

Research Article**COMMUNITY-BASED REHABILITATION FOR VULNERABLE POPULATIONS: A STUDY OF WIDOWED WOMEN IN KAMAREDDY DISTRICT, TELANGANA**

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Corresponding Author: Dr. Satyam Peddaburi.**Abstract**

Widowed women represent a vulnerable social group who may experience economic insecurity, social exclusion, psychological distress, restricted access to welfare programmes, and difficulties in maintaining independent livelihoods. The death of a spouse can substantially affect women's social status, household income, family relationships, and participation in community life. Community-based rehabilitation provides an integrated approach to addressing these challenges through livelihood development, social-security assistance, psychosocial counselling, legal awareness, self-help groups, and community participation. The present study examines the role of community-based rehabilitation in improving the socio-economic conditions and social inclusion of widowed women in Kamareddy district, Telangana. The study adopts a descriptive research design and uses primary data collected from 50 widowed women through a structured interview schedule. The analysis focuses on the duration of widowhood, family and social support, sources of income, economic difficulties, access to welfare programmes, participation in rehabilitation activities, services received, and barriers to accessing support, perceived empowerment, and priorities for improving rehabilitation services.

Keywords: Community-Based Rehabilitation, Widowed Women, Social Work, Social Security, Livelihood Development, Women's Empowerment, Kamareddy District, Telangana.

Introduction

Women's vulnerability is shaped by the interaction of economic circumstances, social relationships, cultural expectations, access to public services, and institutional support. Widowhood can intensify these vulnerabilities, particularly when a woman depends on her husband for household income, social protection, property rights, or decision-making support. The death of a spouse may consequently produce not only personal bereavement but also significant changes in a woman's economic position, family responsibilities, and social identity. Widowed women may encounter multiple challenges, including reduced household income, increased responsibility for children or dependent family members, insecure employment, difficulties in accessing pensions, and dependence on relatives. In certain social settings, traditional attitudes concerning widowhood may also restrict women's participation in ceremonies, community activities, or family decision-making. Such experiences can contribute to loneliness, insecurity, reduced self-confidence, and social isolation. The challenges faced by widowed women should not be understood exclusively as individual or family problems. They are also associated with wider structural conditions, including gender inequality, unequal access to productive resources, limited livelihood opportunities, inadequate awareness of welfare

entitlements, and weaknesses in local support systems. Addressing these concerns requires an approach that connects individual needs with community resources and institutional services. Community-based rehabilitation offers such an approach. Although the concept is frequently associated with disability rehabilitation, its broader community-oriented principles—participation, inclusion, empowerment, access to services, and the development of local support systems—are relevant to social rehabilitation initiatives for vulnerable populations. In the context of widowed women, community-based rehabilitation can include livelihood training, assistance with social-security applications, self-help group participation, counselling, legal guidance, health referrals, and community awareness programmes. The involvement of local institutions is particularly important because women experiencing social and economic vulnerability may find it difficult to navigate administrative procedures independently. Panchayats, municipal bodies, women's self-help groups, community organisations, social workers, and welfare departments can facilitate access to available services and identify women who remain excluded from formal support systems.

Statement of the Problem

Widowed women often face financial hardship, insecure employment, inadequate family support, emotional distress, and difficulties accessing welfare schemes. Existing support programmes may not adequately address their needs. This study examines the socio-economic challenges of widowed women in Kamareddy district and explores how community-based rehabilitation can promote empowerment, social inclusion, and economic independence.

