"Social Inclusion of Youth with Physical, Visual and Hearing Disability"

(A Comparative Analysis of Rural-Urban Youth with Disability)

A thesis submitted to the Department of Anthropolog, Quaid-i-Azam University, Islamabad, in the partial fulfilment of the requirement for the degree of MPhil. in Anthropology

By

Fareeha Ali

Department of Anthropology
Quaid-i-Azam University
Islamabad, Pakistan
2011

Quaid-i-Azam University, Islamabad
(Department of Anthropology)

Final Approval of Thesis

This is to certify that we have read the thesis submitted by Ms. Fareeha Ali. It is our judgment that this thesis is of sufficient standard to warrant its acceptance by the Quaid-i-Azam University, Islamabad for the award of the Degree of "Master of Philosophy in Anthropology".

Committee:

1. Dr. S. Anwar Iqbal
Supervisor

2. Prof. Dr. Muhammad Iqbal Zafar
External Examiner

3. Prof. Dr. Hafeez-ur-Rehman
Chairman

Rehman

DEDICATED TO

My Loving Parents

ACKNOWLEDGEMENTS

I could find no words to express my deepest sense of gratitude to Almighty Allah whose blessings cannot be even counted. He is the most compassionate and merciful, who knows what was there in the universe, what is and what will be. He had enabled me to elucidate a drop from existing knowledge. Millions of blessings and mercies of Allah are upon Holy Prophet (Peace Be upon Him), the city of knowledge who guided the humanity from darkness of ignorance to the light of awareness.

I feel it my great pleasure to place in record my sincere gratitude to my worthy supervisor Dr. Anwar Iqbal under whose great supervision, impetus guidance, valuable and expert suggestion this work was completed. I must admit that he has a superb vision and he not only guides about academic thesis but life thesis as well.

I have no words to acknowledge the efforts of Ami, Abu & My Brother Waqar and my sister Madeeha who always encouraged and prayed for my success. I am also thankful to all my friends for their cooperation and affectionate behavior towards me. Special thanks should also be extended to my dear Friend Nazia for her assistance and guidance throughout my Research work. I must say thanks to my husband M.Shoaib Akhtar, My in-laws and all colleagues who directly or indirectly helped me in completing this project. Special thanks to Miss Feyza Bhatti, Anila and Maryam.

I would like to Thanks the Recoup team for their permission to use the Quantitative data held in Sargodha, I am also thankful to Statistics Division Islamabad especially Miss.Aysha for her support.

I would like to extend my special thanks to all the respondents and Key

Informants for the valuable response during the field work and no doubt completion of project was impossible without the generous help of all the Participants.

All the staff members in the department especially Mr. Rafique and Mr. Riaz (Dean Office) need to be acknowledged for their co-operation and kind behavior.

Last but not least heartiest thanks to the Department of Anthropology QAU and it would be an ever lasting and cherish able memory for me.

Fareeha Ali

Contents

List of Tables

List of Figures

CHAPTER:1

1.1. INTRODUCTION

Human being living in any region of the World, belonging to any religion, color, cast or ethnic group throughout the history has been conscious about his survival in general and health conditions in particular. All societies have had ways of dealing with health issues and maintaining or improving the health status of its members. Being physically healthy is of prime importance in every society with more or less same scale although the perception of health varies. Disability is a development issue, because of its bidirectional link to poverty: disability may increase the risk of poverty, and poverty may increase the risk of disability. A growing body of empirical evidence from across the world indicates that people with disabilities and their families are more likely to experience economic and social disadvantage than those without disability.

But the physical impairment or disability is a general phenomenon. "Disability" is the loss or limitation of opportunities to take part in the normal life of community on an equal level with others due to physical and social barriers". (Oliver 1983).

The above mentioned definition of disability is based on social model of disability rather than medical model of disability. The social model of disability deals with the issues and problems related to the opportunities and social stigmas about a person with disability. Disability does not go away like acute illness does. It is always there; it is chronic. It changes the life course of the person. Anyone can have a disability. Some people are born with a disability, get hurt or sick and have disability as a result, or develop a disability as they grow. Some people may have a disability that lasts a short time while other people have a disability that lasts a lifetime. Different kinds of disabilities affect people in different ways. e.g. if an old man can see partially it does not affect his self esteem but same impairment does affects the young individual to a greater extent, etc.

People living with long-life disabilities faced lots of biological as well as social problems. Disabilities affect people more socially then physically. People with disabilities become isolated from society. Increasingly researches show us that more socially isolated people have poorer health and increased mortality (Gannon & Nolan 2005). For human survival social inclusion is very important factor. Persons with disabilities also face multiple social, economic, physical and political handicaps, hampering their freedom of movement in society.

These barriers include stigmatization and a misunderstanding of the abilities and aspirations of persons with disabilities.Social inclusion, for many reasons is recognized as a vital component of recovery for people with disabilities (Buckmaster& Thomas, 2009). When people feel socially connected they have more positive feelings of self worth, are more affective and live more engaged and fulfilled lives.

Disability affects the life of children, young people and old people in a different way. The most significant impact of Disability discourse is on the life of young people. Since it's the age when a girl of a boy establish a target for his/her personal and professional life. Since teen age is a phrase of transition thus any kind of hurdle in performing and enjoying social activities could bring distress into a young person's life. 'Young people with disabilities also face social, economic hurdles and hampering their freedom of movement in society'. (Emerson & Hatton, 2007)[1].These barriers include stigmatization and a misunderstanding of abilities and aspiration of Persons with disability. Although both young men and women with disabilities are subject to discrimination, young women with disabilities are at a further disadvantage because of the combined discrimination based on age, gender and disability. Recent European statistics (World Bank, 2008)[2] point out that disabled people are much more likely to live in poverty, women are likely to be poorer than men; young disabled women achieve lower educational outcomes than men; they are less likely to be in the paid workforce than either men with disabilities, have lower incomes from employment; less likely to have access to rehabilitation; more likely to experience public spaces as intimidating and dangerous.

'Globally, almost 180 million young people between the ages of 10-24 live with a physical, sensory, intellectual or mental health disability significant enough to make a difference in their daily lives. The vast majority of these young people, some 150 million (80%) live in the developing world. Routinely excluded from most educational, economic, social and cultural opportunities, they are among the poorest and most marginalized of the entire world's young people' (Nora Ellen Groce, 2004).

---

[1] Research conducted by National People with Disabilities and Carer Council in Australia (2009) and the Economic and Social Research Institute in Ireland (Gannon & Nolan, 2005) consistently describe the low levels of education, income and employment by people with disabilities.

[2] A report in 2008 by Worldbank provides empirical evidence about the level of poverty in Disables population as "Disabled people are estimated to make up 15 to 20 per cent of the poor in developing countries."

People with disabilities are mostly unseen, unheard and uncounted in Pakistan. They are the most marginalized group[3]. According to the National Census of 1998, disabled people constitute 2.49 percent of the total population of the country, but according to United Nations senses, they are 10% of total population. The lack of reliable data creates more problems in planning projects and programs for the inclusion of Persons with Disabilities who already face overwhelming barriers in education, skills development and daily life.

People with disability are commonly identified as a group with a higher risk of social exclusion (Burchardt 2003; Hayes, Gray and Edwards 2008; Horvath-Rose, Stapleton and O'Day 2004).Most of the youth with disability is uneducated and unemployed. The faced rejection from home, community and from institutes which creates social exclusion for them. The importance of social inclusion for well being is well established. The significant influencing factors for happiness include age, gender, ethnicity, race, health, separation/divorce, personality, and some institutional factors such as democracy (Dockery 2005; Frey &Stutzer 2002a; Helliwell 2006; Marks and Fleming 1999). In contrast to disability, health is more commonly included in the happiness function and has been proved to be one of the most important determinants of life satisfaction (Frey &Stutzer, 2002). Access to basic necessities of life such as education, employment and attitude of the people around/community and marriage proves to be strong factors for a well being. And the young people with disability lack these factors.

Many studies have proved a strong relationship between social inclusion and well being of people especially youth with disability (Marks & Fleming 1999, Winkelmann&Winkelmann 1998). The role of social participation on subjective wellbeing is widely recognized in non-economic studies (Burt 1987, Phillips 1967, Pinquart& Sorenson 2000, Taylor et al. 2001, Ueno 2005). In particular social participation is significantly more important for youth with disability then the general population. Keeping in view the Marks & Fleming work we can say that social inclusion is most important factor of wellbeing for young people with disability. Evidences from many researchers also proved that most of the young people with disabilities faced several barriers to participate affectively in society like other members. Such as low education status, lack of employment and marriage issues leads a young person with disability more into social isolation.

---

[3] Jica 2002 p.5

1.2.STATEMENT OF THE PROBLEM

'Disability is the experience of social oppression'[4]

The present research was undertaken in Sargodha district considering an urban and a rural setting to study the process of social inclusion amongst youth with three different types of disabilities. The study focused towards social model of disability rather to stick with the medical model of disability. The social model of disability consider the stigma's and behaviors of the community/significant others and the PWD itself. It's important to understand that disability type and gender discourse affects the social inclusion of young people with disabilities in a different intensity. Example is that a young person with physical disability faced more barriers in physical mobility outside of the home which restricts his social activities automatically. Young girls in traditional patriarchy society are marginalized and in case of a girl having disability is more marginalized[5].

This particular research was designed in such a way that holistic picture of subjective feeling of young people with disability and approach of community towards them could be understood. In this holistic picture the type of disability and adjustment of the specific individual was prime objective that which are the factors that facilitate or create problems for the individual. Along with physical adjustment mental adjustment is very important for a healthy life. Education, employment and the role of significant persons (parents, siblings, peers) in one's life play very important role in making the life at ease. It is concluded by many researches that parental attitude does affects the life expectancy of these people although parents have to face many problems to take care their children with disability than normal children.

There are many types of disabilities, which can affect people of all ages, major of them are physical and mental disabilities. Physical disability includes hearing, visual sensory and inability to move any part of body. In this particular research physical disability was taken into consideration and further it was restricted to physical disability, hearing and visual impairment to concentrate on the research objective. The research was designed to explore

---

[4] Raymond Lang 2001in one of his article'The development and critique of the social model of disability'.
[5] United Nations 2010, 'Reaching the marginalized: EFA global monitoring report', 'United Nations Educational, Scientific and Cultural Organization'.

the social barriers faced by the people with these three specific types of impairment. Social acceptance and response does have greater significance in any one's life. Age group was another important consideration of the research because every phase posses different demands, requirements and responses.

The environmental conditions and residential area e.g. rural or urban also leaves different impressions on individual because of provision of facilities. Another aim of the research was to compare the facilitative and normative structure of rural vs. urban area. The research was aimed to measure the psychological pain and pressure faced by these "special" individuals having physical, visual and hearing impairment.The approach adopted in this project is to focus not only on bodily issues but also on the impact that these have on activity and participation. Thus the questions are anchored not in an impairment based approach but rather suggest an activity limitation approach.

A large number of studies focusing on young people with disabilities document the process of social inclusion through education, employment and positive support from family and community. (Middleton 1999, Dewsbury 2004, Dowling & Dolan 2001, Avery 1999, Morris 1998). If society possess positive attitude and welcoming style to these people than their impairment can be reduced to a greater extent and they can be more functional to participate in the community to uplift their lives in particular and society in general.

1.3. CONCEPTUALIZATION OF TERM

1.3.1. Disability

> *Any restriction or lack (resulting from impairment) of ability to perform an activity in the manner or within the range considered normal for a human being.*[6]

It is a condition that can permanently prevent normal body movement, give range of disabilities and describe their problems this can be inherited or through injury.A disability may be physical, cognitive, mental, sensory, emotional, and developmental or some combination of these. A disability is an umbrella term, covering impairments, activity limitations, and participation restrictions. There are different types of

---

[6] thedefinantion was defined by The World Health Organization's International Classification of Impairments, Disabilities, and Handicaps (ICIDH).2001.

disabilities such as physical disability or sensory disabilities which includes hearing and visual impairment.

1.3.2. Physical Impairment/Disability

> *Any impairment which limits the physical function of limbs or fine or gross motor ability is a physical disability.*[7]

Physical disabilities include impairment of a body part such as Arm, Shoulder, leg which limits the mobility of a person in daily activities. Such as inability to walk or move any bodypart. In short term physical impairment is also known as PI.

1.3.3. Visual Impairment/Disability

> *Visual impairment (or vision impairment) is vision loss (of a person) to such a degree as to qualify as an additional support need through a significant limitation of visual capability resulting from either disease, trauma, or congenital or degenerative conditions that cannot be corrected by conventional means, such as refractive correction, medication, or surgery.*[8]

A loss of vision means that a person has to reorganize his/her life and learn new ways of doing things.In short term visual impairment is known as VI.

1.3.4.Hearing Impairment/Disability

> *Hearing impairment or hard of hearing or deafness refers to conditions in which individuals are fully or partially unable to detect or perceive at least some frequencies of sound which can typically be heard by most people. Mild hearing loss may sometimes not be considered a disability*[9].

Hearing loss affects people of all ages, but the problem is more common among the elderly. More young people are experiencing hearing loss. Reduced hearing affects a person in many

---

[7] .WHO defines disability in. International Classification of Functioning, Disability and Health (ICIDH), 2001.

[8] Arditi, A., & Rosenthal, B. (1998)."Developing an objective definition of visual impairment." In Vision '96: Proceedings of the International Low Vision Conference (pp. 331-334). Madrid, Spain:

[9] Definantion given by World Health Orgnization (WHO) in International Classification of Functioning, Disability and Health (ICIDH), 2001.

ways, including their education and job opportunities, social life and confidence.In short term hearing Impairment is known as HI.

1.3.5.Attitudes

> *Attitudes also imply evaluation and are concerned with how people feel about an issue.*[10]

Attitudes are difficult to define. Common to most is that an attitude is a predisposition to behave in a particular way. (Proctor, 2001). Attitudes have an impact on health experience. They may affect health either positively or negatively. The attitudes of lay persons, health workers and professionals, policy makers, and even health researchers themselves in any given direction may be of interest and worth exploring.

1.3.6. Social Inclusion

Social inclusion is about involving everyone in society, making sure all have opportunities to work or take part in social activities even though they may have a disability.Social inclusion occurs when people are granted rights or possessions for example in case of people with disabilities it is important to involve them in educational sector, employment and other social activities.AmartyaSen (1999) noted that social exclusion may occur as a result of a lack of the capabilities required to participate in the experiences that lead to social inclusion. Social inclusion depends upon the attitudes, physical structure, education and employment in general. An inclusive society is defined as one where all people feel valued, their differences are respected, and their basic rights are met so that they can live in dignity.

1.4. LITERATURE REVIEW

One of the most important growth areas within medical anthropology over the past decade has been in the field of international community health. Recent years have witnessed a rapid increase in the number of anthropologists involved in cross-cultural public health research, and in the integration of anthropological perspectives and methods in the planning and implementation of primary health care programs.

---

[10] Simmons, R. (2001) Questionnaires. In Gilbert, N. (ed.), *Researching Social Life*, 2nd edn. Sage, London, pp. 85–104

Present research is focused on disability studies in the paradigm of health care. Most of the working definitions of disability are at least 12 years old, so the time is ripe for reassessment and extension of previous work to address these questions. The World Health Organization's international classification of impairments, disabilities, and handicaps (ICIDH) has defined disability as

> *Any restriction or lack (resulting from impairment) of ability to perform an activity in the manner or within the range considered normal for a human being (Wood, 1980).*

Some other definitions of disability or impairment are:

> *The Term Disorder, Disability, Impairment and Handicap are some time used interchangeably, but actually have different meanings* (William 1987).
>
> *Disabilities range from Moderate to severe and have a number of categories. The major disability conditions include Mental Retardation, Physical impairment, Learning disabilities, Behavior disorder, Hearing impairment, Visual handicap and communication disorder* (Miller &Schloss 1982).

In sociological and disability study literature the term disability is used to ambiguously and authors may conflate impairment and disability. Much disability studies literature has used the concept of impairment and disability as defined by international medical health care centers for the disabled people, and which has been associated with social model of disability. "Impairment" is the functional limitation within the individual caused by physical, mental or sensory impairment".

Some researchers conceive a disability to be a social phenomenon, while others contend it is an individual one. Disability is conceptualized as being a multidimensional experience for the person involved. There may be effects on organs or body parts and there may be effects on a person's participation in areas of life. Correspondingly, three dimensions of disability are recognized in ICF:

- Body structure and function (and impairment thereof)
- Activity (and activity restrictions)
- Participation (and participation restrictions).

Within this framework, which is often characterized as the "medical model of disability" or "individual model of disability," the problems related to disability are located within the individual (Oliver 1990). More specifically, according to this approach, a person's functional limitations (impairments) are considered to be the primary causes of any disadvantages he or she experiences (Crow 1996). This model is based on biological determinism, which defines persons with disabilities as a group of people whose bodies don't function, who look and act differently, or who can't produce work.

In contrast, the social model of disability is based on a socio-cultural understanding. It conceives disability as an outcome of social processes or as a constructed or created category. In 1983 the disabled academic Mike Oliver coined the phrase "Social model of disability". According to this perspective, disability is a construct that finds its meaning in the social and cultural context rather than a characteristic that the person has. (Taylor, Shoultz, & Walker, 2003).

This model focuses on disability as a relationship between people with impairment and a discriminatory society. According to this perspective, disability is considered to be the result of disabling barriers imposed by environmental or policy interventions. The social model suggests a strategy of barrier removal, or education to remove prejudice, with the goal of inclusion (Shakespeare, 1996). According to Thomas:

> *Disability is a form of social oppression involving the social imposition of Restrictions of activity on people with impairments and the socially engendered Undermining of their psycho-emotional well being* (Thomas, 1990: 60).

Some researchers (e.g., Gill, 1998) draw a parallel between disability studies and women's studies. In women's studies, the focus is on the social construction of gender and its impact on women's lives, rather than on the physiological aspects of femaleness. In a similar vein, Disability studies do not focus on the physiological aspects of disability, but on the social construction of disability.

Since disability is determined by a complex interplay of political and economic forces and cultural values about individual difference, Disability studies may encompass widely diverse areas of inquiry (Gill, 1998). It is both interdisciplinary and multidisciplinary and includes many disciplines: history, sociology, literature, political science, law, policy studies, economics, cultural studies, anthropology, geography, philosophy, theology, gender studies, communication and media studies, and the arts. It examines all forms of cultural representations of disabling conditions throughout history and examines the policies and practices of all societies to understand the social, rather than only the physical, mental or emotional, determinants of the experience of disability.

Disability Studies does no dent that there are physical or mental differences between people with and without disabilities; however, practitioners emphasize that the nature and the significance of these differences depend on the way members of society perceive and interpret them (Bogdan& Taylor, 1994). Therefore, the disability studies perspective analyzes society and barriers outside the person rather than perceiving the disabled person as someone who should be fixed or separated from the rest of society. Full integration of people with disabilities into their communities and society in general requires breaking down the barriers that limit participation (Harris & Lewin2001)

There are 21.54 million children with hearing impairment in Pakistan, caused by inadequate healthcare. For a parent who has practically no knowledge about deafness and has a child stigmatized as "deaf and dumb", this can be a shattering experience particularly as it so often happens; "the cause is unknown." The first reactions are usually panic, guilt, blame and despair. They strive to understand the disability and its implication. They struggle to cope with their own emotions and the reaction of others. Their attitudes towards their child change, resulting in changes in responses towards the child. These attitudinal changes in turn may have an adverse effect on the child. For PWDs, it is a very difficult task to accept the disability. Once they come to know about the diagnosis of disability, they are shocked and traumatized. Parents may start developing negative attitudes towards the child after the diagnosis, which may not have been present prior to the diagnosis.

Dharitri&Vinoda (2003) studied behavior problems in hearing impaired children and parental attitudes. They concluded that hearing impaired children showed more behavior problems. Some of the behavioral problems increased with age. Mothers of the physically impaired children showed some favorable attitudes and some negative attitudes.

Umadevi&Venkatramaiah (2001) studied attitudes and aspiration of parents towards their disabled children. Family interactions were found to be good in a majority of cases. Parents had higher aspirations for their deaf children and a majority wanted their children to be settled in jobs and to lead an independent life.

Charanjeev (2004) reported that parents felt that their acceptance would enable the child to be better adjusted, feel confident and secure and get along well with ever physically -impaired children may experience guilt, which is manifested in several way, the period immediately following the diagnosis was found to be particularly stressful for parents. Mourning "the lost normal child" leads to shock, recognition, denial, acknowledgment and constructive action. Parents can look at the positive aspects of their child's in the family. The child can create opportunities for family bonding and growth for each individual member.

After the diagnosis of the child with disability the attitude of the family and society affects his/her prognosis level. Due to the patriarchal system in Asia especially in subcontinent male preference is very obvious. A normal girl child with no disability has to go through many problems and these problems become severe if she is diagnosed with any disability.

Asha&Mohanty(2007) had carried a research on inclusion of disability and Gender and they had illustrated the gender issues very brilliantly. The problem faced by the males and females and the intensity of disability and pressure exerted by the community is documented in the research. "Being a woman with a disability it can be a paradoxical experience for all". In presenting the facts related to manifestations of gendered discrimination they argued that men preferences in the society decreases problems for men and women have to face the problems at length with the same disability as men have. Their study depicts that a girl with disability has to face many problems from her birth to death, like poor nutrition, lack of educational facilities, health facilities, issues to get married, giving birth and if married than marital life. In most countries, women and girls with disabilities have a higher mortality rate than disabled males. Women and girls with disabilities are more likely to be malnourished than disabled males. Women and girls with disabilities are estimated to represent up to 20 percent of the world's female population, the majority living in less economically developed countries, general, disabled women tend to be in a state of physical, social and economic dependency. This can lead to increased vulnerability to exploitation and violence.

Because of the relative isolation and anonymity in which women with disabilities live, the potential for physical and emotional abuse is high. It is also estimated that having a disability doubles an individual's likelihood of being assaulted. Because of their isolation however, women with disabilities are likely to have less resources to turn to for help. Most battered women's shelters and rape crisis centers are not accessible to them.

Therefore, people with disability not only face physical problems but they have to suffer not only because of disease but because of stress as well. Medical social scientists have become increasingly concerned about sufferer experience--the manner in which an ill person manifests his or her disease or distress. Margaret Lock & Nancy Scheper-Hughes (1990), who refer to themselves as critically interpretive medical anthropologists, reject the long-standing cartesian duality of body and mind that pervades biomedical theory (Lock &Scheper-Hughes, 1990). They have made a significant contribution to an understanding of sufferer experience by developing the concept of the "mindful body" (Scheper-Hughes & Lock, 1987).

Lock &Scheper-Hughes delineate three bodies: the individual body, the social body, and the body politic. People's images of their bodies, either in a state of health or well-being or in a state of disease or distress, are mediated by socio-cultural meanings of being human. The body also serves as a cognitive map of natural, supernatural, socio-cultural, and spatial relations. Furthermore, individual and social bodies express power relations in both a specific society or in the world system. Sufferer experience constitutes a social product, one that is constructed and reconstructed in the action arena between socially constituted categories of meaning and the political-economic forces that shape daily life. Although individuals often react to these forces passively, they may also respond to economic exploitation and political oppression in active ways.

People with disabilities face many barriers to full participation in society. Productive and receptive linguistic abilities have a profound effect on deaf individuals. Communication barriers can have an impact on the entire sphere of human relationships. As a consequence of communication problems, Deaf individuals historically had restricted experiences influencing social, vocational, educational, recreational, and psychological/emotional development (Sims, Walter, & Whitehead 1982).

Through detailed statistical analysis of data collected in the living in Ireland survey and the quarterly national household survey, the authors explored the situation of people with disabilities or chronic illnesses with respect to education, earnings, poverty and social participation. They explore some of the factors which lie behind the differences between disabled people and others. In particular they look at the influence of the severity of disability, in terms of restrictions on day to day activities, on wider social inclusion.

People with disabilities are more likely to leave school early and without qualifications, and are less likely to progress to third level. Poorer education attainment is undoubtedly a factor in reducing earnings potential and the likelihood of having a job, alongside the other barriers there are to disabled people's employment. In turn, as this research highlights, the high proportion of people with disabilities who live in jobless households is an important contributory factor to the higher incidence of poverty among adults with disabilities or long-term illness.

The report highlights that the degree to which people are hampered in their daily lives by illness or disability is significant. The more they are hampered the greater the disadvantage they are found to experience in each of the fields examined. This reflects the disabling nature of society and its institutions. The physical environment, communication strategies, workplace design and work organization, the design of service provision and public attitudes continue to pose barriers to people with disabilities. Equality legislation includes requirements in relation to making reasonable accommodation of people with disabilities and allows positive action in relation to people with disabilities. It is important that these requirements are fully respected alongside a strategy that takes full advantage of the positive action allowed.

The concern with conceptuality is also manifest in a number of studies emphasizing the interpretation of ethnographically derived data in the light of global, national, or regional political-economic developments. These studies address a variety of issues, including the distribution and use of pharmaceuticals (Van der Geest 1987), rural health services (Morsy 1993), the role of the state in primary health care programming (Morgan 1989), and the cultural specificity of biomedical hegemony (Adams 1988; Morsy 1988; Hammady 1989). As Myntti's (1988) Yemen study demonstrates, this hegemony of modern Western medicine may well be upheld within the framework of traditional repositories of power.

