The lived experience of blind street musicians in Thailand

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A thesis in fulfilment of the requirements for the degree of

Doctor of Philosophy

Social Policy Research Centre

Arts and Social Sciences

UNSW Australia

May 2018

THE UNIVERSITY OF NEW SOUTH WALES

Thesis/Dissertation Sheet

Surname or Family name: Kerddaen

First name: Quanchai

Other name/s:

Abbreviation for degree as given in the University calendar: PhD

School: Social Policy Research Centre

Faculty: Arts and Social Sciences

Title: The lived experience of blind street musicians in Thailand

Abstract 350 words maximum:

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Most of the blind street musicians had migrated from rural regions, and shared considerable socio-economic similarities, notably living with poverty and inadequate social protection. Their life trajectories were limited by the structural constraints derived from societal negative views of disability, based on Buddhist beliefs and Thai customs. This created a cumulative impact of disablement over their life course: family neglect, poor access to education and skill training, limited employment opportunities and brittle social support networks. Ultimately, performing street music proved to be their best income choice.

These street musicians can be separated into two groups. First, most in the older age group with lower levels of education chose to be street musicians due to economic necessities and employment restrictions. Second, those in the younger age group with a long-standing love of music chose to undertake street music because they believed this might be a path to mainstream work as a street musician. Both groups, however, failed to gain stable income and suffered social stigma—being perceived as pitied beggars, rather than genuine musicians. This caused them to struggle for economic fulfilment and social acceptance.

The thesis concludes that the current and prospective employment promotion and social protection systems for people with disabilities should enable visually impaired people to achieve income security, a better quality of life, increase their income choices and recognise their human rights and dignity, despite their work as street musicians.

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Abstract

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Acknowledgements

I would like to take this wonderful opportunity to extend my best gratitude to all who have made my PhD possible. First and foremost I wish to give my greatest appreciation to the Office of Higher Education Commission (OHEC) who has awarded me full scholarship to pursue a PhD in Social Policy at the University of New South Wales (UNSW). Without this generous scholarship I would have been unable to make my dream of PhD come true. I also greatly appreciate all the staff at the Office of Educational Affairs, the Royal Thai Embassy, for scholarship arrangement, counselling and care throughout my study in Australia, and very much thank you to Ubonratchathani University for study leave granted.

During my PhD I must say that I have been privileged to have two of the world's best supervisors, Professor Karen Fisher and Professor Ilan Katz, who have devoted yourselves much farther beyond duty. Through high-quality supervision you both have facilitated my intellectual and leadership development in the field, improved my critical thinking and learning process, and enabled me to overcome academic and personal challenges. I do impressively appreciate your patience, open-mindedness, maturity, friendship and kind generosity you have conveyed to me during my study. Your great commitment and contribution including your personal temperament will line in the bottom of my heart with my utmost worship at all time, and I do realise that you have been the greatest part of my PhD accomplishment.

In addition, I would like to acknowledge all of my visually impaired friends who have actively and constructively participated in the fieldwork, despite several challenges that occurred. You have let me learn a lot from your thoughts, ideas and experiences that have rewarded my PhD. I do hope my PhD thesis, which we all contributed to, will benefit the development of employment promotion and social protection systems for people with disabilities in Thailand, especially those who work as street musicians. I also would like to acknowledge all respected disabled activists who shared your solid knowledge, opinions, first-hand experience, powerful comments and recommendations for my thesis.

Moreover, thank you very much to all of my Thai friends, such as Bua Niphaphun, Nick Chanick, Pat Pattarasuda, Joop Jutamanee, Ploy Siriwimon and others, for your kind generosity and assistance

recommendation letter in support of my PhD application at UNSW. As well I need to pass on my great appreciation to my former teachers at Bangkok School for the Blind, to those at Korat Pitayakhom School and those at Rajasima Witayalai School, including to my former lecturers and professors at Chulalongkorn University, to those at the University of Leeds and to those at National Institute of Development Administration for previous education and training, as well as your always kind recommendations.

Finally I wish to pass on the best of my gratitude and appreciation to four of my late tributes. The first is my beloved father, Mr. Boonsong Kerddaen, who always cared for me although he had become a Buddhist monk since my adolescence. Whenever he saw me or met with other relatives who remained in regular contact with me, he passed on his regards and morale support to me compassionately. The second is my kind and supportive auntie, Ms Panadda Kerddaen, who took care of me instead of my parents during my childhood where I was first diagnosed as having visual impairment and was confronted with family breakdown. I could survive with her warm love and care. She was the first who gave genuine attention to my school education. The third is Mr. Renn Fuller, an American English teacher at Bangkok School for the Blind, who first became my English learning inspiration, helped finance my school education and enabled me to live my life socially, materially and economically well. The last is Dr. Prayat Phunong-Ong, a visually impaired person himself and the friend of Mr. Renn Fuller, who supported me and made me realise the ultimate goal of education. As the founder of Christian Foundation for the Blind in Thailand, he brought me from my hometown to the Educational Service Centre for the Blind in Nakhon Rajasima, where I had completed secondary and high school education. Dr. Prayat also prepared me for the most competitive national university entrance examination to Chulalongkorn University. He also gave me financial support during my university education. All these persons have become the most important part of my life who have changed my life forever. I do really regret that they both cannot enjoy the genuine sense of my PhD success, but I do dedicate all this success to all of them.

Autobiography and positionality

As visually impaired person since birth, who confronted family and financial difficulty, I learned early what a struggle life could be. Something inside though willed me on through each obstacle. I now feel confident though it hasn't always been easy. I had a kind of glaucoma that slowly crushed the optic nerves and by increments I was reduced to total blindness. So, at the age of eighteen, I began my voyage in utter darkness. I grieved the loss of that bit of light and motion sensitivity, but I knew then I couldn't spend the rest of my life cavilling. As a result of my first-hand experiences, I firmly believe that seeking opportunity for education and employment can make the difference between despondency and hope, and between stigma and pride. Therefore, I have aspired to success in education and employment for better life chances since I found myself strugglinh to survive.

As a child, I had a chance to study at the Bangkok school for the Blind where I was provided with appropriate educational support and taught by the professionally trained teachers. Upon completion of Grade six at the age of fifteen, my aspirations towards higher education were shattered because my family forced me to enter monkhood, or to become a junior Buddhist monk. They gave me the reason that they couldn't support my continuing education financially. In addition, they were of the view that blind people were unable to find a job. Financing my education was considered to be of no value due to any economic return. On the other hand, entering monkhood and studying in the field of Buddhism enabled me to survive economically and spiritually, and helped them manage financially. However, living and learning at the Buddhist temple was not something new for me as I had been brought to the temple near my home by my family since I was seven years old. This was one year before my aunt, my brother's older sister, brought me to Bangkok School for the Blind. The reason was not different. What seemed to be different was that among my brothers and sisters, I was the only one who was sent to the temple. Physically, I was fed much better than I was at home, but psychologically, I felt alienated.

While training as a monk, I was advised by some of my teachers at the Bangkok School for the Blind to move to the Educational Service Center for the Blind in Nakorn Ratchasima. Here in Nakhon Rajasima, I continued my study from Mathayom 1 to Mathayom 6 at Karat Pitayakom School and Ratchasima Witayalai School chronologically with my sighted peers. During my life in Karat, I had a

chance to help teach other fellow blind students how to read and to write Braille, as well as motivating and guiding them how to live their lives successfully. I later discovered my innate desire to be a teacher in the future accordingly.

With my strong ambition and enthusiasm, I constantly achieved success in a high level of academic performance. In May of 1998, I became the first disabled student who could pass the highly competitive National Entrance Examination to study for a Bachelor's degree at the Faculty of Political Science at Thailand's premier university – Chulalongkorn. More importantly, I graduated with honors in 2002. At Chulalongkorn, I received full scholarship until my graduation. In September of 2003, I won the British Council Chevening Scholarship to continue a Master's degree in Social and Public Policy at the University of Leeds in the United Kingdom. In April of 2007, I entered Thailand's most accredited graduate school for Public Administration – NIDA – with the top-ranking score, and received tuition-free Scholarship until my graduation in 2010.

During my study at Chulalongkorn, I began preparing for my long-intended mission by accepting leadership roles in a wide range of extracurricular school activities involving social service particularly for visually impaired persons. I initiated policy proposals and projects and then recommended them to Thailand Association for the Blind (TAB), I also coordinated communication with various public and private sectors, raising funds and managing the budget to carry out the optimal results. Additionally, I utilized my knowledge of Politics and Public Policy to advance the interest, agendas, and voices of blind persons through the public decision-making process both in localities and nationwide. I was elected Vice President of Thai Youth Club of the Blind, and selected to serve on the Committee on Youth, Women and Senior Citizens, both of which operate under the umbrella of TAB in April of 2002. My success in volunteer endeavors was evident in the fact that I was awarded the scholarship from Japan International Corporation Agency (JICA) in September 2002 and invited to attend a group-training course in Leaders of Persons with Disabilities in Japan. At the present, I have served as the committee member of several organizations of/for blind persons owing to my past volunteer performance.

My high level of professional performance started in December 2002 while I was working as a teaching assistant at the Khon Khaen School for the Blind under the Christian Foundation for the Blind in Thailand upon my completion from Chulalongkorn. From here, I taught Braille literacy,

English language and basic computer programming. I also organized adaptive technology, provided academic advice and general guidance as well as Initiating curricular-school activities for blind students.

In May of 2005, while writing my MA dissertation, I joined the Special Education Center in Suphan Buri Province as an educationist and project assistant for the Community-Based Rehabilitation for Disabled Persons. I taught and provided guidance for disabled students, assessed and provided special educational needs for disabled students and supervised school teachers and administrators for special and integrated education.

In January of 2006, I gained the position as research manager at Nature E.Q. Institute, and served as adjunct translator and advisor concerning educational and vocational provisions for blind persons at Lions Club in Bangkok. I was assigned to conduct educational research on human potential and resources and marketing research on alternative education. In addition, I also translated official documents from Thai into English as well as producing sound media for sighted students.

Currently, I am a lecturer on Politics and Public Policy at the Faculty of Political Science, Ubonratchathani University. I have been here since November 2008. From here, I have been assigned to teach and research in the area of Politics and Public Policy, particularly associated with disability. In addition, I also provide training and academic service in accordance with the needs of local community, as well as coordinating with and giving advice about educational service provisions for disabled students at Ubonratchathani University and other universities in the Province and the surrounding areas.

Besides formal academic tasks in the University, I am also involved in external special activities and events. Namely, I have worked in strengthening local government organizations to improve the living standard of disabled person in Ubonratchathani Province; in October of 2010, I was appointed by the Office of the Prime Minister as a group leader for a public hearing on national constitution reform regarding disability and local policy. In September of 2010, I was selected as a disabled representative in Ubonratchathani Province for the National Health reform related to disability and health services. Based upon my academic and professional performance, I was chosen to serve as associate dean for academic affairs in 2009, as well as to sit in several committees in the Faculty.

Upon my impressive academic and professional qualifications and experiences, I have been awarded the government scholarship from the Office of Higher Education Commission (OHEC) in coordination with the Office of Civil Service Commission (OCSC) to pursue my doctoral degree in fall 2012. As Thailand is in need of academics and professionals with deeper theoretical insight and practical function for disability affairs, the OCSC deems it significant to sponsor my PhD study in the field of social policy in order for me to follow all the duties and responsibilities as an expert in this field. The academic position greatly permits me to take part in advising responsible parties regarding the social policy and provision for disabled people in Thailand since it involves the process of becoming a key person who is capable of learning, teaching, researching and evaluating, as well as extending the frontier of knowledge based on theoretical explanation and practical application pertaining to Social Science that contribute to a better understanding and improved policy and practice of disabled people in the country.

My desire to study the experiences of blind street musicians originates primarily from my awareness of these persistent circumstances in Thailand and from my belief that the recognition that alleviating at least some of these inequities is urgently required. According to my first-hand experiences and observations, people with disability encounter a range of social injustices as a consequence of negative attitudes relating to their impairment, especially in isolated communities (Punong-Ong 1997). Although Thailand has increasingly become modernized in accordance with global transformation and modernity, traditional cultural structures and values still influence the experiences of people with disability (King and King 2011). As Monthian Buntan (2002) points out, this situation originates from a fear and ignorance of difference between individuals together with the existing paternalistic and hierarchical society. Negative societal attitudes towards people with disability in Thai society, therefore, result in the denial of basic rights in various aspects of their lives, such as access to build environments (Sawadsri 2010), admission to mainstream education (Phunong-Ong 1997), freedom from discrimination in employment and access to all opportunities in the public service (Kerddaen 2010; Puangpetch 2008). As a consequence, they are economically and socially under-resourced, facing up to both physical and psychological harm.

In line with the present state of employment of people with visual impairment in Thailand particularly, It has been observed that those who attended school and university and have sought

professional careers have failed to enter employment. It is presumed that attitudes of employers in both government and private sectors towards people with disabilities and their capacity for work remain discriminatory and instrumental in perpetuating their inability to access the labor market due to the biological and functional consequence of their perceived impairments (Barnes 1992). Despite the best of intentions and goodwill on the part of the potential employer, it is difficult for them to predict how a person with visual impairment will perform say 2 years hence; there may be additional investment required for adaptive tools and modifications to the training regime. If there are more qualified candidates for a job opening than available positions, it means that one blind candidate otherwise qualified with a high probability of success would be denied a position so. In other words, that visually impaired person who may be given a chance at the position may be just as qualified on paper as per GPA, etc. but the probability of success 2 years hence is still much more difficult to predict. The person in Human Resources (HR) or others in the hiring decision are taking a risk and putting their jobs into question in hiring such a person if he or she proves unsuccessful, given that no potential employee even without disability has a one-hundred percent success rate. Thai governments have adopted advanced employment policies and legislations promoting rights and equalities for disabled people in the labour market, but the results make little progress. Thus, visually impaired people experience job restrictions and income deprivation and so are incapable of supporting themselves and their families economically. As a consequence, people with visual impairment find they have limited job opportunities, and generally resort to such income choices as lottery vending, massages, fortune telling, and street music and so forth. . Street musicianship, therefore, is regarded by many visually impaired people as one of the reliable income choices that enables them to realise economic prospect in their lives and to rely on themselves independently (Buntan, 2005; Puangpetch, 2008).

However, attitudes and responses in Thai society towards people with disability and their capacities are mainly dominated by a cultural representation of pity and sympathy as founded on the Buddhist philosophy of love and compassion (Naemaratch and Manderson 2009). This Buddhist cultural representation of disability has inadvertently created culturally appropriate forms of charitable assistance for them. Hence, street performance has unalterably become one of the income sources for a number of people with visual impairment, who rely on charity anchored in the popular sense of pity and sympathy. In Thai society, income from street music, particularly generated by disabled

people, is regarded as social charity rather than economic reward. This is owing to the fact that street music are culturally stereotyped as begging activity, which is considered by the majority of society to be only occupation available for them. As such, visually impaired people remain stigmatised by remunerations from street music. Given that these long-established social and cultural values continue to exist in Thai society, and that people with vision impairment are widely discriminated against in opportunities to access mainstream employment, the means of income generation derived from the popular feeling of pity and sympathy remains the more reliable choice for them. Thus, people with vision impairment are denied human rights and a sense of dignity, and remain with social exclusion.

This is the first interdisciplinary study on employment promotion and social protection for people with vision impairment in Thailand. This research applied empirical data in disability policy research. It analyzed the experiences of blind street musicians in Thailand in connection with culture, religious and social policy. The research has offered a new perspective in studying employment promotion and social protection systems for people with disability in Thailand. In addition, I will benefit from an opportunity to attain a deeper knowledge of issues, concepts, theories and strategies which, when combined, may contribute to a better understanding of what is happening in the process of employment and social protection for people with disability, particularly people with vision impairment in my country. It intellectually facilitated my seeking the solutions to these problems and will able to make informed predictions on the consequences of employment and social policy for people with disability. This thesis does not seek to prevent people with visual impairment from engaging in street music, rather it investigates how current and prospective employment and social protection measures might improve their quality of life and possibly increase employment opportunities available to them. If street music is their preferred income choice, this thesis suggests how they might achieve greater income security and enhance their human rights and dignity while undertaking a career in musicianship.

I was able to access these participants and conduct the research because I am a Thai academic with visual impairment, raised in a Thai Buddhist tradition. I added observations and ideas that I collected from my own experience during my political and social work for the visually impaired people as having involved in various organizations of/for people with vision impairment, which is

based in Bangkok and other provinces. As an experienced leader and scholar in the field related to disability, I gained some further insider knowledge that enables me to speak as an expert on the topic. Finally, I do hope the product of my study will benefit public and private organizations specifically concerning the employment opportunities for people with vision impairment and provide an initial basis for conceptual and theoretical development in the under-researched area of disability policy and practice in Thai Social Science academia.

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Chapter 1. The lived experience of Blind street musicians in Thailand: Overview of the thesis

In Thailand blind street musicians who are systematically excluded from the mainstream of economic and social participation have been observable on the streets of many cities for a long time, but almost nothing is known about them. Research that exists on this group of people and their experiences remains insufficient. The absence of attention to visually impaired individuals who generate income from music on the street is surprising as they are exposed to a high risk of chronic poverty and unprecedented economic and social inequalities (Barnes and Sheldon 2010; Groce et al. 2013; Mitra et al. 2013; Mont 2014). In addition, they are often represented in the media as the pitied disabled who beg, rather than professional musicians who entertain pedestrians in exchange for income (Panyindee 2014; Singkul 2013). More serious is that the general public understand that visually impaired people who earn income from street music are indolent and passive and so choose to become beggars (Kwanyeun and Charnchareonlap 2003). This has caused social stigma attached to them. People with disabilities, through the cultural and stereotypical view of the public, are unable to access regular employment and so become poor. As such, begging is assumed to be the last resource available for them to survive (Groce et al. 2013).

Through a social constructionist and socio-economic approach to disability, this thesis is among the first that contributes to the study of the lived experience of people with visual impairment in Thailand whose main source of income is derived from street music. The purpose is to address a significant knowledge gap in the studies of this group of people and their experiences, to explore the social, cultural, economic and political influences relating to disability in contemporary Thai society that affect their lives, and to indicate possible policy implications that might assist them. The study is concentrated in Bangkok Metropolitan Region, which is the largest urban area in Thailand, and provides a relatively reliable income source because of its large population. This is true particularly for those who perform street music for their everyday livelihood.

The thesis uses semi-structured and unstructured interviews with thirty-two blind street musicians (nineteen males and thirteen females) and three group discussions (six-ten per group), and interviews with eleven key informants who take their role as disability policy activists. The thesis

explores how attitudes to people with disabilities, as a consequence of religious and traditional belief systems specific to contemporary Thai society, affect the lives of visually impaired people, especially their opportunity to generate income. The thesis also analyses the factors associated with their decisions to become and remain street musicians, the rationale for street music, the everyday practices and challenges as street musicians, the consequences of their income capacity, their satisfaction with their living conditions and the sustainability of these circumstances. Analysing these experiences is important if we are to understand whether they have remained street musicians out of choice or necessity, what they expect for the future, and what potential areas of policy intervention should be like for them.

The thesis argues that the lived experience of blind street musicians is a cumulative impact of disablement that is derived from the structural constraints rooted in Thai society's negative and paternalistic views of disability, which in turn leads to multiple forms of social stigma attached to them, and requires complex areas of policy intervention for solution.

1.1 Background

This section gives a brief overview of the country's general profile, establishes the problem statement of the thesis by providing an account of people with reference to their disabilities, employment opportunities and social protection, and describes the scope and coverage of the thesis.

1.1.1   Kingdom of Thailand general profile

Politically delineated as part of the global south, where a considerable number of poor and underprivileged people being marginalised from the global capitalist development are located, Thailand lies in the central part of the Indochina Peninsula, or subcontinental Southeast Asia. With a total area of 513,115 square kilometres, Thailand is geographically divided into four regions: the north, the central plain, the northeast, and the south. The central region, the basin of the Chaophraya River, is the most prosperous and extensive rice-growing area in the country, and has been called "the Rice Bowl of Asia" (Turner 2001). The Bangkok Metropolitan Region (BMR), situated in the midpoint of the Central Plain, is highly urbanised and industrialised compared to the

other provinces, and is considered by a large proportion of the population from other regions to be the prime destination for high-quality education, greater income and employment opportunities and for more and better sanitation services and other advanced public utilities (World Bank 2011).

Governed by a constitutional monarchy and a parliamentary government, Thailand is divided into seventy-seven provinces. Each province, administered by an appointed governor, is split up into districts, sub-districts, and villages. The capital city, Bangkok, is separate and is subdivided into fifty districts and administered by a term-elected governor. Thai public policy and administration, however, are primarily run through central government administration.

At the latest census the population reached sixty-eight million (NSO 2012b). One-third of the total population is situated in the northeast, the largest region being recognised as containing both the highest rate of poverty and the highest number of poor people, and identified as the "poverty pocket of Thailand" (Healy and Jitsuthon 2007). Central to national social and economic prosperity, the number of the registered population in the BMR has increased to eleven million, or 16.1 per cent of the total population. Bangkok city has a population of six million, or half of the total registered population in this area (NSO 2012c).

Culturally Thailand is a hierarchical and patriarchal society. Ninety-five percent of Thais identify as Buddhist, in particular the Theravada teaching approach that has largely influenced all aspects of the everyday practices of Thai people (Kusalasaya 2005). Thai is the national language used as official, while spoken dialects can be found in rural regions. English is used as a second language and is compulsory in school education. The country is internationally renowned for the excellence of its cuisines, hospitality, tourism and service industries, despite political instability and a wide gap of growth between its rural and urban areas (World Bank 2011).

Since the first *National Social and Economic Development Plan* (B.E. 2504-2510 or C.E. 1961-1966) was inaugurated in B.E. 2504 or C.E. 1961, Thailand has successfully accelerated economic development. These planning guidelines, recurring every four years, were designed to provide direction for the comprehensive social and economic development of the country. A rapid process of industrialisation and urbanisation resulted within the largely farming population. The labour force shifted from agricultural to industrial and to the service sector economy because of higher

growth rates. Significant progress in escalating economic development, planning effective population control and stimulating Bangkok-centred industrialisation was made with the assumption that increasing national wealth and prosperity could be spilled over to the grassroots economy. Poverty, however, remains predominant in rural regions given that agriculture predominates in most household economies, and growth is concentrated largely in the cities (Bird et al. 2011; Dasgupta et al. 2013).

Through the process of national social and economic development, many Thai people, especially those who lived in rural areas, were marginalised from national growth and prosperity, including people with disabilities. Specific attention given to issues of people with disabilities was for the first time evidenced in the 8th *National Social and Economic Development Plan* B.E. 2540 (1997) to B.E. 2544 (2001), or forty years after the first National Development Plan was adopted. The eighth Plan was designed to provide people with disabilities with basic necessities, such as health care services, basic school education and funds (JICA 2003). Based on this Plan, private sectors took part in promoting occupational rehabilitation for people with disabilities along with the government sectors. The 8th Plan also became the platform for the following plans relevant to the quality of life of people with disabilities that were initiated by the Government. That is, the *Third National Social Welfare and Social Assistance Plan* B.E. 2540-2544 (1997-2001) was aimed to provide further disability-related amenities together with employment and income opportunities for people with disabilities, to strengthen the networks of the groups and organisations of/for people with disabilities, to launch a campaign for better attitudes change, and to amend and remove any laws and regulations that infringe the rights of, or discriminate against, people with disabilities in all areas of their lives. The second is the *National Rehabilitation for Disabled Persons Plan* (1997-2001), which seeks to ensure the coverage of comprehensive rehabilitation. (*Thailand's Progress towards Fulfilment of The United Nations World Programme of Action Concerning Disabled Persons 2001*, pp. 3-5). Despite the existence of these policy platforms, the progress was slow, especially the opportunity for people with disabilities to generate income.

1.1.2 Statement of the problem: The structural constraints towards employment and income generation opportunities for people with visual impairment in Thailand

Millions of families around the world, particularly in low income countries, are living with some types of impairments. It is estimated that approximately one billion or 15% of the world's population are affected by disabilities (WHO-World Bank 2011). In the case of people with visual impairment in particular, the WHO Global Data on Visual Impairment 2010 suggests that there are 285 million people who are visually impaired, and 39 million of them are totally blind. Notably eighty percent of them live in developing countries (Poscolini and Mariotti 2011; WHO 2012). According to the national census directed by the Office of National Statistics in 2012, Thailand has a total of 1,478,662 people with disabilities being 689,619 males and 789,042 females, or 2.17% of the total population of 68,007,361 (NSO 2012a). But when exploring the latest survey on population with disabilities, conducted by the Disability Information Center, Department of Empowerment of Persons with Disabilities (2016), Thailand has a total of 1,567,571 people with a registered disability; 2.3 per cent of the sixty-eight million total population (NSO 2012a), while the total visually impaired population is 168,535 or 10.7 per cent of the total registered population with disabilities. Based on Global Estimates of Disability Prevalence, these figures, however, seem not to reflect reality given that the world population is inclined to rapid growth and there are a number of factors that contribute to the prevalence of disability involved, such as a consequence of the growing proportion of ageing people, traffic injuries, conflict, violence and unsafe working environments, escalation of long-term health conditions, especially for people living in poverty (Mathers et al. 2006; WHO-World Bank 2011; UN-ESCAP 2012). Remarkably the populations with disabilities have soared up from ten percent or about five hundred million of the world population during the 1990s to fifteen percent or about one billion of the world population over the past decade (*World Health Survey and Global Burden of Disease* 2008; WHO-World Bank 2011). Organisations of/for people with disabilities in Thailand suggest that there are about five million people with disabilities, and that about one million of them have visual problems (Bangkok Post 2005). Most of these have "low vision". About 100,000 of those with visual problems may be called blind, ranging from partial to total blindness (CFBT 2003).

People with disabilities in Thailand are asked to register at the Provincial Office of the Social Development and Human Security, Ministry of Social Development and Human Security. Many people or their families, however, refrain from registering, for various reasons; for instance, they cannot afford the cost of travelling to the office in their area, or they cannot travel because their work does not allow them the time to do so, or they are not informed about their rights, or they are neglected by their families, or they do not travel because of disillusionment (Phunong-Ong 2002). In Thailand people with disabilities form a large but underprivileged group, with most living in farming families, the poorest sector of the population in remote localities. With reference to the national census, two-thirds of the total population in Thailand are settled outside municipal areas, and three-quarters of the total disabled population within them (NSO 2012a). People with disabilities, most of whom live in rural areas with inadequate social provisions, rely mainly on their families for care (Bualar 2013; Naemaratch and Manderson 2009). Alternatively, they have to depend on charity, or struggle to survive on their own. This large number of people with disabilities, including visually impaired people, calls for special attention and care on a national level, in the field of education and other areas. Yet, the law is not fully carried out, as available population figures, observations of poverty in the country and the everyday experience of people with disabilities show.

Thai society has dominant traditional socio-cultural and political structures, especially in rural communities. People with disabilities encounter a range of social prejudices and discrimination caused by negative attitudes relating to their impairment, based on traditional understanding of disability in Thai cultural interpretations of Buddhism (Naemaratch and Manderson 2009). According to Monthian Buntan, a member of the National Legislative Assembly, 'unjust discrimination' exists due to historical, psychological, and religious reasons, common prejudice, and economic constraints (Bunton N.d.b). Many Buddhists believe that problems in one's present life result from mistakes and/or sins committed in an earlier life, and the current situation is punishment (Charlton 1998; Miles 2000). As highlighted by Reid-Cunningham and Fleming, this antagonistic view is consistent with the moral model that associates disability with punishment or wrongdoing through religious interpretation (2009, p. 11). Those negative attitudes towards children with disabilities may sometimes extend to their families being blamed as sinful and

immoral beings that might lead to misfortunes and disasters to the community (Goffman 1963; Namsiripongpan et al. 2003).

Similarly in economic spheres, many people regard people with disabilities as unproductive in terms of family and society and consider them to be a considerable burden. People labelled as having disability, or *pikarn in Thai language*, are simultaneously referred to as having incompleteness of self, and so are reduced to lacking ability to perform regular activities and are deemed to be unable to create the same economic productivity as other people (Naemaratch and Manderson 2009). Due to this interpretation, people with disabilities face a number of social and economic barriers over their life course (Priestley 2003). As a result, feelings of independence and achievement from involvement in paid occupations, as Topliss has argued, are rare accomplishments for people with disabilities (1982, p. 112).

People with disabilities in Thailand have for a long time been discriminated against in mainstream employment, in particular those with visual impairment, who are the most excluded impaired people from the labour market, either in Thailand or in other countries (Bell and Mino 2015; Gilbert et al. 2008; Puangpetch 2008; Wolffe and Spungin 2002). It is estimated that only thirty percent of visually impaired people in working age in many developing countries are in employment (Gilbert et al. 2008; Leonard et al. 1999; McNeil 2001). Entry into mainstream employment is regularly denied to them on the grounds that there are no accommodations to support them in the workplace. More serious is the underlying fear of those who are different, and a more or less undefined thought that they are not able to function and work as a consequence of their perceived impairments (Barnes 1992; Buntan 2002). A National Statistical Office survey (NSO 2012a) found there were 369,080 Thai people with disabilities aged over 15 years or about 25.7% of the total population with disabilities in employment, compared to 75% of the people without disabilities in the same age range, or about three times more employment than people with disabilities. Of these employed people with disabilities, 227,881 receive less than 10,000 Thai Baht a month (US$291; 1 Baht = US$0.0291), or less than average monthly income of 11,442 Thai Baht, based on the rate of December 2012 (NSO 2012b). The majority of about 60%, or 220,994 people, work in agricultural sectors. The number of employed women with disabilities was smaller than that of employed men with disabilities (216,324 men and 152,756 women) or 32.6% versus 19.8%. This is consistent with the previous research

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conducted by UNESAP in 2012 indicating that people with disabilities tend to have higher levels of unemployment rate and lower income than people without disabilities, particularly women with disabilities. Bualar (2013) has found that many of the physically impaired women who want to work are still excluded and so experience poverty. They are also more likely to have to rely on their family for daily support, increasing their social isolation (Bualar and Morshed 2009). Bualar also highlighted that people with disabilities in Thailand have been confronted with three major barriers to employment opportunities. First, the government has inadequate information for formulating employment policies and legislations, and thus those policies and legislation fail to accommodate people with disabilities in employment. Second, people with disabilities are not able to commute from their home to the workplace independently because of inaccessible public spaces, such as public transport, roads, footpaths and buildings (Sawadsri 2010). And finally, people with disabilities are more likely to live their life under the extra care provided by their families and so are not encouraged to participate in the workforce environments (Bular 2015, pp. 1343-36).

According to Thewapong Puangpetch (2008), Thailand's government policy failed to promote job opportunities for people with disabilities. The policy was too general as it did not pay specific attention to the needs of workers with different types of impairments. He also emphasised that, in practice, both the public and private sectors impose employment restrictions for disabled and visually-impaired persons through ambiguities of the laws. In keeping with the previous study conducted by Thai scholars Namsiripongpan and his colleagues (2003, pp. 85-106), discrimination against people with disabilities in employment in Thailand may take three different forms. First, employers arrange job positions or job specifications for people with disabilities that restrict or devalue their potential to perform work. This arises from the employers' negative assumption that people with disabilities could not perform regular jobs, and that their capacity to perform regular jobs would not be reliable as a consequence of their impairment. Second, employment laws, rules, standards, policies and procedures, particularly in government sectors, contain specific qualifications and requirements that prohibit or disqualify people with disabilities from gaining equal opportunities for employment. For instance, according to the Public Prosecutors regulation, one of the requirements states that people who are eligible to take the examination for an attorney position must not be incompetent or partially incompetent, or have a physical and mental condition that is considered inappropriate to work as a state attorney (Namsiripongpan et al. 2003). Third,

employers, especially in the public sectors, are able to use their discretion to reject people with disabilities from participating equally in employment based on discriminatory laws, rules, regulations, requirements, policies and practices (Namsiripongpan et al. 2003). In 1980, A blind man in Nangbualampoo, a province situated in the Northeast of Thailand, who applied in a teaching position in the local schools, even in the 21st century, at the Commission for Primary Education to be examined for a teaching job, was refused this examination on the grounds that he was blind disabled (Phunong-Ong 2002). These legal and institutional barriers to employment opportunities for people with disabilities, and visually impaired people within, have been prevailing in the workforce environments.

Because of advocacy from the disabled people's movement over the past three decades, the government of Thailand has passed a number of laws, policies and procedures for people with disabilities, which guarantee their rights to proper education, to productive and decent work, and to basic social provision. The two previous Constitutions of the Kingdom of Thailand B.E. 2540 (1997) and B.E. 2550 (2007), recently replaced by the new constitution promulgated in B.E. 2559 (2016), included anti-discrimination provisions on the grounds of physical and health conditions and ensured access to social welfare and services for people with disabilities. In 2007, in accordance with the Constitution as earlier adopted, the government passed the *Empowerment for Persons with Disabilities Act* B.E. 2550 (2007) with its second amendment B.E. 2556 (2013), which is the most comprehensive rights-based law for people with disabilities ever passed in Thailand. This legislation was aimed to replace the *Rehabilitation of Persons with Disabilities Act* B.E. 2534 (1991), which was the first law for people with disabilities. The government also included People with disabilities in the 11th *National Economic and Social Development Plan* B.E. 2555 to B.E. 2559 (2012 to 2016), currently replaced by the twelfth plan B.E. 2560 to B.E. 2564 (2017 to 2021), and first time in the 3rd National Human rights Plan (2014 to 2018). Furthermore, the government launched the *National Development Plan*s for the quality of life of persons with disabilities, currently the 5th plan B.E. 2560 to B.E. 2564 (2017 to 2021), which provide guidance for disability development practice for all relevant authorities. In 2008, the government ratified the *UN Convention on the Rights of Persons with Disabilities*, which was internationally adopted in 2006.

Based on the above policies and legislation, the number of disabled workers in the workforce should be raised. In 2011, the Ministry of Social Development and Human Security and the Ministry of Labour re-established a compulsory quota system, varying from one person with disabilities for every 200 employees without disabilities to one person with disabilities for every 100 employees without disabilities. This ratio remains a contentious issue in that it is rejected by private enterprise, despite tax incentives granted (Bualar, 2013). In line with the *Empowerment of Persons with Disabilities Act* B.E. 2550 (2007) and its amendment Vol. 2 B.E. 2556 (2013), employers who refuse to employ people with disabilities are able to pay compensation in cash for the Disability Empowerment and Rehabilitation Fund as an alternative. These are considered ineffective measures because the law is not fully enforced and has no serious penalty for private companies that decide not to employ people with disabilities (Bualar 2015). Under these related circumstances, people with disabilities are most likely to be excluded from the regular workforce environments among the poor and disadvantaged Thai population, as well as being left behind other people who possess the economic and social privileges necessary for them to compete fully in the capitalist Thai economy.

Due to these structural constraints—social attitudes to people with disabilities and their capacity, environmental, legal and procedural barriers to employment and ineffective government employment policy and practice, people with visual impairment find they have limited job opportunities, and generally resort to such income choices as lottery vending, massages, fortune telling, and street music for example. This has consequentially exacerbated economic and social deprivation experienced by visually impaired people, and has prevented them from improving their life chances and earning the valuable sense of independence derived from full participation in regular workforce environments. Street musicianship, therefore, is considered by many visually impaired people to be one of the reliable income choices that enables them to realise the economic aspect of their lives, and to rely on themselves independently (Buntan 2005; Puangpetch 2008).

Blind street musicians, nevertheless, are most likely to be vulnerable to additional risks. As the previous studies have highlighted, street music provides a secure income, and the musicians are often humiliated because they are perceived as disabled persons who beg, rather than professional musicians who entertain pedestrians in exchange for income (Panyindee 2014; Singkul 2013).

According to grey literature that describes the circumstances of employment for people with disabilities in many developing countries, street activities undertaken by people with disabilities is often regarded as 'an organised form of charity for people with disabilities' (Higgins 1979). Or more seriously it is culturally categorised as a begging job being reserved for people with disabilities particularly (Groce et al. 2013). People with disabilities are perceived by the public as those with a limited choice of income because of their perceived impairment. They are consequently believed to have poor living conditions, and so have to rely mainly on begging as their only reliable source of income (Grech 2012; Groce et al. 2011; Mitra et al. 2013; Mizunoya 2013).

According to *Begging Regulation Act B.E. 2484* (*C.E. 1941*), begging activities in Thailand are prohibited. Since blind street musicians were classified as beggars instead of musicians, they were considered illegal (Maneesorn 1994; Sorilaklikhit 2002). They were often removed from the street by the local authorities or they were arrested and fined by police officers (Panyindee 2014; Sajaphong 1997). This law was abolished in 2016 and replaced with new legislation called the Begging Control *Act B.E. 2559* (*C.E. 2016*) (two years after the fieldwork of this research was conducted; see Chapter 6.2.1 for more details). Based on the legal position, visually impaired people who work as street musicians are likely to experience income poverty, to be denied human rights and a sense of dignity, as well as being exposed to legal prosecution. It is significant to conduct this research project in this area at this time in order to assist this group to have increased income choices, to achieve greater income security, to achieve better quality of life and to enjoy greater human rights and dignity, despite work as street musicians.

Since there is currently a significant knowledge gap in the study of the experiences of blind street musicians in Thailand and internationally, and few research was found which directly studies this group of people and their experiences, this thesis is among the first to acquire empirical knowledge of the issue. It contributes to a better understanding of what is happening in the circumstances of employment for this population, as well as commenting on the implications for social interventions and a human rights based social policy framework. This thesis applies empirical data in disability and social policy research. It analyses the experiences of blind street musicians in Thailand in connection with religious culture, socio-economic context and social policy. The thesis offers a new perspective in studying employment promotion and social protection systems for people with visual

impairment in Thailand and in similar countries, and offers a potential application to those with different types of disabilities.

This thesis does not seek to prevent people with visual impairment from engaging in street music, rather it investigates how current and prospective employment and social protection measures might improve their quality of life and possibly increase employment opportunities available to them. If street music is their preferred income choice, this thesis suggests how they might achieve greater income security and enhance their human rights and dignity while undertaking a career as a musician.

1.1.3   Scope and areas of the thesis

This thesis concentrates on the lived experience of visually impaired people in Thailand who have suffered restrictions to employment and income choices and so become involved in street music as their main source of income in the Bangkok Metropolitan Region. Rather than considering only their everyday lives and everyday practices as street musicians, further attention is drawn to the influence of social, cultural, economic and political elements of contemporary Thai society over their lived experience as people with disabilities, particularly emphasising Buddhist perspectives and Thai culture towards people with disabilities. It is also extended to the examination of the impact of employment promotion and social protection systems for people with disabilities in Thailand on the lives of blind street musicians. This thesis explores how the lived experience of blind street musicians as people with disabilities in general and the lived experience of visually impaired people as a street musician in particular were interrelated to each other as the holistic lived experience (Melzer 2015). In addition to the socio-cultural accounts of disability in Thai context, a social constructionist and socio-economic approach to disability is used as a theoretical framework to explain the overall lived experience of blind street musicians.

Through semi-structured and unstructured interviews with thirty-two blind street musicians (nineteen males and thirteen females) and three group discussions (six to ten in each group) in combination with related literature, the study explored the views of these street musicians towards social perceptions of and interactions with people with disabilities and their abilities including their own reflections and self-identification as people with disabilities, what social and economic factors

influenced their decisions to become and remain street musicians as their main source of income, what their routine practice as street musicians was like, how satisfied they were with their current income source and their current living conditions, how current employment promotion and the income and social protection system for people with disabilities in Thailand affect their livelihoods, what potential areas of policy intervention they would recommend and what they planned for their future. To acquire further perspectives and recommendations on these issues, the study also applied qualitative interviews with eleven disabled policy stakeholders, who served in both government bodies and NGOs for, and of, people with disabilities in Thailand.

1.2 Theoretical approach and scope

To explain what the lived experience is like for blind street musicians, how social, cultural, economic and political circumstances specific to disability affect this experience and how they perceive and respond to their circumstances, this thesis applies a social constructionist approach to disability, with specific emphasis on the social models of disability, together with a socio-economic approach to disability, focusing on the interconnection between disability, poverty and social exclusion. The social constructionist approach helps understand the impact of socio-cultural perceptions, attitudes and structures on the lived experience of blind street musicians, along with meanings of disability in Thai context, especially under Thai interpretations of Buddhism. Disability, as an integral part of the lived experience of blind street musicians, is socially constructed through labelling, stereotyping and stigmatisation, and more explicitly through marginalisation, exclusion and discrimination, which create a cumulative effect of disablement on their everyday experience (Dowse 2007). Therefore, studying the lived experience of this group of people through the social constructionist approach takes us beyond the individualistic or medical imperatives and the problems of misfortune (Oliver 1990; Morris 1991; Linton 1998; Goodley 2011).

Following the social models of disability, the thesis examines the relationship between the lived experience of blind street musicians and the social and environmental barriers they confront. The basis of social models of disability is important in order to understand how the lived experience of blind street musicians is constrained by structural social, economic, political and environmental barriers and how they exercise human agency and self-advocacy through collective action towards

the elimination of such barriers. In these circumstances, their self-perception, self-reflection and self-identification as people with disabilities could initiate alternative accounts for the individual experience of disability for people with an impairment along with their capacity to realise the construction, deconstruction and reconstruction of disability, particularly for visually impaired people whose source of income is derived from performing street music (Murugami 2009).

In addition, the thesis applies the socio-economic approach to disability that affect the everyday lives of people with a perceived impairment. It gives special emphasis to the interconnection between disability, poverty and social exclusion. According to the World Bank (2011), this interconnection can be described as a vicious cycle with disability being both a cause and a consequence of poverty (WHO 2011; Groce and Murray 2013; Joly and Venturiello 2013). In other words, 'poverty is both a cause and a consequence of blindness … poverty and blindness reinforce each other, contributing to increased vulnerability and exclusion' (Rowland 2004). The consideration of this phenomenon leads to understanding the impact of social, economic and material deprivation in the lived experience of blind street musicians in Thailand, as well as informing potential policy intervention.

In light of the context and these theoretical approaches, the thesis is located in a specific scope. It relates to the lived experience of blind street musicians in association with the social, cultural, economic and political issues specific to disability in contemporary Thai society, rather than determining a series of events or patterns of behaviour about them in isolation. It also relates to a socially constructed interpretation of disability, instead of disability as incompetence, or as misfortune, or as a problem peculiar to specific individuals. Further to the socio-cultural dimensions, the thesis examines the socio-economic issues, specifically relating to the interconnection between disability, poverty and social exclusion, rather than considering each of these issues separately. It finally relates to the transformation of the role of the government, of policy interventions and of the key agents in improving the life of visually impaired people, especially those whose main source of income is derived from street music, rather than assessing the policy and legal frameworks as such. Thus, the study lies between and combines various disciplines and theoretical approaches, in preference to being positioned in a single academic field of study. It brings together research on lived experience, socio-cultural and religious

perspectives on disability and employment opportunities and social protection for people with disabilities, using social constructionist and socio-economic approaches to disability, underlining the social models of disability.

1.3 Research aims, questions and methods

Based on the background statement and on the theoretical framework presented above the research has the following objectives:

1. To gain in-depth information about the lives of people with visual impairment in Thailand in relation to their opportunity to generate income, focusing on experiences of those whose main source of income is derived from street music;

2. To Acquire a deeper knowledge of disability issues in relation to social, cultural, economic and political circumstances specific to disability in contemporary Thai society, focusing on how those circumstances affect the experiences of those whose main source of income is derived from street music and how they perceive and respond to their circumstances;

3. To develop the concepts and strategies of social policy which, when combined, can facilitate a better understanding towards the income generating opportunities of people with disabilities and particularly those with visual impairment in Thailand, and make informed predictions on policy solutions to such circumstances;

4. To contribute to theoretical development in the under-researched area of employment promotion and social protection for people with disabilities in Thai social science academia.

To achieve these goals, the study was addressed through four main and six supplementary research questions which provide a focal point and a guide to the thesis:

1. What is the lived experience like for people with visual impairment in Thailand whose main source of income is derived from street music?

2. How do the social, cultural, economic and political conditions of contemporary Thai society specific to disability affect the lived experience of people with visual impairment whose main source of income is derived from street music? How do they perceive and respond to such conditions?

a. How does the social and cultural belief system relating to disability affect public attitudes and responses towards people with disabilities and their capacity?

b. How do Thai belief systems affect the perceptions, reflections and self-identification as people with disabilities, in particular people with visual impairment?

c. What are the social and economic circumstances that people with visual impairment consider in their decision to undertake street music in the Bangkok Metropolitan Region as their main source of income, in particular, circumstances related to disability?

d. What are the routine practices of people with visual impairment whose main source of income is derived from street music? What are the challenges that confront them as street musicians with disabilities?

e. How satisfied with their current source of income and with their current living conditions are visually impaired people whose main source of income is derived from street music?

f. What are the future plans of visually impaired people whose main source of income is derived from street music? And what do they require to achieve their plans?

3. In what ways and to what extent do current employment promotion and the income and social protection systems for people with disabilities in Thailand affect income generation and livelihoods of visually impaired people whose main source of income is derived from street music?

4. What are the implications of improving the income security, improving living standards, promoting human rights and dignity and increasing employment and income choices available for people with visual impairment, especially for those whose main source of income is derived from street music?

This thesis was qualitative in its approach, applying different methods for triangulation including semi-structured and unstructured individual interviews and group discussions with visually impaired participants, along with qualitative interviews with key disabled activists, incorporated with literature searches. Visually impaired participants and key disable informants were recruited through single-stage non-probability purposive sampling strategies using the process of snowballing technique. This approach is culturally acceptable in Thai society.

Inductive and deductive strategies were used in this research (Blaikie 2000). Inductive research strategy is understood as connected to realism and measuring observed phenomena by conceptualisation and operationalisation (Williams 2003; Babbie 2008), while deductive strategy reflects data theoretically (Boyatzis 1998; Braun and Clarke 2006; Patton 2002). The study applied a case study approach in relation to critical investigation (Bechhofer and Paterson 2000). This case is a bounded inquiry as it clearly determines a specific population group as a unit of analysis and a specific scope and theoretical approach of study (Denzin and Lincoln 2005; Creswell 2007). Data analysis was processed through a thematic analytic approach. The social constructionist and socio-economic approach to disability was used as the theoretical framework of analysis.

1.4 Outline of the thesis

The thesis is divided into three parts with eight chapters. Part I or the introductory part consists of Chapters 1, 2 and 3, which detail the background and context of the thesis, introduce key issues and concepts that are relevant to people with disabilities, employment opportunities and social protection, and provides the methodological accounts of the study. Part II presents research findings and implications comprising Chapters 4, 5, 6 and 7. Part III includes discussion, conclusions and policy implications and contains only Chapter 8, or the final chapter.

In Chapter 2, a literature review, based upon the socio-economic approach to disability, in particular focusing on the interconnection between disability, poverty and social exclusion, is aimed at facilitating the development of critical discussion on research about employment opportunities and social protection systems for people with disabilities in Thailand in international context, where the situation of people with disabilities seem to be comparable. The background includes people with disabilities' experience with the interconnection between disability, poverty and social exclusion, before moving specifically to the area of family and household wellbeing, education, vocational training, employment, social isolation and social stigma. The theoretical approaches are located in the first part of this chapter, which bring the perspective of the social constructionist framework through and social models of disability into the study of the lived experience of blind street musicians.

Chapter 3 outlines the methods. The chapter gives details about the research methodology including disability-inclusive research approach, research strategy and design, data collection and data analysis. It also describes the specific methods used, including qualitative semi-structured and unstructured individual interviews with visually impaired participants, and group discussions and qualitative interviews with key disabled activists. The chapter further describes how accessibility options for fieldwork participation were arranged for the visually impaired participants, as well as discussing the ethical issues and power relationships involved in the fieldwork participation. The chapter also describes the process of data analysis using a thematic analytic approach.

Chapter 4 describes social perceptions and interactions towards blind street musicians as people with disabilities in the socio-cultural context of contemporary Thai society. It begins with the Buddhist philosophies, including the law of Karma, the concept of reincarnation, the state of suffering, and the notion of the five aggregates, which have given rise to the meanings of self together with the construction of disability. The chapter then continues with prevailing social misconceptions of disability as influenced primarily by traditional and supernatural beliefs towards people with disabilities, as well as the impact of such beliefs on their own lives and their families and couple relationships. To understand how the general public interact with people with disabilities, the chapter ends up with the Buddhist philosophy of the four sublime states, the original moral constructs for social cohesion. This idea establishes the pattern of charity and voluntary assistance for people with disabilities in order to gain merit, and underscores the unequal social position among individuals, in particular those with disabilities. The chapter emphasises that the social and cultural explanations of disability presented in this chapter are mostly developed from the views of blind street musicians of themselves as people with disabilities, together with their own views about how the general public view them. The analysis in the following chapters demonstrates the social and economic constraints on the everyday life experiences of blind street musicians. The analysis demonstrates that their experiences are constrained by popular understandings of disability analysed in this chapter, in addition to the socio-economic conditions in Thai society.

Following the analysis in Chapter 4 of understandings of disability in Thailand, Chapter 5 shifts to the more specific analysis of the social and economic background and context of the visually

impaired research participants who were involved in street music performance, including descriptive analysis of the characteristics of the participants in the research sample, an overview of family context and socio-economic implications for rural-urban migration. These help one to understand what factors influenced the decisions of visually impaired participants to migrate from their hometowns to BMR cities and undertake street music performance as their main source of income.

In Chapter 6, further attention is drawn to the everyday lives of the participants and everyday practices of street music performance. The chapter highlights the rationales for street music performance that visually impaired people use to justify their decisions for a career in street music performance. Thus, while Chapter 5 explains what factors persuaded the participants to turn to street music performance for a living, Chapter 6 explains what factors pulled and motivated them to earn income from street music performance. It continues by elaborating on the duration of being a street musician in the Bangkok Metropolitan Region, followed by an explanation of street music as a source of income, as well as describing the everyday practices of street music, with special emphasis on forms of music, daily working arrangements, means of transportation and performance with a sighted companion. The chapter carries on an analysis of the other relevant challenges in their lives, which include abuse from authorities, the impact of the political crisis and weather conditions, health and safety issues and crime and violence. The chapter ends up by presenting how blind street musicians perceive the view of the general public, the view of their families and their view towards themselves as people with disabilities who are street musicians. The chapter also points out that these street musicians can be separated into two groups. First, most in the older age group with lower levels of education chose to be street musicians primarily due to economic necessities and employment restrictions. Second, those with a long-standing love of music tended to take street music seriously because they believed this might be a path to mainstream work as a street musician. The chapter argues that the experiences and perceptions of the street musicians can probably be explained by the social constraints that are derived from traditional understandings of disability in Thai interpretations as well as by the influences of socio-economic circumstances that surround them.

Chapter 7 looks beyond their experiences of street music and focuses on the broader economic and social conditions in which they live. Analysing these experiences is important in order to understand whether they have remained street musicians out of choice or necessity, and what they expect for the future. The chapter begins by describing the financial circumstances of the street musicians, including average income, average living expenses, debts and savings, family obligations and extra income from other activities, followed by giving an account of their living conditions, including housing accommodation, access to public utilities, household and material assets and social support networks, as well as how satisfied they are with their city lives. It continues by describing their future plans and how they think that they can further these plans. The chapter finally presents the views and reflections of blind street musicians, accompanied by those of disabled activists, towards current and prospective employment promotion and social protection systems for people with disabilities, especially for blind street musicians. The argument in this chapter builds aspects of individual agency and choice into the earlier argument about the social, economic and political constraints on people with disabilities in Thailand.

Chapter 8 concludes the thesis. It discusses new knowledge and understandings derived from the explanations and discussions in the earlier chapters, and reflects on the significance and contributions of the thesis to both theory and practice. In addition to the background of the thesis, the chapter first reviews and synthesises the life experience of visual impaired street musicians. It continues by reflecting on the new insights and contributions to the theoretical development in the field of disability studies and social policy research, together with the practical application for improving a comprehensive disability policy framework for employment promotion and social protection systems for people with disabilities in Thailand. The chapter then discusses potential limitations in the thesis, proposes future research in this area, and concludes with some critical observations. In this final chapter, it is argued that the lived experience of blind street musicians is mostly affected by the structural constraints that are derived from the dominant Thai belief system relating to people with disabilities, specifically traditional understandings of disability in Thai interpretations of Buddhism. This has led to cumulative effects of disablement over their life course, and requires social policy intervention that might improve their lives.

1.5 Notes on terminology

The thesis uses the term 'people with disabilities' to be consistent with people first language and the human rights language in the United Nations Convention on the Rights of Persons with Disabilities 2006, Exceptions are in quotes and when referring to the social models of disability, which prefer the term 'disabled people'.

In addition, the thesis uses the term 'people with visual impairment' and 'visually impaired people' to describe the participants. When it is relevant that the person is totally blind or partially sighted, the thesis specifies this directly. The thesis also uses the term 'blind' without 'totally' in some cases where blindness is socially constructed as a disability implying a negative connotation.

The terms 'street music' and 'performing street music' are used interchangeably in this thesis to refer to the acts of street musicians who sing, play musical instruments, or sing with a karaoke machine, either alone or in group to generate income. The typology of street music in this thesis is described in Chapter 6.3.1. The thesis avoids using the term 'street performance' as it includes musical and non-musical activities, which might lead to confusion.

In this thesis, it should be noted that there were twenty-four out of thirty-seven blind street musicians who performed as individually with a karaoke machine, walking and singing concurrently, with ten of them who performed in band with their musical instruments and other three who performed as a solo musician with their musical instrument.

Finally, the thesis uses the term 'lived experience' instead of 'experience' alone to imply the perceptions and reflections of blind street musicians about their everyday existence as underprivileged and oppressed social group caused by the structural constraints in their everyday existence as people with disabilities. It also denotes that the perceptions and reflections of blind street musicians about their everyday existence originate from their own descriptions and impressions as active agents.

Chapter 2. Integrating a social constructionist and socio-economic approach into the lived experience of disability for blind street musicians: Review of literature

This chapter introduces the understanding of the area of research through the review of literature, in particular encompassing the social construction of disability, highlighting the social models of disability, together with the socio-economic context of disability, focusing particularly on the interconnection between disability, poverty and social exclusion. It is aimed not only to contextualise the overall study and establish the theoretical and conceptual framework of analysis, but also to demonstrate the association of the body of knowledge gathered from relevant literature and to identify the gap between existing knowledge and social reality on the subject matter. By integrating the related literature strands, the study maps how disability, as a socially constructed phenomenon, is associated with the lived experience of blind street musicians, examines how the socio-economic context of disability is related to their lived experience, explores the ways through which disability has impacted their overall lived experience, and informs policy implications.

The chapter is divided into four main sections. The first section begins by exploring the concept of disability through a social constructionist approach, which explains how disability is produced and reproduced through social, cultural, economic and political structures and how it is imposed upon people with a perceived impairment, with special emphasis on the social models of disability. In the second section, attention is drawn to the socio-economic approach highlighting the socio-economic conditions that affect the everyday lives of blind street musicians. It gives special consideration to the interconnection between disability, poverty and social exclusion. The third section outlines the socio-economic impact of disability emphasising the areas of family and household wellbeing, education, vocational training, employment and income generating opportunities, social support networks and social stigma. Finally, the chapter concludes by identifying the reasons why the lived experience of blind street musicians needs additional research, based on the areas of overlap that emerge from the annotated literature, and also introduces the theoretical and conceptual framework of analysis.

2.1 Understanding the social construction of disability in everyday lived experience of people with disabilities: sociological theories of disability

A sociological perspective of disability understands it as being produced and reproduced through social, cultural, economic and political processes (Barnes and Mercer 2010; Booth 2000; Oliver 1996; Shakespeare 1994). According to the essay on Sociological Imagination as written by notable sociologist, C. Wright Mills (1970, p. 14), personal issues are public issues because they are not only connected to individuals and social relations with others, but also to social institutions and society at large. In comprehending social reality, it is critical to realise "individuals' subjective definition of the situation"' as well as their challenge to deal with their inherent uncertainties and dilemmas (Barnes and Mercer 2010, p. 5). Individual experiences must be explained in association with the biography, historical, political and social conditions that surround them. This state of affairs has been recognised as the relationship between agency and structure in which all human beings have a capacity to create their own actions, while remaining restricted to a certain extent in a social group or in a social phenomenon in which they are present (Giddens 1984).

Based on these sociological assumptions, a question of disability is not only derived from a consequence of biological or psychological impairment, but is also a result of structural social constraints as systematically constituted by society (Barnes and Mercer 2010). According to Scotch:

> *Disability is viewed not as a physical or mental impairment, but as a social construction shaped by environmental factors, including physical characteristics built into the environment, cultural attitudes and social behaviors, and the institutionalized rules, procedures, and practices of private entities and public organizations (Scotch 2000, p. 214).*

Hence, disability is regarded as a social construction of reality in which thoughts and practices are externally established and acknowledged to the point of generally accepted common sense (Berger and Luckmann 1967).

The way society perceives disability reflects how disability affects the lived experience of people with disabilities, and blind street musicians among them. The development of social theories of disability, especially since the 1970s, has led to ongoing controversies about the understandings of disability and policy issues (Dowse 2007). As the understanding of disability extended beyond the socio-historical accounts, the theorising of disability shifted from medical approaches, which conceptualise disability through the assumption of biological and functional loss and deficit, towards integration of multidisciplinary and critical approaches into disability experiences. As highlighted by Tom Shakespeare (1994, p. 289), disability is seen as 'a complex process', which comprises 'a number of causal components' and cannot be figured out by 'a mono-linear explanation'. This section seeks to explain how disability is socially constructed through different paradigms, including individualistic approaches, varying from socio-historical accounts to medical models of disability, and social models of disability, ranging from British to North-American models of disability.

Before the social models of disability are discussed, the section starts by looking back to the individualistic socio-historical model of disability, which constructs disability through the moral, religious interpretations. The section then describes the individualistic medical model of disability, which, from the western origin to the global faith, was, and to some extent remains, influential in conceptualising disability and determining policy and practice for people with disabilities. The section continues by conceptualising disability through the social models of disability that view disability as a result of social oppression and discriminatory barriers created by the majority members of society and imposed upon the lives of people with a biological impairment (Abberley 1987; Oliver 1996; UPIAS 1976). It reviews the critiques about the social model of disability focusing on the social relational account, which highlights a complex relationship between impairment and other economic, social, political and cultural elements. The section then concludes to propose how each model of disability is adapted to explain the lived experience of blind street musicians.

