

Study on Disabled Street Beggars of Dhaka City: Treatment Need and Guidelines for Rehabilitation

Aleya Khatun¹, Jharna Rani Das²

Senior Staff Nurse¹, Lecturer²

Dhaka Medical College Hospital, Dhaka, Bangladesh¹

Birdem Nursing College, Dhaka, Bangladesh²

Abstract

Disability is not a problem. Begging is a social problem for Bangladesh. Begging makes people idle. The main obstacles to the development of a desired society often lie in the existing social problems. The recommendations from a social research and the policy of their implementation can help us overcome these problems. Considering their standard of living, the capacity to work and all other things, it is conspicuous that the position of the disabled beggars is at the lowest level of society. Present study is considered to identify the causes of physical disability of Street beggars, to find out the reasons behind the begging of disabled Street beggars and to explore the treatment outcomes of the disabled beggars. The study was survey type and conducted in Dhaka. Data were collected from primary and secondary sources. Purpose sampling method was used for the study. Total two hundred respondents were selected for the study. Primary data were collected by face to face interview at the place of study that was willing to give interview. Questionnaire was used for data collection. Data were collected by fact to face interview with the respondents. Secondary data were collected from books, research report, journals, annual reports and websites from different ministry of the Peoples Republic of Bangladesh. Some participant observation method is also considered. Collected data were analyzed by using computer program Microsoft Excel. From the study it was found that acute need for medical and their dependence on the people around them, it has increasingly turned into a multidimensional social problem of a large number of such people. To ensure the economic progress and prosperity of a nation, it is essential to devise a policy to overcome this predicament. Similarly, from the perspective of moral responsibility, the issue deserves a thorough research. Against this backdrop, this social study attempts to identify the causes of disability, evaluate the rights and positions of disabled beggars, formulate a guideline for their rehabilitation, provide some recommendations and put forward certain policies for implementation. The Study reveals that a considerable number of disabled people in society resort to begging due to illiteracy, economic deprivation and lack of social cooperation. On the one hand, there is increasing awareness across the world in this regard. Some of the progresses include developments in medical science, UN adoption of international charter for the rights of the disabled, category wise identification of the disabled, undertaking programmes for the alleviation of their poverty and attempts at their rehabilitation through social assistance. In fact, the desired results could not be obtained as the rehabilitation initiatives neither reflected the views of disabled not could be available at their doorsteps. It is also heartening to observe that they are keen to lead an active life in stead of being treated as a social burden through their different kinds of capacity to work. Based on these findings. It is an overall rehabilitation package that provides for health, education and training facilities at their doorsteps apart from the necessary legal support. It also includes their accommodation as well as a marketing system for their produces. If the model is implemented, it will open up a new avenue for a comprehensive rehabilitation of all the disabled including the disabled beggars.

Key words: *Disability, Health, Problem, Disease, Treatment, Sufferings, Rehabilitation*

INTRODUCTION

An estimated 10% of the world's population experience some form of disability or impairment.¹ The number of people with disabilities is increasing due to population growth, ageing, emergence of chronic diseases and medical advances that preserve and prolong life. The most common causes of impairment and disability include chronic diseases such as diabetes, cardiovascular disease and cancer; injuries such as those due to road traffic crashes, conflicts, falls, landmines, mental impairments, birth defects, malnutrition, HIV/AIDS and other communicable diseases. These trends are creating overwhelming demands for health and rehabilitation services. During the last couple of years, disability, as a development issue is gradually gaining some recognition. The status, acceptance and importance of any adult individual in the family as well as community is primarily depends upon his/her economical status and contribution. It is of utmost frustration for any individual to remain unemployed. It has its psychological costs as well. In a developing country like Bangladesh, one has to face many challenges, barriers, and competitions to find a job or to be employed. In this situation it is almost impossible for Persons with Disability to find a job or start economic activities.

¹ ICF definition of disability and impairment; Disability is defined as "the outcome or result of a complex relationship between an individual's health condition and personal factors, and of the external factors that represent the circumstances in which the individual lives". Impairments are defined as "problems in body function or structure such as significant deviation or loss", <http://www3.who.int/icf/intros/ICF-Eng-Intro.pdf>

The situation of employment of even skilled/educated Persons with disabilities in Bangladesh is not encouraging. They are not only facing immense competition from people who are not disabled but also the unfair barriers created due to negative attitudes of the employers. Even if a few are employed, they are dropped in an environment that is mostly unfriendly and unsuited with regard to their disability. With poverty being addressed, positive influence will occur improving the situation of persons with disabilities in the country. Access to economic opportunities for the persons with disabilities is really very scarce in Bangladesh. Lack of policy support, lack of accessible and friendly environment; Negative social attitudes due to Ingrained prejudice; lack of education and vocational skill training opportunities are obstructing their access to income generation options. A majority of the persons with disabilities, including those with severe degree of disability has the confidence to acquire education and engage in financial gainful contributing activities.

Due to this unfavorable situation many persons with disabilities (children, men, and women) are being bound to start begging on the street just for survival. Street beggars are being treated as lower cast in our society and they are being isolated. They do not have values and not even having minimum respect in the society. So, many disabled persons who are street beggar living inhuman lives. Their rights are being violated in every sphere of lives. Earning money and economic independence is the way to establish a person's self-confidence, self-esteem, acceptance and dignity in the family as well as society, but that must be in a dignified way or profession. Inaccessible infrastructure, transport system, unfriendly workplace environment and office equipment and inaccessibility in the financial support are the major barrier for employment of persons with disabilities in a dignified way.²

Hopefully, the study will be beneficial in implementing any programme undertaken by any private or government organization for the welfare and rehabilitation of these handicapped street beggars. As a result, it will be possible to keep the number of handicapped people within the minimum level in Bangladesh as well as in other parts of the world. Subsequently, the society will also function normally in view.

OBJECTIVES OF THE STUDY

These objectives are as follows:

1. To identify the causes of physical disability of Street beggars.
2. To find out the reasons behind the begging of disabled Street beggars.
3. To explore the treatment outcomes of the disable beggars.

