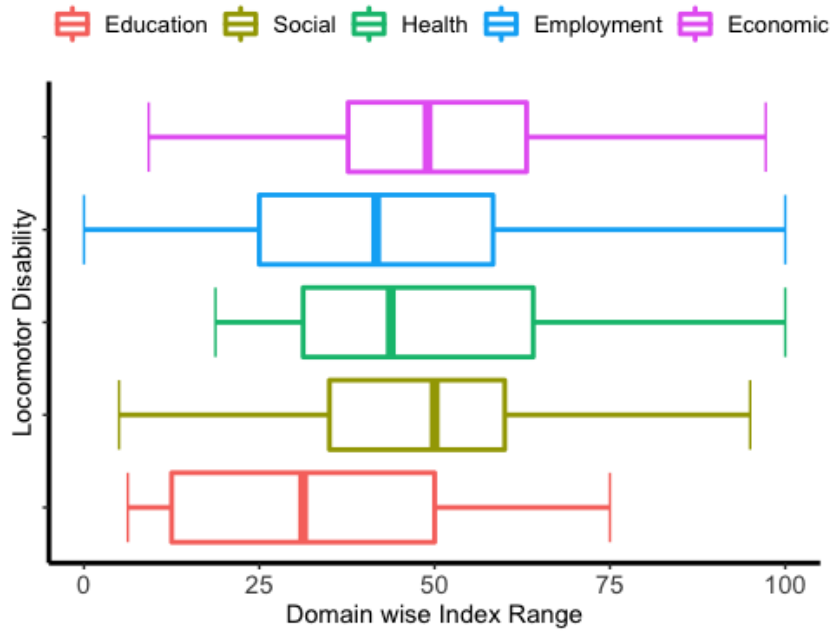
---

Table 6.7

## Post Hoc (Tukey's Test) Paired Test (Locomotor Disabled )

Domains of Composite Empowerment	Mean Difference	P-value
Social-Education	17.31	0.00*
Health-Education	17.36	0.00*
Employment-Education	10.47	0.01*
Economic-Education	18.87	0.00*
Health-Social	0.04	1.00
Employment-Social	-6.84	0.07
Economic-Social	1.55	0.97
Employment-Health	-6.89	0.07
Economic-Health	1.50	0.97
Economic-Employment	8.39	0.01*

The analysis of the variance of five dimensions of the composite empowerment measure scored by the locomotor disabled individual under study is shown in the above table. The F statistic and P-value imply that the null hypothesis that there are no substantial mean differences across various dimensions of the empowerment index can be rejected. We used a paired Post hoc test (Tukey's test) to deduce particular inferences from the results, and it is concluded that there are significant mean differences between education and all other areas of the empowerment index. The employment and education domain's mean scores are significantly lower than the mean scores of other domains. It once again emphasises the importance of providing vocational training and education that is linked to the labour market for people with disabilities.



**Figure.6.2 Domains Wise Score of Empowerment Composite Index (Loco Motor Disability)**

**Table 6.8**

**Analysis of Variance of Score in the Domains of Empowerment Composite Index (Visually Challenged Group)**

Source of Variation	Sum of Squares	Degrees of Freedom	Mean Sum of Squares	F - Ratio	P- Value
Domain Wise Index Range	117190	4	29297	65.56	0.00 *
Residuals	730661	1635	447		

Conclusion:- rejecting the null hypothesis.



Table 6.9

## Post Hoc (Tukey's Test) Paired Test (Visually Challenged Group)

Domains of Composite Empowerment Index	Mean Difference	P-value
Social-Education	20.20	0.00*
Health-Education	23.68	0.00*
Employment-Education	14.75	0.00*
Economic-Education	20.80	0.00*
Health-Social	3.48	0.21
Employment-Social	-6.84	0.07
Economic-Social	1.55	0.97
Employment-Health	-6.89	0.07
Economic-Health	1.50	0.97
Economic-Employment	8.3	0.01*

There are substantial differences in mean scores amongst domains of the composite empowerment index of visually challenged people, as shown by the F statistic and P-value. Except for the employment domain, Post hoc test (Tukey's test) ensures that there are significant mean differences between education and all other domains. As mentioned in the previous section, the empowerment index score of the vast majority of respondents is below the average level with little mean variances, and the education domain score is significantly lower than the other segments.

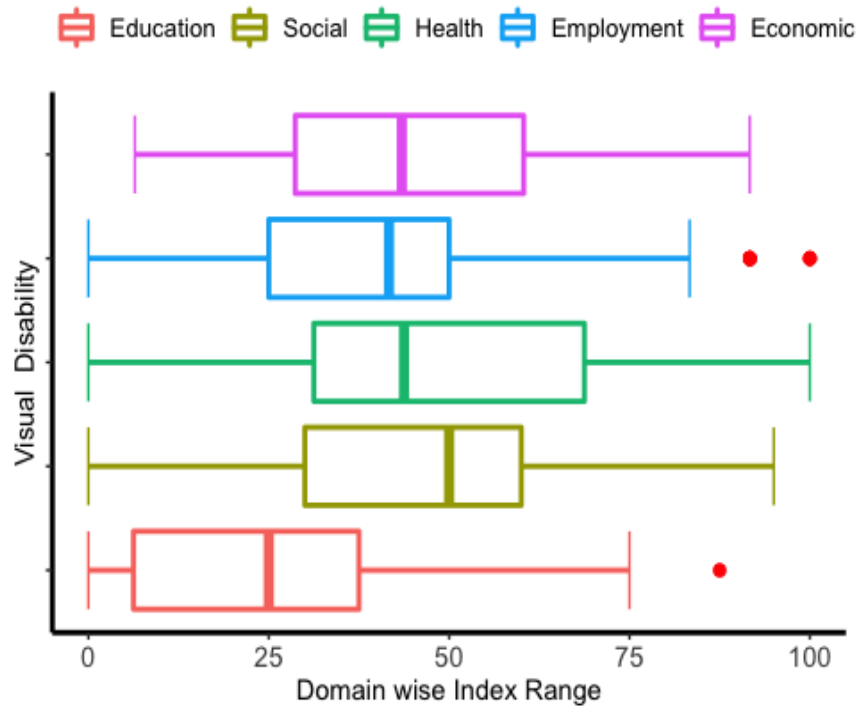


Figure. 6.3 Domains Wise Score of Empowerment Composite Index (Visually Challenged Group)

Table 6.10

Analysis of Variance of Score in the Domains of Empowerment Composite Index (Hearing and Speech Impaired Group)

Source of Variation	Sum of Squares	Degrees of Freedom	Mean Sum of Squares	F - Ratio	P- Value
Domain Wise Index Range	10445	4	2611.3	5.25	0.000*
Residuals	256138	515	497.4		

Conclusion:- Rejecting the null hypothesis.

Table 6.11

## Post Hoc (Tukey's Test) Paired Test (Hearing and Speech Impaired Group)

Domains of Empowerment Composite Index	Mean Difference	P-value
Social-Education	8.96	0.03*
Health-Education	12.13	0.00*
Employment-Education	6.93	0.16
Economic-Education	12.15	0.00*
Health-Social	3.17	0.84
Employment-Social	-2.03	0.96
Economic-Social	3.18	0.84
Employment-Health	-5.20	0.44
Economic-Health	0.01	1.00
Economic-Employment	8.99	0.04*



Figure 6.4 Domains Wise Score of Empowerment Composite Index  
(Hearing and Speech Disabled )

We reject the null hypothesis because the F statistic and P value of ANOVA reflect variance in the mean score of the components of the empowerment index of hearing and speech challenged people.

When all three types of disability are considered together, the relative contribution of each domain to the composite empowerment index reveals that the education domain is the least empowered, followed by the employment section. The mean score in the social, health and economic domains is extremely close to or just above 45 per cent, whereas the mean score in the education and employment domains is 39.36 and 41.81 per cent, respectively, of the weighted indicators of the empowerment Index. Because the economic domain includes variables like house ownership, consumer durables, and financial assets, which are common in the family on parent ownership, the economic component's contribution is demonstrated to be higher than the education and employment work domains. In conclusion, employment and education are the least contributory factors to the economic empowerment of disabled people reiterating the relevance of these two components as engines of empowerment as described in the preceding analysis.

#### **6.4 Empowerment Score among Different Socio-Economic Groups -**

This section examines the status of empowerment in connection with several indices of socio-economic indicators. Singh (2014) considered economic empowerment as an instrument in making changes in the status of persons with disabilities and their inclusion in society. Analysis of empowerment status in terms of socioeconomic entitlements and the gender-locality difference is critical since it will lead to new directions in disability research and policy recommendations

### 6.4.1) Empowerment Composite Index Score of Demographic Segments.

#### A. Analysis of Variance of Empowerment Composite Index Score of Districts

**Table 6.12**

**The Extent of Empowerment Composite Index Score by Districts**

		Extent of Empowerment									
		80%		70%		60 %		50%		< 50%	
		M	SD	M	SD	M	SD	M	SD	M	SD
<b>LMD</b>	EKM	1 (88)	-	5 (74.1)	2.85	20 (63.7)	2.59	16 (54.1)	2.57	66 (34.5)	9.54
	TSR	2 (82.3)	2.38	3 (74.4)	2.03	19 (63.8)	2.7	11 (53.9)	3.11	78 (31.3)	9.9
	MPM	-	-	9 (72.8)	2.64	15 (64.5)	3.22	15 (54.8)	3.55	78 (32.1)	12.4
<b>VIM</b>	EKM	1 (90.6)	-	-	-	1 (68)	-	3 (56.3)	0.58	26 (28.1)	8.12
	TSR	-	-	3 (73.3)	3.21	7 (64.1)	3.96	-	-	23 (29.1)	11.7
	MPM	2 (81.1)	0.71	2 (76.5)	3.54	2 (62.3)	0.45	5 (54.8)	3.36	29 (27.8)	9.96
<b>HSIM</b>	EKM	1 (88)	-	4 (74.8)	2.85	7 (64)	2.42	5 (54.2)	3.43	17 (39.5)	6.59
	TSR	-	-	3 (74.3)	2.31	2 (66.6)	2.83	4 (55)	3.75	25 (38.9)	8.48
	MPM	-	-	2 (71.6)	1.41	3 (63.2)	3.02	5 (56.8)	3.17	26 (34.1)	10.6

Source: Primary Data , Figures in parenthesis is the mean score of empowerment

M-Mean, SD-Standard Deviation

Three people from Ernakulum district with one each in all categories of impairment, and two people from both Thrissur and Malappuram districts in the locomotor and visually impaired groups respectively, are among the seven respondents who crossed the threshold of 80 per cent of the weighted indicators of the composite index. Ernakulum District ranks first in the empowerment status of individuals with disabilities, based on the number of people who have crossed the threshold of 80 per cent empowerment level of the weighted indicators and who are at the lowest level of empowerment. When the performance of three groups in the districts under study

is compared, it is found that both the locomotor and hearing and speech impaired groups have achieved top-level status in Ernakulum, while the visually challenged group has somewhat different empowerment status in Thrissur. When it comes to the empowerment status of the three groups under investigation, the hearing and speech impaired group comes out on top, followed by the locomotor disabled group, and the visually challenged group comes in last, with an extreme range in scores on weighted empowerment markers. For the well-being of every section of the disabled population, we need a distinctive policy, not a generic one.

**Hypothesis Testing :**

*H0: Mean of Thrissur=Mean of Malappuram=Mean of Ernakulum*

*H1: At least one of the means is different*

**Table 6.13**

**Analysis of Variance of Empowerment Composite Index Score of Districts**

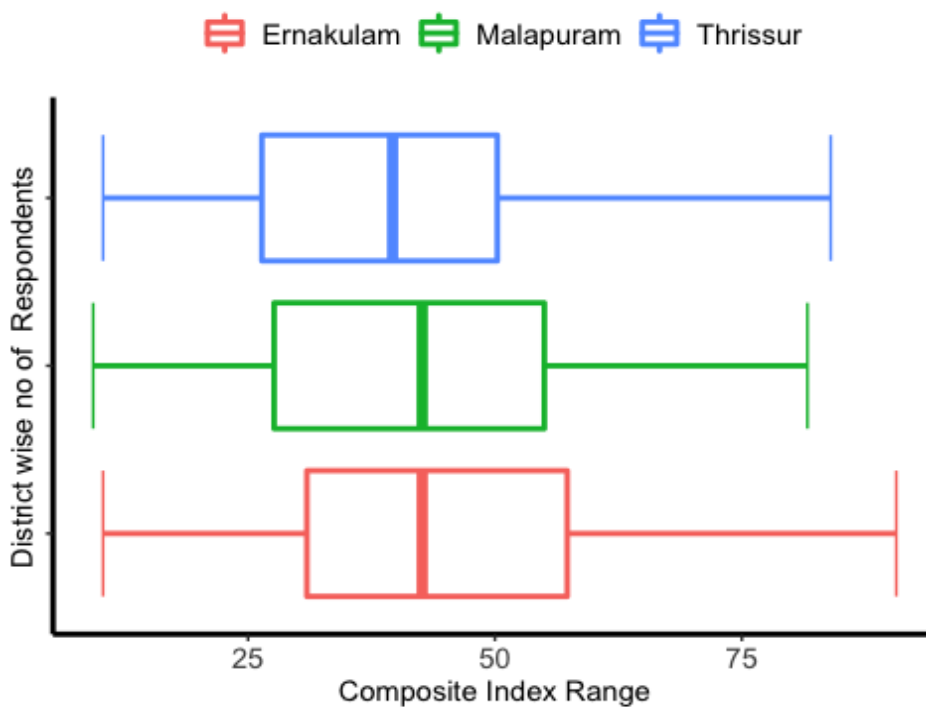
<b>Source of Variation</b>	<b>Sum of Squares</b>	<b>Degrees of Freedom</b>	<b>Mean Sum of Squares</b>	<b>F - Ratio</b>	<b>P- Value</b>
District	1620	2	809.9	2.679	0.06
Residuals	161150	533	302.3		
Conclusion:- Failed to reject Null Hypothesis					

**Table 6.14**

**Post Hoc (Tukey's Test) Paired Test (Districts )**

<b>District</b>	<b>Mean Difference</b>	<b>P-value</b>
Malappuram-Ernakulum	-3.26	0.17
Thrissur-Ernakulum	-4.08	0.07
Thrissur-Malappuram	-0.81	0.89

For comparing the performance of the three districts under consideration, we aggregate the three groups of disabilities and use the composite empowerment index score. The F statistic and P -value of the ANOVA test, as well as the P- value of the post hoc paired test, reveal that there are no statistically significant variations in the composite empowerment index mean score between the three districts and we fail to reject the null hypothesis



**Figure.6.5 Districts Wise Empowerment Composite index Scores**

Looking at the graph, it is evident that Ernakulam District ranks first in the composite empowerment index score, whereas Malappuram pulls Thrissur District into third place with minor discrepancies in the average scores in economic empowerment. Employment-enhancing programmers run by special employment exchanges, vocational training, and livelihood possibilities through SHGs under NGOs in Ernakulam District have a significant influence on the socio-economic empowerment of individuals with disabilities in the research regions. Palliative care efforts and special SHGs for visually impaired individuals are also present in the Malappuram district, which provides these people with self-

employment opportunities and vocational training. These programmes in these two districts have a good impact on the socio-economic lives of people with disabilities in these places. And all of these efforts will need to be well-coordinated and kept up to speed with the current labour market and vocational skill strategies.

**B. Analysis of Variance of Empowerment Composite Index by Place of Residence**

**Table 6.15**

**The Extent of Empowerment Composite Index Score by Place of Residence**

Types of Disability	Place of Residence	Range of Empowerment									
		80%		70%		60 %		50%		< 50%	
		M	SD	M	SD	M	SD	M	SD	M	SD
LMD	Rural	*	*	3 (72.9)	3.57	9 (64.5)	2.63	10 (53.7)	3.41	158 (30.0)	10.4
	Urban	3 (84.2)	3.68	14 (73.6)	2.45	35 (63.9)	2.87	32 (54.5)	2.95	64 (39.0)	8.91
VIM	Rural	*	*	*	*	3 (64.2)	3.29	5 (55.1)	2.89	55 (27.5)	10.4
	Urban	3 (84.3)	5.51	5 (74.6)	3.36	7 (64.1)	3.96	3 (55.8)	2.84	25 (30.1)	8.29
HSIM	Rural	*	*	1 71.6	-	1 63.6	-	4 54.5	4.45	29 32.3	10.2
	Urban	1 (88)	-	8 (74.2)	2.54	11 (64.3)	2.76	10 (55.7)	3.06	39 (40.9)	6.33

Source: Primary Data , Figures in parenthesis is the mean score of empowerment  
M-Mean, SD-Standard Deviation

In all categories of disability under consideration, the prevalence of empowerment is substantially higher among urban people than among rural disabled people. This rural-urban divide is most obvious in the lowest levels of empowerment, where there are more than 30per cent differences in all categories of disability . Similarly, regardless of the types, higher levels of empowerment are substantially more common among urban people. The fact that the entire rural sector of the community falls into the 60 per cent and below threshold of weighted measures of empowerment and it is especially noticeable for the visually impaired group .



**Hypothesis Testing**

*H0: Mean of urban=Mean of rural*

*H1: mean of urban and rural are not equal*

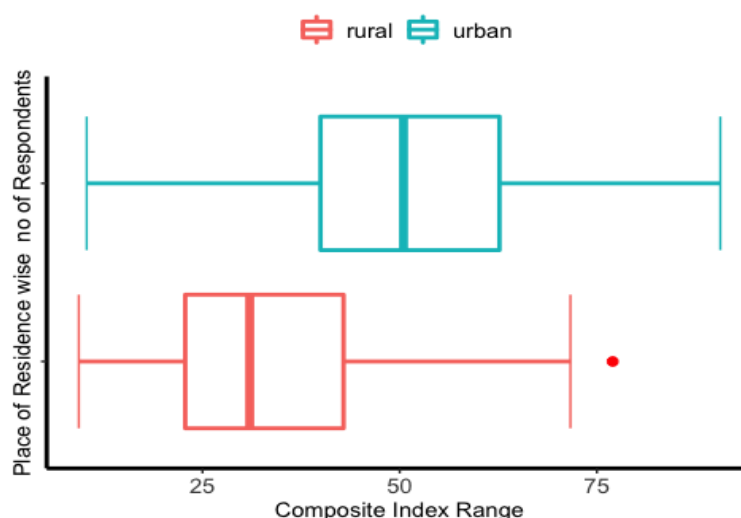
**Table 6.16**

**Analysis of Variance of Empowerment  
Composite Index Score by Place of Residence**

<b>Source of Variation</b>	<b>Sum of Squares</b>	<b>Degrees of Freedom</b>	<b>Mean Sum of Squares</b>	<b>F - Ratio</b>	<b>P- Value</b>
Place of residence	41819	1	41819	184.6	0.00
Residuals	120951	534	227		

Conclusion:-Rejecting the Null Hypothesis.

The analysis of the variance test with statistical significance ensures what is proved and stated in the previous discussion part concerning rural-urban discrepancy in the empowerment scores. We reject the null hypothesis that there is a significant difference in mean scores between rural and urban impaired people. This disparity is evidenced in many disability studies in India and it is clearly stated that most disabled people in India live in rural areas, where accessibility, availability, and cost-effectiveness of rehabilitation services are critical considerations (Kumar, 2012). Disability studies in India have highlighted these disparities, and Sarma, J.( 2016.) has addressed the issue of accessible infrastructure as the most pressing topic in rural India. The majority of disabled people in rural areas are unable to find work. In rural India, 89 per cent of disabled women are economically inactive, compared to 63 per cent of impaired males. In rural India, as Singh, (2014) correctly points out, people with disabilities face a scarcity of job options



**Figure.6.6. Empowerment Composite Index Score Differences between Rural and Urban Residents**

The disparity in economic empowerment status across different groups of the disability population is plainly visible and particularly widespread among rural and urban people, as shown in the plot above.

**C. Analysis of Variance of Empowerment Composite Index of Different Age Groups**

**Table 6.17**

**The Extent of Empowerment Composite Index Score by Age Groups(LM)**

Age Group	Range of Empowerment - Locomotor Disabled People									
	80%		70%		60%		50%		< 50%	
	M	SD	M	SD	M	SD	M	SD	M	SD
20-25	-	-	-	-	1 (60.3)	-	1 (50.3)	-	8 (40.3)	7.52
26-35	-	-	11 (74.1)	2.91	20 (64.4)	3.19	16 (54.3)	2.98	73 (35.0)	9.95
36-45	1 (80.6)	-	4 (72.2)	1.36	14 (63.9)	2.53	16 (54.7)	3.39	82 (32.0)	11.3
46-55	1 (88)	-	2 (72.8)	1.67	7 (63.1)	2.15	7 (53.4)	2.23	49 (30.5)	10.2
56-60	1 (84)	-	-	-	2 (65.8)	1.67	2 (56.6)	2.83	10 (23.0)	9.03

Source: Primary Data , Figures in parenthesis is the mean score of empowerment  
M-Mean, SD-Standard Deviation

In the category of people with locomotor disabilities, more people are empowered at the greatest level in the age range 26-35, and three people are within the 80 per cent of weighted indicators range of empowerment.

Table 6.18

**The Extent of Empowerment Composite Index Score by Age Groups (VIM)**

Age Group	Range of Empowerment -Visually Impaired People									
	80%		70%		60 %		50%		< 50%	
	M	SD	M	SD	M	SD	M	SD	M	SD
20-25	-	-	-	-	2 (68 the)	0.71	-	-	2 (29.8)	4.95
26-35	-	-	2 (78)	1.41	3 (64.9)	2.79	2 (57.6)	1.41	19 (35.2)	10.6
36-45	2 (86.1)	6.36	1 (71)	-	1 (60)	-	4 (53.8)	2.98	30 (25.5)	7.16
46-55	1 (80.6)	-	2 (73)	1.41	4 (62.7)	3.66	1 (56.6)	-	20 (28 )	9.71
56-60	-	-	-	-	-	-	1 (55.6)	-	7 (21.6)	10.5

Source: Primary Data , Figures in parenthesis is the mean score of empowerment  
M-Mean, SD-Standard Deviation

Three visually impaired people are empowered at the greatest level of 80 percent, and 50% of those in the older age groups are empowered at the highest level

Table 6.19

**The Extent of Empowerment Composite Index Score by Age Groups (HSIM)**

Age Group	Extent of Empowerment -Hearing and Speech Impaired People									
	80%		70%		60 %		50%		< 50%	
	M	SD	M	SD	M	SD	M	SD	M	SD
20-25	-	-	-	-	-	-	-	-	3 (45.1)	1.07
26-35	1 (88)	-	5 (74.4)	2.65	9 (64.2)	2.49	9 (55.4)	3.69	34 (38.7)	8.84
36-45	-	-	1 (70.6)	-	3 (64.2)	3.66	-	-	16 (35.1)	10.1
46-55	-	-	3 (74.3)	2.31	-	-	4 (54.2)	2.22	14 (35.4)	8.29
55-60	-	-	-	-	-	-	1 (59.6)	-	1 (21.3)	-

Source: Primary Data , Figures in parenthesis is the mean score of empowerment

Disaggregation of empowerment among the respondents by age shows that the level of empowerment rises with age. Except for the locomotor group, the general pattern is that those younger and older have the lowest level of empowerment in all categories of disability. This inference implies that young people with disabilities are having difficulty entering the labour market, that they are being underserved in educational facilities, and that they are facing severe competition in the employment market. Adding to this Shenoy (2011) correctly stated that many young disabled people, particularly in rural areas, are unaware of the training and work prospects accessible to them. Disability is strongly linked to higher multidimensional poverty in the majority of developing countries evaluated (Mitra, 2013). Individuals above the age of 40 and those with multiple disabilities were more likely to be impoverished on several levels.

### **Hypothesis Testing**

*H0: Mean of 20-25=Mean of 26-35=Mean of 36-45=Mean of 46-55 = 56-60*

*H1: At least one of the means are different*

**Table 6.20**

#### **Analysis of Variance of Empowerment Composite index Score by Age Group**

---

<b>Source of Variation</b>	<b>Sum of Squares</b>	<b>Degrees of Freedom</b>	<b>Mean Sum of Squares</b>	<b>F - Ratio</b>	<b>P- Value</b>
Age	8115	4	2028.8	6.966	0.00*
Residuals	154655	531	291.3		

---

Conclusion:- rejecting the null hypothesis

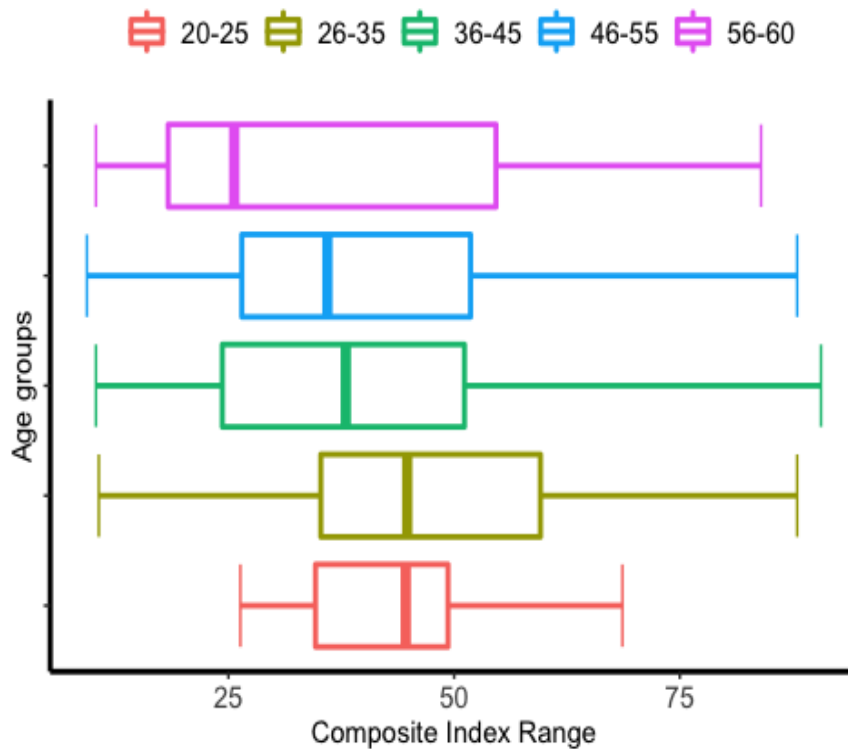
---

**Table 6.21**  
**Post Hoc (Tukey's Test) Paired Test (Age Groups)**

Age		Mean Difference	P- Value
<b>26-35</b>	20-25	1.71	0.99
<b>36-45</b>		-5.69	0.68
<b>46-55</b>		-5.16	0.77
<b>56-60</b>		-11.07	0.23
<b>36-45</b>	26-35	-7.40	0.00*
<b>46-55</b>		-6.88	0.00*
<b>56-60</b>		-12.78	0.00*
<b>46-55</b>	36-45	0.52	0.99
<b>56-60</b>		-5.37	0.57
<b>56-60</b>	46-55	-5.90	0.51

Analysis of variance of mean score in empowerment between different age groups demonstrates statistical significant differences and we reject the null hypothesis. The post hoc paired test demonstrates clear disparities between the age group of 26-35 with three other groups like 36-45, 45-55 and 55-60. The lives of persons aged 25 and under, as well as those aged 56 and up, should be given special consideration. Disability is strongly connected with higher multidimensional poverty in the majority of developing countries evaluated (Mitra, 2013). People above the age of 50 and those with various disabilities were shown to be more multidimensional disadvantaged groups. As the Philippines government has done, in addition to wage employment programmes, the government must also provide livelihood opportunities for PWDs by combining livelihood and emergency employment programmes. Growing generations may have the opportunity to be trained and skilled, resulting in economic and social benefits. 80 per cent of respondents in the

20 to 25 age range are hoping to find a job in the public sector through employment exchanges and are also attempting the PSC examination without sufficient guidance or coaching . Other than the disability pension, we surely need robust and comprehensive social security measures for the elderly, such as insurance coverage, health packages, and secure living conditions. The majority of persons employed in the public sector often begin their careers between the ages of 47 and 50, limiting their service duration and leaving them with just monetary rewards in the form of pensions and gratuities. Their lives are also not secure. So, keeping all of the aforementioned facts in mind, we need to reform our policies and refocus our attention on these people.



**Figure.6.7 Age Wise Difference of Empowerment Composite Index Score**

**D. Analysis of Variance of Empowerment Composite Index Score of Gender****Table 6.22****The Extent of Empowerment Composite Index Score by Gender**

	Gender	Range of Empowerment									
		80%		70%		60 %		50%		< 50%	
		M	SD	M	SD	M	SD	M	SD	M	SD
<b>LMD</b>	<b>Male</b>	2 (86)	2.83	12 (73.4)	2.39	28 (64.3)	2.83	24 (54.5)	3.13	119 (33.3)	10.8
	<b>Female</b>	1 (80.6)	-	5 (73.8)	3.23	16 (63.5)	2.75	18 (54.0)	2.98	103 (31.7)	10.8
<b>VIM</b>	<b>Male</b>	3 (84.3)	5.51	4 (75.2)	3.5	4 (61.2)	1.92	6 (54.6)	2.62	44 (29.9)	9.63
	<b>Female</b>	-	-	1 (72)	-	6 (66.2)	2.99	2 (57.6)	1.41	34 (26.3)	9.86
<b>HSIM</b>	<b>Male</b>	1 (88)	-	9 (73.9)	2.53	7 (63.6)	3.12	11 (55.1)	3.64	34 (38.4)	9.83
	<b>Female</b>	-	-	-	-	5 (65.1)	1.67	3 (56.4)	2.37	34 (36)	8.43

Source: Primary Data , Figures in parenthesis is the mean score of empowerment

The gender gap in the empowerment level is explicitly presented by a large number of differences in all categories of disability. The locomotor group is characterised by 8 percent differences at 60 and above per cent of the weighted indicators of empowerment. Among the lowest strata levels of empowerment, there are 54 per cent of the male and 72 per cent of the female respondents.

Gender difference is comparatively lesser among the visually impaired group, but three of those who crossed the threshold level of 80 per cent empowerment are male people. However, the proportion of the total respondents fall in less than 50 percent level is higher with 72 percent of male and 79 per cent of female with lower mean value of 29.9 and 26.3 respectively.

Among the three groups of disability, the gender gap is extremely high among people with hearing and speech disabilities. 15 per cent of difference at 60 per cent and above empowerment level and it is 26 per cent at less than 50 per cent empowerment level between male and female.

### **Hypothesis Testing**

*H0: Mean of Male=Mean of Female*

*H1: mean of males and females are not equal*

**Table 6.23**

**Analysis of Variance of Empowerment Composite Index Score of Gender**

---

<b>Source of Variation</b>	<b>SSS</b>	<b>DF</b>	<b>MSS</b>	<b>F</b>	<b>P VALUE</b>
Gender	3775	1	3775	12.68	0.00*
Residuals	158995	534	298		

---

Conclusion:-Rejecting the Null Hypothesis.

---

The difference in means, confidence levels, and p-values for gender pairs are displayed in the above tables. The p-values and confidence levels demonstrate a significant difference between male and female mean scores. Gender disparity is again strongly visible in the empowerment status of people from women headed families .With an average of 70 per cent of the respondents from women-headed families are in the lowest level of empowerment with lower mean value than the male-headed family. This gender difference again calls attention to the accessibility level of capacity building and skill development programmes for women with disability. As we discussed when we analyse the education and employment scenario in the previous chapter, was very evident that the disabled especially women are getting outdated vocational training and rehabilitation services and most of them are earning a subsistence livelihood.



### 6.4.2 Empowerment Composite Index Score of Social Groups

Examination of the empowerment status among different social groups reveals a great amount of disparity in all categories of disability with a specially large amount of differences in the visually impaired groups.

**Table 6.24**

**The Extent of Empowerment Composite Index Score by Social Group**

Social Group	Range of Empowerment										
	80%		70%		60 %		50%		< 50%		
	M	SD	M	SD	M	SD	M	SD	M	SD	
LMD	SC	-	-	-	-	-	-	4 (56.9)	3	48 (29.4)	11.1
	OBC	2 (82.3)	2.38	14 (73.7)	2.71	27 (64.2)	2.93	27 (54)	3.03	133 (33 )	10.8
	General	1 (88)	-	3 (72.6)	1.73	17 (63.7)	2.65	11 (54.1)	2.87	39 (35.3)	9.37
VIM	SC	-	-	-	-	1 (62.6)	-	-	-	20 (25.1)	10.4
	OBC	2 (81.1)	0.71	3 (75.7)	4.16	7 (64.5)	3.73	6 (55.1)	3.1	51 (28.6)	9.57
	General	1 (90.6)	-	1 (72)	-	2 (63.8)	5.4	2 (56.1)	0.71	7 (34.9)	7.05
HSIM	SC	-	-	2 (73.3)	0.96	3 (62.9)	2.26	-	-	12 (34.1)	10.6
	OBC	1 (88)	-	3 (75.1)	3.42	4 (63.1)	2.81	7 (55.6)	3.58	37 (35.6)	9.44
	General	-	-	4 (73.4)	2.63	5 (66)	2	7 (55.1)	3.42	19 (42.3)	5.31

Source: Primary Data , Figures in parenthesis is the mean score of empowerment

As per data from the 2011 Census and Disability Census of Kerala 2015 the incidence and impact of disability are higher among weaker sections of the society. It is empirically evident in this study that almost 90 per cent of the respondents from the SC Category fall into the lowest level of empowerment with a lower mean value . All Scheduled Caste respondents from the locomotor and visually impaired group have a level of 50 per cent and below of total weighted indicators of empowerment . While on average 70 per cent of OBC people belongs to the lowest level of employment and it is about 50 per cent among the general category . Out of the top

seven people, 5 are from the OBC group and 2 from the general category and no one is from the SC or ST sections of the respondents . Only three respondents of the ST category are in the entire sample observations and two of them are from the locomotor impaired with the lowest level of empowerment and one from the visually challenged with a 70 per cent level of empowerment , but this information is not included in the table .

