PERSPECTIVES OF WOMEN WITH LOCOMOTOR IMPAIRMENT ON USAGE OF PUBLIC SPACES:

AN EXPLORATORY STUDY

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Dissertation submitted in partial fulfilment of the requirements for the award of the degree of

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CERTIFICATE

Certified that the dissertation title “Perspectives of women with locomotor impairment on usage of public spaces: An exploratory study in Kannur district, Kerala” is a record of the research work undertaken by Dr Suramya P. in partial fulfilment of the requirements for the award of the degree of “Master of Public Health” under my guidance and supervision.

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DECLARATION

I hereby declare that this dissertation “Perspectives of women with locomotor impairment on usage of public spaces: An exploratory study in Kannur district, Kerala” is the bonafide record of my original research. It has not been submitted to any other university or institution for the award of any degree or diploma. Information derived from the published or unpublished work of others has been duly acknowledged in the text.

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THERE

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IN SOCIETY THAN

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TO SEE

A PERSON AS MORE

Robert M.Hens

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LIST OF ABBREVIATIONS

Abbreviations	Full form
IDI	In-depth interview guideline
PWD	People with disabilities
MDGs	Millenium development goal
SDGs	Sustainable development goal
UNCRPD	UN convention on the Rights of Person with Disabilities
WWD	Women with disabilities

ABSTRACT

BACKGROUND: Disabilities and their associated complications present significant global challenges, affecting over 15 percent of the world's population. In Kerala, locomotor disability stands out as the most prevalent type, constituting 31 percent of all Persons with Disabilities (PWDs). Under the Rights of Persons with Disabilities Act, 2016, it is mandated that appropriate government entities ensure equality, dignity, and respect for the integrity of individuals with disabilities. Despite men being more affected by disabilities overall, women with disabilities face heightened discrimination and limited access to education, healthcare, and career opportunities. This qualitative study seeks to explore the lived experiences of women with locomotor impairments in Kannur district, shedding light on their specific challenges, coping strategies, and perspectives.

METHODOLOGY: The study population comprises women aged 18 to 59 years. Employing a qualitative research design, the study utilized In-Depth Interviews (IDIs) as the primary data collection method. Additionally, field diaries with daily notes and reflection notes supplement the data collection process, enriching the depth and context of the findings. Existing infrastructural modifications were often ill-suited to the actual needs of PWDs.

RESULTS: Participants articulated the significant obstacles they face in accessing public spaces, with inadequate infrastructure and facilities posing major hurdles. Existing infrastructural modifications were often ill-suited to the actual needs of PWDs. Accessibility issues are further entrenched in transportation related spaces and situations, high societal

position leads to higher accessibility. Negative attitudes and societal barriers undermined their aspirations and limited their opportunities for social participation and employment

CONCLUSION: promoting equity and accessibility for persons with disabilities requires a concerted effort to address environmental barriers, challenge societal norms and attitudes, and uphold the principles of human rights and social justice. By embracing the principles of fundamental human rights of PWD and adopting a holistic approach to disability inclusion, societies can create more equitable and inclusive environments where all individuals can realize their full potential

CHAPTER 1

Introduction and literature review

1.1 Background

Disabilities and their associated complications, regardless of type, present significant challenges globally. More than 15 percent of the world's population lives with a disability, with prevalence notably higher in low- and middle-income countries compared to developed ones. In Kerala, the disability census reports 793 persons with disabilities (PWDs), accounting for 2.32 percent of the total population, slightly higher than the national average of 2.21 percent. Among various disability types in Kerala, locomotor disability is the most prevalent, representing 31 percent of all PWDs. However, in low- and middle-income countries like India, the surge in disability incidence lacks corresponding initiatives to enhance well-being and overall health. People with disabilities often face social integration and inclusion challenges due to functional limitations, social stigma, and discrimination. Limited social contacts and reduced opportunities for relationships contribute to poorer employment prospects and health outcomes. A lack of formal networking platforms hinders access to resources. Building supportive neighbourhood communities and adopting participatory approaches can enhance the well-being of PWDs by fostering social support and networking, which are deemed more crucial than financial aid. Census data from 2011 reveal 11,824,355 disabled women compared to 14,986,202 men, constituting 44.09 percent of India's total disabled population. The gender gap in employment is stark, with 47 percent of men and 23 percent of women employed. Societal norms in India expect women to fulfil social roles, yet ablest norms marginalize women with disabilities, leading to lower marriage rates and higher divorce rates. The Rights of Persons with Disabilities Act, 2016 mandates the government to ensure equality, dignity, and respect for integrity among individuals with

disabilities. While disability conventionally signifies a loss of functional capacity, modern approaches to functioning are more inclusive, allowing for the effective conceptualization of functioning in persons with disabilities.

1.2 Literature review

1.2.1 Purpose of literature review

This literature review aims to identify relevant publications in peer reviewed journals, report and books that address the issues of the lives of the people with disability. It proposes to identify the gaps in the available literature on disability, problems faced by the people with disability, environment and health and well-being and different factors affecting them with specific reference women with locomotor impairment

1.2.2 Defining disability

Disability encompasses challenges faced in one or more areas of functioning, including impairments, limitations in activities, and restrictions in participation. The emergence of disability results from the interplay between health conditions and various contextual factors, which encompass environmental and personal elements. (WHO, 2011)

"Persons with disabilities include those who have long-term physical, mental, intellectual, or sensory impairments which in interaction with various barriers may hinder their full and effective participation in society on an equal basis with others" (WHO, 2011)

Disability refers to challenges in functioning across various aspects of life—physical, personal, or societal—resulting from a health condition, and influenced by the individual's interaction with their environment. Impairments are interactions affecting the body; activity limitations are interactions effecting individual's actions or behavior; participation restrictions are interactions effecting person's experience of life. (Leonardi, M et al, 2006)

Examining both the health and environmental dimensions of disability enables an exploration of health interventions aimed at enhancing functioning, alongside interventions focused on modifying the environment to enhance the participation of individuals with disabilities. (Bickenbach, J.E et al, 1999) “Locomotor disability” means disability of the bones, joints or muscles leading to substantial restriction of the movement of the limbs.”- The Persons with Disabilities Act 2016

Different perspectives are in use for defining the term disability. They include:

(a) Charity Perspective: This perspective encourages providing charitable support to people with disabilities.

(b) Medical Approach: People with disabilities are seen as being disabled due to their medical condition (Haber, 1990).

(c) Social View: Disability is depicted as society's failure to respond to the needs of people with disabilities (Verbrugge and Jette,1994).

(d) Rights Approach: This view looks at disability from a human rights angle.

(e) ICF Model: The International Classification of Functioning, Disability, and Health model includes three levels: impairment, activity limitation, and participation restrictions (Alison Harris and Enfield, 2003).

The present study aims to understand the challenges faced by disabled individuals that arise from interactions with the physical and social environment.

Disability is a social process where the gap between personal limitations (like health conditions) and the demands of the environment limits one's ability to perform normal tasks due to social factors (Medicine, 2001; Mitra et al, 2013).

In low and middle-income countries, poverty and disability often go hand in hand. Conditions like lack of access to healthcare, poor living conditions, and social inequalities can increase the risk of disability (Cantwell L, 2011; Feinglass et al, 2012; Yeo, 2001). Disability, in turn, can lead to exclusion from work, education, and healthcare, exacerbating poverty (Yeo, 2001; Chin et al, 2002).

Overall, disability is no longer seen solely as a medical issue but as a complex phenomenon influenced by both individual factors and societal barriers (Baris & Uslu, 2009).

Disability results from the interaction between a person's impairments and environmental barriers that hinder their full participation in society. The Critical Disability Theory suggests that disability is a social construct and social disadvantage experienced by disabled people is caused by the environment failing to meet their needs (Hosking, 2008).

1.2.3 Rights of people with disability

Recognition of the rights of the Disabled in international context In 1975 the United Nations produced its Declaration of Rights for Disabled People followed in 1982 by the adoption of World Program of Action Concerning Disabled People by its General Assembly (Baral, 2018). Then, a United Nations world conference on Education for All was held in Jomtien, Thailand in 1990 calling for educational opportunities to meet the basic learning needs of all, followed by a world conference on Special Needs Education: Access and Quality in Salamanca, Spain in 1994 which produced the Salamanca Statement and Framework for Action (Banskota, 2015). At the end of 1992, the United Nations Standard Rules on the equalization of Opportunities for Persons with Disabilities was produced which Accessibility in Public Spaces for Persons with Disability However, these rules have no formal, mandatory, binding authority (Baral, 2018). In 1997, the Dhaka Declaration has stated that handicap and

disability are development issues and should be addressed in every sector of development. The decade from 2003 to 2012 has been stated as being the Asian and Pacific Decade of Disabled Persons (Baral, 2018). In response to that The United Nations Economic and Social Commission for Asia and the Pacific (UNESCAP) has produced the Biwako Millennium Framework for Acton: towards an inclusive, barri)er-free and rights based society for persons with disabilities in Asia and Pacific (Baral, 2018). .

1.2.4 Disability and the Sustainable Development Goals

At the 2012 United Nations Conference on Sustainable Development (Rio +20), member states collectively decided to initiate the formulation of a series of Sustainable Development Goals (SDGs) to follow the Millennium Development Goals (MDGs). The primary aim of the SDGs is to tackle the environmental, economic, and social dimensions of sustainable development comprehensively, while aligning with and becoming an integral part of the United Nations' global development agenda post-2015. The envisioned SDGs are projected to span from 2015 to 2030.

Disability is addressed across various aspects of the Sustainable Development Goals (SDGs), particularly in areas concerning education, economic growth and employment, inequality reduction, accessibility of urban areas, and data monitoring:

Goal 4 aims at providing inclusive and equitable quality education for all, emphasizing the elimination of gender disparities and ensuring equal access to education and vocational training, including for persons with disabilities. It also calls for the construction and enhancement of education facilities that are sensitive to the needs of children, disabled individuals, and genders, fostering safe, inclusive, and effective learning environments.

Goal 8 focuses on fostering sustained, inclusive, and sustainable economic growth, aiming for full and productive and decent work for everyone, particularly women and persons with disabilities.

