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Association Between Disability And Multidimensional Poverty: A Survey Of District Peshawar

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Abstract
This study aims to find association between various categories of disability and multidimensional poverty. The study was conducted in ten union councils of district Peshawar: Babu Garhi, Malkandher, Shaheen Town, Pakha Ghulam, Achini Bala, Shaheen Muslim Town I, Chamkani, Khazana, Wadpagga and Spina Warai. All the union councils were selected randomly using multi-stage cluster sampling technique. Selected union councils represent 10 percent of the total union councils of Peshawar. Initially, data of Persons with Disabilities (PWDs) was obtained from Social Welfare Department, Peshawar. Total population of PWDs in Peshawar was 11503, out of which 372 were randomly selected. Data was collected using questionnaires. Findings of the study show that there is significant association between types of disability and multidimensional poverty. Similarly, there was also significant association between multidimensional poverty and other variables of disability such as functional limitation, employment status, income, type of family and number of disabled cases in family. On the other hand, no significant association was found between status of a disabled person in family, educational attainment and multidimensional poverty.

Keywords: Multidimensional Poverty, Disability, types of disability, functional limitation, type of family, educational attainment.

Introduction

Disability is a multidimensional, complex, dynamic and contested phenomenon which is challenging to be understood. Disability is no longer deemed as loss of body structure or limitation of body function i.e. impairment. With emergence of social model of disability and International Classification of Functioning and Health (ICF), it is now clear that disability does not only refer to persons with impairments or bodily defect, but also to the social environment that restricts their full participation in the mainstream society through physical, attitudinal and institutional barriers (Igei, 2017). It also increases the risk of poverty. PWDs do not have access to health care system. They are not in a position to afford expensive health care system, and the health facilities available to them are not enough to fulfill their needs. They do not have access to education and the education facilities available to them are not enough to equip them for the modern day challenges. Due to lack of access to education, they face the problems of unemployment and market accessibility. Most of PWDs are unemployed and dependent on their families (Yeo & Moore, 2003) PWDs constitute almost 3% of the whole population of Pakistan. They can become active and productive members of society if given proper attention and opportunities to prove themselves. But like other marginalized portions of society, they have been ignored in developmental plans and their economic and political participation is very limited. Studies show that disability prevalence rate is higher in low and lower middle-income countries as compared to upper middle or high-income countries. As majority of the People with Disabilities (PWDs) are poor, they constitute a large number of poor population in the world, especially in Pakistan (Yeo & Moore, 2003). It is evident from existing literature that there is association between disability and multidimensional poverty i.e. disability increases the risk of being poor and poverty increases the likelihood of getting disabled or born with disability (Hosseinpoor et al., 2013; Mitra et al., 2013). Data of Persons with Disabilities (PWDs) regarding their educational attainments, their status in their families and employment status cannot be found in Pakistan easily, especially in KP. No work has been done previously on how number of disabled cases in a family, size of a household and type of a family is associated with multidimensional poverty. Similarly, status of a disabled person in his/her family and functional limitation are also associated with his/her economic status, which has been ignored by previous studies. Moreover, most of the previous studies have focused on one or two kinds of disabilities i.e. mental or physical or both.

This research is in line with the effort to bring their problems and economic conditions into mainstream and find out the association between multidimensional poverty and disability. The research has been carried out in Peshawar district in order to find out prevalence of multidimensional poverty in Persons with disabilities (PWDs). The research covers all kinds of disabilities such as physically impaired, visually impaired, and hearing impaired, mentally impaired and any other that comes under the category of disability.

PWDs have been ignored in every developmental plan and policy. Their political and economic participation is very less. They are one of the most marginalized portions of society. This study is important for PWDs because they will be able to

know about their conditions and challenges which hinder their participation in the mainstream society. That's why, this study was aimed to answers of the following questions;

- What is the degree of association between different types of disability and multidimensional poverty?
- What is the association between different levels of functional limitations and multidimensional poverty?
- What is the association between status of a disabled person in his/her family and multidimensional poverty?
- What is the association between income of a household with disability and multidimensional poverty?