### Hypothesis Testing

*H0: Mean of ST=Mean of OBC=mean of SC =Mean of General*

*H1: At least one of the means are different*

**Table 6.25**

**Analysis of Variance of Empowerment Composite index Score of Social Group**

Source of Variation	Sum of Squares	Degrees of Freedom	Mean Sum of Squares	F - Ratio	P- Value
<b>Social Group</b>	13412	3	4471	15.92	0.00*
<b>Residuals</b>	149358	532	281		

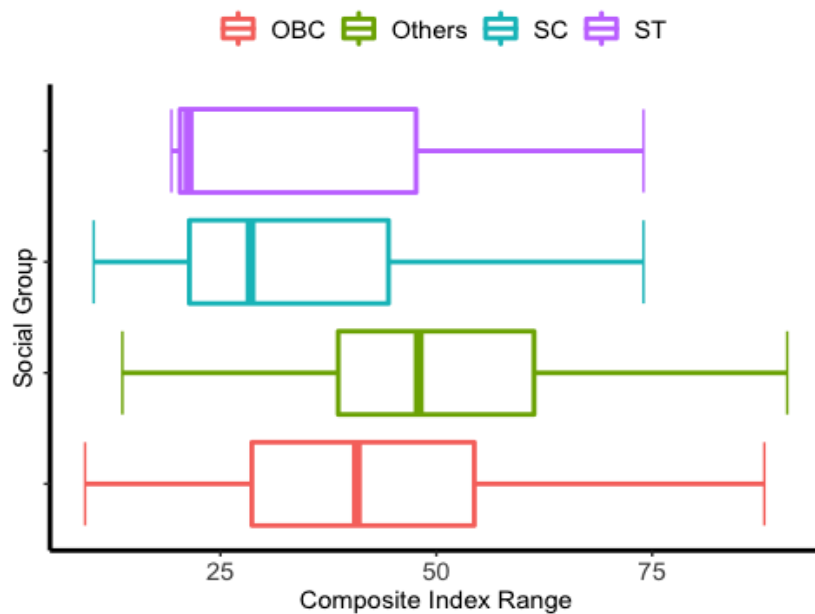
Conclusion:-Rejecting the Null Hypothesis. .

**Table 6.26**

**Post Hoc (Tukey's Test) Paired Test ( Social Group )**

Social Group	Mean Difference	P-value
<b>General</b>	6.67	0.00*
<b>SC</b>	-9.47	0.00*
<b>ST</b>	-4.03	0.97
<b>SC</b>	-16.14	0.00*
<b>ST</b>	-10.70	0.69
<b>ST</b>	5.44	0.94

The statistically significant disparities between the mean score of economic empowerment of different socioeconomic groups are also revealed by the analysis of variance testing. We reject the null hypothesis since the F statistic and p-value reveal these discrepancies in mean scores. The test result demonstrates statistical significant differences in mean score across the groups, and post hoc analysis provides much more insight into the disparities between these groups. With mean discrepancies of 6.67, -9.47, and -16.14, respectively, between general and OBC categories, SC and OBC categories, and SC class and general category. . The government has targeted these two groups with two tiers of reservation privileges, even though their social and economic standing is significantly behind that of the rest of the population that requires more careful planning and targeted actions. The burden of impairment falls disproportionately on the poorer sections of society, both in terms of prevalence and socioeconomic status. Disability, according to Mishra et al. (2021), may increase the chance of poverty due to a lack of job and educational possibilities, lower wages, and a higher cost of living.



**Figure 6.8: Social Groups Wise Difference Empowerment Composite index Score .**

### 6.4.3 Empowerment Composite Index Score by Education Status

**Table 6.27**

**The Extent of Empowerment Composite Index Score by Education Status**

		Extent of Empowerment									
		80%		70%		60 %		50%		< 50%	
		M	SD	M	SD	M	SD	M	SD	M	SD
<b>LMD</b>	<b>Professional</b>	2 (80.6)	4.33	9 (73.2)	1.92	13 (66.2)	2.71	6 (52.7)	3.14	15 (38.5)	10.2
	<b>Non-Professional</b>	1 (88)	-	6 (73.7)	3.5	20 (62.8)	2.47	18 (54.9)	2.94	41 (39.5)	8.23
	<b>Others</b>	-	-	2 (74.1)	3.54	11 (63.6)	2.02	18 (54.2)	3.06	166 (30.3)	10.5
<b>VIM</b>	<b>Professional</b>	2 (46.1)	6.36	2 (76.5)	3.54	2 (61)	1.41	-	-	11 (36.6)	5.78
	<b>Non-Professional</b>	1 (80.6)	-	3 (73.3)	3.21	7 (65.6)	3.36	4 (55.5)	3.77	13 (30.4)	10.3
	<b>Others</b>	-	-	-	-	1 (60.6)	-	4 (55.2)	1.58	54 (26.1)	9.48
<b>HSIM</b>	<b>Professional</b>	1 88	-	7 73.9	2.78	3 63	4.9	5 55.8	4.28	10 42.9	4.28
	<b>Non-Professional</b>	-	-	1 (72.6)	-	4 (65.6)	1.37	4 (55.6)	3.71	8 (43.3)	6.7
	<b>Others</b>	-	-	1 (75.6)	-	5 (63.9)	1.54	5 (54.7)	2.74	50 (35.1)	9.38

Source: Primary Data, Figures in parenthesis is the mean score of empowerment

We categorise education status into three denominations for investigating the exploratory capacity of education variable on empowerment status of disabled people. These denominations are education qualifications, formal vocational qualifications, and informal vocational training. The components of the first denomination are subdivided into groups such as professional, non-professional (graduation and above), and others (up to higher secondary level). Obviously, there is a significant gap in empowering status between the professionally qualified, those with a bachelor's degree and higher, and the less qualified.

When the three disability categories are combined, 45 per cent of respondents in the professionally qualified group, 47 per cent in the graduation and the above groups are in the lowest range of empowerment (<50%). It is 88 per cent in the less qualified group, which is at the bottom of the empowerment scale, with a 10 per cent lower mean value than the other groups. All people with an empowerment score of

80 per cent are in the professionally qualified and graduating and about qualifying groups, and the proportion of less qualified people in the 70 and 60 per cent empowerment groups is comparatively lower than the other two groups.

**Table 6.28**  
**The Extent of Empowerment Composite Index Score by Vocational Education Status**

		Extent of Empowerment -									
		80%		70%		60 %		50%		< 50%	
		Mean	SD	Mean	SD	Mean	SD	Mean	SD	Mean	SD
<b>LMD</b>	<b>Engineering</b>	-	-	4 (74.1)	2	5 (65.2)	3.56	6 (54.5)	3.17	8 (39.4)	7.79
	<b>Non-Engineering</b>	2 (82.3)	2.38	10 (72.9)	2.9	19 (64.6)	3.05	15 (53.3)	2.59	27 (40.4)	9.4
	<b>NA</b>	1 (88)	-	3 (74.7)	2.08	20 (63.2)	2.19	21 (55)	3.23	187 (31.1)	10.5
<b>VIM</b>	<b>Engineering</b>	1 (90.6)	-	-	-	-	-	-	-	-	-
	<b>Non-Engineering</b>	1 (80.6)	-	4 (73.5)	2.65	5 (64.1)	3.57	2 (54.3)	6.11	13 (35.1)	7.21
	<b>NA</b>	1 (81.6)	-	1 (79)	-	5 (64.3)	4.02	6 (55.7)	1.43	65 (26.9)	9.76
<b>HSIM</b>	<b>Engineering</b>	1 (88)	-	4 (73.8)	3.73	3 (62.1)	3.38	2 (51.2)	1.19	3 (46.5)	1.65
	<b>Non-Engineering</b>	-	-	4 (74.4)	1.5	4 (65.7)	2.17	5 (57.6)	2.03	12 (41.8)	4.43
	<b>NA</b>	-	-	1 (72.6)	-	5 (64.3)	2.06	7 (54.9)	3.36	53 (35.7)	9.58

Source: Primary Data , Figures in parenthesis is the mean score of empowerment

NA: Without formal Vocational Education

The most appropriate strategies and means for the holistic development of disabled individuals include vocational education, skill development, and capacity-building programmes. There is a considerable difference in empowered positions between people with and without vocational education and training understudy. When we compare the proportion of people who are at the lowest level of empowerment to the proportion of people who have and do not have official vocational training, the disparity becomes even more apparent. This category includes 22 per cent of persons with engineering degrees, 45 per cent of non-engineering groups, and an alarming 81 per cent of people without any vocational qualification or training.

Also, the vocationally qualified persons make up a large fraction of those with higher levels of empowerment, ranging between 70 and 60 per cent. In all categories of disability, the mean value of empowerment of vocationally trained persons is higher than that of people without vocational education, especially at the lowest level of empowerment.

**Table 6.29**

**The Extent of Empowerment Composite Index Score by Informal Vocational Education Status**

		Extent of Empowerment -									
		80%		70%		60%		50%		< 50%	
		Mean	SD	Mean	SD	Mean	SD	Mean	SD	Mean	SD
<b>LMD</b>	<b>Up to 1 year</b>	2 (84.3)	5.2	7 (73.1)	2.89	21 (64)	3.12	13 (54.9)	3.19	88 (32.5)	11.9
	<b>1 year above</b>	1 (84)	-	1 (77)	-	3 (63.6)	3.19	4 (56.7)	1.2	9 (37)	9.58
	<b>NA</b>	-	-	9 (73.4)	2.57	20 (64)	2.53	25 (53.6)	2.96	125 (32.3)	10
<b>VIM</b>	<b>Up to 1 year</b>	-	-	2 (76.5)	3.54	6 (64.9)	3.9	5 (55.5)	1.51	46 (29.3)	9.58
	<b>1 year above</b>	3 (85.6)	0.71	1 (72)	-	-	-	-	-	2 (31.3)	4.24
	<b>NA</b>	-	-	2 (74)	4.24	4 (63.1)	3.25	3 (55.1)	4.52	30 (26.5)	10.4
<b>HSIM</b>	<b>Up to 1 year</b>	-	-	3 (75.2)	3.35	7 (63.5)	3.19	7 (55.2)	3.64	31 (39)	6.87
	<b>1 year above</b>	1 (88)	-	1 (75.6)	-	1 (66.3)	-	1 (56)	-	2 (39.1)	6.36
	<b>NA</b>	*	*	5 (72.8)	1.92	4 (65.1)	1.15	6 (55.5)	3.67	35 (35.5)	10.8

Source: Primary Data , Figures in parenthesis is the mean score of empowerment  
NA: Without informal vocational training

Informal vocational training is evaluated in the third category of education status based on the length of the course that participants took. It is divided into three categories: those with more than one year of experience, those with less than one year of experience, and those with no experience. We can see the variance in people's empowered status based on their extent of vocational education here as well. The fraction of the people who are in the lowest level of empowerment is high with those who have not attended any vocational training There is also a disparity

between those who have attended long-term courses and those who have attended short-term courses, drawing our attention to the long-term viability and credibility of the training programmes offered to persons with disabilities.

### Hypothesis Testing

*H01: Mean of Non-Professional=Mean of Professional =mean of Others*

*H02: Mean of Engineering Trade=Mean o Non- Engineering Trade = mean of NA*

*H03: Mean of 1 year above=Mean of up to one year =mean of NA*

*H1: At least one of the means are different*

**Table 6.30**

**Analysis of Variance of Mean Difference between the Empowerment Composite index by Education Status**

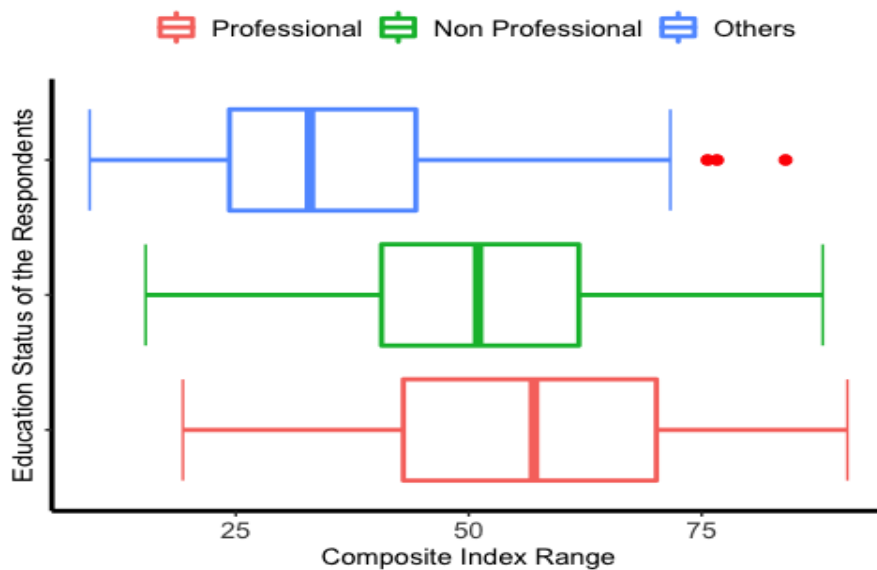
Source of Variation	Sum of Squares	Degrees of Freedom	Mean Sum of Squares	F - Ratio	P- Value
Educational status of respondent	43516	2	21758	113.119	0.00*
Formal vocational Education	11622	2	5811	30.211	0.00 *
Informal Vocational Training	4156	2	2078	10.802	0.00 *
Educational status of respondent: Formal vocational Education	1762	4	441	2.291	0.05*
Educational status of respondent: Informal Vocational Training	785	4	196	1.021	0.39
Formal vocational Education :Informal Vocational Training	589	4	147	0.766	0.54
Educational status of respondent: Formal vocational Education: Informal Vocational Training	1858	5	372	1.932	0.08
Residuals	98481	512	192		

**Conclusion:-Rejecting the Null Hypothesis.**

**Table 6.31**  
**Post Hoc (Tukey’s Test) Paired Test (Education Status )**

<b>Educational Status</b>	<b>Mean Difference</b>	<b>P-value</b>
<b>Non Professional</b> — Professional	-4.73	0.03*
<b>Others</b>	-20.94	0.00*
<b>Others</b> — Non-Professional	-16.20	0.00*

The analysis of variance testing clearly shows substantial differences in mean empowerment scores amongst people with disabilities based on their educational and vocational training status. Taking education status into account, a post-hoc paired test revealed a gap between non-professional and professional groups, with a major difference of -4.73 and a P-value of 0.03. Professionally qualified persons and people with a preliminary level of education have a large mean difference among the three pairs (-20.94 mean difference). Again, the mean differences between those with up to the higher secondary level of education (majority with the secondary level) and people with graduation and above qualifications are as high as (- 16.20 ) with a p-value of 0.00.



**Figure 6.9: Composite Empowerment Index Differences by Education Status**



The plot vividly depicts the impact of education and its spill over effects on numerous aspects of the life of persons with disabilities. In the graph above, the cause and effect relationship between education and empowerment is visible.

**Table 6.32**  
**Post Hoc Test (Tukey's Test) Paired Test (Formal Vocational Training)**

Formal vocational training		Mean Difference	P-value
NA-	Engineering Trade	-9.43	0.00*
<b>Non Engineering Trade</b>		-2.07	0.70
<b>Non Engineering Trade</b>	NA	7.36	0.00*

As previously said, vocational education and training are the most effective strategies to empower people with disabilities. Naturally, there are substantial mean differences in empowerment scores between those with and without vocational education, as evidenced by the P-value of 0.002 for the post hoc paired test and the mean difference of -9.43. There is also a significant difference in mean scores between persons with non-engineering trading trades and those without any vocational education (7.36). There are no statistically significant distinctions between engineering and non-engineering trade people among vocationally trained. Although there is no discernible difference between engineering and non-engineering trained persons, the differential between vocationally trained and non-vocationally trained people is staggering, as shown in the graph above.

**Table 6.33**  
**Post Hoc (Tukey's Test) Paired Test (Informal Vocational Training)**

Informal vocational training		Mean Difference	P-value
NA	1 year above	-12.83	0.00*
up to 1 year		-10.90	0.00*
up to 1 year	NA	1.93	0.26

The analysis of variance testing and post hoc paired test both strongly support what we find in table number (10). We reject the null hypothesis because the results demonstrate statistically significant variations in mean scores between those with and without informal vocational training. When we look at the results of the post hoc paired test, we can see that the mean difference between persons who have never had any type of vocational training and those who have had one year or more of training is (12.83.) However, there is no statistically significant difference in mean scores between individuals who have completed up to one year of vocational training and those who have not. This caution draws our attention once more to the feasibility of vocational courses, particularly those offered to disabled individuals on a very short-term basis.

## 6.4.4 Empowerment Composite Index Score by Employment Status

Table 6.34

## The Extent of Empowerment Composite Index Score by Types of Employment

		Extent of Empowerment -									
		80%		70%		60 %		50%		< 50%	
		Mean	SD	Mean	SD	Mean	SD	Mean	SD	Mean	SD
LMD	Government	3 (84.2)	3.7	6 (72.4)	1.57	14 (64.8)	2.6	6 (56.1)	2.84	7 (41.9)	4.73
	Private job	-	-	9 (74.8)	2.67	23 (64.1)	3	29 (54)	2.91	113 (34.4)	10.4
	Self-employed	-	-	2 (71)	0	7 (62)	1.5	7 (53.8)	3.59	97 (29.9)	10.9
VIM	Government	3 (84.3)	5.5	2 (76.5)	3.54	7 (65.8)	2.9	4 (54.7)	3.19	-	-
	Private job	-	-	3 (73.3)	3.21	2 (60)	0	2 (57.6)	1.41	23 (31.5)	11.7
	Self-employed	-	-	-	-	1 (60.6)	-	2 (54.3)	1.9	50 (27.4)	8.84
HSIM	Government	1 (88)	-	4 (74.5)	1.45	1 (66)	-	2 (57.8)	2.57	1 (38)	-
	Private job	-	-	4 (72.1)	1.29	8 (63.9)	3.1	8 (54.7)	3.35	40 (39)	8.7
	Self-employed	-	-	1 (79)	-	2 (65.5)	1.2	3 (54.6)	4.51	25 (33.8)	9.47

Source: Primary Data , Figures in parenthesis is the mean score of empowerment

The occupational situation of disabled individuals is assessed by comparing their position to the level of empowerment of weighted indicators that include all aspects of their lives. Only seven people out of a total of 536 respondents are at the threshold of empowerment, and they are all government employees. On average, 63 percent of privately employed people score below 50 percent empowerment, and this number is high as 76 percent among visually impaired people. The status of self-employed persons is appalling, with 86 percent of them falling into the lowest empowerment category, and visually impaired people with high proportion of 94

percent. The empowerment level of the proportion of people in the self-employed and then privately employed categories is significantly lower than that of government employees. Overall, disabled people's empowerment is relatively low, especially among self-employed and privately employed persons, which requires further discussion and investigation.

Among the total sample units, 14 people are involved in agricultural and related activities, with five from the locomotor and visually impaired groups and four from the hearing and speech impaired groups. Their empowerment level is at the bottom level, with two people in the hearing and speech impaired group having empowerment levels of 50 and 60 per cent. This information is not included in the table for convenience.

**Table 6. 35**

**The Extent of Empowerment Composite Index Score by Nature of Employment**

	Nature of Employment	Range of Empowerment									
		80%		70%		60 %		50%		< 50%	
		M	SD	M	SD	M	SD	M	SD	M	SD
LMD	Temporary	-	-	4 (73.9)	2.46	19 (64)	3.07	27 (53.5)	2.82	206 (31.8)	10.7
	Permanent	3 (84.2)	3.68	13 (73.4)	2.68	25 (64)	2.64	15 (55.7)	3.01	16 (41.8)	6.42
VIM	Temporary	-	-	-	-	2 (60)	0	2 (54.3)	1.9	75 (27.8)	9.69
	Permanent	3 (84.3)	5.51	5 (74.6)	3.36	8 (65.2)	3.22	6 (55.7)	2.96	3 (40)	6.24
HSIM	Temporary	-	-	1 (73.6)	-	5 (62.7)	1.65	9 (55.8)	3.08	62 (36.6)	9.31
	Permanent	1 (88)	-	8 (74)	2.7	7 (65.3)	2.76	5 (54.7)	4.13	6 (43.4)	4.39

Source: Primary Data , Figures in parenthesis is the mean score of empowerment

Temporarily employed people fall outside the specified range of empowerment when comparing the nature of work and empowerment status.. With 80 per cent of respondents from both the locomotor and hearing and speech impaired groups, and

97 per cent of the visually impaired who are temporarily employed, the weighted measures of empowerment are at the lowest level. At the highest level of empowerment, everyone is permanently employed, whereas at the lowest level, temporarily employed persons have a 10 to 15 per cent lower mean value

### Hypothesis Testing

*H01: Mean of Government employee=Mean of agriculture and allied  
=mean of Private Employee =Mean of Self-employed or own business*

*H02: Mean of permanent=Mean of temporary*

*H1: At least one of the means are different*

**Table 6.36**  
**Analysis of Variance of Mean Difference between Empowerment Composite index Score by Employment Status**

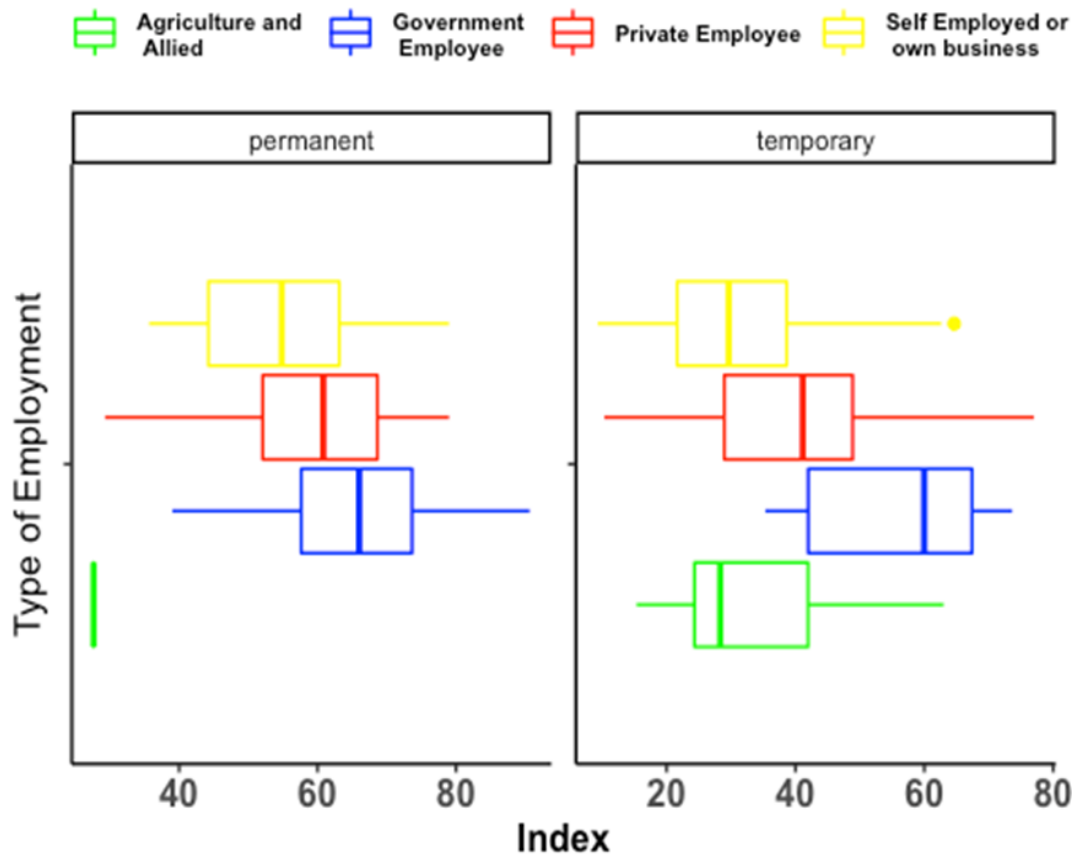
Source of Variation	Sum of Squares	Degrees of Freedom	Mean Sum of Squares	F - Ratio	P- Value
Type of Employment	45942	3	15314	89.433	0.00*
Nature of Employment	24812	1	24812	144.901	0.00*
Type of Employment :Nature of Employment	1605	3	535	3.124	0.02*
Residuals	90411	528	171		

Conclusion:-Rejecting the Null Hypothesis

**Table 6.37**  
**Post Hoc (Tukey's Test) Paired Test ( Employment Status )**

Type of Employment		Mean Difference	P-value
Government employee	Agriculture and allied	30.71	0.00*
Private Employee		10.36	0.02*
Self-employed or own business		0.09	0.99
Private Employee	Government employee	-20.35	0.00*
Self-employed or own business		-30.62	0.00*
Self-employed or own business	Private Employee	-10.26	0.00*

The empowerment status of disabled individuals varies greatly depending on the occupation in which they are employed, as evidenced by the results of the analysis of the variance test. We reject the null hypothesis because the F statistic and P- value reveal the statistical significance of differences in mean score between participants with different phases of employment. Post Hoc analysis provides more worthwhile information about the economic and the empowerment situation of people with different occupational statuses. The output in the table show extensively different mean scores among the group from each other just as the previous analysis showed. Overall, the gaps in mean scores between government employees and all other groups, such as agriculture and related labours, self-employed people, and private employees, are as high as 30.71, 30.62, and 20.35 (per cent), respectively. In comparison to other groups. With a mean difference of 20.35, private employees lag behind government employees. This wide disparity in the economic reality of people with disabilities demands that we focus our attention on self-employed and agricultural labour with viable job projects and prospects.



**Figure 6.10: Empowerment Composite Index Differences by Employment Status**

We can classify people based on their economic and empowerment concerning the nature of their jobs. With mean score disparities of 13.46, the temporarily employed people are considerably behind the permanently employed people. F statistic and P value of analysis of variance test and post hoc test indicate this discrepancy, and we reject the null hypothesis. This wide disparity in the economic status of people with disabilities demands that we focus our attention on self-employed and agricultural labour with viable job projects and prospects. This income empowerment relationship must be analysed in light of their job status, which demonstrates that the majority of private employees and self-employed persons earn and live on a subsistence level. Two-thirds of individuals in all categories fall into rock bottom strata of empowerment, with loco-motive (68 per cent), visually challenged (75 per cent), and hearing and speech impaired (65 per cent) falling into this category. Their respective mean values are 32.6, 28.3, and 37. The hearing and speech disability

group stands first with a better mean (46.4) and fewer variability (15.58) than the other two. In comparison to the other two categories, the mean value of empowerment for visually impaired people is quite low, especially at the lowest strata.

#### 6.4.5 Empowerment Composite Index Score by Income Status

**Table 6.38**  
**The Extent of Empowerment Composite Index Score by Income Group(LM)**

Income Group	Range of Empowerment - Locomotor Disabled People									
	80%		70%		60 %		50%		< 50%	
	M	SD	M	SD	M	SD	M	SD	M	SD
Up to 5000	-	-	-	-	-	-	3 (53.0)	3.13	111 (25.6)	8.95
5000-10000					4 (64.8)	1.07	14 (52.6)	2.43	76 (37.6)	7.91
10000-15000	-	-	-	-	14 (63.6)	2.91	15 (54.8)	3.36	25 (44.0)	5.16
15000-20000	-	-	3 (75.8)	1.84	9 (63.1)	2.6	4 (55.6)	3.41	3 (40.0)	0.34
20000 above	3 (84.2)	3.68	13 (72.9)	2.56	20 (65.4)	2.49	11 (55.7)	2.75		

Source: Primary Data, Figures in parenthesis is the mean score of empowerment

People in the lowest income category, as expected, have the lowest degree of empowerment, with the lowest mean value and a large level of variability in their scores. All visually, hearing, and speech disabled respondents in the lowest income category are at the lowest level of empowerment.



**Table 6.39**  
**The Extent of Empowerment Composite Index Score by Income Group (VIM)**

Income Group	Range of Empowerment -Visually Impaired People									
	80%		70%		60 %		50%		< 50%	
	M	SD	M	SD	M	SD	M	SD	M	SD
Up to 5000									56 (24.2)	7.94
5000-10000							2 (55.0)	2.05	19 (38.5)	5.66
10000-15000			1 (77)	-	2 (60.3)	0.45	3 (57.0)	1.53	1 (37.0)	-
15000-20000			2 (71.5)	0.71			2 (56.1)	1.71		-
20000 above	3 (84.5)	5.51	2 (76.5)	3.54	8 (65.8)	2.85	3 (55.3)	4.7		

Source: Primary Data, Figures in parenthesis is the mean score of empowerment

Only 5 per cent of respondents from the locomotor and visually challenged group and 9 per cent from the hearing and speech impaired group are represented in 70 per cent of the weighted measures of empowerment level.

**Table 6.40**  
**The Extent of Empowerment Composite Index Score by Income Group (HSIM)**

Income Group	Range of Empowerment - Hearing and Speech Impaired People									
	80%		70%		60 %		50%		< 50%	
	M	SD	M	SD	M	SD	M	SD	M	SD
Up to 5000									30 (34.7)	9.17
5000-10000					1 (63.6)	-	3 (54.6)	4.32	24 (35.6)	9.42
10000-15000			1 (73.6)	-	4 (64.7)	3.58	8 (54.5)	3.14	13 (44.1)	3.46
15000-20000			1 (72.3)	-	5 (63.9)	2.8	3 (55.6)	1.48		
20000 above	1 (88)	-	7 (74.2)	2.85	1 (66)	-	2 (57.7)	2.35		

Source: Primary Data, Figures in parenthesis is the mean score of empowerment

As previously stated, the visually handicapped are the least empowered group, yet there is more variation in their income and empowerment status among them. This income empowerment relationship must be analysed in light of their job status, which demonstrates that the majority of private employees and self-employed persons earn and live on a subsistence level. This pitiful circumstance is more prevalent in the visually impaired group, followed by the locomotive group, and finally, the hearing and speech disabled.

### **Hypothesis Testing**

*H0: Mean of up to 5000 = Mean of 5000-10000 = Mean of 10000-20000 = mean of above 20000*

*H1: At least one of the means is different*

**Table 6.41**

**Analysis of Variance of Mean Difference between Empowerment Composite index Score by Income Status**

Source of Variation	SS	DF	MSS	F	P-VALUE
Monthly income of the respondent	103946	3	34649	313.4	0.00*
Residuals	58824	532	111		

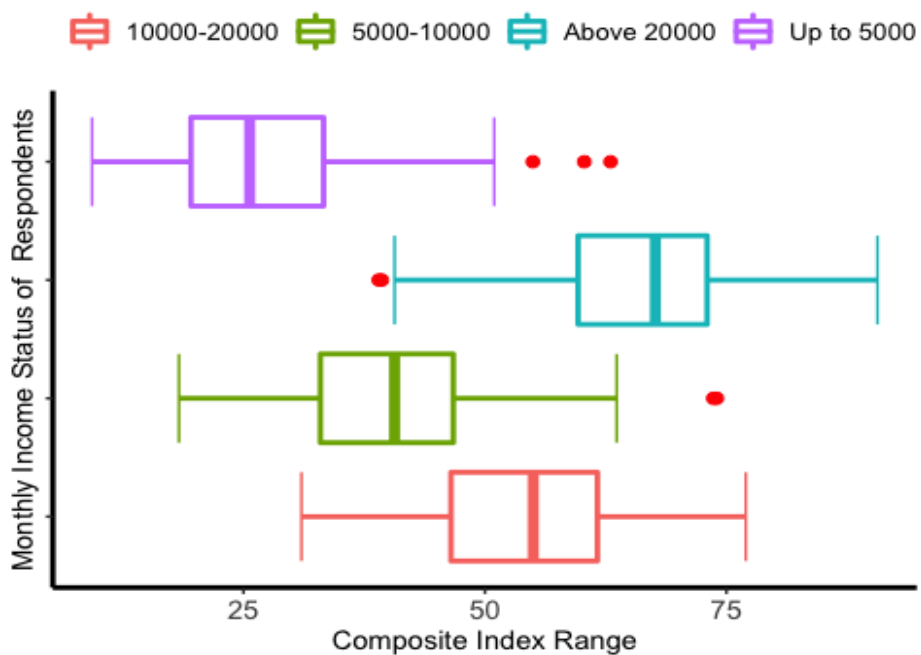
Conclusion:- Rejecting the Null Hypothesis

**Table 6.42**

**Post Hoc (Tukey's Test) Paired Test (Income Status )**

Monthly Income of the Respondent	Mean Difference	P-value	
5000-10000	-13.63	0.00*	
Above 20000	10000-20000	11.56	0.00*
Up to 5000	-27.14	0.00*	
Above 20000	5000-10000	25.20	0.00*
Up to 5000	-13.51	0.00*	
Up to 5000	Above 20000	-38.71	0.00*

The average difference in empowerment status between the lowest and highest income groups is 38.71, and the low-income group's bulkiness is demonstrated in the previous analysis section (table number). We reject the null hypothesis because the results of the analysis of the variance test and also the post hoc paired test demonstrate that there are substantial mean differences between every pair of income groups. The results in the table above show the mean score disparities in empowerment status across all income categories under consideration.