METHODOLOGY OF THE STUDY

The ethnographer is a human instrument. Anthropological method is based on ethnographic fieldwork "to grasp the native's point of view, his relation to life, to realize his vision of his world" (Malinowski, 1978:25). It is called method of intensive fieldwork or in other words, the method of participation observation (Chowdhury, 1985b: 134). Tradition of intensive fieldwork was mainly founded by Malinowski (1884-1942). Indeed, Malinowski's fieldwork was what gave rise to modern anthropology, where participant observation made its first foothold (Hamel, 1993:3). Until today, this method is considered as one of the most appropriate methods in understanding human society and culture. The researchers of many other disciplines also use this method. "The cardinal value of fieldwork lies in its ability to provide an intimate understanding of the complex matrices of social institutions and relationships that exist all societies. Such metrics will continue to exist in the foreseeable future, however much a society gets modernized or globalize.

The valuable insight that fieldwork offers into these organizations points to the unlimited possibilities for the continued use of the method in ever newer fields" (Srinivas, 2002: vi). With a research problem, a theory of social interaction or behavior, and a variety of conceptual guidelines in mind, the ethnographer strides into a culture or social institution to explore its terrain, to collect and analyze data (Fetterman, 1989). In social science, however, anthropological research is unique, since it is informal, intensive, in-depth, and above all, long-term. Fieldwork is the hallmark of research for anthropologists. The fieldworker uses a variety of methods and techniques to ensure the reliability and validity of the data. These methods and techniques objectify and standardize the researcher's perception (Bernard, 1988). Different books, newspapers, periodicals, research works, journals etc has been taken as secondary sources of information to know the state and nature disabled beggars .The method of the data collection is participant observation. I was very much interested to participate with them because I want work with those people.

The study has conducted purposive survey by using questionnaire technique and gathered relevant information on different forms. Some other methods (case study, key informant technique) and strategies have applied in gathering data keeping in mind the objectives of the work and condition of the field in the indigenous locates. The study has conducted on the basis of the combination of qualitative and quantitative methods of data collection. In the present research work the initial stage in analysis has involved triangulation, key events. In the case of the informal interviews, data have been be grouped according to the topic of the information. In the case of structured interview,

² Centre for Services and Information on Disability (CSID): Project title: Support Disabled Beggars in Dhaka City

data have grouped according to the questions. The important aspects of observation have been noted down according to its significance, chronology, key events, social situation, people, process, and other various settings and selected issues.

Beside above in the study has adopted multi-method approaches such as participant observation, informal interviewing, oral histories, case studies, and so on. The present study has conducted fieldwork in Dhaka city. During the field work period, the study has made an outline and questionnaire for interviewing the disabled beggars and in-depth observing and participating disabled male and female beggars. Secondary sources for tracing the historical background of the disabled beggars. The researcher has gone through the records and documents about the disabled beggars. Two hundred respondents have been interviewed in an in-depth method and the samplings procedure was purposively selecting the respondents among them in the district. The study was conducted following a variety of methodologies, techniques and tools to find-out appropriate and authentic information from different geographical areas on issues related to disabled Beggars.

Study Design and Area

Study design: The study was survey, observation and case study type. Therefore, it is descriptive –cum-explanatory in nature and followed explanatory design.

Study Area: The study has conducted Dhaka City.

Techniques of Data Collection

Sampling method

Purposive sampling method have used for data collection.

Sample size

A total number of 200 respondents with disabled beggars accordingly by using purposive sampling method. 112 respondents have proportionately selected from Dhaka city area.

Technique of data collection

Data have collected by face to face interview at the place of study who was willing to give interview with the pre-tested structured questionnaire.

The study tools

A set of objective-based questions was developed for data collection related to disable beggars. A structured questionnaire was developed which was pre-tested among the disable beggars in the selected study areas, before finalization for its easy understanding by interviewed and to obtain correct information. Almost all structured questionnaires were prepared in English as well as Bengali. A set of guidelines was also developed to provide understanding to the data collector for systematic collection of data. The guidelines include the definitions and clarifications of critical areas of information. The assigned data collectors have been provided with adequate training on the methodologies used and also orientation on the tools.

Participant Observation

The participant observation method is considered as one of the most appropriate methods in understanding human society and culture (Chowdhury A; 1988). As a participant observer of the disabled beggars, the study has tried to observe and record information about disabled beggars. It has tried to get close to the respondent and make them feel comfortable enough with presence. The study has been accomplished by following purposive sampling procedure which selected 200 respondents. Then the researcher obtained data using some structured questionnaire whose nature was close ended and open ended and moved in the gathering area of the Dhaka city and observed them. Around eight months and step by step the study conducted fieldwork in everywhere of the district. The study maintained a diary and took notes of all the happenings during the field study. The researcher has scrutinized the major research questions and tried to find out its underline causes.

Face-to-face Interview

According to C. Seltz (1964) 'there are several types of interview; among them informal interview is widely used for data collection in cultural study.' As for the face-to-face interview, the study sat down with an informant and held the interview in an ordinary day with the use of an interview guide. There was nothing more formal than this, although the interview was based on a clear plan that the researcher kept in mind and used a minimum of control over the informant responses. The present study tried to get people to open up and let them express themselves in their own terms at their own pace. At the beginning of the interview researcher introduced to the informants. Here the study explained the objectives of the study and asked for their consent on the research activities. While the researcher was

interviewing, additional questions were coming but the researcher tried to hold the interview in the selected research areas. While interviewing, the researcher had to breakdown many questions to make them understand clearly. The study had used some informants as key informants. The key informants have given the researcher the clear and detailed information for all the researcher's questions. In studying this metropolis area of the district, the study had tried to triangulation with the interviewees for the critical issues or findings later.

Data Analysis

The study has analyzed information from both primary and secondary sources. Secondary sources have used in the analysis of the past causes of disability, reasons of begging, right and legal position and Social Assistance of disabled beggars. Primary data are the outcomes of the actual fieldwork. The data collected from the respondents needs considerable organization in there to be meaningful analysis. Besides this qualitative data, some socio-economic information of disabled beggars has been analyzed. Finally, the information from the same code and category are assembled under one heading. For a systemic and academic analysis with research questions and priorities, the empirical data are being categorized into coding system and MS excel have been used for analyzing the collected qualitative data in the following structure. Secondary sources are especially related to causes of disability and reasons of begging, right and legal position of disabled beggars have been analyzed. Empirical data regarding socio-demographic conditions, educational condition of the respondents, the role of GoB and NGOs to uplift their capacity have also been analyzed.