Review of Literature

1. Anjuli Chandra (2011) examined the vulnerability of widows in India through a review of existing reports and literature. The study discussed economic deprivation, social stigma, discrimination, living arrangements, employment, and social security. It highlighted the social and economic exclusion experienced by widows and emphasised the need for policy interventions to promote their inclusion.
2. Megan Reed (2020) examined changes in women's labour force participation following widowhood in India using data on 3,217 women from the India Human Development Survey. The study found that widowhood was associated with increased work participation among women widowed before age 52, while older women experienced a decline in working days. Household structure also influenced employment outcomes. The study highlights the importance of age-sensitive livelihood support for widowed women.
3. Azeez and others (2023) explored the lived experiences of 14 young widows in rural Rajasthan through qualitative interviews. Six themes emerged, including stigma, restrictive customs, difficulties surrounding remarriage, hope, and economic deprivation. The findings showed that widowhood experiences were shaped by prevailing gender norms and rural social structures. The authors recommended stronger social and legislative support for young widows.

Objectives of the Study

The study has the following objectives:

1. To examine the socio-economic conditions, sources of income, and major economic problems of widowed women in Kamareddy district.
2. To assess family and community support, awareness of welfare schemes, participation in rehabilitation activities, and barriers to accessing services.
3. To analyse the contribution of rehabilitation services to women's empowerment and identify suitable measures to improve their economic independence and social inclusion.

Research Methodology:

The present study adopts a descriptive research design to examine the socio-economic conditions of widowed women and the role of community-based rehabilitation in Kamareddy

district, Telangana. The study covers 50 widowed women selected through purposive sampling. Primary data was collected using a structured interview schedule and secondary data was gathered from books, research articles, and relevant reports. The data was analysed using frequencies and percentages.

Data Analysis and Interpretation

Table 1: Age Group of the Respondents

Age Group	Frequency	Percentage
18-40	21	42.0
41-60	20	40.0
61 and above	09	18.0
TOTAL	50	100

Source: Primary data

The above table reveals that 21 respondents (42%) belong to the 18–40 age group, while 20 respondents (40%) are aged between 41 and 60 years. Only 9 respondents (18%) are aged 61 years and above. This indicates that younger and middle-aged women constitute the majority of the sample, emphasising the need for employment opportunities, economic empowerment, and social support alongside appropriate assistance for older widowed women.

Table 2: Distribution of Respondents According to Duration of Widowhood:

Duration of widowhood	Frequency	Percentage
Below 2 years	8	16.0
2–5 years	14	28.0
6–10 years	16	32.0
Above 10 years	12	24.0
Total	50	100.0

Source: Primary data.

The table shows that 32 percent of the respondents have experienced widowhood for 6–10 years, while 28 percent have been widowed for 2–5 years. Another 24 percent have experienced widowhood for more than 10 years, and 16 percent have been widowed for less than 02 years. The distribution indicates that the sample includes women at different stages of adjustment following the loss of a spouse.

Table 3: Distribution of Respondents According to Family and Social Support:

Nature of support	Frequency	Percentage
Strong family support	10	20.0
Moderate family support	16	32.0
Support mainly from neighbours or friends	9	18.0
No regular support	15	30.0
Total	50	100.0

Source: Primary data.

From the above table, it can be noted that 32 per cent of the respondents receive moderate family support, while 30 per cent report no regular support. About 20 per cent receive strong family support, and 18 per cent mainly depend on neighbours or friends. The findings indicate that a considerable proportion of widowed women lack adequate support, highlighting the need to strengthen community networks, social-work interventions, and support services to improve their social well-being.

Table 4: Distribution of Respondents According to Their Main Source of Income:

Main source of income	Frequency	Percentage
Daily wage labour	14	28.0
Pension or social-security assistance	10	20.0
Self-employment	8	16.0
Support from children or relatives	9	18.0
Other sources	9	18.0
Total	50	100.0

Source: Primary data.

From the above table, it can be noted that 28 per cent of the respondents depend on daily wage labour as their main source of income, followed by 20 per cent who rely on pensions or social-security assistance. About 18 per cent depend on support from children or relatives, while another 18 per cent receive income from other sources. Self-employment accounts for 16 per cent. The findings highlight the need to strengthen livelihood opportunities and social-security support to improve the economic independence of widowed women.

