CHAPTER 3

RESEARCH DESIGN
3. RESEARCH DESIGN

Introduction:
This research is highly sensitive, subjective, psychological and humane in nature. Sincere attempts are made to adopt both descriptive and exploratory research design. Both conventional and participatory research tools and methods are applied to elicit information from the respondents. This section mainly deals with the issues pertaining to study area, sampling, research tools and methods, hypothesis and aims and objectives of the research. A serious attempt was made towards examining and analysing the situation of Persons With Disabilities, current approaches, models, perspectives, responses and efforts towards disability and development and to explore a comprehensive model of disability and development which is progressive in nature and promotes holistic development, equalisation of opportunities, rights, entitlements and dignity of Persons With Disabilities and enable them to lead life with dignity and respect at par with fellow citizens.

3.1. ISSUE

Persons With Disabilities constitute roughly about 5% of the population of any developing countries. This equation drastically changes in developed countries since the general life expectancy is high due to advanced medical, health facilities and other related factors. Access to opportunities, resources, science and technology and other factors place the prevalence rate of Persons With Disabilities higher in developed countries. No matter what the prevalence rate or percentage of Persons With Disabilities is, since they face similar kind of issues of discrimination, exclusion, seclusion, exploitation, injustice, denial of rights and opportunities across the world regardless of industrialised, developed, developing or middle income countries. This research attempts to explain that disability is one of the forms of social stratification which excludes Persons With Disabilities from all spheres of social life because of their physical or mental impairments. Disabled community across the globe is fighting for their rights since centuries. The struggle of this section is against crippling negative attitudes of the general society, discrimination, injustice, exclusion, exploitation, institutional and environmental barriers which are the stumbling blocks for their holistic development. The demand of this community is for inclusion, dignity, respect, equalisation of opportunities, non discrimination, justice, fundamental freedom, promotion and protection of human rights and dream of an inclusive society where every individual secures, realizes, exercises his/her rights, personal ambitions and aspirations, and discharges duties with dignity, regardless of gender, age, race, creed, caste, colour, ethnicity, power, prestige, wealth, physical or mental impairments.

Persons With Disabilities constitute 5.21% of India's population. Often it is registered that disability is a sizable invisible minority of the country who has been neglected, whose rights and opportunities have been profoundly denied since ages. The apathy of the state, crippling negative attitudes of the community, acute poverty, and potential attitudinal, institutional, environmental, legal, cultural, economic, political and religious barriers attribute to the powerlessness, disempowerment, seclusion, marginalisation, degradation, dehumanization, exclusion, ostracisation, invisibilisation, deprivation and disintegration of Persons With Disabilities in this country. They have been viewed as objects of charity and pity. They have been considered as a problem rather than a priority in this country. Earlier approaches to disability and development lead to dependency and misery. They have been seen as passive recipients rather than active contributors in the development process. A well known disabled
activist rightly remarks that Persons With Disabilities are unseen, unheard and unaccounted for in this country which is one of the largest democracies of the world. The data collected from the ground realities clearly substantiate the fact that it is a serious case of denial of human rights and blatant discrimination. Some of the facts and ground realities substantiate this which are as follows:

1. They are invisible since there is no authentic, accurate and reliable data on disability. The existing data has a wide range of variations as well as discrepancies.
2. They are poorest of the poor since 20% of the poorest of the world in developing countries are Persons With Disabilities.
3. Less than 2% have access to appropriate education.
4. Less than 3% have access to meaningful and gainful livelihood opportunities.
5. India’s work force constitutes less than 1% of Persons With Disabilities.
6. Less than 10% have access to any kind of rehabilitation services which is one of the means for empowerment.
7. Less than 15% have medical certificate which is a basic document for their legal identity to access social security schemes.
8. Budget allocation for their development is negligible.
9. The legislations enacted for their development and for promotion and protection of their human rights lack speedy and effective implementation.
10. Less than 1% buildings, public places, transport and other structures are accessible to Persons With Disabilities.
11. Superstitions, myths, misconceptions, ignorance, prejudices perpetuate the pathetic situation.
12. Less than 3.5% get married and enjoy family life.
13. They are not included in decision making bodies and meetings.

Source: [Action Aid India [2001-2004 "Status of disability sector in India" [participatory studies in various states" Action Aid India, New Delhi.]

