

**Economic Participation and Financial Status  
of  
Differently-Abled Persons in the Society  
- A Study with reference to West Bengal**

Thesis Submitted for the Degree of  
Doctor of Philosophy  
In  
Commerce

*Submitted by*

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**Enrollment No: Ph. D/19/COM/04 (2019-2024)**

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2023**

# **Economic Participation and Financial Status of Differently-Abled Persons in the Society: A Study with reference to West Bengal**

## **Preface**

This study investigates the economic participation and financial status of differently-abled individuals within the context of West Bengal, India. Differently-abled persons represent a significant segment of the population, and their socioeconomic well-being is a critical aspect of social inclusivity and equitable development. Through a comprehensive analysis of data collected from various sources, including surveys, government records, and interviews, The research aims to provide insights into the challenges and opportunities faced by differently-abled individuals in accessing economic opportunities, income generation, and financial security which in turn effect their standard of living

The study assesses the various factors influencing the economic participation of differently-abled persons, including access to, employment opportunities, wage/income parity and supportive policies and programs. It also delves into the financial status of this demographic, examining income levels, savings, and access to financial services such as banking and insurance as well as usage of these banking/financial services.. The research further explores the inter-linkage between disability and poverty on the lines of Capability approach.

By examining the specific case of West Bengal, this study provides valuable insights into the unique regional dynamics and challenges faced by differently-abled individuals in this state. Additionally, it assesses the effectiveness of existing government initiatives and advocacy efforts aimed at improving their economic well-being. By building a deprivation matrix the study also intends to highlight the dimensions how capability deprivation in differently-abled people lead them to a lower standard of living.

The findings of this research not only contribute to a better understanding of the economic participation and financial status of differently-abled individuals but also offer recommendations for policy interventions and community support systems to promote their economic empowerment and social inclusion. Ultimately, the study strives to foster a more inclusive society where all members, regardless of their restrictive abilities, have equal opportunities to achieve economic independence and financial security.

## **Acknowledgement**

I would like to express my heartfelt gratitude to The Postgraduate & Research Department of Commerce, St. Xavier's College (Autonomous) Kolkata and all my respected teachers for considering me worth of pursuing the degree for Doctor of Philosophy (2019-24). I would like to take this opportunity to thank my mentor and guide Dr. (CA) Sanjib Kumar Basu, Dean of Post Graduate and Research Department, St. Xavier's College (Autonomous) Kolkata, for his priceless guidance, academic and scholarly inputs and encouragement throughout the research work. I would also like to extend my gratitude to Dr. Samrat Roy, PhD Coordinator, Research Department, St. Xavier's College (Autonomous) Kolkata, for his academic support and facilities provided to carry out my research work. I am forever indebted to my external Research Advisory Committee Experts (RAC) Prof. (Dr). Amalendu Bhunia Professor, Department of Commerce, University of Kalyani and Prof. (Dr) Tanupa Chakraborty, Professor, Department of Commerce, University of Calcutta and internal RAC members for their constant support and monitoring during conduct of the research.

This dissertation would not have been possible without the unconditional support of all the people surveyed especially the Differently-Abled people all of them who helped me understand how disability leads to deprivation and through my project reflect the actual scenario. The contribution of books is indispensable for any kind of research the facility received from Library and all the library staff with regards to my research deserves a special mention.

My family has been my strength of pillar all through my life and I can't thank them enough for being in my life accepting me the way I am and always encouraging me to pursue my dreams .

Most important I want to thank Almighty for blessing me with this wonderful gift of life.

Sirsha Biswas

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## **Acronyms and Abbreviations**

ADB	:	Asian Development Bank
AMC	:	Association for the Mentally Challenged (India)
APD	:	Association of People with Disability (India)
DFID	:	Department of International Development.
EHRC	:	The Equality and Human Rights Commission
ESCAP	:	Economic and Social Commission for Asia and the Pacific
GOI	:	Government of India.
ICT	:	Information and communication technology.
ILO	:	International Labour Organisation
MSJE	:	Ministry of Social Justice & Empowerment (India)
NAB	:	National Association for the Blind (India)
NSS	:	National Sample Survey.
NCPEDP	:	National Centre for Promotion of Employment for Disabled People
PWD	:	Persons with disability/differently-abled persons
RPWD Act	:	The Right of Persons with Disabilities Act.
UNCRPD	:	United Nations Convention on Right of Persons with Disability.
VRC	:	Vocational Rehabilitation Centre
WHO	:	World Health Organisation

# **Chapter One**

## **Introduction**

### **1.1: Introduction**

For inclusive growth of any country, it is imperative that all sections of the society get an equal opportunity to participate in the productive generation of goods and services in the form of employment (whether as an employer or employee) and reap the benefits of economic growth equitably.

According to World Bank research from April 4th, 2019, 1 billion people, or 15% of the population of the world, are disabled in some way. Thus, for the overall sustainable and inclusive growth of a country, it is imperative to include persons with any form of disability in the mainstream of the production process.

Persons with disabilities (PWD) are more likely than people without disabilities to face detrimental socioeconomic results, such as lower schooling levels, worse outcomes of health, fewer levels of employment, and greater rates of poverty.<sup>1</sup> The UNCRPD (United Nations Convention on the Rights of Persons with Disability Article 27 - Work and Employment) emphasized the presence of inequality that hinders the integration of PWD in societies especially in developing countries like India<sup>2</sup> with respect to:

- Economic participation
- Financial status

The study would aim to depict a current comparative scenario of Adult Persons with Disability (Adult PWD) with respect to their participation in economic activities (through employment) and their financial status in the state of West Bengal. The information could thereby be used to assess the presence or absence of evidence hinting towards disability-related wealth-penalty which leads to a vicious cycle of poverty and thereby recommend some remedies in case of the presence of the above evidence.

### **1.2. Background of the Study**

The Planning Commission of India in its Vision 2020 Report recognizes approximately 5%<sup>3</sup> of the India total population to represent the PWD. According to World Bank

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<sup>1</sup> World Bank Report 'People with Disabilities in India: From Commitments to Outcomes' released in 2007.

<sup>2</sup> UN Convention on the Rights of Persons with Disabilities Article 27 - Work and employment

<sup>3</sup> Planning Commission of India (2011-12) Report

research, however, estimates for the number of PWD in India range from 40 to 80 million, or 4 to 8 percent of the country's total population<sup>4</sup>. Contrarily, the NSS Round of 2002 and Census 2011 indicate a lower incidence of impairment in the nation<sup>5</sup>. As per the Indian Census, 2.21% of the population in India had a disability, totaling 2.68 crore people. Of them, 1.5 crore were men and 1.18 crore were females.

Though estimates vary, it goes without saying that the sheer magnitude of the population of India makes even the lowest estimate of impairment similar to the numerous European nation's population taken as a whole. When seen from this viewpoint, Indians with disabilities make up the biggest combined minority group.

Despite making up between 5 and 6 percent of the population of India, there are still major obstacles preventing disabled people from participating meaningfully in the country's economy through employment. As a result, they are disproportionately financially excluded, which drives them further into poverty and a lower standard of living.

The '*Rights of Persons with Disability*' Act 2016 implementation showed a positive light in the direction of increased economic participation and financial inclusion of PWD.

This Act provides employment incentives to both public and private sector companies that employ at least 5% PWDs. It also reserves 4% of all kinds of government occupations for people with disabilities. The unfortunate reality is that, of India's nearly 26 million PWD, only around 0.1 million have so far been successful in finding jobs in the industry<sup>6</sup>. According to a 1999 NCPEDP ("National Centre for Promotion of Employment for Disabled People") assessment of the top 100 corporations, the employment rate for disabled people in the private sector has been a pitiful 0.28 percent, while it was just 0.05 percent for MNC (Multinational Companies).<sup>7</sup>

There are now 6,87,632 disabled persons on the live registers of the country's 81 Employment Exchanges and Special Cells waiting for government employment, as per the

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<sup>4</sup> Job & Work Analysis Guidelines for Identifying Jobs for Persons with Disabilities; Robert Heron; ILO Publication

<sup>5</sup> Website of National Handicapped Finance & Development Corporation <http://www.nhfdc.org/> retrieved on 15th December 2020

<sup>6</sup> Progress Report, National Trust for the Welfare of Persons with Autism, Cerebral Palsy, Mental Retardation and Multiple Disabilities

<sup>7</sup> Al Ju'beh, K. (2015). Disability inclusive development toolkit. Bensheim: CBM.

Annual Report of the Ministry of Labor and Employment (2007-2008).<sup>8</sup> Although many more people have registered with private employment agencies, there is no information available regarding their enrollment or placement.

The number of PWDs who are gainfully employed varies depending on the type of disability, gender, degree of education, and geographic region (urban vs rural). 68 percent of Indians, as per the 2011 Census of India, reside in rural regions. Therefore, in terms of the total population, there are proportionally more disabled people in rural regions, which is exacerbated by factors like general poverty,<sup>9</sup> inadequate access to healthcare, and a large gap between the rural impaired and markets. The Census of India estimates that just 51% of PWDs are not literate; 26% are up to the primary level; 6% are at the intermediate level; and only 1.3 percent are at the secondary level or above.<sup>10</sup>

The lack of literacy and employment leads to deprivation of basic standard of living thereby often leading an individual towards the vicious cycle of poverty. There is an absolute necessity to study the participation of differently-abled persons in the economy and assess their financial condition in the current time frame to see if disability-related deprivation leads to poverty or not.

### **1.3: Rationale of the Study**

PWDs/people with varied abilities have several difficulties in society and often endure stigma and prejudice. They continue to be primarily ostracized, have higher death rates, and are disproportionately impoverished. Various studies have been undertaken from time to time on the social exclusion of PWDs and linking disability with poverty. However, there is a gap in analyzing the cause-effect relationship of lack of economic participation and unstable financial position of PWDs in comparison to non-PWDs.

The study would aim to identify (a) the existence of an **Employment gap** and (b) **Wage discrimination** and thereby highlight areas requiring Government Interventions by the State of West-Bengal.

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<sup>8</sup> Barron, T. & Amerena, P. (Eds.). (2007). Disability and inclusive development. London: Leonard Cheshire Disability.

<sup>9</sup> Planning Commission of India (2021-22) Report

<sup>10</sup> Annual Report of Ministry of Labour & Employment (2010-11)

In order to analyze the evidence of a wealth penalty associated with disability, it would also try to construct a detailed picture of the wealth status of disabled individuals in contrast to non-disabled persons. It would also aim to recommend treatments for decreasing or stopping the wealth penalty.

Moreover, it would also enquire about the extent of financial inclusiveness of PWDs thereby reflecting their access and awareness towards financial services and how far banks have been successful in incorporating ICT compliances (issued by RBI) to serve PWDs are also to be studied.

The study of poverty dimension and disability would hint towards the requirement of poverty reduction programs specially designed for PWDs.

#### **1.4: Review of Existing Literature**

A critical analysis and synthesis of previously published research and scholarly articles on a certain topic is what's known as a literature review. It involves examining and assessing the knowledge and findings presented in these studies to understand the current state of knowledge, identify key themes and trends, and identify any gaps or areas for further research. A literature review helps to provide a foundation for a research project or study by reviewing and synthesizing the existing literature on the topic, thereby conferring a broader understanding of the subject and helping in the formulation of research questions and methodology specific to the current study undertaken. For clarity of concepts and better identification of the research gap, a thematic literature review has been undertaken.

To get a better image of the literature reviewed thematic classification has been made as under:

##### **Theme One: Disability**

The study is essentially based on differently-abled people, their journey, level of participation in the economy, work participation, financial condition, and different aspects that have been studied to depict their current economic and financial status and draw policy recommendations in places of the gap. For this purpose, the history of disability as a concept and its different evolution over the years are studied.

The following is some of the literature that has been studied to understand how over the years disability movement has shaped up lives of these people:

**Goodley and Lawthom (2023)** in their study ‘An Interdisciplinary Introduction’ gave an interdisciplinary introduction to disability studies, covering key concepts, theories, and research in the field. An elaborative explorative methodology of research was undertaken by them to understand the evolution of different concepts of disability over the years and theories that supported the different transitional phases.

**Lennard J. Davis (2023)** in their publication ‘A Historical Perspective’ provides a historical overview of the field of disability studies, tracing its development, key theories, and interdisciplinary approaches to understanding disability. Historical research has been undertaken to develop the concept of disability

**Sarah Jaquette Ray (2022)** in his publication on ‘Disability Studies and the Environmental Humanities: Toward an Eco-Crip Theory’ made an in-depth analysis of the eco-crip theory. The researcher explores the intersection of disability researches and the environmental humanities, examining how a framework of eco-crip theory can inform understandings of disability, embodiment, and the environment.

**Hamraie and Mingus (2022)** in their publication “Intersectionality and Disability: A Critical Review of Literature” critically review and explore the intersectionality of disability, examining the ways in which disability intersects with other social identities such as race, gender, sexuality, and class. A proportionate relationship was established between gender and class with disability exclusion whereas no causal relationship could be established between exclusion owing to disability and educational background.

**Dalla Bella and Traustadottir (2021)** in their research article ‘Disability Studies in Education: An Emerging Field’ examine the emergence of disability studies in education, discussing its theoretical frameworks, pedagogical approaches, and the impact of disability studies in educational settings. Different approaches were studied and the advantages and disadvantages of all the different fields of education were studied to present a comparable analysis and its impact on disability studies.

**Havi Carel and Rachel Cooper (2021)** in the edited volume on ‘Disability Studies and the Medical Humanities: Exploring Interdisciplinary Approaches’ bring together contributions from various scholars in disability researches and the medical humanities, exploring interdisciplinary approaches to understanding disability, illness, and healthcare practices.

**Tom Shakespeare (2020)** in his article “The Social Model of Disability: A Review of Its Origins, Development and Critiques” provides an overview of the disability social model, tracing its origins, development, and the critiques it has faced over time. The study was entirely on the theoretical conceptualization of the disability social model and how it has impacted the development of disability studies over the years.

**Anita Ghai and T. N. Krishnan (2020)** in their research publication on ‘Disability Studies: Emerging Perspectives’, provide a comprehensive overview of disability studies from an Indian perspective, covering a broad range of topics like identity, rights, and policy. The publication talks about how the years' disability movement has shaped up, the infusion of rights, and policy changes over the years.

**Tanya Titchkosky and Rod Michalko (2020)** in their study ‘Disability Studies and Education: Inclusive Teaching and Learning in Higher Education’ focuses on disability studies in the education context, discussing inclusive learning and teaching practices in higher education settings. The study was undertaken on 247 educational and higher educational institutes to identify the gaps and thereby make policy recommendations on the basis of actual requirements.

**Dianne Pothier and Richard Devlin (2019)** in their study “Critical Disability Theory: Essays in Philosophy, Politics, Policy, and Law” presents critical essays in disability theory, addressing various topics such as philosophy, politics, policy, and law from a disability studies perspective.

**Nora Groce and Maria Kett (2019)** in their publication ‘Disability and Development: A Review of International Policy and Practice’ review international policies and practices related to disability and development, examining the efforts made to encourage the rights and inclusion of persons who have the disabilities in development initiatives. A global framework analysis was done using secondary data resources of

authenticated Government-authorized policies and schemes to elaborate the developmental initiatives.

**Colin Barnes and Joel Michael Reynolds (2018)** in their work on ‘Disability Studies: A Student's Guide’ provide an introduction to disability studies for students, covering key themes, debates, and approaches within the field.

**Renu Addlakha, published (2018)** in their publication ‘Disability Studies in India: Retrospects and Prospects’, offers a collection of essays by Indian scholars that critically examine disability studies in India, addressing issues such as inclusive education, employment, and cultural representations of disability. A combination of primary as well as secondary data sources has been critically studied to address how disability development has evolved in India.

**Jackie Leach Scully (2017)** in his study ‘Disability Studies and Bioethics: An Overview of Interdisciplinary Dialogues’ overview discusses the interdisciplinary dialogues between disability researches and bioethics, exploring the intersections of disability, ethics, and medical practices.

**S. N. Madhusudan and Smita M. Panda (2015)** in their research article ‘Understanding Disability from a South Asian Perspective: Research, Policy, and Practice’ features research articles and case studies exploring disability from a South Asian context, including India. It covers topics such as disability rights, education, and healthcare.

**Shreesh Palekar, (2014)** in his study on ‘Disabled Childhoods: Monitoring Differences and Emerging Identities’, examines the experiences of disabled children in India, focusing on issues of identity, discrimination, and social inclusion.

**Nick Watson, Alan Roulstone, and Carol Thomas (2012)** in their publication ‘The Routledge Handbook of Disability Studies’ offer a complete description of disability studies, featuring chapters from leading scholars covering a wide range of topics including social theory, cultural representations, policy, and activism. The publication is the amalgamation of disability theories and how activism on the socially relevant topics of rehabilitation for disabled youth can work towards solving a lot of prejudices that these people are subjected to.



**Colin Barnes and Geof Mercer (2006)** in their study on “The Social Model of Disability: Europe and the Majority World” This edited book examines the social model of disability, analyzing its implications for practice and policy while looking at how it has been used in Europe and the rest of the world.

**Gregor Wolbring (1995)** in his study ‘Disability and Technology: A Review of Innovations and Challenges’ views the innovations and challenges related to disability and technology, examining how technological advancements have impacted the lives of PWDs.

## **Theme Two: Participation of Differently-abled People in the Economy**

Participation in the economy through the productive generation of income gives self - independence, resilience, and financial autonomy and also increases the social acceptability and self-confidence of differently-abled people. The publications stated below are some of the scholarly articles and research publications on the work participation of differently-abled people, their employment, wage parity, work-life balance, and related topics.

**Philipp Hessel, Megan Henly, and Mary Naughton (2021)** in their publication “Employment Outcomes of People with Disabilities: A Review of the Literature” have done a comprehensive literature review examining the employment outcomes of PWD, exploring factors influencing their work participation, barriers they face and effective strategies for promoting their employment.

**Lidia B. Rojas-Romagosa and Francisco Azpitarte (2021)** in their study “Work Participation of People with Disabilities: A Systematic Review of Factors Influencing Employment Outcomes” have studied the interplay between demographic factors and factors influencing work participation. The researchers analyze the factors that affect the work participation of PWDs, including individual characteristics, social factors, workplace accommodations, and policy interventions.

**Sophie Mitra, Fayeye Ayodele, and Mario A. Macis (2020)** in their research "Employment of Persons with Disabilities: Evidence from Low- and Middle-Income Countries" examine the employment patterns of PWD in LMIC (Low-and Middle-

Income) nations, investigating the role of education, disability type and labor market characteristics in shaping their work participation.

**Marta Pascual and Juan Luis Jiménez (2019)** in their study on ‘Disability and Employment: A Review of Recent Research’ provides an overview of recent research on disability and employment, discussing the labor market outcomes of PWD, the impact of policy interventions, and the role of workplace accommodations.

**Nidhi Sadana Sabharwal (2019)** in her empirical study on "Factors Affecting Employment of Persons with Disabilities: Evidence from India" focuses on the factors influencing the employment of PWD in India, examining the role of education, social attitudes, family support, and policy initiatives in promoting their work participation.

**Natalie Cheung and Supriya Akerkar (2018)** in their research work "Work Participation and Financial Inclusion of People with Disabilities: A Review of Global Evidence" explores the work participation and financial inclusion of PWD worldwide, highlighting the obstacles they face in accessing employment and financial services, as well as effective strategies for inclusion.

**Andrew J. Houtenville and Debra L. Brucker (2017)** in their research "Employment Outcomes of People with Disabilities in the United States: Recent Trends and Implications" this research article examine the employment outcomes of PWD in the US, analyzing recent trends, policy developments and their implications for promoting inclusive work environments.

**Eric Lauer and William H. Erickson (2017)** in their research on “Employment of Persons with Disabilities: A Review of the Literature" provides an overview of the employment of PWD, examining factors influencing their work participation, challenges faced, and strategies for enhancing employment outcomes.

**Andrew J. Houtenville, David C. Stapleton, and David R. Mann (2018)** in their study "Disability and Employment: A Systematic Review of the Literature from 2006 to 2017" analyses the literature on disability and employment, focusing on studies conducted between 2006 and 2017 and highlighting key findings, trends, and gaps in knowledge. It is a comprehensive study of varied research undertaken over the years.

**Debra L. Brucker and Andrew J. Houtenville (2016)** in their publication "Employment of Individuals with Disabilities: Evidence from the National Survey of Recent College Graduates" examine the employment outcomes of PWD who have recently graduated from college, exploring the factors that influence their employment prospects and earnings.

**Stephanie L. McLeod, Arne L. Kalleberg, and Gina A. Livermore (2014)** in their study 'Employment Outcomes for Individuals with Disabilities: A Review of Recent Research and Current Policy Initiatives' provide an overview of recent research and policy initiatives related to the employment outcomes of PWD, discussing the role of labor market factors, workplace accommodations, and policy interventions.

**Susanne M. Bruyère, Thomas P. Golden, and William E. Kiernan (2013)** in their research on "Employment of People with Disabilities: The Impact of Vocational Rehabilitation Services" studies the impact of vocational/skill enhancement training on rise in employability of disabled people. This research publication examines the vocational rehabilitation services impact on the employment outcomes of PWDs, assessing the effectiveness of various interventions and strategies. The study showed the favorable impact of vocational training on the employability of disabled person.

**Katherine S. Inge, Mary Ellen Biggerstaff, and Rebecca Grier (2012)**"Work and Employment of Persons with Disabilities: An Evidence-Based Review of the Literature" is an evidence-based review that explores the work and employment of PWD, synthesizing research findings on their employment rates, job retention, workplace accommodations, and factors influencing their work participation.

**Paul Wehman, John Kregel, and Marcia Scharenbroch's (1995)** 'Employment Outcomes of Young Adults with Disabilities: A Review of the Literature' focuses on the employment outcomes of young adults having the disabilities, examining the factors affecting their work participation, the role of training as well as education, and the impact of policy interventions.

### **Theme Three: Financial Inclusion and Financial Status Analysis of Differently-abled People**

Financial inclusion is considered a powerful tool for the economic as well as financial independence of vulnerable groups of differently-abled people who are often subjected to marginalization and poverty. The different research publications and studies as under gave an insight into different aspects of financial inclusion and its related major and minor contributing factors. The literature studied also helped us get an insight into the factors that impact the determination of financial status. Furthermore, the detailed literature review of related papers gave a hint towards disability-related wealth penalties which have been later explored in the study.

**Philippe Aghion, Ufuk Akcigit, Angus Deaton, and Alexandra Roulet (2022)** in their study ‘Access to Finance, Productivity, and Inequality: New Evidence from African Manufacturing Firms’ tries to establish how financial inclusion can impact productivity. This study explores the relationship among firm productivity, financial inclusion, and inequality of income in African manufacturing firms, using a large dataset of firms from various African countries.

**Thorsten Beck, Chen Lin, Yue Ma, and Frank M. Song (2021)** in their research on “Measuring Financial Inclusion and the Fintech Revolution”: give a brief of the measurement of financial inclusion, highlighting the role of FinTech in expanding access to financial services and assessing the impact of FinTech on financial inclusion.

**Maimbo Samuel Munzele and Mehnaz Safavian (2021)** in their study “The Impact of Financial Inclusion on Poverty Reduction: A Global Perspective” this publication examines the relationship among the financial inclusion as well as poverty reduction on a global scale, analyzing the mechanisms through which financial inclusion can contribute to poverty alleviation.

**Leora Klapper, Asli Demirguc-Kunt, and Jake Kendall (2021)** in their study “The Role of Mobile Money in Financial Inclusion: Evidence from Sub-Saharan Africa” focuses on the effect of mobile money services on financial inclusion in Sub-Saharan Africa, utilizing a comprehensive dataset of individuals across multiple countries.

**Harald Sander and Winfried Pohlmeier (2021)** in their research “Financial Inclusion and Economic Growth in Developing Countries: A Dynamic Panel Analysis” examines

the relationship among the financial inclusion and economic growth in developing countries using a dynamic panel evaluation approach, providing insights into the long-term impact of financial inclusion on economic development.

**Tazeen Fasih and John Owens (2021)** in their research “Closing the Gender Gap in Financial Inclusion: Evidence from Sub-Saharan Africa” focuses on the gender gap in financial inclusion in Sub-Saharan Africa, examining the factors contributing to gender disparities and the potential policy interventions to address them. The study reflected that gender disparity is highly evident and the study also came with the policy recommendations of introducing a more gender sensitive approach to make financial inclusion viable.

**Valentina Hartarska, Denis Nadolnyak, and Claudio Gonzalez-Vega (2020)** studied in their research publication "Financial Inclusion and Economic Development: A Review of Recent Empirical Evidence" review synthesizes recent empirical evidence on the relationship among the economic development and financial inclusion, discussing the channels by which financial inclusion can spur economic growth.

**Ernest Aryeetey, Christopher Udry, and Julien Labonne (2020)** in their study ‘Financial Inclusion, Human Capital, and Income Inequality’ examine the linkages among the financial inclusion, human capital development, and income inequality, providing insights into how financial inclusion can contributing to decreases the income disparities.

**Carolina Laureti, Maria Soledad Martinez Peria, and Andrea F. Presbitero (2020)** in their study on "Digital Financial Services and Financial Inclusion: A Review of the Evidence" analyses the existing evidence on the digital financial services impact on financial inclusion, highlighting the key mechanisms through which digital technologies can promote access to financial services.

**Menno Pradhan, Laura Ralston, and Zurab Sajaia (2020)** in their study ‘Financial Inclusion and Poverty Dynamics: Evidence from Indonesia’ examine the relationship among poverty dynamics and financial inclusion in Indonesia, investigating whether better access to financial services leads to poverty reduction and improved welfare outcomes.

**Olufemi Saibu and Paul Alagidede (2020)** in their study on "Financial Inclusion, Technological Innovation, and Economic Growth: Evidence from Sub-Saharan Africa" investigate the linkages among the financial inclusion, technological innovation, and economic growth in Sub-Saharan Africa, shedding light on the potential role of financial technology (fintech) in driving inclusive economic development.

**Nadiya Satyamurthy, Rainer Walkiewicz, and Lasse S. Brune (2019)** in their study "Digital Financial Services and Financial Inclusion: A Review of Existing Evidence and Future Directions" assesses the existing evidence on the digital financial services impact on the financial inclusion, exploring the opportunities and challenges associated with digital finance.

**Sudhakara Reddy Syamala and Ovoko Patrick (2019)** in their research on "The Nexus Between Financial Inclusion and Sustainable Development: A Review of Existing Literature" review the relationship among the sustainable development and financial inclusion, discussing the potential synergies and trade-offs among financial inclusion goals and broader sustainable growth objectives.

**Supriya Garikipati and Isabelle Agier (2019)** in their study "Financial Inclusion and Women's Economic Empowerment: Evidence from Microfinance Programs" focuses on the role of microfinance programs in encouraging financial inclusion and women's economic empowerment, exploring the impact of microfinance on various dimensions of women's lives.

**Rafael Cezar, Carolina Gomez, and Claudio Raddatz (2018)** in their research paper 'Barriers to Household Financial Inclusion: Evidence from Southeast Asia' investigated the various barriers faced by households in excess of formal financial services. By identifying the factors that prevent people from obtaining and utilizing formal financial services, this research also focused to identify the obstacles to household financial inclusion in Southeast Asian nations.

**Ernest D. Ahene, Festus Ebo Turkson, and Bernardin Akitoby (2018)** in their study "Financial Inclusion and Economic Development: A Cross-Country Analysis" conducts a cross-country evaluation to examine the relationship among the economic development and financial inclusion, investigating the role of financial services in fostering inclusive and sustainable economic growth.

**Pravakar Sahoo and Chittaranjan Nayak (2018)** in their research on "The Impact of Financial Inclusion on Sustainable Development Goals" study SDG goals in detail. This research assesses the financial inclusion impact on achieving the SDGs (Sustainable Development Goals), highlighting the potential contributions of inclusive finance in addressing various social and economic challenges.

**Thorsten Beck, Asli Demirguc-Kunt, and Maria Soledad Martinez Peria (2017)** in their study on. "Financial Inclusion and Inclusive Growth: A Review of Recent Empirical Evidence" provides insights into the ways in which financial inclusion might support more general development objectives by synthesizing the most current empirical findings on the link among financial inclusion and inclusive economic growth.

**Mohamed Sheriff and Sushanta Mallick (2017)** in the study "The Role of Mobile Banking in Enhancing Financial Inclusion in Developing Countries" explores the role of technology to access barriers. This study explores the mobile banking impact on financial inclusion in countries that are still emerging, examining how mobile technology can overcome traditional barriers to accessing financial services.

**Shahe Emran and Asadul Islam (2017)** in the study 'Financial Inclusion and Poverty Alleviation: Evidence from Bangladesh'. This research analyzes the relationship among the poverty alleviation and financial inclusion in Bangladesh, providing empirical evidence on the effectiveness of expanding financial services in reducing poverty.

**Leora Klapper, Robert Cull, and Asli Demirguc-Kunt (2015)** in the study "Measuring Financial Inclusion: Explaining Variation in Use of Financial Services across and within Countries". This research examines the factors that account for alteration in the utilization of financial services across time and between nations, providing a thorough methodology for evaluating financial inclusion.

**Sophia Chan and Lisa Schur (2012)** in their research publication "Economic Well-being of Individuals with Disabilities: The Role of Financial Planning and Education" explore the role of financial planning and education in improving the economic well-being of individuals with disabilities, examining the relationship among financial literacy, financial behaviors, and financial outcomes.

## **Theme Four: Disability and Its Inter-relationship with Poverty**

If a household or individual lacks the resources necessary to meet even the minimal basic standards for a decent level of living, then they are considered to be living in poverty. Different kinds of literature studied gave a hint towards disability-related wealth penalty. In some studies, poverty has been seen as an effect of disability which leads to capability deprivation whereas, in some poverty has been one of the many contributing factors towards disability or capability deprivation. Some of the important literature is studied as under to get an idea and develop the theoretical construct are stated as under.

**Mitra, S. (2018)** in their research article ‘Disability and Poverty in Developing Countries: A Multidimensional Study.’ explores the multidimensional aspects of disability and poverty in emerging nations, highlighting the requirement to have a thorough awareness of the difficulties posed by disabilities in attempts to reduce poverty.

**Shahe Emran and Asadul Islam (2017)** in their study ‘Financial Inclusion and Poverty Alleviation’: Evidence from Bangladesh analyzes the relationship among the poverty alleviation and financial inclusion in Bangladesh, that gives a empirical evidence on the effectiveness of expanding financial services in reducing poverty.

**Morduch, J., & Schneider, R. (2017)** in their study on "The Financial Diaries: How American Families Cope in a World of Uncertainty." shows outcomes from a study that tracked the financial lives of low- and moderate-income households in the US, shedding light on the challenges and coping strategies employed by families living in poverty. The research gave a hint towards the requirement of deep-rooted policy implementation for better financial crisis management.

**Ravallion, M. (2016)** in their article ‘The Economics of Poverty: History, Measurement, and Policy.’ attempted to study the economic aspect of poverty accessing. The history, measurement, and policy methods for comprehending and resolving poverty from an economic viewpoint are all covered in this article.

**Sophie Mitra (2015)** in ‘The Capability Approach and Disability’ attempts to determine if the so-called capability approach, a method created in economics to study problems connected to the quality of living, may aid in our conceptual understanding of



disability. Following a brief discussion of the many theoretical models of disability, the fundamental concepts of the capacity approach are discussed (including the medical model, the Nagi model, the social model, and the International Classification of Functioning, Disability, and Health of the WHO). Researchers may examine impairment at the level of capability, potential disability, actual disability at the functional level, and prospective disability using the capability method.

**Abigail McKnight (2014)** in the research paper “Disabled People’s Financial Histories: Uncovering the Disability Wealth-Penalty” based on an empirical study came to the conclusion that families with impaired members had lower wealth holdings than those without. The research used statistical analysis to show that as individuals become older, there is an average rise in the gap among the households having disabilities and those without disabilities in context of net wealth and financial assets.

**Chetty, R., et al. (2014)** in their research article "Where is the Land of Opportunity? The Geography of Intergenerational Mobility in the United States." examines the geography of intergenerational mobility in the US, exploring how economic opportunities and poverty levels vary across different areas.

**Mitra, S., & Sambamoorthi, U. (2014)** in their study ‘Disability and the Rural Labor Market in India: Evidence for Males in Tamil Nadu.’ investigated the labor market of Tamil Nadu with respect to their employability. This research article examines the relationship among disability and labor market outcomes for men in rural Tamil Nadu, India, focusing on poverty dynamics and employment patterns.

**DESA. (2013)** in the publication “Accessibility and Development: Mainstreaming Disability in the post2015 Development Agenda New York, UN” discusses accessibility problems which impact the participation of persons who is disable and how curbing can lead to development.

**Alkire, S., & Foster, J. (2011)** in their research article ‘Counting and Multidimensional Poverty Measurement.’ introduces the MPI (Multidimensional Poverty Index) as a complementary measure to income-based poverty measures, highlighting the importance of considering multiple dimensions of poverty.

**Jean-Luc Dubois, and Jean-Francois Trani (2009)** in their research paper “Extending the capability paradigm to address the complexity of disability” examined the frameworks for addressing disability and the methods for determining a people's ability within these paradigms. Cross-sectional surveys make it simple to quantify achieved functioning by comparing the circumstances of impaired and non-disabled persons using a counterfactual approach. When a nationwide disability survey was conducted in Afghanistan in 2005 on a randomized sample of homes, this was done. Identifying people's possible options in a constantly changing environment is necessary for measuring detailed skills, particularly their freedom dimension, which is highly complicated. This suggests that the conceptual framework should be expanded, and proper statistical approaches should be used.

