



Problems, Challenges and Status of Women with Disabilities in Odisha: A Study in India

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Abstract: This study has emphasized on the conditions of women with disability, particularly in the state of Odisha (previously named as Orissa) in India. It is an All India Council for Technical Education (AICTE) funded project under Research Promotion Scheme (RPS). This study explores to find out the present status of women with disability (WWD) in the state of Odisha, their economic status, social status, subject to rejection and domestic violence, educational status, health, reproductive health, sexuality and marriage, government provisions and the gaps there in. The study has emphasized to explore the ways out to bring them into the main stream. The study further tried to find out the relations between categorization of disability, economic standard, educational qualification, monthly income with women empowerment, satisfaction level, sexual abuse, mental/ physical harassment, husband's extra-marital affairs etc. It clearly shows that due to their disability, most of them are subject to violence, betrayed by husband; they are deprived of good education, livelihood for which they feel that they are being marginalized.

Key words: Women with disabilities, marginalized, women harassment, women empowerment, inclusive growth.

I. Introduction

The preamble of Indian constitution does not do any discrimination among able and disable. But the attitude of society towards persons with disabilities has been changing with time. Most countries in the world, people with disabilities are the largest minority group. They are subject to a long history of neglect, segregation, isolation, deprivation, charity, welfare and even pity. As per Census 2001, the All India disability population is 21,906,769 out of which 9,301,134 are female. In Orissa, total population is 36,706,920. There are 11021335 persons with disability, out of which 452421 are women (Census, 2001). Women with disability are assumed to have less of human needs at all level- physical, biological & psychological. There are threats as per convenience by people around and with same nonchalance dumped out. Women with disability are more marginalized and discriminated in the society which has been taken care of in the present study.

In case of employment also, people with disability are facing problem, particularly women. The disabled men's condition is also measurable. The employment rate in India fell from 43% in 1991 to 38% in 2002, despite the country's economic growth. In the public sector, despite a 3% reservation since 2003, only 10% of posts have been identified as "suitable". The quota policy is also covers just three types of disability – locomotor, hearing and visual. The situation is far worse in the private sector. The sector has few incentives for hiring disabled people. In the late 1990s, employment of people with disability among large private firms was only 0.3% of their workforce. Among multinational companies, this was a mere 0.05%. Financial assistance too has hardly reached those in need. The National Handicapped Finance and Development Corporation disbursed assistance to less than 20,000 disabled persons between 1997 and 2002. There is no such special reservation for WWDs. Everyone can realize very well the real condition of helplessness of a women and being marginalized in the society. Being disabled is not their fault. There are several factors responsible for causing disability like genetic disorders, Congenital disturbances, injury at pre-natal, natal of Post natal stage, traffic accidents, occupational accidents, malnutrition of expectant and nursing mothers and children, infectious diseases, environmental pollution, natural and man-made catastrophes are the apparent factors responsible for different types of disabilities varying in degrees and dimensions. But they are the largest minority in the world. So we have to bring them to the main stream for our inclusive growth.

II. Significance of Undertaking the Study

Although the rehabilitation measures have been taken by government and non-government organizations, it has not given the desired results which need immediate attention. Those are:

1. Have always been ignored.
2. Empowerment programmes for women do not include issues of disabled women.
3. Development programmes rarely address the needs of disabled women or include them in community development programmes.
4. Disabled women are seen imperfect, incomplete, inferior, asexual, and non-productive and denial recognition as women and human beings.

The fact is women's movement is controlled by non-disabled women and disabled women lack the confidence and ability to raise their voice. Although the Persons with Disability Act has been initiated since 1995 in India, it has failed to bring about any desired change in the life of women with disability. Lot of modifications and amendments are required time to time as per the changes of societal norms and preferences. The present study has tried to highlight the issues and to bridge the gap there in.