Goal 10 endeavours to reduce inequality within the countries and among countries by advocating for the social, economic, and political inclusion of all, including persons with disabilities.

Goal 11 aims to create inclusive, safe, and sustainable cities and human settlements. It stresses the importance of providing safe, affordable, and accessible transport systems, with special consideration for the needs of vulnerable groups such as persons with disabilities. Furthermore, it emphasizes universal access to safe, inclusive, and accessible public places, particularly for individuals with disabilities.

Goal 17 underscores the significance of data collection, monitoring, and accountability for the SDGs. It calls for enhanced capacity-building support to developing countries, including the provision of high-quality, timely, and reliable data disaggregated by disability, to strengthen the means of implementation and foster global partnerships for sustainable development.

1.2.5 Gendered differences

The gender-based distribution of disability indicates that men experience more disabilities than women. However, disabled women face more bias and exploitation concerning access to education, healthcare, and career opportunities compared to disabled males. (Singh, 2014) In India, despite the women's movement historically focusing on issues like dowry, sati, female feticide, and domestic violence, disability has seldom been part of its agenda (Mulholland et al., 1998). Being both a woman and disabled subjects one to intersectional

discrimination in India, where the discrimination against women and disability overlap (Cheng et al., 2018).

Women with disabilities (WWD) require increased protection from exploitation and abuse compared to other women (Dutt, 2016; S. Sharma, 2022). In Asia, WWD often hesitate to disclose their disabilities due to fears of sexual objectification and racial fetishization (Tewari, 2021). They face intersectional kind of discrimination based on sexism and ableism (Cheng et al., 2018).

WWD are more likely to experience abandonment or divorce because of societal beliefs that household duties require physical fitness and mobility. Working outside the home is often not considered viable for them, and their literacy rates remain low. (Daruwalla et al., 2013). Rejection often stems from misconceptions about their capabilities rather than a desire for a harassment-free and accessible working environment (Corcuff et al., 2021).

Employment rates among WWD are lower than among others, leading to increased dependency on families and heightened vulnerability to violence (Mehrotra & Nayar, 2020). Discrimination compounds for WWD, as they are perceived as incapable of fulfilling daily tasks, gender roles, or engaging in education or employment (Daruwalla et al., 2013).

Despite some studies focusing on disability, perspectives from WWD remain scarce, partly because they are rarely visible in public spaces. Consequently, they are excluded from ableist and gendered workplaces, limiting their ability to share their experiences and contribute to knowledge creation (Tewari, 2021).

1.2.6 Accessibility and equity

Accessibility, defined as the opportunity for individuals to participate in activities, is crucial for persons with disabilities (PWDs). The built environment should be designed and managed to be safe, healthy, convenient, and enjoyable for all members of society (Kerbler, 2012).

Equity is essential, ensuring the absence of systemic disparities and promoting inclusion for PWDs, as highlighted by the UN Convention on the Rights of Persons with Disabilities (CRPD). Inaccessibility to the built environment significantly contributes to the exclusion of PWDs from mainstream society (Barnes & Mercer, 2003). Digital inclusion, encompassing access to and use of information and communication technologies, is also vital for PWDs' participation (Gómez, 2020)

1.2.7 Educational status of disability

population People with disability are more disadvantaged with low level of educational qualification, higher poverty rate, and less economic participation than that of people without disability People with disabilities are faced with many barriers to jobs, the most important of which is insufficient and inaccessible education and training facilities

1.2.8 Mental health

The gender-based distribution of disability indicates that men experience more disabilities than women. However, disabled women face more bias and exploitation concerning access to education, healthcare, and career opportunities compared to disabled males (Singh, 2014). In India, despite the women's movement historically focusing on issues like dowry, sati, female feticide, and domestic violence, disability has seldom been part of its agenda (Mulholland et al., 1998). Being both a woman and disabled subjects one to intersectional discrimination in India, where discrimination against women and disability overlap (Cheng et al., 2018).

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The concept of mental health encompasses various factors such as subjective wellbeing, perceived self-efficacy, autonomy, competence, intergenerational dependence, and the ability to realize one's intellectual and emotional potential. According to the. (WHO, 2003) mental health is defined as a state of wellbeing where individuals acknowledge their capabilities, effectively handle life's challenges, maintain productivity, and contribute to their communities. It's important to note, as highlighted by. (Friedl, 2009) that the absence of mental illness doesn't necessarily equate to high levels of positive mental health, and vice versa. Research suggests a significant correlation between disability, depression, and anxiety, with individuals with disabilities reporting notably higher depression and anxiety scores compared to those without disabilities. Moreover, limited access for people with disabilities may result in their isolation within restrictive social networks, negatively affecting their mental health. Social networks, described as the systems of social relationships in which individuals are embedded, play a crucial role in mental wellbeing. Support networks, which encompass formal and informal social interactions, are particularly important, as individuals with limited support networks tend to have lower levels of mental health and psychological wellbeing. Feeling loved and cared for has been associated with reduced levels of anxiety, depression, and somatization, and better adaptation to stressful situations. Additionally, strong support networks have been shown to reduce the prevalence of mental health conditions and provide both physical and psychological benefits to individuals experiencing stressful events, as indicated by. (Brummett, 2005) Another study suggests that educated males from higher income quartiles, without disabilities, are less likely to experience depression and anxiety (Devassy, S.M et al, 2021) Research shows a significant association between disability and higher levels of depression and anxiety. Individuals with disabilities exhibit nine times higher depression scores and five times higher anxiety scores compared to

those without disabilities. Limited access for people with disabilities can confine them to restrictive social networks, which negatively impacts their mental health by hindering integration into health-promoting networks (Devassy, S.M et al, 2021).

Social networks, defined as systems of social relationships an individual is part of, play a crucial role. A strong support network, comprising both formal and informal platforms for social interactions, is linked to better mental health and psychological wellbeing. Feeling loved and cared for is associated with lower levels of anxiety, depression, and somatization, along with improved adaptation to stress (Devassy, S.M et al, 2021; Brummett, B.H, 2005).

Moreover, studies suggest that factors like education, higher income, and absence of disability are associated with lower odds of depression and anxiety (Devassy, S.M et al, 2021).

1.2.9 Receation

Recreation, as described by Thomas Mann, serves as a revitalizing activity for the body, countering the monotony of daily life. Organizations like the" American Association of Health, Physical Education, and Recreation" (AAHPER) emphasize its role in fulfilling basic human needs, promoting total health, alleviating life's strains, enriching personal and family life, and fostering effective citizenship. Martha Nussbaum's functional capabilities also highlight recreation as a crucial aspect of wellbeing, emphasizing the freedom to laugh, play games, and have fun without criticism or obstruction (Nussbaum, 1988).

1.2.10 Environment and disability

The extent of actual disability experienced by a person depends on the nature of the environment, being positive and enabling which serves to compensate for the condition, ameliorate the limitation, and facilitate one's functional activities or negative and disabling which could worsen the condition, increase the barrier and limitation and restrict one's

functional activities. (Brandt and Pope, 1997; Bhuvaneswar CG, Epstein and Stern 2007; Visagie et al, 2017)

Environment refers to surroundings of individuals including interiors and exteriors in nature. In the present context the environment refers to physical, social, economic, technological, legal environment. They comprise of structures, social norms, believes, interactions and so on. (US Council, 2013) Most of the times the environment in our surroundings is not accessed at ease. Such constraints create unfriendly environment which is experienced more by people with disability. Environmental structures and designs adversely affect the well-being of differently abled. (Ronald L 1996; Gong et al, 2016; CDC, 2003; Field et al, 2007); Lollar , 2011) which adds up as an additional burden for them.

The unfriendly physical, social structures and other interfaces are either not easily or fully accessible in the present day, where physical environment refers to built-in environment, that are many at times designed and constructed by the other members of community who understand very little about the needs of physically challenged. (Woolf et al, 2013; Rosenberg et al, 2013).

This adversely affects the physical health and might lead to obesity and other health problems among the disabled. Similarly, social factors such as safety, stability of social connections, social participation, social cohesion, social capital, collective efficacy of the neighbourhood/ work environment affects the psychological health and mental well-being. (Ahern and Galea, 2011; Woolf et al, 2013)

1.2.11 Ethical consideration for conducting study on differently abled.

When conducting research involving individuals with disabilities, it is essential to adhere to the principle of "nothing about me without me" (Bryen, 2016). Regardless of the nature of their disabilities, researchers must initially presume that individuals possess the capacity to

make decisions independently (autonomy). Subsequently, it is imperative to ensure that information is provided in the most accessible manner possible and that comprehension is adequately checked, while also ensuring justice in accurately representing the participants (Durham et al., 2014). Additionally, research must uphold the standard ethical guidelines for human participants and be conducted in a manner that is sensitive to the unique needs of individuals with disabilities (The National Disability Authority, Ethical Guidance for Research with People with Disabilities, Ireland, 2009).

1.2.12 Factors related to social resources

Social factors encompass the individual's perceptions and responses to others, as well as vice versa, referred to hereafter as internal and external elements, respectively. Internal elements include social comparison, where individuals assess themselves against others to evaluate their status (Dibb et al, 2014). Additionally, pro-social behaviour, such as helping, comforting, sharing, and cooperation, constitutes actions intended to benefit others (Friedli, 2009; Batson & Powell, 2003). Social connectedness denotes the feeling of belonging to a social relationship or network (Lee & Robbins, 1995), while perceived discrimination involves unfair treatment towards individuals based on group membership (Larrabee Sonderlund, Thilsing & Sondergaard, 2019). Moreover, social injuries encompass mental distress resulting from demoralization and despair (Pilgrim & Rogers, 2003).

