

## Measuring Disability Via Household Survey in Uttarakhand

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### Abstract

**Introduction-** Disability is the part of human condition and it is also complex, dynamic, and multidimensional and contested. Almost everyone will be temporarily or permanently impaired at some point in life, and those who survive to old age will experience increasing difficulties in functioning. Historically, people with disabilities have largely been provided for through solutions that segregate them, such as residential institutions and special schools. The transition from an individual, medical perspective to a structural, social perspective has been described as the shift from a “medical model” to a “social model” in which people are viewed as being disabled by society rather than by their bodies.

**Materials and Methods-** Rural areas in two districts of Uttarakhand were selected by Probability proportional to size sampling. The survey was conducted using standard tools and by visiting households; Statistical analysis was done using the SPSS-18 version software.

**Results-** Approximately half of people with disability were from movement or orthopaedic (51%) and second were visual impairments (12%). The major cause of disability was Congenital or by birth (59.3) and second major cause were disease & accidents. The % of people of disability decreasing from higher age group to lower age group, the highest % of people with disability was contributed between 13-35 years 56.5%.

**Discussion-** The age profile of disability onset varies sharply by category of disability. Onset of mental disabilities is concentrated in childhood and 20-30, resulting in the lowest average age of onset. Mental Retardation is more focused on the earliest years and mental illness becomes more pronounced in young adulthood. In contrast, visual disabilities are much more associated with ageing, and have the oldest mean age of onset. Whilst hearing disabilities exhibit a more pronounced dual peak, they are also on average subject to later average onset. Both locomotors and speech disabilities are more concentrated in younger ages also, with the highest onset in the early years of life in both cases.

**Conclusion-** Study is revealed that there is need of multidimensional programme which will provide opportunity to people with disability to use their potential positively and make significant contribution to achieve the millennium development goal at community, block, district & state level.