**Zaidi, A., & Burchardt, T. (2005)** studied disability-related wealth penalties in their research article “Comparing Incomes When Needs Differ: Equalization for the Extra Costs of Disability in the UK.”. This research article focuses on the additional costs related with the disability and the implications for measuring poverty as well as income inequality, having a specific focus on the UK context.

**David C. Stapleton, Richard V. Burkhauser, and Andrew J. Houtenville (2002)** in their study ‘Disability and Wealth: Exploring the Economic Well-being of Individuals with Disabilities’ focuses on the economic well-being and wealth accumulation of individuals having a disability, analyzing data to understand the financial status, asset ownership, and economic disparities among this population.

**Andrew I. Batavia and Richard Beaulaurier (2001)** in the paper “The Financial Vulnerability of People with Disabilities: Assessing Poverty Risks” argue that the ability of PWD to maintain financial stability is a key factor in determining their economic independence and self-sufficiency. Any significant financial shock to PWD might jeopardize their capacity to access resources like housing, food, healthcare, and other necessities, all of which can increase their vulnerability and perhaps push them into poverty if they are not available. A theoretical foundation for comprehending the danger of disability poverty is provided in this article.

**Narayan, D., et al. (2000)** in their publication "Voices of the Poor: Can Anyone Hear Us?" based on the World Bank's Voices of the Poor project, present the perspectives

and experiences of people living in poverty from various countries. It provides insights into the multidimensional aspects of poverty.

### **1.5: Research Problem**

A research problem is a specific, unambiguous claim about a topic of interest that highlights the need for thoughtful comprehension and purposeful investigation.

The aim of the research is to better understand the variables that support and discourage disabled people from participating economically in society. The aim is to identify the specific challenges faced by disabled individuals when seeking employment and delve deeper into understanding the existence of wage discrimination owing to physical disability.

Effective participation in the economy via employment in an organized and structured organization ensures a steady flow of income essential for maintaining a basic standard of living. Literature gives evidence that all over the world the proportion of non-workers is higher in the case of differently-abled people<sup>11</sup> and not many studies have been conducted in the current time frame with respect to West Bengal.

West-Bengal is among one of the most highly populated states of India with respect to Differently-abled people (as per Census 2011). Additionally, it will study the financial inclusion impact on their economic empowerment, livelihoods, and overall financial well-being, the research will also analyze existing policies and initiatives aimed at promoting financial inclusion for disabled individuals.

It seeks to identify gaps in current policies and propose potential measures to improve financial accessibility and enable greater economic participation for this population.

Through its examination of financial inclusion, economic engagement, and other multifaceted dimensions of livelihood, the study intends to further knowledge of the intricate connections between poverty and disability. Ultimately, it strives to inform the development of integrated and effective policies and interventions that can break the cycle of poverty for individuals with disabilities and foster greater social and economic inclusion.

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<sup>11</sup> International Labour Organisation report on work participation, 2022.

### **1.6: Research Gap**

A research gap refers to an area in the present body of knowledge where there is a lack of information, limited understanding, or unanswered questions related to a specific research topic<sup>12</sup>. It represents a ‘gap’ or a void in the current literature which required to be addressed through further research.

Very few studies focusing on the empowerment and development of differently-abled persons in West Bengal via analyzing their economic participation in society, their accessibility and awareness towards financial services, and their financial status are available depicting the current scenario. The concerned research is thus an attempt to fill up the void.

### **1.7: Objectives of the Study**

The objectives of a research refer to the specific and measurable goals that researchers aim to achieve through their research. These objectives define the purpose and direction of the study, outlining what the researchers intend to accomplish and what outcomes they expect to obtain. Objectives serve as a guide for the research process, helping to focus the study and determine the scope and methodology.

The research aims to reflect the current proportionate participation of PWD in the economy and depict the current financial position in comparison with the rest of the non – PWD candidates within the same age bracket. To be more specific the study focuses on:

1. To find out the comparative Work Participation Rate of PWD and Non-PWD in both organized and unorganized sectors in West Bengal.
2. To find out the existence of wage parity among PWDs and non-PWDs in both organized and unorganized Sectors in West Bengal.
3. To investigate the relationship among the status of disability, employment status, and financial status analyzing the role of awareness and ease of accessibility of financial services by PWD in their wealth holding and retention.
4. To demonstrate the existence of possible linkage among the dimensions of poverty and disability in both organized and unorganized sectors and suggest remedies.

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<sup>12</sup> Research Methodology (Concepts and cases) by Chawla and Sondhi pg-31-33

## **1.8: Research Methodology**

A study's methodical and structured approach to data collection, information analysis, and conclusion-drawing is referred to as research methodology. It involves the strategies, techniques, tools, and procedures employed to address research questions or objectives effectively and reliably.

For justifying the objectives of the research, the research begins with the identification of the research approach first. As per Neuman (1994), there are 3 major approaches in social research which are positivism, interpretive, and critical social science. Positivism is a term for exploratory study that uses unbiased observation and experimental techniques to quantify reality; In-depth qualitative research techniques are preferred by interpretive social science, which is concerned with how individuals see and interact with their social environment; In order to boost social change and action, critical social science measures elements of social reality<sup>13</sup>. The study undertaken tries to understand and interpret different perceptions and experiences of differently-abled people with regard to their job participation, wage payment, and financial inclusion and thereafter substantiating them with quantifiable data obtained on the basis of a comparative empirical study conducted through a questionnaire. Thus, the research follows a blended approach following aspects of both positivism and interpretive social science.

Moreover, the objectives set for the study have been justified by analyzing each objective separately and have been discussed elaborately in the concerned chapter. Four different research methods have been framed based on the respective research question and accordingly, the research tool found most suitable to answer the research questions have been selected.

### **1.8.1: Research Question**

**Research Question 1:** Is there a scope of equal work participation for both differently-abled persons and non-differently abled persons across both organized and unorganized sectors?

**Research Question 2:** Is there the existence of parity in wages for both differently-abled persons and non-differently-abled persons across sectors?

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<sup>13</sup> Social Research methods: Qualitative and Quantitative Approaches by Neuman. (1994)

**Research Question 3:** Are financial and banking services equally accessible to both differently-abled persons and non-differently-abled persons across sectors?

**Research Question 4:** Is there a possibility of the presence of a linkage between poverty dimensions and disability?

### **1.8.2: Research Design**

#### **a. Nature of study**

The study follows an Exploratory Research Approach as very few previous studies on the subject matter depicting the current scenario are available. To study the identified propositions, an empirical study has been conducted.

#### **b. Data Source**

For the purposes of the research, primary and secondary sources of data have both been utilized.

##### **b. 1. Primary data source:**

The data has been gathered through a questionnaire the first part of which (demographic part) has been designed as per the Washington Group of Short Questions on Disability statistics and the second part would be structured by the author, administered to a sample of adult individuals (mixture of both Persons with and without any Disability) drawn on a multi-stage stratified sampling basis in West Bengal. A 5-point Likert scale has been utilized for studying the extent of accessibility of financial and banking facilities, whereas with the help of indexation, the current financial position has been depicted. In order to study the poverty dimension Alkire-foster method (A-F Methodology) has been adopted to construct the MPI.

To study the consistency of the questionnaire framed a reliability test was conducted. A construct is dependable if its Alpha ( $\alpha$ ) value is higher than 0.70, which is a measurement of the internal consistency of the constructs used in the research (Hair et al, 2013). Cronbach's Alpha had been utilized to assess the construct's reliability. The findings showed that the 11-item accessibility and usage scale ( $\alpha=0.905$ ) is deemed to be reliable.

## **b. 2. Secondary data source:**

Secondary data has been gathered from published electronic disclosures and annual reports from the official websites of:

- (MoSJE) Ministry of Social Justice and Empowerment, GoI (Government of India)
- Department of Child Development, Women Development and Social Welfare, Government of West Bengal
- Rehabilitation Council of India.
- Various official bulletins and research papers and journals on disability and inclusive development etc.

## **C. Sample Design:**

The process of selecting representative samples from a certain population is known as sampling design. For the purpose of the study, the sampling selection process has been designed following the four below steps:

- i. Target population estimation: The target population for the research is the total population of West Bengal as per the latest Census (2011) report which is 91,276,115
- ii. Determining the sampling frame: For the purpose of reaching the objectives of the research only those out of the target population who are capable of contributing economically by participating actively (18-65) have been taken as a frame which is 25,300,095
- iii. Sampling technique: The Taro Yamane method has been used for mathematically finding out the sample size from a finite population. It has been formulated by Taro Yamane in 1967 wherein:

$$n = N / \{ 1 + N (e)^2 \}$$

Where n represent the sample size, N represents the population and e is the margin of error for the purpose of the study e is taken as 5%

- iv. Determining the sample size: By applying the above formula the requisite sample size determined is as follows:

$$\text{Sample size } (n) = 25300,095 / \{ 1 + 25300,095 (.05)^2 \}$$

$$n = 25300,095 / 63,251$$

$$n = 399.95$$

$$\text{Or, } n = 400 \text{ (approx.)}$$

The research intended to find a comparative picture and so the sample of 400 represents a mixture of differently-abled people (160) with equal to or more than 40% benchmark disability<sup>14</sup> and non-differently-abled people (240).

### **1.9. Chapterisation**

The research intends to do an elaborative study on economic participation and the current financial status of differently-abled people of West-Bengal and draw a comparative picture depicting their standard of living. To comprehensively present the research work following structuring of the chapters has been adopted.

**Chapter 1:** The chapter starts with introducing the research title and background of the study. It takes its way forward by depicting the rationale or justification of the requirement of the research in the present scenario and sets the scope of the study.

A thematic literature review of past studies, research papers, journals, and articles is done to identify the broad research problem which paves the way to discover the research gap. The researcher intends to fill up the void created through the following study. The research gap helps the researcher in framing the broad research objectives. The chapter ends with a discussion of the research methodology in brief and the future scope of work. Since the research deals with four different research objectives, it necessitated the need for four different research approaches. This part of the chapter deals with the overall research methodology used, further in individual chapters each of the research methodologies followed have been discussed in detail, starting with the research question which is unique to each research objective answers to which were addressed by formulating the appropriate research hypothesis. To address the hypothesis formulated an appropriate research design is strategized including the determination of valid data sources, selecting the most appropriate research tool, and the statistical test to finally seek answers to the raised research questions.

**Chapter 2:** The 2<sup>nd</sup> chapter sets out the conceptual framework of the research. It starts with an introduction on the relevance of a detailed conceptual framework study for this research, followed up by an important definition of the concepts that form the pillar of the study. The next part deals with the theoretical structuring of the research. This part of the

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<sup>14</sup> The term Benchmark disability has been defined in chapter two under the heading “important terms defined”.



research attempts to join the dots that connect disability as a deprivation of capability owing to a lack of access to proper education, earning opportunities, and financial/banking knowledge leading to a compromised standard of living. The study explores how over the years the approach towards disability studies has emerged. The chapter next delves deeper into understanding how disability movements have evolved over the years. The journey of policy modifications over the years to suite the needs of differently-abled people in a better way is studied from a global perspective, national perspective (India), and regional perspective (West-Bengal).

**Chapter 3:** The chapter starts with an introduction on the comparative work participation rate among differently-abled and non-differently-abled people at global, national, and regional levels identifying a trend of disparity thereby necessitating a primary study on the same. The chapter takes a leap forward by studying the inter-relationship between a person having a disability (physical disability  $\geq 40\%$  benchmark disability) and the role it plays in them working in the organized/unorganized sector. The chapter also tries to find out through statistical testing the selected sample using a chi-square test if educational level and skill/vocational training play a role in the sector of work and the results were summarized in the findings that completed the chapter.

**Chapter 4:** The chapter studies the pay/wage disparity among the chosen sample of differently-abled and non-differently-abled people. The introduction on current wage disparity is followed by a comparative pay gap analysis among the two groups considered for study across all major industries of work. The data gave us evidence of the existence of pay disparity and what differently-abled people were earning across all industries were less than their non-differently-abled counterparts with almost the same level of educational background and experience. The research wanted to check whether the same situation existed in West Bengal with respect to the selected sample or not and after statistical testing using an independent t-test the same gap was identified in fact it was found disability has an impact on the earnings of people.

**Chapter 5:** The sixth chapter has studied the level of financial inclusion among both the differently-able and non-differently-abled people. The study first tried to analyze the parity among the two groups of samples studied with respect to different aspects of financial inclusion. Once a disparity was located in the level of financial inclusion an exploratory factor evaluation following varimax rotation was done to identify what are the

crucial factors that represent the different variables studied the factors whose eigenvalue was more than 1 and the variables whose factor loading was more than 0.5 were restored, which finally led to two factors representing 11 variables out of which 8 variables represented accessibility of financial/banking services and 3 represented usage of financial/banking services. Finally, for better policy recommendations, the two factors were studied via the Mann-Whitney U test (Post-Hoc) to see if for both the groups the mean scores were at par or not which would evidently prove that owing to disability the level of accessibility or usage of financial/banking services are different. The chapter ends with findings from the three tests to suggest level of financial inclusion is less among differently-abled people (with respect to both identified factors accessibility and usage).

**Chapter 6:** The chapter intended to investigate the interplay between disability and poverty. To substantiate a poverty study first, a secondary data analysis of the Census 2011 data on differently-abled people was used to find the situation of the States of India with respect to the three types of deprivation identified by the Planning Commission (2020 report) which are literacy deprivation, earning capacity deprivation and shelter deprivation. The Census data analysis identified that the state of West-Bengal is not performing very well in either of the deprivation rates necessitating a primary survey to find out the real-time current scenario. For this purpose, a National Multi-dimension scale with three identified indicators (standard of living, education, and health) reflecting 21 variables was studied for all the 400 samples and the HCR (Head Count Ratio) reflected the high prevalence of poverty among differently-abled people. The effect of disability keeping gender as a controlling variable on poverty has been studied using binary logistic regression. The model frame indicated an interplay between disability, gender, and poverty, and the final results showed female differently-abled people were more drawn towards the poverty cycle.

**Chapter 7:** The chapter summarized all the major findings of the four objectives framed and discussed the concluding remarks along with the policy recommendations for a better inclusive society.

### **1.10: Future Scope of Work**

The study is geographically centered on West-Bengal and the time span of the study is precisely 2020-2023 which leaves a lot of areas still unexplored from the ambit of the

current research. The research was undertaken to depict a comparative picture of economic participation and financial status of differently-abled and non-differently abled people for which the sample size selected was 400 (on the basis of the Taro Yamane method of sampling) <sup>15</sup> which is much less than the actual population. Thus, there lays a good study area still unexplored which can be the foundation for various future work. Moreover, only physically disabled with 40% or more benchmark disabilities were considered for the study, which keeps people who have intellectual or mental disabilities/restrictions outside the area of study, their subsequent inclusion in further studies may give different dimensions to the study all together. Thus, a different geographical area, extended sample variables, and a different time period can be explored for further research and can lead to many other diverging findings the implication of which can be impactful.

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<sup>15</sup> Taro Yamane sampling technique to measure size of adequate sample in case of finite population

## **Chapter Two**

### **Economic Participation and Financial Status of Differently-Abled People: A Conceptual Framework**

#### **2.1: Introduction**

Differently-abled people in societies are unique in nature with respect to their capabilities and challenges faced by them. Before analyzing their participation in economic activities as well as accessing their financial status, it is imperative to understand the conceptual framework and environment under which they live and work.

#### **2.2.1: Important Terms Defined**

##### **i. Economic Participation**

The term ‘economic participation’ refers to the percentage of the population that is actively employed. In other words, it would aim to measure the total active differently-abled population (beyond age 18) participating in the productive generation of returns.

Opportunities for financial independence and improved living conditions are provided through economic involvement<sup>16</sup>. Employment can be seen as a crucial step in the rehabilitation as well as empowerment of PWDs. It promotes their social inclusion, independence, feeling of belonging, and general wellbeing.

##### **ii. Financial Status**

Financial status or position reflects the current status of income, assets, and liabilities. The net worth of a person is represented by his financial statement as assets less liabilities. If someone were to sell all of their assets and settle all of their obligations, their net worth would be what they would have in cash. A person has a negative net worth if their obligations exceed their assets on their personal financial statement. However, if the opposite is true, they have a positive net worth.<sup>17</sup>

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<sup>16</sup> Franklin, Benjamin (1981). *The Autobiography of Benjamin Franklin*. New York City: McGraw-Hill Humanities/Social Sciences/Languages. pp. 116–118.

<sup>17</sup> Cory Mitchell - Investopedia

### **iii. Differently Abled Persons / Persons with Disability**

As per the Rights of Persons with Disabilities Act of 2016, a ‘PWD’ or ‘differently-abled person’ is someone who has a long-term mental, physical, intellectual, or sensory impairment that, while combining it with the barriers, prevents him from fully and equally participating in society.

#### **2.2.2: Additional Terms Defined**

**i. Benchmark Disability:** Benchmark disability is defined as any recognized impairment under the RPWD Act 2016 that is at least 40% disabling. There are 21 different categories of disability recognized by this Act (as of the most recent modification). As stated on the disability certificate or UDID Card, a person must thus be at least 40% disabled in order to be considered to have a benchmark disability.

**ii. Prevalence of Disability:** The proportion of a particular population found to have any form of disability. In simple terms, it is the differently-abled people number in the population at the current time frame divided by the total population in the same time frame.

**iii. Employment Gap:** The employment gap refers to the gap in access to job opportunities and participation in employment among differently-abled and non-differently-abled people.

**iv. Wage Discrimination:** Paying an employee less money than they deserve because of their gender, ethnicity, religion, age, or disability is termed as equal pay compensation or wage discrimination. Paying someone less due to their national origin, sexual orientation, or any other protected feature is also discriminatory.

**v. Work Participation:** The proportion of the population actively participating in the productive generation of income like financial capital, social capital, etc. in the form of full-time workers, part-time workers, marginal workers, or in any other form.

**vi. Poverty:** In the past, poverty has been defined as the inability of an individual or a family to sustain even the most basic standard of living. This basic standard of living is determined on the basis of a benchmark expenditure (or income) that an individual spends in a month (or year in some cases) to purchase a basket of goods (which is known as the

poverty basket)<sup>18</sup>. If an individual's expenditure (or income) is below the benchmark set then he/she or that household is said to be in poverty.

**vii. Deprivation:** Deprivation refers to both the inability of a person to live the life they have a reason to value and the lack of ability to execute that choice<sup>19</sup>. Human development has made extensive use of the Capability Approach, which Indian economist and philosopher Amartya Sen first advocated in the 1980s. Here, the term 'poverty' refers to a lack of access to an acceptable standard of life, while the term 'development' refers to a gain in skills<sup>20</sup>.

**viii. HCR (Head-Count ratio):** The proportion of a population living below the poverty line is measured by the HCR. India's HCR is 25.01 percent, according to the National MPI (2021) published by NITI Aayog. The Rural HCR is 32.75% and the Urban HCR is 8.81% as per the same NITI Aayog report.

### **2.3: Evolution from the Concept Of Disabled To Differently-Abled**

For several years, disability has been overlooked and trapped in the vicious cycle of invisibility owing to it being considered as not an important matter. Traditionally disability was perceived as a result of) A curse from God b) black magic performed by an enemy or c) One's own deeds from last birth<sup>21</sup>. It causes family conflict and stress and has an impact on how families are seen in society. Family members' acceptance of people with disabilities was likewise relatively low. Additionally, it is often seen that one of two extreme scenarios—neglecting the PWD or being too protective—occurs.

In France, Charles Michel Abbe del'Epe founded the first free school for the deaf in history in 1755. The concept, approach, and way of perception of self as well as society towards people who are differently-abled have changed, from disability being considered a Charity Model to an interactional and empowering Model it has passed through the following phases and accordingly the approach has also seen a positive diversion towards a more realistic and right-based approach.

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<sup>18</sup> Sophie Mitra (2018) -The Capability Approach and Disability

<sup>19</sup> Deprivation. Merriam-Webster.com Dictionary, Merriam-Webster, <https://www.merriam-webster.com/dictionary/deprivation>. Accessed 8 Sep. 2023.

<sup>20</sup> Sen. A (1985) Commodities and Capabilities. Amsterdam: North Holland

<sup>21</sup> Reasoning about development: Essays on Amartya Sen's capability approach by Thomas Rodham Wells, 2013

**TABLE 2.1: Models of disability**

CHARITY MODEL	<ul style="list-style-type: none"> <li>The charity model of disability places a strong emphasis on the person and has a tendency to see individuals with disabilities as helpless victims who need assistance and their handicap serves as their primary means of identification (Al Ju'beh, 2015, p. 20).</li> </ul>
MEDICAL MODEL	<ul style="list-style-type: none"> <li>According to the medical (or biological) model of disability, a person's difficulty with their health that is directly related to an illness, an accident, or another health issue that necessitates medical care in the form of treatment and rehabilitation is considered to be disabled (Mitra, 2006, p. 237). It makes the incorrect assumption that treating the illness will take care of the 'issue,' i.e., that the impairment has to be corrected or cured (Al Ju'beh, 2015, p. 20).</li> </ul>
SOCIAL MODEL	<ul style="list-style-type: none"> <li>The individualistic methods gave rise to the social model of disability (Al Ju'beh, 2015, p. 20; Rimmerman, 2013, p. 28). It is centered on human rights and social construction (Woodburn, 2013, p. 85). It emphasizes including people with disabilities by changing attitudes, practices, and policies to remove barriers to participation, but also acknowledges the role of medical professionals. It views disability as being caused by the social environment, which excludes people with impairments from full participation in society as a result of attitudinal, environmental, and institutional barriers (Mitra, 2006, p. 237).</li> </ul>
HUMAN RIGHTS MODEL	<ul style="list-style-type: none"> <li>This approach aims to change unfair systems and behaviors. People with disabilities are seen as the 'key players in their own lives as decision makers, citizens, and rights holders' (Al Ju'beh, 2015, pp. 20-21, 87) and the UNCRPD is used as its primary point of reference. In order to 'help [them] recognize that obstacles are a more helpful and respectful lens with which to perceive disability,' it tries to coordinate individualistic models with the human rights model approach (Al Ju'beh, 2015, p. 23).</li> </ul>
INTERACTIONAL MODEL	<ul style="list-style-type: none"> <li>Interactional models acknowledge that impairments should not be seen as simply social or medical conditions since they might result in issues when a person's health condition interacts with their surroundings (WHO &amp; World Bank, 2011, p. 4) According to this perspective, disability results from the unfavorable interaction of health conditions with the environment, which includes personal and environmental factors like age, sex, motivation, and self-esteem as well as products and technology, the built and natural environment, support systems, and attitudes.</li> </ul>

The Charity Model is very regressive in its approach, wherein people with disabilities are treated with pity and are perceived as a problem that should be fixed giving no emphasis on changing society and its attitude, The medical model though almost on a similar line is scientific in its approach. It specifies the importance of medical treatment in curing persons with a disability however again no attention is given to the barriers that hinder the participation of differently-abled persons in society.

The Social model is a better representation and a much more refined thinking is reflected. This paradigm places a strong emphasis on how society may change to accommodate PWDs by altering attitudes, regulations, and practices to eliminate obstacles to participation. However, it has come under criticism for omitting the psychological effects of disability and emphasizing individual empowerment, which may run counter to more group-oriented social conventions and practices in several emerging nations (Al Ju'beh, 2015, p. 83-86; Rimmerman, 2013, p. 30). Even the human rights model though is quite a progressive model highlighting the importance of equitable rights and benefits that

differently-abled persons should be entitled, to but it neglects the process of self-empowerment.

Researchers may examine disability at the capability level by using the Interactional Model, which successfully combines all of the above models' positive aspects with a different approach along the lines of Amartya Sen's Capability Approach to Economics (Disability arises when a person is denied access to reasonable opportunities due to an impairment); and impairment at the level of functioning (If a person is unable to perform or be what they value doing or being, they are said to be handicapped) (Mitra, 2006, p. 236, pp. 241-242). According to this theory, disability is a deprivation of skills or functioning that arises from the interplay of a person's personal qualities (such as an age, impairment, race, or gender); their resources (assets, money); and the environment they live in (economic, social, political, physical) (Mitra, 2006, pp. 236-237, 239, 241; Trani & Loeb, 2012, p. S20). It emphasizes the rights of the person along with the prospect that financial resources or a lack of them might be destructive (Mitra, 2006).

#### **2.4: Theoretical Interlinking between the Capability Approach of Interactional Disability Model And Poverty**

Human development has made extensive use of the Capability Approach, which Indian economist and philosopher Amartya Sen first advocated in the 1980s. Here, the term 'poverty' refers to a lack of ability to live a happy life, while the term 'development' refers to a rise in capability<sup>22</sup>.

The quality of life under capabilities approach is based on two fundamental concepts:

- i. **Functioning:** These are 'being and doing' states like having access to food and shelter. They should be differentiated from the materials used to get them, much as 'bicycling' may be distinguished from 'owning a bike.'<sup>23</sup>
- ii. **Capability:** It describes the range of beneficial abilities that a person has practical access to. Therefore, a person's capability denotes their actual flexibility to choose among various functional configurations as well as life styles that they have good reason to value.

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<sup>22</sup> Sen, A. K. 1985. Commodities and capabilities. Vol. 7. Professor Dr. P. Hennipman Lectures in Economics: Theory, Institutions, Policy. Amsterdam: Elsevier

<sup>23</sup> Mitra, Sophie; Posarac, Aleksandra; Vick, Brandon. *Disability and poverty in developing countries: a snapshot from the world health survey (English)*. Social Protection discussion paper; no. SP 1109 Washington, D.C.



*In this context it is important to understand the difference between functioning and capabilities as explained by Sen, say two people A and B are starving, A is starving on religious reasons while B is because of poverty. In this case, with respect to functioning both are malnourished (on the date of analysis) but capabilities vary for the previous it's a choice while for the later it's a compulsion*

It is feasible to study the economic position of PWDs in a different manner using the capacity approach. Their performance, or what they can do in a certain setting, becomes crucial. In actuality, a person's capability set encompasses both his or her potential for functioning and what they can really do. This describes the level of independence that a PWD has in a particular setting<sup>24</sup>.

**FIGURE 2.4.1: Outline of the Core Relationships in the Capability Approach**

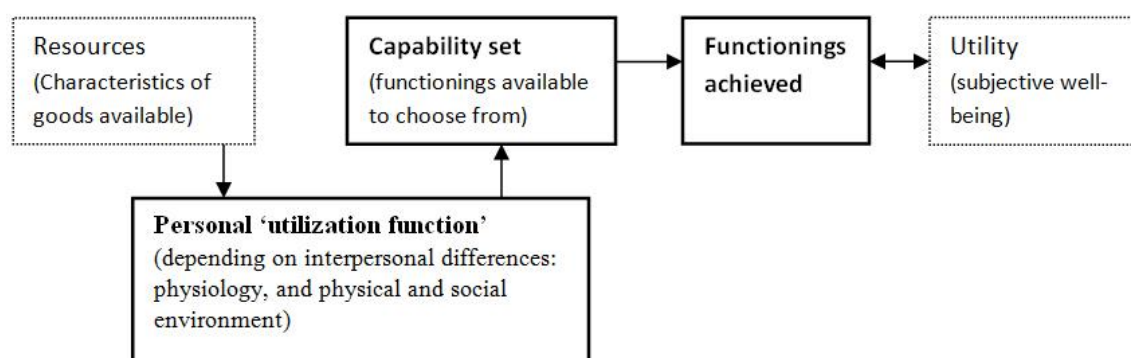


FIGURE 2.4.1 outlines the core relationships of the Capability Approach and how they relate to the main alternative approaches focused on resources and utility.

Source: "Reasoning about development: Essays on Amartya Sen's capability approach" by Thomas Rodham Wells, 2013

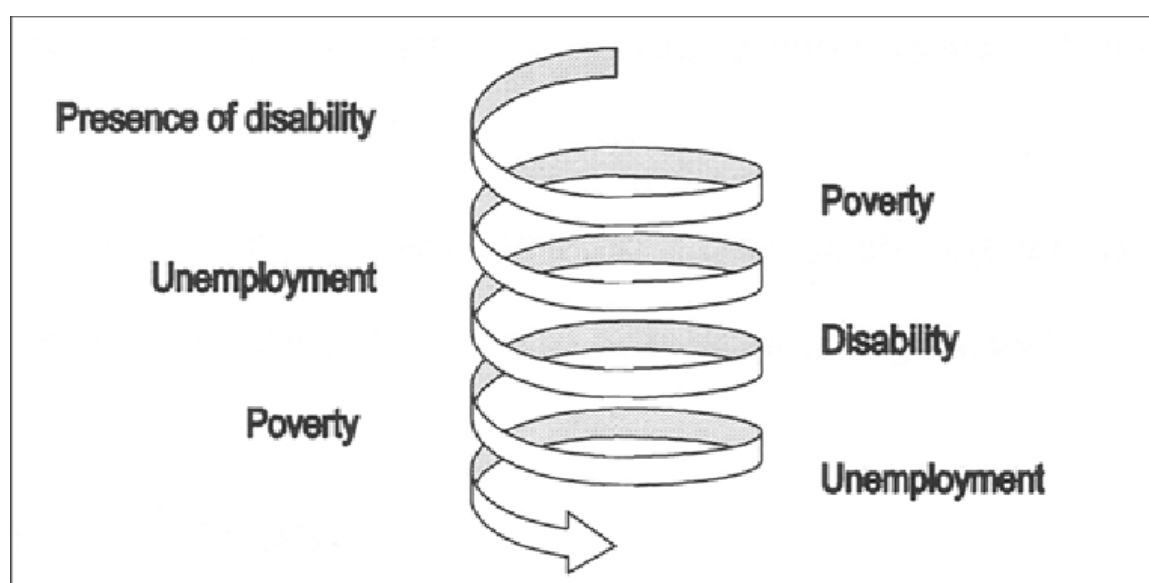
Disability is thus described as a lack of capacity brought on by limitations in the possibilities available in a particular situation.

Poverty and disability mutually influence each other. In fact, one factor generally perpetuates the other. Lack of economic participation leads to insufficient resources required to sustain livelihood, making persons with any form of disability more vulnerable

<sup>24</sup> Reasoning about development: Essays on Amartya Sen's capability approach" by Thomas Rodham Wells, 2013

to illness, moreover conditions like less access to treatment or even means of transportation for accessing the treatment accentuated with high associated medical services make them more drawn towards a lower standard of living.

According to Engelbrecht and Lorenzo,<sup>25</sup> PWDs are ‘pushed into poverty’ because they are overprotected, incapable, or not permitted to contribute to the household's money generation. Fourie, Galvaan, and Beeton<sup>26</sup> all concur that poverty creates significant health risks, which are exacerbated by the disabled. As a result, there are a variety of factors that limit PWDs' ability to obtain economic independence via employment, including poor health and malnutrition as well as a lack of skills and ability to find a job. Coleridge also discovered that, through increasing isolation and financial stress, disability both causes and worsens poverty<sup>27</sup>. In terms of limited access to resources, fundamental healthcare, proper nutrition, and supportive services, Stone<sup>28</sup> acknowledged that impairments are both generated by and exacerbated by poverty.



**FIGURE 2.4.2: A downward spiral created by the deprivation trap.**

The relationship between unemployment, disability, and poverty is plainly present, and figure 2.4.2 provided by Engelbrecht and Lorenzo illustrates how this relationship—specifically, its ongoing nature—forms a negative cycle in which PWDs are imprisoned.

<sup>25</sup> Lorenzo, T. Equalizing opportunities for occupational engagement: disabled women's stories. In: Watson R and Swartz L, editors. Transformation through occupation. London and Philadelphia: Whurr Publishers, 2004

<sup>26</sup> . Fourie M, Galvaan R and Beeton, H. The impact of poverty: potential lost. In: Watson R and Swartz L, editors. Transformation through occupation. London and Philadelphia: Whurr Publishers, 2004. 12.

<sup>27</sup> Coleridge P. Disability, Liberation, and Development. Oxford: Oxfam Publishing, 1993.

<sup>28</sup> Stone E. A complicated struggle: disability, survival and social change in the majority world. In: Priestley M., editor. Disability and the Life Course: Global Perspectives. Cambridge: Cambridge 5. 6.

Deprivation is led primarily by factors like lack of education, unemployment or lack of economic participation, awareness, and usage of financial/banking services. The study would thereby try to analyze these deprivation points to find an interlink between capability lack due to disability and poverty.

The capability approach analyzes the sociopolitical environment in which a person with a disability lives and looks at the ways in which exclusion and oppression are carried out. By giving those with disabilities more options and giving them the freedom to pick from a variety of opportunity sets, improving people's competence becomes directly tied to minimizing the effects of disability. The complete spectrum of disability experiences may then be addressed by removing the narrow emphasis on categorizing impairments. It is made simpler to evaluate the debilitating circumstance comprehensively since each person is questioned about the degree of difficulty, they have in operating in the many aspects of well-being. As a result, it is possible to establish suitable policies aimed at improving people's competence by taking into account their requirements, values, and preferences. These measures will help individuals who endure capability deprivation, which Sen defines as poverty, to have equal chances and choices again (1999). As a result, the definition of poverty—defined as the absence of access to essential items or an inability to pay for necessities—is too limited to be used to assess well-being, which is what development is ultimately meant to achieve. This integrates all disability-related activities and policies into the broader spectrum of human development<sup>29</sup>

## **2.5: Barriers Faced by Differently-Abled Persons**

Differently, abled persons face institutional, environmental, and attitudinal difficulties as a result of their impairment. PWD may also internalize obstacles that keep them from contributing to the economy. Disability inclusion is further hindered by the lack of sufficient data, statistics, and evidence of what works as well as erroneous concerns about the cost and difficulty of doing so.

**2.5.1: Attitudinal Barriers:** Attitude barriers, which cause stigmatization and discrimination and deprive PWDs of their dignity and potential, are one of the largest obstacles to achieving equality of opportunity and social inclusion (Wapling & Downie,

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<sup>29</sup> Mitra, Sophie; Posarac, Aleksandra; Vick, Brandon. *Disability and poverty in developing countries: a snapshot from the world health survey (English)*. Social Protection discussion paper; no. SP 1109 Washington, D.C.