The above stated illustrations clearly point out that it is a clear case of discrimination and burning issue which draws serious attention of the entire society which includes state, civil societies and market. The root causes of this situation are lack of right perspective, approach, model, response, understanding of disability and development. It is time for us to explore a comprehensive, effective, powerful, relevant, disabled-friendly, progressive, empowering and holistic approach, strategy, model, perspective and response to the issue i.e. disability and development.

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3.2. UNIVERSE

Government of Karnataka has done pioneering work in the field of disability and development. Special directorate was established for the welfare of Persons With Disabilities. Many schemes and programs were started, 5% and 3% reservation was provided in employment and education respectively. Comprehensive survey of Persons With Disability was conducted in the state for the first time in the country. Many concessions were provided to Persons With Disability in the field of transport, communication, education, training and other aspects of life.

Study was conducted in selected villages of the Kanakapura Taluk of Bangalore rural district of Karnataka. Kanakapura is one of the biggest Taluks of Karnataka State, which belongs to Bangalore Rural District, situated at an altitude of 619.90 mts. above sea level, and between 70.25 degree longitude and 12.33 degree latitude. Total area of the Taluk is 1,601 sq. kms. The boundaries of the Taluk are Dharmapuri Taluk of Tamil Nadu in the east, Ramanagaram Taluk in the South and Bangalore in the North. Taluk is divided into 6 Hoblies, namely Kasaba, Harohalli, Maralavadi, Uyyamballi, Sathnur and Kodihally and these hoblis have been divided into 32 village Panchayats which consist of 259 revenue villages, 485 hamlets and 20 villages do not have any habitation. Total population according to 2001 census is 3,37,208 of which 1,73,720 [51.51%] are male and 1,63,488 [48.49%] are female. Total percentage of literacy is 50.36% out of which male 99,683 [58.70%] and female are 70,407 [41.46%]. Vokkaligas are the dominant caste that constitutes 63 to 65% of total population; Tigala, Kuruba, Lingayats, Bestha, Kumbara, Kammara, Brahmin, and Vaishya castes constitute subsequent positions. SC and ST also constitute considerable percentage of population. Taluk also has minority communities like Christians and Muslims. Tribes like Soliga and Kadu Kurubas constitute a small proportion of population. Agriculture is the predominant occupation of the people. Taluk grows ragi, paddy, jowar, sugarcane, coconut, groundnut, cereals, oil seeds, fruits and vegetables. Sericulture is the second popular occupation. Kanakapura is one of the reputed markets for silk cocoons. Animal husbandry is the subsidiary occupation of the farmers. Rivers Cauvery, Arkavathi and Suvarnamukhi pass through the Taluk. Majority of the farmers have rain fed lands, few farmers have irrigation facilities like tube wells, tanks and canal water diverted through check dams. Other than agriculture, granite is one of the major sources of income. People also make a good earning by selling sand and stones. Health care facilities of the Taluk are not satisfactory; the prevalence rate of disability population is 3%. They constitutes 10,166 of the total population.

The gender wise break up is 5,286 [52%] male and 4,880 [48%] female Persons With Disabilities. Disability wise break up is shown in the following table:

Source: [Kanakapura Taluk profile drawn in 2001 published by Government of Karnataka].

Table 3.1. Prevalence of PWDs in Kanakapura Taluk, by type and gender:

<table>
<thead>
<tr>
<th>Type of Disability</th>
<th>Total</th>
<th>Male</th>
<th>Female</th>
</tr>
</thead>
<tbody>
<tr>
<td>Locomotor Impairments</td>
<td>4574</td>
<td>2378</td>
<td>2196</td>
</tr>
<tr>
<td>Communication Impairments</td>
<td>1525</td>
<td>793</td>
<td>732</td>
</tr>
<tr>
<td>Visual Impairments</td>
<td>2033</td>
<td>1057</td>
<td>976</td>
</tr>
<tr>
<td>Mental Impairments</td>
<td>1728</td>
<td>899</td>
<td>829</td>
</tr>
<tr>
<td>Multiple Impairments</td>
<td>306</td>
<td>159</td>
<td>147</td>
</tr>
<tr>
<td>Grand Total</td>
<td>10166</td>
<td>5286</td>
<td>4880</td>
</tr>
</tbody>
</table>

Source: [Based on data collected by Sourabha CBR project in 300 villages between 1991-2001, unpublished]

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The important and common causes for disability in Kanakapura Taluk are poverty, poor hygiene, malnutrition, consanguin marriages, accident, snake bite, infections, diseases, congenital disorders, poor facility of MCH, poor sanitation and medical facilities.