RESULTS AND DISCUSSION

In accordance with the research proposal, the study has collected data through questionnaire and interview by selecting 200 disabled beggars as respondents. They were trained by the researcher through a one day workshop. At the outset, the study presents some numerical data of the disabled beggars and proceeds to focus on those people who remain dependent on others despite being active aged. The number of disabled beggars presented here includes those who cannot afford one meal a day due to financial incapacity. There are, in fact, a large number of disabled people who do not need to beg because their family can afford for them one or more meals a day. According to a joint study conducted by World Health Organization (WHO) and World Bank (WB), approximately 15% of the people living in the developing countries are incapacitated for disability. Even if it is not counted, the 2001 Census of Bangladesh revealed that with 0.47% of the population (12 crore 93 lakh) the number of disabled people stood at 6,07,710. Furthermore, as per the latest Census of 2011, with 1.40% of the population (14 crore 97 lakh) the number of disabled people rose to 20,95,800. That means the number of disabled people has more than tripled in the last ten years with an increase of 14,88,090 persons. This certainly is a terrible picture for a country. If the ordinary disabled are counted like the disabled beggars, 18,44,304 people being 88% of the total disabled people in Bangladesh are found to have lost their ability to work.

This alarming scenario of the increase in disabled population calls for immediate action to be taken with topmost priority. Many of them become dependent on others while many others become dependent on them. The loss of ability to work at an active age by a large segment of the population is undoubtedly a serious social problem leaving big impacts on the socio-economic condition of the country. It is to be noted here that the money received through begging is to be differentiated from the money earned through labour or service. It is a kind of gift or grant. That is why, begging is not viewed as a profession and the researcher has consciously refrained himself from attaching the label of profession to begging. The data obtained from the disabled street beggars through interview based on a set of structured questionnaire are presented below in the form of table and graph (where applicable):

Age of the Respondents

Among the general questions, the one related to age was asked in order to have an idea about the number of disabled beggars in different age groups. Age of the Respondents are given below:

Table 1: Age of the Respondents

Age of the Respondents	Frequency	Percent
Upto-20	22	11.0
21-30	52	26.0
31-40	55	27.5
41-50	41	20.5
51-60	24	12.0
Above 60	06	3.0
Total	200	100

Source: Field survey, 2013

Those under the age of 18 being considered 'child' in the eye of law were not interviewed unless accompanied by lawful guardian. On the other hand, considering the apparent incapability to work, there was a bit of reluctance on the part of the researcher to include the ones above the age of sixty. Yet the data shown above represent 200 (two

hundred) respondents from different age groups. An analysis of the aforementioned data reveals that 22 respondents belonged to under twenty age group. It also shows that there were 18 respondents under the age of eighteen and 6 respondents above the age of sixty. That means 12% of the respondents (18+6=24 out of 200) could be regarded as dependent even without being disabled. The remaining 88% (176 out of 200) of the disabled respondents fall under 18-60 age group. Although they are supposed to be active and self-dependent in terms of their age; due to disability, they have lost their capacity to work, become dependent on others and resorted to begging.

Considering the age factor, it is apparent at this stage that the country is now being deprived of the service and labour from at least 18,44,304 persons of workable age. Besides, the grant allocated in their favour is not playing any role in planned social development or poverty alleviation. It is only helping the disabled lead a penurious life.

Gender of the Respondents

The question related to gender was intended to trace the existence of gender-based differences, if any, and identify their underlying causes. The data obtained in this regard are presented below:

Table 2: Gender of the Respondents

Gender	Frequency	percent
Male	170	85.0
Female	30	15.0
Total	200	100.0

Source: Field survey, 2013

The total number of 200 disabled beggar respondents consists of 170 male respondents and 30 female respondents with 85% and 15% respectively. In search of the cause of such differences, it is noticed that disability basically results from either diseases or natal causes. Almost all the female beggars who have been interviewed for the research are either disabled congenitally or have acquired disability later through ailment. Those who have turned disabled after birth due to falling victim to accident are mostly men. The reason behind this is that men, being responsible for earning family livelihood in a society, work outside their house and run the greater risk of being injured in accident. On the other hand, unless being forced by situations, women usually do not become street beggars. Thus there seems to be a numerical difference between male and female beggars with disability.

Education of the Respondents

The question related to education was included in the interview in order to find out the rate of literacy or educational standing of the disabled beggars and how they feel while begging. The data gathered in this regard are shown below:

Table 3: Education of the Respondents

Education of the respondent	Frequency	Percent
0 (Illiterate)	145	72.5
1-V(Class)	26	13.0
V-X(Class)	19	9.5
HSC	1	.5
Other	9	4.5
Total	200	100

Source: Field survey, 2013

The data shown above demonstrate that 72.5% (145 out of 200) of the respondents had no literacy at all. 13% (26 respondents) studied in Class I-V while 9.5% (19 respondents) in Class VI-X. Two of them passed the SSC Examination. They were feeling shy while responding to the interviewer. They expressed that had they got even an ordinary job they would have quit begging immediately. Furthermore, one respondent in Ramna Thana was found to have passed the HSC Examination. He resorted to begging as he had to depend on the alms received from begging for maintenance of family as well as the education of his children. Among the other respondents, there were a few who had memorized some parts of Al-Quran, the holy Islamic scripture and a few others who could read and write the Arabic language. 4.5% (9 out of 200 respondents) belonged to this group. It becomes primarily evident that the number of illiterate forms the majority of the disabled beggars. The researcher gets the impression that those falling in Class VI-X group have a sense of self-respect and dignity. And even those with a minimum level of education express their desire to stop begging whenever they get employed anywhere else.

Type of disability of the Respondents

Generally, the disabled are categorized as physical, blind, psychological, cerebral, deaf and mute, and multi-dimensional. Among these classes, those with psychological disability were not interviewed. Because of their mental disorder, they were not in a position to intentionally transform their hunger into begging. So they have not been

included in the study. The question related to types of disability was set in order to understand which type formed the majority of disabled street beggars in Dhaka city.