Table 5: Major Economic Challenges Experienced by Respondents

Major economic challenge	Frequency	Percentage
Low or irregular income	16	32.0
Difficulty meeting household expenses	13	26.0
Debt or financial obligations	8	16.0
Lack of suitable employment	7	14.0
Housing or other essential expenses	6	12.0
Total	50	100.0

Source: Primary data.

From the above table, it can be noted that 32 per cent of the respondents experience low or irregular income, while 26 per cent face difficulties in meeting household expenses. About 16 per cent report debt or financial obligations, 14 per cent face a lack of suitable employment, and 12 per cent struggle with housing or other essential expenses. The findings indicate that financial insecurity is a major concern among widowed women, highlighting the need for stable livelihood opportunities, employment support, and improved access to social-security benefits.

Table 6: Awareness of and Access to Welfare Programmes

Respondents' reported position	Frequency	Percentage
Aware of and receiving relevant benefits	18	36.0
Aware of benefits but not receiving them	10	20.0
Partially aware of available programmes	12	24.0
Not adequately aware of available programmes	10	20.0
Total	50	100.0

Source: Primary data.

From the above table, it can be noted that 36 per cent of the respondents are aware of and receive relevant welfare benefits, while 20 per cent are aware of the benefits but do not receive

them. About 24 per cent are partially aware of available programmes, and another 20 per cent are not adequately aware of them. The findings highlight gaps in awareness and access to welfare programmes among widowed women. Therefore, awareness campaigns, assistance with application procedures, and improved guidance on accessing eligible benefits are necessary to strengthen their social security and well-being.

Table 7: Participation in Community-Based Rehabilitation Activities

Level of participation	Frequency	Percentage
Regular participation	10	20.0
Occasional participation	15	30.0
Limited participation	12	24.0
No participation	13	26.0
Total	50	100.0

Source: Primary data.

From the above table, it can be noted that 30 per cent of the respondents participate occasionally in community-based rehabilitation activities, while 26 per cent do not participate at all. About 24 per cent report limited participation, and only 20 per cent participate regularly. The findings indicate that regular involvement in rehabilitation activities remains limited among the respondents.

Table 8: Rehabilitation and Support Services Received by Respondents

Type of service	Frequency	Percentage
Pension or welfare-related assistance	48	96.0
Livelihood support	11	22.0
Emotional support	27	54.0
Physical Support	19	38.0
Community-group support	06	12.0
Legal guidance	-	-
Any other support services	08	16.0

Source: Primary data.

From the above table, it can be noted that 96 per cent of the respondents receive pension or welfare-related assistance, making it the most commonly reported support service. Emotional support is reported by 54 per cent, followed by physical support at 38 per cent and livelihood support at 22 per cent. About 16 per cent receive other support services, while 12 per cent receive community-group support. No respondents are recorded as receiving legal guidance. The findings indicate that although pension and welfare assistance reach a large proportion of the respondents, access to livelihood support, community-group services, and legal guidance remains limited.

Table 9: Major Barriers to Accessing Rehabilitation Services:

Main barrier	Frequency	Percentage
Lack of awareness	37	74.0
Procedural difficulties	11	22.0
Financial constraints	19	38.0
Family restrictions	21	42.0
Societal restrictions	27	54.0
Any Other	05	10.0

Source: Primary data.

From the above table, it can be noted that 74 per cent of the respondents identify lack of awareness as a major barrier to accessing rehabilitation services. Societal restrictions are

reported by 54 per cent, followed by family restrictions at 42 per cent and financial constraints at 38 per cent. About 22 per cent experience procedural difficulties, while 10 per cent report other barriers. The findings indicate that limited awareness, social restrictions, and financial difficulties may prevent widowed women from accessing available support services.

Table 10: Respondents' Perceptions of the Contribution of Community Support to Empowerment:

Perceived contribution	Frequency	Percentage
Improved economic independence	19	38.0
Increased confidence and social participation	47	94.0
Improved awareness of rights and welfare schemes	39	78.0
Better emotional support and reduced isolation	44	88.0
Limited or no perceived improvement	03	06.0

Source: Primary data.

