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# Assessing the quality of life of persons receiving disability pension in Kerala and Tamil Nadu

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**Abstract**
Disability pensions are a crucial form of social protection designed to enhance the livelihoods and well-being of individuals with disabilities in India. However, limited research has explored how these pensions impact the quality of life (QoL) of beneficiaries across different states. This study assessed the quality of life of persons with disabilities receiving pensions in Kerala and Tamil Nadu. The objectives were to develop a socio-demographic profile of the beneficiaries, evaluate their perceived QoL across four key domains: physical health, psychological well-being, social relationships, and environmental conditions and identify the influencing factors. A total of 200 respondents (100 from each state) were surveyed using the WHOQOL-BREF tool. The findings revealed moderate levels of overall QoL, with Kerala reporting relatively higher satisfaction, particularly in the domains of physical and environmental health. Education, type of disability, access to healthcare, and family support emerged as significant factors. The study highlights the importance of integrated policy approaches that not only provide financial assistance but also offer psychosocial support to enhance the lived experience of individuals with disabilities.

**Keywords:** Disability pension, quality of life, persons with disabilities, Kerala, Tamil Nadu, Whoqol-Bref, social protection, psychosocial support

## Introduction
Disability is a part and parcel of human diversity. In the world, more than 1.3 billion people, roughly 16% of the global population, live with a disability (World Health Organisation (WHO), 2023). Owing to improved life expectancy, growing non-communicable diseases, and enhanced diagnostic technology, the occurrence of disability is likely to increase in the following decades. People with Disabilities (PwDs) are not a monolithic group; their needs, issues, and dreams vary depending on the nature and severity of disability, age, sex, socioeconomic status, and geographical location.

## Review of Literature
In India, state disability pension schemes, are established to provide aid to disabled people, helping them to live a basic life and make them feel socially included. At the national level, the Indira Gandhi National Disability Pension Scheme, abbreviated as IGNDPS, is a scheme that provides a monthly pension to residents below the poverty line aged 18-79 years with severe disabilities.

The Indira Gandhi National Disability Pension Scheme (IGNDPS) is a collaborative effort between the central and state governments to provide financial assistance to persons with disabilities. Under this scheme, the funding ratio is typically 50:50, where both the central and state governments contribute equally. In Kerala and Tamil Nadu, this funding pattern is expected to be followed, ensuring that beneficiaries receive a stable source of support. By sharing the financial burden, both levels of government demonstrate their commitment to enhancing the quality of life for persons with disabilities in these states.

The IGNDPS is implemented by the government in Tamil Nadu, and a state-funded Differently Abled Pension Scheme (DAPS) is provided, which pays a monthly pension of ₹1,500 to eligible individuals.

Kerala implements the IGNDPS and offers a state disability pension of ₹1,600 per month. Kunnath *et al.* (2023) [3] highlight gaps in Kerala's disability sector, particularly in sustainable programs and ecosystems for disability schemes. They stress the importance of ongoing evaluation and improvement of disability pension schemes to better serve people with disabilities.

The World Health Organisation (WHO) defines quality of life as an individual's perception of their life, according to local culture and values where they are situated, as well as comparing that life to purposes, hopes, and standards set by individuals themselves. Health is one of the domains that determines a person's quality of life, whether it is physical and mental health, independence level, social relations, as well as individual trust towards their environment (Syifa *et al.*, 2023) [6].

The WHO's initiative to develop a quality-of-life assessment stems from a need for a genuinely international measure of quality of life and a commitment to the continued promotion of a holistic approach to health and healthcare (16). The recognition of the multi-dimensional nature of quality of life is reflected in the WHOQOL-100 structure. The WHOQOL-100 allows a detailed assessment of each individual facet relating to quality of life. The WHOQOL-100 is lengthy, which is practically difficult to use in fields. The WHOQOL-BREF Field Trial Version (26 questions) has therefore been developed to provide a short-form quality of life assessment that examines domain-level profiles, using data from the pilot WHOQOL assessment and all available data from the Field Trial Version of the WHOQOL-100 (17). The Bulgarian version has been created and validated as WHOQOL-100-bg (18, 19).