Medical Model of Disability

For over a century, disability has been defined as medical phenomenon or a chronic functional incapacity the consequence of which is functional limitation resulted from physical or mental impairment. The model argues that the basic problem resulting from disability is inability to work or participate in society. It assumes that this inability is the product of their impairments, and their own psychological response to their impairment. As a solution, it was suggested that governments should provide financial support to such people, who are unable to support themselves with no fault of their own, and to help them repair and rehabilitate their damaged body parts, minds or any other psycho-social problems associated with their impairments (Scotch, 2000). The medical model reduces disable people to bodily impairment and considers disability as an individual defect lodged in the person only. That defect must be cured and eliminated if such person is to achieve the full capacity as a human being (Siebers, 2008). Thus, power is maintained by medical profession who seeks to define, control and treat disable people (Oliver, 1996). Under this rubric, the material deprivation and political disenfranchisement continued on its peak, whilst institutional discrimination and social stigmatization were exacerbated by segregation (Humphrey, 2000). In the light of such explanation, the model as sometime known as personal tragedy model because it regards the difficulties that people with impairments experience as being caused by the way in which their bodies are shaped and experienced (Carson, 2009). The model has many drawbacks such as it considers disability as purely a medical phenomenon, neglecting other socio-environmental factors. The model argues that impairment is personal fault of disables, and they cannot become productive members of society unless they find a cure for their impairment. Moreover, asking governments to provide financial support to impaired people is synonymous to making them dependent on governments for their whole life.

Social Model of Disability

In the late 1960s, a fundamental shift occurred in understanding disability in America. Medical model of disability was rejected and a new model was adopted which was known as social model of disability or socio-political model of disability. According to the model, disable people belong to minority group facing discrimination in society, and governments should protect their civil, political, economic and social rights be eliminating that discrimination. PWDs have limited opportunities due to their discriminatory environment, not impairment (Oliver, 1996). Social model explained disability as social construction of environmental factors such as cultural attitudes, social behaviors, physical barriers built into the environment and institutionalized rules, procedures and practices; not physical or mental impairment. Thus the activity limitation or lack of social participation is the consequence of societal attitude and expectations. The model demonstrates that as PWDs have been assigned a stigmatized position in the society, they are not different than those of ethnic and racial minorities. They are as subjects to negative attitudes, prejudice, and discrimination, institutional and legal constraints as other minority groups. Different stereotypes have been associated with them due to which they are assumed to be dependent on others and incapable to perform different social and economic activities. These stereotypes and stigmatized positions resulted in social exclusion, lack of political, social and economic rights (Scotch, 2000).

Social model of disability originated 1975 due to the continuous struggle of Disability Alliance and Union of the Physically Impaired against Segregation (UPIAS). Their primary aim was to introduce new ways in which PWDs become more active and productive. UPIAS viewed disability as a result of society; not something innate or product of the body. If society did not create dependency, disability would disappear. They argued that society is the root cause of disability; not impairment. With the help of social model of disability, PWDs succeeded up to some extent to challenge their marginalization, discrimination and social exclusion. The model gave PWDs enough political know how to claim their rightful position in the society (Thomas, 2004).

There variations among social models relevant to their places of origin. For example, British model focuses on oppression and terms capitalism as the causative factor of this oppression. The British model of disability fails to identify that there are differences and similarities in different forms of oppressions. The model differentiates between disability and impairment, continuously interacting with each other. In contrast, American model of disability explains disability as a matter of civil rights and defines PWDs as a minority group. The American model is rooted in the concept that: the failure of environment to adjust to the needs of PWDs rather than the failure of PWDs to adjust to demands of society. The British model is better in differentiating between disability and impairment which American model fails to do. Experts

believe that seeing disability with the lens of 'minority group rights based approach' would do nothing to solve problems of PWDs but exacerbate them.

The models explain the nature of disability well by differentiating between impairment and societal attitude or institutionalized practices attached with disability. The model argues that disability is not a fault of the person who suffers from it; rather it is the society or the surrounding environment which makes them disable. The model has also many drawbacks: the model does not differentiate between illness and impairment. For example, if a person has a short term or temporary illness and cannot participate actively in the daily activities, is also considered disable according to the model. Secondly, the model does not give enough information about the intensity of disability or impairment. For example, a person lacking a limb or hand is synonymous to a person who lacks a finger, an eye or any other minor problem like this, which does not affect his/her capacity to work or activity limitation. There is no proper classification of different kinds of disabilities in the model.

Methods

Research Philosophy/Epistemology

Poverty and disability were studied with positivistic scientific method. Positivistic scientific method is based on philosophical assumption that reality is unambiguous fact which needs to be discovered by the researcher the main concern of which is to objectively measure the truth or falsehood of a predetermined hypothesi (Desai & Potter, 2006). Therefore, the research was based on positivist approach.