External elements include social support, defined as a network of family, friends, neighbours, and community members available to provide psychological, physical, and financial assistance in times of need (Anon, 1980; Larrabee Sonderlund, Thilsing & Sondergaard, 2019). Social integration refers to individuals' attachment to larger society, typically measured in terms of occupational, organizational, and community roles (George, 2001;

Larrabee Sonderlund, Thilsing & Sondergaard, 2019). The internalized ideal of independency perpetuates the notion that autonomy is synonymous with independence, equating disability with loss of autonomy and dignity. This ideal has become deeply ingrained, making independence a critical value and prerequisite for community living (Van de Velde et al, 2012). Finally, social drift encompasses the social and ecological impacts of adversity, including physical health problems and the cycle of invisible barriers hindering individuals from benefiting from opportunities (Pilgrim & Rogers, 2003).

1.2.13 Equity in access to resources

Inequality exists in outcomes related to behaviour, health, consequences of illness and access to services. (Whitehead & Dahlgren, 2006). "Differential deprivation of access is a catalyst for a range of negative emotional and cognitive responses to inequity." (Friedli, 2009) Mental health problems both reflect deprivation and contribute to it and can be considered as representative of social divisions. (Pilgrim & Rogers, 2003) Socio-economic position is particularly important here. Socioeconomic position (SEP) refers to the position of individuals in the hierarchy and is inherently unequal, shaping access to resources and every aspect of experience in the home, neighbourhood and workplace. (Krieger, 2001) According to Krieger, resilience enables people to resist injustice and its health harming effects. (Krieger, 2012) People with disabilities can face psychological, employment, educational, medical, social, and environmental obstacles, all of which may limit their ability to fully participate in life. (Stuntzner& Hartley, 2014)

1.2.14 Capability theory

Individuals have capabilities, but the circumstances that they are in facilitate or limit the realization of the capabilities. (Robeyns, 2003) This theory focuses on the highest quality of life individuals can possibly achieve, even if they have impairments. It starts with functioning – states where individuals exist – e.g. free of hunger, able to read, able to travel etc. Capabilities are functioning that hold value to a person. When people have full access to their capabilities, they help the person to achieve improved well-being. While Sen refrained from giving a definitive list of capabilities and functioning and preferred to leave capabilities as best determined by individuals themselves, Nussbaum gives an objective list of aspects related to well-being. (Nussbaum, 2003) These include "being able to:

1. Experience a full human lifespan.
2. Enjoy good health, sufficient nutrition, adequate housing, opportunities for fulfilling sexual experiences and reproductive choices, and the ability to move freely.
3. Minimize unnecessary pain and seek pleasurable experiences.
4. Utilize our senses, imagination, thinking, and reasoning abilities, and have access to education to develop these capacities.
5. Form connections with people and things beyond ourselves.
6. Develop a sense of what is good and engage in thoughtful planning for our own lives.
7. Live in consideration of and empathy towards others, acknowledging and caring for fellow human beings.
8. Respect and coexist with animals and the natural world.
9. Experience joy, playfulness, and leisure activities.
10. Lead our own lives autonomously, enjoying freedom of association and protection from unjust intrusion.

1.3 RATIONALE

As per the United Nations Convention on the Rights of Persons with Disabilities, any differentiation, exclusion, or limitation based on disability that aims to hinder or abolish the acknowledgment, enjoyment, or practice of all human rights and fundamental freedoms, on an equal footing with others, in political, economic, social, cultural, civil, or any other domain is encompassed “discrimination on the basis of disability” The study results have shown that social determinants like income, education, occupation, social participation, socioeconomic status and marital status are at lower levels among people with disability. Steps should be taken to improve the distribution of health determinants among people with disability which ultimately improve their health (GI, S, Abraham, A. And beegam, R., 2017) Men have more disabilities than women but disability experiences are deeply gendered. (Singh.P, 2014) Lower than 5% of people with disabilities are graduates, and therefore, a large proportion of disabled lack basic skills to help them achieve a better life. In rural areas and among women, the situation is more depressing (Binky, J. And thomas, S.M., 2022) The well-being of people with disabilities would be improved by developing supportive neighbourhood communities and including people with disabilities through participatory approaches.(Devassy, S.M et al, 2023) Disability, a complex multidimensional phenomenon, cannot be fully measured quantitatively (Devassy, S.M et al, 2023) Through this study I would like to explore those barriers which hinders utilization and social interaction in public spaces pertaining to health ,educational institutions and recreation of women living with loco motor impairment in their perspective

1.4 OBJECTIVES

Major objectives

- To explore the experiences and there by understanding the perspectives of women with locomotor impairment with regard to their usage of public spaces for health, education and recreation
- To understand the social interaction and social support from their experiences
- To understand how those experiences are reflecting in their physical, mental and social wellbeing
- To identify the structural challenges if any, to each usage

Minor objectives

To explore the recreational aspect of their life:

- What do they mean by recreation
- How do they make their recreational activities possible?
- Identify the structural and social challenges if any, which restrain them from their recreational pursuits

CHAPTER 2

RESEARCH METHODOLOGY

2.1 Statement of problem

The present study is about the effect of the physical and the social environment on the health and well-being of women with locomotor impairment in Kannur district. It is specifically attempting to understand the perspectives of women with locomotor impairment towards their life in the society

2.2 Research design

For the current study, exploratory study design was used. In-depth interviews were conducted among the women with locomotors impairment using interview guidelines. The interviews were conducted by the Principal Investigator (PI) in Malayalam

2.3 Research setting

The study was conducted in Kannur district. In Kannur district the locations were selected as per the feasibility of the principal investigator to obtain access to potential study participants.

2.4 Profile of the study area

Introduction: Kannur district, nestled in the northern part of Kerala, India, stands as a testament to rich cultural heritage, stunning natural landscapes, and a commitment to inclusivity. Besides its historical significance and vibrant traditions, Kannur has made strides in promoting accessibility and support for individuals with disabilities, earning recognition as a "disabled-friendly" district. This blend of cultural richness and social inclusivity makes Kannur an intriguing subject for academic exploration.

Geography: Spanning approximately 2,966 square kilometers, Kannur district encompasses a diverse range of geographical features. From its picturesque coastline adorned with pristine beaches like Payyambalam and Meenkunnu to the verdant hills of the Western Ghats, Kannur's terrain offers both beauty and challenges. Efforts to make tourist spots and public areas accessible to individuals with disabilities are evident, contributing to the district's reputation for inclusivity.

Demographics: Kannur district's population, exceeding 2.5 million people, is as diverse as its landscapes. Communities such as Malayalis, Tuluvas, and Kannadigas coexist harmoniously. Of particular importance is the district's attention to inclusivity, with programs and initiatives aimed at supporting individuals with disabilities. As per census data, the disability population in Kannur is significant, and the district has made concerted efforts to ensure their participation in societal activities.

Culture and Heritage: Kannur's cultural tapestry is woven with threads of inclusivity and celebration of diversity. Traditional art forms like Theyyam and Kathakali not only showcase the region's rich heritage but also provide platforms for inclusivity and representation. Festivals like the Theyyam season, while deeply rooted in tradition, have evolved to accommodate the needs of individuals with disabilities, ensuring their active participation in cultural celebrations.

Economy: While agriculture remains integral to Kannur's economy, the district has embraced diversification, with burgeoning sectors like tourism, healthcare, and education. Accessibility initiatives have been incorporated into the tourism infrastructure, making tourist attractions and public spaces more inclusive. Additionally, the district's commitment to inclusive employment practices has created opportunities for individuals with disabilities to contribute to the local economy.

Education and Healthcare: Kannur's educational institutions, including Kannur University and Government Brennen College, have prioritized inclusivity and accessibility. Specialized programs and facilities cater to the educational needs of students with disabilities, fostering an environment of equal opportunity and support. Similarly, the healthcare sector in Kannur district has taken strides to ensure that medical facilities and services are accessible to individuals with disabilities, promoting holistic well-being and healthcare equity.

2.5 Population of the study

Study population were women with locomotors impairment and residing in Kannur district, those are in between the age of 18 to 59 years

2.6 Participant selection procedure

Participants were selected through self-helped organizations and palliative care centres from different parts of Kannur district. Purposive sampling for initial enrolment of participant Snowball sampling in the second phase through participant suggestions

2.7 Inclusion criteria

Inclusion Criteria: Women with locomotors impairment of age 18 to 59 years

Exclusion Criteria: As this study need an in-depth interview with the participant those who are having problem in speech and hearing will be excluded from the interview

2.8 Statement of reflexivity

2.8.1 Prior experience and assumptions

I have an orientation towards Ayurvedic medicine and public health because of undergraduate and post graduate training. As a doctor who usually treats different patients, including those

with disabilities, I often wondered about the difficulties these people face living in society. In my public health studies, especially in Social Determinants of Health and Ethics, I learned that people with disabilities should have the same rights and chances as anyone else. I also learned about how different kinds of discrimination can make things harder for certain groups in society. I used these ideas when I designed my study and collected data.

Even with all this learning, I still had some misplaced ideas about people with disabilities and what they could do. I had read about how not being independent might seem like not having control, but I only really got it when I saw it in real life. When I started interviewing people, I realized that knowing things from books isn't the same as dealing with them in real life. It was hard to let go of my unfair ideas until I faced the reality. Even though I was studying public health, I saw these people more as patients than as capable individuals. But during my first interview, I realized how wrong I was about people with disabilities, and it gave me new insights into their lives.

2.8.2 Distance between the researcher and the participants and social context

As the researcher conducting this study, I am deeply engaged in exploring the experiences of individuals with locomotor impairment. This involvement prompts reflection on the nuanced dynamics of researcher-participant relationships and the broader social context surrounding disability.

Researcher-Participant Distance: In approaching this study, I acknowledge the importance of recognizing any potential distance between myself, as the researcher, and the participants. As a doctor with a background in Ayurvedic medicine and public health, I bring a certain level of familiarity with the challenges faced by individuals with locomotor impairment. However, I remain vigilant about any preconceived notions or biases that may influence my

interactions with participants. Establishing rapport and building trust are essential aspects of mitigating this distance and fostering an environment conducive to open dialogue.

Social Context: The social context surrounding disability is multifaceted and encompasses various societal factors that shape the experiences of individuals with locomotor impairment. This includes accessibility barriers, cultural attitudes towards disability, and the availability of support services. Understanding these contextual factors is crucial for interpreting participants' narratives and situating their experiences within a broader social framework.