3.3. RATIONAL

Kanakapura is selected for this study in order to assess the impact of CBR approach to disability and development for following reasons;

1. Sourabha, a CBR project of Shree Ramana Maharishi Academy for the Blind has been implemented for ten years in 147 selected villages of the Taluk with the support of Action Aid India. The community in general and Persons With Disabilities' organization in particular has taken over the responsibility of facilitating the process of inclusion of Persons With Disabilities even after the withdrawal of Sri Ramana Maharishi Academy for the Blind.

2. There is a strong feeling that Sourabha's intervention has brought a change in the lives of Persons With Disabilities, care givers and general community.

3. Sourabha's [CBR project] approaches, strategies, processes and methods were compared with uncovered villages of Kanakapura Taluk to assess the impact of the approach, strategies, model, processes, methods and learning on the lives of Persons With Disabilities, care givers, community, service providers and state.

4. The researcher himself being a visually impaired person and worked in the field during last six years was programme co-coordinator of the project. He has better access to the universe and has better understanding of the past and present situation of the project.

5. Any research needs a field to assess the impact of the approach thus Kanakapura is one such area where the approach was translated into reality.

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3.4. OBJECTIVES

This study proposes to throw light on impact of CBR approach to disability and development. It will also analyse efficacy of CBR approach in improving the quality of life of Persons With Disability and inclusion of Persons With Disability in all spheres of life at all levels namely: socio, economic, political, cultural, religious, community and main stream society. This is a serious and sincere attempt to analyse, study, examine, assess and review all the perspectives, models, strategies, responses, challenges, issues, situations and approaches particularly CBR approach to disability and development. Also to suggest, propose, explore an alternative, comprehensive, progressive, enabling, empowering, holistic, effective and practical model/approach to disability and development which suits the diverse, socio, economic, political, cultural, religious and territorial situations and enable Persons With Disabilities to empower themselves and live a life with dignity. Following are the important and specific objectives of this study:

1. To assess and analyse the impact of CBR as an approach, strategy, model, philosophy, concept and response to disability and development in terms of improving quality of life, promotion and protection of human rights and social inclusion of Persons With Disabilities in all aspects of life.

2. To identify, review, study, examine and analyse the limitations, challenges and potential obstacles to CBR approach and suggest remedial measures and appropriate changes to make it more effective, comprehensive and inclusive.

3. To analyse the relationship between institutional based rehabilitation [IBR] and community based rehabilitation [CBR] approach in empowering process and improving the productivity of Persons With Disabilities.

4. To analyse the role of different stakeholders, such as state, national and international development agencies, organisations of and for Persons With Disabilities, professionals, community, family members or care givers and Persons With Disabilities as individuals in the rehabilitation, empowering, development, and inclusion process of Persons With Disabilities.

5. To analyse the role of Disabled People's Organisations [DPOs] and Self-Help and Advocacy Groups [SHAGs] of Persons With Disabilities in CBR with special reference to advocacy, policy influencing, lobbying, activism, promotion of rights and opportunities and disability movement.

6. To analyse the strengths, opportunities, advantages, limitations and challenges of different models of CBR approach and document best practices, learnings, successes and failures which will serve as benchmark for future initiatives of various players in development sector including the state.

7. To explore an alternative, comprehensive, inclusive, effective, rights based and human rights perspective model of CBR which suits diverse socio-economic, demographic and geographical conditions of the country.

8. To analyse the vicious cycle of poverty and disability and impact of poverty on disability in terms of cause and consequence.

9. To analyse the basic issues which affect the lives of Persons With Disabilities in this country and root causes of these issues and their impact on the development and inclusion process of Persons With Disabilities with special focus on socio, economic and cultural aspects.

10. To review the existing schemes, programmes, policies, legislations and social security programmes of the state for Persons With Disabilities in the country and their effectiveness and impact on Persons With Disabilities.

