Final Version: Revision 1.2-20081230

Prevalence of Functional Limitation

Mansoor Hasan Khan

October 2008

Pakistan Poverty Alleviation Fund (PPAF)

Table of Contents

Acknowledgements

I wish to thank, first and foremost Persons with Functional Limitations (PWFLs), their families and all community members who spared time to be interviewed by enumerators. One also needs to thank the enumerators for their commitment and professionalism.

This survey would not have been possible without input given by Mr. Daniel Mont as he not only designed the survey instrument, but also led the training of the enumerators. He supervised pre-testing and participated with the PPAF Disability team in supervising field data collection.

I would like to thank Mr. Kamran Akbar (Chief Operating Officer/Team Leader – RNR), Ms. Maliha Babar (Coordinator – Disability Project) and the PPAF Disability Team comprising Dr. Farah Tabassum, Ms. Fahmina Puri, Muhammad Usman and Muhammad Qayum, who not only helped in increasing my understanding of Functional Limitations but also helped in data cleaning and management. I would also like to thank Mr. Fakhir Mehdi (Database Development and Management Officer), who developed the database for the survey questionnaire.

One cannot imagine completion of this assignment had Ms. Susan Hirshberg not been the moving spirit together with her team Mr. Iftikhar Malik and Ms. Salma Jafar.

Mansoor Hasan Khan

List of Tables

List of Figures

0 Executive Summary

0.1 Introduction

The most devastating earthquake that hit the northern areas of Pakistan on October 8, 2005 has left over 80, 000 dead, half a million homeless and innumerable without livelihoods. Beside these losses it is believed that many people who survived the earthquake have developed various functional limitations in domains like seeing, hearing, mobility (walking and lifting), concentration or remembering, learning, self-care and communication.

PPAF conducted this survey in order to understand the rehabilitation needs of persons with functional limitations, the impact of activity limitations and participation restrictions as well as the resulting disadvantage they experience on health, education and economic prosperity in the sample villages of district Bagh, province AJK and district Mansehra, province NWFP. This survey will help PPAF to determine the prevalence of various types of functional limitations and to develop the strategies for helping various vulnerable segments of the community in these districts.

0.2 Methodology

The overall sample consists of 2 revenue villages out of 13 in the union council of “Kalamoola”, district Bagh and six hamlets out of forty six hamlets in the union council of “Sum Elahi Mong”, district Mansehra. The revenue villages and hamlets are selected at random.

A total of 1,262 households (528 in “Kalamoola” and 732 in “Sum Elahi Mong”) are reached in selected sample for capturing socio-economic data of household and identification of persons having functional limitation. This constitutes 22.2% of total households (19.2% in “Kalamoola” and 24.9% in “Sum Elahi Mong”). All households in selected villages are included in survey.

The survey covers following aspects of household characteristics:

- Demographic composition of the household members
- Education status of household members
- Work Status of household members
- Facilities available in Household like drinking water, type of dwelling etc
- Health infrastructure available to population of region.

It covers functional limitation of households’ members in the domains of vision, hearing, walking, lifting, remembering or concentrating, learning, self care and communication.

It also investigates the participation and barriers of persons having functional limitation in education, sports, job, community organizations, family decision making, community decision making and in obtaining health care services beside their needs for assistive devices.

0.3 Main Findings

0.3.1 Household Characteristics

In the sampled villages the most prevalent religion practiced is Islam, the three most widely used languages are “Hindko”, “Gojri” and “Pahari” and the most dominant casts are “Gujar”, “Syed” and “Awan”. The majority of population in sampled villages has been residing there for more than 20 years and also owns the mortgage free agricultural land. The percentage distribution of head of household owning agriculture land is as follow:-

> 25.83% of the heads of households do not own any agriculture land, 11.57% own agriculture land less than one kanels, 15.69% own agriculture land between 1 to 2 Kanels, 22.19% own agriculture land between 2 to 5 kanels, 13.95% own agriculture land between 5 to10 Kanels, 7.21% own agriculture land between 10 to 20% and 3.57% own agriculture land more than 20 kanels.

It is found that in general respondents in “Kalamoola” have higher agriculture land holdings than respondents in “Sum Elahi Mong”.

0.3.2 Household Dwellings

In overall sample, 96.04% of head of household own their dwelling units. It is found that after earthquake, the structure of houses has been improved from mud dwellings to cement and semi cemented dwellings. The pace of change in improved dwelling structure is found to be higher in district Mansehra than district Bagh. Furthermore it is evaluated that the dwellings in district Bagh are much more commodious than those in district Mansehra. Moreover, 55.63% of dwellings have piped water facility and the rest use surface water, public tap water and open public well water. Similarly, 61.41% of dwellings have no drainage /toilet facilities; 15.37% use flush/toilet system and 14.90% use pit toilet/latrine system.

0.3.3 Household Health Facilities

In overall sample, 77.18% of households have no access to any type of health facilities, 6.18% have access to government hospital, 5.63% have access to government dispensary, 5.15% have access to “Unani Dawa Khana” and 4.12% have access to private clinic run by a non MBBS doctor. Only 25% of respondents in selected sample (16.10% in district Bagh and 32.56% in district Mansehra) indicated the presence of rehabilitation services.

For respondents who have access to health facilities, it takes 1.34 hrs to cover a distance of 5.76km in order to reach to the nearest health facility .The three important methods of transportation to reach health facilities are walking (37.87%); public transport (33.61%) and rented vehicle (22.41%).

The main actions taken by the head of households in order to meet the financial cost triggered by earth quake are:-

- Government assistance (17.98%)
- Spent from buffer savings (13.14%)
- Received support from NGO (12.04%)
- Reduced consumption (11.77%)

- Borrowed / took support from family and friends (11.20%)
- Increased work (7.67%)
- Increased use of forest resources (5.18%)

The other important conclusion drawn as reported by household heads is that they stopped the treatment for a family member with functional limitation and removed their children from school.

0.3.4 Household Demography

The household in sample villages have a total population of 7,128 living in 1,262 household; of which 46.79% are females and 53.21% are males. Of the female population 50.13% are children, 46.30% are adults and the rest (3.57%) are elders. Similarly, of the male population 48.96% are children, 44.56% are adults and remaining 6.49% are elders. The average household size in overall sample is approximately 6 people, with 3 adults per family.

The sex ratio is 113.73% indicating lesser number of females in population. The dependency ratio in the overall sample is 120.41% (115.38% in district Bagh and 124.20% in district Mansehra). It is observed that child dependency (109.12%) is significantly higher than aged dependency (11.28%). Similarly the child/women ratio in the overall sample is 44.38% again indicating higher number of minors in population. This is further confirmed with age distribution of respondents in which 41.72% of the total population is less than 15 years old; 28.68% are between 16 to 30 years; 15.25% are between 31 to 45 years, 9.23% are between 46-60 years; 4.07% are between 61-75 years and remaining 1.05% are over 75 years.

0.3.5 Household Literacy & Work Status

In the overall sample, it is observed that 27.76% have education below and equal to primary level, 12.67% have education between primary and middle level, 11.56% have education between middle and matric level, 3.19% have education between matric and intermediate level and only 2.11% have the educational level of graduation and above. The data indicates the significant drop out of females than males after primary education indicating lesser opportunities of education for women.

Majority of children (10-18 years) are students with lesser percentage in females (56.2%) than males (79.1%). The majority of adult females are housewives (87.5%) whereas the majority of adult males are working (83.5%). The most important types of work available for adult males in sampled villages are agricultural and non agricultural labor, cultivation, and government / non government jobs.

It is observed that elder females continue working as housewives whereas the percentage of elder males that are working drops to 51.9% only from 83.5%. Also note that 37.5% of elder males are not available for work at all indicating presence of functional limitations. The most significant means of livelihood for elder males is cultivation, agricultural and non agricultural labor.

0.3.6 Prevalence of Functional Limitations

Three approaches are used for measuring the prevalence of functional limitation in various domains like vision, hearing, walking, lifting, remembering, learning, self care or communicating. These include:

- All Functional Limitations: if response is some difficulty, a lot of difficulty, or Unable to do at all in any domain of functional limitation.
- Restricted Functional Limitations: If response is a lot of difficulty or unable to do at all in any domain of functional limitation.
- Complete Functional Limitations: if response is unable to do at all in any domain of functional limitation.

The three approaches differ in terms of their use of survey information about positive response and range from very broad to quite specific, corresponding to an increasingly restrictive definition of a positive response of a "Functional Limitation". The methodology for measuring prevalence follows closely the methods defined by UN Washington Group on Disability Statistics (UN-WGDS).

Functional Limitation

According to “All Functional Limitations” definition, the overall prevalence in population is 10.0% (11.9% in district Bagh and 8.6% in district Mansehra). Similarly, according to “Restricted Functional Limitations” the overall prevalence is 6.5% (8.5% in district Bagh and 5.1% in district Mansehra) and according to “Complete Functional Limitations” the prevalence is 2.7% (4.4% in district Bagh and 1.5% in district Mansehra). The data also gave statistical evidence that with all the three definitions of functional limitation, the prevalence in both districts is different.

Functional Limitation by Gender

With the definition of “All Functional Limitations”, the overall prevalence in females is 9.4% and in males is 10.6%. Similarly, by the definition of “Restricted Functional Limitations”, the overall prevalence in females is 6.5% and in males is 6.5%. Also, by using the definition of “Complete Functional Limitations”, the prevalence in females is 2.6% and in males is 2.9%. Also, all the three definition of functional limitations indicated that these are spread equally in both genders. However, via the three definitions of functional limitation, the prevalence in males and in females is found different between sampled villages of both districts.

Functional Limitation by Age Group

According to “All Functional Limitations” definition, the overall prevalence in children between 0-15 years of age is between 3.9% and then it increases with age; 4.6% for persons in the age group of 16-30 years; 11.1% for persons in the age group of 31-45 years; 24.8% for persons in the age group of 46-30 years; 50.3% for persons in the age group of 61-75 years and 96.0% for the persons in the age group of 75 years and above.

Similarly, according to “Restricted Functional Limitation” definition, the overall prevalence in children between 0-15 years of age is 2.7% and then it increases with age; 3.0% for persons in the age group of 16-30 years; 5.8% for persons in the age group of 31-45 years; 14.7% for

persons in the age group of 46-30 years; 36.2% for persons in the age group of 61-75 years and 77.3% for the persons in the age group of 75 years and above.

Also, according to “Complete Functional Limitation” definition, the overall prevalence in children between 0-15 years of age is 1.5% and then it increases with age; 1.5% for persons in the age group of 16-30 years; 2.2% for persons in the age group of 31-45 years; 4.7% for persons in the age group of 46-30 years; 14.1% for persons in the age group of 61-75 years and 32.0% for the persons in the age group of 75 years and above. Also, the data gave the statistical evidence (via the three definitions) that age is positively associated with functional limitation meaning it increases with age.

Functional Limitation by Type

Using the three definitions ("All Functional Limitations”, “Restricted Functional Limitations” and “Complete Functional Limitations”), functional limitations in the domain of vision are 4.2%, 2.2% and 0.6% respectively; in domain of hearing are 2.6%, 1.7% and 0.5% respectively; in the domain of walking are 6.3%, 4.1% and 1.1% respectively, in the domain of lifting are 4.9%, 3.4% and 1.1% respectively; in domain of remembering are 3.0%, 1.8% and 0.5% respectively; in domain of learning are 4.0%, 2.6% and 0.8% respectively, in the domain of self care are 2.4%, 1.4% and 0.6% respectively and in the domain of communicating are 2.4%, 1.6% and 0.5% respectively.

With the definition of “All Functional Limitation”, the important functional limitations present in the sample villages are mobility (walking and lifting), vision, learning and remembering. Similarly, by the definition of “Restricted Functional Limitation”, the important functional limitations present in the sample villages are mobility (walking and lifting), learning and vision. Also, by using the definition of “Complete Functional Limitation”, the important functional limitations present in the sample villages are mobility (walking and lifting), learning and self care.

Multiple Functional Limitation

According to “All Functional Limitation” definition, 31.9% reported single and 68.1% reported multiple functional limitations. Similarly, according to “Restricted Functional Limitation” definition, 20.0% reported single and 80.0% reported multiple functional limitations. Also, according to “Complete Functional Limitation” definition, 21.5% reported single and 78.5% reported multiple functional limitations. The data gave evidence that population in the sampled villages of two districts is in general having multiple functional limitation.

Cause of Functional Limitation

According to “All Functional Limitation” definition, the main cause for functional limitation is "illness / health condition not related to earth quake (34.2%)"; "age of respondent (23.5%)" and "birth (15.8%)". No major difference is observed in the cause reported by each gender. 2.2% of respondents are unaware or unable to state their reason for functional limitation (especially in district Bagh). The data gave evidence that the reason “illness / health condition not related to earthquake” in district Mansehra has caused more functional limitation than in district Bagh. Also the reason “illness / health condition related to earthquake” has caused more functional limitation in district Bagh than in district Mansehra.

According to “Restricted Functional Limitation” definition the most important cause are “illness / health condition not related to earth quake” (32.5%); “age” (22.8%) and “birth” (19.6%). 1.3% of

respondents are unaware or unable to state their reason for functional limitation especially in district Bagh. The data gave evidence that the reason "birth" district Mansehra has caused more functional limitation than in district Bagh. Also the reason "illness / health condition related to earthquake" has caused more functional limitation in district Bagh than in district Mansehra.

According to "Complete Functional Limitation" definition, the most important cause are "illness / health condition not related to earth quake" (29.2%); "birth" (24.6%) ;"age" (17.9%) and "accident / injury not related to earthquake" (11.3%). 2.1% of respondents are unaware or unable to state their reason for functional limitation especially in district Bagh. The data gave evidence that the reason "Birth" in district Mansehra has caused more functional limitation than in district Bagh. Also other reasons "age", "accident / injury not related to earthquake", "accident / injury related to earthquake", "illness / health condition related to earthquake for district Bagh have caused more functional limitation in district Bagh than in district Mansehra.

0.3.7 Demographic Differences

Using all the three definitions for functional limitation, the major difference in the demographic characteristics of respondents with and without "Functional Limitation" living in surveyed villages of two districts are given below.

Difference by Gender

By using the definition "All Functional Limitation", 9.4% of females and 10.6% of males have functional limitation. In contrast to this, 90.6% of females and 89.4% of males do not have functional limitation. Similarly, similarly by the definition "Restricted Functional Limitation", 6.5% of females and males have functional limitation. In comparison to this 93.5% of females and males do not have functional limitation. Also, by the definition "Complete Functional Limitation", 2.6% of females and 2.9% of males have functional limitation. In association with this, 97.4% of females and 97.1% of males do not have functional limitation. The data gave the evidence that prevalence of functional limitation is present equally in both genders and differently in the two districts.

Difference by Age Group

By using the definition "All Functional Limitation", 3.9% of children, 11.1% of adults and 59.7% of elders have functional limitation. In contrast to these 96.1% of children, 88.9% of adults and 40.3% of elders do not have functional limitation. Similarly, by the definition "Restricted Functional Limitation", 2.7% of children, 6.4% of adults and 44.7% of elders have functional limitation. In comparison to these 97.3% of children, 93.6% of adults and 55.3% of elders do not have functional limitation. Also, by the definition "Complete Functional Limitation", 1.5% of children, 2.4% and 17.8% of elders have functional limitation. In association with these, 98.5% of children, 97.6% of adults and 82.2% of elders do not have functional limitation. The data gave evidence that functional limitation is positively associated with age and is distributed differently in two districts.

Difference by Marital Status

With the definition of "All Functional Limitation", 7.6% of respondents (18 years and above) who never married have functional limitation whereas 92.4% of respondents do not have functional

limitation. Similarly, 15.8% of respondents who are married have functional limitation whereas 84.2% of respondents do not have functional limitation. Also, 52.5% of respondents who are widowed have functional limitation whereas 47.5% of respondents do not have functional limitation. Further, 28.6% of respondents who are divorced have functional limitation whereas 71.4% do not have functional limitation. Finally, none of the respondents who are deserted have functional limitation.

By the definition of "Restricted Functional Limitation", 5.4% of respondents (18 years and above) who never married have functional limitation whereas 94.2% of respondents do not have functional limitation. Similarly, 9.7% of respondents who are married have functional limitation whereas 90.3% of respondents do not have functional limitation. Also, 38.3% of respondents who are widowed have functional limitation whereas 61.7% of respondents do not have functional limitation. Further, 21.4% of respondents who are divorced have functional limitation whereas 78.6% do not have functional limitation. Finally, none of the respondents who are deserted have functional limitation.

By the definition "Complete Functional Limitation", 2.5% of respondents (18 years and above) who never married have functional limitation whereas 97.5% of respondents do not have functional limitation. Similarly, 3.7% of respondents who are married have functional limitation whereas 96.3% of respondents do not have functional limitation. Also, 14.2% of respondents who are widowed have functional limitation whereas 85.8% of respondents do not have functional limitation. Further, all of respondents who are divorced have functional limitation and none of the respondents who are deserted have functional limitation.

Difference by Inter Family Marriage

By using the definition "All Functional Limitation", 17.5% of respondents who married in non relatives have functional limitation. In contrast to this, 17.4% of respondents who married with first cousins and 26.6% of respondents who married with other relatives have functional limitation. Similarly, by using the definition "Restricted Functional Limitation", 10.3% of respondents who married in non relatives have functional limitation. In contrast to this, 11.5% of respondents who married with first cousins and 14.4% of respondents who married with other relatives have functional limitation. Also, by using the definition "Complete Functional Limitation", 2.3% of respondents who married in non relatives have functional limitation. In contrast to this, 4.4% of respondents who married with first cousins and 7.9% of respondents who married with other relatives have functional limitation.

By using all the three definitions, when comparison is made between respondents who married non relatives with those who married first cousins or other relatives, it is concluded that former respondents have less functional limitation than later. Further, the data also gave statistical evidence that the functional limitation is more commonly present in respondents that have interfamily marriages.

Difference by Education

By using the definition "All Functional Limitation", 17.4% of respondents (6 years and above) who are illiterate have functional limitation where as 82.6% of respondents do not have functional limitation. Similarly, 7.0% of respondents who have education of up to primary level have functional limitation in comparison to 93.0% of respondents who do not have functional

limitation. Likewise, 7.6% of respondents who have education of up to middle level have functional limitation in comparison to 92.4% of respondents who do not have functional limitation. Also, 6.1% of respondents who have education of up to matric level have functional limitation in comparison to 93.9% of respondents who do not have functional limitation. In the same way, 3.4% of respondents who have education of up to intermediate level have functional limitation in comparison to 96.6% of respondents who do not have functional limitation. Furthermore, 3.0% of respondents who have education of graduate and more have functional limitation in comparison to 97.0% of respondents who do not have functional limitation.

Similarly, by using the definition "Restricted Functional Limitation", 11.7% of respondents (6 years and above) who are illiterate have functional limitation where as 88.3% of respondents do not have functional limitation. Similarly, 4.4% of respondents who have education of up to primary level have functional limitation in comparison to 95.6.0% of respondents who do not have functional limitation. Likewise, 4.1% of respondents who have education of up to middle level have functional limitation in comparison to 95.9% of respondents who do not have functional limitation. Also, 4.1% of respondents who have education of up to matric level have functional limitation in comparison to 95.9% of respondents who do not have functional limitation. In the same way, 2.5% of respondents who have education of up to intermediate level have functional limitation in comparison to 97.5% of respondents who do not have functional limitation. Furthermore, 1.5% of respondents who have education of graduate and more have functional limitation in comparison to 98.5% of respondents who do not have functional limitation.

With the definition "Complete Functional Limitation", 17.4% of respondents (6 years and above) who are illiterate have functional limitation where as 82.6% of respondents do not have functional limitation. Similarly, 7.0% of respondents who have education of up to primary level have functional limitation in comparison to 93.0% of respondents who do not have functional limitation. Likewise, 7.6% of respondents who have education of up to middle level have functional limitation in comparison to 92.4% of respondents who do not have functional limitation. Also, 6.1% of respondents who have education of up to matric level have functional limitation in comparison to 93.9% of respondents who do not have functional limitation. In the same way, 3.4% of respondents who have education of up to intermediate level have functional limitation in comparison to 96.6% of respondents who do not have functional limitation. Furthermore, 3.0% of respondents who have education of graduate and more have functional limitation in comparison to 97.0% who do not have functional limitation.

0.3.8 Participation and Barriers

Using only the broadest definition of functional Limitation (i.e."All Functional Limitation"), the major participation restriction faced by persons having functional limitations in the sample villages of district Bagh and Mansehra are described below.

Education & Training

In overall sample, it is found that 79.7% of persons having functional limitation (between 5 years to 60 Years) have not attempted to get an education or training in past 5 years. The important reasons identified for not getting education or training are "age of the respondent" (34.0%), "lack of financial resources"(20.4%), and "lack of family support"(12.7%). Similarly, 13.8% of respondents are able to get education or training out of which 33.7% failed in getting education

or training. The main reasons for failure are lack of education resources (29.8%), lack of family support (24.5%) and lack of confidence (23.4%) indicating the envoirnment does not help or support and provide opportunities to persons having functional limitation for education or training.

Sports and Leisure Activities

In overall sample, it is found that 92.4% of persons having functional limitation (5 years and greater) have not participated in sports and in leisure activities in past 5 years.The important reasons identified for not participating in sports or leisure activities are "age of respondents" (30.0%), followed by "lack of financial resources" (24.0%) and "lacked accomodation for sports" 18.6%). Similarly, 7.6% of respondents are able to participate in sports or leisure activities out of which 13.5% remained unsussfailed in sports or leisure activities. The main reasons for failure are "Inadequate transportation" (38.5%), "and "Facilities inaccessible" (23.1%) and "Lack of family support"(23.1%).

Employment

In overall sample, it is found that 85.3% of persons having functional limitation (18 years and greater) have not attempted for getting employment in past 5 years.The difference between genders for non particiaption in employment is found significantly different in selected sample that leads to conclusion that males are more active in seeking employment than females. The important reasons identified for non participation in employment are "Did not want a job" (22.9%), followed by "No employer will accept me" (19.2%) and "Family responcibility" (17.3%). Similarly, 14.7% of respondents are able to participate in employment out of which 68.2% remained unsuccessful in their employment. The main reasons for unsuccessfule employment experience are "Lack of financial resources" (42.9%), "Lack of family Support" (19.5%), "Inadequate transortation" (10.4%) and "Employees negative attitude towards me" (9.1%).

Joining Community Organization

In overall sample, it is found that 89.9% of persons having functional limitation (18 years and greater) have never attempted to join any community organization (CO) in past 5 years. The important reasons identified for not joining a CO are a"Did not want to be a member" (26.1%), followed by "There is no CO" (25.7%), "CO never contacted me" (16.1%), "Lack of financial resources" (11.2%). Similarly, 14.7% of respondents reported to attempt joining a CO out of which 24.7% remained unsuccessful. The main reasons identified for failurein joining a CO are "Lack of confidence" (25.0%), "Lack of family Support" (21.3%), and "Building inaccessible" (17.5%).

Family Decision Making

In overall sample, it is found that 89.9% of persons having functional limitation (18 years and greater) have not involved themselves in family decision making in past 5 years. The difference between genders for non particiaption in family decison making is found significantly different in selected sample that leads to conclusion that males are more actively involved in family decision making than females. The important reasons identified for not participating in family decision making are "Because I am a women" (42.0%), followed by "Did not want to be" (21.0%) and "Because I am disabled" (13.3%).

Community Decision Making

In overall sample, it is found that 43.6% of persons having functional limitation (18 years and greater) have not involved themselves in community/jirga decision making in past 5 years. The difference between genders for non particiaption in community/jirga decison making is found significantly different in selected sample that leads to conclusion that males are more actively involved in community decision making than females. The important reasons identified for not participating in community/ jirga decision making are "Jirga or Community never contacted me" (27.8.1%), followed by "There is none" (20.0%), "Did not want to participate" (13.4%) and "Members didn't think I was able to participate" (12.8%).Similarly, 56.4% of respondents reported to participate in Jirga/ Community decision making out of which 9.5% remained unsuccessful in their participation. The main reasons identified for failure are "Could not meet Jirga or Community requirements for participation" (42.9%) and "Jirga or Community member's negative attitude towards me" (39.3%).

Obtaining Health Care Services

In overall sample, it is found that 25.1% of persons having functional limitation (5 years and greater) have notr tried to obtain health care services in past 5 years. The important reasons identified for not getting health care services are "Lack of financial resources" (34.0%), followed by "Do not think health facility can help me" (16.4%), "No facility available" (16.0%), "Lack of trust in health facility" (12.8%) and "Did not need to go" (11.6%). Similarly, 74.1% of respondents reported to obtain health care services out of which 10.9% failed obtaing any health services. Inadequate transportation" (23.5%), "Lack of financial resources" (23.5%), "Building inaccessible" (20.4 %") and "Could not find a health facility" (12.2%).

Other Social Activities

In overall sample, it is found that respondents with functional limitation (5 years and greater) are participating in various other activities like visiting "friends /relatives" (74.8%), "BHU" (49.4%), "Mosque" (46.2%), "THQ" (24.1%), "Post Office" (23.3%), "Market" (23.3%), "RHQ" (21.1%), "Bank" (21.0%), "School" (16.5%), "DHQ "(12.4%) and "College" (6.6%). The most widely performed activity is visiting relatives / freinds and the least performed activity is going to school.

Assistive Devices

According to 63.4% of respondents with functional limitation (5 years and greater), the assistive devices needed by them are waliking aid (34.8%), followed by glasses (25.4%), learning aid (16.5%), wheel chair (14.5%), toilet seat (7.9%) and CP chair (0.5%).

For females, the most needed device is "walking aid" (32.2%), followed by glasses (28.6%), wheel chair (15.6%), learning aid (14.5%), toilet seat (8.7%) and CP chair (0.4%). Similarly, for males the most needed device is "walking aid" (36.9%), followed by glasses (22.8%), learning aid (18.2%), wheel chair (14.4%), toilet seat (7.2%) and CP chair (0.6%). No obvious difference is present in the type of devices needed by gender.

For children(05-18 Years), the most needed device is "glasses" (9.1%), followed by walking aid (25.3%), learning aid (20.3%), wheel chair (15.2%), toilet seat (7.6%) and CP chair (2.5%). Similarly, for adults (19-60 years) the most needed device is "walking aid" (32.3%), followed by

glasses (25.2%), learning aid (22.3%), wheel chair (14.5%), toilet seat (5.3%) and CP chair (0.3%). Also, for elders (Over 60 Years) the most needed device is “walking aid” (33.3%), followed by glasses (24.8%), wheel chair (17.8%), learning aid (16.7%), toilet seat (7.0%) and CP chair (0.4%).It is apparent that childrens need galsses whereas the adults and elders need walking aid.

Assistive Trainings

Only 20.1% respondents reported the need for any training that will help them participating in various activities. The trainings identified are “Personal counseling” (40.1%), “Family counseling” (25.6%), “Communicating training” (20.3%) and “Life skill training” (14.0%).

For females, the most needed training is “Personal counseling” (37.8%), followed by “Family counseling” (30.5%), “Communicating training” (22.0%) and “Life skill training (9.8%). Similarly, for males the most needed trining is “Personal counseling” (41.3%), followed by “Family counseling” (23.0%), “Communicating training” (19.0%) and “Life skill training (16.7%). No statistical evidence is observed in the type of training needed by gender.

For children(05-18 Years), the most needed training is “Communicating training” (41.9%) followed by “Personal counseling” (23.3%), Life skill training (20.9%) and “Family counseling” (14.0%). Similarly, for adults (19-60 Years) the most needed training is “Personal counseling” (42.9%), followed by “Family counseling” (26.4%), “Life skill training (16.5%) and “Communicating training” (14.3%). Also, for elders (Over 60 Years) the most needed training is ““Personal counseling” (45.9%), followed by “Family counseling” (32.4%), “Communicating training” (14.9%) and “Life skill training (6.8%). It is apparent that training needs changes with age group.

1 Background

1.1 Introduction

The most devastating earthquake that hit the northern areas of Pakistan on October 8, 2005 has left over 80, 000 dead, half a million homeless and innumerable without livelihoods. Beside these losses it is believed that many people who survived the earthquake have developed various functional limitations in domains like seeing, hearing, mobility (walking and lifting), concentration and remembering, learning self-care and communication.

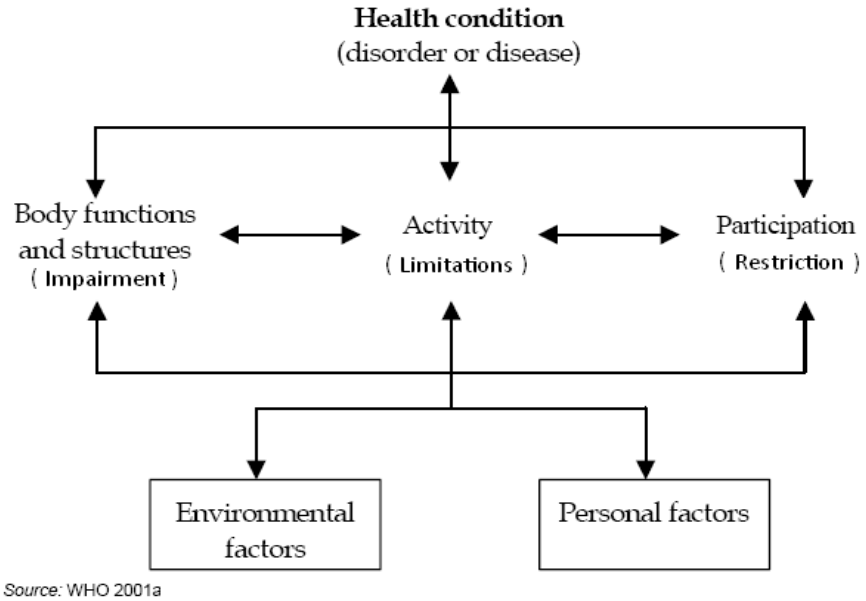
PPAF conducted this survey in order to understand the rehabilitation needs of persons with functional limitations, the impact of activity limitations and participation restrictions as well as the resulting disadvantage they experience on health, education and economic prosperity in the sample villages of AJK and Mansehra districts. This survey will help PPAF to determine the prevalence of various types of functional limitations and to develop the strategies for helping various vulnerable segments of the community in these districts.

1.2 Disability: Concepts and Definitions

1.2.1 Defining Disability

Disability is currently recognized as a multidimensional concept, relating to the body functions and structures of people, the activities they do, the life areas in which they participate, and the factors in their environment that affect these experiences. Disability is the umbrella term for any or all of: an impairment of body structure or function, a limitation in activities, or a restriction in participation. The International Classification of Functioning, Disability and Health (ICF), (WHO-ICF) developed by the World Health Organization (WHO, 1948) provide a widely accepted framework for conceptualizing disability.

Figure 1-1: The ICF Model



Source: WHO 2001a

The conceptual framework of ICF consists of three components: body functions and structures, activities and participation, and environmental factors as shown in figure 1-1.These components are defined 'in the context of health' to distinguish disability from other circumstances, such as poverty, that may contribute to restricting a person's participation in society.

The first of these domains – body structure and function – is the most closely related to the medical model as it refers to the physiological and psychological functions of body systems. Body structures are defined by the ICF as "anatomic parts of the body such as organs, limbs and their components" and body functions are defined as "the physiological functions of body systems". The 'Body functions' classification is a neutral list of functions that can be used to record positive or neutral body function as well as impairment of body function. 'Impairments' of body functions are problems in body functions such as a loss or significant departure from population standards or averages. This domain relates to very specific capabilities, for example being able to lift one's arm over one's head or produce articulate speech sounds.

Activity is the execution of a task or action by an individual. It pertains to a wide range of deliberate actions performed by an individual to accomplish a task, such as getting dressed or feeding oneself. Activity limitations are difficulties an individual may have in executing these activities.

Participation refers to activities that are integral to economic and social life and the social roles that accomplish that life, such as being able to attend school or hold a job. Participation restrictions are 'problems an individual may experience in involvement in life situations' such as participation in education, sports and employment

Environmental factors "make up the physical, social and attitudinal environment in which people live and conduct their lives". For example, a given level of impairment in the body function domain will not necessarily translate into an activity or participation limitation if the environment accommodates a person's different functional status.

Personal factors are "the particular background of an individual's life and living" such as age, sex and Indigenous status. Participations are not part of the classification because of the large social and cultural variance associated with them.

1.2.2 Measuring Prevalence of Functional Limitation

This report uses three approaches to provide prevalence estimates for each domain of functional limitation. A person is identified as having a 'Functional Limitation' by the survey if he/she has responded positively in one or more of survey questions that restricts basic activities. The three approaches differ in terms of their use of survey information about positive response as follows:

- All Functional Limitations: if response is some difficulty, a lot of difficulty, or Unable to do at all
- Restricted Functional Limitations: If response is a lot of difficulty or unable to do at all
- Complete Functional Limitations: if response is unable to do at all

The estimates based on “All Functional Limitations” include all positive responses reported in any domain of functional limitation irrespective of its degree of severity (some difficulty, a lot of difficulty or unable to do at all). This estimate separates persons having functional limitation from those that do not have.

The estimates based on “Restricted Functional Limitation” include all positive responses reported in any domain but excluding those responses that reported “some difficulty”. In fact this approach is a tapered version of previous approach and is obtained by applying a filter to include a higher degree of restriction in functional limitation.

The estimates based on “Complete Functional Limitation” include only those positive responses that are unable to do at all the core activities included in survey. Again this approach is a more restricted version of “Restricted Functional Limitation” and is obtained by using a more exclusive filter on the positive response.

Clearly these approaches range from very broad to quite specific, corresponding to an increasingly restrictive definition of a positive response of a "Function Limitation". Using these measures the Functional Limitation questions yields a matrix of functioning for the eight domains as follows:

Table 1-1 Functioning Matrix

	Functional Limitation		
Core Domain	**ALL**	**Restricted**	**Complete**
Vision			
Hearing			
Walking			
Lifting			
Remembering			
Learning			
Self-Care			
Communicating			

This matrix is then utilized to yield the three prevalence estimates of functional limitation: using All Functional Limitation, using restricted Functional Limitation and using complete Functional Limitation. Prevalence of multiple functional limitations is then computed by counting positive responses in more than one domain in any definition. This general approach for defining prevalence follows closely the UN Washington Group on Disability Statistics (UN-WGDS).

1.3 Objectives of Report

This report attempts to answer the most basic question: How many persons with functional limitations are there in the population? Once this basic question is answered, a host of additional questions arise:

- What types of functional limitations do persons in the population have?
- What is the prevalence of each type of functional limitation?
- How does prevalence of functional limitation vary by age, gender and geographic area?

- How many persons with functional limitations are without access to the special appliances or aids that they need?
- What percentage of school-going-age children with functional limitations are in school?
- What percentage of adults with functional limitations is economically active? How does this compare with the percentage for non-disabled adults or the general population?
- How many people with functional limitations require full-time care from a family member or some other person?
- What are the major participation barriers in the social and physical environment that create exclusion for persons with functional limitations?
- What is the cost of functional limitations?

These questions highlight the increasing need for statistics on functional limitation to support effective policy formulation, programming and implementation. This report utilizes the information collected in survey for the sample villages of AJK and Mansehra to provide answers to some of these questions.

The report focuses on the number of persons who were affected by type of functional limitation, age, sex, and region (included in survey). It also provides insights into the socio-economic profile of persons having functional limitation with respect to their level of education, participation and access to basic amenities and services. It is hoped that the findings emanating from the above analyses will provide inputs into the achievement of the objectives of the PPAF effort to rehabilitate needs.

1.4 Scope and Limitations of Report

Information needs for this survey range from basic counts of persons with functional limitations in the population to information on more complex issues such as the difference in the quality of life between persons with and without functional limitations.

In such a vast context, the reliability of statistics collected is sometimes limited to a number of factors. These include different definitions of disability, different survey methodologies used to collect information, negative traditional attitudes towards people with functional limitations, a poor service infrastructure for persons with functional limitations in underdeveloped areas, misunderstanding by respondents (or even enumerators) on what disability means in terms of the various types, and violence levels (in particular areas and at particular times).

2 Methodology

2.1 Introduction

Sample survey is a methodology to obtain information about a large aggregate or population by selecting and measuring a sample from that population. Due to the variability of characteristics among items in the population, samples are selected scientifically to reduce the risk of a distorted view of the population, and then inferences about the population are drawn based on the information from the sample survey data. In order to make statistically valid inferences for the population, they must incorporate the sample design in the data analysis

This chapter focuses on the methodology of the survey like what are the objectives and scope of survey, what instrument is used to collect information and how data is collected from fields.

2.2 Survey Objective

The primary objective of the survey was to collect data of persons having functional limitation in sampled villages of district Bagh and Mansehra. This data can then be used to analyze the prevalence of functional limitation in various domain like vision, hearing, walking, lifting, remembering or concentrating, learning, self care and communication and the difficulties faced by such persons in education, sports, health, job and decision making.

2.3 Survey Scope

The survey included sample villages from the union council of “Kalamula” in district Bagh and the villages from the union council of “Sum Elahi Mong” in district Mansehra. The union council of “Kalamula” has thirteen revenue villages and has a total population of 18,737 persons living in 2,609 households. In comparison union council of “Sum Elahi Mong” has forty six hamlets and has a total population of 18,151 living in the 2,911 households. The survey included approximately all household in selected villages and hamlets of these union councils.

2.4 Survey Questionnaire

The survey questionnaire is developed by World Bank. The actual questionnaire is given at annex 1. It included following sections:-

2.4.1 Section 0: Identification of Respondents

The main purpose of this section is to identify the geography (Global Positioning Coordinates and Altitude); various ground facts (hamlet, patwari circle, post office, district, union council, revenue village, police station etc); and head of the household to be interviewed. It also captures details necessary to indentify the interviewer and supervisor along with date and time of interview.