In acknowledging the researcher-participant relationship and the social context, I aim to navigate the complexities inherent in qualitative research with sensitivity and reflexivity. By doing so, I seek to uphold the integrity of the study and honor the voices and experiences of the participants.

2.8.3 Role of the researcher in the knowledge building process

The study aimed to explore the subjective experiences of people with disabilities, including their perceptions of their surroundings, perspectives on the usage of public spaces, identification of facilitators and barriers in such usage, and examination of the recreational aspects of their lives. Throughout the thesis process, I received guidance from my advisor. Additionally, I benefited from the insights of experts, including one individual affiliated with NIPMR (National Institute of Physical Medicine and Rehabilitation), whose comments greatly enriched the discussions. I also engaged in discussions with professionals working in disability studies. My advisor is a public health academician with previous research experience in disability and palliative care. The coding of the transcripts was carried out with assistance from my advisor.

2.9 Data collection techniques

Data collection was carried out from 1st January to 31 February 2024. For collecting detailed information on the perspectives and reactions of women with locomotor impairment on the Usage of public spaces, in-depth interviews were conducted which was prepared in English and then translated to Malayalam. The interviews were conducted by myself, and audio recordings of the interviews were done with the consent of the participants. Each interview lasted for about30 minute to to 120 minutes. Informed consent was taken and Interviews were recorded with audio recording device. Those who were able to physically sign the paper provided their consent on paper, while others who couldn't sign due to impairments provided verbal consent, which I recorded accordingly.

Face-to-face interviews and online interviews were conducted according to their preference. The participants had the liberty to answer and not answer the questions they want to and their participation was completely voluntary.

The place of data collection was according to the participant convenience. According their choice a face to face interview and an online interview were decided. A reflective journal was kept with the researcher to write field notes on reactions assumptions, expectations and thoughts during the research process. The field dairy was maintained routinely and I prepared reflection note based on the interviews, their surroundings and what I felt after taking the interviews. All my participants cooperated well with my questions, so I did not face any difficulties during data collection

2.10 Data analysis

In qualitative study data analysis begins with the data collection. All of the taped interviews and field notes were transcribed in the language of data collection and translated to English wherever applicable. Weft QDA version 1.0.1 software was used for analysing the data. In

the transcripts, codes were highlighted which were actually relevant and were addressing the objectives of the study.

Simultaneously, the codes that were similar were lumped together to form common codes; to split sub codes were separated to form new codes for understanding the nuances. Keeping the objective of understanding the perspectives of women with locomotors impairment we looked for a meaningful pattern that offered answers for the objectives. Based on the pattern themes were decided.

Sub codes were spilt to new codes. Codes and themes were shared with the supervisor, verification and consensus on the codes and themes enriched the analysis. Simultaneously, Memos were generated based on the researcher's understanding and insights for finalising the themes. Field diary was one of the sources for it. By the process of open and axial codes, splitting and lumping, formations of themes lead to theory. This inductive coding helped in the forming a theory which is discussed in detail later in discussion section. The researcher created Microsoft Word files for the interviews, observations, documents, and journal entries. All files were protected by setting a password. All files were saved in the researcher's portable computer for which she only had access to. Open coding was done using the transcripts.

2.11 Ethical considerations

The study was conducted only after obtaining the approval from Institutional Ethics Committee of Sree Chitra Tirunal Institute for Medical Sciences and Technology, Trivandrum. Participant information sheet was distributed to all found to be eligible. Participants were informed regarding the voluntary nature of the participation, study objectives and the potential benefits and risks of the participation to them and consent for the same obtained from them. The participants could either accept or refuse to participate, and could withdraw participation at any time of the study without any explanation and consequence. . Utmost priority will be given to protect the privacy and confidentiality of the

participants and the collected information will not be shared with anyone who is not involved in the study. The audio records were kept confidentially with the PI. Hard copies of the data are kept in lockers and which will be accessible only to the PI. Anonymity was maintained throughout. No part of the document either identified or referred any participants with their name or identities. The study did not directly benefit the participant. There was no incentive in any form for participating in the study. Any benefit expected from the study is collective - results of the study can be incorporated for further research or while planning programme for PWDs

2.12 Summary of Chapter

Chapter on research methodology dealt in detail about the design of the study, study setting, and participant selection procedure.

The details of the participants faced by the PI during the time of data collection. The details of data analysis were provided to give a zest of the whole process. Details of the project management plan

Chapter -3

Result

This chapter presents the findings derived from the study. The results chapter is primarily divided into two sections. The first section encompasses the participant profiles, providing a condensed overview of their backgrounds and narratives of their lives. These narratives are illuminated through the lens of my field notes and reflections.

The second section delves into the actual findings obtained through the analysis of in-depth interviews.

3.1 Profile of study participants

Table -1 profile of the study participants

PARTCIPANTS PROFILE		**married**		**Un married**	
		congenital	acquired	congenital	acquired
Wheel chair users	Employed	1	2	5	2
	Un employed/student	1	2	6	1
Non wheel chair users	Employed	_	_	_	1
	Un employed	_	1	_	_

The paragraph, when read independently from the heading "Loco motor Impairment Population," offers a profound reflection. It suggests that impairment solely pertains to their

Physical condition, not hindering their career, job, or societal position. This profile underscores their capability to engage in institutional work, run their own businesses, pursue education, and nurture their talents.

They were interested in meeting people, talking to them and even took initiative to contact people or organizations for the purpose of building skills and meeting other people like them.

This next section synthesizes the study findings from the transcription, highlighting the complex interplay between societal attitudes, accessibility challenges, and social interaction experienced by individuals with disabilities in public spaces The data collected from the transcribed conversations shed light on the multifaceted challenges faced by individuals with disabilities in accessing public spaces and participating fully in society. Through the narratives shared by participants, several key themes emerged, illustrating the systemic barriers and societal attitudes that continue to hinder the realization of equal rights and opportunities for people with disabilities

3.2 Experiences

The transcribed conversations provided profound insights into the lived experiences of individuals with disabilities, highlighting the numerous challenges they encounter in navigating everyday life. Through their narratives, participants shared personal anecdotes and reflections, shedding light on the systemic barriers, societal attitudes, and personal struggles they face and how such constrains affected in their overall wellbeing. This section outlines the major themes that emerged from their experiences.

3.2.1 Accessibility Challenges in Public Spaces

Participants articulated the significant obstacles they face in accessing public spaces, with inadequate infrastructure and facilities posing major hurdles. Despite the presence of ramps in some locations, the absence of accessible bathrooms remained a pervasive issue, restricting their mobility and independence. One very important finding that must be taken into serious consideration is the incomplete facilities. Until now, society has held the misconception that the ultimate luxury for people with disabilities is a ramp. However, beyond ramps, there are numerous other challenges individuals encounter. As one participant highlighted,

"Suppose we managed to go into the ATM machine, but we can't take money because the ATM Machine is constructed in such a way that only a person who can stand on their legs can access it. The height of the machine, everything... So, imagine a person like us who is sitting in a wheelchair trying to approach the ATM machine. How can we take money? How can we operate that machine?"

"Google showed that the theatre was wheelchair-friendly, but upon arrival, it was discovered that while there was a ramp to enter the theatre, there was a step to access the screen area. Additionally, inside the theatre, there were no bathroom facilities available."

This example illustrates the reality of incomplete facilities; when one thing is present, another essential element is often absent. This incomplete provision of facilities is the primary reason for the exclusion of people with disabilities from public spaces. Hidden structural barriers, which remain unresolved or not yet fully understood, contribute significantly to this exclusionary experience.

One of the participants told that whenever she thinks about going out, she counts the steps she will have to encounter. Another person said that steps are nightmares for people in

wheelchair. Some of them explained about being forced to sit inside a car or outside the auditorium when they went for family functions.

"My journey mostly involves going from home to school and then back home. Apart from that, I haven't travelled much because there's nowhere else we can go. Once, in front of our school, I saw a beautiful ramp being built. At that moment, I thought, 'Oh, I can use that footpath.' But when the construction was finished, I saw steps in front of the footpath. You can't imagine how much it hurt me. Everywhere I look, seeing steps reminds me that I can't access those places. We feel like we are not part of these society"

Many PWDs are unable to take part in important social activities. They become subject to unequal treatment merely because the built environment is not designed to meet their requirements and policies safeguarding their right of access to public spaces are simply disregarded or not implemented

A lack of attention to their physical and mobility needs is still one of the biggest challenges preventing their use of public spaces and access to possible independence. As such, their exclusion from the built environment amounts to isolation and deprivation of their human rights. Providing them with physical accessibility to public spaces is one of the fundamental ways to assist their participation in community and realization of their rights.

Accessibility issues are further entrenched in transport, which will be the next section

3.2.2 Transportation Constraints

Transportation emerged as a major point of concern, with participants expressing frustrations over the lack of wheelchair-friendly options and the inability to use personal wheelchairs on flights. The challenges in accessing suitable transport options not only limited their ability to travel independently but also exacerbated feelings of isolation and dependence.

“The first thing that comes to mind when considering travel or simply leaving the house is how we get outside. Firstly, we have to find a vehicle and a driver who is willing to lift us into the vehicle, as we can't travel with our wheelchair. Somebody has to lift us and help us enter first, and then our wheelchair is brought along. This thought often leads us to cancel some of our travel plans.”

Participants emphasized the need for improvements in transportation infrastructure and policies to give equal access for individuals with disabilities. Traveling in public transportation is really a task for them. un availability of a wheelchair cab is affecting them very badly It's very disheartening when there's a beautiful place created for us, but they can’t reach it without depending on others. Such situations are quite challenging.

“In the movie "Bangalore Days," I observed Sara's character moving freely everywhere—taking the bus, going shopping, and more. Seeing this made me feel disheartened about the facilities available here. Actually, due to the incomplete facilities, we are adjusting our lives like this

In trains, people with disabilities encounter numerous difficulties, primarily stemming from the lack of adequate ramp facilities. Often, they are compelled to wait for extended periods, only to be provided with ramps that are insufficient in width. This insufficiency exacerbates the challenge, as it impedes the smooth passage of wheelchairs. Consequently, individuals frequently rely on assistance from others to be lifted onto the train, a task made all the more arduous due to the weight of their wheelchairs and the narrow doorways of the train carriages.