In Addition to education, employment and other dimensions in the lives of young people are these related to "Developing a healthy life style, beginning a new family and exercising citizenship" (World Bank 2006).The 2007 World Development Report (World Bank, 2006) with its focus on "The Next Generation" identifies five areas of youth transitions as "continuing to learn, starting to work, developing a healthy lifestyle, beginning a family, and exercising citizenship" and notes that these have "the biggest long term impact on how human capital is kept safe, developed, and deployed. The report focuses on the opportunities and capabilities available for young people with disabilities. According to the report these transitions phases have different impact on gender and rural urban localities.e.g for a young person with disabilities living in a rural area of a developing country, sustaining a healthy lifestyle is less likely to relate to her/his capabilities, but is more likely related to the lack of opportunities to access adequate and efficient health care services.

While concerns related to education and employment get acknowledged and legislation and sometimes in practice, people with disability remain excluded from other important areas of social participation, their rights to be an individual, a parent and to companionship get overlooked.

> *People with physical disabilities often encounter isolation, segregation, and discrimination in their interactions with others* (Nagler 1993).

For example people with PI often have confronted denial of access to public transportation and educational facilities, such discrimination causes extremely important consequences, since transportation and education powerfully affect life changes.

The Biwakomillennium framework for action towards an inclusive, barrier- free and rights-based society for persons with disabilities in Asia and the Pacific highlights the gravity of the situation by noting that:

> *"The challenge of integrating and including persons with disabilities in the economic Mainstream has not been met. Despite international standards and the implementations of exemplary training and employment legislation policies and practices in some countries, persons with disabilities, and especially women, youth and those in rural areas, remain disproportionately undereducated, untrained, unemployed, underemployed and poor".*

There is, therefore, a need to focus on the increasing numbers of young people with disabilities—young people who currently remain doubly marginalized from policies, provisions and research literature.A UNICEF (1999: 1) report stated that, "Adolescents and youth with disabilities are among the neediest and most overlooked of all the world's children".This is a significant oversight considering that WHO estimates suggest that there are between 120-150 million children, adolescents and youth with disabilities.Focusing on this group of young people is particularly important for the south because the number of people with disabilities in these countries tends to be higher in the earlier, productive years

(Coleridge, 1993).While little is known about the lived experiences of these young people, in terms of how they make sense of the transitions in areas of learning, work, health, family and citizenship (World Bank, 2006),

In responding to disease and illness, all human societies create medical systems of one sort or another. All medical systems consist of beliefs and practices that are consciously directed at promoting health and alleviating disease.

Therapeutic outcome refers to the disposition of participants at a designated end point of the therapeutic process, with respect to both their expressed (high or low) satisfaction and to change (positive or negative) in symptoms, pathology, or functioning. In biomedical terms, a successful outcome is elimination of a disease or disorder; in sociological terms it is termination of what Talcott Parsons called the "sick role" (Alexander 1982; Parsons 1958). Outcome is a remarkably complex phenomenon to study due to the immense number of factors to be taken into account and the difficulty of controlling observer effects. Models for such studies from clinical research include double-blind clinical trials of drugs and comparative studies of psychotherapy, but these are only marginally appropriate for studies by anthropologists in which outcome is invariably linked to cultural context and the meaning attributed to therapeutic change. The structuralemphasis posits the existence of interrelated analytic levels, such as body-emotion-cognition or person-society-culture.

Number of researches on disability as social construct has concluded that socio-cultural; practices play highly significant role in good prognosis level. If the communities help the individual in making him/her independent reducing dependency, it will affect increase the will power of the PWD to fight against disease.

Catharsis, or the discharge of negative emotional energy, is another widely reported psychological process that can be understood as specific or nonspecific affects the self esteem of the individual. Thomas Schiff (1979) has attempted to formulate catharsis more concretely as contingent on the creation in the therapeutic process of an aesthetic distance between the person and the problematic emotion, such that he or she is neither over involved nor detached from that emotion. Such a precondition for successful catharsis implies specificity about the relation between emotion and life situation, but this relation is in turn dependent on the relation of thought and emotion in therapeutic process.

The study draws attention to the two-way relationship between disability and social exclusion. Someone who is socially excluded is at greater risk of becoming disabled, and someone who becomes disabled is at greater risk of being socially excluded.

Policy interventions that could be targeted to break these links include:

- reinvigorating the health inequalities agenda, to reduce the steep socio-economic gradient in the risk of becoming disabled;
- directing more resources at job retention schemes, rather than waiting until someone has been out of work for six or twelve months;
- Giving greater recognition to the contribution made by partners of those who become disabled, through improved benefits for carers.

Becoming disabled is a major life-event. The researcher concludes that the financial hardship, and exclusion from participation in society which often occurs as a result, is an additional and unnecessary burden. To achieve stated policy objectives, and to meet the demands of social justice, policymakers should give these issues their urgent attention.

1.5. HYPOTHESIS

> *Disability is the loss or limitation of opportunities to take part in the normal life ofthe community on an equal level with others due to physical and social barriers.*[11]

1.6. THEORETICAL FRAMEWORK

For the research I have applied social model of disability presented by Mike Oliver[12] in order to understand the affect of disability on social inclusion of people with disabilities. The

followers of this model of disability view that a person may very well be excluded in activities of daily living because society has not accepted that it is society that has to change and accept disabled people not the other way around. Social modelist thinkers as Finkelstein

---

[11] Barnes, 1994.

[12] Mike Oliver is a British academic, author, and disability rights activist. He is one of the pioneers to explain the social model of disability.

(1980), Oliver (1990), Barnes (1991), and Barton (1996) understand disability to reside principally in the social structural barriers that serves to disadvantage people with impairment. These barriers could also be prejudice and stereotypes, inflexible organisational procedures and practices, inaccessible information, inaccessible buildings, and inaccessible transport.

Disability can be understood through a number of useful theoretical models drawn from the social sciences, including anthropology, sociology, psychology, economics, and political science[13].Mike Oliver, in his seminal work, The Politics of Disablement (Oliver, M. 1990) has produced a variant of the social model of disability. The social model arose in response to the critique of the medical model of disability.The primary focus of analysis is the manner in which the social model shifts away from consideration of the deficits of the functional, physiological and cognitive abilities of the impaired individual, to the ability of society to systematically oppress and discriminate against disabled people, and the negative social attitudes encountered by disabled people throughout their everyday lives. Disability is therefore situated in the wider, external environment, and is not explicable as a consequence of an individual's physical and/or cognitive deficiencies.

The model is constructed and expressed in Marxist terms, and assumes that human nature, and the resultant choices that individuals can make for themselves, are determined by the structure and ideology of society. It is therefore argued that the kind of society in which a disabled person lives has a profound effect upon how their disability is experienced and structured. Furthermore, an individual's personal experience of disability within capitalism is itself defined, to some extent, by the structural features of capitalism including ideology, culture and the influence of race and gender as well as the activities of key groups and institutions (professionals and professionals).

He concluded that the individualist, medicalised and tragic conception of disability wasindeed unique to capitalist societies. Oliver referred to and quoted the work of twosocial anthropologists, Hanks and Hanks, who showed that within pre-capitalistsocieties, the spectrum of attitudes encountered by disabled people have varied from"ruler to outcast, from warrior to priest, from infant to aged" (Hanks, J. and Hanks, L.1980:12).

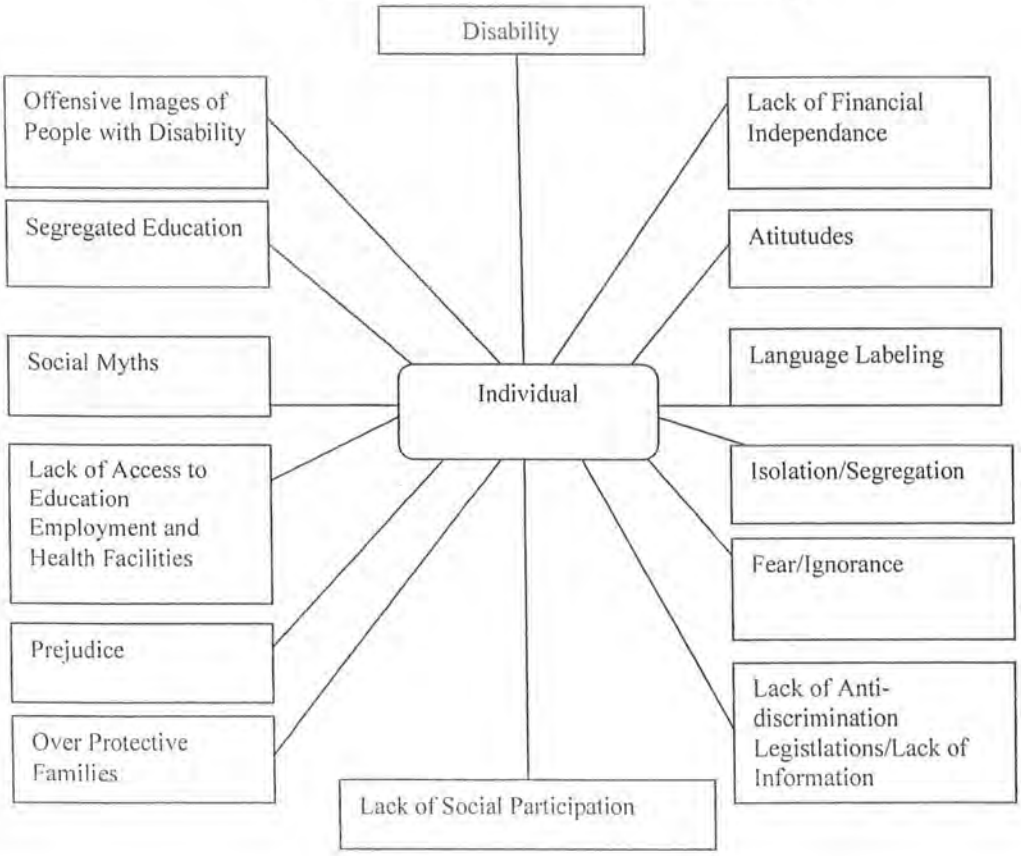
---

[13] Allison Ruby Reid-Cunningham, Victoria C. Fleming 2009, 'Theories of Disability: Findings From an Analysis of Textbooks on Human Behavior and the Social Environment', Journal of Human Behaviour in the Social Environment

Oliver's analysis of the social structuring of disability is founded upon two concepts; the "mode of production" and the central core values, or ideology that is present within any given society. Both interact and determine how disabled people are perceived within their local contemporary societies. Oliver maintained that the economic structure and ideological hegemony of modern western society have had a major detrimental impact upon the lives of disabled people, and also other marginalised groups such as those with differing ethnic affiliations, or those with homosexual orientations. The rise of the factory system and the introduction of individual wage labour transformed the "means of production", resulting in the separation of the home from the workplace, and in the marginalisation of disabled people, because they were unable to meet the demands of capitalist society. Disabled people have become further isolated from their family communities through the establishment of closed and segregated institutions, (which first came into existence in the late 19th century), whose function was to act as a mechanism for social control.(Raymond Lang, 2001).

Using the 'social model' of disability helps identify the barriers that exclude disabled people and offers solutions to inclusion.The social model of disability could be better understand by the following Diagram.

Figure 1: The Social Model of Disability



Source: Micheline Mason and Richard Rieser

A strength of this framework is, in this context of study, is that it places a strong focus on social participation of a person with disability. Considering this framework the research will further explore these outcomes of disability and how it affects the social inclusion of a young person with disability.

In conclusion the disability/Impairments is now being analyzed by the social model of disability which states that disability is a problem in society rather than in individual bodies and changes in environment and attitudes of people towards PWD's could help in social inclusion of people with disabilities.

1.7. OBJECTIVES

- To analyze the relationship between social participation and disability from a dynamic perspective.
- To explore the most painful disability among youth with physical, visual and hearing impairment.
- To identify the correlation between the capacity of adjustment and intensity of disability.
- To compare the facilitative and normative structure of rural-urban people.
- To find out the approach of community according to the gender of disability.

1.8. LOCALE OF THE STUDY

Since the approach of the study is to compare the normative and facilitative structure of rural and urban community in order to understand the social inclusion of young people with disabilities. Since the National data[14] on disability provides evidences that the greatest number of disability population resides in Punjab province, that's why a rural and an urban area within Sargodha district have been selected for this study. For this study 'Johor colony' as urban locale and 'Chak 25 S.B' as Rural area has been chosen.

---

[14] Data reveal that 55.7 per cent of disabled people are found in Punjab.

1.9. PROBLEMS ENCOUNTERED IN RESEARCH

There were various ethical and methodological issues arose during the study. The first issue was to locate young people with three different types of disability. The socio- cultural stigma related to disability created serious issues in contacting young people with disabilities. The study faced strong restriction from the parents, community people and the young people with disabilities in disclosing their information. These local perceptions included shame having a child with disability, or relating the child as a punishment by God causes hindering them from others. The most powerful stigma related to disable person in family was their believe that there will be a transfer of the damaged life of the person with disability to the others siblings. Especially people believed sharing information about having a parson with disability in their family will create problems in marriage prospects of other child. It was really a difficult task for the researcher to locale people with disabilities.

Another problematic issue related to identification of young people with visual and hearing impairments. Most of the people in the locale refer disability only with physical impairment. This created the risk of ignoring other two types of disabilities.

The definition of disability for the identification of young people with disabilities was based on national definition of disability[15]. So for the questions on disability, researchers were trained to report even the most basic levels of impairment which, though not usually considered to be disabling, nevertheless have implications for individuals' full participation in economic or social activities. In these circumstances even a person who could see with the help of using optics reported to be a person with visual impairment .And this in result creates problems in identification of a sample with visual impairment because the purpose of the study focus around only those who faced visible hurdles in their social participation because of their disability.

The study aim to involve both young girls and boys with three different types of disabilities, in order to examine their perception, behaviors and experiences about their type of disability. Thus maximizing the participation of young people with disability was the agenda.

---

[15] Country profile on Disability is a report of Pakistan which reported the basic information about the issue of disability in Pakistan. This report has been published in March 2002 by JICAInternational.According to the report "Disability" means the lack of ability to perform an activity in a manner that is considered to be normal

Researcher's positioning during the in-depth- interviews helped maximizing the role of PWD's such as listening to them and showing respect to their arguments. Thus various dilemmas were encountered-including how to gain informed consent from young people with profound impairment, the risk of intrusion when conducting research in people's own homes, and the dangers of raising expectations of continuing friendship was the important most. However confidence was gained with showing positive attitude towards young people with disabilities, key informants role in getting permission to conduct interview was appreciable. Also the researcher shared information about some supportive programs and activities for the inclusion of young people with disabilities which helped gained a good rapport of the researcher within the locale.

1.10. RESEARCH METHODOLOGY

Research methodology holds major importance in many aspects of any research.As per Pelto&Pelto:

> *Methodology refers to the structure of procedural and transformational rules where by the scientist shifts information up and down this ladder of abstraction in order to produce and organize increased knowledge*[16].

Following tools and techniques were used to collect data:

1.10.1. Rapport Building

Building Rapport is an important aspect of human communication. Rapport building helps getting trust within the community which is important for a researcher. Being a researcher on such a sensitive issue 'Disability' Building a friendly rapport with the community members especially with those PWD's was an important element of this research.

During the field work various methods and techniques were used and friendly relations were developed within the community members. Especially parents, siblings, teachers, organizations working for PWD's and most of all young people with disabilities by living in the community visiting them regularly and observing their daily activities. Participation in various functions held by different organizations working for PWD's helped in creating a

---

[16] Pelto and Pelto. (1970)."Anthropopogical Research": The structure of inquiry. Cambridge and Cambridge university Press

good communication source with significant others and PWD's itself. These events include a joint marriage ceremony of young people with hearing impairment by an active NGO, regularly visiting the weekly meetings of young people with hearing impairment helped gaining access in their life's. The most important aspect of research on disability issues is to get confident with the PWD's so the researcher established confidence of young PWD' s keeping in view the following steps such as showing good gestures good emotions, a warm tone of voice also helped the researchers to build a positive rapport with them.

1.10.2. Participant Observation

To participate in the research community is of prime importance in the qualitative research. This is a technique which facilitates the researcher to have greater understanding of the life in targeted community. Every individual is a participant observer. Field work requires much more than simply being there and passively watching what people are about. Often the field worker, in observing a particular pattern of behavior or an event, must find out a great deal more about that event then can be observed first hand.

Non-verbal communication and expressions helped to peep into the people behavior towards PWDs[17]. During the field work researcher carefully observed the activities of young people with disabilities inside and outside of their home to understand the different barriers of social participation. Researcher observe regularly and deeply all their daily activities, what they do, how they do, what they perceive, what they eat, how they talk and on which topics, their interest, hobbies and much more. To get inside details about the topic the researcher visited special schools and non-government organizations that worked for them also attended various functions arranged by those institutes this indeed helped in the canvas broadening. As the objectives of the research were to explore the attitude of people towards people with disabilities and their level of adjustment therefore participant observation was the most helpful technique in this regard. The researcher also observed the parental and other family member's attitude towards children physical and mental health care as well.

---

[17] Person with Disability

1.10.3.Key Informants

Key Informants are very important people in the field because they have full knowledge about the field, they give the necessary information about the research topic. They tell us about the validity of information gained by the other respondents. This methodology has been, of course, indispensable for recovering information about ways of living that have ceased to exist, or have been sharply modified by the time the field worker arrives on the scene.

There were various individuals selected as key informants. The key Informants includesofficers from 'Social welfare department Sargodha, the head teachers from special schools working within the locale, the resource persons of NGO's and organizations working for PWD's and the locale people. Few young people with disabilities also acts as key informants. The key informants from Institutional structures were:

1. Mr. RiazMahmood was the Head Teacher of 'Government Institute for Blind'. The Centre was located in 'Iqbal Colony' Sargodha district. MrRiaz was a decent person of age 42, with a degree of Masters in Education. He had done some short courses in special education. He was a married person with two kids. He lived in Iqbal Colony since he was born. He was so concern for the difficulties a blind person faced in his community. He struggles a lot to change the behaviors of parents and youth with disability.He said that he had gone out into the communities and asked people to send their visually impaired children to his school. He, therefore, has some good contacts with the students who completed education from his school. As the school offered co-education till primary so he also knew many girls and boys within the research locale who left his school after completing primary. He also helped many students in getting jobs in his school.
2. Mr. AshfaqGujar was the 2ndKey Informant. He was the President of 'Deaf and Dumb Welfare Society', Sargodha. He was a deaf person himself but with a very energetic personality. He has good name within the deaf community of Pakistan. He hired an interpreter who remains with him during his working hours for the centre so it was not difficult to consult him. He also helped reserahcre to get a female and male interpreter for conducting interviews with youth with hearing impairment. Because of his large circle and a reliable data source of youth with hearing disability; it was so easy to approach them. Nearly every deaf person in Sargodha knew about Mr. Ashfaq and his

NGO. With his efforts, he had arranged marriage of 14 people and also gotten jobs for some of his members. Mr. AshfaqGujar is so active in promoting voice for the rights of deaf and dumb. He is a rich person himself by his own savings and with some donations he runs this society. His society arranged weekly meetings for the deaf and dumb youth of Sargodha he encouraged parents from rural areas as well to send their children in these meetings. He also introduced some short courses from them like cooking and beautician courses for girls, also recreational and social activities, vocational training, marriage services, computer courses and facilitation in obtaining government jobs under the 2% quota for disabled.

3. Another key informant with a very humble personality was Mr. Shaukat Ali. He was the resource person of 'National Association for the Blind Sargodha'. He was so helping. His Association has a data base of almost 600 blinds persons in Sargodha out of which 100 were female. He also worked as teacher for blinds students in 'Gov Institute for blinds Iqbal Colony'. His help in tracing out those students were so encouraging.

4. GulBibi known as pathaniaunty in 'JoharColony Sargodha' was very kind women with age of 47 she had 9 daughters. She was a poor but a happy sort of a person because of her poverty she took a dare step and started running a shop at her home. She wanted to send her daughters to school but because of low income she sent only two daughters. She wanted to have a baby boy that's why she had 9 daughters but still hoping for a boy. She was a very well known personality in the colony. She knows each person of the community. Everybody likes her a lot.

5. Aunty Noreen was also a very helping lady during my research. She lived in 'Chak25 SB'. Researcher met her with reference to Mr. Akbar. She was her relative. She accompanied the researcher while I was visiting the households. She had two sons of age 18 and 21. They both were so helping and cooperative they helped with their mother to arrange interview with boys with disabilities.

6. Mr. JavaidNoman was the youngest key informant with the age of 25 and having a degree of B. A. he was so eager to work for PWDs, he worked for the society of dumb and deaf Sargodha. His mother was a deaf and dumb woman. So he was in contact with Mr. Ashfaq to improve the lives of other "special people". He lived in JoharColony. He helped the researcher for arranging interview with boys.

1.10.4. Socio-Economic and Census Survey

Socio-economic and census survey was developed to accumulate the base line data regarding the demographic characteristics of the community. This method not only provided the quantitative data but also the qualitative data. It provided an opportunity of gaining access, knowledge and observing the layout of every household. This technique was useful in providing an opportunity to interact with every household of the community, spent time with them and to win their trust and confidence. After the completion of the socio-economic survey of the community the retrieved data was further analyzed with the help of SPSS[18] which further helped tracing the young people with three different disabilities.

1.10.5. Questionnaires

For this research a semi-structured questionnaires were developed and used to gather in-depth information both from young people with disabilities and from significant others. These semi-structured questionnaire included different questions both close and open ended questions to get in-depth information about the topic.

The questionnaire used for this research includes data on demographics of household, income education and literacy. The most important part of the questionnaire involve questions about activity limitations, participation restriction, physical and environment factors, awareness need and receipt of services: education and employment: family, marriage and health being.

1.10.6.In-depth Interviews

In-depth interviews were administered to get better insight and probing of the research problem. For the present study 30 in-depth interviews were administered from young people with disabilities dividing into 15 equally into rural and urban settings. Also few parents and significant others were included for informal discussions to have a better understanding of the research topic. Through this, views of disabled people and their level of intensity and adjustment were collected to assemble the data and to analyze if community have different attitudes towards them due to the type of disability, family status or gender biasness.

---

[18] Statistical Package Of Social Sciences

Different guide lines were formulated to attain the data according to each age group to articulate the detailed insight of the socio-cultural factors of inclusion or exclusion of young people with disability. Jotting method was used during the IDIs[19] to record the responses and the observations about the body language.

The interviews were conducted in the local language to have the access to the richness of the primary data. Researcher realized that the respondents were more comfortable, expressive andopen while speaking their local.But the younger generation felt *Urdu* as a more comfortable language to narrate their experiences. Later on transcription of the data was done.

The topics that were included in the guide line for the interviews related to the respondent directly and other members of the house were indirectly. Questions regarding household, perceptions, beliefs, experiences, cultural factors, type of disability, educational and social structure, social networking in the attainment of facilities and health conditions were part of guideline.

1.10.7.Sampling

Methods of sampling is adopted whatever a small group is selected for the whole population. A Sampling is "A small representative of a larger whole[20]".Based on following characteristics a sample of 30 young people with disability and 10 significant others for baseline information were drawn:

- Individuals with three different types of disabilities were included from rural and urban areas.
- It was ensured to have a reasonable representation of both young men and young women.
- Persons with disabilities from across the following age groups were selected a. 14-19 years, b. 19-25 years, c. 25 and above. This facilitated cross-age comparisons provide richer data that enable researcher to capture developments at the community level. In addition to conducting interviews with individuals with disabilities data was also collected by their care givers, teachers and other educational and non educational professionals. This was especially important in communities where some kind of

---

[19] In-depth Interviews

[20] Anwar Alam (1998). "Research methodology in social sciences", Goodi and Hatt, University of Peshawar.

formal and/or non formal educational provision were available for individuals with disabilities.

To achieve equal representation from rural-urban area 50% presentation was assigned to each. Respondents with three disabilities (VI[21], PI[22], and HI[23]) were taken as sample. Young people were included in research while elderly and children were considered for the informal discussions as they helped to understand many things. It helped in closer analysis of perception and attitude of community towards people with disability. It also helped to analyze the perceptual and emotional differences in sufferings and expectations or level of dependency of two generations. Focusing on this group of young people is particularly important because the number of people with disabilities in countries like Pakistan tends to be higher in the earlier, productive years (Coleridge, 1993).

Table 1: Description of Sample According to Gender and Type of Disability

Type of Disability	Rural			Urban		
	Total Respondents	**Male**	**Female**	**Total Respondents**	**Male**	**Female**
VI	5	3	2	5	2	3
PI	5	3	2	5	2	3
HI	5	3	2	5	2	3
All	15			15		
	30					

Source: field data

1.10.8.Stratified Cluster Sampling

The study employed a standard two-stage stratified cluster sampling. The sample frame for the first stage was the list of young people with three different disabilities derived from the census survey[24]. The national population census data of 1998 conducted by population welfare department Pakistan was also reviewed and analyzed in order to cross check the population of PWD's in that area. In total 42,656 which is 1.6% of whole population in Sargodha was identified as disable people of all ages.