2.4.2 Section 1: Information Related to Household Members

It is designed for extensive coverage of socio-economic aspects of households’ members and includes following areas:

- Demographic composition of the household members
- Education status of household members
- Work Status of household members

2.4.3 Section 2: Information Related to Functional Limitation

It is designed for extensive coverage of functional limitation of households' members in the domains of vision, hearing, walking, lifting, remembering or concentrating, learning, self care and communication. The responses are scaled from "no difficulty" to "unable to do" and include "some difficulty" and "a lot of difficulty" as intermediate response giving a better option to pick persons with functional limitations.

2.4.4 Section 3: Household Characteristics

This section is designed for the coverage of various characteristics of households in sample villages like dwelling owner ship, state of dwelling before and after earthquake, number of rooms in dwelling, main source of drinking water, toilet facilities, agriculture land ownership, status of remittance and religion, language and cast of head of household.

2.4.5 Section 4: Health infrastructure

This section is designed to determine the heath infra structure / facilities available to head of household. The main focus in this questionnaire is on the type of facilities available, the time needed and distance needed be travelled and mode of transportation available to reach to the nearest facility. Beside this it also investigates the presence of rehabilitation services available in these facilities and the actions taken by the head of the households to meet the financial cost triggered by the earthquake.

2.4.6 Section 5: Participation & Barriers

This section is designed to determine the participation and barriers faced by persons having functional limitation. It covers the participation in education, sports, job, community organizations, family decision making and community decision making. It also covers the participation of this person in their general day to day life routines like visiting, mosque, post office, bank, school etc.

Further the questionnaire also examines the difficulties faced by such persons in obtaining health care services and their needs for assistive devices. It also investigates various trainings needed by persons having functional limitation.

2.4.7 Section 6: Cost of Disability

This section is designed to determine the cost of disability by investigating the family member assistance with basic activities like dressing, washing, eating or moving about. It also attempts to determine the economic cost required for assistance of persons with functional disability.

2.5 Survey Sample Design

The sample villages are selected at random from the list of revenue villages in each union council of both districts. The details of the population, household in union council of "Kalamoola"

district Bagh is given in table 2-1 along with selected sample villages (sample revenue villages are highlighted).

It indicates that the union council of "Kalamoola" has a population of 18,942 living in 2,775 households. The selected revenue villages in sample are "Bassan" and "Malik Soli" which has a population of 2,538 and 458 respectively and the numbers of households are 3,62 and 166 respectively. Thus the sample population consists of 2,996 residing in 528 households. The households in selected sample constitute a 19.2% of total household in this union council.

Similarly the details of the population, household in union council of "Sum Elahi Mong" district Mansehra is given in table 2-2 along with selected sample villages (sample revenue villages are highlighted). It indicates that the union council of "Sum Elahi Mong" has a population of 18, 092 living in 2,943 households. The selected hamlets selected in sample are "Battang Saydan" , "Dalbani", "Fateh Mang", "Sarian" and "Tumbah" and Zar "Dehri" and are highlighted in the table. The households constitute a total sample of 24.9% for this union council in district Mansehra.

Table 2-1: Revenue Villages in Union Council of Kalamoola District Bagh

S.No	Revenue Villages	Population	Household
1	Akhori	492	72
2	Bangar bani	932	133
3	**Basaan**	**2538**	**362**
4	Bring Ban	1708	244
5	Halan (Janoobi)	2218	317
6	Hallan (Shamali)	2444	349
7	Jabbian	1002	144
8	Jokkan	590	89
9	Kalamoola (Junoobi)	1692	202
10	Kala moola (Shamali)	2449	324
11	**Malik Soli**	**458**	**166**
12	Seikh Soli	944	133
13	Soli Khas	1475	212
Total		**18942**	**2747**

Table 2-2: Hamlets in Union Council of Sum Elahi Mong District Mansehra

S. No	Hamlet	Population	Household
1	Akhori Timbri	355	63
2	Baila	76	12
3	Baila Dharyal	42	7
4	Baila Fatah Mang	14	2
5	Baila Nali	12	1
6	Bandi Khet	45	9
7	Battang Khawaja	161	27
8	**Battang Saydan**	**131**	**25**
9	Battang Timbri	477	84
10	Chakaraylee	44	8
11	Chatto Timbri	792	147
12	Chore Banda	608	113
13	Dadar Noor Mehdan	468	68

S. No	Hamlet	Population	Household
14	**Dalbani**	**1386**	**222**
15	Dharyal	1896	301
16	Dharyian	75	12
17	**Fateh Mang**	**667**	**122**
18	Garang	29	8
19	Haroon Abad	109	13
20	Jabar Kiryali	177	25
21	Jabbar	333	48
22	Jabri	70	8
23	Jano Mandi	949	128
24	Khan Pur	493	67
25	khan Pur Mera	1461	208
26	Khatyan	138	22
27	Kiryali	265	43
28	Kulegah	1236	176
29	Kulegah Semai	7	3
30	Lami Patti	363	53
31	Makhan Gali	202	32
32	Makhan Galli	3	1
33	Pakha Timbri	207	39
34	Ploi	869	160
35	**Sarian**	**405**	**75**
36	Sharkot	54	9
37	Thammanwali	23	3
38	Timbri	147	26
39	Timbri Khori	22	4
40	Timbri Mera	373	56
41	Tippar	239	38
42	**Tumbah**	**1438**	**274**
43	Tumbah Garang	241	37
44	Tumbah Mera	466	77
45	Tumbah Zar Dehri	419	71
46	**Zar Dehri**	**105**	**16**
Total		**18092**	**2943**

Thus in overall samples a total of 1,262 households are selected and 7,128 persons are reached for identification of persons having functional limitations. The selected household constitutes 22.2% of total household in both union councils of district Bagh and Mansehra. This is also given in table 2-3.

Table 2-3: Overall Sample Composition

Union Council	Population	Household
Total Population		
Kalamoola	18,942	2,747
Sum Elahi Mong	18,092	2,943
Total	37,034	5,5690
Selected Sample		
Kalamoola	2,996	528
Sum Elahi Mong	4,132	732
Total	7,128	1,262
Percentage of Total Population	**19.2%**	**22.2%**

2.6 Summary

The overall sample consists of 2 revenue villages out of 13 in the union council of “Kalamoola”, district Bagh and six hamlets out of forty six hamlets in the union council of “Sum Elahi Mong”, district Mansehra. The revenue villages and hamlets are selected at random.

A total of 1,262 households (528 in “Kalamoola” and 732 in “Sum Elahi Mong”) are reached in selected sample for capturing socio-economic data of household and identification of persons having functional limitation. This constitutes 22.2% of total households (19.2% in “Kalamoola” and 24.9% in “Sum Elahi Mong”). Approximately, all households are covered in selected samples.

The survey covers following aspects of household characteristics:

- Demographic composition of the household members
- Education status of household members
- Work Status of household members
- Facilities available in Household like drinking water, type of dwelling etc
- Health infrastructure available to population of region.

It covers functional limitation of households’ members in the domains of vision, hearing, walking, lifting, remembering or concentrating, learning, self care and communication.

It also investigates the difficulties faced by persons having functional limitation in education, sports, job, community organizations, family decision making, community decision making and in obtaining health care services beside their needs for assistive devices

3 Household Characteristics

3.1 Introduction

In this section various characteristics of household (like religion, language, ownership of agriculture land, type of dwelling before and after earthquake, dwelling ownership etc) and facilities (like source of drinking water, toilet facilities, health facilities etc) available to household in surveyed villages and hamlets are described. The analysis highlights the major difference in characteristics and facilities of households. Since the sample is reasonably large and probably quite representative, the results analyzed here are of great help in understand the living conditions of surveyed villages.

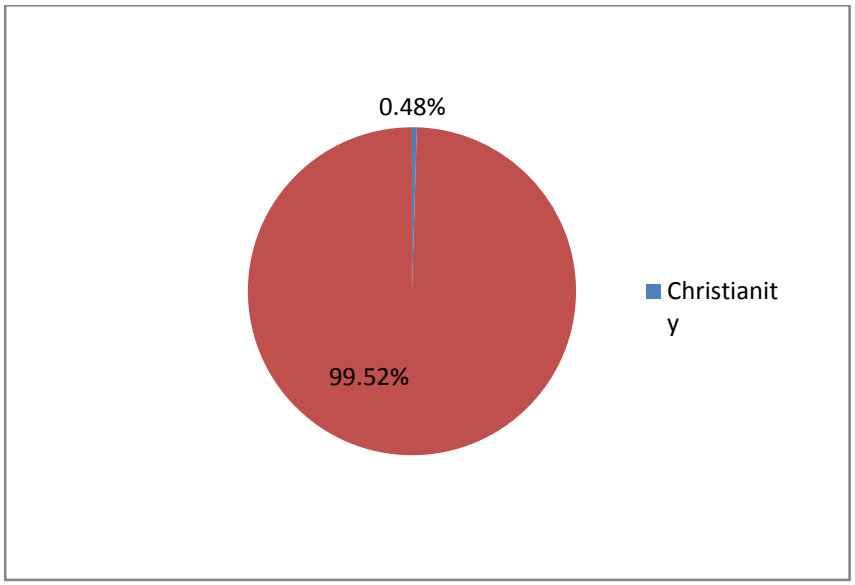
3.2 Household Religion

Religion can roughly be defined as a specific fundamental set of beliefs and practices generally agreed upon by a number of persons or sects: *the* Christian religion; the Buddhist religion; the Islamic religion etc. The distribution of heads of households according to religion is shown in figure 3-1 and the percentage distribution is given in table 3-1. Clearly the most dominant religion practiced in the sampled villages of districts is Islam (99.62%).

Table 3-1 Religion of Household

Religion	Bagh	Mansehra	Total
Christianity	0.38%	0.54%	0.48%
Islam	99.62%	99.46%	99.52%
Total	100.00%	100.00%	100.00%

Figure 3-1 Religion of Household



3.3 Household Language

A language is a dynamic set of visual, auditory, or tactile symbols of communication and the elements used to manipulate them. Normally, many languages exist in a region/community. The

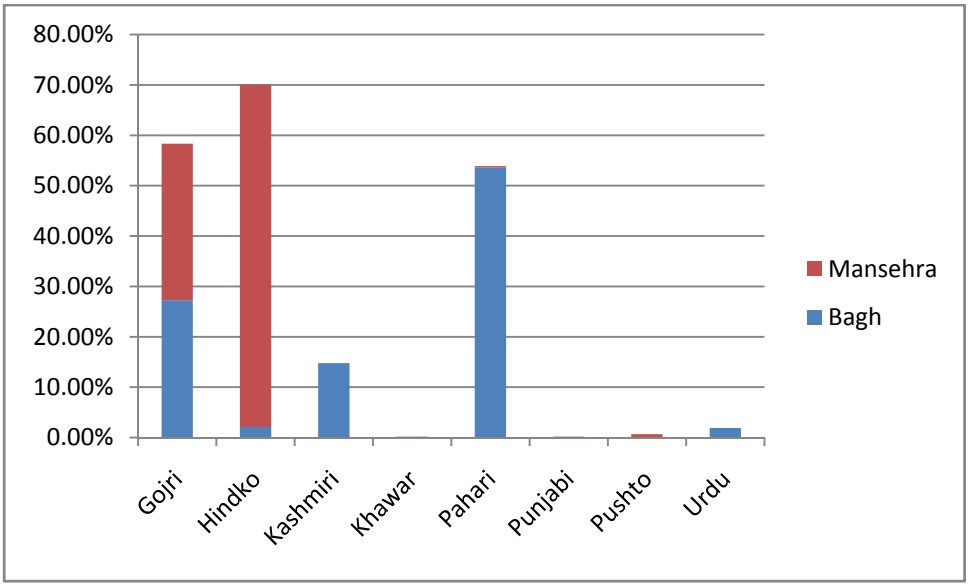
distribution of household heads according to language spoken is shown in table 3-2. It is evident from table that in “Kalamoola”, district Bagh of AJK, the most prominent language is “Pahari” (53.60%), then “Gojri” (27.27%) followed by “Kashmiri” (27.27%). Similarly the most dominant language in “Sum Elahi Mong”, district Mansehra of NWFP, is “Hindko” (67.98%) followed by “Gojri” (29.48%). The national language of Paksitan that is “Urdu” is spoken in few households of district Bagh (1.89%) only. Similarly, “Pushto” is spoken only in few households of district Mansehra (0.68%).

Table 3-2 Language of Household Head

Language	Bagh	Mansehra	Total
Gojri	27.27%	31.06%	29.48%
Hindko	2.08%	67.98%	40.41%
Kashmiri	14.77%	0.00%	6.18%
Khawar	0.19%	0.00%	0.08%
Pahari	53.60%	0.27%	22.58%
Punjabi	0.19%	0.00%	0.08%
Pushto	0.00%	0.68%	0.40%
Urdu	1.89%	0.00%	0.79%
Total	100.00%	100.00%	100.00%

Overall, the most well know languages in sampled villages are “hindko” (40.41%), then “Gojri” (29.48%) and “Pahari” (22.58%). This is also reflected in figure 3-2 below.

Figure 3-2 Religion of Household Head



3.4 Household Cast

Castes are hereditary systems of occupation, endogamy, social culture, social class, and political power. In a caste society, the assignment of individuals in the social hierarchy is determined by social group and cultural heritage. The distribution of households according to caste is shown in table 3-3. The most prominent caste in “Kalamoola”, district Bagh of AJK is “Syed” (28.22%), followed by “Chaudhary” (21.59%) and “Gugar” (20.45%). The other noticeable casts are “Mughal” (10.61%), “Gakhar” (9.66%) and “Khawaja” 6.44%. Similarly, the most dominant caste

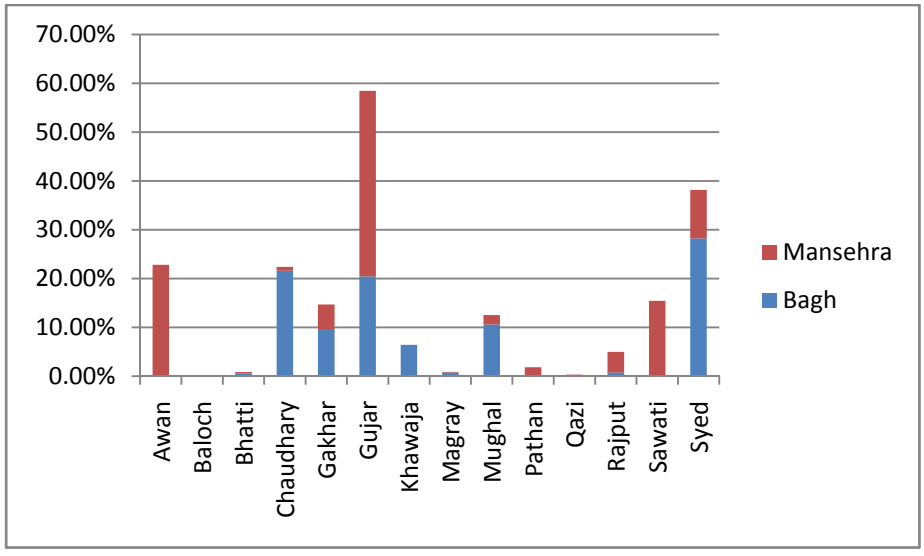
in district “Sum Elahi Mong”, district Mansehra of NWFP is “Gujar” (38.01%), “Awan” (22.62%), “Sawati” (15.26%) and “Syed” (9.95%).

Table 3-3 Caste of Household Head

Caste	Bagh	Mansehra	Total
Awan	0.19%	22.62%	13.23%
Baloch	0.19%	0.00%	0.08%
Bhatti	0.57%	0.27%	0.40%
Chaudhary	21.59%	0.82%	9.51%
Gakhar	9.66%	5.04%	6.97%
Gujar	20.45%	38.01%	30.67%
Khawaja	6.44%	0.00%	2.69%
Magray	0.76%	0.14%	0.40%
Mughal	10.61%	1.91%	5.55%
Pathan	0.19%	1.63%	1.03%
Qazi	0.19%	0.14%	0.16%
Rajput	0.76%	4.22%	2.77%
Sawati	0.19%	15.26%	8.95%
Syed	28.22%	9.95%	17.59%
Total	100.00%	100.00%	100.00%

Overall, the most dominant cast are “Gujar” (30.67%), “Syed” (17.59%) and “Awan” (13.23%) in sampled villages of both districts. This is reflected in figure 3-3 below.

Figure 3-3 Cast of Household



3.5 Duration of Settlement of Household Head

The duration of household head living in sampled villages of district Bagh and Mansehra is given in table 3-4. Note that in each union councils of both district, 83.51% of total heads of households are settled in their villages for a period between 21 to 80 years, 14.42% are living in their villages for less than 20 years and 2.06% are living for more than 80years and above. This shows that majority of respondents in selected sample are local to their area and have been settled in their villages for a long time.

Table 3-4 Duration of Settlement of Household Head

Living Duration in Years	Bagh	Mansehra	Total
00-20	7.39%	19.48%	14.42%
21-40	34.28%	33.65%	33.91%
41-60	39.58%	29.97%	33.99%
61-80	17.05%	14.58%	15.61%
81+	1.70%	2.32%	2.06%
Total	100.00%	100.00%	100.00%

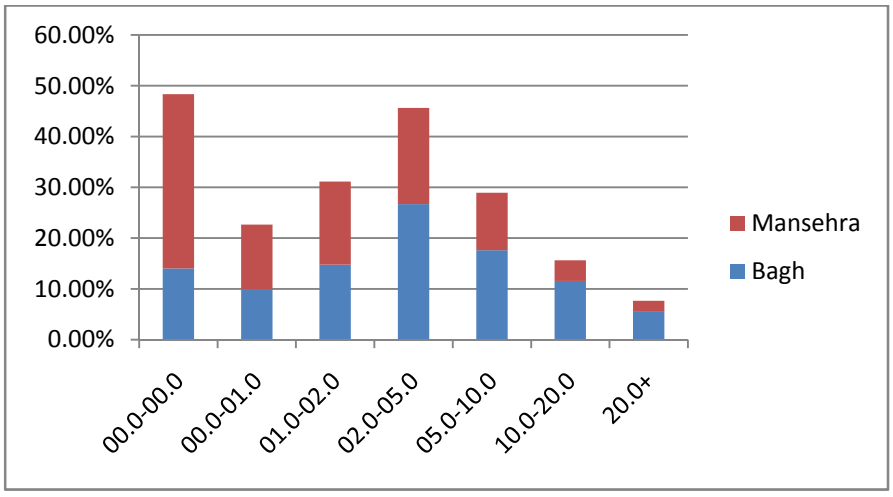
3.6 Household Agriculture Land

The owner ship of agriculture land as indicated by the head of the household is given in table 3-5. In "Kalamoola", district Bagh of AJK, 14.02% of the head of the household does not own agriculture land where as in "Sum Elahi Mong", district Mansehra, 34.33% does not own any agriculture land). Also the agriculture land ownership of more than 10 kanels is higher in "Kalamoola" (17.04%), district Bagh of AJK than in "Sum Elahi Mong", district Mansehra (6.27%).

Table 3-5 Household Agriculture Land

Agriculture Land (Kanels)	Bagh	Mansehra	Total
00.0-00.0	14.02%	34.33%	25.83%
00.0-01.0	9.85%	12.81%	11.57%
01.0-02.0	14.77%	16.35%	15.69%
02.0-05.0	26.70%	18.94%	22.19%
05.0-10.0	17.61%	11.31%	13.95%
10.0-20.0	11.55%	4.09%	7.21%
20.0+	5.49%	2.18%	3.57%
Total	100.00%	100.00%	100.00%

Figure 3-4 Household Agriculture Land



Similarly, 9.85% and 12.81% of household heads in district Bagh and Mansehra respectively have holding of less than a kanel of agriculture land. Note that majority of household heads (59.08% in district Bagh and 46.60% in district Mansehra) own agriculture land between 1.00 to 10.00 kanels. This indicates that respondents in "Kalamoola", in general have higher agriculture land holdings than respondents in "Sum Elahi Mong".

The overall picture of agriculture land holding is given in figure 3-4. It indicates that 25.83% of the heads of households do not own any agriculture land, 11.57% own agriculture land less than one kanels, 15.69% own agriculture land between 1 to 2 kanels, 22.19% own agriculture land between 2 to 5 kanels, 13.95% own agriculture land between 5-10 kanels, 7.21% own agriculture land between 10 to 20% and 3.57% own agriculture land more than 20 kanels.

It is also important to analyze the status of holding of agriculture land, whether mortgaged or shared by head of the household at the time of survey. This is reflected in figure 3-5 and 3-6.

Figure 3-5 Agriculture Land Mortgaged

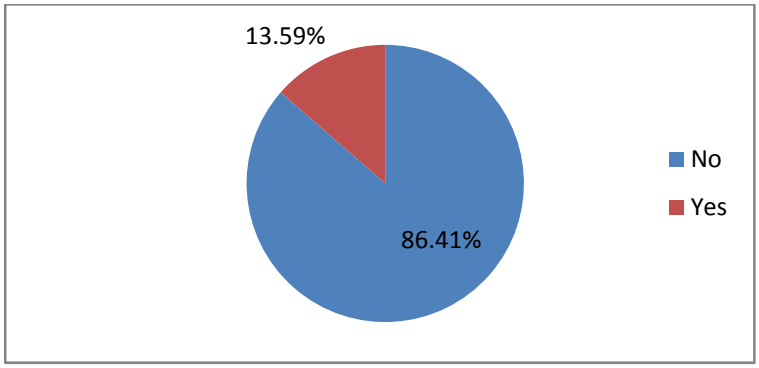
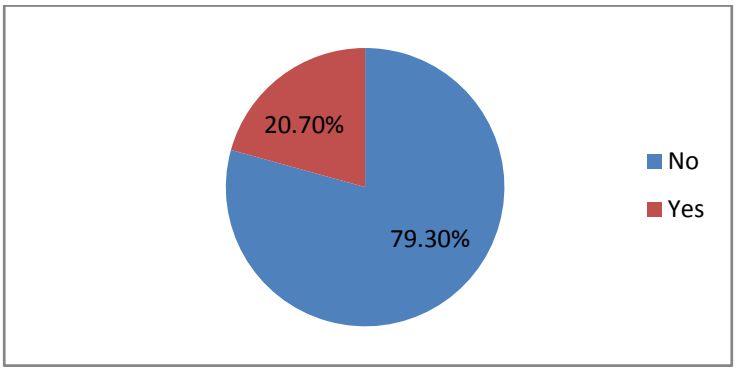


Figure 3-5 indicates that 86.41% heads of the households have not mortgaged their agriculture land at the time of the survey, only 13.59% reported to mortgage their agriculture land. This leads to conclusion that majority of agriculture land holding is mortgaged free.

Figure 3-6 Agriculture Land Shared



Similarly, figure 3-6 indicates that 79.30% heads of the household do not share their agriculture land whereas 20.76% reported to share the ownership of their agriculture land. This leads to the conclusion that in general, agriculture land is owned by the head of the household.

3.7 Household Dwelling Structure

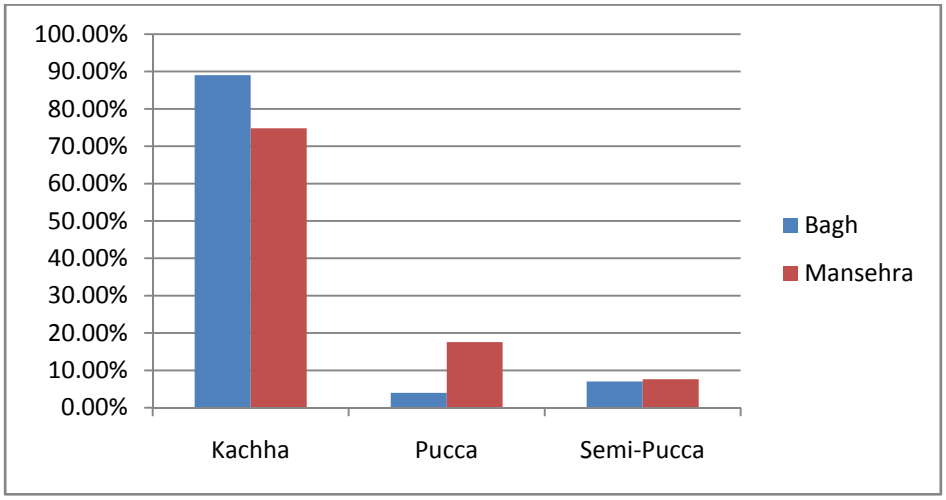
The physical environment of dwelling for the households is described in table 3-6. The overall sample indicated that 96.04% of respondents own their dwelling units (97.73% in district Bagh and 94.82% in district Mansehra). Very few respondents (0.48%) in the sample villages does not own their own dwellings, 2.61% are living in a rent free dwelling, and 0.87% are living in rented free / tenant dwellings.

Table 3-6 Household Dwelling Ownership and Structure

Dwelling Ownership & No of Rooms	Bagh	Mansehra	Total
Dwelling Ownership			
No Dwelling Unit	0.19%	0.68%	0.48%
Owned	97.73%	94.82%	96.04%
Rent Free	1.70%	3.27%	2.61%
Rented/Tenant	0.38%	1.23%	0.87%
Dwelling Structure (Before Earth Quake)			
Kachha	89.02%	74.80%	80.74%
Pucca	3.98%	17.57%	11.89%
Semi-Pucca	7.01%	7.63%	7.37%
Dwelling Structure (After Earth Quake)			
Kachha	76.52%	35.97%	52.93%
Pucca	13.45%	47.55%	33.28%
Semi-Pucca	8.33%	12.26%	10.62%
Temporary Shelter	1.52%	3.68%	2.77%
Tent	0.19%	0.54%	0.40%
Number of Rooms in Dwelling			
1-2	31.99%	60.66%	46.63%
3-5	48.42%	30.42%	39.23%
5+	19.59%	8.92%	14.14%

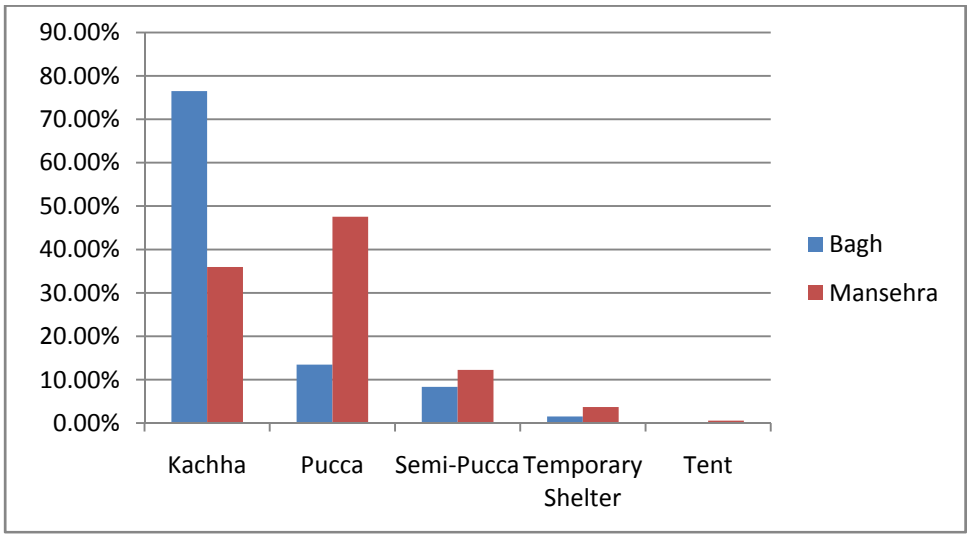
Note that before earthquake, the numbers of "Katchha" houses are more in the district Bagh (89.02%) than Mansehra (74.80%); the numbers of "Pucca" houses are more in district Mansehra(17.57%) than Bagh (3.98%) and equal number of "Semi Pucca" houses in both districts (7.01% and 7.63% in district Bagh and Mansehra respectively) as shown in Figure 3-7.

Figure 3-7 Dwelling Structure Before Earthquake



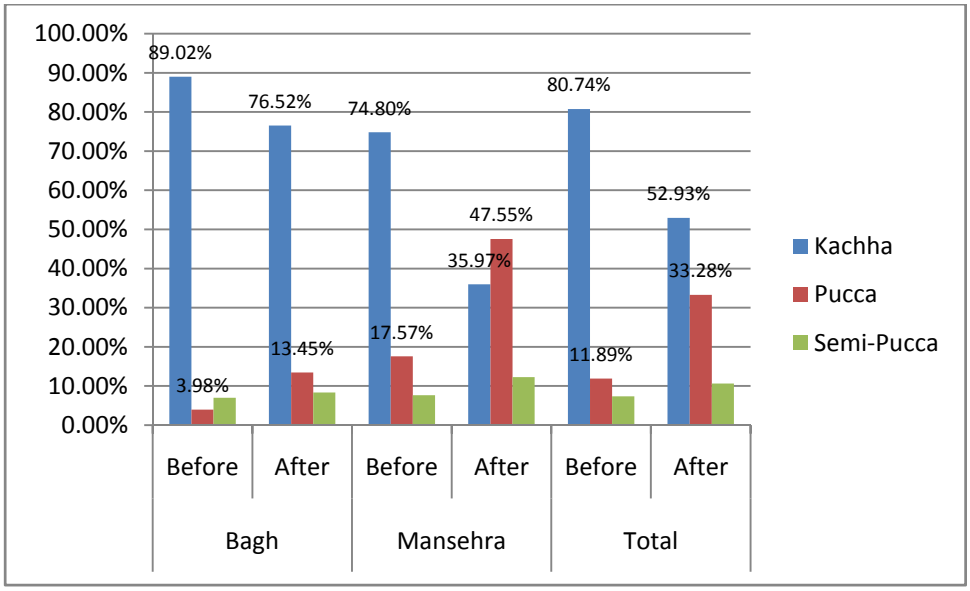
After earthquake, the numbers of "Katchha" houses drops from 89.02% to 76.52% in district Bagh and from 74.80% to 35.97% in district Mansehra. Similarly, the number of "Pucca" houses has increased from 3.98% to 13.45% in district Bagh and from 17.57% to 47.55% in district Mansehra. The number of "Semi Pucca" houses has also rose from 7.01% to 8.33% and from 7.63% to 12.26% in district Bagh and Mansehra respectively. The type of dwelling structure after earth in both districts is shown in figure 3-8.

Figure 3-8 Dwelling Structure After Earthquake



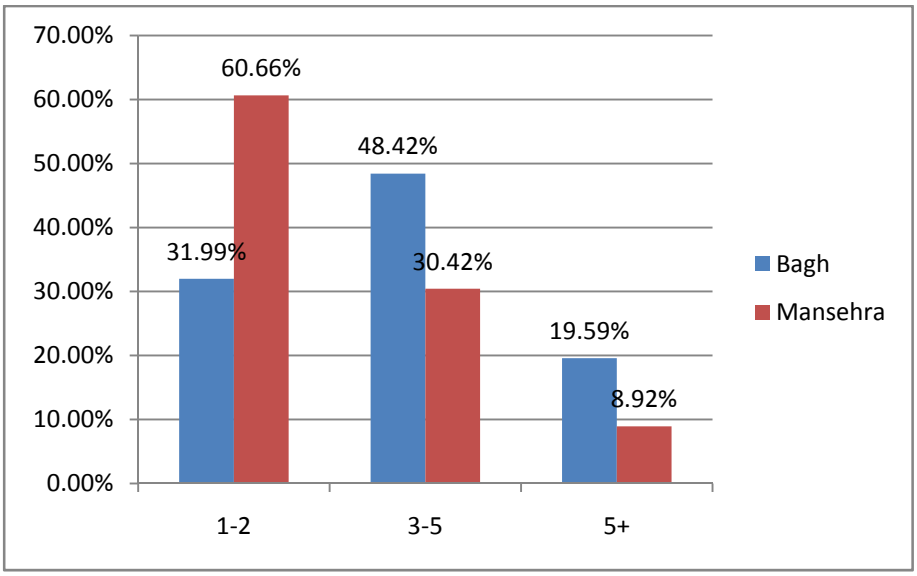
The overall sample indicated that before earthquake 80.74% of respondents had "Katchha" houses, 11.89% had "Pucca" houses and 7.37% have "Semi Pucca" as shown in Figure 3-9. Note that the drop rate of "Kattach" houses in district Mansehra is greater than district Bagh. Similarly, the increase in the "Pacca" and "Semi Pacca" house in district Mansehra is greater than district Bagh. This indicates that after earthquake the structure of dwelling has changed significantly in both district but at greater pace in Mansehra than in district Bagh.

Figure 3-9 Change in Dwelling Structure Before and After Earthquake



In the overall sample, 46.63% of dwellings have one to two rooms; 39.23% of dwelling had three to five rooms and 14.14% of dwellings have more than 5 rooms. Note that in district Bagh 31.99% of dwellings have one to two rooms; 48.42% of dwelling had three to five rooms and 19.59% of dwellings have more than 5 rooms whereas in district Mansehra 60.66% of dwellings have one to two rooms; 30.42% of dwelling had three to five rooms and 8.92% of dwellings have more than 5 rooms. This is reflected in figure 3-10.

Figure 3-10 No of Rooms in Dwellings



It is observed that the number of dwellings having one to two rooms in district Mansehra is greater than district Bagh whereas the numbers of dwellings having 3 or more rooms in district Bagh are greater than district Mansehra. Therefore it is concluded that in general dwellings in district Bagh have more rooms than district Mansehra.

3.8 Household Dwelling Facilities

The main sources of drinking water available in the household dwellings are described in table 3-7. The overall sample indicated that 55.63% of respondents have piped water facility, 22.50% use surface water, 6.26% use public tap water and 6.10% uses open public well water in their dwellings.

Table 3-7 Household Dwelling Facilities

Source of Drinking Water	Bagh	Mansehra	Total
Piped Water into Residence	61.17%	51.63%	55.63%
Surface Water	19.13%	24.93%	22.50%
Public Tap	5.68%	6.68%	6.26%
Open Public Well	5.87%	6.27%	6.10%
Public Tank	5.68%	0.14%	2.46%
Covered Public Well	0.95%	3.27%	2.30%
Public Hand pump	0.00%	3.81%	2.22%
Hand Pump in Residence	1.14%	0.95%	1.03%
Open Well in Residence	0.38%	1.36%	0.95%
Covered Well in Residence	0.00%	0.95%	0.55%

The main toilet systems in the household dwellings are described in table 3-8. The overall sample indicated that 61.41% have no drainage /toilet facilities in their dwellings; 15.37% use own flush/toilet system and 14.90% use owned pit toilet/latrine system in their dwelling. Remaining 8.32% respondents reported to use shared flush toilet, pit toilet/latrine, public pit toilet/latrine and public flush toilets.

Table 3-8 Household Dwelling Facilities

Main Toilet System	Bagh	Mansehra	Total
No Toilet Facility-Open Defecation	67.61%	56.95%	61.41%
Own Flush Toilet	12.12%	17.71%	15.37%
Owned Pit Toilet/Latrine	9.47%	18.80%	14.90%
Shared Flush Toilet	6.44%	1.77%	3.72%
Shared Pit Toilet/Latrine	2.08%	3.68%	3.01%
Public Pit Toilet/Latrine	2.08%	1.09%	1.51%
Public Flush Toilet	0.19%	0.00%	0.08%

3.9 Household Remittance Status

Remittances are transfers of money by foreign workers to their home countries (receiving Remittance) or vice versa (giving remittance). Remittances play an important role in the economy of country, contributing to economic growth and to the livelihoods of needy people. As remittance receivers often have a higher propensity to own a bank account, remittances promote access to financial services for the sender and recipient, an essential aspect of leveraging remittances to promote economic development. The status of both (giving and receiving) remittance in the surveyed villages is given in table 3-9.

Table 3-9 Household Remittance Status

Remittance	Bagh	Mansehra	Total
Household Receiving Remittance			
No	96.59%	97.55%	97.15%
Yes	3.41%	2.45%	2.85%
Household Giving Remittance			
No	93.37%	94.96%	94.29%
Yes	6.63%	5.04%	5.71%
Household Receiving & Giving Remittance			
No	96.40%	93.19%	94.53%
Yes	3.60%	6.81%	5.47%
Household Remittance of Any Type			
No	86.36%	85.69%	85.97%
Yes	13.64%	14.31%	14.03%

In overall sample, only 2.85% of total households are receiving remittance, 5.71% are giving remittance and 5.47% are both receiving as well as giving remittance. The numbers of households that are giving as well as receiving remittance in district Mansehra are higher (6.81%) than district Bagh (3.60%). However, the numbers of households that are giving remittance are slightly higher in district Bagh (6.63%) than district Mansehra (5.04%). Similarly, the numbers of households that are receiving remittance are slightly higher in district Bagh (3.41%) than district Mansehra (2.45%). It is concluded on the basis of sample data that 14.03% of the households in the sample villages are involved in the practice of remittance.

3.10 Summary

Household Religion

In overall sample, 99.62% of total population practices the religion of Islam.

Household Language

In overall sample, the most well know languages are “hindko” (40.41%), then “Gojri” (29.48%) and “Pahari” (22.58%). In union council of "Kalamoola", district Bagh, the most prominent language is “Pahari” (53.60%), then “Gojri” (27.27%) followed by “Kashmiri” (27.27%). Whereas the most dominant language in "Sum Elahai Mong", district Mansehra,is “Hindko” (67.98%) followed by “Gojri” (29.48%).

Household Cast

In overall sample, the most dominant cast are “Gujar” (30.67%), “Syed” (17.59%) and “Awan” (13.23%). The most prominent caste in “Kalamoola”, district Bagh of AJK is “Syed” (28.22%), followed by “Chaudhary” (21.59%) and “Gugar” (20.45%). The other noticeable casts are “Mughal” (10.61%), “Gakhar” (9.66%) and “Khawaja” 6.44%. Similarly, the most dominant caste in district “Sum Elahi Mong”, district Mansehra of NWFP is “Gujar” (38.01%), “Awan” (22.62%), “Sawati” (15.26%) and “Syed” (9.95%).