Table 4: Type of disability of the Respondents

Type of disability of the Respondents	Frequency	Percent
Physical	143	72.00
Blind	37	18.00
Deaf and Mute	8	4.00
Multi Dimen	12	6.00
Total	200	100.00

Source: Field survey, 2013

The data obtained through interview are given below in the form of table and graph. It becomes clear from the data presented above that physically disabled are the majority among the disabled street beggars in the research area, i.e. the whole Dhaka city. 71.5% (143 out of 200) of the respondents are physically disabled. 18.5% (37 respondents) are visually impaired/blind. 4% (8 respondents) are deaf and mute. For this type of disabled, the interview was conducted with the help of their guardians or some other people who could understand the questions of the researcher and communicate with the interviewees. Those among the deaf and mute who could not communicate by any means were not selected as respondent. The remaining 6% (12 respondents) disabled beggars were of multi-dimensional type. Some of them had visual disability combined with disability of one or more organs or visual disability combined with speech and auditory disability. However, nobody with autism was found to be begging.

With regard to quantitative data, there was however a limitation on the part of the researcher since the psychologically disabled has not been included and there was some difficulty in interviewing the deaf and mute. Nevertheless, it is quite clear that almost all the respondents in the Metropolitan area are physically disabled. And most of them have come from different districts to begin the Dhaka City area. Most of the visually impaired beggars were found in the upazila level. The reason behind this difference between metropolitan and upazila areas is that it is easier for the physically disabled than the visually impaired ones to begin the city by attracting the sympathy of the commuters and passers-by through demonstration of their disabled organs. Besides, there is a lesser tendency among the visually disabled to migrate from one district to another for begging.

Above all, as capital city and the largest of the country, Dhaka attracts beggars with physical disability from across the country. On the other hand, the deaf and the mute having capability to work do not usually come for begging unless being incapacitated by ailment or sixty plus age. Although it becomes clearly evident from the data presented above that there is a greater number of physically disabled among the disabled beggars, it is not to be assumed a ratio-wise distinction among them. However, the existence of other kinds of physical capability and intellectual sharpness recognized by the researcher has motivated him to do something innovative for them.

Disability Certificate has or not

For the welfare of the disabled, Government of Bangladesh enacted Disabled Welfare Act in 2001. The Act specified the characteristics with which a disabled person can be identified. On the basis of those characteristics, a disabled person is identified and certified by a committee at the district level headed by Civil Surgeon. Though the rights and privileges of a disabled are due to be received by one acknowledged by the government, there are currently programs which do not always apply it as a prerequisite, rather accept the recognition issued by the public representatives. Before introduction of the currently running disabled Survey by the government, the individuals used to present themselves before the District Committee on their own volition. It was quite complicated and it was difficult for the ordinary people to ensure their rights and privileges through obtaining certificate in this process. For this reason, the researcher chose this question to find out the number of disabled beggars who obtained Disability Certificate. It was also intended to assess their level of consciousness. The data received in this regard are demonstrated below:

Table 5: Disability Certificate has or not

Disability Certificate has or not	Frequency	Percent
Yes	35	17.5
No	162	81.0
Under process	03	1.5
Total	200.0	100%

Source: Field survey, 2013

An analysis of the above data reveals that only 17.5% (35 out of 200) of the respondents have Disability Certificate. 3 (three) respondents have their application for Disability Certificate under process. The remaining 162 respondents (81%) do not have Disability Certificate. Due to complicated process of obtaining the certificate, some of them have either chosen not to apply for it or have quit in the midway. Most of them do not have much idea about the certificate

either. On the other hand, those related to NGOs working for the disabled are aware of it. The researcher has noticed that there is a necessity of the certificate where privileges like quota have been preserved for the disabled. And out of this necessity some of them have collected the certificate. This awareness is usually noticeable among the educated and the conscious individuals. It is not possible for the unconscious and backward section of the population like the street beggars to be aware of this.

There is, however, a bit of consciousness among those who are linked to some NGOs working for the welfare of the disabled. There is a Census of the Disabled currently being conducted which will easier their orientation in society and will facilitate the implementation of any program upholding their rights and welfare.

Table 6: Members of the Respondents

Members of the Respondents	Frequency	Percent
0	39	19.5
1	45	22.5
2	41	20.5
3	33	16.5
4	30	15.0
5	10	5.0
6	1	0.5
7	1	0.5
Total	200	100.0

Source: Field survey, 2013

This question was asked in order to know having an idea about the socio-economic condition of the respondents about their family condition including their marital status (though it was not asked specifically) and the number of dependents. It was basically intended to see whether disability had affected the desire for marriage and whether there were dependents on them who were themselves dependent on others (the data and observation related to marital status will be presented separately in the next section). The researcher has noticed that though the disabled beggars are dependent on the alms given by others, they are not financially dependent on any other member of their family. That means they are not only financially self-dependent but also contributing to the livelihood of their dependents. The table shown above presents data about those financially dependent on the disabled beggars.

From the table 6 it is found that 39 out of the 200 respondents have no member dependent on them though 56 respondents were found unmarried. It was generally assumed that the unmarried ones would not have anyone dependent on them. But the research shows that some of them have old parents or orphan siblings dependent on them. The researcher would turn speechless while listening to heartbreaking stories from some of the respondents. However, the number of 39 respondents (19.5%) does not include those disabled beggars whose spouses have fallen sick and are earning very little. The remaining 161 respondents (80.5%) have 1-7 members financially dependent on them. Some of the respondents have as many as 6-7 members dependent on them. The analysis shows that there are 45 respondents (22.5%) who have at least one dependent. 41 respondents (20.5%) have at least two dependents. 33 respondents (16.5%) have at least 3 dependents. 30 respondents (15%) have at least 4 dependents. 10 respondents (5%) have at least 4 dependents. Besides, 01 respondent (0.5%) has 6 dependents while another respondent (0.5%) has 7 dependents. Some of the disabled beggars were found to be receiving the assistance of an able-bodied person while begging. It was, however, found only in the case of the totally disabled. Some of them were being assisted by the able-bodied person to be on the wheel-chair, some to be lying on a certain place and others to be sitting beside. This type of assistants have not been included in the list of dependents since they spend their time not just in assisting the disabled beggars but also in employing their labour in other jobs for earning livelihood. Besides, their number is not significant enough to be included in the analysis.