2.1.1 Individualistic socio-historical model of disability: Moral and religious accounts

To begin with, the term 'individualistic', either socio-historical or medical models of disability are central to the position that disability is a personal problem and tragedy situated in individuals who have perceived impairments (Barnes and Mercer 2003, 2010). Oliver (1996) describes these models

as explaining a disability as a personal tragedy or abnormality (Abberley 1987). According to Corker and Shakespeare (2002, p. 2), people having an impairment are seen by the majority members of society as deviances from 'normalcy' where individuals' physical and psychological perfection is believed to be a 'norm' of human entities. Thus, the individualistic model of disability is a discourse used to construct the social meaning of abnormality being imposed upon individuals with impairments (Franck 2014).

 The way society regards disability as an individually located phenomenon leads to the way the cause of disability is socially-preternaturally constructed. Tracing back to the socio-historical notion of disability, as the origin of individualistic model of disability, based on supernatural elements in both eastern and western religious faiths in pre-industrialised society, such as Buddhism, Islam, Judaism and Christianity, disability was perceived as a result of sin, wrong-doing, misfortune and punishment (Miles 2000, 2002, 2007; Moore 2015; Schuelka 2013; Stiker 1999). This notion of disability is consistent with the moral model that associates disability with punishment or wrongdoing through religious interpretation (Reid-Cunningham and Fleming 2009, p. 11). One of the moral, religious explanations of disability, especially in the Hindu and Buddhist perspectives, is that people having perceived impairments are referred to as those who performed bad actions in their past life, and disability experienced in their current life is punishment (Charlton 1998; Miles 2002; Moore 2015; Vehmas 2004). As Awan, Mahar and Saleh have pointed out:

> *Blindness as a condition has fascinated man throughout history and continues to do so. In some cultures the blind is thought to be blessed with divine and psychic powers while in others blindness is considered a form of punishment for improper moral or social conduct (Awan, Mahar and Saleh 2011, p. 165).*

Under these circumstances, disabled infants are regarded as abnormalities, devils, or aberrant, vicious and sinful beings who have reincarnated, bringing miscarriage, disaster or bad luck to the community, as well as leading to their parents being accused of being a sinful or evil family (Kraner and Moore 2002; Kumar 2013; Stiker 1999). New-borns with noticeable impairment are viewed as Iniquities; they will be raised with a disgraceful stigma in the discernment of community. This misconception gives rise to disabled children being isolated, excluded and even persecuted (Barnes

and Mercer 2010, p. 15-16). In Thai society for example, many children with disabilities, especially those in rural areas, are frequently kept at home, or sent to residential care institutions, or even sold to begging gangsters, owing to the result of social misconceptions of disability (Namsiripongpan et al., 2003).

However, these types of individualistic socio-historical views of disability are currently viewed as offensive to many people with disabilities and disability scholars since alternative theories of disability have developed that pass critical judgment on these traditional understandings of disability. Even so, religious ideologies remain important in disability studies in the sense that religion is relevant to the individualistic account of disability based on the socio-cultural views of disability and religious assistance or charity (Barnes and Mercer 2010; Schuelka 2013). As Blanks and Smith have argued:

> *To deny or ignore religious influences on conceptualizations of disability is to overlook a profound aspect of the human experience and our understanding of what it means to have and live with a disability (Blanks and Smith 2009, p. 296).*

In this thesis, the understandings of disability, through the individualistic socio-historical explanations of disability, are derived from Thai social and cultural value systems that have been influenced by Buddhist philosophies and supernatural perceptions of disability in Thai society, which create social identity for people with disabilities and have impact on everyday lives of blind street musicians.

2.1.2 Medical or individualistic model of disability: Structural-functionalist inheritance

During the growth of industrialised society the medical model of disability as another form of the individualistic view of disability, is rooted in the sociological perspective on structural functionalism that gives importance to social unity (Durkheim 1917) and the continued existence of the entire social system (Parsons 1951). This social-medical construction of disability, in replacement of individualistic socio-historical or moral, religious explanations of disability through supernatural beliefs, frames disability as a phenomenon of biological and functional limitations that are derived from individuals and prevent them from performing expected social roles (Albrecht et al. 2001; Bury

2000; Thomas 1999, 2003, 2007; Williams 1999). This model assumes that people who have or acquire an impairment have something biologically, physically or mentally wrong with them as individuals, and so require treatment and rehabilitation to return to normality—performing social roles so as to enable social system (Parsons 1951). Given the emergence of medical role in modernized and industrialised society, the medical and social interventions routinely conducted by doctors and welfare practitioners are authorised and legitimised as being necessary restore the lives of those with disabilities (Barnes and Mercer 2010; Finkelstein 1983; Oliver 1983, 1990). Prevention, treatment and cure are prescribed based on individualised and medicalised approaches, which do not address the social, economic, political and environmental restrictions for people with disabilities. This has resulted in the term 'the medical model of disability (Oliver 1990).

The medical model of disability legitimises, reinforces and perpetuates a framework for social welfare policies and practices that are organised to facilitate people with impairments in handling and adapting to their disability (Finkelstein 1993; Oliver 1990). It can be argued that society fails to include people with inherent impairments in welfare distribution systems due to the lack of ability to accommodate and provide specialised needs for those confronted with the biological and functional deficits (Abberley 1987). For instance, some people with disabilities refrain from mainstream employment because they experience difficulties travelling to the workplace due to inaccessible public transportation and moving in non-accessible buildings (Bualar 2015; Sawadsrii 2010). Many employers also lack the necessary investment required to adjust the physical workplace environments and obtain adequate information and support services to perform independently at the workplace (Heron and Murray, 2003). Hence individuals with impairments fall victim to individualistic views of disability based on the structural-functionalist perspectives, where the dichotomy of human normality and abnormality is emphasised (Dowse 2007). This has led to people with impairments being medically, technically and professionally patronised in almost all aspects of their lives.

The individualistic medical models of disability were internationally reinforced when the World Health Organisation adopted the International Classification of Impairments, Disabilities and Handicaps (ICIDH) in the mid of 1980s to categorise the consequences of disease and their implications (WHO 1980). According to the World Health Organisation (1980):

Impairments are classified according to abnormalities of body structure and appearance or disturbances of organ or system function resulting from any cause (disturbances at the organ level).

The classification of disabilities reflects the consequences of impairment in terms of functional performance and activity by the individual (disturbances at the individual level).

Handicaps cover the disadvantages experienced by the individual as a result of impairments and disabilities (interaction of the individual with the environment).

Because of the social and political movements against negative social attitudes founded on the medical accounts relating to people with disabilities by new emerging disability studies scholars during the 1990s, these definitions were later revised in the International Classification of Functioning, Disability and Health (ICF) that classifies disability as 'an interaction between intrinsic features of the individual and that person's social and physical environment' (Bickenbach et al. 1999, p. 118). Although the social aspect of disability has been addressed, the individualistic medical approach to disability continues to dominate policies and practices for people with disabilities around the world. As Dowse has highlighted:

The widespread adherence to individual models of disability has historically resulted in segregation, institutionalisation, surveillance, and questionable therapeutic and medical interventions. Approaches to social management also retain individualised in/competence as the primary focus for amelioration (Dowse 2007, p. 2).

In individualistic medical accounts of disability, people with disabilities are perceived in a number of negative ways; for instance, unfortunate, useless, different, oppressed, sick, physically and mentally deviant, not able to enjoy the social and material advantages of contemporary society, lacking engagement in mainstream economic activities, and unable to conform to normality (Hunt 1966, pp. 146-55). In individualistic-medical approaches to disability, the lives of people with impairments are separated from full participation in mainstream society, such as participation in mainstream

school education and employment, and even are denied citizenship rights. This exclusion can lead to the dependence of people with disabilities on family care or segregated residential institutions with minimal welfare provision (Barnes and Mercer 2010).

Therefore, this explanation of disability represents people with disabilities in negative social stereotypes that results in people with disabilities being humiliated and having less value in comparison with other members of society (Vehmas 2004, p. 34). Under these circumstances, people with disabilities in the majority world context are socially oppressed as they are denied their citizenship rights, lack control over their everyday lives and are limited from participating in the community politically, economically and socially (Barnes and Sheldon 2010). This understanding of the predicament of people with disabilities instigated the focus of disability movements towards naming these social and environmental barriers. It led to the emergence of social and critical approaches to disability (Barnes and Mercer 2010; Dowse 2007; Owens 2015; Shakespeare 2006).

2.1.3 Emergence of social models of disability: Political strategic approach towards discriminatory barriers

Social models of disability are derived from the struggle of disabled people (the terminology adopted in social models) against the ideas and practices of the individualistic-medical perspectives which dominated policy and public discourse. These models use the term 'disabled people', which is adopted in this section. The social models followed the views of a number of notable disabled activists and scholars, in Britain and North America, particularly during the 1980s and 1990s, who initiated debates and critiques against the individualist-medical orthodoxy (Abberley 1987; Barnes 1991; Finkelstein 1980; Hahn 1985; Longmore 1985; Oliver 1990; Zola 1982). Dowse (2007) has commented that the voices of disabled people themselves were being heard providing their own recognition of self and situations, and their own voices became progressively stronger within academia, in addition to their new paradigms conceptualising and interpreting disability. According to Corker & Shakespeare (2002, p. 3), the new insights and applications in support of social models of disability are generally consistent with emancipatory and identity politics. In this thesis these two schools of thought in relation to the social models of disability are discussed: the British and North-American model of disability.

British social model of disability

From a British theoretical perspective on disability, influenced by the materialistic account, social models of disability draw a distinction from the orthodox view in that they regard the problem of disability as a consequence of social oppression being constructed through some forms of economic and social establishments, rather than a loss or defect located in individuals with impairments (Abberley 1987). Disability is perceived as a form of social oppression, rather than a form of biological and functional impairment (Shakespeare & Watson 2001, p. 10). On this basis, the difference between disability and impairment perceptibly reproduces the severance between biological and social categories. In *Fundamental Principles of Disability*, UPIAS argues that:

> *In our view, it is society which disables physically impaired people. Disability is something imposed on top of our impairments, by the way we are unnecessarily isolated and excluded from full participation in society. Disabled people are therefore an oppressed group in society. It follows from this analysis that having low incomes, for example, is only one aspect of our oppression. It is a consequence of our isolation and segregation, in every area of life, such as education, work, mobility, housing, etc. (UPIAS 1976, pp. 3-4).*

Oliver also reinforces that

> *the social model of disability is not an attempt to deal with the personal restrictions of impairment but social barriers of disability (1996, p. 38).*

As reaffirmed by Booth (2001, p. 16), disability is the product of

> *a barrier to participation of people with impairments or chronic illnesses arising from an interaction of the impairment or illness with discriminatory attitudes, cultures, policies or institutional practices.*

Thus, the British approach is based on the assertion that disability is the result of social and environmental restrictions which are created by society, rather than the impairments of disabled

people themselves, but such barriers must be removed by disabled people themselves (Barnes and Mercer 2010; Finkelstein 2001a; Oliver 1990, 1996). As asserted by UPIAS:

> *Disability is a situation, caused by social conditions, which requires for its elimination, (a) that no one aspect such as incomes, mobility or institutions is treated in isolation, (b) that disabled people should, with the advice and help of others, assume control over their own lives, and (c) that professionals, experts and others who seek to help must be committed to promoting such control by disabled people (UPIAS 1976, p. 3).*

The concepts in social models of disability are used strategically by disabled people to collectively organise themselves for political and social movements (Finkelstein 2001a; Oliver 2004) to resist

> *the barriers they face; the patronizing attitude they have to deal with; the low expectations that are invested in them; and limited options available to them (Swain et al. 2005, p. 24).*

Therefore, the social model of disability is a root to the politics of emancipation that challenges all sources of social oppression, such as uneven capitalist development, social and material relationships and political power, and enables self-idenfication through the interpretations of disabled people (Corker and Shakespeare 2002, p. 3).

North-American social model of disability

In the North-American disability community, the disability movement against social prejudice and discrimination is characterised as the socio-political model of disability, known as a minority-rights model of disability, focusing on the expansion from disability itself to the more wide-ranging social, cultural, economic and political context. Parallel to the British social models of disability, the socio-political model of disability is derived from the view that

> *disability is a consequence of structured social environments that fail to adjust to the needs and aspirations of disabled citizens rather than of the ability of a disabled individual to adapt to the demands of society (Hahn 1985, 1988).*

The socio-political models argue that disabled people are recognised as an underprivileged or minority group in society similar to racial or minority ethnic groups (Albrecht et al. 2001; Hahn 1985, 1988, 1993; Scotch 2000). In this perspective, disabled people are represented as second-class citizens or a deviant group, deprived of individual rights. These theories argue that a sense of common identity and grievance promotes political activism (Barnes and Mercer 2010, p. 26). Further to this, prejudices and discrimination against disabled people are derived from the lack of societal awareness of their value and dignity as humans or to permit them civil rights as members of a political entity (Hahn 1985; Longmore 1985; Zola 1982). The focus of these theories is to promote their equal rights and opportunities as well as social inclusion, rather than just improving medical rehabilitation and functional skills. They argue that any forms of social inequality of disabled people must be eradicated through civil rights legislation and government initiated social policy frameworks (Hahn 2002).

In these socio-political or minority-rights perspectives, by expanding the rights of disabled people, the government must remove social and environmental barriers and include them in social policy and services; for instance, in mainstream education and employment, equal access to housing and built environment and other aspects of their everyday lives on a basis of economic and political freedom. An emphasis on civil rights is a liberal solution to the issue of discrimination against disabled people (Russell 2002).

In conclusion, social models of disability emphasise the influence of social, economic and political structures that construct disability using prejudice, discrimination, marginalisation, exclusion and oppression rather than focusing on individuals' biological and functional restrictions (Dowse 2007). As Monthian Buntan (2002) points out, unjust discrimination on the ground of disability in Thai society originates from a fear and ignorance of difference between people, together with the paternalistic and hierarchical society. He argues that all barriers must be eliminated through disabled people's movements for their own rights.

2.1.4 Critiques of social models of disability: Towards a social relational model of disability

Yet these social models of disability have limited capacity to explain disability in people's experiences of their social reality (Finkelstein 2001b). Some disability scholars criticise the utility of social models for disability theory and their impact on the lived experience of disabled people, if they reject the existence of impairment as being a biologically integral part of individuals (French 1993; Morris 1998; Shakespeare 2006; Thomas 2004). Moreover, some critics contend that social models of disability place more emphasis on socio-structural barriers and pay less attention to the cultural imperatives and the personal experience of disability (Corker 1998; Edwards 2008; Hughes and Paterson 1997; Thomas 2004). More importantly, some also argue that social models are unable to represent and fulfill the needs of people with particular types of impairment, where the social model does not 'fit' their experiences (Thomas 1999, p. 101). In particular non-physically impaired people, including those with intellectual impairment, those with learning difficulties, those with chronic illness and those with impairments but not experiencing disability for example, most of whom continue with inevitable health-impaired experiences that require individualised, medicalised and professionalised support, are systematically excluded from the social models (Chappell 1998; Coker 2002; Edwards 2008; Humphrey 2000; Taylor 2005). The dichotomy of disability and impairment might construct 'a hierarchy of impairment' among people with disabilities (Owens 2015).

As some disability theorists have argued, the social models of disability, especially the British camp, prefer a Marxist materialistic account that isolated the bodily experiences of disabled people apart from social and environmental barriers (Clear and Gleeson 2001; Morris 1998; Shakespeare and Watson 1997; Swain and French 2000). According to the citation by Morris:

> *If we clearly separate out disability and impairment, then we can campaign against disabling barriers and attitudes. However, in focusing on the external barriers we have tended to push to one side the experience of our bodies (Morris 1998, p. 13).*

Doyal and Gough, well-known human needs theorists, place the importance on physical health as a basic need to achieve human autonomy. That is to say, all individuals must protect themselves from any kind of diseases or illnesses in order to avoid serious harm which entails 'minimally disabled social participation' (Doyal and Gough 1991, p. 170). As such physical survival entails the precondition of human autonomy. As Wetherley further argues:

> *Physical survival and personal autonomy are identified as the two preconditions for social participation, and therefore the two universal or basic needs which all persons have (Wetherley 1996, p. 48).*

Medical intervention takes a significant role in preventing all individuals from serious health problems. If individuals find their health to be of high standard, they, in turn, feel secured, and confident enough in participating fully in society, and vice versa.

Based on the above theoretical discussions, a social relational model of disability is one of the theories that have emerged to bridge the gap in some social models of disability. The social relational model denies the distinction between impairment and disability. On the other hand, this model highlights a complex relationship between impairment and other economic, social, political and cultural contexts (Shakespeare 2006; Shakespeare and Watson 2001; Thomas 2004; Williams 1999). As Shakespeare and Watson have pointed out:

> *Impairment and disability are not dichotomous, but describe different places on a continuum, or different aspects of a single experience. It is difficult to determine where impairment ends and disability starts, but such vagueness need not be debilitating. Disability is a complex dialectic of biological, psychological, cultural and socio-political factors, which cannot be extricated except with imprecision (Shakespeare and Watson 2001, p.22).*

Although the social relational model accepts the existence of environments that create social barriers, it does not ignore the source of impairments. As Shakespeare argues:

the problems associated with disability cannot entirely be eliminated by any
imaginable form of social arrangements... people are disabled by society
and by their bodies (Shakespeare 2006, p. 56).

In other words, disability is a result of both biological and functional limitations and physical and social restrictions (Thomas 2004).

Therefore, the social relational model of disability argues that disability is an experience with diverse aspects, varying from the medical, through to the psychological, to the environmental, economic and political. According to Shakespeare,

Rather than dismissing individual interventions as interactionary and
structural change as progressive, this approach allows each option to be
discussed on its merits. An interactional approach would suggest there are
many different factors which could be addressed to improve quality of life
(Shakespeare 2006, p. 62).

This thesis applies this approach to the research questions.

2.1.5 Applying social construction of disability to understanding the lived experience of blind street musicians

Social models are entrenched in social constructionist approaches that argue that disability is a product of social, cultural, economic and political structures, by means of prejudice, discrimination, marginalisation, exclusion and oppression, beyond the biological and functional consideration (Dowse 2007). This perspective theoretically informs the thesis by providing a social constructionist explanation and interpretation of disability, particularly about the structured belief system relating to people with disabilities in contemporary Thai society where traditional socio-cultural structures and belief systems still influence the experiences of people with disabilities (King and King 2011). Through the social constructionist approach, exploring the impact of disability provides the basis for understanding the social and economic circumstances specific to disability that play a significant part in the lives of blind street musicians. This approach also enables the thesis to analyse how

disability, as socially constructed, affects the lived experience of blind street musicians, emphasising the areas of employment opportunities and social protection in particular.

Utilising the social constructionist approach also allows access to the ways in which blind street musicians respond to social perceptions of and interactions between the public and themselves as people with disabilities together with their self-identification about disability. This makes possible the conceptual development of the meaning and understanding of disability through the lived experience, in addition to the way the public interprets and influences their experiences (Abberley 1987; Oliver 1990). Finally, it contributes to an understanding of how they perceive and identify themselves as people with disabilities and their reaction towards dominant structures over their lives.

This section discussed the meanings and understandings of disability using the social constructionist approach, specifically with special emphasis on the social interactional model of disability. It discussed the development of the way in which disability has been conceptualised, from religious and individualistic-medical domination through to socio-structural construction. Rather than conceptualising disability as a consequence of individuals' biological and functional limitations, the section argues that the social constructionist approach, particularly social models and social relational models of disability, understand disability through social, economic and political structures by means of prejudice, discrimination, marginalisation, exclusion and oppression. Significantly, the section suggests how the social constructionist approach, as the theoretical framework, best suits the thesis in that it provides a systematic explanation and interpretation about the lived experience of disability for blind street musicians in the Thai context.

2.2 Socio-economic approach to disability: The interconnection between disability, poverty and social exclusion

> *Across the world, people with disabilities have poorer health outcomes,*
> *lower education achievements, less economic participation and higher rates*
> *of poverty than people without disabilities. This is partly because people*
> *with disabilities experience barriers in accessing services that many of us*

have long taken for granted, including health, education, employment and transport, as well as information. These difficulties are exacerbated in less advantaged communities (WHO 2011, xi).

This section relates to the socio-economic approach to disability. It firstly describes the global prevalence of disability with global magnitude of visual impairment in association with poverty prevalence, which is followed by looking at the interconnection between disability, poverty and social exclusion, as well as addressing some the critiques to the socio-economic approach. Then the issues of family and household wellbeing, education, vocational training, employment opportunities, social support networks and social stigma are presented. The section concludes with explaining how the thesis applies the socio-economic approach to the study of the lived experience of blind street musicians in Thailand.

2.2.1 Poverty and disability prevalence: Global tendencies

Before the prevalence of poverty and disability is discussed, the section first takes a look at the definition of people with disabilities. As delineated in the CRPD (2006, Article 1), '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'. This definition is derived from the 'social model' of disability, which has substituted the older 'medical model' that perceived disability as a consequence of the biological and functional deficits located in people with impairments (Barnes and Mercer 2010; Oliver 2013). According to the World Report on Disability provided by World Health Organisation in collaboration with World Bank, approximately one billion people, or fifteen percent of the world population of around seven billion, experienced disabilities through some type of impairment, in particular approximately eighty percent of whom live in low-and middle-income countries (WHO-World Bank 2011). In the case of people with visual impairment, the WHO Global Data on Visual Impairment 2010 suggests that there are 285 million people who are visually impaired, and 39 million of them are totally blind, or approximately 4.2 percent of the world population (Ackland 2012; Poscolini and Mariotti 2011; WHO 2012). Children, women and elderly people, especially those in the third-world nations, are vulnerable to a greater risk of disability prevalence. Mostly these underprivileged groups are marginalised from full social access due to the persistence of

social inequalities among them, especially if they are located in hierarchical and patriarchal societies.

More serious is that the prevalence of disability is anticipated to increase in the near future. The populations with disabilities have increased from ten percent or about five hundred million of the world population of around five billion during the 1990s to fifteen percent or about one billion of the world population of around seven billion over the past decade (World Health Survey and Global Burden of Disease 2008; WHO-World Bank 2011). It is also estimated that the figure of people with visual impairment, by the year 2050, would rise up to 115 million people who are blind, up from 38.5 million in 2020, given the increasing number of aging population (Bourne et al. 2017; WHO 2017). This trend has occurred despite medical and technological advances intended to enhance people's quality of life, partly because these advances are not accessible to all. As people now live longer, owing to improved living standards, there is a rapid progress of impairment prevalence as a consequence of the growing proportion of ageing people and the greater possibility of acquiring impairments (Sousa et al. 2009). It adds challenges to this potential population to achieve quality of life as they age if social programs are ignored and omitted.

As well as traffic injuries, conflict, violence and unsafe working environments, escalation of long-term health conditions contributes to the prevalence of impairments, especially for people living in poverty (Mathers et al. 2006; WHO-World Bank 2011; UN-ESCAP 2012). In keeping with the previous study conducted by the Department for International Development (DFID) fifty percent of impairments caused by diseases and illnesses in connection with poverty are actually preventable (DFID 2000, p. 3). Likewise, eighty percent of the causes of visual impairment are avoidable or correctable (Ackland 2012; Poscolini and Mariotti 2011; WHO 2012). In poor and low income countries this mostly results from the lack of decent basic infrastructures and sanitation facilities such as clean water and proper sustenance, as well as a failure to provide medical infrastructure such as hospitals and health centres that are clustered predominantly in urban vicinities (Mont 2007; Takamine 2003). People who live in rural areas are more likely to acquire impairments than those who live in urban areas, given that rural areas are deprived of hygienic arrangements and decent living conditions.

Based on such circumstances, the prevalence of disability and health issues, to a large extent, has a bidirectional association with the presence of poverty. This can be described as a vicious cycle with disability being both a cause and a consequence of poverty (World Bank 2011). As emphasised by the economist Amartya Sen, 'disability is a development issue: disability may increase the risk of poverty, and poverty may increase the risk of disability' (Sen 2009). The connection between health conditions and circumstantial elements remains multifaceted and it is unproven that it results in the prevalence of disability (WHO-World Bank 2011, p. 32).

To sum up, the number of people with disabilities has increased over the past decade. This situation is expected to continue because of impairments related to ageing population growth, chronic health conditions, illnesses and diseases, road injuries, inappropriate working environments and violence, especially when linked to the presence of poverty. These issues, therefore should be urgently taken into consideration by policy makers and stakeholders in installing the appropriate social support programs for both current and potential population with disabilities, and visually impaired people within them.

2.2.2 Interconnection between disability, poverty and social exclusion

Specific attention to the socio-economic context of disability is drawn on to the interconnection between disability, poverty and social exclusion. Often in developing countries, many people with disabilities are challenged by multi-dimensional poverty because they experience various forms of social and economic exclusion; they are often forced to fall into lower employment rates and lower educational attainment rates than those without disabilities (Mitra et al. 2013). Poverty is recognized as one of the significant factors that deteriorates basic human needs and impedes individuals from improving their life chance. According to Peter Townsend's definition of poverty (1979):

> *Individuals, families and groups in the population can be said to be in poverty when they lack the resources to obtain the types of diet, participate in the activities and have the living conditions and amenities which are customary, or at least widely encouraged or approved, in the societies to which they belong... their resources are so seriously below those commanded by the average individual or family that they are, in effect,*

excluded from the ordinary living patterns, customs and activities (Townsend 1979, p. 31).

When taking this definition into consideration, many people with disabilities who live in poverty undeniably encounter the lack of basic human needs, which results in difficult physical survival and insecurity, as well as are incapable of taking part in any sort of social activities. Autonomy appears to be one of the most essential elements that enables individuals to participate freely and fully in any sort of social activities. As Doyal and Gough have highlighted:

A person with impaired autonomy is thus someone who temporarily and seriously lacks the capacity for action through his agency being in some way constrained… examples would in a person who is physically forced to do something against her will or who has been duped into thinking that she has done one thing when, in fact, she has done another (Doyal and Gough 1991, p. 53).

But in reality, people with disabilities, as confirmed by many of the previous studies on the issues of disability, poverty and social exclusion, are among the poorest and most marginalised social groups through restricted access to education and skills training, employment opportunities, health service, social support networks and full participation in mainstream political, social and economic activities for their lives (Braithwaite and Mont 2008, 2009; Grech 2009, 2011; Groce et al. 2011a, 2011b, 2013; Mitra et al. 2011, 2013; Mont 2007, 2014; Mizunoya 2013; Parmer 2011; Parnes et al. 2009; WHO-World Bank 2011). Many people with visual impairment fall to the bottom most among other types of people with physical impairments (Jaggernath 2014; Kahnna 2007; Naidoo 2007; Naidoo et al. 2015). Many people with disabilities are not informed of their entitlements to basic rights and social support schemes as available (UN-ESCAP 2012). Equally important, they are systematically denied access to public resource distribution and equal power relationships to participate in the community for social and economic life (Bickenbach et al. 1999). Consequently many people with disabilities unsurprisingly become subject to socio-economic disadvantage and so live in chronic poverty. As Awan, Mahar and Saleh refer to visually impaired people in particular:

Blindness as a disability leads to unemployment resulting in loss of income, increased level of poverty, lower standard of living and decrease in

affordability of health care services. This leads to a vicious cycle of poverty

and blindness where majority of the people disabled by blindness are poor

and their disability leads to a further decline in their economic productivity

and quality of life (Awan, Mahar and Saleh 2011, p. 163).

The socio-economic consequences of the interconnection between disability, poverty and social exclusion have been briefly discussed in the next section.

Despite these links, the interconnection between disability, poverty and social exclusion remains a question to be further explored. The *World Report on Disability* summarised the gap as*,*

Empirical evidence on the relation between disability and poverty in its

various dimensions (income and non-income) differs greatly between

developed and developing countries with most of the evidence from

developed countries (WHO-World Bank 2011, p. 39).

The nature of the above relationships is complicated due to the association of disability types, degree of severity, individualised needs and access to social provisions available for people with disabilities in a specific context (Groce et al. 2011a; Mitra et al. 2013; UN-ESCAP 2012). Significantly, socio-cultural dominance, especially related to processes of prejudice, discrimination and exclusion that limit the lives of people with disabilities, is highly relevant to the interconnection between disability, poverty and social exclusion, as earlier explained in the Section 2.1. Additional research that investigates the interrelationships between causes of disability, multidimensional causes of poverty and the links between poverty and disability is necessary.

Through the socio-economic perspective on disability in the interconnection between disability, poverty and social exclusion, it can be concluded that people with disabilities specifically in poor countries are at greater risk of falling into a vicious cycle of poverty. They experience social marginalisation and social exclusion through limited access to education, skills training, and job and income opportunities, health and other social support service and income and social protection systems (Mont 2014). All these factors reduce their capacity to work and support themselves and their families, and minimise their capability of becoming involved as active members of civil society

and participating in politics and governance in their communities accordingly (Groce et al. 2011a). Consequently many people with disabilities become and remain poor and are unable to enhance their life choices and chances. In order to accommodate all individuals in full social participation at all levels, so that they can remove themselves from poverty, their basic needs, both physical and psychological needs, should be primarily met. According to Langan:

> *All humans have certain basic requirements to ensure survival - food, clothing, shelter…as we are social beings, our continued existence is only conceivable in relationships with others… hence the basic requirements of human survival include the means to sustain participation in society, at whatever level of development it has reached (Langan 1998, p. 4).*

As the Sustainable Development Goals (SDGs), with its connection with the Convention on the Rights of Persons with Disabilities (CRPD), has emphasised, the first goal that all partners, both state and non-state actors, involved in the development of the quality of life of people with disabilities, is to:

> *End poverty in all its forms everywhere: this goal is underpinned by the right to life (CRPD article 10), control over one's own resources by guaranteeing equal recognition before the law (CRPD article 12) and an adequate standard of living and social protection (article 28).*

2.3   Socio-economic consequences of disability

As highlighted above, disability, poverty and social exclusion are closely associated, affecting the lived experience of people with disabilities. This section gives a brief overview on the socio-economic issues that are regarded as the outcomes of the interconnection between disability, poverty and social exclusion, in the areas of family and household wellbeing, education, vocational training, employment and income generating opportunities, social support networks, and social isolation and stigma.

2.3.1 Disability, family and household wellbeing

Many people with disabilities and their families encounter poverty and the lack of social protection (Saunders 2006). In the first place, many studies that exist on the link between disability and poverty that indicate that families with a member with a disability have the supplementary costs of living attached to household expenses (Braithwaite and Mont 2009; Emerson and Hatton 2005; Gordon 2000; Hosseinpoor et al. 2013; Mitra et al. 2013; Mont 2014; Mont and Nguyen 2013; OECD 2009; Tibble 2005; WHO-World Bank 2011; Zaidi and Burchardt 2005). As with the disability-related costs, such as health care, transportation, assistive devices, personal assistance, accommodation and so forth, families with one or more member with a disability, based on similar levels of income, seem not to be able to secure family's economic well-being as much as those without (Mont 2014; Tibble 2005). The previous research in the UK found that the UK families having a disabled child tend to yield debt fifty percent higher than those having non-disabled child (Emerson and Hatton 2005) given the fact that 'raising a disabled child costs three times as much as raising a non-disabled child' (Gordon 2000). Equally in most developing countries, many families with people with disabilities bear the financial costs of disability-related and health care support (WHO/World Bank 2011). Moreover, families with disabled members are more likely to spend extra time handling disability-related household work (Mont 2014). For instance, children with disabilities often need assistance from their parents or their relatives at home, and those parents, perhaps including other family members, cannot go work, or they find a lower paid job that provides flexible worktime. As a consequence, families with disabilities risk of income insecurity, Some families with disabled people, even if their income is above the poverty line have living conditions at the same level as those without disabled people who live below the poverty line because of these costs of disability (Braithwaite and Mont 2009; Mont 2014). As Mont has highlighted further:

> *When people with disabilities are from poor families, their exclusion and the demand on their family members' time can be worse compared to their on-poor counterparts if they have less access to assistive devices, rehabilitation services, family resources, and more accessible environments. So not only can poverty cause the conditions that lead to functional limitations, but it can also worsen the extent to which those functional limitations are disabling (Mont 2014, p. 2).*

In addition, people with disabilities are often confronted with the lack of supportive environments, accessibility options and social support networks, income and social protection schemes, either as individuals themselves or through household and family entitlement to social protection schemes, in particular those in low-and middle-income countries (Mont 2014). These factors can exacerbate household poverty (UN-ESCAP 2012). According to the examination of interrelationships between work-related disability and poverty status using data from the 1992–2004 panels of the Survey of Income and Program Participation in the United States, directed by London, Heflin and Wilmoth (2011, p. 330-349), the findings show:

> *Households with nondisabled veterans present have a lower likelihood of poverty, but that advantage is severely eroded when the veteran or another family member has a work-limiting disability. Nevertheless, all veteran households have substantially lower odds of poverty than disabled nonveteran households, which have the highest poverty rate (32.53%). Veteran and disability statuses interact at the household level in ways that contribute to substantial variability in household-level poverty, which has implications for all household members.*

Equally important, there is also a higher probability for families of children with disabilities to experience family difficulties than those without (Risdall and Singer 2004, p. 95). Parents of children with disabilities were of the view that they most certainly confronted the high intensity of demands and stresses in caring for their child, which subsequently created an additional burden for them, especially economic hardship. This, in many cases, led to these parents experiencing difficulties in their marital relationship and deciding on divorce or separation (Sobsey 2009).

In the presence of poverty and social exclusion, many people with disabilities are unable to meet their basic social needs such as adequate nutrition, safe shelter, health care provision, education, vocational training and basic social services, as well as lacking financial support. Their capacity to realise their employment and income prospects is compromised, which in turn decreases their domestic income and household wellbeing (Yeo 2001; Grech 2009; Groce et al. 2011a; Mizunoya 2013). In line with the UN-ESCAP survey research, sixty-four per cent of respondents with disability from Asia and the Pacific had insufficient income to support themselves, specifically those who had

to take care of their dependents. The incidence of income poverty and related stress give a tremendous impact not only on the lived experience of people with disabilities, but also on the broader household and intergenerational dynamics of their families (UN-ESCAP 2012, p. 6). As a result, people with disabilities are often confronted with socio-economic difficulties and therefore live in poverty; they are confronted with inadequate housing, proper nutrition, clean water and basic sanitation facilities, together with experiencing poor health conditions, low-level education, low income prospect and unhealthy living conditions (Groce and Murray 2013; Mitra et al. 2013; Mont 2007; Joly and Venturiello 2013). Complete access to income and social protection systems including social support services, for that reason, is essential in improving social and economic wellbeing for both families and people with disabilities (Fisher et al. 2002).

2.3.2 Access to education

Regardless of race, ethnicity, gender, age and disability, education is regarded as one of the basic social rights for all citizens (Marshall 1992), and is also perceived as one of the basic human needs of children in particular (Langan 1998). The better the education that is provided in a country, the better will quality of the workforce, the country's economic performance and the lifestyle of its population. Education can enable people with disabilities to gain increased capacities to create productive works that could help them to remove from poverty, and to facilitate their intellectual empowerment and leadership in engaging as active citizens in social and political activities locally and nationally, and even globally (Groce and Bakhshi 2011; UN-ESCAP 2012).

Nevertheless, in many developing countries, up to ninety per cent of children with disabilities are excluded from school education (The Global Partnership for Education 2015). But when they attend school, they often have to leave school early without transitioning to secondary education or beyond (GCE 2014). More serious is that many people who are born with or acquire an impairment during childhood or adulthood are more likely to withdraw from education (Groce and Bakhshi 2011). In these countries financial difficulties seem to be a reason that prevents people with disabilities from attending school education, especially in poor families where children with disabilities are considered to be so incapable and unproductive as to gain potential return of investment in their education. In addition, inadequacies of educational and training support services and attitudes towards people with disabilities and their capacity to study and work also continues to be

problematic in including people with disabilities in mainstream educational settings (UN-ESCAP 2012). These facts demonstrate the major effect of persistent social prejudice and exclusion towards people with disabilities in education.

In line with *World Report on Disability* (WHO-World Bank 2011), children with disabilities, are ten times more likely than children without disabilities to be uneducated, or they are only educated in segregated school environments, such as schools for the blind or for the deaf (Plan International 2013). Although these special schools normally provide students with disabilities with the opportunity to experience education— they are isolated from their families and mainstream society, denying students full social participation (Barton 1995). Therefore, the concept of integrated education has undoubtedly transpired since then.

For the right to *Education for All* (EFA), which was first initiated in the United Nations' *Universal Declaration of Human Rights* of 1948 and further expanded in a range of international conventions, including the Convention on the Rights of the Child, from Jomtien World Conference on Education for All in 1990 to Salamanca Statement in 1994, students with disabilities should be integrated in mainstream educational settings (WHO-World Bank 2011; UN-ESCAP 2012; UNESCO 2009). And recently the Sustainable Development Goals (SDG 2015), as aligned with the Convention of the Rights of Persons with Disabilities (CRPD 2006), has strengthened "the Right to Education for All" with a comprehensive idea to:

> *Ensure inclusive and equitable quality education and promote life-long learning opportunities for all: Article 24 of the CRPD promotes an inclusive education system at all levels on the basis of equal opportunity and freedom from exclusion; persons with disabilities must have effective access to general technical and vocational guidance programmes, placement services and vocational and continuing training as outlined in article 27 of the CRPD; safe, non-violent learning environments can be enabled by protection from exploitation, violence and abuse outside the home in article 16 of the CRPD.*

As further stated in Article 4.5 of the SDG, By 2030, eliminate gender disparities in education and ensure equal access to all levels of education and vocational training for the vulnerable,

including persons with disabilities, indigenous peoples and children in vulnerable situations (UN General Assembly 2015). Booth explained it as "a process of addressing and responding to the diversity of needs of all learners through increasing participation in learning, cultures and communities, and reducing exclusion within and from education" (Booth 1996). It involves changes and modifications in content, approaches, structures and strategies, with a common vision which covers all children of the appropriate age range and a conviction that it is the responsibility of the regular system to educate all children" (UNESCO 1994) in a system that acknowledges the "diversity of learners". Inclusive Education therefore "aims to enable both teachers and learners to feel comfortable with diversity and to see it as a challenge and enrichment in the learning environment, rather than a problem" (UNESCO 2003).

In consequence, the UN member states have ratified international agreements on 'Education for All', with obligations to the provisions of reasonable accommodation and support measures including an attitude change encouraging the promotion of inclusive education for people with disabilities (Booth 2002). People with disabilities, particularly those in developing countries however, experience numerous challenges attending integrated education. The only educational support services and school environments are unsuitable for students with disabilities, such as inaccessible course materials, lack of resort teachers, poor quality education for people with disabilities and so forth (Buntan 2002; Phunong-Ong 1997a; The Global Partnership for Education 2015; UNICEF 2013). If attending school, they can face social and environmental barriers against their enrolment in integrated settings. In Thailand for instance, the idea of integrated education for blind students in particular became gradually apparent when Dr. Prayat Punong-ong, who was blind himself, and currently renowned as the initial disabled activist, founded "The Christian Foundation for the Blind in Thailand" in 1978. The goal of the Foundation is to prepare blind and partially-sighted children for integration; integrate them in regular public and private schools along with sighted peers; and provide them with support (Prayat Punong-ong 1997b). However, these schools declined to accept children with visual impairment on the grounds that they believed that they were incapable of learning within the school environment. Also, at this time there were no learning facilities or accessibility options for students without eyesight. Finally, teachers felt that having a blind student within the class would create too much of a burden on the learning process for the rest of the class, because the teachers themselves had no understanding about how to teach blind

students effectively and thus would have to spend a disproportionate amount of time on them (Phunong-Ong 1997a, 1997b, 2002). These related factors exclude people with visual impairment from mainstream education. As a result, people with disabilities have continued with limited employment and income generation prospects. This, in turn, reduces their capacity to work and improve their livelihoods, and lack ability to realise their self-development intellectually and socially and politically.

2.3.3 Access to vocational training programs

It is necessary for people with disabilities to become involved in the competitive job market through vocational training programs, such as job and skills training, vocational rehabilitation and counselling and job placement (WHO-World Bank 2011, p. 239). Currently the number of people with disabilities who participate in vocational training counts for little. In particular people who become disabled later in life may consider that their education, skills and work history are of almost no value as long as they cannot secure their previous employment and have access to vocational rehabilitation and training available (Groce et al. 2013, p. 11). According to the 2012 UN-ESCAP survey, the number of people with disabilities in the region who attend vocational training programs remains small being thirty-nine per cent (UN-ESCAP 2012, p. 25). Most vocational training institutions, organised by either the government or NGOs, are situated in the cities. Those who reside with poor families in rural areas tend to have the fewest opportunities to participate in available training programs (Takamine 2003). Instead of such marketable occupations as management, entrepreneurial skills and business skills, vocational training programs in developing countries are focused mainly on conventional occupations, such as traditional massage, astrology, craftworks and so forth (Puangpetch 2008; OECD 2010). These do not expand the skills of disabled workers in the regular job market accordingly.

Consistent with the information administered by the Organisation of Economic corporation and Development (OECD), contemporary vocational rehabilitation and training programs seem to consume a proportionate amount of fund, but the programs fail to approach the needs of the target groups (OECD 2008). These traditional training curricula lack market-based and specialised technical skills, are arranged in segregated vocational centers, and are unable to accommodate people with disabilities in the mainstream workplace environments (OECD 2010; World Bank 2000). This means

that people with disabilities become less competitive and have insufficient skills and proficiencies for the labour market, and so cannot find a job.

2.3.4 Access to employment and income generating opportunities

Equal access to employment and income generating opportunities is important for the social and economic wellbeing of people with disabilities and their families. The right to employment of people with disabilities has been articulated in international norms and standards since the 1940s; for example, the International Labor Organisation (ILO) Employment recommendation 1944, the *UN Universal Declaration of Human Rights* 1948, the *Vocational Rehabilitation (Disabled)* 1955, the *International Covenant on Economic, Social and Cultural Rights* (ICESCR) 1966, the *UN Declaration on the Rights of Mentally Retarded* Persons 1971, the *Human Resource Recommendation* 1975, the *Vocational Rehabilitation Employment (Disabled)* 1983, the *ILO Declaration on Fundamental Principles and Rights at Work* 1998, and the *UN Convention on the Rights of Persons with Disabilities* (CRPD) 2006 (ILO 2014, 2015). As affirmed by these international agreements, people with disabilities are encouraged to participate in decent work, accompanied by appropriate skills training and capacity building, vocational rehabilitation and counselling, job placement, inclusive workplace environments and a supportive legal and policy framework (WHO-World Bank 2011, p. 239). The right to work for people with disabilities has been reinforced by the SDG in association with the CRPD that aims to:

> *Promote sustained, inclusive and sustainable economic growth, full and productive employment and decent work for all: The recognition of the right of persons with disabilities to work on an equal basis with others and to gain a living by work freely chosen, and to receive equal remuneration for work of equal value and to have safe working conditions is covered by article 27 of the CRPD; equal access to banking, insurance and financial services can be enabled by upholding the right to equal recognition before the law (CRPD article 12); freedom from exploitation, violence and abuse such as forced labour, modern slavery and human trafficking are rights upheld by article 16 of the CRPD.*

Despite the above international rules and standards being adopted and ratified by the majority of the member states, promoting equal employment opportunities and decent work for people with disabilities in the job market, especially job equalities among men and women with disabilities, has made slow progress. In line with the World Report on Disability (WHO-World Bank 2011), there are about 785 to 975 million people with disabilities who are at working age (15 years and over). Most of them (eighty per cent) live in developing countries where the informal sector economies remain predominant (ILO 2012). In informal sector economies people with disabilities form millions of those whose financial capital and entrepreneurial skills in setting up their own enterprises are far beyond reach (*Handicap International 2006*; Ingstad and Grut 2007; Groce et al. 2013, p. 11). In the late 2000s, the OECD found that people with disabilities obtained employment at the rate of just over forty per cent, while those without disabilities could reach to seventy-five per cent, or almost twice that of people with disabilities (OECD 2010). For people with visual impairment, the rate of unemployment is higher than that of those without, or about sixty to seventy percent in developed countries and seventy percent or more in developing countries, even higher than that of people with other forms of physical impairments (Bell and Mino 2015; Gilbert et al. 2008; Gooding 2006; Holden 2007; La Grow Daye 2005, cited in Duquette 2013; National Federation of the Blind 2017; Shaw et al. 2007, cited in Duquette 2013; Puangpetch 2008; Vision Australia 2007; Wolffe and Spungin 2002). The employment rate of women with disabilities is lower than that of men with disabilities. The World Health Survey, based on fifty-one countries, indicates that the employment rate of men with disabilities is much greater than that of women with disabilities, or 52.8 per cent versus 19.6 per cent, compared to 64.9 per cent for men without disabilities, and 29.9 per cent for women without disabilities (WHO-World Bank 2011, p. 237).

Theeraphong Bualar (2013), a Thai social science researcher, found in his study on barriers towards the employment opportunities of women with physical disabilities in the Northeast of Thailand, that women with disabilities, especially those in rural areas, encounter inaccessible environments, personal limitations, attitudinal barriers created by the non-disabled community, together with the work restrictions of employers and their family (Bualar 2013). Although having a keen interest in the labor market, these women are still excluded and fall into rural poverty by those who overlook the potential of these women (ibid). Bualar's findings are consistent with the study on the experience of mothers with disabilities in low-income countries conducted by Parish, Magaia and

Cassiman (2008). Women with disabilities in those countries experience 'severe deprivation and multilayered hardships', which were mostly associated with their poverty and single-parent status, rather than their impairments. Their intention was to set a moral example and secure a better life for their children, in addition to wanting to work. Many women with disabilities rely on their family for everyday-living support, leading them to self-isolation (Bualar and Morshed 2009).

As noted above, the employment rates of people with disabilities, specifically people with visual impairment, remains much lower than those without, because they still experience social prejudice, discrimination, exclusion and the lack of support systems and a legal and policy framework to facilitate employment of people with disabilities (UN-ESCAP 2012; Bualar 2013). For those who are employed, low-paid jobs with poor career aspirations and workplace conditions are largely the rule (WHO-World Bank 2011; OCHCR 2012; ILO 2015). Promoting employment of people with disabilities in the labour market seems to be difficult in the mainstream community since many employers consider people with disabilities unable to work. Moreover, mainstream employers apparently hold the conviction that people with disabilities have ill health (Gannon & Nolan 2007). Employers mostly have insufficient knowledge, and negative attitudes concerning the ways that people with disabilities may lack physical control, or may engender negative reactions from customers or suffer multiple injuries while at the workplace (Jones and Latreille 2010; Kulkarni and Valk 2010; UN-ESCAP 2012). In addition, people with disabilities are likely to experience difficulties travelling to the workplace because of inaccessible public transportation, moving in non-accessible buildings (Sawadsri 2010), and employers may lack the necessary investment required to adjust the physical workplace environments and obtain adequate information and support services to perform independently at the workplace (Heron and Murray 2003). People with disabilities therefore largely experience job exclusion. As Groce et al. (2013, p. 11) argues:

> *People with disabilities are generally the first hired and the first fired so in times of economic downturn, people with disabilities with formal jobs are often first to join the ranks of the unemployed … even when able to keep their jobs or maintain themselves through self-employment, most of the positions they secure have little or no upward mobility, and thus people with disabilities are significantly less likely than non-disabled co-workers to be promoted or to get a raise.*

When people with disabilities initiate self-employment or home-based informal work, they also meet a number of challenges. First, people with disabilities tend to have least access to financial resources to commence or continue their own business since they, including their families in most cases, experience poverty, and also are excluded from local credits or micro finance (Bualar 2011; Groce et al. 2013, p. 11; Ingstad and Grut 2007; *Handicap International 2006*; WHO-World Bank 2011). Second, as people with disabilities have limited access opportunities for vocational training, or if they do have such access, are mostly confined to traditional work skills, they lack entrepreneurial knowledge and skills to operate and maintain their business effectively (Groce et al. 2013; OECD 2010). Third, people with disabilities who manage self-enterprise or generate income through informal home-based works, such as massage or handicraft, have poor access to the marketplace in order to introduce and distribute their products, given that they have rarer opportunities than non-disabled people to build and hold social networks (UN-ESCAP 2012). For those who are capable of vending small items or providing unskilled services or engaging in street commerce outside their home, the amount of income is insufficient and unreliable (Barnes and Roulstone 2005; Groce et al. 2011; Parnes et al. 2009).

In many cases people with disabilities in low income countries are restricted to certain forms of livelihoods. For instance, people with visual impairments or physical disabilities are expected to sell lottery tickets or newspapers or perform music on the street for a living, while deaf people are expected to generate income from selling sign language alphabet cards (Buck 2000; Higgins 1979; Groce et al. 2013. p.12). These means of income generation, in many countries, are categorised as 'an organised form of charity for people with disabilities' (Higgins 1979). Or more seriously they are culturally stereotyped as begging activities, which are reserved for people with disabilities (Groce et al. 2013). With reference to the previous studies, in many poor or low income countries, especially where there has been little employment promotion and social protection measures for people with disabilities, begging is culturally associated with disability (Groce et al. 2013). That is, people with disabilities are observed by the public as those with a limited choice of income due to their biological and functional restrictions. They, in turn, are believed to have poor living conditions, and so rely mainly on begging as their only reliable source of income (Grech 2011; Groce et al. 2011a, 2011b, 2013; Mitra et al. 2013; Mizunoya 2013). Given that people with disabilities are constantly perceived as incapable workers, they are restricted to a certain prospect in life such as being

beggars or street performers, and have to pursue their life in poverty (Groce and Murray 2013; Joly and Venturiello 2013). Begging activities, therefore, are culturally stereotyped as appropriate for people with disabilities. Thus people with disabilities are much more likely to be excluded from the workforce and deprived of income to support themselves and their families.

In conclusion these issues of employment exclusion exacerbate household poverty and poor living conditions of people with disabilities and their families, and result in their encountering the lack of self-dependence and self-esteem (Groce and Bakhshi 2011; Parnes et al. 2009; WHO-World Bank 2011).

2.3.5   Social support networks and social isolation

In addition to the socio-economic impact of disability, many people with disabilities lack social support networks to rely upon. Without this they can be at greater physical and mental risk whenever they face a sudden crisis; for example, shortage of foods, loss of housing and material assets, health or financial crisis and so forth (Groce et al. 2013). Those who are already poor were at risk of falling into greater risk (Groce et al. 2013). Most at risk are people who do not have, or were not informed of their entitlements to basic rights and social support schemes (UN-ESCAP 2012).

These days social isolation, as a result of poor social networks, has been progressively considered to be a crucial public issue that challenges many people, especially disadvantaged and marginalised social groups, including people with disabilities. It has negative effect on person's physical, mental, emotional, material, economic and social conditions and wellbeing (Cacioppo et al. 2009; Clarke 2014; Cornwell and Waite 2009; Holt-Lunstad et al. 2015; London and Ingram 2015; Marmot 2010; Public Health County Durham 2014). In line with the Marmot Report on 'Fair Society Healthy Lives' (2010) For instance, "Individuals who are socially isolated are between two and five times more likely than those who have strong social ties to die prematurely." Hence the issue of social isolation has become one of the major concerns at all policy levels.

People with disabilities are more likely than those without to experience social isolation as derived from discriminatory attitudes, social exclusion and environmental barriers against them (Samuel et al. 2014). Social isolation can also be regarded as part of multi-dimensional poverty (Sen 2000). In other words, people with disabilities who are socially isolated from mainstream society, specifically

relating to family relationships, education, employment, social networks and social support systems, tend to become poorer and live in long-term poverty (Samuel et al. 2014). As Samuel, Alkire and others argue, "social isolation and decreased social connectedness can be important results of living in poverty, as well as contributing factors to the persistence of poverty" (2014, p. 1). With reference to the Life Opportunities survey conducted by the UK Office for National Statistics, which asked people with and without disabilities about the 'social barriers' they faced in their life, a number of people with disabilities in the UK are living with feelings of social isolation, poverty and struggling to participate in normal activities. In addition, proportionately more adults with disabilities indicated that they rarely got involved in the contemporary world and could not move freely, work or enjoy leisure activities (Hawe 2010). Another study found that being poor contributed to isolation and shame. When they were too poor to participate in community gatherings and feels compelled to isolate themselves, their mental health deteriorated to the point of risk of suicide (Narayan *et al*. 2002, p. 258). Thus social isolation is a significant risk in the lived experience of disability and poverty for many people with impairments (Samuel et al. 2014).

The concepts and definitions of social isolation are concentrated on the intensity and value of social connections and social relationships between individuals (Samuel et al. 2014). As Zavaleta, Samuel and Mills (2014, p. 6) defined social isolation in their study:

> *social isolation is "the inadequate quality and quantity of social relations*
> *with other people at the different levels where human interaction takes*
> *place (individual, group, community and the larger social environment) ...*
> *the experience in which a person feels like they are sitting alone at the*
> *bottom of the well – they feel as if no one knows they are suffering; no one*
> *cares; if they call out they cannot be heard; they are invisible and outside all*
> *circles of concern (cited in Samuel et al. 2014, p. 3)*

Consistent with the Bristol City Council Report on Risks, Interventions and Recommendations, "social isolation is the situation where people have 'few social contacts and few social roles, as well as an absence of mutually rewarding relationships with other people" (Clarke 2014, p. 8). By these definitions, many people with disabilities experience these states through the lack of care, the loss

of contact with others, the absence of community involvement and the limited roles of societal contributions, becoming socially isolated (Samuel et al. 2014).

Based on the interconnection between disability, poverty and social exclusion, people with disabilities experience social isolation through material deprivation including poor diet, unsafe housing, marginal health care provision, restricted access to education, vocational training and social support services, limited employment and income generating opportunities and minimal financial support, as well as through social and psychological harm including stigma, shame, humiliation, lacks of social contact, poor family relationship, segregation and discrimination (Cacioppo et al. 2009; Clarke 2014; Cornwell and Waite 2009; Holt-Lunstad et al. 2015; House 2001; London and Ingram 2015; Marmot 2010; Public Health County Durham 2014). All these can lead to feelings of loneliness, low self-confidence and negative self-esteem, depression and anxiety, fear of others and potential conflict with families, friends and people in community. Closely related but rarely contemplated, poverty elimination programs together with specific social provisions initiated by the government, and the international organisations in many cases, specifically for impoverished people, including those with disabilities, produce and reproduce 'otherness', 'label' and stigma' 'in a way that evokes public hostility towards people living in poverty' (Fraser 1998, cited in Samuel et al. 2014, p. 16).

As a consequence, the structural change—extending from policy formulation through the recognition of economic, social, cultural and political diversities to policy implementation through civic participation at all levels—is essential as to institute and reinstitute social relations and social connections among people with and without disabilities (Nussbaum 2004; sen 2000).

2.3.6   Disability and social stigma

Stigma specific to disability is 'a sense of negatively evaluated difference' in everyday relationships between those who have biological and functional differences and those who negatively evaluate such differences (Goffman 1963; Susman 1994). People with disabilities acquire stigma from being labelled, stereotyped and separated from others, as well as experiencing status loss and discrimination because of being restricted from social and economic participation concerning their everyday lives (Link and Phelan 2001). Significantly, a sense of stigma can also be extended from the

person stigmatised to other people or a group of people surrounding the person with disabilities, such as families, friends, community and the workplace (Goffman 1963).

People with disabilities are socially stigmatised through typical social roles, which have been constructed and imposed upon them, and unconsciously internalised into their self-recognition as their sense of self through the process of socialisation (Ebimomi 2008; Stone 1984). For instance, acceptance of generating income from street performance by people with disabilities is derived from internalised social stigma (Ebimomi 2008). Traditional beliefs can arise that people with disabilities instinctively acquire certain forms of specialty; namely, people with visual impairment are assumed to 'have talent in music and prophecy' (Puig and Tetzchner 1998). This limits the capacity of people with disabilities to learn, to realise their job prospects and to work deliberatively. Hence social stereotypes associated with disability, such as individual problems, low productivity, incompetence and helplessness, become internalised in the minds of some people with disabilities who accept the constructed role of begging or performing music on the street, examined in this thesis, in preference to struggling to overcome these social barriers to find other employment (Stone 1984, in Groce et al. 2013 p. 14).

In many circumstances people with disabilities experience intense discrimination. They are often denied access to essential social support services, such as housing, basic sanitations, medical treatment, technical aids and transportation facilities (Samuel et al. 2014). These constraints are derived from social prejudice towards their impairments, which, in turn, put them at risk of poorer wellbeing. Moreover, people with disabilities experience discrimination through systematic social exclusion from education, employment and social engagement (Samuel et al. 2014). This, as described above, results in and social isolation poverty. The impact of stigmatisation is also derived from fear, shame and anxiety among people with disabilities who are underprivileged and have to rely on social services and assistance delivered by government or non-governmental agencies. Sometimes this can lead to people with disabilities becoming exposed to higher risk of abuse or low social solidarity (Sepúlveda Carmona 2013, in Samuel et al. 2014, p. 16). Thus the lack of policy interventions have the effect of 'denying the right to be in the world to large numbers of people whose heightened vulnerability is the result of social arrangements organised around the needs of a dominant group' (Nussbaum 2004, p. 318).

2.3.7 Applying the socio-economic approach to the lived experience of blind street musicians

The socio-economic approach to disability fulfills the conceptual framework of analysis for the thesis as it explains the lived experience of blind street musicians in Thailand, considered to be one of the low-middle income countries, with reference to the social, economic and material conditions that affect their lives, especially the conditions that are related to disability. In particular this approach enables it to explain factors which are involved in the decisions of people with visual impairment to become and remain street musicians as their main source of income. It also helps to expand the body of knowledge about the lived experience of this group of street musicians, not only about their social and economic circumstances, but also their income capacities and living conditions as people with disabilities. Equally important the socio-economic approach can also decide how structural elements, for example disability and social service provisions or political discourses, may influence the lived experience of blind street musicians. Finally the approach is intended to contribute to the exploration of significant implications for employment promotion and income and social protection system for people with disabilities.

2.4 Conclusion

This literature review provided the account of the theoretical and conceptual context of the study along with the background explanations of issues specific to disability that identifies the need for research on the lived experience of people with visual impairment in Bangkok Metropolitan Region whose income source is derived from street music performance. The social constructionist and socio-economic approach is necessary to establish the interdisciplinary foundation that can explain and understand the lived experience of blind street musicians in multiple dimensions, ranging from material to social through cultural and political aspects of their lives. The international perspectives on disability, especially relating to the interconnection between disability, poverty and social exclusion, reinforces the research capacity to make a rigorous analysis and justification on the social and economic life circumstances and socio-economic characteristics of blind street musicians, as well as informing policy implications for people with disabilities in Thailand, in particular those who become and remain in street music performance as their main source of income.