Duration of Settlement of Household Head

In overall sample, 83.51% of the heads of households are settled in their villages for a period between 21 to 80 years, 14.42% are living in their villages for less than 20 years and 2.06% are living for more than 80years and above. This helps to conclude that majority of respondents in selected sample have been settled in their villages for a long time.

Household Agriculture Land

In overall sample, 25.83% of the heads of households do not own any agriculture land, 11.57% own agriculture land less than one kanels, 15.69% own agriculture land between 1 to 2 Kanels, 22.19% own agriculture land between 2 to 5 kanels, 13.95% own agriculture land between 5-10 Kanels, 7.21% own agriculture land between 10 to 20% and 3.57% own agriculture land more than 20 kanels. 86.41% of the total agriculture land in overall sample is mortgage free and only 20.70% of land is reported shared with other owners.

The percentage of head of household who does not own any agriculture land is found higher in "Sum Elahi Mong"(34.33%), district Mansehra of NWFP than in "Kalamoola"(14.02%) district Bagh of AJK. The percentage of head of household who have an agriculture land holding of more than 10 kanals is found higher in "Kalamoola"(17.04%), district Bagh of AJK than in "Sum Elahi Mong"(6.27), district Mansehra of NWFP.This helps to conclude that agriculture land holdings are different in both districts and in genreal respondents in “Kalamoola” have higher agriculture land holdings than respondents in “Sum Elahi Mong”.

Household Dwelling Structure

In overall sample 96.04% of head of household own their dwelling units (97.73% in district Bagh and 94.82% in district Mansehra).After earthquake, the numbers of “Katchha” houses drops from 89.02% to 76.52% in district Bagh and from 74.80% to 35.97% in district Mansehra. Similarly, the number of “Pucca” houses has increased from 3.98% to 13.45% in district Bagh and from 17.57% to 47.55% in district Mansehra. The number of “Semi Pucca” houses has also rose from 7.01% to 8.33% and from 7.63% to 12.26% in district Bagh and Mansehra respectively

indicating that the structure of dwelling has changed significantly in both district but at greater pace in district Mansehra.

Household Dwelling Facilities

In the overall sample, 46.63% of dwellings have one to two rooms; 39.23% of dwelling had three to five rooms and 14.14% of dwellings have more than 5 rooms. The number of dwellings having one to two rooms in "Sum Elahi Mong", district Mansehra, are more than "Kalamoola", district Bagh; whereas the numbers of dwellings having 3 or more rooms in district Bagh are more than district Mansehra. Therefore it is concluded that in general dwellings in district Bagh have more rooms than district Mansehra.

In the overall sample55.63% of respondents reported piped water facility in their dwelling, 22.50% use surface water, 6.26% use public tap water and 6.10% uses open public well water in their dwellings. 61.41% of households have no drainage /toilet facilities; 15.37% use own flush/toilet system and 14.90% use owned pit toilet/latrine system in their dwelling and remaining 8.32% respondents reported to use shared flush toilet, pit toilet/latrine, public pit toilet/latrine and public flush toilets.

Household Remittance Status

In overall sample, only 2.85% of total households are receiving remittance, 5.71% are giving remittance and 5.47% are both receiving as well as giving remittance. The numbers of households that are giving as well as receiving remittance in district Mansehra are higher (6.81%) than district Bagh (3.60%). However, the numbers of households that are giving remittance are slightly higher in district Bagh (6.63%) than district Mansehra (5.04%). Similarly, the numbers of households that are receiving remittance are slightly higher in district Bagh (3.41%) than district Mansehra (2.45%). It is concluded on the basis of sample data that 14.03% of the households in the sample villages are involved in the practice of remittance.

4 Household Access to Health Facilities

4.1 Introduction

The objective of public health is to fulfill "society's interest in assuring conditions in which persons can be healthy." Public health engages both private and public organizations and individuals in accomplishing this mission. Responsibilities encompass preventing epidemics and the spread of disease, protecting against environmental hazards, preventing injuries, encouraging healthy behavior, helping communities to recover from disasters, and ensuring the quality and accessibility of health services.

In this section various type of health facilities available to the households of sample villages are described. The analysis highlights the major difference in accessing these facilities available to households in the surveyed villages. This helps in understanding the health conditions of surveyed villages.

4.2 Household Access to of Health Facilities

According to the opinion of the respondents, various types of health facilities available to the households of sample villages are summarized in table 4-1 It shows that in overall sample 77.18% of households have no access to any type of health facilities, 6.18% have access to government hospital, 5.63% have access to government dispensary, 5.15% have access to "Unani Dawa Khana" and 4.12% have access to private clinic run by a non MBBS doctor.

Table 4-1 Type of Health Facilities

Health Facilities	Bagh	Mansehra	Total
00. None	72.16%	80.79%	77.18%
01. Government Hospital	4.92%	7.08%	6.18%
02. Government Dispensary	10.42%	2.18%	5.63%
03. BHU	1.52%	0.00%	0.63%
05. Private Hospital	0.38%	0.14%	0.24%
06. Private Clinic Run By MBBS Doctor	0.00%	0.95%	0.55%
07. Private Clinic Run By Non MBBS Doctor	0.19%	6.95%	4.12%
08. Unani Dawa Khana	9.85%	1.77%	5.15%
12. Pir/Faqir	0.57%	0.14%	0.32%

Based on this data, it is concluded that in surveyed villages no major health facilities are present. Main health facilities available are government hospital and dispensaries, unani dawa khan and private clinics run by non MBBS doctors.

4.3 Household Average Time to Reach Health Facilities

The average time to reach the nearest health facility as reported by household heads is described in table 4-2. It shows that in overall sample it takes about 1.34 hrs to reach to the nearest health facility. The average time taken in district Bagh (2.04 hrs) to reach the nearest health facility of any type is greater than district Mansehra (1.20 hrs). This means that health facilities are relatively accessed quickly in District Mansehra than in District Bagh. Maximum time is spent by the respondents of villages that have no health facility (2.18 hrs for district Bagh and 1.25 hrs for district Mansehra).

Table 4-2 Average Time (hrs) to Reach Nearest Health Facility

Health Facilities	Bagh	Mansehra	Total
01. Government Hospital	1.39	1.04	1.16
02. Government Dispensary	1.36	1.14	1.31
03. BHU	1.88		1.88
05. Private Hospital	2.00	0.67	1.56
06. Private Clinic Run By MBBS Doctor		0.62	0.62
07. Private Clinic Run By Non MBBS Doctor	0.83	1.06	1.06
08. Unani Dawa Khana	2.12	0.68	1.83
12. Pir/Faqir	0.72	1.00	0.79
Grand Total	**1.65**	**1.00**	**1.34**

Based on this data, it is concluded that average time to reach the nearest health facility is 1.55 hours. Further, it takes less time to reach the nearest health facility in district Mansehra than district Bagh.

4.4 Household Average Distance to Reach Health Facilities

The average distance travelled to reach the nearest health facility as reported by household heads are described in table 4-3. It shows that in overall sample respondent has to travel 5.76 kilometers to reach to the nearest facility. The average distance travelled in district Bagh (5.55 kms) to reach the nearest health facility of any type is lesser than district Mansehra (5.98 kms). This means that health facilities are relatively at lesser distance in District Bagh than in District Mansehra.

Table 4-3 Average Distance (km) to Reach Nearest Health Facility

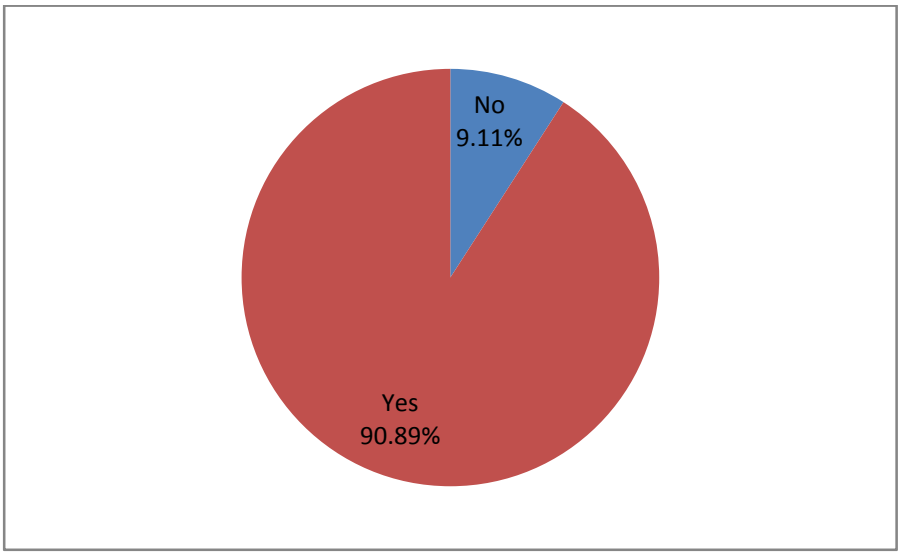
Health Facilities	Bagh	Mansehra	Total
01. Government Hospital	6.13	2.88	3.97
02. Government Dispensary	3.27	11.50	5.13
03. BHU	8.13		8.13
05. Private Hospital	5.00	1.00	3.67
06. Private Clinic Run By MBBS Doctor		2.00	2.00
07. Private Clinic Run By Non MBBS Doctor	11.00	8.59	8.63
08. Unani Dawa Khana	7.10	3.85	6.45
12. Pir/Faqir	7.00	6.00	6.75
Grand Total	**5.55**	**5.98**	**5.76**

Based on this data, it is concluded that average distance to reach the nearest health facility is 5.76 kilometers. Further, more distance needs to be travelled for reaching to nearest health facility in district Mansehra than district Bagh.

4.5 Household Transportation Method to Reach Health Facilities

In past five years heads of the household in surveyed villages have reported to visit the health facility. This is shown in figure 4-1. It indicates that 90.89% of respondents in sample villages have visited the health facility in last 5 years. The method of transportation to visit these health facilities is given table 4-4.

Figure 4-1 Respondent Visited health Facility



The three important methods of transportation to reach health facilities are walking (37.87%); public transport (33.61%) and rented vehicle (22.41%). Other methods include; carried by person (3.82%), own vehicle (1.61%) and animal transport (0.68%). In district Bagh the important methods of transportation are walking (45.70%), public transport (30.04%) and rented vehicle (16.73%), whereas in district Mansehra these are public transport (36.31%), walking (32.22%) and rented vehicle 26.38%.

Table 4-4 Transportation Method to Reach Nearest Health Facility

Transportation Method	Bagh	Mansehra	Total
Walking	45.70%	32.22%	37.87%
Public Transport	30.04%	36.31%	33.61%
Own Vehicle	1.30%	1.84%	1.61%
Rented Vehicle	16.73%	26.38%	22.41%
Animal Transport	0.71%	0.67%	0.68%
Carried by Person	5.54%	2.59%	3.82%

4.6 Rehabilitation Services in Health Facilities

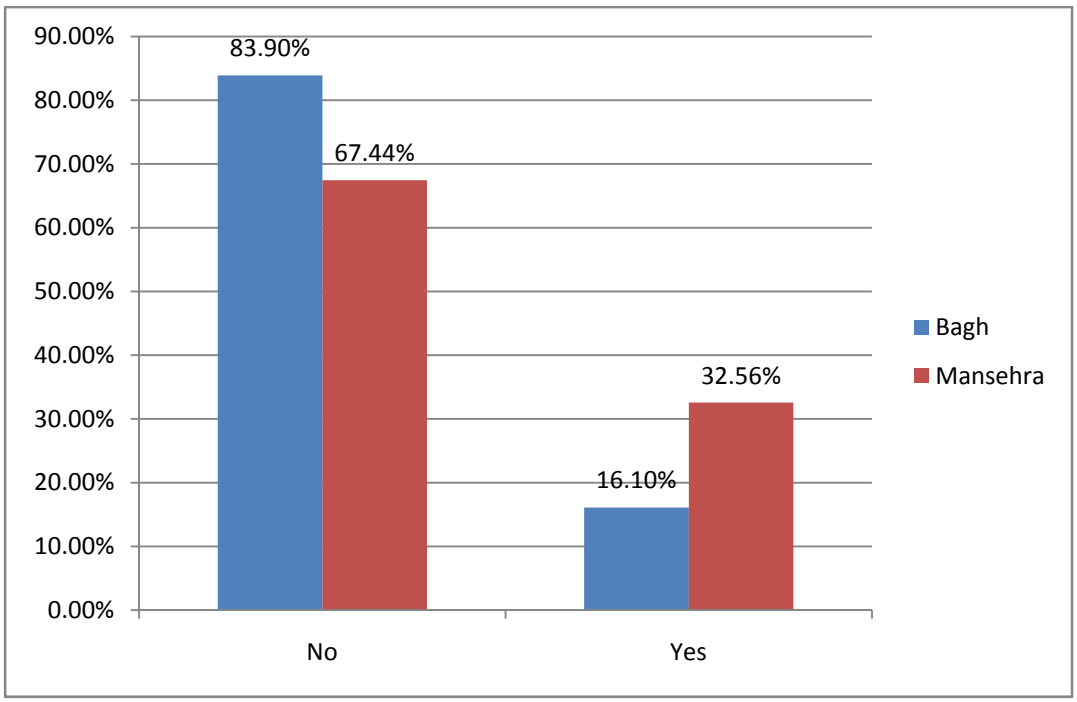
Rehabilitation services helps people with disabilities to achieve their employment and independent living goals making them to a productive member of the society. The presence of such services in health facilities as reported by head of households is given in table 4-5.

Table 4-5 Rehabilitation Services in Health Facility

Transportation Method	Bagh	Mansehra	Total
No	83.90%	67.44%	74.33%
Yes	16.10%	32.56%	25.67%

It shows that only 25% of respondents in the sample villages (16.10% in district Bagh and 32.56% in district Mansehra) indicated the presence of such services in the health facilities available to them. This is shown in figure 4.2. It is therefore, concluded that some types of rehabilitation services are present in health facilities available in sample villages.

Figure 4-2 Rehabilitation Services in Health Facility



4.7 Household Fiscal Action after Earthquake

The fiscal actions taken by the household heads in sampled villages to meet the financial cost triggered by earth quake is given in table 4-6. It is evident from table that 17.98% looked for the assistance of the government for their financial requirements, 13.14% spent from their buffer savings, 12.04% received support from NGO, 11.77% reduced consumption, 11.20% borrowed money from family and friends, 7.67% increased work, 5.18% increased the use of forest resources, 3.58% sold assets, 2.79% mortgaged their assets, 2.36% moved to relative house and 2.03% sent family member to work outside the village.

It is important to note that 1.03% of households reported to leave their job for the reconstruction of house, 1.50% reported to with draw their children from school and 1.43% reported to stop the treatment for a family member with functional limitation / impairment in order to meet the financial cost triggered by the earthquake.

Also note that some household took loan from CO of which they are members (1.93%), from formal sector (1.55%) and from informal sector 1.43% to meet their financial requirements after earthquake.

Further, those household that received charity are 1.03% and that started begging are 0.33% in the overall sample. The percentage distribution in each district for these actions are relatively equally distributed and is found statistically insignificant except for the category of borrowing money from family and friends. In district Bagh 7.30% and in district Mansehra 14.33% borrowed money from family and friends which leads to the conclusion that households in district Mansehra relied more on family and friends assistance than in district Bagh.

Table 4-6 Rehabilitation Services in Health Facility

Transportation Method	Bagh	Mansehra	Total
Government assistance	17.60%	18.30%	17.98%
Spent from buffer savings	14.97%	11.67%	13.14%
Received support from NGO	12.07%	12.01%	12.04%
Reduced consumption	12.34%	11.32%	11.77%
Borrowed / took support from family and friends	7.30%	14.33%	11.20%
Increased work	7.67%	7.66%	7.67%
Increased use of forest resources	5.53%	4.91%	5.18%
Sold Assets	3.54%	3.62%	3.58%
Mortgaged assets	1.93%	3.49%	2.79%
Moved to relative house	3.49%	1.46%	2.36%
Sent family workers to work outside village	2.47%	1.68%	2.03%
Took loan from CO of which a member	2.20%	1.72%	1.93%
Took loan from formal sector	1.88%	1.29%	1.55%
Withdrew children from school	1.56%	1.46%	1.50%
Took loan from in formal sector	2.25%	0.77%	1.43%
Stopped intervention /treatment for a family member with functional limitation / impairment	1.34%	1.51%	1.43%
Received charity	0.43%	1.51%	1.03%
Left job to reconstruct the house	1.34%	0.77%	1.03%
Begging	0.11%	0.52%	0.33%

It is therefore concluded that the main actions taken by the head of households in order to meet the financial cost triggered by earth quake are

- Government assistance
- Received support from NGO
- Reduced consumption
- Borrowed / took support from family and friends
- Increased work
- Increased use of forest resources

The other important conclusion drawn as reported by household heads is that they stopped the treatment for a family member with functional limitation and removed their children from school.

4.8 Summary

Household Access to of Health Facilities

In overall sample 77.18% of households reported to have no access to any type of health facilities, 6.18% have access to government hospital, 5.63% have access to government dispensary, 5.15% have access to “Unani Dawa Khana” and 4.12% have access to private clinic run by a non MBBS doctor. Only 25% of respondents in selected sample (16.10% in district Bagh and 32.56% in district Mansehra) indicated the presence of rehabilitation services in these facilities.

Household Ways of Transportation to Reach Health Facilities

On the average it takes 1.55 hrs to cover a distance of 6.84km in order to reach to the nearest health facility .The three important methods of transportation to reach health facilities are walking (37.87%); public transport (33.61%) and rented vehicle (22.41%).

Household Fiscal Action after Earthquake

The main actions taken by the head of households in order to meet the financial cost triggered by earth quake are:-

- Government assistance (17.98%)
- Spent from buffer savings (13.14%)
- Received support from NGO (12.04%)
- Reduced consumption (11.77%)
- Borrowed / took support from family and friends (11.20%)
- Increased work (7.67%)
- Increased use of forest resources (5.18%)

The other important conclusion drawn as reported by household heads is that they stopped the treatment for a family member with functional limitation and removed their children from school.

5 Household Demography

5.1 Introduction

Demography is the statistical and mathematical study of the size, composition, and spatial distribution of human populations and how these features change over time. Therefore, it is important to answer the question like: What is the population size of the community? What is its age structure? What is its dependency ratio (number of young and old in comparison to those of working and productive ages)? Is the age pyramid flat or tall? Population size and composition is an important factor that independently affects social variables, and is also a dependent variable affected by social variables.

In this chapter the socio economic characteristics of the sample households is focused that include age, education, demography etc. The analysis highlights the demographic structure of the sample villages and the major difference in the demographic structure of villages surveyed in the two districts.

5.2 Demographic Structure of Households

The demographic structure of the household is described in table 5-1. It indicates that household in sample villages have a total population of 7128 living in 1262 household; of which 46.79% are females and 53.21% are males. Of the female population 50.13% are children, 46.30% are adults and the rest (3.57%) are elders. Similarly, of the male population 48.96% are children, 44.56% are adults and remaining 6.49% are elders.

Table 5-1 Household Demographic Structure

	Bagh	Mansehra	Total
Total Households	**528**	**734**	**1262**
Total Population	**2996**	**4132**	**7128**
Female	**45.83%**	**47.48%**	**46.79%**
00. Children (00-18 Years)	49.31%	50.71%	50.13%
01. Adult (19-60 Years)	47.71%	45.31%	46.30%
Elders (Over 60 Years)	2.99%	3.98%	3.57%
Male	**54.17%**	**52.52%**	**53.21%**
00. Children (00-18 Years)	48.12%	49.59%	48.96%
01. Adult (19-60 Years)	45.35%	43.96%	44.56%
Elders (Over 60 Years)	6.53%	6.45%	6.49%
Sex Ratio (Male: Female)	118.21%	110.60%	113.73%
Dependency Ratio	115.38%	124.20%	120.41%
Child Dependency Ratio	104.82%	112.37%	109.12%
Aged Dependency Ratio	10.57%	11.83%	11.29%
Child Women Ratio	40.11%	47.55%	44.38%
Average Household Size	5.67	5.63	5.65
Adults Per Household	2.91	2.81	2.85

The average household size in overall sample is approximately 6 people, with 3 adults per family in both district Bagh and Mansehra. Also no significant difference is observed in the average household size of both districts.

Sex ratio gives the proportion of males to females in a given population and is usually expressed as the number of males per 100 females. In overall sample the sex ratio is 113.73%. This ratio for district Bagh is 118.21 and for district Mansehra is 110.60. The higher ratio indicates that female population is less than male population in both districts.

The dependency ratio is the ratio of the economically dependent part of the population to the productive part. The economically dependent part is recognized to be children who are too young to work, and individuals that are too old, that is, generally, individuals under the age of 18 and over the age of 60. This ratio is important because as it increases, there is increased strain on the productive part of the population to support the upbringing and pensions of the economically dependent.

The dependency ratio in the overall sample is 120.41% (115.38% in district Bagh and 124.20% in district Mansehra). This higher value of dependency ratio indicated the presence of a greater number of dependents in overall sample and therefore, the (total) dependency ratio is partitioned into the child dependency ratio and the aged dependency ratio to determine the segment of population responsible for this increase. The child dependency ratio for district Bagh is 104.82% and for district Mansehra is 112.37% and in overall sample is 109.12%. In contrast, the aged dependency ratio is 10.57% in district Bagh, 11.83% in district Mansehra and 11.29% in the overall population. Clearly, child dependency is significantly higher than aged dependency in both districts.

Similarly the child/women ratio in the overall sample is 44.38% with 40.11% and 47.55% in district Bagh and Mansehra. This also shows that in district Mansehra there are more dependent children for women than district Bagh although this difference is statistically insignificant.

5.3 Age of Household Members

The distribution of household members in different age groups is given in table 5-2. The overall sample indicated that 41.72% of the total population is less than 15 years old; 28.68% are between 16 to 30 years; 15.25% are between 31 to 45 years, 9.23% are between 46-60 years; 4.07% are between 61-75 years and remaining 1.05% are over 75 years. The distribution of population is approximately the same in both districts.

Table 5-2 Percentage Distribution of Household Members Age

Age Group	Bagh	Mansehra	Total
0-15 Years	40.92%	42.30%	41.72%
16-30 Years	29.31%	28.22%	28.68%
31-45 Years	15.85%	14.81%	15.25%
46-60 Years	9.01%	9.39%	9.23%
61-75 Years	4.04%	4.09%	4.07%
75+ Years	0.87%	1.19%	1.05%

No significant difference is observed in the age distributions of household members between the two districts. Therefore, it is concluded that age distribution is approximately the same in both districts.

5.4 Marital Status of Household Members

Table 5-3 shows the marital status of adult (16 years or over) males and females in the population. In the overall sample it is observed that 31.30% of population is never married; 64.40% of population is married; 3.90% is living as widowed; 0.30% is living as divorced / separated and 0.07% is living as deserted. No significant difference is observed in the marital status of two districts.

Table 5-3 Marital Status of Household Members

Marital Status	Bagh	Mansehra	Total
Female	**45.71%**	**47.23%**	**46.58%**
1. Never Married	14.63%	11.28%	12.71%
2. Married	28.76%	33.01%	31.20%
3. Widowed	1.98%	2.85%	2.48%
4. Divorced / Separated	0.34%	0.04%	0.17%
5. Deserted	0.00%	0.04%	0.02%
Male	**54.29%**	**52.77%**	**53.42%**
1. Never Married	20.23%	17.37%	18.58%
2. Married	32.49%	33.72%	33.20%
3. Widowed	1.36%	1.47%	1.42%
4. Divorced / Separated	0.23%	0.13%	0.17%
5. Deserted	0.00%	0.08%	0.05%
All Gender			
1. Never Married	34.86%	28.65%	31.30%
2. Married	61.24%	66.74%	64.40%
3. Widowed	3.33%	4.32%	3.90%
4. Divorced / Separated	0.56%	0.17%	0.34%
5. Deserted	0.00%	0.13%	0.07%
Married Ratio (Male: Female)	112.97%	102.16%	106.40%
Married Persons Per Household	2.1	2.2	2.1

The married population consisted of 33.20% of males and 31.20% of females. Similarly, the percentages of adult male and female that never married are 18.58% and 12.71%. Again no significant difference is observed between married and non married males and female population of two districts.

The percent ratio of married males to females is 106.40% and is slightly higher in district Bagh (112.97%) than in district Mansehra (102.16%). This indicates and confirms that female population is less in both districts. The data also indicated the presence of two married person per household.

5.5 Educational Status of Household Members

The literacy level of household members (5 years and greater) is given in table 5-4. It indicates that in overall sample 42.72% have no education or illiterate out of which 17.68% are male and 25.04% are females. This difference in the proportion of male and female is also statistically significant and helps to conclude that illiteracy is more common in women than men. This is probably because of women had fewer opportunities than men to attend school in this region. However, the difference between the districts in illiteracy level is not significant indicating that illiteracy is generally prevalent in the sampled villages.

In the overall sample, it is observed that 27.76% have education below and equal to primary, 12.67% have education between primary and middle, 11.56% have education between middle and matric, 3.19% have education between matric and intermediate and only 2.11% have the education level of graduate and above. No significant difference in education is observed between the male and female population and in overall literacy level of both districts.

Table 5-4 Education Status of Household Members

Marital Status	Bagh	Mansehra	Total
Female	**44.96%**	**47.31%**	**46.31%**
00. None	24.52%	25.42%	25.04%
01. Primary	11.49%	13.51%	12.65%
02. Middle	4.49%	4.34%	4.40%
03. Matric	3.02%	2.90%	2.95%
04. Intermediate	0.81%	0.68%	0.73%
05. Graduate & Above	0.63%	0.46%	0.53%
Male	**55.04%**	**52.69%**	**53.69%**
00. None	15.50%	19.29%	17.68%
01. Primary	14.18%	15.79%	15.10%
02. Middle	9.90%	7.05%	8.26%
03. Matric	10.53%	7.19%	8.61%
04. Intermediate	3.20%	1.90%	2.45%
05. Graduate & Above	1.73%	1.47%	1.58%
All Genders			
00. None	40.02%	44.71%	42.72%
01. Primary	25.66%	29.30%	27.76%
02. Middle	14.40%	11.39%	12.67%
03. Matric	13.55%	10.09%	11.56%
04. Intermediate	4.01%	2.58%	3.19%
05. Graduate & Above	2.36%	1.93%	2.11%

Figure 5-1 Educational Status of Male and Female Population

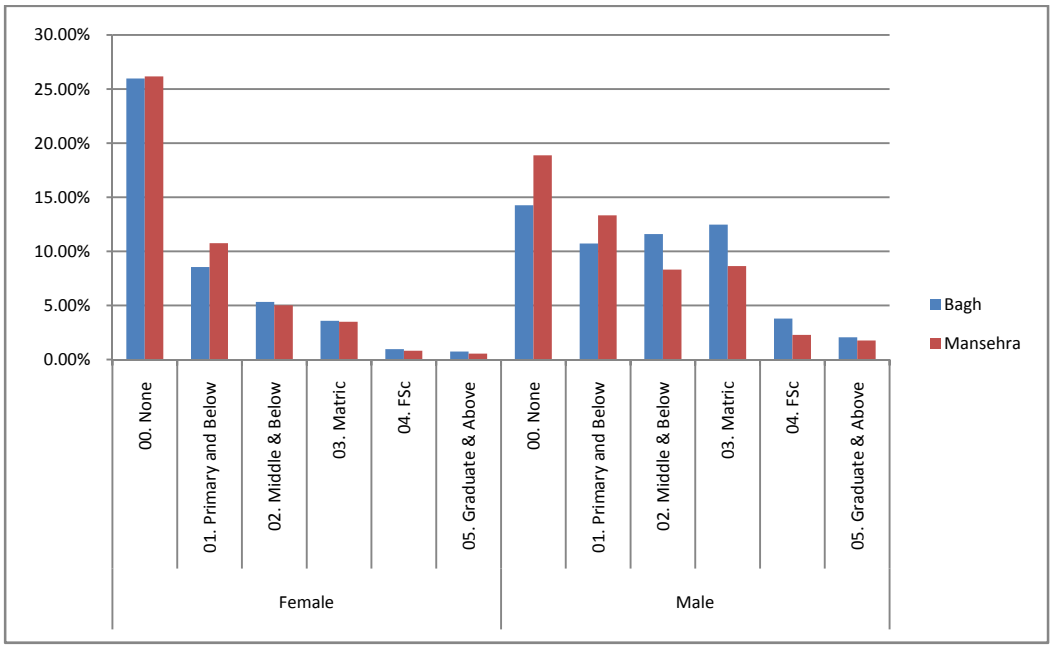


Figure 5-1 demonstrates the significant drop out of female than males after primary education. Note that 12.65% of females and 15.10% of males are able to reach at primary level of education. Afterwards, only 4.40% of females have reached to middle level as compared to 8.26% of males. Similarly, only 2.95% of females and 8.61% of males have reached to matric. Afterwards, the educational level declines for both genders. This shows that females in the region have access to only primary level education and opportunities to get higher education are reduced for them significantly, whereas, males generally reach to matric level and then leaves education.

5.6 Work Status of Household Members

In order to do meaningful comparison of working status of household members the population is divided into three age groups: Children (10-18 years), Adults (19-60 years) and Elders (60+ years). The working status of children is given in table 5-5. The females are either students (56.2%) or doing household /domestic work (36.3%) and most interestingly some are housewives (3.7%) as well. This shows that females are still married in sample villages at early ages. Similarly, 79.1% males are students, 5.7% are non agriculture laborer, 4.6% are not working but are available for work and 4.5% are non government regular / salaried worker. Note the difference in percentage of male and female students.

Table 5-5 Working Status of Children (10-18 years)

Marital Status	Bagh	Mansehra	Total
Female			
Student	53.7%	58.0%	56.2%
Domestic Work	40.7%	33.0%	36.3%
Housewife	2.4%	4.7%	3.7%
Not Available for Work	0.6%	2.8%	1.9%
Not Working but Available for Work	0.6%	0.6%	0.6%
Cultivator	0.9%	0.2%	0.5%
Small Artesian in HH and Cottage Industry	0.9%	0.0%	0.4%
Agriculture Laborer	0.3%	0.2%	0.2%
Non Agriculture Laborer	0.0%	0.4%	0.2%
Male			
Student	84.7%	74.7%	79.1%
Non Agriculture Laborer	2.4%	8.2%	5.7%
Not Working but Available for Work	3.1%	5.8%	4.6%
Agriculture Laborer	4.3%	4.6%	4.5%
Non Government Regular/Salaried Worker	0.7%	2.6%	1.8%
Cultivator	2.9%	0.7%	1.7%
Not Available for Work	1.4%	1.7%	1.6%
Petty Business / Small Shop Owner	0.2%	0.9%	0.6%
Domestic Work	0.0%	0.4%	0.2%
Small Artesian in HH and Cottage Industry	0.0%	0.4%	0.2%
Receive Rent or Remittance	0.2%	0.0%	0.1%

The working status of adults is given in table 5-6. It indicates that 87.5% of adult females are housewives 4.7% are students and 1.6% are doing household/domestic work. This indicates that majority of females in the sampled villages are doing household work. In contrast, 20.2% of males are non agriculture laborer, 14.2% are cultivators, 13.3% are agriculture laborer, 9.6% are

government employee, 8.2% are non government regular /salaried worker, 7.0% are not working but are available for work, 6.3% are students, 6.1% are small shop owner, 4.9% are having small artesian in household and cottage industry, 3.3% are receiving rent or remittance, 2.1% are retired with pension benefit and 2.0% are not available for work. This indicates that majority of adults are engaged in earning activities which is expected.

Table 5-6 Working Status of Adults (19-60 years)

Marital Status	Bagh	Mansehra	Total
Female			
Housewife	84.1%	90.0%	87.5%
Student	4.1%	5.2%	4.7%
Domestic Work	2.6%	0.8%	1.6%
Not Available for Work	1.7%	0.6%	1.0%
Not Working but Available for Work	0.9%	1.0%	1.0%
Government Employee	1.4%	0.2%	0.7%
Non Agriculture Laborer	0.6%	0.7%	0.6%
Cultivator	1.2%	0.1%	0.6%
Non Government Regular/Salaried Worker	0.8%	0.4%	0.6%
Agriculture Laborer	0.9%	0.2%	0.5%
Petty Business / Small Shop Owner	0.3%	0.2%	0.3%
Retired without Pension	0.3%	0.2%	0.3%
Small Artesian in HH and Cottage Industry	0.5%	0.1%	0.3%
Receive Rent or Remittance	0.3%	0.1%	0.2%
Retired with Pension/Benifit	0.3%	0.1%	0.2%
Male			
Non Agriculture Laborer	12.1%	26.5%	20.2%
Cultivator	19.7%	10.0%	14.2%
Agriculture Laborer	14.8%	12.1%	13.3%
Government Employee	13.0%	6.9%	9.6%
Non Government Regular/Salaried Worker	3.8%	11.6%	8.2%
Not Working but Available for Work	6.8%	7.2%	7.0%
Student	6.9%	5.8%	6.3%
Petty Business / Small Shop Owner	6.3%	6.0%	6.1%
Small Artesian in HH and Cottage Industry	6.3%	3.9%	4.9%
Receive Rent or Remittance	2.7%	3.8%	3.3%
Retired with Pension/Benifit	3.1%	1.3%	2.1%
Not Available for Work	2.4%	1.7%	2.0%
Small Artesian in HH and Cottage Industry	0.8%	2.2%	1.6%
Retired without Pension	1.0%	0.8%	0.9%
Domestic Work	0.3%	0.3%	0.3%

The working status of elder is given in table 5-7. It indicates that 87.4% of elder females are housewives 5% are not available for work, 1.7% are cultivators, 1.7% are retired with pension benefit 0.8% are doing domestic work, 0.8% are not available for work, 0.8% are owner of small business, 0.8% are retired and 0.8% are students and 1.6% are doing household/domestic work. This indicates that majority of females in the sampled villages are doing household work. In contrast, 37.4% of males are not available for work, 19.1% are cultivators, 14.6% are non agriculture laborer, 5.7% are retired with pension benefits, 5.3% are doing household work, 2.4% are not working but are available for work, 1.2% are living on charity / alam, 1.2% are owner of

small shop, 1.2% are receiving rent or remittance, 1.2% are retired without pension, 0.8% are non government regular /salaried worker, 0.8% are having small artesian in household and cottage industry and 0.4% are students.

Table 5-7 Working Status of Elders (60+ years)

Marital Status	Bagh	Mansehra	Total
Female			
Housewife	78.0%	92.3%	87.4%
Not Available for Work	7.3%	3.8%	5.0%
Cultivator	2.4%	1.3%	1.7%
Retired with Pension/Benefit	4.9%	0.0%	1.7%
Domestic Work	2.4%	0.0%	0.8%
Not Working but Available for Work	0.0%	1.3%	0.8%
Petty Business / Small Shop Owner	0.0%	1.3%	0.8%
Retired without Pension	2.4%	0.0%	0.8%
Student	2.4%	0.0%	0.8%
Male			
Not Available for Work	30.2%	42.9%	37.4%
Cultivator	30.2%	10.7%	19.1%
Agriculture Laborer	15.1%	14.3%	14.6%
Non Agriculture Laborer	5.7%	10.7%	8.5%
Retired with Pension/Benifit	6.6%	5.0%	5.7%
Domestic Work	3.8%	5.0%	4.5%
Not Working but Available for Work	0.9%	3.6%	2.4%
Charity / Alam	1.9%	0.7%	1.2%
Petty Business / Small Shop Owner	0.9%	1.4%	1.2%
Receive Rent or Remittance	0.9%	1.4%	1.2%
Retired without Pension	0.9%	1.4%	1.2%
Non Government Regular/Salaried Worker	0.9%	0.7%	0.8%
Small Artisian in HH and Cottage Industry	0.0%	1.4%	0.8%
Student	0.9%	0.0%	0.4%

It is therefore concluded that majority of children are students with lesser percentage in females (56.2%) than males (79.1%). The majority of adult females are housewives (87.5%) whereas the majority of adult males are working (83.5%). The most important type of work available for adult males in sampled villages is agriculture and non agriculture laborer, cultivation and government / non government jobs. It is observed that elder females continue working as housewives whereas the percentage of elder males that are working drops to 51.9%. Also note that 37.5% of elder males are not available for work at all. The most significant occupation for elder males is cultivation, agriculture and non agriculture laborer.

5.7 Summary

Demographic Structure of Households

The household in sample villages have a total population of 7128 living in 1262 household; of which 46.79% are females and 53.21% are males. Of the female population 50.13% are children, 46.30% are adults and the rest (3.57%) are elders. Similarly, of the male population 48.96% are children, 44.56% are adults and remaining 6.49% are elders. The average household size in overall sample is approximately 6 people, with 3 adults per family.

The sex ratio is 113.73% indicating lesser number of females in population. The dependency ratio in the overall sample is 120.41% (115.38% in district Bagh and 124.20% in district Mansehra). The dependency ratio is partitioned into the child dependency ratio and the aged dependency ratio to determine the segment of population responsible for increased dependency. The child dependency ratio is 109.12% whereas the aged dependency ratio is 11.29% in the overall population indicating child dependency is significantly higher than aged dependency.

Similarly the child/women ratio in the overall sample is 44.38% again indicating higher number of minors in population. This is further confirmed with age distribution of respondents in which 41.72% of the total population is less than 15 years old; 28.68% are between 16 to 30 years; 15.25% are between 31 to 45 years, 9.23% are between 46-60 years; 4.07% are between 61-75 years and remaining 1.05% are over 75 years.

Age of Household Members

The overall sample indicated that 41.72% of the total population is less than 15 years old; 28.68% are between 16 to 30 years; 15.25% are between 31 to 45 years, 9.23% are between 46-60 years; 4.07% are between 61-75 years and remaining 1.05% are over 75 years. The data gave statistical evidence that age distribution in population is approximately the same in both districts.