Research Design

The type of research design used in the study was explanatory. Causal research emphasizes to study a situation and find out relationship between variables (Zikmund et al., 2010). The main tools are large scale surveys which are analyzed through statistical techniques. Quantitatively measurable concepts are identified and questionnaires are developed (Desai & Potter, 2006).

Research Strategy

The research strategy adopted in the study is survey. Survey strategy is helpful in answering questions of where, who, what, how much and how many survey strategy was adopted to avoid in depth investigation. The sampling was random and objective. Moreover, survey strategy was also feasible in collecting data from a large and highly dispersed sample in limited time with limited resources.

Research Approach

The research approach used was deductive which was intended to test the relationship between disability and multidimensional poverty.This research was based on mono-method quantitative study, and only structured questionnaires were used for data collection. In mono method, researcher uses only one data collection technique. The time horizon was cross sectional because the data was collected in primary form using questionnaires. Cross sectional research studies a particular phenomenon at a particular time (Yin, 2009).

Results

Table 1.

Cronbach's Alpha test (Reliability Statistics)

Cronbach's Alpha	N of Items
.73	31

It is obvious from Cronbach's Alpha test that the value of Cronbach's Alpha is higher than 0.7, thus the data obtained through questionnaire is reliable.

Table 2.

*Type of Disability * Multi Dimensional Poverty Cross Tabulatio*

	Multi-Dimensional Poverty			**Total**
	Not Deprived (c<0.333)	Moderate Deprived	Extremely Deprived (c>0.60)	

			(0.333-0.60)		
Type of Disability	Visual	18	41	19	78
	Physical	37	55	32	124
	Hearing	9	45	14	68
	Mental	31	38	19	88
	Any Other	9	3	2	14
Total		**104**	**182**	**86**	**372**

Table 3.
Chi-Square Tests for Type of Disability and Multi Dimensional Poverty

	Value	Df	Asymp. Sig. (2-sided)
• Pearson Chi-Square	23.189[a]	8	.003
• Likelihood Ratio	22.870	8	.004
• Number of Valid Cases	372		

It is evident from the table 2 that majority of the households i.e. 124 have persons with physical disabilities, among which 37 are not deprived, 55 are moderately deprived and 32 are extremely deprived. Households having persons with visual disabilities are 78, among which 18 are not deprived, 41 are moderately deprived and 19 are extremely deprived. Households with hearing disabilities are 68, 9 of which are not deprived, 45 are moderately deprived and 14 are extremely deprived. Moreover, households having persons with mental disabilities are 88, among which 31 are not deprived, 38 are moderately deprived while 19 are extremely deprived. Overall, majority of the households i.e. 182 with different types of disabilities are moderately deprived. It is obvious from the table 3 that the P-value is less than 5% level of significance i.e. 0.003<0.05 which means that there is significant association between multidimensional poverty and different types of disability, so null hypothesis is rejected and alternate hypothesis is accepted.

Figure 1.

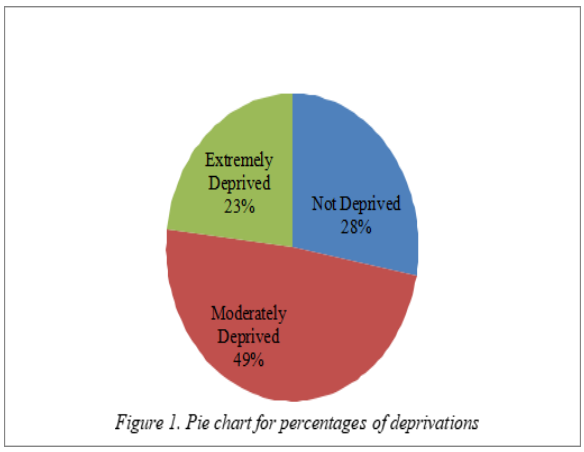


Figure 1. Pie chart for percentages of deprivations

The above figure shows descriptive statistics about multidimensional poverty that 23% of the population is extremely deprived, 49% is moderately deprived while 28% of the population is not deprived. As a whole, 72% of the population is deprived.

Figure 2.