It is not be irrelevant to mention that the disabled with well-off family may not be begging and they may not have dependents on them. But finding no other way, they might even turn to begging later. Though the National Census has determined the number of the disabled, the number of disabled beggars has remained out of focus. Though the disabled, disabled beggars and ordinary beggars are classified differently, all of them are in fact dependent people. Separate research may come up with distinct statistical information about them. At least 1.4% (approximately 21 lakh people) of the total population in Bangladesh is disabled. They are not only dependent on others but also living an extremely sub-human life. Even if we do not count the number of dependents on the disabled and the factor of their dependence in terms of age, it can be said that the nation is not just being deprived of the service and labour of at least 21 lakh people; rather these people are maintaining themselves and in some cases their family on grant. In fact, only a fraction of these dependent people are completely disabled. Most of them, though not generally able, have capability to different extents. If their capabilities can be utilized, their dependence on grants will cease and they will be able to run their family with self-reliance.

Table 7: Marital status of the Respondents

Marital status of the Respondents	Frequency	Percent
Married	181	90.5
Unmarried	19	9.5
Total	200	100.0

Source: Field survey, 2013

Table number 7 shows that, 72% of the respondents (144 out of 200) were found to be married. A significant number of the married ones above the age of 50 were found to be widow or widower. The remaining 28% of the respondents (56 out of 200) were found to be unmarried. In the under 25 age category, some of the male disabled were found to be married. Besides, some male and female disabled above the age of 50 were found to be unmarried. However, there was no information as to whether the unmarried ones with mature age had any sexual disability. They were rather driven by frustration, financial crisis or some other problems. At Raozan upazila, it appeared to the researcher that a man and a woman of 30 age category were found who could not marry either because of their shyness or because nobody approached them. Two children of the age of 09-10 were found whose physical disability might affect their ability to fulfill sexual desire when they will come of age. Though medical science was not consulted to interpret the data mentioned above the study did not indicate any problems with regard to the sexual capability of the disabled. At the village level, some respondents were found to have remained unmarried due to shyness or financial incapability. Generally speaking, it became evident to the study that disability had no debilitating impact on sexual desires.

Causes of Disability of Respondents

Table 8: Causes of Disability of Respondents

Causes of Disability	Frequency	Percent
Disease	70	35.0
Accident	66	33.0
By birth	59	29.5
Wrong treatment	5	2.5
Total	200	100.0

Source: Field survey, 2013

The search for causes of disability is not consisting of a hundred a subject of social science research; rather it merits scientific, physiological research. Yet responding to the call of the humanity and in the interests of national development, the researcher has attempted to fulfill the objectives of his research through finding out the reasons behind the existence of so many disabled people living a sub-human life. The data obtained through interview are presented in the table number 7.

Basically, four causes were identified behind people's disability and the resultant loss of capability to work turning them to beggars. The research reveals that the disability of the respondents resulted from natal causes, post-natal diseases, accidents or wrong medical treatment. Among the natal causes, there were unscientific and immature delivery of child, malnutrition/sickness, conception by under- or over-aged mother and measles of the mother, etc. Among the post-natal causes, there were accidents, diseases, malnutrition, lack of medical treatment, superstition and wrong treatment, etc. Among the post-natal diseases, polio and typhoid were responsible for people's loss of ability to work. 35% of the respondents (70 out of 200) became disabled and resorted to begging due to post-natal ailment. 33% of the respondents (66 out of 200) became disabled and resorted to begging due to accidents. Among this type of disabled, the highest number of disabled due to road accidents is followed by amputation by train and falling down from tree. Those amputated by train had their parents' dwelling in the slums adjacent to rail lines. It is an incomprehensible, however, that despite the proclamation of section 144 of the Code of Criminal Procedure, people are living for decades in slums within directed distance of the rail lines. Besides, 2% of the respondents (4 out of 200) became disabled by falling down from tree. 29.5% of the respondents (59 out of 200) were disabled congenitally. The result revealed that 2.5% of the respondents (5 out of 200) were found to have turned disabled due to wrong treatment by the physicians.

From the above discussion, it is clear that disability has been defined in this context as the loss of ability to work due to natal causes or post-natal diseases or accidents. Though the general causes have been identified here, the physiological causes remained out of the reach of this social science research. So, by diagnosing the physiological reasons behind the disability and establishing a coordinated research cell, an attempt can be made towards solving this social problem through prevention and reduction of disability.

Suffering time from disability of the respondents

Almost all the disabled lead a sub-human life. Instead of becoming a matter of enjoyment, life has turned into a painful burden for them. The disabled people prefer death to life. Though the impact of the length of leading such a

life has not been reflected in this research, the message of tolerance can have an influence on us. Yet the question was asked in order to know about the length of time they were leading a sub-human life and the country was being deprived of their service and labour.

Table 9: Suffering time from disability of the respondents:

Duration of disability (in year)	Frequency	Percent
0-6	50	25.0
7-12	35	17.5
12 and above	56	28.0
By birth	59	29.5
Total	200	100.0

Source: Field survey, 2013

The table displayed above shows that 29.5% of the respondents (59 out of 200) were disabled by birth. So they were not counted while considering the length of time of their disability. Among this type of disabled, there were some who never saw the beauty of nature, never moved like an ordinary human being, never uttered or heard a single word. With regard to the length of time, 25% of the respondents (50 out of 200) were suffering from disability for more than six years. 17.5% of the respondents (35 out of 200) had disability for seven to twelve years while 28% of the respondents (56 out of 200) were suffering from disability for more than twelve years. It is relevant to discuss here that one does not regret when one finds resemblance with other people. But frustration creeps into consciousness when one finds one's utter disability compared to other people around. However, when one finds people of the same kinds, frustration disappears to a certain extent stimulating one's natural instincts and optimism. When some people in the neighborhood lead such a sub-human life, it is the call of the humanity to help them. The example of such assistance can be found in the world of other animals, too. Besides, considering the socio-economic condition of the country, if the increasing number of the disabled people remains idle for a long time, the overall development of the society and the country are bound to be disrupted. They are not just economic burdens for the country; the sporadic grants given in their favour are also being spent without any plan in unproductive sector. That is why, it is not just a moral duty on the part of the society, the state has also responsibility to upgrade their standard of living through the transforming them into technologically as skilled manpower.