2012, p. 21; UNICEF, 2013, p. 11; Heymann et al., 2014, p. 6; Bruijn et al., 2012, pp. 21-22). In all fields, negative attitudes provide a debilitating environment (WHO & World Bank, 2011, p. 193, 262). They often express themselves in the inability of individuals without disabilities to see beyond the disability, in prejudice, in fear of, in bullying of, and in low expectations of PWD (DFID, 2000, p. 8; WHO & World Bank, 2011, p. 6, 262; UNICEF, 2013, p. 11). In low- and middle-income nations, attitudes toward PWD may be harsher, and there may be more stigma and shame than in high-income ones (Mont, 2014, p. 24). 'Misconceptions, preconceptions, and folklore associating disability to retribution for past crimes, misfortune, or witchcraft' are among the causes of these views, according to research (Groce & Kett, 2014, p. 5; Rimmerman, 2013; Burns et al., 2014, pp. 43-44). Multiple and overlapping discrimination may make attitude barriers more severe. The staff of development organizations may also have negative opinions towards PWD (Bruijn et al., 2012, p. 22).

**2.5.2: Environmental Barriers:** Disability is a result of inaccessible circumstances that obstruct participation and inclusion (WHO & World Bank, 2011, p. 263; Bruijn et al., 2012, pp. 22-23). Physical barriers in the built or natural environment decrease participation opportunities (Wapling & Downie, 2012, p. 21; DFID, 2000, p. 8; WHO & World Bank, 2011, p. 4). Communication systems that are difficult to use limit access to information, knowledge, and participation possibilities (Wapling & Downie, 2012, p. 21; PPUA Penca, 2013, p. 5, 11; WHO & World Bank, 2011, p. 4). PWDs' participation is also constrained owing to a lack of resources or problems with service delivery (WHO & World Bank, 2011, p.262).

**2.5.3: Institutional Barriers:** Institutional obstacles encompass several PWD-discriminatory legislation, policies, initiatives, and practices (Wapling & Downie, 2012, p. 21; DFID, 2000, p. 8; WHO & World Bank, 2011, p. 6, 262; Bruijn et al., 2012, p. 23). For instance, a study of five Southeast Asian nations discovered that electoral laws do not specifically protect the political rights of people with disabilities, and that some banks do not permit visually impaired people to open accounts and HIV testing centers frequently refuse to accept sign language interpreters due to confidentiality policies (PPUA Penca, 2013, p. 5, 11; Wapling & Downie, 2012, p. 21; Al Ju'beh, 2015, p. 87) Many countries still implement stringent laws that are particularly harmful to people with psychosocial or intellectual disability (Al Ju'beh, 2015, p. 87). Systems that fail to address the needs of

people with disabilities may implicitly exclude them, even if it may not be intentional (WHO & World Bank, 2011, p. 6).

**2.5.4: Lack of Enforcement and Political Support:** Inadequate rules may also restrict the inclusion of PWDs (NCG, 2012, p. 85). For instance, an overview of Norway's efforts to include PWD in humanitarian and development efforts discovered that the country's disability inclusion policy documents had either been disregarded or, at best, forgotten about and that the issue of disability had not been given top priority by the government. This has led to a lack of coordination and inefficient mainstreaming (NCG, 2012, pp. 85-87).

**2.5.5: 'Internalized' Barriers:** Internalized obstacles may sometimes have a serious impact on how well PWD participate in society (Bruijn et al., 2012, p. 16). Disability-related stigma excludes individuals from social connections, which may lead to greater exclusion due to their lack of proactive behavior in expressing their thoughts and asserting their rights (PPUA Penca, 2013, p. 12, 14-15). People with impairments may experience confidence and aspirational decline as a result of low expectations (DFID, 2000, p. 8; WHO & World Bank, 2011, p. 6; Mont, 2014, p. 25).

**2.5.6: Lack of Participation:** Inclusion of PWD into society is hampered by their lack of consultation and participation (WHO & World Bank, 2011, p.263; DESA, 2011, p. 10).

**2.5.7: Inadequate Data and Statistics:** The lack of precise and comparable data and statistics, along with a lack of evidence of effective approaches, often makes it difficult to understand and act on disability inclusion (WHO & World Bank, 2011, p.263).

**2.5.8: Inaccurate Concerns over Cost/Difficulty of Disability Inclusion:** Perceived expense is one of the most often cited reasons for not involving PWD (Coe & Wapling, 2010, p. 884). The inclusion of PWDs may not be possible due to insufficient funds and budgetary provisions for their implementation (WHO & World Bank, 2011, p. 262). Other justifications include worries that people with disabilities are too challenging and need specialized expertise or that PWDs need specific programs (Bruijn et al., 2012, p. 22). Employees could also believe that they are overworked and 'don't have time for an extra issue' (Bruijn et al., 2012, p. 22) or that it is a problem that exclusively affects high-income nations.

Experiences from many developmental organization programs reveal that in order to generate a commitment to disability inclusion, these impediments must be removed (Bruijn et al., 2012, pp. 72-75).

## **2.6: The Economic and Financial Implications For Excluding Differently-Abled People From Economic Participation**

The European Disability Forum (EDF) in all its policy documents and the various reports issued by UNCRPD from time to time have highlighted the presence of both micro and macro-economic implications some of which are as follows:

- i. **Impact on Family:** Even if just 5% of a city's population is impaired, nearly 25% of that community will be directly impacted by disability in a nation where the average family size is 6. Given the importance of extended families, it's possible that 50% of the population will include a disabled person.
- ii. In the next 30 years, the number of disabled people in developing nations is projected to rise by over 120 percent, while the number of disabled people in wealthy countries is projected to increase by around 40 percent<sup>30</sup>.
- iii. **Disability and aging:** The oldest age groups in industrialized and emerging nations will see the highest growth in the number of disabled people, which will make maintaining a standard of living more difficult.
- iv. According to general projections, 10% of the world's population consists of disabled people who are unaware of financial and banking services.
- v. EDF highlights in its latest June 2022 report regular usage of financial and banking services to meet financial needs and planning is lacking in differently-abled people by more than 45% as compared to non-differently-abled people.
- vi. Chronic illnesses including HIV/AIDS, chronic malaria, Tuberculosis, and mental health issues may cause persistent disabilities that lead to marginalization and prejudice.

In addition to the above major implications following long-term financial implications have also been identified by EDF in its recent policy document:

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<sup>30</sup> European Disability Forum report on macro factors effecting rehabilitation of disabled(report accessed on June 2022)

- i. Income loss for caregivers, other family members, and the disabled individual as a result of stigma
- ii. Loss of schooling owing to stigma for the impaired individual, their caregiver siblings, and other family members.
- iii. Loss of land rights and lack of access to loan programs are results of social exclusion and stigma.
- iv. Long-term loss of a disabled person's ability to work owing to a lack of opportunities and suitable family rehabilitation.
- v. Additional expenses incurred by the family, neighborhood, and state due to the care of the disabled person who might have achieved independence.

## **2.7: Differently-Abled People- A Time Frame Policy Analysis**

Time frame analysis refers to the process of evaluating and examining data, information, or events within specific time intervals or periods. The study undertaken here involves examining events, developments, and changes related to how differently-abled people have been treated in society and acknowledgment of disability rights and policies at the Global level, National level, and State level within specific periods to understand their causes, consequences, and relationships.

Overall, time frame analysis of policies provides a structured approach to studying data or events within specific time boundaries, allowing for a deeper understanding of trends, patterns, and relationships.

### **2.7.1: Global Journey**

The journey for the movement of disability rights started early back in the mid-20th century, primarily in the United States. One significant event that sparked the modern disability rights movement was the establishment of the National Federation of the Blind (NFB) in the United States in 1940. The NFB aimed to promote the rights and independence of blind individuals and played a crucial role in advocating for accessible education, employment opportunities, and equal treatment.

The founding of the Independent Living Movement, which appeared in the 1960s and 1970s, was another significant turning point in the disability rights movement. This

movement, led by disability activists such as Ed Roberts and Judy Heumann, advocated for the rights of individuals with disabilities to live independently and be fully integrated into their communities. It aims to challenge discriminatory practices, raise awareness about disability issues, and advocate for equal opportunities and accessibility for individuals with disabilities. The movement has gained significant momentum over the years and has achieved several key milestones globally. Here are some important aspects and events related to the disability rights movement:

**TABLE 2.7: A TIMELINE OF DISABILITY MOVEMENT ALL ROUND THE GLOBE**

<b>A TIMELINE OF DISABILITY MOVEMENT ALL ROUND THE GLOBE</b>	
1945	The United Nations (UN) was established after WW-II, promoting principles of human rights and equality.
1948	UDHR (Universal Declaration of Human Rights) - The UDHR, adopted by the United Nations General Assembly, lays the foundation for the recognition of human rights, including the inherent dignity and equal rights of all individuals, without distinction of any kind, such as disability.
1971	The United Nations General Assembly declares the year as the International Year for Action to Combat Discrimination and Its Causes, drawing attention to various forms of discrimination, including disability. The World Rehabilitation Fund was also founded to advance the rights and welfare of individuals with disabilities across the world.
1981	The International Year of Disabled Persons is observed, increasing awareness of disability rights and advocating for the full participation of disabled individuals in society.
1982	The World Programme of Action Concerning Disabled Persons is adopted by the United Nations, providing a framework for national and international action to promote the full participation and equalization of opportunities for persons with disabilities.
1989	The United Nations Convention on the Rights of the Child is adopted, recognizing the rights of children with disabilities and calling for their equal treatment and integration into society.
1990	In the United States, the ADA (Americans with Disabilities Act) is enacted into law, outlawing discrimination against those with disabilities in the workplace, public places, transportation, and telecommunications.
2006	The UN CRPD (Convention on the Rights of Persons with Disabilities) was adopted. It is an international treaty aiming to protect and promote the rights and dignity of people with disabilities, covering areas such as accessibility, education, health, employment, and political participation.



<b>A TIMELINE OF DISABILITY MOVEMENT ALL ROUND THE GLOBE</b>	
2008	The CRPD enters into force, signaling a new era in the promotion and protection of disability rights. It became the fastest ratified United Nations human rights treaty, with broad international support.
2010	Governments, organizations, and activists come together in London for the Global Disability Summit to advance the rights of PWDs and promote development that includes PWDs.
2013	The UN launched the Global Accessibility Initiative, which seeks to promote accessibility in physical environments, information and communication technologies, and other areas. Incheon Strategy to "Make the Right Real" for PWDs in Asia and the Pacific - Governments in the Asia-Pacific region adopt the Incheon Strategy, a ten-year plan to enhance the quality of life and rights of PWDs through enhanced regional cooperation.
2015	The SDGs are adopted by the United Nations, a set of 17 global goals aimed at eradicating poverty, promoting sustainable development, and leaving no one behind. Goal 10 specifically includes a commitment to reducing inequality and promoting social inclusion for all, including persons with disabilities. with
2016	The Marrakech Treaty, sometimes known as the Marrakech VIP Treaty, was enacted to make it easier for those who are blind, visually challenged, or otherwise print-impaired to access published works. In India, the Right of PWD Act came into force.
2021	The United Nations launched its Disability Inclusion Strategy, committing to mainstream disability inclusion across all aspects of its work and providing guidance to member states on disability-inclusive policies and practices. One of the most commonly ratified human rights treaties is the UNCRPD, which has received ratification from 182 nations.

The above is a non-exhaustive timeline of the global disability movement which is a collaboration of efforts undertaken by governments, civil society organizations, and disabled individuals themselves, with progress occurring at different rates in various regions of the world.

Working on disability rights is thus an ever-evolving concept until a non-discriminating society can be worked on. However, diverse paths might be taken by different countries all over the world most of them work on the basis of the following framework:

- I. **Formation of Disability Rights Organizations:** There are now groups fighting for the rights of PWDs all around the globe. These groups are essential in educating the public, advocating for legislation, and offering assistance and resources to people with disabilities.
- II. **UNCRPD (United Nations Convention on the Rights of Persons with Disabilities):** The UNCRPD, which was adopted in 2006, is a significant international treaty that lays out the rights of PWDs and the responsibilities of states to uphold and advance these rights. The convention has been ratified by a large number of countries, highlighting global recognition of disability rights.
- III. **Accessibility Legislation:** Many countries went ahead and implemented legislation to ensure accessibility for persons with disabilities. This includes laws mandating accessible infrastructure, transportation, communication, and technology. These policies seek to eliminate the social and physical constraints that keep PWDs from participating fully in society.
- IV. **Inclusive Education:** The movement focused on promoting inclusive education, advocating for the right of children with disabilities to receive education in mainstream schools alongside their peers without disabilities. Efforts have been made to develop inclusive educational policies and practices that accommodate diverse learning needs.
- V. **Employment and Workplace Inclusion:** The disability rights movement advocates for equal employment opportunities and workplace inclusion for PWD. Promoting anti-discrimination legislation, reasonable accommodations, and campaigns to educate employers about the skills and contributions of people with disabilities are all part of this.
- VI. **Independent Living:** The movement places a strong emphasis on PWDs having the right to live freely and participate in their communities. It advocates for the provision of support services, personal assistance, and accessible housing to enable PWD to live fulfilling lives.
- VII. **Representation and Participation:** The disability rights movement highlights the importance of the active participation and representation of PWDs in decision-making processes, including policy development and implementation. It aims to make sure that PWDs have a voice and are included in all aspects of society.

VIII. **Awareness Campaigns and Disability Pride:** The movement has been successful in raising awareness about disability rights through various campaigns and initiatives. Disability Pride events and activities celebrate the diversity and achievements of persons with disabilities, challenging stigmas and promoting positive perceptions.

**2.7.1.1: An analysis of the UNCRPD and its different articles advocating different aspects of disability right**

The UNCRPD is an international human rights treaty. It unified almost the entire globe and set a benchmark on how to address the significant challenges and discrimination faced by PWD. There are 187 parties and 164 signatories (186 states and the European Union which ratified it on 23rd of December, 2010). It mainly focuses on 28 articles, ranging from Article 3 to Article 30. The Convention and the Protocol were both established on December 13, 2006, and came into effect on May 3, 2008. The following is a snapshot of all the 28 articles and the disability rights they try to propagate.

**TABLE 2.8: Composite analysis of the articles of UNCRPD**

ARTICLE	EXPLANATION
Article 3	It deals with the fundamental principles of the state. It emphasizes the importance of respecting the inherent dignity and autonomy of individuals with disabilities, promoting inclusion, participation, equality, and accessibility as guiding principles for fulfilling the obligations outlined in the convention.
Article 4	It outlines the general obligations of the state. It calls on state parties to evaluate and change their laws, promote products and services with universal design, and consult with PWD.
Article 5	It focuses on equality and discrimination. It requires state parties to prohibit any kind of discrimination based on a person's impairment, making sure that PWDs are afforded the same legal protections and advantages as other citizens.
Article 6	It highlights the challenges faced by women with disabilities, who are subjected to various forms of discrimination. State parties are needed to make sure the safety, protection, empowerment, and full benefits of fundamental freedoms for women with disabilities
Article 7	The focus is on children with disabilities, and it emphasizes that state parties must act in line with the best interests of the child concept and provide equal protection of such children's rights.

<b>ARTICLE</b>	<b>EXPLANATION</b>
Article 8	The article centers on raising awareness about disabilities, urging parties to increase awareness of the rights of PWDs through appropriate modes of communication.
Article 9	The article underscores the importance of accessibility, necessitating those buildings, transportation systems, and information services be designed and constructed in a manner that allows individuals with disabilities to use or access them.
Article 10	According to the article, governments must make sure that PWDs have the same rights as everyone else in order for them to properly exercise their right to life.
Article 11	The article emphasizes the responsibility of governments or state parties to ensure the safety and protection of civilians during natural disasters, particularly safeguarding the well-being of PWDs.
Article 12	The article focuses on providing assistance to PWDs in exercising their rights and making decisions.
Article 13	The article ensures that PWDs have the right to participate in all legal proceedings, requiring authorities to provide appropriate training for their involvement in the administration of justice, like prison staff or police
Article 14	The article guarantees persons with disabilities an equal level of protection against threats to human rights, as well as ensuring their liberty and security.
Article 15	The article addresses freedom from inhuman, cruel, or degrading punishment or treatment, specifically prohibiting all forms of scientific and involuntary medical experimentation
Article 16	The article stipulates that authorities must take all necessary steps to make sure the appropriate prosecution, investigation, and recovery for cases of mistreatment of PWD.
Article 17	The article obligates governments to protect the psychological and physical integrity of individuals with disabilities
Article 18	The article guarantees freedom of movement and nationality. Children with disabilities must be registered at birth, indicating their disability, name, and nationality.
Article 19	The article requires state parties to make sure that PWDs can live in a society with full participation and equal access to community services.
Article 20	The article ensures that PWDs have access to assistive devices, mobility aids, technologies, and training in mobility skills at an affordable cost.
Article 21	The article supports the provision of information in accessible media and formats to facilitate understanding by persons with disabilities.
Article 22	The article highlights the importance of honoring and protecting the privacy of PWD.

ARTICLE	EXPLANATION
Article 23	The article asserts the right of individuals with disabilities to choose how, where, and with whom they want to live
Article 24	The article promotes inclusive education and ensures access to primary, secondary, tertiary, and vocational institutions for individuals with disabilities.
Article 25	The article ensures that individuals with disabilities have access to all healthcare services, particularly those that are gender-sensitive. Health care must be provided freely and with informed consent.
Article 26	The article asserts that persons with disabilities should have complete involvement in all aspects of life, including mental, vocational, social, and physical spheres.
Article 27	The article affirms the right to work for everybody, promoting employment opportunities in the private sector and urging authorities to employ persons with disabilities in the public sector.
Article 28	The article guarantees that individuals with disabilities have access to adequate shelter, drinking water, food, and clothing. It emphasizes the provision of social safety nets.
Article 29	The article highlights the importance of encouraging and facilitating the participation of PWD in civic and government activities, including standing for election and exercising their right to vote
Article 30	The article establishes the right of v to play and participate in sports. Authorities must ensure their accessible participation and provide cultural facilities such as theatres, monuments, and museums in accessible formats.

The major needs that the convention targeted are as follows:

- i. **Promotion of Equality:** PWDs have historically been marginalized and excluded from society, facing discrimination and barriers that limit their participation and enjoyment of basic human rights. The UNCRPD was needed to promote equality, eliminate discrimination, and ensure full and equal participation of PWD in all aspects of life.
- ii. **Protection of Human Rights:** The convention was developed to protect the human rights of PWDs. It recognizes that disability is a social construct resulting from the interaction between individuals and their environments and aims to prevent discrimination and make sure the full realization of all human rights and fundamental freedoms for PWD.

- iii. **Empowerment and Inclusion:** The UNCRPD seeks to empower PWDs and promote their inclusion in society. It acknowledges that PWDs have the right to make decisions about their lives and enjoy autonomy, independence, and full social inclusion on an equal basis with others.
- iv. **Recognition of Diverse Abilities:** The convention recognizes the diverse abilities of PWD and promotes the concept of disability as an evolving and dynamic concept. It emphasizes that disabilities should not be seen as a barrier to participation, but rather that society should adapt and provide reasonable accommodations to make sure equal opportunities for all.
- v. **International Cooperation:** The UNCRPD encourages international cooperation among countries to address the rights and well-being of PWDs. It recognizes the importance of sharing best practices, exchanging information, and providing technical assistance and support to make sure the implementation of the convention at the global level.

Overall, the UNCRPD was needed to shift societal attitudes, promote inclusivity, and make sure the protection of the rights and dignity of PWD. It provides a thorough framework for nations to implement laws, policies, and practices that improve the rights of PWDs and make society more open and accessible for everyone.

### **2.7.2: National Journey**

In 1996, the Government of India (GOI) enacted the Persons with Disabilities (Equal Opportunities, Protection of Rights and Full Participation) Act (PWD Act) of 1995 (Ministry of Law, Justice and Company Affairs, 1996). The Act included features of rehabilitation that were both preventative and promotional.

India joined the UNCRPD in 2007 and became a signatory. To implement the rights of disabled people, signatory governments to the UNCRPD must make the necessary modifications to their laws and policies. Apart from the PWD Act, other laws that govern various aspects of disabilities include the National Trust for the Welfare of Persons with Autism, Cerebral Palsy, Mental Retardation, and Multiple Disabilities Act, 1999, the Rehabilitation Council of India Act, 1992, and the Mental Health Act, 1987.

An expert team headed by Dr. Sudha Kaul was established by the MoSJE in 2010 to write a new PWD Bill. In order to replace the PWD Act and address disabled people's rights and

benefits, the committee produced a Draft Bill in 2011. Subsequently, on February 7, 2014, the Rights of Persons with Disabilities Bill, 2014 was introduced in Rajya Sabha and referred to the Standing Committee on Social Justice and Empowerment on September 16, 2014.

On 27<sup>th</sup> of December, 2016 the Right of Persons with Disability Act, 2016 received the assent of The President of India and came into force, thereby expanding the scope and area of its operation. In the Rights of Persons with Disability Act, 2016. The definition of disability is based on a dynamic and developing idea. The number of disability kinds has been extended from the current 7 to 21, and the Central Government will have the authority to introduce more. The stated Act also includes a number of additional implementations and initiatives.

Here are some key milestones and developments in India's journey towards disability rights:

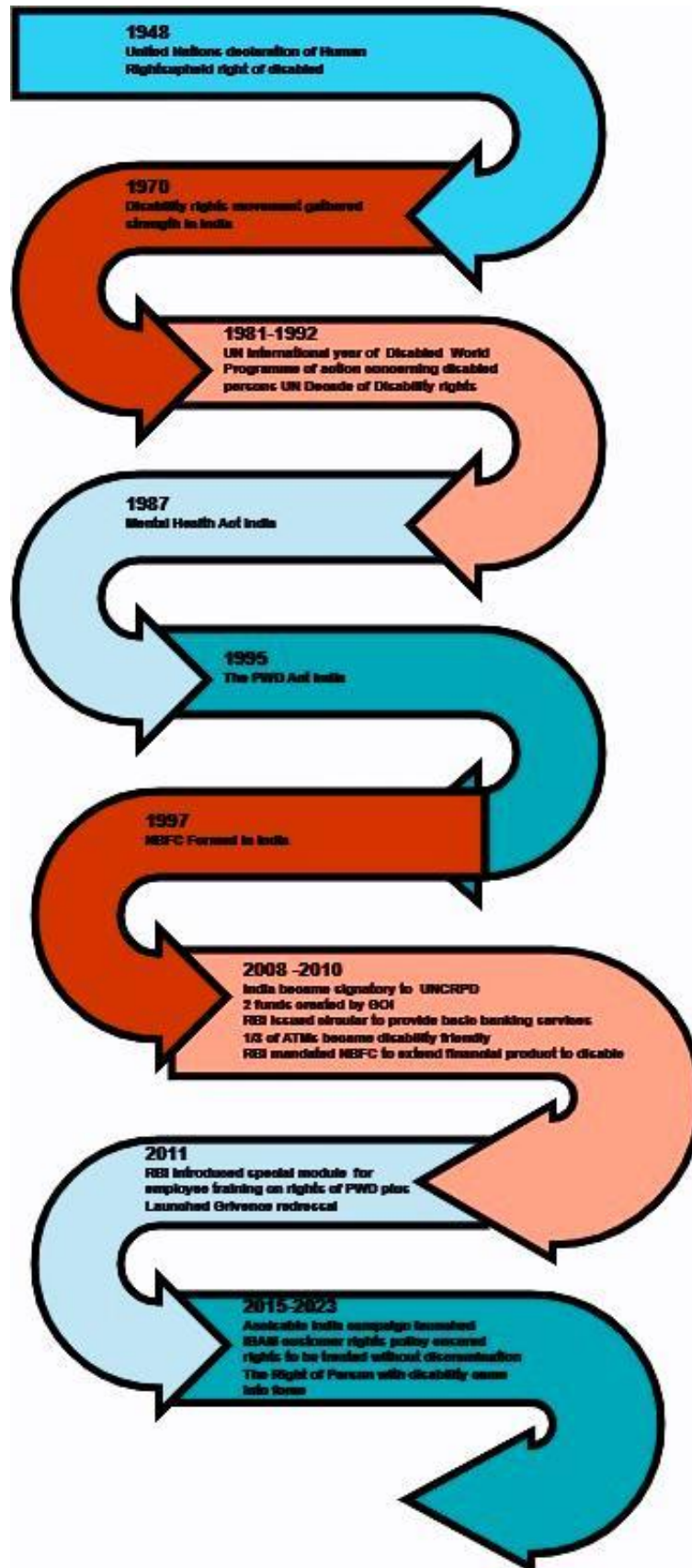
- I. **Legislation and Policies:** India has enacted various laws and policies to protect the rights of PWDs. The Persons with Disabilities (Equal Opportunities, Protection of Rights and Full Participation) Act, of 1995 was a crucial legislation that recognized the rights of PWD and provided for affirmative action, accessibility, and non-discrimination. In 2016, this Act was replaced by the Rights of Persons with Disabilities Act, which expanded the scope of disabilities, strengthened provisions, and aligned with the UNCRPD.
- II. **Reservation in Education and Employment:** India has put affirmative action into place to encourage PWD employment and educational possibilities. To guarantee representation and fair access, reservation quotas have been implemented in educational institutions and government positions. The reservation percentage varies across states and educational levels.
- III. **Accessible Infrastructure:** Efforts have been made to improve accessibility in public spaces and infrastructure. The Accessible India Campaign (Sugamya Bharat Abhiyan) was launched in 2015 to enhance accessibility in public transportation, buildings, and ICT (Information and Communication Technology) systems. The campaign aims to create a barrier-free environment and improve the overall accessibility experience for persons with disabilities.

- IV. **Inclusive Education:** In India, efforts are being made to provide inclusive education for children with impairments. The Right to Education Act, of 2009, mandates the inclusion of children with disabilities in mainstream schools and provides for individualized support and accommodations. However, implementation challenges and the need for improved accessibility and support services persist.
- V. **Assistive Devices and Rehabilitation Services:** The government has implemented various schemes and programs to provide assistive devices and rehabilitation services to PWDs. The Assistance to Disabled Persons for Purchase/Fitting of Aids and Appliances (ADIP) scheme aims to enhance the functional capacity of persons with disabilities through assistive devices, while the National Institute for Empowerment of Persons with Multiple Disabilities and the Rehabilitation Council of India focus on rehabilitation services and professional training.
- VI. **Empowerment and Awareness:** Disability rights organizations and advocacy groups play a vital role in raising awareness, advocating for rights, and empowering PWDs in India. These organizations work towards changing societal attitudes, promoting inclusion, and ensuring the active participation of PWD in decision-making processes.

Despite the progress made, challenges remain in areas such as accessibility, inclusive education, employment opportunities, and attitudinal barriers. Continued efforts are required to strengthen implementation, address gaps in infrastructure, enhance social inclusion, and promote a more inclusive and accessible society for PWD in India.



**FIGURE 2.9: Chronology of events**



Source: Authors computation

**2.7.2.1: A comparative analysis of the recently enacted RPWD Act, 2016 with the PWD Act,1995 and Draft Bill,2011**

The PWD Act, Draft Bill, and the Rights of Persons with Disabilities Act, 2016, are contrasted in the table that follows.

Table 2.7.2.2: Comparison between 1995 Act, 2011 Draft Bill and Rights of Persons with Disabilities Act, 2016

<b>Point of Difference</b>	<b>PWD Act, 1995</b>	<b>Draft Bill, 2011</b>	<b>Rights of Persons with Disabilities Act, 2016</b>
Types of disabilities covered	7	20	21
Degree of disability that will be protected by the legislation	A percentage of disability in the Act that is at least 40%	Regardless of level of disability, all PWDs are entitled to certain rights and privileges.	Regardless of the severity of the condition, rights extend to all PWDs. Benchmark disability: Benefits like reservations in school, employment, other programs, etc. are available to those who have 40% of a certain impairment.
Reservations in education and employment in govt. institutions	<b>Employment:</b> 3 percent in entities under the government (within that 1 percent for specific	<b>Employment:</b> 7% in government organizations (bands created amongst all disabilities and	<b>Employment:</b> 5% in organizations under the government (within that 1 percent for specific

<b>Point of Difference</b>	<b>PWD Act, 1995</b>	<b>Draft Bill, 2011</b>	<b>Rights of Persons with Disabilities Act, 2016</b>
	disabilities). <b>Education:</b> 3%	each entitled to 1% within this). <b>Education:</b> In higher education, the average grade is 6%.	disabilities). <b>Education:</b> Free primary education for children between the ages of six and 18 (or six to 14 years under the Right to Education Act, 2009), 5% at higher education institutions, and a five-year age relaxation
High support needs	No provision	intensive physical or psychological assistance that a person with a disability may need in order to participate in everyday activities, etc. Allowance for caregivers for people with impairments who need a lot of help.	Similarly to the draft bill (only persons with benchmark disabilities may have high support needs).
Guardianship	No provision in PWD Act.	All plenary guardians in place	discusses restricted and plenary

<b>Point of Difference</b>	<b>PWD Act, 1995</b>	<b>Draft Bill, 2011</b>	<b>Rights of Persons with Disabilities Act, 2016</b>
	Guardianship covered under the National Trust Act, of 1999, and the Mental Health Act, of 1987.	today must become limited guardians for everyone.	guardianship in relation to guardianship of mentally ill individuals. Other types of disabilities will be covered under the current legislation.
Legal provisions	Complaints from affected parties are addressed by the chief commissioner and commissioners for people with disabilities, who also serve as civil courts.	The establishment of Disability Rights Tribunals is required, both centrally and in each state and district.	National Commission to have civil court-like authority. State governments are required to notify session courts that they are Special Courts.

Sources: PWD Act, 1995; Draft Bill, 2011; RPD Bill, 2014; PRS.

### **2.7.2.2: Key Changes Incorporated in the latest Act**

Along with the above-stated issues, there are certain key changes that have been incorporated in the RPWD Act, 2016 which are as follows:

- I. In order to promote the Prime Minister's Accessible India Campaign, emphasis has been made on guaranteeing accessibility in public buildings (both government and private).
- II. Reservations for specific individuals or classes of individuals with benchmark disabilities in open positions within government agencies have risen from 3 percent to 4 percent. Between the ages of 6 and 18, any child with a baseline impairment is entitled to a free education.

- III. The Act asks for the District Court to award guardianship, which will allow the guardian and the disabled person to jointly make decisions.
- IV. Apex policy-making authorities at the Central and State levels have been established in the form of Central and state Advisory Boards on Disability. The Office of the Chief Commissioner of Persons with Disabilities has been enhanced, and two Commissioners as well as an advisory committee made up of no more than eleven persons who are specialists in different disabilities will now support the Chief Commissioner. Similar improvements have been made to the office of State Commissioners of Impairments, which will now have an advisory committee made up of no more than five individuals who are specialists in different disabilities to help them.
- V. The State Commissioners and the Chief Commissioner for Persons with Disabilities serve as regulatory authorities, grievance redress centers, and monitors of the Act's implementation.
- VI. The state governments have established committees at the district level to handle PWDs' regional issues. The State Governments would specify in the regulations the specifics of the structure and duties of such bodies.
- VII. To help those with impairments financially, national and state funds have been established. The National Fund has incorporated both the Trust Fund for the Empowerment of PWDs and the current National Fund for PWDs.
- VIII. The Act outlines penalties for offenses against people with disabilities as well as violations of the new law's rules. In each area, special courts will be established to address matters involving the violation of PWDs' rights.

**2.7.2.3: Differently-Abled Persons: A Brief Review of Different Schemes Undertaken By The GOI**

**I. Scheme One: Disability certificate and identity card:**

- A. **Disability certificate:** The certifying authority to provide a certificate of disability is the different medical boards established at the district or state level. The board is made up of the district's chief medical officer or subdistrict medical officer, as well as another expert in the relevant area, such as an ophthalmologist in cases of visual

impairments, an ENT surgeon, or an audiologist in cases of hearing and speech impairments. The following are some facts about disability certificates:

- a. The RPWD Act of 2016 lists certain individuals with disabilities to whom the certificate is granted. At present, 21 different categories of disability are covered under the Act.
- b. The certificate has a five-year expiration date.
- c. A permanent disability certificate is issued when there are no prospects of the degree of impairment changing.
- d. A birth certificate and evidence of address are necessary for obtaining a disability certificate. The district magistrate may provide the parents the birth certificate if the baby arrives at home.

**B. Identity Card:** The federal government, state governments, and local governments all now provide a variety of discounts, services, and advantages to PWDs. These advantages are offered based on specific papers. In each situation, there are various procedural requirements. As a result, people with disabilities must complete complicated paperwork, which is quite inconvenient and makes it difficult for them to get numerous benefits. In order to make it easier for people with disabilities to take advantage of any relevant advantages or discounts, the GoI released recommendations to states and UTs for the issuance of identification cards (IC) to people with disabilities in August 2000.

- ***Eligibility:*** The identification card will be available to everyone who has been certified as disabled (according to the criteria provided in the PWD Act 1995) by the relevant authorities. Regardless of age, this card will be given to all qualified disabled people.
- ***Medical Certificate:*** A required prerequisite for receiving the card is a medical certificate from the approved medical board established by the State Government/Defense authorities.
- ***Application:*** A person with a disability may apply to the relevant authorities for the issuance of the IC. The legal guardian may submit an application on behalf of a

person who has multiple impairments, autism, cerebral palsy, or mental retardation.

- ***Duration of validity:*** When awarded to a disabled individual above 18 years of age, the card has a lifetime validity. The card must be updated once every five years for impaired children under the age of 18. If the disability is permanent, no more medical testing is required.
- ***Cost:*** The disabled individual may be required to pay a small fee when submitting their IC application.