As to understanding how disability, as a socio-cultural and socio-economic consequence, affects the lived experience of blind street musicians, the thesis indicates two central areas that are under researched. First, there is a need to know more about how disability affects the overall lived experience of blind street musicians, in particular relating to the opportunity to generate income, in addition to how it affects the perceptions, reflections and self-identification of blind street musicians themselves as people with disabilities. Second, there is a need to elucidate and find out how the socio-cultural and socio-economic context of disability contribute to the implications for policy interventions regarding employment promotion and social support systems for people with disabilities, especially those whose main source of income is derived from street music performance.

It is important to inform the current disability policy framework by gaining knowledge about how the policy and practice on employment promotion and social support systems for people with disabilities, through the perspectives of blind street musicians, affect their lived experience, specifically the lived experience that is associated with the opportunity to generate income, as well as how they expect for prospective disability policy framework for employment promotion and social support systems for people with disabilities that might enable them to improve income security, improve living standards, and increase employment and income choices, even if they remain street musicians.

Chapter 3. Methodology

This chapter describes the methodology used to carry out this sociological study of the ways in which religious and traditional belief systems about disability, specific to contemporary Thai society, has impacted on the lived experience of visually impaired people, especially focusing on their economic and social circumstances as a street musician, based on a social constructionist and socio-economic framework of analysis. This study was qualitative in its approach, applying different methods of triangulation including documentary research, qualitative semi-structured and unstructured interviews (nineteen males and thirteen females) and three group discussions with blind street musicians (six to ten participants in each group), along with qualitative interviews with eleven key disabled activists, through single-stage non-probability sampling strategy with a purposive and snowball technique for selection and recruitment. The study implemented a thematic analytic approach for analysis of empirical data. Given the aim to explore how disability, as socially constructed, affects the overall lived experience of blind street musicians, how it affects the perceptions, reflections and self-identification of blind street musicians themselves as people with disabilities and how they respond to their circumstances, the qualitative approach was suitable in that it allows access to individuals' knowledge, understanding, experiences, views, attitudes, interpretations, feelings, aspirations, social actions and reactions (Blaikie 2000; Mason 1996; May 1997). Qualitative methods can provide research with the in-depth data, which can, in turn, describe and explain actual phenomena in association with the lived experience of blind street musicians in Thailand.

The chapter first describes the research strategy and design which encompasses inductive and deductive strategies and case study research, sampling frame and recruitment process for participants and key informants. The chapter continues by describing data collection which includes literature search, qualitative interviewing and group discussion, along with participants' consent and accessibility support, recompense for fieldwork participation, ethnical consideration and disability inclusive research used to ensure the process of fieldwork participation for blind street musicians. The chapter then carries on to data analysis, using the thematic analytic approach, and describes the limitations of methodology used. The methods in this study were approved by the Human Research Ethics Committee at the University of New South Wales, Australia in October 2013

(approval number HC13300). The fieldwork was carried out in the Bangkok Metropolitan Region—Thailand—from January 2014 to January 2015. This research project had been funded by the Royal Thai Government and the Faculty of Arts and Social Sciences, UNSW, under the Postgraduate Research Student scheme.

3.1 Research strategy and design

3.1.1 Inductive and deductive strategies and case study research

Inductive and deductive strategy was used in this research (Blaikie 2000, p. 126). Inductive research strategy is understood as connected to realism and measuring observed phenomena by conceptualisation and operationalisation (Williams 2003; Babbie 2008), while deductive strategy reflects data theoretically (Boyatzis 1998; Braun and Clarke 2006; Patton 2002). In this research a case study approach was used with inductive and deductive strategy in the study In relation to critical investigation (Bechhofer and Paterson 2000). This study was a bounded inquiry as it clearly determined a specific group of population as a unit of analysis and emphasised a specific scope and theoretical and methodological approach of study (Denzin and Lincoln 2005; Creswell 2007). The case study technique was applied in this research with theoretical reference to the social constructionist approach since they were considered appropriate to explain the lived experience of blind street musicians theoretically, to answer the qualitative research questions methodologically, to facilitate a thematic analysis of qualitative data systematically and to locate data within the specified frontier of inquiry logically (Blaikie 2000, p. 126). This study applied mixed qualitative methods including semi-structured and unstructured interviews and group discussion interviews, incorporated with literature search. The description of sampling strategy for selection and recruitment of visually impaired participants and key disabled informants is provided below.

3.1.2 Sampling strategy

It is important to select appropriate samples for what we are studying, by considering its characteristics, time and place as well as social, cultural, economic and political dimensions (Blaikie 2000; Flick 2002; Mason 1996). This study was conducted to explore the lived experience of visually impaired people whose main source of income is derived from street music in the geographical area

of the Bangkok Metropolitan Region (BMR), which is recognised as the urban collection of Bangkok and other cities. This area encompasses Bangkok City and the five contiguous provinces of Nakhon Pathom, Pathum Thani, Nonthaburi, Samut Prakan and Samut Sakhon (DPT 2008). The Bangkok Metropolitan Region, situated in the midpoint of the Central Plain, is highly urbanised and industrialised compared to the other regions, and is considered by a large proportion of the population from other regions to be the prime destination for high-quality education, greater income and employment opportunities, and for more and better sanitation services and other advanced public utilities (World Bank 2011). This region is regarded as a large urban and industrialised area where street musicians are capable of gaining a reliable income source from a large population. Nevertheless, there were no empirical data on the number of visually impaired people who become street musicians in the BMR region as this group of people was not gathered and studied prior to this research.

Given the restrictions to identifying the number of this group of population in order to draw an appropriate sample for the study, I utilized a combination of single-stage non-probability sampling strategies that involved a purposive and snow-ball sampling technique for selection and recruitment (Blaikie 2000). Blind street musicians in the BMR cities who were selected by the single-stage non-probability sampling strategy, to a certain degree, can possibly represent a group of population with visual impairment in the region whose main source of income is derived from street music (Blaikie 2000, p. 204). I added the purposive, or judgemental sampling strategy to select and recruit particular types of participants—visually impaired people who undertook street music as their main source of income in the BMR cities and key disabled policy advocates. With purposive sampling strategy I identified and selected a group of visually impaired participants with common socio-economic characteristics who were able to provide information—rich cases relevant to the research strands for the most effective use of obtainable resources (Patton 2002). In addition this non-probability sampling strategy allowed visually impaired participants to share the virtue of their knowledge and experience (Bernard 2002) that were fundamental to the phenomenon of interest (Cresswell and Plano 2011). This technique also enabled me to acquire a comprehensive set of data, especially when I met new themes or deviant cases that emerged during the fieldwork (Barbour 2001), and until I could not saturate no more issues related to the research aims and questions (Miles and Huberman 1994).

As they constitute a 'widely distributed and elusive' population, I also did a sampling with blind street musicians through the process of snowballing, also recognized as network, chain referral or representational sampling strategy (Blaikie 2000, p. 205). As a visually impaired person myself I knew and contacted some prospective participants in this area whose main source of income was derived from street music. Where the first visually impaired street musician in one particular BMR city agreed to participate in the fieldwork, he or she was asked to introduce the potential participant in the same city. Then I sent an invitation to participate to the next street musician, where the first participant agreed to provide the details (Meltzer 2015). This approach is culturally acceptable in Thai society, where personal contacts are necessary to engage with participants (Patton 2002; Silverman 2000).

I selected a total of thirty-seven participants, who took part in both individual interviews and group discussions, from different cities in this area. This sample might not incorporate blind street musicians in all the provinces in this area because of the uncertain distribution of population (Blaikie 2000). Of the thirty-seven street musicians with the ages of between twenty and sixty selected, there were twenty-three males and fourteen females. Although the numbers of each gender in the research design was intended to be equal, more male than female blind street musicians volunteered to participate. The sample size, including the categories of gender and age, varied owing to the emergence of new themes or new deviant cases pertaining to the research during the fieldwork (miles and Huberman 1994; Silverman 2000). For instance, I selected six additional participants (two males and four females) after I found that issues of crime and abuse were addressed in the qualitative individual interviews during the end of fieldwork.

Of these thirty-seven participants, thirty-six people migrated to BMR cities from other parts of Thailand, while only one street musician was originally from BMR itself. The street musicians from other parts of Thailand were probably overrepresented in the fieldwork more than those from the BMR area itself because the study used a snow-ball sampling technique, through which some known street musicians were interviewed and asked to introduce other street musicians in different areas of BMR cities. They generally referred to those who had come from the same regions as themselves and knew each other quite well, in particular twenty-five street musicians who formed the large majority who migrated from the northeast. It follows that these results might reflect the

sampling method rather than the profile of all blind street musicians in BMR cities. The full demographic and socio-economic characteristics of the participants have been presented in Chapter 5.

Among thirty-seven street musicians, twenty-four performed as individually with a karaoke machine, walking and singing concurrently. While seven performed in a full band with various musical instruments, three performed in a small group being one guitar player, one percussionist one solo singer, who sometimes played a guitar together with her team. The other three performed as a solo musician with their favourite musical instrument. The typology of street music in this thesis is further described in Chapter 6.3.1.

3.1.3   Recruitment

In this research I used a snowball sampling technique for recruitment given that it was the most reliable tool for building up a sample, in particular whose information had not been documented (Blaikie 2000). I began the fieldwork using a snowballing technique - contacting blind street musicians in the BMR whom I knew previously. The first interviews were designed as a pilot study with five blind street musicians (three men and two women) to develop the interview questions. Following the qualitative individual interviews with some first-acquainted blind street musicians, I later met with a further twenty-seven blind street musicians (nineteen males and eight females) for qualitative individual interviews, and with the other five street musicians (one male and four females) for a group discussion.

Thirty-two blind street musicians (nineteen males and thirteen females) participated in qualitative individual interviews, fifteen of whom also volunteered to participate in group discussion, while the additional five participants (four males and one female) participated only in group discussions. The participants in the first group discussion were selected from those who had already participated in qualitative individual interviews. The participants in the second group discussion were recruited from those who had not participated in the interviews, plus one who had participated in an interview and who coordinated communication with the five new participants. The aim was to check whether the method of inquiry in the group discussion affected the findings, but methodologically, the groups did not seem to have different experiences or reveal different

experiences. The participants in the third group discussion, therefore, were chosen from those who had already participated in qualitative individual interviews. Since there was a political crisis in Bangkok during the fieldwork in 2014, this recruiting technique was convenient.

Blind street musicians who were eligible for fieldwork participation, either in qualitative individual interviews or in group discussions, met these criteria:

- registered visually impaired people
- live and earn income as a street musician in the area of BMR
- over eighteen years old
- willing to participate, either in the individual interview or in the group discussion, by accepting the statement for fieldwork participants and signing the consent form.

Since I have long taken leadership roles in social and disability activities and closely worked with key informants from disability organisations, I utilised a purposive sampling strategy to approach those whose characteristics, duties and responsibilities have been recognised as politically important prior to the interviews (Blaikie 2000; May 1997; Patton 1990). I concurrently used a snowball method in case I did not know who was well-suited with the specific issue, and I asked the key informant who addressed that issue to introduce the key informants as experts in the field. In approaching key disability policy advocates, I wrote a formal letter to the head of each organisation and agency asking for consent to independently approach his or her subordinates to be participants for interviews according to their availability and willingness to participate (Flick 2002).

3.2 Data collection

In this research, multiple qualitative methods were used, including qualitative semi-structured and unstructured interviews and group discussions, integrated with documentary research. The issues of accessibility, consent, ethics and disability inclusive research were also taken into account. The following sections describe each of methods and related procedures in more detail.

3.2.1 Documentary search

The use of grey literature was crucial for the literature review and to develop a deeper understanding of the problem, to justify the topic, to draw a conceptual framework, to well-establish research aims and questions and to facilitate the design of the methodology (Hart 1998, p. 13; Silverman 2000, p. 226). This is because documentary sources normally provide facts, background, history, statistical information, social events, analytical issues and/or critical thinking for researchers (May 1997, p. 157). These documents contain the policies and laws relevant for the specific themes in this research. They were commissioned not only to provide background data, but also to increasing the understanding within the area of study (Del et al. 1988, p. 9). Document research provided policy descriptions and supported the conclusions in this research (Bechhofer and Paterson 2000, p. 126).

I obtained the sample of documents mostly through websites and archives. Documents included policies, legislation, annual reports, statistical abstracts and organisational archives related to promotion of employment opportunities and social protection for people with disabilities. These documents were available on websites and archives, to which I have online access (Liamputtomg 2009). In these cases where documents were not available online and required permission to access, I wrote to the relevant organisations for their consent to give me access to the documents. After the interviews with key disability informants, I also requested copies of relevant documents, such as publicity leaflets, issue-based working papers, procedures and guidelines. I applied four criteria for assessing the quality of the evidence from documentary sources: authenticity, credibility, whether they were representative, and meaning (Scott 1990).

I first undertook an additional literature search on the academic and grey literature that is relevant to employment opportunities for people with disabilities in Thailand and in similar countries in order to provide an empirical background in preparation for the formulation of research questions and theoretical framework and the data collection and analysis. I have reviewed literature about the marginal employment experiences of people with disabilities, particularly visual impairment in developing countries, given that people with disabilities and visually impaired people both in Thailand and developing countries are most likely to share a number of similar socio-economic characteristic, especially relating to poverty and social exclusion (Braithwaite and Mont 2008; Grech

2012; Groce et al. 2011a; Mitra et al. 2012; Mizunoya 2013; Parmer 2011; Parnes et al. 2009; WHO-World Bank 2011). I have continued my literature review especially in Thai as I think it remains insufficient for data analysis. Unfortunately, I had difficulties accessing some Thai documents because of limitations of my screen-reading program. Therefore, I based the review of literature mainly on English documentary sources.

3.2.2 Semi-structured and unstructured interviews

The main fieldwork method involved qualitative semi-structured and unstructured interviews with blind street musicians and key disabled activists. Each type of interviews was adapted according to the situations, the themes and how the blind street musicians and key disabled activists answered the questions. For instance, in case the interviewees responded to the questions in conversational style, the unstructured format was used (Patton 2002). On the other hand, in case the interviewees preferred being guided, or felt nervous, or gave a short answer rather than a long one, the semi-structured format was undertaken. Interviews allowed access to visually impaired participants' and key disabled informants' knowledge, understanding, experiences, views, attitudes, interpretations, feelings, aspirations, social actions and reactions regarding their lived experience in the social, cultural, economic and political context of Thai society (Blaikie 2000; Mason 1996; May 1997). It was well worth while gaining access to data from their understanding and interpretation together with their experiences. The semi-structured and unstructured component allowed perspectives on consistent themes, and also enabled participants to direct the interview to examples important to them (Denzin and Lincoln, 2005).

The questions for the interview guide included their views about their perceptions of, and interactions with, people with disabilities and their capacities including their own reflections and self-identification as people with disabilities, what social and economic factors influenced their decisions to become and remain street musicians as their main source of income, what their everyday experience as street musicians was like, how they interacted with the general public, what their daily routines as street musicians were like, how satisfied they were with their current income source and living conditions, in what ways current employment promotion and the income and social protection system for people with disabilities affected their livelihoods, what prospective employment promotion and income and social protection system should be like, and what they

planned for their future. Each interview took approximately one hour or longer. The interviews were digitally recorded and transcribed.

To acquire further perspectives and recommendations on these issues, the study also carried out qualitative interviews with eleven disability policy stakeholders, who served in both government bodies and NGOs for, and composed of, people with disabilities in Thailand. Key disability informants were interviewed to recognise their current and prospective leadership roles in the development of employment promotion and social protection for people with disabilities. Interviews were taped and transcribed, and notes were taken using my personal laptop if they requested this. Key informants were interviewed at their organisations as they were obliged to attend their workplaces. Once they had agreed to participate, a mutually suitable time was arranged for the interview.

3.2.3   Group discussion interviews

The group discussion interviews provided in-depth qualitative data by means of flexible conversations. This method allowed a group of visually impaired participants who undertook street music as their primary source of income to share their own opinions, experiences or particular circumstances based on targeted or focused issues that were needed (Patton 1990, p. 193. As May (1997, p. 112) argues, some might observe this as a 'license for interviewees' to talk about issues in any way they chose. For this reason, the visually impaired participants were given more freedom in, and control of, the interview situation than was permitted with 'structured' or 'standardised' approaches (Mason 1996), and a responsibility to standardise results by organising replies according to a set interview schedule (May 1997).

In this research, I conducted three group discussions interviews (six to ten participants per group) with blind street musicians. Originally, I expected to conduct two group interviews, but I found that blind street musicians were more active talking in groups, rather than singly. I therefore created one more group discussion (see the recruiting technique in Section 3.1.3). I arranged group discussions at the club and the association of the blind for appointment, which all the participants were familiar with. Each group discussion lasted two to three hours. The group discussion interviews were also digitally recorded and transcribed. The group discussion interviews

encouraged them to share their ideas about public perceptions towards people with disabilities and their self-identification as people with disabilities, and how this relates to the Buddhist belief system, their experiences of street music, the challenges they faced, their satisfaction with their current source of income and with their living conditions and their thoughts on current employment choices and social security available to them. Finally, group discussion interviews sought out their own perspectives on disability and human rights issues especially when related to their current sources of income and to the current employment promotion and social protection systems for people with disabilities in Thailand.

3.2.4 Participants' consent and accessibility support

I prepared participant information statements and consent forms in an alternative format, for instance, Braille and large print documents, in case some visually impaired participants required such documents for their own review. For visually impaired participants, the consent forms were read out loud by my research assistant, and my research assistant helped them to sign the form or to impose their fingerprint. In addition, the interviews with blind street musicians were conducted in a range of different locations, depending on the choice of the participants. They were offered the opportunity to specify the time and place for the interviews, unless the arrangement led to physical and psychological harm for either the participant or the researcher. Interviews were organised at their homes, accommodations, or clubs or associations where they were members.

I had also arranged a suitable place for group discussions. I chose the Thailand Association of the Blind for appointments, with which most of the visually impaired participants in the study were familiar and they arrived independently. However, when this venue was not possible, I allowed them to choose another mutually convenient place.

As a visually impaired researcher, I employed a personal research assistant. The role of my personal research assistant was to prepare and collect documents, read out the participant information statement and consent form to visually impaired participants, help visually impaired participants to sign or stamp their fingerprint on the consent form and escort me to different places for interviews and group discussions. My personal research assistant was not involved in any of the data collection and analysis, as these were my duty and responsibility.

3.2.5 Recompense for participation

As participants incurred the cost of travel and lost their regular income for the duration of the interviews and group discussions, I reimbursed their additional expenses, including travel fees, food and accommodation for those who came from a distant area. It was 500 Thai Baht (or 14.55USD) per participant for the interview and 1,000 Thai Baht (or 29.1USD) per participant for group discussion interviews. I did not however reimburse their regular income because they volunteered to participate in group discussions and were satisfied with the expenses as indicated.

3.2.6 Ethical considerations

The study approach followed the guidelines and ethical procedures as approved by the Human Research Ethics Committee at the University of New South Wales (UNSW) prior to the fieldwork entry (Silverman 2000, p. 200). The methods in this study were approved by the Human Research Ethics Committee at the UNSW Australia in October 2013 (approval number HC13300). Transparency of communication with participants about the purpose of my research and about the uses to which data would be applied was ensured (May 1997). In doing so, I prepared a short document in English with a Thai translation, explaining the rights of research participants and what they could expect from the research process. Later on, in the fieldwork, I worked flexibly to express the implications of this document to people with a variety of backgrounds and interests.

In the process of this research, ethical and political issues emerged, particularly in the methods of interview and group discussions (May 1997; Ezzy 2002; Christians 2011). The interview and group discussions emphasised the impact of Buddhist and Thai culture and interactions on blind street musicians' reflections and self-identification as people with disabilities and their means of income generation as rooted in a popular sense of pity and compassion. There was a risk that participants might become distressed, since the interviews could unintentionally lead to discussions of stigma and oppression experienced by them. Care was therefore taken to avoid upsetting or distressing respondents. When they became distressed, the interview and group discussion were suspended briefly. As a further measure a statement of withdrawal of consent to participate, and details of appropriate organisations they could contact, were attached to the consent forms in case they felt seriously distressed.

The translated participant information statement and consent forms were provided for all participants in an accessible format. All consent activities were recorded to ensure ethical credibility and integrity for both the researcher and participants. The consent form clearly stated that the participant had the ability to withdraw from the study at any time, and that withdrawal would not adversely affect the participant in any way, including their relationship with the University, the SPRC, the researcher and other related organisations involved.

I ensured the confidentiality and privacy of their disclosures, and ensured that their information would not be released to any third party (Mason 1996, p. 159). Thus, all data were regarded as anonymous and the names of people and places were changed in any transcripts and reports arising from the research. Individuals were de-identified; aliases were used and all identifying data were deleted.

3.2.7   Disability inclusive research

Most disability and social policy research is conducted under the interpretative approach that omits the experiences of people with disabilities from the research process (Oliver 1996). As their voices and views have been absent, the disabled participants become passive objects, rather than active subjects during research of their affairs. This study, however, engaged visually impaired people as the active participants in the research process to the fullest possible extent (Beresford 1997; Oliver 1992; Stone and Priestley 1996; Robinson et al. 2014). I shared with all the participants as much as was practicable about the aims of the research during our initial contacts, in a manner that was explicit and accessible to them (Blaikie 2000, p. 19).

The participants were engaged through a three-stage process (Barnes 1992). They were encouraged to identify the issues which were important to them, to indicate their points of view in approaches that were apt to their needs, and to confirm the awareness of the researcher of the significance of what they revealed. The form and content of this involvement were decided in response to individual preferences. The approach at all times retained respect for participants' choices and was designed to ensure that participants did not feel that their choice to become street musicians was viewed unfavourably, unless they themselves indicated this was true in their case. As well as participating as respondents in the research, they were asked for suggestions about how the

research findings could be disseminated and used ensuring that they could maintain some control over their contribution.

In this section multiple qualitative methods for data collection were introduced. Utilising mixed qualitative methods not only facilitates a more in-depth collection of data but also permits the validity of findings that consequently helps increase the reliability of the findings (Yin 2003). Documentary search gives the account of conceptual and theoretical context and background including the historical and present situations, which can then lead to specific guidelines for this research, while various types of interviews can provide insights from the participants involved (Blaikie 2000; silverman 2002). Since all the participants were visually impaired, accessibility support was organised. They had been provided with the alternative format of research statement and consent forms prior to interviews and group discussions. All participants were compensated for interviews and group discussions. Ethical issues and the principle disability inclusive research were taken into consideration. The next section outlines the data analysis.

3.3   Data analysis

In this study I implemented a thematic analytic approach for analysis of qualitative data, which is commonly adopted in qualitative research where primary methods such as semi-structured and unstructured interviews or focus-group or group discussion interviews were used for data collection (Boyatzis 1998; Braun and Clarke 2006; Fereday and Muir-Cochrane 2006; Miles and Huberman 1994). According to Braun and Clarke, 'thematic analysis is a method for identifying, analysing and reporting patterns (themes) of data' (2006, p. 79). This analytic method is flexible that can complement a wide range of theoretical and epistemological positions, in particular the constructionist framework being applied in this thesis that illuminate how the lived experience of blind street musicians was affected by the social, cultural, economic and political influences specific to disability in contemporary Thai society, as well as offering 'a rich and detailed, yet complex account of data' on their economic and social circumstances of income generation (Braun and Clarke 2006, p. 79). This analytical approach also instigated the rigorous and insightful analysis of qualitative data that facilitated in answering the research questions relating to the lived experience of blind street musicians (Braun and Clarke 2006, p. 97). Insofar as qualitative semi-structured and

unstructured interviews and group discussion interviews were the significant methods for data collection, and the social constructionist framework was essentially employed as a high-level theory in this thesis, the thematic analytic approach was considered essential in analysing, explaining and describing a set of qualitative empirical data gathered from blind street musicians.

Through the thematic analytic approach, the focal point of data analysis and interpretation was primarily on descriptions and explanations based on a social constructionist and socio-economic approach highlighting the social model of disability. In my ongoing analysis, I identified social, cultural, economic and political issues specific to disability and contextualised these within the disability studies literature and document analysis, and compared them against the qualitative data to examine the interpretations of these issues by participants and clarified the connections between official policies and lived experiences of blind street musicians (Silverman 2000, p. 128). In analysing the qualitative empirical data thematically, it took four stages, which I had adapted from Braun and Clarke (2006) and Miles and Huberman (1994), as detailed below.

3.3.1   Stage 1: Data organisation and familiarisation

In preparation for data analysis, I began the first stage by transcribing all data verbatim and reserving textual data in transcript (Braun and Clarke 2006). I transcribed all interviews on my own including those with the thirty-two visually impaired participants, eleven key disabled informants and three group discussions, using Microsoft Word with JAWS screen-reader program. The interview transcripts were saved as MS Word document separately. During interview transcriptions, I deleted names of participants, and replaced them with alias. Upon completion of data transcription, I translated all the interview transcripts from Thai to English. I needed to make sure that there would be nothing lost in translation if I did it on my own.

According to Braun and Clarke (2006), this first stage made me familiar with all aspects of data. Transcribing and translating the interviews allowed me to commence the informal, yet initial code generation through which I was capable of identifying themes and patterns in the data. Although I spent a lot of time or approximately six months achieving these tasks, I could engage myself more with the data analysis by reading the data multiple times and so became accustomed to the data

(Ryan and Bernard 2003). This in turn enabled me to generate codes and identify and develop themes and subthemes more effectively in the subsequent stages (Braun and Clarke 2006).

3.3.2   Stage 2: Code generation and verification

After I had completed transcribing and translating the interviews and had become familiarized with the data to a great extent, I continued the analysis by generating codes. I first created tables in Word Excel for code generation (Bree and Gallagher 2016), due to inaccessibility of NVivo software. Each table consisted of aliase name across each interview question based on each research question. I have then generated codes in different ways such as selecting, summarising and paraphrasing potential quotes from the interview transcripts, and have written down in table format following each interview question (Miles and Huberman 1994). As a visually impaired person this technique was helpful because I myself could arrange, read, compare, identify and extract data from the transcribed interviews for data analysis independently.

I generated and developed codes to a further extent by identifying the semantic substance in the data: the explicit or surface meanings of the data which I did not have to define and conceptualise further than what the visually impaired participant had said (Braun and Clarke 2006; Graneheim and Lundman 2004). The semantic content in the data was identified and analysed through an inductive or data-driven approach where the themes were produced by the data themselves (Braun and Clarke 2006; Frith and Gleeson 2004; Patton 2002). Such semantic data included socio-economic characteristics, factors associated with the decision of visually impaired people to become and remain street musicians as their main source of income, their income capacities, their living conditions and their future plans for example. In addition I also identified and extract the latent substance in the data: the implicit or interpretive meanings of the data derived from the ideas, thoughts, perceptions, understandings and experiences of the visually impaired participants, which were identified and analysed through a deductive or analysis-driven approach in order to shape or inform the semantic content in the data based on the social constructionist and socio-economic approach to disability as the theoretical framework of analysis in Chapter 2 (Boyatzis 1998; Braun and Clarke 2006; Hayes 1997). Such latent data involved poverty, social isolation and stigma, minimal social support networks and forms of reaction—compliance, resistance and compromise for example. As such, the thematic analytic approach enabled me to fill the significant knowledge

gap in the studies of the lived experience of a group of visually impaired people who undertook street music as their main source of income not only with their own knowledge and experiences but also with theoretical implications (Meltzer 2015).

One of the most significant components for thematic analysis was that the data need to be evaluated for validity and reliability of the data (Boyatzis 1998) and to confirm that the initial excerpts of the themes represented all of the textual data (Miles and Huberman 1994) . In doing this, I requested two of my supervisors to take a role as the reviewers in evaluating and identifying the predefined data coded (Miles and Huberman 1994). They reviewed the coded the data and compared the results with each other and with my data coding. Overall, they suggested I continue coding until I reached saturation in the coding (Meltzer 2015).

3.3.3   Stage 3: Theme identification and development

Upon completion of code generation I identified The themes according to research questions (Boyatzis 1998; Braun and Clarke 2006). I constructed themes mainly through the deductive analysis-driven theoretical position based on the social constructionist and socio-economic approach, as provided in the review of literature in Chapter 2. However, given the research gap relating to the experience of this group of people, themes were also formulated by the semantic data under the inductive or data-driven analytic approach based on their own knowledge and understanding about what was happening in their economic and social circumstances as a street musician with a disability. Moreover these techniques also helped explore how the lived experience of blind street musicians as people with disabilities in general and the lived experience of visually impaired people as a street musician in particular were interrelated to each other as the holistic lived experience (Melzer 2015).

In making the description and explanation of themes much clearer, I divided some of the themes into subthemes where appropriate, and defined and supported each theme and subthemes with the detailed analysis being conducted along the analytical process (Braun and Clarke 2006) and reinforced each theme with relevant and remarkable quotes and statements of the participants (Miles and Huberman 1994). More importantly, I reviewed whether the themes (and subthemes)

reflected back to the entire data set (Braun and Clarke 2006; Miles and Huberman 1994). Effectively, the themes and the data linked to each other meaningfully.

This stage then continued defining and connecting themes to the concepts and thoughts pertaining to following the research questions, using table format formulated by Word Excel (Braun and Clarke 2006; Miles and Huberman 1994). According to Miles and Huberman, this stage displays where the data (themes) are linked, organized, compacted and accessible (1994, p. 11). In addition to exploring the differences, similarities and interrelationships of themes based on the social constructionist and socio-economic approach as the theoretical framework of analysis, I ensured that the patterns of themes reflected the lived experience of visually impaired people who became and remained street musicians as their main source of income (Braun and Clarke 2006; Miles and Huberman 1994). According to the structure of themes, I categorized the experience of visually impaired participants into two dimensions: the experience as people with disabilities in general and the experience as a street musician in particular. Each experience was organized in separate table format with its relevant themes and subthemes being conceptualized and combined in the previous stage following the research questions.

3.3.4 Thematic analytic conclusion and presentation

The final stage involved concluding the analysis of data and writing up the report on the lived experience of blind street musicians thematically (Braun and Clarke 2006; Miles and Huberman 1994), including the experience as people with disabilities generally and the experience as a street musician particularly as completed in the previous stage. I described and explained each experience by its category of relevant themes and subthemes coherently, logically and precisely, being accompanied by the detailed analysis and related quotes based on the research questions and the theoretical framework of analysis. The general experience as people with disabilities was presented specifically in Chapter 4 and 5, while the experience as a street musician was presented specifically in Chapter 6 and 7. These two experiences were merged and discussed again in Chapter 8. The table below summarises the process of data analysis using the thematic analytic approach.

Table 3.1: Four-stage thematic analysis of qualitative data

Process	Activity	Outcome
Stage 1: Data organization and familiarisation	Interview transcriptions	32 interview participants transcripts, 11 key informants transcripts and 3 group discussion transcripts
	Thai-English translation	All interview transcripts translated
	Engaging with the initial data analysis	Data familiarisation
Stage 2: Code generation and verification	Preparing table format for coding using Excel and JAWS	Table in accessible format
	Screen-reader program	
	Selecting, summarizing and paraphrasing data	Data coded
	Developing codes	The semantic and latent contents in the data extracted
	Reviewing and evaluating data coded	Validity and reliability of data
Stage 3: Theme identification and development	Identifying and developing themes/subthemes	Themes/subthemes in both inductive and deductive forms
	Research questions and the theoretical framework of	Two categories of themes: the experience as people with
	Analysis in Chapter 2	disabilities and the experience as a street musician
	Reflecting back themes to the data	The interconnection between themes and data
	Defining themes/subthemes	The name of themes and subthemes
	Combining and connecting themes together	The structure and the patterns of themes
	Reviewing the interconnection of themes based on the theoretical	The themes informed the lived experience of visually impaired.
	framework of analysis	street musicians
	Exploring the differences, similarities and interrelationship	Logical, coherent and interrelated structure of themes
	of the themes and subthemes	and subthemes
Stage 4: Thematic analytic conclusion and presentation	Concluding the final analysis of the data	The final set of structured themes
	Writing up the report	Detailed finding chapters

3.4   Limitations

As the methodological limitations are discussed in Chapter 8. Here I need to describe some challenges that occurred during the fieldwork in Thailand. In the first place, I had to stop the fieldwork because of political chaos in Bangkok early in my program. The anti-government protesters created barriers on several main streets and shut down government offices, which led to problems travelling and meeting with blind participants and key informants. Further to transportation constraints, there was also violence that took place during the political turmoil. This created a risk to me and to the research. Based on these circumstances, I was recommended by Professor Ilan Katz to postpone the fieldwork in accordance with the UNSW risk protocol and commence my literature research instead. As a result, I delayed the commencement of the fieldwork to March 2014.

In May 2014, after the military declared martial law, it was more difficult for me to meet with blind participants and key informants. I used to sleep at the participant's house as I could not return home before 10.00pm as required by the curfew. Moreover, it was difficult for the participants to gather in group discussions at the same time as they were in different areas and were available at different times. Consequently, I had to delay the fieldwork to January 2015.

Besides the above circumstances, I also encountered lack of trust. That is, some of the participants, who were recommended through the snowballing technique and were not acquainted with me before, hesitated to disclose their real information. It seemed to me that they did not trust me and worried that my research would affect their lives. This is because street music remains prohibited in Thailand. Hence, the information I obtained from them, in the earlier stage, was short and insufficient. It seemed that I would have little communication directly with the participants. I therefore decided to have lunch or dinner with them before the interview and brought a friend with me in order to make the situation more relaxed. I had to do this to all participants as I was afraid that they would regard me as treating them differently and that my friend would be discredited. Even though this method worked I had to spend additional costs, which were not included in the research grant as provided by the UNSW FASS Postgraduate Research Fund.

In addition, compared to male participants, it was more challenging for me to engage with female participants, probably because female participants were more nervous and uncomfortable than male participants to meet with me as a stranger who was male. In consequence, male participants in my research are over represented compared to females (twenty-three versus fourteen both in individual interviews and group discussions). Thus the research may not adequately address issues confronted by female street musicians such as crime and sexual abuse and family and child issues. However, it cannot be assumed from the result that visually impaired men are more likely to become street musicians than visually impaired women, given that this number reflects only the group found at the time the fieldwork was conducted. Equally significant, no empirical data on the number of visually impaired people who become street musicians in the BMR region had not been surveyed prior to this thesis. Further research could investigate the gender incidence of blind street musicians accordingly.

Lastly, as a visually impaired student, I spent extra time in the research tasks compared to sighted students. The searchable documents, especially in Thai language, were limited as almost all documents are in print and not accessible. To have had them transcribed in an alternative format, would have been costly and time-consuming.

3.5   Conclusion

This thesis is the sociological study of the lived experience of visually impaired people whose main source of income is derived from street music in the BMR cities. Through an inductive and deductive strategy and case study research, the study was qualitative in its approach, applying different methods for triangulation including documentary research, semi-structured and unstructured interviews and group discussions. Incorporated with documentary research, the data were collected from qualitative individual interviews with blind street musicians (nineteen males and thirteen females) with the addition of three group discussion interviews (six to ten in each group) with blind street musicians (over twenty years old). In accordance with preliminary biographical characteristics, male street musicians outnumbered female street musicians, or twenty-three men versus fourteen women, aging from twenty-three years to fifty-seven years. The method also included individual interviews with eleven disabled policy stakeholders who served in

both government bodies and NGOs for the benefit of, and recruited from people with disabilities in Thailand. Participants were recruited through single-stage non-probability purposive sampling strategy using the process of snowballing technique. This approach is culturally acceptable in Thai society. As well as using a thematic analysis of qualitative data, data analysis and interpretation were emphasised using descriptions and explanations in association with the social constructionist and socio-economic approach along with the social models of disability.

Chapter 4. Social and cultural understandings of disability in the context of Thai society: From the perspectives of blind street musicians

This chapter focuses on the explanations of social and cultural issues relating to disability in contemporary Thai society, particularly on Buddhist philosophy and Thai traditional beliefs. The purpose is to provide a basis for comprehending how the religious and Thai traditional ways of thinking influence the social perceptions of, and interactions with, people with disabilities and to explore the views of blind street musicians of themselves as people with disabilities together with their own view on how the general public view them. The chapter first introduces the explanations of disability specific to Buddhist philosophies, including the law of karma, the concept of reincarnation, and the notion of the five aggregates, which, when combined, instil the meaning of self for people with disabilities. The chapter then focuses on traditional beliefs in Thai society towards people with disabilities and how these beliefs impact on the lives of blind street musicians.

In order to show how the general public perceive and interact with blind street musicians, the chapter continues by explaining the Buddhist philosophy of the four sublime states. This Buddhist philosophy was originally aimed at promoting equality and social cohesion, but when merged into Thai social and cultural value systems, it presents as a sense of pity that causes the practice of charity and voluntary assistance for underprivileged people, including those with disabilities. This results in both positive and negative reflections among blind street musicians. It should be noted that the social and cultural explanations of disability presented in this chapter are mostly developed from the perceptions and reflections of blind street musicians about how they think the general public perceives disability, and thus it does not fully represent the social and cultural understanding of disability in Thai society at large.

Following the analysis in this chapter on the understanding of disability in Thailand, Chapter 5 shifts to a more specific analysis of the social and economic background and context of the visually impaired research participant involved in street music performance, including descriptive analyses of the characteristics of the participants in the research sample.

4.1 Thai Buddhist understandings of disability

Buddhism has had a profound influence on social organisations and cultural value systems in Thai society. It is widely recognised that Thailand is one of the few countries where the King professes and upholds the Buddhist faith. Theravada Buddhist teaching is the approach that has largely influenced all aspects of the everyday practices of Thai people (Kusalasaya 2005). In philosophy, Buddhism, founded by Prince Siddhartha, was targeted towards the promotion of social equality and towards rejection of hierarchical society that prevailed largely in the Indian subcontinent in the era prior to the Buddhist promulgation. However upon its arrival to Thailand, the core of Buddhist teaching has been transmuted into Thai social and cultural value systems, becoming politicised by the State as instrumental in disseminating and conserving nationalist ideology with a social identity for the Thai people (Ashley 2013; McCargo 2004). Therefore, Buddhism is more likely to continue to perpetuate the social and political regime with its orthodox principles along with control over everyday living of the Thai people rather than promoting Buddhist moralities as they were originally established (Kusalasaya 2005). The understandings of disability derive from Thai social and cultural value systems that have been influenced by Buddhist philosophies, which have an impact on everyday lives of people with disabilities. This section introduces the aspects of Buddhist philosophy that influence these understandings, before shifting to the empirical data that illustrate the aforementioned impact.

4.1.1 Law of karma

In the first place, the law of karma, or the so-called law of action, lies at the heart of Buddhist teachings, which is the basis of thought and behaviour of Thai society. The law of karma refers to the causalities of actions in which the actions of positive and negative merit lead actors to concordant consequences. In other words, people who perform good or positive deeds will receive goodness or positive merit, or *Bun* in Thai, while people who perform bad or negative deeds will receive bad or negative merit, or *Bap* in Thai (Harvey 2001; Keown 1996). Whether the action is considered good or bad, positive or negative depends on human intention (Payutto 1994). The positive outcome of the good action may be demonstrated in a person's prosperous, salubrious, wealthy, successful and pleasurable life. On the other hand, negative results of a bad action may cause catastrophe in a person's life, family breakdown, business failure, injury and illness. It could

transpire either to the person or to any other member of his or her present family (Naemaratch and Manderson 2009, p. 479). Based on this Buddhist ideology, disability can be regarded as a consequence of bad deeds (*Bap Kam*) in which either individuals or their family members were engaged either in their past life or earlier in their present life.

The law of karmic system affects public perceptions towards people with disabilities not only in Thai society but in other countries where people adhere Buddhism. According to Sallie King who studied public understanding towards people with disabilities in Japan for example:

> *Popular understanding based on the idea of karma has provided a rationalization for people to turn their backs on the disabled.... This interpretation of karma has been so common that modern reformers in countries like Japan bitterly blame Buddhism for much of the super-added suffering of disabled people beyond the physical suffering directly caused by their disabilities—their rejection by society, their treatment as pariahs, and the lack of interest in helping them. (King 2009, p. 163, cited in Moore 2015, p. 3).*

The above explanation of Buddhist perspectives on disability, however, is restricted to its interpretation. There are some challenges towards Buddhist philosophy and practice. In the first place, Buddhism gives more emphasis to current life or current action, not to the past life or past action. Present situation will be the cause of future life or future potentiality (Bejoian 2006). Individuals can pursue good action in current situation in order to be in a good situation in the future (Payutto 1994). A disabled psychotherapist Richard Bruno who upholds Buddhism also suggests:

> *I believe my accident (and its consequences) is a result of something I'd done (or didn't do), or because of something I didn't handle properly, in a past life. I now get another chance to 'do it right. It is really unproductive to think about past lives.... We have more than enough to handle dealing with this one. When we accept that everything animate and inanimate is 'already broken,' a physical disability—even a terminal illness—loses its*

abnormality. Actually, anything that is not broken, not 'disabled,' is really

abnormal (Bruno, n.d., cited in Moore 2015, p. 4).

Thus, disability is not a limit to the current potentiality of individuals to live their life in the present situation for the situation in their future life as per other human beings. As Kauffman argues:

The great attraction of the karma system is its reassurance that we are completely in control of our own fate, that whatever happens to us is a predictable consequence of our own choices. While it means we are prisoners of our past, it also means that the future is entirely within our control (2007, p. 559).

In averting the negative effect of *Kama* that may ensure a detrimental impact on individuals themselves or their family, it is always essential for them to perform in a moral and appropriate manner. Basically, individuals can reach spiritual superiority following the 3 grand Buddhist rules: to avoid all bad acts, to perform all good acts, and to purify their own mind (Ariyabuddhiphongs and Li 2015). These rules are described as follows:

According to the first rule, all individuals must pursue The 5 precepts as regards self-deterrence or the prohibited course of action: to abstain from harming and killing all living beings, stealing or taking the properties as not yet given by the owners, performing sexual misconduct, telling lies or making false speech, and consuming alcoholic beverages, narcotics and drugs (Ariyaphongs and Li 2015). In addition to performing in good deeds, the second rule, as most widely accepted, refers to making accumulative merits by means of donation and charitable assistance for others to increase in their own material and spiritual wellbeing in the future life (Harvey 2001). Given that disability is viewed as a negative outcome of their own deeds in the past or present life, disabled people themselves have to improve their own destiny by means of accumulation of good merit (Cooper and Cooper 1991). The final rule in general is that all individuals must hold optimistic and good will towards others as to set their mind in peace, so that they can escape from suffering (Ariyabuddhiphongs and Li 2015).

4.1.2 Concept of reincarnation

The concept of reincarnation or rebirth is only one of several Eastern religious beliefs that pervade understandings of disability. The law of karma is associated with the concept of reincarnation or rebirth (Keown 1996; Zucker and Zucker 1997). These concepts can be interpreted to imply that problems of disability in one person's life result from mistakes, sins, evil and/or immorality committed in an earlier life, and the current situation is a punishment (Charlton 1998; Miles 2000, 2002; Stiker 1999). Although Charlton's (1998) work is nearly twenty years old, according to his research, the majority of Thai people believed that the condition of disability in present life was a result of misconduct in past life. Therefore, the state of disability and any consequential difficulties or problems are considered to be retribution that people with the disability deserve in the present life.

4.1.3 Buddhist notion of five aggregates

Another Buddhist understanding of disability presented here is the notion of the five aggregates, which is also used to inform the social meanings of disability in Thailand (Naemaratch and Manderson 2009). The five aggregates are composed of two key components. The first component is the aggregate of physical form, while the other component is the four aggregates of non-physical form. The aggregate of physical form comprises the body and the other five physical objects of senses that can be observed through the five senses of the body: the eyes with visible matters (or seeing), the ears with sound (or hearing), the nose with smell (or smelling), the tongue with a sense of taste (or tasting), and the skin with a sense of physical touch (or bodily touching) (Kwee 2011). On the other hand, the four aggregates of non-physical form consist of awareness or consciousness, feeling or sensation, perception, and mental formation or volition, which can be recognised through the state of mind (Bhavilai 1967; Payutto 1994, cited in Naemaratch and Manderson 2009, p. 480). Based on this Buddhist notion, disability can be perceived as a consequence of the incomplete physical or mental form of self, as are the sensory modalities of body, speech, and mind in consort with the capacities of feeling, thinking, and acting (Kwee 2011). Thus, people with disabilities can be regarded as having functional restrictions and consequent incompleteness of selves and/or senses. Other relevant parts of Buddhist philosophy to do with pity and sympathy are presented later in this chapter.

4.1.4 Suffering

Generally known as one of the Buddhist principles of the three-markers of existence including impermanence, dissatisfaction or suffering, and non-self, the condition of disability is considered to be dissatisfaction or suffering (Bejoian 2006; Kwee 2011). The state of suffering is a basic feature of human beings and so cannot be escapable (Chan and Hegney 2012). Suffering can be derived from physical and mental pain, from being through the condition of birth, illness, old age and death and from undesirable change (Payutto 1994). Attributable to this idea, impairment is seen as pain and suffering. When people have a perceived impairment or illness, for instance, they are assumed to have pain and suffering and should be pitied or considered of lesser status (Bejoian 2006). The condition of perceived impairment thus leads to individuals imagining that people with disabilities are unable to take an enjoyable life because of suffering physically and mentally.

However, in Buddhist philosophy and practice, all individuals, regardless of status and ability, are not able to abstain from their suffering by any means at all as it is a state of human nature (Kwee 2011). As Bejoian (2006) argues:

> *Removal of suffering is not about curing or fixing disabled people, but about transforming one's mind, elimination of negative thoughts and emotions. The antidote to suffering is compassion and wisdom — not a cure and/or a quick fix. Thus, in Buddhism disability is not equivalent to suffering; the human condition, existence of all sentient being for that matter, is considered suffering.*

4.1.5 Reflections of blind street musicians about Buddhist understandings of disability

The fieldwork interviews and group discussions revealed that most of the blind street musicians believed in the Buddhist notions relating to disability described above. Prasarn, a fifty-year-old man from the upper northeast of Thailand, disabled at the age of four, held a strong view that his incomplete body had resulted from a sin committed in his past life. He reconciled himself with his situation, but for his own psychological comfort, he agreed that the *Venkam* (the negative effect of karma) that he had done in his previous life accounted for his disability in his present life. Likewise,

Ariya, a woman aged twenty-three from the upper central part of Thailand, with glaucoma, remarked that her grandmother had repeated to her since childhood that her visual impairment was the state of suffering, generated as a consequence of negative karma produced in her past life. She insisted that she totally agreed with her grandmother in order to alleviate her own mental distress, so that she did not have to blame anybody or anything else but tolerated her disability, suffering alone. Obviously, even though the street musicians seemed to be frustrated with their life destiny, they mentally accepted that their state of disability was explained by the Buddhist law of action or karma.

Implicitly, the Buddhist virtues had been instrumental for the street musicians in alleviating their dejection and suffering, because they acquiesced to their imperfection of self and mentally accepted the causes and consequences of their disability, as the result of individual tragedy. For example, Somkhit, a man aged thirty-five from the upper northeast intended to enter the monkhood when sighted, but was disabled by a car accident, and stated:

> *I strongly believe the law of karma. Disability is a result of immoral manners in*
> *my past life. I used Buddhist practices to calm down my sadness and strengthen*
> *the state of my mind and so I can accept my current life as a person with*
> *disabilities.*

In addition, the idea of karma was also related to the faith of many families of the street musicians in that they held the view that disability was a consequence of wrongdoings in their past or even present life. Some participants noted that their parents confessed that they had teased a blind person, while others admitted that their parents had hunted animals for merchandise. These parents then assumed that this had subsequently led to the participants being born with impairments. Kanchana, a forty-eight-year-old woman from the north, who became visually impaired during early childhood, shared her story:

> *My mother told me that my father, while walking with her in the town market,*
> *bullied a blind beggar on the footpath. He put some pebbles in his beaker as if*

he gave him some coins. My mother took them out and put in money instead

because she pitied him.

Chonnicha, a fifty-year-old woman from the upper northeast, who became totally blind during childhood, explained her story:

My father often hunted animals for trade. My mother felt unhappy with this as she was afraid of sin that might take place in the family. She told him many times to stop doing so, but he didn't listen to her.

These participants stated that their parents felt guilty about their children's disability, and so most provided them with special love and extra care by all means available to them, as a replacement for what they had suffered. Some families had encountered financial impoverishment because of the huge medical expenses for their children. As Somprasong, from the lower northeast, a thirty-three-year-old man whose mother was infected by German measles during pregnancy recounted:

*My parents, especially my mother, felt very depressed with my visual impairment. They then believed with the act of contrition that my disability of blindness resulted from bad acts (*Bap Kam*) committed by themselves in their past life or even in their present life. So, my parents, especially my mother, gave me warm love and care.*

In Thai society, it is typical for parents or other family members to extend their generosity by means of giving to and assisting their children or other family members in need (Ariyabuddhiphongs and Li 2012). The children who are confronted with hardships typically receive social, economic and tangible support from their parents even when they are adults (Fingerman et al. 2009). Some of the participants, therefore, were provided with wide-ranging assistance by their parents who felt contrite for their children's adversities, as discussed in Chapter 5.2.3. In some cases, however, the participants were neglected by their parents and family because of their disability, even though those parents had previously held that their child's disability might be derived from their own karma or bad deed performance. This situation will be discussed in later sections.

In contrast, some blind street musicians challenged the Thai Buddhist traditions relating to disability. They held the view that their disability stemmed from natural or tangible causes such as

diseases and illness instead of a consequence of past life performance. Chaiyabhat, a thirty-six-year-old man from the lower northeast, who had visual impairment since birth caused by sexually transmitted diseases, said that his mother believed that his visual impairment was derived from his father's sexual misbehavior, not from the effect of karma created by himself. He also insisted that he had hardly ever experienced suffering from his blindness. In addition, Jurin, a thirty-eight-year-old man who was born blind and was from the upper central region, felt happy that he had fully been accepted by his family. He had never heard from them that his visual disability resulted from karma in his past life. Most interestingly, Suthep, a twenty-eight-year-old man from the upper northeast who was born blind, argued that karma can be interpreted in a way that promotes the rights of people with disabilities in this present life:

> *In my opinion, the general public have misunderstandings of the law of karma. They usually think that disabled people created sins or bad actions in their past life performance. Therefore, they deserve disability and are perceived by non-disabled people as subject to punishment, leading to them being in the state of suffering. However, the general public don't realise that the law of karma is also applied not only to the past life, but also to the present life. As they concentrate mainly on the past life, disabled people then are considered no other than depravity or devils, being apt to accept their suffering, restitutions and recompenses unavoidably. Based on the Buddhist notion of karma, disabled people can commit a good or better act in their present life for their future life as per other people.*

He also suggested that society, if the law of karma is practicable, must enable people with disabilities to achieve their good or better acts as they wish in the present life and to continue with greater merit for the future life.

Moreover, some participants criticised Thai society saying that it had created a number of restrictions on their lives because of social prejudices derived from Buddhist perceptions towards people with disabilities. They also argued that a large majority of the public believed that people with disabilities had been limited to certain typical roles. The public expected that they should be kept at home and were expected to behave morally well to eliminate their turpitudes or bad acts in

their past life. For instance, Suthep, a man aged twenty-eight from the upper northeast, stated that people with disabilities like himself had implicitly been barred from certain enjoyable activities, such as travelling at night, becoming married and having children. Due to these circumstances, they said that people with disabilities including the blind street musicians in this study were more likely to be self-alienated, oppressed and mortified, as well as living their life in boredom.

In order to emancipate themselves from despondencies, distresses and misfortune - including disability and suffering - in the next life, most of the blind street musicians held a strong conviction that they should perform good deeds. They were also recommended by their family generating positive merits (Bun) as much as applicable in the present life as for the future life. Lamai, a woman who was born blind and aged 39 from the South together with Theeraphan, a 31-year-old man from the lower central part, whose impairment was caused by rubella at birth, identified that their family believed that their disability had been derived from the bad acts in their past life. They also emphasized that their family had usually convinced them to have good manners and do good deeds, so that they could avoided suffering from disability in the future life. They wholeheartedly believed in those words and thus regularly behaved appropriately and did good deeds for monks and for disadvantaged people where possible. In alleviating miseries and sufferings for their disabled child in this present life, as well as precluding their child from disability in the future life, the family themselves also accumulated positive merits and pursued moral conduct towards their disabled child. For this reason, there are commonly a number of both able-bodied and disabled Individuals who extend their compassionate generosity and kind support to disabled people and those with lower socio-economic status in any way as appropriate. The intention is that they need to show their appreciation for their own positive merit as to accumulate good *Karma* to circumvent disability and any calamity in their future life (Harvey 2001; Naemaratch and Manderson 2009). This solution was also agreed on by the blind street musicians in the group discussions correspondingly, not excluding those who previously distrusted that their disability originated from the bad Kama. However, this may raise the question as to why some families rejected their disabled children even though this will bring a bad karma to the family in their future life, whereas other families believed that looking after a child with disabilities will bring good karma. The potential response to this question will be further addressed below.

In terms of the Buddhist notion of the five aggregates, disability is referred to as an incomplete body and mind. In Thai language, the word for disability is *pikarn*, which has a negative connotation. It stands for crippled, defective, or disabled, resulting from a person's physical or mental imperfections or dysfunctions (Garden and Wannapok 2006; Naemaratch and Manderson 2009). More serious is that people referred to as *pikarn* are perceived as lacking ability to complete their everyday living activities and to contribute productively to their family or society as a whole like other people (Barnes and Mercer 2010). Due to this interpretation, held by many Thais, people with disabilities are viewed as having functional incapacities caused by their bodies or minds. As Phichan, a fifty-seven-year-old man, from the upper northeast, disabled through an accident, admitted:

> *As previously a sighted man, I felt tremendously regretful when people*
> *called me pikarn or disabled. It means that I have an incomplete body and*
> *inability to do things myself the same as others, and it made me implicitly*
> *feel devalued physically and functionally.*

Sirinthip, a woman aged thirty-one from the east, also pointed out:

> *Non-disabled people usually assume that blind people are not able to do*
> *anything just because they cannot see. They often have to depend on their*
> *family for care and assistance. I many times have to explain to them that I*
> *learned daily-living skills from my parents and mobility training from blind*
> *school, and so can rely fully on myself.*

In spite of the fact that some participants were regarded as disabled, and experienced incomplete physicality leading to various difficulties in life, they often did not perceive themselves as different from others. Instead, they recognised their equality of self and capabilities compared to other sighted persons. Chonchanok, a thirty-three-year-old woman from the lower northeast, with cataracts, affirmed:

> *Although I became visually impaired during adulthood, or at the age of*
> *eighteen, I still define myself normal like other sighted people. I don't feel I*
> *lose anything at all. I think people with and without disability are not*
> *different as human beings, but those with disability seem to have fewer*

social opportunities and experience greater barriers than those without disability.

They also held the view that problems and inconveniences in almost all aspects of their life derived not only from their own biological impairment and functional incapacity, but from social misunderstandings of disability, extending social perceptions of disability to discriminatory attitudes and responses towards their everyday practices. Sunee, a thirty-four-year-old woman from the lower northeast, also contended:

> *The major factor that influences public attitudes towards people with disabilities is probably the misunderstanding of our capacity. The general public usually think that we are unable to do daily living activities similar to them due to our physical loss. They are unaware that we still have other parts of our body that remain functional. That is, we can hear with our ears, take a bath, get dressed, and even cook and do household tasks with our hands like normal. Even when we have become disabled, we remain able.*

Anucha and Suthep respectively twenty-four and twenty-eight-year-old men, from the upper northeast and born blind, both thought that their visual disability had not led to them face obstacles in their life as much as the attitudes of the general public, once they noticed their disability, and had examined and treated them. However, this position reflected the views of only a minority of the participants, and so could not be inferred to all participants or generalised to other people with disabilities in Thailand.

To conclude, the participants thought that the condition of disability seemed to be regarded by the majority of the public that they encountered, including most of the participants themselves who hold a Buddhist faith, as the result of negative karma, either transferred from a person's past life performance or resulting from his or her present life. This led to them to understand they were experiencing suffering which they were obligated to accept and tolerate. In addition, in line with the Buddhist notion of the five aggregates, disability refers to the physical or mental incompleteness of individuals, implying that their incapacities were personal troubles located in the individuals themselves. As a result, they said, other people assumed they lacked the ability to function normally. A few of the participants, however, understood Buddhist beliefs as supporting their right

to be equal to other members of their community and in some cases, their families held that interpretation as well.

4.2 Traditional belief in Thai society towards people with disabilities

In addition to Buddhist understandings of disability, this section is about other traditional beliefs in Thai society about disability that influence social perceptions of and interactions with people with disabilities. It explains traditional conceptions of disability and the impact on the lives of people with disabilities, focusing on the views and experiences of blind street musicians in particular.

4.2.1 Traditional conceptions of disability

In addition to the Buddhist socio-cultural construction of disability, the perceptions of most of Thai society towards people with disabilities are usually reinforced by drawing on traditional conceptions and supernatural beliefs, in particular towards children with disabilities. People with disabilities are often regarded as abnormalities, devils, or aberrant, vicious and sinful beings, bringing miscarriage, disaster or bad luck to the family and community, as well as resulting in their parents being accused of being sinful or evil or committing immoral acts (Namsiripongpan, Buntan and Kwancheun 2003; Stiker 1999 In rural communities where newborn children with noticeable impairments are often viewed as iniquities, they can be raised with a stigma of disgrace in the view of the community. This gives rise to children with disabilities being isolated, excluded and even persecuted (Barnes and Mercer 2010, p. 15-16). For this reason, many Thai children with disabilities, especially those in rural areas, are frequently kept at home, or sent to residential care institutions, or even sold to begging gangsters (Namsiripongpan et al. 2003). Kanchana, the participant from the North described her experience:

> My mother was unhappy with me as I was the first daughter being highly expected to help the family in the future. She didn't even touch me at all. My aunt took care of me instead. My mother sent me to a welfare institution from when I was five years old.