**Figure 6.11 Empowerment Composite Index Differences by Income groups**

The huge disparity in economic and empowering status between the poorer and wealthier section of the disabled community is evident in the data representation in the plot above.

## 6.5. Empowerment Composite Index Score by Disability Groups

**Table 6.43**

### The Extent of Empowerment Composite Index Score by Disability Groups

Types of Disability	Range of Empowerment										Combined Mean and SD	
	80%		70%		60 %		50%		< 50%			
	Mean	SD	Mean	SD	Mean	SD	Mean	SD	Mean	SD	M	SD
<b>LMD</b>	3 (84.2)	3.68	17 (73.5)	2.56	44 (64)	2.8	42 (54.3)	3.04	222 (32.6)	10.8	36.6	18.02
<b>VIM</b>	3 (84.3)	5.51	5 (74.6)	3.36	10 (64.2)	3.59	8 (55.4)	2.68	78 (28.3)	9.83	37.7	19.02
<b>HSIM</b>	1 (88)	-	9 (73.9)	2.53	12 (64.2)	2.64	14 (55.4)	3.37	68 (37.2)	9.17	46.4	15.58

Source: Primary Data, Figures in parenthesis is the mean score of empowerment

A perusal of the table reveals that quite two-thirds of individuals in all categories fall into rock bottom strata of empowerment, with loco-motive (68 per cent), visually challenged (75 per cent), and hearing and speech impaired (65 per cent) falling into this category. Their respective mean values are 32.6, 28.3, and 37.2. Based on the defined standard criteria of 80 per cent, only three respondents from each motor and visually challenged group, as well as one from the hearing and speech impaired category, can be called empowered. The number of people empowered will increase to 17 for locomotives, 5 for visually impaired people, and 9 for hearing and speech impaired people if the threshold level is lowered to 70 per cent. There are 44 from locomotive 10 and 12 from each visually impaired and hearing and speech impaired group at the 60 per cent level of empowerment.

In comparison to the other two categories, the mean value of empowerment for visually impaired people is quite low, especially in the lowest strata.

When the composite index average is taken together for each category, hearing and speech disability group stands first with a better mean (46.4) and fewer variability (15.58) than the other two groups. In terms of overall standing, the visually impaired

group has the lowest composite index score, which is supported by the analysis of the indicators of development in all domains of life in the previous chapter

### Hypothesis Testing

H0: Mean of Locomotor= Mean of Visual Impairment=Mean of Hearing and Speech Impairment

H1: At least one of the means is different

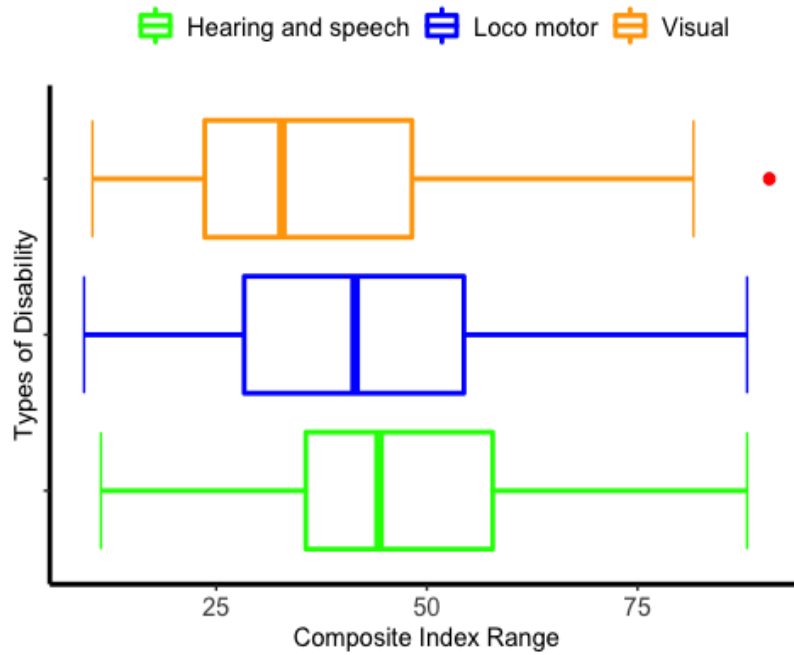
**Table 6.44**  
**Analysis of Variance of Mean Difference between Empowerment Composite index Score by Disability Groups**

Source of Variation	Sum of Squares	Degrees of Freedom	Mean Sum of Squares	F - Ratio	P- Value
Disability Type	103946	3	34649	313.4	0.00*
Residuals	58824	532	111		

**Conclusion:- rejecting the null hypothesis**

**Table 6.45**  
**Post Hoc (Tukey's Test) Paired Test ( Disability Groups )**

Type of Disability	Mean Difference	P-Value
Loco Motor-Hearing and speech Impairment	-4.39	0.05*
Visual Impairment-Hearing and speech Impairment	-8.77	0.01*
Visual Impairment-Loco Motor	-4.47	0.05*



**Figure 6.12 Empowerment Composite Index Differences by Disability groups**

Finally, we evaluate each category of disabilities in terms of their comparative standing in the composite economic empowerment index score. We reject the null hypothesis based on the results of the analysis of the variance test, which show statistically significant mean differences in the empowerment index score between the three groups. The most insightful result from the Post Hoc test leads us to the conclusion that the primary disparities between two pairs of groups, namely visually challenged and other two groups of disabilities, and locomotor and hearing and speech impaired groups have statistical significance. Considering the overall standing, the hearing and speech group is at the top, the locomotor group is second, and the visually impaired group is at the bottom. . Previously, these people were frequently engaged as telephone operators and other such jobs. These professions are becoming increasingly obsolete as a result of technological advancements. Simultaneously, technology has brought a variety of computer tools and software for people with vision impairments, allowing them to participate in a variety of activities. However, because these are only available in urban areas, most rural populations have limited access. Aside from that, job reservations for this group only exist on paper and in documentation in government and private-sector-aided

industrial units and organisations, and they are not enforced. As a result, many of these people's employment and economic prospects have been harmed.

### 6.6. Analysis of major determinants of economic empowerment of PWDs

The major determinants of economic empowerment of the differently-abled people under study are explored in the following analysis. The detailed result of the multiple regression analysis is presented in the table below to quantify the direction and degree of association between socio-economic variables and economic empowerment and their cumulative contribution to the level of empowerment of PWDs.

We define our regression model as,

$$Y = \beta_0 + \beta_1 X_1 + \beta_2 X_2 + \beta_3 X_3 + \beta_4 X_4 + \beta_5 X_5 + \beta_6 X_6 + \beta_7 X_7 + \beta_8 X_8 + \beta_9 X_9 + \beta_{10} X_{10} + \epsilon$$

Composite

$$\begin{aligned} y(\text{Composite Index Score}) &= \beta_0 + \beta_1 \text{Gender} + \beta_2 \text{Age} + \beta_3 \text{District} + \beta_4 \text{Place of residence} \\ &+ \beta_5 \text{Type of Disability} + \beta_6 \text{Educational status of respondent} \\ &+ \beta_7 \text{Formal vocational Education} \\ &+ \beta_8 \text{Informal Vocational Training} + \beta_9 \text{Nature of Employment} \\ &+ \beta_{10} \text{Monthly income of the respondent} + \epsilon \end{aligned}$$

To check whether we can construct a regression model for the given data, we perform an ANOVA (see table (6.46)). it is clear that all the factors except two are significant and now we can construct our regression model for the data.

**Table 6.46**  
**ANOVA of Determinants of Economic Empowerment of PWDs**

Source of Variation	Sum of Square	Degrees of Freedom	P-Value
(Intercept)	978.604	1	0.00
Gender	3.147	1	0.07
Age	26.208	4	0.00
District	6.852	2	0.03
Place of residence	61.723	1	0.00
Type of Disability	2.585	2	0.27
Educational status of the respondent	23.227	2	0.00
Formal vocational Education	27.082	2	0.00
Informal Vocational Training	21.500	2	0.00
Nature of the Employment	6.253	1	0.00
Monthly income of the respondent	227.903	3	0.00

To avoid multicollinearity issues, the highly correlated variables like types of employment and sources of income are excluded from the analysis before fitting the regression model.

Model Summary

R Square	<b>0.746</b>	Adjusted R Square	<b>0.740</b>
----------	--------------	-------------------	--------------



## Parameter Estimates

**Table 6.47**  
**Multiple Regression Analysis Result**  
**(Determinants of Economic Empowerment)**

	Parameter	Estimator	Std. Error	P-Value
	(Intercept)	53.995	6.1221	0.00*
<b>Male</b>	Gender=Female	-1.419	0.7997	0.07
<b>56-60</b>	Age=20-25	-0.773	2.5937	0.76
	Age=26-35	4.887	1.7867	0.00*
	Age=36-45	1.491	1.7771	0.40
	Age=46-55	4.526	1.8088	0.01*
<b>Thrissur</b>	District=Ernakulum	2.114	0.9045	0.01*
	District= Malappuram	1.927	0.8818	0.02*
<b>Urban</b>	Place of residence=Rural	-6.285	0.8000	0.00*
<b>Locomotor</b>	Type of Disability=HSIM	0.332	0.9622	0.73
	Type of Disability=VIM	-1.432	0.9711	0.14
<b>Professional</b>	Educational status of respondent= Non-Professional	0.405	1.3370	0.76
	Educational status of respondent= Up to Higher Secondary	-4.000	1.3283	0.00*
<b>Not Attended</b>	Formal vocational Education= Engineering	5.483	1.7317	0.00*
	Formal vocational Education= Non-Engineering	5.274	1.0472	0.00*
<b>Not Attended</b>	Informal Vocational Training= Up to I Year	2.653	0.7795	0.00*
	Informal Vocational Training= I Year above	6.650	1.7172	0.00*
<b>Temporary</b>	Nature of the Employment= Permanent	5.635	1.1879	0.00*
<b>20000 above</b>	Monthly income = Up to 5000	-24.120	1.9232	0.00*
	Monthly income = 5000-10000	-14.440	1.8237	0.00*
	Monthly income = 10000-20000	-6.559	1.5768	0.00*

\* - 5% level of significance

Age is statistically significant, with the age groups of 26-35 and 46-55 having a higher chance of raising their economic empowerment score by 4.88 and 4.52 times, respectively than the age group of 50-56. As previously said, the youngest and oldest age groups have the lowest socioeconomic status throughout their lives.

The gap between the districts is revealed by the district-by-district empowerment status in the regression analysis table. When compared to Ernakulum, the districts of Malappuram and Thrissur lag in terms of empowerment. Malappuram district has a very little chance of falling behind Ernakulum district, 0.19 times, and there aren't many distinctions between them. However, Thrissur district is shown to be 2.11 units behind Ernakulum and 1.93 times behind Malappuram. This is the same conclusion that we arrived at from the ANOVA table analysis and in the comparison of mean differences between the districts (tables 6.13 and 6.14).

The place of residence is one of the most important factors that influence the empowerment status of individuals with disabilities. Urban people are in the lead, with a 6.29 times greater chance of being empowered than rural people, highlighting the importance of reaching out to rural people with more acceptable and appropriate development initiatives.

What we inferred in the preceding section of mean difference analysis is backed up by substantial statistical evidence that locomotor and visually impaired persons lag behind hearing and speech impaired people in terms of economic empowerment. The difference in empowerment score between locomotive and hearing and speech groups is not significant, only 0.33 probabilities. But visually challenged people have a 1.76 times lower probability of being empowered than hearing and speech impaired people and 1.43 times lower probability of being empowered than locomotor disabled people. The most disadvantaged group is visually challenged.

With statistically significant evidence, education qualification is also shown to be an essential determinant of economic empowerment. People with a low level of education (up to higher secondary) are four times less likely than professionally qualified people to achieve socio-economic empowerment. However, the regression

analysis shows that nonprofessionally qualified persons had a 0.41 higher chance of being empowered than professionally qualified people.

The people who have received vocational education and training have a 5.48 times lower chance of becoming economically and socially empowered than persons who have received training in engineering trades. When compared to people with vocational education in non-engineering trades, they have a 5.27 times lower chance of being empowered. The difference in possibilities of empowerment between non-engineering and engineering-trained people is only 0.21 times.

The variable informal vocational training is also an important determinant of evidence with statistical significance for supporting vocational education and skill development as the best option for empowering disabled persons. People with no vocational training, even at an informal level, have a 6.65 times lower chance of being economically and socially empowered than those with one year or more of vocationally trained. People who have completed very short training courses (up to one year, most probably three or six months) are likewise at a disadvantage in terms of economic empowerment. It is statistically proven to be four times less than those who have completed one year of training and 2.65 times better than those who have not completed any training. People who are employed temporarily are more vulnerable to economic empowerment, with a 5.64 times lower chance of becoming empowered than those who are employed permanently.

According to the regression analysis results, income status is the most important determinant and indicator of economic empowerment. The most susceptible group is those with monthly incomes of less than 5000 rupees, who have a 24.12 times lower chance of being empowered than those with monthly incomes of more than 20000 rupees. And 17.56 times less than the 1000-20000 group, and 9.68 times less than the 5000-10000 income group. In terms of monthly income, the 5000-10000 group lags and it is by 7.88 times that of the 10000-20000 income group and 14.44 times that of the rupees 20000 and above group. The findings of this review give a solid empirical basis, with 81 per cent of studies reporting a relationship between economic poverty and disability. People with disabilities frequently incur additional

expenses as a result of their disability (e.g., assistive devices, supplementary transportation), necessitating a higher minimum threshold to meet fundamental necessities (Banks et al, 2017).

## **6.7 Conclusion**

Based on the regression analysis, the most important determinants of economic empowerment are vocational and academic education, as well as the income status of disabled persons. From a policy standpoint, the conclusion is critical because it shows that our primary focus should be on the education strategy and the design and quality of vocational training for impaired persons. Their precarious employment situation and poor financial condition urge us to focus our attention once more on the proper monitoring and execution of the RPWD Act's legal and reservation potentials, as well as the development of a public-private joint venture. When developing policies and strategies, keep in mind the discrepancies in terms of gender, social group, and place of residence. We need a unique appropriate strategy for each of these distinct groups, not a monolithic policy framework. Disability type should also be a focus inside the policy framework's canvas, as they differ greatly in their potentials, attitudes, aptitudes, and surroundings. Visually challenged persons are the most vulnerable of the three groups under investigation, and they require a higher priority in all provisions and privileges.

Education is the least empowered domain, followed by employment, and this pattern holds across all disability categories. The mean score in the social, health and economic categories is extremely near to or just above 45 per cent, although the mean score in the education and employment domains is 39.36 and 41.81 per cent, respectively. While the threshold limit for the empowerment index is set at 80 per cent of the weighted indicators, the average means of disabled people in all domains of life have only attained half of the criteria, or 45 per cent or less.

After analysing the particular features of persons with disabilities' economic empowerment status in Kerala in this chapter, we will move on to an analytical study of the constraints they face in obtaining economic empowerment in the following chapter.

**CHAPTER VII**  
**CONSTRAINTS FOR ECONOMIC  
EMPOWERMENT**

**CONTENTS**

- 7.1 *Introduction*
- 7.2 *Condensation and grouping of the constraints*
- 7.3 *Validation of the model fit for analysis*
- 7.4 *Identification of the major constraint through factor analysis*
- 7.5 *Descriptive analysis of the constraints concerning Demographic Variables*
- 7.6 *Conclusion*









## 7.1 Introduction

The Millennium Development Goals (MDGs), whose term of accomplishment ended in 2015, were replaced with the Sustainable Development Goals (SDGs) during United Nations Conference on Sustainable Development in 2012. The SDGs have been targeting all three elements of sustainability (environmental, economic, and social) since they were incorporated into the UN's global development agenda in 2015. The SDGs include mention of disability in several places, including those that deal with inequality, human settlement accessibility, growth and employment, education, data collecting and monitoring. The limitations and difficulties faced by people with disabilities in achieving economic and social empowerment are immediately highlighted by all these UN development agenda-focused criteria. The most important enabling areas, in particular those stated by the UN goals of SDGs, are presented below as a framework for the assessment of restrictions in the lives of PWDs for economic empowerment. (United Nations. Department of Economic and Social Affairs , 2018).

1. Goal 4 focuses on promoting possibilities for lifelong learning, inclusive and equitable quality education, as well as all degrees of technical and vocational education for the weak, including those with disabilities.
2. According to Goal 8, increased likelihood and effective employment for all, as well as those with disabilities, and also respectable work and equitable payment for equal labour.
3. Goal 10 aims to empower and promote the social, economic, and political involvement of everyone, including people with disabilities, to minimise inequality within and between nations.
4. Access to secure, affordable, accessible, and sustainable transportation networks is a requirement of Goal 11, with a focus on the needs of those who are most at risk, such as those with disabilities. Additionally, the plan calls for granting everyone access to green, public areas that are safe, inclusive, and accessible, especially for those who have disabilities.

5. Goal 17 instructs the member States to increase capacity-building support to developing countries, including least developed countries (LDCs) and small island developing states, to significantly increase the availability of high-quality, timely, and reliable data that also includes disability (United Nations, 2018).

The primary challenges to empowerment include a lack of good employment prospects, unequal career development and promotion opportunities, inaccessible public spaces and amenities, discrimination and mistreatment from family and society, and inaccessible public spaces and facilities. The other major barriers preventing PWDs from having respectable and independent socioeconomic lives are limited access to education, healthcare, and vocational training. According to Buettgen et al. (2015), employment can lead to improved quality of life, empowerment, income, and well-being. However, job prospects for individuals with impairments, particularly women with disabilities, are scarce in almost all nations, and employment supports are insufficient (Wiggett-Barnard & Swartz, 2012). Government bodies are still unable to affect change to promote the human rights of many Indians with disabilities, despite legislation promoting the rights of people with disabilities and the adoption of numerous UN treaties (Disability Rights Promotion International, 2009). Disabled persons are more vulnerable to economic disempowerment than non-disabled people, according to Mishra et.al (2021).

Using confirmatory factor analysis (CFA), this chapter outlines the constraints that people with disabilities confront in achieving economic empowerment. The researcher used twenty-four statements to examine the barriers to economic empowerment among the people with disabilities. The entire section of statements or variables is divided into four segments based on how they obstruct economic empowerment and independence.

## **7.2 Condensation and grouping of the constraints**

The variables that represent the constraints are categorised into areas such as economic, employment, societal and attitudinal, institutional and lack of government support constraints, with numbers ranging from X1 to X24. All the indicators are measured on a five-point Likert's scale, where 1 indicates strongly disagree, 2

indicates disagree, 3 indicates neither agree nor disagree (no opinion), 4 indicates agree and 5 indicates strongly agree.

**Table No. 7.1**  
**Indicators of Constraints for Economic Empowerment**

No.	Item code	Indicators
X1	<b>Eco1</b>	Economic backwardness of the family that prevent higher education
X2	<b>Eco2</b>	Lack of regularity in work and payment
X3	<b>Eco3</b>	Discriminatory payments and lack of emoluments
X4	<b>Eco4</b>	Subsistence for earning potential for employment
X5	<b>Eco5</b>	Economic burden of disability or out pocket expenditure on disability
X6	<b>Eco6</b>	Change of job due to disability and Economic Insecurity
X7	<b>Emp1</b>	Depressing Attitudes of co-workers
X8	<b>Emp2</b>	Lack of vocational training and communicative skill
X9	<b>Emp3</b>	Inadequate financial assistance for the self-employment initiatives
X10	<b>Emp4</b>	Absence of freedom in selecting your courses of education and training
X11	<b>Emp5</b>	Employer's negative perception and attitude
X12	<b>Emp6</b>	Loss of job due to disability
X13	<b>Inst1</b>	Lack of co-operative based link with market
X14	<b>Inst2</b>	Inconsistent benefits from MNREGA participation
X15	<b>Inst3</b>	Lack of accessibility to public places, buildings, transportation
X16	<b>Inst4</b>	Inadequacy of the reservation quota
X17	<b>Inst5</b>	The corrupted selection process in appointments
X18	<b>Inst6</b>	Inefficient implementation of quota system
X19	<b>Inst7</b>	No proper alliance with the start-up mission
X20	<b>Soc1</b>	Constrained Social norms, societal attitudes and practices
X21	<b>Soc2</b>	Lack of support and information from peer groups
X22	<b>Soc3</b>	Inadequate Social security and support services
X23	<b>Soc4</b>	Discriminatory attitudes and lack of support from the local community and LSG
X24	<b>Soc5</b>	Lack of participation in SGHs and Social Mingling

### **7.3 Validation of the model for analysis**

#### **7.3.1. Co-variance Based Confirmatory Factor analysis for the reliability and validity for research model building- Assessment criteria**

We used Covariance-Based Confirmatory Factor Analysis (CB-CFA) to identify the most essential and critical hurdles and limits that prohibit persons with disabilities from achieving economic independence and empowerment. When performing confirmatory factor analysis, it is required to establish both reliability (composite reliability) and concept validity (convergent and discriminant validity). Factor Analysis is a technique for reducing a large number of variables into a small number of linear composites with the highest correlation to the original variables. It is a technique for analysing complicated constructs to determine the primary traits or aspects that respondents think are relevant.

#### **Confirmatory Factor Analysis (CFA)**

The main intention of using CFA is to see how well a specified factor model fits a given collection of data (Suhr, D. D.,2005). It gives estimates for all of the measurement model's parameters. The Confirmatory Factor Analysis (CFA) on the constraints for economic empowerment consisted of four factors and twenty four variables, the factors must be valid and reliable to be used. The following instruments are used to evaluate the model:

##### **1: Composite Reliability:**

It's a statistic measuring the overall dependability of a construct. The value might be anywhere between 0 and 1. Values of composite reliability of  $>0.7$  and above are considered good (Hair Jr et al., 2017). Values less than 0.6 imply internal discrepancy.

##### **2. Construct validity**

Construct validity can be examined using two different methods: convergent validity and discriminant validity.

- a) **Convergent validity:** When the link between the measurement items and the factor is significantly different from zero, it is established. Critical ratios are used to assess statistical significance based on this criterion. If convergent validity issues are noticed during the validity examination, it suggests the latent component is not well described by the observable data. Item factor loadings can also be used to determine whether or not a test is convergent. For this study, the standardised factor loading threshold for determining item validity is  $>0.5$ . (Hair Jr et al., 2017). The average variance extracted (AVE) method is utilised to assess convergent validity in this study. According to Malhotra et al. (2001), AVE is a more conservative measure of convergent validity than composite reliability (CR). Standardized factor loadings are used to calculate the value of AVE. The AVE threshold value is  $>0.5$ . (Hair Jr et al., 2017). It indicates acceptable convergence if the standardised factor loadings and AVE values are both greater than 0.5.
- b) **Discriminant validity:** Only then can a construct be labelled a discriminant valid measuring scale as it is actually unique from other constructs. It means that an unobserved variable should explain the variation of its own indicators better than the variance of unobserved variables in general. Alternatively, the loadings of variables belonging to one latent variable should be higher than the loadings of all other latent variables. For each of the constructs, discriminant validity is tested by comparing the Average Variance Extracted (AVE) with the squared correlation. An unobserved variable's AVE should be higher than the squared correlations between that variable and all other unseen variables (Hair Jr. et al, 2017). When each measuring item correlates poorly with all other constructs except those that are conceptually related, discriminant validity is obtained (Cooper & Zmud, 1990)

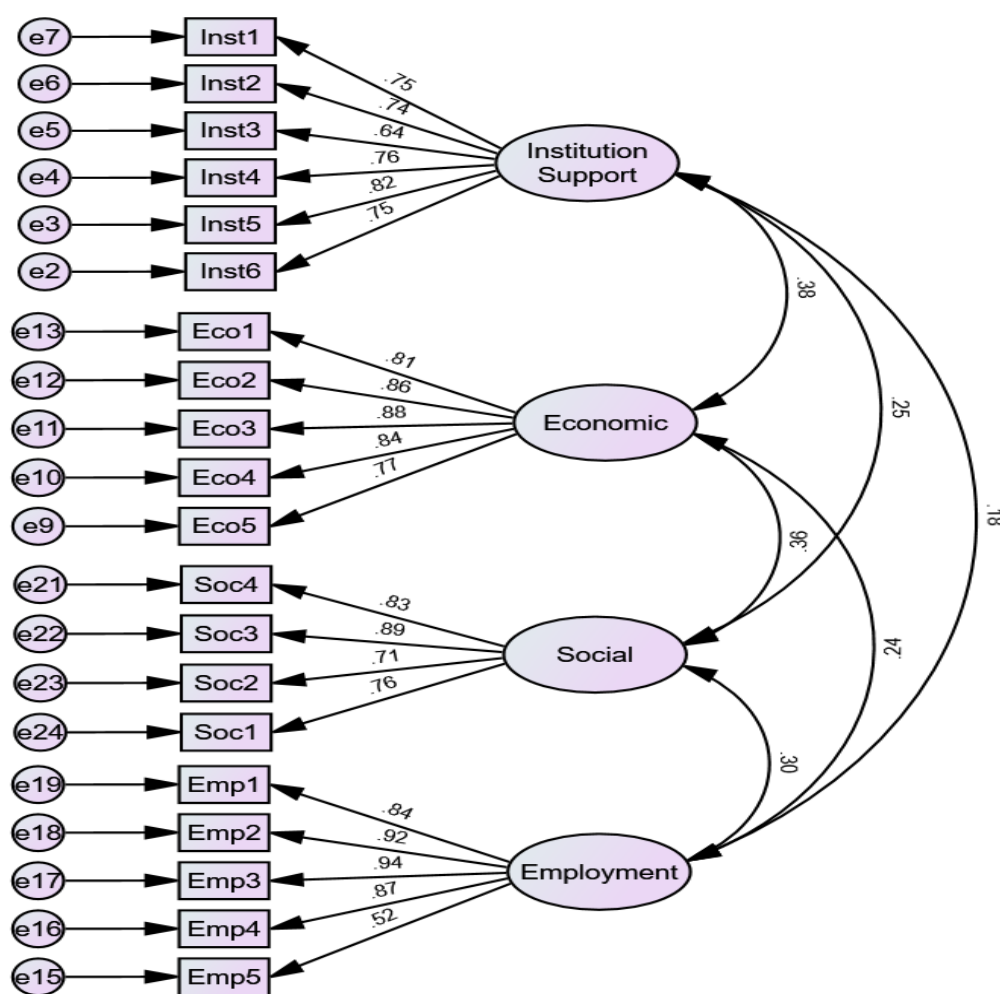
#### **7.4 Identification of the major constraint through Confirmatory Factor Analysis (CFA)**

As shown in figure 7.1, the model with four constructs and twenty variables suggests a good fit for the initial estimate. The test results appeared to fit the measurement model when compared to widely established model fit standards (Table 7.2).

**Table 7.2**  
**Model fit indices for the identification of major constraints**

Attributes	CMIN/DF	P-value	CFI	IFI	PNFI	PCFI
Calculated Value	3.957	0.000	0.933	0.933	0.787	0.805
Critical Region	<5.0	>0.05	>0.90	>0.90	>0.50	>0.50

For an acceptable model, the Chi-Square to degrees of freedom ratio should be less than 5. The figure in this study is 3.957, which is well within the recommended maximum value.



**Figure. 7.1: Major Constraints for Economic Empowerment through Confirmatory Factor Analysis**

Furthermore, the CFI and IFI values are also greater than 0.9, with 1.0 indicating exact fit and IFI is equal to 0.933 explaining 93.3 per cent of the data variance-covariance. It struck a fair balance between theoretical simplicity and explanatory power (PNFI=0.787, CFI=0.933, PCFI= 0.805). The beta coefficients in all of the factors are more than 0.5, indicating that the items in each factor have substantial loadings. The model is statistically fit for further analysis (figure no.7.1). The analysis excludes four out of twenty four variables whose beta coefficients are lesser than 0.05.

**Table 7. 3**

**Final validity for the identification Model of major constraints**

<b>Constructs</b>	<b>Item code</b>	<b>Factor loading</b>
<b>Economic Constraints</b>	Eco1	0.809
	Eco2	0.863
	Eco3	0.880
	Eco4	0.844
	Eco5	0.772
<b>Employment Constraints</b>	Emp1	0.840
	Emp2	0.919
	Emp3	0.936
	Emp4	0.870
	Emp5	0.521
<b>Institutional and Government Support Constraints</b>	Inst1	0.749
	Inst2	0.739
	Inst3	0.636
	Inst4	0.759
	Inst5	0.820
	Inst6	0.752
<b>Societal and Attitudinal Constraints</b>	Soc1	0.760
	Soc2	0.706
	Soc3	0.888
	Soc4	0.834

It can be deduced that all of the factor loadings are over the 0.5 criteria, indicating that the constructs are item valid.

**Table 7.4**  
**Final reliability and validity for the identification Model of major constraints**

<b>Constructs (Latent Variables)</b>	<b>Cronbach's Alpha</b>	<b>Final AVE (Average Variance Extracted)</b>	<b>Composite Reliability</b>
<b>Economic Constraints</b>	0.872	0.696	0.920
<b>Employment Constraints</b>	0.915	0.691	0.915
<b>Institutional and Government Support Constraints</b>	0.872	0.554	0.881
<b>Societal and Attitudinal Constraints</b>	0.801	0.640	0.876

The validity of a measurement model is heavily dependent on how well each item in the model fits the data. It illustrates how accurate data gathering methods are at measuring what they were designed to measure (Saunders et.al, 2021). Cronbach's Alpha value for each factor is determined to be greater than 0.8 and the total value is 0.851, indicating that the variables employed to measure the construct are reliable. The composite reliability ratings are all more than 0.7, indicating that all of the constructs have excellent internal consistency and reliability. The Average Variance Extracted (AVE) values are likewise found to be higher than the >0.5 criteria. As a result, it's safe to assume that the constructs are highly convergent. The data is suitable for further analysis because all of the parameters meet the necessary value.



**Table 7.5**  
**Discriminant Validity for the identification model of major constraints**

	<b>Employment Constraints</b>	<b>Institutional and Government Support Constraints</b>	<b>Societal and Attitudinal Constraint s</b>	<b>Economic Constrain ts</b>
<b>Employment Constraints</b>	0.831			
<b>Institutional and Government Support Constraints</b>	0.181	0.744		
<b>Societal and Attitudinal Constraints</b>	0.300	0.251	0.800	
<b>Economic Constraints</b>	0.237	0.383	0.361	0.835

Table 7.5 shows the square root of AVE values as well as inter-component latent variable correlations. The square root of AVE scores should be greater than the inter-construct latent variable correlation values to establish the non-existence of any relationship, as shown in bold figures. It is clear from the table above that there is no relationship between the constructs, and discriminant validity has been proven.

#### 7.4 Identification of the major constraint through factor analysis

**Table 7.6**

**Path values of Confirmatory Factor Analysis for Constraints for economic empowerment – Economic Constraints**

<b>Indicators</b>	<b>Item Code</b>		<b>Standardized coefficient (Beta values)</b>	<b>P-value</b>	<b>Ranks based on Beta Values</b>
<b>Economic backwardness of the family that prevent higher education and training</b>	<b>Eco1</b>	←	0.809	<0.001	<b>IV</b>
<b>Lack of regularity in work and payment</b>	<b>Eco2</b>	←	0.863	<0.001	<b>II</b>
<b>Discriminatory payments and lack of emoluments</b>	<b>Eco3</b>	←	0.880	<0.001	<b>I</b>
<b>Subsistence earning potential of employment</b>	<b>Eco4</b>	←	0.844	<0.001	<b>III</b>
<b>Economic burden of disability or out pocket expenditure on disability</b>	<b>Eco5</b>	←	0.772	<0.001	<b>V</b>

The economic factor has five constraint indicators that are prioritised according to the predicted beta coefficient, and there is little variance between the factor loadings. Discriminatory payments and a lack of emoluments (0.88) is the most influential indicator, followed by a lack of regularity in work and payment (0.863). Both of these indicators are linked to sources of income and means of subsistence. Discrimination in wage payments is noted by a substantial proportion of respondents in the survey. As opined by Mitra (2018 ) that disability can be caused by several sorts of economic deprivation, such as a lack of education, employment, and income. The economic deprivation of the disabled population is worsened and perpetuated by economic treatment and approaches to these individuals from the side of society, particularly from employers and those responsible for the safety and welfare of the people. When an able-bodied individual receives a daily income of 600 to 700 rupees, disabled people are likely to receive 200 to 250 rupees for the

same type of labour. There are differences in the work completed and the perfection and style of work done by these people. These differences must be evaluated and compensated in light of the physical and mental limitations that these people face as a result of their inability to be fully equipped and participate in economic activities, as well as to be competitive with other abled people. Item loadings on the other three economic constraint indicators for the three disability groups are presented in descending order, such as subsistence earning potential of employment (0.844), economic backwardness of the family that prevent higher education and training (0.809), and economic burden of disability or out-of-pocket expenditure on disability (0.772). One of the most important findings of the study of individuals with disabilities' employment status is that the majority of them are underemployed and underpaid. A large proportion of persons who are privately employed or self-employed earn less than 5000 rupees per month, which is considered subsistence. They engage in the production and sales of obsolete, outmoded, and low-demand products, and as a consequence, they only raise enough money to subsist. The extra cost of living or economic burden of disability in India, particularly in Kerala, is one of the under-researched economic realities associated with disability. As per the observation of Mitra et al.,(2017) households with people with disabilities must spend more money than people without disabilities to maintain a reasonable standard of living. The presence of a disabled household member has significant implications for poverty. Healthcare expenses, personal assistance, home adaptations, travel, and other assistive aid costs for the disabled family member add to the family's financial burden. Aside from the direct costs, there is an indirect cost in terms of lost economic activities. These financial burdens, coupled with the family's economic insecurity, prevent parents from providing adequate and up-to-date education and vocational training to their disabled children. It is crucial in this context to allocate, release, and spend adequate funding for the education and vocational training of impaired children, with a preference for children from economically disadvantaged families. According to the respondent's opinion, funds intended for educational purposes are routinely diverted to other purposes by the concerned authorities.