III. Back Ground and Government of India Schemes

First World Conference on women in 1975 did not mention disabled women at all. Second World Conference on women in 1980 asked Governments to "Direct special attention to the needs of elderly women, women living alone and disabled women." Third World Conference on women in 1985, disabled women activists convinced Governments to include women with disabilities in the "Nairobi Forward-looking strategies for the advancement of Women". Conventions on the Elimination of All Forms of Discrimination against Women (CEDAW) that came into force in September 1981 initially had no mention of women with disabilities. This committee recommended that 'every State Party to the Convention have to report on the status of women with disabilities in their countries. In common usage, the terms impairment, disability and handicap are tended to be used interchangeably. However, according to the authorities in this area, these terms can have different connotations in different cultural contexts (Report of United Nations, 1964). Women with disabilities are always neglected and subject to violence (Abramson et al., 2000). There was a study by (Alexander et al., 1998) about relationship between sexual and/or physical abuse, health care utilization, and pain medication usage in female patients with fibromyalgia. The study revealed that 57% women with fibromyalgia were sexually and physically abused. Women with disability are subject to domestic violence and social oppression as a result of gender disability in the society. There are certain governmental schemes being implemented in India for the people with disability. The important schemes are discussed below:

Nirmaya

'Nirmaya' is a Health Insurance Scheme to provide affordable Health Insurance to persons with Autism, Cerebral Palsy, Mental Retardation and Multiple Disabilities. The scheme is implemented in all the districts of the country (except J&K). The health insurance cover under the scheme is provided up to Rs.1.0 lakh.

Gharaunda

'Gharaunda' is a lifelong shelter and care scheme for providing assured minimum quality of care services throughout the life of persons with Autism, Cerebral Palsy, Mental Retardation and Multiple Disabilities.

Gyan Prabha (Scholarship) Scheme

GyanPrabha scheme is for pursuing any post school vocational training/professional courses for enhancement of skill of person's with Autism, Cerebral Palsy, Mental Retardation and Multiple Disabilities.

Udyam Prabha (Incentive) scheme

UddyamPrabha scheme is for promoting income generating economic activities for self-employment of persons with Autism, Cerebral Palsy, Mental Retardation and Multiple Disabilities through incentives. Under the scheme incentive will be provided for availing loan for any income generating economic activity.

Arunim

Arunim(Association of Rehabilitation under National Trust Initiative of Marketing),is a Marketing Federation for development and marketing of products made by persons with Disabilities. Its objective is to facilitate marketing of products made by persons with disabilities in the domestic and international markets.

Samarth Scheme

This scheme is for residential services-both short term (respite care) and long term (prolonged care). Vocational training is mandatory under the scheme. The facilities in the home shall be available to both males and females on 50-50% basis. It has a provision for person of all income groups like lower income and below poverty line category Samarth centers have up to 30 residents and are encouraged to extend support to adults and destitute children.

Remote Area Funding Scheme

The objective of the scheme is to stimulate National Trust activities in remote districts are not covered by any national Trust Registered NGO. These districts include area of tribal, hilly or desert region which are difficult to access. 100 such districts are mapped under the scheme with a plan to cover 30 districts every year. Support will be provided for running the existing programs/scheme in the areas with additional grant of 20%.

Sahyogi

Under the scheme, Care givers will be trained at different levels to offer a career path and motivation. Training of caregivers and their deployment will be done through a Care Givers Cell (CGC) established in selected NGO centres. Two agencies, one for developing curriculum and training the trainers and second for administering the program have been set up. Enrolment of Care Givers and Care Seekers are being done by respective CGCs.

IV. Review of Literature

In common usage, the terms impairment, disability and handicap are tended to be used interchangeably. However, according to the authorities in this area, these terms can have different connotations in different cultural contexts (United Nations, 1964). Women with disabilities are always neglected and subject to violence (Abramson, Emanuel & Hayden, 2000). There was a study by (Alexander, Bradley, Alarcon, Tirana-Alexander, Aaron, Alberts, Martin & Stewart, 1998) about relationship between sexual and/or physical abuse, health care utilization, and pain medication usage in female patients with fibromyalgia. Participants were 75 women with fibromyalgia. It was found that 57% reported a history of sexual or physical abuse. Women with a disability continue to experience social oppression and domestic violence as a consequence of gender and disability dimensions. The study of Mays, J. M. (2006) explains the domestic violence and disability inadequately explain several features that lead women who have a disability to experience violent situations. May's article argues that material feminist interpretations and disability theory, with their emphasis on gender relations, disabilities and poverty, should be used as an alternative tool for exploring the nature and consequences of violence against women with a disability.