Sompasong, a man aged thirty-three from the lower northeast, told a more positive story of change, emphasising that concepts of disability are not static and seemed to have improved in his experience. Although he has music engagements now, that was not always the case:

> *Public perceptions towards people with disabilities, especially many years ago, seemed to be more negative. When I first became a musician, my friends and I (performing music in the band) received an invitation to a wedding ceremony from a couple, but our show was unexpectedly canceled due to rejection by both of their parents. We were seen as evil beings that would lead the couple to misfortune or inauspicious circumstances.*

More curious was that the participants said that blind street musicians were believed by some people to have specific advantages as compensation for their loss of eyesight, such as exceptional hearing ability, outstanding sensation, or a sixth sense. Suthep told how he was often asked by people in the community to give them some clues to win the top-price lottery. Many other participants said that their friends, their teachers and even their relatives frequently let them hold or touch their hand or their arm, in order to see whether or not they could recognise who they were, for example. These blind street musicians said they and other people with disabilities were often embarrassed and uncomfortable with these attitudes and being treated as a joke or a magical being. As Papadaki and Tzvetkova-Arsova (2013) point out, 'sighted people still believe that blind persons possess some extra powers and abilities such as a better sense of things, especially hearing, sixth sense or better judgment abilities'. Hence, both positive and negative traditional beliefs seemed to create discomfort for some people with disabilities including many of the blind street musicians.

4.2.2 Impact of traditional beliefs on the lives of people with disabilities

In face-to-face interviews and in group discussion, many of the visually impaired participants held similar views that people with disabilities like themselves were confronted with social prejudice derived from traditional conceptions of disability. This negative perception resulted in their being neglected, isolated and even humiliated. Sometimes the general public, as they observed, avoided them because they were seen to be horrible, ugly, dirty and carrying transmittable diseases. Sompasong, a man aged thirty-three from the lower northeast, shared his experience of this:

One day while my friends and I were performing music on the walkway, a little girl aged about five walking close to us was suddenly stopped by her mother. She said to her daughter that she could acquire diseases of blindness if she came close to us.

Somprasong also added an old scary story of an eyeless ghost, (Pee Ta Bo) being characterised as a skull without eyeballs or with eyeballs plunged deeply inside its eye sockets. This folktale is usually used as an emotional means of prohibition and/or interruption, in particular for little children who misbehave or are disobedient. Thus, when children are behaving inappropriately and refuse to obey their parents or their carers, they will frighten them with this story: "The eyeless ghost is about to come to you unless you stop behaving inappropriately and listen to me now". This scary story has been cultivated repeatedly into children's thoughts and imagination, and so has led them, by extension, to fear blind people.

Traditional social conceptions towards people with disabilities also have considerable impact on the family circumstances of blind street musicians. In the individual interviews, many participants reported that they had experienced traditional beliefs held by their family towards themselves as people with disabilities. Such misunderstandings had resulted in their facing disappointment and despondency in life to a large degree. For instance, Pranee, a woman aged forty-nine from the lower northeast, described that when she had become totally blind, she felt neglected and isolated. She realised that her parents and other family members were disappointed with her. She observed that her parents did not want her and treated her differently from her siblings. More serious was the fact that her parents had notregistered her birth. As a result, she did not have her own identity card and thus could not have access to public services. She received an identity card at the age of forty-three, or five years ago at the time of interview. This situation was very common to people with disabilities in Thailand few decades ago.

Kabkaew, a woman aged thirty-two, from the upper northeast, who had been born blind, recounted her story of rejection by her family when she was sold to a man to be used for begging:

I was sold to a man who took me to earn income from singing in the province in the south. I stayed with him for about two years. During that time, I was very frustrated because he exploited me a lot. He didn't send

money back home as he had agreed with my parents. I wanted to go back

home. Soon, I could get away from him. My parents sympathised with me

and let me stay at home until I became a street singer on my own.

Similar to Kabkaew's life story was the autobiography of a visually impaired man aged sixty-eight, who experienced prejudiced treatment during his childhood and later was inspired to improve the quality of life of visually impaired children. According to the first-hand knowledge of many participants, Dr. Prayat Phunong-Ong often shared his painful experience with his students. He described that he had been sold to an organised begging gang at eight years old because of his blindness. Providentially, his older sister assisted and looked after him instead, before he was moved to Nonthaburi Province to attend education and vocational training at the segregated special vocational center for the blind. As a consequence of his own experiences, he initiated the Christian Foundation for the Blind in Thailand, funded mainly by international non-profit organisations. He also pioneered integrated education for visually impaired children over the past three decades, especially those in the northeast, recognised as the poorest region and one where a large number of disabled and visually impaired children were deprived of access to education. His achievements have been highly recognised, both in Thailand and internationally.

Social perceptions of disability also had a negative impact on the family lives of many participants. Some of the partners' families, in addition to some of the sighted partners themselves, refused to accept them as members of their family due to their disability, leading to their having additional burdens and being embarrassed and stigmatised. Based on such circumstances, most participants with partners were in a couple relationship with a person like themselves. Three of the men (Somkhit, a thirty-five-year-old man who became disabled through a car accident at twenty-two, Phichan, a7 fifty-seven-year-old man who became disabled through a work accident at twenty-five, both of whom were from the upper northeast, and Mahasarn, a fifty-seven-year-old man from the lower northeast who was disabled through infections since he was twenty-nine)said that their wives had separated from them after they became disabled. Mahasarn added that his wife had also taken their two children with her, and had prevented him from meeting with and looking after them.

Equally as devastating was the love story of Chaiyabhat, a thirty-six-year-old from the lower northeast who was born blind. He disclosed that he had been in a relationship with a visually

impaired woman, but her family had refused to recognise their relationship due to the increasing number of disabled members in their family. He had then cohabited with her in secret for a while until his partner gave birth to a daughter. They both hoped that the woman's family would accept their relationship as they had already had a child. Unfortunately, the woman's parents had persisted with their refusal to accept him. More seriously, the woman's parents had taken his daughter away from him, and had never allowed him to see his daughter or look after her. Chaiyabhat also heard from his partner that his daughter had been illegally registered as the child of his partner's parents who did not want to let anyone, including his daughter, know that she had parents with disabilities. His partner had also been asked to conceal the facts. He admitted that he would have telephone conversations with his daughter covertly without disclosing his parental relationship, and he maintained contact with her through social media as she was now fifteen-years-old.

To sum up, most participants said that, in their experience, traditional concepts of people with disabilities were that they were perceived as abnormal and the disability was believed to be a consequence of sinfulness and depravity causing failure, tragedy or misfortune to the family and community. They said these traditional views are similar to the Thai Buddhist views about disability that they encountered. These views were influenced by traditional Buddhist beliefs that have a wide reaching negative impact on the life experiences of most of the blind street musicians, such as being rejected by their family, being self-alienated, having difficult relationships with their life partners, living with despondency and being oppressed and inflicted with social stigma.

4.3   Sense of pity and sympathy

Through the perspectives of blind street musicians, the two previous sections provide a foundation for understanding social perceptions of and interactions with people with disabilities as dominated by Buddhist thoughts and traditional beliefs in Thai society. In order to understand how the general public perceives and interacts with blind street musicians, this section explains additional relevant Buddhist philosophy about the four sublime states. Buddhist philosophy promotes love and compassion and conserves social harmony or the status quo among peoples and is similar to many religious beliefs in a number of Asian countries and elsewhere (Kwee 2011; Schuelka 2012). This

Buddhist principle, however, when merged with Thai social and cultural structures, often manifests as a sense of pity and a pattern of unequal social relationships between people demonstrated by means of charitable assistance, especially between people with and without disabilities, as described below.

4.3.1 Buddhist philosophy of four sublime states

The next parts of Buddhist philosophy which must dealt with to explain social attitudes and responses in Thai society towards people with disabilities, in particular blind street musicians are the four sublime states. These are illustrated in the four following rudiments (Keown 1996, 2003). First, 'loving kindness' refers to the ability to love, to be kind to, and to share happiness with others cheerfully. Second, 'compassion' means the ability to share in a person's suffering or misery, and to assist those in desolation, and insists on empathy and remedial action for all individuals. Thirdly, 'sympathetic joy' is signified as the ability to be glad about the present and future pleasure of a person and so rejoice in their good opportunities with sincerity. Finally, 'equanimity' is defined as the consideration of a person's circumstances whatever they may be dispassionately. Within the pattern of binary distinction, the idea of equanimity advises all individuals to recognise the truth of changes throughout life—gain and loss, reputation and loss of reputation, praise and blame, happiness and sorrow (Bhavilai 1967; Ratakul 1988; Phromtha 1999; Keown 2003, cited in Naemaratch and Manderson 2009, pp. 480-81).

Nevertheless, the virtue of loving kindness and compassion grounded in the four sublime states has often been negatively transformed into a sense of pity, so-called *songsarn* in Thai. In other words, a sense of pity, or *songsarn*, does not imply a sense of love and compassion between people on an equal basis in accordance with the Buddhist philosophy of the four sublime states. Instead, it conveys a sense of sorrow and sympathy on a basis of unequal social relationship between people, consistent with the social and cultural structure in Thai society. This has often led to those in need including people with disabilities having a socially inferior and dependent status, as well as being discouraged and dehumanised intentionally and unintentionally, burdening them with social stigma (Naemaratch and Manderson 2009).

4.3.2 Practices of charity and merit making

A sense of pity is central to the everyday practice of charity and merit making. Customarily, Thai people are willing to help each other by means of material and spiritual care especially for those with social and economic disadvantages (Naemaratch and Manderson 2009). For instance, people help those confronted with socio-economic hardships (through financial support or donation), being hungry (providing food and drink especially to children in segregated institutions), lacking capability to cope with their living tasks (escorting disabled or elderly people across the street or giving a seat to children, disabled or elderly people, or pregnant women on the bus), or who have mental suffering from the loss of their parents, relatives or friends, or from failed relationships (giving advice, encouragement or moral support). Because people who adhere to Buddhism are expected to perform good deeds and accumulate positive merit in their present life and for their future life, the practice of merit-making or charitable contribution to underprivileged people is considered to be the route to a good future life (Bowie 1998). This has given rise to people with disabilities becoming objects of charity and merit making.

The pattern of charitable assistance and merit making also describes the behaviour of donors as self-interested individuals. That is, one explanation for merit giving or charity relates to people's wish for 'a prosperous rebirth', 'relative position on the sacred hierarchy', 'protective magical power', 'social prestige', 'a happy and virtuous state of mind', 'accumulation of the merit necessary for them and their dead parents to be born into a wealthier and higher status' and 'a long life, good health, prosperity, a happy marriage and family' (Bowie 1998, p. 476). Thus, the practice of giving kindness can be interpreted as primarily being for the benefit of individual givers, which also provides benefit for the receiver, rather than directly seeking to recognise the principle of social interdependence (Sizemore and Swearer 1990). If Buddhism is practised in this self-serving way, it diminishes the goal of promoting social equality as originally defined in the Buddhist philosophy (McCargo 2004).

4.3.3 Reflections of blind street musicians on the sense of pity and the practice of charity

Most of the participants in both the individual interviews and group discussions held the view that attitudes and responses in Thai society towards people with disabilities were influenced by traditional social values, particularly those concerning the sense of pity and the practice of charity. They agreed that people with disabilities in Thailand, including themselves, are generally perceived as being more pitiable than others. They criticised this position because it had led to their being subject to charity and merit making. Some participants who had lived in segregated residential schools observed that the donors, particularly those who provided meals, always expressed pity and sympathy to them. The donors frequently discussed the disabled condition of the street musicians with the friends who accompanied them or cried out audibly, when, for example, they listened to the musicians singing songs expressing their special gratitude.

The participants also added that a sense of pity and sympathy, as distinct from the Buddhist philosophy of love and compassion, had been instrumental for reinforcing general people's self-worth, self-confidence and self-esteem relative to people worse off than them. This is consistent with Pfeiffer's argument that people with disabilities are sometimes seen as examples of strength or courage that rouses up other people who feel disheartened by their life destiny (2003, p. 95). That is, people who are unhappy, or discouraged, or hopeless with their lives, generally regard other persons who have lower socio-economic status or encounter more difficulties as the inspiration that could build up their own courage and strength. Some participants reported that they had been informed many times by their family and their teachers that other people with disabilities were confronted with greater difficulties and were to be treated with more pity and sympathy than they were. Or they were taught that there were many disabled and blind people who shared the same life destiny as they did. Consequently, they had mentally consoled themselves with the idea that there were other visually impaired people like themselves, and they were not isolated in their misery. In some families with children with disabilities, parents brought their children with disabilities to the residential care institution where there were children or adults with more severe disabilities so that their children would emotionally accept that they were comparatively better off.

For example, Wichai, a forty-eight-year-old man from the upper northeast, disabled at the age of fifteen, recounted that his parents felt very sorry for him when he first become completely blind. His mother took him to a special residential institution where there were many people with different types of disabilities. She told him that many people with disabilities there had more serious health conditions and looked more miserable than he was. She described the health condition of physically and intellectually impaired persons to him. He had then felt more encouraged.

As regards street music in particular, Kobkij, born blind and now aged thirty-two, from the lower northeast, pointed out that blind street musicians were seen as objects for charity and merit-making. Sirinthip, an independent singer aged thirty-one, from the east, also confirmed that pedestrians donated money to blind street musicians in order attain merit, while only a few of them actually liked the songs and performances. Somprasong, a band leader aged thirty-three, from the lower northeast, was also of the opinion that the audiences gave money to blind street musicians not only because of their performance skills, but also because of their sympathy and compassion. He supposed that they wanted to gain merit and had not had a chance to go to the temple, so they donated money to blind street musicians instead. However, there were both positive and negative viewpoints towards the popular sence of pity and sympathy and the act of charity and merit-making. The impact of Thai socio-cultural understanding of disability on the lives as a blind street musician in particular will be further discussed in Chapter 6.5.

To conclude, the Buddhist philosophy of the four sublime states, as cultivated in Thai social and cultural value systems, is often transmuted into a sense of pity, which has created culturally specific forms of charitable assistance for people with disabilities, including blind street musicians.

4.4   Discussion: Social construction of disability in everyday life experience

This chapter explains the socio-cultural context of disability in contemporary Thai society. The analysis is based on the perceptions and reflections of blind street musicians towards themselves as people with disabilities, and their interpretations of how the general public perceives them. It is apparent that the everyday experience of disability for blind street musicians is not only the effect

of individual biological and functional restrictions, but also the effect of Thai social belief systems relating to people with disabilities from traditional culture and Thai Buddhist beliefs. These socio-cultural belief systems, when combined, produce and reproduce meanings and understandings about people with disabilities, which, in turn, refine and reinforce public perceptions of, and public interactions with, people with disabilities and their capabilities, including their own views about themselves as people with disabilities. This is discussed in more detail below.

The concept of disability in the Thai context is produced and reproduced through socio-cultural interpretations of Buddhism, which have dominated social perceptions towards, and interactions with, people with disabilities, even affecting their own perceptions as people with disabilities (Naemaratch and Manderson 2009). People with disabilities or their family members are believed to have committed sins or immoral misconducts in past life, and their present life is punishment for these transgressions (Charlton 1998; Miles 2000; Stiker 1999). This antagonistic view is concomitant with the moral model that associates disability with punishment or wrongdoing through religious interpretation (Reid-Cunningham and Fleming 2009, p. 11). The karmic perspective seems to create moral implications for people with disabilities and limits realisation of their individual potential in their present life. They were more likely to be bound by fixed identities influenced by regulatory regimes founded on religious prejudice, and unable to emancipate themselves from such prevailing identities. In line with the research on the lived experience of families living with spinal cord disability in northeast Thailand, the cause-effect explanations of those who encountered road crashes and became disabled were mainly undertaken through the Buddhist interpretation of karma rather than their own behaviour and prevention prior to the crashes (King and King 2011, pp. 10-11).

Only a few of the street musicians were sceptical about such an explanation even if they still believed in Buddhism. Those who were younger were more likely to challenge this religious point of view. This might result from the fact that the younger street musicians attained higher levels of education where they acquired rational and scientific knowledge to a greater extent than the older ones did. This is discussed more in Chapter 6. This inter-generational change in attitudes might be the cause, which should be subject of further research.

In addition, Thai understanding towards the capacity of people with disabilities is influenced by the Buddhist notion of the five aggregates, the physical and nonphysical composition of self or completeness of self (Kwee 2011). People delimited as having disability, or *pikarn*, are simultaneously referred to as having incompleteness of self, and so are reduced to lacking ability to perform regular activities and are deemed to be unable to create the same economic productivity as other people. Based on this religious idea, the lives of the blind street musicians were constrained by the view that visually impaired people, as people with disabilities, were assumed by the general public to be unable to study, work, have their own family, or rely on themselves and were seen as useless and a burden to their family and other people. This negative perception resulted in many blind street musicians being isolated, excluded and even persecuted by their families. This was especially so for women because women in Thai society, especially in rural communities, are socially committed to obligations to their parents (Lim 2011). They are expected to manage household activities and take care of their elderly parents. Women with disabilities are believed to be unable to complete those responsibilities. These perceptions of disability are constrained by the view that people who have or acquire an impairment have something physically or spiritually wrong with them and prevents them from performing expected social roles (Albrecht et al. 2001; Barnes and Mercer 2003, 2010; Bury 2000; Thomas 1999, 2003, 2007; Williams 1999).

Some Thai people, particularly those in rural communities, also understand disability as a supernatural deformity or evil, which might bring about miscarriage, disaster or bad luck for their family, or result in their parents being accused of being sinful or evil (Stiker 1999; Namsiripongpan et al. 2003). Sometimes, the general public, as observed by many of the blind street musicians, did not want to approach them because people with disabilities were perceived as horrible, ugly, dirty, andcarrying transmittable diseases. Consequently, these blind street musicians are unjustly labelled and humiliated by such social stereotypes, causing them to be socially stigmatised (Goffman 1963). As Monthian Buntan (2002) points out, this situation originates from a fear and ignorance of difference between individuals combined with the existing paternalistic and hierarchical society.

Social misunderstanding of disability also instigates inequalities in social status and power relationships for blind street musicians (Naemaratch and Manderson 2009). People with disabilities are often regarded as different, inferior and disadvantaged, and are therefore positioned and

treated differently. The act of charity and voluntary assistance is one of the most common forms of moral practice that maintains this lower status quo for people with disabilities. As originated from the Buddhist principle of the four sublime states, this moral conduct of charity and merit making, conveying a sense of pity and sympathy to those who are considered disadvantaged, initially serves the purpose in expressing love and compassion to those being confronted with adversity. But when merged into Thai socio-cultural and political structure, it upholds the value of individual givers rather than promoting human generosity and social equalities (Sizemore and Swearer 1990). Based on this moral practice, it is likely that blind street musicians are reduced to objects of pity and charity and denied a sense of human rights and human dignity (Pfeiffer 2003; Shakespeare 2006). They are almost certainly forced to survive under religious charity and assistance, being viewed as second-class citizens as well as being submitted to social discrimination that dehumanises and stigmatises them. Under these circumstances, people with disabilities are socially oppressed as they are denied their citizenship rights, lack control over their everyday lives and are limited from participating in the community politically, economically and socially (Barnes and Mercer 2010; Oliver 1996). However, there are both positive and negative perceptions and reflections among blind street musicians towards charity and merit making. The issue will be further discussed in Chapter 6.5.

It can be concluded that Thai belief systems relating to people with disabilities act to institute a popular understanding of disability that legitimises and perpetuates discriminatory attitudes and responses towards blind street musicians and their capacity as people with disabilities, even influencing their own perceptions towards themselves as people with disabilities. It demonstrates that Thai society has failed to recognise and react to people with a disability and recognise their capacities on an equal basis with others. Instead, people with disabilities have been perceived through the meaning and understanding of disability through religious, social, cultural and political processes that reinforce differences, otherness, disadvantages and isolation for people with disabilities, because of their perceived biological and functional limitations. With reference to the social constructionist approach, a problem of disability is identified as a consequence of structural social values constituted by the majority of society. In other words, disability is a social construction about biological impairment in which its thoughts and practices are established and recognised as justifying the social reality of disability (Berger and Luckmann 1967). In agreement with the social

model of disability, 'disability is the product of "a barrier to participation of people with impairments or chronic illnesses arising from an interaction of the impairment or illness with discriminatory attitudes, cultures, policies or institutional practices' (Booth 2001, p. 16). This is consistent with Scotch:

> *Disability is viewed not as a physical or mental impairment, but as a social construction shaped by environmental factors, including physical characteristics built into the environment, cultural attitudes and social behaviors, and the institutionalized rules, procedures, and practices of private entities and public organizations (Scotch 2000, p. 214).*

In spite of the fact that the statement regarding Fundamental Principles of Disability was circulated by the Union of Physically Impaired against Segregation (UPIAS) for the past four decades, its implications have been powerful up to date. As they argued:

> *In our view, it is society which disables physically impaired people. Disability is something imposed on top of our impairments by the way we are unnecessarily isolated and excluded from full participation in society. Disabled people are therefore an oppressed group in society (1976, p. 14).*

Consequently traditional socio-cultural belief systems relating to people with disabilities, as consolidated into popular ways of thinking, are the origin of the public problem that generates systematic disablement for people with disabilities in their everyday experience. This produces and reproduces a sense of difference and isolation for visually impaired people socially and economically, which in turn might make them unaware of their rights and equal opportunities and human dignity. Therefore, campaigns for attitude change and disability awareness raising at all levels are urgently required, for both the general public and visually impaired people themselves, and government mechanisms towards anti-discrimination in all aspects of their everyday lives must be truly implemented. This will be clarified more in Chapter 8.

The analysis in the following chapters demonstrates the social and economic constraints on the everyday life experiences of blind street musicians. The analysis demonstrates that their experiences are constrained by the popular understandings of disability analysed in this chapter, in

addition to the socio-economic conditions in Thai society. Chapter 5 begins this analysis of the social and economic background and context of the visually impaired research participants involved in street music performance, by analysing their background characteristics.

Chapter 5. Factors associated with the decisions of visually impaired people to become street musicians in the Bangkok Metropolitan Region: Towards the social and economic explanations of disability

It is generally true that our prospects in life are not only the outcome of our aspirations and the competencies that we possess, but are also influenced by the social, cultural and economic situation in which we live. These circumstances can either predominantly facilitate or aggravate the basis of our social and economic well-being. In our social entities, social and economic inequalities and injustices, for example, create wide-ranging social and economic deprivation that cause unequal and unjust consequences in life for different social groups, particularly people with disabilities. In comprehending our social reality, it is therefore critical to understand 'individuals' subjective definition of the situation' as well as their coping mechanisms to deal with their inherent uncertainties and dilemmas (Barnes and Mercer 2010, p. 5).

This chapter explains the social and economic background and context of the visually impaired research participants who were involved in street music performance in Bangkok Metropolitan Region (BMR). The chapter begins by introducing the demographic and socio-economic characteristics of the participants, followed by describing the family circumstances, and finishes by describing the social and economic factors driving rural-urban migration. It should be noted that the findings were obtained from primary data collected from thirty-seven participants (twenty-three men and fourteen women) in individual interviews and group discussions. Therefore, these results might be representative only for the sample participants in this study rather than all blind street musicians in BMR cities and those in other parts of Thailand.

5.1 Demographic and socio-economic characteristics of blind street musicians

This section describes the demographic characteristics of blind street musicians. These characteristics help establish an initial basis for understanding the background and context of blind street musicians in the research. The description consists of gender and age, nature of visual

impairment, onset of disability, educational attainment, vocational skills development, and work history, as well as marriage, children and parenting.

5.1.1 Gender and age

According to statistical data conducted by Disability Information Center, Department of Empowerment of Persons with Disabilities (2016), Thailand has a total of 1,567,571 people with a registered disability; 2.3 per cent of the sixty-eight million total population. The total visually impaired population is 168,535 or 10.7 per cent of the total disabled population. There are 80,517 males and 88,018 females registered as visually impaired. Although the gender proportions for the research design originally set out to be balanced, more male blind street musicians participated in the study than female blind street musicians. The research participants included a total of thirty-seven street musicians both from individual interviews and group discussions; twenty-three men (62.2%) and fourteen women (37.8%) (see recruitment strategy Chapter 3.1). However, it cannot be assumed from the result that visually impaired men are more likely to become street musicians than visually impaired women, given that this number reflects only the group found at the time the fieldwork was conducted. Further research could investigate the gender incidence of blind street musicians.

With respect to age, this study was specifically directed to blind street musicians aged eighteen and over. The age of the street musicians in the research sample ranged from twenty-three to fifty-seven, as indicated in Table 5.1. Noticeably, two-thirds of them (twenty-four out of thirty-seven) were in the middle working-age group (twenty to thirty-nine), while those aged was over forty to fifty-nine years formed the rest. Older age is strongly linked to decreased capacity of individuals to earn income from street music, which will be described more in Chapter 6.

Table 5.1: The proportion of gender across all ages

Age (years)	Sex		
Male (n)		Female (n)	Total (n)
20-29	5	2	7
30-39	11	6	17

40-49	3	5	8
50-59	4	1	5
Total	23	14	37

5.1.2 Cause of visual impairment

The reasons for visual impairment are summarised in Table 5.2. Three-quarters of the street musicians reported that their visual impairment was caused by communicable diseases together with their mother's ill health. The key reason was that their family had sub-standard living conditions due to household poverty. They lacked clean water and adequate nutrition, and thus relied mainly on their own means and any materials available in their neighborhood. This led to their being undernourished and having poor health.

Table 5.2: Cause of visual impairment and time of onset

Cause of visual impairment	Glaucoma	5
	Cataract	2
	Optical nerve deficiency	3
	Sexually transmitted disease	2
	German measles	2
	Malaria fever	1
	Unidentified severe infection	2
	Premature birth	3
	Contraceptive pill	1
	Failed abortion	1
	Accident from work	1
	Accident from vehicle	1
	Accident from child care	2
	Unknown	10
Level of eyesight	Totally blind	34
	Partially sighted	3
Time of onset of impairment	At birth	30
	During childhood or young adulthood	7

In addition, participants reported that their families had had limited access to medical services, as well as lacking knowledge about primary health and antenatal care. Hospitals with specialised practitioners and advanced medical equipment were generally located in large cities but in rural communities there were only small medical centres providing only rudimentary cure. Because of this, ten of them could not identify the cause of their visual impairment since they never had formal diagnosis because medical services were not available where they lived.

Some participants were born at home and had a midwife to help their delivery. Their parents and even the midwife were unable to predict their health risks at birth, risks which might have been

averted if they were born at a hospital. In Thailand, homebirths supported by midwives were common for women in rural communities owing to a shortage of medical resources and services. Homebirths, in many cases, were at high risk of maternal mortality and unhealthy newborn babies (Sauvarin 2006).

Gaining access to advanced medical service involved additional costs which, at the time these participants were born, Thai people had to take responsibility for paying. A universal health care coverage scheme was established for all Thai people free of charge in 2002 (Hanvoravongshai 2013; Bates and Annear 2013). Before this many families turned to traditional medication as an alternative or if the condition was severe, they went to a local health centre. But most disastrously, some families had to leave their children's health to fate. Some musicians said that their families relied on magical traditions and beliefs for eye treatment during childhood. This method of cure was often detrimental to their health condition. In Thai society, supernatural rituals for medical treatment still played an important role particularly in rural areas (King and King 2011).

Because of inadequate public health service in their community, four street musicians, including Sompong and Krit from the central part as well as Somprasong and Chaiyabhat from the northeast, revealed that they came to Bangkok for the first time to receive eye medical treatment. Unfortunately, they said that the doctor could not cure their eyes because of the delay in medical intervention, and that ever since then their life voyage had continued in complete darkness. Some of them noted that their parents spent much of their time and energy raising funds to recover their children's sight, and sometimes even decided to sell part of their land and property for the cost of medical treatment.

In line with WHO Global Data on Visual Impairment Estimates 2010, eighty percent of the causes of visual impairments can be prevented and cured (Poscolini and Mariotti 2011; WHO 2012). Since most of the blind street musicians were raised in rural areas, poverty significantly affected their loss of vision (Groce et al. 2011b). However, further research on the relationship between poverty and disability in Thailand is needed since its association is multi-dimensional.

5.1.3 Onset of visual impairment

The time at which individuals acquire their impairment also has considerable influence over their experience of disability, summarised in Table 5.2. Thirty of the street musicians (81.1%) indicated that they were born with visual impairment, while the other seven (18.9%) became visually impaired during childhood or adulthood. Among those with visual impairment from birth, twenty-five stated that they never had vision at all, but five noted that they previously had residual eyesight. Four of them became totally blind during early childhood, whereas only one of them maintained residual eyesight until the present. Most of them attended special blind school to learn daily living skills as well as general academic curricula. The participants who were born blind reported that they had not had many difficulties living with no eyesight and adjusting to regular lifestyle as per sighted people; for example, they said that they could cook meals, do household works, complete personal daily living tasks, go shopping independently and travel alone. In order to facilitate their living conditions to a greater degree, appropriate accomodations and adjustments, as they insisted, had subsequently been required. As Sunee, a 33-year-old woman who was born partially sighted and became totally blind during early childhood from the lower Northeast, pointed out:

> *Our disability actually doesn't restrict all our abilities to perform our tasks ourselves, but rather causes us a certain kind of inconveniences that we have to put our greater efforts to deal with. We just need additional facilities and assistance to complete our tasks on our own.*

Instead, they perceived themselves as normal and had self-confidence. Particularly, some participants showed themselves to be highly independent and their family could rely on them in many ways. As mentioned by Boonmee, a 54-year-old woman from the upper Northeast:

> *I did everything like other family members since a young. I did household tasks, aggrecultural works, and took care of my younger sisters. Until I got married, I became a house worker and also looked after my three daughters myself.*

In addition, of those born with full eyesight (seven people), two reported being visually impaired before school age (three years), one reported losing his eyesight during lower secondary school (aged fifteen), one reported having optical deterioration during university education (aged eighteen), and three reported losing sight during their working age. Five of them said that they became completely blind as soon as they lost any sight, while the rest of them said that they had remaining residual vision. The group of street musicians, formerly with full eyesight, inevitably confronted significant transitions after they lost their sight. Some had to withdraw from education and employment because they had not been able to get themselves adjusted to the world of darkness yet. For example, Somkhit, a thirty-five-year-old man from the northeast, who became blind in a car accident thirteen years ago, shared his story:

> When I at first became totally blind, I felt so uncomfortable and wanted to die.
> It happened to me very suddenly. My life was difficult. I decided to leave school.
> It took two to three years for me to adjust myself to the condition of disability. I
> definitely got distressed when I couldn't do anything independently. I just waited
> for assistance from others. My wife also deserted me. But now I can really
> accept and by hopelessness have become used to blindness.

More serious was that some street musicians who became totally blind during adulthood seemed to face more social stigma than those who were born blind since they found their life situation totally different from the time when they were fully sighted. For instance, they could not have eye contact while talking with other people, could not work, could not travel alone, could not read and write and had to depend mainly on others quite often. They made considerable attempts to adapt themselves both physically and mentally. This group of street musicians, therefore, had more difficulties in life achieving familiarity and comfort with disability. They seemed to encounter new challenges as a person with visual impairment, as well as needing a longer time to adjust and to achieve social inclusion.

5.1.4 Educational attainment

Education sets the foundation of a person's working life, and thus is of importance for all. As stipulated first and foremost by the 18th constitution of Thailand B.C 2540 (1997), and amended in B.C 2550 (2007), incorporated with the National Education Act B.C 2545 (2002), the government

shall provide basic education for all Thai children free of charge. The basic level of education covers grades 1 to 12, which are composed of six years of primary education, three years of lower secondary education and three years of upper secondary education. Compulsory education extends for nine years, from primary to lower secondary education. Children are required to attend basic education at the age of six years, and must complete at least lower secondary education as compulsory, generally at the age of fifteen years. Children can then decide either on purely academic curricula (usually prepared for university education) or on vocational programs (usually prepared for employment) in upper secondary education, or to enter the workforce. Additional to formal education or school education, an informal learning system is also normally available for adults or children with the age over fifteen years, who do not enroll in formal schooling as mandatory at their age of requirement.

According to the national statistical survey, the literacy rate of the whole population in Thailand is 95.6 per cent. The rate for people with disabilities is 77.6 per cent (NSO 2012). The enrolment rate for children without disabilities in primary school is nearly 100 per cent, the gross enrolment rate in lower secondary schooling, or compulsory education, is above 90 per cent, and it is 60 per cent in upper secondary schooling (UNESCO 2011). The enrolment rates are increasing for children with disabilities too (OBEC 2012). Interestingly, the rate of enrolment in tertiary education in Thailand is the highest among the countries in the South-East Asian region (UNESCO 2011), and that of visually impaired students soars up the highest among other disabled students (OBEC 2012). Therefore the education rate of people with disabilities, as evidenced by these statistics remains unacceptably low.

According to the fieldwork findings, the large majority of the blind street musicians (thirty people or 81.1%), at least on a certain level, were educated, even though not many of them achieved a high-level qualification compared to that of people without disabilities. Table 5.3 describes their level of education by percentage of male and female.

Table 5.3: Level of educational attainment by percentage male and female

Level of education Male% n=23		Female% n=14	Total number
No education	9	36	7
Primary education (Grade 1-6)	4	14	3
Lower secondary education (Grade 7-9)	39	7	10
Upper secondary education (Grade 10-12)	34	21	11
Tertiary education	13	21	6
Total	100	100	37

Among those educated, twenty-one participants were sent to segregated blind school at least during their primary education. Seven participants studied at Bangkok School for the Blind, 11 participants studied at a special blind school in the northeast, operated by the Christian Foundation for the Blind in Thailand, and three participants studied at special blind school in Chiang Mai or in the north, Chonburi or in the east and Surajthani or in the south respectively. Together with Braille literacy and general knowledge and daily-living skills, these street musicians initially learned how to sing a song and play musical instruments from the school for the blind, and occasionally appeared in public to sing and perform music in special events, accompanied by their teachers and staff. They further emphasised that they had been fascinated by singing and playing music since that time. Raised with such segregated special education experiences, these visually impaired musicians were probably raised to have low educational and employment aspirations (Barnes and Mercer 2010), leading to their being socialised into restricted choices academically and professionally. Street music was therefore probably viewed as a realistic life choice for these students.

Instruction at segregated blind schools in Thailand, nonetheless, is available only at primary or lower secondary level, and thus students have to attend the higher level in the regular schooling system. Of the twenty-one participants who had attended special blind school, only fourteen continued their studies in mainstream education. In relation to Education for All (EFA) as firstly promoted during the 1990s, initiated by the UNESCO Global Program, disabled students should be integrated in mainstream educational settings (UNESCO 2009). Even so, the visually impaired children experienced several barriers against their education because of inadequate educational support service, such as learning materials and proper equipment and specialised personnel, as well as negative attitudes towards their learning capacity (Phunong-Ong 2002). Also, the only staff

available within the school lacked the ability and training to teach visually impaired students (Phunong-Ong 1997). Based on these circumstances, many of them did not continue further education and, more seriously, some of them had to withdraw from school education completely. Only six of them could remain in mainstream educational settings until university.

As noted above, about a quarter of the participants, particularly those born with visual impairment, never attended school. Through the personal interviews, two women indicated that their family could not finance their education owing to the family's socio-economic adversity. Another two women said that their family felt it was counter productive supporting their education since they were regarded as being unable to study the same way as sighted children. While one man stated that he did not attend school because his parents were very anxious about his living conditions at school, another man reported that he had no way of attaining education. And finally, another woman noted that her family had little information about blind schools that were available at that time.

Thus, visual impairment significantly affected the educational opportunities of these street musicians. Not only was this considered inevitable by their families, but it was also accepted by the blind street musicians themselves. Their parents or other family members most certainly had significant influence over the decision of these participants regarding whether to attend school or not. They tended to limit their children's attendance in school as they were influenced by their negative views in addition to the constraints on their financial situations and inadequate information available regarding the enrolment of their children in appropriate school education.

For those who had completed at least a certain level of formal education, but later had decided not to continue any further, or had withdrawn from the course, economic factors also predominated. Several of the individual interviews and group discussion participants (nine men and five women) revealed that they could not afford their education because their family lived in poverty. They decided to support their family economically and rely on themselves financially so that they would not become a big burden for them. Among these participants, three completed only primary schooling, eight attained lower secondary schooling, (later two of these finished upper secondary schooling through the non-formal system), and the other two did not enter the university on

completion of upper secondary schooling. Many of them had received vocational training prior to commencing work.

The lack of educational support services was also raised by two participants; one woman decided not to enter university because she did not want her parents to continue working hard for her learning materials, and one man left school at upper secondary level because he was inappropriately treated by the teachers and there were no appropriate educational facilities available for him at school, but later he completed upper secondary curriculum in non-formal education instead. Two men and one woman, who lost their sight during young adulthood, also pointed out that they were challenged by difficulties in adjusting to the loss of vision. One man finished lower secondary education only, another man stopped at upper secondary school, and one woman left the university, but attained post-secondary education. Their choices were definitely linked to inadequate educational provision.

While two men who already passed lower secondary school said that they were no longer interested in purely academic education, another man said that his parents were worried about him transferring to regular high school upon completion from segregated blind school. One man reported failing the university entrance exams, and another man, currently a part-time undergraduate, conveyed that he had conflict with his sighted friends while studying in a regular school. Finally, two women and one man specified that they left school as they encountered personal issues. However, they later achieved upper secondary education via the informal system. Two men obtained Bachelor degrees, and another two men completed lower secondary school before losing their vision.

In conclusion, the findings indicated that the majority of the participants attained low-level education. The educational opportunities of these blind street musicians, in most cases, were obstructed by the financial conditions in their families, accelerating their own contribution to income generation. The second most important barrier was the inadequate learning support they received, in the areas of both equipment and personnel. Third, negative attitudes, either from families, from school teachers, or from their friends, prevented them from achieving their academic objectives. Many of them, therefore, had insufficient educational qualifications required for regular jobs compared to sighted people.

It should be highlighted that almost half of all the street musicians (or seventeen out of thirty-seven participants) earned income from street music during their adolescence or while at school. Most of them came from poor families in rural areas, and to a great extent had to finance education on their own, or had to withdraw from schooling in order to support their families financially, or had to rely mainly on themselves because they were neglected by their families. This has been described in the next chapter, Section 6.1.

5.1.5 Vocational skills training attendance

In preparing people with disabilities for work more effectively, vocational training and skill development would be essential. Both in the face-to-face interviews and in the group discussions, half the participants (twelve men and nine women), reported receiving skill training from special vocational settings for visually impaired people. These were commonly run by non-profit organisations or Christian religious philanthropies. Among these participants, two women reported that they took part in training upon achievement of primary education, and six men and four women who completed compulsory lower secondary education said that they preferred vocational to an academic track. Moreover, one man and two women stated that they obtained job training due to no longer being interested in university education, whereas one man indicated that, despite completion of a Bachelor's degree, he was enrolled in the training program because he was unable to find any job that time. Finally, four men and one woman reported that they attended vocational school upon the onset of their disability during young adulthood. However, the remaining sixteen participants reported not receiving vocational training at all, as there was no vocational school in their hometown, and also due to their different goal orientation.

It should be highlighted that the number of the blind street musicians who participated in vocational training programs is higher (twenty-one people or 56.7%) than that in the previous study which indicated that the average rate of people with disabilities in Thailand participating in vocational training was forty-seven per cent, which was slightly better than that of other countries in Asia and the Pacific, which average thirty-nine per cent (UN-ESCAP 2012).

All of these participants reported that they were offered training mainly in Thai traditional massage, Braille, computer, English, music, carpentry, handicraft, astrology, and telephone switchboard

operation. Instructions were provided by both visually impaired and sighted teachers. General academic programs in the non-formal system were also arranged for those who never attended school before, or those who had attended but needed to gain more educational qualifications. Eight of them could concurrently succeed in educational certification at a higher level apart from vocational certification. The participants pointed that unfortunately they were restricted to particular training courses, most of which were focused mainly on Thai traditional massage rather than contemporary professions, such as entrepreneurial skills, managerial or business skills etc., which were truly demanded for the job market or self-managed initiatives. This resulted in restricted options for employment and income opportunities.

5.1.6   Work history

The visually impaired participants were more likely to continue with significant restrictions to job accessibility and income creation prior to being involved in street music performance. In accordance with the findings both from the face-to-face interviews and from the focus groups, their choices were limited to narrow-ranging occupations, in addition to exclusion from the labour market. Fifteen participants reported that they at first worked as massage therapists, four of whom later earned extra income from lottery vending, six participants stated that they were lottery sellers, and only one participant reported serving as a switchboard operator. Of those mentioned, three women also noted that they previously helped their family do agricultural and household works like the other family members, and one man taught children at a church how to play music instruments. Moreover, fifteen participants said that they had no previous work experience at all before commencing with street music performance, given that they experienced several challenges comprising low educational backgrounds, vocational skill development, job discrimination and old age, as discussed elsewhere in the thesis.

Despite the fact that some participants could attain high academic qualifications such as a Bachelor's degree, they were unable to find jobs. This included Chaiyabhat, a thirty-six-year-old man who became a street singer for about five years, and Suthep, a twenty-eight-year-old man who became a street musician for about three years, both of whom were from the northeast. Finally, three men also indicated that they were employed in the formal sector while being fully sighted: a

mechanical worker, border patrol police officer, and a Buddhist churchman, and that they had to leave their jobs as a consequence of losing their vision.

The major reason for abandoning their previous jobs, as mentioned by the participants, was that they faced variability in their income, which significantly affected their regular means of living and their household wellbeing. This was particularly emphasised by those who used to work as massage therapists whose income was conditional on the number of customers they served. Further, some participants noted that they terminated their own massage enterprise because they had no supplementary financial resource and no self-entrepreneurial skills to continue their business. Some also got into debt. Mostly these participants originated from families with rural poverty, and had poor access to education and vocational training.

Some of the participants who sold lottery tickets stated that they had insufficient funds to maintain the cost of investment as it varied upon periodic demand and supply, but some experienced certain forms of deception; for example, they had their lottery tickets stolen by sighted pedestrians, or were incorrectly paid on purpose by swindlers and so on. And finally, for those in regular employment, low salary, workplace environments and job security were the major causes of dissatisfaction with their employment. This was primarily derived from social discrimination in the workplace relating to their impairment. So, inadequacies of financial capital together with little background knowledge on business administration affected their job satisfaction and restricted their incomes, in addition to the negative social perceptions towards people with disabilities they experienced. Street music performance, in most cases, is considered by visually impaired people to be the most realistic income generating choice available for them.

However, there would be a question here as to why a some visually impaired people who might have the same educational and vocational background as these street musicians chose to earn income from different sources, such as massage, lottery selling, carpentry and fortune-telling etc., rather than to undertake street musicians as their main source of income. The initial response is that generating income from street music involves some unique reasons that motivate visually impaired people to become street musicians; street music is considered by visually impaired people to be a more accessible job, to be practicable within their own capability, to be more affordable

regarding the start-up cost, to provide a more reliable amount of income and to allow them to have greater control of their lives. These rationales are discussed in the next chapter.

Nonetheless, many participants obviously aspired to the career of professional musician, particularly the participants who had a long interest in music and improved their skills and abilities, as well as having some experiences in performing their shows to general public over a long time. Approximately one-third of the participants were in this category. However, even these street musicians who enjoyed their profession were unable to achieve their career ambitions the same as other musicians since they were discriminated against in the mainstream music industry and so had to perform music in the street. Based on such circumstances, visually impaired people experienced several forms of social barriers towards employment and income generating opportunities on top of disability. These themes are analysed and discussed more in later chapters.

5.1.7 Marital status, children and parenting

Family life is undeniably an essential feature for the lives of most people. Similarly, within the street musicians interviewed, most were married, summarised in Table 5.4. The large majority of them reported that they were married or cohabiting with a person like themselves. Marrying a disabled person remains undesirable in Thai society due to negative perceptions of disability. For this reason, some visually impaired men who had been in a couple relationship with a sighted woman had become separated at the instigation of the wife.

Table 5.4: Summary of marital status, children and parenting

		Number (n=36)
Marital status	In a married or de facto relationship	28
	Single	4
	Divorced/separated	5
Children	1 child	10
	2 children	8
	3 children	6
	No children	13
Parenting	At home with them	11
	Still dependent	8
	Already an adult	3
	With their close relatives in their hometown	10
	No access to the children	3

Remarkably, of those married or with their life partner, five street musicians (four men and one woman) reported that they currently had a couple relationship with a sighted person. Namely, four male participants including Nathavat, a twenty-eight-year-old man, Sirisak, a fifty-year-old man, both of whom were born blind from the lower northeast, Jurin, a thirty-nine-year-old man who was also born blind from the upper central part, and Somkhit, a thirty-five-year-old man who was disabled through a car accident from the upper northeast, were all currently in a relationship with sighted women. More interesting was that their life partners were older than they were. As highly recommended by their family and personally experienced, they pointed out that the older women had taken care of visually impaired men better than the younger ones. Only one woman, Benchawan, aged forty-seven from the north, had been with a sighted taxi driver for about thirty years. She said that he had been consistently kind and helpful. Thus, in this small sample, visually impaired men were more likely than visually impaired women to have a married or de facto relationship with a sighted person.

The findings also show that two-thirds of the street musicians (twenty-four people or 64.9%) had between one and three children, and just over a third of them (thirteen people or 35.1%) did not have children, described in Table 5.4. This is consistent with previous studies where the rates at which persons with disabilities have children is that the same as those without disability (WHO-UNFPA 2009, in Groce et al. 2013, p. 21). Interestingly, two men added that they also took care of children adopted from their partner, as typically accepted by other Thai men marrying a single mother.

In terms of parental roles, eight of those with children reported that they had dependent children living at home with them, whereas eight of them said that they had dependent children living with their parents or close relatives in their hometown. As well as remitting money back home regularly, some of them reported that they returned to their home town to visit their children on special occasions, or otherwise, they went back to their home town to bring their children to the BMR city with them during school break. Since Thailand has grown into rapid transformation of social and economic structure in conjunction with the expansion of rural-urban mobility, children whose parents work outside of their home town are commonly looked after by either of their parents' relatives, usually by their grandparents or their close relatives. Around twenty per cent of children in Thailand are not living with their parents (Huguet and Chamratrithirong 2011). Yet, as their income was not stable, some blind street musicians were unable to send a remittance back home for their children regularly, and so their family usually supported the cost of raising the children instead.

Six street musicians reported that their children were already adults; three of them indicated that their children still lived with them, while the others stated that their children lived on their own. Unfortunately, two street musicians reported that their partner's family refused to let them meet and look after their children since those families were unhappy with their relationship with their descendants, and had a fear that they could not look after their children themselves.

Many of the street musicians who had children also reported that their children assisted them, both inside and outside the household, especially when they went outside to sing or perform music. This is generally accepted in Thai society as one of the Buddhist rules of family obligations valued for reciprocal relationships, in which children are expected to fulfil family obligations by giving in return

to their parents or any person in their family who look after them (Kapur-Fic 1998). Nevertheless, it was conveyed by the street musicians both in the interviews and in the group discussions that they did not wish their children to escort them or to be engaged in this income source in the future. The issues cited above will be further explored in chapter 6.

To sum up, this section illustrates the demographic and socio-economic characteristics of the participants who worked as street musicians in the Bangkok Metropolitan Region. In addition to what sex and age they were, when they acquired the visual impairment, the participants also described how and when the impairment happened, what level of education they attained, what types of vocational skills training they received, as well as their marital status, number of children and how they took care of them. Initially, it can be concluded here that the general profile of the participants seems to be restrained and underprivileged, particularly when considering their educational and professional achievements. This is because the economic hardships of their family became the major obstacle towards their attendance for school education. They then decided to terminate their study, and so turned to earning an income instead. This later led to them having limited employment and income prospects and becoming involved in street music performance as their main source of income. Further discussions will be provided in the discussion section.

5.2 Family circumstances

This section describes the life circumstances of blind street musicians in their families, especially before they left for BMR cities. The focus is given specifically on family's socio-economic wellbeing, family relationships and family care. This subject matter emerged as a new theme during the fieldwork entry. Since this new topic was highly relevant, it was included as part of the framework of analysis.

5.2.1 Family's socio-economic wellbeing

Most of the blind street musicians in this study originated from poor families in rural areas. They came from farming families, the poorest sector of rural localities. The domestic income of their families was mainly from the primary sector of Thai economy, including agriculture and domestic animals, for both commercial and self-economy purposes. Fourteen musicians reported that they

came from farming families, growing rice partly for trade but mostly for their own consumption, while two street musicians noted that their family cultivated para rubber trees for latex production. Two street musicians stated that their parents had livestock, and one woman indicated that her family owned fruit farms. Six participants reported that their parents worked in the farms of other entrepreneurs through yearly rental contract and/or by being their daily-paid labourers.

In Thailand, one-third of the total population of about 68 million work in the agricultural sector (Singhapreecha 2014). There are nearly 39 million informal sector workers, or fifty-eight per cent of those working in agriculture (Dasgupta et al. 2013). Ninety per cent of agricultural workers settle in rural areas (Bird et al. 2011). Although the farming sector predominates in Thai economy, it generates inconsistent net profits for husbandry households especially those in rural localities. The key reasons are that they confront landholding limits for large-scale production, rely on climate conditions and low-grade technologies, as well as expending high costs of production on low productivity and low return (Chainuvatti and Atthipanan 2001; Singhapreecha 2014). The participants' experiences conformed to all these conditions. Lamai, a 39-year-old woman from the south, for instance, said that her family operated a para rubber tree plantation, based on their own land inherited from their ancestors. Because their agricultural estate was relatively small, they could not gain as much profit from latex tapping as other rubber tree harvesters. For this reason, the majority of these blind street musicians' families lingered in chronic poverty. Four exceptions were Sirinthip from the east, and Wichai, Suthep and Sunee from the northeast, who indicated that their family earned enough income from agriculture to enhance their socio-economic wellbeing.

Further to agricultural works, a certain number of these families were self-employed and operated their own enterprises. Theeraphan's father from the central part of Thailand ran a small leather manufacturing business. Jiraphong's parents from the northeast were salespersons. Anucha's parents from the northeast owned a noodles shop, and Nathavat's and Kraisak's parents from the northeast owned a small business. The other seven participants reported that their parents worked in service sectors, such as in a shop, in a supermarket, in a restaurant and so forth. Almost all of these families were located in the major city of the province. However, they pointed out that their family's socio-economic wellbeing was not significantly enriched due to household expenses and domestic debts. They also pointed out that their families, particularly those working in the service

sector relying mainly on daily wages, often had financial and economic hardships because the job provided insufficient and unstable income. Only Kraisak said that their family's wellbeing was acceptable due to the family income.

Labour market survey research in 2010 found that there are roughly 17 million workers out of almost 39 million working-age population, as stated above, in the secondary-industrial and tertiary-service sectors (Dasgupta et al. 2013). The level of their income is comparable to that of those working in the agricultural sector. They normally earn daily wages at the minimum rate set by the province in which they are situated. For example, employees who work in Bangkok city and its neighbourhoods receive 300 Thai Baht per day, but those living outside these areas receive less. This results from the discrepancies of living expenses in each zone. Moreover, the gap in professional skills between those in the formal and informal economies is relevant (Klyuev 2015). Nevertheless, the minimum wage, in reality, could not enable the rural poor to improve their standard of living, given the fact that the cost of living and household expenditures are higher than the rises in the minimum wage (Sanz-de-Galdeano 2014).

In terms of income and social protection, these families were certainly exposed to risk, as they had limited access to income and social security schemes. In Thailand, most workers in the informal economy—self-employment, agricultural works and subcontract hires—generally remain excluded from income and social insurance measures. Workers in informal sectors are eligible mainly for universal health coverage the same as other Thai people. Otherwise, they have to finance their own costs with private insurance companies.

The participants said in the case of relevant household expenses such as home-based electric devices, mortgages, rents, school fees, school items, clothing for their children etc., they mostly relied on an Equip account, or a temporary receptacle of cash available for each of the participants on a rotational basis, or on an emergency loan provided by the burial group that they regularly contributed to, for example. They were consequently involved in increased household debts as those funding options also involved the cost of interest payments. These families seemed to be economically and socially underprivileged, and so remained in a vicious cycle of poverty. These participants therefore regarded Bangkok city as the viable terminus that could potentially enable

them to improve their quality of life, as well as enabling them to ameliorate the living standard of their families economically through remittances.

The economic hardship of their families also became the major obstacle towards school attendance, which, in turn, persuaded them to depart from their hometowns and inevitably enter their occupational trajectory towards street music. That is, those who were uneducated together with those who attained a certain limited level of education, pointed out that their family could not afford tuition and related fees together with a daily school allowance. Some participants also mentioned that they had to work during school break to help support their family financially. Consequently, they decided to terminate their study, and turned to income generation instead. As such, many of them, as induced by their blind friends, moved to Bangkok city to make a living. According to Phunsak, a twenty-four-year-old man from the north:

> *As my family was poor, I've been in Bangkok since I was seventeen years old to*
> *earn income especially during the school break. However, I chose to leave school*
> *after finishing Grade 9 because I wanted to help my parents and my brother. I*
> *then came to Bangkok again and earned income from singing.*

Thus, most of these blind street musicians strove for new opportunities by leaving their families to earn income from street music performance in Bangkok Metropolitan areas.

5.2.2 Characteristics of family relationships

As noted in Chapter 4, social perceptions of disability had a considerable effect on almost all areas of the family lives of blind street musicians. An emphasis in this study is on the family relationships and care because of the findings that emerged about the effect of family obligations on the choices of the street musicians. Most of the blind street musicians in this study moved from an extended family. They lived with their parents and their siblings along with their close relatives, such as their grandparents, their aunts and uncles, and cousins. Only Sirinthip, a woman from the east, and Anucha, a man from the northeast, indicated that they lived with parents and siblings, or a nuclear family. Most of the participants reported that they had been raised with their own parents, whereas some participants reported that they grew up under the care of other family members, usually their grandparents or their close relatives. This was because their parents, either father or

mother, or both, worked in another province. Or their father or their mother had died or their parents had separated when the children were young.

Several of the visually impaired participants in this study encountered family breakdown. Their father or mother or both, rejected them as children because they expected to have more children without disabilities who could contribute to the family in the future. Another serious factor was that these families had already acquired financial difficulties in their households. Of those who revealed their stories, five said that their parents separated after they knew that they had a child with disabilities. That is, Jeeraphan, Chonnicha and Ariya stated that their parents had a major conflict with each other as their mothers were unprepared to accept them and felt disappointed with them as children with disabilities. They concluded that their mothers eventually abandoned their father and their children with disabilities. Kanchana and Pranee said that their fathers separated from their mothers. Consequently Jeeraphan lived with his father's younger brother, Chonnicha and Ariya were under the care of her father's mother, Pranee lived with her mother, and Kanchana was sent to the welfare institution for orphans. These participants seemed to be have significant distress and despondency in their lives. Pranee in particular, whose father separated during her childhood and whose mother died later in her life, had been neglected by her siblings and her close relatives, not attending school and having to rely occasionally on her neighbors instead. However, these participants specified that they had to familiarise themselves with despair, frustration and struggle to live independently.

Even so, it appeared in this study that the relationship between visually impaired children and their parents and their family could become reconciled and similar to other adult children once they were able to contribute to their family welfare socially and economically. In Thai society family obligations are widely accepted as one of the Buddhist moralities and Thai customs value reciprocal family relationships. Children are committed to fulfilling their family obligations by means of appreciation and reciprocation for their parents or any person in their family who looks after them (Kapur-Fic 1998). For instance, Kanchana, the participant from the north, told her story:

> *My mother was unhappy with me as I was the first daughter and highly*
> *expected to take care of her. She didn't even touch me at all. My aunt took care*
> *of me instead. My mother later faced financial hardship and my father didn't*

wish to support her in any way. Later on, they separated. My mother then sent
me to a welfare institution, called Pak Klet Welfare Center, located in
Nonthaburi Province, from when I was five years old. However, I didn't get angry
with her. Now, my mother has accepted me as I can give financial support to my
family

This conventional practice, to a certain degree, could enable children with disabilities to become more valuable for their family. Fulfilling this duty also reinforces their self-esteem and self-fulfilment. In particular they felt that fulfilling family obligations by taking care of their elderly parents had been a good deed performance that might emancipate themselves from despondencies, distresses and misfortune - including disability and suffering - in the next life, as previously noted in Chapter 4.

5.2.3 Characteristics of family care

Four scenarios of family care emerged from the participants' experiences. They vary in the difference between the level of love and care and level of self-determination in the family, which results in the feelings of isolation and/or dependence, no matter who they grew up with, and no matter what the socio-economic status of their family was.

 In the first scenario, visually impaired participants were given a high level of love and care with a high level of self-determination. In this group were Sompasong, Wichai, Sunee and Anucha, who grew up with their parents with good socio-economic wellbeing; and Chaiyabhat, Kobkij and Ariya, who grew up with a single mother and grandmother with poor socio-economic wellbeing. They each said they received warm love and kindness from their family, and were encouraged to do activities and live on their own. In other words, their families did not treat them differently on the grounds of visual impairment, but included them on the same terms as other family members. As reported by Boonmee, a fifty-four-year-old woman from a poor family in the northeast, her parents took care of her the same as her siblings. She was taught to rely fully on herself, enthusiastically did household works, and worked on the farm with the other family members. These blind street musicians appeared to be self-confident, self-reliant and independent in their homes or in other places, and were able to make decisions for themselves. This group accounted for about a quarter

of the blind street musicians. As earlier mentioned in Chapter 4.1.5, these street musicians recounted that their parents felt guilty about their children's disability, and so most provided them with special love and extra care by all means available to them, as a replacement for what they had suffered, specifically those who had previously held that their child's disability might be derived from their own karma or bad deed performance.

The second scenario of family care involves the situation in which blind street musicians were treated on a high level of love and care at the expense of a low level of self-determination. They also accounted for about a quarter of the participants. Given that their families treated them as being disabled, unable to do things and to live on their own, unlike those in the first scenario, they were restricted to the family's means of support. In some cases, their families were of the view that children with a disability should be provided with considerable attention and extra care, particularly those who became disabled during young adulthood, as they felt remorseful, sympathised and anxious for their children's adversities, as earlier noted in Chapter 4.1.5 and Section 5.1.4. Prasarn, Wichai, Somkhit, Chonchanok and Mahasarn for instance, mostly stayed at home under the extra care arranged by their family. Most serious was the fact that they did not pursue higher-level education and vocational training course as a result of family's protective concerns. According to Wichai, a forty-eight-year-old man from the upper northeast, whose disability resulted from an accident when he was young:

> I didn't want to stay at home as I felt stressed. At first, my parents didn't want me to leave home to get massage training because they were worried that I would be in difficult situations. The staff from the vocational centre then helped me talk with them. They later agreed, and urged me to return home after the training course.

Some of this second group of families were anxious that children with a disability would create additional burdens or disturbances for the household. As Suthep noted for example, he was not allowed to cook or prepare food on his own. He had to tell his parents or his older sisters whenever he wanted to have meals, or if he wished to buy something to eat. He said that he was highly dependent and felt stressed almost all the time at home, which led to his deciding to leave home

and to rely on himself. In these cases their families forced them to be dependent and, in many cases, they were ultimately stigmatised and oppressed.

