CHAPTER- III

RESEARCH METHODOLOGY

Research methodology involves systematic procedure by which the researcher starts from the initial identification of the problem to its conclusion. The role of the methodology is to carry on the researcher’s work in a scientific and valid manner. The method of research provides the tools and techniques by which the problem is analyzed in a thorough manner. The researcher must know the use of research methods.

This chapter deals with Statement of the Problem, Need and Significance of the Study, Research Design, Operational Definition, Objectives, Sampling Techniques, Place of Study, Data Collection and Chapterisation.

The census of India has been collecting information on disability since its inception in 1872. The first Census focused on the physically disabled, mentally disabled and the leprosy affected person but due to the questions on the authenticity and quality of data collected on disabled population, the enumeration was discontinued in 1931. In 1981 being the International Year of the Disabled this issue of enumeration was raised again. When the results of the 1981 Census were made available, it was felt that there was under enumeration of the disabled population. This was because of the difficulty in collecting data due to the social stigma attached and complexity of the definition of disability. So the Census of 1991 did not include the data on disability. Because of the obligation under PWD Act of 1995, coupled with pressure from international agencies and the NGO network the data regarding disability was again included in the Census of 2001. For mere head count, it has taken four decades from Independence. Then we can very well imagine how neglected the issue of woman disability would be.

Being a woman with a disability can be a paradoxical experience for all. In the past, women with disabilities knew their place in the society - out of sight and out of mind. As society has progressed and disability advocates have made strides, women with disabilities are no longer automatically locked away in institutions or legally denied the typical joys of life, such as marriage or child bearing. The enforcement of laws with Disabilities Act have advanced the possibilities for the disabled to live with equality in
the community and to do what non-disabled counterparts do. Yet, this has not benefitted freedom instead has brought unique challenges to women with disabilities because of their ignorance about it. Women as a female gender with all constrain is controlled by the men, therefore the community living was totally denied to the disabled women. It was assumed that disabled women cannot perform the day to day chores of a normal woman which has been proved later as totally baseless.

Women with disabilities gradually moved out from their isolation to claim their position in the societal main stream. However, the situation in developing countries is quiet different but there is a constant effort on the part of the disabled women with the help of the various civil society organizations to overcome their short comings. In a male dominated society like India, women are totally controlled by patriarchy as well as the state and therefore the situation of women in general is not so good and it can be easily understood that, the situation of disabled women is very vulnerable.

In order to make the present study a scientific one, the researcher followed certain research procedures. The present study is an attempt to understand the status of disabled women with special reference to locomotor disability in Madurai District. Every stage of this study was carefully planned and carried out with the aim of ensuring reliability and validity. The various steps taken and the methods followed while undertaking this study are presented in this chapter.

Title of the Study

“STATUS OF DISABLED WOMEN WITH SPECIAL REFERENCE TO LOCOMOTOR DISABILITY IN MADURAI, TAMIL NADU.”
Main Objectives:

1. To study the Socio-Economic status of Women with Locomotor Disability.
2. To know the skills of Women with Locomotor Disability.
3. To trace the motivational factors responsible for uplifting the status of Women with Locomotor Disability.
4. To assess the Governmental Schemes empowering the Women with Locomotor Disability.
5. To identify the problems encountered by Women with Locomotor Disability.

Need and Significance of the study

Disability has been defined as any restriction or lack of ability to perform an activity in the manner or within the range considered normal for a human being. According to World Health Organization, approximately 10% of given population suffer from disability of one kind or other. Disability in which functional limitation and impairment is the causative factor, is defined as an existing difficulty in performing one or more activities which, in accordance with the subject of age, sex, and normative social role, are generally accepted as essential, basic components of daily living, such as self-care, social relations, and economic activity. Depending in part on the duration of the functional limitation, disability may be short-term, long-term or permanent. In this context we will deal with long-term and permanent disability.

Persons with disabilities who belong to poor families are marginalized and disadvantaged by variety of factors such as lack of access to productive resources, opportunities, lack of information and skill which enable participation in social, economical and political processes. Some group such as women and girls are more vulnerable to disabilities. Disabled persons frequently face barriers that prevent their integration and meaningful participation in mainstream of the society. The basic human rights such as freedom of movement, access to education and health care are often ignored. Because they suffer from additive difficulties of their disability, marginalization and invisibility, their health, especially their mental health may deteriorate even further.
The persons with disabilities and their family members are socially, economically and emotionally affected. The negative attitudes of the abled person in the family and in the community towards the disabled women are the greatest obstacles to full participation and equalization of opportunities.