The Kerala State Planning Board 2021 report underlined the fact that the quality of life among elderly individuals, especially those with disabilities, is severely affected by mobility problems like falls. It also highlighted the fact that in 5% of falls, there were fractures or hospitalisations, adding another layer of complications to the lives of pensioners with disabilities, who already struggle with financial and physical burdens. Tamil Nadu State has a policy for 2023 concerning senior citizens, focusing on creating an age-friendly environment that ensures the safety, health, and dignity of elderly citizens, including those with disabilities. The policy, therefore, calls for an integral support system to give a better quality of life for the elderly.

There are still issues all over India. According to Riddhi Dastidar and Shreya Raman (2021) [1], many people with psychosocial disabilities felt that the disability pensions were inadequate, irregular, or even absent during times of crisis, such as the COVID-19 pandemic. This irregularity worsened their financial problems, which in turn affected their quality of life. Development Pathways states that India's current social protection system is uncoordinated, as it is dominated by multiple small and largely ineffective schemes. The report identified the necessity to have a stronger, integrated response to social protection to transform people's lives from disability.

## Objective

This study aims to assess the quality of life of persons receiving disability pensions in the states of Kerala and Tamil Nadu. The specific objectives are to develop a socio-demographic profile of the beneficiaries, evaluate their perceived quality of life across various dimensions, including physical health, psychological well-being, social relationships, and environmental conditions, and identify the key factors influencing their quality of life. By comparing data from both states, the study seeks to uncover regional patterns, disparities, and potential best practices in the implementation and impact of disability pension schemes, thereby contributing to more inclusive and effective social protection policies.

## Methodology

### Area of the Study

**The study was conducted in two states:** Kerala and Tamil Nadu. According to the 2011 Census of India, Kerala had a total population of 33,406,061 (3.34 crore), making it one of the most densely populated states in the country. The population comprised 16,027,412 males and 17,378,649 females, resulting in a sex ratio of 1,084 females per 1,000 males. According to the 2011 Census, Kerala had approximately 761,843 persons with disabilities, accounting for about 2.2% of the state's population at that time. A subsequent survey conducted during the National Sample Survey's 76$^{th}$ round (July-December 2018) indicated a prevalence rate of 2.6%. Applying this rate to Kerala's estimated 2025 population of 35.27 million suggests that there are currently around 916,000 individuals with disabilities in the state.

### Sample Studied

A purposive sampling technique was adopted for this study. In both blocks selected, persons who have received a disability pension for two years or more were purposively selected. Those who expressed willingness to be studied alone were included in the study. The details of the samples studied are presented below.

**Table 1:** Sample studied

| S. No | Name of the States | Male | Female | Total |
|---|---|---|---|---|
| 1 | Kerala | 62 | 38 | 100 |
| 2 | Tamil Nadu | 75 | 25 | 100 |
| | Total | 137 | 63 | 200 |

### Data Collection Procedure

This study is descriptive in nature. Initially, the investigator visited the District Differently Abled Rehabilitation office in Dindigul and the Block Office in Nedumangad block to obtain the list of beneficiaries receiving disability pensions. The investigator explained the purpose of the study to the officials and sought their permission to collect data among the pensioners in the selected blocks.

Quantitative data were collected from respondents, i.e., individuals receiving disability pensions, using a pre-tested interview schedule. An in-depth interview was conducted with the respondents after establishing a rapport with them. The purpose of the study was clearly explained to them. The interview schedule consisted of questions related to the general profile of the respondents and the WHO-QoL questionnaire, which measures the Quality of Life of persons receiving disability pension. A structured interview schedule was used to prepare the profile of persons with disabilities. The profile included personal background details, disability condition, including the type of disability and the percentage of disability, and pension details.

### WHO-QoL Tool

The WHO initiative to develop a Quality-of-Life assessment arises from a need for a genuinely international measure of quality of life and a Commitment to the continued promotion

of a holistic approach to social and healthcare. The WHOQOL-BREF is therefore based on a four-domain structure. They are Physical health, psychological health, social relationships, and Environmental domains.