The third scenario relates to families where the blind street musicians were given a low level of love and care in their family, generally neglected by their families and, in some cases, denied family inclusion. They had usually been away from home since they were children and had mostly struggled to survive on their own. In the best cases, such as Raksak and Kanchana, they were sent to a catered blind school or a residential institution for orphan children, but in the worst cases, some of them, like Kabkaew, were sold to a music band controlled by people without disabilities. However, slightly different from those in the first scenario, they too could maintain independence over their own affairs in the sense that their family, who were unable to provide them with proper care, had no control over their lives. These street musicians, more often than not, achieved self-reliance earlier in their lives, as well as having a high level of self-confidence and self-pride, despite a certain degree of brittle family connection and social isolation. The majority of the visually impaired participants fell into this scenario, such as Raksak, Jeeraphan, Kanchana, Benchawan, Jiraphong, Nathavat, Yajai and Kabkaew. These participants shared numerous similarities in their lives such as a rural birthplace, their family's socio-economic hardship, loss of father or mother since childhood, as well as family breakdown. Thus, these participants had already spent a significant proportion of their lives finding ways to survive on their own in contrast to those in the other scenarios.

Finally, the fourth scenario of family care, experienced by the smallest number of the blind street musicians, was the situation where they attained a low level of love and care together with a low level of self-determination. They encountered family neglect and family exclusion but unlike those in the second scenario, they were mostly kept at home with little care or opportunity to move about independently. In addition, they did not have the skills or experiences to live on their own after they left their family home. They had to rely on their friends, their life partners, or even the welfare institutions for homeless people. For instance, Pranee, a forty-nine-year-old-woman from the northeast, explained:

> *As my family had not taken care of me, I followed my husband to Bangkok. At*
> *first, it was difficult for me to get myself adjusted to the new environment. It*

was completely different from that in my hometown. I didn't know anybody except my husband and his friends. I felt lonely. As I didn't attend school since childhood, and never received any vocational training before, I didn't do any job. So I had no income, and had to rely fully on my husband, that made me get stress and anxiety. The blind friends of my husband loathed him that I would become his burden given that I couldn't earn any money. He was later unhappy with me. He became aggressive. I really felt oppressed and offended. I then separated from him and moved to the residential care institution for homeless people instead.

As a result, this group of blind street musicians was confronted with social and personal oppression, as well as living their lives with long-term struggles for survival, having minimal social networks to rely upon and suffering social isolation. These issues are explained in subsequent chapters.

In conclusion, this section emphasises the family circumstances of the participants, especially their situations before they moved to BMR cities. In general, the majority of the participants encountered poor socio-economic wellbeing in their families, poor family relationships and uncomfortable family care provisions. Hence, these blind street musicians most certainly suffered poor living conditions and social oppression in their family. They subsequently regarded Bangkok city as the viable location that could potentially enable them to improve their material and spiritual wellbeing.

5.3   Rural-urban migration

This section describes the general circumstances of the lives of the participants before they moved to Bangkok Metropolitan Region. It highlights the socio-economic factors associated with the decisions of blind street musicians to move from their hometown to Bangkok city. The description concentrates first on the birthplace of the visually impaired participants, followed by factors leading to rural-urban migration, and finishes with how they settled in Bangkok city. It should be noted that many of the participants gave more than one reason for moving from their hometown, but emphasised each of them to a different extent. For instance, those who had arrived in Bangkok when they were young concentrated on receiving medical service and/or school education as their

initial goals. In contrast, those who immigrated in adulthood, particularly those who had completed education elsewhere, or had become visually impaired in later life, prioritised the need for self-autonomy as well as the prospects for job and income generation.

5.3.1 Place of birth

It emerged from the individual interviews and from the group discussions, almost all the blind street musicians in this project (thirty-six people) migrated to BMR cities from other parts of Thailand. Only one street musician was originally from BMR itself. Three (or 8.1%) moved from the central part, five (or 13.5%) came from the north, and three originated from the east, the west and the south each respectively. Twenty-five street musicians (or 67.57%) formed the vast majority who migrated from the northeast. This is the largest region in Thailand with one-third of the total population of 68 million (NSO 2012). This region has been generally recognised as containing both the highest rate of poverty and the highest number of poor people (UNDP 2007), and so has become known as "poverty pocket of Thailand" (Healy and Jitsuthon 2007).

Table 5.5: Visually impaired street musician research participants by region and province

Place of birth	Number (n=37)
Bangkok Metropolitan Region	1
Central Part	3
North	5
South	1
Northeast	25
East	1
West	1

The street musicians from other parts of Thailand were probably overrepresented in the fieldwork more than those from the BMR area itself because the study used a snow-ball sampling technique, through which some known street musicians were interviewed and asked to introduce other street

musicians in different areas of BMR cities. They generally referred to those who had come from the same regions as themselves and knew each other quite well. It follows that these results might reflect the sampling method rather than the profile of all blind street musicians in BMR cities.

The main reason participants reported for migrating to Bangkok was because they could not find any income sources available in their home towns (sixteen participants), and so they moved to seek economic opportunities in BMR cities instead. Some street musicians, including Lamai, Raksak, Thippawan and Chonnicha, operated their own massage shop in their hometowns, using government loans available for disability self-employment. Unfortunately, they had to terminate their businesses because they did not have as many clients as expected. Seven participants reported that they came to study at a segregated special school for blind children called Bangkok School for the Blind when they were young.

Six participants reported that they moved to attend vocational training center, located in Nonthaburi Province. These participants were mainly those who lost their vision as adults. In addition, four participants reported receiving medical treatment for their eyes during childhood at the well-known hospital in Bangkok city, and one participant said that she was sent by her parents to a segregated welfare institution in Nonthaburi Province when she was young. Finally, three women said that they followed their partners to resettle in BMR cities. The lack of public provision and income choices for people with disabilities in Thailand, particularly in rural communities, appears to be one of the most challenging issues for visually impaired people. Together with poverty in their families in those rural regions, visually impaired people were almost certainly marginalised from access to basic social arrangements, such as public infrastructure, sanitation facilities, accessible transportation and communication services, schools and educational facilities, modern medical provisions, and job availability. This situation is derived from a wide gap in national social and economic prosperities between the core Bangkok area and peripheral provincial regions on one hand, and from the incidence of disability and social exclusion on the other. As a consequence, they could not achieve independent living themselves and so experienced a range of despair and depression in life. The issue of push-and-pull factors associated with their decision to leave for BMR will be expanded in the discussion section.

5.3.2 Migration and resettlement

With regard to how they migrated to BMR cities, some of the blind street musicians reported that they first journeyed to Bangkok city with their parents or their relatives via public transport, especially those who received medical treatment in childhood, those who attended Bangkok School for the Blind from a young age, and those who attended vocational training after their onset of disability. After they received mobility training, and could find the way around by themselves, they were allowed to travel on their own. One woman said that she was sent by her mother to a segregated welfare institution and during her school breaks from the Bangkok School for the Blind she returned to stay at the welfare institution as her second home. These street musicians, for the most part, were thoroughly conversant with the Bangkok geographical area, and seemed to have adjusted themselves to the urban context.

Furthermore, apart from three women who followed their life partners, the participants who looked for job and income prospects, but had previously rarely stayed in BMR cities, indicated that they made contact with friends who had previous migrated and who had income-earning experience in Bangkok Metropolitan Region. Their friends usually originated from the same region, and knew each other quite well from the blind school or from the vocational school where they first met and received training together. If their friends were not engaged in singing and street music performance in BMR cities, they were introduced to friends of their friends instead. In planning to move to BMR cities, they were prepared by those informants with basic information about where to live, how to travel in urban cities, where and when was best to earn income, how to find equipment and instruments for singing and street music performance, and what to be concerned about while living and working in BMR cities. Naturally this group of migrant street musicians required time to adjust to the urban context.

These blind street musicians who moved from similar regions, usually lodged near each other in specific geographical areas. Those from the north settled together in the urban community called Rom Kao, situated in Eastern Bangkok, but those from the northeast settled together in the urban community called Dao Suksawasdi, situated in Western Bangkok, or around Nonthaburi Province. Consequently, these street musicians improved their opportunities to build a network of

communication and peer support among themselves, as well as gathering occasionally for talks and leisure activities.

At the time of fieldwork participation, only nine of the street musicians had settled in Bangkok city, while most of them (twenty-eight people) lived in other nearby provinces: fourteen living in Nonthaburi, six living in Samut Sakhon, four living in Pathum Thani, and two living in Samut Prakan. They said they made this choice not only because the cost of living was somewhat lower, but also the road traffic was less congested than in Bangkok city, leading to their commuting and earning money more easily during rush hours. They were also at ease earning income at street trading activities in this area which was not so stringently regulated as in Bangkok city. Hence, they tended to have control of their own life economically and socially.

Most of these blind street musicians noted that they remained in contact with their families in their hometowns. They usually talked with them on the phone as well as visiting them, particularly during national holidays. Only some of them, specifically those who were ignored by their family in childhood and came to BMR cities a long time ago, stated that they did not reconnect with their family in their hometowns any longer. Instead they established their own families in the BMR area.

To conclude, this section focused on the birthplace circumstances of the lives of the participants, including where they came from, what patterns of migration and resettlement were like, and why they decided to leave home and reside in BMR cities.

5.4 Discussion: Social and economic disablements in an everyday life experience

This chapter provides an initial understanding about the social and economic factors relating to disability that forced visually impaired people to migrate from their hometowns to BMR cities and undertake street music as their main source of income. The findings were drawn from qualitative data gathered from the individual interviews and from the focus group discussions, involving thirty-seven fieldwork participants (twenty-three male and fourteen female) aged between twenty-three and fifty-seven years old. It can be argued that the life experience of blind street musicians, most of

whom shared several socio-economic similarities, seemed to be constrained, oppressed and underprivileged. The discussion addresses the key social and economic circumstances specific to disability that affect the everyday life experience of blind street musicians before they undertake street music in Bangkok Metropolitan Region as their main source of income.

5.4.1 Family and poverty

Poverty in the family, when combined with the presence of disability, seems to be one of the most challenging issues for people with visual impairment who become involved in street music as their main source of income (Saunders 2006). Most blind street musicians came from families with poor socio-economic wellbeing, whose source of income depended primarily on agricultural and service sector economy. Their family was also not entitled to income and social protection schemes as they worked in the informal sector economy. As a consequence, families whose members acquire a disability are almost certainly vulnerable to a greater risk of income incapacity. These circumstances exacerbated household poverty and living conditions of the family, and brought about a range of disadvantage for these blind street musicians (UN-ESCAP 2012).

First, poverty in the family might relate to the cause of the visual impairment (Ackland 2012; Mathers et al. 2006; WHO-World Bank 2011; UN-ESCAP 2012). Most acquired visual impairment at birth or in young adulthood results from diseases, ailments and improper prenatal care. In line with the ESCAP survey report, the causes of disability are significantly associated with the presence of poverty (UN-ESCAP 2012). The conditions of disability can be developed from diseases, illnesses and ill health which, in fact, are often preventable (Ackland 2012; Poscolini and Mariotti 2011; WHO 2012). Given the fact that most blind street musicians originated from farmer families, the poorest sector of population in rural localities, their parents, particularly their mothers, had inadequate nutrition and gained poor access to health care service, especially during prenatal care (Mont 2007; Takamine 2003). The relationship between poverty and disability in Thailand needs additional research for further investigation.

Second, poverty in association with disability definitely affects the relationship and care in the family for blind street musicians. Poverty might make it hard for the family to take care of children with disabilities (Braithwaite and Mont 2009; Emerson and Hatton 2005; Gordon 2000; Hosseinpoor

et al. 2013; Mitra et al. 2013; Mont 2014; Mont and Nguyen 2013; OECD 2009; WHO-World Bank 2011). As with the disability-related cost to cover regularly, such as health care, transportation, assistive devices, personal assistance, accommodation and so forth, families with one or more member with a disability, based on similar levels of income, seem not to be able to secure family's economic well-being as much as those without (Mont 2014; Tibble 2005). Many families regarded children with disabilities as unproductive and a burden for the family. In rural areas, children are normally expected to help and support their families, carrying out household and agricultural tasks. As they are regarded as unproductive and unable to contribute to the family, they are consequently unwanted and neglected. Because of this, some of the blind street musicians were deprived of warm love and proper care, and some also experienced family breakdown, leading to them encountering social oppression. Many children with disabilities, including these street musicians, are frequently kept at home, or sent to residential care institutions, or even sold to begging gangsters (Namsiripongpan et al. 2003). The participants said that their parents were of the view that they confronted intense demands, miseries and stresses in caring for a child with disabilities, which subsequently created an additional burden for them, especially economic hardship. This, in many cases, led to these parents experiencing difficulties in their marital relationships and sooner or later deciding on divorce or separation (Risdall and Singer 2004; Sobsey 2009).

Third, poverty in the family together with disability became the major obstacle to school education for many of the blind street musicians (WHO-World Bank 2011; UN-ESCAP 2012; The Global Partnership for Education 2015). Their family could not cover the cost of education or they were not willing to support school education for their children with disabilities. The participants said their families believed that their children with disabilities were unable to learn as well as sighted ones. Even if they could learn, they were believed to be incapable of giving any return to the family, because no one would employ them with a disability. The family believed that investment in education for children with disabilities was of no value. As a result, many of them attained a low-level education, and some were completely uneducated. Some of them had to leave school to work to help their family for better financial wellbeingFor this reason, they could hardly realise their preferred job prospects, which in turn intensified household poverty.

According to the World Bank's report, people with disabilities, and their families, are the poorest of the poor and comprise approximately one-fifth of the global population who remain in poverty (Elwan 1999). More serious is that people with disabilities have a higher tendency to be trapped into multi-dimensional poverty and become underprivileged in various aspects of their life compared to those without disabilities (Mitra et al. 2013). Because of such predicaments, people with disabilities unsurprisingly become victims undergoing the outcomes of socio-economic deprivation; for instance, they lack access to nutrition and sanitation services, housing and health care provision, education and vocational training, income generating opportunities and so forth (Yeo 2001; Grech 2009; Groce et al. 2011a; Mizunoya 2013). The development of basic social provisions for people with disabilities and families with children with disabilities in Thailand then should, therefore, be of greater concern at all policy levels.

5.4.2 Social and economic paucity and rural-urban migration

It is evident in the findings that Bangkok Metropolitan Region seems to be the expected destination for blind street musicians. Almost all of them (thirty-six people) migrated from other parts of Thailand, while only one visually impaired street musician grew up in the BMR city. In addition to long-term poverty in their family, these blind street musicians faced social and economic disadvantage in their rural birthplaces. The factors associated with the decisions of these blind street musicians to migrate to Bangkok cities are summarised in Table 5.6 and discussed below.

Table 5.6: Summary of push and pull factors for rural-urban migration

Push factors to leave from hometown	Pull factors to move to BMR cities
Rural poverty	Possibility for better economic wellbeing
Poor medical treatment for vision	Possibility for advanced medical treatment for vision
Limited opportunities for school education and vocational skill development for people with visual impairment	Possibility for better opportunity for school education and vocational skill development for people with visual impairment
Restrictions on employment and income choices	Possibility for employment and income choices
Inadequacies of basic social services and infrastructure	Possibility for adequate basic social services and infrastructure
Lack of self-determination and self-autonomy	Possibility for increased self-determination and self-autonomy

First, the need for advanced medical service is likely to be a primary reason for rural-urban migration. The need for medical intervention impelled three participants to resettle in Bangkok. In poor and low income countries this mostly results from the lack of decent basic infrastructures and sanitation facilities such as clean water and proper sustenance, as well as a failure to provide medical infrastructure such as hospitals and health centres that are clustered predominantly in urban vicinities (Mont 2007; Takamine 2003).

Second, the lack of special education provision and vocational skills training institutions for people with disabilities in rural areas tends to be a dominant motive for rural-urban migration. These street musicians resettled and earned income in BMR cities after they completed the training programs. In low income countries inadequacies of educational and training support services for people with disabilities also continues to be problematic in including people with disabilities in mainstream educational settings (Phunong-Ong 1997a; WHO-World Bank 2011; UN-ESCAP 2012). The only educational support services and school environments are unsuitable for students with disabilities, such as inaccessible course materials, lack of resort teachers, poor quality education for people with

disabilities and so forth (Buntan 2002; Phunong-Ong 1997a; The Global Partnership for Education 2015; UNICEF 2013). If attending school, they can face social and environmental barriers against their enrolment in integrated settings.

Third, restrictions to employment and income choices also appear to be some of the most compelling reasons for rural-urban migration. Many of the participants could not find work in their communities owing to the state of the rural economy quite apart from their disability. Most people with disabilities (eighty per cent) live in low income countries where the informal sector economies remain predominant (ILO 2012). Therefore, these blind street musicians had to depend mainly on their families. Given that they could not create any household income, they perceived themselves as burdens for their families, causing them low autonomy and low self-esteem (Groce and Bakhshi 2011; Parnes et al. 2009). Hence, they moved to earn a living on their own in Bangkok cities.

Fourth, the absence of social services and infrastructural utilities in their community, especially those for people with disabilities, seems to be the most challenging issue for rural-urban migration. They had poor sanitation facilities, unimproved medical care provisions, as well as poor disability support services. Local government organisations have proven narrow-ranging and unresponsive in their provision of services for people with disabilities in the community (Kerddaen 2010). This predicament results from the view that people with disabilities are a small proportion of the community, based on an economic approach to cost-benefit analysis (Puig and Tetzchner 1998). Investments in social provision for people with disabilities are seen as economically inefficient and therefore are given the least priority in community service planning. This had tremendous effects on their living standards when added to the disability factor. Furthermore, they hardly ever made use of public transportation efficiently because it was inaccessible and disorganised in service, specifically regarding bus routes and timetables. More serious was the fact that they often had to cover the cost of transportation on their own for private vehicles that served them, which was far more expensive than other forms of transport. Finally, technological amenities were lacking in their community, causing them considerable inconvenience in terms of communication and internet access. They lived their lives, therefore with several difficulties and complications and so could not achieve independent living for themselves. These problems consequently led them to leaving home and resettling in BMR cities, to find better social facilities and conveniences for their life.

Fifth and finally, emotional reasons, caused by social isolation, stigma and oppression in the family, seem to be significantly involved in the decision of blind street musicians towards rural-urban migration. They were uncomfortable living their life at home. They felt that they were neglected and isolated by their family, resulting in a sense of self-alienation. They felt that they became too much dependent on family care provision, causing the lack of self-autonomy and self-determination and creating stigma and oppression for them in the family. They felt that they became a burden for their family as they could not create any economic productivity for the household. They were also uncomfortable with the type of family care they received, which reduced their independence including self-autonomy. Consistent with the Bristol City Council Report on Risks, Interventions and Recommendations, "social isolation is the situation where people have 'few social contacts and few social roles, as well as an absence of mutually rewarding relationships with other people" (Clarke 2014, p. 8). By these definitions, many blind street musicians experience these states through the lack of care, the loss of contact with others, the absence of community involvement and the limited roles of societal contributions, becoming socially isolated (Samuel et al. 2014).

It can be inferred that these blind street musicians, confronted with long-term poverty in their families faced social and economic deprivation in their rural birthplace. It is not only because of a wide gap of national social and economic development between core Bangkok metropolitan area and peripheral provincial regions, but also because of the attitudes of their families and communities towards disability and the resulting social exclusion and marginalization (Priestley 1999). As a consequence, a large proportion of these blind street musicians seemed to experience many challenges in life, and so considered Bangkok Metropolitan areas to be the prime destination for possible improved income sources and high-quality basic social facilities. These results are consistent with the migration studies that suggest that able-bodied people from different parts of Thailand, particularly those from the north and the northeast, migrate to BMR for better employment opportunities and a better quality of life (Amare et al. 2012). It is, therefore significant for disability policy stakeholders to address these issues. Local government should focus on creating jobs and providing support services for people with disabilities in their local communities, and should 'include them in the process of design and production of services so as to remove disabling boundary between service providers and service users' (Priestley 1999).

5.4.3 Lack of education and skills training

The educational opportunities for blind street musicians seems to be restricted. The majority of blind street musicians, in particular those who were older, attained low-level or even no education. Although visually impaired people were the first group of people with disabilities in Thailand for whom a school education was established—this development began with The First School for the Blind in Thailand being founded by Miss Caulfield, a blind American woman, in 1939—it was twenty years later that the Ministry of Education gave a recommendation that graduates of this school receive certificates upon graduation (Phunong-Ong 1997). As Monthian Buntan (2002) complains:

> *Most laws and regulations prior to the Rehabilitation Act of 1991 either make no reference to education for blind and visually impaired people or mistakenly interpreted that blind and other disabled children cannot go to school.*

Yet, there were insufficient seats for them in special blind schools that time, while regular schools in their local community declined to accept children with disabilities. They were believed by school teachers to be incapable of learning within the same school environment as sighted students and there were no learning facilities or accessibility options for students with special needs. In addition to poverty in the family, many of their families did not wish to support education for them because of a low expectation of their capacity to create any income for the family as a result. These issues became the obstacles preventing blind street musicians from gaining an education. Based on these circumstances, many of them did not attempt further education, and more seriously, some of them had to withdraw from school education.

The international context shows that people who become disabled at birth or during their adulthood in many poor countries, especially including approximately ninety per cent of children with disabilities, are likely to be excluded from school education (Parnes et al. 2009; Groce and Bakhshi 2011; WHO/World Bank,2011; The Global Partnership for Education 2015). But when they attend school, they often fail and have to leave school early without transitioning to secondary education or beyond (GCE 2014). Entry into schools was regularly denied to them because there were no provisions to take care of them. Underlying was the fear of difference, and a more or less

undefined thought that they were not able to function and learn as well as non-disabled students. Hence, this led to many blind street musicians being uneducated, and in turn having limited prospects for generating income.

Apart from poor educational background, it is also demonstrated that almost half of blind street musicians (sixteen) also lacked viable work-related skills, particularly those from rural areas. Given the fact that most of the vocational training institutions were located in Bangkok and its nearby conurbations (Takamine 2003), and that their families had no idea about vocational skills training programs available for visually impaired people, they were unable to find the opportunity to participate in vocational skills training programs. Moreover, some street musicians had no interest in a vocational track, specifically those who aspired towards educational endeavor or those who were encouraged towards musicianship as their future career goal. As found by previous research, people who become disabled later in life may consider that their education, skills and work history are of almost no value as long as they cannot secure their previous employment and have access to vocational rehabilitation and training available (Groce et al. 2013, p. 11). In addition, the vocational training programs provided for them were limited. The vocational skills were inadequate for contemporary employment. In several similar countries, vocational training programs for people with disabilities are concentrated mostly on conventional occupations, such as traditional massage, astrology and craftworks (Puangpetch 2008; OECD 2010). This results from the prejudiced view that people with a disability have limited capability for work performance. Therefore, these blind street musicians were not well prepared for the contemporary job market, and so were subject to limited employment and income choices. Still, this phenomenon may possibly have derived from the participants themselves not being prepared for the workforce, or being incapable of searching for job on their own (Groce et al. 2013). This assumption needs more research.

5.4.4 Restrictions to employment and income choices

Many people with disabilities in Thailand live in poverty given that they have for a long time been discriminated against in mainstream employment, in particular those with visual impairment, either in Thailand or in other countries, who are the most excluded among physically impaired people (Gilbert et al. 2008; Puangpetch 2008; Bell and Mino 2015). Equally, the visually impaired people in

this study were restricted to employment and income choices prior to undertaking street music as their main source of income.

First, visually impaired people in Thailand seemed to fall into the purview of the following occupations: massage, lottery, astrology, switchboard operation, and street music, which have been obtainable for people with visual impairment for a long period of time (Buntan 2005; Puangpetch 2008). The participants' previous positions reflected these stereotypical occupations. Many of them still derive income from massage, lottery and fortune telling, in additional to street music. However, street music has proven to be the most reliable option for them so far.

In many cases people with disabilities in low income countries are restricted to certain forms of livelihoods. For instance, people with visual impairments or physical disabilities are expected to sell lottery tickets or newspapers or perform music on the street for a living, while deaf people are expected to generate income from selling sign language alphabet cards (Buck 2000; Higgins 1979; Groce et al. 2013. p.12). Positively perhaps people with disabilities are believed to hold particular forms of talent, such as an assumption that people with visual impairment 'have talent in music and prophecy' (Puig and Tetzchner 1998). But negatively and almost certainly, people with disabilities are believed to be unable to perform regular jobs as per others, and that their capacity to perform regular jobs would not be untrustworthy owing to the consequence of their perceived impairment. These means of income generation, in many countries, are categorised as 'an organised form of charity for people with disabilities' (Higgins 1979). Or more seriously they are culturally stereotyped as begging activities, which are reserved for people with disabilities (Groce et al. 2013).

Second, attitudes of employers in both government and private sectors towards people with visual impairment and their capacity for work remain discriminatory and instrumental in perpetuating their inability to access the labor market (Gannon & Nolan 2007). Entry into mainstream employment is denied to them on the grounds that there are no accommodations to support them in the workplace. More serious is the, underlying fear of those who are 'different', and a more or less undefined perception that they are not able to function and work as a consequence of negative social attitudes relating to their perceived impairment (Buntan 2002; Jones and Latreille 2010; Kulkarni and Valk 2010; UN-ESCAP 2012). Despite the fact that some street musicians could attain high academic qualifications like a Bachelor's degree, they were ineligible for a job position. In line

with the findings, many blind street musicians who looked for a job were denied the chance to make a job application. Meanwhile, those who used to enter regular employment had to leave their previous jobs since they were faced by low salary, inaccessible workplace environments and job insecurity. The street musicians who had full time jobs before they lost their eyesight had to leave their jobs primarily because of the social discrimination relating to their impairment. Based on these circumstances, street music inevitably became their reliable choice of income.

Similarly in many countries the employment rates of people with disabilities, specifically people with visual impairment, remains much lower than those without, because they still experience social prejudice, discrimination, exclusion and the lack of support systems and a legal and policy framework to facilitate employment of people with disabilities (UN-ESCAP 2012; Bualar 2013). For those who are employed, low-paid jobs with poor career aspirations and workplace conditions are largely the rule (WHO-World Bank 2011; OCHCR 2012; ILO 2015). Promoting employment of people with disabilities in the labour market seems to be difficult in the mainstream community since many employers consider people with disabilities unable to work. Moreover, mainstream employers apparently hold the conviction that people with disabilities have ill health (Gannon & Nolan 2007). Employers mostly have insufficient knowledge, and negative attitudes concerning the ways that people with disabilities may lack physical control, or may engender negative reactions from customers or suffer multiple injuries while at the workplace (Jones and Latreille 2010; Kulkarni and Valk 2010; UN-ESCAP 2012). In addition, people with disabilities are likely to experience difficulties travelling to the workplace because of inaccessible public transportation, moving in non-accessible buildings, and employers may lack the necessary investment required to adjust the physical workplace environments and obtain adequate information and support services to perform independently at the workplace (Heron and Murray 2003). People with disabilities therefore largely experience job exclusion.

Third, for those who aspired to self-employment, similar to people with disabilities in other low-income countries, their lack of capital resources and entrepreneurial skills stood in their way (*Handicap International 2006*; Ingstad and Grut 2007; Groce et al. 2013, p. 11). This was particularly true for those who worked as massage therapists. Some had to close their own massage shops because they had inadequate financial capital to maintain their businesses. Among those who sold

lottery tickets, some had insufficient funds to cover the cost of investment as it varied dependent on periodic demand and supply. Hence, those who were interested in and could find options for self-employment tended to be unsuccessful (Barnes and Roulstone 2005; Parnes et al. 2009).

Fourth, employment promotion for people with disabilities in Thailand seems to be ineffective. According to Thewapong Puangpetch (2008), Thailand's government policy failed to promote job opportunities for people with disabilities. The policy was too general as it did not pay specific attention to the needs of workers with different types of impairments. Thus, they have limited job opportunities, and in turn, generally resort to certain income choices, such as lottery vending, massage giving, fortune telling and street music, as pointed out above.

It can be concluded that the everyday experience of disability for blind street musicians is an outcome of the interplay between social structure, stereotypes and disabling environments in addition to their biological deficits (Moris 1991; Oliver 1990). This is derived from common prejudices towards people with disabilities as being unproductive and eventually becoming a burden for society (Barnes and Mercer 2010). This in turn gives rise to social and environmental barriers for people with disabilities like these blind street musicians who are systematically discriminated against or excluded from social and economic access, increasing the likelihood of human rights violation and dehumanisation.

In the next chapter, further attention will be drawn to everyday lives of the participants and everyday practices of street music performance. In particular, the chapter will highlight the rationales for street music performance that visually impaired people use to justify their decisions for a career in street music performance. In other words, while this chapter explains what factors pushed and forced the participants to turn to street music performance for a living, the next chapter will explain what factors pulled and motivated them to earn income from street music performance. The chapter will also present issues and challenges confronting them as street musicians. Chapter 7 will estimate their standard of living, as well as exploring their plans for future.

Chapter 6. Life as a street musician I: Exploring everyday practices of and challenges faced by visually impaired people who generate income from street music

If I'm a representative of the darkness

I would like to reimburse the life that came [to me]

To reimburse everyone who shows kindness

As well as tend to music for the listener

Its a song from the dark world and meaningful

[I] will sing out without ceasing

Whoever will say, "[You just] sing songs for the buffaloes to hear."

I say, "There are still people who understand."

Travelling Minstrel (in Thai), a song translated by Ann Norman

http://lyricstranslate.com/en/wanipok-%E0%B8%A7%E0%B8%93%E0%B8%B4%E0%B8%9E%E0%B8%81-traveling-minstrel.html

First released in 1983, the song above was composed and sung by a famous artist, Yuenyong Opakul, generally known as "Add Carabao". He formed his own band "Carabao", which has been famous for the genre of "songs for life". This song became very popular with the general public at that time, not only among visually impaired people themselves. The song is legendary for its enjoyable rhythm and stirring content, and continues to have an influential impact on the public perception towards people with visual impairment, in particular towards those who are involved in street music. In the song visually impaired people were represented through the empathetic lyrics in a sense that they had been unable to perform regular work and to survive they had had to sing or play music in exchange for small coins.

This chapter focuses on the life experience of blind street musicians, in particular on their everyday practices and the challenges which they must overcome. It begins by elaborating on the duration of being a street musician in Bangkok Metropolitan Region, followed by explaining the characteristics of street music as a source of income, as well as describing the everyday practices of street music, with special emphasis on forms of performance, daily working arrangements, means of

transportation and performance with a sighted companion. The chapter also analyses the other relevant challenges in their lives, which include abuse from authorities, the impact of political crises and weather conditions, health and safety issues and crime and violence. The chapter analyses how blind street musicians perceive the view of the general public, the view of their families and their view towards themselves as people with disabilities who are street musicians. The chapter identifies that these street musicians can be separated into two groups of older people who had no other economic choice and second, those who wanted a path to mainstream work. The chapter argues that the experiences and perceptions of the street musicians can probably be explained by the social constraints derived from the traditional understanding of disability in Thai interpretations, as well as by the influences of socio-economic circumstances that surround them.

The findings were gathered from the visually impaired participants in the individual interviews and in the group discussions that complemented face-to-face interviews with disabled policy advocates. These advocates consisted of nine visually impaired people and two physically impaired people who have for a long time played an important role in political and social activism on disability issues at all policy levels in Thailand. They currently serve as senior leaders in various organisations of/for people with disabilities, especially people with visual impairment. Therefore, the data are mostly obtained from their first-hand experiences and observations, suggesting they are reliable with regard to the subject matter.

6.1 Duration of being a street musician in BMR cities

This section analyses the duration of the participants as street musicians in Bangkok metropolitan area. The participants were aged from twenty-three years to fifty-seven years. They had been engaged in street music as their primary source of income from less than one year to more than twenty years. The majority of them had generated income from street music for a long period of time. Twenty-two participants (fifty-nine per cent) had generated income from street music for over ten years. Of these, nine of the participants, were aged in their late forties or older, and had remained street musicians for more than twenty years. Four participants had become involved in street music for between one and five years, and another eight participants had earned their living from street music for between five and ten years, while only three participants were new to street

music. Kanchana, a woman aged forty-eight years from the north, had been in street music for the longest period of time, for about thirty-three years, ever since she completed primary schooling or Grade 6, whereas Ariya, a twenty-three-year-old woman who had just completed high school, had only recently become involved in street music.

Table 6.1: Duration of becoming and remaining street musicians

Duration	Total
Under 1 year	3
1-5 years	4
5-10 years	8
10-20 years	13
Over 20 years	9
Total	37

In addition, it is also apparent that the participants who recently completed education and could not find a job, or had just left a previous job, had only been street musicians for a shorter time. In contrast, those who had been involved in street music for a longer time had typically attained low-level education or had never attended school at all, or could not secure their previous income sources, such as massage and lottery selling. Some had acquired visual impairment during young adulthood and had to leave their previous work as a result. This might reflect the fact that the opportunity of visually impaired people to continue further education was better than it had been in the past, but the opportunity to generate income in regular employment remained constricted. This resulted mostly from the discriminatory barriers against them in job and income opportunities that had long existed in Thai society. As Suthep, a man aged twenty-eight from the northeast who had received a Bachelor's degree, noted:

After I graduated, I tried many times to apply for a job. Unfortunately, my application was rejected presumably because of my disability. So, I've been engaged in street music until now. The education profile might also reflect that this research was only a point in time. It is possible that the participants who had most recently become street musicians might

continue in that occupation for longer in the future, irrespective of their

level of education.

Strikingly, almost half of all the street musicians (or seventeen out of thirty-seven participants) had earned income from street music during their adolescence or while at school. As described in the previous chapter, most of them came from poor families in rural areas, and to a great extent had to finance education on their own, or had to withdraw from schooling in order to support their families financially, or had to rely mainly on themselves because they were neglected by their families. According to Kanchana, a forty-eight-year-old woman from the north who had earned income as a singer for over thirty years:

> *I decided not to continue Grade 7 because my mother was unable to*
> *support me financially. I also found that many of blind people who finished*
> *Grade 12 were engaged in street singing and performing that time, and I*
> *thought it was unworthy for me to continue further education. So, I chose to*
> *earn income from singing to help my family instead.*

Likewise, Phunsak, a twenty-four-year-old man from the north who had earned his living for almost ten years, confirmed:

> *As my family was poor, I came to Bangkok when I was seventeen years old*
> *to earn income especially during the school break. However, I chose to leave*
> *school after finishing Grade 9 because I wanted to help my parents and my*
> *twin brother. I then came to Bangkok again and earned income from*
> *singing.*

As emphasised by one of the visually impaired key informants, Charles, a special blind school administrator aged forty-seven, he used to earn extra income from street music about thirty years ago while studying in the university. He said that street music became one of the most reliable income sources for visually impaired people who were in financial need at that time. He did not feel surprised that it remained a viable source of income for his visually impaired fellows, even his ex-students, given the fact that it had been accessible and reliable for them compared to other job opportunities and other income sources. He also underlined that visually impaired participants,

particularly those who came from poor families and had attained low education, were almost certain to undertake street music for a considerable period of time.

Finally, some nine street musicians aged in their late forties and older have collected income from street music for more than twenty years. They were concerned that they could no longer generate income at the same level as they had in the past. These participants were significantly challenged in their individual capacity to create income from street music due to vocal and health issues. It was also difficult for them to move to another job owing to inadequate qualifications and old age. Prasarn, a fifty-year-old man from the northeast who did not attend school, but had learnt how to play northeast traditional musical instruments from a notable musician in his hometown since he was young, stated that since he made a living from street music for a long period of time, he did not know what else he could do in the future. He asserted that he would continue with street music as long as he remained able to do so.

As reported by some of the participants and key informants, those who were aged (not represented in this study) ended up performing lip-sync street music by playing songs from a CD player, walking or sitting, and pretending to sing, since they could not find anything else to do. Some had no plan for the future, but some intended to depend on their children when they withdrew from street music. It was probable some of the participants in this study would fall into the same situation. Pranee, a woman aged forty-nine years from the northeast, who had been involved as a street singer for twenty-six years, shared her views on this issue:

> As I'm getting older, I'm not sure how long I can sing. However, if I cannot sing, I'll just play a CD with lip-sync, and ask for donations instead.

Based on such circumstances, these participants were certainly at risk of having their livelihood needs unmet in the future. In particular, most of these street musicians seemed to have inadequate social support and inadequate access to government social protection.

6.2 Rationales for street music as a source of income

The factors associated with the decisions of the participants to become involved in street music are diverse; for example, poverty, inadequate academic and professional backgrounds, lack of capital and relevant knowledge to fulfil their own self-initiatives and, of course, job and workplace discrimination. To acquire a better understanding as to why visually impaired people undertook street music as their main source of income, this chapter presents the rationales for street music, which can be divided into five categories: accessible job, practicable within their own capability, affordable start-up cost, reliable income, and work flexibility.

6.2.1 Accessible job

First of all, street music is more accessible to visually impaired people than other jobs and income opportunities. As explained by key informant Kevin, a visually impaired scholar in the field of disability aged forty-seven, street music is accessible to visually impaired people because it is not limited to gender, minimum age, minimum educational and professional qualifications, previous work experience, or relevant job skills. Provided participants remained healthy enough to sing and perform music in public, they could generate income from street music. Specifically, he also emphasised that disability, although it was a negative quality, seemed to grant them easier access to generating income from street music, given the fact that the general public regarded people with disabilities who made a living from street music as pitiable beggars and subject of charity rather than genuine musicians. As noted by blind street musicians themselves, both in individual interviews and group discussions, they could simply start earning income from street music, especially those who first departed from home or had recently graduated, but could not find a job, or had to leave their previous jobs or move from their previous income sources unexpectedly.

This rationale was derived from the fact that visually impaired people, to a great extent, were restricted to employment and income generating opportunities defined by discriminatory attitudes of employers towards them and their capacity as people with disabilities. According to key informant Thomas, a thirty-eight-year-old activist and disabled representative in public commissions:

Employment opportunities for disabled people are very few and restricted. Generally people have limited views on what disabled people can do. They usually think disabled people, particularly blind ones, can serve only as switchboard operators, massage therapists, and lottery sellers. Even though private corporations now admit more disabled people in their workplace, their attitudes remain the same.

Despite the fact that some participants could attain high academic qualifications like a Bachelor's degree, they were unable to find a job. Chaiyabhat, a man aged thirty-six years from the northeast who became a street singer for about five years, stated:

In the past, when I was an undergraduate, I thought street singing was not an honorable job. I didn't wish to get involved in it even though I'm capable of singing since the special blind school. However, I couldn't find any job after graduation from the university. I later attended a massage training course, but I was not good at doing massage. So, I had to get involved in street singing unavoidably

Nonetheless, according to the new legislation so-called 'Begging Control Act' promulgated in July 2016 in replacement for the Begging Control Act of 1941 (or two years after the research fieldwork had been conducted), street music and other street activities, except for begging, are now legalised. The new legislation is intended to wipe out street begging activities that are frequently associated with human trafficking and forced begging. This new law makes a distinction between beggars and street performers. Ministry of Social Development and Human Security (MSDHS) Permanent Secretary Maitri Inthusut explained that under the new law people will be given what they need without having to beg. MSDHS is reportedly collaborating with all relevant agencies to assure that beggars will be able to find employment and acceptance in their communities (Copeland 2015). According to Maj.Gen. Sansern Kaewkamnerd, a government spokesperson, under the Act, those who cannot be trained to work – such as children, the elderly, and the disabled – will be sent to shelter homes and provided with welfare assistance (Khaosod English 2015). However, those who intend to earn income from street music need to have a licence or permit from local government authority. Without license or permit, they will be penalised. The new law requires street

performers, either musicians or other skilled performers who entertain pedestrians in exchange for income, register at the local Department of Social Welfare and Development office or at the provincial office of the Ministry of Social Development and Human Security. They also need to audition in front of a Ministry of Culture representative (Copeland 2015).

In February 2015, the Ministry of Social Development and Human Security initially issued cards in the period of the transition of the new Begging Control Act that permitted blind street musicians to earn income in public areas. This made it more tranquil for them to perform music on the street. Upon the enforcement of the new legislation, those who held the card were authorised spontaneously and so they were able to earn income from street music legally (Sukprasert 2015). For this reason, it might be more difficult for visually impaired people who have no performance skills to undertake street music as an alternative income choice in the future. On the other hand, those with ability to sing or play music who want to generate income as a street musician will be protected by law.

6.2.2 Practicable with own capability

Practicability here refers to the ability of visually impaired people to earn an income from singing and/or playing musical instruments, either alone or in a group. The skills and abilities can be derived from their own talent, or from learning and practising since childhood, or from the music courses taught at the special blind school. As disability scholar Kevin aged forty-seven suggested, most visually impaired people were skilled in learning music, giving massage, selling lottery tickets and so forth, as long as it did not require the use of vision and sophisticated skills. In particular, they were well-prepared for those skills if they attended a special blind school or a vocational blind school, where they were trained directly by specialised music teachers.

According to the findings of this study, most street musicians acquired skills and proficiencies for singing and playing music prior to becoming involved in street music. That is, one participant could play a percussion instrument, another could play an electric piano, two could play drums, three could play the guitar, and two could play northeastern traditional musical instruments. While one female could sing different genres of songs and play a guitar, many of the independent singers specialised in folk songs. The participants said that they had learned how to sing and play music

instruments from the special blind school or on their own. They usually listened to the radio or the CD player, transcribed lyrics, chords and melodies, and practiced singing or playing regularly.

As a consequence of current discriminatory attitudes and related social barriers, these singers and musicians were excluded from the regular music industry. For this reason, they had to sing and perform music in the street. Key informant Tim aged thirty-two, who was renowned as a young-blood leader in many organisations for visually impaired people, criticised the fact that visually impaired people were widely discriminated against in the mainstream music industry as they were in mainstream employment, no matter how capable they were. This predicament was also strongly supported in the interviews with the participants and other disabled activists.

Some blind street musicians, however, as largely confirmed by many key informants including some of the visually impaired participants themselves, have no background in music performance, in particular those who performed as traveling minstrels with their karaoke players. They become involved in street music mainly for economic fulfilment, as confirmed by Michael, a visually impaired senior leader and activist aged forty-nine. Hence, most visually impaired participants acquired ample skills for singing and playing music from childhood, but there were some participants who lacked musical skills.

This rationale resulted from the fact that visually impaired people, were limited by social discrimination to such income choices as lottery vending, massage, fortune telling and street music (Puangpetch 2008). The ability to sing and play music was largely developed to help them make a living from music performance in the future. Most visually impaired people, including many of these street musicians, had been learning singing or playing music for a substantial period of time, particularly those raised with segregated special education provisions. This possibly led to their being socialised into restricted choices academically and professionally (Barnes and Mercer 2010). Thus, the capability of singing and playing music was probably considered to be a practical life choice for many of these street musicians.

6.2.3 Affordable start-up cost

The start-up cost seems to be one of the key factors that visually impaired people take into account in their decision to become involved in street music. This was deemed highly significant for those

who lived in families with economic and financial hardships. The start-up cost for street music, when compared to that of other self-run businesses initiated by visually impaired people, was relatively low. Lottery trading requires at least 35,000 Baht (US$1,018) and massage enterprise requires at least 100,000 Baht (US$2,910). Because of this, they could more easily afford the cost of their equipment with their own financial capital or they could find short-term credit as an alternative to cover the payment in advance. Rarely, but significantly, some street musicians received sponsorship from those who were willing to help.

The majority of blind street musicians, particularly karaoke singers, said that they could afford the cost of instruments including related equipment for starting up street music as their main source of income. Generally, the karaoke singers spend between 5,000 and 10,000 Baht (US$145-291) for their sound equipment, which normally involves a portable amplifier with a portable CD player. In several cases, a computer with voice-synthesised program is also needed for internet searches and song transcriptions. A computer is estimated to cost 10,000 Baht (US$291). The combined costs of around 15,000 to 20,000 Baht (US$436-582) was affordable according to the karaoke singers.

In addition, there were eleven street musicians who performed music in their own band. These band musicians indicated that the cost of musical instruments and related equipment was relatively high, and could exceed fifty thousand Baht or more. Basic instruments for a full band normally consist of a guitar, a keyboard, a bass and drums, each of which requires its own amplifier. They pointed out that they encountered fewer financial difficulties forming a band than was expected, given the fact that they had previously learned how to play music and owned musical instruments before combining as a band. They also used their own previously obtained speech-synthesised computer to keep themselves updated with new songs, and transcribed them for their ongoing performances. So band musicians could also afford the setup costs. Parenthetically some of them added that sometimes they received musical instruments free of charge from generous business persons who were impressed with their musical abilities.

Affordable start-up cost is certainly important for visually impaired people and enables them to undertake street music for their main source of income. This was especially true for those who had long been confronted with financial and economic constraints.

6.2.4 Reliable income

Street music was the most reliable income choice for visually impaired people as it could enable them to realise their income prospects and to rely on themselves, economically and financially. It is reliable in the sense that street music can provide visually impaired people with an adequate income for everyday living, compared to that from regular employment and their previous income sources. That is to say, they could earn about 7,000 to 10,000 Thai Baht (US$203-291) per month from massage, or about 8,000 to 20,000 Thai Baht (US$232-582) per month from lottery selling, depending on how many quotas of lottery books they are granted. If they are working in the regular employment sector, either government or private, they will be paid about 15,000 Thai Baht (US$436) per month for a Bachelor's degree. On the other hand, they could actually earn a relatively higher amount of income from street music, which ranges from 10,000 to 30,000 Baht and more per month. This will be described in more detail in the next chapter.

As senior disability activist Kevin aged forty-seven argued, as long as visually impaired people were identified by the general public as incapable of earning a living from regular employment because of perceived disability, and the means of living was based on charitable assistance, income from street music continued to be reliable for visually impaired people . Wichai, a man aged forty-eight from the northeast, became totally blind due to an accident at the age of fifteen years. He withdrew from schooling upon the onset of disability and stayed at home. For a while, he moved to attend vocational training course in Nonthaburi Province as recommended by a local educator but he had to take up street music because he could not find a job after finishing the training course.

> *At first, my friend, who was a street singer ahead of me, convinced me to become a street singer with him. I was so hesitant that time. He then let me walk with him. I found that he gained lots of money. So I tried to do it on my own. That time, I just thought of how to survive. I did not want to rely permanently on this source of income.*

He had continued as a street singer until the present, or for almost twenty years.

As earlier mentioned in Chapter 5, visually impaired participants, most of whom originated from poor families in rural areas, moved to BMR cities in order to find a job. They had many expenses to

cover each month while living there; for example, rental fees and utility charges, food, clothes, school allowances for their children, transportation, and remittances for their family. Consequently, they had to create the highest amount of income possible for their monthly living expenses to live in BMR cities, which were estimated about 11,435 Thai Baht (US$333) (NSO 2015). In addition they had to cover the costs associated with disabilities, resulting in a significant increase in costs. Further details about living expenses will be given in the next chapter.

According to the views of key informants, visually impaired people in general become involved in street music because they hope for a relatively high income. In addition, street music, as suggested by senior disability leader Samuel aged fifty-five, demanded low investment but could result in a high return. A disability activist Tim aged thirty-two, however, argued that income incentives were important but not essential. He emphasised that many visually impaired people became involved in street music based on their actual preference just as sighted street musicians did. This view was also expressed by some of the blind street musicians. The vast majority of blind street musicians in this study, however, were probably inspired by the income and livelihood reliability of street music, as highlighted by most of the participants themselves, as well as by most of the key informants. Many participants also revealed that they would continue street music unless a new job could offer them a relatively similar or higher income, which, they asserted, was unlikely.

It can therefore, be concluded that returns from street music are significant enough for them to be adequate everyday livelihood, in particular for those who had lived in long-term poverty and still encountered restrictions to job and income generating opportunities.

6.2.5 Work flexibility

The final rationale for street music was that it allowed visually impaired people to have work flexibility. First, it was flexible in a sense that the participants were not accountable to managers for their street music. They could have high levels of control over their everyday working and living activities, and could set the plans for street music flexibly. According to key informant Samuel aged fifty-five, also recognised as a key stakeholder among the street musicians, street music was quite flexible and visually impaired people could operate independently. They seemed to enjoy a high

level of self-autonomy. This was affirmed by another key informant Kevin aged forty-seven that visually impaired people preferred having control of their lives (interviewed on 19th March, 2014).

In line with their work schedules, the majority of visually impaired participants indicated that they worked for about six to seven hours a day and almost every day. They regularly had a day off on Mondays. They went out to earn income for two sessions a day, the morning round, usually from 6.00 am to 9.00 am, and the afternoon round, usually from 3.00 pm to 7.00 pm. They consequently had plenty of time for other activities rather than working non-stop throughout the day. This issue is also described in Section 6.3.2.

In addition, street music was flexible in that they had freedom from workplace stigma. Compared to regular workplace environments, disabled workers are restricted to the negative attitudes of their employers and colleagues together with physical barriers. Employers are of the view that people with disabilities may have poor control over movement, create negative reactions from customers, acquire multiple injuries while at the workplace, and have difficulties commuting from their home to the workplace and on their daily round (Jones and Latreille, 2010; Kulkarni and Valk, 2010). Ariya, a female participant aged twenty-three from the upper central part, stated:

> *Employers and colleagues generally assume that we are unable to do anything because of our perceived disability. As experienced by my friends and myself, they were hesitant about how blind people could live on our own in the workplace like moving around the office, going for lunch, going to the toilet, coping with documents and performing our work. They don't believe that we can perform such activities on our own. It was often embarrassing for us to answer the silly questions like how you do this for example.*

It appears, then, that, street music enables visually impaired people to achieve independent living economically and socially.

To conclude, visually impaired participants and key informants agreed that street music can be regarded as an accessible, practicable, affordable, reliable and flexible income generating choice for visually impaired people. However, even though street music is a highly stigmatised profession in Thailand, there are a number of positive factors which facilitate the choice of career for visually

impaired people, and lead to their becoming involved and remaining in street music as their main source of income.

6.3   Everyday practices of street music

This section describes how visually impaired people generated income from street music on a daily basis. The section firstly introduces forms of street musicians found in the fieldwork, including karaoke singers, solo musicians and band musicians. Next, the focus is given on daily work arrangements for street music, including selection of day, selection of time and selection of location, followed by transportation arrangement, and ends up with performance with a sighted companion.

6.3.1   Forms of street musicians

This section describes the forms of street musicians who participated in the fieldwork and aims to introduce the different forms and characteristics of street musicians collected from the fieldwork, rather than making an analytical comparison of street musicians and performances. The findings show that blind street musicians can be classified into three main groups: karaoke singers, solo musicians, and band musicians, as described below.

Karaoke singers

Karaoke singers in this study refer to those who singing as they walk along the streets, backed by a karaoke player. Some of these performers sing with a karaoke player in the same pitch, especially those who are elderly. Mostly these karaoke singers are unable to play musical instruments. To collect money, they carry a karaoke player singing and travelling along streets or footways, wandering around open-air markets, or sitting or standing at bus stops, on flyovers, in front of government or commercial buildings and so on. They use a bag or a small donation box to contain money from people who are walking by or selling things along the line. Based on their unique characteristics of singing and walking at the same time, general public, even the participants themselves, call these karaoke singers "a travelling minstrel".

The majority of the participants in this study were karaoke singers (twenty-four out of thirty-seven). Most of them were unable to play musical instruments. Many karaoke singers learned singing skills from the special blind school. Some had learned and practised singing on their own at home by listening to the radio from a young age, especially those who did not attend school. These participants preferred singing with a karaoke player because it was convenient for them to operate. They also said that they could manage income generating arrangements and living expenses flexibly with a karaoke singing performance.

As mentioned by many of the other participants, and consistent with the opinions of key informants, these karaoke singers, or so-called travelling minstrels, did not aim to achieve a career as professional singers, but mostly sang just for a livelihood. Some participants believed that these karaoke singers created false perceptions for the general public towards street music, likening it to begging (Kwanyeun and Charnchareonlap 2003). The karaoke singers, however, insisted that they could perform singing professionally as well as any other singers and musicians. Some karaoke singers emphasised that they had also been hired or invited to special events.

The thesis defines this group of visually impaired people as street musicians instead of blind minstrels based on the way they perceived and identified themselves, rather than the way they were perceived and identified by others (Abberley 1987; Murugami 2009; Oliver 1990). As Sirisak, a 50-year-old man who was born blind from the lower Northeast pointed out:

> I always inform the audiences and those who walk past that I'm a genuine singer, not a beggar. Since I'm not a superstar, I think I'm called a beggar instead. However, I do my job to the best of my ability. I don't care whatever they think about or say to me.

Solo musicians

Another group of street musicians in this study were solo musicians, which referred to those who play at least one musical instrument, generally a guitar or other portable instruments, sometimes accompanied by singing. They not only have vocal abilities, but also acquire musical skills. These musicians usually perform their shows in the same place, located either on the street or in other public open spaces. They reserve their place, alternating with other performers. This form of

performance is referred to as a walking-by act, which has no set commencement ending during the shows (Simpson 2010). The audiences are generally those who walk past paying attention to the performance as they do so. These solo musicians collect money by putting a donation box in front of the performance.

Only three male participants in this category participated in this research. One sang and played a guitar, while the other two played north-eastern traditional musical instruments, both in band and solo, but mostly they performed as a soloist. These participants choose to be a solo musician because of their personal preference and their particular music skills. They pointed out that they wanted to show their own talents, especially the ability to play musical instruments, in exchange for earnings, just as sighted street musicians do. As well as performing in the streets or in any other public areas, they were hired for special events or they were introduced by audiences who had appreciated their entertaining capabilities in the past. They also wished to become professionally accepted musicians in the future. *Jiraphong, a man aged thirty years from the lower Northeast stated:*

> *After I failed to enter the university as I expected, I turned to street music performance instead. I can sing and play a guitar and a keyboard from the special blind school. I am happy with what I am doing, and hope to become accepted as an employed musician one day.*

Band musicians

Band musicians in this study refers to those who perform on musical instruments along with singing in a group or a full band. The musical instruments being used in the band generally include at least one or more than one of the following: a guitar, a bass guitar, a keyboard, and drums. They usually cover various genres of songs in popularity. Like solo musicians, these band musicians normally perform music as walking-by acts on a pitch used interchangeably. They used a donation box for collecting money from people passing by.

Two different types of band musicians emerged from the fieldwork. The first group, known for acoustic genre, were composed of three members including one acoustic guitar player, one percussionist and one lead singer. These street musicians had passed the special blind school,

became fascinated in music, and learned how to play music from there since a child. They had been engaged in street music for years, but had been playing in the same group for about one year.

The other type was established as a full musical band. This band comprised seven members including two guitars, one bassist, one keyboardist, one drummer, one lead singer and one sound controller. They had known each other and been involved in street music for a long time or since they had attended the special blind school.

Since these band musicians were recognised for their musical and performance skills, along with word of mouth dissemination being launched by their long-term admirers, they were hired and offered special invitations. Occasionally they attended music performance competitions, and had been awarded prizes. They were also invited to live performance on television programs.

To summarise, the groups of street musicians in this study included karaoke singers, solo musicians and band musicians. It is more likely for the participants with advanced music proficiencies to perform in a music band, whereas those with fewer musical skills mostly perform as karaoke singers. On the other hand, those who can sing and play musical instruments at the same time perform as solo musicians. Those who performed as karaoke singers and solo musicians were more likely than thos who performed in a band to earn higher income. This has been described for more details in the next chapter.

Table 6.2: Summary of types of blind street musicians

	Karaoke singer	Solo musician	Band musician
Methods of performance	Carrying a karaoke player, singing and travelling along streets	Playing at least one musical instrument, generally a guitar or other portable instruments	Performing on musical instruments along with singing in a small group or in a full band
Pitches of performance	Along streets or footways, wandering around open-air markets, or sitting or standing at bus stops, on flyovers, in front of government or commercial buildings	Either on the street or in other public open spaces, or in open markets, at bus stops, on flyovers, in front of government and commercial buildings	Mostly similar to solo musicians
Rationale	Convenient to operate and to manage financially	Personal preference and particular music skills	Engaging together in music performance for a long time
Special invitation	Rare	Occasionally	More often

6.3.2 Daily working arrangements

A well-organised schedule is vitally important for street music as it is for other street activities. It should be designed to maximise income and this will vary in accordance with number of people on a particular day, at a particular time and in a particular location. In this section, emphasis is given to explaining how the performing schedule and location affect income collection. The explanation includes choice of day, choice of time and choice of location.

Choice of day

In principle, blind street musicians tended to arrange the daily routine of street music meticulously on the basis of the likelihood of making a reasonable income. To evaluate the likelihood of income collection, street musicians in the first place needed to recognise some special and important days during the year. In other words, they had to be well-prepared for special days or special occasions, events, ceremonies, celebrations and so forth, even if those special occasions were held on weekends or public holidays. These were considered remarkably good days, where they could

collect more income. These days occur mostly during between January and March and again between late October and December.

According to the individual interviews and the group discussions, most of the participants said that they earned a living from street music every day. They even worked on weekends, public holidays or special vacations, where they could gain more income compared to that from ordinary workdays. Even so, they could take day breaks any time that they thought it would be too costly for them to go outside for street music, usually because few people were in the street. In particular they preferred Buddhist Holy days and other Buddhist holidays, since they often received extra income rewards from those who were gaining merit by giving to the monks along the street. Such Buddhist occasions can occur on any day, usually once a week, consistent with the cycle of the Buddhist Lunisolar Calendar. In Thai society, people are more likely to offer monetary rewards or gratuities in special occasions rather than during general business days or weekends. Especially those days that are Buddhist holy days, royal ceremonies, public festivals, their own or their family's birthday anniversaries and other public holidays for example. It is a matter of fact that Thai people, most of whom profess Theravada Buddhism, habitually create an accumulation of merit for themselves or their affiliates to reach a prosperous life in the future, as previously highlighted in chapter 4.

Moreover, they also generated income on public holidays including royal ceremonies, traditional Thai festivals, Chinese and international New-Year festivals and so on, where a large number of tourists, both from Thailand and from abroad, crowded the streets for celebration. Some of the participants, especially those who played music in a band, were offered special invitations to perform on these occasions. Most of these celebrations are specified in the official calendar. They normally took the day off on Mondays as was usual for public cleaning arrangements, similar to other indoor markets and street traders, unless they were declared national public holidays. Street musicians can also generate more income during the end of the month when people receive their salary, and are disposed to spend more money. Street musicians therefore work harder at these times.