**Table 7.7**

**Path values of Confirmatory Factor Analysis for Constraints for economic empowerment – Employment Related Constraints**

Path relationships ← Employment Constraints			Standardized coefficient (Beta values)	P-value	Ranks based on Beta Values
Indicators	Item Code				
<b>Depressing Attitudes of co-workers</b>	<b>Emp1</b>	←	0.840	<0.001	<b>IV</b>
<b>Lack of vocational training and communicative skill</b>	<b>Emp2</b>	←	0.919	<0.001	<b>II</b>
<b>Inadequate financial assistance for the self-employment initiatives</b>	<b>Emp3</b>	←	0.936	<0.001	<b>I</b>
<b>Absence of freedom in selecting your courses of education and training</b>	<b>Emp4</b>	←	0.870	<0.001	<b>III</b>
<b>Employer’s negative perception and attitude</b>	<b>Emp5</b>	←	0.521	<0.001	<b>V</b>

Employment-related restrictions are categorised based on peer support and employer support, as well as backup provisions such as financial assistance for self-employment and skill development for employability. The lowest ranking position of item loadings is occupied by a lack of co-worker support and a negative perception and attitude of employers. The lack of sufficient financial help for self-employment prospects (0.936) is the most significant barrier for people with disabilities to obtain decent employment and economic empowerment. Many disability studies in India and throughout the world support and recommend self-employment as a customised kind of work opportunity for people with disabilities. (Norstedt & Germundsson, 2021). Self-employment has been suggested as both an opportunity and a solution to the disabled's persistent employment problem. (Maritz & Laferriere, 2016).

The most appealing scheme of the Kerala Department of Employment that has been formed and continues for the benefit of individuals with disabilities is the kaivalya

self-employment scheme. In the following chapter, a thorough description of the scheme will be provided by the subject priority and sequence. Approximately 10 to 15 per cent of the overall sample, the majority of whom are women and residents in rural areas, have benefited from this strategy. This project is highly commendable from the standpoint of disabled people's economic well-being, particularly for rural and female impaired persons. However, for a significant number of respondents, there is a mismatch between the kind of projects given by this scheme and what they require in their lives, as well as between their educational levels. For this group of people, start-up mission efforts and connections may be preferable and advisable, particularly for the young and those who can be trained and skilled for new types of initiatives.

Lack of occupational training and communicative skill (0.919) is the following loaded item or constraint indicator. The rightist strategy for the economic and social empowerment of people with disabilities in vocational training and skill development or capacity building. Many government departments have backlogs of posts earmarked for disabled individuals that they are unable to fill due to a lack of qualified applicants. It is highly recommended and necessary to equip disabled people for government jobs by providing appropriate coaching and training. Hearing and speech-disabled people, who make up the smallest percentage of government employees, should be given PSC coaching classes in sign language.

**Table 7.8**

**Path values of Confirmatory Factor Analysis for Constraints for economic empowerment – Institutional and Government support Constraints**

<b>Path relationships &lt;--- Institutional and Government support Constraints</b>			<b>Standardized coefficient (Beta values)</b>	<b>P-value</b>	<b>Ranks based on Beta Values</b>
<b>Indicators</b>	<b>Item code</b>				
Lack of co-operative based link with market	<b>Inst1</b>	←	0.749	<0.001	<b>IV</b>
Inconsistent benefits from MNREGA participation	<b>nst2</b>	←	0.739	<0.001	<b>V</b>
Lack of accessibility to public places, buildings, transportation	<b>Inst3</b>	←	0.636	<0.001	<b>VI</b>
Inadequacy of the reservation quota	<b>Inst6</b>	←	0.759	<0.001	<b>II</b>
The corrupted selection process in appointments	<b>Inst4</b>	←	0.820	<0.001	<b>I</b>
Inefficient implementation of quota system	<b>Inst5</b>	←	0.752	<0.001	<b>III</b>

Out of six indicators of institutional and Government support constraints, the first three ranked variables are directly related to the government appointments and the reserved quota system designated for the people with disabilities. The first two critical restrictions are the corrupted selection process and an ineffective quota system implementation. The vast majority of respondents express their dissatisfaction and annoyance with the flaws that occur frequently and repeatedly in the execution of quota systems in employment possibilities in both the public government-aided sectors.

Appointments made through job exchanges in various government departments on a contract basis are one of the key chances for disabled persons to find work. The main disadvantage of this appointment procedure is the interruption of various political parties and civic agencies. The interviews for the vacancies are normally held at the concerned departments, with hundreds of candidates being summoned to

attend for three or four vacancies. Disabled people from various categories who live far away from the interview locations used to make an appearance without fail, despite the challenges and obstacles posed by their travel limits and difficult access to buildings and public spaces. This is especially true for persons who are locomotive disabled as well as those who are visually impaired. The candidate selection process is not exclusively based on merit.

While considering career options, no humanitarian approach to disabled persons, particularly locomotor challenged people, is demonstrated. People are frequently offered work opportunities that do not correspond to their educational qualifications or physical condition. They are unable to work at that location, which is incredibly inconvenient for them.

Temporary and contract-based employment opportunities are recruited and distributed to residents of the local area through local self-government departments, and information about these opportunities is frequently distributed through Grama Sabha meetings. People with disabilities, on the other hand, who do not have easy access to these meetings or to public buildings and places, are neglected and not even informed, and therefore lose out on such job opportunities. Disabled persons should be given special attention for these posts, and information about these opportunities should be distributed through special Grama Sabha meetings.

Likewise, when employment placements are made through the Kudumbasree agency, disabled persons are overlooked, and there is no effective link between the Kudumbasree Movement in Kerala and disability empowerment policies and strategies. In the districts of Ernakulum and Malappuram, there are few exceptional situations where self-help initiatives led by NGOs are strong enough to assist and enhance employment opportunities for disabled persons. The best instances of self-help groups movement under NGOs for the improvement of disabled persons are Malappuram Municipality and Ponnani Municipality in Malappuram district, and Karukutty panchayat in Ernakulum district.

Another key obstacle related to institutional support is the lack of marketing facilities for individuals with disabilities who engage in self-employment activities

to sell their products, as they compete with branded items of similar products. Because there is no cooperative-based marketing system, disabled people find it extremely difficult to sell their products hurts their livelihood and business success.

The government must set aside not less than 3 per cent (1995 PWD Act) and 5 per cent (2016 RPWD Act) of funding for poverty reduction initiatives for the benefit of PWDs, according to two PWD Acts. (Naraharisetti & Castro, 2016). MGNREGA, a well-known poverty alleviation initiative, does not include disabled people in the proportions legally required, not even in 1 per cent. Persons with disabilities can be usefully employed in the accounting and office sections, as well as in the monitoring cell, however, this fact is ignored in the MGNREGA project across India, particularly in Kerala. The MGNREGA mandates 100 days of employment, but only a few disabled people have received it, and only families living below the poverty line (BPL) are considered beneficiaries. (Singh, 2014)

As part of the Accessible India Campaign, it was mandated that by July 2018, at least 50 per cent of all public buildings and transportation in India be disabled-friendly. However, according to the Department of Empowerment of Persons with Disabilities (DEPWD), only 3 per cent of buildings have become accessible more than two years after the initiative began. . According to the mandatory norms of the RPWD Act 2016, several upgrades and alterations have been made to buildings and public spaces. However, it was revealed throughout the survey that many of the modifications and revisions were done solely for the label, rather than for the actual benefit of disabled persons: and that the situation remains unchanged.



Table 7.9

**Path values of Confirmatory Factor Analysis for Constraints for economic empowerment – Societal and Attitudinal Constraints**

Path relationships ← Societal and Attitudinal		Standardized coefficient	P-value	Ranks based on Beta Values
Indicators	Item Code			
<b>Constrained Social norms, societal attitude and practices</b>	Soc1 ←	0.760	<0.001	<b>IV</b>
<b>Lack of support and information from peer groups</b>	Soc2 ←	0.706	<0.001	<b>III</b>
<b>Inadequate Social security and support services</b>	Soc3 ←	0.888	<0.001	<b>I</b>
<b>Discriminatory attitudes and lack of support from local community and LSG</b>	Soc4 ←	0.834	<0.001	<b>II</b>

Social factors refer to the restraints that disabled people face in society and in their environment and they might include unfavourable attitudes, a lack of awareness, and a lack of sensitivity to disability issues. The most heavily loaded variable among the four indicators of social constraint is insufficient social security and support services. Social security policies should be designed in such a way that disabled people's income-generating activities are sustainable and capable of empowering them economically and socially. Through regular monitoring and follow-up sessions, vocational training and capacity-building programmes should aim to ensure the beneficiaries' earning potential is sustained. Self-employment training and workshops offered by the Kerala government's Department of Employment should be followed, and self-directed employment projects should be supported with enough financial resources. Though the Kaivalya loan project is commendable in that it provides much-needed aid to rural and female disabled people, 50000 rupees is insufficient to begin a long-term and effective project.

The second significant restraint in the societal and attitudinal aspect is claimed to be discriminatory attitudes and a lack of support from the local community and the

government, which may be attributable to the wide range of experiences that disabled persons have had in different areas. Respondents who do not own their own homes or land have been ignored for many years after applying for privileges from the Life Mission project as well as free land distribution. They were removed from the list, but people from other reserved groups, such as SC, ST and widows, were given priority over disabled people. Those who have been waiting for an electric wheelchair, three-wheeler bicycle, or other assistive devices have often encountered discrimination based on political party affiliation and other criteria.

There are many DPOs depending on a number of factors, including political party membership, government employee organisations, trade union membership, and even religious affiliation. Finally, because of the lack of adequate action and leadership on the part of such organisations, the discriminatory and disregarded sectors of the disabled community remain as they were before becoming members of DPOs. The fundamental aims to equip and empower the disabled community, particularly the weaker sections within it, are nullified by male dominance and excessive meddling from various parties such as labour unions and employee groups in DPOs.

Though there have been many advances in attitudes and perspectives about disability in our society, social stigma and confined societal standards continue to be a barrier to disabled people's economic and social empowerment. The disabled population is one of the most vulnerable groups to social marginalisation. Disability stigma and prejudice prevent these persons from exercising their social and cultural rights. Marriages are universal in Kerala, where it is also seen as a means of social acceptance and provide people with social status. However, marriage for disabled people is challenging, especially for disabled women. Due to societal stigma and discrimination, opportunities for higher education, sophisticated technical training, and current means of capacity- building programmes may be denied to people with disabilities.

## 7.5 Descriptive analysis of the constraints concerning Demographic Variables

Table 7.10

## Economic Constraints (Gender and Type of Disability wise)

Item code of Economic Constraints	LM		VIM		HSIM	
	Female	Male	Female	Male	Female	Male
Eco1	4	3.5	5	4	4.5	3.5
Eco2	5	4	5	4	5	4
Eco3	5	5	5	5	5	4
Eco4	5	4	5	5	4	4
Eco5	4	4	4	4	4	3.5
Eco6	4	3.5	3	3.5	3	3

Source: Field survey

For the purposes of comparison, the median values of each component in each factor constraint with respect to the male-female difference in each of the three categories of disability are taken into account. Female and rural disabled individuals face all economic restraints more severely than their counterparts, as evidenced by the prior analysis of socio-economic status and empowerment. When it comes to disability classifications, visually impaired persons face all of life's challenges and obstacles with greater intensity than the other two groups.

Table 7.11

## Economic Constraints (District and Place of residence wise)

Item code of Economic Constraints	LM		VIM		HSIM	
	Rural	Urban	Rural	Urban	Rural	Urban
Eco1	5	3.5	5	4	4	3.5
Eco2	5	4	5	5	5	4
Eco3	5	5	5	5	5	4
Eco4	5	4	5	4	5	4
Eco5	4	3.5	4	4	4	3.5
Eco6	4	3	4	3	4	3

Source: Field survey

**Table 7.12**

**Employment Related Constraints (Gender and Type of Disability wise)**

	LM		VIM		HSIM	
	Female	Male	Female	Male	Female	Male
<b>Emp1</b>	4	3	4	4	3.5	3
<b>Emp2</b>	5	5	5	5	5	4
<b>Emp3</b>	4	5	5	5	5	5
<b>Emp4</b>	5	4	5	4	4	4
<b>Emp5</b>	4	3	4	3.5	4	3
<b>Emp6</b>	3	3	3.5	3.5	3.5	3

Source: Field survey

The lack of financial assistance for self-employment activities is especially critical for rural residents, as evidenced by the increased recognition of this constraint. The visually impaired, who are the most disadvantaged of the three groups, are more heavily impacted by work limits in all aspects. Male-female discrepancies are also visible in all aspects of problems, with greater disparities in employers' negative perceptions and the lack of freedom in choosing educational courses and programmes.

**Table 7.13**

**Employment Related Constraints  
(Place of residence and Type of Disability wise)**

	LM		VIM		HSIM	
	Rural	Urban	Rural	Urban	Rural	Urban
<b>Emp1</b>	4	4	5	4	4	4
<b>Emp2</b>	5	4	5	5	5	4
<b>Emp3</b>	5	4	5	5	5	4
<b>Emp4</b>	5	4	5	4	4	4
<b>Emp5</b>	4	3.5	4	4	4	4
<b>Emp6</b>	4	3	4	3.5	3	3

Source: Field survey

Education and employment are inextricably intertwined, particularly in the case of disabled people who require vocational training to find work. In India, many disabled are either unemployed or working in low-wage employment.(Chaudhuri, 2006) . Disabled individuals in rural areas are disproportionately underemployed and underpaid, owing to a lack of vocational and skill training that meets the present labour market's criteria. With these skill development programmes and activities, all three categories, particularly the visually impaired and locomotive disabled, must be addressed and prioritised.

**Table 7.14**  
**Lack of Institutional and Government support Constraints**  
**(Gender and Type of Disability wise)**

	LM		VIM		HSIM	
	Female	Male	Female	Male	Female	Male
<b>Inst1</b>	4	4	4	5	4	4
<b>Inst2</b>	4	4	4	4	4	5
<b>Inst3</b>	5	5	4	5	4	3
<b>Inst4</b>	4	5	4	5	4	5
<b>Inst5</b>	5	5	5	5	5	5
<b>Inst6</b>	4	5	4	5	4	5
<b>Inst7</b>	3	3.5	4	4.5	4.5	3.5

Source: Field survey

Regardless of the type of disability, disabled persons in rural and urban areas, as well as males and females, have unanimously agreed that the reservation quota system in employment prospects for them is inadequate and inefficient. They acknowledged these three barriers have been the most significant impediment to their employment in both the private and public sectors, as well as the economic and social hardships they had experienced in the society. Because of their physical conditions and constrained surroundings, locomotive and visually challenged persons face significant barriers to accessing buildings and public spaces.

**Table 7.15**

**Lack of Institutional and Government support Constraints  
( Place of residence and Type of Disability wise)**

	LM		VIM		HSIM	
	Rural	Urban	Rural	Urban	Rural	Urban
<b>Inst1</b>	5	4	5	4.5	5	4
<b>Inst2</b>	4	3.5	5	4	4	3.5
<b>Inst3</b>	5	4	4	4	3.5	3.5
<b>Inst4</b>	5	5	5	5	5	4
<b>Inst5</b>	5	5	5	5	5	5
<b>Inst6</b>	5	5	5	4.5	4	5
<b>Inst7</b>	3.5	3.5	4	4	3.5	4

Source: Field survey

Rural and disabled individuals see marketing issues as a barrier, and the requirement for an MGNREGA link is also seen as a need for improvement by rural people rather than urban disabled persons. The medium value of the lack of a start-up mission initiative is low, thus it is omitted from the factor analysis model. This could be attributed to a lack of awareness of the programme, yet it is strongly opined as a constraint by half of the respondents.

**Table 7.16**

**Societal and Attitudinal Constraints  
( Place of residence and Type of Disability wise)**

	LM		VIM		HSIM	
	Female	Male	Female	Male	Female	Male
<b>Soc1</b>	4	4	5	4	5	4
<b>Soc2</b>	5	4	5	4	4	4
<b>Soc3</b>	5	4.5	5	5	5	4.5
<b>Soc4</b>	5	4	5	5	4	5
<b>Soc5</b>	4	3	4	3.5	3.5	3

Source: Field survey

Disabled persons, regardless of gender or type of disability, strongly agreed and report a lack of adequate social security support. They acknowledged the discriminatory experiences they have had in obtaining rights and privileges from the local self-government and society with the same passion and intensity.

**Table 7.17**  
**Societal and Attitudinal Constraints**  
**(Gender and Type of Disability wise)**

	LM		VIM		HSIM	
	Rural	Urban	Rural	Urban	Rural	Urban
<b>Soc1</b>	4	4	5	4	4	4
<b>Soc2</b>	5	4	5	4	4	3
<b>Soc3</b>	5	4	5	5	5	4
<b>Soc4</b>	5	4	5	4	5	4
<b>Soc5</b>	4	2.5	4	2.5	3	3

The proposition that Kudumbashree movement involvement is required to develop cooperative-based self-employment opportunities and viable living options was rejected by the confirmatory factor analysis model. However, about half of the respondents acknowledged the importance of SHGs and expressed a desire to be included in self-help group involvement and affiliation.

## 7.6 Conclusion

In this chapter, we've attempted to identify the most significant economic and employment constraints and problems that persons with disabilities experience daily. Simultaneously, we investigated the lack of societal and institutional (primarily government) support, which compounds these challenges and constraints. The application of factor validity testing for Confirmatory Factor Analysis revealed that 20 of the 24 indicators made it into the validated group and were classified into four different components, which represent the daily challenges and problems that people with disabilities face. The first ranking factor is the economic constraints associated with their livelihood opportunities, as well as the difficulties and problems people confront in connection with earning a living, and the second- ranking component is

employment-related challenges. The most highly loaded variable is the government's insufficient financial aid for self-employment endeavours and initiative, followed by a lack of vocational training and communicative skills, which prevents individuals from being competent enough to thrive in the labour market. The confirming point of the aforementioned analysis and discussion emphasises the importance of focusing on their career and education possibilities and alternatives with utmost care and priority in the effective implementation and monitoring of legal provisions. In this framework, the next chapter attempts to examine the effectiveness of legislation and other programmes aimed at promoting the economic and social empowerment of people with disabilities.



**CHAPTER VIII**  
**IMPACT OF GOVERNMENT POLICIES AND  
INITIATIVES ON ECONOMIC EMPOWERMENT  
OF PERSONS WITH DISABILITIES**

**CONTENTS**

- 8.1 *Introduction*
- 8.2 *Provisions of PWD legislation in India*
- 8.3 *Supporting Schemes for Persons with Disabilities in India*
- 8.4 *Supporting Schemes for Persons with Disabilities in Kerala*
- 8.5 *Impact of Government Policies and Initiatives*
- 8.6 *Influence of NGOs and DPOs interventions*
- 8.7 *Conclusion*







## **8.1 Introduction**

The Government of India has been implementing numerous policies and programmes to provide customs and means for empowering persons with disabilities economically and socially throughout the disability movement over time. The Persons with Disabilities Act of 1995 and the Rights of Persons with Disabilities Act of 2016 are the cornerstones of these legislative procedures. Apart from this, the Rehabilitation Council of India Act, 1992, Mental Health Act, 1987, and National Trust for the Welfare of Persons with Autism, Cerebral Palsy, Mental Retardation, and Multiple Disabilities Act, 1999 all contributed to India's disability movement.

By reviewing both primary and secondary sources of data and information, this chapter examines the implementation and execution success of these legislative steps and other programmes on the economic and social empowerment of persons with disabilities. The main focus of this assessment is on people with disability's education and employment opportunities.

## **8.2 Provisions of PWD legislation in India**

### **8.2.1. PWD Act of 1995**

The Act established the procedures for the rehabilitation and integration of disabled people into society, including measures to prevent disabilities, safeguard their rights, provide medical treatment, education, training, and employment, and provide a barrier-free environment for disabled people. The Act is a mixture of service-oriented and law-related (mainly socio-economic) legislation, which is related to the following principles:

- Prohibition of discrimination on the grounds of disability in various areas of life;
- Positive discrimination in favour of people with disabilities,
- Relief/concession for individuals with disabilities to address their particular conditions,

- Integration of persons with disabilities in the mainstream initiatives and programmes

The Act establishes the most important provisions for education and employment of people with Disabilities in chapter 6, sections 32 to 46. It is stated that not less than three per cent for persons or class of persons with disabilities of which one per cent each shall be reserved for persons suffering from

- i. blindness or low vision;
- ii. hearing impairment;
- iii. locomotor disability or cerebral palsy, in the posts, identified for each disability.

In government and government-aided education institutions, there is 3 per cent reservation and 3 per cent representation in every poverty alleviation initiatives. There is also a provision for incentives to employers in the private and public sectors to ensure that at least 5 per cent of the workforce is made up of individuals with disabilities.

### **8.2.2. The Rights of Persons with Disabilities Act of 2016**

RPWD Act 2016 is a comprehensive statute that was signed into law on December 30, 2016, with the purpose of giving individuals with disabilities in India equal opportunities. The 1995 Persons with Disabilities Act (PWD) has been repealed. The Act makes specific provisions for inclusive education (Section 16 of Chapter III), vocational training and self-employment (Section 19 and 20 of Chapter IV), and reservations for higher education, employment, and promotion (Sections 32 to 37 of Chapter VI). The number of types of disabilities has increased from 7 to 21. The Central Government will have the power to add more types of disabilities to this list.

Additional benefits have been provided for persons with benchmark disabilities and those with high support needs, such as reservation in higher education (not less than 5%), government jobs (not less than 4%), reservation in land allocation, poverty alleviation schemes (5 per cent allotment), and so on. Every child between the ages of 6 and 18 who has a baseline disability has the right to free education. Government-funded and government-recognized educational institutions will be

required to provide inclusive education to children with disabilities. The Prime Minister's Accessible India Campaign has been bolstered by a focus on ensuring accessibility in public buildings (both public and private) within a set timeframe.

### 8.3. Supporting Schemes for Persons with Disabilities in India

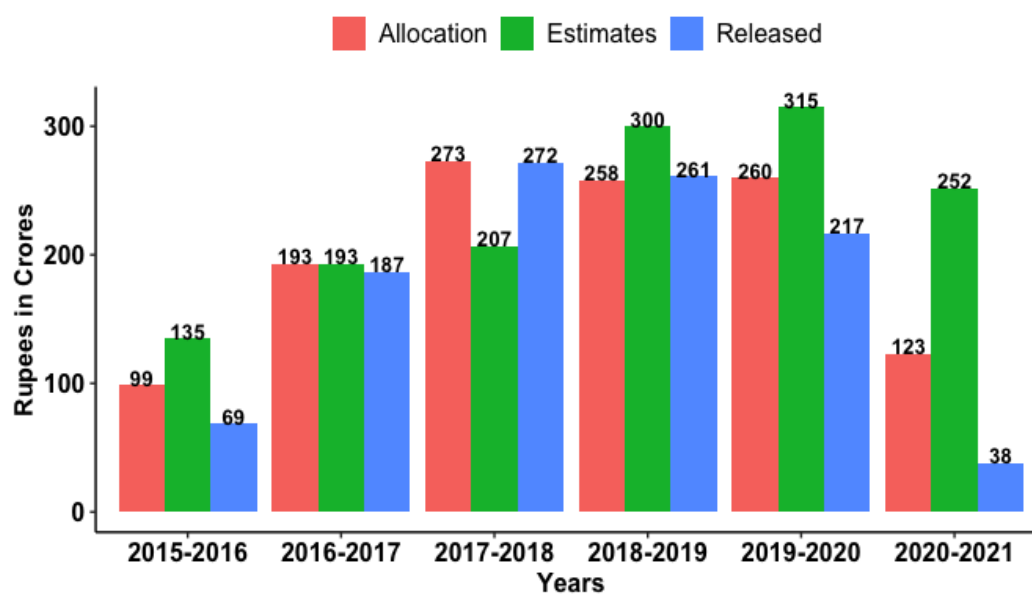
The Ministry of Social Justice and Empowerment in India has taken a number of steps to improve the lives of individuals with disabilities. Through the State channelising Agencies nominated by the State Government and recognised financial institutions, it provides support for starting any activity that contributes directly or indirectly to income generation and decent living for Persons with Disabilities. The important activities and efforts that have been implemented specifically for education and employment promotion for the cause of these people over time are reviewed to obtain a backup of the study.

**Table 8.1**  
**Programmes and initiatives for the People with Disabilities in India**

<b>Programmes and Initiatives</b>	<b>Purpose</b>
National Handicapped Finance and Development Corporation (NHFDC)	Financial Support for the overall process of empowerment
Indira Gandhi National Disability Pension Scheme	Welfare of the poor disabled people
Composite Regional Centres for Persons with Disabilities (CRCs):	Preventive and promotional aspects of rehabilitation like education, health, employment and vocational training.
District Disability Rehabilitation Centers (DDRCs):	Rehabilitation services to persons with disabilities
ADIP Scheme	Assistance to Disabled Persons for Purchase /Fitting of Aids and Appliances
Deendayal Disabled Rehabilitation Scheme (DDRS)	Financial assistance is provided through NGOs for various projects for providing education, vocational training and rehabilitation of persons with disabilities
Scheme of National Awards	Recognise their effort and encourage others to strive to achieve excellence in the disability field

Source: Ministry of Social Justice and Empowerment. (2018)

The statistics on the amount allocated and spent for the welfare of disabled people by the Ministry of Social Justice & Empowerment are accessible for the last few years, from 2010-11 to 2019-20. It is not possible to assess the pattern of fund utilization and substantial contributions due to a lack of regular data supply.



**Figure 8.1 Budget Estimates, Allocation and Fund Released under Scheme for (SIPDA) in India ( ₹. in Crores)**

Source: Indiatat.com (2021)

The amount released increased from ₹ 69 crores in 2015-16 to ₹ 272 crores in 2017-18, before falling to 219 crores in 2019-20 and finally to 38 crores in 2020-21, possibly due to pandemic circumstances. If we look at the per capita amount spent on the welfare of the disabled in order to get a true picture, we can see that not even a 10 per cent rise has occurred throughout these years. The increased sum will have a value of zero when the rate of inflation is taken into consideration. In addition, there is a mixed pattern in the ratio between estimated and released amounts, with the exception of one year when the released amount is significantly lower than the estimated amount. The ratio of estimated and released amounts ranged between 0.51, 0.97, 1.31, 0.87 and 0.69 over the years respectively.



Table 8.2

**Fund Released for Skill Development of PWDs in India (₹. in Lakh)**

Year	No of Beneficiaries	Amount Released	Per Capita Amount (₹)
2014-15	9000	10.23	113.66
2015-16	28042	37.59	134.05
2016-17	44276	58.54	132.21
2017-18	58210	67.19	115.43
2018-19	47286	43.74	92.50
2019-20	17422	12.45	71.46
2020-21	3119	24.15	-

Source. Indiatat.com ( 2021)

The Ministry of Social Justice and Empowerment has made two major measures in recent years: skill development programmes and rehabilitation services, both of which have seen significant growth in the number of people who have benefited from them. However, when compared to the entire number of disabled people in each category, the number of beneficiaries does not even come close to crossing the threshold into the targeted group. The decline in the amount of money distributed and the number of people who received it last year could be attributed to the reallocation of funds for pandemic relief initiatives for these people under various schemes.

Table 8.3

**Grant released for Persons with Disabilities Act in India**

Year	Amount Released (₹. in lakhs)	Share of Kerala
2010-11	26.45	-
2011-12	15.44	-
2012-13	8.37	-
2013-14	2477.38	0.6
2014-15	1111.05	4.1
2015-16	592.23	6.2
2016-17	8214.28	3.15
2017-18	14806.06	14.46
2018-19	11284.66	29.98

Source. Indiatat.com (2020)

The amount sanctioned and released for the implementation of India's disability legislation (both the Act of 1995 and the Act of 2016) has risen over time, in line with money allocated for other purposes. Kerala has been receiving its share for the past six years, and despite the low per capita amount, it has been steadily increasing. This is because the government's program's monetary benefits have yet to reach the vast majority of India's disabled people. Even now, just a small percentage of the educational and employment needs of people with disabilities are being met.

**Table 8.4**

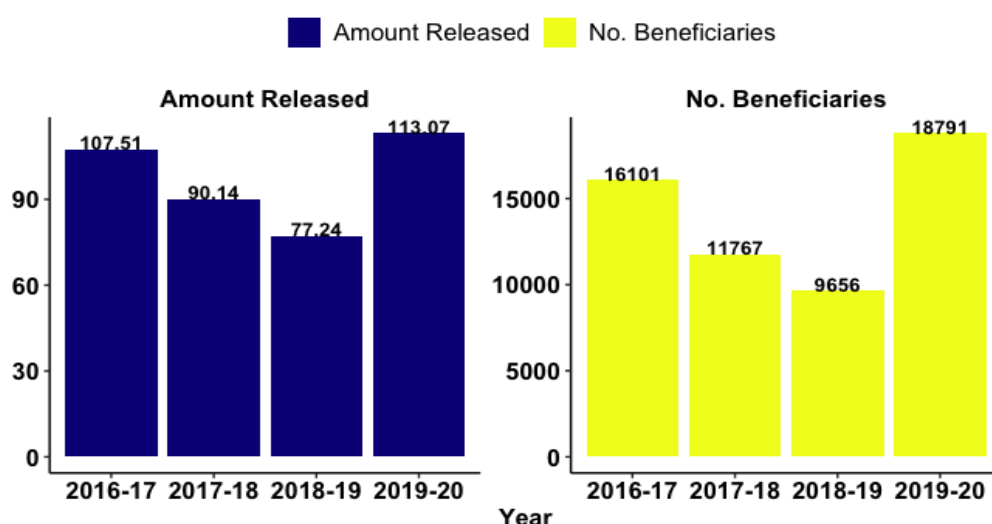
**Scheme-wise Expenditure incurred for the Empowerment of PWDs in India  
( ₹. in Crore)**

<b>Schemes</b>	<b>2012-13</b>	<b>2013-14</b>	<b>2014-15</b>	<b>2015-16</b>	<b>2016-17</b>	<b>2017-18</b>	<b>2018-19</b>
Deen Dayal Disabled Rehabilitation Scheme	46.99	63.64	50.08	50.19	45	60	69.98
Assistance to Disabled Person for Purchase of Fitting Devices (ADIP)	70.6	95.36	101.28	151.16	169.05	200.01	216.19
Scheme for Implementation of Rights of Person with Disabilities Act 2016(SIPDA)	20.03	47.71	43.09	69.42	186.82	272.23	260.82
Scholarships for Students with Disabilities	0	0	0	1.6	5.54	56.95	108.22
Support for Braille Presses	0	0	3.86	9.8	9.09	9.11	4.68
Indian Spinal Injury Centre	2	2	1.8	2	1.99	0	0
Setting up to State Spinal Injury Centre	0	0	0	0.5	0.5	5	2.82
Establishment of a College for Deaf in 5 Regions of the Country	0	0	0	0	0.81	0.69	1.5
The incentive to employers in the Private Sector for Providing Employment to Persons with Disabilities	0.5	0.53	0.5	0.33	0	0	0
Research on Disability-Related Technology Product and Issues	0	0	0	0.29	0.26	0.38	0.4

Source Indiastat.com (2019) .

The table shows the amount of money that has been approved and spent in India through various initiatives for the welfare of the individuals with disabilities. Over the last seven years, the pattern of expenditure for various programmes has shown a varied trend. Following the enactment of the Right of Persons with Disabilities Act 2016, we have seen a significant increase in the amount spent on education (scholarships, etc.) as well as AIDP and SIPDA. However, even after the introduction of the RPWD Act 2016, no such rise can be witnessed in areas such as disability-related technological development and employee incentives to include PWDs in career prospects. As we stated in the first section of this chapter, this legislation substantially provides the framework for research and the promotion of employment opportunities. On March 31, 2019, an investment of 35445.86 lakhs rupees and 1058 buildings were included in the project as part of the Accessible India Campaign (Sugamaya Bharat Abhiyan).

Making disabled persons capable of engaging in economically productive and income-earning activities is a possible step toward their empowerment and self-employment is a customised way of this inclusive strategy. The figure given below shows the amount of money raised and disbursed through NHFDC for this cause during the last four years, together with the number of people who benefited and the per capita amount .