From the above table, it can be noted that 94 per cent of the respondents perceive increased confidence and social participation as an important contribution of community support. About 88 per cent report better emotional support and reduced isolation, while 78 per cent indicate improved awareness of rights and welfare schemes. Improved economic independence is reported by 38 per cent, whereas only 6 per cent perceive limited or no improvement. The findings suggest that community support is perceived to contribute particularly to the social and emotional well-being of widowed women.

Table 11: Priority Areas for Improving Community-Based Rehabilitation

Priority area	Frequency	Percentage
Employment and livelihood opportunities	49	98.0
Improved pension and social-security access	50	100.0
Counselling and psychosocial support	47	94.0
Self-help groups and community participation	39	78.0
Legal assistance and rights awareness	35	70.0
Family Support	49	98.0

Source: Primary data.

From the above table, it can be noted that all respondents (100 per cent) identify improved access to pensions and social-security benefits as a priority for strengthening community-based rehabilitation. Employment and livelihood opportunities and family support are each reported by 98 per cent of the respondents, followed by counselling and psychosocial support at 94 per cent. About 78 per cent prioritise self-help groups and community participation, while 70 per cent emphasise legal assistance and rights awareness. The findings indicate that widowed women require comprehensive rehabilitation that addresses economic security, family relationships, emotional well-being, social participation, and legal awareness.

Major Findings of the Study

The analysis of 50 respondents reveals the following major findings:

1. The findings reveal that 42% of respondents belong to the 18–40 age group, 40% are aged 41–60 years, and 18% are aged 61 years and above. This highlights the need for age-appropriate livelihood opportunities, economic empowerment, and social support for widowed women.

2. About 32% of respondents had experienced widowhood for 6–10 years, 28% for 2–5 years, 24% for over 10 years, and 16% for less than two years.
3. About 32% received moderate family support, while 30% had no regular support, indicating gaps in family and community assistance.
4. Daily wage labour was the main income source for 28% of respondents, followed by pensions (20%), support from relatives and other sources (18% each), and self-employment (16%).
5. Low or irregular income affected 32% of respondents, while 26% struggled to meet household expenses. Debt, unemployment, and essential expenses were other economic challenges.
6. Only 36% were aware of and receiving relevant welfare benefits. Another 20% were aware but not receiving benefits, 24% were partially aware, and 20% lacked adequate awareness.
7. Occasional participation in rehabilitation activities was reported by 30%, while 26% did not participate, 24% participated to a limited extent, and 20% participated regularly.
8. Pension or welfare assistance was reported by 96% of respondents, emotional support by 54%, physical support by 38%, and livelihood support by 22%. Community-group support was reported by 12%, and no respondents were recorded as receiving legal guidance.
9. Lack of awareness was the leading barrier to rehabilitation (74%), followed by societal restrictions (54%), family restrictions (42%), financial constraints (38%), and procedural difficulties (22%).
10. Increased confidence and social participation were reported by 94% of respondents, better emotional support by 88%, and improved awareness of rights and welfare schemes by 78%. However, only 38% reported improved economic independence.
11. Improved pension and social-security access was prioritised by all respondents (100%). Employment opportunities and family support were each identified by 98%, counselling by 94%, self-help groups by 78%, and legal assistance by 70%.

Discussion

The findings demonstrate that the challenges experienced by widowed women cannot be understood through a single indicator such as income or pension receipt. Economic insecurity, family and social support, awareness of welfare programmes, participation in rehabilitation activities, and psychosocial well-being are interconnected dimensions that influence their overall quality of life.