## **II. Scheme Two: Educational programs for CWSN (Children with Special Needs):**

The general population may not always be aware of the potential of children with extraordinary needs. When recognizing special needs, the general public often has very low expectations. There are many arrangements for children with disabilities in school. The notion of including all students with special needs in regular classrooms with the necessary accommodations is supported by inclusive education. The child will be put in an appropriate educational environment after an evaluation of their difficulties by a team of professionals (a special educator, a doctor, and a psychologist).

### **A. IED (Inclusive Education for Disabled) under SSA (Sarva Shiksha Abhiyan)**

The fundamental goals of SSA are to increase all children's access to, enrollment in, and retention in school while also raising the quality of education. Only by including CWSN in the scope of primary education can the SSA's goal be achieved. The general guidelines issued by the MHRD (Ministry of Human Resource Development); GoI are as follows:

- a. No child with special needs would be refused entry under a zero-rejection policy, regardless of the nature, scope, or severity of their disability.
- b. The best learning environment for CWSN should be used to educate him or her. initiatives to incorporate all types of education, including as home-based learning, AIE (Alternative and Innovative Education), open schools, and the Education Guarantee Scheme.
- c. flexibility in planning to make it district-focused and based on needs for efficient resource use.
- d. For each CWSN, the district plan should include:

- i. For CWSN integration, each child may get up to Rs. 1200 per year.
- ii. The CWSN district plan would be created in accordance with this standard.
- iii. Encourage resource institutions to participate

These policy recommendations are in accordance with the relevant Acts and constitutional clauses, which guarantee:

- All children should get free, obligatory education until the age of fourteen.
- Education up to the CWSN level in a suitable setting till age 18.
- CWSN must be taught by a qualified instructor.
- Establish a system that will provide assistance and support to children with severe disabilities.

### **III. Scheme Three: IEDSS (Inclusive Education for the Disabled at Secondary Stage)**

The rise in enrollment at the primary level as a result of SSA expansion is anticipated to result in a spike in demand for secondary education in the next years. Children with impairments will be included in this. Since the SSA encourages the involvement of young children and elementary school students with special needs, it would be advisable to implement a program for these students at the secondary level. The goal of the IEDSS program is to increase all children and youth with disabilities' retention, enrollment, and academic success in the general education system as well as their access to secondary education. The "IEDSS" Scheme, which is centrally sponsored, intends to

- i. Give all disabled children the chance to finish 4 years of secondary education (classes IX-XII) in an inclusive and supportive atmosphere after completing eight years of primary school.
- ii. At the secondary level, provide students with disabilities access to facilities and educational opportunities (classes IX to XII).
- iii. Support secondary-level general education instructors in receiving the training they need to take care of the requirements of students with disabilities.



The scheme's objectives are to make sure that:

- i. At the secondary level, each disabled child will be recognized, and his educational needs will be evaluated.
- ii. Every student who needs assistance, appliances, or assistive technology shall get the same things.
- iii. For students with disabilities to have access to the classrooms, labs, libraries, and restrooms at the school, all architectural obstacles must be eliminated.
- iv. According to each disabled student's needs, learning materials will be provided.
- v. Within three to five years, all secondary general school instructors will have the fundamental training they need to work with special needs students.
- vi. Access to support services for students with disabilities will include the hiring of special educators and the construction of resource rooms in each block.
- vii. Every state has established model schools to provide inclusive education best practices that can be replicated.

The program will include all students with one or more impairments who are 14 years of age or older, have graduated from elementary school, and are enrolled in government, local government, or government-aided secondary schools.

This Scheme has the following components –

- a) It is suggested that all students having disabilities enrolled in ordinary education at the secondary and senior secondary level get educational facilities under this system (classes IX to XII).
- b) Two categories of components, namely (I) student-oriented components and (II) other components, will both get help under the Scheme (e.g., those relating to awareness generation, teacher training, infrastructure, etc.).
- c) On the model of the SSA, which offers assistance at a rate of Rs. 1200 per disabled child per year for the elementary level, it is suggested to offer Union Territories/ States/Autonomous bodies assistance for the first group of components at a rate of Rs. 3000 per disabled child per year for specified items. (In 2001–2002, this price was set). The following items may be purchased with the Rs. 3000 per impaired

child each year allocated to them:

- i. For identifying and evaluating children that have difficulties. Depending on the requirements of the students, the assessment team may consist of an interdisciplinary expert team of therapists, clinical psychologists, physicians, and special educators.
- ii. provide all disabled students with accommodations and assistance.
- iii. Access to educational resources guarantees that every student with a disability will have access to educational resources that meet his or her needs.
- iv. the provision of services including transportation, lodging, books, scholarships, assistive technology, uniforms, and support personnel (amanuensis, readers).
- v. Stipend for disabled female students: At the secondary level, all programs specifically designed to increase female involvement would get a stipend of Rs. 200 per month to promote participation all the way until senior secondary school.
- vi. For people with disabilities, using ICT to access technology is very important since it gives them more access to a wealth of knowledge that would not otherwise be accessible.
- vii. The costs associated with planning the mobilization of such assistance will be covered by this plan.

The Education Departments of State Governments and UT Administrations will be responsible for carrying out the Scheme. In order to execute the program, the States/UTs may work with NGOs with expertise in the area of education for PWDs.

#### **IV. Scheme Four: Special Schools**

The Government of India has also introduced a program for special schools. The MoSJE is responsible for this program. These special schools are recommended for children with severe multiple impairments who struggle in ordinary classrooms. The majority of these special schools are situated in cities and are managed by charitable institutions. A large percentage of them are residential institutions where boarding, housing, and other facilities are free. There are now more than 3,000 special schools for children with disabilities operating throughout the nation. Out of these, around 900 have institutions specifically for

the deaf, 400 have institutions for the blind, 1000 have institutions for the mentally retarded, and the remaining 700 have facilities for children with physical impairments. The threshold for identification as well as certification for enrollment in such special schools is 40% disability of any such specific sort.

## **V. Scheme Five: Children's Education Allowance and Scholarships:**

### **Education Allowance**

The provision of education allowance to children and the reimbursement of tuition fees for Central Government employees are governed by the Central Civil Services (Education Assistance) Orders, 1988.

### **Scheme of National Scholarship for Students with Disabilities**

Three percent of seats in educational institutions are set aside for students with disabilities to make sure that they have equitable access to higher education and technical training. Additionally, the MoSJE offers 500 scholarships to students who choose to continue their education beyond high school.

### **Awards**

There are 500 awards available via the institutions in which students are enrolled for higher education and technical training.

### **Awards Details for Students with Disabilities:**

<b>Categories</b>	<b>Males</b>	<b>Females</b>
	<b>Awards</b>	
Orthopedic Disability	58	
Visual Disability		
Hearing Disability		
Cerebral Palsy, Low Vision, and Disabilities other than those above	76	

The amount of financial aid varies by course and is also dependent on whether the college has a hostel or other residential facilities. The specifics are provided below:

### Courses of Study and Scholarship Rate

Courses of Study	Rate of Scholarship (Rs. /Months)	
	Hostellers	Day Scholars
M.Phil/Ph.D and graduate/post graduate level courses in Indian/Engineering and other systems of agriculture, medicine, IT, Veterinary, Education, Biotechnology, Architecture, Management, Music, Physiotherapy, and other professional courses	1000	700
Diploma and certificate-level professional courses	700	400

### VI. Scheme Six: ADIP Scheme( Assistance to PWD for purchase /fitting of appliances and aids)

India has a relatively high population of disabled people, many of whom are from low-income groups. The government has made a consistent effort to provide disabled people with assistance and appliances at the lowest possible cost.

- ***Financial Assistance***

The program covers aids and appliances that cost more than Rs. 6,000 but less than Rs. 50. However, throughout their study time up to the XII grade, the maximum should be Rs. 8,000 for those who are visually, mentally, orally, or both. When more than one kind of help is necessary, each aid will be subject to a separate ceiling within the restrictions. The aid will be in the following amounts:

Total Income/month (Rs.)	Amount of Assistance
Up to 5,000	Full cost of aid appliance
5001 to 8000	50% of the cost of the aid/ appliance

In addition, regardless of several visits to a medical facility, travel expenses would only be allowed and restricted to a bus ticket in the ordinary class or a train by 2<sup>nd</sup> class sleeper subject to a limit of Rs. 250 for the recipient. It would be necessary to get a certificate from the treating physician or rehabilitation specialist. An attendant or escort traveling with the recipient may claim travel costs up to the same limit. The

beneficiary should go to the rehabilitation institution nearest to their place of residence, with the exception of the northern zone, where he may be allowed to pay the costs of travel outside the area up to that facility (ies). Only patients with a total monthly income of less than Rs. 5,000 would be eligible for boarding and lodging fees of Rs. 30 per day for a maximum of fifteen days.

- ***Categories entitled to get Aids and Appliances***

Category	Mild	Moderate	Severe/ Profound
Hearing	No (<40%)	Yes (41 - 50%)	Yes (51%>)
Locomotors	No (<40%)	Yes (40%>)	Yes
Mentally retarded	Yes (IQ range: 50-69)	Yes (IQ range: 35-49)	Yes (IQ range: 20-34: Severe and <20 Profound)
Visual	Yes (20-40%)	Yes (41-75%)	Yes (76%>)

## **VII. Scheme Seven: Preference in Allotment of PCO/STD to Handicapped Persons:**

Unemployed individuals with education are eligible for PCO/STD allocation. The candidates meet the following educational requirements:

- 8<sup>th</sup> or Middle School Pass for rural areas.
- At the very least, high school graduation for urban areas.

## **VIII. Scheme Eight: Custom Concessions**

When a person with a disability imports specific products into India for his or her own use, the Central Government waives the whole of the customs charge and a certificate from the Civil Surgeon of the District, the Administrative Medical Officer, Medical Officer, Director of Health Services of the concerned State, or a Specialist in the concerned specialty attached to a Government Hospital or a recognized medical college

stating that the importer suffers from the specific condition, which must be presented by the importer to the Assistant Collector of Customs at the time of importation.

#### **IX. Scheme Nine: Employment of the Handicapped**

Both special cells in regular job exchanges and dedicated employment exchanges for physically challenged people provide assistance to disabled people in finding productive work. Special cells of state government and union territory administrations may get up to 100% financial help, while special employment exchanges may receive 80% financial assistance.

#### **X. Scheme Ten: National Awards for PWDs:**

Since 1969, the MoSJE has presented National Awards on World Disabled Day each year (3rd December). The establishment of awards has raised awareness among handicapped people in the public and commercial sectors and integrated them into society. The Indian President endows National Awards on:

- a. The Best Employer
- b. The Best Employee
- c. The Best Institution
- d. The Best Individual
- e. The Best Placement Officer

#### **XI. Scheme Eleven: Incentives to Private Sector Employers for Providing Employment to PWDs**

The government-approved incentive program for firms that hire PWDs in the private sector was designed to generate more than a million new jobs annually.

In addition to this MoSJE offers a voluntary scheme where the Government contributes to the EPF and ESI on behalf of the employer for the first three years pursuant to them offering employment to differently-abled people. The employer will continue to contribute the administrative costs of 1.1 percent of the salary of the workers covered under the EPF&MP Act (“Employees Provident Fund & Miscellaneous Provisions”).

## **XII. Scheme Twelve: Reservation of Jobs and other Facilities for Disabled Persons**

According to a government of India directive, 3 percent of the positions in Grades C and D are reserved for people with physical disabilities. The categories benefited are given as follows:

<b>Category of handicapped</b>	<b>% of reservation</b>
The Deaf	1 %
The Blind	
The O.H.	

It has been suggested that a list of the Grade 'C' and 'D' positions that become vacant each year be kept in order to execute the reserve in an efficient manner. In this method, the blind is given preference for every 34th opening. The 67th and 100th openings in each succeeding cycle of 100 openings are set aside for a deaf and an OH, respectively.

According to a government directive, the age restriction would be raised by 10 years in favor of those with disabilities.

According to the ruling, physically challenged individuals hired for Grade B and Grade O positions advertised by the SSC and UPSC will not be required to pay the application and examination fees as set out by the SSC/UPSC.

## **XIII. Scheme Thirteen: Economic Assistance**

### **Public Sector Banks**

Physically disabled people are eligible for the advantages of the interest rate under the "Scheme of Public Sector Banks for Orphanages, Women, and Physically Handicapped Persons."

### **Financial Assistance Available to Persons With Disabilities**

- **NHFDC Schemes**
  - a. For starting a small company in the commerce or service industry: Up to Rs. 20 lakhs in loan.
  - b. In order to establish a small manufacturing unit: A loan of up to Rs. 20,000,000.
  - c. To pay for books, stationery, hostel amenities, and tuition for higher education or professional training.
  - d. Up to Rs. 5.00 lakhs in loans are available for agricultural purposes.
  - e. Making/producing assistive technology for people with disabilities: Up to Rs. 25 lakhs in loan.
  - f. For disabled people who want to work for themselves.

**NHFDC LOAN SHARE:**

<b>Project</b>	<b>NHFDC Share</b>	<b>Agency Share</b>	<b>Promoters' Share</b>	<b>Rate of Interest</b>
Less than 50,000	100%	Nil	Nil	5% p.a.
Above 50,000 and Less 1000,000	95%	5%	Nil	6% p.a.
Above 1000,000 and Less 500,000	90%	5%	5%	9%p.a.
Above 500,000	85%	5%	10%	10% p.a.

Source: Annual report issued by Department of Empowerment of Persons with Disabilities (Divyangjan)

- Following is a summary of the Corporation's progress over the last six financial years:

**(Rs. in Crore)**

<b>Financial Year</b>	<b>Self-Employment</b>		<b>Scholarships</b>		<b>Skill Development</b>	
	<b>Amount</b>	<b>No. of PwDs</b>	<b>Amount</b>	<b>No. of PwDs</b>	<b>Amount</b>	<b>No. of PwDs</b>
2016-17	146.38	10175	6.20	1573	25.29	13010
2017-18	151.97	19001	7.87	2100	29.37	24000
2018-19	157.54	24003	8.10	4751	31.04	54000
2019-20	160	2742	8.00	1100	15.7	19732
2020-21	164.32	1157	7.77	1091	10.91	9870
2021-22	170	6669	8.01	2731	14.76	9996
<b>Total</b>						

Source: Annual report issued by Department of Empowerment of Persons with Disabilities (Divyangjan)

The progress made by the corporation has been remarkable, especially after merging with NAP in the financial year 2016-17. The numbers show a very bright side in all three criteria 2018-19 showed the highest number of Pwd participation. After 2020 due to COVID-19 the entire global economy saw a set back and India was not beyond it, both the resources contributed and participation of the differently-abled have declined in respect of skill development, scholarships, and self-employment initiatives undertaken.



However, 2021-2022 is showing a brighter side in all three areas.

#### **XIV. Scheme Fourteen: Built Environment Accessibility**

- ***Enhancing the proportion of accessible Government Buildings:***

Central Government had initially set a target to finish the accessibility assessment of 25 to 30 of the most significant government buildings by the end of 2017 currently 585 buildings of the State /Union territories have been made completely accessible ; achieving complete accessibility in 50% of NCT government buildings and all state capitals by December 2024; 50 percent of government buildings' accessibility audits has been completed; by Phase-III December 2024, and making them completely accessible by 2030. Following are some of the initiatives taken to further the cause:

- completed the accessibility assessment of the 1653 structures the state administration had identified;
- To the State Nodal Officers were submitted 1469 access audit reports;
- proposal for 566 buildings received under the PWD Act of 1995's (SIPDA) Scheme;
- For 225 structures, a sanction for Rs. 553.59 Crore was obtained. (Funds for the other cities will be granted shortly.) Additionally, the auditors received around Rs. 148 lakhs for completing access audits, with additional payments scheduled for delivery.

#### **Transportation System Accessibility**

##### **Enhancing the proportion of accessible Airports:**

Domestic airports were made completely accessible by March 2018 and all international airports by December 2016. Ramps, accessible restrooms, elevators with braille symbols, and aural signaling are all available in 25 of the 32 international airports.

##### **Enhancing the Proportion of accessible railway-stations:**

By December 2016, it was intended to have all A1, A, and B-category railroad stations completely accessible. As part of their short- and medium-term goals, it was also intended to have fully accessible 50% of the remaining category railroad stations. Short-term

accessibility elements have been retrofitted into all 75 ‘A1’ category railway stations, 305 out of 332 ‘A’ category stations, and 221 out of 302 ‘B’ category stations.

To make railways more accessible to differently-abled people five major areas have been highlighted which are as follows:

<b>1. Information System accessibility</b>	<b>2. Station accessibility</b>	<b>3. Platform accessibility</b>	<b>4. Train coach accessibility</b>	<b>5. Monitoring and feedback mechanism</b>
1.1 Accessible, scientifically designed, and flexible webpage/, website/IRCTC dedicatedly designed for differently-abled	2.1 Accessible route including accessible entry and exit	3.1 Platform zoning and design	4.1 Train coach and platform interface	a. Monitoring mechanism
1.2 Disability-friendly mobile app with STQC-certified features	2.2 Entrance ramp	3.2 Accessible Toilet	4.2 Coach exteriors	b. feedback mechanism
1.3 Credible, accessible public announcement system with efforts for better acoustics, legibility, and audibility for the differently-abled	2.3 Parking dedicated space along with proper signage and designing to make parking convenient	3.3 Drinking water booth designed considering the requirement and convenience	4.3 Coach interiors and seating	
1.4 Better illuminated signage including braille signage	2.4 Ticket counter exclusively designed and	3.4 Foot over bridge	4.4 Coach amenities including disability-friendly toilets, stoppers for	

<b>1. Information System accessibility</b>	<b>2. Station accessibility</b>	<b>3. Platform accessibility</b>	<b>4. Train coach accessibility</b>	<b>5. Monitoring and feedback mechanism</b>
and better visibility signage to be incorporated	dedicated		wheelchairs, exclusive disability-friendly coach	
1.5 Dedicated information interface between platform and coach like integrated visual & audio display, call alerts, emergency exits with special illumination for convenience of differently-abled people	2.5 Help booth	3.5 Subway		
		3.6 Lifts		
		3.7 Lighting		

- ***Enhancing the proportion of accessible Public Transport***

The States and Executive Directors of State Undertakings have been given directives by the Ministry of Road Transport & Highways to make sure that 10 percent of the Public Transport owned by government is completely open to the PWDs by December 2020. However, the deadline has been pushed back to June 2023. The current data shows around 6-7% of accessible transport facilities ensured for PWD till June 2023.

- *Enhancing the proportion of accessible documents and websites that meet internationally recognized accessibility standards*

The websites of the state and federal governments are now accessible and suited for people with disabilities. 917 websites will get a total of Rs. 26, 18, 95,200 in funding, of which Rs. 10, 47, 58,080 will be distributed as the first payment. There are now links to 100 government websites from 56 Ministries and Departments.

#### **XIV. Scheme Fifteen: Creation of jobs and special employment exchanges for differently-abled persons**

At the all-India level, there are 42 special employment exchanges working currently to meet the job needs of differently-abled people. 38 additional special cells in the regular employment market have been set up to accommodate the requirements of job seekers with disabilities. 24 NCSC-DA (“National Career Service Centre for differently-abled”) people are functioning currently.

Besides these, there are 21 NCSC-DA erstwhile VRCs (Vocational Rehabilitation Centres) functioning at Hyderabad, Mumbai, Delhi, Jabalpur, Kanpur, Ludhiana, Chennai, Kolkata, Trivandrum, Ahmedabad, Guwahati, Bangalore, Jaipur, Bhubaneswar, Patna, Vadodara, Srinagar, Agartala, Pondicherry and Ranchi. These Centers operate directly under the administrative supervision of the Directorate General of Employment and assess the residual capacity of PWDs before providing them with vocational training and counseling and attempting to place them in paid employment or self-employment in line with their abilities.

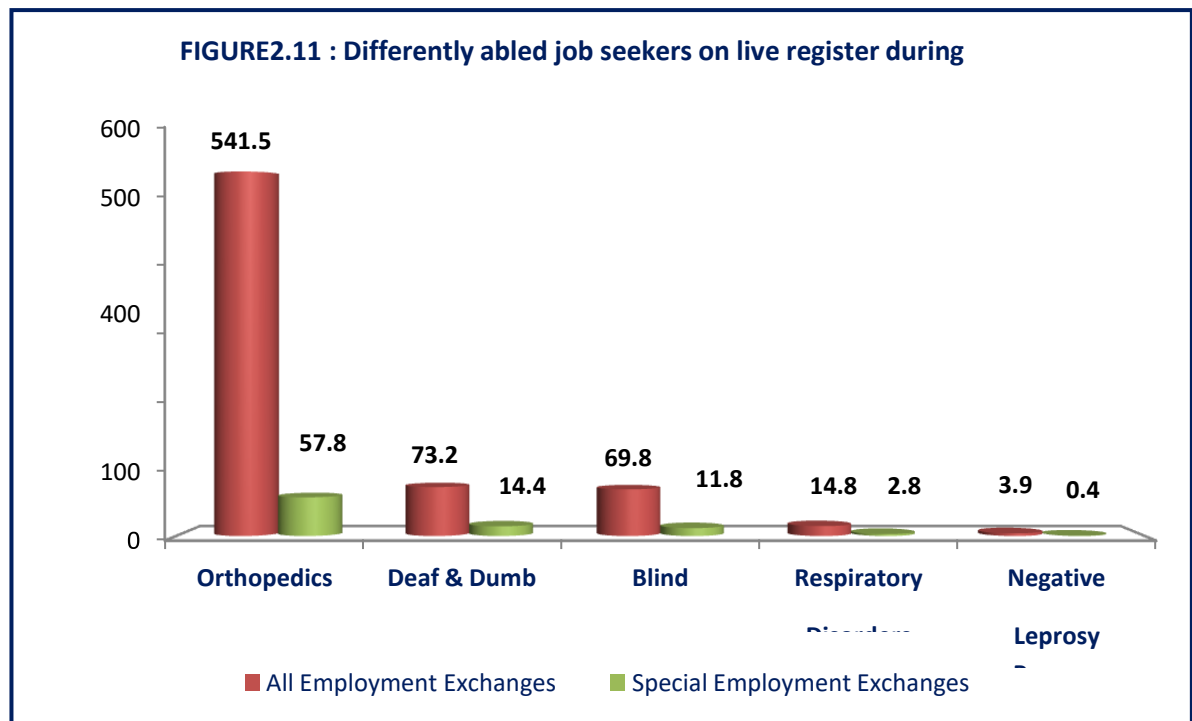
NCSC-DA has rehabilitated a good number of differently-abled persons as evidenced by the table given below:

<b>TABLE 2.10 : Differently abled jobseekers during the year 2022 (All India) (in thousands)</b>										
	<b>All Employment Exchanges</b>					<b>Special Employment Exchanges</b>				
<b>Year</b>	<b>2018</b>	<b>2019</b>	<b>2020</b>	<b>2021</b>	<b>2022</b>	<b>2018</b>	<b>2019</b>	<b>2020</b>	<b>2021</b>	<b>2022</b>
<b>Registration</b>	29.5	32.0	28.8	28.0	28.3	2.5	2.5	0.9	1.7	0.9
<b>Placement</b>	2.0	2.5	2.7	2.7	2.5	0.2	0.2	0.1	0.1	0.1
<b>Live Register</b>	690.8	689.5	694.3	704.8	702.7	90.7	90.5	87.4	90.9	87.2

Source: Employment exchange statistics, 2023

According to the figures in the aforementioned statement, there were somewhat fewer job seekers with disabilities on the live registers of all employment exchanges in 2022 than there were in the year before.

On the live register of work exchanges during the year 2022, it was discovered that the greatest number of differently abled jobseekers had orthopedic infirmities, followed by the deaf, dumb, and blind.



Source: Employment exchange statistics, 2023

**Other Concessional schemes:** Various other schemes have taken time and now for furthering the cause.

India has made significant progress in the field of disability rights, although challenges and areas for improvement still exist.

### **2.7.3: Journey of the initiatives taken by West Bengal as a State:**

West Bengal, a state in eastern India, has been actively working towards promoting disability rights and inclusivity.

2.11: Here is a time frame analysis of key developments and initiatives related to disability rights in West Bengal:

<b>Time frame</b>	<b>Initiatives undertaken</b>
Pre-2000s	<ul style="list-style-type: none"> <li>In 1995, the PWDs (Equal Opportunities, Protection of Rights and Full Participation) Act, a national legislation, was enacted. This provided a foundation for disability rights in West Bengal.</li> </ul>
2000s:	<ul style="list-style-type: none"> <li>In 2002, the West Bengal PWDs (Equal Opportunities, Protection of Rights, and Full Participation) Rules were formulated to implement the provisions of the national disability law in the state.</li> <li>The West Bengal Disability Development Act was passed in 2005, aiming to provide comprehensive rights and benefits to PWDs in the state.</li> </ul>
2010s:	<ul style="list-style-type: none"> <li>In 2010, the West Bengal government launched the Anandadhara scheme, which aimed to empower PWDs by providing them with financial support for income-generating activities and livelihood opportunities.</li> <li>The Swabalamban Health Insurance Scheme was introduced in 2011, offering health insurance coverage to PWDs and their families.</li> <li>The Department of Women and Child Development and Social Welfare in West Bengal implemented various initiatives to support women and girls with disabilities, including financial assistance, skill development programs, and awareness campaigns.</li> <li>In 2012, the West Bengal government initiated the Kanyashree Prakalpa scheme, which extended its benefits to girls with disabilities, focusing on their education, skill development, and overall well-being.</li> <li>The West Bengal government has taken steps to enhance inclusive education, providing support and resources to make sure access and quality education for children with disabilities.</li> </ul>
2020s:	<ul style="list-style-type: none"> <li>The West Bengal government has emphasized the need for accessible infrastructure and transportation to enhance the mobility and independence of PWDs.</li> </ul>

Time frame	Initiatives undertaken
	<ul style="list-style-type: none"> <li>• The state government has implemented various welfare schemes, including financial assistance for PWDs, assistance for the purchase of assistive devices, and vocational training programs.</li> <li>• Efforts have been made to raise awareness and sensitize the public about disability rights through campaigns, workshops, and events.</li> <li>• The government has focused on promoting employment opportunities for PWDs, both in the public and private sectors.</li> </ul>

It's important to note that this timeline provides a general overview of disability rights initiatives and developments in West Bengal. The specific implementation, impact, and effectiveness of these initiatives may vary. Ongoing efforts and future developments will continue to shape the disability rights landscape in the state.

#### **2.7.3.2: A BRIEF REVIEW OF THE SCHEMES UNDERTAKEN BY THE STATE OF WEST BENGAL FOR THE WELFARE OF DIFFERENTLY-ABLED PERSONS**

- 1. Assistance for purchase of Aids and Appliances:** A disabled individual who does not have the means to purchase the assistance is provided a prosthetic aid. The aforementioned ruling makes no reference to a precise income ceiling for the disabled individual or his/her relatives.
- 2. Reservation In Government job:** In the state government and state public sector enterprises, 3% of positions are set aside for PWDs.
- 3. Age relaxation for job:** Physically disabled people must be 45 years old to be hired for State Government services and positions, whether they are hired via the Public Service Commission of West Bengal or not.
- 4. Scholarship/Stipend:** The Directorate of Social Welfare offers scholarships to disabled students in classes I through VIII for 300 rupees per hour. In the case of an educated child with an extreme locomotory disability/mental illness/autism who has difficulty traveling without adequate support an additional Rs. 150 per month may be sanctioned after careful scrutiny by the authority.

In addition to the above students with no/low vision are entitled to Rs.100/month as readers allowance pursuant to certification by the head of the institution where the child is studying.

Over and above this another stipend of Rs. 500 per annum is sanctioned to disabled students for teaching –learning materials.

- 5. Assistance for Self-Employment:** The State Government only permits a payment of Rs. 10,000 per recipient for three kinds of disabled people, namely locomotor handicapped, blind, and deaf and dumb with a degree of impairment of 40% or above.
- 6. Disability Pension / Social Security Pension:** With effect from June 2022, the handicapped individual would get a disability or social security pension of Rs. 1000 per head each month.
- 7. Conveyance Allowance:** A transportation allowance of 100 per government employee is provided to disabled personnel. buses concede the following categories of physically challenged people may travel for free on buses and trams:
  - people with bilateral blindness
  - those whose vision impairment is at least 40%
  - individuals who are unable to move independently due to long-lasting illness or congenital abnormalities
  - individuals with disabilities, including students
- 8. Other Concessions /Facilities:**

Relaxation in typing knowledge: The need for working knowledge of typing for clerk positions has been eased, among other things.
- 9. Issue of Identity cards:** Medical Boards have been established in each district, and the Directorate of Social Welfare in Kolkata is issuing identification cards for the disabled to qualifying beneficiaries who have a disability of at least 40% in the districts.
- 10. Economic Rehabilitation for the skilled draftsmen:** I.T.I competent draftsmen may be given up to Rs. 5000 per trainee toward their economic rehabilitation to establish any enterprise. They can also be eligible for financial aid from entities where the government would serve as a guarantee.



**11. Appointment of Commissioner:** For the State of West Bengal, a Commissioner for PWDs has been appointed.

**12. Appointment of Competent Authority:** For the goal of recognizing institutions for PWDs, a competent authority has been appointed.

**13. Other concessions given by the State Government to the handicapped persons are:**

- I. A certain percentage of government flats are reserved for the disabled
- II. Preference in housing<sup>1</sup>
- III. Concession in Customs duty
- IV. Concession in communication
- V. Concession in qualification, age, etc.
- VI. Outstanding workers of physically disabled people get a state prize.
- VII. Exemption from having to pay an exam fee for competitive exams (such those held by the UPSC and SSC to fill different Groups 'C' and B (Non-gazetted) positions.)

## **Chapter Three**

### **A Comparative Analysis of Work Participation Rate of PWD and Non-PWD in both organized and unorganized sectors in West Bengal. (Objective 1)**

#### **3.1: Introduction**

The World Health Organization Report 2018 states around 1 billion people across the globe are dealing with some form of disability and out of them 470 million represent the working population (International Labor Organization) <sup>31</sup>, yet the majority of them are excluded from the organized labor market making them more vulnerable to discrimination and poverty. People with impairments had considerably lower employment-to-population ratios in a survey of 91 nations<sup>32</sup>.

In fact, Heymann, J., Wong, & Waisath discovered that only around 62 percent of nations comprehensively ban disability-based job discrimination, compared to 33 percent which does the same for indirect discrimination and harassment (30 percent). According to the survey, just over half (52%) of nations provide employees with impairments with adequate accommodations<sup>33</sup>. This means close to half of the countries do not have any policy to prohibit employment discrimination and pay disparity.

The first objective of the study observes this gap in work participation among differently-abled people and non-differently-abled people across organized and unorganized sectors. The important terms used specifically for the analysis of this objective are as follows:

Unorganized worker: According to the Ministry of Labor and employment, GOI the term unorganized worker has been defined under the Unorganized Workers' Social Security Act, 2008, as a self-employed worker, home-based worker, or a wage worker in the unorganized sector and includes a worker in the organized sector who is not covered by any of the Acts mentioned in Schedule-II of Act i.e. the Industrial Disputes Act, 1947 (14 of 1947), the Employee's Compensation Act, 1923 (3 of 1923), the Employees Provident Funds and Miscellaneous Provision Act, 1952 (19 of 1952), the Employees' State

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<sup>31</sup> Acemoglu D., Angrist J. D. (2001). Consequences of employment protection? The case of the Americans with Disabilities Act. *Journal of Political Economy*, 109(5), 915–957\

<sup>32</sup> World Health Organisation Report 2018 assessed on January 2023. Series 'with disabilities' point 'Botswana' (2019) Volu 60 published in collaboration with UNDESA, 2018.

<sup>33</sup> Heymann, J., Wong, E., & Waisath, W. (2022). A Comparative Overview of Disability-Related Employment Laws and Policies in 193 Countries. *Journal of Disability Policy Studies*, 33(1), 25–34. <https://doi.org/10.1177/10442073211006396>

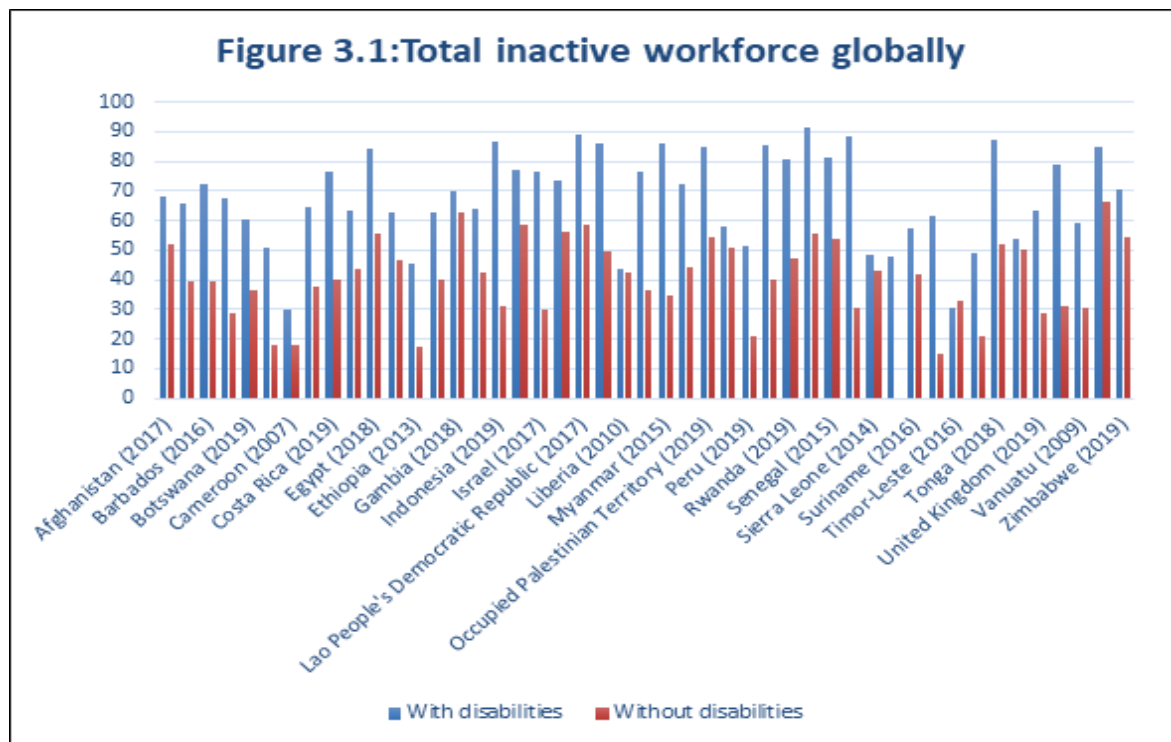
Insurance Act, 1948 (34 of 1948), the Payment of Gratuity Act, 1972 (39 of 1972) and the Maternity Benefit Act, 1961 (53 of 1961).