**Figure 8.2 Loan Released (₹ in lakhs) for Person with Disabilities under NHFDC in India**

Source: Indiastat.com (2020)

Furthermore, the low number of recipients in comparison to the number of unemployed or underemployed disabled individuals demonstrates the inaccessibility of government programmes and support. According to Bhanushali (2016), the unemployment rate for people with disabilities is nearly double that of their non-disabled counterparts.

#### **8.4. Supporting Schemes for Persons with Disabilities in Kerala**

The Directorate of Social Justice is a State Government machinery that serves as the primary implementing organisation for all State and Central Government programmes aimed at the welfare of people with disabilities. The Department also coordinates and supports the welfare efforts of other agencies working on the same issue, such as the Kerala State Handicapped Persons' Welfare Corporation and its two sub-units, Kerala Social Security Mission, and the Commissionerate of Persons with Disabilities. National Institute of Physical Medicine and Rehabilitation (NIPMR) and the Ministry of Labour and Employment are also the significant channelised agents of the Directorate of Social Justice in Kerala.

**Table 8.5**  
**Ministry of Social Justice and Empowerment Schemes for Persons with Disabilities**

<b>Sl. No</b>	<b>Scheme</b>	<b>Target Group</b>	<b>Means of Action</b>
1.	Niramaya Health Insurance Scheme	Affordable health insurance Coverage for Persons with disabilities	Facility for OPD treatment including the medicines, pathology, diagnostic tests etc., regular medical checkup and corrective surgeries for existing disability. (maximum Amount up to 100000/-)
2.	Distress Relief Fund	Persons who become handicapped due to accidents	Medical treatment, including surgery (5000/- )
3	Assistive devices for Differently abled persons	Disabled persons with 40% or more disability	Joystick operated Wheelchair, Smart Phone with screen Reader, Daisy Player, CP Wheel Chair, Talking Calculator, etc.
4	Pariraksha	Disabled persons with 40% or more disability	to cater assistance to such needy differently-abled persons who are in a crisis or facing emergencies like emergency surgeries

---

5	Pratheeksha	rehabilitation of mentally challenged persons	Financial assistance will be provided to the credible NGOs working as Psycho-social Rehabilitation Centers & Rehabilitation Centers for mentally cured persons. (39,700/ per person yearly)
6	Athijeevanam	Comprehensive Scheme for mainstreaming of PWDs	Vocational Training Centre for PWDs.(b) Day care centres for PWDs.(c) Empowerment of PWDs through ICT based training.(d) Assisted Living Projects for support and rehabilitation of Adult mentally challenged persons.(e) Other innovative projects for the skilling and mainstreaming of PWDs.
7.	Scholarship for Students	Disability category of students (Blind / Deaf Orthopedically handicapped/ Mental Retardation).	The disabled students study in Schools, Colleges and attend Professional, PG courses and technical training (varying from 300/-to 1500/- per month )

---

Source: Ministry of Social Justice and Empowerment, Government of Kerala

### **National Institute of Speech and Hearing (NISH)**

On March 23, 1997, the Kerala government established the National Institute of Speech and Hearing (NISH), which was registered under the Travancore-Cochin Literacy and Scientific Charitable Societies Act, 1955. NISH's aim is to serve as a multipurpose, comprehensive facility for the overall rehabilitation and education of people with speech and hearing impairments.

### **The National Institute of Physical Medicine and Rehabilitation (NIPMR)**

It is an autonomous organization under the Social Justice Department that began operations on January 24, 2013, and provides very comprehensive rehabilitation in the areas of physical disability, as well as speech and hearing disorders. Rehabilitation services comprise a team assessment and evaluation that involves a case history, physiotherapeutic needs assessment, and speech, language, and hearing examination, all while considering their specific educational, intellectual, and developmental needs.

## **Ministry of Labour and Employment**

Since 1977, when the government implemented a policy of reserving 3 percent of employment for persons with disabilities, particularly following the implementation of the PWD Act 1995, government departments and public sector undertakings have been the most important source of employment for disabled people in Kerala. Kerala's Ministry of Labour and Employment wing operates seven special employment exchanges as of December 2021 and there are also special cells in regular employment exchanges. In Kerala, the ministry of labour and employment has implemented a variety of projects and plans aimed at improving the lives of people with disabilities from various perspectives and phases over the years.

The National Employment Service (Kerala) has been implementing the "Kaivalya" employment rehabilitation scheme for differently-abled individuals since 2016. The department has developed a new plan that outlines a thorough strategy for attaining the goals of social inclusion and equal opportunity for all people with disabilities.

The scheme includes four constituents:

### **Vocational and Career Guidance**

Through this component, a homogenous group of applicants selected from the registrants of Employment Exchanges will get career coaching workshops, motivation, information about employment options, and information about services and benefits for differently-abled people. These services may be provided in conjunction with Special Schools, NGOs, and other institutions for the people with disabilities.

### **Capacity Building**

This programme aims to provide students with the skills they'll need to overcome the challenges of finding a suitable vocation and job opportunities. In order to make them employable, they are also given soft skill training and training to enhance their entrepreneurial abilities enabling them to engage with Self Employment Scheme initiatives.

### Coaching classes for competitive examinations

This curriculum involves preparation for competitive examinations for employment openings given by the government, quasi-government agencies, and public corporations. From the outset, i.e. from the stage of applying for vacancies through the stage of placement, this is envisioned as a continuous training programme. They are offered assistance with applying for the exam, preparing for competition, and eventually placement.

### Kaivalya - Interest -free loan for Self Employment Ventures

Each individual is allowed a maximum of ₹ 50,000/- (Rupees Fifty Thousand Only) and there is also a provision for approving amounts up to one lakh, subject to the profitability of the project, and 50 per cent of the loan amount is supplied as subsidy, with no interest paid. The number of beneficiaries and the money spent on this project represent the Kerala government's coverage initiatives for the last 5 years in terms of employment and livelihood for individuals with disabilities.

**Table 8.6**  
**Outlay and Number of Beneficiaries of**  
**Directorate of Employment (2017-21) (Amount in ₹)**

Programme	Beneficiaries	Amount Disbursed	Per capita Amount
Vocational Guidance	3165	1,80000	56.87
Capacity Building	1741	6,30,000	361.86
Coaching Class for Competitive Examinations (25 to 30 days)	1049	47,00,000	4480.45
Self - Employment Scheme (Kaivalya)	8193	409,650,000	50000

Source: Directorate of Employment, Thiruvananthapuram , Government of Kerala (2021)

The number of beneficiaries and the amount spent on four programmes of the Kerala government is given in the table above and it shows that the per capita amount on vocational guidance and capacity programme is critically low . There were a large number of pending applications for the self-employment loan due to a lack of funds.

The department has been trying to settle on a one-time agreement from September 2020 onwards with the help of Kerala State Handicapped Persons Welfare Corporation, and a large number of people have benefited from the scheme in all districts of Kerala. The detailed information is given below.

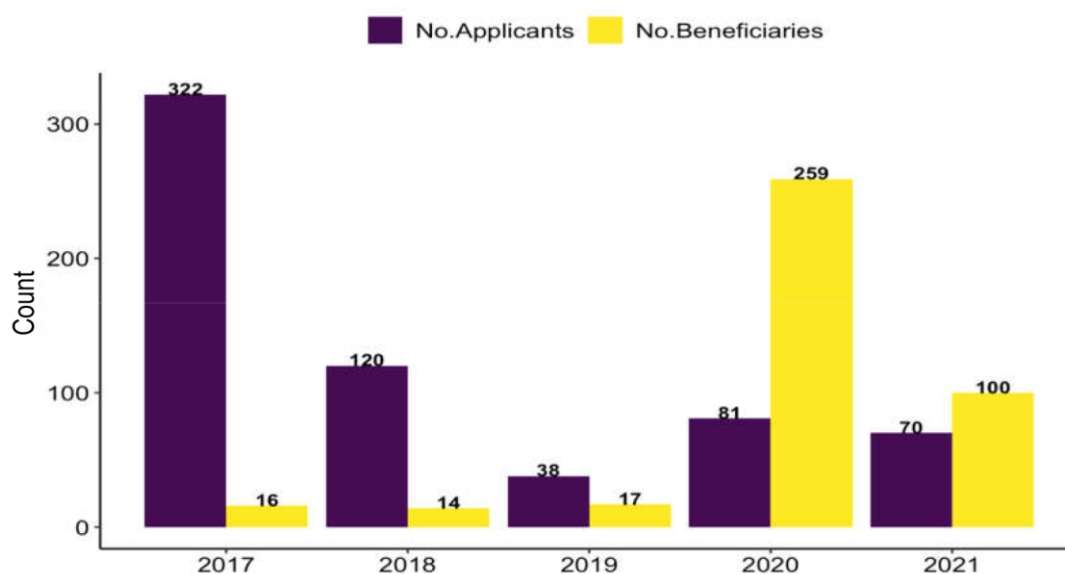
**Table 8.7**  
**Outlay and Number of Beneficiaries of**  
**Kaivalya Self Employment Scheme (2017-21)**

Districts	Number of Beneficiaries		Total
	Plan Fund	One time Settlement	
Thiruvananthapuram	198	782	980
Kollam	141	838	979
Pathanamthitta	27	209	236
Alappuzha	154	1035	1189
Kottayam	657	523	657
Ernakulam	56	398	454
Idukki	496	427	496
Thrissur	66	234	300
Palakkad	39	317	356
Malappuram	84	425	509
Kozhikode	131	906	1037
Wayanad	28	253	281
Kannur	29	239	268
Kazarkode	83	368	451
<b>All Kerala</b>	<b>1239</b>	<b>6954</b>	<b>8193</b>

Source: Directorate of Employment, Thiruvananthapuram, Government of Kerala (2021)

In the study area, there is only one special employment exchange, which is located in Ernakulam District and serves as a source of employment and job training for people with disabilities. The number of people who benefited from the Kaivalya Scheme during this period is listed in the figure given below.





**Figure 8.3 Kaivalya Loan Beneficiaries from Ernakulum Special Employment Exchange**

Source: Special Employment Exchange, Ernakulum ,Government of Kerala (2021)

The Kerala government's self-employment scheme, Kaivalya, is based on a new model or concept of employment known as customised employment, in which individuals' strengths, needs, and interests can be considered individually, potentially promoting entrepreneurial initiatives or job restructuring strategies. In this regard, it is noteworthy and appreciable that this programme has the potential to support and encourage a huge number of persons with disabilities, despite the fact that there are a great number of applications that cannot be met today.

**Table 8.8**

**The ratio of Job Placement to Job Seekers through Employment Exchanges in Kerala (2021)**

Particulars	Gender	Ernakulum	Thrissur	Malappuram
Job seekers	Male	6099 (56)	6909 (55)	9950(61)
	Female	4791 (44)	5606(45)	6318 (39)
Placed	Male	473(58)	302(52)	281(64)
	Female	335 (42)	280(48)	158 (36)
Placement Ratio	Male	4.04	2.31	1.68
	Female	2.86	2.13	0.95
<b>Total</b>		<b>6.90</b>	<b>4.44</b>	<b>2.63</b>

Source: Directorate of Employment, Thiruvananthapuram , Government of Kerala (2021)

Figures in parenthesis are per cent share

The placement ratio for job seekers through employment exchanges is critically low in all three districts under consideration, owing to the fact that these employment exchanges are not connected to the market and instead focus exclusively on government departments and organizations for the placement of these people. Despite the fact that there are seven special employment exchanges and a separate wing for PWDs in all regular exchanges, the data on PWD job placement demonstrates that they have failed to play a significant role in the promotion of employment for people with disabilities in Kerala. The Ernakulum District performs slightly better than the other two, which may be owing to the establishment of a specific employment exchange. In this case, too, the number of female PWDs is small, particularly in the Malappuram district. All of these facts point to the need for more research and analysis into the employment status of persons with disabilities, as well as the causes that contribute to their inability to find work in the private and public sectors.

### Kerala's share from central budget allocations and Schemes.

National Handicapped Finance & Development Corporation (NHFDC) was founded to support the economic empowerment of Persons with Disabilities, including skill upgradation, as well as to finance, facilitate, and promote Persons with Disabilities' economic development initiatives. The figure below shows the number of beneficiaries covered and the amount released for Kerala under this scheme from 2011-12 to 2019-20.

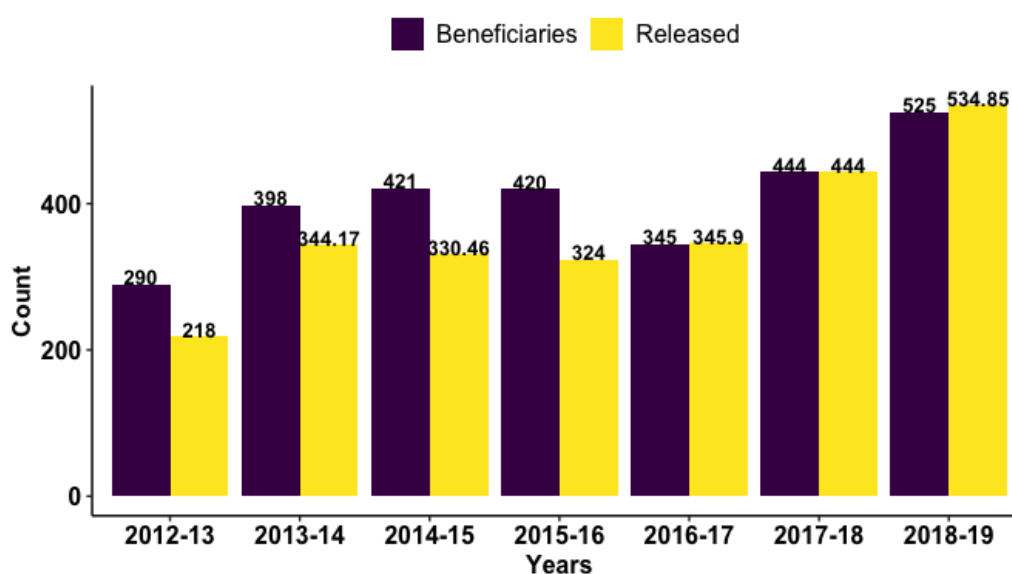


Figure 8.4 Loan Released under NHFDC Scheme ( ₹. in Lakh ) ,

Source: Indiastat.com (2020)

Table 8.9

#### Loan Released under NHFDC Scheme ( ₹. in Lakh )

On 16.09.2020	Released Amount	Beneficiaries Covered	Per Capita Expenditure
Kerala	6183.11	7034	0.88
All India	113097.97	187917	0.602

Source: Indiastat.com (2020)

NHFDC offers loans for income-generating activities in the retail and service sectors, as well as for the acquisition of commercial vehicles, agriculture, and other

allied industries, as well as for professional and technical higher education for people with disabilities. Kerala has received 5.47 per cent of the total amount allocated till 2020, with 3.74 per cent of recipients.

Improving the quality of life for differently-abled people and their families requires improving occasional training and career opportunities for people with disabilities. The Department of Persons with Disabilities established a National Action Plan for the Skilling of Persons with Disabilities, which performed multiple levels of programmes and allocated funds to states and union territories to ensure the program's success. The table below shows the total disbursement of funding for the last few years for the entire country and Kerala's share for a certain year, as well as the number of recipients covered under this programme

Kerala's share is insignificant, both in terms of the cash received and the number of beneficiaries covered under the National Action Plan's skill development scheme for individuals with disabilities, which calls for us to pay special attention to career development initiatives for these people. Kerala's performance is quite low at the critical level as compared to other states, both big and small states, and warrants attention.

**Table 8.10**  
**Number of Beneficiaries under Scheme of Skill Development of PWDs under National Action Plan in India 2018**

States/UTs	No. of Beneficiaries	States/UTs	No. of Beneficiaries
Andhra Pradesh	725	Manipur	1180
Chandigarh	100	Nagaland	0
Chhattisgarh	3690	Sikkim	300
Delhi	54810	Tamil Nadu	3430
Haryana	790	West Bengal	9490
<b>Kerala</b>	<b>20</b>	Manipur	1180
<b>India</b>	<b>92655</b>		

Source: Indiatat.com (2018)

While there is a profusion of public programmes aimed at promoting the employment of people with disabilities, their influence has been little and limited.

One of the main causes is that the needs for their empowerment do not match the skill set that these people have been given and the outdated techniques used to achieve it. While the money allotted to the initiatives was insufficient, inadequate utilisation of funding is a further impediment to improving employment opportunities for people with disabilities in Kerala.

In this context, an in-depth examination of the influence of government legislation and initiatives on the socio-economic empowerment of people with disabilities is required. This form of analysis will be carried out in the following section of this chapter, in which we will look at the extent to which persons with disabilities are aware of government policies and regulations, as well as their impact on their socio-economic lives.

### **8.5. Impact of Government Policies and Initiatives**

The impact of government policies and programmes on the socio-economic empowerment of people with disabilities is investigated under two heads: public awareness and the impact or effect of each major legislative provision on disabled people's lives. Per cent analysis is used to assess the extent of the response on awareness about each provision and the counterpart influence on their life. Logistic regression is employed for examining the exerted influence of important legislative policies and initiatives on the educational and employment attainment levels of respondents under study.

The following factors are considered the five important legislative provisions for the analysis

1. Reservation in terms of education and vocational training
2. Reservation in terms of job opportunities
3. Credit accessibility for self-employment and other purposes
4. Prioritization in getting medical services and aids
5. Link with supporting Institutions.

We assess respondents' levels of awareness to see if they have a high, moderate, or extremely low level of understanding of government legislation and initiatives, as well as the extent to which they benefit from government interactions and assistance, particularly from the aforementioned elements.

**Table 8.11**  
**Awareness level of government legislation and initiatives among the disability groups**

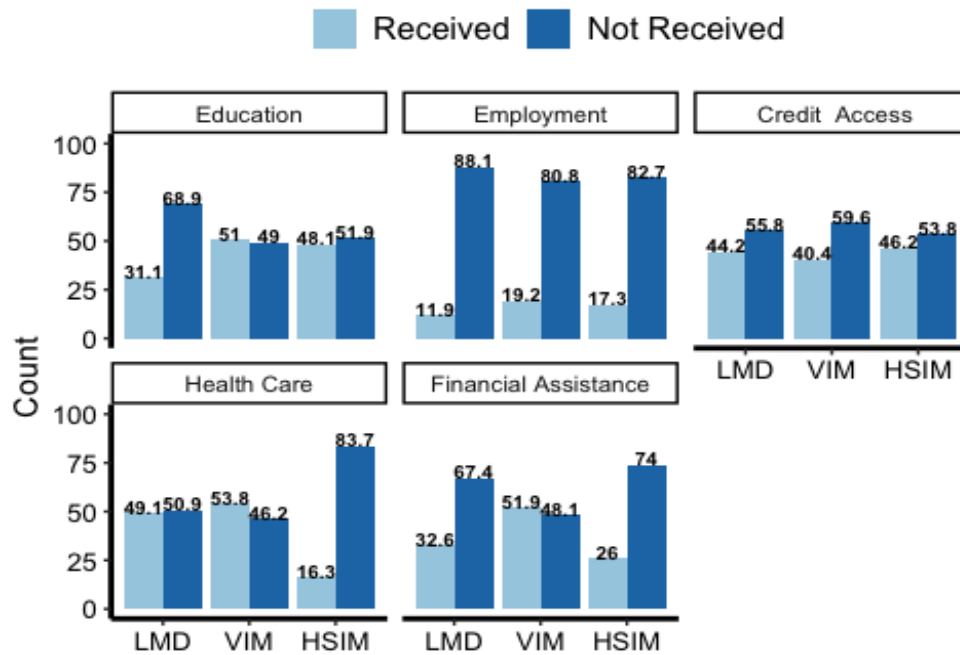
Legislative Privileges	Awareness Level	LMD		VIM		HSIM	
		N	%	N	%	N	%
Reservation for Education and Vocational Training	To a great extend	37	11.28	14	13.46	10	9.62
	Some What	94	28.66	37	35.58	43	41.35
	Not at all	197	60.06	53	50.96	51	49.04
Reservation in employment opportunities	To a great extend	77	23.48	39	37.50	28	26.92
	Some What	184	56.10	52	50.00	62	59.62
	Not at all	67	20.43	13	12.50	14	13.46
Credit accessibility at a concessional rate for self-employment	To a great extend	67	20.43	32	30.77	26	25.00
	Some What	237	72.26	65	62.50	72	69.23
	Not at all	24	7.32	7	6.73	6	5.77
Priority in health care services	To a great extend	42	12.80	6	5.77	2	1.92
	Some What	184	56.10	69	66.35	55	52.88
	Not at all	102	31.10	29	27.88	47	45.19
NHFDC , KHPWC and Kerala Social Security Mission etc	To a great extend	80	24.39	17	16.35	23	22.12
	Some What	172	52.44	61	58.65	57	54.81
	Not at all	76	23.17	26	25.00	24	23.08

Source: Primary Data

When it comes to awareness, just 10 to 30 per cent of them have a high level of understanding, and it is exceedingly low about education and vocational training with up to 50 to 60 per cent of them have no understanding at all. The awareness

level of accessing educational opportunities, hearing and speech, and visually challenged people account for roughly half of the total. More than 30 per cent of people in the group of those who are said to have benefited from educational reservation have received education up to a higher secondary level, which is at the preliminary or free and compulsory education options. It is, in reality, India's disability laws, recognise that the disabled have a right to education, vocational training, employment possibilities, and other sector-specific rights and benefits. This conclusion confirmed the earlier examination of these people's educational status and vocational training, emphasising the need for a more focused education scenario, particularly vocation or profession-based education on initiatives for these people. The outcome highlights the need to emphasise vocational and skill training on more advanced, labour market-relevant courses. As per the opinion of Kothari (2012), the majority of the PWD Act's stakeholders and PWDs themselves appeared to be unaware of the Act's many sections. Due to a lack of understanding of the PWD Act, its provisions have been implemented slowly.

Over 70 per cent of respondents across all categories are aware of the 4 per cent (formerly 3%) reservation privileges in employment opportunities. Out of this 70 per cent, 29 per cent are fully or very well informed about the reservation options open to them. When we compare this element to the opposite, we find that through reservation privileges, totally of 16 per cent of them from three categories have got jobs as per the reservation privilege. Only 11 out of 16 per cent are government employees, with 3 per cent working temporarily for a year. This result reflects the fact that employment-related law has not been adequately implemented and is half-dead due to a lack of proper monitoring. Inadequate job identification procedures and restricted coverage of disability categories, as pointed out by Meera Shenoy (2011), are two main problems contributing to the low participation of individuals with disabilities in government jobs and the public sector. The job-identification scheme is arbitrary. The declining trend is symptomatic of shrinking job channels in the public sector, as well as a general failure of employment exchanges to reach out to private companies, according to a report by the Planning Commission (2008)



**Figure 8.5 Acquired Level of Benefits among Different Disability Groups**

Source: Primary Data

We know that as the respondent's age band increases, the effect of these policies and programmes may have a negative impact because these policies and programmes were not in place before 1995. When it comes to the younger age groups of 20-25 and 26-35, legislative privileges and supportive efforts have a positive impact. This fact gives us reason to believe that effective monitoring and execution of these policies and legislative measures will have a favourable impact on the disabled community's future generations.

When three types of disabilities are compared in terms of awareness and employment opportunities based on reservation quota, the locomotive group lags behind the other two. Around 20 per cent of them suffer severely in life because movement is a difficult task and hurdle for them, and as a result, they are badly disadvantaged in terms of employment opportunities and privileges. For these people, the opportunities provided by employment exchanges, even if on a one-year contract basis, are a major source of support. During the interview sessions, more than 500 people are invited to attend the interview for a single or two post-claims.



They all have to travel to the interview locations, which may be far away from their homes, with all of their travel hurdles and difficulties, and then return home empty-handed.

Self-employment project is a solid road to equip disabled individuals with improved livelihood options, as work prospects are dwindling and deemed unsuitable for disabled people in both private and public institutions and initiatives. 80 per cent of respondents have a basic awareness of the financing facilities accessible to them for self-employment, with 25 per cent having a higher comprehension. A total of 44 per cent of the respondents claim to have received credit at a reduced rate for self-employment, agricultural purposes, or a home loan. More than half of this 44 per cent of the respondents are the beneficiaries of the housing scheme, and the number of those who profited from self-employment purposes is quite low. The majority of self-employment recipients are the part of Kaivalya, Kerala's bespoke employment scheme, which provides financial help of up to 50000 rupees with a 50 per cent subsidy. There have also been instances where other members of the impaired individual's household have benefited from this financial aid for their own sake, while the disabled individuals themselves have received no benefit at all. Despite the establishment of a financial assistance programme for disabled entrepreneurs, recipients have been few in recent years (Shenoy ,2011).

This opinion can be backed up by the number of people who have benefited in the past years since the institution's inception in 1997. According to the data for September 2020, the overall number of beneficiaries covered throughout India is 187917, with Kerala accounting for 7034 of them. We know that when this figure is compared to the total disabled population in both Kerala and India, it is extremely low.

The average percentage of respondents who are aware of priority and preference privileges in health care services for disabled individuals is 60 per cent, with the hearing and speech impaired group having a lower awareness level than the other two categories. Healthcare services are easily accessible to 51 per cent of locomotor individuals and 46 per cent of visually challenged people, according to the

respondents' responses. It is reported that 84 per cent of hearing and speech impaired groups are away from free and easily accessible health care services, which could be because they are in better health than the other two groups and hence have less need for health care.

According to research conducted in Delhi by Sulania et.al (2015) only about half of the people with impairments sought medical treatment, and those who did were dismissed and ignored, resulting in considerable disability. According to the survey responses, locomotor-impaired, particularly those with a severe disability, struggle with their health difficulties and are frequently overlooked and undertreated. The predicament of those who do not have adequate family support and care is much more pitiful in their lives. There is a small number of persons who have been disabled as a result of road accidents and spinal injuries. Many of them require an electronic wheelchair but are unable to obtain it due to financial constraints. These people are educated, talented, and trained in a variety of vocational fields and trades, but they are unable to work or even leave the house due to serious health issues. Visually challenged people are also at risk of developing health problems, as well as being unable to work, and thus missing out on better job opportunities. This situation of disabled people especially in India is well studied and rightly stated by Senjam and Singh (2020) as the health status of people with disabilities is a topic that is often overlooked. Furthermore, the disabled have limited access to healthcare and are routinely discriminated against or stigmatised. These circumstances make individuals more susceptible to a variety of health issues lowering their quality of life significantly.

The final element of this investigation focuses on institutional backup awareness and the extent of financial aid and vocational training provided through these arrangements. The table shows that 16 to 24 per cent of respondents are aware of institutional support at both the national and state levels, such as the National Handicapped Finance Corporation of India. Around half of them have a basic awareness of state-level institutional support in Kerala, such as the Social Security Mission and the Department of Social Justice and Empowerment, but not of

national-level programmes and financial support systems. One-fourth of respondents are unaware of these systems and supporting mechanisms, just as they are unaware of other parts of legislation and initiatives and they are far away from the reach of supporting hands of government and other stakeholders.

When it comes to the influence and impact of the aforementioned provisions, we are primarily evaluating the vocational training provided by supporting agencies, as well as financial assistance for education and vocational training, as well as financial support for aid and appliances. This type of help and financial assistance is reported to be available to 32.62 percent of locomotive and 25.96 percent of hearing and speech challenged people, respectively. According to these schemes and initiatives, more than half of the visually impaired people receive financial support and vocational training. However, when we look at the employment and income status of this group of people, we can see that just 10 per cent of them have a monthly income of more than 20,000 rupees and are government employees, the majority of whom are teachers. The remaining 51 per cent of the sample has a monthly income of up to 5000 rupees and has received vocational training in areas such as paper bag and pen manufacturing, umbrella manufacturing, bookbinding, and chair weaving. When the economic empowerment of three kinds of disability is examined, the visually impaired group is the least empowered, although this group has got the most vocational training and support. This highlights the need to restructure and review disability-related vocational training and skill development strategies and initiatives. It is insufficient for CBR programmes to stop at "teaching them how to fish" without providing them with the necessary equipment to "catch the fish" to economically empower individuals with disabilities. PWDs who have completed vocational training but have been unable to acquire wage-earning jobs should be assisted in setting up workshops or other relevant income-generating activities (IGAs) to support themselves. (Tsengu & Brodtkorb, 2006).

Our attention must now move to the remaining respondents (about 60 to 70 per cent) who have not benefited from or been exposed to the supporting measures in terms of vocational training financial aid and skill development programmes.



**Figure. 8.6 Acquired Level of Benefits among the Districts**

Source : Primary Data

### **8.5.1 Gender, Place of Residence and District-wise impact of Government Policies and Initiatives.**

The following sections look at the disparities in the above-mentioned knowledge level and the effect of legal privileges and government supports for people with disabilities by district, gender, and place of residence. The objective of the study is to focus on the differences to gain a more comprehensive understanding of the impact and prevalence of disabled-friendly legislations , policies, and initiatives.

Table 8.12

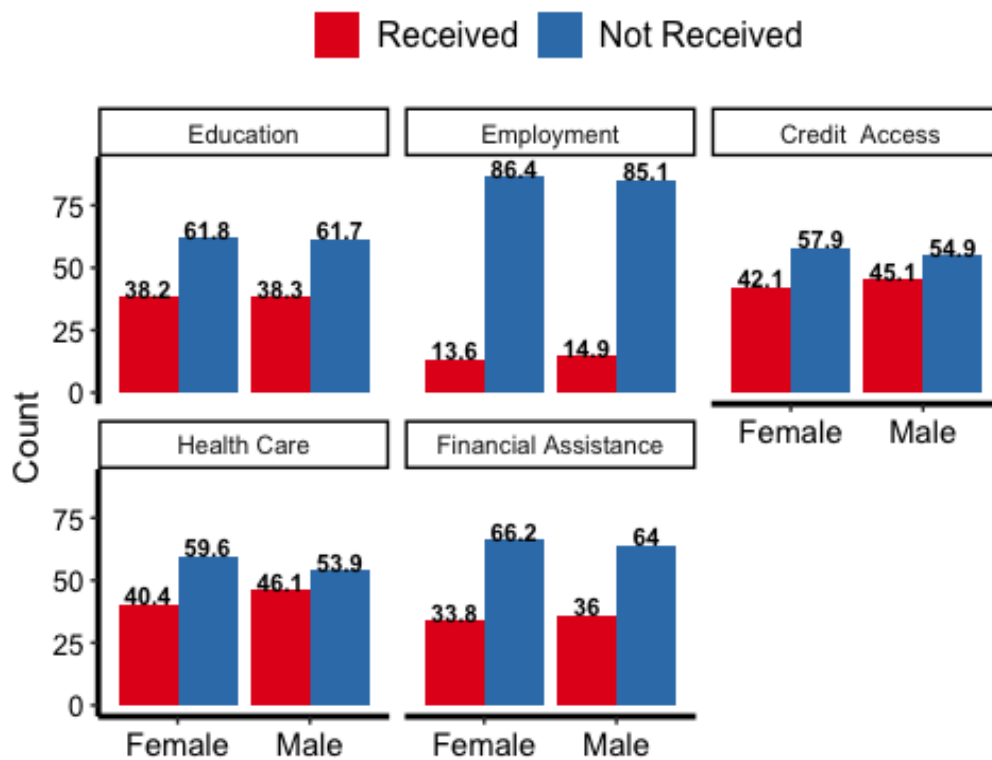
## Gender-wise awareness level of government legislation and initiatives

Legislative Provisions	Awareness Level	MALE		FEMALE	
		N	%	N	%
Reservation for Education and Vocational Training	To a great extend	46	14.94	15	6.58
	Some What	100	32.47	74	32.46
	Not at all	162	52.60	139	60.96
Aware of 4% (previously 3%) reservation in employment opportunities	To a great extend	102	33.12	42	18.42
	Some What	159	51.62	139	60.96
	Not at all	47	15.26	47	20.61
Credit accessibility at concessional rate for self- employment and other purposes	To a great extend	93	30.19	32	14.04
	Some What	198	64.29	176	77.19
	Not at all	17	5.52	20	8.77
Priority in attendance and treatment in health care services	To a great extend	36	11.69	14	6.14
	Some What	178	57.79	130	57.02
	Not at all	94	30.52	84	36.84
NHFDC , KHPWC and Kerala Social Security Mission etc	To a great extend	87	28.25	33	14.47
	Some What	159	51.62	131	57.46
	Not at all	62	20.13	64	28.07

Source : Primary Data

When looking at the overall scenario, female respondents are less aware of all the provisions and privileges than male respondents, and this discrepancy is particularly pronounced when it comes to employment opportunities. The benefits derived from legal privileges and benefits are more or less fairly split among female and male respondents, despite the fact that men are in the lead in terms of benefiting from them by a slight percentage difference.

When we compare the virtually equal achievement of males and females with their economic and income position, we are left with questions, and we must investigate the quality of the female respondents' achievements. Although there are just 3 per cent disparities in credit access between men and women, when income status is taken into account, women fall substantially behind males, indicating the low-quality level of making use of these benefits. Women with disabilities face discrimination in terms of educational and occupational training, as well as the earning potential of the occupations in which they work. They are subjected to discrimination both inside their families and in society.