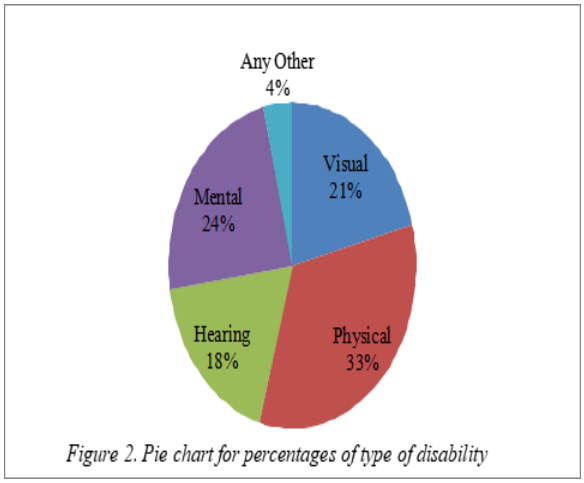


Figure 2. Pie chart for percentages of type of disability

The above chart shows descriptive results about different types of disabilities that 24% of the respondents are mentally impaired, 21% are visually impaired, 18% are hearing impaired, 33% are physically impaired while 4% of the respondents face other types of disabilities.

Table 4.

Difficulty in Seeing, Hearing, Walking, Remembering or any Other

** Multi-Dimensional Poverty*

		Multi Dimensional Poverty			**Total**
		Not Deprived (c<0.333)	Moderately Deprived (0.333-0.60)	Extremely Deprived (c>0.60)	
Degree of Difficulty	Mild Difficulty	13	23	6	2
	Moderate Difficulty	18	43	13	4
	Severe Difficulty	42	63	22	27
	Extreme Difficulty/ Unable to Do	31	53	45	29
Total		104	182	86	372

The table 4 indicates that majority of the Persons with Disabilities (PWDs) i.e.129 face extreme difficulty in seeing, mobility, hearing etc. Among these 129 PWDs, 31 are not deprived, 53 are moderately deprived while 45 are extremely deprived. Similarly, the PWDs who face severe difficulty in functioning are 127, 42 of whom are not deprived, 63 are moderately deprived and 22 are extremely deprived. Those PWDs who face moderate difficulty in functioning are 74 in

number, 18 of whom are not deprived, 43 are moderately deprived while 13 are extremely deprived. The table also shows that majority of the extremely deprived PWDs i.e. 45 face extreme difficulty while majority of the moderately deprived PWDs i.e. 63 face severe difficulty.

Table 5.

Chi-Square Tests for Functional Limitations and Multidimensional Poverty

		Value	Df	Asymp. Sig. (2-sided)
Square	**Pearson Chi-**	17.557[a]	6	.007
	Likelihood Ratio	16.987	6	.009
	N of Valid Cases	372		

Table 5 shows that P-value is less than 5% level of significance i.e. 0.007<0.05, which means that level of functional limitation is significantly associated with multidimensional poverty. Thus null hypothesis is rejected and alternate hypothesis is accepted.

Figure 3.

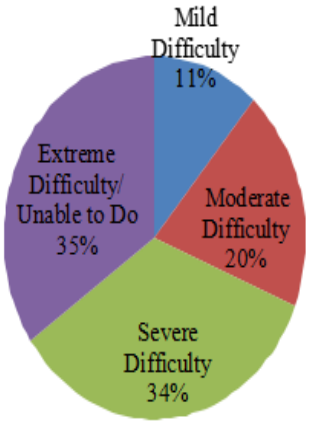


Figure 3. Pie chart for percentages of functional limitations

Table 6.

The above figure shows that 35% of the respondents face extreme difficulty in functioning, 34% severe difficulty, 20% face moderate difficulty while 11% face mild difficulty in functioning.

		Multi-Dimensional Poverty			**Total**
		Not Deprived (c<0.333)	Moderately Deprived (0.333-0.60)	Extremely Deprived (c>0.60)	
Your Status in Family	Head of Family	35	66	26	27
	Living with Parents	56	85	40	81
	Living with Brothers	13	30	18	

					1
	Any Other	0	1	2	
Total		104	182	86	
					72

Table 7.
Chi-Square Tests for Status in Family and Multi-Dimensional Poverty

	Value	**Df**	**Asymp. Sig. (2-sided)**
Pearson Chi-Square	6.922[a]	6	.328
Likelihood Ratio	6.937	6	.327
N of Valid Cases	372		

It is evident from the table 6 that majority of the PWDs i.e. 181 live with their parents, among whom 56 are not deprived, 85 are moderately deprived and 40 are extremely deprived. The table also shows that 127 PWDs are heads of their families among whom 35 are not deprived, 66 are moderately deprived while 26 are extremely deprived. 61 of the PWDs also live with their brothers among whom 13 are not deprived, 30 are moderately deprived while 18 are extremely deprived. The table also shows that majority of the extremely deprived i.e.40 and those of moderately deprived i.e.85 live with their parents.