While there exists a designated coach for passengers with disabilities, its construction fails to account for essential accessibility features. Specifically, the doorways are not widened sufficiently to accommodate the passage of wheelchairs, rendering the compartment inaccessible to those who need it most. This oversight underscores a systemic failure to

consider the needs of individuals with disabilities in the design and implementation of public transportation facilities.

"I *had a horrible experience during a train journey last month. Initially, at the railway station, there was an absence of lift or ramp facilities to navigate between platforms. Despite the challenges, we managed to reach the platform. However, upon the train's arrival, we encountered another difficulty. We waited for a period for a ramp, only to be provided with one that was inadequate in size. My heavy wheelchair simply couldn't pass through it.*

Moreover, the doorway to the train compartment was also uncomfortably small. As a result, I had to be lifted separately and then my wheelchair was lifted in. This experience not only caused inconvenience but also highlighted the glaring lack of accessibility considerations."

The challenges with transportation extend beyond trains to flights as well. One participant shared their experience of flying, highlighting the poor wheelchair accessibility within aircraft. Individuals with disabilities are often unable to use their own wheelchairs and are instead required to utilize the cramped, uncomfortable wheelchairs provided by the airline.

"These provided wheelchairs are not conducive to comfort, primarily due to the space constraints within the aircraft cabin. Passengers find themselves having to make numerous adjustments to fit into these provided wheelchairs, exacerbating their discomfort and adding upon arrival at the airport, individuals with disabilities are often required to transfer to a wheelchair provided by the airport staff. However, when boarding the flight, they must once again shift to another wheelchair. These airport-provided wheelchairs are typically small and foldable, posing significant challenges for passengers with disabilities.

Once seated in the aircraft, individuals find themselves contending with limited space to accommodate the wheelchair. This constrained seating arrangement makes it exceedingly

difficult for passengers to adjust themselves comfortably. For individuals like us, enduring long periods in such confined spaces is incredibly arduous and uncomfortable."

Transport facilities can further be reflected in the quality of assistive aids. Next is the experience with their assistive aids

3.2.3 Quality and Maintenance of Assistive Devices

Participants highlighted issues related to the quality and maintenance of government-provided wheelchairs, noting frequent malfunctions and substandard replacement parts. Financial constraints further compounded the challenges, making it difficult to access high-quality assistive devices and afford their maintenance. The lack of follow-up from the government regarding the quality or upkeep of provided aids emphasized the need for better oversight and support in this area.

"We are applying for a wheelchair in the panchayat and everywhere because we don't have enough money to buy one. However, the wheelchairs we receive are of poor quality. I've asked my friends who received wheelchairs through the program, and none of them are using them because they are not usable. If something happens to the wheelchair, we have to repair it ourselves. After providing the wheelchair, there is no follow-up or inquiry about its quality or functionality from their side".

3.2.4 Social Support

In social support, the experience differs for each individual, with both positive and negative experiences identified in the study.

3.2.4.1 Positive support

While participants found comfort and support from immediate family members and peers with similar experiences, they also faced discrimination and misunderstanding from broader society and within educational settings. Negative attitudes and societal barriers undermined their aspirations and limited their opportunities for social participation and employment. The importance of fostering a more inclusive and supportive environment that values the contributions of individuals with disabilities emerged as a central theme.

"I am getting good support from my family. In fact, their support is the only reason for what I am today."

"The blessing in my life is my family and friends. They are the ones who keep me alive and show me the way to happiness."

"In my office, I didn't face that many difficulties because my colleagues were very supportive."

It was evident from the interviews that the support from family, friends, neighbours, colleagues, etc. had an immense impact on the participants.

The caring environment at home, the concern other people show to them have made a positive difference in people using wheelchair. A number of relatives of a participant had made their houses wheelchair accessible for her. This act of "you are welcome here" has made her very happy and helped her very much to thrive the difficult circumstances.

These show the influence of good support in their life, but the fact is that they are only receiving support from those who are with them, such as family, friends, and colleagues. In society, they lack this support, and this lack of support is the reason for exclusion.

Another finding is that there are still people who lack even this support - those who are getting

3.2.4.2 Negative support.

“I don't know about others, but for me, I didn’t receive any support from anyone other than my parents. Even in school, they didn’t consider me as a student. My family members have not given any support so far; instead, they are avoiding us.”

Indeed, societal behaviour is deeply influenced by cultural norms, and this influence is often reflected in their opinion about the life of people with disability. Cultural norms dictate what is considered acceptable or appropriate within a society. In the experiences of persons with disabilities (PWDs), it is evident that in some places in society, they are still considered non-*acceptable*

"Some people still question the necessity for us to pursue jobs, get married, or go on trips. They express surprise, saying things like, 'Oh, you're going for a job? You can do all that?'"

"When we went to visit a temple, they denied my entry with a wheelchair, stating that the wheelchair is impure.

“Even now, in some of my friends' houses, they can’t use the automatic wheelchair because every door has a wooden threshold, and the household members are unwilling to remove it, citing cultural norms that dictate every door should have a wooden threshold.

“In our relatives' houses and elsewhere, despite knowing our situation and the fact that we can't enter if there are steps, they are unwilling to change the cultural norm of having steps

in front of the house as a mandatory feature, instead of considering building a ramp as a facility for people like us."

In social support, the most important aspect is the support from the government because the government is the ultimate authority responsible for providing all the necessary facilities and support. The real fact here is that the support from the government is badly lacking for this population.

The next section is about the support from the government side.

3.2.5 Lack of support from Government Side

From their experience, it is very clear that most of the infrastructure improvements in accessibility are happening in government buildings. In the interviews, most of the buildings they mentioned where there is a lack of accessibility are mainly government buildings. People with disabilities are often required to access these government facilities.

"For saying Akshaya Center, none of the Akshaya Centers in my area are located downstairs, and there are no ramps or lift facilities to reach them. For renewing our Aadhaar card or for any urgent issues, we have to go to an Akshaya Center; it is a necessity. Then, they should understand that all persons should access the place equally. Here, only those who can climb the steps can reach the Akshaya Center"

3.2.6 Impact of these experiences in their life

Another important finding from exploring their experience is how these structural and social circumstances is affecting their overall wellbeing these can be divided into mainly under three headings

Emotionally, the current structural and social circumstances are significantly affecting them, diminishing their dignity and autonomy. They feel frustrated due to the absence of physical accommodations that extend beyond their impairment, creating barriers to accessing public spaces. These physical and social barriers hinder their recreational pursuits. For example, as mentioned, issues of inaccessibility such as lack of bathroom facilities, transportation difficulties, and incomplete facilities in public spaces impede activities like shopping, traveling, and going to places like restaurants and beaches.

"I have an immense passion for traveling, but the question remains: how can I travel independently? Just recently, I joined my friends for a trip to the beach, but I found myself unable to descend onto the sandy shore due to the limitations of my wheelchair. If only there were accessible pathways designed for wheelchairs, the experience would have been truly delightful. Adding to the challenge, there was an unavoidable step at the entrance"

"We constantly find ourselves relying on others to access most places. Even though we dislike being lifted by someone else, we have no other choice. Others may perceive this act of lifting us and assisting us in entering a place as a significant help, but in reality, we feel extremely uncomfortable. Most of the time, when being lifted, our primary concern is our safety, given our existing condition; even a minor fall could exacerbate our situation"

These structural obstacles compel individuals to make constant adjustments in order to fulfil their needs. Unfortunately, these necessary adaptations take a toll on their well-being. They resort to reducing water intake and avoiding restroom visits, leading to detrimental health consequences such as urinary infections and persistent fatigue."

"Mostly what we do is we reduce the drinking water of water so that we can avoid going to bathroom and if at all we are getting urge to pass urine we hold it until we reach home back

or until we could find a bathroom suitable to use by that I am usual patient of urinary infection, I felt tired because of reduced water intake"

People are forced to depend on private vehicles for transportation due to the non-availability to wheelchair accessible public transit. When it comes to people who do not own a vehicle, it adds to their financial burden.

"When we plan to go out, we often need to arrange for two vehicles: one for ourselves and another for our wheelchair. This additional expense burdens us financially. Maintaining the wheelchair is also costly. Not only the wheelchair, but even our three-wheeled scooter frequently encounters damage. In short, going outside is much more expensive for us than you people."

From these experiences, they are developing perspectives about society, the facilities, and overall usage of public spaces

3.3 Perspectives

In this section, we will mainly address the perspectives of women with locomotors impairments regarding the usage of public spaces, primarily for healthcare, education, the workplace, and recreation.

3. 3.1 Perspectives on using public spaces for health care

Perspectives on the usage of public spaces for healthcare reveal that although the healthcare sector has developed significantly, people with disabilities still face numerous challenges. Primarily, there is a difference between private hospitals and government hospitals in terms of accessibility, care provision, and overall treatment. The reason for this difference lies in their perspectives; in private hospitals, individuals are paying for services, which may lead to a higher level of attention and care. Conversely, in government hospitals, individuals

sometimes do not receive adequate consideration or assistance. For example, when seeking help for obtaining a wheelchair at a government hospital, there may be nobody available to assist, even though staff may have noticed the need. In contrast, private hospitals tend to respond more promptly and provide necessary assistance, prioritizing paying customers. This discrepancy in care is often attributed to the financial aspect of private healthcare.

"In private hospital we will get all facilities because there we are giving money to them"

But in both private and Gov. Hospital the structural facilities are somewhat same the structural barriers like bed height, bathroom facilities, height of the steps

"In both government and private facilities, the condition of the bathroom facilities is very poor. Many times, I faced difficulties; the only difference is that the bathrooms in private hospitals tend to be cleaner than those in government ones."

3.3.2 Education:

In terms of education, society has developed significantly. In earlier times, providing education to people with disabilities was not widely accepted. School authorities were often unwilling to accept students with disabilities, leading to many missing out on educational opportunities.