**Figure.8.7. Gender Wise Acquired Level of Benefits**

Source : Primary Data

According to Singh (2014) women without a vocational education must settle for lower-paying jobs. These women are generally employed in low-wage jobs including weaving, handicraft, floral garland making, envelope and basket manufacturing, and so on. Chakrabarti (2010) notes that the condition of female

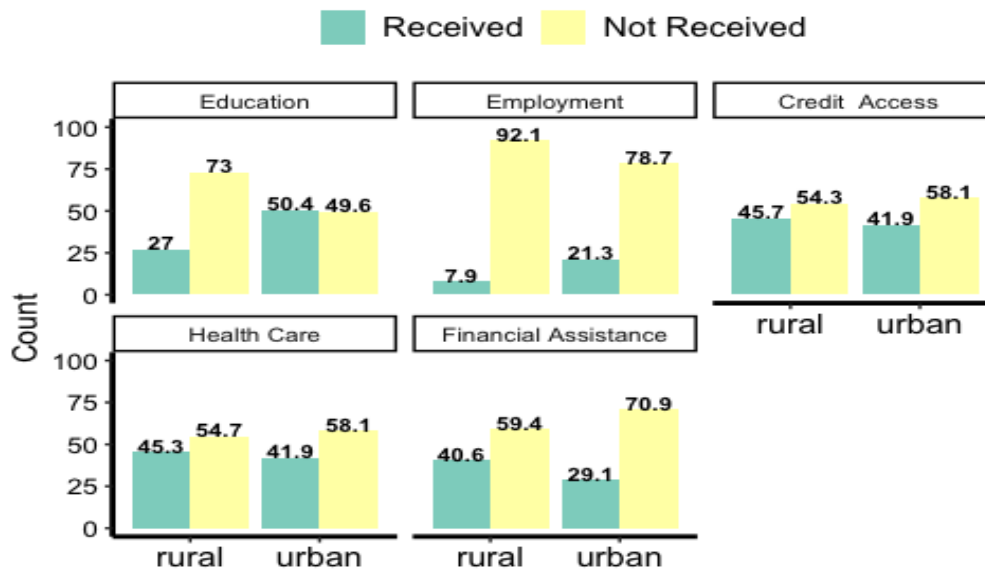
disabled is poorer especially in remoted areas than that of impaired men when it comes to employment.

**Table 8.13****Awareness level of government legislation and initiatives among rural - urban residents**

Awareness (A)	Extent	RURAL		URBAN	
		N	%	N	%
Reservation for Education and Vocational Training	To a great extend	16	5.76	45	17.44
	Some What	53	19.06	121	46.90
	Not at all	209	75.18	92	35.66
Aware of 4% (previously 3%) reservation in employment opportunities	To a great extend	38	13.67	106	41.09
	Some What	170	61.15	128	49.61
	Not at all	70	25.18	24	9.30
Credit accessibility for self-employment and other purpose	To a great extend	33	11.87	92	35.66
	Some What	219	78.78	155	60.08
	Not at all	26	9.35	11	4.26
Priority in attendance and treatment in health care services	To a great extend	12	4.32	38	14.73
	Some What	141	50.72	167	64.73
	Not at all	125	44.96	53	20.54
NHFDC , KHPWC and Kerala Social Security Mission etc	To a great extend	27	9.71	93	36.05
	Some What	157	56.47	133	51.55
	Not at all	94	33.81	32	12.40

Source: Primary Data

In both the assessment of the socio-economic backdrop and the measurement of economic empowerment status, we have noticed a clear discrepancy in the quality of life and economic empowerment status between rural and urban inhabitants. There is also a noticeable divide between levels of awareness and participation in statutory provisions and government-supported programmes.



**Figure 8.8. The rural-Urban divide in the Acquired Level of Benefits**

Source: Primary Data

According to the findings, credit is more or less equally available to both groups for self-employment and other purposes, but rural people have 11 per cent higher access to vocational training and financial support. This is mirrored in the rural population's involvement rate in short-term informal vocational training. While these benefits are more readily available to rural residents, their socioeconomic level, both in terms of employment and income, is significantly lower than that of urban people. As Singh (2014) points out, disabled persons in rural areas have a poor understanding of initiatives and policies. They have no idea how to take advantage of such programmes. Furthermore, in rural locations, access to vocational training sites and facilities is extremely difficult for people with impairments.

The probability of urban people's employment status being influenced by government reservations and policies is much higher than that of rural people, and this disparity has been explained in previous chapters as well. The impact of government reservation facilities on educational status reveals a very intriguing fact that people with lower education qualifications have a higher chance of working in government jobs. This is because the majority of persons employed through government reservation work in lower-tier jobs such as attendants, sweepers, and



peons. This is also true in the case of vocational education status, where highly qualified and trained individuals are not employed in government departments or reserved posts. Finally, the regression analysis reveals that legislative privileges and reservations have a limited impact and influence on people with disabilities and a small number of people with limited spheres of influence in their life. This fact also emphasises the importance of properly monitoring and implementing legislative requirements and policies.

### **8.5.2 Analysis of the Major Determinant of the impact of Government Policies and Initiatives.**

The impact of legislative measures and government-supported assistance programmes on the socio-economic status of people with disabilities is also investigated using regression analysis. The analysis takes into consideration two variables: essential legal privileges for education and vocational training and employment opportunities .

#### **Logistic regression model**

The impact of legislative provisions and government-backed initiatives on education and employment opportunities is chosen as a categorical variable, and the outcomes are analysed using binary logistic regression. For this reason, responses in received education and vocational training facilities are coded as binary: yes is 1 and no is 0. The model is a binomial regression model with multiple nominal responses. Two models are estimated. The first model considers the impact of government policies and programmes on education and vocational training facilities as the dependent variable, whereas the second model considers the impact of government policies and programmes on job opportunities as the dependent variable.

**Model No.1**

We define our regression model as,

$$Y = \beta_0 + \beta_1 X_1 + \beta_2 X_2 + \beta_3 X_3 + \beta_4 X_4 + \beta_5 X_5 + \beta_6 X_6 + \beta_7 X_7 + \beta_8 X_8 + \beta_9 X_9 + \epsilon$$

Where Y = (impact of government policies and programmes on education and vocational training received)

training received =  $\beta_0 + \beta_1$  Gender +  $\beta_2$  Age +  $\beta_3$  District +  $\beta_4$  Place of Residence +  $\beta_5$  Types of Disability +  $\beta_6$  Educational status of respondent +  $\beta_7$  Formal vocational Education +  $\beta_8$  Informal Vocational Training +  $\beta_9$  Type of Employment + Error.

**Table 8. 14**

**Tests of 1 Model Effects ANOVA  
(Determinant of the impact of Government Policies and Initiatives)**

Source of Variation	Sum of Squares	Degrees of Freedom	P - Value
(Intercept)	3.809	1	<b>0.05*</b>
Gender	0.175	1	0.68
Age	7.931	4	0.09
District	6.359	2	<b>0.04*</b>
Place of residence	0.237	1	0.63
Type of Disability	18.841	2	<b>0.00*</b>
Educational status of respondent	56.495	2	<b>0.00*</b>
Formal vocational Education	26.665	2	<b>0.00*</b>
Informal Vocational Training	11.974	2	<b>0.00*</b>
Type of Employment	8.595	3	<b>0.04*</b>

## Parameter Estimates

Table 8.15

**Logistic Regression Analysis Result (Determinant of the impact of Government Policies and Initiatives on Education )**

Parameter		Estimator	Std. Error	P-Value	P - Value	Odds Ratio	
Age	26-35	-1.36	0.79	3.00	0.08	0.26	
	36-45	-1.43	0.79	3.25	0.07	0.24	
	46-55	-1.79	0.99	3.25	0.07	0.17	
	56-60	-1.88	0.79	5.70	0.02*	0.15	
District	Ernakulum	0.02	0.30	0.01	0.94	1.02	
	Thrissur	Malappuram	-0.66	0.31	4.56	0.03*	0.51
Place of residence	Urban	0.13	0.26	0.24	0.63	1.13	
	Rural						
Type of Disability	VIM	-0.81	0.32	6.55	0.01*	0.45	
	Hearing and Speech	LM	-1.33	0.33	16.32	0.00*	0.26
Educational status:	Up to Higher Secondary	-0.40	0.42	0.88	0.35	0.67	
	Non -Professional	Professional	1.76	0.41	18.70	0.00*	5.79
Formal vocational Education	Non - Engineering	-1.63	0.53	9.38	0.00*	0.20	
	Engineering	Not Attended	-1.66	0.33	25.41	0.00*	0.19
Informal Vocational Training	I Year above	0.92	0.27	11.61	0.00*	0.40	
	Up to one Year	Not attended	-0.19	0.58	0.10	0.75	0.83
Type of Employment	Privately Employed	-2.02	0.99	4.15	0.04*	0.13	
	Government Employed	Self Employed	-0.36	0.83	0.19	0.66	0.70
		Agricultural Labours	-0.34	0.81	0.18	0.67	0.71

\* - 5% level of significance

The coefficient in a regression model with multiple independent variables tells us how much the dependent variable is expected to change when that independent variable changes by one while all the other independent variables remain constant, taking into account the units in which the variables are measured. The coefficients in logistic regression for the impact of the government policies and programmes on the education variable are the changes in the possibilities and opportunities of the outcome for a one-unit change in the predictor variable

District and place of residence, education status, formal and informal vocational education, and types of employment are the important variables that have influenced impact of government policies and programmes on education and vocational training. The results can be interpreted as follows

Place of residence has been one of the determining elements of the influence of government education and vocational training programmes. On the basis of government legislation and reservation facilities, the urban residents and the residents of Ernakulam District are more fortunate disabled individuals in terms of receiving education and vocational training.

As mentioned in the preceding chapter, respondents are divided into three groups based on their educational level: professionals, non-professionals (graduates and above), and those with only a high secondary education. As per the regression analysis result, the probabilities of education policies and programmes having an impact on professionally qualified persons increases 6 times when compared to the less educated group. The impact of government policies and supporting activities on the status of informal vocational training confirms what we've learned from both the assessment of socio-economic status and the measurement of economic empowerment. The length of the course, as well as its quality in terms of labour market relevance and current needs, must be redesigned to empower the disability population. People who have attended courses for less than a year have less than half the probability of being influenced and impacted by policies as those who have attended courses for more than a year.

When compared to the hearing and speech group, locomotor disabled people and the visually impaired group are less likely to be influenced by educational and vocational training alternatives provided by government legislation and initiatives. Visually impaired people have a poorer socio-economic standing and economic empowerment than the other two groups. However, their educational attainment as a result of government efforts and schemes is better than that of locomotive impaired persons, even if their educational achievements do not convert into employment potentials or improved livelihood options. Many of the visually impaired responders with professional education qualifications such as B.Ed. are preoccupied with subsistence livelihood options such as bookbinding, chair weaving, and so on.

### Model No.2

We define our regression model as,

$$Y = \beta_0 + \beta_1 X_1 + \beta_2 X_2 + \beta_3 X_3 + \beta_4 X_4 + \beta_5 X_5 + \beta_6 X_6 + \beta_7 X_7 + \beta_8 X_8 + \beta_9 X_9 + \beta_{10} X_{10} + \epsilon$$

Where,

$$\begin{aligned} Y &= \text{(impact of government policies and reservation on employment status)} \\ &= \beta_0 + \beta_1 \text{ Gender} + \beta_2 \text{ Age} + \beta_3 \text{ District} + \beta_4 \text{ Place of Residence} \\ &+ \beta_5 \text{ Types of Disability} + \beta_6 \text{ Educational status of respondent} + \beta_7 \text{ Formal vocational Education} \\ &+ \beta_8 \text{ Informal Vocational Training} + \beta_9 \text{ Type of Employment} \\ &+ \beta_{10} \text{ Monthly income of the respondent} + \text{Error.} \end{aligned}$$

To check whether we can construct a regression model for the given data, we perform an ANOVA (see table (8.16))

**Table 8.16**

**Tests of II Model Effects ANOVA (Determinant of the impact of Government Policies and Initiatives)**

<b>Source of Variation</b>	<b>Sum of Squares</b>	<b>Degrees of Freedom</b>	<b>P - Value</b>
(Intercept)	0.406	1	0.52
Gender	0.004	1	0.95
Age	1.649	4	0.80
District	4.138	2	0.13
Place of residence	0.579	1	0.45
Type of Disability	6.758	2	0.03
Educational status of respondent	0.468	2	0.79
Formal vocational Education	1.602	2	0.45
Informal Vocational Training	2.006	2	0.37
Types of Employment	39.627	3	0.00
Monthly income of the respondent	11.758	3	0.01

## Parameters Estimates

Table 8.17

## Logistic Regression Analysis Result (Determinant of the impact of Government Policies and Initiatives on Employment )

Parameter		Estimator	Std. Error	Calculated Value	P - Value	Odds Ratio
District	Ernakulum	0.53	0.54	0.97	0.33	1.70
Thrissur	Malappuram	1.15	0.56	4.14	0.04*	3.15
Type of Disability	HSIM	-1.11	0.54	4.24	0.04*	0.33
Locomotor	VIM	-1.33	0.62	4.66	0.03*	0.26
Type of Employment:	Privately Employed	-3.29	1.45	5.16	0.02*	0.04
Agriculture and allied	Self Employed	0.51	1.31	0.15	0.70	1.66
	Government employees	2.25	1.44	2.45	0.12	9.51
Monthly income	20000 above	3.26	1.06	9.43	0.00*	25.95
Up to 5000	10000-20000	2.48	0.84	8.72	0.00*	11.90
	5000-10000	1.36	0.60	5.05	0.02*	3.89

\* 5% level of significance

The place of residence, types of employment, and monthly income of the respondents are statistically significant variables that are attributable to assessing the influential impact of government reservation and the supporting system on the employment status of disabled people. The result is interpreted as follows.

The place of residence especially the district has bearing on the extent to which the government's reservation and assistance system has an impact on the work status of disabled individuals. The people with disabilities in Ernakulum and Malappuram districts have a three-fold higher likelihood of having their job situation favourably influenced by reservation benefits than people with disabilities in Thrissur. It is apparent that reservation privileges and favouring policies have a substantial impact on the occupational status of government employees, with the probability being 9.51 times higher than that of agricultural workers. Self-employed people have a 1.66

times lower chance of being affected by government support and legislative advantages, while privately employed people have very lower chances than government employees.

Another component that is shown to be relevant in the regression analysis is the respondents' monthly income. People with a monthly income of rupees 20,000 or more have a 26 times higher chance of being influenced by reservation privileges than those with a monthly income of rupees up to 5000. People with a monthly income of up to 5000 rupees are less likely to be influenced by 1.98 times than those with a monthly income of 10000-20000 rupees. People having a monthly income of 5000-10000 rupees are four times more likely to be influenced by reservation advantages than those with a lower monthly income. As a person's income level rises, the impact of reservation rights on their employment status grows. This indicates that people with disabilities who receive government job reservation rights have a higher economic level and, as a result, a higher standard of life.

#### **8.6. Influence of NGOs and DPO's Intervention on Socio-Economic Status of People with Disabilities**

This section examines the influence and impact of NGO's and DPOs involvement on the socio-economic lives of disabled persons. The factors taken into account for the assessment are membership and participation in these organisations, as well as the counter-effect of greater awareness, the potential for occasional training and capacity building, and the provisions for other livelihood options and income sources.

Non-Governmental Organizations, are organisations that are responsible for a variety of activities aimed at benefiting society as a whole, particularly the marginalised sections of the society. NGOs and DPOs serve as a link between the government and the disabled community. The tasks and duties of NGOs and DPOs are highly important and serve the major goal of welfare and empowerment of people with disabilities. A disability-focused NGO or DPO usually serves as an initiator, mediator, or intermediary agent, as well as a service provider and



stakeholder. Facilitators perform a variety of tasks, including providing facilities and establishing settings for interaction, implementation, and execution of government programmes and policies. The involvement of NGOs in connecting disabled members to local administrative units for the implementation of government-sponsored initiatives is also important. NGOs provide a variety of advisory services, ranging from counselling and therapy to financial advice. NGOs that administer special schools for disadvantaged children and offer rehabilitation services both in terms of health services and vocational training to adults.

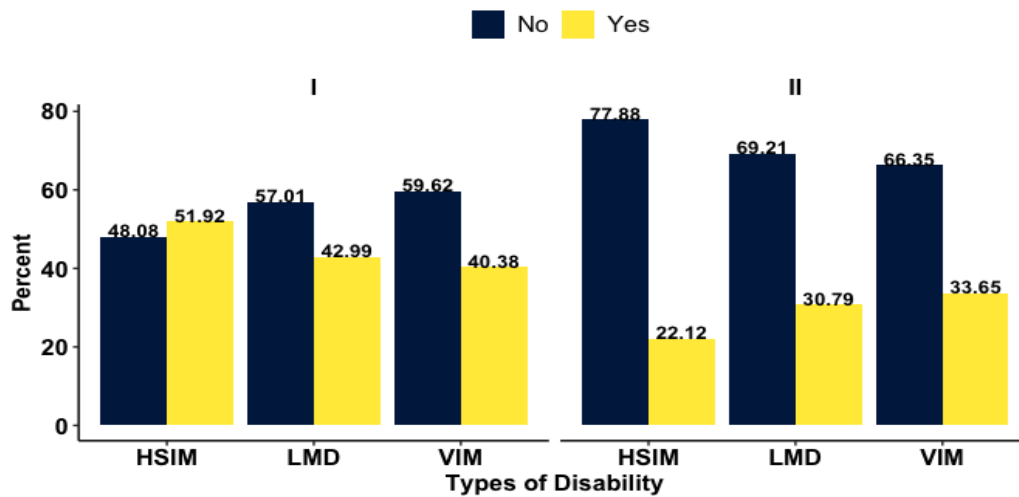
It is a crude attempt to assess the effect of intervention of NGOs and DPOs on the lives of disabled people both socially and economically. A separate research effort is required to conduct a full and comprehensive examination of all organisations and associations, as well as their relationships and activities.

**Table 8.18**  
**Awareness and Impact of the Intervention of NGOs and DPOs by Disability Groups**

Awareness and Impact of NGOs and DPOs	Extent	LMD		VIM		HSIM	
		N	%	N	%	N	%
Registration/ Membership NGOs, DPOs	To a great extend	69	21.04	15	14.42	35	33.65
	Some What	179	54.57	84	80.77	65	62.50
	Not at all	80	24.39	5	4.81	4	3.85
Participation in NGOs and DPOs meetings and public functions	To a great extend	59	17.99	15	14.42	30	28.85
	Some What	193	58.84	84	80.77	69	66.35
	Not at all	76	23.17	5	4.81	5	4.81
Increased awareness , Vocational Training and Capacity Building	No	187	57.01	62	59.62	50	48.08
	Yes	141	42.99	42	40.38	54	51.92
Alternative livelihood options and increased income	No	227	69.21	69	66.35	81	77.88
	Yes	101	30.79	35	33.65	23	22.12

Source: Primary Data

Visually impaired and hearing and speech groups have the highest levels of membership and involvement in NGOs and DPO initiatives; just three to four per cent of them are completely out of reach of this organisation. However, among the visually impaired and hearing and speech impaired groups, respectively, 14 per cent and 33.6 per cent are actively and fruitfully participating in the linkages with NGOs and DPOs. Participation in organisational meetings and events increases awareness and increases the likelihood of receiving vocational training and capacity-building programmes by 42 to 54 per cent among these groups, regardless of category.



**Figure 8.9: Disability Group Wise Impact of the Intervention of NGOs and DPOs**

Source: Primary Survey

I. Increased awareness , Vocational Training and Capacity Building

II. Alternative livelihood options and increased income

The most effective intervention for non-governmental organisations (NGOs) with disabled people is to give livelihood opportunities through vocational training and skill development programmes, or by directly involving them in income-generating activities. These organisations are said to have benefited 101 respondents from the locomotive group, 35 respondents from the visually impaired category, and 23 respondents from the hearing and speech challenged category. It means that non-governmental organisations' activities in this area touched one-third of the disabled people studied. DPO interventions are primarily aimed at making them aware of their rights and privileges, as well as assisting them in obtaining these privileges and

legal provisions from the appropriate authorities and channels . It is commendable that roughly 30% of the persons under study have benefited from NGOs' initiatives in terms of vocational training and means of subsistence. Shenoy (2011) asserted strongly that the majority of non-governmental organisations (NGOs) concentrate on rehabilitation and advocacy. There are only a few organisations that concentrate on training. . According to studies, most NGOs' training does not meet the needs of the sector, and they lack effective training faculty due to a lack of resources. It is still true in the sense that the training they provide and the tactics they employ are outdated and unrelated to the current labour market's needs.

Table 8.19

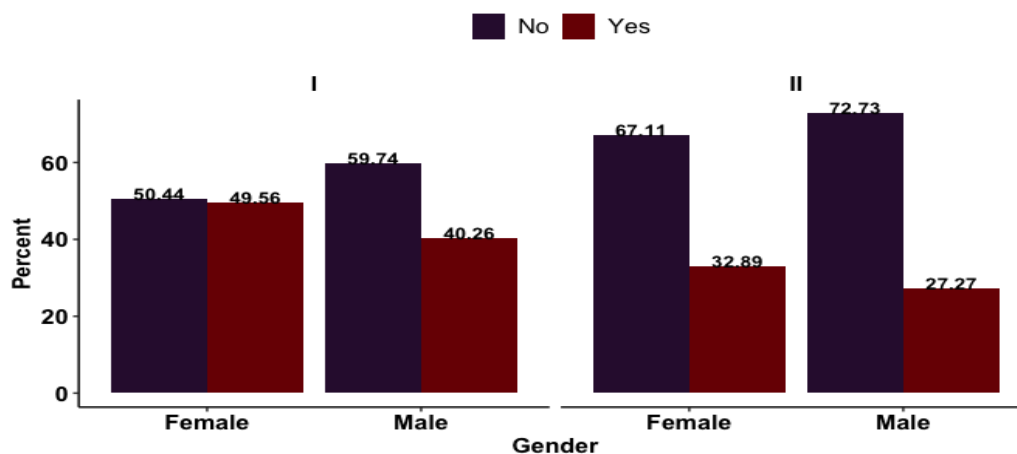
**Gender Wise Awareness and Impact of the Intervention of NGOs and DPOs**

Awareness and Impact of NGOs and DPOs	Extent	MALE		FEMALE	
		N	%	N	%
Registration/ Membership NGOs, DPOs	To a great extend	85	27.60	34	14.91
	Some What	178	57.79	150	65.79
	Not at all	45	14.61	44	19.30
Participation in NGOs and DPOs meetings and public functions	To a great extend	71	23.05	33	14.47
	Some What	195	63.31	151	66.23
	Not at all	42	13.64	44	19.30
Increased awareness, Vocational Training and Capacity Building	No	184	59.74	115	50.44
	Yes	124	40.26	113	49.56
Gave alternative livelihood options and increased income	No	224	72.73	153	67.11
	Yes	84	27.27	75	32.89

Source: Primary Data

When gender differences in membership and participation are taken into account, male participants dominate and are actively involved in organisational activities. This result is in line with the Kerala context, where men dominate organisational leadership and involvement and women are kept out of all of these matters. Many of the women participants in the survey expressed this idea, and this viewpoint can be confirmed by Singh's (2014) observation that organisations for people with

disabilities are usually managed by men. Women with disabilities who work in such groups are subjected to oppression by disabled men.



**Figure 8.10: Gender Wise Impact of the Intervention of NGOs and DPOs**

Source: Primary Survey

- I.** Increased awareness , Vocational Training and Capacity Building
- II.** Alternative livelihood options and increased income

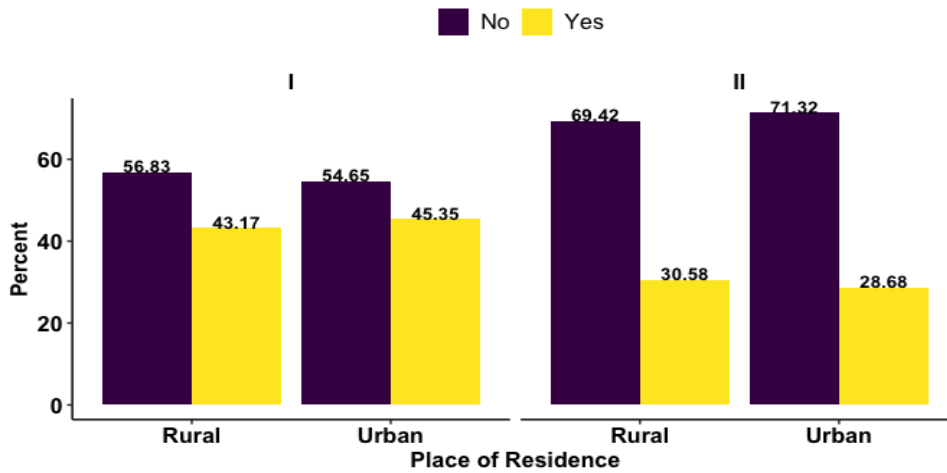
Women, on the other hand, benefit more from NGOs' engagement in terms of vocational training and skill development programmes, allowing them to make a living. The study found that the majority of the women participants in all categories, particularly those with locomotor disabilities in the age group of 36 and higher, received training in stitching, embroidery, and other craft works through NGOs, particularly religious charitable organisations. As a result, even though their income and earning level are at a bare minimum, they have become self-sufficient through the option of stitching and tailoring as a source of revenue. The visually impaired people in this age range have received training in umbrella making, bookbinding, and other crafts, which they can use as a source of income.

**Table 8.20**  
**Awareness and Impact of the Intervention of NGOs and DPOs by Place of Residence**

Influence of NGOs and DPO s	Extent	RURAL		URBAN	
		N	%	N	%
Registration/ Membership NGOs, DPOs	To a great extend	45	16.19	74	28.68
	Some What	172	61.87	156	60.47
	Not at all	61	21.94	28	10.85
Participation in NGOs and DPOs meetings and public functions	To a great extend	36	12.95	68	26.36
	Some What	183	65.83	163	63.18
	Not at all	59	21.22	27	10.47
Increased awareness , Vocational Training and Capacity Building	No	158	56.83	141	54.65
	Yes	120	43.17	117	45.35
Gave alternative livelihood options and increased income	No	193	69.42	184	71.32
	Yes	85	30.58	74	28.68

Source: Primary Data

Even while urban residents have a higher degree of awareness, membership, and participation in NGOs' operations, there is little difference between rural and urban people in terms of benefiting from NGOs' interventions in terms of vocational training and livelihood options.



**Figure 8.11: Impact of the Intervention of NGOs and DPOs by Place of Residence ,**

**Source: Primary Survey**

**I.** Increased awareness , Vocational Training and Capacity Building

**II.** Alternative livelihood options and increased income

Apart from that, the rural-urban imbalance in accessing government support programmes and legislative provisions is not evident in the benefit provided to people through the influence of non-governmental organisations and non-profits. As a result of this finding, we have concluded that NGOs and DPOs may reach and equip rural people more effectively than government projects and programmes, and that it is, therefore, preferable to assist these organisations with adequate funds and other resources. Similarly, DPOs serve as the voice of the disabled individuals they represent, thus it is important to pay attention to legitimate requests and petitions on their behalf.

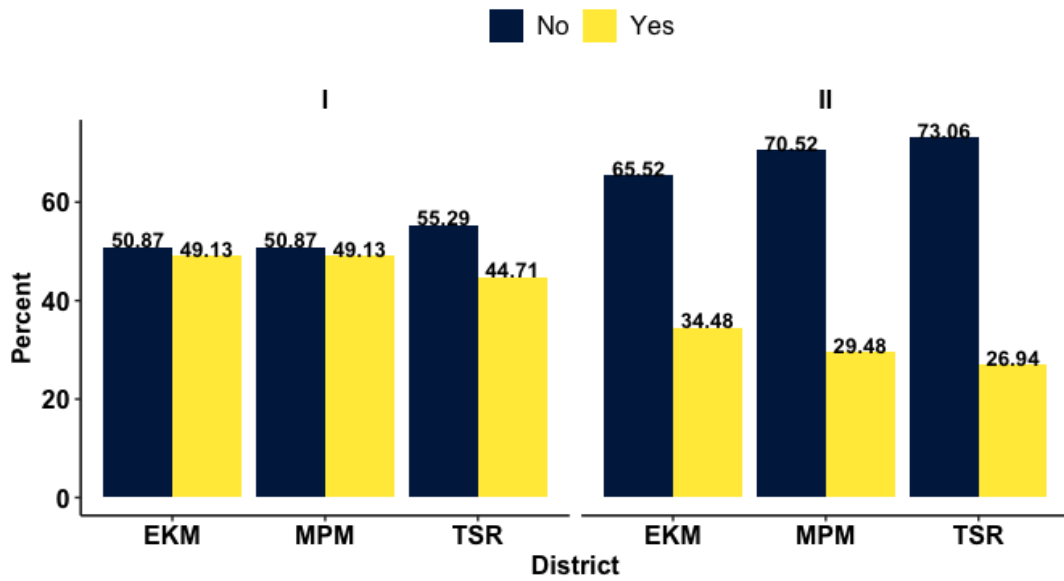
Table 8.21

## Districts Wise Awareness and Impact of the Intervention of NGOs and DPOs

Awareness and Impact of NGOs and DPOs	Extent	EKM		TSR		MPM	
		N	%	N	%	N	%
Registration/ Membership NGOs, DPOs	To a great extend	41	23.70	51	30.00	27	23.70
	Some What	112	64.74	88	51.76	128	64.74
	Not at all	20	11.56	31	18.24	38	11.56
Participation in NGOs and DPOs meetings and public functions	To a great extend	38	21.97	44	25.88	22	21.97
	Some What	113	65.32	100	58.82	133	65.32
	Not at all	22	12.72	26	15.29	38	12.72
Increased awareness , Vocational Training and Capacity Building	No	88	50.87	94	55.29	117	50.87
	Yes	85	49.13	76	44.71	76	49.13
Gave alternative livelihood options and increased income	No	113	65.52	124	73.06	141	70.52
	Yes	60	34.48	56	26.94	52	29.48

Source: Primary Data

The impact and influence of NGOs and DPOs differ by district, revealing that Ernakulum District is foremost (34.48) in all the advantages and benefits accrued to disabled people through these organisations. With 26.94 per cent of respondents claiming to have benefited from the intercession and linkages of NGOs and DPOs, Thrissur district ranks lowest. Malappuram is in the centre, with 30 per cent of respondents reporting gains and merits in livelihoods and earnings achieved from NGOs and DPOs.



**Figure 8.12: District Wise Impact of the Intervention of NGOs and DPOs,**

**Source: Primary Survey**

- a. Increased awareness, Vocational Training and Capacity Building
- b. Alternative livelihood options and increased income

The presence of rehabilitation institutions and services in these districts can be linked to the district's position in terms of the impact and influence of NGOs and DPOs. The fact that Ernakulam district accommodates 22 per cent of the state's disability rehabilitation institutions and services and this is the primary reason for including it in this study to determine the specific influence of its presence. The Ernakulam District outperforms the other two districts in terms of economic empowerment, as discussed in the fifth chapter of this thesis. Malappuram district is particularly noted for the existence of several rehabilitation programmes and projects, which were also highlighted throughout the survey. According to the responses of the surveyed respondents, there is no active presence of NGOs and rehabilitation services and training schemes in the Thrissur district.



### **8.7. Summary and Conclusion**

The influence of government policies and initiatives on the economic empowerment of individuals with disabilities in India and Kerala is examined and appraised in this chapter. Trends and patterns of fund allotment and utilisation for various disability empowerment schemes and programmes are examined to assess the government's financial and social protection through legislative acts and initiatives. The analysis shows that the gap between budget estimates and released funds for various disability empowerment programmes and schemes is very wide. The number of persons who have benefited from skill development and rehabilitation services at the national level has consistently increased over time, even though the per capita share is insignificant. When the number of beneficiaries is compared to the number of disabled people of working age who do not have the means or chances to work, our destination is far from the planned categories. The number of beneficiaries under the education and skill development programme, as well as for scholarships, is also quite small and negligible as the people under the above-targeted group are taken into consideration.

The same conclusions may be drawn in the case of Kerala, however, we must commend the government and non-governmental organisations for the numerous programmes and initiatives they have implemented to aid disabled persons. The job placement ratio is limited through employment exchange, but the performance of the department of employment is commendable, particularly in Kerala's Kaivalya Scheme. There are differences in the level of awareness of legislative privileges and policies, as well as supporting institutions of the government, among disabled people, with education and vocational training and similar skill development programmes receiving the least attention. On average, 30 per cent of respondents received financial assistance and support from government agencies and policies, either in the form of vocational training and education, financial aid for housing and assistive aids, or both, and 16 per cent received employment opportunities as a result of reservation privileges. Legislative privileges and reservations have a limited

impact and influence on people with disabilities, as well as a small number of people with limited spheres of influence. This fact also emphasises the significance of adequately monitoring and enforcing legislative requirements and procedures. The last chapter summarises the findings, recommendations and prospects of the study.

**CHAPTER IX**  
**SUMMARY OF FINDINGS AND**  
**RECOMMENDATIONS**

**CONTENTS**

- 9.1 Introduction*
- 9.2 Major Findings of the study*
- 9.3 Validation of Hypothesis*
- 9.4 Limitations of the study*
- 9.5 Recommendations and Policy Suggestions*
- 9.6 Future Research Directions*







## **9.1 Introduction**

An integral part of a person's identity is the involvement in productive activities on economic and social level. It has innate value in addition to serving the functional objective of earning income to support a family. It signifies a formal introduction of a person into a world of functions and obligations, whether formal or casual, paid or unpaid. People with disabilities can become economically empowered if they have access to basic rights like employment opportunities with secure and reasonable payment, a means of livelihood, and shelter. Education and occupational training are the two main ways to find employment, acquire economically and socially independence, and become self-sufficient. PWDs, however, frequently experience economic exclusion because of their limited access to education and vocational skill development. For PWDs, livelihood activity is crucial since it encompasses all of the means by which people can support their daily lives.