Women with disability are not a homogenous group. It includes mentally impaired, hearing impaired, visually impaired, speech impaired, and women with physical impairments. They encounter different kinds of barriers and their mobility is restricted in various ways. Further their multiple disadvantages vary with the extent of disability, poverty, caste, marital status, whether they are childless and so on. In Indian society, they are triple discriminated due to disability, gender and poverty. From birth onwards, the discrimination starts. With limitations of mobility, their opportunities for education as well as employment are denied. With lesser prospects of marriage, they are dependent on their employment as the only source of survival. But they are not often qualified to utilize the reservation benefit implemented by the government.

Especially among disabled, locomotor disability is the most common form of disability. Difficulties in locomotion are not life threatening, but it affects the quality of life to the most. Except the limitation of movement they have other senses normal and normal intelligence. So, once they overcome the limitation of ambulation, they are like any other individual in society. To overcome the obstacles, they are in need of help which is also available in the form of various schemes and scholarships by the Government. Many NGOs and voluntary organizations are also working on this in addition to the officials, teachers, leaders and volunteers.

But the question is how far they are utilizing these available resources to uplift their status and how much they are aware of these opportunities?

Apart from economical aspects, as a female they have their own difficulties in social issues specific to womanhood such as marriage, reproductive health care, motherhood and social recognition. All disabled girls and women are particularly vulnerable to violence, discrimination, stigma and neglect especially within the home. So, women with disability are subject to domestic violence and social oppression as a result of gender inequality in the society. In the aspect of marital life, disabled women are often
seen as imperfect, incomplete, inferior, asexual, and non-productive and denial of recognition as women and human beings. On the other hand, even though sexuality of women with disabilities is not recognized or acknowledged, sexual abuse is commonly experienced and more frequently women with severe disabilities. Ill treatment has been common among the disabled women by caregivers, employers, co workers, health care personnel, transport workers and others. Some State Governments have enacted legislation approving hysterectomy of mentally retarded females in asylum to avoid hygienic problems associated with menstruation. Then the question arises about the genuineness of the society’s role in welfare of disabled and its humanity.

On the other side society’s understanding and approach to the issues of disabled has been fast changing in recent years. Newer advances in technology and new civil right movements have helped in mainstreaming of disabled citizens. The establishment of rehabilitation council has been a major move for quality assurance in education, training and management of persons with disabilities. The Persons with Disability Act (PWD) 1995 (equal opportunities, protection of rights and full participation) fixes the responsibilities on Central and State Government to provide services, create facilities and give up support to the people with disabilities in order to enable them to have an equal opportunities in participating as well to transform into productive and contributing citizens of the country to the fullest extent. Although the Persons with Disability Act has been enforced since 1995 in India, it has failed to bring about any expected and desired change in the life of women with disability. Lot of modifications and amendments are required time to time as per the changes of societal norms and preferences. The present study has tried to highlight the issues and to bridge the gap there in.

Studying the status of disabled population is not much popular. There were no comprehensive studies to know the exact incidence of disability in India. Locomotor disability has been a serious type of disabled which abruptly affect the physical movement of the particular person. Especially women with locomotor disability are more vulnerable to the problems in the society which seriously affect their upliftment in the society in all the spheres. This has necessitated the researcher to take up this study to give their profile and suggest some valuable remedies for their upliftment. It is the need of the hour to deal with the status of women with locomotor disability because, they are always
ignored, Empowerment programmes and Development programmes rarely address their needs and above all they are often ignorant to empower themselves inspite of the available opportunities.

**Operational Definition**

‘**Disability**’ refers to different functional limitations of physical, intellectual or sensory impairment, medical conditions or mental illness.

‘**Handicap**’ means the loss or limitation of opportunities to take part on an equal level with others due to shortcomings in the environment such as information, education, and communication.

‘**Locomotor Disability**’ means Orthopeadically handicapped, those who have a physical defect or deformity which causes an interference with the normal functioning of the bones, muscles and joints. The definition adopted for Orthopeadically handicapped should be followed strictly and those having disability with 40% and above would be eligible for Government benefits/concessions. But those who are having less than 40% of disability may be eligible to get scholarship for education/ Training. Nowadays there are few other terms used to mention the person with disability, like Physically Challenged and Differently abled. The researcher has chosen the word disabled as used elsewhere commonly.