"At that time my parents didn't think about my education, However, today's scenario is different. In my circle of relatives, people with disabilities like me are all attending school and learning".

Nevertheless, there's still much room for improvement in structural facilities. Ramps remain the most crucial necessity. Students still find themselves restricted in their choice of subjects due to the lack of facilities in schools. Moreover, many students attend school only half-day

because of inadequate bathroom facilities, or they adjust by enduring discomfort due to the lack of accessible bathrooms in schools and colleges.

3.3.3 Recreation

Still, people are not sufficiently aware of the importance of recreation in the lives of people with disabilities. In fact, recreational activities such as going on trips, visiting crowded places, shopping, and even pursuing employment are still viewed through the lens of outdated societal perceptions. Society's mind set remains entrenched in outdated beliefs, failing to recognize the significance of recreation for individuals with disabilities.

"Still some people ask like why you ae going for a trip and all is it necessary for you why can't you sit in your home and enoy the things through TV"

CHAPTER 4

Discussion

4.1 Brief summary of the study

The study envisaged to explore the perspectives of women with locomotor impairment on usage of public space among women with locomotor impairment in Kannur district of ag 18 to 59 There were almost no studies which studied detailed about the experience on using the public space in India let alone in Kerala. At the start of conceptualization of the study, I was accustomed to seeing people with disability as victims. So, I thought these meetings are going to be emotionally draining. But surprisingly, I did not feel so dispirited after the meetings. Those were essentially about celebrating their talents, improving their morale and reassuring friendships. That is how my journey through this study started. Concepts relevant to disability, their facilities in the society were identified from the literature. . It was arranged into specific domains and guideline for in depth interview was made.

4.2 Emic or ethic perspective

The study is from ethic perspective. As an abled person I am an outsider However, I have tried to incorporate an insider perspective as well by having a discussion with some of the individual who are having disability and who are working actively for a better world for them.

In contemporary discourse, the understanding of concept of disability has evolved beyond mere medical models to embrace socio-cultural perspectives. The Critical Disability Theory underscores that disability is not an inherent individual deficit but a social construct shaped by environmental barriers. This theory posits that the exclusion experienced by disabled individuals results from societal structures failing to accommodate their diverse needs

(Hosking, 2008). Moreover, the UN Convention on the Rights of Persons with Disabilities (CRPD) emphasizes the importance of equity and accessibility in ensuring the full participation of disabled individuals in society. In this discussion note, we delve into the interplay between equity, accessibility, and disability rights, drawing insights from critical disability theory and the CRPD.

4.3 Ramps are not the ultimate luxury of facility.

Ramps are often heralded as a symbol of accessibility; their presence alone does not guarantee inclusivity for people with disabilities. The discussion surrounding the inadequacy of relying solely on ramps to address accessibility challenges encompasses various dimensions, each intertwined with the lived experiences and findings highlighted in the study.

As found in the study, building ramps alone does not achieve accessibility when many parts of the structure remain inaccessible. Accessibility plays a pivotal role in addressing these environmental barriers and promoting the full participation of persons with disabilities in society. Meshur(2013) identifies various dimensions and values associated with accessibility, including orientation, independence, mobility, social integration, economic self-sufficiency, and transition. Ensuring accessibility across these dimensions is essential for creating environments that facilitate the inclusion and empowerment of individuals with disabilities.

The presence of ramps in public spaces, while a step towards inclusivity, varies significantly across countries (Agarwal & Chakravarti, 2014). Disparities in accessibility standards highlight the need for complete strategy that go beyond physical modifications to address the diverse needs of individuals with disabilities worldwide (Devassy, S.M et al, 2021).

Negative Perceptions and Social Inclusion: Even where ramps are available, negative perceptions and societal attitudes towards disability can undermine their effectiveness

(Hosking, 2008). The lack of awareness and empathy perpetuates barriers to social inclusion, reinforcing the notion that accessibility is not solely about physical infrastructure but also about fostering an inclusive culture (Krieger, 2001).

In my research, I've come to a similar realization. While it's common to focus on the provision of facilities like ramps or their equivalents, we must consider what happens beyond these structures. How do individuals reach these ramps? What support exists for their transportation needs? Every detail, from financial assistance to community services, holds significant weight. Without full access to these amenities, people with disabilities (PWDs) cannot truly feel embraced by their society.

Recognizing that ramps alone are insufficient, there is a growing emphasis on universal design principles that prioritize the diverse needs of all individuals (Devassy, S.M et al, 2021). Inclusive design not only promotes physical accessibility but also fosters a sense of belonging and empowerment among people with disabilities, reaffirming their right to full participation in society (Krieger, 2001).

Accessibility and inclusion form an intertwined cycle. When accessibility is denied, it casts a shadow over various aspects of life for PWDs, hindering their quality of life and reducing their productivity. Ultimately, this restriction trickles down to impact their income and overall well-being.

Inaccessibility ⟶ effects [Productivity, orientation, independence, mobility, social integration, economic self-sufficiency, and transition] ⟶ this effects reflect in further accessibility ⟶ social exclusion

4.4 Navigating Diversity: A Holistic View through the ICF Model

The ICF model provides a holistic framework for understanding disability, recognizing the interplay between impairment, activity limitation, and participation restrictions. (Alison Harris and Enfield, 2003) It delineates three interconnected levels, acknowledging that disability encompasses not only physical impairments but also the social and environmental factors that shape individuals' experiences. This comprehensive approach highlights deviations from the norm in bodily structure or function, ranging from mobility impairments to chronic health conditions. These impairments often manifest as activity limitations, hindering individuals' abilities to perform specific tasks like walking or seeing. Moreover, activity limitations frequently lead to participation restrictions, affecting individuals' engagement in various life situations such as education, employment, or social activities.

Impairment, Activity Limitation, and Participation Restrictions:

In this study, people with disabilities experienced a wide range of impairments, corroborating the ICF's emphasis on recognizing deviations from the norm in bodily structure or function. These impairments, which included mobility limitations and sensory impairments, significantly impacted their daily lives and hindered their ability to perform specific tasks. As noted in the literature, activity limitations often resulted from these impairments, further restricting individuals' engagement in various life situations. This study's findings align with the ICF's recognition of the interconnectedness between impairment, activity limitation, and participation restrictions, underscoring the complicated nature of disability.

The intersectionality of disability and socioeconomic position further complicates the accessibility landscape (Kerbler, 2012). Individuals from marginalized backgrounds may face additional hurdles, such as limited access to transportation and assistive devices, exacerbating their sense of exclusion and dependence (Alison Harris and Enfield, 2003).

Inadequate infrastructure, including poorly designed modifications and inaccessible bathroom facilities, poses significant challenges for individuals with disabilities (Kerbler, 2012). Mobility constraints, coupled with financial barriers, further restrict their ability to navigate public spaces independently, highlighting the need for holistic solutions that address both physical and social barriers (Agarwal & Chakravarti, 2014).

4.5 Equity is an intrinsic component of fundamental rights, not an act of benevolence or privilege.

Equity is not merely an act of benevolence but an intrinsic component of fundamental rights, as emphasized by the UN Convention on the Rights of Persons with Disabilities (CRPD). This foundational framework underscores the rights of individuals with disabilities to full and equal participation in all aspects of life, including, employment, healthcare, education and social services (UN, 2006). In this study, the findings resonate with the principles outlined in the CRPD, highlighting the pervasive challenges faced by people with disabilities and the urgent need for systemic change.

As found in this study, inequity emerges as a significant barrier to the well-being and inclusion of persons with disabilities. The experience of inequity, particularly when perceived as a favour rather than a fundamental right, exacerbates the discomfort and challenges faced by individuals with disabilities. For example, participants expressed frustration with the lack of accessible infrastructure, highlighting the systemic barriers that makes difficulties in their daily lives.

The experiences shared by participants underscore the pressing need to prioritize accessibility and inclusion in policy development, urban planning, and community initiatives. In particular, the findings highlight the critical role of removing environmental barriers to accelerate the full participation of individuals with disabilities. For instance, participants reported challenges related to inaccessible transportation, lack of wheelchair- friendly infrastructure, and discriminatory practices in employment (UN, 2006).

By addressing these barriers and promoting inclusive policies and practices, societies can create environments that empower people with disabilities to thrive and contribute fully to society. This necessitates a concerted effort to prioritize equity and accessibility across various sectors, ensuring that the rights and needs of persons with disabilities are recognized and upheld in all facets of life.

4.6 "I am not my disability" – realizing the personhood beyond the impairment

The critical Disability Theory emphasizes that disability is not solely a result of an individual's impairments but rather emerges from the interaction between impairments and environmental barriers. This perspective underscores the role of societal structures and environmental factors in shaping the experiences of individuals with disabilities. As highlighted by Hosking (2008), the social disadvantage experienced by disabled individuals is often rooted in the failure of the environment to meet their needs.

The study reveals pervasive obstacles in accessing public spaces, with inadequate infrastructure and facilities hindering mobility and independence. Despite the presence of ramps in some locations, the absence of accessible bathrooms remains a significant issue, limiting participation. This incomplete provision of facilities reflects a fundamental misunderstanding of the diverse needs of disabled individuals. Hidden structural barriers contribute to their exclusion from public spaces, perpetuating societal inequality.

Transportation Constraints: Transportation emerges as a major concern, with participants expressing frustrations over the lack of wheelchair-friendly options and inaccessible infrastructure. The inability to use personal wheelchairs on flights further exacerbates feelings of isolation and dependence. Insufficient ramp facilities and narrow doorways in trains underscore a systemic failure to consider the needs of disabled individuals in transportation design. These challenges not only restrict mobility but also perpetuate social exclusion and unequal treatment.

Quality and Maintenance of Assistive Devices: Participants highlight issues related to the quality and maintenance of government-provided wheelchairs, exacerbating accessibility challenges. Financial constraints compound these issues, making it difficult to access high-quality assistive devices. The lack of follow-up from the government regarding the quality or upkeep of provided aids emphasizes the need for better oversight and support in this area.