Marital Status of Household Members

The marital status of adult (16 years or over) males and females in the population indicated that 31.3% of population is never married; 64.4% of population is married; 3.9% is living as widowed; 0.3% is living as divorced / separated and 0.07% is living as deserted. No significant difference is observed in the marital status of two districts.

Educational Status of Household Members

In the overall sample, it is observed that 27.76% have education below and equal to primary, 12.67% have education between primary and middle, 11.56% have education between middle and matric, 3.19% have education between matric and intermediate and only 2.11% have the education level of graduate and above. The data indicates the significant drop out of females than males after primary education indicating lesser opportunities of education for women.

Work Status of Household Members

Majority of children (10-18 years) are students with lesser percentage in females (56.2%) than males (79.1%). The majority of adult females are housewives (87.5%) whereas the majority of adult males are working (83.5%). The most important type of work available for adult males in sampled villages is agriculture and non agriculture laborer, cultivation and government / non government jobs. It is observed that elder females continue working as housewives whereas the percentage of elder males that are working drops to 51.9% only. Also note that 37.5% of elder males are not available for work at all indicating presence of functional limitations. The most significant occupation for elder males is cultivation, agriculture and non agriculture laborer.

6 Prevalence of Functional Limitation

6.1 Introduction

Operational definitions and approaches to measuring functional limitation vary substantially, depending on the purpose for which they are developed. The identification of activity limitation may focus on certain types of activities, and the identification of participation restriction may be limited to certain domains of participation.

This chapter focuses on the prevalence of functional limitation in terms of persons affected in various domains like vision, hearing, walking, lifting, remembering, learning, self care or communicating. It uses three definitions for functional limitation:

- All Functional Limitations (AFL): if response is some difficulty, a lot of difficulty, or Unable to do at all in any domain of functional limitation.
- Restricted Functional Limitations (RFL): If response is a lot of difficulty or unable to do at all in any domain of functional limitation.
- Complete Functional Limitations (CFL): if response is unable to do at all in any domain of functional limitation.

The three approaches differ in terms of their use of survey information about positive response and range from very broad to quite specific, corresponding to an increasingly restrictive definition of a positive response of a "Functional Limitation". The analysis highlights the major difference in the prevalence functional limitation using different definition in the surveyed villages. The methodology for measuring prevalence follows closely the methods defined by UN Washington Group on Disability Statistics (UN-WGDS).

6.2 Functional Limitation

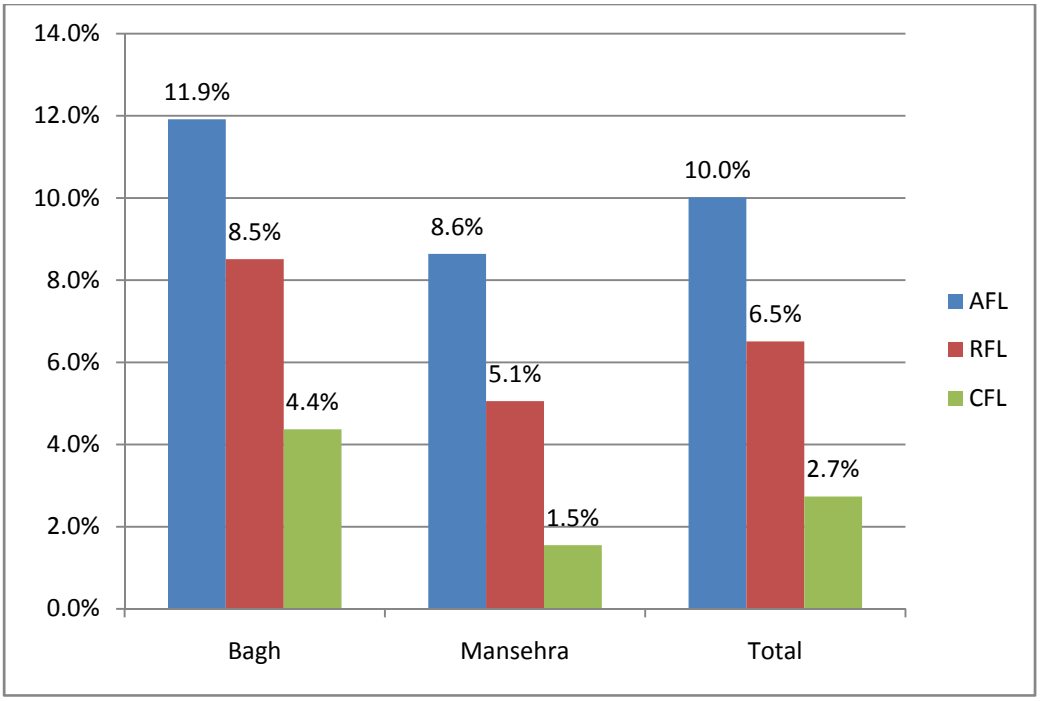
The overall prevalence of functional limitation, using the three definitions, is summarized in table 6-1. According to “All Functional Limitations” definition, the overall prevalence in population is 10.0% (11.9% in district Bagh and 8.6% in district Mansehra). Similarly, according to “Restricted Functional Limitations” the overall prevalence is 6.5% (8.5% in district Bagh and 5.1% in district Mansehra) and according to “Complete Functional Limitations” the prevalence is 2.7% (4.4% in district Bagh and 1.5% in district Mansehra).

Table 6-1 Overall Functional Limitation

	Bagh	Mansehra	Total
Total Population	2996	4132	7128
Persons Without Functional Limitations			
All Functional Limitations	88.1%	91.4%	90.0%
Restricted Functional Limitations	91.5%	94.9%	93.5%
Complete Functional Limitations	95.6%	98.5%	97.3%
Persons With Functional Limitation			
All Functional Limitations	11.9%	8.6%	10.0%
Restricted Functional Limitations	8.5%	5.1%	6.5%
Complete Functional Limitations	4.4%	1.5%	2.7%

With all the three definitions, the difference in percentages of functional limitation in sampled villages of both districts are found statistically significant at 95% confidence interval indicating that prevalence of functional limitation in both districts is different. This is more apparent in figure 6-1.

Figure 6-1 Overall Functional Limitation



6.3 Functional Limitation by Gender

The overall prevalence of functional limitation in genders, using the three definitions, is summarized in table 6-2. According to "All Functional Limitations" definition, the overall prevalence in females is 9.4% (11.6% in district Bagh and 7.6% in district Mansehra). Similarly, according to "Restricted Functional Limitations" definition, the overall prevalence in females is 6.5% (8.8% in district Bagh and 4.9% in district Mansehra) and according to "Complete Functional Limitations" definition, the prevalence in females is 2.6% (4.5% in district Bagh and 1.2% in district Mansehra).

According to "All Functional Limitations" definition, the overall prevalence in males is 10.6% (12.2% in district Bagh and 9.4% in district Mansehra). Similarly, according to "Restricted Functional Limitations" definition, the overall prevalence in males is 6.5% (8.3% in district Bagh and 5.2% in district Mansehra) and according to "Complete Functional Limitations" definition, the prevalence in males is 2.9% (4.3% in district Bagh and 1.8% in district Mansehra).

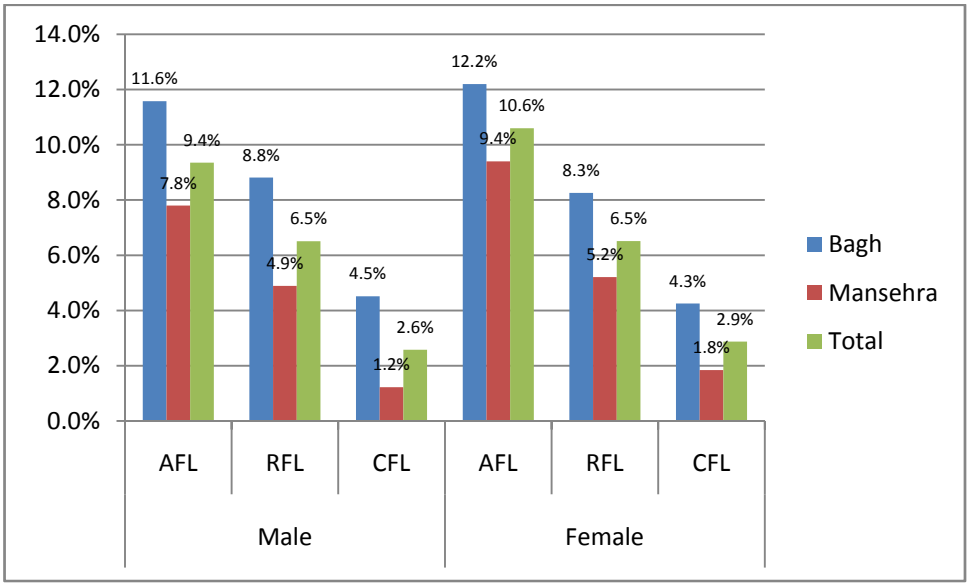
No significant difference is observed in prevalence of functional limitation (using all the three definitions) among males and females leading to conclusion that it is present equally in both sexes. Also no significant difference is observed among males and females with in each district which also strengths the previous conclusion. However, the prevalence of functional limitation (using all the three definitions) in males and in females between sampled villages of both districts is found significant at 95% confidence interval. This means that prevalence of functional

limitation (using all the three definitions) in males and in females between sampled villages of both districts is different and is reflected in figure 6-2.

Table 6-2 Overall Functional Limitation by Gender

	Bagh	Mansehra	Total
Total Population	2996	4132	7128
Female	1373	1962	3335
Male	1623	2170	3793
Persons Without Functional Limitations			
Female			
All Functional Limitations	88.4%	92.2%	90.6%
Restricted Functional Limitations	91.2%	95.1%	93.5%
Complete Functional Limitations	95.5%	98.8%	97.4%
Male			
All Functional Limitations	87.8%	90.6%	89.4%
Restricted Functional Limitations	91.7%	94.8%	93.5%
Complete Functional Limitations	95.7%	98.2%	97.1%
Persons With Functional Limitations			
Female			
All Functional Limitations	11.6%	7.8%	9.4%
Restricted Functional Limitations	8.8%	4.9%	6.5%
Complete Functional Limitations	4.5%	1.2%	2.6%
Male			
All Functional Limitations	12.2%	9.4%	10.6%
Restricted Functional Limitations	8.3%	5.2%	6.5%
Complete Functional Limitations	4.3%	1.8%	2.9%

Figure 6-2 Overall Functional Limitation by Gender



6.4 Functional Limitation by Age

The overall prevalence of functional limitation in different age groups, using the three definitions, is summarized in table 6-3. According to "All Functional Limitations" definition, the overall prevalence in children between 0-15 years of age is between 3.9% and then it increases

with age; 4.6% for persons in the age group of 16-30 years; 11.1% for persons in the age group of 31-45 years; 24.8% for persons in the age group of 46-30 years; 50.3% for persons in the age group of 61-75 years and 96.0% for the persons in the age group of 75 years and above.

Similarly, according to "Restricted Functional Limitation" definition, the overall prevalence in children between 0-15 years of age is 2.7% and then it increases with age; 3.0% for persons in the age group of 16-30 years; 5.8% for persons in the age group of 31-45 years; 14.7% for persons in the age group of 46-30 years; 36.2% for persons in the age group of 61-75 years and 77.3% for the persons in the age group of 75 years and above.

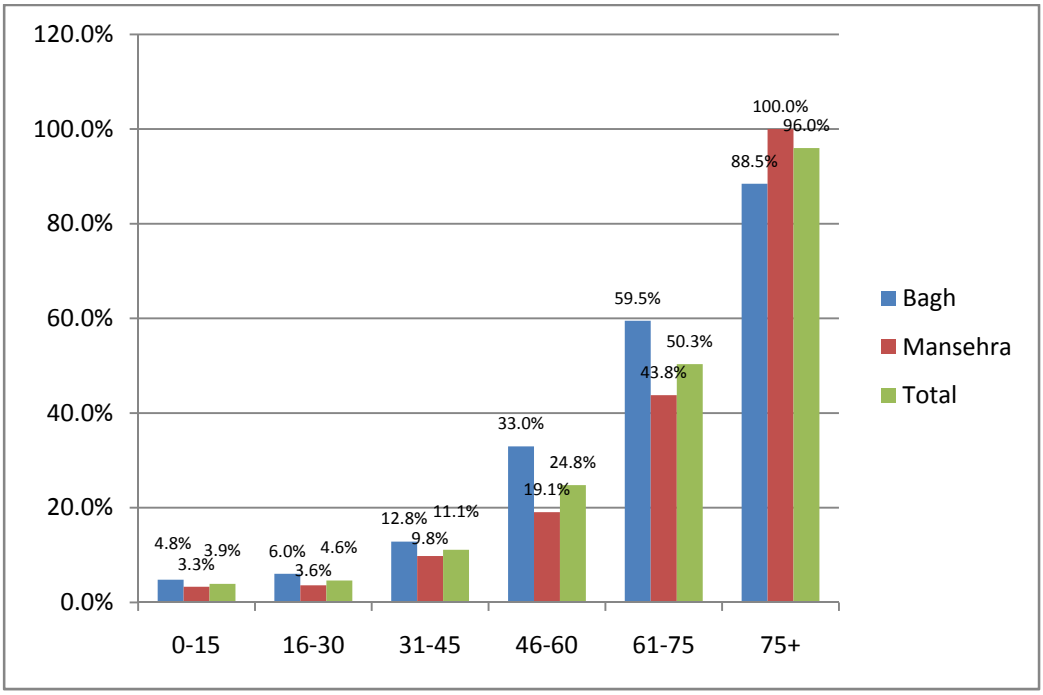
Also, according to "Complete Functional Limitation" definition, the overall prevalence in children between 0-15 years of age is 1.5% and then it increases with age; 1.5% for persons in the age group of 16-30 years; 2.2% for persons in the age group of 31-45 years; 4.7% for persons in the age group of 46-30 years; 14.1% for persons in the age group of 61-75 years and 32.0% for the persons in the age group of 75 years and above.

Table 6-3 Overall Functional Limitation by Age

	Bagh	Mansehra	Total
Total Population			
0-15	1226	1748	2974
16-30	878	1166	2044
31-45	475	612	1087
46-60	270	388	658
61-75	121	169	290
75+	26	49	75
0-15 Years			
Persons Without Functional Limitations			
All Functional Limitations	95.2%	96.7%	96.1%
Restricted Functional Limitations	96.9%	97.7%	97.3%
Complete Functional Limitations	98.0%	98.8%	98.5%
Persons With Functional Limitation			
All Functional Limitations	4.8%	3.3%	3.9%
Restricted Functional Limitations	3.1%	2.3%	2.7%
Complete Functional Limitations	2.0%	1.2%	1.5%
16-30 Years			
Persons Without Functional Limitations			
All Functional Limitations	94.0%	96.4%	95.4%
Restricted Functional Limitations	95.8%	97.9%	97.0%
Complete Functional Limitations	97.6%	99.2%	98.5%
Persons With Functional Limitation			
All Functional Limitations	6.0%	3.6%	4.6%
Restricted Functional Limitations	4.2%	2.1%	3.0%
Complete Functional Limitations	2.4%	0.8%	1.5%
31-45 Years			
Persons Without Functional Limitations			
All Functional Limitations	87.2%	90.2%	88.9%
Restricted Functional Limitations	92.6%	95.4%	94.2%
Complete Functional Limitations	96.8%	98.5%	97.8%
Persons With Functional Limitation			
All Functional Limitations	12.8%	9.8%	11.1%
Restricted Functional Limitations	7.4%	4.6%	5.8%
Complete Functional Limitations	3.2%	1.5%	2.2%

	Bagh	Mansehra	Total
46-60 Years			
Persons Without Functional Limitations			
All Functional Limitations	67.0%	80.9%	75.2%
Restricted Functional Limitations	76.7%	91.2%	85.3%
Complete Functional Limitations	91.9%	97.7%	95.3%
Persons With Functional Limitation			
All Functional Limitations	33.0%	19.1%	24.8%
Restricted Functional Limitations	23.3%	8.8%	14.7%
Complete Functional Limitations	8.1%	2.3%	4.7%
61-75 Years			
Persons Without Functional Limitations			
All Functional Limitations	40.5%	56.2%	49.7%
Restricted Functional Limitations	49.6%	74.0%	63.8%
Complete Functional Limitations	72.7%	95.3%	85.9%
Persons With Functional Limitation			
All Functional Limitations	59.5%	43.8%	50.3%
Restricted Functional Limitations	50.4%	26.0%	36.2%
Complete Functional Limitations	27.3%	4.7%	14.1%
75+ Years			
Persons Without Functional Limitations			
All Functional Limitations	11.5%	0.0%	4.0%
Restricted Functional Limitations	19.2%	24.5%	22.7%
Complete Functional Limitations	38.5%	83.7%	68.0%
Persons With Functional Limitation			
All Functional Limitations	88.5%	100.0%	96.0%
Restricted Functional Limitations	80.8%	75.5%	77.3%
Complete Functional Limitations	61.5%	16.3%	32.0%

Figure 6-3 Overall Functional Limitation by Age



The same pattern is followed in selected villages of both districts i.e. functional limitation (using all the three definitions) increases with age. Also, by using all the three definition of functional limitations, the difference of percentages in sampled villages of district Bagh and Mansehra is found statistically significant at 95% confidence interval for all age groups except for the age group of 0-15 years. This indicates that prevalence of functional limitation (by using all the three definitions) in each age (except for 0-15 years) group of both districts is significantly different. This is also reflected in figure 6-3.

6.5 Functional Limitation by Type

The overall prevalence by type, with the three definitions of functional limitation, is summarized in table 6-4. Via the definition of "All Functional Limitations", "Restricted Functional Limitations" and "Complete Functional Limitations", overall prevalence in the domain of vision are 4.2%, 2.2% and 0.6% respectively; in domain of hearing are 2.6%, 1.7% and 0.5% respectively; in the domain of walking are 6.3%, 4.1% and 1.1% respectively, in the domain of lifting are 4.9%, 3.4% and 1.1% respectively; in domain of remembering are 3.0%, 1.8% and 0.5% respectively; in domain of learning are 4.0%, 2.6% and 0.8% respectively, in the domain of self care are 2.4%, 1.4% and 0.6% respectively and in the domain of communicating are 2.4%, 1.6% and 0.5% respectively.

With the definition of "All Functional Limitation", the highest type of functional limitation reported is walking (6.3%) and lifting (4.9%) which together (11.2%) constitutes the functional limitation in mobility. The next highest functional limitation reported in sample villages is of vision (4.2%), followed by learning (4.0%), remembering (3.0%), hearing (2.6%), communicating (2.4%) and self care (2.4%).

By the definition of "Restricted Functional Limitations", the highest type of functional limitation reported is walking (4.1%) and lifting (3.4%) which together (7.5%) constitutes the functional limitation in mobility. The next highest functional limitation reported in sample villages is of learning (2.6%), followed by vision (2.2%), remembering (1.8%), hearing (1.7%), communicating (1.6%) and self care (1.4%).

Similarly by using the definition of "Complete Functional Limitations", the highest type of functional limitation reported is walking (1.1%) and lifting (1.1%) which together (2.2%) constitutes the functional limitation in mobility. The next highest functional limitation reported in sample villages is of learning (0.8%), followed by self care (0.6%), vision (0.6%), remembering (0.5%), hearing (0.5%) and communicating (0.5%).

The difference in percentages of two districts in each domain is found statistically significant at 95% confidence interval with all definitions of functional limitations. This means that prevalence of functional limitation in each domain is different in each district.

With the definition of "All Functional Limitation", the important functional limitations present in the sample villages are mobility (walking and lifting), vision, learning and remembering. This is also reflected in figure 6-4. Similarly, by the definition of "Restricted Functional Limitation", the important functional limitations present in the sample villages are mobility (walking and lifting), learning and vision. This is shown in figure 6-5. Also, by using the definition of "Complete

Functional Limitation", the important functional limitations present in the sample villages are mobility (walking and lifting), learning and self care. This is shown in figure 6-6.

Table 6-4 Functional Limitation by Type

	Bagh	Mansehra	Total
Vision			
All Functional Limitations	5.2%	3.4%	4.2%
Restricted Functional Limitations	3.3%	1.5%	2.2%
Complete Functional Limitations	1.0%	0.3%	0.6%
Hearing			
All Functional Limitations	2.9%	2.4%	2.6%
Restricted Functional Limitations	1.9%	1.5%	1.7%
Complete Functional Limitations	0.9%	0.3%	0.5%
Walking			
All Functional Limitations	7.2%	5.7%	6.3%
Restricted Functional Limitations	5.1%	3.4%	4.1%
Complete Functional Limitations	1.8%	0.6%	1.1%
Lifting			
All Functional Limitations	5.7%	4.3%	4.9%
Restricted Functional Limitations	4.5%	2.6%	3.4%
Complete Functional Limitations	1.9%	0.5%	1.1%
Remembering			
All Functional Limitations	3.8%	2.4%	3.0%
Restricted Functional Limitations	2.6%	1.2%	1.8%
Complete Functional Limitations	0.8%	0.3%	0.5%
Learning			
All Functional Limitations	5.1%	3.3%	4.0%
Restricted Functional Limitations	3.7%	1.7%	2.6%
Complete Functional Limitations	1.7%	0.2%	0.8%
Self Care			
All Functional Limitations	2.9%	2.0%	2.4%
Restricted Functional Limitations	1.9%	1.1%	1.4%
Complete Functional Limitations	0.9%	0.3%	0.6%
Communicating			
All Functional Limitations	2.9%	2.0%	2.4%
Restricted Functional Limitations	2.2%	1.2%	1.6%
Complete Functional Limitations	0.8%	0.2%	0.5%

Figure 6-4 All Functional Limitation by Type

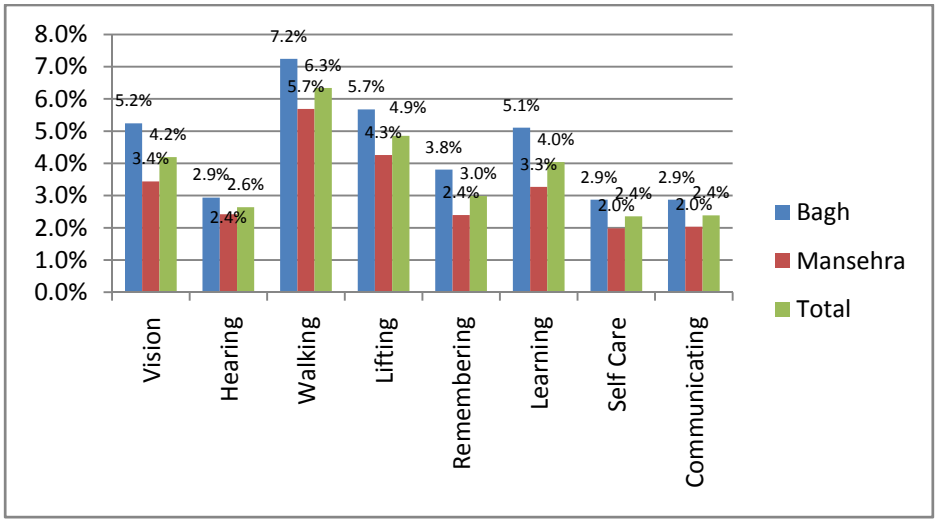


Figure 6-5 Restricted Functional Limitation by Type

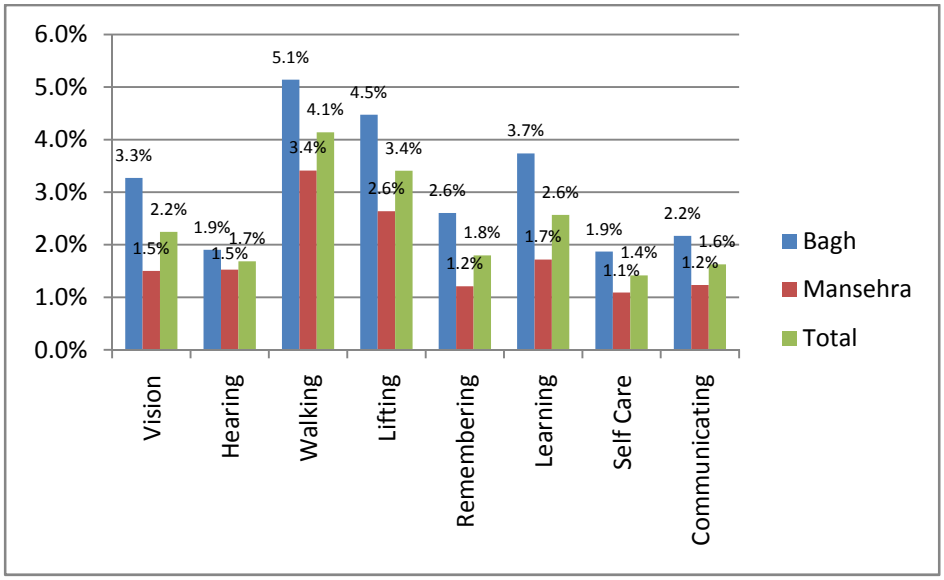
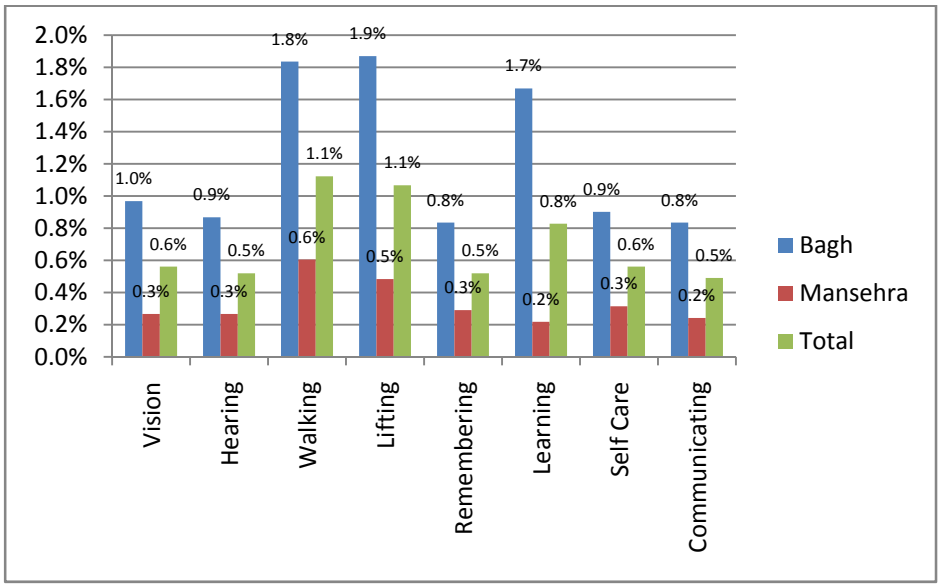


Figure 6-6 Complete Functional Limitation by Type



6.6 Multiple Functional Limitation

The multiple functional limitations, according to the three definitions adopted in this report and as reported by respondents are given in table 6-5. It shows that according to "All Functional Limitation" definition, 31.9% reported single and 68.1% reported multiple functional limitations. It shows that population in the sampled villages of two districts is in general have multiple functional limitation. Similarly, according to "Restricted Functional Limitation" definition, 20.0% reported single and 80.0% reported multiple functional limitations. Also, according to "Complete Functional Limitation" definition, 21.5% reported single and 78.5% reported multiple functional limitations. Also no statistically significant difference is observed in the percentages of two districts indicating that multiple disabilities are present or distributed equally in both districts.

Table 6-5 Overall Multiple Functional Limitation

Multiple Functional Limitation	Bagh	Mansehra	Total
All Functional Limitation			
Single Limitation	32.8%	31.1%	31.9%
Multiple Limitation	67.2%	68.9%	68.1%
Restricted Functional Limitation			
Single Limitation	22.4%	17.2%	20.0%
Multiple Limitation	77.6%	82.8%	80.0%
Complete Functional Limitation			
Single Limitation	21.4%	21.9%	21.5%
Multiple Limitation	78.6%	78.1%	78.5%

6.7 Cause of Functional Limitation

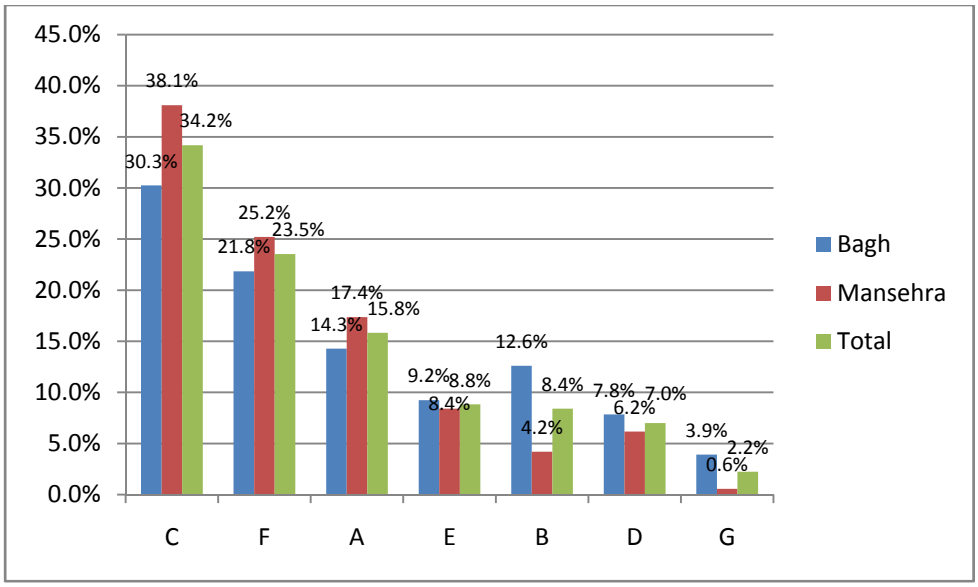
Using the three definitions for functional limitations ("All Functional Limitation", "Restricted Functional Limitation" and "Complete Functional Limitation"), the main cause of functional limitation as reported by respondents is summarized in table 6-6. According to "All Functional Limitation" definition the most important cause are "illness / health condition not related to earth quake" (34.2%); "age" (23.5%) and "birth" (15.8%). Other less important reasons reported by respondents are "accident / injury not related to earth quake" (8.8%), "illness / health condition related to earth quake" (8.4%) and "accident / injury related to earthquake" (7.0%). 2.2% of respondents are unaware or unable to state their reason for functional limitation especially in district Bagh.

Also note that the percentages for illness / health condition not related to earthquake is higher for district Mansehra (38.1%) than district Bagh (30.3%) and is statistically significant. This means that illness in district Mansehra has caused more functional limitation than in district Bagh. Similarly, the percentages for illness / health condition related to earthquake for district Bagh (12.6%) is much higher than district Mansehra (4.2%). These are also found statistically significant indicating that illness / health condition related to earthquake has caused more functional limitation in district Bagh than in district Mansehra. The difference in percentages is more apparent in figure 6-7.

Table 6-6 Cause of Functional Limitation

Cause / Reason	Bagh	Mansehra	Total
All Functional Limitation			
Illness / Health Condition Not Related to Earthquake	30.3%	38.1%	34.2%
Age	21.8%	25.2%	23.5%
Birth	14.3%	17.4%	15.8%
Accident / Injury Not Related to Earthquake	9.2%	8.4%	8.8%
Illness / Health Condition Related to Earthquake	12.6%	4.2%	8.4%
Accident / Injury Related to Earthquake	7.8%	6.2%	7.0%
Unable to Say	3.9%	0.6%	2.2%
Restricted Functional Limitation			
Illness / Health Condition Not Related to Earthquake	31.0%	34.4%	32.5%
Age	22.4%	23.4%	22.8%
Birth	16.9%	23.0%	19.6%
Accident / Injury Not Related to Earthquake	9.0%	8.6%	8.8%
Illness / Health Condition Related to Earthquake	11.4%	3.8%	8.0%
Accident / Injury Related to Earthquake	7.5%	6.2%	6.9%
Unable to Say	2.0%	0.5%	1.3%
Complete Functional Limitation			
Illness / Health Condition Not Related to Earthquake	28.2%	31.3%	29.2%
Birth	17.6%	39.1%	24.6%
Age	19.8%	14.1%	17.9%
Accident / Injury Not Related to Earthquake	12.2%	9.4%	11.3%
Accident / Injury Related to Earthquake	9.9%	3.1%	7.7%
Illness / Health Condition Related to Earthquake	9.2%	3.1%	7.2%
Unable to Say	3.1%	0.0%	2.1%

Figure 6-7 Cause of Functional Limitation



Notes:

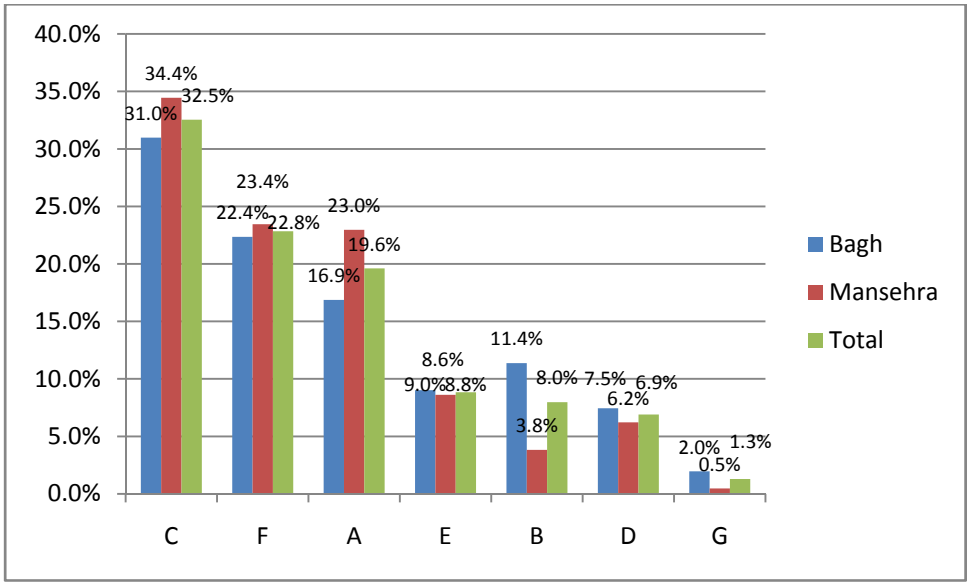
A	Birth
B	Illness / Health Condition Related to Earthquake
C	Illness / Health Condition Not Related to Earthquake
D	Accident / Injury Related to Earthquake
E	Accident / Injury Not Related to Earthquake
F	Age
G	Unable to Say

According to “Restricted Functional Limitation” definition the most important cause are “illness / health condition not related to earth quake” (32.5%); “age” (22.8%) and “birth” (19.6%). Other less important reasons reported by respondents are “accident / injury not related to earth quake” (8.8%), “illness / health condition related to earth quake” (8.0%) and “accident / injury related to earthquake” (6.9%). 1.3% of respondents are unaware or unable to state their reason for functional limitation especially in district Bagh.

Also note that the percentages for birth is higher for district Mansehra (23.0%) than district Bagh (16.9%) and is statistically significant. This means that birth in district Mansehra has caused more functional limitation than in district Bagh.

Similarly, the percentages for illness / health condition related to earthquake for district Bagh (11.4%) is much higher than district Mansehra (3.8%). These are also found statistically significant indicating that illness / health condition related to earthquake has caused more functional limitation in district Bagh than in district Mansehra. The difference in percentages is more apparent in figure 6-8.

Figure 6-8 Cause of Functional Limitation



Notes:

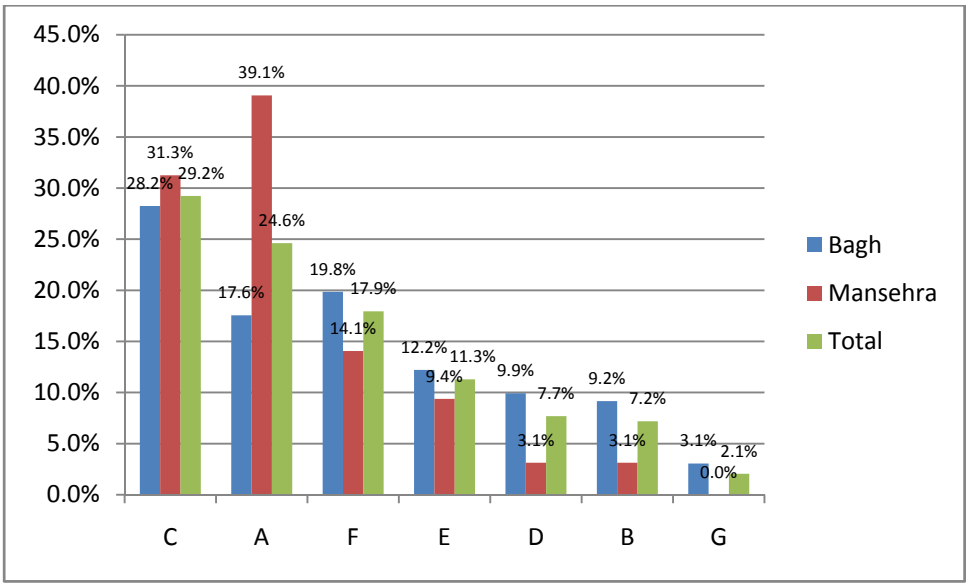
A	Birth
B	Illness / Health Condition Related to Earthquake
C	Illness / Health Condition Not Related to Earthquake
D	Accident / Injury Related to Earthquake
E	Accident / Injury Not Related to Earthquake
F	Age
G	Unable to Say

According to “Complete Functional Limitation” definition the most important cause are “illness / health condition not related to earth quake” (29.2%); “birth” (24.6%) ;“age” (17.9%) and “accident / injury not related to earthquake” (11.3%). Other less important reasons reported by respondents are “accident / injury related to earth quake” (7.7%) and “illness / health condition related to earth quake” (7.2%). 2.1% of respondents are unaware or unable to state their reason for functional limitation especially in district Bagh.