**Fig 1:** WHOQOL-BREF: Four Core Domains of Quality of Life Assessment

The domains and their facets are explained below.

1. Domain-Physical Health (Facets incorporated within domains: Activities of daily living; Dependence on medicinal substances and medical aids; Energy and fatigue; Mobility; Pain and discomfort; Sleep and rest; Work capacity).
2. Domain-Psychological health (Facets: Bodily image and appearance; negative feelings; self-esteem; Spirituality/Religion/Personal beliefs; Thinking, learning, memory and concentration)
3. Domain-Social relationship (Facets: Personal relationship; social support; sexual activity)
4. Domain-Environment (Facets: Financial resources; Freedom; physical safety and security: Health and social care Accessibility and quality; Home environment; Opportunities for acquiring new information and skills; Participation and opportunities

The data were collected using the interview schedule from January 2025 - March 2025. It took 20- 30 minutes to complete the interview. During the interview, the other welfare schemes available for persons with disabilities were also explained to them, and they also shared the difficulties they faced in receiving the pension amount.

**Data Analysis**

The data, collected from 200 respondents (100 from Kerala and 100 from Tamil Nadu), were analysed using SPSS software. Descriptive statistics, including percentages, mean scores, and standard deviations, were used to interpret the socio-demographic characteristics and quality of life of the disability pensioners. A comparative analysis between Kerala and Tamil Nadu provided additional insights into regional differences in awareness, accessibility, pension utility, and satisfaction levels.

**Results and Discussion**

The results of the study "Assessing the Quality of Life of Persons Receiving Disability Pension in Kerala and Tamil Nadu" are presented under the following headings: Profile of Persons Receiving Disability Pension, Assessment of Various Domains of Quality of Life of Persons Receiving Disability Pension and Factors Influencing Quality of Life of Persons Receiving Disability Pension

**Socio-Demographic Profile of Respondents**

The study included 200 respondents, with 100 participants each from Kerala and Tamil Nadu. The age range of respondents was between 18 and 65 years. A majority (62%) were male, and 38% were female. In Kerala, 78% of the respondents were literate compared to 65% in Tamil Nadu. Most beneficiaries in both states resided in rural areas, though Kerala had a slightly higher urban representation (30%) compared to Tamil Nadu (18%).

**Type of Disability:** Physical disabilities were most common (54%), followed by visual impairments (20%), hearing impairments (15%), and intellectual disabilities (11%). Tamil Nadu had a higher proportion of persons with intellectual disabilities, whereas Kerala had more beneficiaries with visual impairments.

**Discussion**

Kerala's higher literacy rate and urban representation may contribute to increased awareness of social welfare schemes and improved access to services, which can positively impact overall well-being. The distribution of disability types also indicates the need for state-specific rehabilitation services.

**Quality of Life across Different Domains**

This section presents the study's findings, which assessed the quality of life among individuals receiving disability pensions in Kerala and Tamil Nadu. The analysis was based on the four domains of the WHOQOL-BREF tool: physical health, psychological well-being, social relationships, and environmental conditions.

**Table 2:** Physical Health

| S. No | Statement | Mean | SD | Minimum | Maximum |
|---|---|---|---|---|---|
| 1 | Rate the quality of life | 3.56 | .498 | 3.00 | 4.00 |
| 2 | Satisfaction with their health | 3.65 | .49 | 2.00 | 4.00 |
| 3 | Rate their pain hinders daily activities | 2.14 | .75 | 1.00 | 4.00 |
| 4 | Amount for daily medical needs | 2.20 | .66 | 1.00 | 4.00 |
| 5 | Exhausted from completing daily tasks | 3.27 | .73 | 1.00 | 5.00 |
| 6 | Rate the mobility capacity | 3.41 | .59 | 2.00 | 4.00 |
| 7 | Get enough sleep hours | 3.61 | .52 | 2.00 | 4.00 |
| 8 | Level of satisfaction with the ability to perform daily activities | 3.49 | .54 | 2.00 | 5.00 |
| 9 | Level of satisfaction with the capacity to perform physical tasks | 3.31 | .55 | 2.00 | 4.00 |
| | Total | 28.72 | 2.40 | 22.0 | 34.0 |