---

[21] People with Visual impairment

[22] People with Physicall impairment

[23] People with Hearing Impairment

[24] Researcher joined a team (RECOUP Islamabad) already working in the research area in collecting Quantitative data. After collecting the quantitative data the team left and the researcher stayed there for qualitative research.

At district level, variations between rural and urban high prevalence's of young people with visual hearing and physical impairment were noted in some villages and urban localities. Based on that data researcher selected the locale to get an appropriate number of young people with disabilities. After conducting census survey the locale was divided into two main strata that were formed as below:

Stratum 1: Young girls and boys with disability from rural Sargodha.
Stratum 2: Young girls and boys with disability from urban Sargodha.

Based on these stratum the sample was divided into further clusters based on type of disability, age and level of education

1.10.9. Informal and Formal Discussions

This technique was used in the entire course of research work in order to gain valuable insights from the interactions and discussions with the local persons including both men and women. These informal discussions helped to closely understand the socio-cultural determinants and attitude of the society. Informal and formal conversations with people in the community, schools and other organizations working for PWD's[25] gave an insight view of people's attitude towards social inclusion of young people with disabilities. It also helped to build a linkage to locate young people with disabilities.

1.10.10. Audio Visual Aid

This technique was used mostly to capture the physical infrastructure of the schools and communities that promote social exclusion for young people with disability. With the permission of my respondents their photographs have been captured. It was important keeping in view the ethical consideration while working with PWD's not to force them for allowing taking their photographs and recording the interviews. However with mutual consensus various young people especially boys allow researcher to record their information via camera and recorder.

---

[25] People with disability

1.10.11.Sign Language Interpreter

> *A Deaf person would ask a hearing person to act as an interpreter for both the Deaf and hearing, cave persons*[26]

The role of an interpreter is to facilitate effective communication between deaf and hearing clients. 'Deaf Welfare Society Sargodha' helped providing a female interpreter as a source to collect information from young people with hearing impairment who had schooling. Mothers and siblings helped as interpreter in case of collecting data from uneducated youth with disabilities.

1.10.12. Secondary Source of Data

The following secondary sources were used for data collection:

- Internet
- Newspapers
- Books and journals
- Data from different organizations

---

[26] Humphrey et al., 1996: 91

CHAPTER 2:

2.1. AREA PROFILE

For the complete understanding of any particular area, a complete provision of data is required in order to understand the culture and socio- economic living conditions of that particular area. As research was conducted with the aim of rural-urban comparison therefore after introduction to Sargodha district, both rural and urban settings will be explained in this Chapter.

Sargodha District

Sargodha is 11th largest city of Pakistan. There are only three planned cities in Pakistan; Islamabad, Sargodha and Faisalabad. 'Mushaf Air Base Sargodha' is the largest air base of 'Pakistan Air Force'. During britishempire, Sargodha was a small town and part of district 'Shahpur'. But after independence of Pakistan Sargodha got immense development and soon become a major city and now a day's 'Shahpur' is a Tehsil (sub-division) of Sargodha district. In 1966 Sargodha was awarded by *Hilal-e- Istaqlal* due to its bravery in 1965 Indo Pak War. Sargodha is also called as 'City of Falcons' (*ShaheenoonkaShehar*).

The district derives its name from the headquarters town of Sargodha which is combination of the words "*Sar*" a Hindi word means a water pond while "*Godha*" was the name of *Hindu faqir* who lived near that pond. Upon the introduction of canals system in this area the settlements around the pond grew in importance and came to be called Sargodha after the pond the name of *Hindu faqir*. The pond was later on filled up and is now included in the area of district headquarters hospitals Sargodha.

The district lies from 31-34 to 32-36 North latitude and 72-10 to 73-18 east longitude. 'Chenab River' beyond which lies the district of MaandiBaha-ud-Din and hafiza bad, on the south by Jhang district and on the west by Khushab district. The total area of the district is 5,854 square Km comprising five tehsil in Sargodha, Bhalwal, Sillanwali, Shahpur and Sahewal there are 832 villages in this district. (variousdistrict census reports).

Since the present study was conducted in a rural and an urban area of Sargodha so in the following chapter a detail description of both the localities will be discussed individually. The total population of Village 'Chak 25 S.B' was 3,152 out of which 195 were experiencing some type of impairment/disability. Whereas the total population of 'Johor Colony' was 1,303 out of which around 63 faced some kind of disability.

2.2. RURAL LOCALE/Chak 25 SB

2.2.1. Introduction

Chak 25 SB was the village in which present study was conducted.Chak 25 SB is one of the villages in Sargodha. The total land of the village is approximately 1044 area in acres including 500 households. This village is located on Lahore road Sargodha.The surrounding villages of 'Chak 25 SB', includes 'Chak 23 S.B', 'Chak 23 A.S.B', 'Chak 22 S.B', and 'Chak 24 S.B'. A very famous town of Sargodha 'Bhagtanwala' is just near to 'Chak 25 S.B'. There is a canal 'MaangiWaliNehr' passing by the villiage.The villagers used buses and Rickshaw from the bus stop named '25 More'. There is a very famous *Madrasah*[27] nearby bus stop (25 More).the canal and the *Madrasah* is the main significance of this village.

2.2.2. Population

Socio-economic and census survey[28] was used to collect the demographic feature of entire village so that complete details about every individual could be collected.

Table 2: Distributionof Populationby Sex

Gender	**Frequency**	**Percentage**
Female	1,583	50.22%
Male	1,569	49.77%
Total	**3,152**	**100%**

Source:Socio-economic and Census Survey

Total population of the Village was 3,152, out of which females constitute 50.22% whereas males constitute 49.77%. Female population is slightly higher than males because the ratio of old females in the society is higher than males. The sex composition depicted in the table includes all the members of community of all age groups. According to the socio economic census survey average number of persons in the family is 7.

---

[27] Its an Arabic word which usually refers to the specifically Islamic institutions.

[28] Researcher joined as a team member in a project run by Mahbub-ul-haq human development center.The team conducted Quantitative household survey in following areas. After quantitative survey the team went back while the researcher stayed in the community so qualititative research.

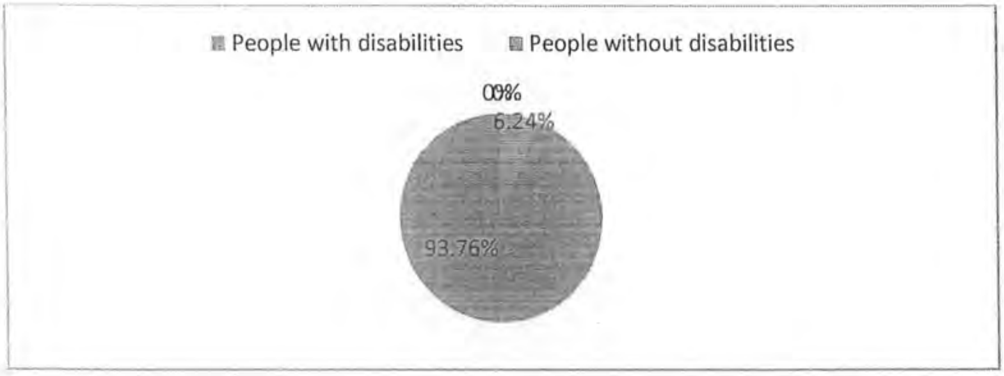
Table 3: Disability Prevalence in Total Population

Gender	Frequency	Percentage
Female	90	46.16%
Male	105	53.84%
Total	**195**	**100%**

Source: Socio-Economic and Census Survey

A sum of 195 people from the total population was experiencing with single or multiple types of disabilities which consist of 6.24% of the total population. The masculine figure of disabilities was a bit higher than those of female with disabilities. Out of 195, the number of male population with disability was 105 whereas 95 women were suffering with different types of disabilities.

Figure 2: Disability Prevalence in Total Population



These figures on people with disabilities includes even those who have most basic levels of impairment such as a person who could see after using eye glasses. Or a person who could hear with the help of using hearing aid.

Table 4: Distribution of Population by Age and Sex

Age in years	Female		Male		Total	
	No.	%	No.	%	No.	%
0-1	38	1.20%	44	1.40%	82	2.60%
1-06	230	7.30%	245	7.77%	475	15.07%
07-13	252	7.99%	219	6.95%	471	14.94%
14-19	240	7.61%	253	8.03%	493	15.64%
20-25	220	6.98%	210	6.66%	430	13.64%
26-31	130	4.12%	102	3.24%	232	7.36%
32 and above	469	14.88 %	500	15.86%	969	30.74%
Total	**1579**	**50.09 %**	**1573**	**49.90**	**3,152**	**100%**

Source: Socio-Economic and Census Survey

Age and Sex are the important variables for the analysis of data. Data in Table 3 presents the population according to their age and sex.In the table all groups of age is included so that can accurate identification of young people could be possible but the focus was to identify exact number between the age of 13 and 29. The tables reflect that majority of the population falls between the ages of 1-32 while the rest falls in the other group. Gender wise comparison of the data shows that in some age groups the number of female were higher than the male members. Almost 50% of the total population consists of female and almost 49% were male members. This is not a major difference. However in other age groups the ratio of male members was higher than those of females. Such as in the age group of 7-13 the number of girls is higher and in the age group of 14-19 the ratio of boys is higher than the girls. The exact number of girls and boys with disabilities within the age of 13 to 29 has been identified with the help of this table. The number of PWD's[29] within the above mention table will be presented in next chapter.

---

[29] Persons with Disability.

2.2.3. Religion

Almost 90% of the total population was Muslim and only 10% consists of Christians. Following tables shows the religion wise distribution of total population in Chak 25 SB.

Table 5: Distribution of Population by Religion

Religion	Frequency	Percentage
Muslim	2834	89.91%
Christian	318	10.08%
Total	**3,152**	**100%**

Source: Socio-economic and Census Survey

2.2.4. Marital Status of Total Population

One of the basic indicators of social inclusion depends upon marital status of a person. The objective of exploring social inclusion in terms of authority given and used before and after marriage give importance to collect data of marriage in respect to gender.

Table 6: Gender Wise Marital Status of Population

Marital status	Male	Female	Total
Never married	1010	881	1891
Currently married (Monogamy)	530	596	1126
Currently married (Polygamy)	14	09	23
Widowed	28	71	99
Divorced	5	5	10
Separated	1	2	3
Total	**1,588**	**1564**	**3,152**

Source: Socio-Economic and Census Survey

Though the total population of female was higher as describe in table 3, the number of married women is also higher than those of men. Since in a patriarchy society like Pakistan boys are responsible to earn so they usually got married in late age, the difference is obvious in the above mentioned table where it has been shown that a total of 596 women are married but the ratio of male members is lower as 530.The ratio of widowed is much higher in women than those of men because a men after the death of his wife could remarry again but the same act is not much acceptable in case of a widowed women. Since separation is not appreciable act in a Muslim society like Pakistan so the ratio is almost invisible in Chak 25 SB.

2.2.5. Educational Status of Total Population

There were total 6 functional schools in the villiage.4 out of 6 were Government schools out of which 2 were for girls and 2 were for boys. The rest 2 were private schools. There was another system of education *NEF*[30] available for the poor children. Most of the poor people send their children to *NEF* school system because the school distributed free books uniform and everything for the students. There was no any special school in the village for children with disabilities. Also no supportive facilities for children with disabilities were available in these schools such as walking ramps. Children with disabilities usually sit with children without disabilities in the same class and there was no proper system in support of children with disabilities. Table below shows the type and level of total schools in village 29.

Table 7: Schools in Village'Chak25 S.B'

Level	Type	Gender	No.
Primary	Govt.	Girls	1
High	Govt.	Girls	1
High	Govt.	Boys	1
Primary	Govt.	Boys	1
Primary	Private	Co-ed	1
Middle	Private	Co-ed	1
Special School	-	-	0

Source: Field Data

Interestingly the tables shows that the number of schools available on equal basis both for girls and boys. The school for girls just starts offering higher classes since two years, before those girls had to travel to the other villages or city for higher education. In order

---

[30] NEF is a project run by NGOs with the collaboration of Government. They financially assist teachers who run efficiently such informal schools.

to study the education level of a child with disability it was important to identify if there is any special school in the village.The data in the above table reveals that there was no separate schooling facility available for special children.

In the following table and figure the population of the village is distributed within the three categories that is population who never got enrolled in schools, population who was currently enrolled and those who had completed their education.

Table 8:Gender Wise Distribution of Population by Literacy Level

Sex	Never enrolled	%age	Currently enrolled	%age	Completed schooling	%age	Total
Male	380	12.06%	540	17.13%	730	23.16%	1,650
Female	520	16.50%	420	13.33%	562	17.82%	1,502
Total	**900**	**28.56%**	**960**	**30.46%**	**1292**	**40.98%**	**3,152**

Source: Socio-Economic and Census Survey

Figure 3: Educational Status of PopulationChak 25 SB

As shown in above graph thirty two percent (30.5%) were currently enrolled in schools while twenty nine percent (28.5%) never attended schools and thirty nine percent (40%) of total population had completed schooling. Amongst never enrolled ratio the number of women outnumbered the number of boys. Out of 30.5% who never get enrolled in any school almost 17% were the girls. There are several reasons behind that such as strict socio-cultural practices in rural communities of Pakistan where a women's body is restricted inside of the home and most of the time it's not likeable to go out even to get education. But now the time has been changed a lot and parents awareness to send their daughters to school has been increased and this new trend could be seen in above data where it has been reported that a large number of girls had been enrolled and were currently studying however the ratio is still low then those of the boys enrolled into the schools.

2.2.6. Skills and Occupation

The type of skills acquired is different amongst men and women. The variety of skills available for boys in rural communities like Chak 25 SB was more than available for girls. The girls were more into learning the art of tailoring and craft making. The reason parents allow their daughters to learn these skills because for utilization of these skills they don't need outside home mobility. Whereas the boys had many options such as few of them get training in electric and mechanical skills, hair dressing and carpenter.

Table 9: Distribution of Population by Skill Type

Type of skill	Male	Female
Carpenter	11	0
Dress making/Tailoring	20	57
Hair dressing	7	1
Building Construction	11	3
Electrician	17	0
Mechanic	22	0
Crafts making	3	55
Teacher	7	5
Driver	18	0
Other	36	3
Total	**152**	**124**

Source: Socio-Economic and Census Survey

Only 9 percent of the total population acquired some sort of skill. The most common skill acquired by both men and women was the dress making. The data from above table reflects that the more technical skills are present in boys such as almost 50% of the skilled acquired by boys included some sort of technical skills.

2.2.7. Civic Amenities

Electricity was introduced soon after the independence of Pakistan in 1947, before the electric the natives used oil lamps. With the provision of electricity people started using electric motor to pump the water, fridge, TV, electric iron and washing machines. A proper system of water supply runs within the village though the sewerage system is not active promptly. During the rainy season the villager has to suffer with bad sewerage system which restricts their mobility outside of the home. Soi gas is also available in this city. There are the towers of two cellular's company in the village as well. There was a graveyard in the villiage and also a two mosques. There was also a center for family planning in the village.

2.2.8. The People in Rural Setting

The locals get up early in the morning, some offer Morning Prayer. Male members of those families who possess livestock use to milk their animals. Females milk the animals in the case of absence of males or they may provide assistance to the males. Normally this activity is done before the breakfast. Women prepare breakfast and usually it is served according to the schedule of the family members like those who have to go out early, they take their breakfast earlier and later on the females who are left at home they take their breakfast. The young girls assist their mothers in preparing and managing the breakfast by cleaning used pots. People try to sleep early at night. Women usually perform the household chores like kneading flour, making pancakes, cooking food, washing utensils, washing clothes and ironing them. Carrying water from well to house is also a responsibility of women. They make clay and the earthen hearts and ovens. Some women do use their artistic sense to make design on oven with charcoal. They daily sweep the whole household. They also prepare fodder for the cattle, milk them, feed the chickens and incubates them. Looking after the children is also the responsibility of the women.

The role of the girls is not any different than that of the women. From an early age they started helping out their mothers in the household chore and gradually this sense of responsibility and share in managing the house increases. When the girls grow up they take over the work completely or the mother and daughters split the housework between them.

The men of the village fulfill the responsibilities of making resources available to the family such as to cover the basic needs like food, clothing and accommodation. As far as agriculture activities are concerned, men do preparation of soil for growing crops and harvesting if they are free from their jobs, if not some women do this themselves but men's participation is important. Men of the village take the decision as to when the seeds should be sowed and when the crop should be harvested. During the construction of houses, although masons are hired but the roof of the house is constructed with the help of all the male members of the household along with other neighboring men and relatives. The men repair the doors, chairs, tables, cots electric appliances etc. In an extended family on the funerals and the marriages the men buy all the food. On occasions of the marriages, whenever women go out to buy dowry, men always accompany them. Usually young boys are sent to errands like buying items of the daily uses, for example tea, vegetables, biscuits, sugar, lentils etc. Boys also accompany female members of house when they go to visit someone or go out to the hospitals etc. Young boys also take out cattle for the purpose of grazing.

Nuclear family system is prevailing in the society but some families live in the joint family system. If father is alive and active then he is considered as the head of the household and he tries to keep his sons united and tries to resolve their disputes. Otherwise elder brother or the economically sound brother has more responsibilities in the presentation of entire family in the *baradari*[13]. With the passage of time people are becoming more nuclear family centric and do not like the interference of significant others.

2.3. URBAN LOCALE/JOHOR COLONY

The Colony is located on 'Sargodha Bhalwal Road'. JoharColony is divided in three 'Mohalas'.There is total 198 households with a population of 1,303. There are other colonies in the surroundings of Johar colony. These include 'Din colony' and 'Shia Colony'. There is also a graveyard adjacent to Johar colony. There is a famous Imam Bargah in Joharcolony.Sragodha's famous hospital 'Shahid Hospital' is just few miles away from 'Johor colony'. It is almost in the center of the city having access to basic facilities like Roads, schools in the city, hospitals and shopping areas. All the houses are made up of brick and all are *Pakka*.The main road going towards Johar Colony is *Pakka*[31] but within the Johor Colony the streets are not properly constructed which creates problems during rainy season.

---

[31] Made up of Brick, and Cement

2.3.1. Population

Socio-economic and census survey[32] was used to collect the demographic feature of entire village so that complete details about every individual could be collected.

Table 10: Distribution of Population by Sex

Gender	Frequency	Percentage
Female	626	48.0%
Male	677	52.0%
Total	**1,303**	**100%**

Source: Socio-Economic and Census Survey

Total population of the *Johar Colony*was 1,303 out of which females constitute 48% whereas males constitute 52%. Male population is higher than females. The sex composition depicted in the table includes all the members of community of all age groups.

Table 11: Disability Prevalence in Total Population

Gender	Frequency	Percentage
Female	37	58.7%
Male	26	41.2%
Total	**63**	**100%**

Source: Socio-Economic and Census Survey

A total of 4.83% people from the total population was experiencing with single or multiple types of disabilities. Interestingly the ratio of female with disabilities was higher than men. Almost 58% of the total population with disability was women. Disability rate for men and women were considerably higher in the village then in *Johar Colony*. It's because the rehabilitation services tend to be concentrated in urban areas such as the PWD's of *JoharColony* had better access to facilities then those of living in *Chak 25SB*.

---

[32] Researcher joined as a team member in a project run by Mahbub-ul-Haq Human Development Center.The team conducted Quantitative household survey in following areas. After quantitative survey the team went back while the researcher stayed in the community so qualititative research.

Figure 4: Disability Prevalence in Total Population Johor Colony

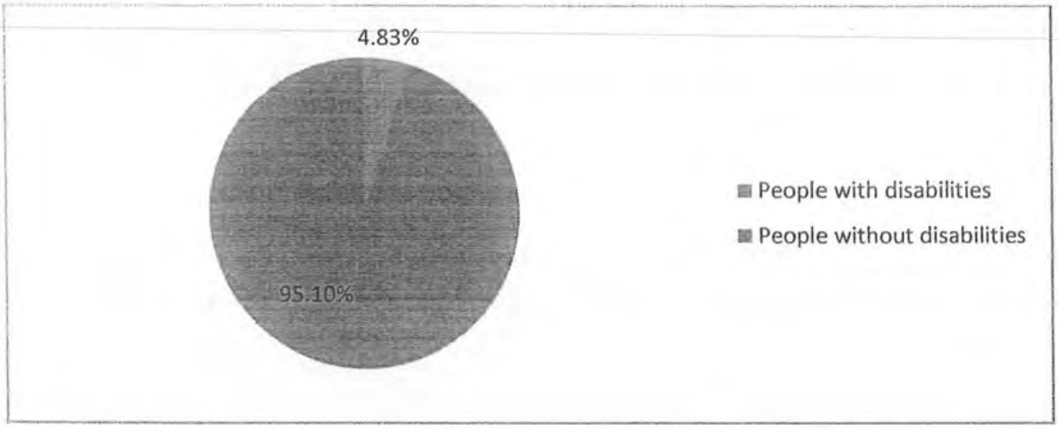


Table 12: Age Distribution of People by Sex

years	Female		Male		Total	
	No.	%	No.	%	No.	%
0-1	32	2.46	27	2.07	59	4.53
1-06	87	6.68	115	8.82	202	15.50
7-13	76	5.83	93	7.29	169	12.97
14-19	83	6.37	100	7.67	183	14.04
20-25	94	7.21	76	5.83	170	13.05
26-31	66	5.06	63	4.83	129	9.90
32 and above	190	14.58	201	15.43	391	30.01
Total	**628**	**48.20**	**675**	**51.80**	**1,303**	**100%**

Source: Socio-Economic and Census Survey

Data in above table presents the population according to their age and sex. The tables reflect that majority of the population falls between the ages of 1-32 while the rest falls in the other group. The ratio of men and women in age groups were different but most of the time the number of male members were higher in each group. This gap is more obvious between the age of 1-13.

2.3.2. Religion

Table 13: Distribution of Population by Religion

Religion	Frequency	Percentage
Muslim	1281	98.3%
Christian	22	1.7%
Total	**1,303**	**100%**

Source:Socio-Economic and Census Survey

Most of the population in *JoharColony* were Muslim only 1.7% of the whole population consists of Christian.

2.3.3. Marital Status of Total Population

One of the basic indicators of social inclusion depends upon marital status of a person. Following is the table showing marital status of total population in Johor colony.

Table 14: Gender Wise Marital Status of Total Population

Marital status	Male	Female	Total
Never married	435	324	759
Currently married (Monogamy)	226	255	481
Currently married (Polygamy)	5	4	9
Widowed	10	32	42
Divorced	01	10	11
Separated	0	02	02
Total	**677**	**626**	**1,303**

Source: Socio-Economic and Census Survey

From the total population almost 37% was currently married and 57% percent population was not married. This reflects a huge number of children and young persons in the community. The ratio of never married was higher in male then in female population just like chak 25 SB.And the reason is again the same that the men is responsible to run a family so it took him more time to settle into a life then that of a women. Also boys gets more schooling but on the other hand a girl left school much earlier than boys in a society like Pakistan, which also is a reason for early marriages amongst girls. The ratio of divorce was also much higher than the ratio of divorced couples in *Chak 25 SB*.The more level of literacy and education and access to media enlightened women of urban area about her rights. So women in urban area like *Chak 25 SB* become more empowered in taking decisions like divorce.

2.3.4. Educational Status of Total Population

There were many schools in 'JoharColony'. Which consists of both Government and private schools. The number of private schools was higher than those available in *Chak 25 SB*. In *Johar colony* there were total 5 out of 9 schools that were private and 4 were Government based. All the private schools were co-educated that's why most of the parents prefer their daughters to study in Government schools. Data from the field reveals that there were no special arrangements made for the special children in *Johor Colony*. They have to study in the mainstream education system like other children without extra facilities for special children. Following is the table reveals data about schools with total number and type of schools.

Table 15: Schools in JoharColony

Level	**Type**	**Gender**	**No.**
Primary	Govt	Girls	1
High	Govt	Girls	1
High	Govt	Boys	1
Primary	Govt	Boys	1
Primary	Private	Co-ed	2
Middle	Private	Co-ed	3
Special School	-	-	0

Source: Field Data

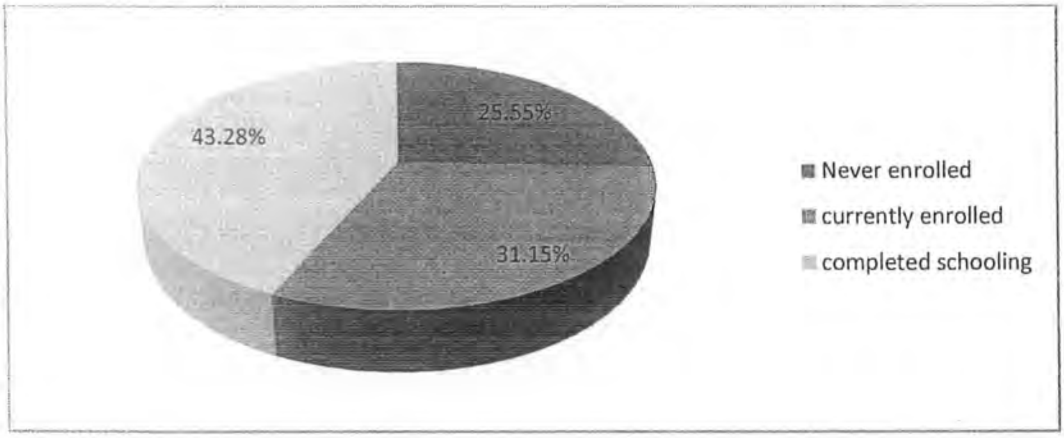
In *Johar colony* there were two schools that offered higher education both for girls and boys separately.In the following table and figure the population of *Johor Colony* is distributed within the three categories that is population who never got enrolled in schools, population who was currently enrolled and those who had completed their education.