Treatment taken by the respondents or not

The question is related to the rationale and objective of the study behind undertaking the disabled beggars, it is essential to discuss the issue. Often we find in the streets of city some disabled beggars with extreme deformity. Some of them are found either in a physical condition which demands immediate medical treatment or some of them have been afflicted with deadly diseases. But such disabled beggars are lying on the streets in search of a meager handful of food. In an incident like this, the researcher tried heart and soul to take a disabled beggar to the hospital; but the effort went in vain. The researcher got nauseated because of the bad odour from the body of the disabled. However, it had such a great impact on the mind of the researcher that he attempted to find ways to solve this social problem through providing medical treatment to this disabled beggars and mainstreaming them in the society. He decided to proceed towards solution of this problem through methodical research. The above question was included in the interview as the research arose out of the desire to address the necessity of medical treatment of the disabled beggars.

Table 10: Treatment taken by the respondents or not

Opinion of respondents for receiving treatment	Frequency	Percent
Yes	175	87.5
No	25	12.5
Total	200	100.0

Source: Field survey, 2013

The data obtained through interview have been displayed in the table number 10. From the result it was found that 87.5% of the respondents (175 out of 200) had received medical treatment. The remaining 12.5% of the respondents (25 out of 200) did not receive any medical treatment. Almost all of them were disabled by birth. When asked, they replied that they did not go for any medical treatment as they saw no possibility of recovery from the visual, speech or auditory disability caused by birth. Some of them with very little support from the family had consulted either the rural medical practitioners or the so-called spiritual healers. They have been included among the 175 respondents.

It has become evident in the research that those whose disability arises from diseases or accidents during post-natal stage consult doctors for medical treatment. Those with disability since birth seem to be convinced that there is no possibility of any recovery for them. More pressing reality is that the members of the poor family who suffer from diseases or lose their ability to work cannot afford medical treatment; hence their dependence on rural medical practitioners or the so-called spiritual healers often result in permanent disability. Thus the data analyzed above call for greater responsibility of the society in providing them medical treatment at the earliest.

Treatment Output

The question was asked in the interview in order to know about the impact of medical treatment on the physical condition of those who have fallen victim to accidents or diseases and whether they have regained their capacity to work. The data obtained in this regard are displayed in the table above and analyzed below:

Table 11: The Output of treatment who had taken treatment

Name of out put	Frequency	Percent
No improvement	115	65
Low improved	37	21
Improved	12	8
Stopped treatment	11	6
Total	175	100

Source: Field survey, 2013

From the result it was found that only 7% of the respondents (12 out of 175 who received medical treatment) informed that their physical condition improved. It is to be noted here that the improvement in this context does not necessarily mean they have been able to overcome their disability. For this type of respondents, it simply means getting rid of continuous sufferings from sickness and leading a comparatively satisfactory life. They also have their conceptual differences with regard to their expectations from life. It is also true that there is a sense of acceptance of unalterable reality being reflected in their expressions of expectation. 115 out of the 175 respondents who received medical treatment said they had no improvement. Most of them were disabled by birth. The 37 respondents who said they had a little bit of improvement were part of those who fell victim to accidents or diseases. For them, 'low improvement' signifies leading a life with the rest part of the body being amputated. The remaining 11 respondents who received medical treatment later stopped receiving further treatment due to neglect or financial want. From the above analysis, it becomes clear that 12 out of the 200 respondents have recovered satisfactorily from their disability. Those who have achieved little or no recovery their expectation was to overcome the key features of their disability. The possibility of recovery is greater in case of those who become disabled due to diseases than the ones whose disabilities are caused by birth or accident. From the opinions expressed by them, the researcher has arrived at the decision that excluding the respondents who need immediate treatment and the ones with virtually no capability, the rest of them are quite well and they have variant physical capabilities.

Necessity of treatment

It has already been known that 12 respondents have satisfactorily recovered from their disability and they no longer need further treatment. That is why the question was not repeated. On the other hand, the number of those who have stopped taking medical treatment or have recovered slightly or have not recovered at all amounts to 188. This question was asked to know how many of them felt the necessity of further treatment and whether they require any special treatment or not. The data obtained through this question are demonstrated below:

Table 12: The respondents have necessity of treatment or not:

Necessity of treatment has or not	Frequency	Percent
Yes	92	46
No	94	48
Other	14	6
Total	200	100

Source: Field survey, 2013

An analysis of the data presented above shows that excluding the 12 respondents who were satisfied with their physical condition, 46% of the respondents (88 out of 188) expressed their opinion of the necessity of receiving medical treatment. 11 of them either ceased in the midway a part of them had very little improvement or no progress. When asked whether they believed that they could still recover despite previous failed attempts, they said they might face neglect due to their abject financial condition. They took the researcher as a government representative and in the hope of better medical treatment stressed its necessity. Many of them, in fact, had immediate necessity. 48% of them (90 out of 188) clearly stated that they did not need any medical treatment. This group of respondents included the blind, the deaf and the mute as well as those who underwent amputation of limbs. Many of them had applied for artificial organs.

Though it was a relevant request, it was not considered as an urgent medical requirement. The remaining 6% of the respondents (10 out of 188) did not ask for any medical treatment. Some of them were either too frustrated or did not find this important enough to pay their attention. It is noticed of the most of the respondents that congenital physical disability or to be unable for disease never will come back his minimum ability through any treatment. So they do

not take initiative latest or proper treatment for their health. The respondents recommend following like this recommendations:

1. To ensure a good health of a conceived mother;
2. Mother should take advice of doctor to eat her any medicine;
3. To follow the instruction of medical science in the sphere of multrimonial relation;
4. Doing delivery through a skilled hand etc.

Giving thanks to him researcher has leave taken.