As shown in Table 2, respondents reported the highest satisfaction with their overall health (Mean = 3.65 ± 0.49) and sleep quality (Mean = 3.61 ± 0.52), indicating that most participants felt generally healthy and well-rested. Mobility (Mean = 3.41 ± 0.59) and the ability to perform daily activities (Mean = 3.49 ± 0.54) were also rated positively, suggesting that a majority maintained a level of independence in their daily routines.

However, physical pain (Mean = 2.14 ± 0.75) and dependence on medical treatment to function (Mean = 2.20 ± 0.66) received lower ratings, revealing that chronic pain and medical dependence were major challenges for many. Energy levels were moderate (Mean = 3.27 ± 0.73), suggesting fluctuations in physical vitality.

Overall, while physical functioning appeared adequate among many beneficiaries, the persistence of pain and medical dependence underscored the need for better pain management and rehabilitative care.

**Table 3:** Psychological Well-being

| S. No. | Statement | Mean | SD | Minimum | Maximum |
|---|---|---|---|---|---|
| 1 | The extent of joy in their life | 3.16 | 0.629 | 1.00 | 5.00 |
| 2 | The extent to which life is meaningful and easy | 3.26 | 0.674 | 1.00 | 5.00 |
| 3 | Ability to concentrate on tasks | 2.91 | 0.883 | 1.00 | 4.00 |
| 4 | Satisfaction level of self-acceptance | 3.47 | 0.708 | 1.00 | 5.00 |
| 5 | Satisfaction level when being with themselves | 3.68 | 0.547 | 3.00 | 2.00 |
| 6 | Often have negative feelings (blue mood, despair, anxiety, depression) | 2.22 | 0.427 | 1.00 | 3.00 |
| | Total | 25.41 | 2.02 | 20.00 | 30.00 |

As indicated in Table 3, participants expressed the highest satisfaction with their self-image (Mean = 3.68 ± 0.547) and acceptance of bodily appearance (Mean = 3.47 ± 0.708), suggesting a positive sense of identity and resilience. These ratings reflected psychological adaptation to their circumstances.

However, challenges remained in areas such as concentration (Mean = 2.91 ± 0.883) and the experience of negative emotions (Mean = 2.22 ± 0.427), indicating that emotional stress and mental strain persisted. Ratings for enjoyment of life (Mean = 3.16 ± 0.629) and sense of meaning in life (Mean = 3.26 ± 0.674) were moderate, revealing that while life was generally viewed positively, deeper psychological needs may not have been fully met.

These findings highlighted the need for integrating mental health services and psychosocial support into pension and rehabilitation schemes for persons with disabilities.

**Table 4:** Social Relationships

| S. No. | Statement | Mean | SD | Minimum | Maximum |
|---|---|---|---|---|---|
| 1 | Satisfaction in personal relationships | 3.39 | .647 | 2.00 | 4.00 |
| 2 | Satisfaction in sex life | 2.32 | 1.36 | 1.00 | 4.00 |
| 3 | Satisfaction friendships | 3.24 | .723 | 1.00 | 5.00 |
| | Total | 8.94 | 2.12 | 5.00 | 12.00 |

As presented in Table 4, respondents reported moderate to high satisfaction with personal relationships (Mean = 3.39 ± 0.647) and support from friends (Mean = 3.24 ± 0.723), indicating the presence of social support networks that contributed positively to emotional well-being.

However, satisfaction with sex life was relatively low (Mean = 2.32 ± 1.36), suggesting that intimate and sexual well-being was a neglected or inaccessible area for many respondents. This result pointed to a gap in services or discussions related to sexual health and disability.

The social relationship domain thus reflected both strengths in interpersonal support and gaps in intimate well-being, indicating the need for a more holistic approach to social inclusion.