Disabled women are seen imperfect, incomplete, inferior, asexual, and non-productive and denial recognition as women and human beings. In a discussion of efforts to reduce global poverty, Yeo and Moore (2003) noted the marginalization of people with disabilities. Meekosha (2002) revealed that there are three realms of social being - individual, society, and the state - interact in the making of the identities of disability. Morris (1991), a disabled feminist and activist, provides a feminist analysis to the study of the experiences of women with disabilities. Basing her arguments on the feminist principle that the personal is political, Morris eloquently challenges such issues as prejudice, abortion, and the notion that people with disabilities lead lives that are not worth living. 'Pride against Prejudice' is a commentary on political activism and rights, and stresses the need to fight back against the prejudice, stereotypes, and oppression of an abelist culture. Morris (1993) further discusses that there is absence of women with disabilities from feminist scholarship and feminist theory. She discusses her anger and frustration with feminism in two ways: first, that disability is generally invisible from feminism's mainstream agenda, and second, that when disability is a subject of research by feminists, the researchers objectifies disabled people so that the research is alienated from their experiences rather than attempting to understand the experiences of disabled women.

So, there is a need of research done by the disabled women themselves across the globe so that the real picture can be uncovered. There are differences of issues in the women disabilities in view with education, economic status, categorization, culture and government policies of every state and country. Language and communication are the basis of all development. But researchers are gradually addressing to the problems, particularly for MR in India. Rao (1992) has developed manual improving communication skills in 300 mentally retarded children in terms of language disorder and articulation disorders, voice disorder, fluency disorder.

V. Objectives of the Study

Following are the objectives of the proposed study in Orissa:

1. To assess and analyze the present status of women with disability (WWD) from personal, familiar and social aspect.
2. To assess the educational and economic status of WWD.
3. To assess the status of WWD in health, reproductive health, sexuality and marriage.
4. To assess to provisions and entitlements by WWD and the existing gaps there in.

Hypotheses

Hypothesis 1: There is association between categorization of disability and sexually abused variables among women with disability.

Hypothesis 2: There is association between educational qualification and facing psycho-social problem of women with disability.

Hypothesis 3: There is association between monthly income and satisfaction with life.

Hypothesis 4: There is association between categorization of disability and husband's extra-marital affairs of women with disability (WWD).

Hypothesis 5: There is association between educational qualification and women empowerment of women with disability (WWD).

Hypothesis 6: There is association between educational qualification and facing physical/ mental harassment of WWD.

VI. Methodology: Research Design

This research is of both qualitative and quantitative in nature. In qualitative, the in-depth-interview, few case studies, observation and results were discussed and tested by the social scientist experts. The research followed a diagnostic method.

Instrument for data collection

Self administered questionnaire was used to collect data from the respondents as they are quicker and unbiased way of collecting data. In order to check the Validity of the scale developed, the method of Face validity was used in which the questionnaire was shown to other experienced and experts who validated it. The reliability was also measured which was found as Alfa=.804.

Sampling Technique and Sample

Stratified random technique was used for the study. Initially districts were selected from different parts of Odisha in India, then blocks and then DSWs, CDPOs, ICDS Supervisors and Anganwadi workers were consulted to identify the house of disabled women, and then the samples were interviewed. Initially a departmental letter was taken from the Department of WCD, Government of Orissa addressing to DSWs for rendering necessary help. 1400 samples were collected out of which 984 were found to be correct & suitable for the study.

Data Collection Procedure

Data were collected in both forms primary and secondary sources. Primary data includes direct interview to the respondents where as secondary data were collected from Governments reports, census report, books, journals, newspapers, workshops, experts, orthopedic doctors, parents, guardians, neighbors, villagers, observations, web site etc.