It is noticed in the above analysis that 44% of the respondents (88 out of 200) were found to have expressed the necessity of medical treatment. Besides, disability was not permanent among many of those who were afflicted with diseases and turned to begging. Some of them could still be recovered from parmanent or partial disability trough proper treatment. However, the urge to receive medical treatment was not so strong among the respondents. While, on the one hand, lack of financial capacity has led them to frustration; on the other hand, they cannot afford to stay away from begging, the only source of their livelihood, even for the sake of medical treatment. It is reality that given hoped that given proper medical treatment they will at least be a bit relieved from the physical pains and they can gain some sort of capability to work, even if they do not get rid of their disability.

CONCLUSION

A person with disability is unable to perform his work for the time being due to physically energy and ability less. If he has to give proper treatment or has to give suitable technical training he has to be converted as a workable person with his different ability. Then identifying the type of disability and qualification through investing their labour it is possible to run them in main stream of national development. Undoubtly, rehabilitation conception and activities are multidimensional and complicated. So taking any activity of rehabilitation without recommendation by the research work overall success may not be come. The present study engaged regarding by considering human sensibility and the highest critical stage of poverty of disable beggars identifying it as social and national problem to find out the ways of solution. The study tried to give an action of the problem through evaluating and analyzing data by descriptive-cum exploratory in nature.

By different questions during interview it has known to their demands and eagerness to become self reliant. Besides this, it has known to their participation activities taken by the government-nongovernment initiatives and by this has been identified also their problems, opinion and probabilities. It was found that disabled beggars participation will have in those rehabilitation activities where there are probability to meet up their demands and expectations. It was noticed also, that the most of disabled beggars will not participate in the rehabilitation centre if it is situated out of their own upzilla or district though in there have facility of treatment, training or over all management. That means the disabled beggars will not earnest to participate taken activities by anybody in where there is no reflection of their desireness. At the result, the rehabilitation activities must be success when will have their participation and desire ness will be reflected.

According to the finance minister in the year of 2009-10 the government took an initiative to rehabilitate the beggars. For this, a survey rapidly was done in Dhaka city. Under this program at that time ten thousands beggars' pictures and information were been collected. In this survey 80.48% beggars has expressed their opinion to go their own district for rehabilitation. Accordingly Ministry of Social welfare took a plan rehabilitating them as first step under the title" Rehabilitation and alternate employment". But only 253 beggars were found to go their own district for rehabilitation. This is why, in this program there had no largely explanation what kind of rehabilitation and what facilities will have. In this situation the responsible officers were too faced embarrassing. In the year of 2010 were formed a cell to reduce and remove the number of beggars of the country under the directorate of social welfare ministry. Accordingly, the budget has been being allotting per year, but allocated money is not being utilized in this sector to till today.

However, the present study has to be minimized the gap of knowledge and systematically to evaluate the cause of unsuccessfulness of the plan and to be more attentive in analyzing of found information and to give formulating hypothesis for the better interest of the beggars in Bangladesh or elsewhere in the world.

From the opinion of the respondents about their wanting and aspirations were found to establish a rehabilitation centre is to meet up specific demand of different respondent. In fact, considering their education and socio-economic condition of them such type of opinion was not unexpected. Among the respondents some are to need treatment necessarily and after treatment they may regain their minimum ability to do work, some are can be converted just as skilled manpower after taking training, some are completely invalid that they are not can be converted as skilled or with ability by providing treatment or training them. Of them some are too old that they have no energy to do work due to their age. There have some persons with disability of the respondents that one more family member depends upon them. It is also difficult to take them for training for few days without under special arrangement managing their family.

In the circumstances, found information and results through the interviewed questionnaire in where included the general information of the respondents, the causes of a person to be a disabled, the reason of begging after being a disabled, the legal rights and position of disabled beggars, rehabilitation of disabled beggars and other respective demanding questions in the light of research are presented in below:

1. **The necessity of treatment of the disabled beggars:** Among the respondents some of them their treatments are crying need. If they get proper immediate treatment they may get rid of their sickness or get rid to be more disability and some of them will become as employed person after treatment.
2. **Stop Begging:** Some of them are, if anybody be ensured them they would got some amount of money by any means which they get by begging they will be just stopped the begging. Some of the respondents expressed their demands to get the amount of money so that they lead their lives or lives of their family.
3. **Demands of the respondents:** Among the respondents some of them demand to get any job, some are demand to get loan, some are demand donation based capital for business and some are demand to rehabilitate them by any means. But the most of respondents expressed their demands to take job or local area based suitable training so that he can lead his life.
4. **Demand of Residence:** Among the respondents whose have no homestead they demanded residence where they will live there.
5. **Nothing facility:** A large number of disabled beggars do not get at least facility or allowance of the government or any non-government organizations.
6. **Nothing has knowledge of respective subject:** The most of the respondents have no knowledge about the legal right of disabled and the legal position of the disabled beggars. Whose have knowledge opined that it is not possible to stop begging on the roads or public places. Because they have no alternative way to lead their lives, otherwise to death is better.
7. **Completely Handicapped Person:** Some of them opined to take an activity with establishment any rehabilitation centre at local area based by overall management. These respondents are completely disabled or old aged disabled.
8. **Maximum Participation with rehabilitation program:** If the rehabilitation centre is established in respective upzilla or local area based the maximum number of the disabled beggar will participate there.
9. **The reasons of disability:** The reasons of disability are accident (road, train and to be fallen of tree), disease (congenitally, typhoid, polio etc.) and wrong treatment remarkable.
10. **The reasons of begging:** The reasons of begging are the most critical stage of poverty, nothing having to asset, no family support and overall not underwriting of the society remarkable.

As the problems, demands and expectations of disabled beggars are different types. So, through taking individual related rehabilitation program according to their desire ness will complex and will not be possible for the overall solution of such national problem. In the result, the researcher tried to find out the overall solution of his research experience, found analysis data and their abilities and the researcher found out there are presented in the below:

- a. To increase ability through treatment or to stabilize the rest physical ability (if applicable).
- b. To establish necessary numbers of technical suitable training centre for disabled.
- c. To establish work based institution for employment.
- d. To establish residential centre for whom having no homesteads.
- e. To establish education centre for under 18s disabled beggars (if interested anyone) and the children of disabled beggars
- f. To establish an institution by providing all facilities through combined management for physically completed invalid or old aged disabled beggars.