3. RESEARCH DESIGN
3.5. SAMPLING

**Sampling unit:** Individual, family and community/village is the primary sampling unit; Karnataka state, India and some of the developing and developed countries are also the sampling units where the sampling was drawn for the research.

**Sampling size:** A minimum of 5% sampling was drawn from different sampling units for the research. The sampling size for specific research methodology and units are as follows:

1. **Villages:** 6 villages were selected out of 120 total villages which constitute a sampling size of 5%.

2. **Persons With Disabilities/care givers:** 60 Persons With Disabilities and their care givers were selected out of 1,200 total Persons With Disabilities which forms a sampling size of 5%.

3. **Pioneers:** 120 pioneers were selected from a data base of total 2,400 pioneers, which makes a sampling size of 5%. The pioneers include disabled activists, CBR practitioners, professionals, rehabilitation practitioners, and Persons With Disabilities, parents of Persons With Disabilities, service providers, academicians and other individuals who are associated with the sector.

4. **Self Help and Advocacy Groups [SHAGs]:** 2 SHAGs of Persons With Disabilities were selected out of 20 total SHAGs of Persons With Disabilities which exist in the universe. This forms a sampling size of 10%.

5. **Case study:** 15 case studies were conducted out of 150 total Persons With Disabilities of 6 sampling villages which constitutes a sampling size of 5%.

**Sampling type and method:** Simple random and stratified sampling methods were applied in order to ensure balanced representation from different variables such as age, gender, literacy, caste, economic condition, experience, specialization, type and degree of disability, proximity to town, composition and other contextual variables.
3.6. RESEARCH TOOLS

This study primarily aims at assessing the vitality of CBR approach and analyses the efficacy of CBR approach in improving the living standard of Persons With Disabilities. This also throws light at the rate of inclusion of Persons With Disabilities in the main stream society through CBR approach. This study evaluates the equalisation of opportunities, full participation and promotion and protection of the rights of Persons With Disabilities and preparation of barrier free society for Persons With Disabilities. Since it is highly subjective, sensitive and humane issue, both exploratory and descriptive methodologies were used in the research process. The following methodologies were used to extract essential information for the study:

1. Schedule: A schedule was administered to sixty individuals with disabilities and their caregivers, who were selected through stratified sampling from seven sampling villages namely; Kanakapura, Harohalli, Maralvadi, Chilur, Arlal, Dodda Alahalli and Achallur. Attempts were made to balance different variables like category and degree of disability, age, gender, literacy, socio, economic and cultural background of Persons With Disabilities. These sixty individuals were selected out of 1200 total Persons With Disabilities, which forms a sampling size of 5%. The composition of respondents include; 60% male, 40% female, 35% with locomotor impairments, 15% with visual impairments, 13% with communication impairments, 20% with mental impairments, 17% with multiple impairments, 7% mild, 35% moderate, 47% severe, 11% profound, 50% adult, 50% children, 50% literate, 50% non literate, 88% Below the Poverty Line [BPL] and 12% Above the Poverty Line [APL]. Refer [annexure No. 11.5.4] for the schedule and [table 9.9] for the composition of the respondents.

2. Focussed Group Discussion [FGD] with Persons With Disabilities and caregivers: Six FGDs were conducted with Persons With Disabilities and their caregivers in six villages namely Chilur, Harohalli, Arlal, Achchlu, Dodda Halahalli and Kanakapura. These villages were selected through stratified sampling considering the different variables like size, density, proximity to town, socio, economic and cultural backgrounds. Six villages were selected out of 120 total villages, constituting a sampling size of 5%. 59 participants took part in the group discussions. Attempts were made to ensure adequate representation between various variables such as age, gender, literacy, category and degree of disability, socio, and economic and cultural aspects. The composition of respondents include; 53% male, 47% female, 64% literate, 36% non literate, 80% BPL, 20% APL, 71% adult Persons With Disabilities and 29% children with disabilities represented by their parents mostly the mothers.
Refer [annexure No. 11.5.2] for the guide and [table 9.3] for the composition of participants who took part in the group discussions.