Work participation rate: It represents the rate of economic participation or in simple words it means the proportion of the population actively participating in the productive generation of income<sup>34</sup> like financial capital, social capital, etc.

Working in the organized sector ensures proper working conditions, regulated compensation, and monitored working hours for vulnerable groups of people like differently-abled people working in an organized sector would ideally provide a non-discriminating working environment because of monitoring by a regulatory body. The study's purpose is thus to identify the comparative work participation rate in organized and unorganized sectors of work and if disability, level of education, and skill/vocational training have an impact on the sector of work.

### **3.2: Global work participation rate**

As shown in figure 4.2, the total economically inactive workforce is much higher in the case of differently-abled people as compared to non-differently-abled people all around the globe. Especially with respect to Asian and African continents the work participation is much lesser for differently-abled people.



<sup>34</sup> Work participation rate explained in details in Chapter two

### **3.3: Work participation rate in India**

As per the Census of India (2011), there were 2.68 crore PWDs in India, or 2.21 percent of the population (1.18 Crore represent females and 1.5 Crore males).

Out of this, only 26% constitute the working population. The average employment rate of PWD is 0.37% in Ministries & Department, 0.44% in the public sector, and 0.28% in the Private sector, the rest are either unemployed or working in the unidentified unorganized sector with marginalized wage payment.

Furthermore, the majority of disabled people in India were found to live in rural areas (54%), which is exacerbated by general poverty issues, limited access to healthcare, and a low literacy rate (51% found illiterate). As a result, the rural disabled are notably cut off from the labor market and their skills.

### **3.4: Work Participation rate of West Bengal**

The total population of differently-abled persons in West Bengal is a little above 20 lakh.

The Share of disabled persons in the State to the total disabled persons in the Country is 7.52% making it fall among the top 5 population states with PwD. On the other hand, the % of PWD workers as a % of the total disabled population of the state is at a mere 33.98%.

In spite of the fact that a sizable portion of India's population is impaired, their meaningful participation in the Indian economy via employment remains largely unmet, thereby making them disproportionately financially excluded and more drawn towards poverty and lower quality of life.

### **3.5: Research Methodology**

This study's first objective is to find out whether a gap in employment exists in West-Bengal for differently-abled people and non-differently-abled people or not and make policy recommendations if the gap is identified.

For this study's purpose, 400 individuals were selected (240 Non-PWD and 160 PWD candidates) to understand their work participation status and whether disability has a role to play in the place of work

The objective has further been subdivided into the following:

1. To study whether disability status has any implication on the sector (organized/unorganized) chosen for work.
2. To assess the role of level of education on work participation.
3. To identify the role of skill development/vocational training in the sector of work participation.

### **A. Research question**

**Research Question 1:** Is there a scope of equal work participation for both differently-abled persons and non-differently-abled persons across both organized and unorganized sectors?

**Research Question 2:** Does the level of education play an equal role in access to work participation for both differently-abled and non-differently-abled persons?

**Research Question 3:** Does skill development training/vocational training play an equal role in access to work participation for both differently-abled and non-differently-abled persons?

### **B. Research Hypothesis**

The research hypothesis is formulated to seek answers to raised research questions. As the study is exploratory in nature, to answer the above-mentioned research questions, the mentioned below are the hypotheses formulated

#### **Research Objective 1.1:**

Null hypothesis  $H_0$ : There is no significant difference in the sector of work participation on the basis of Disability

Alternative hypothesis  $H_1$ : There lies the significant difference in the sector of work participation on the basis of Disability.

#### **Research Objective 1.2:**

Null hypothesis  $H_0$ : There is no significant difference in the sector of work participation and educational level attained.

Alternative hypothesis  $H_1$ : There lies significant difference in the sector of work participation on the basis of education

### **Research Objective 1.3:**

Null hypothesis  $H_0$ : There is no significant difference in the sector of work participation on the basis of vocational/skill development training

Alternative hypothesis  $H_1$ : There lies significant difference in the sector of work participation on the basis of vocational/skill development training

### **C. Research Design**

#### **➤ Data Source**

For the purposes of the research, primary and secondary sources of data have both been utilized.

#### **➤ Primary Data Source:**

The data has been gathered through a questionnaire, the first part of which (demographic part) has been designed as per the Washington Group of Short Questions on Disability statistics and the second part has been structured by the author, administered on a sample of adult individuals (mixture of both Persons with and without any Disability) drawn on stratified random sampling basis ( a probability-based sampling approach in which the population is divided into homogenous strata(groups) to complete the sampling process) in West Bengal.

#### **➤ Secondary Data Source:**

Different published electronic disclosures and annual reports from the official websites of the Government of India and West Bengal.

### **D. Research Tools**

The Chi-square test was utilized to assess the data to obtain answers to the research questions and determine if the categorical variables under study are independent of one another. It is a commonly utilized test to analyze data in the form of a contingency table, where the frequencies of different categories for two variables are cross-tabulated.

The Chi-Square test assesses whether the observed distribution of frequencies in the contingency table significantly differs from what would be expected under a null hypothesis of independence. This test seeks to establish if a difference between planned and actual data is due to chance or a relationship between the factors under

consideration<sup>35</sup>. The chi-square test is a great option for comprehending and interpreting the relationship between the 2 category variables investigated as a result.

The Chi-square test formula is represented as follows:

$$X_c^2 = \text{summation } (O_i - E_i)^2 / E_i$$

Where, c= degree of freedom

$X_c$ =Chi-square statistic.

O= Observed frequency.

E= Expected frequency.

SPSS v 20 software was used as a tool for the analysis.

### **3.6: Analysis of the Data (Demographic Analysis)**

The first research objective explored different aspects of work participation of differently-abled people in the organized/formal sector and how education and skill/vocational training impact the chances of working in the organized/formal sector with proper employment terms.

Table 3.1 consists of the demographic profile of the sample selected for the aim of the study. It gives a clear picture of the total number and their requisite frequencies with respect to variables studied like age, gender, educational qualification, work status, and disability status which form the basis for understanding the characteristics of the sample (selected for study).

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<sup>35</sup> Statistical methods by N.G Das

**TABLE 3.1: Demographic details of the respondents:**

TOTAL NUMBER OF RESPONDENTS		NON-PWD	PWD	TOTAL	FREQUENCIES
GENDER	MALE	176	96	240	0.6
	FEMALE	64	64	160	0.4
	OTHERS	0	0	0	
AGE	18-30	16	12	28	0.07
	31-45	156	128	284	0.71
	46-60	68	20	88	0.22
SECTOR	ORGANISED	112	16	128	0.32
	UNORGANISED	128	144	272	0.68
EDUCATIONAL QUALIFICATION	no formal education	4	4	8	0.02
	complete primary school	0	24	24	0.06
	some secondary school level	16	24	40	0.1
	completed secondary school	116	20	136	0.34
	technical/vocational education beyond the secondary school level	24	48	72	0.18
	college/university level	80	40	120	.30

From the above table, we can see that 60% of the total respondents are people without any type of disability and 40% are those who suffer any kind of disability (above 40% benchmark disability). It is worth noting here that with respect to employment, only 32% are working in the organized sector whereas the remaining 68% work in the unorganized sector what is striking to note here is that out of 160 total PWD candidates only 16 work in the organized sector and remaining 144 in the unorganized sector as compared to non-PWD where there is a fair parity between the sector of work (112 in organized and 128 in unorganized).

Moreover, with respect to education out of 120 respondents who have qualified for university level 80 are from the Non-PWD category as compared to 40 from the PWD category. A very interesting fact the demographic profiles show is respondents who have



taken vocational training are 50 % more in the case of PWD candidates as compared to Non-PWD candidates.

### **3.7: Analysis of the Data (Research Objective- 1.1)**

The objective was to study if disability status has any implication on the sector (organized/unorganized) chosen for work. To reach our objective set the following hypothesis has been formulated.

Null hypothesis  $H_0$ : There is no significant difference in the sector of work participated in on the basis of Disability.

Alternative hypothesis  $H_1$ : There lies a significant difference in the sector of work participated in on the basis of Disability.

A chi-square test had been utilized in the research to determine if the 2 categorical variables (sector of employment and disability status) had independent effects on the test statistic.

An analytical nonparametric test that is utilized to compare actual outcomes with predictions is the chi-square test. The null hypothesis states that the two categorical variables (work participation and disability status) are independent, meaning that there is no association between them. To analyse the strength of association between the categorical variables a Cramer's V was also followed up

The Chi-square test undertaken at 95% confidence level shows the following outcomes:

**TABLE 3.2:Chi-Square Tests**

Type of test	Value	Df	Asymp. Sig. (2-sided)	Exact Sig. (2-sided)	Exact Sig. (1-sided)
Pearson Chi-Square	59.314 <sup>a</sup>	1	.000		

a. 0 cells (.0%) have expected count less than 5. The minimum expected count is 51.20.

b. Computed only for a 2x2 table

As shown in Table 3.2, the chi-square statistic is 59.314 at 1 degree of freedom. The p-value comes at .000 which is less than 0.05, thus **at a 95% confidence level we can reject the null hypothesis** and conclude that there lies a significant difference in the sector of work participated in on the basis of Disability or in other words disability status plays a major role in the chosen sector of work.

To measure how strongly the two above two categorical variables are associated Cramer's V statistic was applied as shown below the effect size of Cramer's V is coming at .385 which is more than +/-0.025 thereby representing a strong association.

**TABLE 3.3:Cramer's V(Symmetric Measures)**

	Value	Approx. Sig.
Nominal by Phi	.385	.000
Nominal Cramer's V	.385	.000
N of Cases	400	

a. Not assuming the null hypothesis.

b. Using the asymptotic standard error assuming the null hypothesis.

### **3.8: Analysis of the Data (Research Objective- 1.2)**

Research objective 1.2 was to analyze the role of the level of education on work participation. To find answers to the established research objective the following research hypothesis has been formulated.

Null hypothesis  $H_0$ : There is no significant difference in the sector of work participated in and educational level attained.

Alternative hypothesis  $H_1$ : There lies a significant difference in the sector of work participated in on the basis of education.

For both the groups studied (PWD and non-PWD ) the study intended to find out if level of education and sector of work have any association or not. Since both the variables are nominal in nature (education level and sector of work) in order to determine their association chi-square test was found appropriate and at a 95% confidence level the test conducted gave the following results:

**TABLE3.4:Chi-Square Tests**

Disability		Value	Df	Asymp. Sig. (2-sided)
non Pwd	Pearson Chi-Square	148.051 <sup>b</sup>	4	.000
	Linear-by-Linear Association	76.064	1	.000
	N of Valid Cases	240		
Pwd	Pearson Chi-Square	57.778 <sup>c</sup>	5	.000
	Linear-by-Linear Association	7.400	1	.007
	N of Valid Cases	160		
Total	Pearson Chi-Square	216.873 <sup>a</sup>	5	.000
	Likelihood Ratio	259.563	5	.000
	Linear-by-Linear Association	42.004	1	.000
	N of Valid Cases	400		

a. 1 cells (8.3%) have an expected count of less than 5. The minimum expected count is 2.56.

b. 2 cells (20.0%) have expected count less than 5. The minimum expected count is 1.87.

c. 1 cells (8.3%) have expected count less than 5. The minimum expected count is 2.54.

The chi-square statistic of the non-PWD group is 148.051 at 4 degrees of freedom. The p-value comes at .000 which is less the 0.05, thus at the 95% confidence level we can reject the null hypothesis and conclude that there lies a significant difference in the sector of work participated in on the basis of education for non-pwd respondents.

Similarly for the PWD group chi-square statistic is 57.775 at 5 degrees of freedom as observed the p-value is < 0.05 at a 95 % confidence level we can thus reject the null hypothesis and conclude that there lays an association between the level of education and sector of work.

Thus level of education plays a very important role with respect to the sector people work in irrespective of their disability status.

To measure how strongly the two above two categorical variables are associated for both the groups(PWD and non- PWD)Cramer's V statistic was applied as shown below in table 4.5..The effect size of Cramer's V is coming at .736 which is more than +/-0.025 thereby representing a very strong association. It is worth noting that for both categories Cramer's V is coming to more than 0.25 thereby reflecting a high association.

**TABLE 3.5: Cramer's V(Symmetric Measures)**

Disability		Value	Approx. Sig.
non Pwd	Nominal by Phi	.785	.000
	Nominal Cramer's V	.785	.000
	N of Cases	240	
Pwd	Nominal by Phi	.601	.000
	Nominal Cramer's V	.601	.000
	N of Cases	160	
Total	Nominal by Phi	.736	.000
	Nominal Cramer's V	.736	.000
	N of Cases	400	

a. Not assuming the null hypothesis.

b. Using the asymptotic standard error assuming the null hypothesis.

### **3.9: Analysis of the Data (Research Objective 1.3):**

The research objective was to analyze the impact of skill development/vocational training on the sector of work participation in both the groups studied (PWD and non- PWD). To seek answers to the research objective set the following hypothesis has been formulated.

Null hypothesis  $H_0$ : There is no significant difference in the sector of work participated in on the basis of vocational/skill development training

Alternative hypothesis  $H_1$ : There lies significant difference in the sector of work participated in on the basis of vocational/skill development training

As both the variables are nominal in nature (Skill/vocational training and sector of work) in order to determine their association chi-square test was found suitable as it is a comparable non-parametric test to determine the cause of disparity among categorical

variables by mere chance or there exist an association between them would best suit the requirement of the study. At 95% confidence level the test has been conducted and the following are the test results.

**TABLE3.6:Chi-Square Tests**

Disability		Value	df	Asymp. Sig. (2-sided)	Exact Sig. (2-sided)	Exact Sig. (1-sided)
non PWD	Pearson Chi-Square	.902 <sup>c</sup>	1	.342		
	Fisher's Exact Test		1		.389	.259
	Linear-by-Linear Association	.898	1	.343		
	N of Cases	240				
PWD	Pearson Chi-Square	6.743 <sup>d</sup>	1	.009		
	Fisher's Exact Test		1		.006	.004
	Linear-by-Linear Association	6.701	1	.010		
	N of Cases	160				
Total	Pearson Chi-Square	23.196 <sup>a</sup>	1	.000		
	Fisher's Exact Test		1		.000	.000
	Linear-by-Linear Association	23.138	1	.000		
	N of Cases	400				

a. 0 cells (.0%) have an expected count of less than 5. The minimum expected count is 40.96.

b. Computed only for a 2x2 table

c. 0 cells (.0%) have an expected count of less than 5. The minimum expected count is 5.60.

d. 1 cells (25.0%) have an expected count of less than 5. The minimum expected count is 4.40.

As Table 3.6 shows p-value for non-Pwd is more than 0.05 thus we cannot reject the null hypothesis ( $H_0$ ). However, for the PWD category of respondents, the p-value is less than 0.05( $p < 0.05$ ) therefore we can conclude skill training has no implication on the job sector

chosen for non-PWD respondents on the other hand for Pwd candidates obtaining skill/vocational training plays a significant role in choosing the sector of work. To measure how strongly the two above 2 categorical variables are associated Cramer's V statistic was applied.

**TABLE3.7:Cramer's V(Symmetric Measures)**

Disability			Value	Approx. Sig.
non PWD	Nominal by Nominal	Phi	-.061	.342
		Cramer's V	.061	.342
	N of Cases		240	
PWD	Nominal by Nominal	Phi	.205	.009
		Cramer's V	.205	.009
	N of Cases		160	
Total	Nominal by Nominal	Phi	-.241	.000
		Cramer's V	.241	.000
	N of Cases		400	

a. Not assuming the null hypothesis.

b. Using the asymptotic standard error assuming the null hypothesis.

As shown below in Table 3.7, the effect size of Cramer's V for PWD group is coming at .205 which is more than +/- .025 thereby representing a moderate association of skill/vocational training and sector of work for PWD candidates.

### **3.10: Findings**

Opportunities for improved living conditions and financial independence are provided through work participation. Because it promotes their social inclusion, independence, and feeling of belonging, work is seen as a crucial step in the rehabilitation and empowerment of PWDs. The following are the findings:

1. People with disabilities mostly work in the unorganized sector, as compared to people without disabilities. Thus, as per the above data disability has a strong role to play in the sector of work
2. Educational level plays a major role in the sector of work for both groups.
3. Skill/vocational training show a strong impact on the sector of work across differently-abled people group.

## **Chapter Four**

### **Analysis of the inter-relationship between Wage Discrimination and Disability (Objective 2)**

#### **4.1: Introduction**

Wage discrimination against individuals with disabilities refers to the unfair or unequal treatment of disabled employees in terms of their wages or salaries compared to their non-disabled counterparts, despite having similar qualifications, experience, and job responsibilities. Even after adjusting for indicators of productivity and job characteristics, past research looking at salary differentials for persons with impairments still found evidence of discrimination<sup>36</sup>. Additionally, prior studies indicate that discrimination against PWDs occurs in other areas of work,<sup>37</sup> such as uneven and unpredictable career advancement and unequal access to job training<sup>38</sup>.

According to the Equality and Human Rights Commission's 2017 Report, the Disability Income Gap—the disparity in pay between disabled and non-disabled workers—is around 14.7%. With respect to men, this gap stands at approximately 13.6% whereas with women the pay gap is even further exceeded to 17.8%. (EHRC Report: 2017-18).

As per the latest report of LFS (Labor Force Survey) 2021-2022 on average a disabled individual earns 17% less than a non-disabled person across almost all industries on a global basis<sup>39</sup>. This is considering people with similar expertise and educational qualifications working in the same industry.

Thus, the research intends to study if a pay gap exists in West Bengal between differently-abled people and non-differently-abled people.

#### **4.2: Disability pay-gap analysis (Industry-wise)**

The Labour Force survey report identified the key industries and a comparative analysis of wage/income earned by differently-abled people and non-differently-abled people was done.

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<sup>36</sup> Galarneau & Radulesco, 2009; Hum & Simpson 1996; Kid et al.2000; Longhi,2017; O'Hara,2004; Schumacher & Baldwin, 2000.

<sup>37</sup> Honey et. Al.; Kaye,2009

<sup>38</sup> Pegan, 2015.

<sup>39</sup> Labour Force Survey Report for quarter 2021-Quarter -2022 for pay gap analysis has been used for data accumulation

As evident from Table 4.1 pay gaps exist among differently-abled people and non-differently-abled people across all types of industry except accommodation and food services. The highest pay gap was identified in financial and insurance services (pay gap of 39%), followed by agriculture, forestry, and fishing (24%), and other industries as shown below.

**TABLE 4.1: Disability Pay Gap 2022, industry (figures from LFS Q3 2021-Q2 2022)**

Industry	Disabled	Non-disabled	£ gap	% gap
Mining and quarrying	16.28	19.23	2.95	18
forestry, Agriculture, and fishing	9.35	11.60	2.25	24
Manufacturing	13.15	14.40	1.25	10
Air cond, gas, Electricity supply	17.48	18.53	1.05	6
Construction	14.53	15.60	1.08	7
Sewerage, Water supply, waste	12.50	14.45	1.95	16
Transport and storage	12.53	12.98	0.45	4
Retail, repair, Wholesale of vehicles	9.60	10.28	0.68	7
Information and communication	20.65	22.48	1.83	9
Real estate activities	13.73	15.00	1.28	9
food services and Accommodation	9.18	9.13	-0.05	-1
Admin and support services	10.08	11.85	1.78	18
Financial and insurance activities	15.13	21.03	5.90	39
Arts, entertainment, and recreation	10.85	11.28	0.43	4
Prof, scientific, technical activ.	16.43	18.78	2.35	14
Education	12.93	14.93	2.00	15
Public admin and defense	15.13	16.40	1.28	8
Extraterritorial organisations	18.98	19.15	0.17	1
Health and social work	11.78	12.98	1.20	10
Households as employers	x	x		
Other service activities	11.60	13.40	1.80	16
Total	11.95	14.00	2.05	17

The focus of our study was also to establish if the pay gap exists in West Bengal within the selected sample or not. For this, an independent sample T-test was conducted.

For answering the research questions raised the following hypothesis has been drawn.

H<sub>0</sub>: There is no significant difference in Income/Wage earned on the basis of Disability

H<sub>1</sub>: There lies the significant difference in Income/Wage earned on the basis of Disability



### **4.3: Research Methodology**

For studying the aspect of wage parity with respect to monthly income earned by both the groups (with disability and without disability) were considered and the means of the groups were compared with the Independent sample t-test.

The research objective was to study if the gap in payment structure exists in West Bengal.

#### **A. Research question**

**Research Question:** Is there an existence of an equal income/payment structure for both differently-abled persons and non-differently-abled persons?

#### **B. Research Hypothesis**

Formulation of the hypothesis helps in validating the research questions. As the study is exploratory in nature, to answer the above-stated research questions, the following are the hypotheses formulated

H<sub>0</sub>: There is no significant difference in Income/Wage earned on the basis of Disability

H<sub>1</sub>: There lies the significant difference in Income/Wage earned on the basis of Disability

#### **C. Research Design**

##### **➤ Data Source**

For the purposes of the research, primary and secondary sources of data have both been utilized.

##### **➤ Primary Data Source:**

The data has been gathered through a questionnaire, the first part of which (demographic part) has been designed as per the Washington Group of Short Questions on Disability statistics and the second would be structured on a sample of adult individuals (a mixture of both Persons with and without any Disability) drawn on a snowball sampling basis in West Bengal.

##### **➤ Secondary data source:**

Different published electronic disclosures and annual reports from the official websites of the Government of India and West Bengal.

## D. Research Tools

To find out answers to the research questions and to examine whether the mean income earned by both the groups under consideration (Differently-abled and non-differently-abled) an independent samples t-test was done. When comparing the means of two groups or samples, the t-test statistical test is utilized to evaluate if there is a major difference. It is widely employed in research to compare the averages of continuous data collected from two distinct groups or conditions. The t-test is applicable when the data follows an all-most normal distribution and the variance is assumed to be equal between the two groups (for the independent t-test).

$$t = \frac{\bar{x}_1 - \bar{x}_2}{\sqrt{s^2(\frac{1}{n_1} + \frac{1}{n_2})}}$$

Where the numerator denotes difference of mean from both the group of samples studied and denominator is the pooled standard deviation.

The independent t-test was found appropriate as the objective was to compare the mean income/wage earned by both the groups which are unrelated and the individuals in one group do not influence the individuals in the other group.

SPSS v 20 software was used as a tool for the analysis.

### 4.4: Analysis of the Data

Parity in payment structure ensures a non-discriminating work environment and equal access to job progression which is important for the overall well-being of an individual. The study's objective is to examine if the gap in earning wage/salary between differently-abled people and non-differently-abled people exists in West Bengal. The study of the mean wage/salary earned by the sample of 400 people is done by using an independent t-test.

The following table represents the Income /wage earned by the respondents

**TABLE 4.2.:Group Statistics**

	Disability status	N	Mean	Std. Deviation	Std. Error Mean
Wage	Non- PWD	240	6.45	2.001	0.127
	PWD	160	2.58	2.117	0.172

**TABLE 4.3: Independent sample T-test**

Independent Samples Test			wage	
			Equal variances assumed	Equal variances not assumed
Levene's Test for Equality of Variances	F		.208	
	Sig.		.649	
t-test for Equality of Means	t		18.373	18.125
	df		398	305.618
	Sig. (2-tailed)		.000	.000
	Mean Difference		3.873	3.873
	Std. Error Difference		.211	.214
	95% Confidence Interval of the Difference	Lower	3.458	3.452
		Upper	4.287	4.293

The income/wage of the group without any disability (N=240) is associated with a higher mean of 6.45 and S.D=2.0001 as compared to the income /wage of the group with disability (N=160) which is associated with a numerically smaller mean of 2.58 and S.D=2.117.

In order to test the Hypothesis that the income earned by persons with disability and persons without disability are associated with statistically significant different means, an independent T-test is conducted and the results as depicted in Table 4.3, it **shows a p-value of <.001 is at 99% confidence level** the chance of Null hypothesis being true can be rejected or in another hand, there is only 1% chance that the Null hypothesis might be true.

Thus, at a 99% confidence level, we reject the Null hypothesis and accept the alternative hypothesis **that Income/wage earned is not independent of Disability**.

#### **4.5: Findings**

Wage discrimination leads to work culture imbalance and job dissatisfaction and indirectly affects the morale of the employee. On the other hand, an equal pay structure encourages a more content and happy workforce which has a strong impact on the productivity of the organisation. Globally a pay gap exists between differently-abled persons and non-differently-abled persons and with respect to the sample studied representing West Bengal the same picture was evident.

## **Chapter Five**

### **Analysis of Ease of Accessing Financial and Banking Services among differently-abled and non-differently-abled people(Objective 3)**

#### **5.1: Introduction**

Equal awareness and accessibility of financial and banking services are a bare necessity to ensure full inclusive participation of all segments of the country in the economy and thereby establish financial independence/autonomy.

Financial inclusion is the process of making sure that all segments of society have equal access to financial goods and services and can use them appropriately to satisfy their current and future financial requirements. The concept works on the economic principle of demand and supply balancing each other effectively to reach parity. Here the supply side reflects the easy and convenient availability of financial products and services, whereas the demand side reflects the capability of individuals (or businesses) to use these services for their betterment effectively.

In order to address this need the Reserve Bank of India with this vision has issued directives (as per RBI report published on 9/11/2017) to make banking and financial services easily accessible to all differently-abled people with initiatives like:

1. Dedicated counters and preferences for differently-abled people
2. Automatic conversion of the status of accounts
3. Designated disability-friendly ATMs
4. E-services to facilitate the visually impaired i.e., making the web pages disability friendly
5. Easy access to loan and financial services
6. Convenient ramps and sitting arrangements etc.

Financial inclusion is referred to as the availability and accessibility of financial services, products, and resources to all individuals and households, regardless of their socioeconomic status or personal circumstances<sup>40</sup>.

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<sup>40</sup> . Demirgüç-Kunt et al;2015

It aims to ensure that everyone has access to the formal financial system, including banking services, credit, insurance, and savings opportunities, enabling them to manage their finances, make transactions, and plan for the future.

For individuals with disabilities, financial inclusion is especially crucial as they may face unique challenges in accessing and benefiting from financial services.

However, evidence show globally around 48% of household still lack access to formal account in bank or financial institutions<sup>41</sup> this situation is even worse in developing countries like India<sup>42</sup>.

To study the extent of financial inclusion different aspects<sup>43</sup> were studied the different variables identified were as follows:

Distance
Confidentiality (trust)
Documentation
Affordability (bank charges)
Availability of ATM
Availability of insurance services
Availability of e-banking
Availability of branches
Loan taken
Deposit/withdrawal service availed (account)
Investment made

## **5.2: Research Methodology**

The research objective was to calculate if the level of financial inclusion (both access and usage) is equal for both groups (differently-abled and non-differently-abled persons). For the purpose of justifying the research objective the mentioned research design was adopted.

<sup>41</sup> lee et al.;2015, Rupeiga et al.;2014

<sup>42</sup> Thomas, M., (2000), Feasibility of integrating people with disabilities in savings and credit programmes in Bangladesh, Asia Pacific Disability Rehabilitation Journal, Volume 11(1), 27-31.

<sup>43</sup> The SEEP Network, (2006), Microfinance and Non-Financial Services for very poor people: Digging Deeper to find keys to Success, Poverty Outreach Working Group, p. 3

## **A. Research question**

**Research Question 1:** Are financial/banking products/services equally accessible to both differently-abled persons and non-differently-abled persons?

**Research Question 2:** Is the usage of financial/banking products/services equal for both differently-abled persons and non-differently-abled persons?

## **B. Research Hypothesis**

Formulation of the hypothesis helps in validating the research questions. As the study is exploratory in nature to answer the above-stated research questions, the following are the hypotheses drawn.

H<sub>0</sub>: There is no significant difference in the level of accessibility of financial/banking products and services on the basis of Disability.

H<sub>1</sub>: There lies a significant difference in the level of accessibility of financial/banking products and services on the basis of Disability.

H<sub>0</sub>: There is no significant difference in the level of usage of financial/banking products and services on the basis of Disability.

H<sub>1</sub>: There lies a significant difference in the level of usage of financial/banking products and services on the basis of Disability.

## **C. Research Design**

### **➤ Data Source**

For the purposes of the research, primary and secondary sources of data have both been utilized.

### **➤ Primary Data Source:**

The data has been gathered through a questionnaire the first part of which (demographic part) has been designed as per the Washington Group of Short Questions on Disability statistics and the 2<sup>nd</sup> part would be structured by the author, administered to a sample of adult individuals (mixture of both Persons with and without any Disability) drawn on a snowball sampling basis in West Bengal. Since the objective dealt with the perception of individuals which were later quantified based on the coding a 5-point Likert scale has been used for studying

the extent of accessibility and usage of financial and banking facilities starting from 1 as less likely to 5 being most likely.

➤ **Secondary data source:**

Different published electronic disclosures and annual reports from the official websites of the Government of India and West Bengal.

**D. Research Tools**

To justify the research objective three different research tools were utilized. These are as follows-

- i. To find out answers to the established research questions and to examine whether the mean value(rank) of all the individual variables studied to reflect different aspects of financial inclusion are equal for both differently-abled and non-differently-abled groups of individuals the *Mann-Whitney U test* was conducted. The Mann-Whitney U-test is used to determine if two separate samples of non-normally distributed observations were taken from the same or similar distributions. This test is predicated on the notion that, when ‘m’ X random variables and ‘n’ Y random variables are put together in increasing order of magnitude, the pattern they display reveals information about the connection between their parent populations.<sup>44</sup>

The Mann-Whitney test statistic is calculated under

$U = n_1 n_2 + \{ n_1 (n_1 + 1)/2 \} - T$ , where  $n_1$  and  $n_2$  are the sizes of the first and second samples respectively and T stands for the sum of ranks. For our study since the sample size is large either  $U_1$  or  $U_2$  representing either of the two sample groups studied could be considered.

For the purpose of statistical analysis,  $U_2$  has been considered the test statistic represented as follows

$$Z = (U_2 - \mu_{u2}) / \sigma_{u2}$$

Where,  $\mu_{u2} = n_1 * n_2 / 2$

$\sigma_{u2}$  = standard deviation

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<sup>44</sup> Mann-Whitney U-Test. Retrieved Sep 14, 2023 from Explorable.com: <https://explorable.com/mann-whitney-u-test>

Assuming the level of significance as equal to  $\alpha$ , if the absolute sample value of Z is greater than the absolute critical value of  $Z_{\alpha}$  at a 95% confidence level then the null hypothesis is rejected.

If the absolute sample value of  $Z_{\alpha}$  is larger than the absolute critical value of Z at a 95 percent confidence level, the null hypothesis is rejected, assuming the level of significance is equal to  $\alpha$ .

In order to determine the magnum of difference<sup>45</sup> (in case difference is found between both the groups with respect to the variables depicting financial inclusion) a further *Cohen r statistic* was used where,

$$r = Z/\sqrt{N}$$

Where Z is the z statistic and N is the number of cases.

According to Cohen (1988) criteria

0.1=small effect,

0.3= medium effect and

0.5= large effect.

- ii. In order to summarise and make policy recommendations an *exploratory factor analysis* was conducted. Factor analysis is a multivariate data reduction method. All variables were analyzed together to extract the underlying factors which helped in structuring the data. A total of two factors (Eigenvalue more than one) were extracted using the Varimax rotation technique.

The necessary prerequisites for running a factor analysis including Bartlett's test of sphericity, the reliability test, and Kaiser-Meyer-Olkin (KMO) statistic were first used to check the appropriateness of factor analysis.

Once found appropriate the principal component method of extraction was applied. In this case, the first component has been removed such that it explains the majority of the overall variation. After that, to produce a residual matrix, the explained variance is removed from the initial input matrix. The residual matrix is used to extract a second primary component in such a manner that it accounts for the majority of the residual

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<sup>45</sup> Cohen, J. (1988). Statistical Power Analysis for the Behavioral Sciences (2nd ed.). Hillsdale, NJ: Lawrence Erlbaum Associates, Publishers



variance, and so on (the number of factors to be extracted is based on the Kaiser Guttman method)

From the factor loadings, two factors for whom the Eigenvalues were found to be more than 1 were extracted.

For interpretation of the factors, the factor loading matrix is rotated using Varimax rotation and it was found out of eleven, eight variables represented the supply side representing the accessibility of financial/banking services and products and three variables represented the demand side representing the usage of financial/banking services and products.

- iii. For the purpose of policy recommendation and to evaluate the difference across the two groups PWD and non- PWD with respect to accessibility and usage of financial products and services was tested using the Mann-Whitney U test., the test revealed significant differences (assume sig =.000)in the level of accessibility and usage (assymp sig =.000) across the two groups( pwd 160, non-pwd-240). This was further substantiated with a *post-hoc test*.