Table 16:Gender Wise Distribution of Population by Literacy Level

	Never enrolled	%age	Currently enrolled	%age	Completed schooling	%age	Total
Male	149	11.4%	228	17.4%	300	23.2%	677
Female	184	14.1%	178	13.6%	264	20.2%	626
Total	**333**	**25.5%**	**406**	**31%**	**564**	**43.2%**	**1,303**

Source: field data

Figure 5: Education Status of PopulationChak 25 SB



As shown in above graph only 25% of the total population never attended any kind of schooling.14 % out of 25% consists of those women who never get enrolled in schools where as the rest were male members. Almost 43% population had completed schooling which is quite a good number as compare to *Chak 25 SB*.23% amongst these 43% were boys and the rest were girls. This increasing trend of getting education in*JoharColony* helped researcher getting inside the role of education in lives of young people especially with disabilities.

2.3.5. Civic Amenities

People living in *Johor Colony* enjoy provision of basic facilities like Electricity, Water, Sui Gas and Telephone lines. The colony has easy access to all cellular signals within the colony. There is a clinic in *Johor Colony* and many shops for daily use items. For the kids there was a big play ground where many people from surrounding areas used to come and play altogether. There was a graveyard in *Johor Colony*. There was a famous

Imam Bargah[33] named 'Johor Colony Imam Bargah' in *Johor Colony* .That is the most significant part of the colony.

2.3.6.People in Urban setting (Johar Colony)

Although many people share same characteristics like religion, cast system, language and much of other behavioral activities but routine and nature of work or profession differs from that of rural setting.

Most of the people in urban areas worked for their own business like, own their shops at different shopping malls, some have migrated to other countries to earn good. In some of the urban areas like *Johar colony* and *Seattleite town* the male members works in army or in police. There were also teachers, also many people who provided rent a car services.

Women in urban areas remained busy at household; women in the city usually get up late in the morning, and do the household chores. In some houses the servants were hired for domestic work because women were also contributing in the budget of house through working in schools mostly. Working in a beauty salon is getting popularity in those areas. Tailoring is also another profession in urban locale more than in rural locale where almost every woman knows stitching.

2.4. RURAL-URBAN COMPARISON OF INFRASTRUCTURE

Infrastructure of the houses varies in rural and urban settings; people construct different styles of housing according to their needs, aesthetics and socio-cultural status. People living in the urban area now a day's like to make modern style kitchens and one wash room in which latrines and bath rooms are merged in one single room instead of separate building.

People living in the urban setting had both *kacha* and *pakka* houses, usually there were three or two compartments in each house. Almost every household had a courtyard and bath rooms and latrines are on the distance to living rooms. Most people were livening in *pakka* houses with all the facilities but few houses had courtyard, those who had their size was quite shorter than courtyards in rural setting. Houses in rural setting (Chak 25 SB) are of different sizes but most of them were bigger than the urban setting (Chak 25 SB) with a huge courtyard, and

---

[33] It is a congregation relegious hall for Shia commemoration ceremonies,

many rooms. Most of the houses in villages are semi *pakka*. In the past there were very few houses with bricks and tiles but now it's not uncommon in even rural setting. Many of the households who earned good like the house of *Numberdar* is *pakka* with all the facilities like tiles, room coolers, microwaves.

2.4.1. MAJOR INDUSTRIES

Major industries of the Sargodha district include following certain industries. Beverage, Citrus Grading, Cotton Ginning & Pressing, Dairy Products, Bakelite, Diesel Engines, Electric Goods, Flour Mills, Fruit Juices, Fruit Preservation, General Engineering, Glass & Glass Products, Leather Footwear, Oil Mills, Packages, Pesticides/Insecticides, Poultry Feed, PVC Pipe, Readymade Garments, Sugar, Tannery, Textile Composite, Textile Spinning and Vegetable Ghee and Cooking Oil.

2.4.2.THE LANGUAGE

Language spoken by the people is *Punjabi* was the main language of the people. Urdu was also spoken. English was used in offices and used as one of the main educational language. In some areas (such as *ChakMangla*), a mixture of *Punjabi* and *Saraiki* was spoken. There was no official name for this language, but it was commonly known as *Jungli-Punjabi*. All locals understood Urdu, but many people, especially the elder cannot speak it in rural areas. All the school going children could speak, understand and write Urdu. Few young boys and girls understand a little English as well, but cannot speak it in village but level is higher in urban settings due to educated parents and type of schooling. Those who have the higher degree can speak English. Parents who are literate try to communicate with their children in Urdu.

2.4.3.FOOD PATTERN

The most important factor in establishing the food pattern of any area is its climate and the main production as well. Wheat is highly cultivated crop because it is staple diet of the people. Mostly seasonal vegetables, consisting of potatoes, ladyfinger, gourd, cabbage, cauliflower etc, were cooked. Some people do cultivate vegetables in fields for their personal use. Special foods are prepared, like meat, chickens and sweet dishes, on a special occasion e.g. on arrival of guests or on ceremonies like birth, marriage and death or o religious occasions. Maize bread along with butter and *sarsson*(muster) spinach is a common and favorite meal among the villagers. In summer *lassi*and yogurt is must with every meal, while in winter tea is consumed in the morning and in the evening. In summer guest are entertained with lemonades while in winters tea along snacks are served (it varies according to the economic status of family and the type of guest also). Villagers also use many herbs to cure minor ailments. These herbs include green tea, *Ajwain,Sounf*, and *Heeng* etc.

Bread is usually cooked in the*tandori*(clay oven) built in the courtyard for both the lunch and dinner, while*pararthas* are cooked in breakfast over*tawa*. There was also a small kitchen built in every house, which was used for the cooking purpose during rainy season, and for preparing dinner in winter. Otherwise lunch and dinner were cooked in courtyard. In all the households, wood is used as fuel. But many households possess gas cylinders for the purpose of cooking indoors during the rain or winter (depending upon the economic condition).

2.4.4.DRESS CODE

The dress pattern followed by both men and women, either young or old, was *ShalwarQameez*, woman wear the large *duppatas* with it, at home, and cover their head all the time. Some school going girls do not like to cover heads all the time. While going outside women wear large *chaddars*(shaal) in rural setting while women in urban area wear matching *duppata* when go outside. Elderly men usually cover their heads with simple turbans in summer, while in winter they wear woolen caps. Although women dress up simply in the daily life but on special occasions like wedding, Eid or when they go out of their village to visit some relative they wear bright colored clothes, embroidered with gold thread along with *duppatas* with gold or silver lace. On formal occasions men wear waistcoats over *shalwarqameez*.

It was observed that young girls like to wear fancy dresses at home along with jewelry, competition among the cousin and neighbors was observed in dressing. They like to wear dresses according to the latest fashion, some families restrict the stylish dresses and some do not. Elderly people in the society do not like the newer trends of dressing at all. Children wear the traditional and western dresses both, according to the economic condition of the family.

Change in the dressing pattern was observed in urban setting due exposure to the electronic media. Only males were used to wear western dresses in past but recently females were also following newer trends of western dressing. People are accepting change because of media and strangeness to such dresses was decreasing in the society.

2.4.5.THE RELIGION

An overwhelming majority of population is Muslims and few Christians as well. A large number of devotees observe the religious rites of Islam through saying five times a day, fasting in the month of *Ramadan*, distributing the *zakat* among the poor, going on pilgrimage to Mecca, and performing other sanctions laid down in *holy Duran* and *Sunnah.*

On Fridays and during the holy month of Ramadan, large numbers of men attend the mosque. Almost all the villagers attend the *Namaz- I- Janaza(*funeral) of the deceased. All the religious occasions like *Eid- ul- Fitr* and *Eid- ul- Aza* are celebrated and people rejoice these events. On the first *Shab – a- Birat* and Eid that falls after the death of person people visit the house of deceased and say *dua.* Also on the *Shab-e-Birat* women are used to cook halva (traditional sweet dish) which is distributed among the relatives, orphans and needy.

2.4.6.SUPERSTITIOUS BELIEFS

The people have various superstitious beliefs like evil eye that was attributed to certain envious persons of the inflicting injury or bad luck by a look. Toward off such evil looks the people pretend to spit near the object they intend to protect. Another superstitious belief was that if on a wedding ceremony it starts to rain, then the mother of the groom should wear her shirt inverted, as it will stop the rain. Another superstition was that if a crow sits on the roof of the house, then a guest will arrive. Similarly if a small child falls in the doorway, it also indicates the arrival of a guest. If somebody enters a room quickly after taking off the shoes, which are taken off in such a way that one shoes is ahead of the other, would have to travel a lot. Another superstitious belief is that if a black cat crosses some body's way or if a person walks under a ladder, then bad luck will come to this person.

2.4.7.SOURCES OF ENTERTAINMENT

The main sources of the entertainment in the village include TV, radio, stereo, newspapers and women magazines. Younger generation listen very intently to Pakistani songs on F.M radio and Indian songs on stereo. Those young girls who can read, like to read woman magazine to update their information about current fashion styles and stories.*"Khwateendigest"* is very famous among the local women. Another entertainment, especially among the women is gossip.

Thus whenever women are free, they get together and sit in the courtyard and do talk about different matters of the family or community. As gossiping starts and spreads very quickly so it serves the purpose of social control as well. People try to behave in such a way, so as to avoid the gossip about them. Therefore gossips serve as social agent which not only solves the issue of people rather restricts people to behave in culturally acceptable norms.

Social meeting places for women include fields, different occasions like birth, marriage death etc. while social meeting places for men include mosques and visit to relatives, friends and also different occasions like death, marriage and birth etc.

CHAPTER 3:

3.1. DISABILITY PROFILE IN RURAL/URBAN SETTING

In the previous chapter detailed area profile of the district Sargodha was presented to understand the geographical position and over all conditions of the locale. The chapter will discuss the data on disability prevalence both in *Chak 25 SB* and in *Johor colony*to have a competitive analysis.

As discussed earlier the quantitative research enquires about the disability prevalence among all household between all the ages but the focus of research was youth and severe type of disability only.Respondents who had reported any kind of disability was then been asked about the degree of their impairment, how it affects their activities and social life, and at what age they acquire. Any kind of disability amongst youth who acquire in early ages with sever affects had been included for qualitative research. Table 17 presents the results for the disability prevalence by type, age, locale and gender of the respondent.

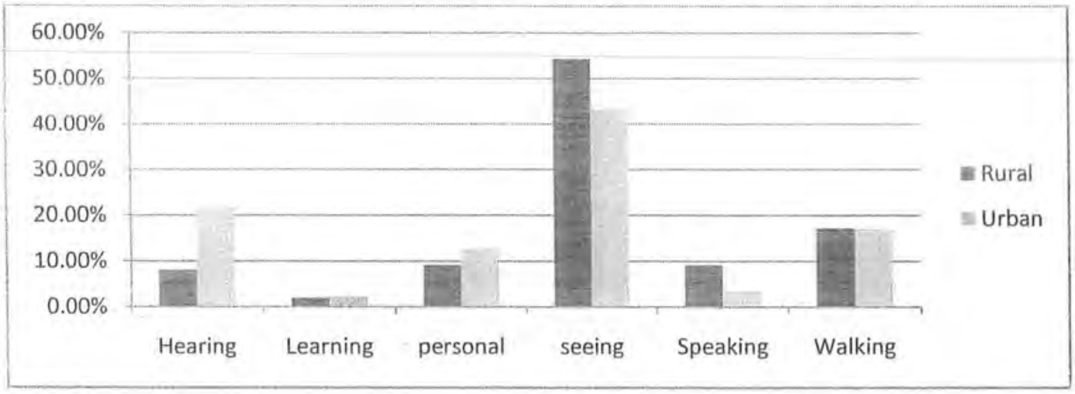
Table 17: Prevalence of Disability by Location, Type and Sex

Type of Disability	**Rural**				**Urban**			
	Female	**Male**	**Total**	**%**	**Male**	**Female**	**Total**	**%**
Hearing	8	8	16	8.1%	8	11	19	21.59%
Learning	3	1	4	2.03%	1	1	2	2.27%
personal	10	8	18	9.13%	6	5	11	12.5%
seeing	50	57	107	54.31%	14	24	38	43.18%
speaking	14	04	18	9.13	1	2	3	3.40%
walking	20	14	34	17.25	7	8	15	17.04%
Total	**105**	**92**	**197**	**100%**	**37**	**51**	**88**	**100%**

Source: Field Data

Disability in seeing was the most commonly reported difficulty covering 54% in rural and 43 % in urban population which is almost half of all population with disability. Difficulty in walking (17.25% in rural, 17.04% in urban) and hearing impairment (8.1% in rural, 21.59% in urban) second the seeing disability.

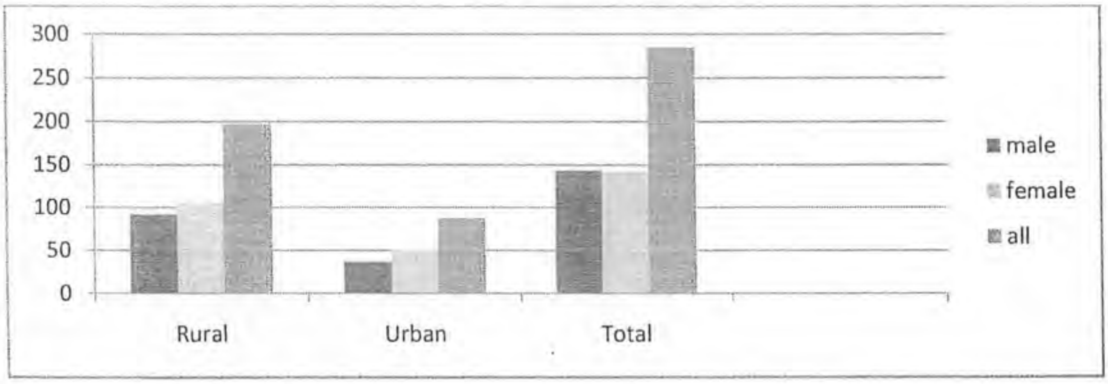
Figure 6: Distribution of PWD's with Type and Location



Source: Field Data

Very few cases were reported with personal care and learning disability. Disparities in reported difficulty by type felt to be affected by the stigma attached to it. It was noticed that people were more ready to report the minor difficulty in seeing and hearing impairment because they were more acceptable because of common sign in old age rather than disability related to learning and personal care. The data showed that most of the people with seeing difficulty were categorized as mild in nature, those who can see with the help of some spectacles were also reported. The respondents with walking and personal care were reported as severe in nature.

Figure 7: Prevalence of Disability by Location and sex



The disability prevalence was high in rural areas because of the higher population rate in rural area. Also most of the people in rural areas faced lots of barriers to basic health and safety facilities. Women in the sample reported more impairments then men. Lack of nutrition especially amongst pregnant mothers and girls is another reason for high number of

PWD's in rural area like *Chak 25 SB*.Figure 7 presents the type of disability present both in *Chak 25 SB* and in *JoharColony*.

3.2. YOUNG PEOPLE WITH DISABILITIES

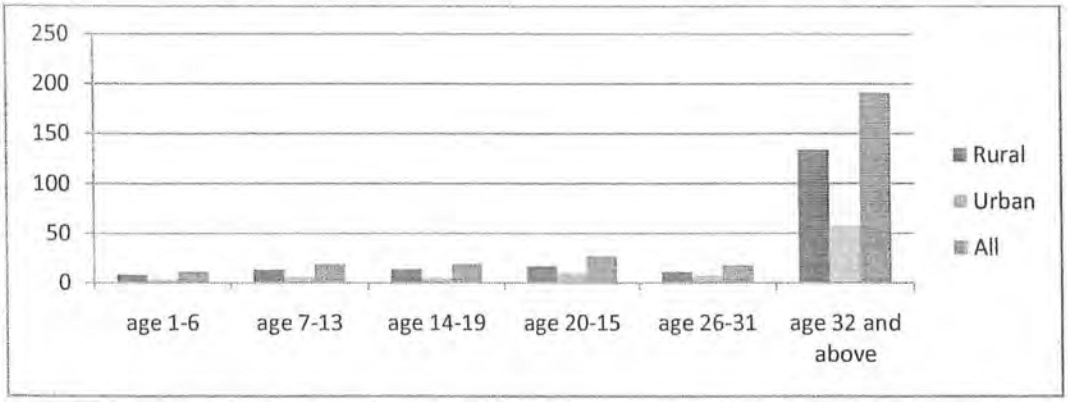
Data Indicates that young people (15-30) constitutes one quarter of the total sample reporting one or more kind of impairment both in rural and urban area.

Table 18:Age Wise Distribution of People with Disability

	Rural		**Total**	**Urban**		**Total**
Age Group	Male	Female		Male	Female	
1-6	4	4	8	1	2	3
7-13	5	8	13	2	3	6
14-19	9	5	14	2	3	5
20-25	8	9	17	4	6	10
26-31	4	7	11	4	3	7
32 and Above	63	71	134	25	32	57
Total	**92**	**105**	**197**	**37**	**51**	**88**

Source: Field Data

Figure 8: Prevalence of Disability by Age and Area



As shown in Table 18 most of the PWD's presented in old age that is after 36.whereas the rest cases were high in young age between 15 to 30.The ratio of young people with disability was higher in rural area as was the case in largest sample. For the present study the youth with physical, visual and hearing impairment were included, and also it was taken into account that those with severe type of disability could be included which automatically reduced the sample.

3.3. CAUSES OF DISABILITY IN RURAL/URBAN SETTINGS

Table presents the common causes and reasons of disability prevalence in the sample. Data states that for physical disability that include walking and personal care caused by both prenatal and post natal factors. Same in the case with hearing impairment whereas the affects of infectious disease was also diagnosed as major cause of visual impairment.

Table 19: Common Cause of Disability in Both Rural and Urban Locale

Disability	Common causes	
Physical	1	Prenatal factors including high blood pressure. High or low sugar level, results of cousin marriages.
	2	Post natal factors include accidents, disease like Polio.
Visual impairment	1	Congenital
	2	Infectious disease
Hearing impairment	1	Prenatal cause
		Viral disease, toxic conditions, traumatic experience during delivery, lack of oxygen during delivery, accidents trauma.

Source: Field Data

3.4. TERMINOLOGIES USED FOR PEOPLE WITH DISABILITY

In every culture there are different terms to call anybody; these terms could be according to the physical, social, emotional, political or professional status of the individual. Same way different terms were used in the cultural setting of Sargodha district. The following table was designed by asking the terms from the respondents and by participant observation.

Table 20: Use of Terminologies for People with Disability in both Areas

Disability Type	Language		
	English	Urdu	Punjabi
Visual impairment (VI)	Blind	Andha/Andhi or Nabeena	Kana/Kani
Hearing impairment (HI)	Deaf	Behra	Dora
Speaking	Dumb	Goonga	Goonga
Learning impairment		Pagal/Sada/Maskeen	SainLok/Polha
Physical impairment (PI)		MazoorLangra	LangraLula

Source: field data

Use of these terns not only described the physical condition of the people with disability but certain level of stigmatization is also attached to these terms. When people use these terms in front of these special people, they got hurt about it and their self esteem decreases. Some of the people in the community use these terms to mock and make fun of the people with disability.

3.5. INSTITUTIONAL SUPPORT MECHANISM FOR PWD'S

Special education department is the responsible department to deal with the schools of PWD's in Sargodha district such as in *Chak 25* SB and in *JoharColony*. Before devolution this post dealt with the entire division of Sargodha and was referred to as 'Divisional Officer Special Education'. After devolution, the term district was substituted in place of division. It comes under the provincial 'Special Education Department', which has its own secretary, secretariat and directorate. The 'Special Education Department' was separated from general education in 2004. In Sargodha city there is one school each for mentally retarded, deaf and blind falling under the provincial special education department. These are all co-educational, and now there are plans to establish at least one school for girls. These special schools in Punjab offer several incentives Sargodha city has more schools as it is the divisional HQ as well. Usually there is one special school for any particular disability in each district HQ. Recently, 'disability centers' have been established at the level of each tehsil HQ. These centers deal with 4 disabilities (hearing, visual, walking and MR) under one roof. Currently these are all in rented buildings but land and funds for government buildings have been approved. 1 teacher for each disability is initially inducted, and with time the setup is upgraded.

Each centre has 2 vehicles to pick and drop children. There are 3 schools for special children, Also there are government special education centers at the level of each tehsil HQ which are as follows: Sillanwali, Bhalwal, Shahpur adjacent to main police station), and KotMomin (the 6th tehsil is Sargodha itself). Plans are now in place to take these disability centers to the level of sub-tehsil (towns).

Social welfare department Sargodha the department which is effectively maintaining the record of all the NGOs and Government institutes working in the district. The main Aim of the department is to registers all the NGOs and other groups working in the district, to disburse the funds allocated by the 'Bait-ul-Maal' to the NGOs and to the deserving PWD's. The committee distributes finances between the divorced, orphans, disabled, poor students, ill, old and the penniless. PWD's(including young girls and boys) from *Chak 25 SB* and *JoharColony* revels during study that they tried to get financial and material Aid support from these departments but faced various difficulties since the criteria to get these Aids are not easy. One had to show proof their disability by showing disability identity card which no body own.

Most of the PWD's from *JoharColony* were aware of these facilities but the PWD's in *Chak 25SB* had not much awareness about these facilities. It's because these institutions mostly focused towards urban localities than of rural one.

Table 21:The Institutional Structure for PWD's as in Rural/Urban:

Service Holder (Government)	**Service type**	**Services offered**	**Target PWD's**	**Distance from chak 25 SB(in Km)**	**Distance from Johar Colony**
Social Welfare Department Sargodha	Welfare	Distribution of Betul Ma[34]l fund	People with all types of disabilities	25 km	15 km
Special Education Department Sargodha	Institutional management (PWD's)	Establishment of special schools	Children and youth with all types of disabilities	25 to 30km	15 km
Government Deaf & Defective Hearing School Sargodha	Education	schooling till Matric	Boys and girls with hearing Impairment	30km	10-15km
Government school for the blind Sargodha	Education	Schooling till matric for boys and till middle for girls. Vocational courses	Boys and girls with visual impairment	25-30km	10-15km
Government Special Education Centre, Shahpur	Education	Schooling till secondary level	Boys and girls with PI,VI and mental disability	30km	15-20km
Ibn-e-Rushd Special Education Centre for Hic	Education	Schooling	Boys and girls with HI	25-30km	15-20km
LatyonRahmatullah Benevolent Trust (LRBT) Shahpur.	Health (Hospital)	Organizing free eye camps Free operations	People with Visual Impairment/difficulty	35km	25km
Private/NGO's					
Deaf & Dumb Welfare Society	Education	Promotes computer education and sign education	Youth with Hearing Impairment	25-30km	10-15km
Deaf welfare society Sargodha	Social participation	Sign language Vocational courses Marriage guidance Counseling Assistance for employment	Youth with Hearing Impairment	25-30km	10-15km
National Association of the Blind, Sargodha	Employment	To update reliable data on VI and to assist them in getting jobs	Youth with Visual impairment	20-25km	10-15km

Source: Field Data

---

[34] Fund allocated by Government for marginalized people such as Orphans, Widowed, People with disabilities

As shown in the above figure there was not a single school in *Chak 25* SB and in Johar colony for special children.But the youth with disabilities within these two areas had access to the schools and NGO's located nearby which were presented in the above table. However the youth with disabilities in *JoharColony* had easy access to those schools because of less distance whereas the young girls and boys from *Chak 25 SB* had to travel a lot to get in those schools. In that case more girls remain far from using these services because of their disability. The schools already present within these communities had no service delivery in favor of a kid with disability such as they offered classes upstairs, or the bathroom was not build in friendly way. All these factors hinder a child with disability to study in those schools especially in physical disability. As stated in above table there was an active private organization working for hearing impaired young people, there was also a separate school for them. The impact of these NGO's and schools will be discussed in coming chapters. In-depth interviews reveal that youth with disability from both areas visited regular hospitals in city Sargodha near to *JoharColony*. LRBT is a hospital that provides free services to people with visual impairment.

CHAPTER 4:

DISABILITY: PERSPECTIVE OF DISABLED AND NON-DISABLED

Disability studies do not deny that there are physical or mental differences between people with and without disabilities; however, practitioners emphasize that the nature and significance of these differences depend on the way members of society perceive and interpret them.

Therefore the content of this chapter depends upon the perception of people with disability to account their subjective feelings related to being disabled and community's attitude towards them. To get the holistic picture of the fact community members including parents, siblings, significant others and general community were also interviewed.