Choice of time

In terms of the work time, street musicians also need to ascertain the best times to find a reasonable number of people who are willing to pay for their performances. The more people there are, the greater amount of income they earn. Since people who pay for street music can be those who live in the area (mostly on public holidays) and those who are on excursion (mostly on working days and public holidays), performances in a crowded environment are likely to produce a satisfactory amount of income. As such, street musicians usually arrange street music typically during the rush hours on business days.

The results of the study show that, the participants usually performed their street music twice a day, mostly at times of peak traffic, generally in the morning from 6.00 am to 9.00 am or longer, and in the afternoon from 3.00 pm to 7.00 pm, or longer in the evening. Most of them noted that they had to get up very early in the morning, usually around 5.00 am or earlier, in order to prepare for street music prior to morning traffic congestion. They worked all day long on weekends and other special public holidays whenever there was a high volume of travelers as described above. During their spare time, they said that they usually did household tasks, or transcribed songs by ear from the radio, CD player or internet archive for future performances, or went out to meet their friends or look after personal matters, or rested at home. Some participants said that they also earned extra income from massage or lottery selling during these intervals. Those who accepted invitations to special events usually worked at other than these times. They might perform for two or three hours or more during the daytime but frequently, they are invited to perform in evening or night-time events and therefore they often had to return home late at night. This led to their facing health issues, which are described in the next section.

Choice of location

The place of street music, known as a *pitch*, is also closely associated with specific days and times and is highly relevant with regard to the amount of income collected. Different locations earn different amounts of income, and the particular day and time also affect the choice of location. In general, the places popular for pitches among street musicians are situated in public open spaces. Mostly these public open spaces are marked by a low volume of ambient noise, infrequently

interrupted, and alive with a large number of pedestrians and, importantly, must be easily accessible. In addition, they perform in government-owned and-privately owned open spaces, such as outside government buildings, in school areas, in open air markets, in front of shopping malls or department stores, commercial blocks etc., generally during business hours. The use of these places is granted to street musicians upon formal permission from the management. Therefore, to secure the occupancy, they need to plan their performances in advance.

The individual interviews and focus groups show that the participants indicated that they usually based their performance on streets or footpaths, in public parks, near transport systems, at bus stops, on overpasses and so forth. In particular those who performed as karaoke singers generally walked and performed along pavements. These locations were occupied during the times of commuter traffic on business days, especially early in the morning and late afternoon where there were large crowds. Sometimes they chose to organise their performances in tourist destinations for festivals or celebrations, specifically during long public holidays, or in such entertainment places as restaurants, food centres and plazas, where they could sometimes earn large amounts of income. Some participants, especially skilled singers and capable band musicians, were invited to perform in social ceremonies and social events, such as New Year parties, public festivals, wedding ceremonies, funerals, monkhood entry ceremonies or even on live television shows.

Nonetheless, the majority of these street musicians said that they preferred doing music performances in recurring locations close to their places of residence, which made it easier for them to find their way when they were commuting back and forth. Only few of them preferred travelling further, in particular those who had their own car. On their home ground they were able not only to weigh up the volume of income with the number of pedestrians more accurately, but also to strengthen social contact with nearby street sellers, who always helped them with spatial arrangements and helpful vigilance during the performance. When they performed in open air markets, they seldom needed to ask permission from the market owners each time they performed, and also had the rent payment waived by the owners, despite the fact that it was usually required for all space users. Hence, a suitable choice of location for music performance could ameliorate conditions for blind street musicians both economically and socially.

In summary, the participants usually adopted well-planned arrangements for generating income from music performance. They did not need to work every day, nor to work all day long, except for those occasions when there was a potential paying audience available. As regards the place of performance, karaoke singers usually travelled in the street, while other musicians positioned themselves on a specific spot in a public open space. They could find altruistic support through social connectivity for their performances and had the security of occupancy of specific spaces and co-operative surveillance of possible risks.

6.3.3 Transportation arrangements

Transportation seems to be one of the biggest barriers against everyday life for people with disabilities in Thailand, including these blind street musicians. It is a matter of fact that public transport systems in Thailand, such as buses, trains, subways and so forth, are inadequately accessible to them. According to Ariya, a blind woman aged twenty-three from the central region:

> *I am very much worried about traveling and using the bus alone because I*
> *cannot see the bus number. I also feel hesitated to ask for help from other*
> *people. I then have to travel by taxi.*

In face-to-face interviews and group discussions, most of the participants reported that they commuted back and forth for street music using private vehicles and taxis, but mostly by motorcycles, especially those who were karaoke singers or solo musicians. Some nine participants indicated that they travelled in their own cars, particularly band musicians who shared a rental house. One man and one woman had their sighted partners to serve as drivers, while others hired their own drivers. Even though some of them were unable to purchase a car themselves, they appointed their relatives or friends to be the nominee of ownership, except for one man and one woman whose partners had full vision. Apart from inaccessible public transport, they pointed out that they preferred travelling in a private vehicle because it was more convenient for them when bringing equipment with them for performance. It was difficult for them to carry these pieces of equipment when travelling by bus.

In regard to hiring rates, they normally agreed with the driver to pay a fixed rate on a daily basis. Less often they paid regular fares like other clients. They generally arranged a long-term hiring

arrangement with a driver for a certain period of time, so that they felt the driver was trustworthy, sociable and co-operative with them. Sometimes they could ask the driver for additional assistance other than driving them to the performance sites such as buying them food, carrying out banking activities on their behalf, paying bills, etc. The customers and the drivers kept in touch with each other by mobile phone. Only one male participant reported using public transportation, as he was partially sighted and able to travel on his own. For those with complete loss of eyesight, it was difficult to identify the bus numbers for themselves, and they thus needed the help of nearby travellers.

Nonetheless, these street musicians were happy with transportation in Bangkok metropolitan areas, as it enabled them to achieve freedom of movement that in turn ameliorated their independent living, compared to transport conditions in their hometowns. Private vehicles are more comfortable and reliable for blind street musicians than public transport, despite the additional cost. Using private vehicles was, however, sometimes dangerous for them in that their trust could be abused by the driver, which will be described in the next section.

To conclude, blind street musicians still have limited access to transportation. They mainly on private vehicles for hire, or they had to purchase their own cars, adding to their cost of living.

6.3.4   Performance with a sighted companion

To be capable of reaching their destinations most easily, a sighted companion is often necessary for visually impaired people, including these street musicians. In addition to inadequate access to public transportation, the footpaths in Bangkok areas (and those in other regions) are poorly constructed, damaged and frequently full of barricades and street sellers. Visually impaired people consequently have difficulties walking on their own. As shown from the fieldwork interviews, many blind street musicians, especially those who performed as a karaoke singer walking and singing along the street, reported that they arrived at the performing sites escorted by a sighted companion. Those companions were sometimes their sighted partners, but more often were their own children. In the case of their children, they generally went together after school, on weekends and public holidays and/or during the school break.

I usually go along with my son in the evening round and on weekends. He is
helpful a lot. He reads the bus numbers for me, calls the taxi for me, escorts and
helps me avoid obstructions during singing. He is truly my eyes said Lamai, a
thirty-nine-year-old woman from the south.

For those with partners, they travelled together regularly during the day, unless their partners had permanent jobs. These street musicians said that they preferred travelling with a sighted guide because it was more comfortable, reliable and safe. Benchawan, a forty-seven-year-old woman from the north said, 'As my husband is a taxi driver, it is convenient for me to travel to the performing sites. Sometimes he walks with me during the performance' performance.'

In addition, walking and performing with children, as pointed out by the participants, could help them earn a higher amount of income than walking and performing alone or with adults, as they looked more noticeable and pitiful to passers-by, especially those with young children. Benchawan also said:

My daughter had escorted me in my street music since she was about six years
old. Many of those who gave me money also gave money to her. They also said
to my daughter that it was good for her to help her blind mother.

In Thai society, people who are regarded as being physically vulnerable, or as in inferior socio-economic status, such as women, children, elderly people and people with disabilities, are more likely to receive kind support and generosity rooted in a sense of sympathy and compassion from general public. This pattern of social relationships has been inherited from the Buddhist notion of four sublime states in amalgamation with Thai socio-cultural traditions, as earlier noted in Chapter 4. Therefore, these blind street musicians who performed with their children received more sympathy and assistance by means of charity and through merit making.

Since visually impaired people generating income from street activities are culturally stereotyped as pitied beggars, they are generally confronted with various forms of social stigma. This feeling of stigma is also inevitably extended to their sighted companions who are engaged with them in such events, whether they are a child or an adult (Goffman 1963). As noted by the participants, their children many times experienced stigma when accompanying their parents for street music, in

particular when they met their classmates during the performance. And later at school, they were mocked by their classmates or other friends who knew them telling that their father or mother was blind, or their father or mother was a beggar. More unpleasant was that they were likened to a dog guiding a blind person on the street. This sometimes resulted in altercations among them. Thippawan, a forty-four year-old woman from the central region, said:

> *One day, I received a telephone call from the school. The teacher told me that my son had hit one of his friends in the classroom. So, I was advised to visit the school and meet with that teacher for further discussion (interviewed on 8th September, 2014).*

The participants who experienced this problem reported that they sought to explain the situation to their children, so that they could clarify them to their friends. The teachers were also in support of reasonable explanation and a change in attitude from their students. If this did not happen they decided to remove their children from being involved in street music in any way at all. Some participants had never been accompanied by their children as they did not wish to let their children know about, and become involved in, street music, as they were concerned that their children might be ashamed and humiliated by others.

The street musicians usually sent their children to school and the children regularly accompanied their blind parents after school, or on the weekends or during school break. Since the Child Protection Act B.C. 2546 (2003) was promulgated, it is more difficult for these street musicians to take their children to generate income. The law is to protect children under 18 years of age from all forms of abuses, exploitation, violence, and gross negligence (Child Protection Act 2003). Some street musicians participating in the research still had their children accompany them.

Walking and performing with a sighted adult, as described by those with a sighted partner, was perceived negatively by the general public. The sighted partners were regarded as being involved in human trafficking, similar to those in organised begging, specifically female street musicians escorted by sighted men. No matter what relationship blind women and sighted men might have, sighted men were likely to be assumed to be opportunists exploiting blind women who were considered to be in an inferior and disadvantaged position. On the other hand, blind men escorted by sighted women tended to be seen more positively based on the difference between men and

women in social roles and obligations. For instance, Benchawan highlighted that she was regularly escorted by her sighted husband, but he had been understood by many people in the street to be a pimp capitalising on a blind woman like herself. He felt stigmatised at first, but later on, he could recognise and accept the situation.

Men and women in Thai society have different roles and responsibilities in the family structure. Men generally take charge in external endeavours such as political leadership and financial matters. Women, on the other hand take most responsibilities for domestic and child care tasks (Bhongsvej 2004). As a result, many blind street musicians decide to hire a sighted companion in place of their partner or children, in particular where those being hired had the same sexual orientation as the street musicians.

For those who performed as a soloist and a band musician, a sighted companion was occasionally needed. They normally commuted back and forth by private car, with either their partner or a hired driver, as described in Section 6.3.3.

In short, blind street musicians seemed to prefer a sighted companion to assist them for transport and walking on the street, owing to inaccessible public transport systems as well as frequent obstructions and rough pavements. They were mostly escorted by their sighted partners or their children, or by hired companions in case they needed to protect their partners and their children from experiencing stigma. This resulted in an additional living cost for them.

To conclude, this section describes the pattern of everyday practices as street musicians. The topics include what forms of street music were undertaken by visually impaired people, who earned income from street music, how they arranged their daily schedules for street music, how they travelled to their performing sites, and who travelled with them to their street music.

6.4   Everyday challenges in the lives as street musicians

This section draws attention to the fundamental issues and challenges confronting visually impaired people who earn income from street music. The issues and challenges that emerged from the fieldwork can be summarised into the following themes: legal-authoritative abuses, impact of

political crisis and weather conditions, health issues, and crime and violence towards blind street musicians.

6.4.1 Legal-authoritative persecution towards blind street musicians

As reported in the individual interviews and focus group discussions, a large number of blind street musicians, both male and female, had been mistreated physically or illegally by policemen or local government officers. They had been issued with fines, or most seriously, they had been charged with minor crimes while on the street. They were usually accused of creating footpath obstruction, making a noise or begging for money, particularly those who performed as karaoke singers. If they performed with a sighted companion, they had been accused of engaging in human trafficking. This sometimes led to bribery as local government officers demanded money as an alternative to their being arrested. They were forced to pay significant bribes in exchange for their freedom and the right to make an income.

Furthermore, some participants recounted that they had been insolently treated by police officers, which caused agitation and terror for them. Benchawan, a forty-seven-year-old woman, shared her story in the group discussion:

> *One day, while I was trying to find the way out of the performing site, I met a man who volunteered to escort me. As there was a big crowd, along with many merchants on the street, he told me that he was going to drive me to the main street, so that I could find a bus or a taxi back home easily. When he parked the car, he told me to get off, and told me that he was a policeman. I realised that I had just arrived at the police station.*

Following Benchawan's experience, the group discussion participants concluded that she was clearly humiliated. She would not have been treated in such a disrespectful manner if she were fully sighted. Thus, the policeman not only harassed her physically, but also oppressed her mentally because of her disability.

Some of the participants indicated that they had been fined 500 Thai Baht (more than the minimum wage of 300 Thai Baht per day). Otherwise, they had been sent to a welfare residential institution

for vocational and behavioral rehabilitation. The vocational programs, however, were designed for sighted people, and in addition there was no job reserved for them upon release. They stated that they had returned to street music. This resulted in their losing income and wasting family time as the family needed to travel in order to release them from the police station or the welfare residential institution.

The above circumstances were mainly derived from ambiguous legal interpretations caused by social stereotyping towards people with disabilities. According to *Begging Regulation Act B.E. 2484* (or *C.E. 1941*), begging activities in Thailand are prohibited. Since blind street musicians were classified as beggars instead of genuine musicians, they had been outlawed. This law was abolished in July 2016, or after the fieldwork entry, and replaced with new legislation called the *Public Performance Act B.E. 2559* (or *C.E. 2016*). This new law requires street music and other street activities to be regulated in relation to the eligibility of performers, time and location for performance, and registration. These criteria are examined and certified by local authority. Those who intend to earn income from street music need to have a licence or permit granted. For this reason, it will be more complicated for visually impaired people to earn a living as street musicians in the future.

6.4.2 Health and safety issues

The findings indicate that blind street musicians were more liable to be exposed to the risk of facing health and safety issues in generating income from street music than sighted performers. First and foremost, almost all participants accepted that they had been directly exposed to air pollution while performing on the street, especially those karaoke singers walking and singing at the same time. This led to their having respiratory conditions, which in turn affected their vocal ability. In addition, they had been unprotected from the elements, and many times could not shelter from the rain. As a result, they became sick and unfit, and this prevented their making a living temporarily.

Some participants who accepted invitations to social events also said that they could not follow their daily living activities as usual. Sometimes they missed out mealtimes and sleep because they were asked to finish a performance late at night. Some participants particularly those who were older, suffered one or more of the following health conditions: gastritis, constipation, insomnia,

exhaustion, diabetes, and high blood pressure. These participants indicated that they usually relied on local pharmacies for medication, or local clinics through self-funding, or if the condition was serious, they went to the hospital using universal health care schemes.

In terms of safety issues, most participants, especially those who were completely blind, indicated that the lack of accessible pedestrian signals, such as slope indications, traffic sounds, detectable warnings and so on, reduced their ability to travel and cross streets safely and independently, particularly when they travelled alone. When travelling without escorts, all they had to identify and avoid obstructions was a long white cane, which was inadequate to keep them safe. Some participants, mainly those who performed karaoke singing, reported hitting lampposts, falling into open drains, having difficulties crossing intersections, being incapable of recognising new constructions and so forth. In addition to inaccessible pedestrian design, most participants identified that they had also been affected by obstructed pavements, as there were many street merchants placing their goods and chattels across pathways, and some people, in the absence of traffic police, bicycled or even motorcycled on the footpaths.

In the light of these circumstances, blind street musicians seem to be vulnerable to a number of risks. To mitigate these risks it would be necessary for them to have more income choices and adequate social protection.

6.4.3 Impact of rainfall and political crises

A number of unpredictable events can affect income collection from street music, particularly rainfall and political crises. The participants mentioned that they often failed to earn as much money as they expected because of the reduced number of people on the streets during the rainy season—from June to September. They often had to cancel their performances, or to end their performance abruptly as a consequence of heavy rain, especially those who performed as karaoke singers.

They were also incapable of traveling and generating income from street music due to ongoing political crises, during which large numbers of protesters gathered in the street. They sometimes had to stay at home and thus made no income at all. This situation occurred during the fieldwork period for this thesis in 2014, when many of the streets in Bangkok city were occupied by political

demonstrations against the government, followed by a military coup and curfew being decreed. Most of the street musicians suffered from the loss of income, which affected the everyday lives of themselves and their families. Thus, the participants advised that street musicians needed to carefully organise their performance schedules so that they could handle predictable and unpredictable risks challenging them in the future.

6.4.4   Crime and violence

Many of the participants had experienced different forms of crime and violence, including robbery, sexual harassment, brawls and conflict, as provided in more detail below.

Robbery and deception

Robbery and deception are regarded as the common acts of abuse towards people and their property around the world, not excluding people with disabilities. In this research, many of the participants had been physically threatened by robbery and deprived of possessions by strangers while on the street. At first, the robbers or deceivers pretended to help them; for example, they offered to carry personal belongings, escort them along the street, or accompany them to their destinations. While the participants were off guard, the criminals would steal the donation box and wallet, running away and leaving them alone. In addition, these participants noted that more frightening was that they had been robbed by taxi drivers or motorists while on the way home, which caused them property losses and injuries. In the group discussion, Denchai, a forty-nine-year-old man from the northeast, shared his horrific story. He had been assaulted by a taxi driver while going back from the performing site to his flat in Pathumthani Province, situated at the north of Bangkok city. Since the area was secluded, he had been knocked unconscious and deprived of his money and his equipment by the taxi driver. When he regained consciousness, he found himself in a field close to the main street. He tried to crawl from there, and to find someone to help him. Luckily, there was a police patrol passing by. Because Denchai could not identify the driver and his car, the policeman was unable to help pursue the offender for further investigation

In addition, the participants who became victims to robbery were perhaps so panicked that they could possibly make mistaken decisions in their eagerness to withdraw from the situation. This

could possibly lead to them being in greater jeopardy. According to the story of Lamai, a thirty-nine-year-old woman from the south:

> *While my son and I were taking a taxi back home, the taxi driver suspiciously*
> *asked about our job, our income and what in our bag. My son whispered me*
> *that he looked distrustful. I asked the taxi driver to stop. I also told my son to*
> *prepare escape from the taxi if he didn't stop. But eventually, he stopped.*

Lamai stated that she intended to jump off the taxi with her son. She realised that it was too dangerous for them. As she was scared, and did not know where the taxi driver was taking them, it might be worth the risk in order to survive. She also taught her son to be cautious and observant—noting the number plate, memorising the characteristics of the taxi and the driver, noticing the way back home carefully.

Finally, the most dangerous scenario was that when the participants chose to defend themselves from theft, and fought with the thief. This situation could place them in even greater peril or, in the worst case, it could encourage the perpetrator to commit another crime. This scenario was derived from the story of Benchawan, a forty-seven-year-old woman from the north. She explained that she used to fight a local beggar who tried to take her money. As the beggar was physically impaired, he moved clumsily. She put him in a headlock and then called for help. She said that, because she was totally blind and became more disadvantaged, she had to completely stop him, despite having to use violence. Otherwise, she would be hurt instead. Kanchana, a forty-eight-year-old woman from the north, also shared her story:

> *Many years ago, while taking a motorcycle back from singing, I found that the*
> *motorist took me out of the way home. I was very scared and asked him to drop*
> *me. He didn't say anything. So, I showed him a pocketknife I always brought*
> *with me, and told him that it was fine for me to go down to hell with him.*

In a while, the motorist dropped her in the middle of the road, and let her find the way home herself. Based on the above circumstances, blind street musicians preferred hiring a taxi or a motorcycle privately on a regular basis, or even purchase a car of their own, in order to protect themselves from any risk during the journey.

However, visually impaired people seem to be simply victims vulnerable to any act of robbery and deception, since they are not fully capable of detecting threats and seeking to circumvent them. Sirisak, a fifty-year-old man from the lower northeast, mentioned that he had been cheated when he sold lottery tickets. While he was walking past a house a man called on him to stop, and then came to select favoured ticket numbers. The man later told him that he needed a moment to return to his house to get money for purchases as he did not have any money with him. The man asked him to wait in front of the house and took the tickets away with him. Soon after that, woman approached and asked him what he was looking for. He informed her that he was waiting for a man in the house who bought his lottery tickets and was getting money to pay for purchases. The lady told him that the house belonged to her, and confirmed that nobody in the house had purchased his lottery tickets. Sirisak realised that he had been deceived by a swindler (interviewed on 11th November, 2014). To conclude, it was more likely for blind street musicians to be subject to acts of violence in relation to robbery and deception than others suffering disabilities.

Sexual abuse

Although sexual abuse is recognised as an extreme threat and a form of violence towards people with disabilities all over the world, it is rarely discussed due to cultural constraints. Similarly in Thai society, discussions on sexual issues are not acceptable and uncommon particularly in public. However, blind street musicians in this study, both male and female, who had been sexually harassed or abused during their journey or performance, willingly volunteered to share their experiences in the face-to-face interviews and in the group discussions. Perhaps they sought to better the opportunity to release their internal frustration, and also needed to exchange ideas for improved self-protection.

The most frequent incident regarding sexual oppression reported was that both male and female participants had been physically molested by strangers while performing or walking on the street. The strangers had often touched, or fondled, or squeezed their private body parts. When the participants shouted out loud for help, the offenders immediately ran away. While the participants were finding their way to the restroom, especially the women, strangers pretended to help, but actually, they led the participants in the wrong direction., Chonnicha, a forty-four-year-old woman from the northeast, said:

> *As I didn't know where the toilet was, I tried to find someone to ask. Unfortunately, I met a man who lied and tried to sexually harass me. I screamed loudly and resisted him to the best of my capacity. Then, he released me and run away.*

Lamai, who met with the distressing incident in a taxi with her son as described above, said that she had heard a sad story from her friend. She said that while her friend was on the way back home by a tuk-tuk—a vehicle for hire, also called an auto rickshaw or putt-putt, as shown in Figure 2, there was unexpected heavy rain. The driver then parked the tuk-tuk beside the road, putting the cover on the vehicle to stop the rain from coming in. In a while, he got back in the tuk-tuk, and started attacking and raping Lamai's friend ruthlessly. As the rain was falling heavily, no one could hear her screaming for help.

Figure 6.1: Tuk-tuk in Bangkok

Source: From Wikipedia: https://en.wikipedia.org/wiki/Auto_rickshaw

Blind street musicians thus tend to be vulnerable to a high risk of being sexually assaulted, especially female ones. More significantly, they were discouraged from pursuing their cases to the point of prosecution, possibly because of limited access to the justice system in addition to their feelings of hesitancy due to the stigma attached to them.

Conflict with local people

In the individual interviews and in the group discussions, many of the fieldwork participants reported that every so often they had been engaged in brawls with local people, such as street traders, policemen, local government officers, disabled and non-disabled beggars (as in Benchawan's story), or even with blind street musicians like themselves. They had stumbled into conflict with local people basically owing to the use of space and rivalry for income, in particular with local beggars and blind street musicians. In addition, they had confronted local merchants in that they were accused of making them lose profits, or were regarded as disturbing and being undesirable for shoppers and passers-by. The participants also noted that sometimes they had been bullied and coerced by those sellers including sighted beggars in order to remove them from the area. These circumstances had devastated them, and ultimately led to their being involved in serious battles. Many participants made a connection with local market owners so as to be allocated a space for their performance and to be safeguarded as regulars of the market.

In general, people with disabilities tend to be much more vulnerable to the risk of crime and violence due to stigma, discrimination, ignorance about disability and the lack of social support, and this vulnerability applies most to those with intellectual and communication impairment (UNICEF 2005; Hughes et al. 2012). News agencies in Thailand reported six years ago that an autistic student aged eighteen had been sexually abused by her two teachers at a segregated residential school located in Rayong Province (Manager 10 January 2012). In the following year, police officers revealed that a teacher aged forty who had sexually victimised his hearing impaired students both boys and girls at a special school in Bangkok, had been arrested (*Manager* 15 October 2013). Undoubtedly because of their being disabled, the investigation of these cases was at first disregarded and delayed until they were made known to the public, especially as social media had not been so widespread at the time the offences had been committed. More recently, there were two serious cases in Thailand. The first case involved an intellectually impaired student in Prachinburi Province who had been bullied by his friends in the classroom. He fought with his friends as he could not accept the way he was being treated (*TNN News* 22 May 2016). Many people strongly criticised the school and the parents of the bullies.

The other serious incident in the capital city was that of a thirty-six-year-old man who had a walking difficulty but was working for a bakery and looking after his two children. He was verbally harassed by six teenagers for his disability, while driving his motorcycle for bread delivery. He had a dispute with them when he asked for apologies from those who intimidated him. He was denied his demand, and so he condemned their behavior in the strongest terms. Reacting angrily, the six men later followed him to the bread shop and continued the confrontation, leading to an intense brawl. During the clash, a girl, supposed to be one of the six men's partners, told them to kill him. Even though many witnesses tried to stop the battle, they were threatened by the six gangsters who had weapons. Soon afterward, the police officers came and halted the brawl but the disabled victim had to be taken to the hospital, where he later died (*Bangkok Post*, 3 May 2016). Both incidents were publicised rapidly and widely through social media. The facts surrounding these acts of violence devastated and infuriated Thai people, and led to a campaign for a fair investigation and substantial punishment. Those gangsters had already been sentenced in 2017 to jail for between ten years and fourteen years. It is clear that violence prevention for people with disabilities is urgently required. In particular, the cultural norms that permit violence against people with disabilities must be changed, together with other relevant risk factors for all forms of violence (WHO 2010).

To summarise, this section shows that blind street musicians experience a number of difficulties and challenges earning a living. Most frustrating is that they are unfairly accused by police and local government officers of not working but just begging money from people in the street. Moreover, their health deteriorated, not only because of air pollution and weather conditions while in the street, but also because of an unsuitable lifestyle caused by work-life imbalance. All these issues could decrease their capacity to generate income from street music and so potentially could make them face economic hardships, particularly those who are elderly. Seasonal changes and political turmoil also became obstacles towards their earning a living. Finally, blind street musicians were vulnerable to a number of high risks in everyday life, in particular those related to crime and violence.

6.5 Perceptions about views held towards visually impaired people who work as street musicians

Based on the popular sense of pity and sympathy and the practice of charity and the gaining of merit as discussed in Chapter 4.3, this section explains how blind street musicians perceive the views of the general public, the views of their family and their own views towards themselves as a street musician. The analysis shows that their perceptions reflect the Thai Buddhist cultural and traditional attitudes to themselves as people with disabilities, which affects how they perceived and responded to the views of the general public and their own views towards a career in street musicianship.

6.5.1 Views held by the general public

According to the fieldwork interviews, the majority of participants believed that the general public hold discriminatory views towards disabled street musicians like themselves. They argue that they are regarded by the general public as pitiable beggars rather than capable and professional musicians. Chonnicha, currently a 50-year-old singer who was born blind from the upper Northeast, shared her unpleasant experience:

> *I'm really unhappy when people call me a pitied beggar. I often try to explain to them that I'm a capable singer and ask them not to call me a beggar. Disappointingly, they continue calling me a pitied Beggar. They told me not to excuse for what I am. They then said that they had been going to donate money to me as a pitied beggar. I then had tear drops while receiving their money.*

This is consistent with Chalorsak Tungsunan, a 79-year-old violinist who performed at BTS Siam for seven years with no holiday. He always brought his music instrument with a speaker with him to his pitch. He spent the rest of his life playing a violin for income since he was 13. He spoke to the newspaper: 'please don't say I'm a beggar… I'm a musician… I've never asked or force anyone to give me money' (Bangkok Post 2015).

These blind street musicians felt that as beggars they had persuaded passers-by with their sympathetic appearances and expressions to feel a sense of pity and make donations, while as blind

street musicians they felt they had entertained audiences with the sounds of music to provide enjoyment and elicit income rewards. More unacceptable was that sighted street musicians were more respected for their capability and professionalism despite both groups sharing skills irrelevant to the disabled musicians' impairments. Kobkij, born blind aged thirty-two from the lower northeast, observed that audiences gave money to blind street musicians like himself as charity, but gave more generously to sighted street musicians in admiration of the quality of the music. Suthep further commented:

> I personally think that general people dramatically look down upon blind street musicians, and treat them from a sense of shame. I think that public acceptance would not be derived from our appearances rather than our performances. If so, disabled people like ourselves will be subject to a sense of pity, and so charity including merit making is justified.

In addition, Jurin, currently a band keyboard player aged thirty-nine from the upper central part with his friends in the same band, described that while singing or playing music in public, many audiences and even passers-by said that they had given them money because they had pitied them, rather than because they had admired their music ability. That is, they had just put money in the basket and walked away, rather than listening to their performance. Krit and Somphong, both currently band musicians from the lower central area, including many participants in the group discussions also elaborated that they had often heard the donors, while offering them money, praying for happiness, good luck, wealth, good health, a lottery top prize, or even for their late friends or relatives. Based on these circumstances, Chonchanok, currently an independent singer aged thirty-three from the lower northeast, reflected that blind street musicians were more likely to be stigmatised and discouraged by social prejudices.

It was further noted by Theeraphan, currently a band guitar player aged thirty-one from the lower central area, that blind street musicians had been denied regular social and economic opportunities because of social prejudices over their disability. For instance, some of these street musicians aspired to a career in musicianship as do sighted musicians. They wished to become accompanists or join the backup musicians for a bandalong with sighted musicians. Unfortunately, the mainstream music industry is biased against them because of their disability. These musicians

needed to be recognised for their capabilities as professional musicians in the regular music industry, not only to prevent their being embarrassed by the general public, but also to increase public acceptance of their professionalism as well as to increasing income opportunities for other visually impaired musicians.

The findings demonstrate that some participants also recognised that public attitudes and responses towards themselves as people with disabilities were rooted in a sense of pity and compassion, but they seemed to be satisfied with such attitudes and responses and were not disheartened by it. They regarded it as kind generosity and a social compromise that could help them to survive. They assumed that the general public, when comparing them to those without a disability, regarded them as having fewer opportunities in various aspects of their life. In the opinion of some of the participants, therefore, they were viewed by the general public as deserving kindness and voluntary assistance that could lead them to social, economic support and boost their morale. As Mahasarn, formerly a Buddhist monk and currently an independent folk singer aged fifty-seven from the lower northeast, pointed out:

> *I'm positive about a sense of pity. I think that the general public don't really feel bad about people with disabilities, but they still care for them. I'm so happy that people in our society remain kind and generous, and are willing to share their love and compassion with people with disabilities by assisting and supporting them in one way or another. I view that it is a means of social reliance instead of humiliation.*

According to Phichan, currently an independent folk singer aged fifty-seven from the upper northeast:

> *I feel good with how the general public react to street musicians like myself because I think that they feel sympathetic with us and don't want to let us become miserable. Whenever people show their pity to me, especially while singing, I feel delighted. I always say thank you to them. When people walked pass me, I could observe that they donated me some money in exchange for the songs I sang. Sometimes children asked for money from their parents to give it to me.*

Thus there were some participants who held positive perceptions about public attitudes and responses towards themselves as disabled street musicians. They felt that perhaps the audiences had preferred their performances, appreciated their distinctive competence, and venerated their professionalism honestly. For example, Sirisak, currently an independent folk singer aged fifty from the lower northeast, felt that the audiences had given him money due to their enjoyment. Money, he stressed, had then been a reward in exchange for entertainment. Chaiyabhat, currently an independent folk singer aged thirty-six from the lower northeast, added:

> *I usually receive admiration from the audiences in addition to income rewards. I often sing a song by request. I so reckon that I receive income from them because of my songs and vocal capacity rather than my disability. However, I accept to a certain degree that it is possible for many audiences to offer money to blind street musicians due to their disability, old age, or sympathetic expression.*

Some participants further argued that blind street musicians should not spend too much time on the views of general public, specifically the distinction between a sense of pity and compassion, which was in any even hard to identify. They also believed that audiences these days tended to pay attention to ability rather than disability, and gave their money from their pleasure and enjoyment rather than their sense of pity and compassion. Sunee, currently a band singer and guitar player aged thirty-three from the lower northeast, shared her own experience:

> *I notice many times that the pedestrians already walked pass our performance, but they came back to give us money. I think they were satisfied with our performance, rather than feeling pity for us.*

It can, therefore, be concluded that blind street musicians have a range of responses to the attitudes of the general public. The majority of them felt desensitised by the audiences who gave them money as charity due to a sense of pity rather than as a reward due to the performers' ability, while a few were content to accept the sense of pity and compassion from the general public and were not discouraged by it. They regarded it as kind generosity and social cooperation that could help them to live their life in society. There were also some who seemed to compromise with public

attitudes, whether they accepted them or not. This might result from the way in which they embraced the Buddhist interpretations of disability.

6.5.2 Views from family members

For most of the participants, their families' views towards street music seemed to coincide with that of the general public. That is, the participants said their families tended to consider that street music was begging charity rather than working or generating income. Only some blind street musicians revealed that their families, some from the beginning and some recently, had accepted what they were doing for a living. Significantly, the distinction of how the family viewed their visually impaired children as street musicians was associated with how they took care of them when they were young. Families whose visually impaired participants were provided with a high level of loving care and self-autonomy seemed to accept the way in which they generated income, while those whose visually impaired participants were restricted to special care and limited self-autonomy appeared to disagree with their becoming street musicians. For those who had been neglected since childhood, their families did not pay attention to how they earned a living. The issue of family care and relationship has already been discussed in Chapter 5.2.

Five participants pointed out that they had not yet informed their families what they were doing for a living, and four indicated that they had informed their families, but their families had disagreed with their decisions. Four participants noted that their families had to make a mental effort to accept their generating income from street music, two stated that generating income from street music remained controversial in their families. In other words, some family members had agreed but some had not. Only three participants reported that their families agreed with them. As well as being attached to stereotypical views, these participants noted that their families had been subject to fears and anxieties for their wellbeing, especially those who acquired disability as adults. Most participants reported that they had been frequently asked by their families to withdraw from street music and return home, in particular those who came from families with good socio-economic wellbeing. These participants also noted that their families held the view that street music was a miserable and insecure job.

The participants who attained a high level of education seemed to encounter this problem to a greater extent. This is because their families supported their education, and anticipated their realising more appropriate careers than street music. For instance, Chonchanok, a thirty-four-year-old woman from the northeast who received an undergraduate diploma disclosed that she had not yet told her mother about her current income source. She was afraid that her mother and other family members would be disappointed with her and could not accept it. Only two daughters of hers knew what work she was doing and occasionally went with her. Likewise, Suthep, a twenty-eight-year-old man from the northeast who obtained a Bachelor's degree, revealed:

> *My parents and my sisters couldn't mentally accept what I'm doing for a living. I tried to explain to them that it was very difficult for me as a disabled person to find a job, even if I was a university graduate. They often asked me to go back home. I really felt uncomfortable and didn't want to talk with them on the phone.*

Suthep also added that his family had not longer circulated his life story in the neighbourhood as they used to do when he first entered the university. They did not wish to be embarrassed among the villagers and to be criticised by them.

The findings indicated that these families, with most being economically well-endowed, did not wish to see their visually impaired children go away from home. They were always concerned that their children who were blind disabled were unable to rely on their own. They favoured to take care of their children themselves, rather than to leave their children to live independently. If participants returned home, they would be subject to the extra care provided by their family, instead of a better income choice. However, the findings demonstrated that these street musicians were uncomfortable with extra family care, which often decreased their autonomy and self-determination (see Chapter 5.2.3).

Those whose family had agreed to what they were doing for a living, or had not genuinely appreciated it, but had mentally accepted it, insisted that they had to make a considerable effort to prove that they could make a living from what they contributed their time and energy to. They also showed that they had been able to give financial support to their families occasionally. Anucha, a

twenty-four-year-old man from the northeast, who excelled in Music and Performing Arts in his secondary education, shared his experience as follows:

> *I earlier had conflict with my parents because they didn't want me to study Music programs and to be a musician. After I completed secondary Education in Music Program, and many times joined live performances as a skilled percussionist on the TV shows, they then came to accept what I'm doing. They are also proud that I can be financially independent, and occasionally support them in family matters.*

Only nine participants reported that their families had fully accepted them as street musicians. The main reason for these families accepting their career choice was that they were happy to see their children become independent and able to earn a living on their own. Their families did not care about what other people thought about income from street music, only whether it could provide their children with a reliable income. These families had not expected them to contribute to the family financially, but hoped to see their children enable themselves to survive after they themselves were gone. Notably, these families had provided their blind children with warm love and care during childhood, and for the most part had permitted them a high level of independence.

Finally, five participants emphasised that their families had been inclined to be indifferent towards what they were doing for a living. These participants had been abandoned by their families from childhood as a result of the families' rejection of their disabilities. As long as they could survive on their own, and did not become a burden for the family, whatever they had did was acceptable. These participants did not wish to discuss this issue, particularly those who had departed from their families for a long period of time, or whose parents had separated or died early.

6.5.3   Views of themselves as street musicians

Most participants seemed to be positive about generating income from street music. Only a few of them still felt negative, even if they had been involved in street music for many years. To begin with, a number of participants reported that they regarded street music as a legitimate, prestigious and productive occupation similar to other income sources. It was considered legitimate because they did not commit any crimes. Instead, they earned a legitimate livelihood by singing and

performing music in public, and did not become any burden for their families and society. In addition, they deemed it prestigious in that they emphasised their own ability instead of their disability for a living. The only barrier towards them was that, in general, people focused specifically on their disability rather than their ability. This had led to their earning income from people in the street instead of from mainstream music and the entertainment industry. Finally, they insisted that earning money from street music had been productive and was not as simple as their critics supposed. As musicians, they had to practice singing and performing music regularly, by listening to songs, transcribing lyrics, recognising rhythms and melodies, so as to show the best of their vocal and performing ability to the audiences. They mentioned that they had initiated communications with their audiences and other people in order to prove themselves to the general public regarding their professional competence relative to other sighted musicians. Sompasong who strove to be treated as a music professional stated:

> As a professional music band, we try to avoid a sense of sympathy and compassion. We usually create a relationship with the public by giving away our name card to the audiences and as many pedestrians as possible. as a result we then receive formal invitations to perform music in ceremonies and/or in social events.

They tended to have self-pride and self-esteem, as well as being enthusiastic about generating income from street music. These were mostly but not completely those who had long aspirations for a career in music, and/or had been trained in singing and playing music since they were young, and/or had made a living from street music for a long time.

For those who remained negative about generating income from street music, feelings of shame and humiliation, including lack of pride and self-esteem were major causes. They felt that they had been labeled as blind disabled beggars rather than capable musicians, leading to their being discouraged and lacking enthusiasm towards making their living from street music. They had to remain in street music because they could not find any other occupation, and had no additional support for themselves and their families. Some participants believed that street music had been the only income choice available for them, given the fact that visually impaired people had been discriminated against in regular employment. They insisted that if they could find another job to

raise an income they would surely leave street music. Instead they had, continued with their long endeavour to become professional musicians in the mainstream entertainment industry. As pointed out by Anucha:

> *As I got music training from specialized school, I think I have been so capable well enough and qualified for a relevant job position. I prefer being employed as a contract musicians or at least being invited to special events like many capable blind musicians. If I can find such opportunities, I'll move from earning income from street performing activities.*

Nevertheless, many participants also had negative views towards other blind street musicians, especially travelling minstrels, similar to those of the general public. They argued that traveling minstrels, who did not sing but just walked with a portable karaoke player, had created false perceptions for the general public towards street musicians at large when compared to disabled beggars. They also believed that traveling minstrels did not intend to achieve careers as professional singers, but undertook street music simply to make a livelihood. They asserted that they would support new regulations preventing these karaoke singers from street music in order to improve public understanding of the distinctions to be made. This issue will be discussed further in Chapter 8.

To sum up, the blind street musicians in this study felt that the general public were antagonistic towards blind street musicians in general, believing that they begged for a living rather than performing an independent profession. They also felt that this view coincided with their families' views towards them as street musicians. However, most participants were optimistic about generating income from street music. They attempted to prove themselves to the general public as capable and professional musicians. Only some of them remained unhappy with their current source of income due to an existing social prejudice towards blind street musicians.

6.6   Discussion

This chapter gives prominence to the pattern of everyday life experiences of blind street musicians. It focuses on how they pursue their routine income generating activities, and highlights a number of

challenges that affect the way in which visually impaired people make a living as street musicians. Many of these challenges originate from the traditional understandings of disability in the context of Thai society along with the socio-economic circumstances in which they live.

In the first place, many visually impaired people are compelled to be street musicians. They are marginalised from mainstream job environments on one hand, and live under economic pressure on the other hand (see further discussion earlier provided in Chapter 5). These blind street musicians can be separated into two distinctive groups.

First, the majority of those in the older age group and with lower levels of education are forced to be street musicians as a consequence of economic necessities and job and income restrictions. This results from the poverty being faced by their family and themselves. Poverty also prevents them from attaining higher levels of education. They are consequently unqualified for the job market, and cannot realise their career goals. Even those participants who were well qualified and tried to find a regular job were unable to secure mainstream work because of the reluctance of prospective employers to employ people with disabilities.

Second, there are those with a longstanding interest and experience in music, who actively chose to be involved in street music as their main source of income because they believed this might be a path to mainstream work as a musician. They might have made considerable attempts to follow the route to regular music employment—participating in open public music contests, applying for jobs as musicians in music productions, or even pursuing an academic path in music. They were not, however, able to break through the discriminatory barriers against them. Although they could demonstrate that they were capable musicians, their perceived disability meant that even if their talent was appreciated, they were unable to secure employment. In spite of the fact that the statement regarding *Fundamental Principles of Disability* was circulated for the past four decades, its implications have been powerful up to date. They argued that:

> *In our view, it is society which disables physically impaired people. Disability is something imposed on top of our impairments by the way we are unnecessarily isolated and excluded from full participation in society. Disabled people are therefore an oppressed group in society (UPIAS 1976, p. 14).*

It is remarkable that those with younger age were more likely to be seriously committed to musicianship and to refuse to accept income through the popular sense of pity and the act of charity than those with older age. The reason for this might be that the younger blind street musicians had been interested in singing and playing music since they were segregated in special education. These street musicians initially learned how to sing a song and play musical instruments from the school for the blind, and occasionally appeared in public to sing and perform music in special events, accompanied by their teachers and staff, and some of them took a further opportunity to pursue music education upon graduation from special blind school. Street music was therefore probably viewed as a realistic life choice for these students (Barnes and Mercer 2010).

In addition, the younger street musicians might also experience public attitudes towards themselves as people with disabilities to a lesser degree than the older ones did. This might be derived from the assumption that Thai society's social perceptions relating to people with disabilities have been slightly changed during the past decade through public media where the awareness of people with disabilities has been better informed. Thus, they would become more aware of their own rights and dignity, and preferred being treated equally. This inter-generational change in attitudes might be the cause, which should be subject of further research.

These findings reinforce the importance of policy interventions to increase alternative employment and income choices for those who do not wish or are forced to become street musicians, and to promote opportunities for those who see a career as musicians as their preferred choice.

There were, however, several reasons why street music created a realistic choice of career for visually impaired people. It was an easily accessible occupation and individuals could participate according to their own musical abilities. Street music has affordable start-up costs, relatively reliable income and work flexibility. In addition, they were not subject to employers' discriminatory behaviour, and thus the profession gave them a degree of autonomy and dignity not available in other types of employment. Generating income from street music was therefore flexible and manageable for them, and enabled them to achieve self-autonomy and self-determination. According to Thurer (1998), although some people with disabilities have alternative sources of support available, some of them choose begging for a living—or singing and performing music on the street as examined in this thesis—as to maintain their autonomy. It also offered them a degree

of economic independence and self-respect as musicians, particularly for those who could play musical instruments, and offered some hope for employment as a musician. Thus, many blind street musicians showed themselves to be satisfied with a career in street music.

Street music was the most reliable income choice for many visually impaired people for a long period of time. About half of the participants had been street musicians for more than ten years. This reflects the pattern of social discrimination against visually impaired people in access to regular employment on one hand, and their long-lasting economic constraints on the other hand. It is fundamental I for many of them in facilitating their economic wellbeing, supporting their family financially and even financing their education. Given that people with disabilities are often perceived as incapable of work, they are often restricted to certain roles such as beggars or street performers, with consequences for a life in poverty (Groce and Murray 2013; Joly and Venturiello 2013).

However, it has simultaneously caused visually impaired people to be steadily excluded from regular employment, perhaps becoming unconsciously habituated, and therefore unable to find their way out of street music. Visually impaired people often intentionally or unintentionally isolate themselves from working with others in line with their preference for self-control. Because of social stereotypes associated with disability, such as individual deficit, low productivity, incompetence and helplessness, which become internalised in the minds of some people with disabilities, these visually impaired people might consequentially accept and sustain the constructed role of performing music on the street in preference to struggling to overcome these social barriers to find other employment (Stone 1984, in Groce et al. 2013 p. 14).

Even though the large majority of visually impaired people spent years working in street music, it remains a difficult profession for them. First, street music is not consistently profitable. The volume of income is associated with the number of people who attend their performances and donate money to them, which varies upon the choice of days and times and the choice of location. They can collect significantly higher income on religious days where a number of people seem to give them more f money than usual. This is caused by public attitudes towards them an opportunity for charity and merit making. These means of income generation, in many countries, are categorised as 'an organised form of charity for people with disabilities' (Higgins 1979). Even with well-scheduled

work plans, they are confronted with unexpected circumstances; they encounter health and safety issues specific to street music, such as sicknesses caused by air pollution, unstable weather conditions and an exhausting work schedule, as well as injuries from road accidents and inaccessible urban environments. This in turn gives rise to their being unable to sustain their income reliably.

Second, street music is sometimes dangerous for visually impaired people, especially women. They are exposed to a high risk of crimes and abuses, including robbery, deception, sexual harassment and abuse, derived from stigmatisation, discrimination, ignorance about disability and the lack of social support. These factors consequently exacerbated the lack of security in their lives physically, mentally and economically.

Third, visually impaired people who work as street musicians experience being humiliated and stigmatised. They are often abused by the police and local government officers. They are accused of begging for money rather than earning an income. This was viewed by the street singers as a form of social discrimination; those with full eyesight were allowed to perform music in the street and regarded as making a living, while visually impaired people were forbidden and regarded as begging money from people in the public. They also confronted discriminatory attitudes of the general public who perceived them as beggars rather than capable musicians. They were more often than not barred from performing in privately-owned areas, such as clubs and hotels, or in joyful ceremonies, such as marriage and birthday parties, as they were regarded as carriers of bad luck and misfortune. This reduced their sense of human dignity. The impact of stigmatisation that is derived from fear, shame and anxiety among people with disabilities can possibly lead to people with disabilities becoming exposed to higher risk of abuse or social exclusion (Sepúlveda Carmona 2013, in Samuel et al. 2014, p. 16).

Many visually impaired people also preferred being escorted by a sighted companion to avoid obstructions in the street. They were mostly accompanied by their sighted partner or their children. Alternatively, they hired a sighted guide. This can be inferred that many people with visual impairment in Thailand are unable to live their life independently due to environmental constraints. Because street music is a highly stigmatised profession in Thailand, sighted companions are also

humiliated. They acquired a sense of stigma extended from the stigma attached to the blind street musicians (Goffman 1963).

In conclusion, although street music is a highly stigmatised profession in Thailand, there are a number of positive factors which facilitate the choice of career for them. However, the lives of visually impaired people as street musicians for the most part remain difficult, particularly relating to the social consequences of disability that compel them to continue struggling to survive. The next chapter will give attention to current living conditions of blind street musicians. The emphasis will be placed on financial, material and social wellbeing along with problems affecting their living conditions and possible means of solution. The chapter will also explore what they plan for their future, and how likely they could achieve their aims.

Chapter 7. Life as a street musician II: Exploring current living conditions and future plans

In chapter 6 the thesis explored the experiences of blind street musicians as they pursued their profession, and the challenges they faced when performing on the street. This chapter looks beyond their experiences of street music and focuses on the broader economic and social conditions in which they live. Analysing these experiences is important if we are to understand whether they have remained street musicians out of choice or from necessity, and what they expect for the future.

This chapter examines the life circumstances of blind street musicians in Bangkok Metropolitan Region in addition to their perceptions and reflections about the current and prospective employment and social protection system for people with disabilities in Thailand. It aims to explore how satisfied they are with their current sources of income and with their current living conditions, what they plan for their future, and what forms of employment promotion and social protection systems they think might enable them to improve their income security, improve living conditions, and increase employment and income generating choices for them.

The chapter begins by describing the financial circumstances of street musicians, including average income, average living expenses, debts and savings, family obligations and extra income from other activities, followed by accounts of their living conditions, including housing accommodation, access to public utilities, household and material assets, social support networks, as well as how satisfied they are with their city lives. It continues by describing their future plans and strategies to realise these plans. The chapter finally presents the views blind street musicians, and those of disabled activists, concerning current and prospective employment promotions and social protection systems for people with disabilities, especially blind street musicians.

The argument in this chapter adds aspects of individual agency and choice into the earlier argument about the social, economic and political constraints on people with disabilities in Thailand.

7.1   Financial circumstances

This section concentrates on the financial circumstances of the participants including average income, average living expenses, debts and savings, family obligations and extra income from other activities. It should be noted that the descriptions of financial information were obtained from face-to-face interviews with thirty-two of the participants rather than the full thirty-seven participants. Since the additional five participants participated in the group discussions, they were not interviewed about financial matters due to the issues of privacy and confidentiality. Moreover, the financial classifications of the blind street musicians were organised in ranges, because they provided estimates rather than exact numbers. This reflected the methods of inquiry, which may need to be developed in further research related to this theme.

7.1.1   Average income

All the visually impaired people who participated in the fieldwork derived their primary income from street music. The amount of income they collected on an average day ranged from slightly below 500 Baht to 2,000 Baht or more (Table 7.1).

Table 7.1: Average income from street music per day and month

	Daily		Monthly		Number of
	Baht	USD	Baht	USD	participants
Lowest	<500	<14	<10,000	<291	5
Low medium	500-1000	14-29	10-20,000	291-583	14
High medium	1000-2000	29-58	20-30,000	583-873	7
Highest	>2000	>58	>20,000	>873	6
Range	500-2000	<14-58>	10-30,000	<291-873>	32
National poverty line[1]	88	2.56	2,644	76.94	
Minimum wage[1]	300	8.73	9,000	261.90	
Per capita income[2]					
Whole Kingdom	311	9.05	9,350	272.08	
Bangkok Metropolises	506	14.72	15,183	441.82	
Per capita expenditure[2]					
Whole Kingdom	245	7.12	7,350	213.88	
Bangkok Metropolises	381	11.08	11,435	332.75	

Notes:1THB=0.0291USD, Annual currency exchange rate 2015, Bank of Thailand. The five people who only participated in focus groups were not asked for financial data.

1. Office of the National Economic and Social Development Board, Office of the Prime Minister, 2015, national poverty line and minimum wage.

2. National Statistical Office, Ministry of Information and Communication Technology 2015, The Household Socio - Economic Survey

But when considering their income in an average month, it ranged from 10,000 to 30,000 Baht or more. As they pointed out (Chapter 6.3 and 6.4), the amount of income attainable depended on good conditions, such as when there were a considerable number of people gathering in the streets on special days; when they were hired or invited to special events or ceremonies; when there was no rain or political disturbance; or when they felt that they became fortunate and attractive to

people passing by. But on a bad day they earned less, or had to return home with nothing at all. Therefore, the amount of income collected was not stable but fluctuated from day to day and month to month.

The amount of income among these street musicians varied according to age, performing skills and forms of performance. Younger participants were more likely to earn larger amounts of income than older participants, as they could travel and perform more frequently and for longer sessions than the older people due to variations in health and strength. Because performing with musical instruments was more attractive to audiences and passers-by than unaccompanied singing, those who could play musical instruments earned more than those who could not. Usually they were invited to join special events. Meanwhile, group or band musicians were also rewarded more generously than solo musicians. They said that donors probably considered the number of musicians in addition to the performance itself. This needs more research for further clarification.

According to the figures in Table 7.1, the daily income of all participants exceeded Thailand's 2015 national poverty line of 88 Baht per day or 2,644 Baht per month, and exceeded the minimum wage of 300 Baht per day or approximately 9,000 Baht per month. But as demonstrated in the 2015 survey, Thai people earn approximately 311 Baht in an average day or 9,350 Baht in an average month. Specifically those who are situated in Bangkok Metropolises, like these blind street musicians, earn 506 Baht in an average day or 15,183 Baht in an average month. When considering monthly expenditure, Thai people spend 245 Baht a day or 7,350 Baht a month, while the residents in Bangkok metropolises spend 381 Baht a day or 11,435 Baht a month. As such, the thirteen participants with average monthly income above 20,000 Baht including some of those with average monthly income above 15,183 Baht could probably survive economically well in Bangkok metropolitan area. On the other hand, those who earned less, particularly the five participants with average monthly income below 10,000 Baht, seem to have been financially struggling, and probably had poor living conditions. Hence, street music provided income security for many of the blind street musicians but, for others, it was a last choice, providing just sufficient income to survive.

One of the disabled activists Michael, a forty-nine-year-old senior leader with visual impairment, expressed the view that the amount of income collected by blind street musicians was more than acceptable. It provided greater earnings for them than the salary earned by those with a Bachelor's

degree who worked in the regular employment sector for 15,000 Baht per month. The average amount of income from street music could reach 20,000-30,000 Baht a month, because Thai people often gained merit from generous donations to disadvantaged people. Street music, according to these visually impaired activists, had become the most viable income source for some of those who were visually impaired. One of the disabled activists Kevin, a forty-seven-year-old visually impaired academic, noted that generating income from street music was perceived as begging activity, which conveyed a sense of stigma to the performers who might, as a result conceal, the exact amount of their income. This assumption needs additional research.

Blind street musicians managed the distribution of income differently. Those who acted as karaoke singers or solo musicians and performed without a sighted companion, automatically kept the entire amount of income they collected. They had, however, to be responsible for any costs such as transportation and maintenance. But for those who performed with a sighted companion, especially with a hired sighted guide, a proportion of income was allocated to the guide. The street musicians and their sighted companions agreed on a set fee for escort assistance, regardless how much the performer earned in a day. This was approximately 500 Baht per day (including morning and evening rounds). They also had to cover the cost of travelling and meals for their sighted guide. This method was widely used among the karaoke singers because it was simple and easy to administer. The other method was to agree to a rate of fifty per cent of total income collected per day with a sighted companion. For instance, if the musicians earned 1,000 Baht per day, they would allocate 500 Baht to their sighted companion, and would cover the cost of travelling as well.

Finally, those who performed as a music group or a music band also allocated their income by percentage, but there were some differences in details for each group or band. According to the group of three members, the total amount of income earned per day was divided into two proportions: ninety per cent for performers, or thirty per cent each, and the other ten per cent for equipment maintenance. In the other music band, the total amount of income was shared as eight per cent for each member (eleven in total) including the driver, and the rest was kept by the head of the band for maintenance.

As well as monetary rewards, most participants pointed out that they were also offered non-monetary rewards including rice, fresh fruits and vegetables, fresh meats, eggs, cooked food and

sweets, in particular the karaoke singers who performed around the open fresh market (Chapter 6.3.3). They also said that those who gave them non-monetary rewards were mostly the merchants in the market rather than the audiences or the passers-by. While walking and singing, they were asked by the merchants to drop by before leaving the market so that they could give them foodstuffs to take back home. For raw materials like rice, fresh vegetables and uncooked meats, the participants, especially the female ones, noted that they prepared those foodstuffs themselves, but the male participants indicated that they had had their partner to cook for them. They also confirmed that this could help them survive to some extent, particularly during the rainy season in which they collected relatively lower income, or between July and mid-October. Thus, street music provided both monetary and non-monetary income for street musicians, which helped them manage financially, despite monetary rewards being preferable.

7.1.2   Average expenses

Several of the participants revealed that they could usually earn enough income to cover their monthly expenses. Some reported that they could sometimes, but not often, put some aside for savings. Only a few of them, particularly those of an older age or with dependent children, indicated that sometimes they could not earn enough to cover their living expenses, especially during the rainy season, and occasionally had to look for cash advance loans. Mostly they were the ones who collected income less than the average monthly income of 15,183 Baht (BMR rate) as described above.

With regard to the cost incurred other than basic expenses such as food and drink, housing, clothing, etc., all participants generally covered the cost of traveling, which involved bus fare for those who used public transport, car rental for those who preferred using private vehicles, fuel price and/or the hire of a driver for those who travelled by their own car, and compensation for a sighted companion employed for those who could not travel by themselves, or did not have a sighted partner, or did not have any children with them. The cost of traveling was the biggest part of their daily and monthly expenses, which might cost more than 2,092 Baht or 18.3 % per month (Table 7.2), if they faced the challenges of using public transportation.

One of the disabled activists Thomas, a visually impaired leader aged thirty-eight, argued that people with disabilities incur additional expenses compared to those who have no disability. They had the additional costs created by their disability, particularly in relation to transportation, the use of assistive technology and medical items, due to the fact that people with disabilities had to endure the lack of disability-related support services. In addition, current access to public service is limited. These factors make it difficult for people with disabilities to achieve independent living for themselves. In addition he said that disability organisations had pushed the government to follow up the ongoing constructions of public accessibility infrastructure, such as footpaths, a lift for the Bangkok sky train, ramps in buildings etc. as regulated by law, and had also expressed their concerns for new policies.

Table 7.2: Average monthly expenditure per capita by basic goods and services

Items	Expenditure (THB)	Expenditure (%)
Food, beverages, tobacco and narcotics	3,854	33.7
Clothing and footwear	686	6.0
Housing, utilities, and household equipment and maintenance	2,332	20.4
Health	160	1.4
Vehicles and travelling	2,092	18.3
Communication	377	3.3
Recreation and culture	137	1.2
Education	194	1.7
Restaurants and hotels	126	1.1
Miscellaneous goods and services	1,475	12.9
Total	**11,435**	**100**
Average monthly expenditure in Bangkok metropolitan region[1]	15,183	

Notes: 1THB=0.0291USD, Annual currency exchange rate 2015, Bank of Thailand.

1. Table 7.1

Since almost all of them migrated from their hometowns to make a living in BMR cities, most of them rented flats and some of them bought houses. Rent or home mortgages including utility bills were included in the items of monthly household expenses. In addition, some had to pay for a car loan, while others had to pay for the loan or credit on their household and material assets. All street musicians paid phone bills, and many of them also paid for internet connection. Some street musicians also had to pay a daily school allowance if they had dependent children living with them.