Also note that the percentages for birth is higher for district Mansehra (39.1%) than district Bagh (17.6%) and is statistically significant. This means that birth in district Mansehra has caused more functional limitation than in district Bagh. Similarly, the percentages for age is higher in district Bagh(19.8%) than in district Mansehra (14.1%) and is found statistically significant indicating the factor of age in sampled villages of district Bagh has caused more functional limitation than in district Mansehra.

Also the percentages for "accident / injury not related to earthquake", "accident / injury related to earthquake", "illness / health condition related to earthquake for district Bagh (12.2%, 9.9% and 9.2% respectively) are higher than district Mansehra (9.4%, 3.1% and 3.1% respectively). These are also found statistically significant indicating that these factors have caused more functional limitation in district Bagh than in district Mansehra. The difference in percentages is more apparent in figure 6-9.

Figure 6-9 Cause of Functional Limitation



Notes:

A	Birth
B	Illness / Health Condition Related to Earthquake
C	Illness / Health Condition Not Related to Earthquake
D	Accident / Injury Related to Earthquake
E	Accident / Injury Not Related to Earthquake
F	Age
G	Unable to Say

6.8 Summary

Three approaches are used for measuring the prevalence of functional limitation in various domains like vision, hearing, walking, lifting, remembering, learning, self care or communicating. These include:

- All Functional Limitations: if response is some difficulty, a lot of difficulty, or Unable to do at all in any domain of functional limitation.

- Restricted Functional Limitations: If response is a lot of difficulty or unable to do at all in any domain of functional limitation.
- Complete Functional Limitations: if response is unable to do at all in any domain of functional limitation.

The three approaches differ in terms of their use of survey information about positive response and range from very broad to quite specific, corresponding to an increasingly restrictive definition of a positive response of a "Functional Limitation". The methodology for measuring prevalence follows closely the methods defined by UN Washington Group on Disability Statistics (UN-WGDS).

Functional Limitation

According to "All Functional Limitations" definition, the overall prevalence in population is 10.0% (11.9% in district Bagh and 8.6% in district Mansehra). Similarly, according to "Restricted Functional Limitations" the overall prevalence is 6.5% (8.5% in district Bagh and 5.1% in district Mansehra) and according to "Complete Functional Limitations" the prevalence is 2.7% (4.4% in district Bagh and 1.5% in district Mansehra). The data also gave statistical evidence that with all the three definitions of functional limitation, the prevalence in both districts is different.

Functional Limitation by Gender

With the definition of "All Functional Limitations", the overall prevalence in females is 9.4% and in males is 10.6%. Similarly, by the definition of "Restricted Functional Limitations", the overall prevalence in females is 6.5% and in males is 6.5%. Also, by using the definition of "Complete Functional Limitations", the prevalence in females is 2.6% and in males is 2.9%. Also, all the three definition of functional limitations indicated that these are spread equally in both genders. However, via the three definitions of functional limitation, the prevalence in males and in females is found different between sampled villages of both districts.

Functional Limitation by Age Group

According to "All Functional Limitations" definition, the overall prevalence in children between 0-15 years of age is between 3.9% and then it increases with age; 4.6% for persons in the age group of 16-30 years; 11.1% for persons in the age group of 31-45 years; 24.8% for persons in the age group of 46-30 years; 50.3% for persons in the age group of 61-75 years and 96.0% for the persons in the age group of 75 years and above.

Similarly, according to "Restricted Functional Limitation" definition, the overall prevalence in children between 0-15 years of age is 2.7% and then it increases with age; 3.0% for persons in the age group of 16-30 years; 5.8% for persons in the age group of 31-45 years; 14.7% for persons in the age group of 46-30 years; 36.2% for persons in the age group of 61-75 years and 77.3% for the persons in the age group of 75 years and above.

Also, according to "Complete Functional Limitation" definition, the overall prevalence in children between 0-15 years of age is 1.5% and then it increases with age; 1.5% for persons in the age group of 16-30 years; 2.2% for persons in the age group of 31-45 years; 4.7% for persons in the age group of 46-30 years; 14.1% for persons in the age group of 61-75 years and 32.0% for the persons in the age group of 75 years and above. Also, the data gave the statistical evidence (via

the three definitions) that age is positively associated with functional limitation meaning it increases with age.

Functional Limitation by Type

Using the three definitions ("All Functional Limitations", "Restricted Functional Limitations" and "Complete Functional Limitations"), functional limitations in the domain of vision are 4.2%, 2.2% and 0.6% respectively; in domain of hearing are 2.6%, 1.7% and 0.5% respectively; in the domain of walking are 6.3%, 4.1% and 1.1% respectively, in the domain of lifting are 4.9%, 3.4% and 1.1% respectively; in domain of remembering are 3.0%, 1.8% and 0.5% respectively; in domain of learning are 4.0%, 2.6% and 0.8% respectively, in the domain of self care are 2.4%, 1.4% and 0.6% respectively and in the domain of communicating are 2.4%, 1.6% and 0.5% respectively.

With the definition of "All Functional Limitation", the important functional limitations present in the sample villages are mobility (walking and lifting), vision, learning and remembering. Similarly, by the definition of "Restricted Functional Limitation", the important functional limitations present in the sample villages are mobility (walking and lifting), learning and vision. Also, by using the definition of "Complete Functional Limitation", the important functional limitations present in the sample villages are mobility (walking and lifting), learning and self care.

Multiple Functional Limitation

According to "All Functional Limitation" definition, 31.9% reported single and 68.1% reported multiple functional limitations. Similarly, according to "Restricted Functional Limitation" definition, 20.0% reported single and 80.0% reported multiple functional limitations. Also, according to "Complete Functional Limitation" definition, 21.5% reported single and 78.5% reported multiple functional limitations. The data gave evidence that population in the sampled villages of two districts is in general having multiple functional limitation.

Cause of Functional Limitation

According to "All Functional Limitation" definition, the main cause for functional limitation is "illness / health condition not related to earth quake (34.2%)"; "age of respondent (23.5%)" and "birth (15.8%)". No major difference is observed in the cause reported by each gender. 2.2% of respondents are unaware or unable to state their reason for functional limitation (especially in district Bagh). The data gave evidence that the reason "illness / health condition not related to earthquake" in district Mansehra has caused more functional limitation than in district Bagh. Also the reason "illness / health condition related to earthquake" has caused more functional limitation in district Bagh than in district Mansehra.

According to "Restricted Functional Limitation" definition the most important cause are "illness / health condition not related to earth quake" (32.5%); "age" (22.8%) and "birth" (19.6%). 1.3% of respondents are unaware or unable to state their reason for functional limitation especially in district Bagh. The data gave evidence that the reason "birth" district Mansehra has caused more functional limitation than in district Bagh. Also the reason "illness / health condition related to earthquake" has caused more functional limitation in district Bagh than in district Mansehra.

According to "Complete Functional Limitation" definition, the most important cause are "illness / health condition not related to earth quake" (29.2%); "birth" (24.6%) ;"age" (17.9%) and

"accident / injury not related to earthquake" (11.3%). 2.1% of respondents are unaware or unable to state their reason for functional limitation especially in district Bagh. The data gave evidence that the reason "Birth" in district Mansehra has caused more functional limitation than in district Bagh. Also other reasons "age", "accident / injury not related to earthquake", "accident / injury related to earthquake", "illness / health condition related to earthquake for district Bagh have caused more functional limitation in district Bagh than in district Mansehra.

7 Demographic Differences

7.1 Introduction

It is important to understand the difference between persons having functional limitation with those that do not have. This helps to understand the barriers and participation restriction which are commonly the result of a range of diverse demographic, economic and social factors.

This chapter focuses on the comparison of various demographic factors of persons having functional limitation with those that do not have. It uses three definitions of functional limitation as described in previous chapter. However, these are repeated below for ease of reader.

- All Functional Limitations (AFL): if response is some difficulty, a lot of difficulty, or Unable to do at all in any domain of functional limitation.
- Restricted Functional Limitations (RFL): If response is a lot of difficulty or unable to do at all in any domain of functional limitation.
- Complete Functional Limitations (CFL): if response is unable to do at all in any domain of functional limitation.

The three approaches differ in terms of their use of survey information about positive response and range from very broad to quite specific, corresponding to an increasingly restrictive definition of a positive response of a "Functional Limitation". The analysis highlights the major difference in the demographic characteristics of respondents with and without “Functional Limitation” living in surveyed villages of two districts.

7.2 Differences by Gender

With the three definitions, the difference of functional limitation by gender is given in table 7-1. By using the definition “All Functional Limitation”, 9.4% of females and 10.6% of males have whereas 90.6% of females and 89.4% of males do not have functional limitation. The percentage difference having functional limitation in both genders is found statistically insignificant at 95% confidence interval. As concluded earlier this also indicates that prevalence is spread equally in both genders. However, the percentage difference of females and males between districts is found statistically significant at 95% confidence interval indicating that the respondents in both sexes having functional limitations are distributed differently in each district. This is also shown in figure 7-1.

Similarly by the definition “Restricted Functional Limitation”, 6.5% of females and males have whereas 93.5% of females and males do not have functional limitation. The percentage difference having functional limitation in both genders is found statistically insignificant at 95% confidence interval indicating that prevalence is spread equally in both genders. However, the percentage difference of females and males between districts is found statistically significant at 95% confidence interval indicating that the respondents in both sexes having functional limitations are distributed differently in each district. This is also shown in figure 7-2.

Similarly by the definition “Complete Functional Limitation”, 2.6% of females have and 97.4% of females do not have functional limitation. Similarly, 2.9% of males have and 97.1% do not have functional limitation. The percentage difference having functional limitation in both genders is

found statistically insignificant at 95% confidence interval indicating that prevalence is spread equally in both genders. However, the percentage difference of females and males between districts is found statistically significant at 95% confidence interval indicating that the respondents in both sexes having functional limitations are distributed differently in each district. This is also shown in figure 7-3.

Table 7-1 Difference by Gender

	Bagh	Mansehra	Total
All Functional Limitations			
Female			
With AFL	11.6%	7.8%	9.4%
Without AFL	88.4%	92.2%	90.6%
Male			
With AFL	12.2%	9.4%	10.6%
Without AFL	87.8%	90.6%	89.4%
Restricted Functional Limitation			
Female			
With RFL	8.8%	4.9%	6.5%
Without RFL	91.2%	95.1%	93.5%
Male			
With RFL	8.3%	5.2%	6.5%
Without RFL	91.7%	94.8%	93.5%
Complete Functional Limitation			
Female			
With CFL	4.5%	1.2%	2.6%
Without CFL	95.5%	98.8%	97.4%
Male			
With CFL	4.3%	1.8%	2.9%
Without CFL	95.7%	98.2%	97.1%

Figure 7-1 Differences by Gender (All Functional Limitation)

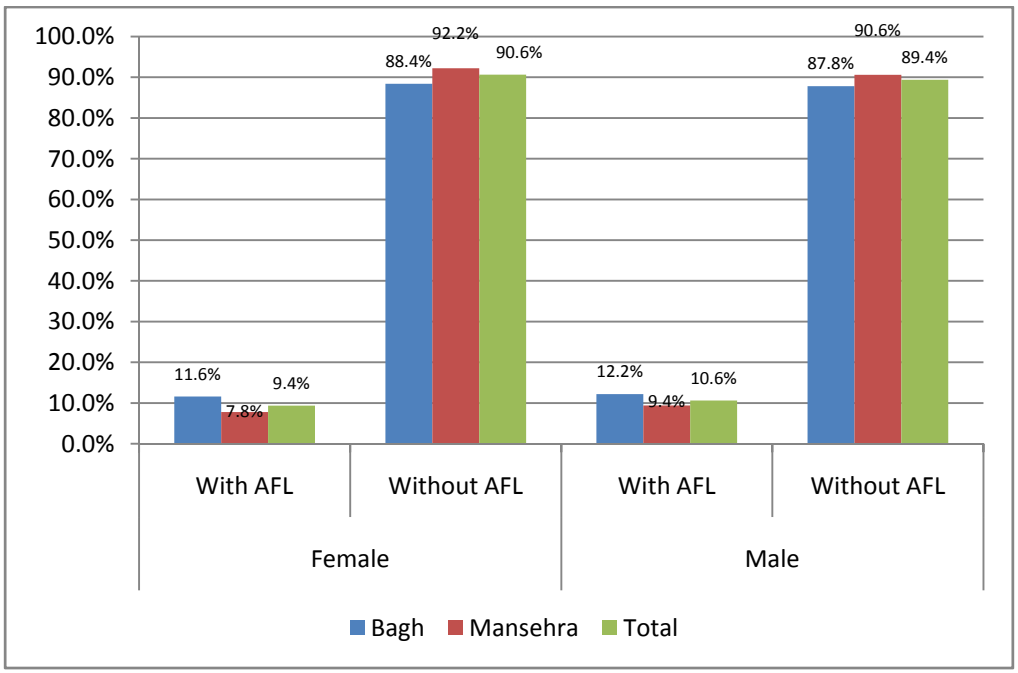


Figure 7-2 Differences by Gender (Restricted Functional Limitation)

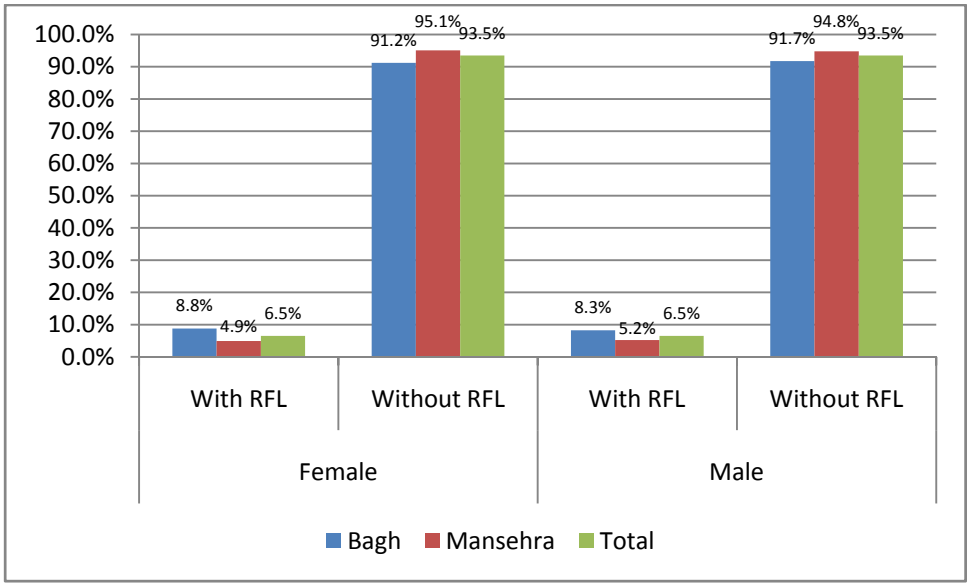
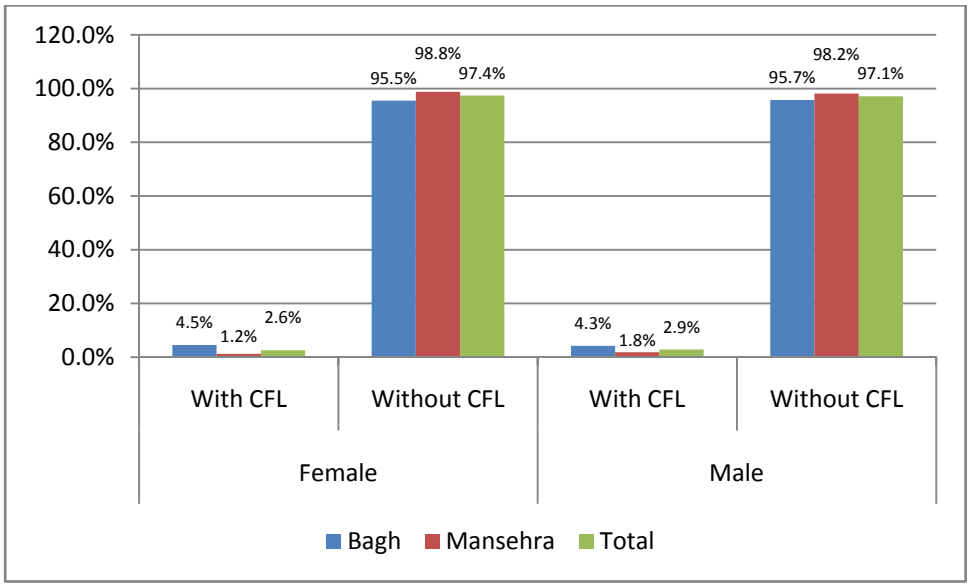


Figure 7-3 Differences by Gender (Complete Functional Limitation)



7.3 Differences by Age Groups

With the three definitions, the difference of functional limitation by age groups is given in table 7-2. By using the definition "All Functional Limitation", 3.9% of children have and 96.1% of children do not have functional limitation. Similarly, 11.1% of adults have and 88.9% of adults do not have functional limitation. Also, 59.7% of elders have and 40.3% of elders do not have functional limitation.

The percentage difference of respondents having functional limitation increases with age indicating that functional limitation is positively associated with age. Also, the percentages difference of children, adults and elders between the two districts is found statistically significant at 95% confidence interval indicating that functional limitation in each age group is different in the two districts. This is also shown in figure 7-4.

Similarly, by the definition "Restricted Functional Limitation", 2.7% of children have and 97.3% of children do not have functional limitation. Likewise, 6.4% of adults have and 93.6% of adults do not have functional limitation. Also, 44.7% of elders have and 55.3% of elders do not have functional limitation.

Note that the percentage difference of respondents having functional limitation increases with age strengthening the conclusion that functional limitation is positively associated with age. Also, the percentages difference of children, adults and elders between the two districts is found statistically significant at 95% confidence interval indicating that functional limitation in each age group is different in the two districts. This is also shown in figure 7-5.

Table 7-2 Difference by Age Groups

	Bagh	Mansehra	Total
All Functional Limitations			
Children (00-18 Years)			
With AFL	4.9%	3.2%	3.9%
Without AFL	95.1%	96.8%	96.1%
Adults (19-60 Years)			
With AFL	13.7%	9.1%	11.1%
Without AFL	86.3%	90.9%	88.9%
Elders (Over 60 Years)			
With AFL	64.6%	56.4%	59.7%
Without AFL	35.4%	43.6%	40.3%
Restricted Functional Limitation			
Children (00-18 Years)			
With RFL	3.4%	2.1%	2.7%
Without RFL	96.6%	97.9%	97.3%
Adults (19-60 Years)			
With RFL	8.8%	4.6%	6.4%
Without RFL	91.2%	95.4%	93.6%
Elders (Over 60 Years)			
With RFL	55.8%	37.2%	44.7%
Without RFL	44.2%	62.8%	55.3%
Restricted Functional Limitation			
Children (00-18 Years)			
With CFL	2.1%	1.1%	1.5%
Without CFL	97.9%	98.9%	98.5%
Adults (19-60 Years)			
With CFL	3.7%	1.4%	2.4%
Without CFL	96.3%	98.6%	97.6%
Elders (Over 60 Years)			
With CFL	33.3%	7.3%	17.8%
Without CFL	66.7%	92.7%	82.2%

Also, by the definition "Complete Functional Limitation", 1.5% of children have and 98.5% of children do not have functional limitation. Likewise, 2.4% of adults have and 97.6% of adults do not have functional limitation. Also, 17.8% of elders have and 82.2% of elders do not have functional limitation.

Note again that the percentage difference of respondents having functional limitation increases with age further strengthening the conclusion that functional limitation is positively associated with age. Also, the percentages difference of children, adults and elders between the two districts is found statistically significant at 95% confidence interval indicating that functional limitation in each age group is different in the two districts. This is also shown in figure 7-6.

Figure 7-4 Differences by Age Groups (All Functional Limitation)

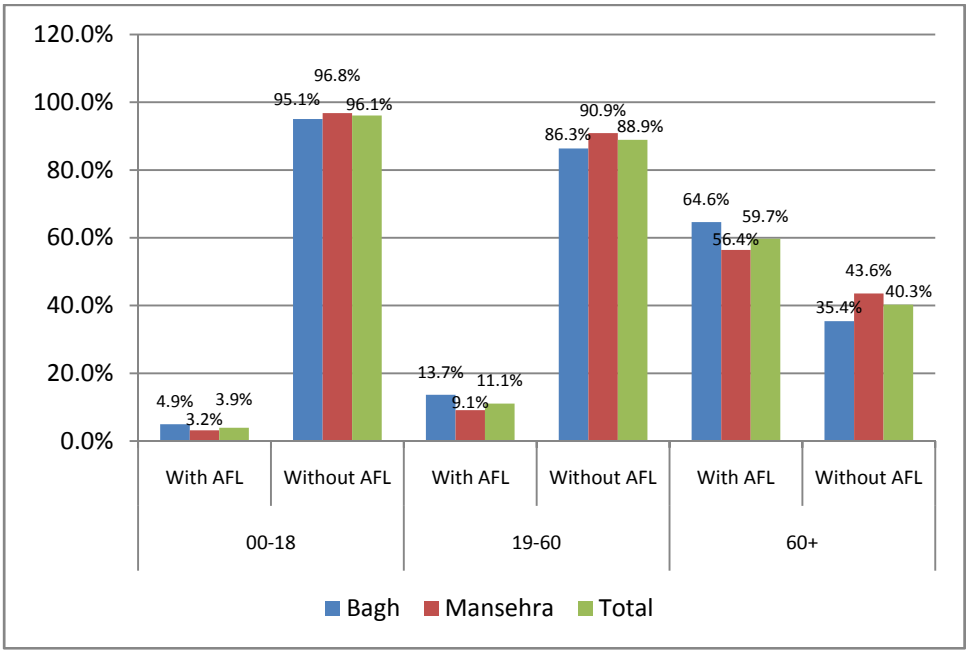


Figure 7-5 Differences by Age Groups (Restricted Functional Limitation)

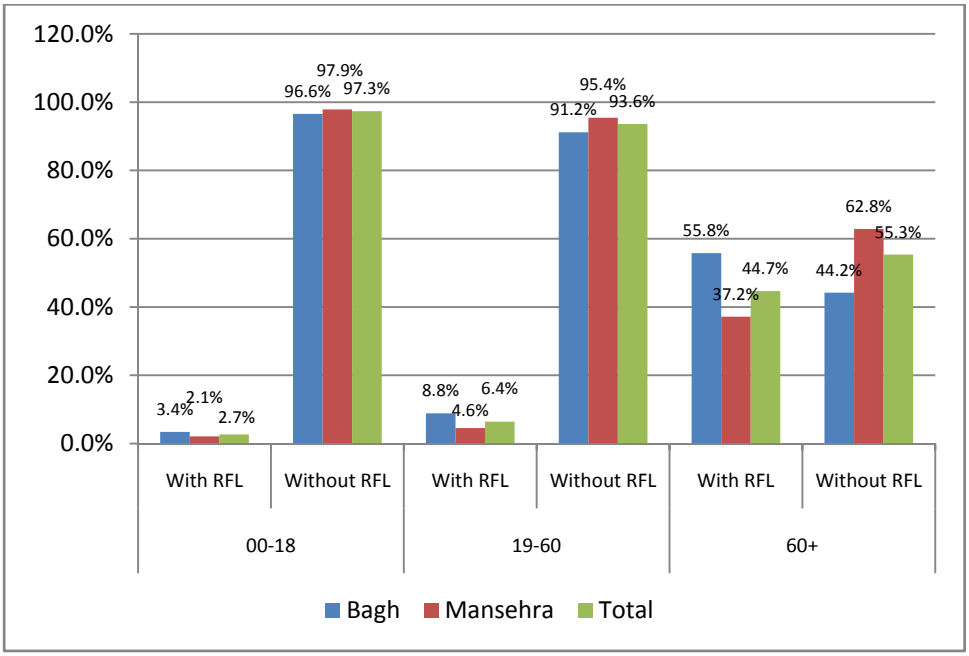
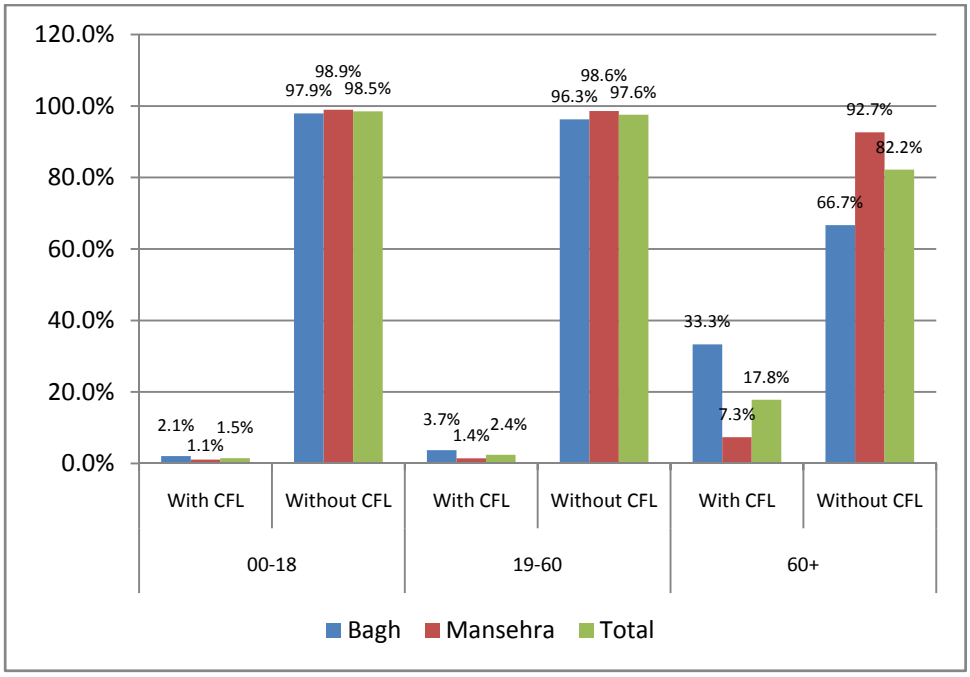


Figure 7-6 Differences by Age Groups (Complete Functional Limitation)



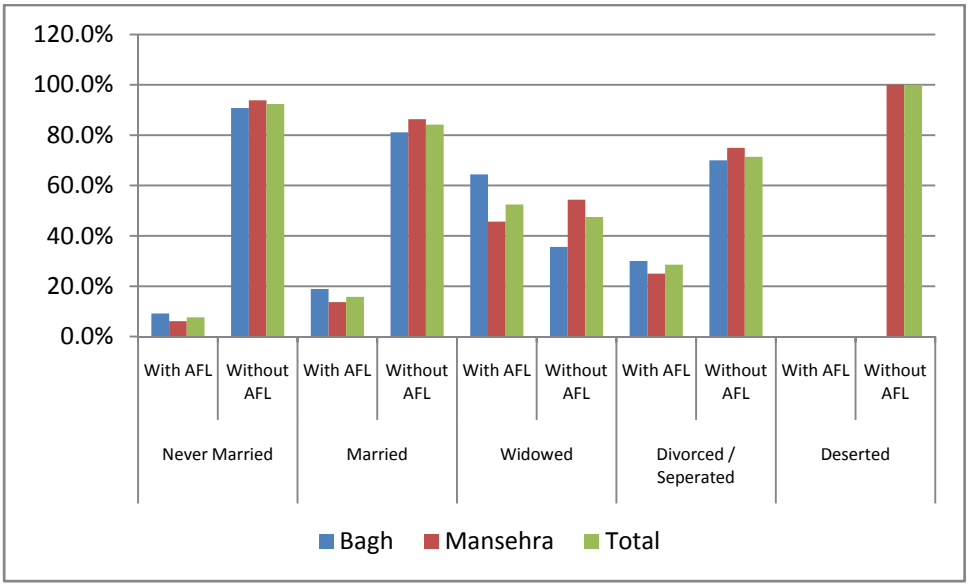
7.4 Differences by Marital Status

The difference of functional limitation by marital status with the definition "All Functional Limitation" is given in table 7-3. It indicates that 7.6% of respondents (18 years and above) who never married have whereas 92.4% of respondents do not have functional limitation. Similarly, 15.8% of respondents who are married have whereas 84.2% of respondents do not have functional limitation. Also, 52.5% of respondents who are widowed have whereas 47.5% of respondents do not have functional limitation. Further, 28.6% of respondents who are divorced have whereas 71.4% do not have functional limitation. Finally, none of the respondents who are deserted have functional limitation. This is also shown in figure 7-7

Table 7-3 Difference by Marital Status (All Functional Limitation)

	Bagh	Mansehra	Total
Never Married (No's)	**490**	**506**	**996**
With AFL	9.2%	6.1%	7.6%
Without AFL	90.8%	93.9%	92.4%
Married (No's)	**1081**	**1582**	**2663**
With AFL	18.9%	13.7%	15.8%
Without AFL	81.1%	86.3%	84.2%
Widowed (No's)	**59**	**103**	**162**
With AFL	64.4%	45.6%	52.5%
Without AFL	35.6%	54.4%	47.5%
Divorced / Separated (no's)	**10**	**4**	**14**
With AFL	30.0%	25.0%	28.6%
Without AFL	70.0%	75.0%	71.4%
Deserted (No's)	**0**	**3**	**3**
With AFL	0.0%	0.0%	0.0%
Without AFL	0.0%	100.0%	100.0%

Figure 7-7 Differences by Marital Status (All Functional Limitation)

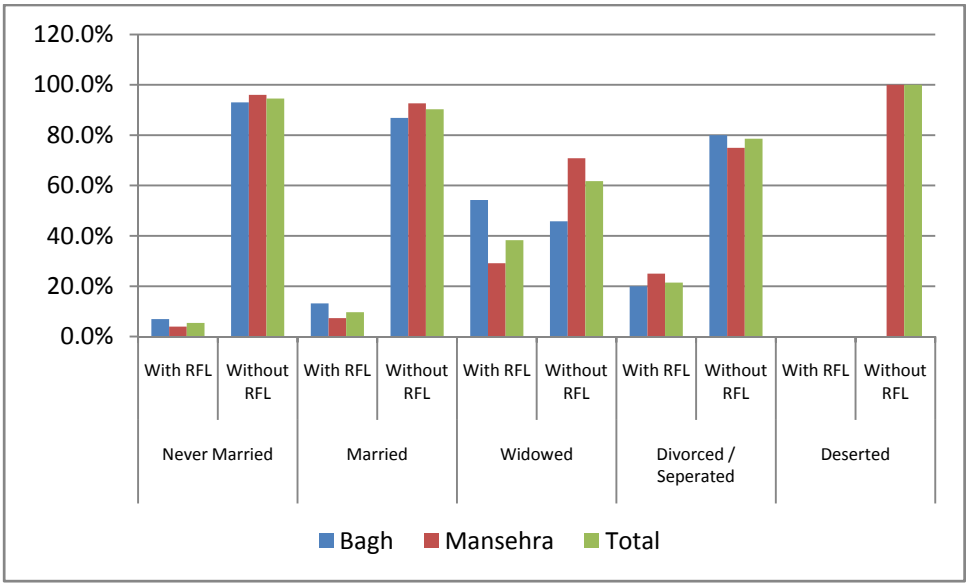


The difference of functional limitation by marital status with the definition "Restricted Functional Limitation" is given in table 7-4. It indicates that 5.4% of respondents (18 years and above) who never married have whereas 94.2% of respondents do not have functional limitation. Similarly, 9.7% of respondents who are married have whereas 90.3% of respondents do not have functional limitation. Also, 38.3% of respondents who are widowed have whereas 61.7% of respondents do not have functional limitation. Further, 21.4% of respondents who are divorced have whereas 78.6% do not have functional limitation. Finally, none of the respondents who are deserted have functional limitation. This is also shown in figure 7-8.

Table 7-4 Difference by Marital Status (Restricted Functional Limitation)

	Bagh	Mansehra	Total
Never Married (No's)	**490**	**506**	**996**
With RFL	6.9%	4.0%	5.4%
Without RFL	93.1%	96.0%	94.6%
Married (No's)	**1081**	**1582**	**2663**
With RFL	13.1%	7.3%	9.7%
Without RFL	86.9%	92.7%	90.3%
Widowed (No's)	**59**	**103**	**162**
With RFL	54.2%	29.1%	38.3%
Without RFL	45.8%	70.9%	61.7%
Divorced / Separated (no's)	**10**	**4**	**14**
With RFL	20.0%	25.0%	21.4%
Without RFL	80.0%	75.0%	78.6%
Deserted (No's)	**0**	**3**	**3**
With RFL	0.0%	0.0%	0.0%
Without RFL	0.0%	100.0%	100.0%

Figure 7-8 Differences by Marital Status (Restricted Functional Limitation)

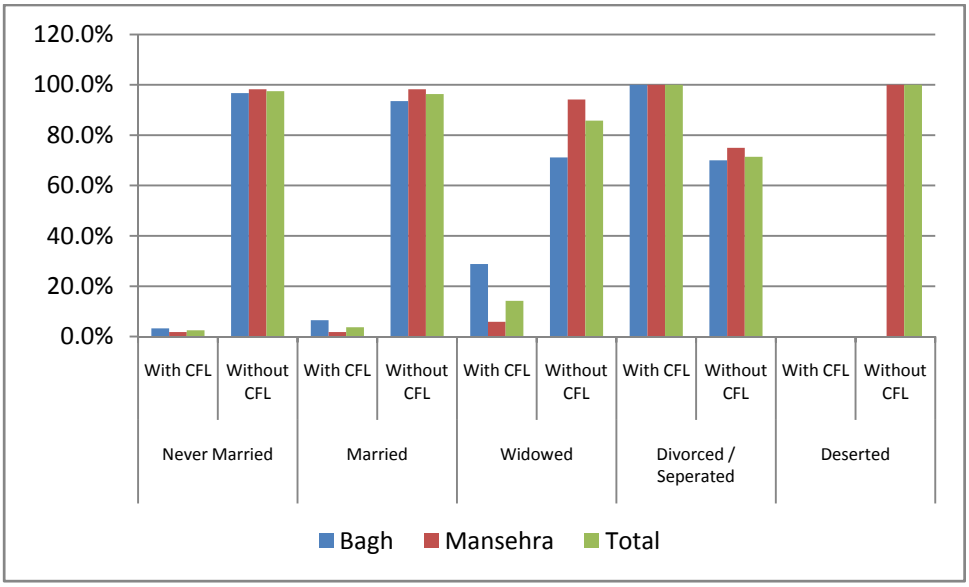


The difference of functional limitation by marital status with the definition "Complete Functional Limitation" is given in table 7-5. It indicates that 2.5% of respondents (18 years and above) who never married have whereas 97.5% of respondents do not have functional limitation. Similarly, 3.7% of respondents who are married have whereas 96.3% of respondents do not have functional limitation. Also, 14.2% of respondents who are widowed have whereas 85.8% of respondents do not have functional limitation. Further, all of respondents who are divorced have functional limitation and none of the respondents who are deserted have functional limitation. This is also shown in figure 7-9.

Table 7-5 Difference by Marital Status (Complete Functional Limitation)

	Bagh	Mansehra	Total
Never Married (No's)	**490**	**506**	**996**
With CFL	3.3%	1.8%	2.5%
Without CFL	96.7%	98.2%	97.5%
Married (No's)	**1081**	**1582**	**2663**
With CFL	6.5%	1.8%	3.7%
Without CFL	93.5%	98.2%	96.3%
Widowed (No's)	**59**	**103**	**162**
With CFL	28.8%	5.8%	14.2%
Without CFL	71.2%	94.2%	85.8%
Divorced / Separated (No's)	**10**	**4**	**14**
With CFL	100.0%	100.0%	100.0%
Without CFL	70.0%	75.0%	71.4%
Deserted (No's)	**0**	**3**	**3**
With CFL	0.0%	0.0%	0.0%
Without CFL	0.0%	100.0%	100.0%

Figure 7-9 Differences by Marital Status (Complete Functional Limitation)



7.5 Differences by Inter Family Marriages

With the three definitions, the differences of functional limitation by inter family marriages of married respondents are given in table 7-6. By using the definition "All Functional Limitation", 17.5% of respondents who married in non relatives have functional limitation. In contrast to this, 17.4% of respondents who married with first cousins and 26.6% of respondents who married with other relatives have functional limitation. When comparison is made between respondents who married non relatives with those who married first cousins or other relatives, it is apparent that former respondents have less functional limitation than later. The difference in percentages is found statistically significant at 95% confidence interval indicating that the functional limitation is more commonly present in respondents that have interfamily marriages. This is also shown in figure 7-10.

By using the definition "Restricted Functional Limitation", 10.3% of respondents who married in non relatives have functional limitation. In contrast to this, 11.5% of respondents who married with first cousins and 14.4% of respondents who married with other relatives have functional limitation. Further, when comparison is made between respondents who married non relatives with those who married first cousins or other relatives, it is concluded again that former respondents have less functional limitation than later. The difference in percentages is also found statistically significant at 95% confidence interval indicating that the functional limitation is more commonly present in respondents that have interfamily marriages. This is also shown in figure 7-11.

By using the definition "Complete Functional Limitation", 2.3% of respondents who married in non relatives have functional limitation. In contrast to this, 4.4% of respondents who married with first cousins and 7.9% of respondents who married with other relatives have functional limitation. Further, when comparison is made between respondents who married non relatives with those who married first cousins or other relatives, it is concluded again that former respondents have less functional limitation than later. The difference in percentages is also found statistically significant at 95% confidence interval indicating that the functional limitation

is more commonly present in respondents that have interfamily marriages. This is also shown in figure 7-12.