‘**Impairment**’ means any disturbance to the body’s mental or physical structure or functioning characterized by a permanent or temporary loss or abnormality of psychological or anatomical structure or function in a tissue, organ, limb functional system or mechanism in the body.

‘**Poliomyelitis**’ is a viral infection affecting children affecting their motor nervous system resulting in multiple residual deformities of muscles, bones and joints.

**PWD Act**–Person with Disability Act enacted in 1995 to ensure equal opportunities, protection of rights and full participation.

**International Labour Organization** (ILO) defines a disabled person as an individual whose prospects of securing, retaining and advancing in suitable employment are
substantially reduced as a result of a duly recognized physical or mental impairment. Depending on the context, disability has been defined in terms of medical, economic, social or psychological aspects. Disabilities can be physical or mental. It can be broadly categorized as (a) locomotor (b) visual (c) hearing and (d) mental disability.

**Eligible Women**

It refers to only those who are with 40% and more than 40% of disabled level will be included for this study.

**Motivation**

It refers to encouragement given by caretakers, family members and well wishers to undergo skill based programmes.

**Tolerance:** Tolerance among persons with disabilities can better be understood through disability studies, ‘Tolerance’ is defined as recognition and respect for the opinions, practices or behaviour of others.

**Rehabilitation**

Goal oriented aimed at enabling an impaired person to reach an optimum mental, physical and social functional level.

**Women Empowerment:**

Empowerment is not a simple mechanical process of sharing or distribution of power. Empowering the people implies mobilization which talks about empowerment of weaker section to enable them, to help themselves and removing social, economic, cultural and sociological barriers, to transform them from being passive recipients of Government programmes, to active participants and managers of their own affairs. In this present study empowering women refers to strengthening of women economically who are below poverty line through skill training programmes. The researcher has focused on the status of disabled women based on their empowerment in the society.
Skill training programme:

It is a tool to draw out the potentials within women and make them to exercise their skill thereby facilitating them to lead a decent life in the society. Government has offered many courses like computer courses; tailoring, technical training programmes to support their livelihood of the disabled women in various aspects and it also enhances their socio-economic status in the society.

Research Design

The design of a sociological research can be said to be the plan of action, the strategy and the structure of the overall procedure to gain more knowledge of a specific problem or a specific aspect of the society (Ghosh, B.N., 2003). Plan includes overall scheme or programme of research, while the term structure means a guiding model that regulates the operationalisation of the variables. The term strategy refers to the methods to be used to gather and analyze the data. The design structured for this study is descriptive cum explorative research design. The purpose of this research design is to explore the problems and other units under investigation like socio-economic background of the respondents, socio-economic, cultural, physical and psychological problems and elicit new information about the disabled women in the study area.

Area of study

This study was conducted in Madurai Corporation, Tamil Nadu, India. Madurai City is narrated in legend that Madurai was originally a forest known as Kadambavanam. One day, a farmer named Dhananjaya who was passing through the forest, saw Indra (The king of the gods), worshipping a swayambhu (self created Lingam) under a kadamba tree. Dhananjaya, the farmer immediately reported this to King Kulasekara Pandya. Kulasekara Pandya cleared the forest and built a temple around the Lingam. A city was soon built with the temple as its centre. On the day the city was to be named, Lord Shiva is said to have appeared and drops of nectar from his hair fell on the town. So, the place was named Madurai - Mathuram meaning "sweetness" in Tamil.
**Profile of Madurai District**

Madurai is called with various nick names like Athens of the East, Thoonga Nagaram (City that never Sleeps), Naan Maada Kodal (City of Four junctions), Malligai Maanagar (City of Jasmine), Koodal Maanagar (City of Junction) and Kovil Nagar (Temple City) etc. The main kingdoms which ruled Madurai during various times are the Pandyas and the Nayaks.