As social model was more emphasized in the research therefore the findings are more related to socio cultural process than biological causes of disability. According to social model of disability "Disability is an outcome of social processes or as a constructed or created category". The purpose of this chapter is to deal with three types of disability (VI, PI, HI) and problems related to social inclusion and participation in the community as a normal human being considering various dynamics of a young person with disability. These dynamics includes access to health and education, employment and marriage. The chapter will be exploring the perspective of health, education, physical and emotional support received by family and community within the youth of three different types of disability.This will help to identify how the attitude of a young person with physical impairment, hearing impairment and visual impairment and the support from family/ community affects their social inclusion.

TYPES OF DISABILITY

Health is one of the basic and great blessings bestowed to a human being; to be completely healthy ensures the productivity and functionality of any human being. This functionality decreases due to any impairment in biological, social, psychological and environmental set up. The aim of this particular research was to explore the relationship between biological impairment and social life. All three types of disability (Visual impairment, hearing impairment, and physical impairment) will be discussed one by one.

4.1 YOUNG PEOPLE WITH VISUAL IMPAIRMENT

To see is one of the greatest blessings of the lord. Human eye does have a remarkable rather most significant position in the human functioning. The importance of the vision means a lot to any human being living in any region in the world. This visual impairment could be by birth or lost vision due to any accident". To have a healthy child is the utmost desire of every couple regardless of their socio-economic and cultural position but when a couple came to know that they have given birth to disadvantaged child (a child with any disability) bereavement cannot be avoided. Therefore To know in detail about the visual impairment it becomes necessary to understand its impairment and reasons of being blind.

4.1.2. Onset of the Visual Impairment

To examine the difficulties a young boy or a young girl with visual disability experienced throughout life span, it was important to choose only those who acquired this disability in initial years of their life or by birth.

Table 22: Onset and causes of Visual Impairment

Onset	**Reason**	**Number of Respondents**	**%**
Pre Natal	Genetic defect	4	40%
	Birth asphyxia[35]	1	10%
	Pre natal infection	1	10%
	Unknown	2	20%
Post Natal	Head Injury	1	10%
	Unknown	1	10%
Total		**10**	**100%**

Source: field data

The table above presents the data showing the Onset Age of visual impairment and the reason amongst sample population. 80% of the young people with visual impairment acquire visual

---

[35] condition where a baby does not get enough oxygen before or during birth

impairment By birth with various pre natal causes. One of the major reasons appears to be as genetic defect where children acquire visual impairment because of inheritance of visual disability in the family.10% of the sample acquire visual impairment because of birth asphyxia. Infection during pregnancy within mothers results into visual impairment amongst 10% of the sample.

The rest 20% of the visually impaired youth acquire this disability later after birth but in early years which covers 20% of the sample. A girl hina[36]told that she got injured falling by roof of the house and later loses her eye side in third year of her life. The reason of 20% sample within visual impaired youth remains unknown. 20% of the sample had undergone some form of operations and almost half of them has undergone through medical checkups in their early childhood. Greater number of individuals who had regular checkups was urbanites, few people in the rural area had access to medical assistance due to lack of facilities and poverty. 20% children were examined by a free eye camp organized in their special school but this check-up had no longer effect on their eye sight.

4.1.3. Health Perspective of Visually Impaired Youth

The youth with visual impairment had undergone with several medical checkups. Most of the parents seek medical help for their child with visual impairment. Following table reveals the medical status of young people with visual disability.

Table 23: Health Care and Medical Checkups

Categories	**Medical Checkups**	**Never had Medical Checkups**	**Had Operations**	**Never had Operations**
Rural girls with VI	2	0	1	1
Rural boys with VI	2	1	0	3
Urban girls with VI	2	1	0	3
Urban boys with VI	1	1	0	2

Source: field data

---

[36] Fake name

They face many problems in their general routine life which in return affects their general health. A girl from Chak 25 SB reported to undergone several operations to remove her ovaries because of a tumor. 3 out of 10 in sample reported minor injuries in their childhood because of hitting by something as they could not see the path.

4.1.4. Educational Perspective

Education plays a very important role in a person's life especially if a person is having a disability. Education is the key for a young person with disability to enter into the society with affective way because it gives him confidence and knowledge about resources available to them. Following table shows the level of education amongst the young people with visual impairment in rural and urban setting.

Table 24: Break Up of Sample[37]with Education Level, Sex, and Area Characteristics

Locale	Uneducated		Schooling 1-5		Schooling 6-9		Schooling 10 plus		All
	Male	Female	Male	Female	Male	Female	Male	Female	
Rural	1 (Hafiz-e-Quran)	1 (Hafiz-e-Quran)	0	1	1	0	1	0	5
Urban	1 Hafiz-e-Quran	0	0	1	0	1(Hafiz Quran)	1	1	5
Total	2	1	0	2	1	1	2	1	10

Source: field data

The study rationale was that these three impairments groups had a history of education provisions though greatly varied across impairment types in order to get a comparison with those who have little and no education and the ones who have higher education. 2 out of 4 including a girl and a boy never enrolled to a school in rural areas, whereas the ratio for never enrolled in school for urban area is less than the rural area. In urban out of 6 only one boy never enrolled to school but he completed his '*Quranic education'*. Female had a poorer educational status as compared to males. Less than 10% had received any vocational training. Out of the sample two boys got higher education, one had completed his Masters(Johor

---

[37] Young people with Visual impairment selected as sample

Colony) and the other had done his bachelors degree. In urban a girl completed her secondary level education. Rest of the girls had little and no schooling at all. The girls who had enrolled in schools even, they could not complete their education because of the lack of support and poor evaluation system of exams where they need a transcriber and due to transcriber mistake they could not scored well.

There were various reasons for not going to school or early dropout rates. However the ratio differs between the rural and urban settings. In the rural area the distance of the special school from the house affects the enrolment of a student suffering with visual impairment. The students from urban settings has some access to special school for blinds easily whereasit's far from Chak 25SB(Rural setting).A person with visual impairment needs support from his/her peer to travel with them, which restricts their mobility especially in case of young girl with visual impairment. Lack of friendly transportation system for them to travel outside of the community was another problem which creates cost issues for the whole family as well. So In that case most of the families prefer boys with visual impairment to get schooling then those of the girls because of the security reasons and because of high cost to reach special schools.

Most of the boys from rural areas stay in the hostel provided by those schools but the parents of young girls usually preferred not to send them to hostels because they were not satisfied with the provision of care to their "special child". Thus it resulted with lower level of education. The urban young girls also faced barriers while studying in those schools as one of student who had done her higher secondary education reported that:

> *'I left my school because our male fellows had some negative feelings for usthough they never had seen a woman so most of them wanted to touch and to feel it. Also most of the girls faced such behaviors by teachers. We were only 5 girls in that school till primary then after primary only two of us continues till middle because the school offered co-education only till Middle standard.*

Such feelings were narrated by many of the girls' even boys that they felt ashamed because it is difficult for them to protect themselves from such activities and harassments. This decreases the self-esteem of the students to continue education.

The findings of the study prove that the learning of *Quranic Education* was higher in this group of disability amongst youth then in the rest groups of disabilities. 40% of the sample youth with visual impairment acquire *Quranic education*. One of therespondents of age 18 narrated that,

> *'I feel close to Allah, while reading Quran-Pak. It makes me feel better when ever I Recite Quran-e-Pak'*

It was also noticed that one cultural term for the blind was hafiz, either he/she learns the Quran by heart or not. A blind with visually impaired and *Hafiz-Quran* is respected by the community. Education systems have the capacity to promote social inclusion for youth with visual disabilities.

For some persons with disabilities for whom schools in their localities are not sufficiently adapted to their special needs, is it better to exclude them temporarily perhaps, and concentrate more individually on their development integration in everyday life –`School is not synonymous with education. They choose *Quranic education* for such people. Sending visually impaired men to religious schools appears to be part of the social fabric, at the time when our sampled youth were into the phase of going to schools there was not a single special school in villages there was only one school for blinds in urban locale(Johor colony). And still when they are now young there is no change, still the absence of special school for blinds in Chak 25 SB. Some parents from Chak 25 SB even never heard about special schools for Blinds in nearby communities as one of our respondent Jamila[38] said:

> *"Yes there was a special school for the blind but my parents were from village, they did not know. Also that was away and conditions were also not favorable for me to join so I went to Madrassa for some period"*

Many factors are needed to be incorporated by the parents do take care their VI[39] child. As education is not common in Pakistan especially in rural areas and uneducated parents do not have information about the facilities for the children by the government and if they know

---

[38] Fake names are used to maintain the confidentiality of respondent profile. As parent were very much cautious about this because many people from government visited them and did nothing for them in return

[39] Visual Impairment

other factors like security, permanent care giver and long distance becomes the hurdle in the attainment of education and other facilities.

4.1.5.Self Image

Every human being does possess a self-image and this could be different from others' how they think about particular individual. This self image has a very significant role in the life achievements of any individual. This self image is dependent upon number of factors like how one experience the world, his past experiences, socio-economic and socio-cultural background of the individual. Self image of people with disability is worth motioning to report their self esteem and subjective feeling about their disability.

Visually impaired youth felt themselves more deprived and marginalized then the other two disabilities, however the uneducated youth and the girls found to be more depressed then those of educated girls and boys. A girl from Johor colony with little schooling expressed her feelings being a visually impaired as,

> *'I cannot see the world as other people can, we are more dependants on other people then any other person with physical disability or hearing disability'.*

This feeling of dependency and the urge to see the world created the sense of helplessness and depression among them. Youth with visual disability were found to be very sensitive and less talkative and shy then the other sample; especially the young girls with no and little schooling were very shy. They choose to recite Holly book *'Quran-e-Pak'*. How ever they love to talk with active listeners because this creates a sense of their importance in other's life. They can't see but they urged to discuss and were curious to know about every thing. They loved to watch TV or to listen Radio; use of mobiles was a favorite activity even in the rural areas. One of the respondents who was fond of education said,

> *'In my free time I want to sit in the company of educated people, who could share some bookish knowledge as it's always productive'*

Both the young girls and young boys wanted to earn for their families and for themselves as well because productive individual possess a special place in the family dynamics. As one of respondents said,

> *'I only think about future of my parents that Allah my keep my parents healthy and remove all their worries'*

Since the community gives honor to youth with visual disability in a sense that they were close to Allah and thus ALLAH will listen to their prayers. Most of the youth felt these intentions of their community members and this was the one thing that made them a bit happy. A young boy from Chak 25 SB with no schooling just shared that,

> *'People from my locale and even outside the locale come and visit me to requests pray for them, and I feel honor to pray for them'*

It was later confirmed that he was regarded as a '*Peer*' in the local community. He earned for his survival in this way.

Youth with visual disability were found to think about their surroundings more deeply and philosophically. Especially girls they build imaginations in their mind about world, they wish to see the world one day, as one of girl said,

> *'Please tell me how does a Sea look like, what colour is usually a sea? I know I can never be able to sea but I am sure you have seen it so I want see it through your eyes'*

Boys however were better in confidence especially with some schooling. As they have strong group of friends around them in the community.Interestingly, in stark contrast the narratives provided by some of the more educated men focused on the transformative powers of education. One of the respondent(a boy) having completed 12 years of schooling living in Chak 25 SB, discussed these at length:

> *'Education has provided me an opportunity to know about myself. I came to know about inequalities in our society and country through education. If I had not studied*

> *like other traditional disabled persons I would also have been thinking that I have to earn 500 rupees (in a day). I would have no feeling about anyone's pain. Till today I have not given help to any disabled, because I myself do not beg, then why they are begging. Perhaps begging is his compulsion but even then it looks bad to me because a disabled is begging'*

This verbatim reveals the stamina of youth to fight with the world with their disability and this is only possible when they think that they are as important and worthy as normal people are. Such people can play a good role in getting rid of the higher level of dependency and depressive episodes among people with disability.

4.1.6. Employment Perspective

Employment plays a very important role in the life of a young person with disability.Being young creates significant challenges for anyone trying to access employment and these are compounded in the case of young people with disabilities.The challenge for young people with visual disability fundamentally impact on their personality, their hopes and beliefs and their aspirations. In the absence of employment opportunities for young people with disabilities, the likelihood of long-term dependency greatly increased. Following table reveals the issues and challenges for employment for a young person with visual impairment. The following table shows employment status of young people with visual impairment.

Table 25: Breakup of Sample Employment, Sex and Locale-Wise

Category	Employed	Unemployed
Rural Girl	0	2
Rural Boy	1	2
Urban Girl	0	3
Urban Boy	1	1
Total	**2**	**8**

Source: Field Data

Table reveals that out only 20% of the sample with visually impaired were engaged into some kind of employment and these were boys.The employment rate for the visually impaired boys was somehow better than the girls. In case of uneducated youth, with better financial resources owned a shop and runs it. One boy with masters level of education worked as a teacher in blind's School from where he received his own education. The employment opportunities however in case of uneducated boys were different. Of the five men with visual impairments, two had trained to become *Hafiz-I Quran* and worked as prayer leaders at a mosque. Of these two had not received any formal schooling and one had studied for nine years in a special school. It is important to note that all three were able to earn a living and perceived themselves and were perceived by others, as following the "good path". Girls however had worse condition in getting employment. The following tables show the reasons of not getting employment. These challenges were almost found same for other two types of disabilities as well.

Table 26: Challenges to Employment with Comparison of Rural/Urban Setting

Category	**Challenges**	
	Rural	**Urban**
Personal	Poverty Lack of schooling Lack of skill Lack of knowledge about specific jobs for them/facilities Family Restrictions based on gender Lack of confidence Dependency on others	Little schooling Lack of skill Lack of knowledge about specific jobs for them/facilities Family Restrictions based on gender
Environmental	Long Distance/lack of transportation Security issues based on gender and Other's negative attitude	Uneven Roads Restriction based on Gender
Institutional	Absence of quota for PWD's. Lack of information about available jobs for PWD's. Non supportive behavior of staff	Absence of quota for PWD's. Lack of information about available jobs for PWD's. Non supportive behavior of staff

Source: Field data

Blindness and poor vision have a tremendous impact on quality of life, particularly for those living in poverty. The blind are heavily affected economically, as ninety percent of blind In case of visual impairment the girls have fewer opportunities for job and earning. Those with little or no schooling seemed unaware of the opportunities available and appeared confused about what they were capable of doing. In many of these cases, young people only replied in vague terms such as wanting to do "any kind of work", or in few cases, undertake menial jobs, such as becoming a sweeper; a significant contrast to the aspirations of their more educated counterparts. As a young boy with no schooling responded,

> *'I don't know how to do any work, I am very worried as my parents are so nice to me and they are poor so I want to serve them'.*

This shows that feeling of paying back to the parents was very high among the VI especially the boys because they are bread winners in male dominated society and they had to take care of a family.

All the girls excluding the one with a secondary school education were dependent on their families. Furthermore, when discussing their inability to get employment, young people who had little or no schooling often highlighted other people's lack of faith in their abilities. When asked a young woman with visual impairment, who had completed four years of schooling whether she had ever worked she responded in the negative, saying that she had not learnt any skills throughout her life, and did not have any opportunities to do so.

4.1.7. Marital Perspective of Visually Impaired

Marriage is an important aspect in a young person's life. Young people with disabilities felt it difficult to get marriage due to their disability. To be married is very important in Pakistani society and marriage has both positive and negative connotations yet it has a very significant role to play in any society. To have a good match is desired by most of the people in Pakistan either disabled or non disabled. The marriage needs many qualifications for both male and female to have a good and smooth life. Following is the table showing the marital status of young people with visual impaired sample.

Table 27: Break Up of Sample:Marital Status, Sex and Area Wise

Category	Married	Unmarried
Rural Girls	1	1
Urban Boys	1	2
Urban Girls	0	3
Urban Boys	1	1
Total	**3**	7

Source: Field Data

Gender differences are very obvious in this regard; male members with visual impairment had relatively less issues of marriage then females. 30% of the sample was married out of which 2 boys were married,one from rural (Chak 25 SB) and one from urban (Johor Colony)setting. The girls with visual disability were hopeless about their marriage as one of the girl said.

'I accept it that I am not able to marry someone, because I do not have eyes'.

But young boys were relatively more hopeful but they were cognizant of the fact that their partner had to be strong enough to deal with them, as one of them said,

'I think a girl who will marry me will have to sacrifice a lot'

There was only one girl who got married but then she got divorced and there were two boys who were happily married. The girl who get divorced told that it was a totally arrange marriage and the boy was not so happy, after one year of our marriage he started behaving rude and told me that I am not suitable to him as I cannot walk with him, he needed a girl who can do some job and more independent then me. So he left me, my father died of shock of my divorce. For her marriage was a bad experience and now she left thinking about it.

4.1.8. Family Perspective

In addition, the blind often need assistance from non-disabled individuals. Oftentimes normal children (with no disability) have to help blind family members. The role of mother and elder sisters is significant in the life of young girls with visual disability. A girl from rural setting

(Chak 25 SB) with little schooling while telling about the support she received throughout her life from her elder sister said that:

> *'My elder sister who has died, had helped me, she used to teach every thing to us, how to keep our self clean, how to take bath etc, previously when we were young, she did all our works and till now she is here for me always'*

Whereas the role of father, mother and elder brothers were more significant in the lives of young boys with disability, few friends also appeared to them as a helping hand which was invisible in case of young girls because of their restrictions to move out of the home.

In some families it was also noticed that deprived children are provided extra care by the parents and they tend these children more than other children who can take care of themselves. But this extra attention may give rise to sibling rivalry. One girl reported that,

> *"I know my parents are poor but they bring me every thing I asked from them, even they ignore my other siblings thinking it might hurt me'. She further reported that my sister some times get jealous and angry that why my parents give me more importance then her"*

In most of the cases siblings provide help to the VI[40] child. Parents and siblings promote their visually impaired kid or sibling to go out with them to attend any function or to do some shopping more in urban areas. The parents from Chak 25 SB preferred to do shopping for such kids by themselves as it's not easy to travel with them to urban localities.

The level of satisfaction is also different for the parents of an educated and non educated youth with disability. Around 25% of the parents observed improvements in their children's mobility after getting education.45% of the parents claimed progress in social behavior of their visually impaired children, while the remaining 15% of the parents saw no change in their children. It was found that 75% of the parents were hopeful about good life of their children in the society while 25% of the parents have little hope that after getting education their children would be able to lead better life in the society. Parents with visually impaired

---

[40] Visually Impaired

youth remained busy with them and thus preferred not to left them alone in home which further restricts their parents mobility as well.

4.2. YOUNG PEOPLE WITH HEARING IMPAIRMENT

The power to speak and listening, makes the individual more powerful. No doubt this is one of the greatest blessings and the content of this blessing or most important organ of the human body is more understood when we see somebody having hearing impairment. Therefore detailed description is reported about the onset of the disease, its reasons and problems of the youth with hearing impairment to know about their social inclusion.

4.2.1. Onset of Hearing Impairment.

Most of the young people with hearing Impairment acquire this type of disability from child hood. Genetics factors were the major cause of this type of disability. Following Table reveals the onset of hearing disability amongst youth.

Table 28: Onset and Causes of Hearing Impairment

Onset	Reason	Number of Respondents	%
Pre Natal	Genetic factors	4	40%
	Pre natal infection	1	10%
	Unknown	2	20%
Post Natal	Reaction to a medicine	1	10%
	Unknown	2	20%
Total		**10**	**100%**

Source: field data

The table above reflects the pre natal and post natal medical reasons for a child who acquired hearing impairment. 30% of the sample acquired hearing disability after birth where as 70% acquire the hearing impairment by birth. Most of the parents and young people with disabilities told that this type of disability runs in their family that's why they acquired it too.4 out of ten (40%) young people with disabilities acquired this disability because of genetic defect, having one or more siblings like that affected by same impairment. As the childhood detection of the disease and its proper check up system was not that much prevalent therefore the onset of this disease increased in family. An uneducated girl from Johor colony(urban setting) who belonged to a very poor family angrily, said that,

> *"My mother could have saved me from this disability if she treated me earlier via giving some injections but she did not"*

As mentioned in the earlier section that poverty and lack of education has made the case intensive. Same thing happened in hearing impairment that mothers as the very important figure in the life of the child are not used to take care of them. No education and no medical checkups from the time of pregnancy create many problems not only for her but for the child as well. 1 percent acquired this disability after one year of age because of a wrong treatment. The reason for having hearing disability in the rest of sample was unknown as they never had any hospital checkups.

4.2.2. Health Perspective of Hearing Impaired Youth

The youth with hearing impairment undergone with few medical checkups in their life but they never had experience any kind of operation unlike young people with visual impairment. The following table reveals health care status of young people with hearing disability with respect to rural/urban locale.

Table 29: Health Care and Medical Checkups

Categories	**Medical checkups**	**Never had medical chekups**	**Had operations**	**Never had operations**
Rural Girls with VI	1	1	0	2
Rural Boys with VI	1	2	0	3
Urban Girls with VI	2	1	0	3
Urban Boys with VI	1	1	0	2

Source: field data

In order to analysis the access to health facilities for young people with hearing disabilities in both locales it was important to examine the process of health seeking behavior amongst them. The data from above data states that none of the youth both from rural and urban setting never had any kind of operations to eradicate their disability. There were many reasons for not having any operations such as most of them were not aware of any special hospital who deal with hearing disabilities. All of them visited the mainstream local hospitals for just treatment of their disability. As only sever type of disabilities were included in the present research so none of the young person in the sample using hearing Aid.

Young people living in urban area had easy access to hospitals and clinics so the ratio of visiting hospitals for their checkups were better in youth from Johor colony(urban locale) than that of rural locale(Chak 25 SB).

Generally the health status of young people with hearing impairment was better than those of visually impaired.As discussed earlier the young people with visual impairment often got hurt by hitting themselves with any object. And the reason is because they can't see so got hurt many times. However the young people with hearing impairment were physically fit and were not depended on their moment from one to another place.

4.2.3. Educational Perspective

Education is very important in the lives of young people with hearing disability. Education opens way to get employment which helps in social inclusion of young people with hearing disabilities. Following is the table showing education level of young boys and young girls with hearing impairment in both rural and urban setting.

Table 30: Break up of Sample with Education Level, Sex, and Area Characteristics

	Uneducated		**Schooling 1-5**		**Schooling 6-9**		**Schooling 10 plus**		
Locale	**Male**	**Female**	**Male**	**Female**	**Male**	**Female**	**Male**	**Female**	**All**
Rural	1	1	1	0	0	0	1	1	5
Urban	0	1	0	0	0	1	2	1	5
Total	1	2	1	0	0	1	3	2	**10**

Source: field data

Out of the total sample 30% of the youth with hearing disability never get enrolled into the schools out of these two girls which consists 20% out of this 30% were uneducated. The ratio was higher in rural (Chak 25 SB) then in urban (Johor colony) setting. Only 1% of the sample population in the Johor colony was uneducated and that was a girl. Interestingly the young girls with hearing impaired got better educational level then the rest of two disabilities. A girl in urban and a girl in rural area had completed their 10th grade and a girl in urban area has done.

The level of education attainment between the rural and the urban youth with hearing disability was different. There were various reasons including lower economic status of parents, and lack of access to the special schools for hearing impairment. The access to special school for hearing impaired children was easy for the people living in Johor Colony (the distance to special school from Johor colony and Chak 25 SB is given in chapter 3).Most of the students including girls with hearing disability gets schooling from there however the young girls faced cultural barriers to reach that school because of dependency to a family member. The 'Government School for Deaf & Dump Sargodha' offers classes till Matric but for girls the classes offered only till middle. Out the sample the 20% of the girls who acquired education till or above Matric did this by giving Private exams.

Unlike young people with visual disability non of the youth with HI in sample acquire '*Quranic education*'.Parents of the hearing impaired youth preferred giving some technical skills to their child so that they could lead their life financially in a better way. In case of hearing impaired youth, it has been observed that their parents preferred some sort of training and skill knowledge to them rather to go for higher studies .For them skill might be more helpful for them to earn and live in a better way then to get education and wait for getting a job which was nearly impossible. As a boy of age 28 in Johor colony with 10th grade of education told that how his father stopped him to get schooling rather to acquire training.

> *'My father used to punish me for learning the skill. I used to cry that he I want to study and would not do the work. My father used to make me understand that I would have no benefit of education, rather I would benefit from learning some skill and I would be able to earn my living through these skill, otherwise due to disability I would do begging, I got training as a plumber and started my work, besides my training I appeared as a private candidate for Metric and I got good marks, then my father become happy and now he is happy because I earn good while running my own shop'.*

Determination of the children and their passion to get study made their life easier but in most of the cases parents like to teach any sort of skill to their children to make them economically independent, as they themselves were poor and could not afford to invest money on a disadvantaged child.

The ability to communicate with others was a dominant theme for the young people with hearing impairment who had attended school. It enabled them to communicate even with those who did not know sign language. A girl with hearing impairment and 10 years of school stated that:

> *'It is only due to school that I can make all understand my every word and if I had to tell something to those who can speak I write it down for them. I gained a lot of confidence by going to school,thereeare many benefits of going to school I can do SMS easily on mobile due to education. If I had not got education, neither I could understand a message nor could I have done SMS. I face problem while reading English messages, in Urdu I can easily read a message".*

This web of communication had made their life easier and now they could explain and communicate with others through messaging on mobile phones which boosted their self esteem.