First, the prominence of low or irregular income (32%) and difficulties in meeting household expenses (26%) highlight the importance of sustainable livelihood interventions. Although 96% of respondents reported receiving pension or welfare-related assistance, only 22% reported receiving livelihood support. This suggests the need to complement financial assistance with vocational training, employment opportunities, support for small enterprises, and access to suitable livelihood programmes. Such interventions should consider women's skills, educational backgrounds, family responsibilities, and local employment opportunities.

Second, the findings on family and social support reveal that 30% of respondents had no regular support, while only 20% reported strong family support. These results highlight the importance of strengthening community networks and collective support mechanisms. Self-help groups, peer-support networks, and community organisations can provide opportunities for mutual assistance, information sharing, and social participation. Special attention should be given to women who experience family restrictions or social isolation.

Third, the findings on welfare awareness and access demonstrate that the availability of government programmes does not necessarily ensure that women can benefit from them.

Although 36% of respondents reported being aware of and receiving relevant benefits, 20% were aware of benefits but were not receiving them, and another 20% were not adequately aware of available programmes. Therefore, awareness campaigns should be supported by practical assistance with documentation, application procedures, eligibility information, and grievance redressal. Social workers can play an important role in connecting widowed women with relevant government departments and community services.

Fourth, participation in community-based rehabilitation activities remains limited. While 30% of respondents participated occasionally, 26% reported no participation and only 20% participated regularly. This highlights the need to improve the accessibility and relevance of rehabilitation programmes. Activities should be organised at convenient locations and times, with consideration for domestic responsibilities, financial constraints, and social restrictions. Community outreach and flexible participation arrangements may help include women who are not currently involved in organised groups.

Fifth, the findings on barriers to rehabilitation indicate that lack of awareness (74%), societal restrictions (54%), and family restrictions (42%) are important concerns. These barriers suggest that rehabilitation requires more than the provision of financial or welfare assistance. Community sensitisation, family counselling, rights awareness, and supportive local networks are also necessary to address social exclusion and encourage women's participation in community life.

Finally, respondents identified confidence and social participation (94%) and improved emotional support and reduced isolation (88%) as important perceived contributions of community support. However, only 38% reported improved economic independence. This difference highlights the importance of integrating psychosocial support with economic empowerment measures. Widowed women should be recognised as active participants in identifying their needs and shaping rehabilitation programmes, rather than being treated merely as recipients of assistance.

Suggestions:

1. Widowed women should be provided with vocational training, employment opportunities, and support for small enterprises. Training should be linked to local market needs to promote sustainable income and economic independence.
2. Awareness programmes should provide information about eligible pensions and social-security schemes through local institutions and community groups. Assistance with documentation, applications, and grievance procedures should be made available.
3. Widowed women should be encouraged to participate in self-help groups for savings, livelihood development, and mutual support. These groups can promote social participation, confidence, and collective empowerment.
4. Accessible counselling and peer-support services should be provided to address bereavement, loneliness, and emotional distress. Trained social workers should facilitate support and referrals while maintaining confidentiality.
5. Widowed women should receive information about property rights, inheritance, protection from domestic violence, and legal-aid services. Those requiring assistance should be referred to qualified legal professionals or appropriate legal-aid institutions.
6. Local institutions should involve widowed women in community meetings, development activities, and decision-making processes. Awareness programmes should challenge discrimination and promote dignity and equal participation.
7. Government departments, Gram Panchayats, social workers, self-help groups, and community organisations should coordinate rehabilitation services. Effective referral systems should help women access appropriate support without unnecessary difficulties.

8. Regular follow-up should assess women's continuing needs, welfare access, and progress in livelihood activities. Social workers should identify service gaps and connect women with additional support when required.

9. Widowed women should participate in identifying needs, planning rehabilitation activities, and evaluating programmes. Their views can help make services more relevant, accessible, and responsive to their circumstances.

10. Rehabilitation programmes should monitor welfare access, income stability, livelihood participation, and satisfaction with services. Monitoring should protect confidentiality and respect the voluntary participation of respondents.