The present study examined the economic empowerment experiences of people with disabilities in Kerala, an Indian state, against the backdrop of the aforementioned setting. This study attempted to address the gaps in the empirical literature on the economic hardships and economic burden of disability which is most the under-researched issues in the disability sector in Kerala state. The study includes 536 persons with locomotor disabilities, vision impairments, hearing, and speech impairments from three districts in Kerala—Ernakulam, Thrissur, and Malappuram. A mixed sampling technique was used to select the study's samples, and the sample size was determined to ensure a 10 per cent representation of all PWDs in the categories under investigation in the study area. A pre-planned interview schedule was used to collect data from the selected participants.

The socio-economic status of differently-abled people in three districts of Kerala has been studied in-depth in conjunction with the first objective of the study. For the second objective, a composite index was developed to measure their economic empowerment in a multidimensional framework. The third and fourth objectives focused on identifying constraints in the way of economic empowerment and evaluating how both governmental policies and developmental activities affected

that empowerment. The study hypothesizes that the economic empowerment of persons with disabilities is closely associated with their economic and social status and intervention through legislation and developmental strategies by the Government do not have a significant influence on the economic empowerment of the people with disabilities in Kerala.

This chapter summarises the major findings mentioned in the previous chapters and incorporates the policy recommendations. The chapter then presents the validation of the hypothesis and discusses the limitations of the study before concluding with a plan for the future. In the final section, there are also conclusions and recommendations.

## **9.2 Major Findings of the study**

The first part of this section provides the key observations made regarding the secondary data. The second part presents the conclusions drawn from the analysis conducted using the appropriate tools based on the primary data gathered from (328 locomotives, 104 visually impaired individuals, and 104 hearing and speech impaired individuals, for a total of 536 individuals from three districts in Kerala: Ernakulum, Thrissur, and Malappuram). According to the study's four objectives, the findings are given in sequential order.

### **9.2.1 Disability Prevalence, Education and Economic Standing in India and Kerala**

- Examinations of disability prevalence in India reflect that there are variations in the diversity of disability across the states and disability is more prevalent in weaker sections of the society and among the rural residents. The physical type of disability especially the locomotor constitutes the major type of disability.
- Comparing the national and state positions in different spheres of disability life, it is evident that there are 20 per cent higher differences in educational attainment between Kerala and the national level. However, considering the work participation



rate, Kerala is behind the national average by 10 per cent. Hearing and Speech disability groups stand first in the work participation rate and economic standing

### **9.2.2 Socio-Economic Status of the people with Disabilities in Kerala**

- The majority of the respondents were from the OBC group, with a significant presence from the SC group as well, and this is consistent with the findings of the 2011 census, which found that disability prevalence is higher among the poorer and weaker sectors of society
- 90 per cent of locomotor challenged persons before the age of 20 develop disabilities, and nearly 100 per cent of people with the other two forms of disabilities develop disabilities before the age of 20. Disease and congenital defects account for practically all causes of disability, necessitating medical intervention and preventative measures for disability prevention and early identification
- There is a considerable gender difference in all categories of professional and vocational education, while more females completed nonprofessional degrees. However, the female flock's educational achievements are not mirrored in their job and economic situation, necessitating further discussion and study.
- Among the three groups, visually impaired persons have the highest educational status, with the most graduates, while hearing and speech impaired people have the highest professional degree status. Although people with visually impaired people are more likely to participate in formal and informal vocational training, their economic situation is poor and unrelated to their educational status, which is also true for hearing and speech disabilities people.
- The rural people stream is behind urban people in all elements of education, but the rural-urban split is particularly pronounced in the participation rate in formal vocational training courses.

- The disparity in educational attainment between socioeconomic classes is exemplified in these categories of disability, where the majority of the SC and OBC population lacks a professional or non-professional education degrees.
- More than 90 per cent of persons with low education levels are intermittently employed, and this indicates that the majority of people with disabilities are with job insecurity and rely on subsistence income and highlighting the need for targeted initiatives to improve their employability.
- Informal vocational education is assessed based on the length of the course taken and we found that the length of the course did not lead to greater job opportunities. The poor outcome is primarily due to obsolete vocational training that is not aligned with labour market demands. Informal vocational training is insufficient to meet the demands of today's competitive labour market.
- Membership in their organisations (DPOs) is quite strong among the visually impaired, hearing and speech impaired, and it is very low in the locomotive group. The locomotor group has a greater rate of NGO membership, and the kudumbasree movement's intervention to empower differently-abled people looks to be ineffective and weak irrespective of the group.
- The majority of female respondents, 40 to 60 per cent have experienced discrimination in obtaining rights and benefits and there is no association between participation in a social organisation and the experience of discrimination.
- There is a significant gender difference in marital status among locomotor disabled and visually challenged people and this difference are less noticeable among hearing and speech impaired people.
- The biggest barrier to not getting married among locomotor disabled individuals and hearing and speech impaired people is social hesitation,

which is particularly prevalent among women, while financial insecurity is the cause for visually challenged people, particularly women.

- The majority of people in all three categories are private employees (about 60%) and self-employed people (30 to 38%), and they are facing considerable financial hardship, as evidenced by a comparison of their income level with their occupational status.
- Self-employed people are engaged in less economically productive activities in terms of marketability and demand and private employees are paid at a subsistence level. The visually impaired are the most disadvantaged in terms of economic standing, followed by the locomotive category and finally the hearing and speech group.
- The rural-urban disparity in employment status is visible in government job placement across all disability categories, with the hearing and speech challenged group being the most affected. In all categories of disability, there is a disparity of more than 20 to 30 per cent in temporally employed people in rural areas.
- The intersection of educational status, employment and causes and degree of disability demand our attention because there is a great deal of variation in accessing different levels of education and vocational training depending on the severity of disability and the causes of disability's onset. In the locomotive category, the severity of disability inhibits people from pursuing various levels of education, capacity-building programmes, and vocational skill training and we need special attention and targeted intervention regarding these particular aspects.
- Self-employed people account for 63 per cent of those earning less than ₹ 5000 per month, with the visually impaired being the most vulnerable, and the majority of private employees (71 per cent) earning between ₹. 5,000 and 10,000. This realisation revealed that present livelihood options and

programmes for economically empowering differently-abled individuals are unsustainable and inadequate who are underemployed and underpaid

### **9.2.3 Economic Empowerment of People with Disabilities in Kerala: A Multi-Dimensional Analysis**

- The least empowered domain is education, followed by employment, and this tendency is consistent across all disability categories. The mean score in the social, health and economic categories is extremely near to or just above 45 per cent, although the mean score in the education and employment domains is 39.36 and 41.81 per cent, respectively.
- While the threshold limit for the empowerment index is set at 80 per cent of the weighted indicators, the average means of disabled people in all domains of life have only attained less than half of the criteria, or 45 per cent or less.
- Ernakulum District ranks first in the composite empowerment index score, whereas Malappuram pulls Thrissur District into third place with a minor discrepancy in the mean scores.
- Significant differences in mean scores in the empowerment index between rural and urban disabled people with differences of 17.67 and this rural-urban divide are most obvious in the lowest levels of empowerment, where there are more than 30 per cent higher differences in all categories of disability.
- The general pattern of empowerment status among different age groups is that those younger and older have the lowest level of empowerment in all categories of disability. Young individuals with impairments face stiff competition in the job market, and they are underserved in educational facilities. Disabled people over the age of 56 are more likely to be impoverished on multiple levels, necessitating extra attention and care.
- The gender gap in empowerment level is explicitly present by high differences in all categories of disability. And it is strongly visible in the

empowerment status of people from women-headed families. An average of 70 per cent of the respondents from women-headed families are in the lowest level of empowerment with lower mean value than the male-headed family.

- Regarding family structure and empowerment status, more empowered people with high scores at the highest levels belong to the nuclear family. Especially among the lowest strata, more proportion of the people with the lower mean value of empowerment scores is from joint families in all categories of disability.
- Substantial differences in the mean score of the empowerment index are present across the social groups. indicating that ST and SC categories lag substantially behind the other two.
- The respondents' score in empowerment status regarding their marital status demonstrates that marriage is a sign of social inclusion, it has an impact on their socio-economic lives. The empowerment score of married people is higher than the scores of unmarried, separated, and divorced people.
- Professionally qualified persons and people with a preliminary level of education have a large mean difference in empowerment status (20.94 mean difference). Again, the mean differences between those with graduation and above qualifications and people with up to the higher secondary level of education (majority with the secondary level) are as high as (16.20 ).
- Substantial mean differences in empowerment score between those with and without vocational education and also between persons with non-engineering trading trades and those without any vocational education. The most appropriate strategies and means for the holistic development of disabled individuals include vocational education, skill development, and capacity-building programmes.
- The gaps in mean scores between government employees and all other groups, such as agriculture and related labours, self-employed people, and

private employees, are as high as 30.71, 30.62, and 20.35 per cent respectively. In comparison to other groups, the mean score of self-employed people and agricultural labour is extremely low which demands that we should focus our attention on self-employed and agricultural labours with viable job projects and prospects.

- Two-thirds of individuals in all categories fall into rock bottom strata of empowerment, with loco-motive (68 per cent), visually challenged (75 per cent), and hearing and speech impaired( 65 per cent) falling into this category. The hearing and speech disability group stands first with a better mean (46.4) and fewer variability (15.58) than the other two. In comparison to the other two categories, the mean value of empowerment for visually impaired people is quite low, especially in the lowest strata.

#### **9.2.4 Major Constraints in the path of Economic Empowerment**

- The first ranking factor is the economic constraints associated with their livelihood opportunities, as well as the difficulties and problems people confront in connection with earning a living, and the second-ranking component is employment-related challenges.
- Discriminatory payments and a lack of emoluments are the most influential indicator, followed by a lack of regularity in work and payment. Discrimination in wage payments is noted by a substantial proportion of respondents in the survey. When an able-bodied individual receives a daily income of 600 to 700 rupees, disabled people are likely to receive 200 to 250 rupees for the same type of labour
- One of the most important findings of the study of individuals with disabilities' employment status is that the majority of them are underemployed and underpaid. They engage in the production and sales of obsolete, outmoded, and low-demand products, and as a consequence, they only raise enough money to subsist

- The financial burden of disability, both direct and indirect cost of disability, coupled with the family's economic insecurity, prevents parents from providing adequate and up-to-date education and vocational training to their disabled children. It is crucial in this context to allocate, release, and spend adequate funding for the education and vocational training of impaired children, with a preference for children from economically disadvantaged families
- Lack of occupational training and communicative skill (0.919) is also an important loaded item or constraint indicator. Many government departments have backlogs of posts earmarked for disabled individuals that they are unable to fill due to a lack of qualified applicants.
- The first two critical facts in institutional and lack of government support constraint are the corrupted selection process and an ineffective quota system implementation. The vast majority of respondents express their dissatisfaction and annoyance with the flaws that occur frequently and repeatedly in the execution of quota systems in employment possibilities in both the public and private aided sectors.
- While considering career options, no humanitarian approach to disabled persons, particularly locomotor challenged people, is demonstrated. People are frequently offered work opportunities that do not correspond to their educational qualifications or physical condition. They are unable to work at that location, which is incredibly inconvenient for them.
- PWDs, who do not have easy access to Grama Sabha meetings or public buildings and places, are neglected and not even informed about job opportunities given through LSGs
- In employment placements made through the Kudumbasree agency, disabled persons are overlooked, and there is no effective link between the Kudumbasree Movement in Kerala and disability empowerment policies and strategies.

- The best instances of self-help groups movement under NGOs for the improvement of disabled persons are Malappuram Municipality and Ponnani Municipality in Malappuram district, and Karukutty panchayat in Ernakulum district.
- There is no cooperative-based marketing system in Kerala and disabled people find it extremely difficult to sell their products, which harms their livelihood and business success
- MGNREGA, a well-known poverty alleviation initiative, does not include disabled people in the proportions legally required, not even in 1 per cent.
- As a part of the Accessible India Campaign, it was mandated that by July 2018, at least 50 per cent of all public buildings and transportation in India be disabled-friendly. only 3 per cent of buildings have become accessible and it is just for the label
- The most heavily loaded variable of social constraint is insufficient social security and support services. Though the Kaivalya loan project is commendable in that it provides much-needed aid to rural and female disabled people, 50000 rupees is insufficient to begin a long-term and effective project.
- Respondents have been ignored for many years after applying for privileges from the Life Mission project as well as free land distribution.
- The fundamental aims to equip and empower the disabled community, particularly the weaker sections within it, are nullified by male dominance and excessive meddling from various parties such as labour unions and employee groups in DPOs.
- The most highly loaded variable is the government's insufficient financial aid for self-employment endeavours and initiative, followed by a lack of vocational training and communicative skills, which prevents individuals from being competent enough to thrive in the labour market. The confirming



point of importance is of focusing on their career and education possibilities and alternatives with utmost care and priority in the effective implementation and monitoring of legal provisions.

### **9.2.5 Impact of Governmental Policies and Strategies on Economic Empowerment of People with Disabilities in Kerala.**

- Following the enactment of the legislative act RPWD Act 2016, there has been a significant increase in the amount released and the number of beneficiaries under various schemes for disability welfare initiatives in India.
- When the people in the targeted category are taken into account, the number of beneficiaries under the education and skill development programme, as well as for self-employment initiatives, is quite small and inconsequential.
- The gap between budget estimates and released funds for various disability empowerment programmes and schemes is very wide and the per capita share is insignificant.
- The number of beneficiaries under the education and skill development programme, as well as for scholarships, is also quite small and negligible as the people under the above-targeted group are taken into consideration.
- Kaivalya, Kerala's customised self-employment scheme, has been very helpful in promoting improved livelihood possibilities for disabled people, and this project has so far covered over 10,000 beneficiaries with a total disbursed amount of 50 crores rupees.
- The job placement ratio in Ernakulum District is significantly higher than in Thrissur and Malappuram districts, which might be attributable to the availability of special employment exchange and other rehabilitation services in Ernakulum.
- Kerala's share is minimal, both in terms of money received and the number of people covered by the National Action Plan's skill development

programme for people with disabilities. Kerala's performance is quite low when compared to other states, both large and small, and it deserves special attention.

- Legislative privileges and reservations have a limited impact and influence on people with disabilities, as well as a small number of people with limited spheres of influence. This fact also emphasises the significance of adequately monitoring and enforcing legislative requirements and procedures.

#### **9.2.6 Influence of NGOs and DPOs Intervention on Socio-Economic Status of People with Disabilities.**

- Participation in organisational meetings and events of NGOs and DPOs increases awareness and increases the likelihood of receiving vocational training and capacity-building programmes by 42 to 54 per cent among these groups, regardless of category.
- Non-governmental organisations' activities for livelihood opportunities through vocational training and skill development programmes, or by directly involving them in income-generating activities touched one-third of the disabled people studied
- As per the study result, most NGOs lack effective training faculty due to a lack of resources. It is still true in the sense that the training they provide and the tactics they employ are outdated and unrelated to the current labour market's needs.
- NGOs and DPOs may reach and equip rural people more effectively than government projects and programmes, and it is, therefore, preferable to assist these organisations with adequate funds and other resources.
- The impact and influence of NGOs and DPOs differ by district, revealing that Ernakulum District is foremost (34.48) in all the advantages and benefits accrued to disabled people through these organisations.

### 9.3 Validation of Hypothesis

In the study, two broad research hypotheses were presented and tested.

1. Economic empowerment of persons with disabilities is closely associated with their economic social, and disability status

After testing the hypothesis using one-way ANOVA and post hoc (Turkey's test) paired test, it was found that the mean scores of the composite economic empowerment index are varied deliberately between different socio-economic sections among PWDs and the score is considerably lesser among the weaker sections like rural and women folk and the people with a severe degree of disability. Economic empowerment scores of less educated and under-employed PWDs, especially among self-employed and privately employed people are much lower than that of educated and vocationally trained people. Hence, the result supports the hypothesis. The conclusion was also supported by the literature, as (Singh, 2014) reported that PWDs' poor economic empowerment is largely due to their current socio-economic situation and that improving their economic well-being is crucial to raising them to a respectable quality of life. In addition to this, Kumar.et.al (2012) identified the rural-urban gap; Mitra et.al,(2013) reported multidimensional poverty among people with disabilities; and Mishra et al. (2021) suggested that there may be a risk of increasing poverty among people with disabilities due to a lack of job and educational opportunities, lower wages, and a higher cost of living.

2. Intervention through legislation, developmental strategies and programmes by the Government do not have a significant influence and impact on the economic empowerment of the people with disabilities in Kerala.

The second hypothesis was stated to find the impact and influence level of legislation and developmental strategies of the Government on the economic empowerment of the people with disabilities in Kerala. Logistic regression analysis was carried out based on the null and alternate hypothesis statements and the result shows there is no significant influence of legislation and developmental strategies of the Government on the economic empowerment of the people with disabilities. In

conclusion, the research hypothesis was confirmed by the study analysis and results. However, a multitude of studies has shown the same persuasion that the overall goal of an inclusive society for people with disabilities is a distant dream because these people have experienced persistent discrimination and have been excluded from a variety of opportunities as a result of their disabilities ( World Health Organization, 2011, Narayan & John, 2017, Janardhana et al., 2015). Despite the PWDs Act's numerous protection and emancipation measures, people with disabilities continue to experience widespread discrimination and are not afforded the same rights as others.( Gupta & Arora, 2020).

The only statistically relevant variables related to determining the influence of government reservation and the supporting system on the education and employment status of disabled individuals are the respondents' residence, types of employment, education status, and monthly income. The only groups proved to be considered positively impacted by government policies and education and employment programmes are urban residents, those employed by the government, those with higher levels of education, and those with higher incomes, In other words, the vast majority of PWDs are beyond the scope of government intervention through its policies and programmes, except the smallest percentage.

Throughout the study, several sub hypotheses were placed in the proper settings to support the main research hypothesis. The intersection of socioeconomic status and disability constructs between different sections of the disabled community is examined for the differences and associations of respondents' socioeconomic attributes. The null hypothesis ( $H_0$ ) was set as there is no significant association or difference between the characteristics of different groups of disabled persons, as well as socio-economic characteristics and disability constructs and Pearson's Chi-Square test of the degree of association was used for the analysis. In hypothesis testing for each category of disability under consideration, one-way ANOVA and post hoc (Turkey's test) paired test is used to determine whether there is a statistically significant mean difference in terms of socio-economic entitlements and gender-locality differences in the composite empowerment score. The testing's

outcome was mixed, and the section right before presents the most important conclusions from that analysis (9.2.2 and 9.2.3)

#### **9.4 Limitations of the study**

Since the study concentrates on the three districts of Kerala, the results may have been influenced by the PWD supporting system of the concerned districts which may not be equally applicable to all other districts in the state. For the computation of the various indicators of economic empowerment, self-reported income and expenditure and other types of data that are not verifiable from other sources were utilised. Hence, the estimates may be biased. As some of the persons with disabilities were reluctant to impart correct information about their socio-economic status and the constraints that they are facing on a suspicious matter, the researcher found difficulty in incorporating all the important elements for the analysis of empowerment. The lack of credible, regular and continuous data sources regarding the disabled population in India, particularly at regional levels, makes the study somewhat challenging.

#### **9.5 Recommendations and Policy Suggestions**

- Disease and congenital defects account for practically all causes of disability, necessitating medical intervention and preventative measures for disability prevention and early identification.
- Disability is more prevalent in the weaker sections of society and among rural residents, which calls for more research and investigations. The presence of a disabled family member has major poverty effects. In social security measures other than the disability pension, the number of PWDs in a household should be prioritised.
- NGOs and DPOs may reach and equip rural people more effectively than government projects and programmes, and it is, therefore, preferable to assist these organisations with adequate funds and other resources.

- Disabled people should be considered for job placements through the Kudumbasree agency, and a strong relationship between the Kudumbasree Movement in Kerala and disability empowerment policies and initiatives is essential.
- Disabled individuals should be given priority at Special Grama Sabha meetings where information regarding contract-based employment opportunities is recruited and disseminated to local citizens by local self-government departments
- Employment-enhancing programmes organised through special employment exchanges and vocational training, and livelihood opportunities provided by SHGs, NGOs and palliative care activities have a major impact on the socio-economic empowerment of disabled people. All of these activities need to be well-coordinated and updated to suit the current labour market changes and vocational skill strategies.
- Legislative measures must be backed up by judicial accountability. For example, job reservation and promotion, reservations in social security measures such as the Life Mission Project, free land distribution and LSGs supporting measures.
- Even though the government has designated two groups, SC and ST, with two types of reserve rights, their social and economic standing remains significantly lower than that of the general population, needing more careful planning and focused activities.
- Self-employment training and workshops offered by the Department of Employment should be expanded, and self-directed employment projects should be supported with sufficient financial resources. A cooperative-based marketing system will have to be encouraged for disabled individuals who are self-employed and have a lot of difficulty selling their products.

- Providing proper coaching and training to disabled individuals for the government job is highly recommended and important. PSC coaching classes in sign language should be provided to hearing and speech-disabled people, who make up the smallest percentage of government employees.
- Start-up mission efforts and connections may be preferable and advisable, particularly for the young and those who can be trained and skilled for new types of initiatives.
- To foster a good understanding and appreciation of the lives of PWDs in society, we should incorporate disability themes and issues connected to their daily lives into our school curricula.
- There is a data shortage in disability research in India. Significant definitional and assessment differences between the 2011 Census, NSSO Survey data, and other estimates must be taken seriously. With the RPWD Act of 2016, we now have a nationwide definition. We need to form an Expert Committee including representatives from the NSSO, the Census Bureau, academia, the Ministries of Social Justice and Health, and the National Institutes of Health to recommend a method for collecting reliable disability data. This will aid future studies.
- A strong and economically viable social security system, whether private or governmental, is necessary to alleviate the welfare losses of disabled families. However, due to moral hazards and adverse selection difficulties, private disability insurance policies have limited coverage. Even in developed countries with established insurance markets, they remain rare. On the basis of Rawlsian re-distributive justice theory, we must construct publically supported disability insurance plans.

## **9.6 Future Research Directions**

A comparison of other disabled groups, such as mentally challenged persons, was beyond the focus of this research due to logistical considerations, but it might provide another avenue to examine the socio-economic status and backwardness of

these communities. From numerous views of the current changing scenario, research involving the inclusion of young disabled people in the associated circumstances of their education and job would be intriguing, which is not included in the current study. In terms of reinforcing the arguments made concerning socio-economic backwardness and livelihood, interdisciplinary research of qualitative factors involving psychological and attitudinal concerns and their relationship with economic empowerment would be intriguing. Furthermore, creating such an association would assist the government in making proper strategic decisions.



## **BIBLIOGRAPHY**







## *Bibliography*

---

- Abidi, J. (1999). Current status of employment of disabled people in Indian industries. *Asia Pacific Disability Rehabilitation Journal*, 10(2).
- Agovino, M., & Rapposelli, A. (2012). Employment of Disabled People According to Law 68/1999. A Multidimensional Analysis at Regional Level. *Rivista Internazionale Di Scienze Sociali*, 120(1), 3–23. <http://www.jstor.org/stable/23342743>
- Alkire, S., Meinzen-Dick, R., Peterman, A., Quisumbing, A., Seymour, G., & Vaz, A. (2013). The women's empowerment in agriculture index. *World Development*, 52, 71-91.
- Awasthi, A., Pandey, C. M., Dubey, M., & Rastogi, S. (2017). Trends, prospects and deprivation index of disability in India: Evidences from census 2001 and 2011. *Disability and health journal*, 10(2), 247-256.
- Baker, P. M., Linden, M. A., LaForce, S. S., Rutledge, J., & Goughnour, K. P. (2018). Barriers to employment participation of individuals with disabilities: Addressing the impact of employer (mis) perception and policy. *American Behavioral Scientist*, 62(5), 657-675.
- Balakrishnan, A., Kulkarni, K., Moirangthem, S., Kumar, C. N., Math, S. B., & Murthy, P. (2019). The rights of persons with disabilities Act 2016: Mental health implications. *Indian Journal of Psychological Medicine*, 41(2), 119-125.
- Baldwin, M., & Johnson, W. G. (1994). Labor market discrimination against men with disabilities. *Journal of Human Resources*, 1-19.
- Banks, L. M., Kuper, H., & Polack, S. (2017). Poverty and disability in low-and middle-income countries: A systematic review. *PloS one*, 12(12), e0189996.
- Barnes, C., & Mercer, G. (2010). *Exploring disability*. Polity.
- Bhanushali, K. (2016). Issues and Challenges to Self-Employment Among Persons with Disabilities: Micro Level Study of Ahmedabad. *Pranjana: The Journal of Management Awareness*, 19(1).
- Bound, J., & Waidmann, T. (2002). Accounting for recent declines in employment rates among working-aged men and women with disabilities. *Journal of Human Resources*, 231-250.
- Bualar, T., & Ahmad, M. M. (2009). Why does Community-Based Rehabilitation fail physically disabled women in northern Thailand?. *Development in Practice*, 19(1), 28-38.
- Buckingham, J. (2011). Writing histories of disability in India: strategies of inclusion. *Disability & Society*, 26(4), 419-431.
- Buettgen, A., Gorman, R., Rioux, M., Das, K., & Vinayan, S. (2015). Employment, poverty, disability and gender: A rights approach for women with disabilities in India, Nepal and Bangladesh. In *Women's Mental Health* (pp. 3-18). Springer, Cham.
- Burchardt\*, T. (2004). Capabilities and disability: the capabilities framework and the social model of disability. *Disability & society*, 19(7), 735-751.

- Burkhauser, R. V., & Daly, M. C. (2002). Policy watch: US disability policy in a changing environment. *Journal of Economic Perspectives*, 16(1), 213-224.
- Census of India. (2001). The Office of the Registrar General & Census Commissioner, India Ministry of Home Affairs, Government of India.
- Chacko, A. (2015). Disability, Employment and Livelihood: An Empirical Study of Malappuram district, Kerala.
- Chakrabarti, S. (2010). Disability statistics in measuring some gender dimensions: case India. *Central Statistics Organization: Government of India*.
- Chand, D., & Reddy, R. C. (2012). Disability and Social Exclusion: A study on state initiatives towards people with impairments'. *IASSI Quarterly: Contributions to Indian Social Science*, 31(3-4), 123-139.
- Chaudhuri, L. (2006). *Disability in India: Issues and concerns* (No. id: 542).
- Chi, C. G. Q., & Qu, H. (2004). Integrating persons with disabilities into the work force: A study on employment of people with disabilities in foodservice industry. *International journal of hospitality & tourism administration*, 4(4), 59-83.
- Chiappero-Martinetti, E., & Venkatapuram, S. (2014). The capability approach: a framework for population studies. *African Population Studies*, 28(2), 708-720.
- Chohan, S. Locomotor disabled women a study of opportunities and challenges in district Panchkula Haryana.
- Cooper, R. B., & Zmud, R. W. (1990). Information technology implementation research: a technological diffusion approach. *Management science*, 36(2), 123-139.
- Dalal, F. (2002). *Race, colour and the processes of racialization: New perspectives from group analysis, psychoanalysis and sociology*. Routledge.
- Dalal, K., & Svanström, L. (2015). Economic burden of disability adjusted life years (DALYs) of injuries. *Health*, 7(4), 487-494.
- Dhanda, P, & Kumar Mishra, A. (2016). Constraints Faced by Persons with Disabilities in Employment. *International Journal of Research -Granthaalayah*, 4(3), 182-187. <https://doi.org/10.29121/granthaalayah.v4.i3.2016.2801>
- Department for International Development (DFID). (2000). *Disability, poverty and development*. <https://hpod.law.harvard.edu/pdf/Disability-poverty-and-development.pdf>
- Dhar, S., & Farzana, T. (2017). Entrepreneurs with disabilities in Bangladesh: An exploratory study on their entrepreneurial motivation and challenges. *European Journal of Business and Management*, 9(36), 103-114.
- Díaz Ruiz, A., Sánchez Durán, N., & Palá, A. (2015). An analysis of the intentions of a Chilean disability policy through the lens of the capability approach. *Journal of Human Development and Capabilities*, 16(4), 483-500.
- Disability Census. (2015). Kerala Social Security Mission. Government of Kerala. [https://socialsecuritymission.gov.in/program\\_info.php?id=MTI=](https://socialsecuritymission.gov.in/program_info.php?id=MTI=)

## *Bibliography*

---

- Disability Rights Promotion International- Canada. (2013). *The Disability Rights Media Monitoring Study: Critically evaluating news media coverage of disability issues from a human rights perspective. Media Analysis Report.* <http://drpi.research.yorku.ca/wp-content/uploads/2015/01/CanMediaMonitoringRep2013.pdf>
- Doucouliafos, H., Ulubasoglu, M. A., & Hone, P. (2006). Discrimination, performance and career progression in Australian public sector labor markets. *Economics and Finance Working Paper Series*, (2006/07).
- Esper, P., Hampton, J. N., Finn, J., Smith, D. C., Regiani, S., & Pienta, K. J. (1999). A new concept in cancer care: the supportive care program. *American Journal of Hospice and Palliative Medicine*®, 16(6), 713-722.
- Filmer, D. (2008). Disability, poverty, and schooling in developing countries: results from 14 household surveys. *The World Bank Economic Review*, 22(1), 141-163.
- Florian, L., Hollenweger, J., Simeonsson, R. J., Wedell, K., Riddell, S., Terzi, L., & Holland, A. (2006). Cross-cultural perspectives on the classification of children with disabilities: Part I. Issues in the classification of children with disabilities. *The Journal of Special Education*, 40(1), 36-45.
- Friso, V., & Caldin, R. (2014). Capability, work and social inclusion. *Procedia-Social and Behavioral Sciences*, 116, 4914-4918.
- Galab, S., & Rao, N. C. (2003). Women's self-help groups, poverty alleviation and empowerment. *Economic and Political weekly*, 1274-1283.
- Government of India. (1995). *PWD Act 1995. The Person's with Disabilities*. Ministry of Law, Justice, and Company Affairs.
- Government of India. (2015). *Inclusiveness and Accessibility Index: A toolkit for Organizations to promote Inclusiveness of Persons with Disabilities*. Department of Empowerment of Persons with Disabilities. Ministry of Social Justice and Empowerment. <https://www.assochem.org/upload/page/1560100243.pdf>
- Government of India. (2016). *Disabled persons in India: A Statistical profile 2016. Social Statistics Division*. Ministry of Statistics and programme Implementation. <https://ruralindiaonline.org/en/library/resource/disabled-persons-in-india-a-statistical-profile-2016>
- Government of India. (2016). The Rights of Person's with Disabilities Act 2016. Ministry of Social Justice and Empowerment. [https://legislative.gov.in/sites/default/files/A2016-49\\_1.pdf](https://legislative.gov.in/sites/default/files/A2016-49_1.pdf)
- Government of India. (2016). The Rights of Persons with Disabilities (RPwD Act), 2016. Ministry of Social Justice and Empowerment.
- Government of Kerala. (2015). *Grama Sabha/ward Sabha of special categories*. Kerala Institute of Local Administration (KILA).
- Groce, N., Kett, M., Lang, R., & Trani, J. F. (2011). Disability and poverty: The need for a more nuanced understanding of implications for development policy and practice. *Third World Quarterly*, 32(8), 1493-1513.

- Gupta, B., & Arora, R. (2020). Rights and Entitlements of Persons with Disabilities in India: An Evaluation [Review of Rights and Entitlements of Persons with Disabilities in India: An Evaluation]. *Journal of Human Rights Law and Practice*, 3(1), 21–33.
- Gupta, S. C., & Kapoor, V. K. (2020). *Fundamentals of mathematical statistics*. Sultan Chand & Sons.
- Hair Jr, J. F., Matthews, L. M., Matthews, R. L., & Sarstedt, M. (2017). PLS-SEM or CB-SEM: updated guidelines on which method to use. *International Journal of Multivariate Data Analysis*, 1(2), 107-123.
- Hammell, K. W. (2015). Quality of life, participation and occupational rights: A capabilities perspective. *Australian occupational therapy journal*, 62(2), 78-85.
- Hahn, Harlan.( 1985) Toward a Politics of Disability: Definitions, Disciplines, and Policies Independent Living Institute (ILI) » Library » retrieved from <https://www.independentliving.org/docs4/hahn2.html> on 8.07.2020
- Hari, K. C. (2016). Disability discourse in South Asia and global disability governance. *Canadian Journal of Disability Studies*, 5(4), 25-62.
- Hinchcliffe, G., & Terzi, L. (2009). Introduction to the special issue ‘Capabilities and education’. *Studies in Philosophy and Education*, 28(5), 387-390.
- Hiranandani, V., & Sonpal, D. (2010). Disability, economic globalization and privatization: A case study of India. *Disability Studies Quarterly*, 30(3/4).
- Hiranandani, V., & Sonpal, D. (2010). Disability, Economic Globalization and Privatization: A Case Study of India. *Disability Studies Quarterly*, 30 (3/4).
- Human Development South Asia Region. (2009). *People with Disabilities in India: from Commitments to Outcomes*. The World Bank.
- International Labour Organization (ILO). (2008). Social Justice Declaration. *ILO Declaration on Social Justice for Fair Globalization, 2008*. [https://www.ilo.org/wcmsp5/groups/public/---ed\\_norm/---declaration/documents/genericdocument/wcms\\_371208.pdf](https://www.ilo.org/wcmsp5/groups/public/---ed_norm/---declaration/documents/genericdocument/wcms_371208.pdf)
- İpek, E. (2020). The costs of disability in Turkey. *Journal of Family and Economic Issues*, 41(2), 229-237.
- Janardhana, N., Muralidhar, D., Naidu, D., & Raghevendra, G. (2015). Discrimination against differently abled children among rural communities in India: Need for action. *Journal of Natural Science, Biology and Medicine*, 6(1),7. <https://doi.org/10.4103/0976-9668.149070>
- Jindal, A. R., & Chari, R. (2015). Employment Scenario of People with Disabilities in India 20 Years of The Disability Act, 1995. *National Centre for Promotion of Employment for Disabled People (NCPEDP)*.
- Johns, R. (2010). Likert items and scales. *Survey question bank: Methods fact sheet*, 1(1), 11-28.