In 1801, Madurai came under the direct control of the British East India Company and was annexed to the Madras Presidency. The British governors made donations to the Meenakshi temple and participated in the Hindu festivals during the early part of their rule. The city evolved as a political and industrial complex through the 19th and 20th centuries to become the district headquarters of a larger Madurai district. In 1837, the fortifications around the temple were demolished by the British. The moat was drained and the debris was used to construct new streets – Veli, Marat and Perumaal Mesthiri streets. The city was constituted as a Municipality in 1866. The British government faced initial hiccups during the earlier period of the establishment of Municipality in land ceiling and tax collection in Madurai and Dindigul districts under the direct administration of the Officers of the Government. The city, along with the district, was resurveyed between 1880 and 1885 and subsequently, five Municipalities were constituted in the two districts and six taluk boards were set up for local administration.

Madurai is one of the important districts of Tamilnadu. It comprises seven Taluks and thirteen Panchayat Unions. This District is surrounded by Dindigul district in North, Virudhunagar District in South, by Sivagangai district in East and by Theni district in West. The district is located in the middle of South Tamil Nadu and so good communication network is available. Hence all parts of the district are well connected with major cities and towns of the State and also that of other neighbouring States. It is considered to be a religious centre in the Southern India. This district has both the traces of rural and urban cultures. Madurai city, the district headquarters of the district is situated on the banks of river Vaigai. Madurai is also the cultural centre of Tamil Nadu.

According to 2011 Census, Madurai district had a population of 30,38,252 with a sex-ratio of 990 females for every 1,000 males, much above the national average of 940.
A total of 3,13,978 were under the age of six, constituting 1,62,517 males and 1,51,461 females. Scheduled Castes and Scheduled Tribes accounted for 13.46% and 0.37% of the population respectively. The average literacy of the district was 74.83%, compared to the national average of 72.99%. The district had a total of 794,887 households. There were a total of 1,354,632 workers, comprising 81,352 cultivators, 287,731 main agricultural labourers, 39,753 in household industries, 765,066 other workers, 180,730 marginal workers, 11,367 marginal cultivators, 85,097 marginal agricultural labourers, 7,540 marginal workers in household industries and 76,726 other marginal workers.

As far as education is concerned, 29 Arts, Science and Engineering colleges are situated in the district and they are regularly creating huge number of bachelors, masters and scholars in various disciplines every year. One government medical college, one private medical college and one Law College also situated in Madurai. 35 nationalized and scheduled banks having 198 bank branches spreading over in rural and urban areas of the District and functioning in Madurai. A bench of Madras high court is also established in Madurai to cater the districts of southern Tamilnadu.
3.1 India Map
3.2 District Map of Tamilnadu
3.3 MADURAI DISTRICT MAP
MADURAI CORPORATION

The Municipality of Madurai was constituted on 1 November 1866 as per the Town Improvement Act of 1865. A Municipal office was established in 1871-72 in a portion of the Thirumalai Nayak's palace. Madurai was upgraded to a Municipal Corporation on 1 May 1971 as per the Madurai City Municipal Corporation Act, 1971. It is the second oldest Municipal Corporation in Tamil Nadu, after Chennai. The Madurai City Municipal Corporation Council, the legislative body, comprises 100 councillors elected from each of the 100 wards and is headed by a Mayor assisted by a Deputy Mayor. Thiru S.Muthu was the first Mayor of the Corporation and at present, Thiru V.V.Rajan Chellappa is the Mayor since 2011 onwards.

The city is divided into 100 wards and these wards are grouped into four zonal ward committees namely, 1. Madurai East  2. Madurai West  3.Madurai South and
4. Madurai North. The executive wing is made up of seven departments: general administration, revenue, town planning, engineering, public health, information technology and personnel and is headed by a City Commissioner. The Corporation Commissioner is assisted by two executive engineers for the east and west sections, and Assistant Commissioners for personnel, accounts and revenue departments, a public relations officer, a city engineer, a city health officer and an Assistant Commissioner for each of the four zones. It has a population of 14,62,420 (2011 census) and an extent of 147.97 Sq. Km.,

**District Differently Abled Welfare Office**

![Diagram of District Differently Abled Welfare Office]

Source: Madurai DDRO
Pilot study

After selecting the study area for an in-depth study, permission was obtained from DDRO to identify study population and to administer Interview Schedule. 10 samples in total were first selected. The researcher visited the field for getting preliminary information on disabled women. Pilot study was conducted to find out whether the tools are practical and feasible for collecting data. This field trip helped the researcher in further refining the structured interview schedule properly. During the visits, observations and informal discussions with disabled women of different age group in the study area was done for administering the tool, based on which necessary alterations were done till the tool was found to be practicable and feasible for collecting the data.