From the table 7, it is evident that the P-value is higher than 5% of significance level i.e. 0.328>0.05 which means that there is no significant association between status of a disabled person in a family and multidimensional poverty. So, null hypothesis is accepted and alternate hypothesis is rejected.

Figure 4.

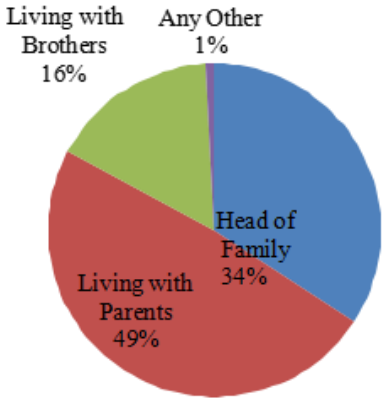


Figure 4. Pie chart for percentages of status in family

The above pie chart shows that majority of the respondents i.e. 49% are living with their parents, 34% are head of their families, 16% are living with their brothers while 1% live either with other relatives or vice versa.

Table 8.
*Employment Status * Multi Dimensional Poverty Cross Tabulation*

	Multi-Dimensional Poverty

		Not Deprived (c<0.333)	Moderately Deprived (0.333-0.60)	Extremely Deprived (c>0.60)
Employment Status	Unemployed	82	155	77
	Employed	22	27	9
Total		104	182	86

Table 9.
Chi-Square Tests Employment Status and Multi-Dimensional Poverty

		Value	Df	Asymp. Sig. (2-sided)
Pearson Chi-Square		14.241[a]	2	.020
Likelihood Ratio		14.228	2	.021
N of Valid Cases		372		

Table 8 indicates that majority of the PWDs i.e. 314 are unemployed among whom 82 are not deprived, 155 are moderately deprived while 77 are extremely deprived. The table also shows that 58 of the PWDs are employed among whom 22 are not deprived, 27 are moderately deprived and 9 are extremely deprived. The table shows that majority of the PWDs who are moderately deprived i.e. 155 and extremely deprived i.e. 77 are unemployed.
Table no. 9 shows that P-value is less than 5% of confidence level i.e. 0.2. <0.05, which means that employment status and multidimensional poverty are significantly correlated with each other. Therefore, null hypothesis is rejected and alternate hypothesis is accepted.

Figure 5.

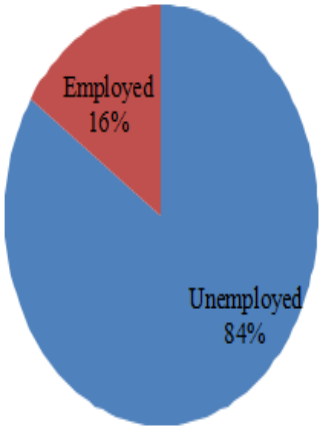


Figure 5. Pie chart for percentages of employment status

The above figure shows that majority of the respondents i.e. 84% are unemployed while 16% of the respondents are employed.

Table 10.

*Kind of family * Multi-Dimensional Poverty Cross Tabulation*

			Multi-Dimensional Poverty			**Total**
			Not Deprived (c<0.333)	Moderately Deprived (0.333-0.60)	Extremely Deprived (c>0.60)	
Type of family		Joint	63	123	66	252
		Nuclear	35	48	16	99
	Other	Any	6	11	4	21
Total			104	182	86	372

Table 11.

Chi-Square Tests for kind of Family and Multi-Dimensional Poverty

	Value	**Df**	**Asymp. Sig. (2-sided)**
Pearson Chi-Square	6.036[a]	4	.019
Likelihood Ratio	6.126	4	.019
N of Valid Cases	72	3	

Table 10 shows that majority of the PWDs i.e. 252 live in joint families among which 63 are not deprived, 123 are moderately deprived while 66 are extremely deprived. Moreover, 99 PWDs live in nuclear family system among which 35 are not deprived, 48 are moderately deprived and 16 are extremely deprived. Majority of the moderately deprived PWDs i.e. 123 and extremely deprived PWDs i.e. 66 live in joint family system.

Table no. 11 shows that P-value is less than 5% level of significance i.e. 0.019<0.05 which indicates that there is significant association between type of family and multidimensional poverty, so null hypothesis is rejected and alternate hypothesis is accepted.