VII. Limitations of the Study

Due to shortage of time of principal investigator as piled up with other classes and administrative works, could not visit every district of the state of Odisha. Moreover, the disabled women were hesitating to reveal the real trauma they were passing through in their day-to-day life in front of even their family members. So, suitable place was found out for every woman, more time was devoted and a conducive environment was searched for everyone.

VIII. Results and Discussion

Table-1 is a cross table which shows the distribution between categorization of disability and sexually abused variable. It is observed that in mental disorder category the sexual abuse is more (71 out of 84 that is, 84.5%). Lesser harassment is found in cure leprosy category, which is 35.6%. Almost similar figure has been found out in blind and deaf & dumb category, which is 56.9% and 56.4% respectively. 50% found out in case of any other category. It is clear that some WWDs are frequently harassed where as others are for once even. But they have suffered it and the main reason could be their disability. In table-1.1, there is association exists between categorization of disability and sexually abused significantly as the Chi- Square value is significant at < 1% level. Hence, hypothesis-1 is accepted.

It is observed from Table- 2 that 75% of illiterate women with disability are facing psycho-social problem where as 24.9% viewed that they are not facing. In below 5th standard group, 69.7% are facing psycho-social problem, 72.8% respondents in matriculate group responded that they are facing psycho-social problem, 35.4% of intermediate group are facing this problem. In graduate level education grade, 25% of disabled women are facing psycho-social problem where as 54.5% in technical and professional category face psycho-social problem. It shows that education has an impact on psycho-social problem as women can take logical decisions; diagnose the environment in a better way in comparison to illiterate and below 5th standard school dropouts. In table-2.1, there is association exists between educational qualification and psycho-social problem significantly as the Chi- Square value is significant at < 1% level. Hence, hypothesis-2 is accepted.

Table-3 depicts that 132 (30.2%) are satisfied with life of nil/madhubabu pension group where as 55.2% are not satisfied and 14.4% are satisfied to some extent. Similarly in below rupees 1000 per month income group, 23% are satisfied and 62.9% are not satisfied and 13.9% are satisfied to some extent with life. In rupees 1000-5000 per month income group, 26.2% are satisfied, 53.1% are not satisfied and 20.6% are satisfied to some extent. Again, in 5000-15,000 income group, 66.6% are satisfied with their lives where as 33.3% are not satisfied. In the comparatively higher income group, that is 15,000 and above, 23% are satisfied, 46.1% are not satisfied and 30.7% are to some extent satisfied. It shows that income does not have any impact on happiness and satisfaction with life. It may be one of the factors, but there are other factors responsible also in case of disabled women's

case regarding satisfaction of life. In table-3.1, there is association exists between monthly incomes and satisfied with life significantly as the Chi- Square value is significant at < 1% level. Hence, hypothesis-3 is accepted.

Table-4 shows that the higher percentage of husband's extramarital affairs is found in mental disorder category (66%). 28% is found in physically handicapped group, 26.5% is found in cure leprosy group, 21.8% found in blind category where as 16.1% is found in deaf and dumb category. Out of 984 respondents, 489 (49.6%) are unmarried. So out of 495 married respondents, 50.3% viewed that their husbands' are having extra marital affairs. It is really a matter of concern that more than 50% of married disabled women's husbands are having extra-marital affairs. In table-4.1, there is association exists between categorization of disability and husband's extra marital affairs significantly as the Chi- Square value is significant at < 1% level. Hence, hypothesis- 4 is accepted.