11. Family counselling and community awareness programmes should encourage supportive relationships and reduce social isolation. Community initiatives should respect widowed women's autonomy, dignity, and individual choices.

12. Local authorities and community organisations should integrate social security, livelihood training, counselling, legal awareness, and community participation. Services should be coordinated according to women's individual needs and eligibility.

Role of Social Work in Community-Based Rehabilitation

Professional social work can contribute to the rehabilitation of widowed women through individual support, group interventions, community organisation, and institutional coordination.

Individual Casework

Social workers can assess the circumstances of each woman, including her income, family relationships, housing situation, care responsibilities, and access to welfare services. Individualised plans can then be developed to address immediate needs and longer-term goals.

Group Work

Self-help groups, peer-support groups, and community meetings can create spaces for shared learning and mutual support. Group work can also improve confidence, encourage collective problem-solving, and help women identify common concerns.

Community Organisation

Social workers can mobilise local leaders, women's groups, community organisations, and relevant institutions to identify service gaps and improve access to resources. Community awareness activities can challenge stigma and encourage the inclusion of widowed women in public and social life.

Welfare Linkages

Social workers can provide information about relevant pension, livelihood, housing, and other welfare programmes; assist eligible women with applications; and facilitate referrals to the appropriate departments. They should also support grievance redressal where women encounter administrative barriers.

Counselling and Psychosocial Support

Bereavement, family conflict, financial stress, and social isolation can affect emotional well-being. Sensitive counselling, peer support, and referrals to qualified professionals can help women obtain appropriate assistance when needed.

Monitoring and Evaluation

Social workers can monitor whether women are able to access services and whether support is producing meaningful improvements. Evaluation should consider changes in income stability, welfare access, social participation, confidence, and perceived well-being rather than relying solely on the number of services delivered.

Conclusion

The present study examined community-based rehabilitation among widowed women in Kamareddy district, Telangana, focusing on their socio-economic conditions, welfare access,

family support, and empowerment. The findings reveal that widowed women face economic insecurity, inadequate social support, limited awareness of welfare programmes, and barriers to rehabilitation services. Although pension and welfare assistance were widely reported, livelihood support and regular participation in community activities remained limited. Community support was perceived to contribute particularly to confidence, social participation, and emotional well-being, while economic independence requires further attention. The study highlights the need for integrated rehabilitation programmes combining sustainable livelihood opportunities, social-security assistance, counselling, legal awareness, and self-help group participation. Coordination among government departments, social workers, and community organisations can improve service accessibility and social inclusion. A participatory and gender-sensitive approach is essential to protect the dignity, rights, and independence of widowed women and to support their overall well-being.

References

1. International Labour Organization. (2017). *World social protection report 2017–19: Universal social protection to achieve the Sustainable Development Goals*. International Labour Office.
2. Kabeer, N. (1999). Resources, agency, achievements: Reflections on the measurement of women's empowerment. *Development and Change*, 30(3), 435–464.
3. United Nations Department of Economic and Social Affairs. (2009). *Rethinking poverty: Report on the world social situation 2010*. United Nations.
4. World Health Organization. (2010). *Community-based rehabilitation: CBR guidelines*. World Health Organization.
5. Government of India. (2007). *Maintenance and Welfare of Parents and Senior Citizens Act, 2007*. Government of India.
6. Chandra, A. (2011). Vulnerability of widows in India: Need for inclusion. *International Journal of Social and Economic Research*, 1(1), 124–132.
7. Reed, M. (2020). The labor force participation of Indian women before and after widowhood. *Demographic Research*, 43, 673–706. <https://doi.org/10.4054/DemRes.2020.43.24>
8. Azeez, E. P., Negi, D. P., Mishra, N., Sharma, J., Nair, A. S., & Mathew, M. (2023). “Life after him was just hell”: Young rural women's lived experiences of widowhood in Rajasthan, India. *Death Studies*, 47(10), 1146–1157.

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