Young BoyRafique from Chak 25 SB with hearing impairment and 10 years of schooling said:

> *'I did very well by getting education. Due to education I face no problems in my work, everyone makes me understand by writing down and tells me to fix so and so thing. I understand what a person was saying and then I do it'.*

4.2.4. Self Image

The concept of self image gets distorted when one nearing impaired individual see other's talking and sharing and gossiping without any barrier. Educated people have decreased this pain through SMS but it was a life long issue for the uneducated ones.

There were different feelings of being a hearing impaired between young girls and young boys especially those with little schooling. Young boys with hearing impaired were quite relax with their life as they were earning by different means such as working in a shop, even one boy drives his van for picking up school going children. They had good contact with friends and family via text massaging. Also the existence of 'deaf association Sargodha' was a hope of light for them; even the youth living in rural areas have been contacted by the society and picked up by their own transport every friday for a get together within their own deaf community. Most of the girls from urban setting (Johor colony) also attend those trainings arranged by 'deaf society Sargodha' but there was some issue for rural girls to go as it took a lot of time for them to reach their office which was often organized in urban setting. Still most of them know each other. The difference between educated and uneducated was obvious. The girls with no education were shy, sad and angry on the behaviors of other people with them. They were unhappy even with the behavior of their family members such as their siblings and parents .They felt sad that why their parents not let them to study and made them more marginalized.

Where as the hearing impaired youth with little or higher level of schooling were much satisfied with their lives, as they had good circle of friends within their community via deaf society so they enjoyed being with each other rather to sit with a person who can hear and speak. The desire to meet normal persons was lower in hearing impaired youth then the rest of two disabilities. They felt more comfortable to talk to a person just like them, their sign language, and they felt uncomfortable to sit with a person who can't understand their language. Most of them dislike the behavior of normal people around them, especially their siblings and parents if they speak to each other without using sign language for them to understand their conversation, they felt being neglected.

The educated youth was full of confident, for them their sign language and education was a tool for survival as a young boy with 10^{th} grade of education in urban locale (Johor colony) said,

> *"The difference in me and those who can speak is that they make some one understand through speaking while I do this through writing down"*

The girls with little or no schooling felt their disability badly; they felt themselves as a burden on their family, and helpless. Their behavior was rude and angry; they were depressed and hopeless about their future. As a girl of age 22 with no schooling in rural setting (Johor colony) said:

> *"Due to this difficulty I have to face several problems as I cannot hear and when we together I cannot talk. Someone knocks at the door but I cannot hear. People talk but I cannot understand, due to this reason I get worried, I feel isolated and lonely"*

On the other hand the educated girls were more confident and had better life. A girl who topped in Sargodha division in her Matric exam received a prize from minister, for her disability never came in her way. Her parents and school was supportive and she was hopeful for her future endeavors.

Over all the youth with hearing impaired found themselves better than the rest of the disabilities as they could use their sign language to make other understand and it helps them to survive in society bit easier than the other one's also for educated their writing power makes their life easier to convey their message to others. As one of a girl said:

> *"I consider myself better than other disabled but due to my husband's joblessness I am very much worried and considers myself more disabled. On the other hand as compared with physical disability like blindness I feel myself better; I recognize my father, mother, and people of the locality, people in mohalla and people in their street"*

Uneducated youth with hearing disability had displayed increased irritability and frustration. Two out of 3 was described as being sad, down and miserable most of the time.1 out of 3 explained how he withdraw from family and friends after having a feeling of a loser. Slowness in thinking and sleeping problems were common in three of them.

4.2.5. Employment Perspective

The problems related to rehabilitation and employments were far better for hearing impaired then the problems faced by the rest of disabilities. The biggest reason was the existence of a 'Deaf association Sargodha' and its positive impact on their lives. The society gives training for deaf girls free of cost, the trainings include course of beautician, cooking and stitching which enables them to get active and positive about their future. During these trainings they get in touch with each other and try to discuss their problems with them. The society hires those young girls and boys to help them in arrangements of these courses and functions, which helped them to earn a bit. Also with contacts few deaf young boys gets jobs in teaching schools. The following table reveals the employment status of young people with hearing impairment both in rural/urban locale.

Table 31: Breakup of Sample Employment, Sex and Locale Wise

Category	Employed	Unemployed
Rural Girl	0	2
Rural Boy	1	2
Urban Girl	1	2
Urban Boy	1	1
Total	3	7

Source: Field Data

Employment opens doors to participate in a society. A young person with hearing impairment faced various barriers because they can't speak or listen. They have their own language which every person couldn't understand. There were some specific opportunities available for the young person with hearing impairment in research locales. Data from the above table shows that boys' employment rate was better than those of young girls with hearing disability. As discussed above an active society for deaf and dumb person with disabilities in Sargodha city played active role in providing employment and recreational activities for them. Since the society is located just near to Johor colony (Urban locale) so most of the young people especially boys got access to that society easily than those of who lived in rural setting (Chak 25 SB). A boy from Johor colony was working as a support worker for the president of that society which was a paid position. A boy from rural area (chak 25 SB) runs his own shop in village. Interestingly a young girl from rural area (chak 25 SB)) earns by stitching clothes for the villagers.

The 'Deaf and Dumb society' provides lots of opportunities to start own work such as they provide skill training on stitching cooking and beautician work for young girls and boys. Also the society was very active in arrangement of marriages for young people with hearing impairment. The society helped poor youth with hearing impairment by providing some financial support to their wedding events. Many young people with hearing disabilities joined the society in establishing free events for hearing impaired people which remains them busy and socially active.

4.2.6. Marital Perspective

All of the deaf youth wanted to get married with a person like them; they dislike a spouse who can speak and not a deaf like them. As they told that for them a person who can speak to them with sign language is best because he or she can understand what they want to convey. While their parents forced them to marry a person who can speak so that they can move in society in an easier way so the conflict arose between the parents and the youth.
Following Table reveals the marital status of young people with hearing impairment.

Table 32: Break Up of Sample Marital Status, Sex and Area Wise

Category	Married	Unmarried
Rural Girls	1	1
Urban Boys	1	2
Urban Girls	1	2
Urban Boys	1	1
Total	4	6

Source: Field Data

Marital life of hearing impaired girls and boys were so good. Within the sample of them 40% of the total sample were married. The ratio of marriage between young boys and young girls in rural and urban locale was equal.The girl who was married to a boy with hearing impairment said:

> *"whenever my husband came home ,we talked a lot and discuss on every issue, he is so nice he understand my problems and issues, though he is jobless now a days but still he is good with me"*

The boy from Johor Colony who was married with her cousin who was hearing impaired, shared his marital life experience in such words:

> *"I am lucky to have an understanding wifesince she is just like me so we prefer to talk with each other much then to sit with other family members"*

This is the fact that people with hearing impairment feel easy with person having same problem but in some cases to move forward in the society people do like to get their children married to a spouse who has no disability to avoid this disability to get into genes of the next generation.

4.2.7. Family Perspective

The attitude of parents with hearing impaired youth loved and careful, this was observed both in poor and well-off families. Parents prefer to fulfill the desire of their child with hearing disability then to listen others. Because they knew that they feel a lot and get angry earlier than other kids. Admitting this, a boy from rural area said:

> *"'My father and mother never got worried over me. They paid gratitude to Allah and used to be happy"*

Another girl said named Zahra[41]:

> *"Amna told her mother and sisters taught me a lot and that is why now I know how to do different type of works. I can count money. When she felt worried her mother and sister used to love her and she would endure it"*

---

[41] Fake name

The behavior of the other family members and the neighbors was not that positive since people avoid talking to them so the youth with hearing disability disliked other people. This dis likeness was more seen in hearing disability then others.

About the behavior of the people of the most of the youth with hearing disability explained their discomfort on local peoples rude and pity full behavior with them. They don't want to be treated as a pity full object rather to be treated like a normal person.A girl shared her feeling like this,

> "'*People don't talk to me, they talk with each other; nobody talks to me and they keep me silent*"

Most of the hearing impaired youth showed their anger on the non-cooperative behavior of government and government policies that never benefit them. For them the deaf association is the best platform that listens and works for their rights. Otherwise no government ever helped them to get jobs and earning.

4.3. YOUTH WITH PHYSICAL IMPAIRMENT

Motor functioning of the human body and the ability to move around with as a normal human being is worth mentioning. The people who got some disability in any of the organ which resulted in poor motor functioning are known as physical impairment. In this particular research people with physical impairment were interviewed to understand the concept of disability in general.

4.3.1. Onset of Physical Impairment

Disability in mobility can be either an in-born or acquired with age problem. 80 percent of sample suffered with lower limb(s) disability which means inability to stand, and not to walk properly. Local terminology for this type of impairment is "*loolahyalangra*". The rest of the youth included in PI suffered with upper limb disability which included disability of Arm, hand and shoulder.

Table 33: Onset and Causes of Physical Impairment

Onset	**Reason**	**Number of Respondents**	**%**
Pre Natal	Genetic defect	2	20%
	High blood pressure	1	10%
	Unknown	4	40%
Post Natal	Polio	3	30%
Total		**10**	**100%**

Source: Field Data

Record says that almost 20% of the total sample acquired this disability due to some genetic defect as told to them by their doctors. Whereas a single mother reported high blood pressure during her pregnancy as the major cause of her child's disability. The rest never knew the exact reason of having physical disability.The youth with upper limb disability acquired this disability by birth while 30 percent of the sample with lowers limb disability born alright and healthy but developed polio later on because at the time of their birth most of the parents were unaware of the importance of giving injections or vaccinations of polio to children, which resulted in physical disability.

4.3.2.Health Perspective

In many cases, health care facilities were simply inaccessible - stairs block access for wheelchair users for youth with physical disabilities which stopped them to visit any health care centers. Around 80% of youth with physical disability reported it's not easy to visit any health center.General health of youth with physical disability was not that good. The main reason is because physical disability impacts in coordination with different organs of the body.

Table 34: Health Care and Medical Checkups

Categories	Medical checkups	Never had medical chekups	Had operations	Never had operations
Rural girls with PI	1	1	1	1
Rural boys with PI	2	1	0	3
Urban girls with PI	2	1	0	3
Urban boys with PI	2	0	1	1

Source: field data

Most of them suffered with other disease such as fat bodies, weakness. Around 4 percent once in their life admitted in hospitals in their childhood, 2 out of 10 in our sample had their major operations to sustain their week legs, a girl with 12 grade education who belongs to a well off family went through 3 operations in her early child hood because of her stiffened legs and now she is able to walk with help of stick. Another boy got operated his two legs thrice. Around 30 percent of youth with physical disability reported psychological discomfort in their life. A girl reported a broken leg because of her wrong position while walking with other leg, electric shocks as well.

4.3.3. Educational Perspective

The level of education amongst young people with physical impairment was lower than other two type of disabilities(hearing and visual disability).The following table reveals the education status of young people with physical disability.

Table 35: Break up of Sample[42] with Education Level, Sex, and Area Characteristics

	Uneducated		Schooling 1-5		Schooling 6-9		Schooling 10 plus		
Locale	Male	Female	Male	Female	Male	Female	Male	Female	All
Rural	0	1	0	1	2	0	1	0	5
Urban	0	0	1(hafiz-e-Quran)	1	0	0	1	2	5
Total	0	1	1	2	2	0	2	2	10

Source: field data

This table presents the age and educational status of the people with physical impairment in urban(Johor colony) setting and rural (chak 25 SB)) setting where same proportion of the

---

[42] Young people with Physical impairment selected as sample

both sexes exist. 17 to 25 was the median age of the sample which helped understanding different experiences throughout their life.

The level of higher studies within young girls with physical disability was low then other two types of disabilities. The table reveals that only one young boy from Chak 25 SB got higher education whereas none of the girls were able to acquire higher education level. The most important reason for lower level of education amongst girls with PI was unsupportive infrastructure of the community.The out-home mobility for a person with PI is very difficult instead of other disabilities because they need more physical support from their peer group/community members, the uneven roads, expensive transportation system like hiring a *Rikhsaw* from a rural community(Chak 25 SB) to urban settings.Also unavailability of ramps on roads, and education institutes makes condition more worsened and this condition creates more problems for a young girl. The data shows that the level of education amongst girls from Chak 25 SB was lower than primary.

Although the young girls and boys suffering with physical disability were those who get their education in mainstream schooling system they study in local schools within their locale they don't really look for special schools. So availability of special schools within their locale was not a problem in the type of disability. However the bigger concern was to reach and to move within these schools without friendly environment for a child with PI which makes nearly impossible for them to complete their education.

The level of education amongst young girls with PI was better in Johor colony (urban setting).the main reason behind their higher level of education was the family support. The people from urban settings were more aware about the importance of education especially for girls. The roads were better in Johor colony which makes it easier for a child with PI to reach schools. However they also felt many difficulties within the school buildings. Lack of trained teachers, appropriate teaching materials and an unwillingness to include disabled children in the regular classroom limits access to education for students with PI.While explaining the difficulties faced in school, a girl who completed her 10th grade in urban locale said:

> *"I feel more problem while walking and while going and coming back from school I face difficulty, specially at the time of entering class room I face problem because there are stairs, so going upstairs and downstairs I face difficulty"*

both sexes exist. 17 to 25 was the median age of the sample which helped understanding different experiences throughout their life.

The level of higher studies within young girls with physical disability was low then other two types of disabilities. The table reveals that only one young boy from Chak 25 SB got higher education whereas none of the girls were able to acquire higher education level. The most important reason for lower level of education amongst girls with PI was unsupportive infrastructure of the community.The out-home mobility for a person with PI is very difficult instead of other disabilities because they need more physical support from their peer group/community members, the uneven roads, expensive transportation system like hiring a *Rikhsaw* from a rural community(Chak 25 SB) to urban settings.Also unavailability of ramps on roads, and education institutes makes condition more worsened and this condition creates more problems for a young girl. The data shows that the level of education amongst girls from Chak 25 SB was lower than primary.

Although the young girls and boys suffering with physical disability were those who get their education in mainstream schooling system they study in local schools within their locale they don't really look for special schools. So availability of special schools within their locale was not a problem in the type of disability. However the bigger concern was to reach and to move within these schools without friendly environment for a child with PI which makes nearly impossible for them to complete their education.

The level of education amongst young girls with PI was better in Johor colony (urban setting).the main reason behind their higher level of education was the family support. The people from urban settings were more aware about the importance of education especially for girls. The roads were better in Johor colony which makes it easier for a child with PI to reach schools. However they also felt many difficulties within the school buildings. Lack of trained teachers, appropriate teaching materials and an unwillingness to include disabled children in the regular classroom limits access to education for students with PI.While explaining the difficulties faced in school, a girl who completed her 10th grade in urban locale said:

> *"I feel more problem while walking and while going and coming back from school I face difficulty, specially at the time of entering class room I face problem because there are stairs, so going upstairs and downstairs I face difficulty"*

That's why parents prefer the children with PI to study in Government schools which may be easily accessible within their locale. But as those schools were not design structurally for such kids, very few students make it able to complete their education. Physical infra-structure of these schools, and community such as road and streets were not smooth in both the locales but in rural setting it was worse. That's why youth with PI found it difficult only with the help of supportive parents, teachers and friends they get schooling, in case where parents and friends in school were not cooperative the youth left school before completing basic level of education.

Most of the young people studied in other schools which were not designed especially for them. Though they faced many problems such as the non-accessible building of schools, also the people with lower limb disability faced mobility barriers more than those of young people with upper limb disability because A wheelchair that has become too small limits the ability of a young person to leave the house to attend school, work or establish any measure of autonomy especially for a girl so most of the girls left school before completing 5th grade because of these difficulties, in our sample only one girl from urban setting(Johor colony) managed to complete her 10th grade the other girl completed her 12 grade and they both belong to a well off families. Their parents were able to afford the transportation for them and tier friends in school were so cooperative. Another girl from Johor colony(urban setting) left school before completing primary level because of poverty. Her parents were not able to send her school daily on *Rickshaw*[43] she also felt a rude and non-cooperative behavior form her teachers and class fellows.

Classes used to be on different floors in the university. Sometime class used to be on the first floor and some time on the 2nd floor. SM asked then how he used to go; Waseem said,

> *"I had two such friends who used to remain with me until I returned home. On one side there were stairs and on the other I used to put my hand on the shoulder of my friend and go upstairs"*

---

[43] A form of Taxi

Waseem told us that his friends also carried his bag. Waseem told that teacher were very good but due to physical problem it was difficult for him to adjust there. Due to this reason he left software engineering.

The girls who get education were confident and explained education as an important and strong agent for them to participate actively in community and in their daily life. Such as a girl from urban area with physical impairment who had completed 10 years of schooling:

> *"I used to get afraid and get confused and start weeping, but now due to education I have become extremely confident".*

Young boy with five years of schooling with physical impairments explained the role of schooling in his life.

> *"I learnt to read and write from school... not dependent on anyone for reading anything"*

The girl who completed her 10th grade while living in urban locale explained the importance of school in her life as:

> *"The best thing in the school is that I used to sit together with my friends, and in this way time used to pass by in a good way. My objective is to get education and I am on it'. When a person will go to school he will develop self-confidence. If a person gets education and does not do any job, it is his choice, but he does have education"*

4.3.4. Self Image

Since this is the most obvious type of disability amongst human which cannot be hiding from others thus the guilt of incomplete and non-sensory body part was more obvious in young people with PI. Around 75 percent of our sample reported shame while appearing in front of others.A young boy of age 19 who lived in a village expresses his views about being a victim of PI as:

> *"In my view, life is theirs who can walk around, what life is for person like me, as my whole day is passed sitting at one place in isolation."*

The youth who gets *Quranic education* accepts their disability as the will of God and they found themselves more close to ALLAH then other people which help them to bring some positive energy in themselves. A young boy of age, 20 who lived in urban area, explains his views about being a person with PI as:

> *'My disability is source of salvation from sins'*

They just prefer not to meet other people around them and avoid others because of their disability. This fact was more obvious in the life of young girls then the boys such girls very rarely visits a bazaar or any other place rare then compare to youth with hearing disability, even their interaction within their family was less than the other two. The youth with no or little education was not happy with the government scheme of helping disable people, as it's not true in their case. Youth with supportive family members were on the other hand quite confident.

> *'when other girls were doing some thing, then I also wanted to do that but in rush time I used to make myself understand that what Allah wills, what can I do in His scheme of things'*

A young girl of age 20 with little schooling explained her practice of social participation in such words:

> *'due to walking I do not go and secondly, I say, I don't know, what thy will think on seeing me that look, how she is, with this in mind I do not go'.*

4.3.5. Employment Perspective

The rate of employment amongst young people with physical disability was quite low like other types of disability. Following table reveals the employment status of sample population.

Table 36: Breakup of Sample Employment, Sex and Locale Wise

Category	Employed	Unemployed
Rural Girl	0	2
Rural Boy	1	2
Urban Girl	1	2
Urban Boy	0	2
Total	**2**	**8**

Source: Field Data

There are various issues related to the employment opportunities available for young people with PI. Their physical mobility depends upon some other person around them or the use of helping Aids such as wheelchair or walking sticks, which is expensive for most of the poor families. Though Government took some initiative for the free distribution of wheel chairs but the process is too complex. Especially in case of a young person belongs to a poor family or even a middle class family living in Sargodhabecause a person has to come Islamabad for the collection of that wheel chair. The process is too complex a young person with PI has to get a medical certificate, a picture (as a proof of his/her disability) and an Identity card (specially designed for PWD's) which took lots of time and information. Thus families don't took initiative to get those free helping Aids which in result promote social exclusion for Youth with PI.

There is not much professions available for youth with PI specially most of the young boys who get some financial support from families prefer to run their own business such as a grocery store in their house or in their street for the girls sewing is the last and only option available to get some earning. For girls with schooling teaching is the last and only option available and acceptable within their families and community. The girl's wants to learn sewing but the training centers are either too far or even not exists. A young girl of age 25 based in rural area said:

> *"For me the sewing center was at quite a distance but not for others; those who feel difficulty in walking, it is far away for them"*

The desire of job opportunities is different amongst educated girls, as one of them who was currently working as a teacher in a private school in her street reported:

> *"I am not satisfied with this job, I am only doing it under compulsion. I don't have a mind for teaching. I always used to say, I would do any kind of job except for teaching. I want to join FM [radio broadcasting, something she had previously done for a short time] but these people don't let me"*

Level of satisfaction was not visible among these people due to fewer facilities and over work.

4.3.6. Marital Perspective

The youth with PI who have higher level of schooling and those with no schooling both of these groups were not hopeful about getting married. The following table reveals the marital status of young people with physical disability.

Table 37: Break up of Sample Marital Status, Sex and Area Wise

Category	**Married**	**Unmarried**
Rural Girls	0	2
Urban Boys	1	2
Urban Girls	0	3
Urban Boys	0	2
Total	**1**	**9**

Source: Field Data

From the above data it has been shown that the marital status of physically impaired youth was slowest then the other two disabilities. Only one boy from the sample of 10 was married. The rest of the respondents wanted to get married but do not find it easy for them to be acceptable by any other person.The tension for not getting married is more obvious in young girls as they are more dependents on their families and they felt guilt, feeling themselves as a burden on their family.Young girl of age 15 with no schooling, living in a village said:

> *"One should get married so that she does not become burden for parents, as soon as possible good daughters move to their houses is good, some time my mother thinks whether they should merry me or not therefore due to her I feel great tension."*

One girl of age 17 who gets her education till 10th grade while living in urban area said:

> *"In my marriage only my leg would be an issue, there would be no issue of education because people accept only who can walk; I think, no, a person should give importance to education; one should not have negative thinking."*

While the young boys were quite positive about their marriage process in future. A boy who acquired education till level 12 and still a student explained his views about marriage as:

> *"The boy should have good education and he should be earning enough and these are only required"*

young people with PI prefer to get married with a person without any disability because they found it difficult to cope with the spouses who have the same problem. A boy shabirsaid:

> *"If a disabled would marry a disabled and then they would not be able to help each other"*

4.3.7. Family Perspective

The role of parents in the life of young people with PI is positive and brings positive energy in them. Siblings also give lots of helping support to them. Their siblings have to compromise on their time allocation for their studies and personal life because of the support needed from their brother or sister who acquired PI. It's common that parents send the special kid to the private sector for better services and compromising sending the other kids to Government schools.A girl reported:

> *"My mother helps me, she says no dear you begin to weep very soon, don't worry, I am with you, I cooperate with, there are other people She encourages me a lot"*

Sharing about the importance of siblings a young girl of age 25 said:

> *"I do not feel any difficulty during my study, and as for as the household work is concerned I do not do that work, my sister does that, and therefore there is no problem"*

She also said while going to school brother used to leave her at school and while returning we had hired a *Rickshaw* for her because she cannot lift weight. Another girl reported that her sister used to lift her on her arms when she has to enter home after getting off from *Rickshaw.* The same support has been seen in the life of young boys with same disability. As one of boy while telling about theimpact of sisters and brothers on their life said that:

> *"My brothers does all their work. What ever is to be brought from outside or house work, younger brother does all that"*

The role of Friends in young people with PI was obvious with those who gets some schooling, because schooling provides an opportunities for them to meet friends.
Young boy Salman of age 30 in rural communities told us about the support he gets from his college friends as:

> *"I had a great support from my friends when I joined my college, It was not easy to attend the classes upstair, two of my friends used to be with me all the time, helping me out carrying my bag and climbing the stairs"*

Young boys with little and no schooling also had friends but the level of support is lower than those of educated one's. As a boy of age 19 in rural community with no schooling said:

> *"I have many friends and some time I go to their homes and some time they come to my house"*

The support from friends is lower in young girls with PI as they have friends who have same restriction to move out with them being a girl. As one of a girl said:

> *'My friend used to say me that I should go with her I due to my handicap in walking I did not go to her, and I used to say to her it is okay you study at your home and I would study in my own house'.*

The young people living in rural areas reported some discomfort about the negative support they received from their families as one of the girl refused to tell us about the role of her parents and siblings in her life in such words:

> *"My parents, brothers and sister would know better what effect they had had on my life"*

There are many people in the communities who respect such young girls and boys taking them as close to ALLAH because of their disability. A young boy and a young boy reported the positive behavior of the community around them because of their close relation to religion. People respect them and they are famous for their prayers in their *Muhallah's* and surroundings and people came to them for prayers.

There is also a group of people around them who showed pity on them because of their disability. As reported by one of a girl:

> *"I was passing by and people were talking, look! How she is, therefore I don't go now"*

A young boy said:

> *"There are such people in the world who have a different behavior with disabled but I would not like to tell about this"*

A family considers a female disabled as burden. A young boy with PI is not that much restrict to move in the community, they can easily go out with the help of friends whereas if a girl with PI had to go some it would be bigger problem for her. Only a female can take her outside.

Those with physical impairments aspired to be self-employed: men wanted to set up small shops (while women desired to undertake income generating tasks within the house, such as stitching clothes etc.

4.4. COMPARATIVEANALYSIS OF GENERAL COMMENTS OF YOUNG PEOPLE WITH DISABILITY

The views about spouse selection were different in young people with HI and then rest of two disabilities. The young boys and girls with PI and VI preferred to get married with a spouse that should not have any type of disability, so that one can help other. While the youth with HI preferred to marry with a person with same kind of disability so that he/she can understand their sign language, for them marrying a person who cannot understand sign language is not acceptable. That's why the ratio of married couples was more in the group of young people who acquired HI then the other two groups.