3. FGD with Community: Six FGDs were conducted with Community members in six villages namely Chilur, Harohalli, Arlal, Achchlu, Maralavadi and Kanakapura. These villages were selected through stratified sampling considering the different variables like size, density, and proximity to town, socio, and economic and cultural backgrounds. Six villages were selected out of 120 total villages, which constitute a sampling size of 5%. 73 participants took part in the group discussions. Attempts were made to ensure balance between various variables such as age, gender, literacy, caste, disability, parents of PWDs, socio, and economic and cultural aspects. The respondents include; 60% male, 40% female, 21% Persons With Disabilities, 1% parent of child with disability, 63% literate, 37% nonliterate, 62% BPL, 38 APL, 18% SC&ST, 21% other backward and 61% general castes.
Refer [annexure No. 11.5.3] for the guide and [table 9.5] for the composition of participants who took part in the group discussions.
4. FGD with the members of SHAGs of PWDs and Care Givers: Two FGDs were conducted with the members of SHAGs of Persons With Disabilities and Care Givers in two villages namely Maralavadi and Kanakapura. These groups were selected through stratified sampling considering the different variables like size, density, and proximity to town, socio, and economic and cultural backgrounds. Two groups were selected out of 20 groups, which constitute a sampling size of 10%. 33 participants took part in the group discussions. Attempts were made to ensure the balance between various variables such as age, gender, literacy, category and degree of disability, socio, economic and cultural aspects. The respondents include; 49% male, 51% female, 89% Persons With Disabilities, 11% children with disabilities represented by their parents, 96% literate, 4% non literate, 96% BPL and 4% APL. Refer [annexure No. 11.5.4] for the guide and [table 9.7] for the composition of participants who took part in the group discussions.

5. Case study: Case study is a process of careful and complete observation of individuals with disabilities in order to capture and gain the critical glimpses of situation of Persons With Disabilities in a scientific and systematic study. This tool provides space for understanding the deep inspite of the person and His/her perspectives, feelings, thoughts and experiences better than FGD. FGD is a collective opinion but the case study is an individual process. 15 Persons With Disabilities were studied through a systematic process with the help of a semi structured interview guide. These 15 individuals were selected out of 150 total individuals with disabilities from 6 sampling villages which forms a sampling size of 5%. Attempts were made to adequately represent all the variables such as; age, gender, socio, economic and cultural conditions, type and degree of impairments and other related variables. The case studies include; 47% male, 53% female, 40% persons with locomotor impairment, 20% visual impairment, 20% communication impairment, 7% mental impairment and 13% multiple impairments, 13% persons with mild, 33% moderate, 40% severe and 14% profound impairments, 20% APL and 80% BPL, 80% literate and 20% non literate, 73% adult and 27% children with disabilities. Refer [table No. 9.11] for the composition of the respondents.

6. Questionnaire: A questionnaire was sent to pioneers of disability sector on disability and development with special reference to CBR through email and post to 120 respondents across the globe who were selected out of 2,400 pioneers from the data base of various web sites, which forms a sampling size of 5%. Selection was done through systematic and stratified sampling method where all the variables such as gender, specialisation, experience, geography, disability and sector were adequately represented. Out of 120 respondents 42 have responded, which is 35% of the total sampling. The composition of the respondents include; 71% male, 29% female, 83% Indian nationals, 17% foreign nationals and 26% Persons With Disabilities. Refer [annexure no. 11.5.1 for the questionnaire and [table 9.1] for the composition of the respondents.

7. Secondary literature review: A wide range of secondary literature review was done extensively in order to gather adequate material on the issue. A large number of books, magazines, publications, training manuals, user manuals, hand books, articles, issue papers, position papers, concept notes, strategy documents, perspective documents, proposals, journals, reports, database, registers, newspapers and related materials were referred to. These materials include both published and unpublished documents. Huge material was gathered through internet browsing on related web sites. Refer section Appendix A. for bibliography and useful links for detailed references.

3. RESEARCH DESIGN
3.7. WORKING HYPOTHESIS

Study attempts at providing following working Hypothesis:

1. Balanced combination of rights and development i.e. rights or social model of CBR approach is an effective model.
2. Negative attitude, prejudices, fear and ignorance are the root causes of problems of Persons With Disabilities.
3. Poverty is both a cause and consequence of disability and has substantial impact on the lives of Persons With Disabilities.
4. Disability is a developmental and human rights issue.
5. Persons With Disabilities are the key stakeholders and have prominent role in his/her own rehabilitation process which aims at holistic development.

Source:

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