Table-5 depicts that in illiterate group, 18.8% respondents participate in family decisions, 23.3% get economic independency, 26.5% enjoy both participation in family decision and economic independency, very less respondents (.01%) take part in social/ political decisions, 3.9% enjoy overall empowerment and 25.4% are not at all empowered. In below 5th standard group, 21.8% respondents participate in family decisions, 12.7% get economic independency, 15.2% enjoy both participation in family decision and economic independency, very less respondents (.003%) take part in social/ political decisions, 3.9% enjoy overall empowerment and 25.4% are not at all empowered. In below matriculation group, 26.7% respondents participate in family decisions, 8.7% get economic independency, 10.5% enjoy both participation in family decision and economic independency, very less respondents (.008%) take part in social/ political decisions, 4.8% enjoy overall empowerment and 48.2% are not at all empowered. In intermediate group, 77.4% women with disability enjoy empowerment in any form where as 22.5% WWDs are not at all empowered. Similarly, in graduation level, 95.1% respondents are empowered in any form and 63.3% of technical/ professional group are empowered. It is clear that educated women with disability are more empowered than uneducated WWDs. In table-5.1, there is association exists between educational qualification and women empowerment variable significantly as the Chi- Square value is significant at < 1% level. Hence, hypothesis-5 is accepted.

Table-6 shows that in illiterate group, 59.1% respondents viewed that they have faced/ facing physical / mental harassment whereas 7.1% viewed they have been harassed to some extent. In primary school dropout group, 172 (53.5%) respondents are facing or have faced physical / mental harassment, in below matriculation group, 99 (43.4%) respondents viewed the same, in intermediate group, 17 (54.8%) have been facing physical / mental harassment, in graduation level, 56.2% and in technical/ professional group, 27.2% respondents have faced physical / mental harassment at any point of their time. It is observed that in technical/ professional group harassment is comparatively lower in comparison to other category. That means that group is stronger than others, their chances of earning is more, they have better confidence. But on the whole, disabled women are suffering from physical / mental harassment as the result shows 64.9% respondents viewed it yes and to some extent. In table-6.1, there is association exists between educational qualification and facing physical/mental harassment variable significantly as the Chi- Square value is significant at < 5% level. Hence, hypothesis-6 is accepted.

Recommendations to Future Researchers

- Study can be done on how to bring the disabled women in to the main stream and rescue them from being marginalized.
- Study can be done on treatment/ therapy development in separate sections like leprosy, locomotors, hearing, brail, psychiatric treatment etc.
- Stress should be given to identify the real problem of WWDs including their psycho-social, marriage, being misbehaved, sexual harassment, loneliness, empowerment, ill-treat by the near and dears, responsibility of the family, the society etc.
- More emphasis can be given towards their sustainability and livelihood.

IX. Conclusion

The study highlighted many untapped issues which can be sorted out in a joint effort between the NGOs, victims, family members, society and the Government. It can be emulated for the GOs and NGOs to find out the real problem of WWDs and execute their work accordingly. Government has to design and implement some appropriate interventions like provide more benefits to unemployed women with disability like Rice per kg Rs.1/- (which has been started by the present government but only for below poverty line people). Again, train/bus facility in private buses also to be provided, loan subsidy with proper training, free education in both government and private educational institutes, free housing, subsidized food, free medicines, free appliances to poor WWDs, more vocational training, marketing their products, implementation of cultural and sports in regional level etc. to be provided. The responsibility of the Government, family and society do not end here. They have to monitor properly the disabled women up to she becomes self sufficient as per capability and lead a life of happy and dignity.

Further, number of mental asylums should come up. Every pregnant mother should be supplied with healthy diet from the government (those who are poor) so that they should not be blessed with an abnormal/ disabled child.

Government has already started implementing the schemes like Sahyogi, Niramaya, Aspiration (Day care centre), Remote area funding scheme, Gharaunda, Gyanaprabha (scholarship), Uddyamprabha (incentive), Arunim etc. to help and uplift the status of people with disability particularly to Autism, Cerebral Palsy, Mental Retardation and Multiple Disabilities. But for physically handicapped and blind group, the benefits are bit less where their number is more. These schemes have to be executed properly which requires improvement. But some policies are further required to be started. Like life-time security which includes either job or pension (the amount in which she can fulfill at least the bare necessities), quota in plot, free housing, compulsory free education including their care takers accommodation, easy loan should reach at their door step to start up any business instead of they come to collector's office & banks, more financial assistance in health, higher education, more special schools should be opened, free treatment in hospitals along with medicines, the check up should be done time to time regarding the degree of disability. The husbands of disabled women should be specially rewarded, may be with job, promotion, increment, special quota etc. so that people will come forward to marry the neglected disabled women and their divorce rate will be very less. Certain counseling has to be done to the husbands to restrict their extra-marital affairs. The amount of punishment has to be increased in Indian Penal Code if any one harasses the disabled women and abuses physically, sexually and mentally. There should be rigorous research on artificial looms and other appliances which should be provided to them in subsidized rate or freely in case of below poverty line WWDs. The study tried to find out the real problem of WWDs and how they can be brought into main stream.