**Table 5:** Environmental Conditions

| S. No. | Statement | Mean | SD | Minimum | Maximum |
|---|---|---|---|---|---|
| 1 | Safety feelings in daily life | 3.52 | 0.530 | 2.00 | 4.00 |
| 2 | Healthy physical environment | 3.71 | 0.517 | 2.00 | 5.00 |
| 3 | Physical stability to meet needs | 2.49 | 0.567 | 1.00 | 4.00 |
| 4 | Opportunity for leisure activities | 3.39 | 0.599 | 2.00 | 5.00 |
| 5 | Satisfaction with their residence | 3.68 | 0.511 | 2.00 | 4.00 |
| 6 | Satisfaction with the accessibility of health services | 3.73 | 0.467 | 2.00 | 4.00 |
| 7 | Satisfaction with the accessibility of transport facilities | 3.45 | 0.591 | 2.00 | 4.00 |
| 8 | Access to daily information | 3.13 | 0.682 | 2.00 | 4.00 |
| | Total | 27.09 | 2.01 | 20.00 | 32.00 |

Table 5 revealed that the highest satisfaction was reported with access to health services (Mean = 3.73 ± 0.467), the physical environment (Mean = 3.71 ± 0.517), and living conditions (Mean = 3.68 ± 0.511). These results suggested that most respondents lived in secure and hygienic environments with satisfactory access to healthcare.

Other positively rated aspects included safety in daily life (Mean = 3.52 ± 0.53), transportation (Mean = 3.45 ± 0.59), and leisure activities (Mean = 3.39 ± 0.60). However, financial resources (Mean = 2.49 ± 0.567) were rated significantly lower, indicating that the disability pension alone was insufficient to meet economic needs.

Although the environmental conditions appeared supportive, financial vulnerability remained a significant limitation to the beneficiaries' quality of life.

### Comparative Analysis: Kerala vs Tamil Nadu

Table 6 presents a comparison of domain-wise quality of life scores between Kerala and Tamil Nadu:

**Table 6:** Comparative Analysis of Domain-wise Quality of Life Scores: Kerala vs. Tamil Nadu

| Domain | Kerala (Mean) | Tamil Nadu (Mean) |
|---|---|---|
| Physical Health | 28.88 | 28.55 |
| Psychological Health | 18.92 | 18.53 |
| Social Relationships | 9.06 | 8.82 |
| Environment | 26.94 | 24.10 |

Kerala consistently recorded slightly higher mean scores across all four domains. The largest disparity was observed in the environmental domain, where Kerala outperformed Tamil Nadu by nearly three points. This difference suggested that beneficiaries in Kerala may have benefited from more accessible services, improved infrastructure, and better policy implementation.

These findings implied that state-level differences in healthcare delivery, pension administration, and rehabilitation services may have influenced the quality of life among recipients.

### Summary and Implications

The findings revealed that persons receiving disability pensions in Kerala and Tamil Nadu generally reported moderate satisfaction in various aspects of their lives. High satisfaction was noted in personal health perception, social relationships, and environmental safety. However, challenges such as physical pain, financial constraints, emotional stress, and lack of sexual well-being persisted.

The comparative data suggested that Kerala's stronger infrastructure and healthcare support may have contributed to better overall outcomes. These insights may inform future policy strategies aimed at enhancing financial assistance, expanding mental health services, and promoting inclusive environments for persons with disabilities across both states.

### Conclusion

This study assessed the quality of life of individuals receiving disability pensions in Kerala and Tamil Nadu, revealing that while disability pensions provide essential financial support, they are insufficient to ensure a high quality of life on their own. Kerala demonstrated relatively better outcomes in physical health and environmental domains, likely due to stronger social services and health infrastructure. However, in both states, psychological well-being and social relationships remained areas of concern, indicating the need for more comprehensive and holistic support systems. Key factors, such as education level, access to healthcare, community engagement, and family support, significantly influence the quality of life. These findings underscore the importance of integrating disability pensions with accessible healthcare, rehabilitation services, livelihood opportunities, and inclusive social environments. Strengthening these areas can lead to more effective and equitable social protection policies that genuinely enhance the well-being and dignity of persons with disabilities

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