Figure 6.

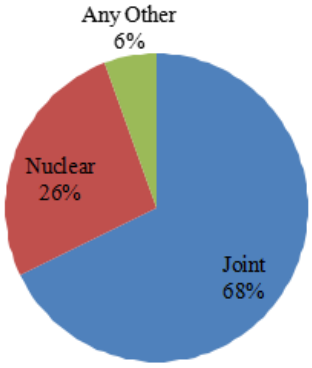


Figure 6. Pie chart showing percentages of kind of family

The pie chart no. 6. Shows that majority of the PWDs i.e. 68% live in joint family, 26% live in nuclear family while 6% live in other kind of families.

Table 12.
*Number of Disable Cases in Family * Multi-Dimensional Poverty Cross Tabulation*

		Multi-Dimensional Poverty			**Total**
		Not Deprived (c<0.333)	Moderately Deprived (0.333-0.60)	Extremely Deprived (c>0.60)	
Number of Disabled Cases inFamily		56	98	41	195
		35	54	25	114
		13	29	20	62
		0	1	0	1
	Total	104	182	86	372

Table 13.
Chi-Square Tests for Number of Disable Cases in Family and Multidimentional Poverty

	Value	**Df**	**Asymp. Sig. (2-sided)**
Pearson Chi-Square	5.340[a]	1	.001
Likelihood Ratio	5.585	1	.021
N of Valid Cases	372	3	

It is obvious from the table 12 that majority of the households i.e. 195 have only one disabled cases among which 56 are not deprived, 98 are moderately deprived and 41 are extremely deprived. The number of households with two disable cases is 114, 35 of which are not deprived, 54 are moderately deprived while 25 are extremely deprived. Households having three disable cases are 62 in number among which 13 are not deprived, 29 are moderately deprived while 20 are extremely deprived. Majority of the esxtremely deprived households i.e. 41 have one disabled person while those of moderately deprived household's i.e.98 also have one disabled person.
Table no.13 shows that P-value is less than 5% of significance level which indicates that number of disabled cases in a household is significantly associated with multidimensional poverty. Therefore, null hypothesis is rejected and alternated hypothesis is accepted.

Figure 7.

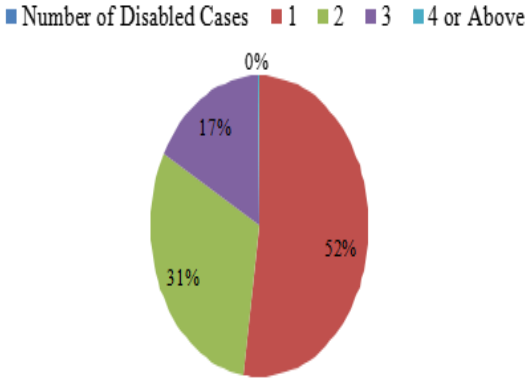


Figure 7. Shows that majority of the households i.e. 52% have one disabled case, 31% have 2 disabled cases, while 17% of the households have 3 disabled cases.

Table 14.

*Monthly Income * Multi-Dimensional Poverty Cross Tabulation*

		Multi-Dimensional Poverty			Total
		Not Deprived (c<0.333)	Moderately Deprived (0.333-0.60)	Extremely Deprived (c>0.60)	
Monthly Income	No Income	27	57	19	103
	5000-10000	21	38	23	82
	11000-15000	21	34	17	72
	16,000-20,000	15	29	4	48
	Above 20,000	20	24	23	67
Total		104	182	86	372

Table 15.

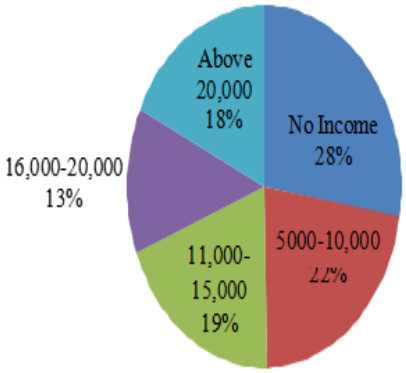
Chi-Square Tests for Monthly Income and Multi-Dimensional Poverty

	Value	Df	Asymp. Sig. (2-sided)
Pearson Chi-Square	5.274[a]	8	.043
Likelihood Ratio	6.424	8	.037