SPSS v 20 software was used as a tool for the analysis

### **5.3: Analysis of the Data:**

To evaluate the difference between the two groups differently-abled and non-differently abled for different dimensions of financial inclusion, a non-parametric **Mann-Whitney U Test** was utilized as these are not normally distributed.

The test revealed significant differences in the level of financial inclusion between differently-abled persons (n= 160) and non- differently-abled persons (n=240). Table 5.1 represents a composite table prepared by taking all the dimensions (variables) reflecting financial inclusion into consideration. The table shows the U value obtained, the z value obtained, the r value obtained, and also at a 95% confidence interval each of the variables is studied to show if the respective Null hypothesis ( that the distribution of both the populations are identical) could be rejected.

**TABLE-5.1: MANN-WHITNEY U TEST**

Dimension	Median values (Pwd, non-Pwd)	U value	z value	P value	r value	Interpretation
Distance	1,4	1.000	-6.403	.000	.905	At p value <0.05, we reject the null hypothesis. The effect size is large
Confidentiality (trust)	2,5	.000	-6.956	.000	.983	At p value<0.05, we reject the null hypothesis. The effect size is large
Documentation	1.5	.000	-7.000	.000	.99	At p value<0.05, we reject the null hypothesis. The effect size is large
Affordability (bank charges)	3,4	136.000	-3.501	.000	.495	At p value <0.05, we reject the null hypothesis. The effect size is medium
Availability of ATM	1,5	.000	-6.822	.000	.964	At p value<0.05, we reject the null hypothesis. The effect size is large
Availability of insurance services	2,3.5	.000	-6.261	.000	.885	At p value<0.05, we reject the null hypothesis. The effect size is large
Availability of e-banking	2,4	.000	-6.656	.000	.941	At p value<0.05, we reject the null hypothesis. The effect size is large
Availability of branches	2,4	70.000	-5.413	.000	.765	At p value<0.05, we reject the null hypothesis. The effect size is large
Loan taken	3,5	40.000	-5.352	.000	.757	At p value<0.05, we reject the null hypothesis. The effect size is large
Deposit/withdrawal service availed (account)	2,4	20.000	-5.704	.000	.806	At p value<0.05, we reject the null hypothesis. The effect size is large
Investment made	2,4	173.000	-2.578	.010	.364	At p value<0.05, we reject the null hypothesis. The effect size is medium

The p-value in all the above cases is less than 0.05. The mean rank of differently-abled persons is less than non-differently-abled persons thus there is a significant difference in

the level of financial inclusion among differently-abled and non-differently-abled. In order to know the magnum of difference (small, medium, or large) we need the r value representing the effect size.

$$r = Z/\sqrt{N}$$

Where Z is the z statistic and N is the number of cases.

As per Cohen (1988) criteria.1=small effect, .3= medium effect and .5= large effect.

All the variables considered except for investment made and affordability the effect size in all other cases is large this means with respect to different dimensions of the level of financial inclusion there lies a significant difference (with large effect size). In fact, as observed in Table 6.1 out of eleven, nine variables show a large magnum of difference in the level of financial inclusion in differently-abled people as compared to non-differently-abled people.

To summarize the variables an exploratory factor analysis is applied

### **Result of Factor Analysis**

Certain prerequisites must be met in order to conduct factor analysis, and they must be examined to confirm the technique's suitability. As a result, the following tests were carried out to confirm applicability.

#### **Reliability test:**

#### **Measuring the internal consistency and reliability of the data constructed**

The problem of whether this instrument will get the same result each time it is used on the same subject in the same environment is addressed by the dependability question (George, 2009). This is accomplished by identifying the correlation between the scores received from several scale administrations. If the correlation is strong, the scale produces repeatable findings and is thus reliable. Cronbach's Alpha is a significant and extensively used method for evaluating a construct's dependability. Alpha ranges from 0 to 1. (George, 2009). The internal consistency is improved by being closer to 1. The reliability value obtained is 0.905 which is a good measure.

**TABLE 5.2: Reliability Statistics**

Cronbach's Alpha	Number of Items
0.905	11

(Source: SPSS v 20)

The KMO measure of sampling adequacy and the Barlett test of sphericity are used to evaluate the construct's suitability in terms of the existence of substantial correlation among the variables. The results are shown below.

**TABLE 5.3 :KMO and Bartlett's Test**

KMO Measure of Sampling Adequacy.	0.869
Approx. Chi-Square	2017.668
Bartlett's Test of Sphericity	55
Df	.000
Sig.	

As per Table 5.3, The Kaiser-Meyer-Olkin test is above 0.6 (0.869) specifying the appropriateness of factor analysis, and Barlett's test of sphericity (p-value <0.05) is also found significant. Thus, it is found that factor analysis is appropriate to apply in this situation.

**TABLE 5.4: FACTOR ANALYSIS RESULT**

Total Variance Explained						
Component	Initial Eigenvalues			Extraction Sums of Squared Loadings		
	Total	% of Variance	Cumulative %	Total	% of Variance	Cumulative %
1	6.069	55.172	55.172	6.069	55.172	55.172
2	2.175	19.770	74.942	2.175	19.770	74.942
3	.832	7.563	82.505			
4	.534	4.851	87.356			
5	.371	3.373	90.729			
6	.319	2.900	93.629			
7	.189	1.715	95.344			
8	.168	1.530	96.874			
9	.139	1.267	98.141			
10	.119	1.079	99.220			
11	.086	.780	100.000			
Extraction Method: Principal Component Analysis.						

The extraction technique is PCA (Principal Component Analysis), and the components are derived using varimax rotation. Table 5.4 shows that a total of two factors were recovered using the factor analysis method. These elements account for 74.94 percent of the variation in total.

**TABLE 5.5: Factor and Its Constituents**

SL NO	FACTOR NAME	EIGENVALUE (%VARIANCE)	LOADING	CONSTITUENT VARIEBLES
1	Accessibility to financial products/services	6.069(55.172)	0.910	Distance to the bank and cost-effective
			0.924	Confidentiality(Trust)
			0.840	Documentation identification
			0.816	Availability of ATM
			0.799	Insurance service
			0.874	e-banking
			0.776	Availability of branches
			0.723	Bank charges(affordability)
2	Usage of financial products/services	2.175(19.770)	0.603	Loan taken
			0.748	Depositing or withdrawing cash
			0.806	Investment

Table 5.5 identifies variables like distance to bank, confidentiality, documentation availability of financial/banking services (like ATM, insurance, branches), and cost-effectiveness as **factor 1** reflecting the supply side or level of accessibility and awareness of financial inclusion.

Whereas, variables like loan taken, deposit/withdrawal services availed at the bank, and investment made through the bank represent **factor 2** reflecting the demand for financial/banking services or level of usage.

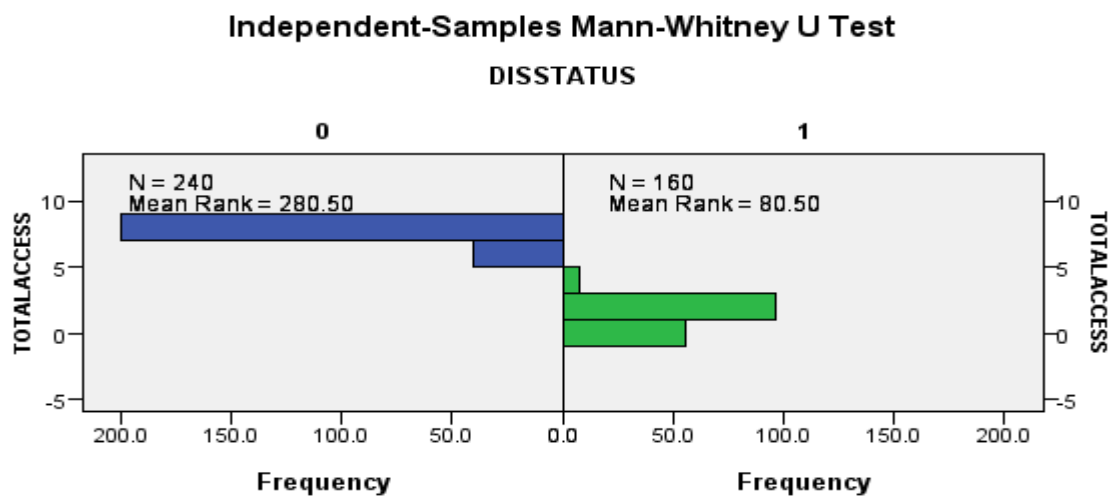
Accessibility to banking/financial services basically works from the supply side whereas usage of these services/financial products represents the demand side. Financial inclusion can only be attainable when there is parity between the demand and supply side. Together both factors explain 74.942% of the variations in the entire data set.

For the purpose of policy recommendation and to evaluate the difference across the two groups PWD and non-PWD with respect to accessibility and usage of financial products and services was tested using the Mann-Whitney U test., the test revealed significant differences (assymp sig =.000) in the level of accessibility and usage (assymp sig =.000) across the two groups ( pwd 160, non-pwd-240).

H<sub>0</sub>: There is no significant difference in accessibility and usage of financial services/products among differently-abled and non-differently-abled.

H<sub>1</sub>: there is a significant difference in accessibility and usage of financial services/products among differently-abled and non-differently-abled.

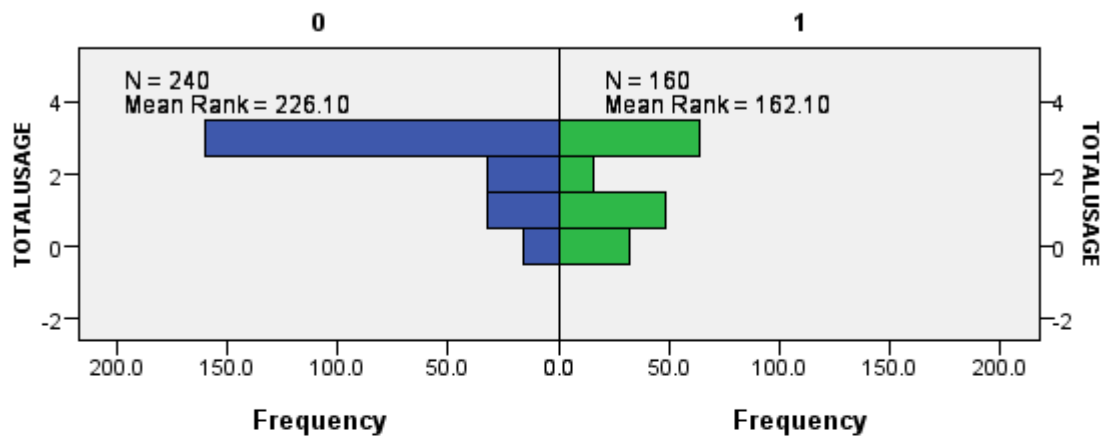
<b>Null Hypothesis</b>	<b>Test</b>	<b>Sig.</b>	<b>Decision</b>
The distribution of total access to financial and banking services and products are same across categories of Disability status	Independent samples Mann-Whitney U test	.000	Reject the null hypothesis
The distribution of total usage of financial and banking services and products are same across categories of Disability status	Independent samples Mann-Whitney U test	.000	Reject the null hypothesis



<b>Total N</b>	400
<b>Mann-Whitney U</b>	.000
<b>Wilcoxon W</b>	12,880.000
<b>Test Statistic</b>	.000
<b>Standard Error</b>	1,100.006
<b>Standardized Test Statistic</b>	-17.454
<b>Asymptotic Sig. (2-sided test)</b>	.000

# Independent-Samples Mann-Whitney U Test

DISSTATUS



Total N	400
Mann-Whitney U	13,056.000
Wilcoxon W	25,936.000
Test Statistic	13,056.000
Standard Error	1,021.350
Standardized Test Statistic	-6.016
Asymptotic Sig. (2-sided test)	.000



## **5.4: Findings**

Any physical disability or intellectual restriction should not be a detriment in access to full participation in the economy

However, the study throws light on scenarios where disparity exists in accessing the banking and financial services and also its usage, which hints towards looking at the problem from the root level being-

- All the variables reflecting different dimensions of financial inclusion represent two major factors (accessibility of financial products& services reflecting the demand side and usage of financial products and services reflecting the supply side) both reflect the gap between both groups.
- Further analysis of the variables gave evidence that the mean rank of non-differently-abled people is higher with respect to access to financial products and services. Similarly, with regards to usage, the mean ranks are higher in the case of non-differently-abled.
- Banking/financial services are not equally accessible by both differently-abled and non-differently-abled persons, i.e.; the supply side of the market needs to reinforce financial inclusion initiatives at a higher scale.
- Banking facilities are not used by both groups equally in fact majority of non-differently-abled persons have a higher mean score indicating not only access but also awareness and readiness to use these services are much less among non-differently-abled persons.

## **Chapter Six**

### **Analysis of Disability- Capability deprivation – Poverty: connecting the dots(objective- 4)**

#### **6.1: Introduction**

Under the capability approach disability is explained in the light of three factors the summative lack of which leads to deprivation and thus increases the chances of poverty -

1. The kind of disability and other personal traits (e.g., race, gender, age)
2. The individual's accessible resources and
3. The environment.

**Firstly**, regardless of other personal traits, the number of resources accessible to the person, or the environment, deprivation might emerge from the type of disability<sup>46</sup>. If a person's handicap causes persistent discomfort, preventing them from taking advantage of practical chances, it is the fundamental character of the impairment that defrauds them of capacities and makes them incapacitated (such as leaving the house, engaging in work or leisure activities).

**Second**, impediments in the environment, including its economic, physical, social, cultural, and political features, may lead to deprivation. For instance, stigmatization or discrimination in interpersonal interactions may limit a person's opportunity set rather than the disfigurement caused by leprosy.

**Thirdly**, deprivation may be caused by the financial restrictions that impairment may impose on the supply and demand for resources, or it may result in increased expenses to reach a certain degree of advantage or well-being<sup>47</sup>. Sen (1992) stated that in this regard, often the same limitations, like age, infirmity, or disease, that lower one's capacity to generate an income, may also make it more difficult to translate capacity into revenue.

Since it ignores the "coupling" of income-earning and income-using handicaps in producing capabilities, the amount of poverty in industrialized nations is sometimes significantly overestimated and a large percentage of the poor there have such

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<sup>46</sup> Sen, A. K. 1985. Commodities and capabilities. Vol. 7. Professor Dr. P. Hennipman Lectures in Economics: Theory, Institutions, Policy. Amsterdam: Elsevier.

<sup>47</sup> Sen, A. K. 1992. Inequality re-examined. Cambridge, MA: Harvard University Press

handicaps<sup>48</sup>. For instance, an elderly person finds it much more difficult to live a healthy lifestyle, participate in community activities, maintain mobility, visit friends, and other such things. And the disadvantage of poor earning capacity may be further exacerbated by these income-related drawbacks. When pushed to the limit, a shortage of resources may also act as a trigger for impairment or disability. A person with a chronic ailment, like diabetes, who lacks the finances to get continued treatment and no health insurance coverage may potentially have their condition worsen to the point where an impairment occurs and they lose some of their skills and functioning. One potential factor contributing to disability is a person's lack of resources. An impairment is a requirement for a disability<sup>49</sup>, but it is simply one of the elements that contribute to capacity or functional deprivation, or disability, together with the person's other characteristics (such as age, gender, and race).

## **6.2: Research Methodology**

In this research objective, the focus is on exploring the relationship between disability and poverty. The study aims to investigate the extent to which disability contributes to poverty and how poverty, in turn, affects the well-being as well as socio-economic status of individuals with disabilities. The study examined the mechanisms through which poverty and disability interact and perpetuate each other on the lines of capability deprivation.

In order to reach this goal a three-step research methodology was designed.

### ***Step one: Analysis of the performance of all States of India with respect to deprivation***

For this, the last Census data of India released in 2011 which was the 15<sup>th</sup> Census released by the Ministry of Home Affairs, GoI was taken into consideration and after thorough analysis three major areas of deprivation were highlighted:

- c. Literacy deprivation
- d. Earning/employment deprivation
- e. Shelter deprivation

The next step was to filter out data related to only differently-abled population and analyze the performance of all the states with respect to the above-mentioned three deprivations, but only taking differently-abled population into consideration to check how equipped

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<sup>48</sup> Sen, A. K. 1999. Development as freedom. New York: Knopf.

<sup>49</sup> Sen, A. K. 2001. Symposium on Amartya Sen's philosophy: 4 Reply. Economics and Philosophy, 17(1), 51–66.

States are in managing the deprivation the differently-abled people face. The results gave a hint towards the not-so-satisfactory performance of West Bengal.

***Step two: HCR calculation***

The secondary data analysis gave a hint about two major events. One the performance of the majority of states was not satisfactory and the second was a disparity in gender that is the results show female gender was more prone towards deprivation (in two out of three deprivation scales). However the data obtained from Census dates back to 2011 and thus cannot be considered as a true representation. Thus on the basis of the National Multi-dimensional Poverty Index the 400 selected samples for the study were investigated on all three dimensions identified by MPI in the following process to finally come to the conclusion about their status(in poverty or not in poverty).

A Multi-dimensional poverty index has been constructed on the basis of the Alkire-Foster (AF) methodology. In India the cut-off rate for poverty rate is **0.33** in other words if a person is found to be deprived in at least 3 of the sub-indicators then he is said to be in poverty.

The identification function for MPI is denoted by ‘p’ and is dependent on the deprivation status ‘e’ of an individual ( $x_i$ ) given the cut-off within an indicator (z) along with the cut-off across indicator ‘k’

This can be represented in the following equation:

$$P_k(x_i, z) = 1 \text{ if } c_i \geq k \text{ and}$$

$$P_k(x_i, z) = 0 \text{ otherwise}$$

In other words, the function P considers an individual ( $x_i$ ) as multi-dimensionally poor when her deprivations score ( $c_i$ ) is greater than/ equal to 2<sup>nd</sup> order cut-off

The deprivation index was created by considering the parameters of global MPI as shown below:

<b>Dimension</b>	<b>Weight</b>	<b>Indicator</b>	<b>Deprived if</b>
Health(1/3)	1/6	Nutrition	A family is considered to be in need if any child between the ages of 0 and 59 months, woman between the ages of 15 and 49, or male between the ages of 15 and 54 who have nutritional information available is found to be undernourished.
	1/12	Child & Adolescent Mortality	In the five years before the survey, a child or adolescent under the age of 18 has passed away in the household.
	1/12	Antenatal Care	A home is considered to be deprived if any woman living there who gave birth in the five years before the survey did not get at least four antenatal care visits or help from qualified medical professionals during her most recent delivery.
Education(1/3)	1/6	Years of Schooling	No one in the home who is ten years old or older has finished 6 years of education.
	1/6	School Attendance	When a child reaches the age at which he or she would finish class eight, they are not all enrolled in school.
Standard of living (1/3)	1/21	Cooking Fuel	A household uses dung, agricultural products, bushes, charcoal, wood, or coal for cooking.
	1/21	Sanitation	The bathroom is either inadequate, not present, or present but shared with several houses.
	1/21	Drinking Water	The nearest source of improved or

Dimension	Weight	Indicator	Deprived if
			safe drinking water for the family is at least a thirty minute walk away (as a round trip).
	1/21	Electricity	There is no power in the home.
	1/21	Housing	The home is substandard; either the floor is made of natural materials, or the roof or walls are constructed using simple materials.
	1/21	Assets	The household does not own more than one of these assets: TV, radio, computer, telephone, bicycle, motorbike, refrigerator, or animal cart; and does not own a car or truck.
	1/21	Bank Account	No one living in the home has a post office or bank account.

The AF approach uses a dual-cut-off counting method to categorize persons as being poor or not poor when assessing multidimensional poverty. To identify the individual who is ‘deprived’ in each component indication, the first-order cut-off is used. The data from all indicators is then combined to provide an overall deprivation score for each person. Then, the 2<sup>nd</sup> order cut-off is used to determine whether people are multidimensionally impoverished. The widely used FGT (Foster-Greer-Thorbecke) class of poverty measures is extended by the AF approach, which has a number of technical as well as practical benefits that make it suitable for use in non-monetary poverty estimates.

On the basis of their performance (or lack thereof) in the corresponding 1<sup>st</sup> order cut-offs for each indicator, each person (and by extension, everyone in the same household) is first marked as deprived (denoted by 1) or not deprived (denoted by 0) in each of the indicators.

Then, chosen weights are applied to each indication such that the total weights added across all indicators equals one. The weighted sum of deprivations for each individual thus calculated represents their deprivation score.

The weighted score is then compared with the standard. For the study, India's national MPI of second order cut-off of 33.33 percent has been used. Henceforth the headcount ratio (HCR) is:

Head-count ratio (H) = Total number of multi-dimensionally poor individuals/Total number of individuals.

For both the groups across gender HCR is computed. This helps to identify the prevalence of poverty and if it has an interplay with disability or not.

### ***Step Three: Association of disability and poverty keeping gender as a controlling variable***

From step two of the research, it was identified that the prevalence of poverty was higher in differently-abled people and another interesting fact that surfaced was the role of gender, it was evidently seen that the female gender has a higher prevalence of being poor multi-dimensionally, especially women who are differently-abled.

For establishing this association between disability status and poverty (measured on a binary scale) keeping gender as a controlling variable we ran the *binary logistic regression* using the following methodology:

## **Research Methodology for Binary Logistic Regression**

### **A. Research question**

**Research Question:** Is there a possibility of the presence of a linkage between poverty dimensions and disability?

### **B. Research hypothesis**

Null hypothesis ( $H_0$ ): Disability status has no role to play in people falling into the poverty cycle.

Alternative hypothesis ( $H_1$ ): Disability status has a significant role to play in people falling into the poverty cycle.

## **C. Research Design**

### **Data Source**

Data from both primary and secondary sources have been utilised in the research.

#### **➤ Primary data source:**

The data has been gathered through a questionnaire distributed to 400 respondents in West Bengal (160 PWD and 240 non-PWD)

In order to study the poverty dimension Alkeiri-foster method has been adopted to construct the MPI and those falling below the standard rate of 0.33 have been considered as deprived.

#### **➤ Secondary data source:**

Published electronic disclosures and annual reports from the official website

## **D. Research Tool**

For statistically testing the hypothesis a binary logistic regression analysis is done in order to determine the effect of explanatory (independent) variable disability status and gender on the dependent variable deprivation score (being used as a proxy for poverty).

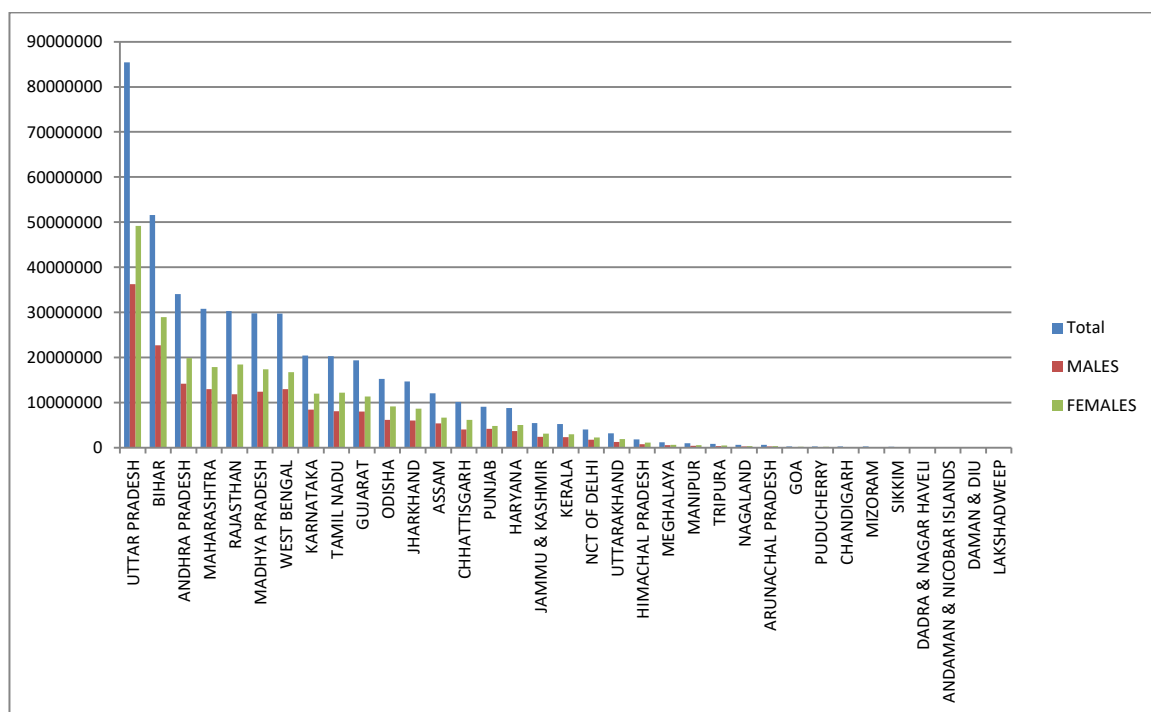
SPSS version 20 has been used to conduct the test.

### **6.3: Analysis of the Data :**

#### **6.3.1. Literacy deprivation:**

Education plays an instrumental role in economic development as it has a dual role it is both a constant as well as a stimulant for economic growth. It is next to impossible to rectify the situation where a child grows into an illiterate adult through a program. Lack of literacy is an indicator of deprivation of capability to perform basic functions of life. The Constitution of India necessitates that compulsory education should be provided to all children aged 6-14. However, what is surprising to note is that Census 2011 shows around 45.48% of disabled persons as illiterates. However, out of this 42.15% represent males and 57.85% represent females.





**FIGURE 6.4: Illiteracy rate: Computed by author on the basis of Census data 2011**

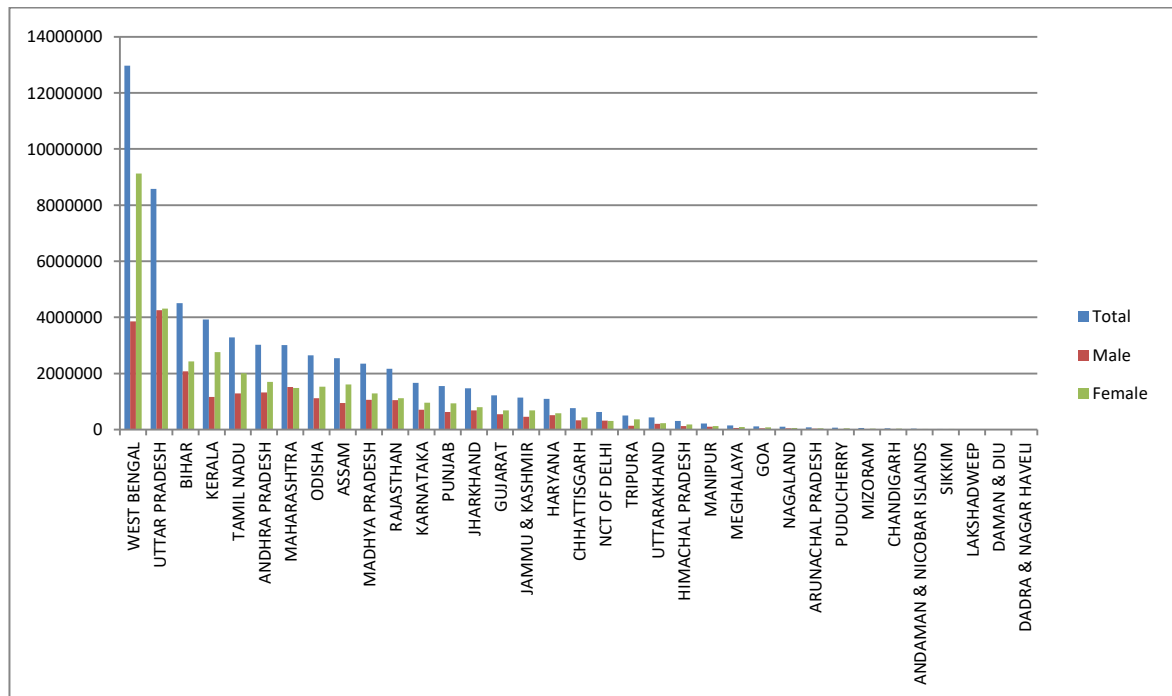
As Figure 6.4 demonstrates across all the states the literacy rate of females is way lower than their male counterparts. The state with the highest illiteracy is Uttar Pradesh followed by Bihar and Andhra Pradesh, West- Bengal is among the top 10 (number 8) with respect to literacy deprivation.

### **6.3.2. Employment/Earning Deprivation**

Employment whether in the form of self-employment or via providing employee services are essential tool of financial independence as the income earned via employment not only gives an individual a means of sustaining his existence but also earns economic and social security and acceptability.

Participation in any economically productive activity, with or without payment, wages, or profit, is referred to as work. Non-workers are people who were classified as such because they did not engage in any economic activity in the year prior to the date of the enumeration. Students, those doing home chores, dependents, retirees, beggars, etc. are included in this group if they did not participate in any economically productive activity in the year before to the date of the census.

A look at the Census data tells us that approximately 60709399 disabled people are non-workers out of which 40% are male nonworkers and 60% are female nonworkers.



**FIGURE 6.5: Disabled Non-workers of India: graph constructed by the author based on the Census data**

From Figure 6.5 we can clearly see the number of female non-workers is much more than male non-workers, definitely giving a hint towards a situation that the economic participation of the disabled female population is considerably lower.

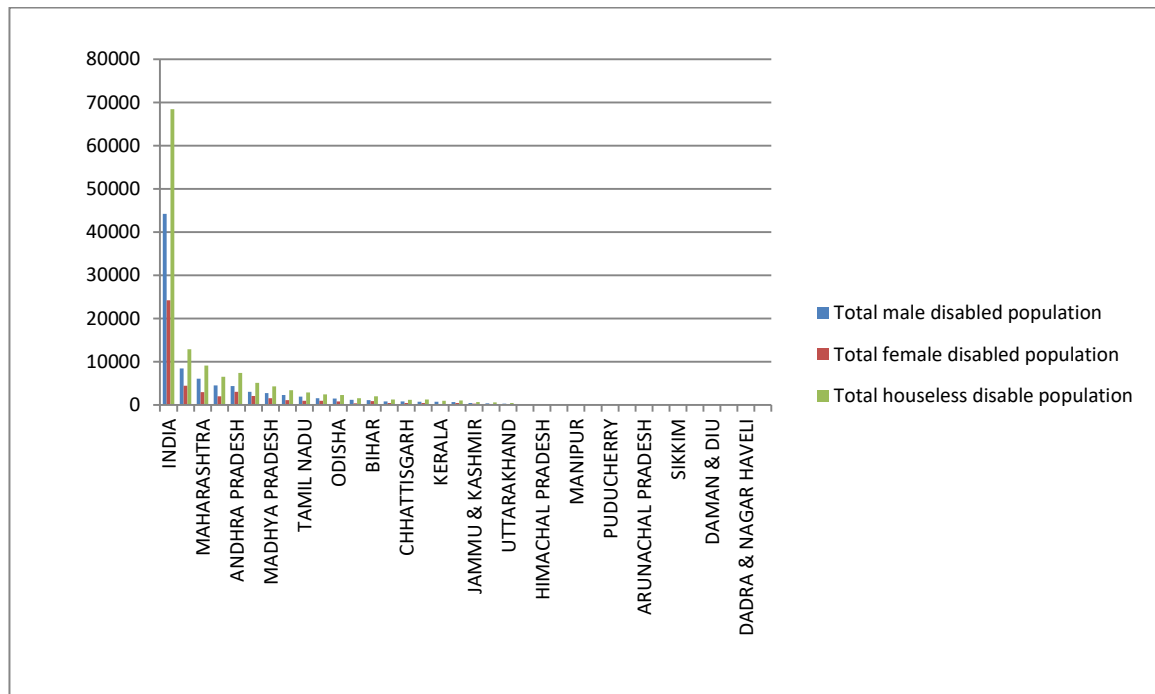
We can also evidently see from the figure that the state with the highest number of non-workers is West Bengal followed by Uttar-Pradesh and Bihar.

### **6.3.3. Shelter deprivation**

Shelter /Household is another basic necessity of life. The Census of India defines a houseless family as one that does not reside in a building or a Census home instead choosing to live in the open, by the roadside, on sidewalks, in hume pipes, beneath flyovers and stairwells, or in the open on places of worship, mandaps, railroad stations, etc. Households without a home should not be included in the house listing phase.

This definitely reflects the deprivation of the basic standard of living. When we introspect the Census data(2011) for finding out the number of disabled people who lack shelter

across India we found that of 68422 houseless disabled a majority of 64.61% are males and 35.38% are females.



**FIGURE 6.6: Houseless disabled population of India: graph constructed by author on the basis of Census 2011 data**

Figure 6.6 has a striking difference from the previous two indicators as here we can see the males outnumber the females.

With respect to the performance of states, the highest number of houseless disabled is in the state of Maharashtra followed by Uttar Pradesh and West Bengal.

### **Deprivation Score Estimation**

When a person or home does not have enough money to maintain even the most basic of living standards, that person or household is said to be in a state of poverty.<sup>50</sup> The data available with respect to the Census dates back to 2011 and definitely could not be considered a true reflection of the current situation thus to depict a better picture an empirical study with 400 randomly selected individuals has been conducted.

<sup>50</sup> Sen 1989:41-45, 2009: (254-298)

A Multi-dimensional poverty index has been constructed on the basis of the Alkire-Foster (AF) methodology. In India the cut-off rate for poverty rate is **0.33** in other words if a person is found to be deprived in at least 3 of the sub-indicators then he is said to be in poverty.