Table 7-6 Difference by Inter Family Marriages (All Functional Limitation)

	Bagh	Mansehra	Total
All Functional Limitation			
Non Relatives (No's)	**75**	**410**	**485**
With AFL	26.7%	15.9%	17.5%
Without AFL	73.3%	84.1%	82.5%
First Cousins (No's)	**1023**	**1112**	**2135**
With AFL	20.6%	14.5%	17.4%
Without AFL	79.4%	85.5%	82.6%
Other Relatives (No's)	**56**	**83**	**139**
With AFL	30.4%	24.1%	26.6%
Without AFL	69.6%	75.9%	73.4%
Restricted Functional Limitation			
Non Relatives (No's)	**75**	**410**	**485**
With RFL	17.3%	9.0%	10.3%
Without RFL	82.7%	91.0%	89.7%
First Cousins (No's)	**1023**	**1112**	**2135**
With RFL	15.0%	8.3%	11.5%
Without RFL	85.0%	91.7%	88.5%
Other Relatives (No's)	**56**	**83**	**139**
With RFL	23.2%	8.4%	14.4%
Without RFL	76.8%	91.6%	85.6%
Complete Functional Limitation			
Non Relatives (No's)	**75**	**410**	**485**
With CFL	5.3%	1.7%	2.3%
Without CFL	94.7%	98.3%	97.7%
First Cousins (No's)	**1023**	**1112**	**2135**
With CFL	7.5%	1.5%	4.4%
Without CFL	92.5%	98.5%	95.6%
Other Relatives (No's)	**56**	**83**	**139**
With CFL	14.3%	3.6%	7.9%
Without CFL	85.7%	96.4%	92.1%

Figure 7-10 Differences by Inter Family Marriages (All Functional Limitation)

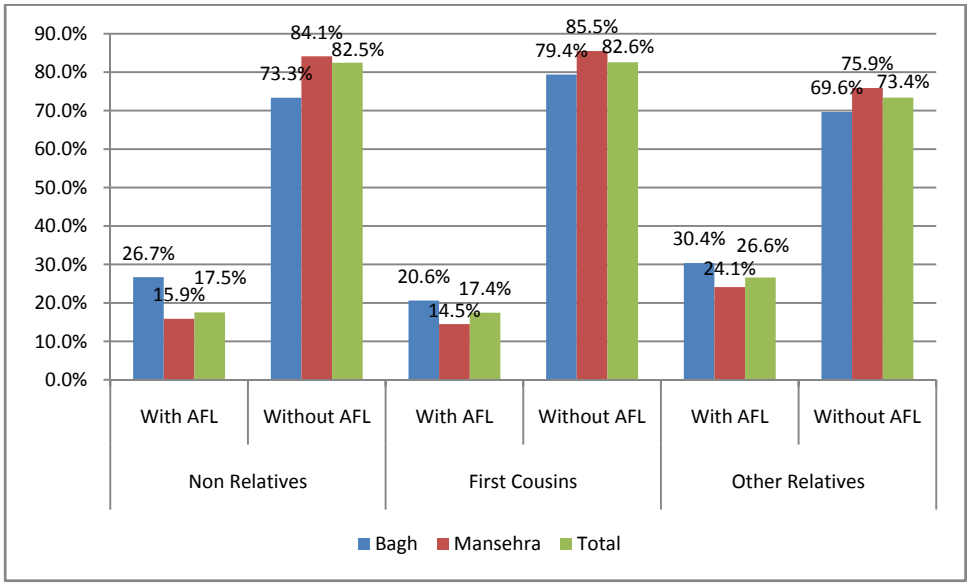


Figure 7-11 Differences by Inter Family Marriages (Restricted Functional Limitation)

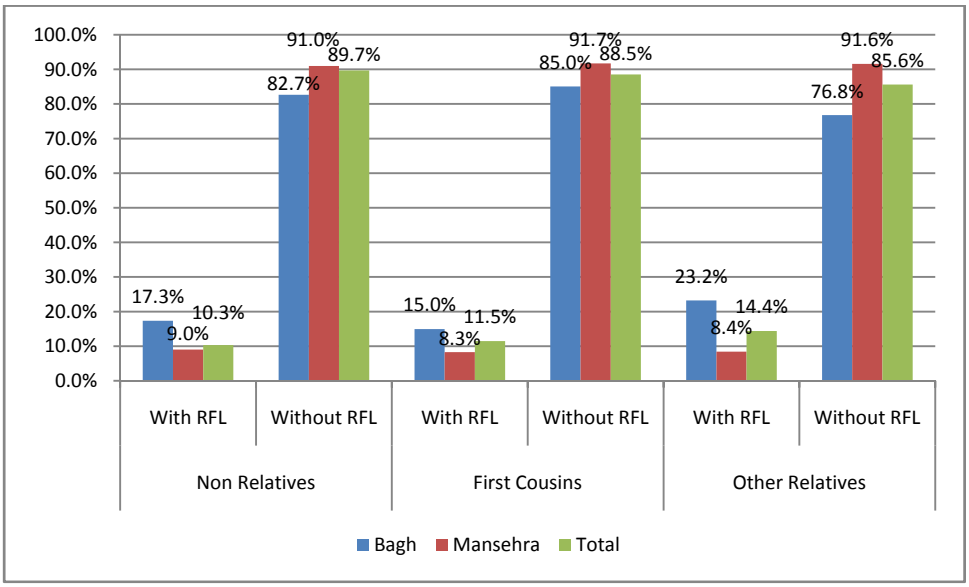
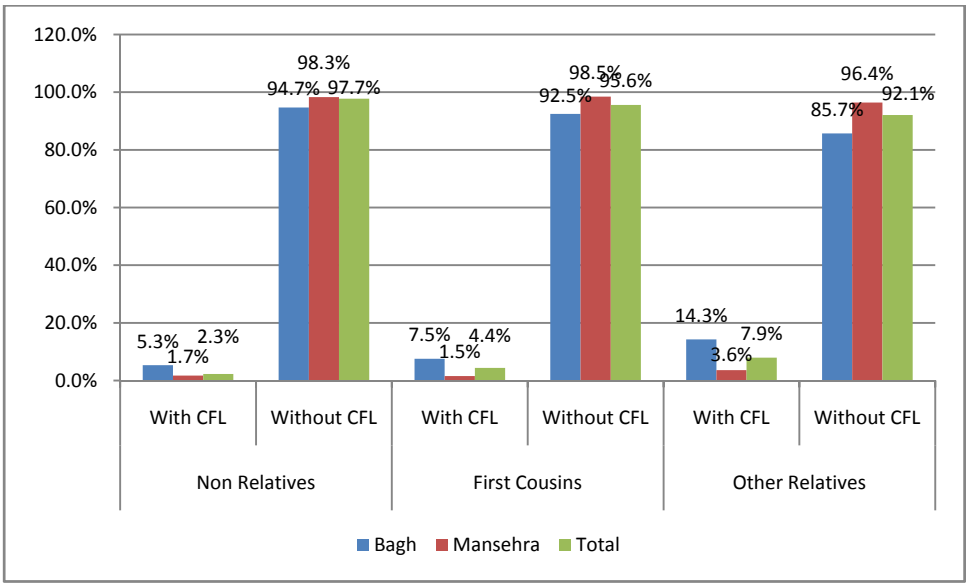


Figure 7-12 Differences by Inter Family Marriages (Complete Functional Limitation)



7.6 Differences by Education

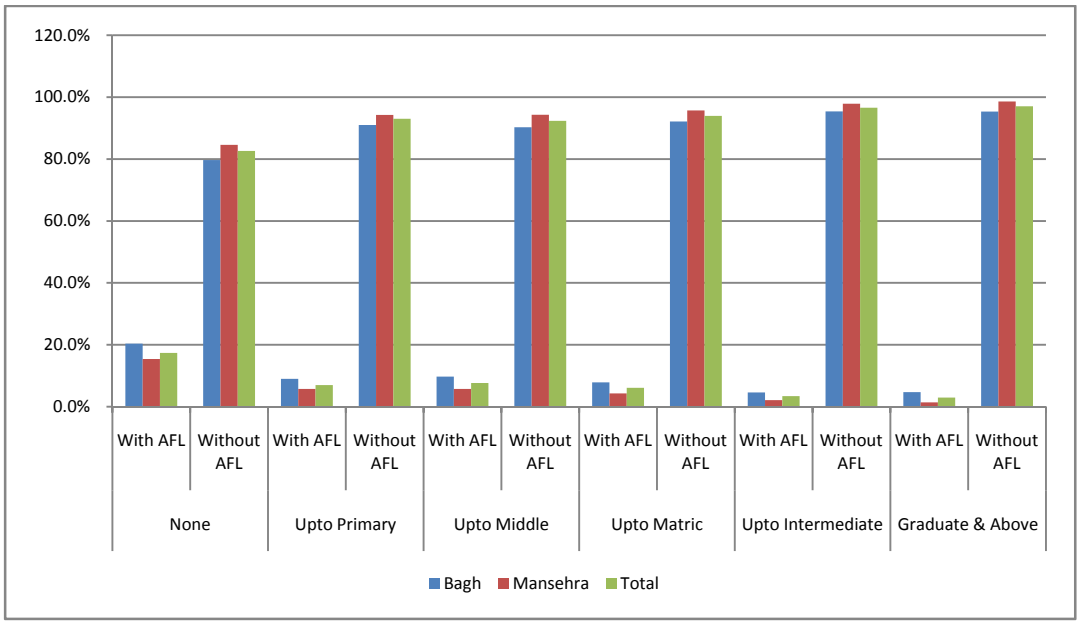
The difference of functional limitation by education using the definition "All Functional Limitation" is given in table 7-7. It indicates that 17.4% of respondents (6 years and above) who are illiterate have functional limitation where as 82.6% of respondents do not have functional limitation. Similarly, 7.0% of respondents who have education of up to primary level have functional limitation in comparison to 93.0% of respondents who do not have functional limitation. Likewise, 7.6% of respondents who have education of up to middle level have functional limitation in comparison to 92.4% of respondents who do not have functional limitation. Also, 6.1% of respondents who have education of up to matric level have functional limitation in comparison to 93.9% of respondents who do not have functional limitation. In the same way, 3.4% of respondents who have education of up to intermediate level have functional limitation in comparison to 96.6% of respondents who do not have functional limitation.

Furthermore, 3.0% of respondents who have education of graduate and more have functional limitation in comparison to 97.0% of respondents who do not have functional limitation. This is also shown in figure 7-13.

Table 7-7 Difference by Marital Status (All Functional Limitation)

	Bagh	Mansehra	Total
None	**1027**	**1556**	**2583**
With AFL	20.4%	15.4%	17.4%
Without AFL	79.6%	84.6%	82.6%
Up to Primary	**656**	**1044**	**1700**
With AFL	9.0%	5.7%	7.0%
Without AFL	91.0%	94.3%	93.0%
Up to Middle	**391**	**420**	**811**
With AFL	9.7%	5.7%	7.6%
Without AFL	90.3%	94.3%	92.4%
Up to Matric	**368**	**372**	**740**
With AFL	7.9%	4.3%	6.1%
Without AFL	92.1%	95.7%	93.9%
Up to Intermediate	**109**	**95**	**204**
With AFL	4.6%	2.1%	3.4%
Without AFL	95.4%	97.9%	96.6%
Graduate & Above	**64**	**71**	**135**
With AFL	4.7%	1.4%	3.0%
Without AFL	95.3%	98.6%	97.0%

Figure 7-13 Differences by Education (All Functional Limitation)



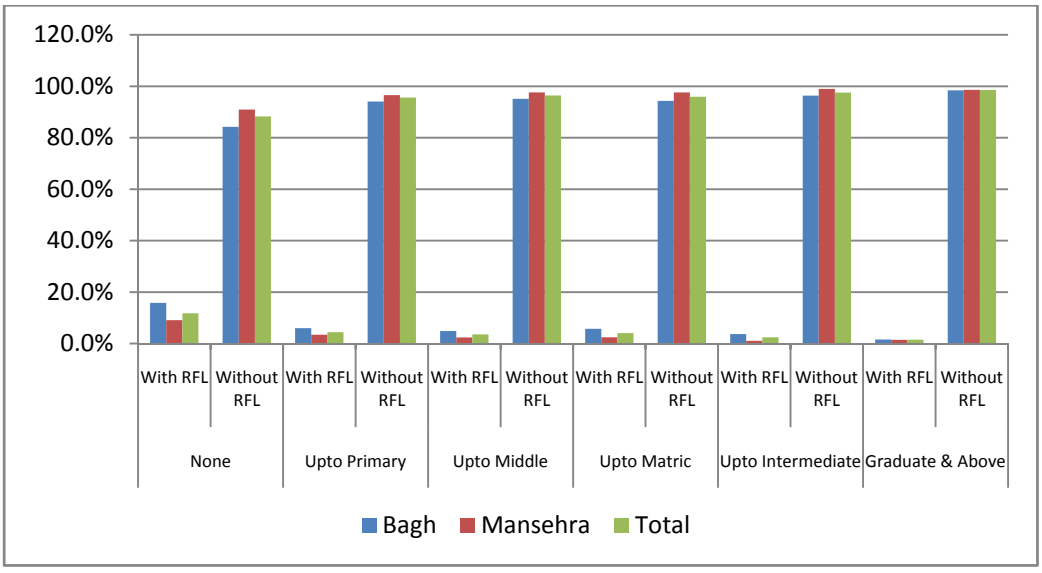
The difference of functional limitation by education using the definition "Restricted Functional Limitation" is given in table 7-8. It indicates that 11.7% of respondents (6 years and above) who are illiterate have functional limitation where as 88.3% of respondents do not have functional limitation. Similarly, 4.4% of respondents who have education of up to primary level have functional limitation in comparison to 95.6.0% of respondents who do not have functional limitation. Likewise, 4.1% of respondents who have education of up to middle level have

functional limitation in comparison to 95.9% of respondents who do not have functional limitation. Also, 4.1% of respondents who have education of up to matric level have functional limitation in comparison to 95.9% of respondents who do not have functional limitation. In the same way, 2.5% of respondents who have education of up to intermediate level have functional limitation in comparison to 97.5% of respondents who do not have functional limitation. Furthermore, 1.5% of respondents who have education of graduate and more have functional limitation in comparison to 98.5% of respondents who do not have functional limitation. This is also shown in figure 7-14.

Table 7-8 Difference by Marital Status (Restricted Functional Limitation)

	Bagh	Mansehra	Total
None	**1027**	**1556**	**2583**
With RFL	15.8%	9.1%	11.7%
Without RFL	84.2%	90.9%	88.3%
Up to Primary	**656**	**1044**	**1700**
With RFL	5.9%	3.4%	4.4%
Without RFL	94.1%	96.6%	95.6%
Up to Middle	**391**	**420**	**811**
With RFL	4.9%	2.4%	3.6%
Without RFL	95.1%	97.6%	96.4%
Up to Matric	**368**	**372**	**740**
With RFL	5.7%	2.4%	4.1%
Without RFL	94.3%	97.6%	95.9%
Up to Intermediate	**109**	**95**	**204**
With RFL	3.7%	1.1%	2.5%
Without RFL	96.3%	98.9%	97.5%
Graduate & Above	**64**	**71**	**135**
With RFL	1.6%	1.4%	1.5%
Without RFL	98.4%	98.6%	98.5%

Figure 7-14 Differences by Education (Restricted Functional Limitation)



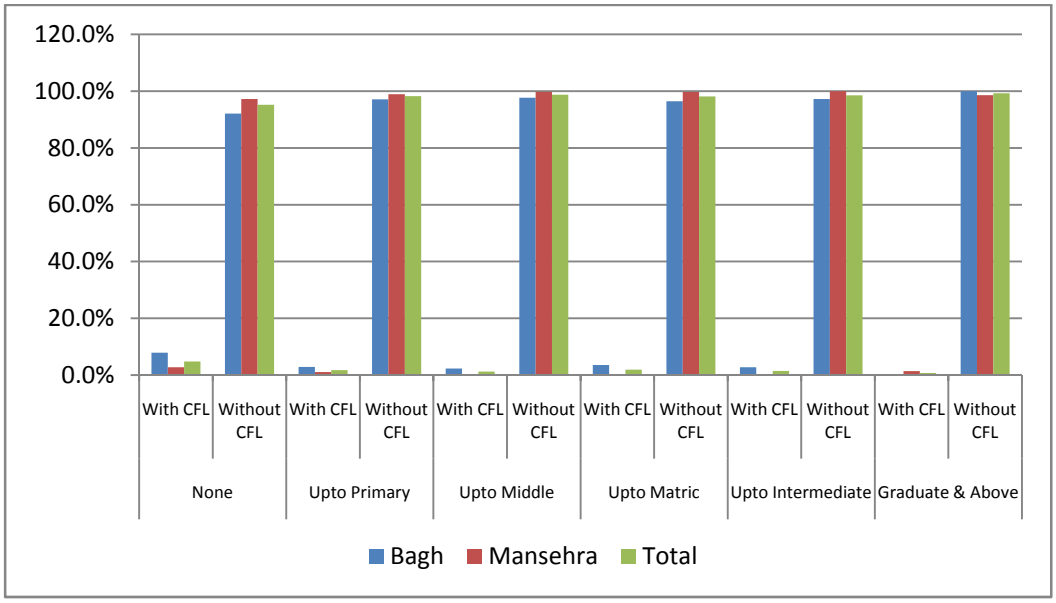
The difference of functional limitation by education using the definition "Complete Functional Limitation" is given in table 7-9. It indicates that 17.4% of respondents (6 years and above) who are illiterate have functional limitation where as 82.6% of respondents do not have functional

limitation. Similarly, 7.0% of respondents who have education of up to primary level have functional limitation in comparison to 93.0% of respondents who do not have functional limitation. Likewise, 7.6% of respondents who have education of up to middle level have functional limitation in comparison to 92.4% of respondents who do not have functional limitation. Also, 6.1% of respondents who have education of up to matric level have functional limitation in comparison to 93.9% of respondents who do not have functional limitation. In the same way, 3.4% of respondents who have education of up to intermediate level have functional limitation in comparison to 96.6% of respondents who do not have functional limitation. Furthermore, 3.0% of respondents who have education of graduate and more have functional limitation in comparison to 97.0% who do not have functional limitation. This is also shown in figure 7-15.

Table 7-9 Difference by Marital Status (Complete Functional Limitation)

	Bagh	Mansehra	Total
None	**1027**	**1556**	**2583**
With CFL	7.9%	2.8%	4.8%
Without CFL	92.1%	97.2%	95.2%
Up to Primary	**656**	**1044**	**1700**
With CFL	2.9%	1.1%	1.8%
Without CFL	97.1%	98.9%	98.2%
Up to Middle	**391**	**420**	**811**
With CFL	2.3%	0.2%	1.2%
Without CFL	97.7%	99.8%	98.8%
Up to Matric	**368**	**372**	**740**
With CFL	3.5%	0.3%	1.9%
Without CFL	96.5%	99.7%	98.1%
Up to Intermediate	**109**	**95**	**204**
With CFL	2.8%	0.0%	1.5%
Without CFL	97.2%	100.0%	98.5%
Graduate & Above	**64**	**71**	**135**
With CFL	0.0%	1.4%	0.7%
Without CFL	100.0%	98.6%	99.3%

Figure 7-15 Differences by Education (Complete Functional Limitation)



7.7 Summary

Difference by Gender

By using the definition "All Functional Limitation", 9.4% of females and 10.6% of males have functional limitation. In contrast to this, 90.6% of females and 89.4% of males do not have functional limitation. Similarly, similarly by the definition "Restricted Functional Limitation", 6.5% of females and males have functional limitation. In comparison to this 93.5% of females and males do not have functional limitation. Also, by the definition "Complete Functional Limitation", 2.6% of females and 2.9% of males have functional limitation. In association with this, 97.4% of females and 97.1% of males do not have functional limitation. The data gave the evidence that prevalence of functional limitation is present equally in both genders and differently in the two districts.

Difference by Age Group

By using the definition "All Functional Limitation", 3.9% of children, 11.1% of adults and 59.7% of elders have functional limitation. In contrast to these 96.1% of children, 88.9% of adults and 40.3% of elders do not have functional limitation. Similarly, by the definition "Restricted Functional Limitation", 2.7% of children, 6.4% of adults and 44.7% of elders have functional limitation. In comparison to these 97.3% of children, 93.6% of adults and 55.3% of elders do not have functional limitation. Also, by the definition "Complete Functional Limitation", 1.5% of children, 2.4% and 17.8% of elders have functional limitation. In association with these, 98.5% of children, 97.6% of adults and 82.2% of elders do not have functional limitation. The data gave evidence that functional limitation is positively associated with age and is distributed differently in two districts.

Difference by Marital Status

With the definition of "All Functional Limitation", 7.6% of respondents (18 years and above) who never married have functional limitation whereas 92.4% of respondents do not have functional limitation. Similarly, 15.8% of respondents who are married have functional limitation whereas 84.2% of respondents do not have functional limitation. Also, 52.5% of respondents who are widowed have functional limitation whereas 47.5% of respondents do not have functional limitation. Further, 28.6% of respondents who are divorced have functional limitation whereas 71.4% do not have functional limitation. Finally, none of the respondents who are deserted have functional limitation.

By the definition of "Restricted Functional Limitation", 5.4% of respondents (18 years and above) who never married have functional limitation whereas 94.2% of respondents do not have functional limitation. Similarly, 9.7% of respondents who are married have functional limitation whereas 90.3% of respondents do not have functional limitation. Also, 38.3% of respondents who are widowed have functional limitation whereas 61.7% of respondents do not have functional limitation. Further, 21.4% of respondents who are divorced have functional limitation whereas 78.6% do not have functional limitation. Finally, none of the respondents who are deserted have functional limitation.

By the definition "Complete Functional Limitation", 2.5% of respondents (18 years and above) who never married have functional limitation whereas 97.5% of respondents do not have functional limitation. Similarly, 3.7% of respondents who are married have functional limitation

whereas 96.3% of respondents do not have functional limitation. Also, 14.2% of respondents who are widowed have functional limitation whereas 85.8% of respondents do not have functional limitation. Further, all of respondents who are divorced have functional limitation and none of the respondents who are deserted have functional limitation.

Difference by Inter Family Marriage

By using the definition "All Functional Limitation", 17.5% of respondents who married in non relatives have functional limitation. In contrast to this, 17.4% of respondents who married with first cousins and 26.6% of respondents who married with other relatives have functional limitation. Similarly, by using the definition "Restricted Functional Limitation", 10.3% of respondents who married in non relatives have functional limitation. In contrast to this, 11.5% of respondents who married with first cousins and 14.4% of respondents who married with other relatives have functional limitation. Also, by using the definition "Complete Functional Limitation", 2.3% of respondents who married in non relatives have functional limitation. In contrast to this, 4.4% of respondents who married with first cousins and 7.9% of respondents who married with other relatives have functional limitation.

By using all the three definitions, when comparison is made between respondents who married non relatives with those who married first cousins or other relatives, it is concluded that former respondents have less functional limitation than later. Further, the data also gave statistical evidence that the functional limitation is more commonly present in respondents that have interfamily marriages.

Difference by Education

By using the definition "All Functional Limitation", 17.4% of respondents (6 years and above) who are illiterate have functional limitation where as 82.6% of respondents do not have functional limitation. Similarly, 7.0% of respondents who have education of up to primary level have functional limitation in comparison to 93.0% of respondents who do not have functional limitation. Likewise, 7.6% of respondents who have education of up to middle level have functional limitation in comparison to 92.4% of respondents who do not have functional limitation. Also, 6.1% of respondents who have education of up to matric level have functional limitation in comparison to 93.9% of respondents who do not have functional limitation. In the same way, 3.4% of respondents who have education of up to intermediate level have functional limitation in comparison to 96.6% of respondents who do not have functional limitation. Furthermore, 3.0% of respondents who have education of graduate and more have functional limitation in comparison to 97.0% of respondents who do not have functional limitation.

Similarly, by using the definition "Restricted Functional Limitation", 11.7% of respondents (6 years and above) who are illiterate have functional limitation where as 88.3% of respondents do not have functional limitation. Similarly, 4.4% of respondents who have education of up to primary level have functional limitation in comparison to 95.6.0% of respondents who do not have functional limitation. Likewise, 4.1% of respondents who have education of up to middle level have functional limitation in comparison to 95.9% of respondents who do not have functional limitation. Also, 4.1% of respondents who have education of up to matric level have functional limitation in comparison to 95.9% of respondents who do not have functional limitation. In the same way, 2.5% of respondents who have education of up to intermediate level have functional limitation in comparison to 97.5% of respondents who do not have functional

limitation. Furthermore, 1.5% of respondents who have education of graduate and more have functional limitation in comparison to 98.5% of respondents who do not have functional limitation.

With the definition “Complete Functional Limitation”, 17.4% of respondents (6 years and above) who are illiterate have functional limitation where as 82.6% of respondents do not have functional limitation. Similarly, 7.0% of respondents who have education of up to primary level have functional limitation in comparison to 93.0% of respondents who do not have functional limitation. Likewise, 7.6% of respondents who have education of up to middle level have functional limitation in comparison to 92.4% of respondents who do not have functional limitation. Also, 6.1% of respondents who have education of up to matric level have functional limitation in comparison to 93.9% of respondents who do not have functional limitation. In the same way, 3.4% of respondents who have education of up to intermediate level have functional limitation in comparison to 96.6% of respondents who do not have functional limitation. Furthermore, 3.0% of respondents who have education of graduate and more have functional limitation in comparison to 97.0% who do not have functional limitation.

8 Participation and Barriers

8.1 Introduction

Participation refers to activities that are integral to economic and social life and the social roles that accomplish that life, such as being able to attend school or hold a job. Participation restrictions are 'problems an individual may experience in involvement in life situations' such as participation in education, sports and employment.

In this chapter the difficulties faced by persons having functional limitation in education, sports, job, community organizations, family decision making, community decision making and in obtaining health care services are focused using only the "All Functional Limitation" definition. The analysis highlights the major participation restriction faced by persons having functional limitations in the sample villages of district Bagh and Mansehra.

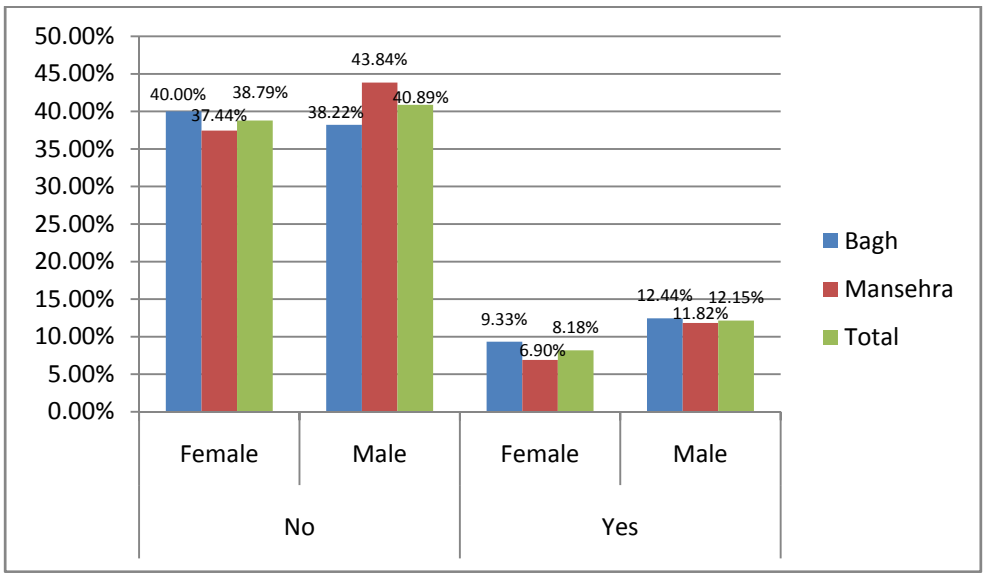
8.2 Participation in Education

The participation of persons having functional limitation (Between 5 to 60 years), in education or training is given in table 8-1. It indicates that in last 5 years 86.2% of respondents having functional limitation never attempted to get education or training. This figure consists of 37.6% females and 48.5% males. The comparison between districts is reflected in figure 8-1.

Table 8-1 Participation in Education

	Bagh	Mansehra	Total
No	**78.2%**	**81.3%**	**79.7%**
Female	40.0%	37.4%	38.8%
Male	38.2%	43.8%	40.9%
Yes	**21.8%**	**18.7%**	**20.3%**
Female	9.3%	6.9%	8.2%
Male	12.4%	11.8%	12.1%
Grand Total	**100.0%**	**100.0%**	**100.0%**

Figure 8-1 Participation in Education



It indicates that a majority of people having functional limitation avoids education or training. The difference in the percentages of two districts is found statistically insignificant indicating that that this results holds equally true in sampled villages of both districts. The important reasons as reported by these repondents for not getting education or training are summarized in table 8-2. These include “age” (34.0%), followed by “lack of financial resources” (20.4%) and “lack of family support” (12.7%), “no program could accommodate my health needs” (9.3%) and “no educational facilities available”(7.2%). The reason age is at top is because functinal limitatons are poitively associated with age so most of the respondent choose it as their first option reflecting that respondents does not consider education or training useful. Similarly, financial resources and family support is needed for getting education or training which is not available for them.

Table 8-2 Reasons for not Getting Education

Primary Reason	Bagh	Mansehra	Total
Age of Respondent	30.6%	37.4%	34.0%
Lack financial resources	19.4%	21.3%	20.4%
Lack of family support	14.7%	10.7%	12.7%
No program could accommodate my health needs	8.7%	9.8%	9.3%
No need for more information	10.1%	6.5%	8.3%
No education facilities available	8.5%	5.9%	7.2%
Do not believe I can be successful	1.6%	5.0%	3.3%
No program could accommodate my non health needs	3.6%	1.9%	2.7%
No program would accept me	2.8%	1.5%	2.1%

The respondents who reported to get education or training in last 5 years constitute 13.8% of the total persons with functional limitation consisting of 5.7% females and 8.2% males. The difference in the percentages of genders is found statistically insignificant . Out of these, 33.7% failed in getting education or training. The reasons reported by persons who attempted to educate or trained themselves but failed are summarized in table 8-3.

Table 8-3 Reasons for Failure in Education

Primary Reason	Bagh	Mansehra	Total
Lack of educational resources	30.9%	26.9%	29.8%
Lack of family support	26.5%	19.2%	24.5%
Lack of confidence	23.5%	23.1%	23.4%
Building inaccessible	5.9%	7.7%	6.4%
Program was not able to accommodate my health needs	4.4%	7.7%	5.3%
Age of respondent	5.9%	0.0%	4.3%
Inadequate transportation	2.9%	0.0%	2.1%
No educational facilities available	0.0%	7.7%	2.1%
Teacher or staff negative attitude toward me	0.0%	3.8%	1.1%
Program was not able to accommodate my other needs	0.0%	3.8%	1.1%

The important reason for failure are lack of education resources (29.8%), lack of family support (24.5%)and lack of confidence (23.4%). It indicates that the envoirnment does not help or support and provide opportunities to persons having functional limitation for education or training.

8.3 Participation in Sports

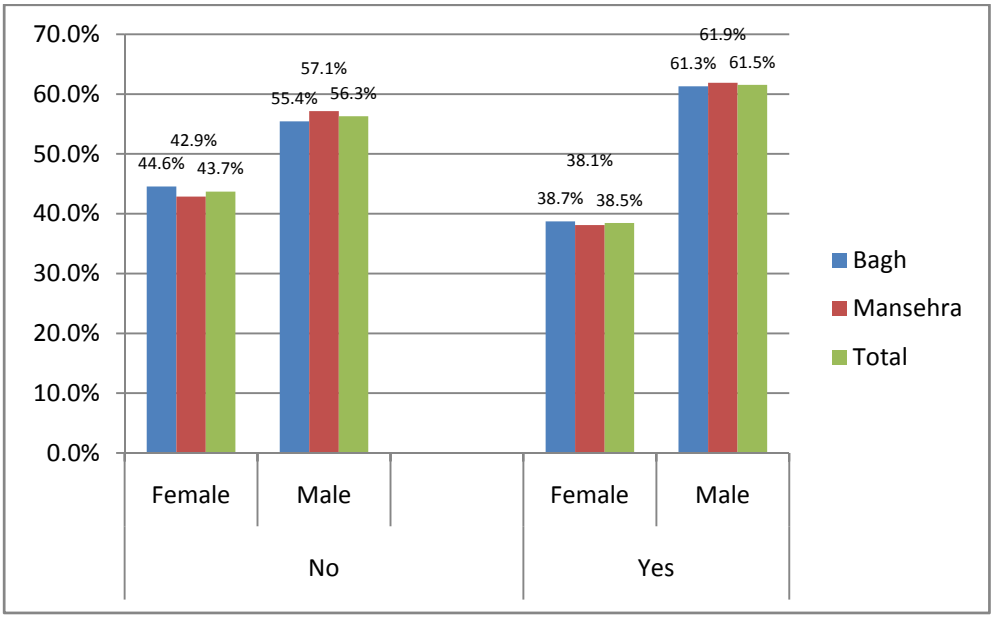
The participation of persons having functional limitation (5 years and greater), in sports or leisure activities is given in table 8-4. It indicates that in last 5 years 92.4% of respondents having functional limitation not attempted to participate in sports or leisure activities at all. This figure consists of 40.4% females and 52.0% males. The comparison between sampled villages in each district is shown in figure 8-2. It is clearly evident that majority of people having functional limitation avoids sports or leisure activities. The difference in the percentages of two districts, in females and in males is found statistically insignificant indicating that that this results holds equally good in sampled villages.

Table 8-4 Participation in Sports

	Bagh	Mansehra	Total
No	**91.0%**	**93.9%**	**92.4%**
Female	40.5%	40.2%	40.4%
Male	50.4%	53.6%	52.0%
Yes	**9.0%**	**6.1%**	**7.6%**
Female	3.5%	2.3%	2.9%
Male	5.5%	3.8%	4.7%
Grand Total	**100.0%**	**100.0%**	**100.0%**

Also note that the percentage of non participation in district Mansehra is higher than district Bagh, although no significant difference is observed in percentages between two districts. Females have less participation in sports or in leisure activities in overall sample as well as in each district.

Figure 8-2 Participation in Sports



The reasons as reported by these repondents for not participating in sports or leisure activities are summarized in table 8-5. These include “age” (30.0%), followed by “lack of financial resources” (24.0%) and “lacked accomodation” (18.6%), “Did not want to” (9.4%) and “lack of family support” (7.1%).

Table 8-5 Reasons for not Participation in Sports

Primary Reason	Bagh	Mansehra	Total
Age of respondents	36.5%	46.6%	30.0%
Lack of financial resources	12.9%	9.2%	24.0%
Lacked accommodation for sports	11.6%	10.5%	18.6%
Did not want to	27.8%	26.8%	9.4%
Lack of family support	5.5%	3.8%	7.1%
Do not believe I can be successful	2.5%	1.6%	5.4%
Others would not accept me	1.7%	0.6%	3.7%
Illness	1.1%	0.9%	1.1%
No facilities are available	0.4%	0.0%	0.6%

The respondents who reported to participate in sports or other lesiure activities in last 5 years constitute 7.6% of the total persons with functional limitation consisting of 2.9% females and 3.8% males. Out of these, 13.5% remained unsussessful in sports or leisure activities. The important reasons of failure as stated by these respondents who tried to participate in sports and in leisure activities are summarised in table 8-6. It includes “Inadequate transportation” (38.5%), “and “Facilities inaccessible” (23.1%) and “Lack of family support”(23.1%).

Table 8-6 Reasons for not Participation in Sports

Primary Reason	Bagh	Mansehra	Total
Inadequate transportation	50.0%	20.0%	38.5%
Facilities inaccessible	12.5%	40.0%	23.1%
Lack of family support	12.5%	40.0%	23.1%
Toilets inaccessible	12.5%	0.0%	7.7%
Lack of financial resources	12.5%	0.0%	7.7%

8.4 Participation in Employment

The efforts of persons having functional limitation (18 years and greater), in getting a job is described in table 8-7. It indicates that in last 5 years 85.3% of respondents having functional limitation not attempted to get any job at all consisting of 40.7% females and 44.6% males. The comparison between sampled villages in each district is shown in figure 8-3.

Table 8-7 Participation in Employment

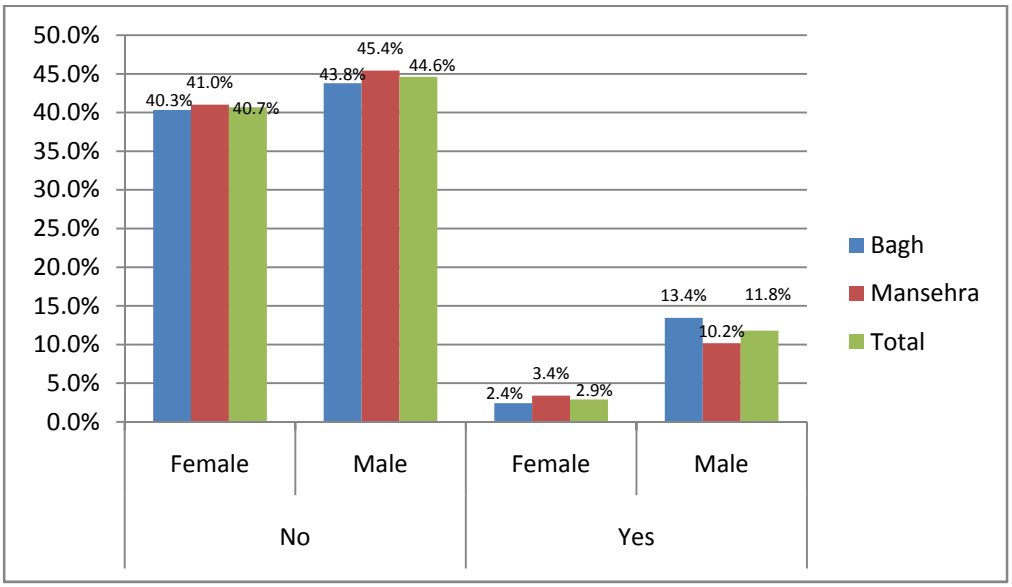
	Bagh	Mansehra	Total
No	**84.1%**	**86.4%**	**85.3%**
Female	40.3%	41.0%	40.7%
Male	43.8%	45.4%	44.6%
Yes	**15.9%**	**13.6%**	**14.7%**
Female	2.4%	3.4%	2.9%
Male	13.4%	10.2%	11.8%
Grand Total	**100.0%**	**100.0%**	**100.0%**

A very high percentage of males lie in this category which can be explained by the presence of limited number of job in community. All jobs are related to physical health like cultivator, agriculture and non agriculture laborer. If the person is functionally limited then he has no opportunity for such jobs. The higher percentage of females in this category is expected because

the responsibility of earning lies on the shoulder of males and also because females are engaged in the household work.