Universe of the study

The study was conducted within limits of Madurai Corporation which has DDRO office and permissions were obtained from concerned authorities of selected offices to conduct study among women with Locomotor Disability.
Sample of the study

Eligible women with Locomotor Disability among the total Locomotor Disabled population in Madurai Corporation.

Sampling Procedure

The researcher is able to obtain the disabled population from the records and registers maintained by the District Disabled Rehabilitation Officer, officials of Madurai Corporation in Tamil Nadu which was the universe of the study which consists of four Zones namely, 1. Madurai East 2. Madurai West 3. Madurai South and 4. Madurai North.

As per records, 3230 disabled (Locomotor Disability) people living in Madurai Corporation were identified by using complete enumeration method of whom 1777 are males and 1453 are Females. Among 1453 disabled women 252 have been under the age group of below 18 years. Among them, 1201 disabled women of age above 18 years were located within the boundaries of Madurai Corporation. Since the researcher is interested to find out their status and skills possessed by them by knowing their percentage of disability 40 and above and their ability to take part constructively in the area they wish to develop, so the researcher had identified them as the right age group to extract the needed information which was shared by them.

Screening Schedule is used to identify the women with locomotor disability from the list of person with disability registered in office of DDRO. Participants were screened for detection of locomotor disabilities by trained health professional. Criteria used in 58th Round National Sample Survey Organization (NSSO) were used to identify the individuals with locomotor disability. Persons having locomotor disability included in the study were those with (a) loss or absence or inactivity of whole or part of hand or leg or both due to amputation, paralysis, deformity or dysfunction of joints which affected her normal ability to move self or objects and (b) Those with physical deformities in the body.

As the universe is large, the study units were selected by taking 25 percent of the total of 1201 women with Locomotor Disability who have been registered and issued disability certificate as per the guidelines of DGHS (Direct General of Health Services) of Government of India, by adopting simple random sampling. Accordingly 300 study
units were selected from Madurai. Among the 300 persons identified initially, nine were deleted as they were not in the study area and so another nine women of the same category were included. Another seven women were not interested in revealing the needed information, so the researcher had gone for repeated visits to identify seven women of the same category. Finally 300 samples were identified as study units which formed the study population.

RESEARCH APPROACH:
SAMPLE OF THE STUDY:

<table>
<thead>
<tr>
<th>MADURAI CORPORATION</th>
<th>MALE</th>
<th>FEMALE</th>
<th>TOTAL 25% From the available above 18 years</th>
</tr>
</thead>
<tbody>
<tr>
<td>MADURAI EAST</td>
<td>3230</td>
<td>1777</td>
<td>1453</td>
</tr>
<tr>
<td>MADURAI WEST</td>
<td></td>
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<tr>
<td>MADURAI SOUTH</td>
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<tr>
<td>MADURAI NORTH</td>
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</table>

All the selected women for the study are residing within the boundaries of Madurai Corporation. All those women are regularly attending periodical camps like zonal camps, weekly, monthly and other need based camps organized by the team including District Collector, DDRO (District Disabled Rehabilitation Officer), and Medical Officers, Specialists from the Government Hospital, Area Councilors, Volunteers of NGOs and other welfare associations. These sorts of camps will be utilized to avail the benefits announced by the Government for the benefits of the disabled as per the Government Order.

The venues of the camps are mostly at Corporation Schools, Marriage Halls, Community Halls and Corporation Hospitals wherein the person with disabilities can access the venue easily to avail such facilities. 40 percent of eligibility is must to receive the benefits or concessions announced by the Government. Though the official concerned
is very particular to include such persons in the list without any exclusion, rather it seems difficult to include the entire population.

However, the researcher had kept the 300 identified persons for the study and retained some notable persons for case studies.

**Sources of Data**

This study has used primary and secondary sources for Data Collection.

The structured interview schedule was preferred for collecting primary data because a sizeable proportion of the respondents are unable to use the questionnaire in the study area. Another reason for administering the interview schedule was that the interaction during the interview needed several clarifications, observations of the free flow of responses and the feelings and emotional reactions of the respondents. Keeping this in mind an extensive interview schedule was prepared. The interview schedule contained the areas such as socio-demographic profile, housing, problems of disabled women, and social status of respondents.