In the circumstance, it is clear to the study that demands and expectations of the most respondents are to establish a combined rehabilitation centre at the door of them where will have aforesaid facilities. Therefore, it is necessary to solve the problem and to take them into the mainstream of the society should be established one's local area.

RECOMMENDATIONS

In the basis of receiving information of the respondents and the result of the research for overall development of disabled beggars, socio-economic development of the state and also allover to rescue the disabled beggars from inhuman position are presented according to the findings as recommendations in the bellow:

1. **Establishment a Mini Medical Unit:** A mini medical unit with respective required equipments and doctor should be established in each upzilla or local unit based is a must. Otherwise a separate unit should be added effectively in each hospital for ensuring required treatment of these handicapped people.

2. **Establishment a technical suitable training unit:** Establishment of technical and suitable training unit in each rehabilitation centre is a must for handicapped person to form their skillness according to their types of disability, demands and qualification.
3. **Work Place Establishment:** To establish a work place as industrial institution for trained up disabled. So that they can work there as employed person.
4. **Providing residential unit:** Providing a residential unit in each local center for those handicapped beggars who have no homesteads.
5. **Products Marketing Management:** There should provide a special marketing system through special arrangement for products which are made by disabled. Even if necessary that special rule should be included into the bilateral contacts of trading among the countries.
6. **To establish educational unit:** To establish an educational unit in each rehabilitation centre for handicapped beggars who are under 18s (if interested anyone) and the dependents children of disabled beggars.
7. **Assistive device and equipments Supply:** Assistive device and equipments should be supplied to the trained and skilled disabled who are live and work outside the work place centre unit. So that they can perform their works helping them.
8. **To do more effective begging resistance cell:** It should be more effective begging resistance cell under social welfare department. The disabled beggars should be gotten priority taken their programs.
9. **To reduce the poverty program disable beggars should get priority:** The handicapped beggars' position in the lowest index of the society. So they should be kept under special consideration taken programs by the government like social safety net and reducing poverty etc.
10. **To more expand the Physio therapy education:** Physio therapy education should be increased largely in priority basis. So that the respective services can reach door to door of the persons with disability.
11. **To be more effective the social welfare unit of medical hospitals lawfully:** Enact taking guardianship of disable beggars the social fare unit on behalf of the govt.
12. For it, to be ensure this unit under accountability **To control and reduce accident:**
 - a. To control road accident should have commitment it one's election manifesto of the political parties.
 - b. Institutional infrastructure based on accountability should be established following the regional and international successful initiatives and to implement of research recommendation given by specialist.
 - c. It is necessary to evict the slums which are situated beside the rail lines to others residential arranging by the government.
13. **Giving the conception as legal base:** The conception, Local Area Based –Combined Disabled Rehabilitation Center for successful implementation should be given on statutory legal base.
14. **International day declaration:** It should be taken initiative by the government declaring as International Day of “Rehabilitation for disabled beggars”.

REFERENCES

1. Bangladesh Bureau of Statistics (BBS, 2012, 2016 and 2018) *Statistical Pocket Book of Bangladesh*, The People's Republic of Bangladesh
2. Chowdhury, Anwarullah 1978. *A Bangladesh Village: A Study of Social Stratification* (Dhaka: Center of Social Studies).
3. CSID (2018) *Employment Situation of People with Disabilities in Bangladesh*
4. CSID (2017): *Existing Situation and Opportunities of Employment of Persons with disabilities in Bangladesh*.
5. *Disability in Bangladesh: A situation analysis: The Danish Bilharziasis Laboratory for the World Bank Peoples Republic of Bangladesh* (2018)
6. NFOWD *Rights of Disable people, law to Ensure Equal Opportunity of Disable people*
7. Gomes, Stephen G. 1988. *The Paharis: A glimpse of Begging Life in North Eastern Bangladesh* (Dhaka: Caritas)
8. Government of the People's Republic of Bangladesh, *Disability Welfare Act-2001*
9. Haque, Shahidul and Begum, Shahanaz 2017 : *Feelings of disability Issue in Bangladesh*, SARPV Bangladesh

10. International Labour Organization (2018), *Self-Employment programmes in Bangladesh: Experiences of Selected Organizations*
11. Malinowski, Bronislaw, 1978. *Argonauts of the Western Pacific* (London and Henley: Routledge and Kegan Paul)
12. Ministry of Social Welfare (2017): National Policies
13. Momin, A.K.M (2016), *Accessibility Newsletter*, Vol-1. The Center for the Rehabilitation of the paralyzed (CRP), Savar, Dhaka.
14. Protection and Preservation of the Rights of the Disable Persons Act, 2013
15. Sarwar A. S. M (2011): Social Condition of Disable People of Bangladesh.
16. NFOWD (1997): Report on Mapping of Disabled Children Organization Working with in National Forum Organization, Dhaka
17. Radcliffe-Brown, A. 1987 *The Andaman Islanders* (New York; The Free Press, First Published in 1922)
18. Srinivas, M. N. Shah, A. M. & Ramaswamy, E. A (eds.) 2002 *The Fieldworker and the Field*, second edition (India: Oxford University Press)
19. Standard Rules on the Equalization of Opportunities for Persons with Disabilities, 1993
20. 'Towards Equalization', ESAP Decade of Disabled person 1993-2002; A Review of progress in Bangladesh Ministry of Social Welfare, Department of Social Service, GOB and NFOWD in association with Action Aid Bangladesh.
21. The Feminine Dimension of Disability, A Study on Situation of Adolescent Girls and Women with Disabilities in Bangladesh, Dhaka; Center for Services and Information on Disability (CSID); 2001.
22. United Nations organization (1950), *Development of Social affairs, Training for Social Work – An International Survey*, New York
23. United Nations organization (1950), *Development of Social affairs, Training for Social Work – An International Survey*, New York
24. Unveiling Darkness: Situation analysis on disaster and disability issues in the coastal belt of Bangladesh, Dhaka; Centre for Services and Information on Disability (CSID); 1999.
25. Zaman, Sultana S. and munir, shirin z.ed. 1994, services and programmes for the Disabled in Bangladesh, Scientific studies on Development Disabilities in Bangladesh, Bangladesh Pratibandhi Foundation, Dhaka.