Also note the higher percentage of males than females who tried to get any job. This behavior is expected because the responsibility of earning lies on the shoulder of man. This also explains the reasons why the female percentage is lower in this category. In fact this phenomenon can be observed in both districts. The difference of percentages in males and females is found statistically significant indicating that the two are really different. However, no significant difference is observed between the percentages of two districts meaning these percentages are equally likely in both districts.

Figure 8-3 Participation in Employment



The importnant reasons as reported by repondents for not trying to get a job are summarized in table 8-8. These include “Did not want a job” (22.9%), followed by “No employer will accept me” (19.2%), “Family responcibility” (17.3%), “Not allowed to work” (10.2%), “Lack of financial resources” (8.9%) and “No work place would accommodate my needs”(8.8%). The other less important reasons reported by respondents are “Did not know how”, “Lack of family support”, and “do not believe I can be successful”.

Table 8-8 Reasons for not Trying to Get Employment

Primary Reason	Bagh	Mansehra	Total
Did not want a job	22.5%	23.2%	22.9%
No employer would accept me	18.3%	20.1%	19.2%
Family responsibilities	20.6%	14.3%	17.3%
Not allowed to work	8.0%	12.0%	10.2%
Lack of financial resources	8.7%	9.2%	8.9%
No work place could accommodate my needs	10.6%	7.2%	8.8%
Did not know how	5.1%	7.2%	6.2%
Lack of family support	3.2%	5.2%	4.2%
Do not believe I can be successful	2.9%	1.7%	2.3%

The respondents who reported to trying employment constitute 14.7% of the total persons with functional limitation in which 2.9% are female and 11.8% are male. Out of these, 68.2% remained unsuccesful in their employment experience. The reasons reported by persons having functional limitations, who remained unsuccessful in their employent, are summarized in table 8-9. The important reason includes "Lack of financial resources" (42.9%), "Lack of family Support" (19.5%), "Inadequate transortation" (10.4%), "Employees negative attitude towards me" (9.1%), "Lack of confidence" (7.8%) and "Building inaccessable" (7.8%).

Table 8-9 Reasons for Failure in Employment

Primary Reason	Bagh	Mansehra	Total
Lack of financial resources	39.1%	48.4%	42.9%
Lack of family support	19.6%	19.4%	19.5%
Inadequate transportation	8.7%	12.9%	10.4%
Employees negative attitude towards me	8.7%	9.7%	9.1%
Lack of confidence	10.9%	3.2%	7.8%
Building inaccessible	10.9%	3.2%	7.8%
Program cannot accommodate my needs	2.2%	3.2%	2.6%

8.5 Participation in CO

The status of persons having functional limitation (18 years and greater), in joining CO (Community Organization) is described in table 8-10 It indicates that in last 5 years 89.9% of respondents having functional limitation, have not attempted to join any CO at all. This percentage consists of 38.6% females and 51.3% males and the comparison between sampled villages of each district is given in figure 8-4.

The difference in percentages of females and males for not joining a CO is statistically insignificant indicating there is difference between genders for non participation in CO. This result also holds true for genders within each sampled villages of both districts. However, the difference in percentages of both districts is found statistically significant leading to conclusion that the more respondents, having functional limitation, in district Bagh are not able to join CO than respondents in district Mansehra or respondents in district Mansehra have more opportunities for joining a CO than respondents in district Bagh.

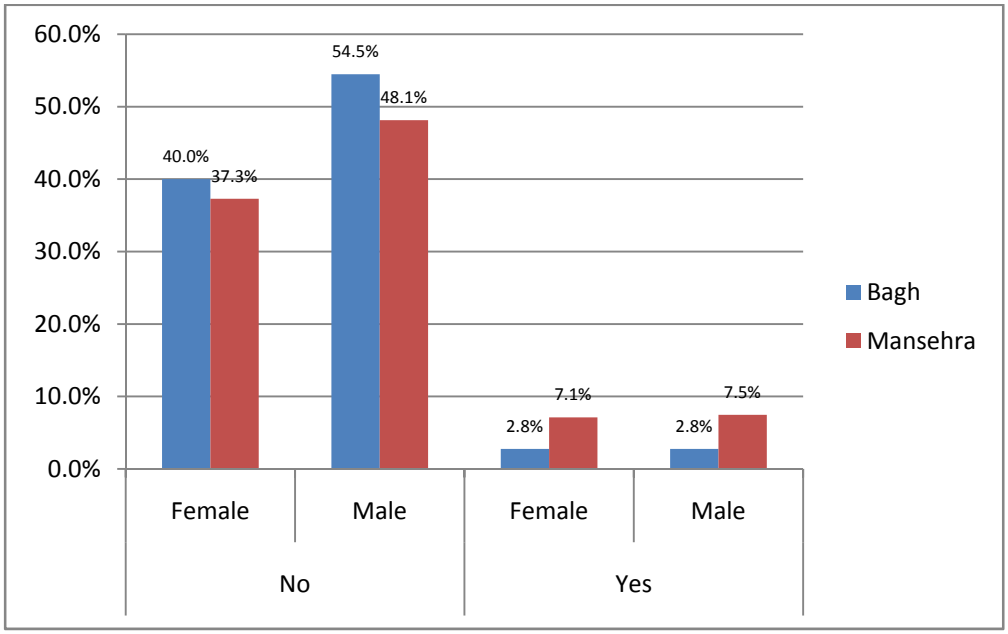
Table 8-10 Participation in CO

	Bagh	Mansehra	Total
No	**94.5%**	**85.4%**	**89.9%**
Female	40.0%	37.3%	38.6%
Male	54.5%	48.1%	51.3%
Yes	**5.5%**	**14.6%**	**10.1%**
Female	2.8%	7.1%	5.0%
Male	2.8%	7.5%	5.1%
Grand Total	**100.0%**	**100.0%**	**100.0%**

The importnant reasons as reported by these repondents for not joining a CO are summarized in table 8-11. These include "Did not want to be a member" (26.1%), followed by "There is no CO" (25.7%), "CO never contacted me" (16.1%), "Lack of financial resources" (11.2%). The other less

important reasons reported by respondents are “Lack of family support”, “do not believe I can be successful”, “Co would not accept me”.

Figure 8-4 Participation in CO



The respondents with functional limitation who reported to attempt joinig a CO, constitute 10.1% of the total such repondents, consisting of 5.0% females and 5.1% are males. The percenages among the districts are found statistically insignificant indicating the opportunities for joining a CO is same in overall sample.

Table 8-11 Reasons for not Joining CO

Primary Reason	Bagh	Mansehra	Total
Did not want to be a member	21.4%	31.6%	26.1%
There is no CO	28.5%	22.5%	25.7%
CO never contacted me	15.7%	16.5%	16.1%
Lack of financial resources	11.1%	11.4%	11.2%
Lack of family support	6.6%	6.0%	6.3%
Do not believe I can be successful	5.2%	4.8%	5.0%
CO would not accept me	5.4%	3.4%	4.5%
CO could not accommodate my needs	4.2%	2.6%	3.4%
CO didn't think I was able to participate	2.0%	1.1%	1.6%

Out of those respondents who remained attempted to join a CO, 24.7% of repondents failed in their participation in CO. The reasons reported by persons having functional limitations, who joined a CO but are not successful, are summarized in table 8-12.

The important reason includes “Lack of confidence” (25.0%), “Lack of family Support” (21.3%), and “Building inaccessible” (17.5%). Other less important reasons include “CO negative attitude towards me” (8.8%), “CO was not able to accommodate my needs” (8.8%), “Could not meet CO requirements for participation” (8.8%) and “Inadequate transportation” (6.3%).

Table 8-12 Reasons for Failure in Joining CO

Primary Reason	Bagh	Mansehra	Total
Lack of confidence	16.4%	44.0%	25.0%
Lack of family support	18.2%	28.0%	21.3%
Building inaccessible	21.8%	8.0%	17.5%
CO members negative attitude towards me	10.9%	4.0%	8.8%
CO was not able to accommodate my needs	12.7%	0.0%	8.8%
Could not meet CO requirements for participation	5.5%	16.0%	8.8%
Inadequate transportation	9.1%	0.0%	6.3%
Lack of financial resources	5.5%	0.0%	3.8%

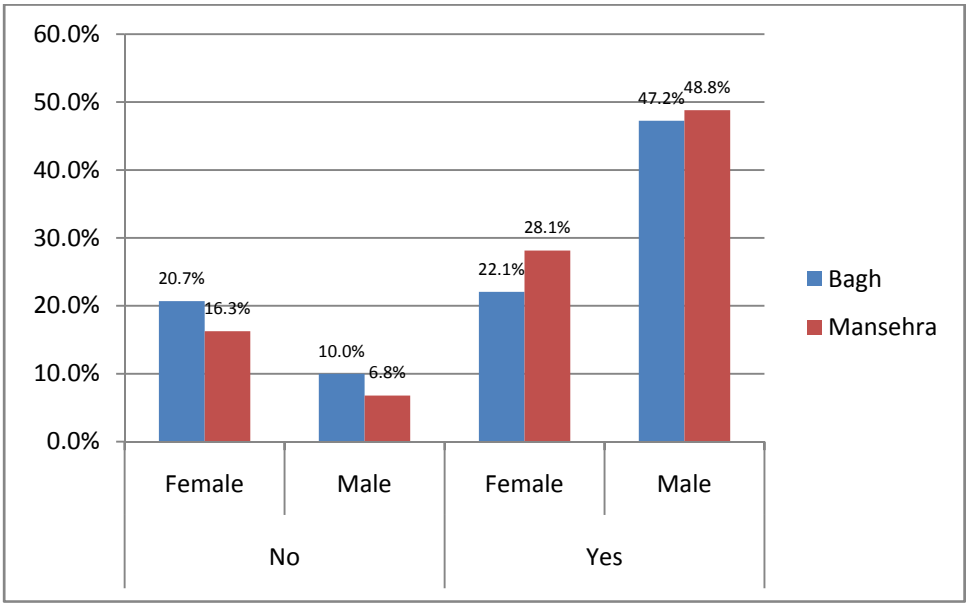
8.6 Participation in Family Decision Making

The status of persons having functional limitation (18 years and greater), in family decision making is described in table 8-13 It indicates that in last 5 years 26.8% of respondents having functional limitation not involved themselves in family decision making which consist of 18.6% females and 8.4% males. The comparison between sampled villages of each district is given in figure 8-5.

Table 8-13 Participation in Family Decision Making

	Bagh	Mansehra	Total
No	**30.7%**	**23.1%**	**26.8%**
Female	20.7%	16.3%	18.5%
Male	10.0%	6.8%	8.4%
Yes	**69.3%**	**76.9%**	**73.2%**
Female	22.1%	28.1%	25.1%
Male	47.2%	48.8%	48.0%
Grand Total	**100.0%**	**100.0%**	**100.0%**

Figure 8-5 Participation in Family Decision Making



The difference in percentages between males and females for no involvement in family decision is found statistically significant leading to conclusion that female respondents in general do not involve themselves in family decision making. This difference among genders also holds true within each sampled villages of each district. Similarly, the difference in percentages of both districts is found statistically significant leading to conclusion that respondents living in the sampled villages of district Bagh, have lesser opportunities in family decision making than respondents living in sampled villages of district Mansehra.

The importnant reasons as reported by repondents for not participating in family decision making are summarized in table 8-14. These include "Because I am a women" (42.0%), followed by "Did not want to be" (21.0%) and "Because I am disabled" (13.3%). The other less important reasons reported by respondents are "Do not believe I should ", "Lack of family support" and "Problems in communicating".

Table 8-14 Reasons for Failure in Family Decision Making

Primary Reason	Bagh	Mansehra	Total
Because i am a women	40.4%	43.9%	42.0%
Did not want to be	19.2%	23.2%	21.0%
Because I am disabled	10.1%	17.1%	13.3%
Do not believe I should	10.1%	6.1%	8.3%
Lack of family support	10.1%	4.9%	7.7%
Problems in communicating	10.1%	4.9%	7.7%

8.7 Participation in Community Decision Making

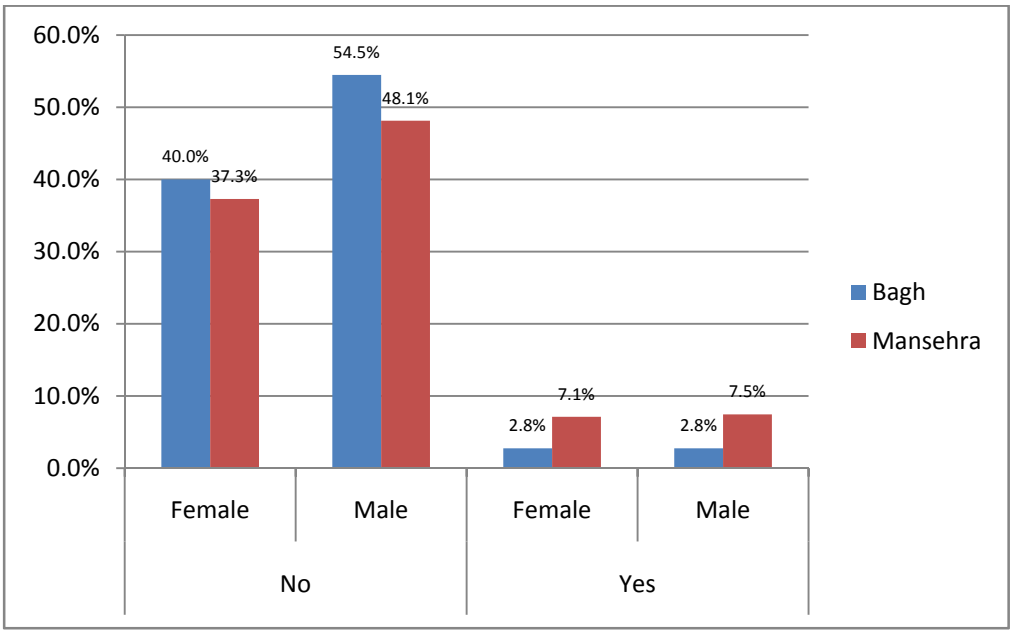
The status of persons having functional limitation (18 years and greater) in community / jirga decision making is described in table 8-15. It indicates that in last 5 years 43.6% of respondents having functional limitation, have not involved themselves in community / jirga decision making. This figure consists of 36.1% females and 7.5% males. The comparison between sampled villages in each district is given in figure 8-6.

Table 8-15 Participation in Community Decision Making

	Bagh	Mansehra	Total
No	**42.8%**	**44.4%**	**43.6%**
Female	35.9%	36.3%	36.1%
Male	6.9%	8.1%	7.5%
Yes	**57.2%**	**55.6%**	**56.4%**
Female	30.0%	23.7%	26.8%
Male	27.2%	31.9%	29.6%
Grand Total	**100.0%**	**100.0%**	**100.0%**

The difference in percentages of females and males not involved in community decision making, in overall sample, is statistically significant indicating that females have significantly less involvement in community decision making than males. This result also holds true in within sampled villages of each district. However, no significant difference is observed in percentages between each district. This leads to conclusion that, in general females are less involved in community decision making than males, in overall sample.

Figure 8-6 Participation in Community Decision Making



The important reasons as reported by repondents, who participate in community decision making, are summarized in table 8-16. These include "Jirga or Community never contacted me" (27.8.1%), followed by "There is none" (20.0%), "Did not want to participate" (13.4%) and "Members didn't think I was able to participate" (12.8%). The other less important reasons reported by respondents are "Lack of financial resources" (9.5%) , "Members would not accept me" (7.6%), "Do not believe I can participate" (4.3%), "Lack of family support" (2.9%) and "Jirga or Community could not accommodate my needs" (1.7%).

Table 8-16 Reasons for Failure in Community Decision Making

Primary Reason	Bagh	Mansehra	Total
Jirga or Community never contacted me	24.4%	31.2%	27.8%
There was none	26.3%	13.4%	20.0%
Did not want to participate	8.8%	18.2%	13.4%
Members didn't think I was able to participate	8.8%	17.0%	12.8%
Lack of financial resources	12.2%	6.7%	9.5%
Members would not accept me	5.7%	9.5%	7.6%
Do not believe I can participate	5.7%	2.8%	4.3%
Lack of family support	5.0%	0.8%	2.9%
Jirga or Community could not accommodate my needs	3.1%	0.4%	1.7%

The respondents who reported to have been involved in community decision making constitute 56.4% of the total persons with functional limitation. This percentage consists of 26.8% females and 29.6% males. Out of these 9.5% remained unsuccessful in their participation in community / jirga decision making.

The reasons reported by persons having functional limitations, who are involved in community/ jirga decision making but remained unsuccessful, are summarized in table 8-17. The important reason are "Could not meet Jirga or Community requirements for participation" (42.9%) and "Jirga or Community member's negative attitude towards me" (39.3%). The other less important reasons are

"Lack of financial resources" (10.7%), "Jirga or Community was not able to accommodate my needs" (3.6%) and "Lack of family support" (3.6%).

Table 8-17 Reasons for Failure in Community Decision Making

Primary Reason	Bagh	Mansehra	Total
Could not meet Jirga or Community requirements for participation	36.8%	55.6%	42.9%
Jirga or Community members negative attitude towards me	36.8%	44.4%	39.3%
Lack of financial resources	15.8%	0.0%	10.7%
Jirga or Community was not able to accommodate my needs	5.3%	0.0%	3.6%
Lack of family support	5.3%	0.0%	3.6%

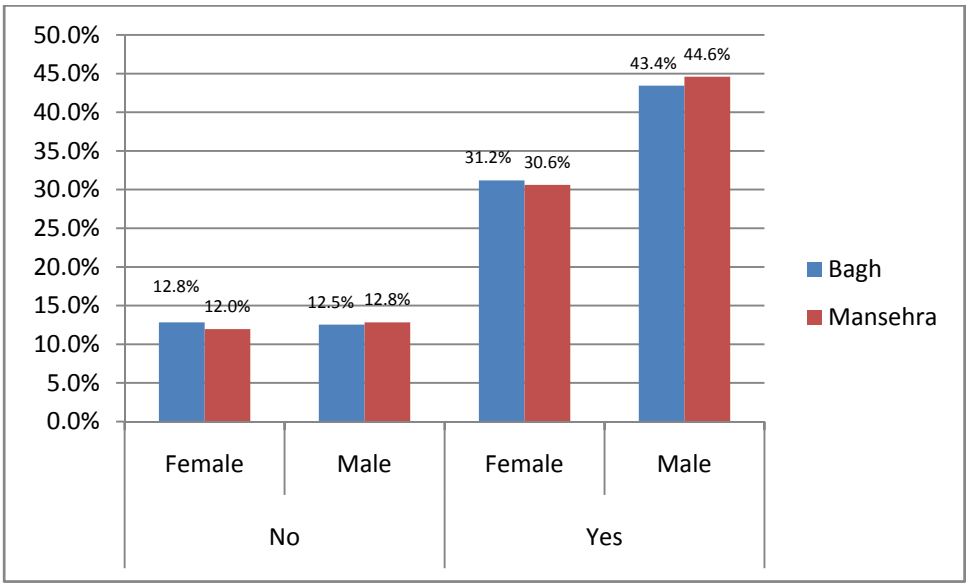
8.8 Obtaining Health Services

The status of persons having functional limitation (5 years and greater) who tried to obtain health care services is described in table 8-18. It indicates that in last 5 years 25.1% of respondents having functional limitation have not obtained health care services. This percentage consists of 12.4% females and 12.7% males. The comparison between sampled villages in each district is shown in figure 8-7.

Table 8-18 Participation in Getting Health Care Services

	Bagh	Mansehra	Total
No	**25.4%**	**24.8%**	**25.1%**
Female	12.8%	12.0%	12.4%
Male	12.5%	12.8%	12.7%
Yes	**74.6%**	**75.2%**	**74.9%**
Female	31.2%	30.6%	30.9%
Male	43.4%	44.6%	44.0%
Grand Total	**100.0%**	**100.0%**	**100.0%**

Figure 8-7 Participation in Getting Health Care Services



No statistically difference is observed in the percentages of males and females indicating that the situation of health is similar between genders. This result is also true among male and

females with in selected villages of each district confirming the previous result. This indicates that approximately one fourth of the population having functional limitation not gets any medical/health care services in the selected villages of both districts.

The importnant reasons as reported by repondents for not getting health care services are summarized in table 8-19. These include “Lack of financial resources” (34.0%), followed by “Do not think health facility can help me” (16.4%), “No facility available” (16.0%) , “Lack of trust in health facility” (12.8%) and “Did not need to go” (11.6%). The other less important reasons reported by respondents are “Lack of family support” (3.2%) and “Health facility could not accommodate my needs” (1.2%).

Table 8-19 Reasons for not Getting Health Care Services

Primary Reason	Bagh	Mansehra	Total
Lack of financial resources	29.1%	39.7%	34.0%
Do not think health facility can help me	16.4%	16.4%	16.4%
No facility available	14.9%	17.2%	16.0%
Lack of trust in health facility	15.7%	9.5%	12.8%
Did not need to go	13.4%	9.5%	11.6%
Health facility would not accept me	7.5%	1.7%	4.8%
Lack of family support	2.2%	4.3%	3.2%
Health facility could not accommodate my needs	0.7%	1.7%	1.2%

The respondents who reported to get health care services constitute 74.9% of the total persons with functional limitation which consists of 30.9% females and 44.0% are males. Out of these, 10.9% remained unsuccesful in visiting health facilities.

The main reasons reported by respondents who failed visiting a heath facilty are summarized in table 8-20. The important reason includes “Inadequate transportation” (23.5%), “Lack of financial resources” (23.5%), “Building inaccessible” (20.4 %”) and “Could not find a health facility” (12.2%). The other less important reasons include “Health care was not able to accommodate my needs” (9.2%), “Staff negative attitude towards me” (4.1%), “Experience maltreatment” (3.1%), “Lack of family support” (3.1%) and “Toilets inaccessible” (1.0%).

Table 8-20 Reasons for Failure in Getting Health Care Services

Primary Reason	Bagh	Mansehra	Total
Inadequate transportation	17.6%	26.6%	23.5%
Lack of financial resources	29.4%	20.3%	23.5%
Building inaccessible	0.0%	31.3%	20.4%
Could not find a health facility	20.6%	7.8%	12.2%
Health care was not able to accommodate my needs	14.7%	6.3%	9.2%
Staff negative attitude towards me	2.9%	4.7%	4.1%
Experience maltreatment	8.8%	0.0%	3.1%
Lack of family support	5.9%	1.6%	3.1%
Toilets inaccessible	0.0%	1.6%	1.0%

8.9 Participation in Other Activities

The status of participation in other activities, by persons with functional limitation (5 years and greater), are summarized in table 8-21. It indicates that these respondents are active in visiting "friends /relatives" (74.8%), "BHU" (49.4%), "Mosque" (46.2%), "THQ" (24.1%), "Post Office" (23.3%), "Market" (23.3%), "RHQ" (21.1%), "Bank" (21.0%), "School" (16.5%), "DHQ "(12.4%) and "College" (6.6%).

The most widely performed activity is visiting relatives / freiends and the least performed activity is going to school.

Table 8-21 Participation in Daily Routines

Visit To	Bagh	Mansehra	Total
Friends/Relatives	74.1%	75.5%	74.8%
BHU	48.7%	50.1%	49.4%
Mosque	42.6%	49.9%	46.2%
THQ	23.6%	24.5%	24.1%
Post Office	24.5%	22.2%	23.3%
Market	24.5%	22.2%	23.3%
RHC	21.3%	21.0%	21.1%
Bank	22.7%	19.2%	21.0%
School	17.2%	15.7%	16.5%
DHQ	14.6%	10.2%	12.4%
College	7.3%	5.8%	6.6%

No statistical differnece is observed in the percentages between districts leading to conclusion that the pattern of these activities is similar in sampled villages of each district.

8.10 Assistive Devices

According to respondents, having functional limitation (5 years and greater), the need for assistive devices is given in figure 8-8. It indicates that 36.6% do not feel any need of assistive devices whereas 63.4% feel to have assistive devices.

The type of devices identified by respondents are summarized in table 8-22. The most needed device is walking aid (34.8%), followed by glasses (25.4%), learning aid (16.5%), wheel chair (14.5%), toilet seat (7.9%) and CP chair (0.5%).

Figure 8-8 Need for Assistive Devices by Respondents

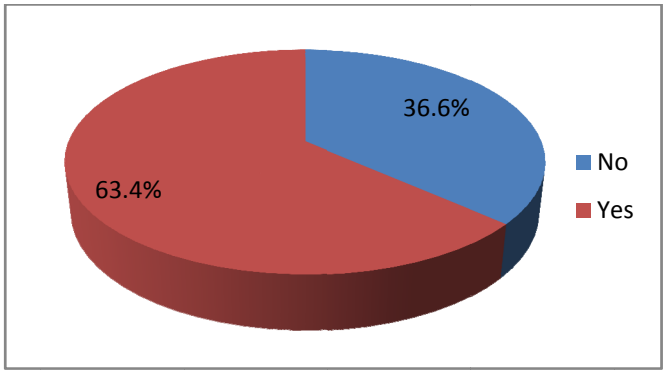


Table 8-22 Need for Assistive Devices by Respondents

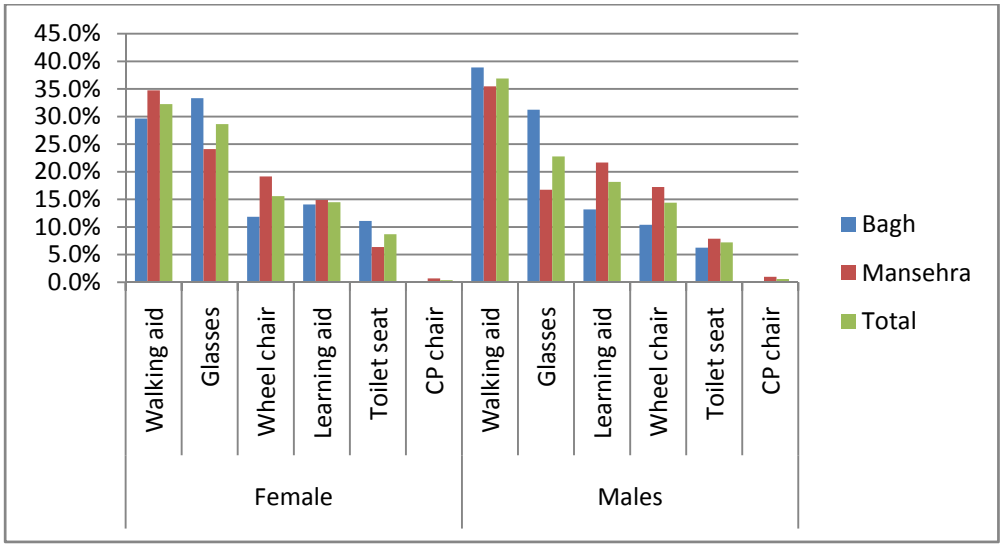
Devices	Bagh	Mansehra	Total
Walking aid	34.4%	35.2%	34.8%
Glasses	32.3%	19.8%	25.4%
Learning aid	13.6%	18.9%	16.5%
Wheel chair	11.1%	18.0%	14.9%
Toilet seat	8.6%	7.3%	7.9%
CP chair	0.0%	0.9%	0.5%

The type of devices needed by gender are summarized in table 8-23. For females, the most needed device is "walking aid" (32.2%), followed by glasses (28.6%), wheel chair (15.6%), learning aid (14.5%), toilet seat (8.7%) and CP chair (0.4%). Similarly, for males the most needed device is "walking aid" (36.9%), followed by glasses (22.8%), learning aid (18.2%), wheel chair (14.4%), toilet seat (7.2%) and CP chair (0.6%). The comparison between gender is also given in figure 8-9. No obvious difference is present in the type of devices needed by gender.

Table 8-23 Need for Assistive Devices by Gender

Devices	Bagh	Mansehra	Total
Female			
Walking aid	29.6%	34.8%	32.2%
Glasses	33.3%	24.1%	28.6%
Wheel chair	11.9%	19.1%	15.6%
Learning aid	14.1%	14.9%	14.5%
Toilet seat	11.1%	6.4%	8.7%
CP chair	0.0%	0.7%	0.4%
Males			
Walking aid	38.9%	35.5%	36.9%
Glasses	31.3%	16.7%	22.8%
Learning aid	13.2%	21.7%	18.2%
Wheel chair	10.4%	17.2%	14.4%
Toilet seat	6.3%	7.9%	7.2%
CP chair	0.0%	1.0%	0.6%

Figure 8-9 Need for Assistive Devices by Gender

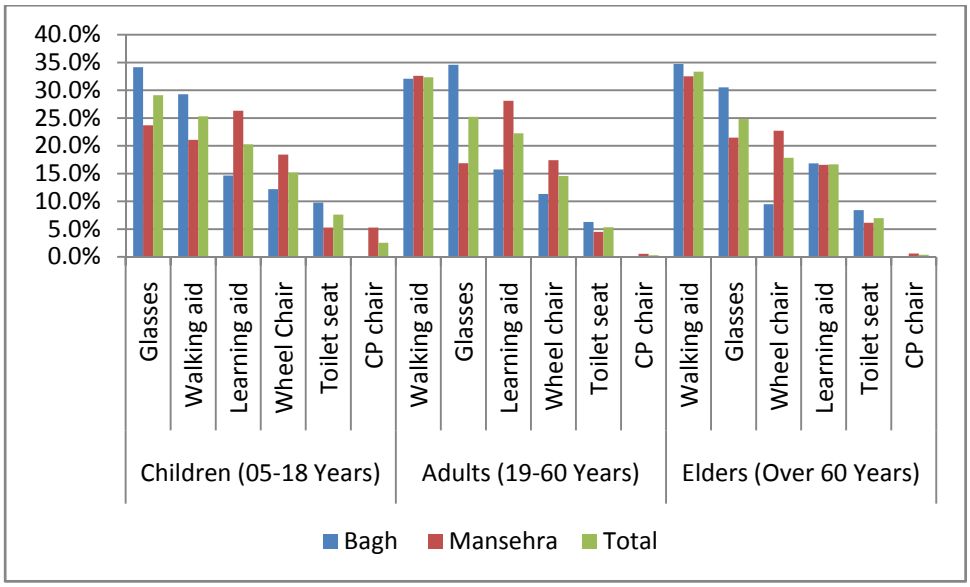


The type of devices needed by respondents in various age groups are summarized in table 8-24.For children(05-18 years), the most needed device is “glasses” (9.1%), followed by walking aid (25.3%), learning aid (20.3%), wheel chair (15.2%), toilet seat (7.6%) and CP chair (2.5%). Similarly, for adults (19-60 years) the most needed device is “walking aid” (32.3%), followed by glasses (25.2%), learning aid (22.3%), wheel chair (14.5%), toilet seat (5.3%) and CP chair (0.3%).

Table 8-24 Need for Assistive Devices by Age Groups

Devices	Bagh	Mansehra	Total
Children (05-18 Years)			
Glasses	34.1%	23.7%	29.1%
Walking aid	29.3%	21.1%	25.3%
Learning aid	14.6%	26.3%	20.3%
Wheel Chair	12.2%	18.4%	15.2%
Toilet seat	9.8%	5.3%	7.6%
CP chair	0.0%	5.3%	2.5%
Adults (19-60 Years)			
Walking aid	32.1%	32.6%	32.3%
Glasses	34.6%	16.9%	25.2%
Learning aid	15.7%	28.1%	22.3%
Wheel chair	11.3%	17.4%	14.5%
Toilet seat	6.3%	4.5%	5.3%
CP chair	0.0%	0.6%	0.3%
Elders (Over 60 Years)			
Walking aid	34.7%	32.5%	33.3%
Glasses	30.5%	21.5%	24.8%
Wheel chair	9.5%	22.7%	17.8%
Learning aid	16.8%	16.6%	16.7%
Toilet seat	8.4%	6.1%	7.0%
CP chair	0.0%	0.6%	0.4%

Figure 8-10 Need for Assistive Devices by Age Group

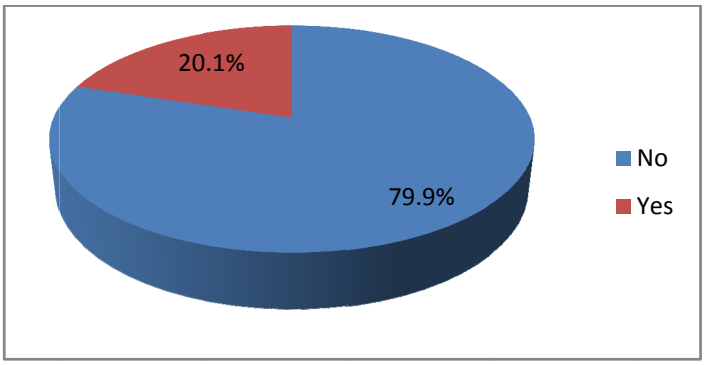


Also, for elders (over 60 years) the most needed device is “walking aid” (33.3%), followed by glasses (24.8%), wheel chair (17.8%), learning aid (16.7%), toilet seat (7.0%) and CP chair (0.4%). It is apparent that childrens need galsses whereas the adults and elders need walking aid. This is also reflected in figure 8-10.

8.11 Assistive Trainings

According to respondents, the need for trainings to help them participate in the activities are shown in in figure 8-11. It indicates that 79.9% of respondents do not feel the need for any training or trainings that will help them to participate in their daily activities of life. Only 20.1% reponded positively for trainings.

Figure 8-11 Need for Assistive Trainings



Also the trainings needed in sample villages, according to respondents, are summarized in table 8-25. The most needed trainings in descending order are “Personal counseling” (40.1%), “Family counseling” (25.6%), “Communicating training” (20.3%) and “Life skill training” (14.0%).

Table 8-25 Need for Assistive Trainings by Respondents

Visit To	Bagh	Mansehra	Total
Personal counseling	40.4%	39.8%	40.1%
Family counseling	21.3%	28.8%	25.6%
Communicating training	23.6%	17.8%	20.3%
Life skill training	14.6%	13.6%	14.0%

Table 8-26 Need for Assistive Trainings by Gender

Devices	Bagh	Mansehra	Total
Females			
Personal counseling	32.5%	42.9%	37.8%
Family counseling	35.0%	26.2%	30.5%
Communicating training	22.5%	21.4%	22.0%
Life skill training	10.0%	9.5%	9.8%
Males			
Personal counseling	43.4%	39.7%	41.3%
Family counseling	17.0%	27.4%	23.0%
Communicating training	22.6%	16.4%	19.0%
Life skill training	17.0%	16.4%	16.7%

The type of trainings needed by gender are summarized in table 8-26. For females, the most needed training is “Personal counseling” (37.8%), followed by “Family counseling” (30.5%), “Communicating training” (22.0%) and “Life skill training (9.8%). Similarly, for males the most needed trining is “Personal counseling” (41.3%), followed by “Family counseling” (23.0%), “Communicating training” (19.0%) and “Life skill training (16.7%). The comparison between gender is also given in figure 8-12. No statistical evidence is observed in the type of training needed by gender.