The identification function for MPI is denoted by 'p' and is dependent on the deprivation status 'e' of an individual ( $x_i$ ) given the cut-off within an indicator (z) along with the cut-off across indicator 'k'

This can be represented in the following equation:

$$P_k(x_i, z) = 1 \text{ if } c_i \geq k \text{ and}$$

$$P_k(x_i, z) = 0 \text{ otherwise}$$

In other words, the function P considers an individual ( $x_i$ ) as multi-dimensionally poor when her deprivations score ( $c_i$ ) is greater than/ equal to 2<sup>nd</sup> order cut-off.

The deprivation index was created by considering the parameters of global MPI as shown below:

Dimension	Weight	Indicator	Deprived if
Health (1/3)	1/6	Nutrition	If any infant between the ages of 0 and 59 months, woman between the ages of 15 and 49, or man between the ages of 15 and 54 years - for whom nutritional information is available - is determined to be undernourished, the family is said to be deprived.
	1/12	Child & Adolescent Mortality	In the five years before to the survey, a child or adolescent under the age of 18 has passed away in the household.
	1/12	Antenatal Care	A home is considered to be deprived if any woman living there who gave birth in the five years before to the survey did not get at least four prenatal care visits or help from qualified medical professionals

			during her most recent delivery.
Education (1/3)	1/6	Years of Schooling	No one in the home who is 10 years old or older has finished six years of education.
	1/6	School Attendance	When a youngster reaches the age at which he or she would finish class eight, they are not all enrolled in school.
Standard of living(1/3)	1/21	Cooking Fuel	A household uses dung, agricultural products, bushes, wood, charcoal, or coal for cooking.
	1/21	Sanitation	The restroom is either inadequate, not present, or present but shared with several houses.
	1/21	Drinking Water	The family is at least a thirty-minute walk from home but lacks access to upgraded or clean drinking water (as a round trip).
	1/21	Electricity	There is no power in the home.
	1/21	Housing	The home is poor; it has a floor made of natural materials and a roof or wall constructed of simple materials.
	1/21	Assets	The following items are not owned by the family in excess of one at a time: a TV, radio, computer, telephone, animal cart, motorcycle, bicycle, or refrigerator.
	1/21	Bank Account	No one living in the home has a post office or bank account.

The AF approach uses a dual-cut-off counting method to categorize persons as being poor or not poor when assessing multidimensional poverty. To identify the individual who is "deficient" in each component indication, the 1<sup>st</sup> -order cut-off is used. The data from all variables is then combined to provide an overall deprivation score for each person. Then, the 2<sup>nd</sup> order cut-off is used to determine whether people are multidimensionally

impoverished. The widely used FGT class of poverty measures is extended into the AF technique, which has a number of technical and practical benefits that make it suitable for use in non-monetary poverty estimates.

Based on their performance (or lack thereof) in the corresponding first order cut-offs for each indicator, each person (and by extension everyone in the same household) is first tagged as deprived (denoted by 1) or not deprived (denoted by 0) in each of the indicators.

Then, chosen weights are applied to each indication such that the total weights added across all indicators equals one. The weighted sum of deprivations for each individual thus calculated represents their deprivation score.

The weighted score is then compared with the standard. For the study, India's national MPI of second-order cut-off of 33.33 percent has been used.

From the analysis we found that out of 160 individuals (PWD) for 93 the poverty cut-off was higher than 0.33 that is they fall in the poverty bracket, what is more, striking to note is that out of 96 males' participants 43 were found multi-dimensionally poor and out of 64 female participants 50 were found to be multidimensionally poor.

**TABLE 6.1: A cross-tabulation of disability status, poverty, and gender**

DIMENSION/GENDER	MALE		FEMALE		TOTAL
	POOR	NOT POOR	POOR	NOT POOR	
PWD	43	53	50	14	160
NON-PWD	7	169	10	54	240
TOTAL	50	222	60	68	400

The data represented in Table 6.1 definitely shows a higher incidence of poverty among differently-abled people on the basis of MPI (58%) as compared to those not differently-abled (7%). The HCR denotes the proportion of multidimensionality poor individuals to the total population

Therefore, Total Headcount ratio (H) = Total number of multi-dimensionally poor individuals/Total number of individuals

So to further investigate is the prevalence of poverty is gender neutral or not, the headcount ratio of only differently-abled people was further analysed with respect to male and female differently-abled people, and following were the results;

Total male (PWD) Headcount ratio= $43/96=0.45$

Total female (PWD) Headcount ratio= $50/64=0.78$

As compared to males 45% and the Headcount ratio of females stands at 78% showing a picture of deprivation being faced by the female differently-abled population.

### **Linkage between poverty dimension and disability status of differently-abled persons and non-differently-abled persons**

In order to reflect if differently-abled persons are more likely to experience poverty as compared to non-differently-abled persons the following test has been conducted:

#### **Research Methodology**

##### **Research question**

**Research Question:** Is there a possibility of the presence of a linkage between poverty dimensions and disability?

##### **Research hypothesis**

Null hypothesis ( $H_0$ ): Disability status has no role to play in people falling into the poverty cycle

#### **Research Design**

##### **Data Source**

Data from both primary and secondary sources have been utilized in the research.

##### **Primary data source:**

The data has been gathered through a questionnaire distributed to 400 respondents in West Bengal (160 PWD and 240 non-PWD)

In order to study the poverty dimension AF method has been adopted to construct the MPI and those falling below the standard rate of 0.33 have been considered as deprived.

## Secondary data source:

Published electronic disclosures and annual reports from the official website

## Research Tool

For statistically testing the hypothesis a binary logistic regression analysis is done in order to determine the impact of explanatory (independent) variable disability status and gender on the dependent variable deprivation score (being used as a proxy for poverty).

SPSS version 20 has been utilized to conduct the test.

## Analysis of the Test

Logistic regression accesses the impact of one/more predictor variables (here disability status and gender) on the outcome (deprived represented as '1' and not deprived represented as '0'). In other words, it is a technique for identifying the causal connection between the independent and dependent variables.

1. Goodness-of-fit: This statistic helps us to find whether a model adequately describes the data or not, for this the following tests were conducted.

Omnibus Test of model coefficients as shown in table 7.4.2 indicates the model was **statistically significant  $\chi^2$  (2, N=400) = 156.916,  $p < 0.000$** , suggesting that it could distinguish between those with financial deprivation and those without deprivation and that it is a good model fit.

**TABLE 6.2.: Omnibus Tests of Model Coefficients**

		Chi-square	Df	Sig.
Step 1	Step	156.916	2	.000
	Block	156.916	2	.000
	Model	156.916	2	.000

The Hosmer and Lemeshow Test signifies a poor fit if the significant value is less than 0.05. Although, as seen in Table 6.3  $p$  value  $> 0.05$  thus the model adequately fits the data. The contingency table also adequately predicts the model. As shown below in table 6.3.



**TABLE 6.3: Hosmer and Lemeshow Test**

Step	Chi-square	Df	Sig.
1	.001	2	1.000

The model explained between 32.6% (Cox & Snell R square) to **46.9%** (Nagelkerke R square) of the variance in the dependent variable and correctly classified **81.5% of the cases. (PAC** or principal accuracy classification). The **specificity** of the model reflecting the accuracy of the model in classifying individuals in the non-target group i.e., not deprived comes at 95.2% and the **Sensitivity** reflecting the accuracy of the model in classifying individuals into group 1 i.e., target group comes to 45.5%

**TABLE 6.4: Odds ratio computation (Variables in the Equation)**

		B	S.E.	Wald	Df	Sig.	Odds ratio Exp(B)
Step 1 <sup>a</sup>	DISABILITY	2.968	.316	88.152	1	.000	19.443
	GENDER (1)	-1.487	.298	24.826	1	.000	.226
	Constant	-1.691	.289	34.200	1	.000	.184

a. Variable(s) entered on step 1: DISABILITY, GENDER.

In logistic regression, the odds ratio for a variable shows how the odds change with a unit increase in that variable while keeping all other variables constant.

Table 6.4 gives us the odds ratio of probability =  $P(A)/P(B)$  i.e., probability of occurrence of event A/probability of occurrence of event B. This table shows the relationship between the predictors and the outcome. B (Beta) is the predicted change in log odds-for 1 unit change in the predictor, there is an odds ratio or Exp(B) change in the probability of the outcome.

The first independent variable disability status shows a significant p-value  $<0.05$  and odds ratio  $>1$  thus indicating the probability of falling in the target group (deprived group) is more than the probability of falling in the non-target group (not deprived). In simple words for one unit change in the disability status from non- differently-abled to

differently-abled participants are 19.443 times more likely to be deprived of a basic standard of living.

When we included gender as a controlling variable a very interesting result came gender was also found to significantly impact deprivation however the odds ratio is  $<1$  indicating as we move from the female gender to the male gender the probability of falling in the deprivation bracket is less likely to occur.

Thus, we can conclude female differently-abled participants are more likely to be deprived.

#### **6.4: Findings**

From the study undertaken both at macro level (based on the secondary data taken from Census 2011) and micro level (based on the primary data gathered from randomly selected samples from West Bengal), the following could be deduced:

1. Literacy deprivation which is access to equal opportunity of education is lacking among female differently-abled persons as compared to male respondents across all states of India. When we shift our focus to West- Bengal, the same trend could be noticed and the analysis of the data demonstrates that West Bengal is among the top 10 states with literacy deprivation.
2. Employment /earning deprivation reflects a lack of equal employment opportunity. Analysis of the above data shows gender disparity in access to employment or earning with unemployment being much higher among females who are differently abled than males. Pan India this disparity is clearly evident and data shows that the state with the highest number of non-workers is West Bengal followed by Uttar-Pradesh and Bihar.
3. Shelter deprivation is a lack of basic standard of living. An analysis of homeless population data revealed the number of males differently-abled persons being higher than females. Thus, what is striking to note is that in the case of both literacy and employment parameters female gender lacked below the male gender but when it came to shelter women were supported by their families and thus the rate of homelessness is higher in the case of male differently abled than females.

4. The poverty index created in the study taking 400 respondents substantiates the claim that disability and gender both have a very prominent role to play in poverty across all 3 dimensions of standard of living, health, and education. Female differently-abled members are behind male differently-abled members in all dimensions.
5. The headcount ratio (H) is much higher (0.80) in the case of female members than in male members (0.65) showing the prevalence of poverty higher in the female gender.
6. Across all three dimensions gender disparity could evidently be viewed.

## **Chapter-Seven**

### **Summary Findings, Conclusion and Recommendations**

#### **7.1: Introduction**

The findings of this research along with contributing towards a better understanding of the economic participation and financial status of differently-abled individuals also offer recommendations for policy interventions and community support systems to promote the economic empowerment and social inclusion of differently-abled people. The deprivation matrix helps in identification of prevalence of multi-dimensional poverty with respect to West-Bengal as a state. The study being comparative in nature identified the role restrictive abilities of a person play in his/her effective participation in the economy which in turn draws them further into a lower standard of living.

#### **7.2: Summary findings**

The findings of the study provide insights and information about the research question and eventually the hypothesis that was being investigated. They represent the results of the research and reveal what was discovered during the course of the study. For the purpose of analysing the economic participation and financial status of differently-abled people and to draw a comparative picture about their current status with respect to non-differently-abled people the study framed four broad objectives and a detailed investigation followed up to the following summarised findings:

1. People with disability are mostly working in the unorganised sector, as compared to people without disability. Thus disability has a strong role to play in the sector they work.
2. Educational level play significant role in the sector of work for both the groups.
3. Skill/vocational training show strong impact on the sector of work across for differently-abled people group.
4. There exists pay gap and high wage discrimination among what differently-abled and non-differently abled people earn.
5. All the variables reflecting different dimensions of financial inclusion are representing two major factors (accessibility of financial products & services

reflecting supply side and usage financial products& services reflecting demand side) both reflect gap in between both the groups.

6. A further analysis of the variables gave evidence that mean rank of non-differently-abled people are higher with respect to access to financial products and services .Similarly, with regards to usage the mean ranks are higher in case of non-differently-abled.
7. Banking/financial services are not equally accessible by both differently-abled and non-differently-abled persons, i.e; the supply side of the market need to reinforce financial inclusion initiatives at a higher scale.
8. Banking facilities are not used by both the groups equally in fact majority of non-differently-abled persons have a higher mean score indicating not only access but awareness and readiness to use these services are much less among differently-abled persons.
9. Literacy deprivation that is access to equal opportunity of education lacks among female differently abled persons as compared to male respondents across all states of India. When we shift our focus to West- Bengal, the same trend could be noticed and the analysis of the data shows that West Bengal is among top 10 states with literacy deprivation.
10. Employment /earning deprivation reflect a lack of equal employment opportunity. Analysis of the above data shows gender disparity in access to employment or earning with unemployment being much higher among females who are differently abled than male. Pan India this disparity is clearly evident and data shows that the state with highest number of non-workers is West Bengal followed by Uttar-Pradesh and Bihar.
11. Shelter deprivation is lack of basic standard of living. An analysis of homeless population data revealed the number of male differently abled persons being higher than females. Thus what is striking to note is that in case of both literacy and employment parameters female gender lack below the male gender but when it came to shelter women were supported by their families and thus rate of homeless is higher in case of male differently abled than females.
12. The poverty index created in the study taking 400 respondents substantiate the claim that disability and gender both have a very prominent role to play in

poverty as across all the three dimensions of health, education and standard of living. Female differently-abled members lack behind male differently abled members in all the dimensions.

13. The head count ratio reflecting the proportion of multi-dimensionally poor heads over the total number of heads being considered shows that as compared to non-differently-abled people (7%) the proportion of differently-abled people who fall in the poverty bracket are much higher (58%).
14. Moreover a further investigation leads us to the finding that the head count ratio (H) is much higher (0.78) in case of female differently-abled members than male members (0.45) showing prevalence of poverty higher on the female gender who have disability.
15. Across all the three dimensions of health, education and standard of living gender disparity could evidently be viewed.

### **7.3: Conclusion and Recommendations**

Exclusion of people with disabilities involves losses in productivity and human potential (DFID, 2000, p. 4), which have economic costs for societies<sup>51</sup> (Buckup, 2010). The research undertaken shows a disparity in work participation among both the groups (differently-abled and non-differently-abled), not only that the study also reflects pay gap and gap in financial inclusion among differently-abled. Standard of living is also compromised as prevalence of poverty is higher among differently-abled people specially those who fall in the female gender.

Though the taboo around disability being considered as something requiring cure and sympathy and changed a lot however to make an all-inclusive empowering society focus should be made at both specific and mainstream programmes<sup>52</sup>. The following are some of the recommendations that could be drawn from the research

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<sup>51</sup> Buckup, S. (2009). The price of exclusion: The economic consequences of excluding people with disabilities from the world of work (Employment Working Paper N. 43). Geneva: ILO. [http://www.ilo.org/wcmsp5/groups/public/@ed\\_emp/@ifp\\_skills/documents/publication/wcms\\_119305.pdf](http://www.ilo.org/wcmsp5/groups/public/@ed_emp/@ifp_skills/documents/publication/wcms_119305.pdf)

<sup>52</sup> Buckup, S. (2010). The price of excluding people with disabilities from the workplace. Geneva: ILO. [http://www.ilo.org/skills/pubs/WCMS\\_149529/lang--en/index.htm](http://www.ilo.org/skills/pubs/WCMS_149529/lang--en/index.htm) Burns, D., Oswald, K. & the 'we can also make change' team. (2014). 'We can also make change': Piloting participatory research with persons with disabilities and older people in Bangladesh.

1. Skill enhancing training or vocational courses should be included in the curriculum for differently-abled people to increase the number of participation and make them self-reliable & job ready.
2. Education system should be designed more specifically to meet the needs of individual learners and acceptance must be given to slow learners and differently-abled people. Modifications like including sign language as an additional subject/choice based subject could be a strong step towards inclusive education
3. Proper infrastructural facilities could help the differently-abled people overcome restrictions in accessibility whether at work place or public transport or washroom facilities. Infrastructural design should be designed in a manner that is disability friendly.
4. Exploration for a better scope of work in the organised sector should be ensured.
5. The extent of financial inclusion among differently-abled person is much lesser than non-differently abled person, especially with respect to factors like availability of disability-friendly ATM, documentation process, access to equitable services like loan etc. emphasis towards that should be made
6. Government initiatives at creating awareness among society for usage enhancement of financial product and services is much needed.
7. Female differently-abled people are often subjected to double discrimination so specific measures at grass-root level should be undertaken to provide more emphasis.
8. Government has been very pro-active with disability rights identification, however scope for more designated schemes to address specific requirement of the disabled population could be considered.
9. Representation in policy making by and for differently-abled people and their rights.
10. Special drives for Poverty alleviation schemes specifically designed to target differently-abled.

According to Buckup, ‘people with disabilities are less productive not because they are “disabled” but because they live and work in environments that are “disabling”. Thus the approach should be more towards the 3 A’s<sup>53</sup>

- ❖ Awareness
- ❖ Accessibility
- ❖ Acceptability

The study strives to foster a more inclusive society where all members, regardless of their restrictive abilities, have equal opportunities to achieve economic independence and financial security and is hopeful of a society that accepts each other the way they are and work towards a Sustainable Inclusive Growth.

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<sup>53</sup> Sightsavers, HelpAge International, ADD International, Alzheimer’s Disease International & Institute of Development Studies. <http://www.eldis.org/go/home&id=73080&type=Document#.VajmYU3bJ2M>



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## **Appendix A : Questionnaire I**

### **Economic Participation and Financial Status of Differently-Abled Persons in the Society- A Study with reference to West Bengal**

1. Name:
2. Age:
  - ☐ 18-30
  - ☐ 31-40
  - ☐ 41-58
3. Category:
  - ☐ General
  - ☐ PWD
4. Educational Qualification :
  - ☐ University-level education
  - ☐ Technical/vocational education beyond secondary school level
  - ☐ Complete secondary school
  - ☐ Some secondary school
  - ☐ Complete primary school
  - ☐ Some primary school
  - ☐ No formal education
5. Gender:
  - ☐ Male
  - ☐ Female
  - ☐ others
6. What is your employment status?
  - ☐ Self-employed [work for yourself]
  - ☐ In paid employment [work for someone else]
  - ☐ Looking for work
  - ☐ Looking after the home
  - ☐ Unable to work due to physical disability/sickness / ill-health
  - ☐ Retired

- Student
  - Not working and not looking for work
7. If employed, in what capacity are you employed?
- Full time employee
  - Part time employee
  - Casual/contractual employee
8. Have you been part of any vocational training /skill enhancement course for employment?
- Yes
  - No
9. If answer to question no. 8 is yes has the course helped you in getting placement?
- Yes
  - No
10. If employed in which sector?
- Government sector
  - Private sector with fixed payment terms
  - Private sector without fixed payment terms
11. Type of industry/trade you are attached with?
- Automobile industry/related trade
  - Electrical and electronic technology
  - Mechanical industry
  - Other engineering related trade
  - Handicraft
  - Accounting /finance related work
  - Printing industry
  - Textile industry
  - Agriculture industry/ Fisheries
  - Veterinary services
  - Medical services
  - Education industry
  - Others

12. What is your monthly income?( Rupees)

- ☐ 0
- ☐ 1-4999
- ☐ 5000-9999
- ☐ 10000-14999
- ☐ 15000-19999
- ☐ 20000-24999
- ☐ 25000-34999
- ☐ 35000-49999
- ☐ 50000+

13. How do you rate the impact of your physical disability (restriction) on your possibility of finding a job?

- |           |   |   |                  |   |
|-----------|---|---|------------------|---|
| 1         | 2 | 3 | 4                | 5 |
| No impact |   |   | Very high impact |   |

14. Do you have any account in the bank?

- |     |                          |    |                          |
|-----|--------------------------|----|--------------------------|
| Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
|-----|--------------------------|----|--------------------------|

15. Which type of bank that you patronize?

- |                    |                          |                    |                          |                     |                          |
|--------------------|--------------------------|--------------------|--------------------------|---------------------|--------------------------|
| Public Sector Bank | <input type="checkbox"/> | Co-operative Bank  | <input type="checkbox"/> | Private Sector Bank | <input type="checkbox"/> |
| Community Bank     | <input type="checkbox"/> | Micro finance bank | <input type="checkbox"/> |                     |                          |

16. Which type of bank account do you have?

- |                       |                          |                |                          |
|-----------------------|--------------------------|----------------|--------------------------|
| Current Account       | <input type="checkbox"/> | Saving Account | <input type="checkbox"/> |
| Fixed deposit Account | <input type="checkbox"/> | Loan Account   | <input type="checkbox"/> |

17. Rate the distance of your nearest financial bank from your place of residence

- |          |   |   |           |   |
|----------|---|---|-----------|---|
| 1        | 2 | 3 | 4         | 5 |
| Far away |   |   | Very near |   |

18. How many times do you visit the bank branch in a month to obtain the above facilities?

- |           |                          |                   |                          |
|-----------|--------------------------|-------------------|--------------------------|
| Once      | <input type="checkbox"/> | Twice or Trice    | <input type="checkbox"/> |
| Four-Five | <input type="checkbox"/> | More than 5 times | <input type="checkbox"/> |

Please kindly rate the below expectations in scale of 1 – 5 and circle any one

Factors	Scale
Not aware	1
Poorly aware	2
Fairly aware	3
Aware	4
Very aware	5

19. Which of these services can you state that you can identify/aware with?

Services	1	2	3	4	5
Loan	1	2	3	4	5
Internet Banking	1	2	3	4	5
Mobile banking	1	2	3	4	5
Credit Cards	1	2	3	4	5
Debit Cards	1	2	3	4	5
Mortgage	1	2	3	4	5
Depositing/Withdrawing cash	1	2	3	4	5
Cheque Book	1	2	3	4	5
Insurance	1	2	3	4	5
Automated Teller Services (ATMs)	1	2	3	4	5
Overdraft	1	2	3	4	5

20. Do you feel that your employment status plays a role in your use/access of these services

Yes ☐ No ☐

21. Do you feel that your income plays a role in your use/access of these services?

Yes ☐ No ☐

22. Do you feel that your education plays a role in your use/access of these services?

Yes ☐ No ☐

23. Do you feel that documentation and identification plays a role in your use/access of these services?

Yes ☐ No ☐

24. Please kindly rate the below expectations in scale of 1 – 5 and circle any one

<b>Factors</b>	<b>Scale</b>
Highly Dissatisfied	1
Dissatisfied	2
Neither Satisfied Nor Dissatisfied	3
Satisfied	4
Highly satisfied	5

<b>Statement</b>	<b>Rating</b>
a. Services provided by your bank.	1 2 3 4 5
b. Distance to the bank is cost incentives.	1 2 3 4 5
c. Confidentiality about customer account information.	1 2 3 4 5
d. Bank employees' attitude and behavior.	1 2 3 4 5
e. Financial institution's interest in your problem.	1 2 3 4 5
f. Reasonable interest on loan.	1 2 3 4 5
g. Education given by the banks for you to be compatible with the bank services.	1 2 3 4 5
h. Competitive banking products/schemes.	1 2 3 4 5
i. Branch timings.	1 2 3 4 5
j. Bank charges.	1 2 3 4 5
k. Banking procedures like documentation and identification	1 2 3 4 5
l. Quick access to your deposit/loan account.	1 2 3 4 5
m. Availability of ATM.	1 2 3 4 5
n. Insurance services.	1 2 3 4 5
o. Mobile banking services.	1 2 3 4 5
p. Internet banking services.	1 2 3 4 5
q. Flexible term on small saving.	1 2 3 4 5
r. Maximum Interest on savings.	1 2 3 4 5
s. Overall satisfaction	1 2 3 4 5

40. Who is responsible for day-to-day decisions about money in your Household?

- ☐ You
- ☐ You and your partner /caregiver/family member
- ☐ Your partner/caregiver/family member

41. What is the main source of income in your Household?

- ☐ Wages or salary
- ☐ Self-employed earnings or proceeds from a business
- ☐ Government benefit(s) or allowance(s)
- ☐ Superannuation/Pension/Retirement income
- ☐ Transfers from family members (not living in same household)
- ☐ Transfers from someone else outside the household (such as maintenance payments, rental income etc.)
- ☐ Other

42. Considering all of the sources of income coming into your household each month, would you say that your household income is regular and reliable?

- ☐ Yes
- ☐ No
- ☐ Don't know

43. Which of the following are included in your financial plan for retirement?

- ☐ Government pension/ old age benefits
- ☐ Government emoluments/sponsorships
- ☐ Occupational or workplace pension plan benefits
- ☐ Personal retirement savings plan benefits
- ☐ Obtaining a reverse mortgage
- ☐ Moving to a cheaper property in the same area
- ☐ Moving to a cheaper area
- ☐ Sell your financial assets(such as: stocks, bonds or mutual funds)
- ☐ Sell your non-financial assets (such as: a car,property, art, jewels,antiques, etc.)
- ☐ Use an inheritance
- ☐ Rely on your spouse
- ☐ Rely on your children

- Rely on financial support from your wider family
- Drawing an income from your own business
- Earnings from
- employment in retirement
- Other – Specify

44. Taking all of the various sources of retirement income into account (including government sources as well as personal and occupational pensions and provisions), how confident are you that your income will give you the standard of living you hope for throughout retirement?

1

2

3

4

5

Not at all confident

Very confident



## **Appendix B: Questionnaire II**

### **Multidimensional Poverty Index Questionnaire**

#### **General Notes:**

- This questionnaire is a prototype for collecting only the information required for the computation of the I Multidimensional Poverty Index (MPI) (Alkire and Foster 2010, UNDP Human Development Reports 2010-2014). This has been adapted for collecting data on the selected sample of study.
- The document was produced to meet the demand of those who wish to incorporate only those questions that would be required to construct an MPI into a questionnaire that may also cover other topics.
- The global MPI is mainly computed using the Demographic and Healthy Survey (DHS) and the Multiple Indicator Cluster Survey (MICS) (Alkire Conconi and Seth 2014).
- There are four different questionnaire aimed at four different categories of respondents within the household:
  - Household Questionnaire
  - Child Questionnaire
  - Women's Questionnaire
  - Men's Questionnaire

But for the purpose of our study we have utilised three components to measure Health, Education and standard of living..

- This questionnaire is designed to collect information on the 21 indicators of the MPI:
  - Education for every individual of the household
  - Living Standard of the Household – electricity, cooking fuel, water, sanitation, flooring and assets
  - Child Mortality
  - Child Anthropometry for all children between 0-5 years of age
  - Women's Anthropometry for all women between 15-49 years of age
  - Male Anthropometry (if possible) for all men between 15-59 years of age
- The questionnaire indicates who within the household should (ideally) respond

## **Cover Sheet – Household Questionnaire**

**Town/City/Village/:** \_\_\_\_\_

**HH ID:** \_\_\_\_

**Survey Date 1:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Survey Date 2 (if revisit):** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Surveyor 1 ID (Male):** \_\_\_\_

**Surveyor 2 ID (Female):** \_\_\_\_

**Start Time:** \_\_\_\_\_

**End Time:** \_\_\_\_\_

**Consent:** Hello. My name is \_\_\_\_\_. I am working with (NAME OF ORGANIZATION). We are conducting a survey about living standards and health all over (NAME OF COUNTRY). The information we collect will help the government to plan services. Your household was selected for the survey. I would like to ask you some questions about your household. The questions usually take about 20 to 25 minutes. All of the answers you give will be confidential and will not be shared with anyone other than members of our survey team. You don't have to be in the survey, but we hope you will agree to answer the questions since your views are important. If I ask you any question you don't want to answer, just let me know and I will go on to the next question or you can stop the interview at any time.

In case you need more information about the survey, you may contact the person listed on this card.

Do you have any questions?

May I begin interview now?

---

**Date:** \_\_\_\_\_

**(Signature of Respondent if literate)**

### **MPI Indicator Code**

The following codes are used alongside questions presented below in order to illustrate their purpose in MPI calculation. Codes are as follows:

**[GQ]:** General Quality Check

**[GIQ]:** Indicator-Specific Quality Check

**[YS]:** Education Indicator - Years of Schooling

**[SCA]:** Education Indicator – School attendance

**[CHH]:** Health Indicator – Child Malnutrition

**[ADH]:** Health Indicator – Adult BMI

**[CM]:** Health Indicator – Child Mortality

**[HSG]:** Standard of Living Indicator – Housing

**[TO]:** Standard of Living Indicator – Improved Sanitation

**[WA]:** Standard of Living Indicator – Improved Water

**[CF]:** Standard of Living Indicator – Cooking Fuel

**[EL]:** Standard of Living Indicator – Electricity

**[AS]:** Standard of Living Indicator – Assets

## I. Household Questionnaire

- **The purpose of the roster** is to document the age, gender of all household members in order to process relevant information on education and health for them. Malnutrition calculations based on anthropometry require the age and gender of the person observed. Information from the roster also allows for quality control during data cleaning and preparation for MPI computation
- **Respondent for the section** – Adult (man or woman) most knowledgeable about the household and available at the time of the survey
- **Who in the household should be included in the roster?** The MPI looks at deprivations of members who ‘usually’ live in the household. Temporary ‘guests’ of household, who happened to have spent the night before the interview, are not included in calculation. Thus, the roster should include all ‘usual members’<sup>54</sup> of the household defined as a person who usually lives in the household and shares food from a common source.