## *Bibliography*

---

- Jones, M. K. (2009). The employment effect of the Disability Discrimination Act: Evidence from the health survey for England. *Labour*, 23(2), 349-369.
- Jones, M. K. (2011). Disability, employment and earnings: an examination of heterogeneity. *Applied Economics*, 43(8), 1001-1017.
- Joseph, J., Sankar, H., & Nambiar, D. (2020). Burden of mental health disability in Kerala: A secondary time trend analysis from 2002 to 2018. *European Journal of Public Health*, 30(Supplement\_5), ckaa166-1073.
- Kabeer, N. (1999). Resources, agency, achievements: Reflections on the measurement of women's empowerment. *Development and change*, 30(3), 435-464.
- Karna, G. N. (1999). *United Nations and the rights of disabled persons: a study in Indian perspective*. APH Publishing.
- Karna, G. N. (2001). *Disability studies in India: Retrospects and prospects*. Gyan Books.
- Karna, G. N. (2010). Disability studies in India: The Kerala experience. *International Journal of Therapy and Rehabilitation*, 17(9), 456-457.
- Khan, N., Yaqoob, I., Hashem, I. A. T., Inayat, Z., Mahmoud Ali, W. K., Alam, M., ... & Gani, A. (2014). Big data: survey, technologies, opportunities, and challenges. *The scientific world journal*, 2014.
- Kothari, J. (2012). *The future of disability law in India: A critical analysis of the persons with disabilities (Equal Opportunities, Protection of Rights and Full Participation) Act 1995*. Oxford University Press.
- Kothari, M. (2012). *The Right to Adequate Housing: From Practice to Policy to Practice*.
- Krahn, G. L., Robinson, A., Murray, A. J., Havercamp, S. M., Havercamp, S., Andridge, R., ... & Witwer, A. (2021). It's time to reconsider how we define health: Perspective from disability and chronic condition. *Disability and health journal*, 14(4), 101129.
- Kumar, M., & SOCIAL, M. O. (2006). National Policy for Persons with Disabilities. *Ministry of Social Justice and Empowerment*.
- Kumar, S. G., Roy, G., & Kar, S. S. (2012). Disability and rehabilitation services in India: Issues and challenges. *Journal of Family Medicine and Primary Care*, 1(1), 69.
- Law, I., & Widdows, H. (2008). Conceptualising health: insights from the capability approach. *Health Care Analysis*, 16(4), 303-314.
- Lawson, A. (2006). The United Nations Convention on the Rights of Persons with Disabilities: New era or false dawn. *Syracuse J. Int'l L. & Com.*, 34, 563.
- Ley, A., Ackermann, K., Beretta, S., Busch, S., Dieterle, J., El-Shahat, M. M., ... & Stützel, V. (2021). Public Usable Space as a Catalyst for Quality of Life Improvement: The Case of Cape Town's Social Farming Projects. In *Handbook of Quality of Life and Sustainability* (pp. 469-495). Springer, Cham.
- Lieberson, S. (1969). Measuring population diversity. *American Sociological Review*, 850-862.

- Malhotra, N. K., & Peterson, M. (2001). Marketing research in the new millennium: emerging issues and trends. *Marketing Intelligence & Planning*.
- Malo, M. A., & Muñoz-Bullón, F. (2006). Employment promotion measures and the quality of the job match for persons with disabilities. *Hacienda Pública Española/Revista de Economía Pública*, 179(4), 79-111.
- Maritz, A., & Laferriere, R. (2016). Entrepreneurship and self-employment for people with disabilities. *Australian Journal of Career Development*, 25(2), 45-54.
- Ministry of Social Justice and Empowerment. (2009). *Empowerment of Persons with Disabilities - Schemes / Programmes*. Department of Empowerment of Persons with Disabilities. <https://disabilityaffairs.gov.in/content/>
- Ministry of Social Justice and Empowerment. (2009). *The Persons with Disabilities (Equal Opportunities, Protection of Rights and Full Participation) Act, 1995*. <https://legislative.gov.in/sites/default/files/A1996-1.pdf>
- Mishra, A. K., & Gupta, R. (2006). Disability index: A measure of deprivation among disabled. *Economic and political weekly*, 4026-4029.
- Mishra, R. S., Mishra, R., & Mohanty, S. K. (2020). Gender differential and regional disparity of disability-free life-expectancy among disabled in India. *Clinical Epidemiology and Global Health*, 8(3), 818-827.
- Mishra, R. S., Mohanty, S. K., Cordes, J., Sahoo, U., Singh, R. R., & Subramanian, S. V. (2021). Economic gradient of onset of disability in India. *BMC public health*, 21(1), 1-11.
- Mitra, S. (2006). The capability approach and disability. *Journal of disability policy studies*, 16(4), 236-247.
- Mitra, S. (2018). The human development model of disability, health and wellbeing. In *Disability, health and human development* (pp. 9-32). Palgrave Pivot, New York.
- Mitra, S., & Sambamoorthi, U. (2014). Disability prevalence among adults: estimates for 54 countries and progress toward a global estimate. *Disability and rehabilitation*, 36(11), 940-947.
- Mitra, S., Palmer, M., Kim, H., Mont, D., & Groce, N. (2017). Extra costs of living with a disability: A review and agenda for research. *Disability and health journal*, 10(4), 475-484.
- Mitra, S., Posarac, A., & Vick, B. (2013). Disability and poverty in developing countries: a multidimensional study. *World Development*, 41, 1-18.
- Mohapatra, C. S. (2012). Disability and its interlinkages with education employment and poverty in india.
- Naraharisetti, R., & Castro, M. C. (2016). Factors associated with persons with disability employment in India: a cross-sectional study. *BMC public health*, 16(1), 1-8.

## *Bibliography*

---

- Narayan, C. L., & John, T. (2017). The Rights of Persons with Disabilities Act, 2016: Does it address the needs of the persons with mental illness and their families. *Indian journal of psychiatry*, 59(1), 17.
- National Sample Survey Office (NSSO). (2002). *Disabled Persons in India. Report No.485. NSS 76th Round (July-December 2002)*. National Sample Survey Office, Ministry of Statistics and Programme Implementation, Government of India.
- National Sample Survey Office (NSSO). (2018). *Persons with Disabilities in India, Report No.583. NSS 76th Round (July 2018-December 2018)*. National Sample Survey Office, Ministry of Statistics and Programme Implementation, Government of India.
- National Sample Survey Office (NSSO). Periodic Labour Force Survey Annual Report 2018-19, (July 2018- June 2019). National Statistical Office. Ministry of Statistics and Programme Implementation, Government of India.
- National Statistical Office. (2021). *Persons with Disabilities (Divyangjan) in India - A Statistical Profile: 2021*. Ministry of Statistics and Programme Implementation. Government of India. [http://www.nhfdc.nic.in/upload/nhfdc/Persons\\_Disabilities\\_31mar21.pdf](http://www.nhfdc.nic.in/upload/nhfdc/Persons_Disabilities_31mar21.pdf)
- Norstedt, M., & Germundsson, P. (2021). Motives for entrepreneurship and establishing one's own business among people with disabilities: Findings from a scoping review. *Disability & Society*, 1-20.
- Nussbaum, M. C. (2006). Education and democratic citizenship: Capabilities and quality education. *Journal of human development*, 7(3), 385-395.
- O'Dowd, J., Mannan, H., & McVeigh, J. (2013). India's Disability Policy—Analysis of Core Concepts of Human Rights. *Disability, CBR & Inclusive Development*, 24(4), 69-90.
- Officer, A., & Shakespeare, T. (2013). The world report on disability and people with intellectual disabilities. *Journal of Policy and Practice in Intellectual Disabilities*, 10(2), 86-88.
- Oliver, M. (2018). *Understanding disability: From theory to practice*. Bloomsbury Publishing.
- Omair, M., Alharbi, A., Alshangiti, A., Tashkandy, Y., Alzaid, S., Almahmud, R., ... & Binhazzaa, S. (2020). The Saudi women participation in development index. *Journal of King Saud University-Science*, 32(1), 1233-1245.
- Pagán, R. (2009). Self-employment among people with disabilities: evidence for Europe. *Disability & Society*, 24(2), 217-229.
- Patel, S., Pradhan, M. R., & Patel, S. K. (2019). The scenario of Diversification of Disability and Health Care among older (60+) Population in India. *Journal of Disability Studies*, 5(1), 24-30.
- Paul, K., & Saha, S. (2015). Burden of Disability in India (1881–2011). *Journal of Multidisciplinary Research in Healthcare*, 2(1), 31-54.

- Planning Commission. (2008). *Employment of persons with Disabilities in Public Sector's in India: Emerging Issues and Trends, An Evaluation of Study with special reference to persons with Disabilities Act (1995)*. Society for Disability and Rehabilitation Studies. [https://niti.gov.in/planningcommission.gov.in/docs/reports/sereport/ser/ser\\_pdp1206.pdf](https://niti.gov.in/planningcommission.gov.in/docs/reports/sereport/ser/ser_pdp1206.pdf)
- Ramachandra, S. S., Murthy, G. S., Shamanna, B. R., Allagh, K. P., Pant, H. B., & John, N. (2017). Factors influencing employment and employability for persons with disability: Insights from a City in South India. *Indian Journal of Occupational and Environmental Medicine*, 21(1), 36.
- Raut, L. K., Pal, M., & Bharati, P. (2014). The economic burden of disability in India: Estimates from the NSS data. *Available at SSRN 2432546*.
- Rehabilitation council of India. (1992). *Rehabilitation council of India Act, 1992*. Department of Empowerment of Persons with Disabilities. Ministry of Social Justice and Empowerment. <http://rehabcouncil.nic.in/writereaddata/rci%20act%20amendment.pdf>  
<https://www.indiacode.nic.in/bitstream/123456789/1977/1/199234.pdf>
- Robeyns, I. (2016). Capabilitarianism. *Journal of Human Development and Capabilities*, 17(3), 397-414.
- Rowland, D. T. (2003). *Demographic methods and concepts*. OUP Oxford.
- Roy, C. (2020). A study on productivity & empowerment of women intensive sericulture sector of West Bengal. *PRODUCTIVITY: A Quarterly Journal of the National Productivity Council, India*, 61.
- Roy, C., Chatterjee, S., & Dutta Gupta, S. (2018). Women empowerment index: Construction of a tool to measure rural women empowerment level in India. *Available at SSRN 3357543*.
- Saikia, N., Bora, J. K., Jasilionis, D., & Shkolnikov, V. M. (2016). Disability divides in India: evidence from the 2011 census. *PloS one*, 11(8), e0159809.
- Saju, M. D., Benny, A. M., Allagh, K. P., Joseph, B., & Thiyagarajan, J. A. (2020). Relationship between neighbourhood cohesion and disability: findings from SWADES population-based survey, Kerala, India. *F1000Research*, 9.
- Sarma, J. (2016.) Accessibility to the built environment in Delhi, India: understanding the experience of disablement through the intersectionality paradigm. *Knowledge Management for Development Journal* 11(2): 104-121 <http://journal.km4dev.org/>
- Saunders, M., Lewis, P., & Thornhill, (2021). Competitive Advantage as a Mediating Variable in the Relationship between Information Technology Capability and Performance of Manufacturing Firms in Nairobi City County, Kenya 1Gitau Lucy, 2Felix Musau and 3David Nzuki. In *3rd International Business Research and Industrial Conference (IBRIC)* (p. 569).
- Sciulli, D., de Menezes, A. G., & Vieira, J. C. (2012). Unemployment duration and disability: evidence from Portugal. *Journal of labor research*, 33(1), 21-48.

## *Bibliography*

---

- Selvi, C. S., Venkatesan, K., & Pushpa, K. S. Inclusive of disability-a study on bud's scheme under kudumbashree.
- Sen, A. (2009). The idea of justice. *Journal of human development*, 9(3), 331-342.
- Sen, A. K. (1990). Individual freedom as social commitment. *India International Centre Quarterly*, 17(1), 101-115.
- Senjam, S. S., & Singh, A. (2020). Addressing the health needs of people with disabilities in India. *Indian journal of public health*, 64(1), 79.
- Shahul Hameedu, M. (2014). The emerging development model in India differently-abled entrepreneurs. *International Journal of Scientific and Research Publications*, 4(1).
- Shakespeare, T., & Watson, N. (2001). The social model of disability: an outdated ideology?. In *Exploring theories and expanding methodologies: Where we are and where we need to go*. Emerald Group Publishing Limited.
- Shenoy, M. (2011). Persons with disability and the India labour market: Challenges and opportunities. *ILO*, 13(1).
- Singh, P. (2014). Persons with Disabilities and Economic Inequalities in India. *Indian Anthropologist*, 44(2), 65–80. <http://www.jstor.org/stable/43899390>
- Sivanandan, V. (2018). Marital status of persons with disabilities in India-an analysis. *J. Disabil. Manag. Spec. Educ*, 1(2), 25.
- Suhr, D. D. (2005). Principal component analysis vs. exploratory factor analysis. *SUGI 30 proceedings*, 203, 230.
- Sulania, A., Khandekar, J., & Nagesh, S. (2015). Burden and correlates of disability and functional impairment in an urban community. *International Journal of Medicine and Public Health*, 5(1).
- Thompson, S. (2017). Disability prevalence and trends.
- Thorlacius, S., & Ólafsson, S. (2012). From unemployment to disability? Relationship between unemployment rate and new disability pensions in Iceland 1992–2007. *The European Journal of Public Health*, 22(1), 96-101.
- Tsengu, D. V., Brodtkorb, S., & Almnes, T. (2000). CBR and economic empowerment of persons with disabilities. *CBR as part of community development: A poverty reduction strategy*. University College London, Centre for International Child Health: London.
- United Nation's Development Programme (UNDP). (2003). Human Development Report 2003. <https://hdr.undp.org/system/files/documents//human-development-report-2003-english.human-development-report-2003-english>
- United Nation's International Children's Educational Fund (UNICEF). (2020). *Women's Empowerment in Kenya, Developing a Measure*. Kenya National Bureau of Statistics. <https://www.unicef.org/esa/media/8466/file/UNICEF-Kenya-2020-Womens-Empowerment-in-Kenya-2020.pdf>

- United Nations Development Programme. (1993). *Human Development Report 1993*. <https://digitallibrary.un.org/record/240259?ln=en#record-files-collapse-header>
- United Nations. (1975). *Declaration on the Rights of Disabled Persons*. New York. Microsoft Word - Document1 (ohchr.org) Declaration on the Rights of Disabled Persons | OHCHR
- United Nations. (2008). *Convention on the Rights of Persons with Disabilities and Optional Protocol*. Department of Economic and Social Affairs. New York. <https://www.un.org/disabilities/documents/convention/convoptprot-e.pdf>
- United Nations. (2009). *World Population Prospects*. United Nations Department of Economic and Social Affairs: Population Division. [https://www.un.org/development/desa/pd/sites/www.un.org.development.desa.pd/files/files/documents/2020/Jan/un\\_2008\\_world\\_population\\_prospects-2008\\_revision\\_volume-ii.pdf](https://www.un.org/development/desa/pd/sites/www.un.org.development.desa.pd/files/files/documents/2020/Jan/un_2008_world_population_prospects-2008_revision_volume-ii.pdf)
- United Nations. (2015). *Inclusion matters: access and empowerment for people of all abilities*. Department of Economic and Social Affairs Disability. <https://www.un.org/development/desa/disabilities/international-day-of-persons-with-disabilities-3-december/international-day-of-persons-with-disabilities-3-december-2015.html>
- United Nations. (2018). *UN Flagship Report on Disability and Sustainable Development Goals*. Department of Social and Economic Affairs. <https://www.un.org/development/desa/disabilities/publication-disability-sdgs.html>
- United Nations. Department of Economic and Social Affairs. (2018). *Disability and Development Report: Realizing the Sustainable Development Goals By, for and with Persons with Disabilities: 2018*. UN.
- Veeramani, P. Quality of life among women with locomotor disabilities at Pudukkottai District.
- Vijayan, K., & Indurajani, R. (2020). Socio-Economic Conditions Of Differently-Abled Persons In India—An Emperical Study Based On Secondary Data. *Vijayan, K, Dr. Shanimon. S, Indurajani*.
- Vornholt, K., Villotti, P., Muschalla, B., Bauer, J., Colella, A., Zijlstra, F., ... & Corbière, M. (2018). Disability and employment—overview and highlights. *European journal of work and organizational psychology*, 27(1), 40-55.
- Walker, A., & Hallinger, P. (2015). A synthesis of reviews of research on principal leadership in East Asia. *Journal of Educational Administration*.
- Wallcraft, J., & Hopper, K. (2015). The Capabilities Approach and the social model of mental health. *Madness, distress and the politics of disablement*, 83-97.
- Watson, N. (2013). Researching disablement. In *Routledge handbook of disability studies* (pp. 107-119). Routledge.
- Wiggett-Barnard, C., & Swartz, L. (2012). What facilitates the entry of persons with disabilities into South African companies?. *Disability and Rehabilitation*, 34(12), 1016-1023.

## *Bibliography*

---

- World Bank (2007). *Development and the Next Generation*. <https://documents1.worldbank.org/curated/en/556251468128407787/pdf/359990WDR0complete.pdf>
- World Bank. (1993). *World Development Report 1993: Investing in Health, Volume 1*. The World Bank.
- World Bank. (2006). *World development report 2007: Development and the next generation*. The World Bank.
- World Health Organization (WHO). (2011). *World Report on Disability*. The World Bank. [file:///C:/Users/VIDYARANI%20K/Downloads/9789240685215\\_eng.pdf](file:///C:/Users/VIDYARANI%20K/Downloads/9789240685215_eng.pdf)
- World Health Organization. (2001). *International Classification of Functioning, Disability, and Health: Children & Youth Version: ICF-CY*. World Health Organization. Geneva
- Wylie, K., McAllister, L., Davidson, B., & Marshall, J. (2013). Changing practice: Implications of the World Report on Disability for responding to communication disability in under-served populations. *International journal of speech-language pathology*, 15(1), 1-13.









## APPENDIX







## **INTERVIEW SCHEDULE**

### **ECONOMIC EMPOWERMENT OF PEOPLE WITH DISABILITIES IN KERALA: STATUS, OPPORTUNITIES AND CHALLENGES**

**J. BINCY**

**Research Scholar, Department of Economics  
St Joseph's College, Devagiri, Calicut**

#### **Part- A: DEMOGRAPHIC STATUS**

1. Gender: (a) Male (b) Female (c) Transgender
2. Age (in years) (a) 20-25 (b) 26-35 (c) 36-45 (d) 46-55 (e) 56-60
3. Birth order (in number): a) First child b) Second c) Third d) fourth e) Fifth and above
4. District : (a) Ernakulum (b) Malappuram (c) Thrissur
  - 5A. Family Type : (a) Nuclear (b) Joint
  - 5B. Head of the family : (a) male (b) female
6. Size of the Family: (a) Small (Up to 4 members) (b) Medium (5-8 members)  
(c) Large (8 and more)
7. Area of residence : (a) Corporation (b) municipality (c) Panchayat
  - B. (a) rural (b) urban
8. Living Status
  - (a) Living alone (b) Living with family (c) Living with others
  - (d) Living in an institution

#### **Part- B: DISABILITY STATUS**

9. Cause of your disability
  - (a) By birth Defects (b) Disease (c) Traffic crashes (d) accidents at work
  - (e) Unknown
10. Age at your disability started? : (a) Below 10 (b) 10-20 (c) 20-40  
(D) 40 and above

11. Mention your disability type

Loco Motor	Visual Impairment	Hearing Impairment	Speech Impairment
------------	-------------------	--------------------	-------------------

12. Per cent of disability in the identity card or Degree of disability

a) Profound b Moderate c) Severe

13 A. Does anybody in your family have any kind of impairment? Yes No

B. If yes, (a) which type

Loco Motor	Visual Impairment	Hearing Impairment	Speech Impairment	Any Other Disability
------------	-------------------	--------------------	-------------------	----------------------

C. Number of the members?

D. Does anybody in your immediate family in the last generation have any kind of impairment?

Yes  No

E. If yes, (a) which type

Loco Motor	Visual Impairment	Hearing Impairment	Speech Impairment	Any Other Disability
------------	-------------------	--------------------	-------------------	----------------------

(F. Number of the members?)

### Part- C: SOCIAL STATUS

14: Social Group and Religion

a: SC	b: ST	c: OBC	d: Others/General
-------	-------	--------	-------------------

15. Marital Status

a:Married	b: Unmarried	c:Widow/Widower	d:Separated/Divorced
-----------	--------------	-----------------	----------------------

16. If you are unmarried, state the reasons

a. parents disagreement	b.societal reluctance	c. health issues /Disability Issues	d. Financial backwardness/	e.other reasons
-------------------------	-----------------------	-------------------------------------	----------------------------	-----------------

17. If you are married, mention the status of your spouse

(a) Abled (b) Differently-abled



*Appendix*

18 A. Are you a member of any local body groups, 1.NGOs 2. DPOs, 3. SHG s

1Yes	1No	2Yes	2No	3 Yes	3 No
------	-----	------	-----	-------	------

18 B. If you are a member, how frequently attending the meetings

a. Regularly	b. Sometimes	c. Very rare
--------------	--------------	--------------

19. Access to social media/ electronic media/ account in social network

Yes	No
-----	----

20. Awareness about rights and privileges

Statements	To a great extend	Some What	Not at all
a. Are you aware of your privileges of studies and vocational training			
b. Are you aware of your special rights on employment and reservation			
c. Are you aware of your rights on financial assistance and help			
d. Have you experienced any kind of discrimination in above-said matters			

**Part- D: Education Status**

21.. Educational qualification of Parents and Respondent

Sl. No	Parents and respondent	0	1	2	3	4	5

Illiterate -0 , Primary -1 , secondary -2 , Higher Secondary -3 , Graduates and above -4 diploma and other professional courses – 5

22. Educated from where : a) Government Institution b.) Private Institution c) Private Aided d) home school

23. If illiterate or drop out from school, the reasons (N/A)

a).Parents disagreement	b. Health issues	c. Financial backwardness/ over expensive	d. unreachable distance to school/ inaccessibility to the buildings
-------------------------	------------------	---	---

24. Any formal vocational course completed?

Engineering Trade < 2 years	Engineering Trade < 3 years	Non-Engineering Trade <3 years	Non-Engineering Trade <2 years	c. NA
-----------------------------	-----------------------------	--------------------------------	--------------------------------	-------

25. Any other informal Vocational Training, If yes duration of the course

a. 3 months to 1 year	b. up to 2 years	C. up to 3 years	d. 3 years and more	d. NA
-----------------------	------------------	------------------	---------------------	-------

### Part- E: ECONOMICS STATUS

26. Mention the source of your family income (monthly income)

A. a) Wage/ Salary b) agricultural activities c) industry/ business d) rental income/ other activities

B. Monthly Income of the family

Up to 5000	5000-10000	10000-15000	15000-20000	20000 and above
------------	------------	-------------	-------------	-----------------

C) Are you the breadwinner of the family? : Yes or No

D) Ration Card Category: a) Yellow b) Pink c) Blue d) White

27. Employment / Occupation of the respondent

a) Government employee (b) Private employee (c) Self-employed or own business

(d) Agriculture and others

b) Nature of employment: (a) temporary (b) permanent

c) Are you employed on quota (reservation) base Yes No

28. Monthly income of the respondent

Up to 5000	5000-10000	10000-15000	15000-20000	20000 and above
------------	------------	-------------	-------------	-----------------

29. Main sources of income from:

(a) Disability pension (b) Wage/Salary (c) Investment/Property-based income (d) other sources like agriculture , business , own enterprise etc

30. House ownership and status

A. Ownership	Own
	Rented
B. Status	Hut/thatched
	Tiled/ Sheet
	Concrete

## 31. Composite Empowerment Index

Domain	Indicators	Empowerment Scale				
A. Educational and vocational training attainment: (Education Dimension) EVD	A <sub>1</sub> . Level of completed education	Illiterate (0)	Secondary (0.25)	higher secondary (0.5)	Graduation (0.75)	PG and above (1)
	A <sub>2</sub> . Level of technical Education	Nil (0)	1Year Diploma (0.25)	2Year Diploma (0.5)	3Year Diploma (0.75)	above 3 years (1)
	A <sub>3</sub> Vocational training in either formal or informal mode	Nil (0)	Not less than 6 months (0.25)	not less than 1year (0.5)	not less than 2years (0.75)	Above 2 years (1)
	A <sub>4</sub> Participation in government-funded vocational training/ skill development programs	Nil (0)	1 year Diploma (0.25)	2Year Diploma (0.5)	3Year Diploma (0.75)	Above 3 years (1)
B. Social Dimension (Social Inclusion) SD	B <sub>1</sub> Membership and active participation of local body groups	Nil. (0)	Rarely (0.25)	Some times (0.5)	Most Frequently (0.75)	Always (1)
	B <sub>2</sub> Exposure to social media/ electronic media	Nil.(0)	have account (0.25)	Only for leisure (0.5)	News also (0.75)	Information gathering (1)
	B <sub>3</sub> Access to public services like transportation, public building	Very poor.(0)	Poor (0.25)	Average (0.5)	Good (0.75)	Excellent (1)
	B <sub>4</sub> Intervention	Nil.(0)	Rarely (0.25)	Sometime (0.5)	Most frequently	Always (1)

	and influence on decisions affecting local area ( active participation in ward meetings)				(0.75)	
	B <sub>5</sub> Awareness of your rights and freedom (About reservation for education and employment Financial assistance for self-employment )	Very poor. (0)	Poor (0.25)	Average (0.5)	Good (0.75)	Excellent (1)
<b>C. Health Dimension (Health Status) HD</b>	C <sub>1</sub> Access to safe drinking water and safe sanitation facilities	Very poor. (0)	Poor (0.25)	Average (0.5)	Good (0.75)	Excellent (1)
	C <sub>2: A</sub> Access to health care services/ accessibility of assistive devices if they need	Very poor. (0)	Poor (0.25)	Average (0.5)	Good (0.75)	Excellent (1)
	C <sub>3</sub> Availability of health insurance services / cards	Not having (0)				Having (1)
	C <sub>4</sub> Freedom in taking decision about	Very poor. (0)	Poor (0.25)	Average (0.5)	Good (0.75)	Excellent (1)

	consulting Doctor, treatment etc					
<b>D. Employment Opportunities and Work Environment (Employment Dimension) EMD</b>	D <sub>1</sub> Safety and accessible workplace and environment	Very poor. (0)	Poor (0.25)	Average (0.5)	Good (0.75)	Excellent (1)
	D <sub>2</sub> Suitable and appropriate Job opportunities matching your qualification	Very poor. (0)	Poor (0.25)	Average (0.5)	Good (0.75)	Excellent (1)
	D <sub>3</sub> Equal opportunities for promotion and increment in employment opportunities with the people without disabilities	Strongly Disagree (0)	Disagree (0.25)	Neutral (0.5)	Agree (0.75)	Strongly Agree (1)
<b>E. Economic Dimension ED</b>	E <sub>1</sub> Ownership of property: ownership of land or house (Either alone or joint with parents or partner)	Nil (0)	House Ownership (0.50)	Land ownership alone (0.50)	Both house and Land Ownership (0.5+0.5=1)	
	E <sub>2</sub> Paid Employment for the last one year continuousl	Nil (0)	Temporary-time (0.25)	Temporary Full time(0.5)	Permanent Part-time (0.75)	Permanent Full Time (1)

	y / Not less than 5 hours per day					
	E <sub>3</sub> Wage / Salary level (Not less than Rs300/- national average daily wage)	Nil (0)	Below National Average (0.33)	Equal to the national average (0.66)	Above national average (1)	
	E <sub>4</sub> Credit access for self-employment or IGA purpose	Nil (0)	For study purposes alone (0.25)	For Housing and sanitation alone (0.25) For study and housing also (0.5)	For Self employment purpose (0.5) and for either study or housing (0.75)	For Study, housing and self-employment purposes (1)
	E <sub>5</sub> Intervention power in economic decision taking in the family (e.g.: sale and purchase of durables)	Nil (0)	very little (0.25)	Moderate (0.5)	Good (0.75)	High participation (1)
	E <sub>6</sub> Ownership of consumer durables like Vehicle, Refrigerator, TV etc	Nil (0)	TV alone (0.25)	Refrigerator alone (0.25) TV+ Refrigerator=(0.5)	Automobiles alone (0.25) +either TV or Refrigerator=(0.75)	All the three durables (1)
	E <sub>7</sub> Financial Assets holdings like Bank deposits, shares etc	Nil (0)	Bank Deposits (0.33)	LIC (0.33) + bank deposits (0.66)	CD/ Shares (0.33) + LIC + bank deposits (1)	
	E <sub>8</sub> Monthly Consumption	>846 (0)	846=or > (0.25)	2745=or > (0.5)	3603=or> (0.75)	4634=or> (1)

	Expenditure ( As per National average )					
	E <sub>9</sub> . Duration of the time lag between completing education and obtaining a job. Years 1 to 4	Nil (1)	2 Years< (0.75)	4 years< (0.5)	6years < (0.25)	8 years< (0)

### 32. Challenges for economic empowerment of People with Disability in Kerala.

Si. No	Statements	Strongly Disagree	Disagree	No Opinion	Agree	Strongly Agree
1	Economic backwardness of the family that prevent higher education					
2	Lack of regularity in work and payment					
3	Discriminatory payments and lack of emoluments					
4	Subsistence for earning potential for employment					
5	Economic burden of disability or out pocket expenditure on disability					
6	Change of job due to disability and Economic Insecurity					
7	Depressing Attitudes of co-workers					
8	Lack of vocational training and communicative skill					
9	Inadequate financial assistance for the self-employment initiatives					
10	Absence of freedom in selecting your courses of education and training					
11	Employer's negative perception and attitude					
12	Loss of job due to disability					
13	Lack of co-operative based link with market					
14	Inconsistent benefits from MNREGA participation					

15	Lack of accessibility to public places, buildings, transportation					
16	Inadequacy of the reservation quota					
17	The corrupted selection process in appointments					
18	Inefficient implementation of quota system					
19	No proper alliance with the start-up mission					
20	Constrained Social norms, societal attitudes and practices					
21	Lack of support and information from peer groups					
22	Inadequate Social security and support services					
23	Discriminatory attitudes and lack of support from the local community and LSG					
24	Lack of participation in SGHs and Social Mingling					

33. To analyse the impact of government policies and initiatives on the economic empowerment of Persons with Disabilities in Kerala.

Policy Specifications	Statements	Rating Scale		
		To a great extend	Some What	Not at all
<b>I. Awareness of Legislation and special reservations</b> a) Person with Disabilities Act 1995 b) . Rights of Persons with Disabilities (RPWD) Act, 2016	a) Awareness about the reservations for Education and Vocational Training			
	b) Aware of 4% (previously 3%) reservations in employment opportunities			
	c) Aware of the credit accessibility at concessional rate for self-employment and other purposes			
	d) Aware of the priority in attendance and treatment in health care services			
	e) Awareness about NHFDC , KHPWC and Kerala Social Security Mission etc			



II	Policy Specifications	Statements	Rating Scale	
			Yes	No
B	II. Influence of the Legislation and special reservation provisions	a. Got admissions in education institutions		
		b. Got employment opportunity as per the reservation quota		
		c. Received Credit access at concessional rate for self-employment , housing , agriculture		
		d. Got preference in health care services especially during this pandemic period		
		e. Got financial assistance and vocational training		

III	Policy Specifications	Statements	Rating Scale		
			To a great extend	Some What	Not at all
C	. Awareness about NGOs, DPOs: Link with at least one NGO &DPO in the District	a. Registration/ Membership NGOs, DPOs			
		b. .Participation in NGOs and DPOs meetings and public functions.			

IV	Policy Specifications	Statements	Rating Scale	
			Yes	No
D	VI Influence of NGOs, DPOS NGOs impact on economic empowerment of people with disability	a) Increased awareness, Vocational Training and Capacity Building		
		b) Gave alternative livelihood options and increased income		

34. Which areas of empowerment, in your view, need the most government action and of what kind?

35. Do you expect non-governmental organizations (NGOs) to intervene more than they do today, and if so, in what particular fields and domains protect people with disabilities?

36. What is the most urgent need for government action today, in your opinion, for the needs of people with disabilities?