The secondary data were collected from different sources such as Books, Journals, online Journals, Documents, Websites, Internet Sources and Newspapers to substantiate the primary data and to add validity to the analysis. Information was also collected from the records of the Madurai Corporation and District Disabled Rehabilitation Office (DDRO) of Madurai District.

**Tools for Data Collection**

(i) Interview Schedule

(ii) Observation/Discussion with Women with Locomotor Disability

(iii) Case-Study

**Variables**

**Independent Variables**

Socio-economic conditions like age, basic and professional education, religion, caste, type of family, housing pattern, marital status, occupation, income and size of the family.
Dependent Variables

Disabled dimensions like eligibility, skills, training needed, awareness level, feeling of women with disability, attitude towards family, care takers, quality of life, working place, utilization of welfare schemes, motivational factors, problems faced, disparity and its impact, health care facilities in Government Hospitals, transport facilities, toilet facilities, and employment opportunities.

Pre Test

The interview schedule was validated with the help of 5 samples. During the course of the pre-test, some of the questions were found to be providing repetitive answers, duplicate questioning was then deleted. Some more relevant questions were added. Thus the pre-test enabled the researcher to test the validity of the tool used.

Discussion

Researcher had utilized the camps wherein she was able to have a discussion with the disabled and the care taker. A brief account of their daily life schedule was also collected, which helped the researcher to analyze the respondent’s day to day difficulties because of the disability and to analyze their status in the society.

Duration of the Study

The data collection was carried out during December 2011 to January 2013. House to house visits were made to establish good rapport with the respondents and to have a free communication with them. The duration of interview was more than an hour for each respondent. As this was a sensitive area for study, the researcher had to make them feel at ease before extracting information from them in a comfortable situation. The Researcher spent considerable time to get adequate factual information from them. Some of the women were also interviewed in the camp spot at the time of assessment by medical team.

Procedures for Data Analysis

Both qualitative and quantitative analyses were used to analyze the collected data. The scores obtained by tools are displayed in the form of tables and diagrams. Statistical informations are used to find out the socio-economic status and other related aspects.
The quantitative data collected from the respondents through interview schedule were codified and entered to Computer with SPSS. The data were then processed by SPSS (Version 7.2). The Simple and Two-way tables were prepared and statistical treatment was made for each table. The qualitative information collected in the field through diary, group discussions and participatory observation were incorporated into account the significance of the issues under investigation wherever possible and the inferences were supported by the statistical results.

**Difficulties faced by the Researcher**

Many difficulties were faced by the researcher. Some of the respondents elaborated their experience and problems, which they faced in their life for long time, this may be far from research purpose but the researcher could not able to pass over their talk suddenly. It is unavoidable to the researcher for maintaining smooth relation with respondents. So, researcher spent much time for introduction and data collection, then only made the interview for research purpose. It consumed more time for collecting data. Some respondents were not ready to reply the researcher’s question at a single meet. They told the researcher to come on some another day. This incidence happened several times during data collection. It will take long time for collecting entire data. And some other respondents hesitated to answer questions related to their economic status and Personal problems to a stranger. So, the researcher was in need of some sort of help from the Government officials and NGO organizers to get introduced to the respondents. The researcher needed to spend time to create good rapport to collect full information from the respondents. Some respondents hesitated for taking photograph which was an embarrassing situation for the researcher.

**Limitations**

A majority of identified women are Hindus. Similarly the Backward Class women are dominant. Therefore any solid generalization on the basis of Religion and Community could not be incorporated into the study. Moreover the researcher could study only selected units from the total disabled population. However the study concentrated on women with Locomotor Disability.


**Chapterisation**

**CHAPTER - I.** Introduction: Introductory part which covers the meaning, significance and theoretical explanation, demographic profile, the present situation of the Disabled persons, problems of the disabled persons, and various welfare schemes meant for disabled persons.

**CHAPTER-II.** Review of Related Literature: The review of various literatures related to present research and other related aspects.

**CHAPTER-III.** Research Methodology: This chapter explains the methodology adopted for the study.

**CHAPTER-IV.** Data analysis and Interpretation: Discusses the findings accordingly and interpret the collected data on the base of objectivity. The Socio-economic Status of the Disabled Women, the Skills and Motivational Factors of the disabled women, Government programmes availed by the disabled persons and the Problems encountered by the Disabled Women.

**CHAPTER-V.** Findings and Suggestions: The last chapter describes the concluding part with summary and conclusion.