Small number stated that schooling had helped them make friends. Young people with more level of schooling appeared to me more confident and positive about their future. They have a will to go far in their life for help them and their families. They have a clear vision where they want to go. Schooling provided them opportunities to participate better in society and to work independently in different spheres of life.

Young people with more than five years of education, across the villages and urban setting irrespective of their type of impairment, gender or location, spoke with greater authority about the positive role that education, and particularly the opportunity to attend school, had played in their lives. The responses of young people with little or no schooling tended to be more vague and punctuated by greater silences,

Most of the participants with higher levels of education spoke in terms of how education had impacted on their perception of self. The positive role it had on their increased self-confidence was a recurring theme in all responses. As noted by Zubaida[44], a girl Nazia with physical impairment who had completed 10 years of schooling:

> *"I used to get afraid and get confused and start weeping, but now due to education I have become extremely confident"*

---

[44] Fake names for privacy reasons.

Feelings of dejection arising from little or no schooling were noted in the response.Some young people talked about the impact of schooling on developing their daily living skills- how they had learnt to read, write and also provide their life with some routine.

> *"I learnt to read and write from school not dependent on anyone for reading anything"*

(Sadiq, A young boy with five years of schooling with physical impairments). While not many young people explicitly stated the value of schooling in terms of development of basic literacy skills-, the development of these skills were implicit in many of the tasks that they were able to undertake. Education opened up a wider world, through their ability to access mass media, such as,

> *"I can comprehend a TV program, read newspapers and send SMS"*

The use of mobile texting was especially pertinent in the narratives of young women. A small number stated that schooling had helped them make friends, though friendship was not a dominant theme, possibly highlighting the largely isolated lives of many of these young people.

A recurring theme in the young people's narratives was the value placed on education to provide some security in light of uncertain futures. For instance, Ibrar, a man with visual impairment and nine years of schooling noted:

> *"Education does a lot in improving the condition of person. An educated person can also do a government job and can also run his house through earnings from tuition. It is a source of living so that he is not dependent on anyone"*

Such a perception was supported by both young men and women. Annes, another man with hearing impairment and 12 years of schooling noted,

> *"Having a job means that I am not dependent on others"*

Huda when explaining how her brother encouraged her to pursue a bachelor's degree stated:

> *"He wants me to achieve something and to be self reliant for one doesn't know, what and how the circumstances would be in the future"*

Even the young people who had little or no education, felt that if they had been educated they would have been able to get a job, which would have enabled them to take care of their family. As discussed later in the chapter, even though education did not necessarily deliver this promise of employment, the belief in its potential to do so was significant. The desire to be employed was one of the most significant aspirations for all the young people irrespective of the type of impairment. When asked to reflect on what they would wish for themselves, all of them wished they were employed and could relieve their parents of their financial burdens. The level of education influenced the type of employment that young people desired and valued. In the data, the contrast between the aspirations of those with little or no education and those with more than five years of schooling is clearly evident. Those with little or no schooling seemed unaware of the opportunities available and appeared confused about what they were capable of doing. In many of these cases, young people only replied in vague terms such as wanting to do "any kind of work", or in few cases, undertake menial jobs, such as becoming a sweeper; a significant contrast to the aspirations of their more educated counterparts. For instance, Dinesh, who had never been to school did not have any clear response and seemingly recounted things he had heard from other people. It is also possible that whether they lived in a rural or urban setting could have influenced the ideas (and indeed choices available) of these young people; however this was not clearly evident in our analysis of the data.

One of the most desired jobs in sample group, especially amongst the highly educated visually impaired and the educated women was to become school teachers, and in some cases, particularly, government teachers. This is probably related to teaching being regarded as a respectable and culturally acceptable profession for females, alongside the increasing numbers of private schools now offering job opportunities. However others, such as those with physical impairments aspired to be self-employed: men wanted to set up small shops (while women desired to undertake income generating tasks within the house, such as stitching clothes etc.

Young people with hearing and visually impairments were more likely to attend special schools as compared to those with physical impairment. The educational levels of the former groups depended solely on the level of education being provided in special schools. For example, in Sargodha city the 'Federal Government School for Deaf' had been upgraded from middle to Matric in recent years and this is reflected in the educational level of the sample group.

Many children with disabilities do not attend school or leave school early. Millions of these young people end up on the street, unemployed and often involved in crime, employment rate is high in youth with all kind of disabilities in young girls then the boys. Even when well educated, they take longer to find a position; A major issue in the lives of all non-disabled young people is the growing physical maturation and changing social role that prepares them for marriage and children. Yet young people with disability often have little or no say over where they will live, whom they will live with and what role they will play within their families or communities. Disabled young people are often denied the right to build families of their own. Social and family constraints make it unlikely that many young people with disabilities will marry. This does not mean that young men and women with disability are not involved in relationships, or do not engage in sexual activities, only that there is often no social acknowledgement (and often no sex education) provided to them rehabilitative services tend to be concentrated in urban areas and are prohibitively expensive.

Programs that require long-term care are unavailable to many. This is particularly true for young women in societies where females not allowed to travel or live away from home unescorted once they enter puberty.

CHAPTER:5

DYNAMICS OF SOCIAL INCLUSION- A COMPARATIVE ANALYSIS OF RURAL/URBAN SETTING

There were many differences and similarities found amongst the youth with disability from rural and urban settings. The difference of institutional support, environmental factors and provision of other services like health and education gives a broader view of rural and urban settings in terms of disability.

The content of this chapter is based social model of disability as presented in first chapter. Lack of financial assistance, education status and health seeking behavior, community infrastructure, social myths, language labeling, people attitudes and self-image about disability restricts a disable person especially a young person to live in isolation which in further links to social exclusion. The following issues had been discussed briefly in previous chapter and now in the following chapter the difference of social participation in rural and urban youth with disability will be explored. Further the comparison between facilitative structure of rural and urban area will be made.

5.1. Role of Family in Social Inclusion of young PWD's

To procreate is basic to human beings to ensure the survival of genes. Children in all over the world do possess a very special place in the life of parents and this is no different in Pakistan. children in Pakistan cater most of the time of their parents and special preparations are made for their arrival when mother becomes pregnant. Time period of pregnancy is full of fear and hopes about having a safe delivery because maternal and infant mortality rate is higher in Pakistan. To have a healthy baby is almost the desire of every couple but if a woman comes to know that child is having any deficiency, level of distress raises immediately. Identification or diagnosis of the children with any disability becomes shocking especially in those families where there is no history of family or genetic disability. These distressful situations sometimes lead to postpartum depression. Following is the table showing the level of distress amongst parents of young people with disability in rural(Chak 25 SB) and urban setting(Johor colony).

Table 38: Level of Distress amongst Parents of Young People with Disability at Time of Birth

Characteristics	Shock			Post Partum Depression			Total
	Mild	**Moderate**	**Severe**	**Mild**	**Moderate**	**Severe**	
Rural Parents	0	03	7	0	02	03	15
Urban parents	1	04	6	0	01	03	15
All	**1**	**07**	**13**	**0**	**03**	**06**	**30**

Source: Field Data

According to tables presented above the level of distress amongst both rural and urban parents were on same level.9 out of 30 parents(mothers especially) of young people with disability(including VI, HI, and PI) went into postpartum depression[45].It's a stage where parents blame themselves on having a child with disability. A feeling of anxiety arose where they kept crying and felt sad since they planned for a new born baby in a different way but having a baby with some type of disability breaks their dream which resulted in postpartum depression. Within the sample population the level of postpartum depression amongst parents was severe in most cases as shown in the above table that 6 out of 30 parents went into sever condition of postpartum depression where they were not willing to accept such condition in their child easily. The condition was mild within 3 families. How almost every parent went into shock after knowing that they have a new born baby with some kind of disability. One of the mothers in the urban area said,

> *"My doctor during the last tri-semester of my pregnancy told me that child in my womb will have visual impairment either partial or complete. This news made me so upset that I started crying in the hospital as it was my first pregnancy and I was very afraid. I went through depression with anxiety about the birth of my child and when I delivered a baby with complete blindness, I remained unconscious for two days and depressed throughout the period of post partum"*

Same feelings were reported in both settings by the mothers that it was one of the difficult phases of their life. Mothers having more than one child with disability were very upset as they had to work hard to maintain the balance between their household duties if living in joint

---

[45] *Postpartum depression* (PPD), also called postnatal depression, is a form of clinical depression which can affect women, and less frequently in men.

family system and their children time. These children demanded special care and more time than others and it became hectic for some mothers.

A mother living in the rural setting(Chak 25 SB) who was of age 32 and had a child with disability shared her feelings as,

> *"I was very much excited after the birth of my child as he was so beautiful and my husband was also happy about it, after few months he got pain in his left leg and could not move it properly, I did not think that it needs medical attention as hospital was far away. My mother in law asked me to massage with baby oil and I did, but it did not worked. When I sought the help of doctor, it was too late and I came to know that my child won't be able to walk like normal people. This was highly painful moment for me and my husband"*

All mothers have had such feelings about their children with disability. Fathers were also very concerned about their children but as mother had to take care of their child more than a father therefore they were emotionally more upset. Little work of the child like bathing, toileting, feeding increased their discomfort (more emotionally than physically).

Social inclusion of a young person with disability was affected positively and negatively by the support given by parents and family both in rural and urban settings. The study reveals that that the level of confident was higher amongst those who received positive emotional and physical support from their parents and families. The kind of support required and received by the families has been explained in the following table.

Table 39: Effect of Disability on Activities of Daily Life and, Arrangements Made by the Family

Activities of Daily Life	No.of respondents]Reporting Limitation	Degree of Limitation			Arrangements made for Disability	
		Mild	Moderate	Severe	Yes	No
Bathing	4	3	1	0	4	0
Dressing	10	5	3	2	9	0
Transfer(mobility)	23	9	6	8	8	15
Toilet	8	4	2	2	02	0
Language(HI)	10	0	0	10	10	0

Source: Field Data

The data from the above tables reveals that most of the issues related to young person with disability were the physical mobility within and outside of the home. Out of 30 almost 23 young people with disabilities required help from their families for mobility. Interestingly only 8 out of them received regular help from their families. The in-depth interviews with young people with disability reveal that most of the people with physical and seeing disability required physical support from family to move within or outside of the home. The out home mobility is an important aspect of social inclusion. There was not special difference in family support given to a young people with disability within rural and urban settings. However the difference of support received by family was different in young girls with disability or young boys with disability. Young girls with disability felt it nearly impossible to go out of the home without any help from her family. Following table reveals social participation of a young person with disability in both the settings.

Table40:Frequency of Social Participation as in Rural and Urban Setting

Purpose of Participation	Frequency of Participation	
	Rural	Urban
Travel to School	Regularly	Regularly
Leisure Activities	Never Visited	Rarely
Visiting a Friend/Family	Very Rarely	Very Rarely
Shopping	Occasionally	Occasionally
Visiting a Health Centre	Occasionally	Occasionally

Source: Field Data

The data from the above table reflects that the level of participation in various activities was much higher within urban setting (Johor colony).the young people with disabilities within Johor colony visited some places for leisure activities but a young person with disability from Chak 25 SB never got a chance like this. Since most of the young people required physical support for out- home mobility as showing in previous table so it's hard for a person living away from parks and public areas (as they were situated near to Johor colony and not within village) to visit such places. The local parks and roads were not suitable for a person with on wheelchair or with helping stick to move around. Also few parents told that it's expensive to hire a *rickshaw* for such person to move outside of the area so they prefer to stay at home.

Disabled people are regarded as defective in the medical model. The social model poses the opposite view. It says even though the person has an impairment that cannot be changed, she or he is still of equal intrinsic worth. It is society that must come to terms with their disability and accept them as they are. Hence, it is argued by the disability movement that disabled people are systematically excluded from contemporary society by the pejorative social attitudes that they encounter, as well as the inhospitable physical environment in which they reside.

There is two type of social support a young people with disability receives from his/her parents and siblings. When a person avoids to participate in community activities such as to go out for shopping, to attend a function in family or any other ritual and the parent don't forced him/her thinking about his/her condition that is the support which was highly appreciated by a young person with disability but it stopped them getting confidence to participate in society. On the other hand a parent or a sibling who helped them to go out increase self-confidence and helped them to interact with community members in a better way.

The attitude towards themselves of people with all these three types of disabilities was often depressed. This was particularly true of women and person with no or little schooling and person with no earning activities. Thus brings isolation from family and society. Youth with strong emotional and economic support from their family, siblings and friends brought some positive changes over young people with disabilities even for those who never get any education or not a part of any income generating activities. More of the youth with disability got strong emotional support from their parents and siblings. It was observed that in some families in rural setting, parents were more cautious and loving to the special child than other children while in some they were neglected, same thing has happened in urban setting. Lack of facilities and resources made the parents to work hard with their children.

5.2. Role of Community in Social Inclusion of young PWD's

A positive impact of community could lead a young person with disability to a better life. Following table reveals the nature of disability and how community perceives about a young person with three different types of disabilities.

Table 41: Perception of Community Members about a YoungPerson with Disability[46]

Area	Young People with HI			Young People with VI			Young People with PI		
	Different people	Pitiful	Precious	Different people	Pitiful	Precious	Different people	Pitiful	Precious
Rural	1	3	1	1	2	3	2	2	1
Urban	2	2	1	1	1	2	3	2	0
All	3	5	2	2	3	5	5	4	1

Source: Field Data

In the rural setting (Chak 25 SB) elements of closeness does exist than urban setting. As defined by the social disability model "disability is a social construct" means criteria of disability is dependent on the culture in which one is living. In the previous chapter, attitude of community according to the perception of disabled people has been discussed. More or less its has been observed that there were many things which hurt the people with disability but people were of the view that they like to include "special people" into their gatherings. Some people said,

> *"It's the will of ALLAH to make some deficiency in any individual, these people are the blessed people because Allah will reward them in the next world for this deficiency".*

These statements increase the level of satisfaction among parents and they feel that they are blessed, one proverb which was mostly heard in the field "*Allah apneynaik logo koazmaish main dalta ha*" i.e "Allah puts his blessed people in difficult situations". This religious

---

[46] Including person with visual impairment, person with hearing and person with physical impairment

content makes the people contended with disability. At the same time there were other people in the community, who voiced that,

> *'This is the wrath of Allah on these people as they (parents or some other family members) have committed sins in their youth and God punished them in this way"*

These statements negatively charged the people with disability and their care givers. Although people said that they include these people in their rituals but in fact very few people had welcoming gestures for these individuals. Less people reported that they would like to make these individuals as part of their families after getting any of their children (male or female) married to these individuals, rather less were in favor of taking these people as friend. Some people do like to send their children to visually impaired people to learn *Quran* but most of the gestures are pitiful rather than friendly and disabled people could recognized this very easily and hated this behavior most. Such things make them emotionally upset and they feel themselves useless or extras.

In the urban setting(Johor Colony) case was little different, due to less interactive environment around, people with disability face such things lesser from the community but in the public places like parks, hospitals and schools such messages are conveyed with pitiful eyes and statements. Following tables reveals the impact of community perception and behaviors on a young person's community participation.

Table 42: Distribution of Sample by Area and Level of Confidence

Area	Feel Confident		Feel Shy		Feel Ashamed		Total	
	No.	%	No.	%	No.	%	No	%
Rural	4	26.66%	5	33.33%	6	40%	15	100%
Urban	6	40%	5	33.33%	4	26.66%	15	100%

Source: Field Data

The data from above tables reveals that most of the young people with all types of disability felt ashamed and shy. The difference between rural and urban youth is clear.Becuase of lower level of education, low service delivery and lower level of community acceptance the young people with disability within Rural setting (Chak 25 SB) felt themselves more marginalized then those who lived in urban setting. About 40% of the total sample population with disability in urban area felt them self-confident which increase social participation. The level of confidence within rural youth was half, which means only 26% of the total sample. About 40% of the sample youth with disability amongst rural setting felt ashamed of their disability and don't want to face people outside of the home. Whereas 26 percent of sample youth with disability amongst urban locale felt ashamed on their disability.

Attitudes of people around, affected the social participation of young people with disabilities a lot. Most of the young people with disabilities who participated less in different activities reported the people's rude, strange and pitiful behavior on them as the reason not to go out of the home. The stigma attached to disability as inferiority was so strong especially amongst uneducated people, which restricted a person with disability not to gain self-confidence to become socially empowered. This behavior was almost the same within the urban and rural localities but the degree of intensity was much higher in rural locales. Especially in case of young people with physical impairment people in the community showed pity on their physical impairment which hurts them a lot and they preferred to stay in isolation.

If the people around, show positive attitude and higher level of acceptance, than this inferiority complex, can be deceased from the people with disability.

5.3. Disability Type and social inclusion of young PWD's

There has been seen a difference of attitude because of disability type towards a young person with disability. The attitude was almost same in rural and urban settings with a slightly different intensity.One cannot say that all problems faced by disabled people stem from negative social attitudes; impairment is definitely a factor.

Physical environment of both the urban and rural setting was the strong hurdle for a young person especially with visual and physical impairment, like stairs, uneven roads, unavailability of ramps automatically stopped a young person with disability to stay at home rather to move in and out of the community. The infrastructure of the community markets, parks or even hospitals was non friendly for young people with disabilities to get socially active and to get self-empowerment. The condition was almost same in rural as well as urban area in the sample. Though for a young people with disability lived in urban setting (Johor Colony) found it a bit easier to go for regular health checkups to some hospital as most of the hospital were situated in Sargodha citiy, on the other hand in rural community (Chak 25 SB) people had to arrange for rent a car which was quite expensive and to wait for long to reach their destined hospitals.

The level of social participation such as to attend any ritual and function was less in physically impaired youth because their mobility was difficult especially for those who used wheel chairs. Otherwise the young people with visual impairment also did not have impressive and active participation in rituals, because the also needed some physical support from their family or kin.

Considering young people with visual impairment, the community members took them more valuable than the rest two types of disability. It emerged that visually impaired persons were usually referred as *Hafiz Sahib* by others, irrespective of whether or not they were formally trained as *Hafiz-I Quran.* It was commonly believed amongst community members that the prayers of the blind are usually fulfilled since God knows that they are already disadvantaged in this world.

On the other hand few people especially in the rural areas where there is less education people Show pity on visually impaired youth especially towards young girls by saying that "they are burden on their parents shoulder as they will not be able to get marry easily". Because they think a visually impaired girl is more dependents on her parents and siblings and without their guidance she can't do anything.A nineteen-year-old respondent Saira[47]said,

> *"As a blind person, many people have given me the impression that being blind is the worst thing that could have happened to me. I have, for example, heard people in my village say that it would have beenmuch better if I had lost a leg or become deaf"*

Such thoughts were prevalent in rural areas, people in urban area also showed such feelings for young people with visual impairment but because of more awareness they consider the medical issue of their disability more and accept it in a better way. As one of the respondent Asad from Johor colony said,

---

[47] Fake name

> *'My friends and people around never make me feel I am a different person, they always encouraged my sixth sense. They know I perceive in a better way. Even most of my friends come to me for their problems; they think I have a good sense of knowledge about real life issues'*

Considering young people with physical disability, there was almost same level of response felt between people of rural and urban setting. Each of the community members including family felt pity on them. According to community perspective the young people with physical disability were so marginalized as their disability is visible. Everyone could see their disability affect because of physical appearance. The impact of this community perception was visible as young people with physical disability often tend to ignore visiting anyone outside of the home. They preferred staying at home. They felt lack of confidence as people in the surroundings passed bad comments over them. This restricts their social participation in various activities. They tend to ignore visiting their friends, and family members.

Young people with hearing impairment were the most active people within their communities. Especially in the urban setting (Johor Colony).The role of 'Deaf and Dumb Society Sargodha' was significant as the society managed to organized different functions and competitions for young people with hearing impairment and the people from Johor colony had easy access to them than those who lived in Village. Higher level of social participation had been noticed in hearing impaired youth then the rest of two disabilities. Though their participation was limited only to their own group of deaf people as deafness, itself usually a barrier, regardless of the surrounding attitudes (apart from some remarkable exceptions where everybody in the community uses Sign Language).

There was a little difference in social participation of young people with disabilities who lived in urban or rural localities. It was a bit higher in urban(Johor colony) as most of the hearing impaired youth used to attend Friday sessions arranged by 'Deaf and Dumb society Sargodha'. Also the shopping centers were not far away so most of the girls with their mothers used to visit shops especially those with visual impaired. The social participation in terms of visiting shopping malls, hospitals and Special functions arranged by 'Deaf and Dumb society' for hearing Impaired youth were all urban focused that's why young people from rural setting(Chak 25 SB) seems more isolated.

5.4. Support by Government and Social Inclusion of Young PWD's[48]

It is the government and state responsibility to assist marginalized people such as disable people with financial and economic support. But the scenario is quite different in Pakistan. There are various welfare support program being implemented by government of Pakistan to support the people with disabilities all over Pakistan. Such as in Sargodha but most of the people faced barriers approaching those facilitieswhich creates further barriers to social participation of a young people with disability.Following table reveals how many young people with visual disability were aware of any welfare program also if they ever get any support from them or not.

Table 43: Rural/ Urban Comparison of Institutional Support Acquired By Young People with Disabilities

Status	No of Respondents in Chak 25 SB	No of Respondents in Johor Colony
Received	0	1
Never received	8	8
Not aware	7	6
Total	**15**	**15**

Source: Field Data

Young people with disabilities from both settings (Chak 25 SB, Johor Colony) neverever received any financial support ever from social welfare department. There was a support program for them named 'Betul Mal support fund' which means every person with disability has the right to get monthly stipend for their financial support. In Chak 25 SB, 7 young people with disability were not even aware of this program. The reason is lack of publicity about this program amongst people through media and other sources. Also lack of data available on young people with disabilities restricts the support unit to locale a needy person. However three young people with disability approached and tried to get this financial support but couldn't get succeeded because of lack of cooperation from staff and due to long process to get this support.

More of the young people with disability who lived in urban setting (Johor colony) were aware of the support programsuch as the provision of free eye checkups hospital which is

---

[48] Person with disability

located near urban locale. A single boy with VI from Johor colony got support from an eye hospital for his free checkups. But none of them too ever got support from 'Baitul-Mal Fund'[49]. Most of them even didn't ever try to get financial support.

The more educated young people with disability in the sample were able to take a different perspective on their inclusion. For instance few boys who had little or high schooling, talked about the barriers to getting employment in terms of institutional barriers, marked by corruption and wrong doing. These young men were more likely to perceive social structures as corrupt and offering limited opportunities. This was in contrast to those who had little or no schooling and focused primarily on issues such as other people's lack of faith in their abilities or their own inabilities. Government took several initiatives to help financially to PWD's but most of them never received it. They faced several hurdles and issues which were the result of poor policies telling about such programs, an uneducated girlhira[50] with PI from Village Chak 25 SB told that:

> *"I gave many applications through my elder sister, but I did not receive any help. I made a lot of effort, but I did not get any help, I had given an application to the chief minister as well in summer, I had a talk on telephone as well, but even he did not give any help. She said I also applied for getting Disability fund from Bait-ul- Mal but never got any reply back. Further telling about it she said that, my sister had given application in the Bait-ul- Mal office and also attached my disability certificates with the applications and also attached a copy of ID Card, but did not get any aid, but the councillor of the area does not support us. The forms for financial aid had come, that too we had filled three of them, but no help came, they give to those who have at least some land 4 acres"*

Other respondents also reported that they never got any help from the government although policies exist about the help of PWD's. They were very aggressive about the humiliating attitude of the community in general and no ensured support by the government in particular. They were of the view that their social inclusion can be made more positive and strong if disabled individual help themselves and receive proper attention as the "special member of the society".

---

[49] Special fund for PWD's by Ministry of social welfare department.

[50] Fake name given

5.5. The Role of Education in Social Inclusion of Young PWD's

It was observed that illiteracy was predominant among PWD's in the both settings (Johor colony, Chak 25 SB). It was noticed that the number of students left schooling before completing primary level of education in both settings. A larger number of young person with disabilities get enrolled into schools from urban setting but most of them left schooling before completing primary because of the physical barriers at school including classes upstairs, no access to washroom and un friendly behavior from teachers and friends. However there were few students who managed to complete their schooling till higher grades because of the support they received by family and friends. Young people with disabilities who get education felt more confident, relax and are with a positive attitude towards their life. They were more confident moving into the community. They have greater number of friends then those who never complete their schooling. Following is the table showing how Education helped creating atmosphere for social participation of Young PWD's in their coming life.

Table 44: Outcome of Education as In Youth with Disability

Output	Outcome
Classroom	Sharing and Caring Making Friends Self confidence Social interaction
Syllabus	Knowledge about their Rights Degree Skill Employment

Source: Field Data

Without a school experience a young person with disability further in his/her life faces various barriers to get involved in the community for the betterment of his/her life. No or less schooling limits to bring a self confidence in a person and limits the opportunities of employment which further lead to social exclusion from personal to community level. Youth who never attended any schooling, missed to get a good number of friends from school unlike the educated ones who had a good number of friends to interact from their schools.