In addition to regular school items for their children, many sent remittances back to their parents in their hometowns, especially those who left their children with their parents or close relatives (Chapter 5.1.7). A few of them had to pay for medical care services themselves, specifically those costs, such as beauty and dental care, which were not covered by the universal health care provision. Finally, it was necessary for them to allocate some of their income for equipment maintenance. Some of the street musicians could not meet all their monthly expenses needed to live in the area of the Bangkok metropolises, especially those who earned under 506 Baht a day, or under 15,183 Baht a month. These participants inevitably had to turn to loan sharks in order to survive economically.

7.1.3   Debts and savings

Over a half of the street musicians (seventeen of thirty-two) reported having debts, primarily those that related to household debts such as housing and material assets. Five had home mortgages, four had car loans, and three others had both. Most of them also had their household and material assets purchased on credit. Five others had only a down payment on their household and work facilities; for example, a television set, a refrigerator, a laundry machine, a computer, r a mobile phone and so forth. These street musicians usually acquired a home mortgage from a bank, but took on a car loan from a finance or credit company. When they needed payday loans, or cash advance loans, or instant loans, they borrowed from a money-lender, who earned a living from interest rates, normally ranging from 10% to 20% a month or even a day. This is illegal in Thailand but, as highlighted by participants, this was the quickest source of loans accessible to them, particularly when they needed an emergency cash advance, or even when they could not earn enough to cover their monthly living expenses. This led to some of them running into chronic debt.

Street musicians who were currently in couple relationships and lived with their dependent children tended to have higher debts, while those who remained single or lived alone tended to have a lower debt, or even no debt. The range of expenses along with insufficient and inconstant income were the key factors that caused constant debts for the blind street musicians.

With regard to savings, about one-third of the street musicians (ten participants) reported that they had some savings, but most of them (twenty-two participants) reported that they had not. All those who had planned for savings were married and had children. As well as covering all their living expenses themselves, they identified that it was very difficult for them to make savings on a regular basis because the level of income from street music was unpredictable. Sometimes they had nothing left over, and they had to spend from their savings. They also indicated that they had to make a tight budget plan so as to have some savings and avoid financial risk in the future. Most of these street musicians, however, seemed to be able to manage financially.

For those who could not save any money, a huge financial burden, such as a home mortgage, car loan, purchases on credit and so forth, appeared to be the major issue. Specifically, many of them remained young and single and were in the phase of life improvement, although this improvement was jeopardised by the number of debts described above. Some said that they had to give financial support to their family regularly, while some others had children who had already become adults and could live on their own. Only a few of them pointed out that they could not accumulate savings as they could earn just enough to survive from day to day, particularly those who were older. These street musicians were thus more likely to be exposed to financial risk in the future, especially those whose families were not in a position to support them, taking into account the fact that there was no income and social protection system available for them.

7.1.4 Family obligations

In the individual interviews, half of the street musicians (fifteen participants) indicated that they had sent remittances back home, while twelve of them indicated that they had not. Five others noted that they had done so in the past but no longer had family obligations as their parents had passed away. Of those who were committed to their family financially, six reported having their own dependent children living with their grandparents or their close relatives, two reported that

ever since they were young they had been supporting their parents financially, transferring money to their family on a monthly basis, and seven others reported giving money to their parents occasionally, usually on special days like a New Year Day. Among these seven street musicians, some said that they had not collected enough to support their family monthly, whereas some others said that their family had refused to accept the remittances. They stated that their families had just wanted to see their children relying on themselves economically and financially.

Above all, these street musicians wished to show their gratitude to their families, especially to their parents, for what their families and their parents had contributed to them during childhood. According to Ariya, a twenty=three-year-old woman from the central region, who was raised by her grandmother since birth:

> *Actually, my grandma didn't wish to receive money from me. I said to her that I was happy to give her money as she had looked after me from a child. She eventually accepted the money from me occasionally, to let me feel pleased to give back to her*

In line with Buddhist beliefs, adult children are expected to be obligated to take part in reciprocal exchanges to their parents or any person in their family who takes care of them (Kapur-Fic 1998). This virtue has been commonly recognised by the majority of Thai people, including these street musicians. Even though some of them had been neglected by their parents in childhood, they still felt obliged to support them to some extent. Because of this reciprocity, many of the visually impaired people affirmed that they had been more accepted by their family, and had fulfilled their own self-esteem at the same time. As Pranee, a forty-nine-year-old woman from the northeast, expressed it:

> *I lived with my family until nineteen years old. I felt that my parents didn't want me and treated me differently, unlike my siblings. I felt sad and isolated, but I wasn't angry at them. While working in Bangkok, I heard that my mother had been paralysed by a stroke. I then had a chance to take care of her as I had already earned money from singing. I felt glad that I could take care of her until the end of her life.*

Of those who did not send remittances back to their family, most pointed out that their parents had never asked them for any help. Similar to some of the above cases, their families preferred them to take care of their own families and themselves rather reciprocating the help they had been given, despite any resultant economic problems involved. These street musicians were the ones who had been lovingly cared by their families since they were young. Finally, a few emphasised that they did not have sufficient income to support their families in their hometown, while some others said that their families were economically well-endowed.

7.1.5   Income from other activities

According to the individual interviews, over half of the street musicians (nineteen participants) reported earning extra income from other activities whereas thirteen others reported deriving their income mainly from street music. Eight made an extra living from lottery selling—three sold lottery tickets themselves and five gained profit from a trading range, two provided massages, and four sold lottery tickets and did massage concurrently—one of whom also practised fortune telling. While three made copies of CDs with karaoke songs transferred from the internet for street musicians like themselves, the other two contracted themselves out as freelance trainers for daily-living skill and vocational training programs for visually impaired people in rural areas. Participants collected extra earnings from other jobs because they felt that the income from street music was unstable. It was difficult for them to maintain the same amount of income during the rainy season as they received at other times of the year. By supplementing their income with other activities, they could manage their budget planning appropriately.

For those who traded lottery tickets, the volume of extra income earned in an average month depended on whether or not they were provided the quotas of lottery tickets from the government, how many quotas of lottery tickets they received, and whether they sold their quotas of lottery tickets themselves or left them with an agent for a trading range. If they traded lottery tickets themselves, they could earn between 8,000 and 16,000 Baht a fortnight, or between 16,000 and 32,000 Baht a month but if they left them with the agent for a trading range, they would gain less profit, depending on price differentials in each draw. These street musicians had previously made a living mainly from selling lottery tickets. They became involved in street music since they had insufficient funds to maintain the cost of lottery tickets, which varied according to periodic

demand and supply. Some had no quota lottery license and had to retail at high cost. Some had their lottery tickets stolen by sighted passers-by, or had problems facing swindlers. As a consequence, some of them decided not to trade lottery tickets themselves, and passed on their quotas to an agent. Only a few of them still sold lottery tickets themselves. This group of street musicians generally seemed to have a secure income, compared to the other groups.

Those who received a quota license from the government were granted the privilege of purchasing lottery tickets at a special discount rate; normally they would pay seventy-three Baht per ticket and sell it for a hundred Baht or more. Without quotas, they had to cover a much higher cost between eighty and ninety Baht or even more according to the market price in each draw. A person generally received a quota lottery license between 500 and 1000 tickets for a draw. This procedure had been put into effect in 2014, but was restructured again in 2015.

The average income earned each month by those who provided massages was relatively less than that of those who sold lottery tickets, usually adding 3,000 to 5,000 Baht extra. They generally served as part time employees at the massage parlour, particularly when they had earned a smaller amount of income from street music. Prior to this, they used to work full time at massage parlours receiving approximately 7,000 to 10,000 Baht a month but left the massage parlours as a result of a declining number of clients, which left them facing insufficient income. This group of street musicians seemed to be on the verge of a financial shortfall, compared to other groups.

Those who served as freelance trainers received, in general, around 500 Baht per hour, and were allocated about 300 hours or more for a project. The project was organised irregularly, which meant they could not earn extra income on a regular basis. Likewise, those who copied and sold the CDs that contained karaoke songs for blind street musicians like themselves received this extra income only sporadically, depending on the volume of requests. These street musicians were at risk of being imprisoned or fined as they committed copyright infringements of intellectual property, although their motivation was to help other karaoke singers who were unskilled at using a computer. Because of these circumstances, these freelance workers and forged CD vendors tended to be more vulnerable to financial risk than the others.

Of the thirteen street musicians who had no additional income source, five men and two women, mostly those who worked with bands, accepted invitations to perform music in special events. The extra income they received was subject to an agreement with the organiser. One man, who was currently fifty-seven years old and had lost his vision during young adulthood, had no income source other than street music. He stated that he would remain in street music as long as he continued with good health and the ability to walk and sing. He currently earned less than 500 Baht a day, or below 10,000 Baht a month, but he said that was acceptable as he lived alone.

Similarly, a woman aged forty-eight, who had earned income from singing since school age and had never attended any vocational skills training, had to live her life with nothing but the income from her street music. She collected approximately 800 Baht a day, or approximately 20,000 a month, which, as she confirmed, was sufficient for her everyday living, as her two children had grown up and could live on their own. In addition, two women aged in their late forties, who massage business had failed, together with two other women aged twenty-seven and thirty-three, earned a living only from street music. Except for the twenty-seven-year-old woman, they also had to take care of their children. They each collected between 500 and 1,000 Baht a day, or between 10,000 and 20,000 Baht a month. They said that the income from street music just allowed them to survive day by day and they had to manage their budget tightly. The key reason these thirteen participants did not receive additional income from other activities was that they lacked financial resources or vocational skills training, or were older. The finances of these street musicians were therefore precarious.

Based on these findings, the choice of income for visually impaired people was limited to such income sources as lottery trading, massages and fortune telling, most of which provided them with unstable and insufficient income to live their lives comfortably. This most probably could lead to their facing financial insecurity in the long run, especially those who earned less than average monthly income.

To conclude, the current source of income for blind street musicians tends to be too restricted and unstable to cover all their living expenses and other financial obligations constantly, even though many of them could earn above the average monthly income from street music, or had supplementary income from other income generating activities. More importantly, some of them,

whose amount of income is below the average more often than not might be confronted with economic and financial hardships, and might not always be able to meet their usual standard of living. In the long run, most of these blind street musicians might be exposed to greater financial risk, given that in many cases they did not have savings.

7.2   Current living conditions

This section gives details about the current living conditions of blind street musicians in Bangkok Metropolitan Region. It focuses on their housing and access to utilities, their household and material assets, their city life circumstances, and their social support networks. Unlike the above section, this section presents data collected from the interviews with all thirty-seven participants. The analysis is important for an understanding of the consequences of their income capacity from street music. An interesting finding was that it also related to their expectations from earlier childhood experiences about where they might live.

7.2.1 Housing

As noted in Chapter 5, almost all the street musicians (thirty-six people) in this study migrated from other parts of Thailand, while only one originated from the Bangkok Metropolitan Region. Among these participants, only nine street musicians resettled in the suburb of Bangkok city, while the vast majority of them (twenty-eight people) relocated to its adjoining provinces. In these provincial areas, as reported by these street musicians, the cost of living is relatively lower, and street activities are more open than those in Bangkok city (Chapter 5.3.2). This might be the reason why most of them, specifically those who earned below the average monthly income of 15,183 Baht, could economically survive in this area.

The large majority of visually impaired participants reported living in private rental accommodation (twenty-three people); seven shared a rented house with their friends who were street musicians like themselves, twelve lived with their partners, and four others lived alone. Five chose to rent a flat inside Bangkok city, while eighteen chose to do so in other neighbouring areas. The flats that they occupied were usually a studio bedroom with around twenty-eight square meters of space, normally with one bathroom and a balcony, and generally suitable for two residents. For those who

shared a house, it typically consisted of two levels with three bedrooms, two bathrooms and one kitchen, which could be occupied by five or more people. The participants who rented a flat or house said that they paid the rent including all charges on a monthly basis like the other residents. The rent ranged from 2,000 to 5,000 Baht a month, depending on where it was located, how large it was and how well it was furnished. Because most of the participants were currently living with their friends or their partners, the rent, including all charges, were distributed. Thus, they could manage the expense of the rental accommodation including those who earned a monthly income below the average.

Nine participants reported living in their own home as couples; five owned homes in other BMR cities, and four were situated in the Bangkok region. Of these home owners, three chose to buy a standard house comprising bedrooms, bathrooms, kitchen and living room, and six chose to buy a condominium. Of these participants who owned a house on mortgage, eight reported that they bought the house from the government housing project for the poor, or so-called *Baan Eua-Arthon Project*, provided with low monthly instalment and low interest rate for those who earn less than 15,000 Baht a month. They could, therefore, afford the home mortgage themselves, by paying approximately 2,500 Baht a month for a condominium or about 4,000 Baht a month for a house. Only one participant chose to purchase a house and apply for a home loan in the private housing sector, as he could access additional, reliable sources of income. All the street musicians reported that, no matter what their housing status, they had access to electricity, water pipe lines, sanitation facilities and transport and telecommunication systems. As a result, overall living conditions, as noted by the participants, were acceptable.

The main reason some of them bought their own houses was that they desired to improve life security especially for their children in the future, as they intended to settle permanently with their families in the Bangkok area. They mostly stated that they had been able to work hard in order to afford the mortgage themselves. By contrast, some of those who were renting a flat said that they could not manage to pay for a house due to insufficient and unstable income. These were mostly those who did not have any income from other activities. Some of them said that they expected to return to their hometowns to live with their families if they could not earn an income in the future.

These participants came from families where they had been raised with warm love and care and kind understanding during their childhood.

A few participants, particularly those who came from a family with good socio-economic wellbeing, indicated that they had a house in their hometown inherited from their parents. One woman applied for a home mortgage from a regular financial institution, but later, her application was rejected because the bank viewed street music as an unstable and discredited source of income. While some of them were still looking for a house suitable for their family and children, some others remained uncertain of their future direction because of their relationships with their partners. Therefore, their decision whether to own a house in the Bangkok areas or not was associated with their family and socio-economic backgrounds in addition to their ability to pay. Noticeably, the current choice of income generation also created a certain form of financial discrimination for them.

It should be highlighted that many of the blind street musicians who stayed in flats often had negative experiences when renting accommodation. The flat managers usually thought that they might cause difficulties, such as creating a fire, falling down stairs or disturbing neighbours. In addition, they were thought to irritate other residents, or were likely to suffer thefts of their personal belongings. This certainly resulted from the discriminatory views of disability held in Thailand.

7.2.2   Household and material assets

According to the fieldwork interviews, all the street musicians had basic items of household and material assets, which included clothes, bedding, and kitchenware such as a rice cooker, cooking pots, a stove, a kettle and tableware, and primary electric devices such as a radio, a television, a refrigerator and an electric fan. Some of them, in particular those who owned a house or a condominium, or rented a fully furnished flat, also had an air conditioner and a laundry machine. As well as a mobile phone obtainable by all street musicians, many of them also installed internet connections in their accommodation, especially those who owned a desktop or laptop computer. Six of them also owned cars.

For those who rented a flat, a set of basic furniture, i.e., a bed, a dressing table, a closet and an electric fan, were prearranged. But for those who owned a house or a condominium, or rented a house, no furniture was provided. As a consequence, quite a few of them had debts because they made a down payment or applied for credit on household and material assets. Therefore, it might be concluded that they all seemed to have their basic needs being met at the expense of financial burdens.

7.2.3 City life environments and social support networks

As indicated in Chapter 5, the major consideration for the visually impaired people who migrated from their hometowns to reside and earn their living in Bangkok was that they considered it to be the prime destination for job and income sources including social facilities and conveniences available for them. Many of them seemed to be relatively satisfied with their current income sources and current living conditions in Bangkok cities. They believed that the economic capacity of Bangkok cities provided them with more choices of income generation, and that they could become more independent, compared to their life in their hometowns. They also felt positive about the social environments in Bangkok cities; they were impressed by the human kindness and generosity, the varieties of assistance and the greater degree of social and environmental inclusion.

Nonetheless, city life does not seem to be pleasurable for every visually impaired street musician. Some of them had negative attitudes towards the urban environment. For instance, some felt that people in Bangkok were not as kind and generous as those in their hometown, some complained that city life was lonely and exhausting, and some stated that they wanted to return home. Mostly these were the blind street musicians who had settled in Bangkok for a shorter time of only a few years, and almost all of them had maintained close relationships with their home family. It might, therefore, take a longer time for them to become familiar with the new environments and these blind street musicians were more likely to encounter a deeper sense of social isolation.

The results also indicated that a large number of these blind street musicians, even though many of them remained in contact with their parents or relatives in their hometown owing to financial obligations, tended to be socially isolated due to loose social support networks. While working as street musicians in Bangkok, twenty-eight out of thirty-seven lived with their married or unmarried

partner. Twenty-four of them had children; eight took care of their children themselves, another eight left their children with their parents or close relatives in their hometowns, and six had adult children. Only nine lived alone or with their close friends. Fifteen sent remittances to their elderly parents or their close relatives in their hometowns, particularly those who left their children with them. Among twelve who did not transfer allowance to their elderly parents, eight still kept contact with them, while another four did not. Five had parents who already passed away (Chapter 5.2). Although these blind street musicians have proved to be able to rely on themselves, they may perhaps simply collapse into extreme penury following an unexpected crisis, especially those who are old and live alone. Nonetheless, it appears that most blind street musicians maintain social connections and mutual support with friends like themselves. They follow their experienced friends who worked as street musicians before them, lived in proximity, and gathered together socially. This situation may be derived from social and cultural proximity on the one hand, and from shared disabilities on the other hand. Even though the relationships among them tended to be relatively positive, however, it is not vigorous or durable enough for them to rely upon, because they also share desperate socio-economic similarities, and are involved in identical conditions which may generate potential risks for them in the future.

Based on these circumstances, it can be concluded that these blind street musicians possibly isolated themselves from or are separated by family and community as they are neglected, or are not able to create social connections, or are not able to maintain social relationships. Or otherwise, they may have felt stigma due to current work as a street musician (Chapter 6.4.2). Thus, they lack secure social support networks to depend upon. This may also become more strenuous for them who wish to get rid of street music and find another job in the future.

To sum up, although most of the blind street musicians are likely to have good living conditions, they might experience financial encumbrances due to debts relating to their housing and material assets. To sustain current living conditions, they need to have a reliable and secure income from street music. Some of them, however, are more likely to be facing marginal living conditions because their income remains poor. They also have minimal social support networks, and some of them are unable to adjust to city environments.

7.3   Life and the way forward

This section focuses on exploring what these blind street musicians anticipate for their future. The issues to consider include reasons for remaining a street musician, job preferences and barriers towards job change. The analysis is important for the way it reflects their satisfaction with their circumstances and the sustainability of these conditions.

7.3.1   Plans for future

Many of the participants, in particular those who were compelled to become involved in street music, seemed to be uncertain about their futures. They said that they probably would continue to earn their living from street music because they did not know what else they could do, even if they had a strong desire to leave street music. Only a few of them, especially those who aspired to a career in music, insisted on the opportunity for mainstream work as a musician. With the question as to what they would do if they did not continue to sing and perform music in the future, for whatever reasons, the large majority of them, generally those who had their own family, stated that they might rely upon their partner or children. Some of them, mostly those with close family ties, responded that they might return to their families in their hometowns as their parents had always planned for their return, while some others, specifically those who did not have their own family, or who had lost contact with their home and family, or were divorced or separated and did not have their children with them, indicated that they might stay alone or with their friends. As such, many blind street musicians were to a great extent at risk of experiencing social and economic exclusion in their old age given that they depended on their informal relationships with other people.

7.3.2   Preference to potential jobs

Participants were asked to describe what kind of potential job they would like to do other than street music. The majority of them (fourteen participants) concentrated on traditional professions of people with visual impairment: nine wanted to sell lottery tickets, and five wanted to do massage. For other types of occupations, two indicated returning home and working in agriculture and one suggested opening a shop. Four reported wanting to work as contract employees, especially those who attained high levels of education or who were currently studying for a

Bachelor degree. Five wanted to be employed as musicians, one wanted to serve as a music trainer and another one wanted to have their own music studio. Remarkably, six wished to remain as street musicians. Three did not know what they could do. It is likely that they would continue to be faced by employment and income generating restrictions.

Although most of the blind street musicians were economically self-sufficient, most had tried to withdraw from street music and look for other work. Unfortunately, as indicated in Chapter 5, they encountered a range of limitations, in particular a lack of financial capital and limited job and income choices available to them. Equally, those with a strong determination for a career in music could not find their way out of street music due to the lack of social acceptance for visually impaired musicians in mainstream music venues. Only a few of them, especially those from families with good socio-economic status and those with extra income, managed financially in street music.

7.3.3   Future prospects in life

A number of factors influenced the decision to continue being street musicians or to find alternative occupations. First, there was the need to find another job that offered them similar or a larger amount of income. In particular there were those who needed to raise their families and themselves out of poverty. Some said that they would almost certainly cease street music upon their children's university graduation. Second, those who had completed, or expected to complete university education, or those who were looking for a job, said that they would leave street music once they were able to enter regular employment that was consistent with their academic qualifications. Third, most of the older participants expected to remain street musicians as long as they could secure their health, provided street music was not prohibited for them. Some of them pointed out that they might end up with karaoke machines, pretending to sing, if they could not find any other income source and had no social support network to rely upon.

Fourth, for those who had long had an interest in a career as a professional musician, removing discriminatory barriers against their becoming involved in mainstream music industry was one step forward for them to withdraw from street music. This group of blind street musicians typically became involved in street music as their main source of income since they considered it to be a path to a mainstream career in music.

It can be concluded that the majority of the participants are more likely to remain street musicians as their main source of income as they are satisfied with their current income source and current living conditions and even if they were not it is unlikely they could find any better income generating option. On the other hand, a minority of the participants seemed to be seriously looking for a better job, especially those with the need for income security, or those with high educational credentials, or those with a long fascination for regular musicianship. Some participants, however, particularly the aged and those without an educational professional background other than street music, or who lacked social support networks, were more vulnerable to future risk.

7.4 Perceptions about income and social protection systems for people with disabilities in Thailand

This section emphasises what forms and levels of government services the blind street musicians are currently entitled to and how they think about them. The analysis is significant to identify their views about and satisfaction with current income and social protection schemes and the implications for future policy.

7.4.1 Current employment promotion and social protection schemes

Based on the interviews with several disabled activists, the government of Thailand has passed a number of laws, policies and procedures for people with disabilities over the past three decades, which guarantee their right to productive and decent work, and to basic social provision, social security and entrepreneurship development. The *Constitution*, promulgated in 1997 and amended in 2007, includes anti-discrimination provisions on the grounds of physical and health conditions and ensures access to social welfare and services for people with disabilities. In 2007, in accordance with the constitution, the government passed the *Empowerment for Persons with Disabilities Act (2007),* which is the most comprehensive rights-based law for people with disabilities ever passed in Thailand. This legislation replaced the *Rehabilitation of Persons with Disabilities Act (1991),* which was the first law for people with disabilities in the nation. The government also launched the *National Development Plan for the Quality of Life of Persons With Disabilities Volume 3 (2007-2011)*, which provides guidance for disability development practice for all relevant authorities. In 2009, the

government ratified the *UN Convention on the Rights of Persons with Disabilities*, which was internationally adopted in 2006.

Despite these laws and policies initiated to improve the quality of life of people with disabilities, the visually impaired participants and disabled activists indicated that they thought the legislative changes had little impact on people with disabilities. In fact they felt that their eligibility for government employment promotion and social protection schemes seemed to have narrowed and become even more limited. For instance, they asserted that the government had set up public loans for promoting disability self-employment, but the amount of each loan was very small. Each person receives a maximum interest-free loan of not more than 40,000 Baht for their business initiative following a business plan, and must pay back 800 Baht per month for fifty months. The process of loan application was demanding and complicated, and approval was slow and equivocal.

For example, Chonchanok, a thirty-three-year-old woman from the northeast who had been granted a loan, reported that she applied to the funding committee for a loan and proposed a business plan for a massage shop. It took several months before her loan application was considered and approved. In addition, she said that the committee reduced her budget without any discussion, despite her budget complying with the 40,000 Baht limit. Her massage shop was not successful due to a small number of clients.

A visually impaired scholar Williams aged sixty-three reported that the process of distributing the loans was restricted by government regulations and procedures and the process was centralised. As a member of the funding committee, he urged that the loan should be enlarged, and the loan management should involve local authorities. Recently, the maximum loan increased to 50,000 Baht per person and disability funding committees located in every province.

Another government support policy that the blind street musicians discussed was the quotas of lottery tickets for people with disabilities. However, many of them said that the distribution of quotas was limited to a few people. As discussed in Section 7.1.5, few of the blind street musicians in the research received quotas from the government. As a result, many of them had to pay a higher cost for the lottery tickets and so earned less income than those who received quotas. Some of them did not support the distribution of lottery quotas because visually impaired people were

not the main beneficiaries. Rather the middle agents who manipulated the lottery market and took advantage from a trading range benefited most (Section 7.1.5). Most of the street musicians lacked capital funds to maintain their quota eligibility. Instead, they had to pass their quotas on to the middle agents and earned their profits from price differentials.

Both visually impaired participants and disabled activists agreed that employment opportunities for people with disabilities in Thailand are still limited partially because of legal loopholes. They said that in spite of the employment quota system, employers prefer to pay the penalty to the government disability fund rather than employ people with disabilities. They thought that it was very difficult for people with disabilities to find employment as the majority of employers still believe that disabled employees cannot work well and that they probably have problems travelling to the workplace. In addition, the participants said that most of the workplaces still do not have reasonable accommodation available for people with disabilities in order for them to be able to work as efficiently as their colleagues. Technology that replaces labour has also played a significant role in workplace opportunities. According to one of the disabled activists Thomas aged thirty-eight, a visually impaired representative in a public commission:

> *Employment opportunities for disabled people are very few and narrow. The general public have limited views on what disabled people can do. They usually think disabled people, particularly blind ones, can serve only as switchboard operators, massage therapists, and lottery sellers. Even though private corporations are admitting more disabled people into their workplaces, their attitudes remain the same. We are trying to create new job positions for disabled people in the workplace, particularly for blind people, so that they can have more income choices, and can earn more income.*

In terms of social protection, the participants said that they were entitled to the government universal health care, the same as all Thai people. The difference was that people with disabilities could also receive medical services at any public hospital in the country, while those without disabilities must go to the hospital where they were registered. In addition, the participants, like other people with disabilities, were eligible for the disability allowance of 500 Baht or 14.55USD per month. The government has recently increased the allowance to 800 Baht or 23.28USD. This

amount is, of course, insufficient for economic security. Many of the participants complained about the disability allowance, which is very small, and does not enable them to achieve a better quality of life. Last but not least, the participants received free or discounted transportation fees.

7.4.2 Views and reflections

Most of the blind street musicians revealed that they lacked access to any government social services, particularly some who strongly insisted that they did not receive anything from the government. Some argued that the current legal and policy framework for disability was much improved from the past, when it had not been truly implemented. Social services for people with disabilities, as argued by Sompasong, a band leader aged thirty-three years from the northeast, remained limited and inaccessible by people with disabilities, such as public transportation, tactile marking on footpaths, vocal traffic lights, accessible and buses with vocal information for passengers. He continued that people with disabilities did not only need special consideration for travel fees. They could pay and were willing to pay the same price as others, but the government must ensure that public services for people with disabilities must be fully accessible and have quality as good as that for people without disabilities

The participants also thought that the rights of people with disabilities to employment and social protection were not guaranteed by the government. They said that despite being stipulated by law, the rights of people with disabilities had not yet been truly protected. They argued that their rights and dignity had been violated by the view that people with disabilities were not considered equal to sighted people. They said that a number of people with disabilities were deprived of economic and social opportunities, and as a result visually impaired people still had to make a living on the streets.

Nonetheless, some participants believed that it was possible for people with disabilities like themselves to have equal rights and opportunities because they were totally disabled and different. Some of them reasoned that if people with disabilities only focused on and waited for their rights, they would starve. For example, Phichan, aged fifty-seven from the Northeast, argued in favour of playing on the public's sense of pity and compassion, rather than arguing on the basis of human rights, because it sometimes works to the advantage of the disabled. The implication of his viewpoint is that income from street music, which is rooted in the popular sense of pity and

sympathy, is relevant to their economic opportunities. Mahasarn, a fifty-seven-year-old man from the northeast, also argued:

> *I don't hold that disabled people couldn't rely only on rights. They still have to rest on a popular sense of sympathy and compassion as well as on social ethical and moral conduct. Social justice will then develop for all, leading to social cohesion. If we concentrate purely on human rights and deny a sense of sympathy and compassion including social ethical and moral demeanour, both disabled and non-disabled people would get in trouble, probably causing social egocentricity accordingly. In my opinion, our dignity has not been deprived at all, it remains with us all the time.*

However, the majority of the blind street musicians maintained that the government should promote the rights of people with disabilities and inform them via public relations about specialised accessible social services accessible. They argued that in addition, the government should improve the situation of people with disabilities in all aspects until they were seen to be on an equal basis with everyone else.

7.4.3 Participants' suggestions for future employment promotion and social protection

With regard to maintaining the capacity of street music to provide economic security, the participants proposed a number of solutions. First, the government should amend the existing law concerning travelling minstrels and beggars to create a clear distinction between beggars on the one hand and music performers and singers on the other. Second, they said the public should provide more opportunities for performing music and for joining in competitions with sighted musicians. Third, the government should provide specific areas for blind musicians to perform in locations where a significant number of people would be passing by. It would be acceptable if the government were to charge for these performance spaces. Fourth, the government should issue an authorisation card for each musician. They argued that through the authorisation card measure, performances by blind musicians might be standardised at a level where they would be recognised and accepted by the musical profession. They assumed that this could also avoid the situation

where people asked for donations without any musical contribution on their part. Fifth, wandering blind minstrels, especially those with only a music player, should be provided other jobs such as giving massage or selling lottery tickets instead. Otherwise, they would continue to create negative public perceptions and attitudes towards genuine unsighted musicians.

The participants also added that the government should promote job opportunities along with education and training. Many blind students finish their education, but they cannot find employment in accordance with their field of specialisation. Also for massage and other vocational training, many blind people could not work as a masseur after the training because they did not have enough money to open their own massage shop, and existing massage shops could not employ more blind masseurs. Therefore, the program follow-up must also be taken into consideration. Krit, a thirty-six-year-old man from the central region added:

> *If possible, I want the government to truly implement disability law and policy as they currently exist. The government should monitor the process of implementation and support it in practical terms. In addition, I want the government to make current public service available to others made accessible to disabled people*

In conclusion, these blind street musicians urged that the current and prospective employment promotion and social protection system for people with disabilities should enable visually impaired people, especially those who became involved in street music, to achieve income security, achieve a better quality of life and increase their income opportunities and choices. Equally important, they said that public and private sectors should be more aware of including people with disabilities in the workplace on the basis of equal rights and equal opportunities. If music performance, either on the street or in the regular music industry, remained a preferred income choice for visually impaired people, they said there should be realistic campaigns and practical mechanisms that could pave the way towards a career in music with pride and dignity. They said that opportunities for blind people to sing and perform music should be widely promoted through the media so that they could demonstrate their ability to the public.

7.5   Discussion

This chapter focuses on the lived experience of blind street musicians, in relation to their economic and social circumstances as a street musician. It also explores their perceptions and reflections about the current and prospective employment and social protection system for people with disabilities in Thailand. The aim is to understand the consequences of their income capacity from street music, their satisfaction with their living circumstances and the sustainability of these conditions, whether they remained street musicians out of choice or necessity, and what they expect for the future.

In accordance with the findings, street music, despite to some degree being able to support almost all blind street musicians financially, did not normally enable them to achieve income security. In other words, street music seems to be unable to sustain their financial wellbeing, especially those whose monthly income is below the average monthly expenditure of Bangkok metropolises residents (Table 7.1). It is a matter of fact that street music involves numerous factors that are beyond the control of the musicians. In the first place, a career in street musicianship did not guarantee a secure income. The amount of income collected was closely related to the number of people who attended performances and donated money, which varied from day to day and time to time and was affected by the choice of location (Chapter 6.3.2). Even with well-scheduled work plans, there were unexpected circumstances, such as poor weather conditions, street protests, ill health and accidents (Chapter 6.5.2, 6.5.3 and 6.5.4). As a result, they often experienced unpredictable levels of income, which in turn affected household expenses and living conditions. Since street music performance is regarded as 'an organised form of charity for people with disabilities' (Higgins 1979), the amount of income is insufficient and unreliable, as similar to that of other people with disabilities who are capable of vending small items or providing unskilled services or engaging in street commerce (Barnes and Roulstone 2005; Parnes et al. 2009; Groce et al. 2011).

In addition, many blind street musicians tended to experience huge financial burdens. culturally accepted traditional social responsibilities, for instance they felt obliged to maintain family connections and obligations. Many of them had partners and children, and some of them also continued to support elderly parents. This resulted in ongoing financial commitment for them, even

though fulfilment of their obligations carried with it a measure of satisfaction and even pleasure. The issue of family obligation, which emerged during the fieldwork, is discussed in Chapter 8.

More importantly, the cost of living for visually impaired people, like other people with different types of disability, seems to be far more expensive than for those without disabilities. For instance, public services such as the transportation system were not always accessible to them and they had to cover the additional cost themselves in order to achieve independent living (Chapter 6.3.3). As with the disability-related cost to cover regularly, such as health care, transportation, assistive devices, personal assistance, accommodation and so forth, families with disabilities, based on similar levels of income, seem not to be able to secure family's economic well-being as much as those without (Mont 2014; Tibble 2005). Therefore, street music is likely to release visually impaired people from financial hardships only for a short period of time and, in the long run, is likely to prove unreliable. In addition to the lack of supportive environments, accessibility options and social support networks, as well as income and social protection schemes that are not available for people with disabilities, either as individuals themselves or through household and family entitlement to social protection schemes, these circumstances can exacerbate household poverty (UN-ESCAP 2012).

However, the majority of blind street musicians tend to live their lives socially and materially well, in terms of their housing accommodation and household facilities, but more than half of them also experienced household debt, and had little income left for savings. These factors inevitably gave rise to financial risk. More serious is that there are some blind street musicians who have a low quality of life because they are unable to generate sufficient income to improve their living conditions, particularly those whose income is below average. A few of them could secure their living from street music if they received special invitations, or came from a well-placed socio-economic family. To maintain their current living conditions and financial obligations, they needed to have a more reliable and more secure income. Furthermore, many of them, in particular those who had recently moved to the Bangkok metropolitan area, seemed to be alienated based on their negative feelings towards city environments. These blind street musicians were more likely to encounter deeper social isolation if they could not adjust to urban settings.

In the presence of poverty and social exclusion, many people with disabilities are unable to meet their basic social needs such as adequate nutrition, safe shelter, health care provision, education, vocational training and basic social services, as well as lacking financial support (Braithwaite and Mont 2009; Mitra et al. 2013; Mont 2007; Groce et al. 2011a). Their capacity to realise their employment and income prospects is compromised, which in turn decreases their domestic income and household wellbeing (Yeo 2001; Grech 2009; Groce et al. 2011a; Mizunoya 2013). This results in these street musicians lacking a sense of autonomy to participate fully in society (Doy and Gough 1990). Complete access to income and social protection systems including social support services, for that reason, is essential to improving social and economic wellbeing for families and people with disabilities.

Although some of the blind street musicians enjoyed their work, in particular those with a monthly income above the average they still felt insecure about their earning capacity, and some of them continued to seek a better and more stable income choice. Even with extra income from other sources, they could seldom gain better employment. The common income sources available to them generally make small profits, and are restricted to traditional occupations traditionally stereotyped for people with visual impairment, such as massage, lottery retail and astrology (Buntan2005; Puangpetch 2008). Some of them are susceptible to legal infringement as they produce uncopyrighted CDs for sale. As such, it is difficult for them to manage their savings. Many of the blind street musicians, mostly those with income below average, might therefore fall into potential destitution, which in turn downgrades both individual and family wellbeing (Saunders 2006).

In their accounts of their future plans, the majority of the blind street musicians seem to expect to remain in street music as their main source of income. They are satisfied with their current income source and their current living conditions in that they still argued for legal and procedural change for street music in particular, in addition to improved regular employment. Yet many blind street musicians, most of whom showed themselves able to achieve their economic requirements, tried to withdraw from street music and look for another job. Unfortunately, they encountered a range of limitations, in particular a lack of financial capital and few job and income choices available to them. Equally, those with a strong determination to achieve a career as a regular musician found it hard to

leave street music due to the lack of social acceptance for visually impaired musicians in mainstream music venues. Despite existing employment promotion and a social protection system for people with disabilities being well-established, its implementation barely comes into effect. This results from inefficient and centralised administrative processes apart from low level of service availability and accessibility. Some blind street musicians, specifically those who are ageing, or have inadequate educational and professional experience, are more inclined to risk financial, physical and material jeopardy, particularly if they are incapable of working, and lack social support networks to rely on. Thus, blind street musicians tend to fall into a vicious cycle of poverty, unable to enhance their life choices and chances, and therefore lived their lives in misery (WHO 2011; Groce and Murray 2013).

Most blind street musicians are more likely to be socially isolated as they lack social networks and support systems. Because of this, they might possibly become physically and mentally at risk without access to support in case of a sudden crisis or emergency in life; for example, lack of food, loss of shelter and material assets, health or financial crisis. Those who were already poor were at risk of falling into a state of virtual indigence (Groce et al. 2013). In particular, they did not have, or had not been informed of their entitlements to basic rights and social support schemes (UN-ESCAP 2012). Social isolation can also be regarded as part of multi-dimensional poverty (Sen 2000; Narayan et al. 2000; Samuel et al. 2014). It has negative effect on person's physical, mental, emotional, material, economic and social conditions and wellbeing (House 2001; Cacioppo et al. 2009; Cornwell and Waite 2009; Marmot 2010; Clarke 2014; Public Health County Durham 2014; Holt-Lunstad et al. 2015; London and Ingram 2015). It is clear that a policy framework to support social networking is urgently required. This could enable the street singers to participate as professional musicians and form social and professional links with other musicians in the mainstream music industry, or to find a path to a different line of work, as well as encouraging them to build self-help organisations for future mutual collaboration and support.

As articulated by blind street musicians themselves and suggested by disabled activists, the employment promotion and social protection systems for people with disabilities should enable visually impaired people to achieve income security, a better quality of life, and increase their

income choices with equal rights and human dignity. They argued that these policies should apply to all people with visual impairment, even if they chose to remain working as musicians.

Unsurprisingly but significantly, many of blind street musicians were unable to identify what forms of social services they were entitled to. A few of them, in particular those who were older, seemed to be unaware of their rights. Perhaps they believe, or were forced to believe, that people with disabilities like themselves are always unequal to those without. Of course this reflection is embedded in their own view towards public perceptions of and interactions with themselves as people with disabilities based on their own everyday experience. They have been deprived of a wide range of social and economic opportunities, living their lives with limited choice. Even though Thailand has ratified the UN Convention on the Rights of Persons with Disabilities, powerful domestic legislation such as the Disability Empowerment Act has also been adopted. Furthermore, the majority of policy makers, government officials, people with disabilities and other stakeholders involved still have limited knowledge and awareness of the rights of people with disabilities according to the law, which creates a barrier to the adoption of an inclusive and barrier-free society for people with disabilities in Thailand. This makes it important for the Thai government to promote disability rights and full access to all aspects of social support services for people with disabilities along with the necessity to better inform the public about disability.

Chapter 8. Discussion and conclusion

This chapter summarises the thesis, synthesises new knowledge and understanding built from the explanations and discussions in the previous chapters, and reflects on the significance and contributions of the thesis to theory and practice. It is aimed at identifying the new insights and implications that can expand the research topic and research problem, answer the research aims and questions, provide directions for policy solutions, as well as making suggestions for future research. In addition to the background of the thesis, the chapter reviews and synthesises the life experience of blind street musicians discussed in the previous chapters. The chapter continues by reflecting on the new insights and contributions to the theoretical development in the field of disability studies and social policy research, together with practical applications for creating a comprehensive disability policy framework for promotion of employment and social protection systems for people with disabilities in Thailand. The chapter then discusses potential limitations in the thesis, proposes future research in this area, and concludes with some critical remarks.

8.1   Lived experience of blind street musicians in the Bangkok Metropolitan Region: Overview of the thesis

People with disabilities around the world, particularly in low and middle income countries, have been confronted with several forms of social prejudice and discrimination imposed by the majority of people in society (Finkelstein 1980). This is the case in Thai society where people with disabilities encounter a range of injustices as a consequence of negative attitudes relating to their impairment, dominated by traditional socio-cultural, and political structures. Particularly in economic spheres, many people regard people with disabilities as unproductive for their family and society and a considerable burden for them.

Because they are regarded by a large majority of the population as a substantial problem instead of productive, people with disabilities in Thailand have for a long time been discriminated against in mainstream employment, in particular those with visual impairment who, like other physically impaired people, are excluded from the labour market (Puangpetch 2008). Entry into mainstream employment is regularly denied to them on the grounds that there are no arrangements to support

them in the workplace. More serious is the underlying fear of the 'other', and a more or less undefined thought that they are not able to function and work as a consequence of their perceived impairment (Buntan 2002). Hence, people with visual impairment tend to be deprived of the valuable sense of achievement instilled by mainstream employment and self-independence. Street music consequently has become one of the reliable income choices that enable them to realise their income prospects and to rely on their own economic and financial independence.

Blind street musicians have been found on the city streets of Thailand for a long time, but virtually nothing is known about them. What is widely recognised about them is that they are often represented in the media as disabled beggars, rather than professional musicians who entertain pedestrians in exchange for cash. Perhaps this results from the cultural and stereotypical view of the public that people with disabilities are unable to perform in regular employment and so become poor. Therefore, begging activity is assumed to be the only option available for their survival (Groce et al. 2013).

This thesis provides an explanation of the life experiences of people with visual impairment in Thailand who undertake street music as their main source of income. Specific focus is given to identifying religious, socio-cultural and socio-economic issues relating to people with disabilities along with events or patterns of behaviour that are relevant to people with visual impairment who become involved in street music. The purpose of the study was to gain a deeper insight into the life experience of people with visual impairment who become and remain street musicians for their living, describe empirical data in disability research in connection with religious, social and cultural perspectives specific to contemporary Thai society and explore possible areas of social policy and practice that might increase employment and income choices for people with visual impairment. It was also intended to expand the theoretical and methodological boundaries in the under-researched area of employment promotion and social protection for people with disabilities in Thai social science academia. It also contributes to interdisciplinary knowledge about larger-scale research on disability and social policy including stakeholders and disability organisations in Thailand and internationally.

The study was directed by the basic research questions as to what the lived experience is like for people with visual impairment in the Bangkok Metropolitan Region whose main source of

income is derived from street music, how the social, cultural, economic and political conditions of contemporary Thai society affect this experience, in what ways and to what extent current employment promotion and the income and social protection systems for people with disabilities in Thailand affect income generation and livelihoods of visually impaired people whose main source of income is derived from street music and what the implications of improving the income security, improving living standards, promoting human rights and dignity and increasing employment and income choices available for people with visual impairment, especially for those whose main source of income is derived from street music, should be like for them.

Through semi-structured and unstructured individual interviews with thirty-two blind street musicians (nineteen males and thirteen females) and three group discussions (six to ten per group) in combination with related literature, the study explored what these street musicians said about their views of public social perceptions of and interactions with people with disabilities and their capabilities including their self-identification as people with disabilities, what social and economic factors influenced their decisions to become and remain street musicians as their main source of income, what their everyday experience as street musicians was like, how satisfied they were with their current income source and their current living conditions, how current employment promotion and the income and social protection system for people with disability in Thailand affect their livelihoods, what potential areas of policy intervention they would recommend, and what they planned for their future. To acquire further perspectives and recommendations on these issues, the study also applied qualitative interviews with eleven disabled policy stakeholders, who served in both government bodies and NGOs working for and composed of people with disabilities in Thailand. Data analysis was based upon descriptions and explanations in company with thematic analysis, using a social constructionist and socio-economic approach to disability for interpretation, together with disability-inclusive research to ensure that the participants were involved in the research process.

8.2 Summary and synthesis

The thesis argues that the lived experience of blind street musicians is a cumulative impact of disablement that is derived from the structural constraints rooted in Thai society's negative and

paternalistic views of disability, which in turn leads to multiple forms of social stigma attached to them, and requires complex areas of policy intervention for solution, as detailed under the following sections.

8.2.1 Lived experience of blind street musicians as a cumulative impact of disablement

It is apparent that the lived experience of blind street musicians is not only the result of individual biological and functional restrictions, but also the result of Thai structured belief systems relating to people with disabilities. Traditional understandings of disability, as consolidated into Thai ways of thinking about people with disabilities, generate a cumulative impact of disablement for blind street musicians over their life course. They were socially and economically disadvantaged not only because of their own visual impairment, but also because of Thai society's negative and paternalistic views towards people with disabilities and their capacities, together with unequal social relationships imposed upon them. This in turn led to their being excluded from equality with other Thais in mainstream social and economic arrangements for everyday living.

First of all, most of the blind street musicians had migrated from rural regions, and they shared socio-economic similarities, especially associated with poverty and social exclusion. Many of the blind street musicians experienced unpleasant family care and relationships due to the impact of disablement (Chapter 5.2.2 and 5.2.3). Many of them were unloved and separated from their family, while some were deprived of self-autonomy and self-determination in the family. Some of the participants experienced family breakdown in that their parents separated because of economic constraints in the family, along with rejection of their children with disabilities. This resulted from the family's fear and ignorance based on longstanding social prejudice towards people with disabilities. This in turn reinforces a sense of difference and social isolation for them in addition to inadequate material, emotional and social requirements. Equally important, this made it difficult for them to maintain social support networks.

In addition, many of the blind street musicians, through the impact of disablement, were also marginalised from full access to basic social support systems available to other members in their communities (Chapter 5.4.2). This results from the disabling view that people with disabilities are a

small minority of the community, and are accorded a low social priority. This attitude subsequently compromised their independent living, exacerbated their living conditions, and influenced the decision of these street musicians to migrate from their hometown to BMR cities. Of course, these unpleasant circumstances originated from a wide gap of national social and economic development between core Bangkok metropolitan area and peripheral provincial regions, but the attitude to disability and social exclusion were also involved.

Moreover, having low educational attainment or even lacking education is also one of the cumulative impacts of disablement on the lives of blind street musicians (Chapter 5.4.3). Primarily their family could not, or would not, support their children's education based upon longstanding financial privation on one hand, and based upon prejudice towards their children's ability to learn on the other (Chapter 5.1.4). In the view of their family, investment in school education for disabled children was of little worth, because disabled people were considered economically unproductive for the family. Furthermore, regular schools refused to accept children with visual impairment on the grounds that they believed that visually impaired children were incapable of learning within mainstream environments. During the childhood of these participants, there were no learning facilities or accessibility options for students with special needs. School teachers also had no understanding about how to teach visually impaired students and thus would have to spend a disproportionate amount of time with them. Ultimately, this led to some of them withdrawing from school and even being uneducated, and in turn having limited employment and income prospects in life.

Further to this, the impact of disablement was extended to employment and income opportunities for blind street musicians (Chapter 5.1.5 and 5.4.4). They lacked viable professional skills demanded in the job market because most of their job skills were restricted to traditional occupations long stereotyped for people with visual impairment, such as massage, lottery retail, carpentry, astrology, switchboard operation and street music (Buntan 2005; Puangpetch 2008). More importantly, employers' lack of acceptance of their capacity for work was instrumental in perpetuating their inability to access the labor market. Thai governments most certainly failed to increase employment and income generating opportunities for people with disabilities including these blind street musicians. In particular those who were capable of singing and playing musical instruments and

inspired to attain a career as a musician were discriminated against in the mainstream entertainment industry.

Even though the government of Thailand has passed a number of laws, policies and procedures for people with disabilities over the past three decades, which guarantee their right to productive and decent work, and to basic social provision, social security and entrepreneurship development, in reality, the legislative changes have had little impact on the lives of these visually impaired people. They are considered ineffective measures because the law is not fully enforced and has no serious penalty for private companies that decide not to employ disabled people. Social protection schemes for people with disabilities also remain underprovided. Due to these related circumstances, the street musicians had no real prospects of engaging in mainstream employment, and consequently remained in chronic poverty and experienced social stigma. Street music consequently proved to be the best income generating option for them, and helped improve their economic wellbeing.

The blind street musicians in this research can be separated into two distinctive groups (Chapter 6.6). First, the majority of those, mostly in the older age group and with lower levels of education, were forced to be street musicians as a consequence of economic necessities and job and income restrictions. A second group, those with a longstanding interest and experience in music, actively chose to be involved in street music as their main source of income, because they believed this might be a path to mainstream work as a musician. However, both groups were confronted with similar social, material, and psychological threats: income insecurity, feelings of humiliation and discrimination, abuse and violence, and the lack of future prospects in life (Chapter 6.4). Even if many of them were satisfied with their current income source and living conditions, they suffered social stigma—being perceived as pitied beggars, rather than genuine musicians. For those who demonstrated themselves to mainly achieve their economic requirement and tried to withdraw from street performance and look for another job, they encountered a range of limitations, in particular the lack of financial capital and few job and income choices available for them (Chapter 7.4). Equally, those with strong determination towards a career in regular musicianship could hardly find their way out of street performance due to the lack of social acceptance for visually impaired musicians in mainstream music venues. Only a few of them, especially those from families with good socio-economic status and those with extra income, could manage financially in street

musicianship. Thus, the large majority of the visually impaired participants are more likely to have remained street musicians from necessity.

Finally, a large number of the blind street musicians were more likely to have small social support networks as the result of disablement (Chapter 7.5). Although many of them remained in contact with their parents or relatives in their hometowns owing to financial obligations, they tended to have loose social and economic relationships with their home families based on proximity. Because of social and cultural contiguity and shared commonalities as people with disabilities, most of them regularly maintained social connections and mutual support with friends like themselves (Chapter 5.3.2). Even so, this was not a vigorous or durable enough relationship for them to rely upon, given that their social connections had similar desperate socio-economic circumstances, and lived in similar conditions. This caused them to face social isolation. According to many studies, people with disabilities are more likely than those without to experience social isolation as derived from discriminatory attitudes, social exclusion and environmental barriers against them (Samuel et al. 2014). Social isolation can also be regarded as part of multi-dimensional poverty (Sen 2000). In other words, people with disabilities who are socially isolated from mainstream society, specifically relating to family relationships, education, employment, social networks and social support systems, tend to become poorer and live in long-term poverty (Samuel et al. 2014). As Samuel, Alkire and others argue, "social isolation and decreased social connectedness can be important results of living in poverty, as well as contributing factors to the persistence of poverty" (2014, p. 1). Hence social isolation is a significant risk in the lived experience of disability and poverty for many people with impairments.

As a consequence of lacking social support networks and living with social isolation, these blind street musicians were at risk of falling into extreme poverty when they were confronted unexpected crises, especially in the cases of older performers who lived on their own (Groce et al. 2013). Thus, visually impaired people whose main source of income is derived from street performance tended to fall into a vicious cycle of poverty, be unable to enhance their life choices and chances, and therefore live their life in misery (WHO 2011; Groce and Murray 2013). This caused them to struggle for economic fulfilment and social acceptance.

The lived experience of blind street musicians is mostly affected by the structural constraints that are derived from the dominant Thai belief system relating to people with disabilities, specifically traditional understandings of disability in Thai interpretations of Buddhism. This had the accentuated impact of disablement over their life course, particularly in the area of family, social provision, education and employment. As such, they continued to be undereducated, poor, socially isolated, and intensely stigmatised. Therefore, the current and prospective employment promotion and social protection systems for people with disabilities need to address these problems to enable them to achieve income security, better quality of life, and increase their income choices with equal rights and human dignity, despite work as a musician.

8.2.2 Lived experience of blind street musicians as the impact of multiple social stigma

As a result of the cumulative impact of disablement, the findings indicate that the lived experience of blind street musicians tended to be surrounded by multiple experiences of social stigma. Stigma specific to disability is 'a sense of negatively evaluated difference' situated in everyday relationships between those who have biological and functional differences and those who negatively evaluate such differences (Goffman 1963; Susman 1994). People with disabilities experience stigma from being labelled, stereotyped and separated from others, as well as experiencing status loss and discrimination because of being restricted in their full social and economic participation in their everyday lives compared with others in the community (Link and Phelan 2001). Significantly, this stigma can also be extended from people being stigmatised to other individuals or a group of individuals associated with them, such as their families, friends, community, the work colleagues and so on (Goffman 1963).

Many blind street musicians experienced stigma initially in their family. They were labelled by their parents, and by other family members in some cases, as evil or sinful beings, bringing shame, and bad luck to the family (Chapter 4.2.1). Moreover, they were stereotyped as being useless and a burden for the family, losing their ability to rely on themselves and to contribute to the family economically. Some of them were discriminated against by being left at home, being deprived of care and opportunity for education, and even being separated from household affairs (Chapter 4.2.2). As a result, they felt that they were neglected and isolated by their family, causing them a

sense of self-alienation and social oppression (Abberley 1987). Although some of them did not experience antagonistic views and relationships in the family, they also felt stigma based on extra-family care that compromised their self-autonomy and self-determination. These factors subsequently brought about material and psychological oppression for them, which was later involved in their decision to leave home and reside in the Bangkok area (Chapter 5.2.3).

Beyond the family, blind street musicians were stigmatised in mainstream environments, in particular pertaining to education and employment (Chapter 5.1.5 and 5.1.6). Those who continued education in a regular school felt stigma because they were excluded from accessible learning facilities. They consequently could not keep up with their studies to the same level as their sighted peers. In addition, they were also stigmatised by the way in which they were mistreated by their teachers and friends, and were frequently separated from school activities. For those who attempted to pursue their own career endeavors, they were discriminated against in mainstream employment owing to their perceived disability. Hence, they were socially and economically constrained by prevailing social reactions towards their capacity as people with disabilities.

Many blind street musicians who participated in this research first became interested in singing and performing music during their school years, in particular those who had been previously segregated in special blind schools. Apart from Braille reading and writing, general curricula and daily-living skills, these street musicians learned how to sing and play musical instruments at school, and had many chances to sing and perform music in public events, arranged and escorted by their teachers (Chapter 5.1.4 and Chapter 6.2.2). Raised with such segregated school environment, they were socialised into restricted choices academically and professionally, and so probably had low educational and employment ambitions (Barnes and Mercer 2010). Music performance might have been viewed as a realistic life choice by many blind street musicians from that time.

Nonetheless, a career in street music also created a sense of social stigma for visually impaired people. Compared to those street musicians with regular eyesight, visually impaired people were often treated differently, even though they earned income by similar means. They were stereotyped as pitied beggars, rather than professional musicians, and were often embarrassed because many of their audiences expressed a sense of pity and sympathy for them, instead of genuine satisfaction with their performances. Thus, blind street musicians were denied a sense of

human dignity, as well as being reduced to inferiority as objects of pity and recipients of charity (Pfeiffer 2003; Shakespeare 2006). With reference to the previous studies, in many low and middle income countries, especially where there has been little employment promotion and social protection measures for disabled people, begging is culturally associated with disability in general (Groce et al. 2014). That is, disabled people are observed by the public as those with limited choice of income due to their biological and functional restrictions. They are believed to have poor living conditions, and so rely on begging as their only reliable source of income (Groce et al. 2011; Grech 2012; Mitra et al. 2013; Mizunoya 2013).

It can be concluded that most blind street musicians encounter a number of social stigmas that are derived from the impact of Thai social and cultural belief system relating to people with disabilities. Some of these cultural expectations are shared by disabled themselves, and become part of their self-identity. Therefore, campaigns for attitude change and raising awareness of disability at all levels are urgently required, for both the general public and visually impaired people themselves, and government policies towards anti-discrimination in all aspects of their everyday lives must be implemented.

8.2.3 Self-perceptions and self-reflections as people with disabilities

The thesis found three identifiable groups of blind street musicians: the 'conformers', the contesters', and the 'compromisers', based on their perceptions and reflections of traditional understandings of disability in Thai interpretations of Buddhism, in particular focusing on the popular sense of pity and sympathy and acts of charity and gaining of merit originating from Buddhist philosophy of the four sublime states, or the feelings of love and compassion, which gave the profound impact on their lives as street musicians.

In the first place, the large majority, particularly those in the older age groups and those with a strong belief in Buddhism, tend to reflect positively on charity and merit making. These street musicians viewed such moral contributions as matters of generosity and as a means of social support, rather than oppression and dehumanisation. They accepted that they were perceived by the general public as disabled and therefore disadvantaged, having no ability to work compared to sighted persons, and so became objects of sympathy. They thought that it was acceptable to

receive kindness and assistance from the general public that could lead to improving their income, while donors could also fulfil their social obligations. Nonetheless, This group of street musicians were more likely to be perceived by the general public, even by the blind street musicians themselves, as those who performed begging rather than generating income as genuine musicians.

Second, the small minority, mostly those in the younger age group, or with some scepticism about Thai Buddhist notions of disability reflected negatively on charity and the gaining of merit. In particular, these street musicians disagreed with any form of assistance that was derived from a sense of pity and sympathy. They preferred an income reward in recognition of their musical capability and professionalism. They disagreed with how the general public treated them on a basis of difference and inferiority. They emphasised that the public should focus more on their ability rather than their disability, and should not treat them as pitied beggars, which, they viewed, as discouraging and humiliating them.

Therefore, this second type of blind street musicians identified as contesters were more likely to struggle for their long-term passionate career endeavours to be publicly accepted as those of skilful and professional musicians in the mainstream entertainment industry. Meanwhile, they made a great attempt to convince the public to appreciate their shows instead of commiserating with them as people with disabilities. Consistent with social models of disability, they perceived disability as the result of social and environmental restrictions created by society, rather than from the impairments, and such barriers must be removed (Barnes and Mercer 2010; Finkelstein 2001a; Oliver 1990, 1996).

The third group of street musicians stood between the other two streams. On one hand, they felt negative about charity and gaining merit but, on the other hand, they still appreciated income from street music. These street musicians were more pragmatic. They accepted social attitudes and responses towards themselves as people with disabilities due to economic necessity. These street musicians frequently highlighted that if they cared about a sense of pity and sympathy or about human dignity, they would not be able to survive. Yet they also insisted that they would leave street music as a living if they had a better job and income generating opportunities available to them.