The first problem lies with the family members, the care takers have to be cautioned more that they will encourage the WWDs and try to make them self sufficient. They will show the real love and affection, accept their disability and will not think them as a burden. Every family member will keep an eye watch about the outsiders, relatives or neighbors so that they will not take advantage of the WWD during the absence of their family members, particularly in case of blind or mentally disorder patients. The study also tried to find out the relations between categorization of disability, economic standard, educational qualification, monthly income with women empowerment, satisfaction level, sexual abuse, mental/ physical harassment, husband's extra-marital affairs etc. It clearly shows that due to their disability, most of them are subject to violence, betrayed by husband; they are deprived of good education, livelihood for which they feel that they are being marginalized. Here the role of guardians, family members, society, social worker and government is very important to make them inclusive and lead a happy life.

References:

- [1]. "Disabilities", World Health Organization", Retrived, 11 August 2012.
- [2]. Abramson, W. H., Emanuel, E. J., & Hayden, M. (Eds.). (2000 Fall). Feature issue on violence and women with developmental and other disabilities. IMPACT, 13(3). Minneapolis: Institute on Community Integration, University of Minnesota. Retrieved February 22, 2005.
- [3]. Alexander, R. W., Bradley, L. A., Alarcon, G. S., Tirana-Alexander, M., Aaron, L. A., Alberts, K. R., Martin, M. Y., & Stewart, K. E. (1998). Sexual and physical abuse in women with fibromyalgia: Association with outpatient health utilization and pain medication usage, Arthritis Care and Research, 11(2), 102-115.
- [4]. Behera Prangya Paramita (2010), Social Work for Persons with Disabilities, Pub: Padma Commercial Centre, Orissa.
- [5]. Census Report, (2001), Government of India.
- [6]. http://www.who.int/disabilities/world_report/2011/en/index.html
- [7]. Mays, J. M. (2006, March). Feminist disability theory: Domestic violence against women with a disability. Disability & Society, 21(2), 147-158.
- [8]. Meekosha, H. (2002). Virtual activists? Women and the making of identities of disability. In E. Kittay, S. Silvers, & S.Wendell (Eds.), Special issue: Feminism and disability II. Hypatia, 17(3), 67-88.
- [9]. Morris, J. (1991). Pride against prejudice: Transforming attitudes to disability. Philadelphia: New Society Publishers.
- [10]. Morris, J. (1993). Feminism and disability. Feminist Review, 43, 57-70.
- [11]. PWD Act, 1995, Government of India.
- [12]. Rao, T.A.S., (1992), Manual of Developing Communication Skills in Mentally Retarded Persons, NIMH, Secundarabad.
- [13]. Report, United Nations, 1964.
- [14]. Yeo, R., & Moore, K. (2003). Including disabled people in poverty reduction work: "Nothing about us, without us." World Development, 31, 571-590.

Table-1 Categorization of disability * sexually abused Cross tabulation
Count

		Sexually abused			Total
		yes	no	to some extent	
categorization of disability	blind	94	62	9	165
	deaf & dumb	136	88	17	241
	physically handicapped	171	167	18	356
	cure leprosy	47	74	11	132

	mental disorder	71	11	2	84
	any other	3	3	0	6
Total		522	405	57	984

Table-1.1 Chi-Square Tests

	Value	df	Asymptotic Significance
Pearson Chi-Square	58.436(a)	10	.000
Likelihood Ratio	62.764	10	.000
Linear-by-Linear Association	.370	1	.543
N of Valid Cases	984		

a 4 cells (22.2%) expf < 5. Min exp = .35...