5.6. The Role of Employment in Social Inclusion of Young PWD's

There is a strong link between skill/employment and social inclusion as the skill provides the opportunity to meet other people professionally which increases self-confidence by spending time with them and it also provides a chance to earn, there were two ways to learn these skills.

Young people with visual disabilities who attended special school for blind Sargodha learned some skills like furniture making as this was the only school focused on providing some sort of skills for PWD's. Young people with hearing disabilities learned some sort of technical training such as computer courses, whereas the young girls with hearing impairment learned skills like cooking, stitching and beautician courses. All of them learned these skills by attending a non-government organization by the name of 'Deaf and Dumb society Sargodha'. This association provides basic skills to both the educated and uneducated young people with hearing Disability, free of cost and also provides them the opportunity to get jobs based on their skills.

The source of learning skills for young people with physical impairment was different, in case of girls they learned only stitching by their mother or elder sister, however In case of young boys with physical disability the number of getting some sort of skill was less, there were only two young boy who learned motor mechanical skills, one learnt with the help of father who already was in this profession. The other boy worked as a carpenter, both of them were physically impaired persons. So the level of skills acquired by young people in rural or urban areas has significant difference, the girls from rural areas learned stitching only while the girls lived in urban localities also learned beautician course, cooking and backing as basic earning skills. However few were utilizing these skills as a source of earning. It is because of fewer opportunities for such skills and due to strict values people adopted for girls based on their social identities and cultural values.

Same in the case of young boys living in urban or rural localities, fewer boys living in rural areas learned some kind of skills because of no platform, only those who received some help and guidance from family or community made it possible, the rest preferred to start with some business like a shop. However the young boys with disabilities living in urban localities acquired some more technical skills.

Rural area all those girls learned stitching skills only, whereas the girls living in urban areas learned different skills and a girl who attended special school for visually impaired learned how to make chairs and tables by can work. So the students who studied in that school and the one with hearing disability learned more skills in urban areas whereas the young people with physical impairment learned few skills and the ratio is almost same in urban and rural communities because both have few resources to get some sort of training.

Thus more income generation opportunities were available for the young people with disabilities who live in urban setting (Johor colony) then those who lived in isolation within rural setting (Chak 25 SB), so more chances to fight with social exclusion of young people with disabilities.

The ratio of educated young people with disabilities and the skills learned was found more in Johor colony because of available resources thus more chances for them to earn by different sources. The number of Young people with disabilities lived in Johor Colony who were involved in some sort of income generating activities was a bit higher than those who lived in 'Chak 25 SB'. However in case of girls that number was same but the level of income generating activities was entirely different based on the level of education.

These income generating activities helped them to start some kind of work for them. However they faced various financial barriers to start with the work. The young boys lived in Johor colony with disability got some jobs in government institutes as discussed in last chapter where as these opportunities was less for a young boy living in Chak 25 SB. Those who were employed in some sort of work felt themselves independent and valuable in their families. One of the boy named Azhar who was employed as a teacher in Urban setting said;

> *"People value my opinions because I earn and I have money for myself. I don't like to ask for financial help even from my parents. I know many young people with disabilities who have some sort of impairment, their families never value their opinions but in my case its different. I earn and I could spend on my shopping, with my friends for outing. I am happy the way I am now"*

Employment provides a sense of independence in young people with disabilities. They see the world with a positive view. Community also accepts them in a better way because of their earning status. Since most of the young people with disabilities were unemployed as discussed in last chapter so most of them were not happy with the community. As one of the girl Nazia from Chak 25 SB said;

> *"People think we are Burdon, they don't want to meet with us as we can't spend money as they do. The world is a selfish place where only rich men valued"*

Lack of job opportunities, lack of access to education were the basic reason for not getting jobs. The one who were employed were quite satisfied but those who were unemployed were more depressed. They experience social exclusion because of unemployment.

Mothers living in the rural and urban area had some different practices for child rearing. Parents in the rural area (Chak 25 SB) were attending less their child and due to no education and poverty, they had fewer resources to treat their children and provide them with better food and medicine. Cleanliness situation was also observed better in urban areas than rural. Access to all the resources was better in urban area(Johor Colony) and parental education made the situation different and children had good self-esteem in comparison to rural areas. The boys were more dependent on male members of the family to go out.

Parents were not that worried about the problems they face in rearing their children with disability but they were more concerned about their children's social inclusion and career. In the rural setting joint family system was present or interaction level was higher than in urban setting. When parents see their children inactive and unable to fully participate in games, it was emotionally full of grief. Other cousins made fun of the children saying "*kana, langra, Loolah, apahaj* etc." and parents felt very bad about this. In the urban settings nuclear family system and good quality time with children made the position little different. In door games on computer, availability of other recreational activities increased the self esteem of the children.

In conclusion the young girls with disability were more marginalized in both rural and urban setting because they have less education, less employment opportunity and less community support which in result bring social exclusion for them. Also the young people with all three types of disabilities were found socially included in a better way within Johor colony then those who lived in villiageChak 25 SB.

CHAPTER:6

6.1. SUMMARY AND CONCLUSION

The present study was undertaken to examine what are the factors that affect social inclusion of young people with three different types of disabilities. And to explore the impact of facilities provided in rural and urban localities for them.

In order to get comparative analysis a village (Chak 25 SB) and an urban area (Joharcolony) was selected for the study.Young girls and young boys with three disabilities (visual impairment, Physical impairment and hearing impairment) were selected. Because all these three types of disabilities give different affects in young person's life.

Different research techniques were employed in order to collect more accurate and valuable data. Main techniques used for this research were participant observations, in-depth interviews, and key informants.

To give the holistic picture of the disability it was necessary to analyze the kind of support that helped in social inclusion of young people with disabilities is emotional, economic and physical support at all the levels. The distribution of such kind of supports was different gender wise, locale wise and disability wise. Being a woman living in rural area with strict cultural practices was in itself a' disability'. Women were the most marginalized group of affecties amongst all the young people with disabilities who suffered social exclusion from every field such as education, employment, other income generating activities and even in marrying and above all a young girl from a village (Chak 25 SB) had much more isolated.

Major findings tell us that education plays an important role in social inclusion of young people with all types of disabilities. And thus the young people with disabilities lived in urban setting (Johor Colony) were more active socially and culturally and were found in better health and emotional condition that those of who lived in rural areas. The young people with disabilities lived in urban areas were more into social participation. The participation was due to good level of education, employment, higher number of friends and due to the positive attitude of PWD's because of these sources.

Other than education, the type of disability affects social inclusion of young person with disabilities as well. Such as young people with physical disabilities were found in more problem then the young people with hearing and visual impairment Because of the physical problems related to their disability type and the infrastructure of communities in which they reside. Youth with hearing impaired were socially active and the ratio of their social participation was much betters then the other two disabilities. There were two major reasons for their better social participation, first because of the availability of a special school for hearing impaired till higher level of education in the center of Sargodha city (close to Johor colony) and the other reason was the active participation of a non-government organization 'Deaf Welfare society Sargodha'. That provides free training and skill workshops and meeting platform on every Friday for all the deaf community. Interestingly their social interaction was limited only till their own community, but the level of education and skills provides great opportunities for them to get confident and employment.

Though most of the young people with hearing impaired lived in urban setting (Johor Colony) were positively affected by these two sources the condition for rural youth was poor in this Type of disability too. When talk about social inclusion of young people with visual impairment the stigma related to them as a person whose prayers would be listen by God was so strong and most of the people respect them then the rest of two disabilities. They participate in community rituals especially religious rituals more than other two types of disabilities which raised interaction at the end.

In conclusion because of the unavailability of special schools in rural area (Chak 25 SB), the un friendly environment of government and private schools, lack of access to information, lack of support from non-governmentorganizations and government the young people especially the young girls were more socially excluded then the young people with disabilities lived in urban areas. The scenario was more problematic for young people with physical disabilities.

However the young people with hearing and visual impairment were more into social inclusion because of better health conditions, less problem with their physical mobility and because of better educational level.

In general, across sample of young people with disabilities their aspirations and expectations were primarily framed in terms of reduced dependency on others, a desire to be respected and perceived with dignity; their awareness of rights (rather lack of it); and indeed their (in)ability to access benefits was similar to that of their poor non-disabled counterparts. However these young people were also dealing with an added layer of complexity: that of being impaired with all the associated attached physical, psychological, socio-cultural implications and perceived consequences that this implies.

If friendly policies are made by the government and they actually get implemented, quality of life and its expectancy can be ensured. At the cultural level positive unconditional regard for people with disability is of more importance to strengthen the psycho social conditions for these individuals.

6.2. RECOMMENDATIONS

In the light of present research following recommendations are proposed to assist the policy makers to improve the social inclusion of young people with disabilities in a better way:

- Social inclusion of PWD's is an important and necessary process for brining positive and healthy change in their lives which could not be done without creating awareness about the traditional dilemmas associated to them. The role of family/peer group and community is very important in the life of a young person with disability. A strong and positive emotional support could raise confidence in young boys and girls with disabilities. Media should participate as change agent in this issue. Government policies in junction with NGO's could also bring positive attitudes.

- Education could play and important role in social inclusion of young people with disabilities. Lack of access to special schools and provision of facilities in schools/colleges and universities leads a PWD remain in social isolation. Thus the educational institute should give focus in providing supportive facilities such as ramps, and access to classroom/bathrooms easy for PWD's.This will help increase education level amongst young people with disabilities.

- Most of the facilities such as special schools, hospitals and free camps focused on urban areas rather thanrural areas. In this scenario the young people with disabilities from rural settings remains in more isolation and away from all those facilities. Thus a proper support mechanism is required for both the rural and urban communities.

- A proper monitoring and evaluation system to follow new policies are lacking. It's important to some up with active polices related to community infra-structure. Without proper railings a PWD is forced indirectly to stay at home. The different stake holders working for persons with disability should use one single method for collecting the data in all parts of the country. It will help the policy makers and other stake holders in development work to think about re-defining policies, plans, grants and schemes meant for the rehabilitation and welfare of Persons with disabilities as well as in allocating budgets accordingly.

- Existing policies and laws need to be refined since the only law for the welfare of PWDs was passed in 1981 and it now needs to be brought in line with changes in the society and advancement in various models for the rehabilitation and mainstreaming of PWDs.There should be a strong mechanism to ensure that the PWD's are getting their rights such as the 2% quota of jobs for them. Young people with disabilities should get jobs and employment at various places.

- Majority of PWD's lives in rural areas with no access to information like the fund for PWD's or free devices through 'Baitul Mal fund'(Baitul Mal Fund is a welfare system for the poor and marginalized people).Baitul Mal fund gives social protection and financial aid to the PWD's but the system to get this Fund is another problem. Government should make a plan for a proper data base for all the PWD's so that most of them could get benefit.

Glossary

BA	Bachelors of Art
Changa	Good
	Conducts prayer in mosque
Dua	Prayer
FA	Higher Secondary level of education
Hafiz-e-Quran	One who memorize Holly Quran
Hakeem	Traditional Doctor
HI	Hearing Impairment
Hilal-e-Istiqlal	The award of Bravery
Hindu FaqirRelegious person in Hinduasim	
HQ	Head Quarter
KatchaMade up of Mud	
LRBT Layton Rehmatullah Benevolent Trust	Free Eye Hospital
MA	Master of Art
Madrasa	Religious Institute
Matric	Secondary Level of education
MaulviReligious person who	
PakkaMade up of Brick	
ParathaTraditonal bread made up of floor	
Peer	Saint
PI	Physical Impairment
PWD	Person with Disability
Qismat Faith	
Ramadan	Month of Fasting
Rikhsaw A two wheeled passenger cart	
ShalwarKamizTwo pieace traditional dress	
Tawafry pan to make traditional bread	
Unperh Illiterate	
Urdu	National Language of Pakistan
VI	Visual Impairment

Bibliography

Alderman, H., Orazem, P. F. and Paterno, E.M. (2001). 'School Quality, School Cost, and the Public/Private School Choices of Low-Income Households in Pakistan' , '*Journal of Human Resources*' , Vol.36, No.2 pp: 304-326.

Ahmed Mughees,Basit, Fozia (2011), 'Policies for Special Persons in Pakistan, Analysis of Policy Implementation', '*Berkeley Journal of Social Sciences*'. Vol. 1, No. 2.

Bhatti (2005), 'Social Inclusion and Sustainable Human Development', '*Sight Savers International Country Office (SSI-CO)*', Pakistan.

Directorate General of Special Education (1986), 'National Policy for Rehabilitation of the Disabled', '*Directorate General of Special Education, Islamabad*', Pakistan.

Elwan, Ann (1999), 'Poverty and Disability a Survey of the literature', '*Social Protection Discussion Paper Series". Social Protection Unit*', Human Development Network, World Bank.

M. Uddin (2008), 'Country Report Islamic Republic of Pakistan 2008 , '*PDPO Pakistan disabled persons organization*'.

Miles M (1989), 'Disability Policies in Pakistan: Is Anyone Winning?' '*International Journal of Special Education*'. V. 4, no. 1, pp.1-15.

Ministry of Women Development, Social Welfare and Special Education (1998), 'Draft National Policy for Special Education', 'Ministry of Women Development', '*Social Welfare and Special Education, Islamabad*' , Pakistan.

Sherwin, Jane (2010) 'Leadership for social inclusion in the lives of people with disabilities', '*The International Journal of Leadership in Public Services*' V. 6.no.2.

Singal N, Bhatti. F, Malik. R (2007), 'Counting the invisible: understanding the lives of young people with disabilities in Pakistan',*'Research Consortium on Educational Outcomes and Poverty (RECOUP)'*, Faculty of Education, University of Cambridge.

United Nations, General Assembly (2006) 'Convention on the Rights of Persons with Disabilities' *UNITED NATIONS General Assembly*.

Douglas S. Massey and Rene Zenteno (2000), 'A Validation of the ethnosurvey:The case study of mexico-U.S Migration',*International Migration Review*, Vol. 34, No. 3, pp 766-793.

Bureae of Statistics, Population census of Pakistan 1998, planning and development department Bureae of statistics,Islamabad Pakistan.

Nora Ellen Groce (2004), 'Adolsecents and Youth with Disability: Issues and Challenges', *Asia Pacific Disability Rehabilitation Journal*, Vol 15, No.2

Akram.I, &Naseem, M. (2010), 'Self concept and social adjustment among physically handicapped persons', *European Journal of social Sciences*, Vol 15(i), pp 76-85.

Islam, Z.(2008), 'Negotiating identities:the lives of Pakistani and Bangaleshi young Disable people', *'Disability & Society'*, Vol.23, No.1, pp 41-52.

Singal, N.,Jeffery, R., Jain, A.,&Sood, N. (2011), 'The enabling role of education in the lives of young people with disabilities in India: Achieved and desired outcome', *'International Journal of Inclusive Education'*, Vol. 15, No.10.

Simmons, R. (2001) Questionnaires. In Gilbert, N. (ed.), *Researching Social Life*, 2nd edn. Sage, London, pp. 85–104

Proctor, M. (2001) Measuring attitudes. In Gilbert, N. (ed.), *Researching Social Life*, 2nd edn. Sage, London, pp. 105–122

Turmusani, M (2004). 'An eclectic approach to disability research: A majority world perspective' , *'Asia Pacific Disability Rehabilitation Journal'*, 15, pp. 3-11

Afzal, M. (1992). 'Disability prevalence and correlates in Pakistan: A demographic analysis' *Pakistan Development Review*, 31(3): 217-257.

Ahmed, T. (1993). Disabled population in Pakistan: Disabled statistics of neglected people. Sustainable Development Policy Institute Working Paper Series 13. Islamabad: SDPI.

Ahmed, T. (1995). The Population of Persons with Disabilities in Pakistan.*Asia-Pacific Population Journal,* 10.

Oliver, M (1983) Social Work with Disabled People Basingstoke Macmilla

Gannon, B. and Nolan, B. (2004b), 'Disability and Labour Market Participation in Ireland', *'Economic and Social Review'*, Vol.35, No.2, pp. 135-155.

Buckmaster, L & Thomas, M 2009, 'Social inclusion and social citizenship: towards a truly inclusive society', Parliamentary Library, Department of Parliamentary Services, Canberra, viewed 9Julyl 2010, <http://www.aph.gov.au/library/pubs/rp/2009-10/10rp08.htm>.

Burchardt, T. (2003), 'Being and becoming: social exclusion and the onset of disability', *'The ESRC Research Centre for Analysis of Social Exclusion'*, Report No.21, London School of Economics.

Hayes, A., Gray, M. and Edwards, B. (2008), 'Social inclusion: origins, concepts and key themes', Report prepared for the Social Inclusion Unit, Australian Government Department of Prime Minister and Cabinet, *'Australian Institute of Family Studies'*, Melbourne.

Horvath-Rose, A.E., Stapleton, D.C. and O'Day, B. (2004), 'Trends in outcomes for young people with disabilities: Are we making progress?' *'Journal of Vocational Rehabilitation'*,Vol. 21, pp. 175–87.

Dockery, A.M. (2005), 'The happiness of young Australians: empirical evidence on the role of labour market experience', *'The Economic Record',* Vol.81, pp.322–35.

Marks, G.N. and Fleming, N. (1999), 'Influences and consequences of well-being among Australian young people', *'Social Indicators Research',* Vol.46, pp. 301–23.

Winkelmann, L. and Winkelmann, R. (1998), 'Why are the unemployed so unhappy?Evidence from panel data', *'Economica',* Vol.65, pp.1–15.

Burt, R.S. 1987, 'Strangers, friends, and happiness', *'Social Networks',* Vol.9,pp. 311–31.

Phillips, D.L. (1967), 'Social participation and happiness', *'American Journal of Sociology',* Vol. 72, pp.479–88

Pinquart, M. and Sorenson, S. (2000), 'Influences of socioeconomic status, social network, and competence on subjective well-being in later life: a meta-analysis', *'Psychology and Aging',* Vol. 15, pp.187–224

Middleton, L. (1999), 'Disabled Children: Challenging Social Exclusion', *Oxford: Blackwell.*

Dowling, M. and Dolan, L. (2001) 'Families with children with disabilities – inequalities and the social model' *'Disability & Society',* Vol. 16 (1): pp 21-35

Porter, R. 1992, 'The rise of medical journalism in Britain to 1800', *' Medical journals and medical knowledge':* Historical essays, ed. W.F. Bynum, S. Lock and R. Porter. Pp. 6-28. London and New York: Routledge.

WHO (2001*).' ICIDH-2* International Classification of Functioning, Disability and Health'. http://www.who.int/icidh. Geneva: WHO

Millar,S.R.,&Schloss, P.J (1982), 'Career vocational Educational association for handicapped', 'RockvilloMD:Aspen Systems'.

Haris,P &Lewin, L. (1998), 'Information Package on Disability Studies', *'Center on Human Policy',* Syracuse University. NY.

Annexure 1

Questionnaire for Quantitative research

Section1

	Household Roster:Demograhpic and other particulars of household members								
Sr.No	Name	Sex	Age	**Marital status**	**Education Status**	Quranic education	Any vocational training	**Does Houshold member contributes to household income?**	**What is the employment status?**
				1-Never married	1-Never enrolled	1-Yes	1-Dress making		
				2-Currently married(Polygamy)	2-Currently enrolled	2-No	2-Tailoring		
				3-Currently married(Monogamy)	3-Completed schooling		3-Hair dressing		
				4-Widowed			4-Mechanic		
				5-Divorced			5-Electrician	1-Yes	1-Full time work
				6-Seperated			6-Construction	2-No	2-Part time work
							7-Craft making		3-Daily wage
							8-Teaherr		4-Student
							9-Driver		5-Housewife
							10-Others		6-Unemployed
									7-Other
1									
2									
3									

Section 2

Section Addressing Disability:

Sr.No	**Type of disability (Seeing,Hearing,walking,speaking, personal care)**					
	1-Yes	Degree	Since what age	Does this reduce the amount or kind of any activity?		
	2-No	1-Mild	1-By Birth	At Home?	At work/at school?	In other areas as transport of leasuire activities
		2-moderate	2-After Birth	Yes	Yes	Yes
		3-severe		Sometimes	Sometimes	Sometimes
				Always	Always	Always
				No	No	No
1						
2						
	The sub sections in seeing column was repeated in each type of Disability					

Annexure 2

Interview schedule for In-depth Qualitative Research
Social Inclusion of a young person with Disability

Introduction
Name
Age
Gender
Marital status

Childhood and schooling
Where did u born?
Tell us about your family/parents education.
Tell us about your siblings/how many/their education?
Did you get your formal schooling? From where? Level of education?
Did you get Quranic education? Fromwhere? Level of education

Onset of Disability
When did you get to know about your disability?
Do you remember how you felt that moment?
How did you develop this impairment/reason?
How your disability type and intensity affects the daily activities in your daily life? At home/At school.

School experience (If educated)
At what age you start going to school
What was the type of your school? Private or public?
Have you ever changed your school?
Have you ever give gap during your studies because of disability?
How you travel to school?
When you left school? And why?

If attending a special school
How you or your family got to know about this school?
Where is that school? Whats the name?
How was your experience being there?

Support received
Who assist you in getting education? How?
What is the best part of your schooling? College? At university?
What difficulties you faced during your education period?
Who helped you and how?
You make friends there? Howmany? How you feel?
Do you ever facephysical or emotional barriers at school because of your disability?
Do you think you learn something from your school? What?
Do you think education helped in changing your life?

In your point of view what should be the aim to get education for a young person with Visual, physical and hearing disability?
How you feel being and uneducated person?-if a PWD is uneducated?
What was the reason for not getting education?
How it affects your life?

Attitudes of others
What is the important of you parents/siblings in your life?
What kind of support you need from them?
Who is the most important person in your life within family and why?
Who is the most important person in your life outside of the home? Why?
What your families think about your disability?
How they help you?

Social Participation
What you do at home? Could you please share what kind of activities you perform at your home today?
What is the difference between the activities of your siblings/friends and you?
What do you like to do in ur free time? WatchingTV? Go out for shopping? To meet friend?
How often you go outside of the home? For what reason?
How often you visit any hospital or health center and why?
What difficulties you feel when you go out? Physciall/people's behavior?

Behavioral/financial support
What kind of support you ever received by your community?
What kind of support you ever received by any organization?
What was the name of that institution?
Do you know about your rights being a disable person? Informartion about funds?

Marriage
What is the importance of marriage? Your view
When did you get married)-ask if married
How was your experience? Being a person with disability?

For those who are not married:
What is your view about getting married?
What is the most important thing for a person to get married? Good health/good face? Good financial condition?
You feel you can face difficulties in getting married? What kind of?

Employment
Do you work? Where? Since when?
How did you get this job?
What's importance of this job in your life?
Are you happy doing this job/work?
Did your education help you in this job?
Have you ever tried getting a job? What happened then?

Aspirations
What you think about your life
What you think what other people feel about you and your impairment?
Some people consider a yong person with disability as a poor person, showpity on them?
Have you ever faced such experiences?
How you consider yourself if you compare with other young people with disabilities?
How you see your life after 5 years?
What is the most important thing for a good life in your opinion?
In your opinion how government should help poor young people with disabilities?

Thank you

Would you like to ask us some questions?

Photos

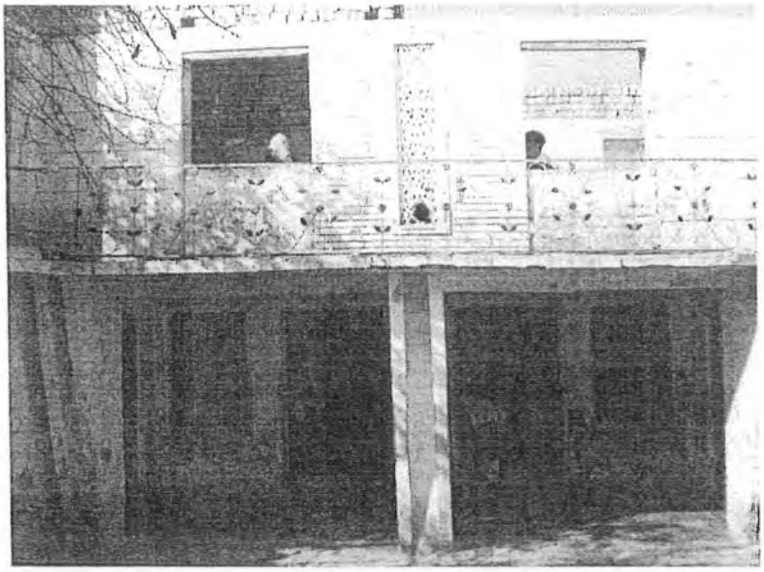
A workshop in Government School for blind Sargodha.

A view of Deaf and Dumb welfare society Sargodha

A young girl with Physical Disability from Johor Colony

A young boy with Visual Impairment using Sign Language during In-depthInterview

Physical barriers in Public and private schools Sargodha which restricts the mobility of kids and youth with physical and visual disability.



A school in Chak 25 SB.

View of a school in Johor Colony

Mr.Ashfaq Gujar (president of Deaf Association Society Sargodha) with young people with hearing disability celebrating the day of independence. This is a picture provided by him.

A joint marriage held in which 10 deaf couples married. This program was organized by Sargodha Deaf Association.