### Roster, Education and Living Standards

	MPI Indicator	Household Roster			
	<b>Interviewer Instruction</b>	<i>Interviewer:</i> Please tell me the name of each person who usually lives here, starting with the head of the household. [List the each member in a separate column. After completing the roster, fill checkpoint 6a]			
<b>1</b>	<b>Line Number</b> [GQ]	<b>Member 01</b>	<b>Member 02</b>	<b>Member 03</b>	<b>Member 04</b>
<b>2</b>	<b>Name</b> [GQ]	Name	Name	Name	Name
<b>3</b>	<b>Age</b> [GQ; GIQ]	Years: <input type="text"/> <input type="text"/>  Months: <input type="text"/> <input type="text"/>	Years: <input type="text"/> <input type="text"/>  Months: <input type="text"/> <input type="text"/>	Years: <input type="text"/> <input type="text"/>  Months: <input type="text"/> <input type="text"/>	Years: <input type="text"/> <input type="text"/>  Months: <input type="text"/> <input type="text"/>
<b>4</b>	<b>Gender</b> [GQ; GIQ]	Male .....1 Female .....2	Male .....1 Female .....2	Male .....1 Female .....2	Male .....1 Female .....2

<sup>54</sup> In DHS and MICS, the term used for usual members of the household is ‘de jure’ members (DHS Bangladesh Country Report 2011: 11; MICS Bosnia and Herzegovina Country Report 2011-12: 4)

	<b>Interviewer Checkpoint:</b> Following question on adult education is for members 5 years or older. Record class/level completed by individual. Record 00 if less than 1 year. For those who are younger than 5, code N/A				
<b>5</b>	<b>Education (adult)</b> [YS]	What is the highest <b>level</b> of school (NAME) has attended [See Code Below]  <input type="text"/> <input type="text"/>  What is the highest <b>grade</b> (NAME) completed at that level  <input type="text"/> <input type="text"/>	What is the highest <b>level</b> of school (NAME) has attended [See Code Below]  <input type="text"/> <input type="text"/>  What is the highest <b>grade</b> (NAME) completed at that level  <input type="text"/> <input type="text"/>	What is the highest <b>level</b> of school (NAME) has attended [See Code Below]  <input type="text"/> <input type="text"/>  What is the highest <b>grade</b> (NAME) completed at that level  <input type="text"/> <input type="text"/>	What is the highest <b>level</b> of school (NAME) has attended [See Code Below]  <input type="text"/> <input type="text"/>  What is the highest <b>grade</b> (NAME) completed at that level  <input type="text"/> <input type="text"/>
	<b>Interviewer Checkpoint:</b> Following question on school attendance is for members 5-24 years of age. For those outside of the age range, code N/A				
<b>6</b>	<b>Education (child)</b> [SCA]	Did (NAME) attend school or pre-school at any time during the (XXXX-XXXX) school year?  Yes .....1 No .....2 Don't know.....98 N/A .....99	Did (NAME) attend school or pre-school at any time during the (XXXX-XXXX) school year?  Yes .....1 No .....2 Don't know.....98 N/A .....99	Did (NAME) attend school or pre-school at any time during the (XXXX-XXXX) school year?  Yes .....1 No .....2 Don't know.....98 N/A .....99	Did (NAME) attend school or pre-school at any time during the (XXXX-XXXX) school year?  Yes .....1 No .....2 Don't know.....98 N/A .....99
<b>6a</b>	<b>Interviewer Checkpoint</b> [GI; GIQ] Just to make sure that I have completed listing: are there any other persons such as child or infants, domestic servants or friends who usually live here: Yes .....1 → Add to Roster No .....2				

**Code for Question 5 – Level:**

1=Primary      6=Pre-Primary  
 2= Secondary    98=Don't Know  
 3=Higher      99= N/A (for ineligible member)

**Code for Question 5 – Grade:**

00=Less than 1 year completed  
 98= Don't know  
 99= N/A (for ineligible members)

Q. No.	MPI Indicator	Question
7.	<b>House Flooring</b> [HSG]	<p><i>Interviewer Observe: Main material for the dwelling Floor</i></p> <p>Code:</p> <p>Natural floor</p> <p>Earth/sand ..... 11</p> <p>Dung ..... 12</p> <p>Rudimentary floor</p> <p>Wood planks ..... 21</p> <p>Palm/bamboo ..... 22</p> <p>Finished floor</p> <p>Parquet or polished wood ..... 31</p> <p>Vinyl or asphalt strips ..... 32</p> <p>Ceramic tiles ..... 33</p> <p>Cement ..... 34</p> <p>Carpet ..... 35</p> <p>Other (specify) _____ 96</p>
8.	<b>House Walls</b> [HSG]	<p><i>Interviewer Observe: Main material for the dwelling Wall</i></p> <p>Code:</p> <p>Natural walls</p> <p>No walls ..... 11</p> <p>Cane/palm/trunks ..... 12</p> <p>Dirt ..... 13</p> <p>Rudimentary walls</p> <p>Bamboo with mud ..... 21</p> <p>Stone with mud ..... 22</p> <p>Uncovered adobe ..... 23</p> <p>Plywood ..... 24</p> <p>Cardboard ..... 25</p> <p>Reused wood ..... 26</p> <p>Finished walls</p> <p>Cement ..... 31</p> <p>Stone with lime/cement ..... 32</p> <p>Bricks ..... 33</p> <p>Cement blocks ..... 34</p> <p>Covered adobe ..... 35</p> <p>Wood planks/shingles ..... 36</p> <p>Other (specify) _____ 96</p>
9.	<b>House Roofing</b> [HSG]	<p><i>Interviewer Observe: Main material for the dwelling Roof</i></p> <p>Code:</p> <p>Natural roofing</p> <p>No roof ..... 11</p> <p>Thatch/palm/leaf ..... 12</p> <p>Sod ..... 13</p> <p>Rudimentary roofing</p> <p>Rustic mat ..... 21</p> <p>Palm/bamboo ..... 22</p>

		Wood planks.....23 Cardboard .....24 Finished roofing Metal.....31 Wood .....32 Calamine/cement fiber.....33 Ceramic tiles.....34 Cement.....35 Roofing shingles .....36  Other ( <i>specify</i> )_____96
<b>10.</b>	<b>Sanitation</b> <i>[TO]</i>	<i>What kind of toilet facility do members of your household usually use?</i>  Code: Flush / pour flush Flush to piped sewer system ..... 11 Flush to septic tank ..... 12 Flush to pit (latrine) ..... 13 Flush to somewhere else..... 14 Flush to unknown place/not sure/DK where...15 Pit Latrine Ventilated Improved Pit latrine (VIP) .....21 Pit latrine with slab .....22 Pit latrine without slab / open pit.....23 Composting toilet .....31 Bucket.....41 Hanging toilet/hanging latrine .....51 No facilities or bush or field .....61  Other ( <i>specify</i> ) _____ 96
<b>10a.</b>	<b>Sanitation: Sharing Facility</b> <i>[TO]</i>	<i>Do you share this toilet facility with other households?</i>  Yes ..... 1 No .....2
<b>11.</b>	<b>Cooking Fuel</b> <i>[CF]</i>	<i>What type of fuel does your household mainly use for cooking?</i>  Electricity.....01 Liquid Propane Gas (LPG) .....02 Natural gas .....03 Biogas .....04 Kerosene .....05 Coal / Lignite .....06 Charcoal.....07 Wood .....08 Straw/shrubs/grass .....09 Agricultural crop..... 10 Animal dung ..... 11 No Food Cooked in Household ..... 95  Other ( <i>specify</i> )_____96

<b>12.</b>	<b>Primary Source of Drinking Water</b> [WA]	<p><i>What is the main source of drinking water for the household members?</i></p> <p>Piped water</p> <p>Piped into dwelling..... 11</p> <p>Piped into yard or plot ..... 12</p> <p>Public tap/standpipe..... 13</p> <p>Tubewell/borehole ..... 21</p> <p>Dug well</p> <p>Protected well ..... 31</p> <p>Unprotected well..... 32</p> <p>Water from spring</p> <p>Protected spring ..... 41</p> <p>Unprotected spring ..... 42</p> <p>Rainwater ..... 51</p> <p>Tanker-truck ..... 61</p> <p>Cart with small tank/drum ..... 71</p> <p>Surface water (river, stream, dam, lake, pond, canal, irrigation channel)..... 81</p> <p>Bottled Water..... 91</p> <p>Other (specify) _____ 96</p>
<b>12a</b>	<b>Primary Source of Non-Drinking Water</b> [WA]	<p><i>What is the main source of water used by your household for other purposes such as cooking and handwashing?<sup>55</sup></i></p> <p>Piped water</p> <p>Piped into dwelling..... 11</p> <p>Piped into yard or plot ..... 12</p> <p>Public tap/standpipe..... 13</p> <p>Tubewell/borehole ..... 21</p> <p>Dug well</p> <p>Protected well ..... 31</p> <p>Unprotected well..... 32</p> <p>Water from spring</p> <p>Protected spring ..... 41</p> <p>Unprotected spring ..... 42</p> <p>Rainwater collection ..... 51</p> <p>Tanker-truck ..... 61</p> <p>Cart with small tank/drum ..... 71</p> <p>Surface water (river, stream, dam, lake, pond, canal, irrigation channel)..... 81</p> <p>Other (specify) _____ 96</p>
<b>12b</b>	<b>Primary Source of Water: Distance to Water Source</b> [WA]	<p><i>How long does it take to get to the water source, get water and come back?</i></p> <p>Minutes <input type="text"/> <input type="text"/> <input type="text"/></p> <p>Water on Premises..... 995</p> <p>Don't Know..... 998</p>

<sup>55</sup> In DHS, question on source of non-drinking water is not present in the sample questionnaire available online for round 6. However, in the case of a few freshly available datasets (like Peru), data on non-drinking water source is available in the household data file



<b>13.</b>	<b>Assets</b> [EL; AS]	<i>Does your household have?:</i>	
		Electricity	Yes.....1
		[EL]	No.....2
		Radio	Yes.....1
		[AS]	No.....2
		Refrigerator	Yes.....1
		[AS]	No.....2
		Television	Yes.....1
		[AS]	No.....2
		Non-mobile Telephone	Yes.....1
		[AS]	No.....2
		Mobile Telephone	Yes.....1
		[AS]	No.....2
		Bicycle	Yes.....1
		[AS]	No.....2
		Motorbike/ Scooter	Yes.....1
		[AS]	No.....2
		Car	Yes.....1
		[AS]	No.....2
		Truck	Yes.....1
		[AS]	No.....2
		Computer	Yes.....1
		[AS]	No.....2
		Animal-drawn Cart	Yes.....1
		[AS]	No.....2

## **Cover Sheet – Child Questionnaire**

**Town/City/Village/:** \_\_\_\_\_

**HH ID:** \_ \_ \_

**Survey Date 1:** \_ \_ \_ / \_ \_ \_ / \_ \_ \_ \_ \_

**Survey Date 2 (if revisit):** \_ \_ \_ / \_ \_ \_ / \_ \_ \_ \_ \_

**Surveyor 1 ID (Male):** \_ \_ \_

**Surveyor 2 ID (Female):** \_ \_ \_

**Start Time:** \_\_\_\_\_

**End Time:** \_\_\_\_\_

**Interviewer Checkpoint: Please ask for consent for administering the child questionnaire from the mother of the child or an adult caregiver available at the time of survey**

Hello. My name is \_\_\_\_\_. I am working with (NAME OF ORGANIZATION). We are conducting a survey about living standards and health all over (NAME OF COUNTRY). The information we collect will help the government plan services. Your household was selected for the survey. I would like to measure your child's (children's) height and weight. Measurements usually take about 10 to 15 minutes. All of the collected here will be confidential and will not be shared with anyone other than members of our survey team. You don't have to be in the survey, but we hope you will agree to participate since your information gathered on the children of the household is important. If I ask you any question you don't want to answer, just let me know and I will go on to the next question or you can stop the interview at any time.

In case you need more information about the survey, you may contact the person listed on this card.

Do you have any questions?

May I begin interview now?

\_\_\_\_\_

**Date:** \_\_\_\_\_

**(Signature of Respondent if literate)**

## II. CHILDREN'S QUESTIONNAIRE

- **Purpose of the Questionnaire<sup>56</sup>:** The child health indicator of the MPI focuses on child undernourishment. This questionnaire records anthropometric information for children between 0-5 years of age in order to determine if a child is undernourished. It should be administered after the household questionnaire has been filled out and a complete listing of all permanent members, including children, is available.
- **Who in the household should be included?** All children between 0-5 years of age listed in the roster<sup>57</sup>

	Question	Child 1	Child 2	Child 3	Child 4	Child 5
1	<b>Interviewer</b> <b>Checkpoint:</b> list line number from roster  Roster ID/Name <i>[GIQ]</i>	Line Number: ____ ____  Name: _____	Line Number: ____ ____  Name: _____	Line Number: ____ ____  Name: _____	Line Number: ____ ____  Name: _____	Line Number: ____ ____  Name: _____
2	Child Weight <i>in kilograms</i> <i>[CHH]</i>	Child Weight (Alone): <input type="text"/> <input type="text"/> . <input type="text"/>  Weight 1 (Mother + Child): <input type="text"/> <input type="text"/> . <input type="text"/>  Weight 2 (Mother): <input type="text"/> <input type="text"/> . <input type="text"/>  Not Present.....9994	Child Weight (Alone): <input type="text"/> <input type="text"/> . <input type="text"/>  Weight 1 (Mother + Child): <input type="text"/> <input type="text"/> . <input type="text"/>  Weight 2 (Mother): <input type="text"/> <input type="text"/> . <input type="text"/>  Not Present.....9994	Child Weight (Alone): <input type="text"/> <input type="text"/> . <input type="text"/>  Weight 1 (Mother + Child): <input type="text"/> <input type="text"/> . <input type="text"/>  Weight 2 (Mother): <input type="text"/> <input type="text"/> . <input type="text"/>  Not Present.....9994	Child Weight (Alone): <input type="text"/> <input type="text"/> . <input type="text"/>  Weight 1 (Mother + Child): <input type="text"/> <input type="text"/> . <input type="text"/>  Weight 2 (Mother): <input type="text"/> <input type="text"/> . <input type="text"/>  Not Present.....9994	Child Weight (Alone): <input type="text"/> <input type="text"/> . <input type="text"/>  Weight 1 (Mother + Child): <input type="text"/> <input type="text"/> . <input type="text"/>  Weight 2 (Mother): <input type="text"/> <input type="text"/> . <input type="text"/>  Not Present.....9994

<sup>56</sup> The roster for child health is based on DHS and MICS questionnaire for child anthropometry (DHS Phase 6 Household Questionnaire; MICS3 Questionnaire for Children Under 5)

<sup>57</sup> Ideally, information for all children between 0-5 years of age in the household should be collected. Where resource constraints allow for only sub-sample of children in the household, the number of children is determined such that the sample is representative at the necessary geographic level

		Refused..... ...9995 Other .....9996	Refused..... ...9995 Other .....9996	Refused..... ...9995 Other .....9996	Refused..... ...9995 Other .....9996	Refused..... ...9995 Other .....9996
<b>3</b>	Child Height <i>in cm</i> [CHH]	<input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/>  Not Present.....9994 Refused..... ...9995 Other .....9996	<input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/>  Not Present.....9994 Refused..... ...9995 Other .....9996	<input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/>  Not Present.....9994 Refused..... ...9995 Other .....9996	<input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/>  Not Present.....9994 Refused..... ...9995 Other .....9996	<input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/>  Not Present.....9994 Refused..... ...9995 Other .....9996
<b>4</b>	Height/Length Method [CHH]  <b>Interviewer</b> <b>Checkpoint:</b> Children under 2 years of age should be measure lying down	Lying Down .....1 Standing Up .....2 Not Measured..... .3	Lying Down .....1 Standing Up .....2 Not Measured..... .3	Lying Down .....1 Standing Up .....2 Not Measured..... .3	Lying Down .....1 Standing Up .....2 Not Measured..... .3	Lying Down .....1 Standing Up .....2 Not Measured..... .3

## **Cover Sheet – Women’s Questionnaire**

**Town/City/Village/:** \_\_\_\_\_

**HH ID:** \_ \_ \_

**Survey Date 1:** \_ \_ \_ / \_ \_ \_ / \_ \_ \_ \_ \_

**Survey Date 2 (if revisit):** \_ \_ \_ / \_ \_ \_ / \_ \_ \_ \_ \_

**Surveyor 1 ID (Female):** \_ \_

**Start Time:** \_\_\_\_\_

**End Time:** \_\_\_\_\_

**Consent:** Hello. My name is \_\_\_\_\_. I am working with (NAME OF ORGANIZATION). We are conducting a survey about living standards and health all over (NAME OF COUNTRY). The information we collect will help the government plan services. Your household was selected for the survey. I would like to ask you some questions about you as well as measure your height and weight. The whole questionnaire usually takes about 10 to 15 minutes. All of the information collected will be confidential and will not be shared with anyone other than members of our survey team. You don't have to be in the survey, but we hope you will agree to answer the questions since your views are important. If I ask you any question you don't want to answer, just let me know and I will go on to the next question or you can stop the interview at any time.

In case you need more information about the survey, you may contact the person listed on this card.

Do you have any questions?

May I begin interview now?

\_\_\_\_\_ **Date:** \_\_\_\_\_

**(Signature of Respondent if literate)**

### III. WOMEN'S QUESTIONNAIRE

- **Purpose of the Questionnaire<sup>58</sup>:** The adult health indicator of the MPI focuses on adult undernourishment as determined by low BMI. This questionnaire records anthropometric information for women of reproductive age, i.e. between 15-49 years, in order to determine if a female adult is undernourished. It also collects information on child mortality. It should be administered after the household questionnaire has been filled out and a complete listing of all permanent members, including children, is available.
- **Who in the household should be included?** All women between 15-49 years of age who usually live in the household and are listed in the household roster<sup>59</sup>

	Question	Code
1	<b>Interviewer Checkpoint:</b> list from roster  Line Number/Name [GIQ]	Line Number: ____  Name _____
2	Weight <i>in kilograms</i> [ADH]	<b>Weight :</b>  <div style="display: flex; align-items: center; gap: 5px;"> <div style="border: 1px solid black; width: 30px; height: 30px;"></div> <div style="border: 1px solid black; width: 30px; height: 30px;"></div> <div style="font-size: 20px;">.</div> <div style="border: 1px solid black; width: 30px; height: 30px;"></div> </div> Not Present.....9994 Refused.....9995 Other .....9996
3	Height <i>in cm</i> [ADH]	<div style="display: flex; align-items: center; gap: 5px;"> <div style="border: 1px solid black; width: 30px; height: 30px;"></div> <div style="border: 1px solid black; width: 30px; height: 30px;"></div> <div style="border: 1px solid black; width: 30px; height: 30px;"></div> <div style="font-size: 20px;">.</div> <div style="border: 1px solid black; width: 30px; height: 30px;"></div> </div> Not Present.....9994 Refused.....9995 Other .....9996
4a.	Have you ever given birth to a son or daughter who was born alive but later died?  <b>Interviewer Checkpoint:</b> If no, probe – Any baby who cried or showed signs of life but did not survive?	Yes .....1 No .....2 Don't Know .....98 Will not answer .....88
4b.	How many boys have died?  And how many girls have died?  <b>Interviewer:</b> If none, record 0 [CM]	Boys Dead..... <div style="display: inline-block; border: 1px solid black; width: 30px; height: 30px; vertical-align: middle;"></div> <div style="display: inline-block; border: 1px solid black; width: 30px; height: 30px; vertical-align: middle;"></div> Girls Dead..... <div style="display: inline-block; border: 1px solid black; width: 30px; height: 30px; vertical-align: middle;"></div> <div style="display: inline-block; border: 1px solid black; width: 30px; height: 30px; vertical-align: middle;"></div>

<sup>58</sup> The roster for women's health is based on DHS Phase 6 Household Questionnaire and DHS Phase 6 Woman's Questionnaire.

<sup>59</sup> Ideally, information for all women between 15-49 years of age who usually live in the household should be collected. Where resource constraints allow for only a sub-sample of women in the household, the number of respondents is determined such that the sample is representative at the necessary geographic level

<p><b>5</b> Now I would like to record the names of all your births, whether still alive or not, starting with the first one you had.</p> <p>RECORD NAMES OF ALL THE BIRTHS IN <b>6</b>. RECORD TWINS AND TRIPLETS ON SEPARATE ROWS.</p> <p>(IF THERE ARE MORE THAN 12 BIRTHS, USE AN ADDITIONAL QUESTIONNAIRE, STARTING WITH THE SECOND ROW). <i>[CM]</i></p>							
<p><b>6</b></p> <p>What name was given to your (first/next) baby?</p> <p>RECORD NAME.</p> <p>BIRTH HISTORY NUMBER <i>[CM]</i></p>	<p><b>7</b></p> <p>Is (NAME ) A boy or girl? <i>[CM]</i></p>	<p><b>8</b></p> <p>Were any of these births twins? <i>[CM]</i></p>	<p><b>9</b></p> <p>In what month and year was (NAME) born?</p> <p>PROBE: When is his/her birthday? <i>[CM]</i></p>	<p><b>10</b></p> <p>Is (NAME ) still alive? <i>[CM]</i></p>	<p><b>11</b></p> <p>IF ALIVE:  How old was (NAME) at his/her last birthday?</p> <p>RECORD AGE IN COMPLETED YEARS. <i>[CM]</i></p>	<p><b>12</b></p> <p>IF ALIVE:  Is (NAME) living with you? <i>[CM]</i></p>	<p><b>13</b></p> <p>IF ALIVE:  RECORD HOUSEHOLD LINE NUMBER OF CHILD (RECORD '00' IF CHILD NOT LISTED IN HOUSEHOLD). <i>[CM]</i></p>
01	BOY 1 GIRL 2	SGL 1 MLT 2	MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES ... 1 NO ... 2	AGE IN YEARS <input type="text"/> <input type="text"/>	YES ... 1 NO ... 2	HOUSEHOLD LINE NUMBER <input type="text"/> <input type="text"/> (GO TO 15)
02	BOY 1 GIRL 2	SGL 1 MLT 2	MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES ... 1 NO ... 2	AGE IN YEARS <input type="text"/> <input type="text"/>	YES ... 1 NO ... 2	HOUSEHOLD LINE NUMBER <input type="text"/> <input type="text"/> (GO TO 15)
03	BOY 1 GIRL 2	SGL 1 MLT 2	MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES ... 1 NO ... 2	AGE IN YEARS <input type="text"/> <input type="text"/>	YES ... 1 NO ... 2	HOUSEHOLD LINE NUMBER <input type="text"/> <input type="text"/> (GO TO 15)

6	7	8	9	10	11	12	13
What name was given to your (first/next) baby?  RECORD NAME.  BIRTH HISTORY NUMBER <i>[CM]</i>	Is (NAME) ) A boy or girl? <i>[CM]</i>	Were any of these births twins? <i>[CM]</i>	In what month and year was (NAME) born?  PROBE: When is his/her birthday? <i>[CM]</i>	Is (NAME) still alive? <i>[CM]</i>	IF ALIVE:  How old was (NAME) at his/her last birthday?  RECORD AGE IN COMPLETED YEARS. <i>[CM]</i>	IF ALIVE:  Is (NAME) living with you? <i>[CM]</i>	IF ALIVE:  RECORD HOUSE-HOLD LINE NUMBER OF CHILD (RECORD '00' IF CHILD NOT LISTED IN HOUSE-HOLD). <i>[CM]</i>
04	BOY 1  GIRL 2	SGL 1  MLT 2	MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES ... 1  NO ... 2	AGE IN YEARS  <input type="text"/> <input type="text"/>	YES ... 1  NO ... 2	HOUSE-HOLD LINE NUMBER  <input type="text"/> <input type="text"/> (GO TO 15)
05	BOY 1  GIRL 2	SGL 1  MLT 2	MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES ... 1  NO ... 2	AGE IN YEARS  <input type="text"/> <input type="text"/>	YES ... 1  NO ... 2	HOUSE-HOLD LINE NUMBER  <input type="text"/> <input type="text"/> (GO TO 15)
06	BOY 1  GIRL 2	SGL 1  MLT 2	MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES ... 1  NO ... 2	AGE IN YEARS  <input type="text"/> <input type="text"/>	YES ... 1  NO ... 2	HOUSE-HOLD LINE NUMBER  <input type="text"/> <input type="text"/> (GO TO 15)



6	7	8	9	10	11	12	13
What name was given to your (first/next) baby?  RECORD NAME.  BIRTH HISTORY NUMBER <i>[CM]</i>	Is (NAME) ) A boy or girl? <i>[CM]</i>	Were any of these births twins? <i>[CM]</i>	In what month and year was (NAME) born?  PROBE: When is his/her birthday? <i>[CM]</i>	Is (NAME) still alive? <i>[CM]</i>	IF ALIVE:  How old was (NAME) at his/her last birthday?  RECORD AGE IN COMPLETED YEARS. <i>[CM]</i>	IF ALIVE:  Is (NAME) living with you? <i>[CM]</i>	IF ALIVE:  RECORD HOUSE-HOLD LINE NUMBER OF CHILD (RECORD '00' IF CHILD NOT LISTED IN HOUSE-HOLD). <i>[CM]</i>
07	BOY 1  GIRL 2	SGL 1  MLT 2	MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES ... 1  NO ... 2   2 ⇔ 14	AGE IN YEARS  <input type="text"/> <input type="text"/>	YES ... 1  NO ... 2	HOUSE-HOLD LINE NUMBER  <input type="text"/> <input type="text"/> (GO TO 15)
08	BOY 1  GIRL 2	SGL 1  MLT 2	MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES ... 1  NO ... 2	AGE IN YEARS  <input type="text"/> <input type="text"/>	YES ... 1  NO ... 2	HOUSE-HOLD LINE NUMBER  <input type="text"/> <input type="text"/> (GO TO 15)

<b>6</b>	<b>7</b>	<b>8</b>	<b>9</b>	<b>10</b>	<b>11</b>	<b>12</b>	<b>13</b>
What name was given to your (first/next) baby?  RECORD NAME.  BIRTH HISTORY NUMBER [CM]	Is (NAME) ) A boy or girl? [CM]	Were any of these births twins? [CM]	In what month and year was (NAME) born?  PROBE: When is his/her birthday? [CM]	Is (NAME) still alive? [CM]	IF ALIVE:  How old was (NAME) at his/her last birthday?  RECORD AGE IN COMPLETED YEARS. [CM]	IF ALIVE:  Is (NAME) living with you? [CM]	IF ALIVE:  RECORD HOUSE-HOLD LINE NUMBER OF CHILD (RECORD '00' IF CHILD NOT LISTED IN HOUSE-HOLD). [CM]
09	BOY 1  GIRL 2	SGL 1  MLT 2	MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES ... 1  NO ... 2	AGE IN YEARS  <input type="text"/> <input type="text"/>	YES ... 1  NO ... 2	HOUSE-HOLD LINE NUMBER  <input type="text"/> <input type="text"/> (GO TO 15)
10	BOY 1  GIRL 2	SGL 1  MLT 2	MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES ... 1  NO ... 2	AGE IN YEARS  <input type="text"/> <input type="text"/>	YES ... 1  NO ... 2	HOUSE-HOLD LINE NUMBER  <input type="text"/> <input type="text"/> (GO TO 15)
11	BOY 1  GIRL 2	SGL 1  MLT 2	MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES ... 1  NO ... 2	AGE IN YEARS  <input type="text"/> <input type="text"/>	YES ... 1  NO ... 2	HOUSE-HOLD LINE NUMBER  <input type="text"/> <input type="text"/> (GO TO 15)

<b>6</b>  What name was given to your (first/next) baby?  RECORD NAME.  BIRTH HISTORY NUMBER [CM]	<b>7</b>  Is (NAME) ) A boy or girl? [CM]	<b>8</b>  Were any of these births twins? [CM]	<b>9</b>  In what month and year was (NAME) born?  PROBE: When is his/her birthday? [CM]	<b>10</b>  Is (NAME) still alive? [CM]	<b>11</b>  IF ALIVE:  How old was (NAME) at his/her last birthday?  RECORD AGE IN COMPLETED YEARS. [CM]	<b>12</b>  IF ALIVE:  Is (NAME) living with you? [CM]	<b>13</b>  IF ALIVE:  RECORD HOUSEHOLD LINE NUMBER OF CHILD (RECORD '00' IF CHILD NOT LISTED IN HOUSEHOLD). [CM]
12	BOY 1  GIRL 2	SGL 1  MLT 2	MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES ... 1  NO ... 2	AGE IN YEARS  <input type="text"/> <input type="text"/>	YES ... 1  NO ... 2	HOUSEHOLD LINE NUMBER  <input type="text"/> <input type="text"/>  (GO TO 15)
<b>6</b>  What name was given to your (first/next) baby?  RECORD NAME.  BIRTH HISTORY NUMBER [CM]			<b>14</b>  IF DEAD:  How old was (NAME) when he/she died?  If '1 YR', PROBE: How many months old was (NAME)? RECORD DAYS IF LESS THAN 1 MONTH; MONTHS IF LESS THAN TWO YEARS; OR YEARS. [CM]		<b>15</b>  Were there any other live births between (NAME OF PREVIOUS BIRTH) and (NAME), including any children who died after birth? [CM]		
01			DAYS ... 1 <input type="text"/> <input type="text"/> MONTHS ... 2 <input type="text"/> <input type="text"/>  YEARS ... 3 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		YES ... 1 ⇨ ADD BIRTH  NO ... 2 ⇨ NEXT BIRTH		

<b>6</b>  What name was given to your (first/next) baby?  RECORD NAME.  BIRTH HISTORY NUMBER <i>[CM]</i>	<b>14</b>  IF DEAD:  How old was (NAME) when he/she died?  If '1 YR', PROBE: How many months old was (NAME)? RECORD DAYS IF LESS THAN 1 MONTH; MONTHS IF LESS THAN TWO YEARS; OR YEARS. <i>[CM]</i>	<b>15</b>  Were there any other live births between (NAME OF PREVIOUS BIRTH) and (NAME), including any children who died after birth? <i>[CM]</i>
02	DAYS ... 1 <input type="text"/> <input type="text"/> MONTHS ... 2 <input type="text"/> <input type="text"/> YEARS ... 3 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES ... 1 ⇒ ADD BIRTH  NO ... 2 ⇒ NEXT BIRTH
03	DAYS ... 1 <input type="text"/> <input type="text"/> MONTHS ... 2 <input type="text"/> <input type="text"/> YEARS ... 3 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES ... 1 ⇒ ADD BIRTH  NO ... 2 ⇒ NEXT BIRTH
04	DAYS ... 1 <input type="text"/> <input type="text"/> MONTHS ... 2 <input type="text"/> <input type="text"/> YEARS ... 3 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES ... 1 ⇒ ADD BIRTH  NO ... 2 ⇒ NEXT BIRTH
05	DAYS ... 1 <input type="text"/> <input type="text"/> MONTHS ... 2 <input type="text"/> <input type="text"/> YEARS ... 3 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES ... 1 ⇒ ADD BIRTH  NO ... 2 ⇒ NEXT BIRTH

<b>6</b>  What name was given to your (first/next) baby?  RECORD NAME.  BIRTH HISTORY NUMBER <i>[CM]</i>	<b>14</b>  IF DEAD:  How old was (NAME) when he/she died?  If '1 YR', PROBE: How many months old was (NAME)? RECORD DAYS IF LESS THAN 1 MONTH; MONTHS IF LESS THAN TWO YEARS; OR YEARS. <i>[CM]</i>	<b>15</b>  Were there any other live births between (NAME OF PREVIOUS BIRTH) and (NAME), including any children who died after birth? <i>[CM]</i>
06	DAYS ... 1 <input type="text"/> <input type="text"/> MONTHS ... 2 <input type="text"/> <input type="text"/> YEARS ... 3 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES ... 1 ⇒ ADD BIRTH  NO ... 2 ⇒ NEXT BIRTH
07	DAYS ... 1 <input type="text"/> <input type="text"/> MONTHS ... 2 <input type="text"/> <input type="text"/> YEARS ... 3 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES ... 1 ⇒ ADD BIRTH  NO ... 2 ⇒ NEXT BIRTH
08	DAYS ... 1 <input type="text"/> <input type="text"/> MONTHS ... 2 <input type="text"/> <input type="text"/> YEARS ... 3 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES ... 1 ⇒ ADD BIRTH  NO ... 2 ⇒ NEXT BIRTH
09	DAYS ... 1 <input type="text"/> <input type="text"/> MONTHS ... 2 <input type="text"/> <input type="text"/> YEARS ... 3 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES ... 1 ⇒ ADD BIRTH  NO ... 2 ⇒ NEXT BIRTH

<p><b>6</b></p> <p>What name was given to your (first/next) baby?</p> <p>RECORD NAME.</p> <p>BIRTH HISTORY NUMBER [CM]</p>	<p><b>14</b></p> <p>IF DEAD:</p> <p>How old was (NAME) when he/she died?</p> <p>If '1 YR', PROBE: How many months old was (NAME)? RECORD DAYS IF LESS THAN 1 MONTH; MONTHS IF LESS THAN TWO YEARS; OR YEARS. [CM]</p>	<p><b>15</b></p> <p>Were there any other live births between (NAME OF PREVIOUS BIRTH) and (NAME), including any children who died after birth? [CM]</p>
<p>10</p>	<p>DAYS ... 1  <input type="text"/> <input type="text"/>  MONTHS ... 2  <input type="text"/> <input type="text"/>  YEARS ... 3  <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p>	<p>YES ... 1 ⇒ ADD BIRTH</p> <p>NO ... 2 ⇒ NEXT BIRTH</p>
<p>11</p>	<p>DAYS ... 1  <input type="text"/> <input type="text"/>  MONTHS ... 2  <input type="text"/> <input type="text"/>  YEARS ... 3  <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p>	<p>YES ... 1 ⇒ ADD BIRTH</p> <p>NO ... 2 ⇒ NEXT BIRTH</p>
<p>12</p>	<p>DAYS ... 1  <input type="text"/> <input type="text"/>  MONTHS ... 2  <input type="text"/> <input type="text"/>  YEARS ... 3  <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p>	<p>YES ... 1 ⇒ ADD BIRTH</p> <p>NO ... 2 ⇒ NEXT BIRTH</p>

## **Cover Sheet – Men’s Questionnaire**

**Town/City/Village/:** \_\_\_\_\_

**HH ID:** \_ \_ \_

**Survey Date 1:** \_ \_ \_ / \_ \_ \_ / \_ \_ \_ \_ \_

**Survey Date 2 (if revisit):** \_ \_ \_ / \_ \_ \_ / \_ \_ \_ \_ \_

**Surveyor 1 ID (Male):** \_ \_

**Start Time:** \_\_\_\_\_

**End Time:** \_\_\_\_\_

**Consent:** Hello. My name is \_\_\_\_\_. I am working with (NAME OF ORGANIZATION). We are conducting a survey about living standards and health all over (NAME OF COUNTRY). The information we collect will help the government plan services. Your household was selected for the survey. I would like to ask you some questions about you as well as measure your height and weight. The whole questionnaire usually takes about 10 to 15 minutes. All of the information collected will be confidential and will not be shared with anyone other than members of our survey team. You don't have to be in the survey, but we hope you will agree to answer the questions since your views are important. If I ask you any question you don't want to answer, just let me know and I will go on to the next question or you can stop the interview at any time.

In case you need more information about the survey, you may contact the person listed on this card.

Do you have any questions?

May I begin interview now?

\_\_\_\_\_ **Date:** \_\_\_\_\_

**(Signature of Respondent if literate)**

#### IV. MEN'S QUESTIONNAIRE

- **Purpose of the Questionnaire<sup>60</sup>:** The adult health indicator of the MPI focuses on adult undernourishment as determined by low BMI. This questionnaire records anthropometric information for men between 15-59 years of age<sup>61</sup> in order to determine if a male adult is undernourished. It also collects information on child mortality. It should be administered after the household questionnaire has been filled out and a complete listing of all permanent members, including children, is available.
- **Who in the household should be included?** All men between 15-59 years of age who usually live in the household and are listed in the roster<sup>62</sup>

		Code
1	<b>Interviewer:</b> Note from Roster  Roster ID/ Name [GIQ]	ID: ____ ____  Name _____
2	Weight <i>in kilograms</i> [ADH]	<b>Weight (Alone):</b>  <div style="display: flex; align-items: center; gap: 10px;"> <div style="border: 1px solid black; width: 30px; height: 30px;"></div> <div style="border: 1px solid black; width: 30px; height: 30px;"></div> <div style="font-size: 20px;">.</div> <div style="border: 1px solid black; width: 30px; height: 30px;"></div> </div> Not Present.....9994 Refused.....9995 Other .....9996
3	Height <i>in cm</i> [ADH]	<div style="display: flex; align-items: center; gap: 10px;"> <div style="border: 1px solid black; width: 30px; height: 30px;"></div> <div style="border: 1px solid black; width: 30px; height: 30px;"></div> <div style="border: 1px solid black; width: 30px; height: 30px;"></div> <div style="font-size: 20px;">.</div> <div style="border: 1px solid black; width: 30px; height: 30px;"></div> </div> Not Present.....9994 Refused.....9995 Other .....9996
4a.	Have you ever fathered a son or daughter who was born alive but later died? <b>Interviewer Checkpoint:</b> If no, probe – Any baby who cried or showed signs of life but did not survive [CM]	Yes .....1 No .....2 Don't Know .....98 Will not answer .....88
4b.	How many boys have died?  And how many girls have died?  <b>Interviewer:</b> If none, record 0 [CM]	Boys Dead..... <div style="display: inline-block; border: 1px solid black; width: 30px; height: 30px; vertical-align: middle;"></div> <div style="display: inline-block; border: 1px solid black; width: 30px; height: 30px; vertical-align: middle;"></div> Girls Dead..... <div style="display: inline-block; border: 1px solid black; width: 30px; height: 30px; vertical-align: middle;"></div> <div style="display: inline-block; border: 1px solid black; width: 30px; height: 30px; vertical-align: middle;"></div>

<sup>60</sup> The roster for men's health is based on DHS Phase 6 Household Questionnaire and DHS Phase 6 Man's Questionnaire

<sup>61</sup> For some countries, the DHS administers the surveys on all men between the age of 15 and 54 years in the household

<sup>62</sup> Ideally, information for all men between 15-59 years of age who usually live in the household should be collected. Where resource constraints allow for only a sub-sample of men in the household, the number of respondents is determined such that the sample is representative at the necessary geographic level



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