Table-2 Educational Qualification * Facing psycho-social problem Cross tabulation
Count

		facing psycho-social problem		Total
		yes	no	
Edu. Qualification	illiterate	283	94	377
	below 5th std	224	97	321
	below matriculation	166	62	228
	intermediate	11	20	31
	graduation	4	12	16
	technical/professional	6	5	11
Total		694	290	984

Table-2.1 Chi-Square Tests

	Value	df	Asymptotic Significance
Pearson Chi-Square	40.014(a)	5	.000
Likelihood Ratio	36.119	5	.000
Linear-by-Linear Association	17.912	1	.000
N of Valid Cases	984		

a 2 cells (16.7%) expf < 5. Min exp = 3.24...

Table-3 Monthly income * Satisfied with life Cross tabulation
Count

		satisfied with life			Total
		yes	no	to some extent	
monthly income	nil/only madhubabu pension	132	241	63	436
	below 1000	81	221	49	351
	1000-5000	42	85	33	160
	5000-15000	16	8	0	24
	15000 & above	3	6	4	13
Total		274	561	149	984

Table-3.1 Chi-Square Tests

	Value	df	Asymptotic Significance
Pearson Chi-Square	31.866(a)	8	.000
Likelihood Ratio	31.551	8	.000
Linear-by-Linear Association	.153	1	.696
N of Valid Cases	984		

a 3 cells (20.0%) expf < 5. Min exp = 1.97...

Table-4 Categorization of disability* your husband has extra marital affairs Cross tabulation
Count

		your husband has extra marital affairs			Total
		yes	no	not applicable	
categorization of disability	blind	36	15	114	165
	deaf & dumb	39	65	137	241
	physically handicapped	100	107	149	356
	cure leprosy	35	81	16	132

	mental disorder	11	2	71	84
	any other	4	0	2	6
Total		225	270	489	984

Table-4.1 Chi-Square Tests

	Value	df	Asymptotic Significance
Pearson Chi-Square	193.434(a)	10	.000
Likelihood Ratio	211.668	10	.000
Linear-by-Linear Association	9.345	1	.002
N of Valid Cases	984		

a 3 cells (16.7%) expf < 5. Min exp = 1.37...

Table-5 Women empowerment * Edu. Qualification Cross tabulation Count

		Edu. Qualification						Total
		Illiterate	Below 5th std	Below matriculation	Intermediate	Graduation	Technical/professional	
women empowerment	participation in family decision	71	70	61	1	4	2	209
	economic independency	88	41	20	4	2	1	156
	option 1 & 2	100	49	24	2	1	0	176
	social/ political participation	7	1	2	4	0	0	14
	all the above	15	25	11	13	8	4	76
	not at all empowered	96	135	110	7	1	4	353
Total		377	321	228	31	16	11	984

Table-5.1 Chi-Square Tests

	Value	df	Asymptotic Significance
Pearson Chi-Square	229.472(a)	25	.000
Likelihood Ratio	171.584	25	.000
Linear-by-Linear Association	19.522	1	.000
N of Valid Cases	984		

a 16 cells (44.4%) expf < 5. Min exp = .16...

Table-6 Educational Qualification * Faced physical/mental harassment Cross tabulation Count

		faced physical/mental harassment			Total
		yes	no	to some extent	
Edu. Qualification	illiterate	223	127	27	377
	below 5th std	172	102	47	321
	below matriculation	99	94	35	228
	intermediate	17	11	3	31
	graduation	9	7	0	16
	technical/professional	3	4	4	11
Total		523	345	116	984

Table-6.1 Chi-Square Tests

	Value	df	Asymptotic Significance
Pearson Chi-Square	31.229(a)	10	.001
Likelihood Ratio	32.207	10	.000
Linear-by-Linear Association	13.739	1	.000

N of Valid Cases	984		
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a 4 cells (22.2%) expf < 5. Min exp = 1.30...