Linear-by-Linear Association	.0	1	.846
N of Valid Cases	38 3		
	72		

It is obvious from the table 14 that majority of the PWDs i.e. 103 have no income, among whom 27 are not deprived, 57 are moderately deprived while 19 are extremely deprived. The table further shows that 82 of the PWDs have income between 5000-10,000, among whom 21 are not deprived, 38 are moderately deprived and 23 are extremely deprived. PWDs whose income is between 11,000-15,000 are 72 in number, among whom 21 are not deprived, 34 are moderately deprived and 17 are extremely deprived. Those PWDs whose income is between 16,000-20,000 are 48, 15 of whom are not deprived 29 are moderately deprived while 4 are extremely deprived. 67 PWDs have their incomes higher than 20,000, 20 among whom are not deprived, 24 are moderately deprived while 23 are extremely deprived. Majority of the moderately deprived PWDs i.e. 57 have no income.
Table no. 15 shows that P-value is less than 5% significance level which means that there is significant association between income of households with disabled persons and multidimensional poverty. Thus null hypothesis is rejected and alternate hypothesis is accepted.

Figure 8.



The above pie chart gives information about income of households with disabilities. The chartshows that majority of the households i.e. 28% have no income, 22% have income between 5000-10,000, 19% of the households have 11,000-15,000, households with income between 16,000-20,000 are 13%, while 20,000 of the households have income above than 20,000.

Table 16.

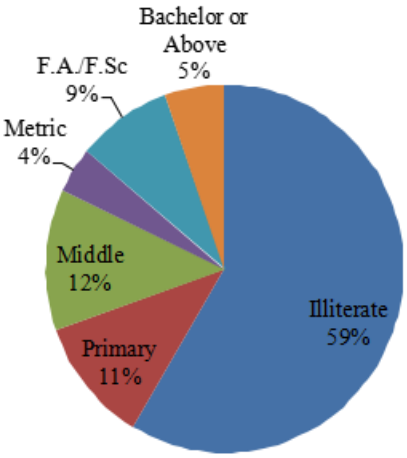
*Years of Education Completed * Multi-Dimensional Poverty Cross Tabulation*

		Multi-Dimensional Poverty			**Total**
		Not Deprived (c<0.333)	Moderately Deprived (0.333-0.60)	Extremely Deprived (c>0.60)	
Years of Education	Illiterate	62	1	54	21
			02		8
	Primary	10	2	11	41
			0		
	Middle	13	2	6	46
			7		
	Metric	5	7	3	15
	F.A./ F.Sc	12	1	5	32

				5					
	Bachelor or Above	2		1		7			20
				1					
Total		104		1		86			37
				82				2	

Table17: Chi-Square Tests for Years of Education Completed and Multi Dimensional Poverty
From the table 16, it is obvious that majority of PWDs i.e.218 are illiterate among whom 62 are not deprived, 102 are moderately deprived while 54 are extremely deprived. The table further shows that 41 of PWDs have primary level of education, among whom 10 are not deprived, 20 are moderately deprived and 11 are extremely deprived. 46 of the PWDs have middle level education, among whom 13 are not deprived, 27 are moderately deprived and 6 are extremely deprived. Only 20 PWDs have completed bachelor or above, among whom two are not deprived, 11 are moderately deprive and 7 are extremely deprived. While, 32 have done F.A./F.Sc., among whom 12 are not deprived, 15 are moderately deprived and 5 are extremely deprived. Majority of the moderately deprived PWDs i.e.102 and those with extreme poverty i.e. 54 are illiterate. It is obvious from the table no. 17 that P-value is higher than 5% level of significance i.e. 0.477>0.05, which indicates that there is no significant association between years of education completed by PWDs and multidimensional poverty. So, null hypothesis is accepted and alternate hypothesis is rejected.

Figure 9.



The above pie chart gives information about educational attainment of Persons with Disabilities (PWDs). The chart indicates that majority of the PWDs i.e. 59% are illiterate,11% have primary education, 12% have middle education, 4% have done metric, 9% havedone F.A. or F.Sc, while 5% of the PWDs have done bachelor or above.