Social Support Deficits: While some participants receive support from immediate family members and peers, broader societal attitudes often perpetuate discrimination and misunderstanding. Negative societal norms and cultural barriers undermine the aspirations of disabled individuals, limiting opportunities for social participation and employment. Lack of support from the government further exacerbates social exclusion, as infrastructure improvements often neglect accessibility in government buildings.

Implications and Recommendations: The findings underscore the urgent need for systemic change to address accessibility challenges and social support deficits faced by PWDs. Policies and infrastructure must be designed through a lens of inclusivity, considering the diverse needs of disabled individuals. Moreover, education and awareness campaigns are essential to challenge societal norms and foster a more supportive and inclusive environment.

Additionally, greater government accountability and investment in accessibility measures are crucial to ensure equal participation and rights realization for disabled individuals.

4.7 Theoretical paradigms reflected in the findings

The experiences shared by individuals with disabilities underscore the pressing need for a theoretical paradigm that can adequately address the multidimensional challenges they face. One such theoretical framework that resonates with the themes elucidated in the narratives is the capabilities approach, pioneered by Martha Nussbaum. This approach, rooted in the philosophy of Aristotle and developed further by Nussbaum, emphasizes the importance of focusing on individuals' capabilities and freedoms to lead a dignified and fulfilling life, rather than merely assessing their material conditions or resources.

Nussbaum's capabilities approach posits that individuals have inherent dignity and are entitled to certain fundamental capabilities, regardless of their circumstances. These capabilities include aspects such as bodily integrity, emotional well-being, social relationships, and participation in society. When analysing the experiences of individuals with disabilities, the capabilities approach provides a lens through which to examine how societal structures and attitudes either enable or constrain their ability to exercise these capabilities.

The narratives vividly illustrate how inadequate infrastructure, inaccessible public spaces, and societal attitudes limit individuals' capabilities and freedoms. For instance, the inability to access public spaces independently due to physical barriers deprives them of the capability to participate fully in social and recreational activities. Similarly, the lack of accessible transportation options restricts their freedom of movement and autonomy.

Moreover, Nussbaum's capabilities approach highlights the interconnectedness of different capabilities and the importance of addressing them holistically. The narratives reveal how challenges in one area, such as transportation or social support, can have cascading effects on individuals' overall well-being and emotional health. For instance, the emotional toll of constantly relying on others for assistance or facing discrimination from society undermines their sense of dignity and autonomy.

Furthermore, the capabilities approach emphasizes the role of societal institutions, including the government, in promoting individuals' capabilities and ensuring their full participation in society. The narratives underscore the lack of support and inadequate policies from the government, which exacerbate the challenges faced by people with disabilities.

In conclusion, the capabilities approach offers a theoretical paradigm that aligns with the experiences of individuals with disabilities as depicted in the narratives. By focusing on enhancing individuals' capabilities and freedoms, addressing systemic barriers, and promoting social inclusion, this approach provides a framework for advocating for meaningful change and advancing the rights and well-being of people with disabilities

4.8 Limitations

- The study predominantly involved participants associated with a specific organization, with only a handful of participants from outside that sphere. Thus, expanding the inclusion to more individuals outside the association might alter the overall experience.
- To gain a complete understanding of the actual facilitators and barriers, it's crucial to consider the perspective of service providers. However, my study has not incorporated the viewpoint of providers.

4.9 Conclusion

The study provides insights into the perspectives of women with locomotor impairments regarding the usage of public spaces. It delves into identifying the barriers and facilitators influencing their access to these spaces. In discussing barriers, it is evident that much of our infrastructure remains inaccessible to people with disabilities. Furthermore, societal structures often exacerbate their limitations beyond physical impairments.

Efforts to promote equity and accessibility for persons with disabilities demand a comprehensive approach. This involves not only addressing environmental obstacles but also challenging ingrained societal norms and attitudes. Upholding the principles of human rights and social justice is essential. Embracing the tenets of the Convention on the Rights of Persons with Disabilities (CRPD) and adopting a holistic perspective towards disability inclusion are crucial steps. Such measures can pave the way for more equitable and inclusive environments where individuals of all abilities can thrive.

The study's findings underscore the significant role of social support, particularly from peer group organizations, in enhancing the social integration of individuals with locomotor impairments. It also highlights additional factors contributing to barriers, such as improperly designed infrastructure and entrenched cultural norms that shape societal perceptions. These findings emphasize the multifaceted nature of the challenges faced by individuals with disabilities in accessing and navigating public spaces.

4.10 Recommendations

4.10.1 Introduction of Wheelchair Accessible Transportation Services:

There is a clear need for wheelchair-accessible transportation options, such as wheelchair cabs or vans equipped with ramps or lifts

4.10.2 Improvement of Public Transport Accessibility:

This includes ensuring that buses, trains, and other modes of public transport have features such as low-floor boarding, ramps, and designated wheelchair spaces

4.10.3 Creation of Disability-Friendly Bathrooms:

Public facilities, including restrooms, should be made disability-friendly with the provision of accessible features such as grab bars, wide doorways, and accessible toilets. It is essential to ensure that these facilities are equipped with all necessary amenities to meet the diverse needs of individuals with disabilities.

4.10.4 Awareness Campaigns to Combat Discrimination:

Despite progress in accessibility, discrimination against individuals with disabilities still persists in society. Therefore, there is a need for comprehensive awareness campaigns to challenge stereotypes, raise awareness about the rights and capabilities of individuals with disabilities, and promote inclusivity and acceptance in all aspects of life.

4.10.5 Promotion of Inclusive Perspectives

This includes promoting inclusive attitudes towards recreation, leisure activities, and social participation, recognizing that people with disabilities have diverse interests and abilities.

4.10.6 Investment in Complete Structural Facilities

Public infrastructure should be designed and constructed to provide complete accessibility, beyond just the installation of ramps. This includes ensuring that buildings, parks, and recreational areas are fully accessible with features such as wide pathways, tactile paving, and accessible seating.

4.10.7 Introduction of Educational Programs:

Implementing educational programs within the education system can effectively raise awareness among people with disabilities about their rights and dignity.

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ANNEXURE A

INFORMATION SHEET FOR IN DEPTH INTERVIEW

I am Dr Suramya P, currently pursuing Master of Public Health (MPH) at Achutha Menon Centre for Health Science Studies (AMCHSS), Sree Chitra Tirunal Institute for Medical Sciences and Technology, Trivandrum, Kerala. This study is being carried out as part of the course requirement for post- graduate studies which I am currently undertaking, under the supervision

This consent form may contain words that you do not understand. Please ask meif any words or information is not clearly understood by you.

Purpose of study

According to united nations convention on the rights of persons with disabilities any distinction, exclusion or restriction on the basis of disability which has the purpose or effect of impairing or nullifying the recognition, enjoyment or exercise, on an equal basis with others, of all human rights and fundamental freedoms in the political, economic, social, cultural, civil or any other field comes under “discrimination on the basis of disability. The study results have shown that social determinants like income, education, occupation, social participation, socioeconomic status and marital status are at lower levels among people with disability. Steps should be taken to improve the distribution of health determinants among people with disability which ultimately improve their health Lower than 5% of people with disabilities are graduates, and therefore, a large proportion of disabled lack basic skills to help them achieve a better life. In rural areas and among women, the situation is more depressing. The well-being of people with disabilities would be improved by developing supportive neighbourhood communities and including people with disabilities through participatory approaches. Disability, a complex multidimensional phenomenon, cannot be fully measured

quantitatively. Through this study I would like to explore those barriers which hinders usage of public spaces for their health, educational institutions and recreation of women living with loco motor impairment in their perspective

Procedure

The in-depth interview will take maximum 2 hour. You will be asked about your social interaction in public spaces. Questions to get a basic idea about you and your life will be asked. The things which facilitate and hinders you to build good environment for your wellbeing will be asked. This collected data will be used for research purposes only. I may contact you again if the collected information was found to be incomplete.

Risks and discomforts

Although there were no identifiable risks for participating in the study, some of the participants might have been uncomfortable to discuss about personal experiences and details. Participants may also have felt the pressure to answer all the questions designed for the interview given that the researcher holds a position of power. Each participant will be given a consent form in English and Malayalam and will inform that they can withdraw from the study at any point.

Benefits

There may not be any direct benefit for you from this study. There was no incentive in any form for participating in the study. Any benefit expected from the study is collective results of the study can be incorporated for further research or while planning any kind of changes in the policy service a providing guideline etc. For the person living with loco motor impairment

Confidentiality

You will be interviewed in private. All information related to you will be kept confidential and at no stage will your identity be revealed. A respondent identification number will be assigned to each participant that will help in maintaining the confidentiality of the data collected. Access to this number will be restricted to those analysing the data only.

Contact information

If you have any research related questions or you would like to verify my credentials, you may contact me or a member of our institute's Ethics Committee at the following address.

Your participation in this study is purely voluntary which means you can decide whether to participate in the study or not. If at any stage you wish to discontinue, you are free to do so without any adverse consequences.

Annexure B

Respondent code:

Informed Consent for in depth interview

I have read / been read out the information in the information sheet. The nature of the study and my involvement has been explained and all my questions have been answered satisfactorily. By signing this consent form, I indicate that I understand what will be expected from me and that I am willing to participate in this study. I know that I can withdraw at any time. I have been informed who should be contacted if the need arises. I consent to record

Respondent's Name:

Respondent's Signature / Thumb Impression

Date:

Interviewer's Name

Interviewer's Signature

Date:

For electronic consent: pdf of information sheet shared: yes/no

Audio recording of consent (introduction, explanation, voluntary participation, confidentiality, clarification): yes/no

Affirmation of consent through SMS / voice note: yes/no

Permission given for recording: yes/no

Annexure C

IN - DEPTH INTERVIEW GUIDELINE

Hello,

With your permission, can I record this conversation? This will be highly confidential, only myself and my guide will be proceeding this information.

So, shall we start...?

Q.1

I will be using the information which I am getting through this interview for my studies and further writings, so how can I mention you and your situation in my writings?

Q.2

As the following of the first question I would like to ask you, what is your response in addressing your impairment as disabled, especially abled, differentially abled etc?