Figure 8-12 Need for Assistive Trainings by Gender

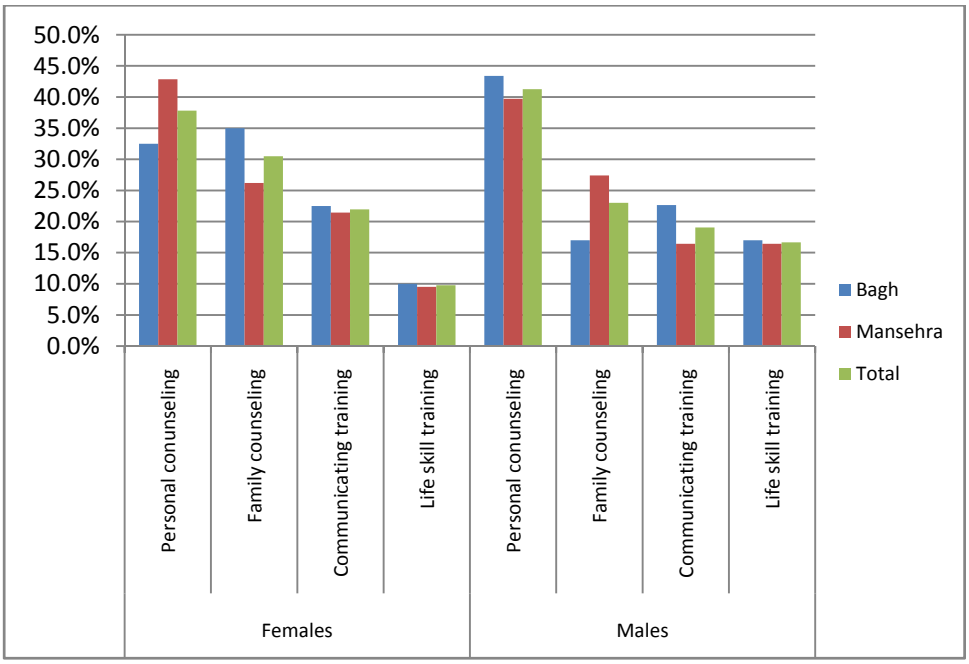


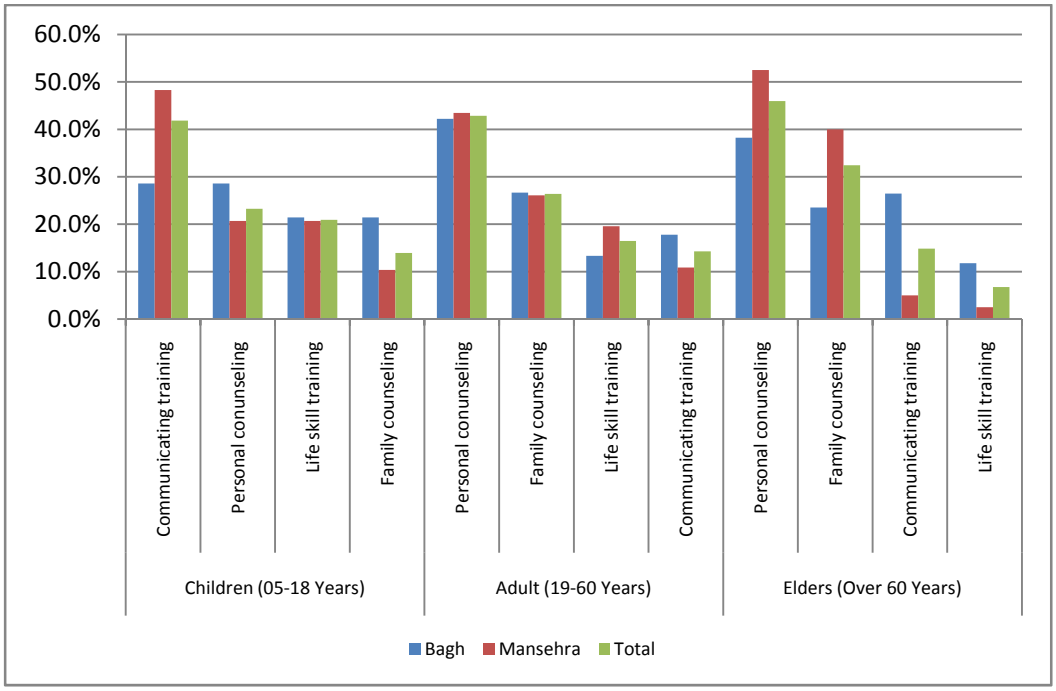
Table 8-27 Need for Assistive Trainings by Age Groups

Devices	Bagh	Mansehra	Total
Children (05-18 Years)			
Communicating training	28.6%	48.3%	41.9%
Personal counseling	28.6%	20.7%	23.3%
Life skill training	21.4%	20.7%	20.9%
Family counseling	21.4%	10.3%	14.0%
Adult (19-60 Years)			
Personal counseling	42.2%	43.5%	42.9%
Family counseling	26.7%	26.1%	26.4%
Life skill training	13.3%	19.6%	16.5%
Communicating training	17.8%	10.9%	14.3%
Elders (Over 60 Years)			
Personal counseling	38.2%	52.5%	45.9%
Family counseling	23.5%	40.0%	32.4%
Communicating training	26.5%	5.0%	14.9%
Life skill training	11.8%	2.5%	6.8%

The type of trainings needed by respondents in various age groups are summarized in table 8-27. For children(05-18 years), the most needed training is “Communicating training” (41.9%)

followed by “Personal counseling” (23.3%), Life skill training (20.9%) and “Family counseling” (14.0%). Similarly, for adults (19-60 years) the most needed training is “Personal counseling” (42.9%), followed by “Family counseling” (26.4%), “Life skill training (16.5%) and “Communicating training” (14.3%). Also, for elders (over 60 years) the most needed training is ““Personal counseling” (45.9%), followed by “Family counseling” (32.4%), “Communicating training” (14.9%) and “Life skill training (6.8%). It is apparent that training needs changes with age group. This is also reflected in figure 8-13.

Figure 8-13 Need for Assistive Trainings by Age Groups



8.12 Summary

Participation in Education

In overall sample, it is found that 79.7% of persons having functional limitation (between 5 to 60 years) have not attempted to get an education or training in past 5 years. The important reasons identified for not getting education or training are "age of the respondent" (34.0%), "lack of financial resources"(20.4%), and "lack of family support"(12.7%). Similarly, 13.8% of respondents are able to get education or training out of which 33.7% failed in getting education or training. The main reasons for failure are lack of education resources (29.8%), lack of family support (24.5%) and lack of confidence (23.4%) indicating the envoirnment does not help or support and provide opportunities to persons having functional limitation for education or training.

Participation in Sports

In overall sample, it is found that 92.4% of persons having functional limitation (5 years and greater) have not participated in sports and in leisure activities in past 5 years.The important reasons identified for not participating in sports or leisure activities are “age of respondents” (30.0%), followed by “lack of financial resources” (24.0%) and “lacked accomodation for sports” 18.6%). Similarly, 7.6% of respondents are able to participate in sports or leisure

activities out of which 13.5% remained unsussfailed in sports or leisure activities. The main reasons for failure are “Inadequate transportation” (38.5%), “and “Facilities inaccessible” (23.1%) and “Lack of family support”(23.1%).

Participation in Employment

In overall sample, it is found that 85.3% of persons having functional limitation (18 years and greater) have not attempted for getting employment in past 5 years.The difference between genders for non particiaption in employment is found significantly different in selected sample that leads to conclusion that males are more active in seeking employment than females. The important reasons identified for non participation in employment are “Did not want a job” (22.9%), followed by “No employer will accept me” (19.2%) and “Family responcibility” (17.3%). Similarly, 14.7% of respondents are able to participate in employment out of which 68.2% remained unsuccessful in their employment. The main reasons for unsuccessfule employment experience are “Lack of financial resources” (42.9%), “Lack of family Support” (19.5%), “Inadequate transortation” (10.4%) and “Employees negative attitude towards me” (9.1%).

Participation in CO

In overall sample, it is found that 89.9% of persons having functional limitation (18 years and greater) have not attempted to join any community organization (CO) in past 5 years. The important reasons identified for not joining a CO are a“Did not want to be a member” (26.1%), followed by “There is no CO” (25.7%), “CO never contacted me” (16.1%), “Lack of financial resources” (11.2%). Similarly, 14.7% of respondents reported to attempt joining a CO out of which 24.7% remained unsuccessful. The main reasons identified for failurein joining a CO are “Lack of confidence” (25.0%), “Lack of family Support” (21.3%), and “Building inaccessible” (17.5%).

Participation in Family Decision Making

In overall sample, it is found that 89.9% of persons having functional limitation (18 years and greater) have not involved themselves in family decision making in past 5 years. The difference between genders for non particiaption in family decison making is found significantly different in selected sample that leads to conclusion that males are more actively involved in family decision making than females. The important reasons identified for not participating in family decision making are “Because I am a women” (42.0%), followed by “Did not want to be” (21.0%) and “Because I am disabled” (13.3%).

Participation in Community Decision Making

In overall sample, it is found that 43.6% of persons having functional limitation (18 years and greater) have not involved themselves in community/jirga decision making in past 5 years. The difference between genders for non particiaption in community/jirga decison making is found significantly different in selected sample that leads to conclusion that males are more actively involved in community decision making than females. The important reasons identified for not participating in community/ jirga decision making are “Jirga or Community never contacted me” (27.8.1%), followed by “There is none” (20.0%), “Did not want to participate” (13.4%) and “Members didn't think I was able to participate” (12.8%).Similarly, 56.4% of respondents

reported to participate in Jirga/ Community decision making out of which 9.5% remained unsuccessful in their participation. The main reasons identified for failure are "Could not meet Jirga or Community requirements for participation" (42.9%) and "Jirga or Community member's negative attitude towards me" (39.3%).

Obtaining Health Services

In overall sample, it is found that 25.1% of persons having functional limitation (5 years and greater) have not tried to obtain health care services in past 5 years. The important reasons identified for not getting health care services are "Lack of financial resources" (34.0%), followed by "Do not think health facility can help me" (16.4%), "No facility available" (16.0%), "Lack of trust in health facility" (12.8%) and "Did not need to go" (11.6%). Similarly, 74.1% of respondents reported to obtain health care services out of which 10.9% failed obtaing any health services. Inadequate transportation" (23.5%), "Lack of financial resources" (23.5%), "Building inaccessible" (20.4 %") and "Could not find a health facility" (12.2%).

Participation in Other Activities

In overall sample, it is found that respondents with functional limitation (5 years and greater) are participating in various other activities like visiting "friends /relatives" (74.8%), "BHU" (49.4%), "Mosque" (46.2%), "THQ" (24.1%), "Post Office" (23.3%), "Market" (23.3%), "RHQ" (21.1%), "Bank" (21.0%), "School" (16.5%), "DHQ "(12.4%) and "College" (6.6%). The most widely performed activity is visiting relatives / freinds and the least performed activity is going to school.

Assistive Devices

According to 63.4% of respondents with functional limitation (5 years and greater), the assistive devices needed by them are waliking aid (34.8%), followed by glasses (25.4%), learning aid (16.5%), wheel chair (14.5%), toilet seat (7.9%) and CP chair (0.5%).

For females, the most needed device is "walking aid" (32.2%), followed by glasses (28.6%), wheel chair (15.6%), learning aid (14.5%), toilet seat (8.7%) and CP chair (0.4%). Similarly, for males the most needed device is "walking aid" (36.9%), followed by glasses (22.8%), learning aid (18.2%), wheel chair (14.4%), toilet seat (7.2%) and CP chair (0.6%). No obvious difference is present in the type of devices needed by gender.

For children(05-18 years), the most needed device is "glasses" (9.1%), followed by walking aid (25.3%), learning aid (20.3%), wheel chair (15.2%), toilet seat (7.6%) and CP chair (2.5%). Similarly, for adults (19-60 years) the most needed device is "walking aid" (32.3%), followed by glasses (25.2%), learning aid (22.3%), wheel chair (14.5%), toilet seat (5.3%) and CP chair (0.3%). Also, for elders (over 60 years) the most needed device is "walking aid" (33.3%), followed by glasses (24.8%), wheel chair (17.8%), learning aid (16.7%), toilet seat (7.0%) and CP chair (0.4%).It is apparent that childrens need galsses whereas the adults and elders need walking aid.

Assistive Trainings

Only 20.1% respondents reported the need for any training that will help them participating in various activities. The trainings identified are "Personal counseling" (40.1%), "Family counseling" (25.6%), "Communicating training" (20.3%) and "Life skill training" (14.0%).

For females, the most needed training is “Personal counseling” (37.8%), followed by “Family counseling” (30.5%), “Communicating training” (22.0%) and “Life skill training (9.8%). Similarly, for males the most needed trining is “Personal counseling” (41.3%), followed by “Family counseling” (23.0%), “Communicating training” (19.0%) and “Life skill training (16.7%). No statistical evidence is observed in the type of training needed by gender.

For children(05-18 years), the most needed training is “Communicating training” (41.9%) followed by “Personal counseling” (23.3%), Life skill training (20.9%) and “Family counseling” (14.0%). Similarly, for adults (19-60 years) the most needed training is “Personal counseling” (42.9%), followed by “Family counseling” (26.4%), “Life skill training (16.5%) and “Communicating training” (14.3%). Also, for elders (over 60 years) the most needed training is ““Personal counseling” (45.9%), followed by “Family counseling” (32.4%), “Communicating training” (14.9%) and “Life skill training (6.8%). It is apparent that training needs changes with age group.

Bibliography

Altman B, B. A. *Disability and Health in United States 2001-2005.* Hyattsville, MD: National Center for Health Statistics. 2008.

Australian Institute of Health and Welfare (AIHW) 2003 . (December 2003). *Disability prevalence and trends.* Disability Series. AIHW Cat. No. DIS 34. Canberra: AIHW.

Duclos, L. C. (2002). *A Profile of Disability in Canada, 2001.* Housing, Family and Social Statistics Division,Statistics Canada.

Mont, D. (March 2007). *Measuring Disability Prevalence.* Social Protection, The World bank.

Statistics South Africa. (2001). *Census 2001-Prevalence of Disability in South Africa.* Statistics South Africa, Private Bag X44, Pretoria 0001.

UN-WGDS. (n.d.). *UN Washington Group on Disability Statistics*. Retrieved October 10, 2008, from http://www.cdc.gov/nchs/citygroup.htm

WHO. (1948, April 7). *World Health Organization*. Retrieved October 10, 2008, from http://www.who.int/en/

WHO-ICF. (n.d.). *International Classification of Functioning, Disability and Health (ICF)*. Retrieved October 10, 2008, from http://www.who.int/classifications/icf/en/

Annex 1: The Questionnaire

Pakistan Poverty Alleviation Fund (PPAF)

(PO :_____) **Rehabilitation and Reconstruction (RNR) Unit**

Household Questionnaire for Rapid Social Assessment of Persons with Disabilities

001	COMMUNITY ID	□□□□□□
002	HOUSEHOLD ID	□□□□□□
003	FACILITATOR	
004	MOU NUMBER	□□□□□□
005	HAMLET	
006	PATWAR CIRCLE	
007	TEHSIL	
008	POST OFFICE	
009	DISTRICT	
010	UNION COUNCIL	
011	REVENUE VILLAGE	
012	POLICE STATION	
013	GPS READING	□□□□□□□ N
014		□□□□□□□ E
015		□□□□ Alt.

016	NAME OF THE HEAD OF HOUSEHOLD (or respondent_____	
017	CNIC NUMBER OF HEAD OF HOUSEHOLD (or respondent)	□□□□□□□□□□□□□
018	INTERVIEWER'S NAME	
019	SUPERVISOR'S NAME	
020	INTERPRETOR USED	
	Yes	1
	No	2
021	DATE OF INTERVIEW (*DD/ MM/ YY*)	□□/□□/□□
022	START TIME OF INTERVIEW (*Railway time*)	□□□□ hours

My name is…… and I am working with the PPAF. We are undertaking this study to take assess the needs of people who are experiencing functional difficulties. This study will benefit people who are limited in what they can do in the community because of difficulties they have doing the usual activities of daily life. I am going to ask you some questions and your answers will be used strictly for the purposes of PPAF's earthquake project. Your honest answer to these questions will help us better understand your experiences and problems. This will be very useful to us in designing our program and delivering services. We would greatly appreciate your help in responding to this survey. However, if you feel uncomfortable at any point of time, you could discontinue the proceedings. Would you be willing to participate?

Given Consent: **Yes- 1** ⟶ **Continue**

No- 2 ⟶ **End**

Signature of the interviewer_____

Signature of the Interviewee (Thumb impression) _____

SECTION 1: Information related to Household Members (*ADDRESS TO THE HEAD OF HOUSEHOLD OR OTHER KNOWLEDGEABLE MEMBER)*

Person #	Name of Household Member	Gender		Age (In Years) ***(If <1 year, enter 0)***	Relationship to head of household (***Refer to Codes below***)	Marital Status (***Refer to Codes Below***) ***(If code =1 , skip to 8)***	Interfamily Marriage?	Highest Grade of School Completed (***Refer to Codes Below***)	Type of School ***(Refer to Codes Below)***	Vocational/Technical Training ***(Refer to Codes Below)***	Did this person migrate outside the village in the last one year for paid wage work?	Status (***Refer to Codes Below)***	
(1)	(2)	(3)		(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	
		M	F									Principal	Secondary
1.		1	2										
2.		1	2										
3.		1	2										
4.		1	2										
5.		1	2										
6.		1	2										
7.		1	2										
8.		1	2										
9.		1	2										
10.		1	2										

(5) Relationship: 1= Head; **2**= Spouse; **3**= Married child; **4=** Spouse of married child; **5=** Unmarried child; **6=** Grand child; **7=** Parent; **8=** Parent in law; **9=** Brother/ Sister in law; **10=Sister/Brother; 11=** Grand parent; **12=** Niece/Nephew; **13=** Cousin; **14** Aunt or Uncle**; 15** Other Relative; **16** Employee/ Non Relative

(6) Marital Status: 1= Never married; **2=** Married; **3=** Widowed; **4=** Divorced/separated; **5=** Deserted; **6=** other

(7) Interfamily Marriage: 0=Non Relative, 1=First Cousins i.e. (Maternal/Paternal: Aunt/Uncle), 2= Other Relative

(8) Highest Grade Completed: 0=None**, 1**=1st**, 2**=2nd**, 3**=3rd, **4**=4th, **5**=5th**, 6**=6th**, 7**=7th, **8**=8th , **9**=9th**, 10**=10th**, 11**=11th**, 12**=12th**, 13=** Graduate and above, 14=Religious School Student

(9) Type of School: **1**=Public, **2**=Private; **3**=Special, **4**=Informal, **5**=Religious, **6**=Other

(10) Vocational/Technical Training: 0=None, **1**=Public, **2**=Informal/NGO, **3**=Apprenticeship, **4**=Other

(11) Migration: 1=Yes (More than 3 month), 2=No (Less than 3 month)

(12) Principal Status AND Secondary Status: 1= Housewife; **2=**Retired without pension; **3=** Retired with pension/benefit, **4=** Student, **5=**Non-Agricultural laborer **6=** Agricultural laborer, **7=**Domestic Work **8**=Cultivator; **9=** Petty business/small shop owner; **10**= Government employee; **11=** Non-government regular/Salaried worker; **12=** Small artisan in HH and cottage industry; **13=** Receive rent or remittance; **14=** Not working but available for work; **15=** Not available for work (other than retired); **16**=Charity/Alms, **17=** others

SECTION 2: Information related to Disability for all Household Members (*ADDRESS TO THE HEAD OF HOUSEHOLD OR OTHER KNOWLEDGEABLE MEMBER)*

Note to Investigators: *Precede questions in columns 3-10 by telling the respondents - "I am going to ask you if you have some difficulties doing certain activities. Please only respond about difficulties that are the result of a physical, mental or emotional health condition."*

Person Number	Name ***(Copy all members from Section 1)***	Do you have difficulty seeing even if wearing glasses?				Do you have difficulty hearing?				Do you have difficulty walking or climbing stairs?				Do you have difficulty lifting a 2 litre jug of water to eye level?				Do you have difficulty remembering or concentrating				Do you have difficulty learning new tasks?				Do you have difficulty with self care such as washing all over/ dressing?				Do you have difficulty communicating (*example, understanding or being understood by others*)?				*CHECK:* If all answers from 3 to 10 are NO, put "1", otherwise put "2"	***If coded "2" in (11),*** What was the main cause of the onset of the difficulties you have reported? (*Refer to codes below*)	***If coded "2" in (11),*** At what age did your primary difficulty begin? ***(If < 1 year, enter 0)***
(1)	(2)	(3)				(4)				(5)				(6)				(7)				(8)				(9)				(10)				(11)	(12)	(13)
		Unable	A lot	Some	No	Unable	A lot	Some	No	Unable	A lot	Some	No	Unable	A lot	Some	No	Unable	A lot	Some	No	Unable	A lot	Some	No	Unable	A lot	Some	No	Unable	A lot	Some	No			In completed years
1.		1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1 2		
2.		1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1 2		
3.		1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1 2		
4.		1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1 2		
5.		1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1 2		
6.		1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1 2		
7.		1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1 2		
8.		1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1 2		
9.		1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1 2		

(3 to 10): Cause of Disability: 1 = Unable = Cannot do it all, 2 = A lot = A lot of difficulty, 3 = Some = Some difficulty, 4 = No = No difficulty

(12) Cause of Difficulty: 1=Birth; 2=Illness/ Health Condition related to earthquake; 3=Illness/Health condition not related to earthquake, 4=Accident/Injury related to earthquake, 5=Accident/ Injury not related to earthquake; 6=Age, 7=Other (specify); 8=Unable to say

SECTION 3: Household Characteristics (*ADDRESS TO THE HEAD OF HOUSEHOLD OR OTHER KNOWLEDGEABLE MEMBER*)

Q No.	Questions and Filters	Coding Categories		Skip to
301	Religion of the household	Islam	1	
		Christianity	2	
		Sikhism	3	
		Hinduism	4	
		Other _____	5	
302	Language of the household	Urdu	1	
		Hindko	2	
		Pushto	3	
		Kashmiri	4	
		Punjabi	5	
		Gojri	6	
		Khawar	7	
		Pahari	8	
		Other _____	9	
303	Caste	Awan	1	
		Pathan	2	
		Sudhan	3	
		Sawati	4	
		Gujar	5	
		Syed	6	
		Mughal	7	
		Qazi	8	
		Magray	9	
		Maldyal	10	
		Dulli	11	
		Chaudhary	12	
		Baloch	13	
		Rajput	14	
		Abbasi	15	
		Gakhar	16	
		Bhatti	17	
		Karlal	18	
		Khawaja	19	
		Other _____	20	
304	Number of years head of household has lived in this village	☐☐☐		
305	Agricultural land owned by household, other than homestead *(in kanels)*	☐☐☐		If coded "000"→ 308
306	Is any of this land mortgaged?	Yes	1	
		No	2	
307	Is any of this land shared with another household?	Yes	1	
		No	2	
308	Location of home in the village	Integrated in main village	1	
		Separate colony in main village	2	
		In hamlet away from main village	3	

Q No.	Questions and Filters	Coding Categories		Skip to
		Don't know/ Can't say	99	
309	Dwelling ownership	Owned	1	
		Rented/Tenant	2	
		Rent Free	3	
		No Dwelling Unit	4	
		Other _____	5	
310	Type of house **BEFORE** earthquake	Pucca	1	
		Semi-Pucca	2	
		Kachha	3	
		Other	4	
311	Type of house **AFTER** earthquake	Pucca	1	
		Semi-Pucca	2	
		Kachha	3	
		Tent	4	
		Temporary Shelter	5	
		Other _____	6	
312	Number of rooms in the house *(excluding kitchen)*	☐☐		
313	**Main** source of drinking water	Piped water Into residence/ yard/plot	1	
		Public tap	2	
		Hand pump in residence/ yard/plot	3	
		Public hand pump	4	
		Covered Well in residence/yard/plot	5	
		Covered Public well	6	
		Open Well in residence/yard/plot	7	
		Open Public well	8	
		Surface water	9	
		Public Tank	10	
		Other _____	11	
314	Type of toilet facility	Own Flush toilet	1	
		Shared Flush toilet	2	
		Public Flush toilet	3	
		Own Pit toilet/latrine	4	
		Shared Pit toilet/latrine	5	
		Public Pit toilet/latrine	6	
		No toilet facilities – open defecation	7	
		Other _____	8	
315	Does this household regularly receive money or goods from relatives or friends?	Yes	1	
		No	2	
316	Does this household regularly send money or goods to relatives or friends?	Yes	1	
		No	2	

SECTION 4: Health Infrastructure ***(ADDRESS TO THE HEAD OF HOUSEHOLD OR OTHER KNOWLEDGEABLE MEMBER)***

Q No.	Questions and Filters	Coding Categories			Skip to
401	What type of health facility is available in your village?	None	1		
		Government Hospital	2		
		Government Dispensary	3		
		BHU	4		
		RHC	5		
		Private Hospital	6		
		Private clinic run by MBBS Doctor	7		
		Private clinic run by non-MBBS doctor	8		
		Unani Dawa Khana	9		
		Hakeem	10		
		Homeopath	11		
		Private Dispensary	12		
		Pir/Faqir	13		
		Other (specify)_____	14		
402	How many hours does it typically take you to reach the nearest doctor/hospital?	☐☐ hrs.☐☐mins. *Code 99 and 99 for "don't know"*			
403	How many kilometers is it to the nearest doctor/hospital?	☐☐☐ kms ☐☐ m *Code 999 and 99 for "don't know"*			
404	Have you visited a health facility in the last 5 years?	Yes	1		
		No	2		→ 406
405	Do you typically use the following methods to go to the nearest health facility?		Yes	No	
		Walking	1	2	
		Public Transport	1	2	
		Own Vehicle	1	2	
		Rented Vehicle	1	2	
		Animal transport	1	2	
		Carried by person	1	2	
		Other (specify)_____	1	2	
406	Are rehabilitation services available at the nearest doctor or health facility	Yes	1		
		No	2		

Q No.	Questions and Filters	Coding Categories		Skip to
407	What did you do as a result of the financial costs triggered by the earthquake?	Yes	No	
	Took loan from formal sector (e.g. bank)	1	2	
	Took loan from informal sector (e.g. moneylender)	1	2	
	Took a loan from the CO of which a member	1	2	
	Spent from buffer saving	1	2	
	Reduced consumption	1	2	
	Sold assets	1	2	
	Mortgaged assets	1	2	
	Borrowed/ took support from family and friends	1	2	
	Withdrew children from school	1	2	
	Sent family member to work outside village	1	2	
	Increased work	1	2	
	Increased use of forest resources	1	2	
	Government assistance	1	2	
	Stopped intervention/ treatment for a family member with disability/ impairment	1	2	
	Moved to a relative's house	1	2	
	Received support from NGOs	1	2	
	Received charity	1	2	
	Begging	1	2	
	Left job to reconstruct house	1	2	
	Other (specify)_____	1	2	

Section 5: Participation and Barriers (*ADDRESS TO EACH PERSON IDENTIFIED AS HAVING BEEN CODED AS "2" IN QUESTION 11 IN SECTION 2) For small children or people unable to answer, ask the questions to a parent or caregiver.*

Q No	Questions and Filters	Coding Categories		Skip to
500a	*ENTER PERSON NUMBER FROM SECTION 2*	☐☐		
500b	*NAME*			
500c	*HOUSEHOLD ID NUMBER*	☐☐☐☐☐☐		
501	In the last 5 years, have you tried to obtain education or training?	Yes	1	→ 503
		No	2	
502	Why not? **Rank 3 top reasons** *01 No need for more education* *02 No education facilities available* *03 No program could accommodate my health needs* *04 No program could accommodate my non health needs* *05 No program would accept me* *06 Lack of family support* *07 Do not believe I can be successful* *08 Lack Financial resources* *09 Age* *10 Other*_____	☐☐ ☐☐ ☐☐		→ 505
503	Were you successful in obtaining this education or training?	Yes	1	→ 505
		No	2	
504	Why weren't you successful? **Rank 3 top reasons** *01Lack of Financial Resources* *02 Building inaccessible* *03 Toilets inaccessible* *04 Inadequate Transportation* *05 Lack of family support* *06 Lack of confidence* *07 Program was not able to accommodate my health needs* *08 Program was not able to accommodate my other needs (e.g., materials, curriculum)* *09 Teachers' or staff's negative attitudes towards people like me* *10 No educational facilities available* *11 Other*_____	☐☐ ☐☐ ☐☐		
505	In the last 5 years, have you tried to participate in sports or other leisure activities?	Yes	1	→ 507
		No	2	

506	Why not? **Rank 3 top reasons** *01 Did not want to* *02 Lacked accommodations* *03 Others would not accept me* *04 Lack of family support* *05 Do not believe I can be successful* *06 Lack of Financial resources* *07 Other* _____	☐☐ ☐☐ ☐☐		→ 509
507	Were you able to participate in sports or other leisure activities?	Yes	1	→ 509
		No	2	
508	Why weren't you successful? **Rank 3 top reasons** *01 Lack of Financial resources* *02 Facilities inaccessible* *03 Toilets inaccessible* *04 Inadequate Transportation* *05 Lack of family support* *06 Lack of confidence* *07 Unable to have my needs accommodated (e.g., special equipment)* *08Others' negative attitudes towards people like me* *09 Other* _____	☐☐ ☐☐ ☐☐		
509	Is person 18 or older?	Yes	1	
		No	2	→ 525
510	In the last 5 years, have you tried to obtain a job	Yes	1	→ 512
		No	2	
511	Why not? **Rank 3 top reasons** *01 Did not want a job* *02 No workplace could accommodate my health needs* *03 No workplace could accommodate my needs* *04 No employer would accept me* *05 Lack of family support* *06 Do not believe I can be successful* *07 Family responsibilities* *08Lack of financial resources* *09 Did not know how* *10 Other* _____	☐☐ ☐☐ ☐☐		→ 514
512	Were you successful in obtaining this job or training?	Yes	1	→ 514
		No	2	

513	Why weren't you successful? **Rank 3 top reasons** *01Lack of financial resources* *02 Building inaccessible* *03 Toilets inaccessible* *04 Inadequate Transportation* *05 Lack of family support* *06 Lack of confidence* *07 Program was not able to accommodate my needs (e.g., materials, sign language)* *08 Teachers' or staff's negative attitudes towards people like me* *09 Other _____*	☐☐ ☐☐ ☐☐		
514	In the last 5 years, have you tried to become a member of a community organization?	Yes No	1 2	→ 516
515	Why not? **Rank 3 top reasons** *01 There is no CO* *02 Did not want to be a member* *03 CO could not accommodate my needs* *04 CO never contacted me* *05 CO didn't think I was able to participate* *06 CO would not accept me* *07 Lack of family support* *08 Do not believe I can be successful* *09 Lack of Financial resources* *10 Other _____*	☐☐ ☐☐ ☐☐		→ 518
516	Were you successful in joining the CO?	Yes No	1 2	→ 519
517	Why weren't you successful? **Rank 3 top reasons** *01Lack of financial resources* *02 Building inaccessible* *03 Toilets inaccessible* *04 Inadequate Transportation* *05 Lack of family support* *06 Lack of confidence* *07 CO was not able to accommodate my needs (e.g., materials, sign language)* *08 CO members 'negative attitudes towards people like me* *09 Could not meet CO requirements for participation* *10 Other _____*	☐☐ ☐☐ ☐☐		
518	Does a family member represent you on the CO	Yes No	1 2	
519	In the last 5 years, have you been involved in family decision making	Yes No	1 2	→ 521

520	Why not? **Rank 3 top reasons** 01 Did not want to be 02 Lack of family support 03 Do not believe I should 04 Problems communicating 05Becuase I am a woman 06 Because I am disabled 07 *Other* _____	☐☐ ☐☐ ☐☐		
521	In the last 5 years, have you participated in a jirga or community decision making?	Yes	1	→ 523
		No	2	
522	Why not? **Rank 3 top reasons** *01 There was none* *02 Did not want to participate* *03 Jirga or community could not accommodate my needs* *04 Jirga or community never contacted me* *05 Members didn't think I was able to participate* *06 Members would not accept me* *07 Lack of family support* *08 Do not believe I can participate* *09 Lack of Financial resources* *10 Because women not allowed* *11 Other* _____	☐☐ ☐☐ ☐☐		→ 525
523	Were you successful in participating in the jirga or community decision making?	Yes	1	→ 525
		No	2	
524	Why weren't you successful? **Rank 3 top reasons** *01Lack of financial resources* *02 Building inaccessible* *03 Toilets inaccessible* *04 Inadequate Transportation* *05 Lack of family support* *06 Lack of confidence* *07 Jirga or community was not able to accommodate my needs (e.g., materials, sign language)* *08 Jirga or community members' negative attitudes towards people like me* *09 Could not meet Jirga's or community's requirements for participation* *10 Other* _____	☐☐ ☐☐ ☐☐		
525	In the last 5 years, have you tried to obtain health care services?	Yes	1	→ 527
		No	2	

526	Why not? **Rank 3 top reasons** *01 Did not need to go* *02 No facility available* *03 Don't think health facility could help me* *04 Lack of trust in health facility* *Not aware of health facility* *05 Health facility could not accommodate my needs* *06 Health facility would not accept me* *07 Lack of family support* *08Lack of financial resources* *09 Other* _____	☐☐ ☐☐ ☐☐		→ 529
527	Were you successful in visiting a health facility?	Yes	1	→ 529
		No	2	
528	Why weren't you successful? **Rank 3 top reasons** *01 Lack of Financial resources* *02 Building inaccessible* *03 Toilets inaccessible* *04 Inadequate transportation* *05 Lack of family support* *06 Lack of confidence* *07 Health care facility was not able to accommodate my needs (e.g., materials, sign language)* *08 Staff's negative attitudes towards people like me* *09 Could not find a health facility* *10 Services were not appropriate* *11 Experienced maltreatment* *12 Other* _____	☐☐ ☐☐ ☐☐		
529	We have been talking about a number of activities. Are there any assistive devices (e.g., wheelchairs, hearing aids) you don't have that would increase your ability to participate in these activities?	Yes	1	
		No	2	→ 531
530	Which devices would help you participate in these activities? **Rank the top 3** *01 walking aid (e.g., orthotic, prosthetic, Cane, Crutches, Stick, Walker)* *02 wheelchair* *03. Glasses* *04 hearing aid* *05 Toilet seat* *06 CP chair* *07 Other* _____	☐☐ ☐☐ ☐☐		

531	Are there any trainings that would help you participate in these activities??	Yes	1	
		No	2	→ 533
532	What kinds of trainings would help you participate? **Rank top three** *01 personal counseling* *02 family counseling* *03 life skills training* *04. Communication training* *05 Other_____*	☐☐ ☐☐ ☐☐		
533	Are you registered with NADRA?	Yes	1	
		No	2	
534	Do you commonly visit…?		Yes	No
		School	1	2
		College	1	2
		BHU	1	2
		RHC	1	2
		THQ	1	2
		DHQ	1	2
		Bank	1	2
		Post Office	1	2
		Market	1	2
		Mosque	1	2
		Houses of friends and relatives	1	2
535	Do you know of programs or organizations that could help you become more independent?	Yes	1	
		No	2	→ 601
536	Have you been able to access these programs?	Yes	1	
		No	2	
537	Have these programs contacted you?	Yes	1	
		No	2	

Section 6: Cost of Disability ((***ADDRESS TO EACH PERSON IDENTIFIED AS HAVING BEEN CODED AS "2" IN QUESTION 11 IN SECTION 2)***

Q No	Questions and Filters	Coding Categories			Skip to
601	How many hours a day do you require a family member's assistance with basic activities like dressing, washing, eating, or moving about?	☐☐hours a day ☐☐mins a day			**If '00' →END**
602	When do you typically require assistance with these activities?		Yes	No	
		Early in the morning, before the usual work day	1	2	
		During the usual work day	1	2	
		Late afternoon or evening	1	2	
		At night	1	2	
603	Do any children in your household ever stay home from school to assist you?	Yes		1	
		No		2	→605
604	How often does someone stay home from school to assist you? Code	Every day		1	
		More than one day a week		2	
		About one day a week		3	
		At least one day a month		4	
		Less often than one day a month		5	
		Other (specify)_____		6	
605	Does anyone in your household not work or limit their work outside the home in order to assist you?	Yes		1	
		No		2	→608
606	How often does someone stay at home at least part of the day to assist you instead of going to work?	Every day		1	
		More than one day a week		2	
		About one day a week		3	
		At least one day a month		4	
		Less often than one day a month		5	
		Other (specify)_____		6	
607	On average, when someone stays home from work in order to assist you, how many hours of work do they miss in a week?	☐☐hours per week ☐☐mins per week			
608	Approximately how much money was spent on obtaining treatments for you over the past year?	☐☐☐☐☐☐rupees Code 999999 if don't know			

THANK AND TERMINATE

END TIME (Railway time): ☐☐☐☐hours

Annex -2: Functional Limitation Information

Domain	Numbers			Percentage (%)		
	Bagh	Mansehra	Total	Bagh	Mansehra	Total
Vision						
1. Unable to Do	29	11	40	8.1%	3.1%	5.6%
2. A lot of Difficulty	69	51	120	19.3%	14.3%	16.8%
3. Some Difficulty	59	80	139	16.5%	22.4%	19.5%
4. No Difficulty	200	215	415	56.0%	60.2%	58.1%
Total	**357**	**357**	**714**	**100.0%**	**100.0%**	**100.0%**
Hearing						
1. Unable to Do	26	11	37	7.3%	3.1%	5.2%
2. A lot of Difficulty	31	52	83	8.7%	14.6%	11.6%
3. Some Difficulty	31	37	68	8.7%	10.4%	9.5%
4. No Difficulty	269	257	526	75.4%	72.0%	73.7%
Total	**357**	**357**	**714**	**100.0%**	**100.0%**	**100.0%**
Walking						
1. Unable to Do	55	25	80	15.4%	7.0%	11.2%
2. A lot of Difficulty	99	116	215	27.7%	32.5%	30.1%
3. Some Difficulty	63	94	157	17.6%	26.3%	22.0%
4. No Difficulty	140	122	262	39.2%	34.2%	36.7%
Total	**357**	**357**	**714**	**100.0%**	**100.0%**	**100.0%**
Lifting						
1. Unable to Do	56	20	76	15.7%	5.6%	10.6%
2. A lot of Difficulty	78	89	167	21.8%	24.9%	23.4%
3. Some Difficulty	36	67	103	10.1%	18.8%	14.4%
4. No Difficulty	187	181	368	52.4%	50.7%	51.5%
Total	**357**	**357**	**714**	**100.0%**	**100.0%**	**100.0%**
Concentration						
1. Unable to Do	25	12	37	7.0%	3.4%	5.2%
2. A lot of Difficulty	53	38	91	14.8%	10.6%	12.7%
3. Some Difficulty	36	49	85	10.1%	13.7%	11.9%
4. No Difficulty	243	258	501	68.1%	72.3%	70.2%
Total	**357**	**357**	**714**	**100.0%**	**100.0%**	**100.0%**
Learning						
1. Unable to Do	50	9	59	14.0%	2.5%	8.3%
2. A lot of Difficulty	62	62	124	17.4%	17.4%	17.4%
3. Some Difficulty	41	64	105	11.5%	17.9%	14.7%
4. No Difficulty	204	222	426	57.1%	62.2%	59.7%
Total	**357**	**357**	**714**	**100.0%**	**100.0%**	**100.0%**

Domain	Numbers			Percentage (%)		
	Bagh	Mansehra	Total	Bagh	Mansehra	Total
Self-care						
1. Unable to Do	27	13	40	7.6%	3.6%	5.6%
2. A lot of Difficulty	29	32	61	8.1%	9.0%	8.5%
3. Some Difficulty	30	37	67	8.4%	10.4%	9.4%
4. No Difficulty	271	275	546	75.9%	77.0%	76.5%
Total	**357**	**357**	**714**	**100.0%**	**100.0%**	**100.0%**
Communication						
1. Unable to Do	25	10	35	7.0%	2.8%	4.9%
2. A lot of Difficulty	40	41	81	11.2%	11.5%	11.3%
3. Some Difficulty	21	33	54	5.9%	9.2%	7.6%
4. No Difficulty	271	273	544	75.9%	76.5%	76.2%
Total	**357**	**357**	**714**	**100.0%**	**100.0%**	**100.0%**