Discussion
The results of table 2 and 3 are supported by Emily Cooper (2015) and Crawford (2008) who in their articles say that PWDs constitute a large number of poor populations. Majority of PWDs do not have access to health, education and basic necessities of life. Extra expenditures incurred by disability vary with type and severity of disability. According to Singal (2016), PWDs are prone to every kind of shocks and they have insufficient resources because they are multidimensionally poor. Findings of this study show a link between disability and multidimensional poverty which has been ignored in majority of the previous studies. The results of tables 4 and 5 are supported by Loeb and Mitchell (2012), that severity of disability is strongly associated with poverty. PWDs with severe or complete difficulty are poorer than those with less or minor difficulty. PWDs facing extreme or complete difficulty are more deprived than those with less severe difficulties. Disability incurs extra costs and the cost varies with severity of disability; extra cost increased with level of severity i.e. the more the level of severity the more is the cost required, while, some authors have found a very weak or no relationship between level of severity and poverty (Zaidi & Burchardt, 2005). A report on child poverty and disability supports the

arguments of the table 6 and 7 that majority of PWDs are dependent on their families. They do not have their own income and status and most of them fear about their safety (Trani & Loeb, 2012). According to Lord, Keogh and Nicoli (2010), presence of a disabled person in the family reduces productivity of the household because a disabled person always needs a permanent caretaker. Findings of the tables 8 and 9 are supported by a number of authors from the existing literature. PWDs face a lot of barriers in having access to education which ultimately results in unemployment and poor standard of living. PWDs are deprived in terms of employment, living standard and education. Evidences show that 70% employers are reluctant to give jobs to PWDs while 65% employers do not trust abilities of a disabled person (Watson et al., 2015). Similarly, results of tables 10 and 11 are also supported by existing literature. There is significant association between family type and multidimensional poverty. The risk of poverty in PWDs varies with type of family. Studies show that the highest risk of poverty is among those of lone parents' families. Almost half of the disabled men and women living alone are poor, as compared to one quarter of non-disabled adults living alone. Almost 25% of working age couples, having no children, where one or both face disability live in poverty (MacInnes et al., 2014). The findings of tables 12 and 13 are supported by a study conducted by Michael Palmer, 2016, that presence of a single disabled person in a household reduces the household's index of living standard by 0.27 while it is 0.33 for households with more than one disabled persons. Different authors have supported the findings of tables 14 and 15 that there is strong link between income and multidimensional poverty. Extra cost incurred by disability is a fixed proportion of income. Cost rises as a direct proportion of income (Zaidi & Burchardt, 2005). The results of table no. 16 and 17 are supported by a number of authors. According to a report of World Health Organization (Yeo & Moore, 2003), majority of PWDs live in developing countries where they do not have access to education, health and other facilities. The report says that majority of the schools deny to enroll their children due to their special needs. A survey conducted in 15 countries by Mitra et al., (2013), indicates that PWDs were deprived of education in 14 out of 15 countries. The percentage of PWDs who have not completed primary level was high up to 23%. Watson et al., (2015), says that PWDs face tough time in engagingwith other peers in schools and have poor educational outcomes and qualifications. Their attendance level is lower and dropout rate is higher as compared to those with no disability.

Conclusion

To sumup, PWDs constitute almost 15% of the world population, yet very little is known about their conditions. They are also neglected in all developmental plans and are excluded from the mainstream society (World Health Organization. Similar to disability, multidimensional poverty is also a complex and dynamic phenomenon. There is consensus on poverty to be multidimensional (Alkire & Santos, 2009). Results of the study show that there is significant association between types of disability and multidimensional poverty. Majority of the respondents in the study are physically disabled, majority of whom are moderately deprived. Majority of the PWDs are moderately deprived, while the number of extremely deprived PWDs is lower than those who are not deprived with regard to type of disability. Severity of disability also plays important role in determining whether a person is multidimensionally poor or not. The results show that there is significant association between degree of functional limitation and level of poverty. Majority of the respondents face extreme difficulty in carrying out different activities of daily life, among whom majority are moderately deprived. Similarly, the results indicate that there is no significant association between status of a disabled person in his/her family and multidimensional poverty. Majority of the PWDs are dependent on their parents or brothers. According to some cases, some aged PWDs were dependent on their sons. Majority of the households where PWDs are living with their parents are moderately deprived. This research only focuses on the association between the two; not on the reasons and causes of the relationship. While, there is dire need for in depth investigation of the reasons and causes of prevailing multidimensional poverty in PWDs. Some areas such as social exclusion of disabled people, disability and development, lack of accessibility to services, societal and institutional barriers to PWDs, economic problems of PWDs, special needs of disabled people and many more need to be explored by further researches. In recommendation, Government must take substantial steps for eliminating poverty in PWDs. For this purpose, proper policies must be devised and their implementation must be ensured.

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