Q.3

In what all ways those categorizations reflected in your life?

Q.4

Can you tell me a little bit about yourself?

Who are all there at home reason for the disability [For acquired: -]

- How long have they experienced this impairment?
- Initial period after the accident
- concerns about life

How are they adjusting at present? What all are you doing at present, adjusting with the impairment

Q.5

Can you describe the changes that have occurred over the course of your life? [For congenital: -]

Can you describe the changes that you have noticed in your life on the way of growing with impairment?

- Functional autonomy
- Capability
- Social and mental well being

Q.6

Could you explain on everything you do to make your daily life easier or the items that assist you in doing that? What help and support do you need? How do you get that?

- People
- Assistive aids
- Financial support

Q.7

How long you have been using such assistive aids? Can you describe a little bit about it?

- How they got it
- Help of any group or organization
- If it is provided by the government, quality of the assistive aid
- Economic status to purchase it
- Maintenance of device/ Service/ Replacement

Q.8

Can you think back over the past month and tell me about the following?

[Consider last three months if they have not visited many places in the last month]

- Places visited and the facilities
- People they met and their behaviour
- Functions

Q.9

Can you list out the places which you visit usually and share the experience in your visit?

- Person who accompany, if needed
- Preparation for the journey
- Criteria for selecting the place

Q.10 .

Do you use any kind of vehicle for travel, can you share the experience of going out with your vehicle?

Q.11

What about your hospital visit? How frequently do you attend hospitals for your own care as well as that of others in such medical facilities? Can you describe your experience with it?

- Structural facilities
- Cooperation of staff?

Q.12

Can you describe the educational period of your life? Up to what you could complete your studies?

- Choice in studies

[*Those who completed their education*]: -

- What all things facilitate in your way of studies

[*If they couldn't*]: - what were the reason for discontinuing

- Family support
- Financial
- Structural facilities

Q.13

How easy or difficult was it for you to get a job?

- Choice for job
- Family support
- Job vacancies
- Preference for jobs with disability/ equal opportunity quota

Q.14

I would like to know if you have ever attended an interview which is open for all and not specified for persons with disability. If yes can you share the experience of that? If no, any reasons for not having attended?

Q.15

Can you narrate a day in your work place?

- Task allotted
- Work environment
- Interaction with others

Q.16

The question which I am going to ask now may be somewhat sensitive, and you are free to not respond to the question should you feel so. Did you ever experience any kind of disagreeable behavior from your work place?

Q.17

[For those who are doing their own business or self-job: -]

How is [your business (actual name of their activity e.g. shop)] doing for you? Can you describe the journey of your business?

- How did it get there?
- People who helped
- Hurdles faced
- Motto behind choosing the field

Q.18

[For married persons] Can you tell me a little bit about your married life?

- About partner, how they find the partner
- Disability status of your partner

Q.19

The question which I am going to ask now may be somewhat sensitive, and you are free to not respond to the question should you feel so

Did ever you experience any kind of bad behavior from your partner?

[For unmarried]

Q.20

Why do you still have the status of a single person? Can you share the backstory of your status?

Q.21

We will all have our own favourite things to do which make us feel alive, happy or satisfied Can you tell me a little bit about what are the things that you do or wish to do in order to keep you happy?

- Places which you wish to go
- Response and support of others
- Indoor outdoor preference for activities

Q.22

Can you tell me if your system/ society help / hinders you from achieving things that make your life meaningful or happy?

Q.23

Freedom of choice, self-valuing, making effort for pursuing our dream these are the things which is considering as the basic and most important part in everyone's life.

Q.24

What is your opinion and personal experience on such aspects of life?

Q.25

Did you ever feel that because of your impairment, you have lost something?

(Opportunity, education, relation, friends, marriage, career, monetary loss,financial distress, social effect,) If so, explain

As you have experienced the environment around you better, what would you suggest toimprove it? How can we make this world, a better place for all?

My questions are over. If you want to share anything other than n we discussed you are free to share

ANNEXURE D

श्री चित्रा तिरुनाल आयुर्विज्ञान और प्रौद्योगिकी संस्थान, त्रिवेन्द्रम
तिरुवनन्तपुरम - ६९५०११, केरल, इंडिया
SREE CHITRA TIRUNAL INSTITUTE FOR MEDICAL SCIENCES AND TECHNOLOGY, TRIVANDRUM
Thiruvananthapuram - 695 011, Kerala, India
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Institutional Ethics Committee

CDSCO Registration No: ECR/189/Inst/KL/2013/RR-21
DHR Registration No:EC/NEW/INST/2022/2775

SCT/IEC/2170/DECEMBER/2023 12.01.2024

Dr. Suramya Suresh
MPH Student, AMCHSS
SCTIMST, Thiruvananathapuram

Dear Dr. Suramya Suresh,

The Institutional Ethics Committee held on 30th December, 2023, reviewed and discussed your application to conduct the study titled "**PERSPECTIVES OF WOMEN WITH LOCOMOTOR IMPAIRMENT ON USAGE OF PUBLIC SPACES: AN EXPLORATORY STUDY IN KANNUR DISTRICT, KERALA" (IEC /2170)** "

Principal Investigator	Dr Suramya Suresh, MPH Student, AMCHSS, SCTIMST
Co-Principal Investigator(s)	Dr Ravi Prasad Varma, Additional Professor, AMCHSS, SCTIMST
Duration of the study	6 months

The following members of the Ethics Committee were present at the meeting held on 30th December, 2023

SL. No.	Member Name	Highest Degree	Gender	Scientific /Non Scientific	Affiliation with Institution(s)
1.	Smt. Sathi Nair	MA (English Literature)	Female	Lay Person	No
2.	Dr. Kala Kesavan P	MBBS,MD	Female	Basic Medical Scientist	No
3.	Adv. Priya Kaimal	LLM, MBL	Female	Legal Expert	No
4.	Dr. P. Manickam	BSMS, MSc (Epid) ,PhD	Male	Health Science Expert/ Social Scientist	No
5.	Dr. Christina George	MD Psychiatry	Female	Clinician	No
6.	Dr. Narayanan Namboodiri. K K	MBBS,MD,DM	Male	Clinician	Yes
7.	Dr. Biju Soman	MBBS,MD, DPH, MSc, DLSHTM	Male	Basic Medical Scientist	Yes

1

The following documents were reviewed:

Original submission

1. *Checklist Form*
2. *Covering letter addressed to the Chairman, IEC, SCTIMST dated 01.12.2023*
3. *Responses/Amendments made based on the Reviewer's comments*
4. *Copy of SRC Recommendation letter*
5. *IEC Application Form*
6. *Declaration Form*
7. *Research Proposal*
8. *Tool in English and Malayalam*
9. *Participant Information Sheet and Consent Form in English and Malayalam*
10. *CV of Principal Investigator and Co-PI*
11. *SRC Recommendation Letter*

Revised submission

1. *Checklist Form*
2. *Covering letter addressed to the Chairman, IEC, SCTIMST dated 11.01.2024*
3. *Responses/Amendments made based on the Reviewer's comments*
4. *Copy of IEC Recommendation letter dated 09.01.2024*
5. *IEC Application Form*
6. *Declaration Form*
7. *Research Proposal*
8. *Tool in English and Malayalam*
9. *Participant Information Sheet and Consent Form in English and Malayalam*
10. *CV of Principal Investigator and Co-PI*

IEC Decision
The IEC approved the conduct of the study in the present form.

Remarks:
The Institutional Ethics Committee expects to be informed about the progress of the study, any SAE occurring in the course of the study, any changes in the protocol and patient information/informed consent and asks to be provided a copy of the final report.

There was no member of the study team / Guide who participated in voting / decision making process. The ethics committee is organized and operated according to the requirements of Good Clinical Practice and the requirements of the Indian Council of Medical Research (ICMR).

Sincerely,

Dr. G. Srinivas
Member Secretary, IEC

MEMBER SECRETARY
INSTITUTIONAL ETHICS COMMITTEE (IEC)
SCTIMST, THIRUVANANTHAPURAM

SREE CHITRA TIRUNAL INSTITUTE FOR MEDICAL SCIENCES & TECHNOLOGY
INSTITUTIONAL ETHICS COMMITTEE (IEC)
SCTIMST
THIRUVANANTHAPURAM

ANEXURE E

DrillBit

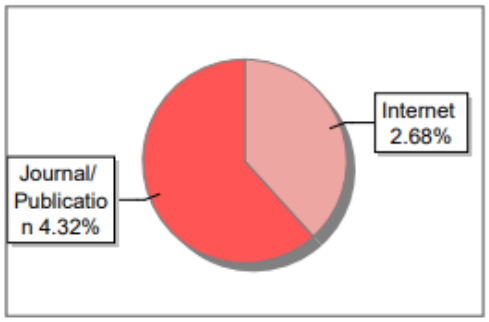
The Report is Generated by DrillBit Plagiarism Detection Software

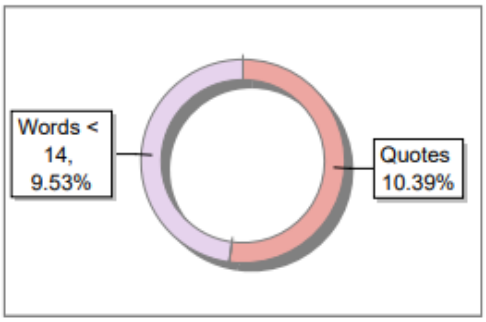
Submission Information

Author Name	Suramya
Title	Perspectives of women with locomotor impairment on usage of public spaces: An exploratory study in Kannur district, Kerala
Paper/Submission ID	1700749
Submitted by	rpvarma@sctimst.ac.in
Submission Date	2024-04-26 13:06:58
Total Pages	61
Document type	Thesis

Result Information

Similarity **7 %**





Exclude Information

Quotes	Excluded
References/Bibliography	Excluded
Sources: Less than 14 Words %	Excluded
Excluded Source	**0 %**
Excluded Phrases	Not Excluded

Database Selection

Language	English
Student Papers	Yes
Journals & publishers	Yes
Internet or Web	Yes
Institution Repository	Yes

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