However, all these groups of street musicians strongly denied being regarded by the general public as beggars rather than the capable and professional musicians that they viewed themselves as. They contrasted themselves with beggars, who, they said, persuaded pedestrians with sympathetic appearances and expressions in exchange for a sense of pity and donation. They said blind street musicians entertained audiences with the sounds of music in exchange for a sense of enjoyment and income rewards. They found it unacceptable that sighted street musicians were respected for their genuine capability and professionalism although sighted street musicians and they shared similar skills, except for the visually impaired musicians' disability. Hence, it could be argued that all street musicians tended to accept income from street music as long as they were not treated as beggars.

The discussion and synthesis in this section have answered the main research questions as to what the everyday life experience is like for people with visual impairment becoming and remaining street musicians in the Bangkok Metropolitan Region, what and how the social, cultural, economic and political circumstances of Thai society specific to disabilities affect this experience, how they reflect on such circumstances and in what ways and to what extent current employment promotion and the income and social protection systems for people with disabilities in Thailand affect income generation and livelihoods of visually impaired people whose main source of income is derived from street music.

8.3   Contributions to knowledge and application

This thesis is among the first empirical social science research in Thailand which studies the lived experience of blind street musicians in association with religious, social and cultural issues. The linkages in the thesis include a contextual explanation—the social, cultural, economic and political circumstances specific to disability in contemporary Thai society concerning the life experience of blind street musicians; the theoretical approach—the integration of social constructionism, disability studies models and socio-economic approach to disability into the qualitative case study of blind street musicians in Thai context;— and looks at practical applications—the transformation of the role of the government, of policy interventions and of the key agents in improving the life of visually impaired people, especially those whose main source of income is derived from street

music. These connections have been made to offer new insights and contributions to the field of disability studies and social policy, as a policy implication for improving employment promotion and social protection systems for people with disabilities in Thailand, in particular those with visual impairment, and to the role of key agents involved. The points of discussion raised by the thesis emphasise in what ways and to what extent this group of blind street musicians, with their human agency, realised their self-identification as people with disabilities, implemented self-advocacy as people with disabilities, and fulfils their moral obligations to their families. These points are detailed under the following themes.

8.3.1 Self-identification as people with disabilities

Despite many previous studies that illuminate people with disabilities and their circumstances through the social explanations of disability, few of them discuss the perceptions and reflections of people with disabilities through Thai interpretations of Buddhism. Thus, little is known about the views of people with disabilities about how the general public view them and little is known of their own views on themselves as people with disabilities, nor are there explanations about how they react to their situations. This thesis not only offers new insights into the life circumstances of blind street musicians, but also suggests new perspectives on how they respond to social perceptions of and interactions between the public and themselves as people with disabilities together with their self-identification as people with disabilities, under Thai Buddhist notions of disability. Some of these cultural expectations are shared by the people with disabilities, and become part of their self-identity. This makes it significant for the conceptual development of the meaning and understanding of disability through the lived experience of people with disabilities, in addition to the way the public interprets and creates their experiences (Abberley 1987; Oliver 1990). It also contributes to understanding how they perceive and identify themselves as people with disabilities and their reaction towards dominant structures over their lives.

The distinction of perceptions and reflections of blind street musicians about the attitudes and responses of the general public among those street musicians probably related to how they were perceived to be reflections of the traditional understanding of disability in Thai interpretations of Buddhism and how seriously they took street music as their professionalism. As such, they can be categorised into three identical groups. The first group might be termed the 'conformer' involving

the majority of blind street musicians who accepted Buddhist notions of disability and reflected the social attitudes and responses towards them positively, despite their being based on a sense of pity and performed as an act of charity. The second group might be called the 'contesters' including the minority of blind street musicians who challenged the Buddhist interpretations of disability and perceived and reacted to such attitudes and responses negatively, because they refused to become objects of pity and charity. The third group might be identified as the 'compromisers' encompassing only some of the blind street musicians who, although rejecting disability as a social consequence, compromised with such attitudes and responses, and even derived satisfaction from expressions of pity and the act of charity. This was consistent with one of the disabled key informants Michael, aged forty-nine years who was known as a blind activist. He argued that most donors give money due to their good will, rather to the performers' ability. Blind street musicians, he asserted, react in different ways. Firstly, those who instinctively complied with Buddhist traditions specific to disability and fully accepted a sense of pity and compassion, but even those who consciously recognise themselves as being affected by Buddhist traditions consented to benefit from such attitudes. And lastly, those who challenged such Buddhist attitudes tended to deny a sense of pity and compassion including charitable and voluntary assistance and demanded to be treated on a basis of equality with the non-disabled and as an expression of human dignity.

This typology is useful if we are to understand how blind street musicians, as is conditional on socially constructed roles, reflect on, and react to, prevalent social attitudes and responses that tend to subjugate them (Imrie and Kumar 1998). Even if the majority of blind street musicians are attached to fixed identities and influenced by regulatory regimes founded on cultural and societal prejudices, within this dominant culture, some could be able to emancipate themselves from such prevailing identities, and, through acceptance of their impairment, generate their own self-identity along with their persistent sense of self (Murugami 2009). In these circumstances, their self-perception, self-reflection and self-identification as people with disabilities could initiate alternative accounts for the individual experience of disability for visually impaired people who undertook street music as their main income source along with their capacity to realise the construction, deconstruction and reconstruction of disability.

8.3.2 Self -advocacy as people with disabilities

The study showed that a large number of blind street musicians adopted self-advocacy even though they conformed to authority. They were more proactive than is expected in the literature on similar groups o. They seemed to be the best judge of ways to demand policy change through their own voice. They exercised their own agency within their rights, resist social prejudice and discrimination, as well as articulating their own sense of human dignity, specifically to achieve careers as musicians. This state of affairs has been recognised as the relationship between agency and structure in which all human beings have a capacity to create their own actions, while remaining restricted to a certain extent in a social group or in a social phenomenon in which they are present (Giddens 1984). Despite being forced by social conditions into a small range of professions, some of them actively embraced being street musicians and intended to have a career in music. Many of them who chose to be musicians were focused on their long term goal to become professional musicians or to be economically independent and socially accepted. They tended to repudiate social attitudes and responses towards themselves as objects of charitable assistance and merit-making activities founded on a sense of pity and compassion. Instead they preferred social opportunities and public acceptance on an equal basis with other members of society. They put great effort into proving themselves to the public as capable and professional musicians, and sought the opportunity to become involved in mainstream music production. This became more obvious when some of the blind street musicians were invited to television programs for live performance or music contests. They made great attempts to convince the public to appreciate their shows instead of commiserating with them about being people with disabilities. Explicitly, this group of blind street musicians was trying to gain better self-pride and better self-esteem, as well as better social engagement.

In addition, the groups of street musicians cooperatively moved against public attitudes and responses towards them as pitied beggars, rather than genuine musicians like other musicians who are sighted. They contrasted themselves with pitied beggars, whom they defined as influencing pedestrians with sympathetic appearances and expressions in exchange for charity and donation. The blind street musicians said that they preferred to entertain audiences with the sounds of music in exchange for admiration and income. The public did not, however, make this distinction and they

labeled the street musicians as pitied beggars. Thus according to the anti-begging and anti-human trafficking laws, they were removed from the street by the authorities, or more seriously were arrested and fined by the police. On the other hand, visually impaired people emphasised that sighted street musicians were allowed to perform in the street and were accepted for their professionalism. Therefore, blind street musicians were perceived by the majority of society to be second-class citizens or a deviant group deprived of their own rights and equalities of opportunities (Hahn 1985).

Although these blind street musicians accepted their own physical and functional impairment, they disagreed with social and cultural predispositions of disability attached to their impairment as legitimized by the majority of those with biological and functional normality. For this reason, they put great effort into expressing their own sense of self-identity as people with particular functional incapacities being caused by their biological impairment, rather than social and cultural misconceptions of disability being imposed on their impairment (UPIAS 1976). So, the existing self-identity was not their real self-perception or their real sense of self-identity, but a consequence of social judgements accordingly. Therefore, the nature of self-identity of the group of blind street musicians was mainly designated by their own self-identification as people with disability, as intended to be externalized for public considerations, instead of the socio-cultural construction of disability, as predominantly internalized into their self-perception and self-identity (Murugami 2009).

Based on the social model of disability, prejudices and discrimination against disabled people are derived from the lack of societal awareness of their value and dignity as humans or to permit them civil rights as members of a political entity (Hahn 1985; Longmore 1985; Zola 1982). Thus, they experienced disability as the result of social and environmental restrictions which are created by society, rather than the impairments of disabled people themselves, but such barriers must be removed by disabled people themselves (Barnes and Mercer 2010; Finkelstein 2001a; Oliver 1990, 1996). As asserted by UPIAS:

> *Disability is a situation, caused by social conditions, which requires for its elimination, (a) that no one aspect such as incomes, mobility or institutions is treated in isolation, (b) that disabled people should, with the advice and*

help of others, assume control over their own lives, and (c) that professionals, experts and others who seek to help must be committed to promoting such control by disabled people (UPIAS 1976, p. 3).

Through a blind people's street music network, they organised a political movement for legal adjustment and anti-discrimination in November 2014. The most recent legislation concerning public performance was then passed and enforced in the following years. This is an example where the blind street musicians, to a greater or lesser extent, resisted negative social stereotypes and discriminatory attitudes, and actively fought for social equality and social recognition. This situation provides new knowledge about the way in which Thai people with disabilities come to terms with their condition, and the way in which they perceive themselves as people with disabilities, as well as informing predictions on potential areas of policy intervention specifically for people with visual impairment who work as street musicians as their main source of income.

The basis of social construction of disability in the lived experience of blind street musicians, typified in the social model of disability, is a strategic concept that facilitates human agency and self-advocacy through collective action towards the elimination of social, economic, political and environmental barriers (Barnes and Mercer 2010; Finkelstein 2000a; Oliver 1996). In line with the emergence of the disability rights movement, disability can be understood as a result of systematised social, cultural and political components that could not enable disabled people to attain their needs and aspirations as others did (Hahn 1988). Because of such predicaments, blind street musicians, as people with disabilities, then collectively recognised themselves as an underprivileged or minority group in society, and so promoted political campaigns against all forms of social prejudice and discrimination with their realisation of common identity and self-determination (Albrecht et al. 2001; Barnes and Mercer 2010).

8.3.3 Family obligations

Another contribution to knowledge from this thesis, not extensively covered in research on marginalised people with disabilities elsewhere, is that many of the blind street musicians continued to feel obligated to contribute to their families, especially to parents or their elderly relatives who looked after them, even where they had been neglected or abandoned by the family

during childhood. The participants generally sent remittances to their families, or visited them during special occasions, such as New Year's Day, Songkran's day or other long holidays. Despite their economic constraints, they fulfilled their family obligations. This gave them a sense of pride and self-esteem as they could show their appreciation and reciprocation to those who had raised and kept them healthy, safe and in reasonable conditions. In Thai society family obligations are widely accepted as one of the Buddhist moralities and Thai customs as reciprocal relationships. Children are committed to fulfilling their family obligations by means of appreciation and reciprocation for their parents or any person in their family who has looked after them (Kapur-Fic 1998). Similar to many Asian societies, children are taught to commit to family obedience, respect and assistance, as well as engaging in future care and support by any means possible for ageing families (Fuligni et al. 2002; Knodel et al. 2012). This tradition of moral obligation is socialised into one's mentality throughout one's life, and circumvention from or failure to do so is considered to be moral misconduct. This conventional practice, to a certain degree, could enable disabled children to become more valuable for their family, and also reinforces their own self-esteem and self-fulfilment simultaneously.

In addition, in a few cases some families also continued to support the blind street musicians. Some of street musicians did not feel indebted to their families as their families did not wish to be a burden to them and anticipated appreciating their independence, which was an exception for those families in rural Thailand. Other participants were still provided with wide-ranging assistance by their parents who felt contrite about their children's adversities. For instance, some musicians were often asked by their parents to leave street music and return home as their parents were still concerned about their children's livelihood. Some musicians left their children with their home families, usually with their grandparents or their close relatives, and sent remittances to them instead (Chapter 5.1.7). Otherwise, families took the responsibility for the cost of care for blind street musicians children themselves. Although it is common that children whose parents work outside of their home town are taken care of by either of their parents' relatives, usually by their grandparents or their close relatives, given the rapid transformation of social and economic structure in conjunction with the expansion of rural-urban mobility (Huguet and Chamratrithirong 2011), inIn Thai society, it is typical for parents or other family members to extend their generosity by means of giving and assisting to their children or other family members in need (Chen and Li

2007). The children who were confronted with hardships constantly received fervent, social, economic and tangible support from their parents even after they were mature (Fingerman et al. 2009). This shows the strength of the cultural imperative of filial piety and family obligation in Thai society. In particular, this is the most reliable social support for some people with disabilities in Thailand.

However, the practice of family obligations perhaps might result in blind street musicians and their families encountering the prevalence of poverty, especially most of whom experienced the lack of social protection. Full access to income and social protection systems including social support services for people with disabilities and their families, for that reason, is essential in improving social and economic wellbeing for both families and people with visual impairment (Fisher et al. 2002).

8.4   Policy implications

The life circumstances of blind street musicians, as affected by the cumulative impact of disablement and limited by multiple social stigma, require complex areas of policy intervention, as detailed under the following sections.

8.4.1   Poverty alleviation and social protection schemes

The first area of policy intervention to be emphasised is that of poverty alleviation and social protection schemes. People with visual impairment whose primary source of income is derived from street music and their families generally experienced the incidence of poverty and the absence of social protection (Saunders 2006). In the first place, poverty and disability are both cause and consequence; poverty can cause disability and disability can cause poverty (Grech 2012; Groce et al. 2011a; Mitra et al. 2013; Mizunoya 2013; WHO-World Bank 2011; World-Bank 2008). Most of the blind street musicians who lived in poor families acquired their disabilities through inadequate housing, poor nutrition, unclean water, sub-standard sanitation facilities and unsafe working conditions. Consequentially they became poor and remained poor through limited access to education, skills training and job and income opportunities (Groce and Murray 2013; Joly and Venturiello 2013).

Furthermore, blind street musicians, similar to those with disabilities in other low-and middle-income countries, were also challenged by the lack of supportive environments, accessibility options and social support networks, income and social protection schemes, either as individuals themselves or through household and family entitlement to social protection schemes (Mont 2014). Families with disabled members have the increased household expenses due to the supplementary costs attached to disability; for instance, such as health care, transportation, assistive devices, personal assistance, accommodation and so forth (Braithwaite and Mont 2009; Mitra et al. 2013; OECD 2009; WHO-World Bank 2011; Zaidi and Burchardt 2005). Given the same income range, families with one or more disabled children are more likely than those without to fall into poverty because they have to pay the disability-related cost regularly (Mont 2014; Tibble 2005). As a consequence, families whose members acquire a disability are almost certainly vulnerable to a greater risk of income incapacity, This makes it possible for some families with disabled people who live above the poverty line to have living conditions at the same level as those without disabled people who live below the poverty line (Braithwaite and Mont 2009; Mont 2014). More significantly, the incidence of long-term poverty in most probability could give a tremendous impact not only on the lived experience of people with disabilities, but also on the broader household and intergenerational dynamics of their families (UN-ESCAP 2012, p. 6).

When taking this situation into account, blind street musicians who live in poverty indisputably experienced the lack of basic human needs, which gives rise to them challenging physical and mental adversities, and are unable to participate in political and social activities in their community. All these factors reduced the capacity of visually impaired people to work and support themselves and their families, which has led to social stigma attached to them. Then they ended up in performing street music to survive, leading to them accumulating multiple social stigma. As suggested by Samuel and others:

> *The psycho-emotional effects of the shame and isolation related to poverty*
> *and disability must also be addressed. How does the stigma of being seen*
> *as poor and the stigma of being disabled get 'under the skin' – causing*
> *those who are stigmatised immense pain and distress? This stigma can lead*
> *to people devaluing themselves because other people assume they live a life*
> *not worth living, perpetuating a cycle of hopelessness and isolation. Well-*

> *conceived psycho-social policy interventions may help to mitigate stigma and convey confidence and inner pride, as well as confronting approaches that reproduce stigmatizing attitudes and behaviours (2014, p. 16).*

To to facilitate blind street musicians in access to full social, economic and political participation at all levels, so that they can remove themselves from poverty independently, their basic needs, both physical and psychological needs, should be primarily met. According to Langan:

> *All humans have certain basic requirements to ensure survival - food, clothing, shelter…as we are social beings, our continued existence is only conceivable in relationships with others… hence the basic requirements of human survival include the means to sustain participation in society, at whatever level of development it has reached (Langan 1998, p. 4).*

Poverty-alleviating strategies, such as marketable skills preparations, employment promotion and social protection, should be enacted for people with disabilities, including blind street musicians. Enabling people with visual impairment to realise their career goals to a greater extent, supporting their education by any means must be prioritised. Ideally families with disabled children must be entitled to more generous social support services in order to avoid the possible risk of a steady decline in individual and family wellbeing (Saunders 2006). As the Sustainable Development Goals (SDGs), with its connection with the Convention on the Rights of Persons with Disabilities (CRPD), has emphasised, the first goal that all partners, both state and non-state actors, involved in the development of the quality of life of people with disabilities, is to:

> *End poverty in all its forms everywhere: this goal is underpinned by the right to life (CRPD article 10), control over one's own resources by guaranteeing equal recognition before the law (CRPD article 12) and an adequate standard of living and social protection (article 28).*

(Link between the Sustainable Development Goals and the CRPD, Global Disability RightsNow)

8.4.2 Increased employment and income choices

The second area of policy intervention to which governments must pay greater attention is to increase employment and income choices for people with disabilities, and these blind street musicians within. Most of the blind street musicians still had limited access to employment and income opportunities. Most importantly, both public and private sector employers' lack of acceptance of their capacity for work was instrumental in perpetuating their inability to access the labor market, which in turn generated various forms of job and workplace discrimination. Street performing thus inevitably became the only realistic choice of income generation for them.

Equalisation of opportunity relating to employment and income generation is one of the most significant measures for people with disabilities that would include visually impaired people in the mainstream workforce environments, so as to enable them to improve social and economic wellbeing for both themselves and their families. The right to decent work of people with disabilities has been ensured through international agreements since the 1940s. As guaranteed by the international rules and standards, people with disabilities are encouraged to participate in decent work, accompanied by appropriate skills training and capacity building, vocational rehabilitation and counselling, job placement, inclusive workplace environments and a supportive legal and policy framework (WHO-World Bank 2011, p. 239). The right to work for people with disabilities has been strengthened by the SDG in association with the CRPD that aims to:

> *Promote sustained, inclusive and sustainable economic growth, full and productive employment and decent work for all: The recognition of the right of persons with disabilities to work on an equal basis with others and to gain a living by work freely chosen, and to receive equal remuneration for work of equal value and to have safe working conditions is covered by article 27 of the CRPD.*

(Link between the Sustainable Development Goals and the CRPD, Global Disability RightsNow)

To guarantee the right to decent work with expanded opportunities for employment and a greater variety of income choices for people with disabilities, and to ensure their right to social access, the existing policies, laws, regulations, and procedures specific to people with disabilities, such as the

latest *Constitution B.E. 2560 (2017),* the *12th National Economic and Social Development Plan B.E. 2559—2564 (2017 –2021),* and the *Empowerment of Persons with Disabilities Act B.E. 2550 (2007),* with its second amendment *B.E. 2558 (2015),* should be truly implemented. Especially the new Begging Control *Act B.E. 2559 (2016),* is the tangible outcome of the stakeholders' political movement attacking social discrimination against disabled street musicians, should be fairly enforced on behalf of all street musicians, and should be brought home to street bureaucrats, including police and local officers, so that blind street musicians will no longer be accused of begging.

If music performance, either on the street or in the regular music industry, remains a preferred income choice for some visually impaired people, there should be a realistic campaign and practical mechanisms that could enable them to progress towards a career in music with pride and dignity. With regard to maintaining the capacity of street music to provide economic security, the participants proposed a number of solutions. First, the government should amend the existing law concerning travelling minstrels and beggars to create a clear distinction between beggars on the one hand and music performers and singers on the other. Second, they said the public should provide more opportunities for performing music and for joining in competitions with sighted musicians. Third, the government should provide specific areas for blind musicians to perform in locations where a significant number of people would be passing by. It would be acceptable if the government were to charge for these performance spaces. Fourth, the government should issue an authorisation card for each musician. They argued that through the authorisation card measure, performances by blind musicians might be standardised at a level where they would be recognised and accepted by the musical profession. They assumed that this could also avoid the situation where people asked for donations without any musical contribution on their part. Fifth, wandering blind minstrels, especially those with only a music player, should be provided other jobs instead. Otherwise, they would continue to create negative public perceptions and attitudes towards genuine unsighted musicians.

The current project named "From the Street to the Star", initiated by Thailand Association of the Blind in 2016, one year after the promulgation of the new begging control Law, which has been funded by the Office of Disability and Empowerment, Ministry of Social Security and Human

Development, is a good starting point for blind street musicians. This project should equip visually impaired people who choose to become a street musician with music skills and proficiencies that meet the preference of musicians individually, seek out the paths to regular work as a musician for them, and promote them as professional musicians through public media.

Finally, the employment promotion systems for people with disabilities, as articulated by blind street musicians, should enable visually impaired people to achieve income security, a better quality of life, and increase their income choices with equal rights and human dignity. They argued that these policies should apply to all people with visual impairment, including those with other types of disability, even if they decide to work as a street musician.

8.4.3   Raising disability awareness

The third area of policy intervention should be involved in improving public attitudes towards people with disabilities and their capacity by promoting disability awareness programs through human rights-based approach. According to the findings, the religious and traditional views of disability in contemporary Thai society remain influential. That is, Buddhist socio-cultural conceptions of disability dominate not only the perceptions of general public, but also their views of disability to the greater degree than the actual cause of their impairment. Equally important, public perceptions and interactions towards people with disability in Thai society are mainly dominated by a sense of pity and sympathy being originated from the Buddhist concept of the 4 sublime states. This Buddhist principle, when converged within Thai social and political context, has been transformed to a sense of pity, or Songsarn in Thai language. This resulted in people with disability being dehumanized as the object of charity and merit making, constructing social stigma attached to them. In terms of street music performance, blind street musicians were often humiliated because many of their audiences are often moved by the sense of pity and sympathy, rather than genuine enjoyment of their shows. As a consequence, they were denied human rights and a sense of dignity.

Given that the impact of disablement accumulated on the lives of blind street musicians is primarily derived from Thai traditional understandings of disability, policies, laws, and campaigns are urgently needed to create positive and inclusionary attitudes towards people with disabilities. As Thailand

has ratified the UN Convention on the Rights of Persons with Disabilities (2006) in 2008, the rights of people with disabilities should be protected and monitored through mutual support of both government and human rights agencies. Along with the implementation of policies and legislations that promote the rights of people with disabilities, the campaigns for attitude change should be carried out through the media representing positive and inclusionary attitudes towards people with disabilities, rather than producing and reproducing negative social stereotypes towards them. Policies to change attitudes should be established in the school and university curricula, in particular providing courses that teach students about people with different identities and how to live with them. Campaigns for full participation and inclusive society should be initiated, starting with families, communities, educational institutions, and the job market. Public and private sectors should be made aware of the need to include people with disabilities in the workplace on the basis of equal rights and equal opportunities with others. As highlighted by Martha Nussbaum:

> *Instead of stigmatising and isolating certain groups, policy should create enabling and facilitating environments for people with disabilities living in poverty that recognise and support interdependence and change how we understand what it means to be human for all people. As we come to admit and embrace the incompleteness and uncertainty of all human lives, a good place to begin to work together is as people who are consciously all differently able, to build a different and more facilitating society (2004, in Samuel et al. 2014, p. 16).*

8.4.4   Bridging social support networks

The final area of policy intervention suggested by the findings in the thesis is the expansion of social networks and support systems. Since many blind street musicians are isolated from or are separated from family and community, or are not able to create social connections, struggle to maintain social relationships, or feel stigma due to their current work as street musicians, they lack secure social networks and support systems to rely upon. Specifically the implications of social isolation become more serious for those who wish to cease street music and find another job. Lacking tied social support networks, blind street musicians are more likely to be at higher risk in case of an unexpected disaster, such as shortage of foods, loss of housing and material assets,

health or financial crisis and so forth (Groce et al. 2013). Social isolation can result in blind street musicians becoming profoundly impoverished (Sen 2000). In other words, people with disabilities who are socially isolated from mainstream society, specifically relating to family relationships, education, employment, social networks and social support systems, tend to become poorer and live in long-term poverty (Samuel et al. 2014).

Because of poor social networks, visually impaired people in turn can be challenged by social isolation. Based on the interconnection between disability, poverty and social exclusion, people with disabilities experience social isolation through material deprivation including poor diet, unsafe housing, marginal health care provision, restricted access to education, vocational training and social support services, limited employment and income generating opportunities and minimal financial support, as well as through social and psychological harm including stigma, shame, humiliation, lacks of social contact, poor family relationship, segregation and discrimination (Cacioppo et al. 2009; Clarke 2014; Cornwell and Waite 2009; Holt-Lunstad et al. 2015; House 2001; London and Ingram 2015; Marmot 2010; Public Health County Durham 2014). All these can lead to feelings of loneliness, low self-confidence and negative self-esteem, depression and anxiety, fear of others and potential conflict with families, friends and people in community.

Hence a policy to support social connection for blind street musicians is urgently required. As Samuel et al. (2014, p. 18) conclude:

> *Social connections have been recognized to be critical due to their instrumental power: social connections have a positive impact on health, wellbeing, job opportunities, financial security and physical safety... besides the instrumentality of social connections, most people value social connections intrinsically... they value belonging to a community, having emotional attachments, and participating in society.*

Therefore, the structural change—extending from policy formulation through the recognition of economic, social, cultural and political diversities to policy implementation through civic participation at all levels—is one of the essential instruments in instituting and reinstituting social relations and social connections among people with and without disabilities (Samuel et al. 2014). This could enable street musicians to participate as professional musicians and form social and

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professional links with other musicians in the mainstream music industry, or find a path to a different line of work, as well as encouraging them to build self-help organisations for future mutual collaboration and support. All this could ultimately empower blind street musicians to increase their potentials to become involved in the mainstream job market or generate income through their preferred choice, to improve economic and social well-being for themselves and their families, and to engage as active citizens in social and political activities locally, nationally and even globally (Groce and Bakhshi 2011; UN-ESCAP 2012).

The discussion on policy implications in this section has answered the main research question of what the implications of improving the income security, improving living standards, promoting human rights and dignity and increasing employment and income choices available for people with visual impairment, especially for those whose main source of income is derived from street music.

8.5 Thesis limitations and directions for future research

To acquire a better understanding of the employment and income restrictions for people with disabilities, in particular blind street musicians, and to inform areas for policy intervention, further research to extend knowledge and contributions of this thesis, based on the empirical evidences, is necessary. This is the first academic work that offers in-depth information and thorough explanations about the lived experience of this group of visually impaired people. It contains a number of limitationsthat could be addressed in future research.

In the first place, the demographic representation of visually impaired population needs to be more inclusive, specifically the balance between men and women, geographical coverage and age range for example. The sample of this thesis, through convenience sampling strategy with snowballing technique, was sufficient for the research questions but is not representative.

Second, further research could be conducted through quantitative methods to add statistical significance to the empirical data, such as the relationship between age, level of education, income and expenses. This thesis could not provide precise financial information of the participants by means of qualitative interviews due to privacy and confidentiality.

Third, further research could focus on why some families with disabled children have different views and interactions with people with disabilities. This suggestion is derived from the finding that many blind street musicians, even though they had socio-economic commonalities and all believed in Buddhism, were treated differently by their families. In some cases, the participants were neglected by their parents and their families because of their disabilities, although these parents previously held that their child's disability might be derived from their own karma or bad deed performance. Because the family issue in this thesis emerged as a new theme during the fieldwork, and its result was unexpected, there is a gap in the information. Further research needs to address these issues.

Fourth, further research is needed to find out what factors, such as age, gender, education, family background explain why some people with disabilities react to public perceptions of disability and on themselves differently. The findings showed that there are two main groups of blind street musicians with different views about how the public view them.

Fifth, further research could address the types of employment skills required for visually impaired people in order for them to work effectively in the regular job market, in what ways and to what extent current employment promotion and social protection systems affect income generation and the livelihoods of visually impaired people, and what social, political, economic and cultural factors have contributed to the characteristics of this system.

Sixth the issues of rural-urban migration are significant for disability policy-makers who need to recognise the group of visually impaired people at risk of moving to BMR cities and earning income from street music performance, in order to identify specific needs and specific social interventions that areappropriate to assist these subgroups of migrants—medical migrants, educational migrants, vocational skills training migrants, and economic or work-related migrants.

8.6 Concluding remarks

It is ironic that visually impaired musicians who are visible on the streets of many cities in Thailand and in other countries have been invisible in the field of disability and social policy research (Groce et al. 2013). This invisibility may reinforce the assumption that the social and economic

circumstances of this group, as one of the most disadvantaged social groups, are already well understood. In actuality, people with visual impairment are most likely to be victimised, marginalised and excluded from the regular workforce environments among the poor and underprivileged Thai population. They also seem to be left behind other people who possess the social and economic privileges necessary in order to compete in the industrialised and urbanised development of Thai economy.

It was clear that the lived experience of blind street musicians was affected by a number of structural constraints. They fell victim to being trapped into constant poverty and challenging social exclusion. They were deprived of their rights to education and basic social provisions, which in turn reduced their ability to play a part in the growing job market and enjoy increasing economic prosperity at all levels of development. In addition, they continued everyday subsistence under social oppression, isolation and stigmatisation through the reproduction of negative social stereotypes, discriminatory attitudes and the cultural representation of disability. All these circumstances are explained by Thai society's antagonistic views of disability and unequal social attitudes to people with disabilities, rooted in Thai structured belief systems relating to people with disabilities, particularly the traditional understanding of disability in Thai interpretations of Buddhism.

Even with the structural constraints, the blind street musicians demonstrated that they could perform social roles and social obligations traditionally expected of Thai people. They maintained a social connection with friends and families although they were socially isolated. Many took care of their own families, and sent remittances to their elderly parents. This shows the strength of the cultural imperative of filial piety and family obligation in Thai society.

The blind street musicians also proved to be actively involved in political activism by exercising their own rights and positive agency towards their own interest, despite social and cultural constraints. They were able to recognise and respond to their state of affairs with their own self-identification as people with disabilities: conformers, contesters, and compromisers. This offers new insights into the way people with disabilities come to terms with their situation and the way they perceive themselves as people with disabilities.

This visually impaired population also expressed a great degree of perseverance, self-dependence, self-esteem, freedom, self-determination and self-advocacy. If they could facilitate or empower their self-development, they would be able to realise their career goals and look for higher prospects in their lives. Hence they cannot be regarded as unproductive citizens, and cannot be ignored in policy.

The most remarkable discovery was that the current employment promotion and social protection systems for people with disabilities in Thailand, as determined by laws and policies, were present but not implemented. The way forward is for these existing mechanisms to provide alternative sources of income for visually impaired people who are seeking to leave street music for more secure jobs, and to pave the directions for those who aspire to become professional musicians. The policies need to be translated from principles into effective implementation of practice.

Finally, the laws and policies including the practical mechanisms for people with disabilities which are already enacted must be monitored, evaluated, checked and balanced by disability policy stakeholders and NGOs for people with disabilities to ensure that the laws and policies are truly implemented in helping people with disabilities to improve income security and quality of life with pride and dignity.

References

Abberley, P 1987, 'The Concept of Oppression and the Development of a Social Theory of Disability', **in** L. Barton & M. Oliver, (Eds), *Disability Studies: Past, Present and Future*, Disability Press, Leeds.

Abberley, P 1993, Disabled People and Normality, In J Swain, V Finkelstein, S French & M Oliver (eds), *Disabling Barriers — Enabling Environments,* Sage and Open University Press, London.

Abberley, P 1996, Work, Utopia and Impairment, In L Barton (ed), *Disability and Society: Emerging Issues and Insights,* pp. 6179, Longman, London.

Abberley, P 1997, The limits of classical social theory in the analysis and transformation of disablement (can this really be the end; to be stuck inside of Mobile with the Memphis blues again?), In L Barton & M Oliver (eds), *Disability Studies: Past, Present and Future* pp. 25–44, Disability Press, Leeds.

Ackland, P 2012, 'The accomplishments of the global initiative VISION 2020: The Right to Sight and the focus for the next 8 years of the campaign,' Indian Journal of Ophthalmology, International Agency for the Prevention of Blindness (IAPB), London School of Hygiene and Tropical Disease, Keppel Street, London, WC1E 7HT, United Kingdom, Vol. 60, No. 5, pp. 380–386, doi: 10.4103/0301-4738.100531, available online at: {https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3491262}, viewed on 20 January 2018.

Albrecht, G 2002, 'American Pragmatism, Sociology and the Development of Disability Studies', **in** C Barnes, M Oliver &; L Barton, (Eds), *Disability Studies Today*, Polity Press, Cambridge.

Albrecht, G 2006, *Encyclopedia of Disability Volume V,* Sage Publications, Thousand Oaks.

Albrecht, G, Seelman, KD &; Bury, M (Eds), 2001, *Handbook of Disability Studies*, Sage, London.

Amare, M Hohfeld, L, Jitsuchon,S and Waibel, H 2012, Rural–Urban Migration and Employment Quality: A Case Study from Thailand, Asia Development Bank, Philippines, ADB Economic Working Paper Series, No. 309, WPS124706, April 2012, Manila.

Ariyabuddhiphongs, V & Jaiwong, D 2010, Observance of Buddhist Five Precepts, subjective wealth, and happiness among Buddhists in Bangkok, Thailand, *Archive for the Psychology of Religion*, no. 32, pp. 327–344, doi: 10.1163/157361210X533274.

Ariyabuddhiphongs, V & Li, J 2012, Sacrifice and optimism among Thai masseuses: The mediating role of pride, *International Perspectives in Psychology: Research, Practice, Consultation*, Vol. 1 No. 3, pp. 154–164, doi:10.1037/a0029233.

Aronson, J 1994, A pragmatic view of thematic analysis, The Qualitative Report, Vol. 2, No. 1.

Attride-Stirling, J 2001, 'Thematic networks: an analytic tool for qualitative research', Qualitative Research, Vol. 1, No. 3, pp. 385-405.

Awan, ZH, Mahar, PS and Memon, MS 2011, 'Blindness and poverty,' . Journal of Ophthalmology, Vol. 27, No. 3, pp. 163-69).

Barnes, C & Mercer, G (eds), 1996, *Exploring the Divide: Illness and Disability*, Disability Press, Leeds.

Barnes, C & Mercer, G 2003, *Disability*, Polity Press, London.

Barnes, C & Mercer, G 2010, *Exploring Disability: A Sociological Introduction*, 2nd edn, Polity Press, Cambridge.

Barnes, C & Sheldon, A 2010, 'Disability, politics and poverty in a majority world

Barnes, C 1991, Disabled people in Britain and discrimination, Hurst, London.

Barnes, C 1992, 'Qualitative research: Valuable or irrelevant?', *Disability, Handicap and Society*, Vol. 7, pp. 139-155.

Barnes, C 2012, 'The Social Model of Disability: Valuable or Irrelevant?', in AL, Chappell 1998, 'Still Out In The Cold: People With Learning Difficulties and The Social Model of Disability.' [Chapter14] In Shakespeare, T (Ed), The Disability Reader: Social Science Perspectives, Continuum, London and New York.

Barnes, C and Roulstone, A 2005, *Working futures: Disabled people, policy and social inclusion*, The Policy Press, Bristol.

Barnes, C, Mercer, G & Shakespeare, T 1999, *Exploring Disability: a Sociological Introduction*, Polity Press, Cambridge.

Barnes, C, Oliver, M & Barton, L (Eds), 2002, *Disability Studies Today*, Polity Press, Cambridge.

Barton, L 1995, 'Segregated special education: some critical observations', in G Zarb, (ed.), *Removing Disabling Barriers*, Policy Studies Institute, London.

Bates, C and Annear, P 2013, *Lessons learned from Thailand's universal health care*, Nossal Institute for Global Health, University of Melbourne, AusAID KNOWLEDGE HUBS FOR HEALTH, No. 11, May 2013, Melbourne Australia.

Bechhofer, F & Paterson, L 2000, *Principles of Research Design in the Social Sciences*, Routledge, London.

Begging Control Act B.E. 2484 (1941) 2002, Government Gazette, Vol. 119, Part 102.p. 66.

Bejoian, L 2006, 'Nondualistic Paradigms in Disability Studies and Buddhism: Creating Bridges for Theoretical Practice', *Disability Studies Quarterly*, Vol. 26, No. 3, 27.

Bell, EC Mino, NM 2015, 'Employment Outcome for Blind and Visually Impaired Adults', The Journal of Blindness Innovation and Research, The National Federation of the Blind, Vol 5, No 2, DOI: 10.5241/5-85, viewed 1 September 2017, <https://nfb.org/images/nfb/publications/jbir/jbir15/jbir050202.html, *Access on>*.

Beresford, P 1996, 'Poverty and Disabled People: challenging dominant debates and policies', DISABILITY & SOCIETY, Vol. 11, No. 4, December, pp. 553-56.

Beresford, P 1996, 'Poverty and Disabled People: challenging dominant debates and policies,' DISABILITY & SOCIETY, Special Issue: Disability, Development in the Changing World, Vol. 11 , No. 4, December, pp. 553-56.

Beresford, P 1997, *Personal Accounts: Involving Disabled Children in Research*, H.M. Stationery Office, London

Berger, P & Luckmann, T 1967, *The Social Construction of Reality: a Treatise in the Sociology of Knowledge*, Penguin, Harmondsworth.

Bhavilai, R 1967, *Buddhism in Thailand: a Modern Thai's Interpretation of Buddhism*, Southeast Asia Treaty Organization, Bangkok.

Bickenbach, JE, Chatterji, S, Badley, EM & Üstün, TB 1999. Models of disablement, universalism and the international classification of impairments, disabilities and handicaps. *Social Science & Medicine, 48*, 1173-1187.

Bird, C, Hattel, K, Sasaki, E and Attapich L 2011, *Poverty, Income Inequality, and Microfinance in Thailand*, Asian Development Bank, ADB Southeast Asia Working Paper Series, No. 6, November 2011, Manila Philippines.

Blaikie, N 2000, Designing Social Research, Polity Press, Cambridge

Blanks, AB and Smith, DJ 2009, 'Multiculturalism, Religion, and Disability: Implications for Special Education Practitioners', Education and Training in Developmental Disabilities, Division on Developmental Disabilities, University of North Carolina at Greensboro, Vol. 44, No. 3, pp. 295–303.

Booth, T 2000, 'Progress in Inclusive Education', Paper presented at 'Meeting Diverse Educational Needs: Making Inclusion a Reality', World Education Forum, 26-28 April 2000, Dakar.

Bowie, KA 1998, 'The Alchemy of Charity: Of Class and Buddhism in Northern Thailand', American Anthropologist, Vol. 100, pp. 469–481, doi:10.1525/aa.1998.100.2.469.

Boyatzis, R 1998, *Transforming qualitative information: Thematic analysis and codedevelopment*, Sage , Thousand Oaks, California.

Braithwaite, J and Mont, D 2009, 'Disability and Poverty: A Survey of World Bank Poverty Assessments and Implications','' European Journal of Disability Research, Vol. 3, ALTER, pp. 219-232.

Braithwaite, J and Montt, D 2008, Disability and Poverty: a survey of World Bank poverty assessments and implications, HDNSP, World Bank, SP Discussion Paper No. 0805, viewed 20 December 2014, <http://siteresources.worldbank.org/DISABILITY/Resources/280658-1172608138489/WBPovertyAssessments.pdf>.

Braun, V & Clarke, V 2006, 'Using thematic analysis in psychology,' Qualitative Research in Psychology, Vol. 3, pp. 77-101.

Bree, R & Gallagher, G 2016, 'Using Microsoft Excel to code and thematically analyse qualitative data: a simple, cost-effective approach', All Ireland Journal of Teaching and Learning in Higher Education (AISHE-J), Vol. 8, No. 2, pp. 2811-28114.

Bualar, T & Morshed, M 2009, 'Why does community-based rehabilitation failphysically disabled women in northern Thailand?', *Development and Practice*, Vol. 19, No. 1, February, pp. 28-38.

Bualar, T 2011, 'Physically Disabled Women's Creditworthiness in Village Development Fund: Evidence from Thailand', *Development in Practice*, Vol. 21, No. 6, pp. 848-859, DOI: 10.1080/09614524.2011.582084.

Bualar, T 2013, 'Barriers to Employment: Voices of Physically Disabled RuralWomen in Thailand', , DOI: 10.1080/13668803.2013.806125, accessed 12 November 2013, {http://dx.doi.org/10.1080/13668803.2013.806125}.

Bualar, T 2015, 'Employer dilemma over disability employment policy in Thailand,' Journal of Public Affairs, Vol. 15, No. 3, pp. 131-36, DOI: 10.1002/pa.1508.

Buckup, S 2009, 'The Price of Exclusion - the economic consequences of excluding people with disabilities from the world of work', ILO Employment Working Paper, No. 43.

Buntan, M 2002, 'Unjust discrimination against blind people: facts from past to present and challenges for the future', Speech at the Asia Pacific Blind Summit Conference, October, Osaka, Japan.

Buntan, M 2005, 'Thailand police arrest blind and other disabled demonstrators', in *Independent Living Institution*, Online, viewed 6 November 2015, <http://www.independentliving.org/docs7/buntan20051202.html (Accessed: October 2007>.

Buntan, M 2005, 'Thailand Police Arrest Blind and other Disabled Demonstrators', Centre for Services and Information on Disability, Bangladesh, in N Groce, B Murray, M Loeb, C Tramontano, JF

Trani and A Mekonnen 2013, Disabled beggars in Addis Ababa, Ethiopia, Employment working paper No.141, International Labour Office, Skills and Employability, Geneva.

Buntan, M N.D.a, *Blindness and Buddhism in Thailand: Thai Handling of Buddhism, Blindness and Blind People*, No place of Publication.

Buntan, M N.D.b, 'General Situation of Blind and Visually Impaired Persons', no place of publication.

Bury, M 2000, 'On chronic illness and disability', **in** CE Bird, P Conrad & AM Fremont,(Eds), *Handbook of Medical Sociology*, 5th edn, Prentice Hall , New Jersey, PA.CFBT, 2002, Policy and Strategic Direction of the CFBT - Years 2003 – 2006, The Christian Foundation for the Blind in Thailand Under the Royal Patronage of His Majesty the King, Khon Kaen.

Cacioppo, JT and Patrick, W 2008, *Loneliness: Human nature and the need for social connection,* WW Norton and Company, New York.

Campbell, J and Oliver, M 1996, Disability politics: understanding our past, changing our future, Routledge, London.

Carpio, DX, Messina, J and Sanz-de-Galdeano, A 2014, *Minimum Wage: Does It Improve Welfare in Thailand?,* World Bank and Institute for the Study of Labor (IZA), Discussion Paper No. 7911, January 2014, Bonn.

Cattell, V 2001, 'Poor People, Poor Places, and Poor Health: The Mediating Role of Social Networks and Social Capital', *Social Science and Medicine*, vol. 52, no. 10, pp. 1501-1516.

Chainuvati, C and Athipanan, W 2001, 'CROP DIVERSIFICATION IN THAILAND', in MK Papademetriou and FJ Dent (eds), CROP DIVERSIFICATION IN THE ASIA-PACIFIC REGION, FOOD AND AGRICULTURE ORGANIZATION OF THE UNITED NATIONS, REGIONAL OFFICE FOR ASIA AND THE PACIFIC, April 2001, Bangkok Thailand.

Chappell, A 1992, Towards a sociological critique of the normalisation principle, *Disability, Handicap & Society, vol. 7,*(No. 1, pp. 35-51.

Chappell, AL 1997, From Normalisation to Where?, In M Oliver & L Barton (eds), *Disability Studies: Past, Present and Future*, Disability Press, Leeds.

Chappell, AL 1998, 'Still Out In The Cold: People With Learning Difficulties and The Social Model of Disability,' Chapter14, In T Shakespeare (Ed) The Disability Reader: Social Science Perspectives, Continuum, London and New York.

Charlton, J 1998, *Nothing about us without us: Disability oppression and empowerment*,University of California Press, Berkeley, CA.

Christians, C 2011, 'Ethics and Politics in Qualitative Research,' **in** N Denzin & Y Lincoln (eds), *The Sage Handbook of Qualitative Research,* Sage , London.

Coffey, A & Atkinson, P 1996, *Making Sense of Qualitative Data*, Sage , Thousand Oaks, CA.

Convention on the Rights of Persons with Disabilities 2006, United Nations, New York, viewed 28 November 2014, <(http://www.un.org/disabilities/docu- ments/convention/convoptprot-e.pdf>.

Copeland, M 2016, 'No more beggars on the footpath? The new beggar Control act,' First published in Thai on 30 May 2016, by N Krairiksh, in Thai, Translated by M Copeland, Prachathai, Available online at: {http://prachatai.com/english/category/2016-beggar-control-act}, viewed on 6 February 2018.

Corker, M 1999, 'Differences, Conflations and Foundations: the limits to 'accurate', theoretical representation of disabled people's experience?', Disability and Society, Vol. 14No. 5, pp. 627-642.

Corker, M 2002, 'Deafness/Disability- problematising notions of identity, culture and structure.' In Ridell, S., and Watson, N., [eds]. Disability, Culture and Identity, Pearson, London.

County Durham 2014, 'All the lonely people: social isolation and loneliness in County Durham' – The Report of the Director of Public Health County Durham.

Cresswell, J 1994, *Research Design: Qualitative and Quantitative Approaches*, Sage , Thousand Oaks, CA.

Creswell, J 2007, *Qualitative Inquiry & Research Design: Choosing Among Five Approaches*, Sage , Thousand Oaks, CA.

Cullinan, J, Gannon, B and Lyons, S 2010, Estimating the extra cost of living for people with disabilities, *Health Economics*,, doi:10.1002/hec.1619 PMID:20535832.

Dale, A, Arber, S and Procter, M 1988, *Doing Secondary Analysis*, Unwin Hyman , London.

Dasgupta, S, Bhula-Or, R and Fakthong, T 2013, *Thailand: A Market Labour Profile*, International Labour Organization, Regional Office for Asia and the Pacific, February 2013, Bangkok Thailand.

Dempsey, I & Nankervis, K (eds), 2005, *Community Disability Services: An evidence-based approach to practice*, University of NSW Press, Sydney.

Denzin, N & Lincoln, Y 2011, 'Introduction: The Discipline and Practice of Qualitative Research', *in* N Denzin & Y Lincoln (eds), *The SAGE Handbook of Qualitative Research*, Sage, London.

Department for International Development, UK (DFID) 2000, *Disability, Poverty and Development*, London, viewed 2 June 2017, <http://handicap- international.fr/bibliogrpahie- handicap/4PolitiqueHandicap/hand_pauvrete/DFID disability. pdf>.

Department of Economic and Social Affairs (DESA) 2011, Disability and the Millennium Development Goals, UN, New York.

Department of the Empowerment of Persons with Disabilities 2016, Disability Population Information, Ministry of Social Development and Human Security, (March 2016), Bangkok Thailand.

Dobson, B, Middleton, S and Beardsworth, A 2001, *'The Impact of Childhood Disability on Family Life',* The Joseph Rowntree Foundation, York Publishing Ltd, York, viewed 7 June 2015, *http://www.jrf.org.uk/bookshop/eBooks/1859352898.pdf.*

Doyal, L and Gough, I 1991, *A Theory of Human Need*, Education: MacMillan.

DPT, 2008, *Strategic Regional Plan: Bangkok and Vicinities*, Department of Public Works and Town & Country Planning (DPT), Ministry of Interior, Bangkok.

Durkheim, E 1995, *The elementary forms of religious life*, translated by Karen E. Fields, Free Press, New York.

Edwards, SD 2008, 'The impairment/disability distinction: a response to Shakespeare,' Journal of Medical Ethics, Vol. 34, No. 1, pp. 26-27.

Elwan, A 1999, Poverty and disability: A survey of the literature, Social Protection, Discussion Paper Series, No. 9932, Social Protection Unit, Human Development Network, World Bank, Washington DC.

Emerson, E and Hatton, C 2005, 'The Socio-Economic Circumstances of Families Supporting a Child at Risk of Disability in Britain in 2002,' Lancaster University, Lancaster.

Ezzy, D 2002, *Qualitative Analysis: Practice and Innovation*, Allen & Unwin, Sydney.

Fereday, J & Muir-Cochrane, E 2006, The role of performance feedback in the self-assessment of competence: A research study with nursing clinicians, Collegian, Vol. 13, No. 1, pp. 10-15.

Fifth and Sixth National Economic and Social Development Plans 1982 – 1991, The Office of National Social and Economic Development, Bangkok.

Fingerman, K, Miller, L, Birditt, K & Zarit, S 2009, 'Giving to the good and the needy: Parental support of grown children', *Journal of Marriage and Family*, Vol. 71, No. 5, pp. 1220–1233, doi:10.1111/j.1741-3737.2009.00665.x.

Finkelstein, V 1980, *Attitudes and Disabled People: Issues for Discussion*, World Rehabilitation Fund, New York.

Finkelstein, V 1981, Disability and the Helper/Helped Relationship: An Historical View, In A Brechin, P Liddiard & J Swain (eds), *Handicap in a Social World*, Hodder and Stoughton, in association with the Open University, Sevenoakes.

Finkelstein, V 1993, The Commonality of Disability, In J Swain, V Finkelstein, S French & M Corker (eds), *Disabling Barriers — Enabling Environments*, Sage, in association with the Open University, London.

Finkelstein, V 2001a, 'A personal journey into disability politics', The Disability Studies Archive UK, Centre for Disability Studies, University of Leeds, Available online at: www.leeds.ac.uk/dis ability-studies/archiveuk/archframe.htrn (accessed August 2013).

Finkelstein, V 2001b, 'The social model repossessed', The Disability Studies Archive UK, Centre for Disability Studies, University of Leeds, Available online at: www.leeds.ac.uk/disability-stud ies/archiveuk/archframe.htrn (accessed August 2013).

Fisher, K, Abello, D, Tudball, J and Cummings, K 2002, *SUPPORTING FAMILIES WHO HAVE A CHILD WITH A DISABILITY FOR FAMILIES FIRST INNER WEST,* SPRC Report 1/03, University of New South Wales Research Consortium, Disability Studies and Research Institute, Social Policy Research Centre, The University of NSW, December 2002, Sydney Australia.

Flick, U 2002, *An Introduction to Qualitative Research*, (2 nd Edn), Sage, London.

Franck, K 2014, Constructions of Children in-between Normality and Deviance in Norwegian Day-Care Centres, PhD Thesis, Norges teknisk-naturvitenskapelige universitet, Trondheim.

Frank, AW 1995, *The Wounded Storyteller: Body, Illness, and Ethics*, University of Chicago Press, Chicago, IL.

French, S 1993, Disability, Impairment or Something in Between?, In J Swain, V Finkelstein, S French & M Oliver (eds), *Disabling Barriers — Enabling Environments*, Sage and Open University Press, London.

Frith, H & Gleeson, K 2004, 'Clothing and embodiment: men managing body image and appearance', Psychology of Men & Masculinity, Vol. 5, No. 1, pp. 40-48.

Fuligni, AJ, Yip, T & Tseng, V 2002, The impact of family obligation on the daily behavior and psychological well being of Chinese American adolescents, *Child Development*, vol. *73*, pp. 306–318.

Fuligni, JA 2002, 'The Impact of Family Obligation on the Daily Activities and Psychological Well-Being of Chinese American Adolescents', Child Development, January-February 2002, Vo. 73, No. 1, pp. 302-314.

Gannon, B & Nolan, B 2007, 'The impact of disability transitions on social inclusion', , Vol. 64, pp. 1425-1437. d *Social Science and Medicine* oi:10.1016/j.socscimed.2006.11.021.

Giddens, A 1884, The Constitution of Society: Outline of the Theory of Structuration, University of California Press, Berkeley.

Giddens, A 1984, *The constitution of society: outline of the theory of structuration*, University of California Press, Berkeley, CA.

Gilbert, CE, Shah, SP, Jadoon, MZ, Bourne, R, Dineen, B, Khan, MA and Khan, MD 2008, 'Poverty and blindness in Pakistan: results from the Pakistan national blindness and visual impairment survey', BMJ : *British Medical Journal*, 336(7634), pp. 29–32, viewed 2 October 2017, http://doi.org/10.1136/bmj.39395.500046.AE.

Goffman, E 1963, *Stigma,* Prentice Hall, Cliffs Englewood.

Goodley, D 1997, Locating self-advocacy in models of disability: understanding disability in the support of self-advocates with learning difficulties, *Disability & Society, vol. 12*No. 3, pp. 367-379.

Goodley, D 2000, Self-advocacy in the Lives of People with Learning Difficulties, Open University Press, Buckingham.

Goodley, D 2001, 'Learning difficulties', the social model of disability and impairment: challenging epistemologies, *Disability & Society, vol. 16,* No. 2, pp. 207-231.

Goodley, D and Runswick-Cole, K 2011, 'Problematising Policy: Conceptions of 'Child', 'Disabled' and 'Parents' in Social Policy in England'. *International Journal of Inclusive Education*, vol. 15, no. 1, pp. 71-85.

Grech, S 2009, 'Disability, poverty and development: critical reflections on the majority world debate', Disability & Society, Vol. 24, No. 6, pp. 771-784, DOI: 10.1080/09687590903160266.

Grech, S 2011, 'Recolonising debates or perpetuated coloniality? Decentring the spaces of disability, development and community in the global South', International Journal of Inclusive Education, Vol. 15, No. 1, pp. 87-100, DOI: 10.1080/13603116.2010.496198.

Groce N, Murray, B, Loeb, M, Tramontano, C, Trani JF and Mekonnen A 2013, *Disabled beggars in Addis Ababa, Ethiopia*, Employment working paper No.141, International Labour Office, Skills and Employability Dept, Geneva.

Groce, N 2006, ―Violence against Disabled Children, Report for UNICEF & United Nations Secretary General's Office, Background Report for UN Secretary General's Report: Violence against Children, UNICEF, New York/UN Secretariat.

Groce, N and Bakhshi, P 2009, *Illiteracy among Adults with Disabilities in the Developing World: An Unexplored Area of Concern*, Leonard Cheshire Centre for Disability and Inclusive Development, University College London, Working Paper Series, No. 9, viewed 18 April 2017, http://www.ucl.ac.uk/lc-ccr/centrepublications/workingpapers/date.

Groce, N, Kembhavi, G, Wirz, S, Lang, R, Trani, JF and Kett, M 2011a, *Poverty and Disability: A critical review of the literature in low and middle-income countries*, Working Paper Series: No. 16, Leonard Cheshire Disability and Inclusive Development Centre, September 2011, London.

Groce, N, Kett, M, Lang, R and Trani, JF 2011b, Disability and Poverty: the need for a more nuanced understanding of the implication for development policy and practice‖, *Third World Quarterly*, 32 (8) p p . 1493-1513, DOI: 10.1080/01436597.2011.604520.

Grönvik, L 2008, 'Defining disability: effects of disability concepts on research outcomes', International *Journal of Social Research Methodology*, vol. 12, no. 1, pp. 1-18.

Grosh, M, del Ninno, C, Tesliuc, E a n d Ouerghi, A 2008, *For Protection and Promotion: the design and implementation of effective safety nets,* The World Bank, Washington (DC).

Guest, G 2012, *Applied thematic analysis*, Sage, Thousand Oaks, California.

Hahn, H 1985, Towards a politics of disability: definitions, disciplines and policies, *Social Science Journal, vol. 22,* no. 4, pp. 87-105.

Hahn, H 1988a, 'The politics of physical differences: disability and discrimination', Journal of Social Issues, Vol. 44, No. 1, pp. 39-47.

Hahn, H 1988b, "Can Disability Be Beautiful", Social Policy, Vol. 18, pp. 26-32.

Hahn, H 2002, Academic debates and political advocacy: the US disability movement, **in** C Barnes, M Oliver & L Barton (eds), *Disability Studies Today*, Polity Press, Cambridge.

Handicap International 2006, *Good practices for the economic inclusion of people with disabilities in developing countries: funding mechanisms for self-employment*, August, viewed 2 July 2016, <http://www.handicap-international.org/uploads/media/goodpractices-GB-2>.

Hanvoravongshai, P 2013, 'Health financing reform in Thailand-Towards universal coverage under fiscal constraints', UNICO Study Series, World Bank, No.20, viewed 29 November 2015, *<https://openknowledge.worldbank.org/handle/10986/13297>*

Hayes, N 1997, Theory-led thematic analysis: social identification in small companies, In N. Hayes (Ed.), Doing Qualitative Analysis in Psychology, Psychology Press, Hove, UK.

Healy, AJ and Jitsuchon, S 2007, 'Finding the Poor in Thailand', *Journal of Asian Economics, Vol.* 18, No. 3, pp. 739–759.

Hosseinpoor, AR, Stewart-Williams, JA, Gautam, J, Posarac, A, Officer, A, Verdes, E, Kostanjsek, N and Chatterji, S 2013, 'Socioeconomic Inequality in Disability Among Adults: A Multicountry Study Using the World Health Survey' American Journal of Public Health, Vol. 103, No. 7, pp. 1278-1286.

House, JS, Landis, KR and Umberson, D 1988, 'Social Relationships and Health, *Science,*vol. 41, no. 4865, pp. 540-545.

Hughes, B & Patterson, K 1997, The social model of disability and the disappearing body: towards a sociology of impairment, *Disability & Society, vol. 12,* no. 3, pp. 325-340.

Hughes, B and Paterson, K 1997, 'The social model of disability and the disappearing body: Towards sociology of impairment', Disability and Society, Vol. 12, No. 3, pp. 325-40.

Hughes, K Bellis, MA, Jones, L, Wood, S, Bates, G, Eckley, L, McCoy, E, Mikton, C, Shakespeare, T and Officer, A 2012, Prevalence and risk of violence against adults with disabilities: a systematic review and meta-analysis of observational studies, Lancet, doi:10.1016/S0410-6736(11)61851-5.

Huguet, J and Chamratrithirong, C 2011*, Migration for development in Thailand: Overview and tools for policymakers,* International Organization for Migration (IMO), Thailand Office, Bangkok Thailand.

Humphrey, JC 2000, 'Researching Disability Politics, Or, Some Problems with the Social Model in Practice,' Disability and Society, Vol. 15, No. 1, pp. 63-85.

Hunt, P 1966, *Stigma: The Experience of Disability*, EDS, Geoffrey Chapman, London.

ILO, 2011, *Moving toward Disability Inclusion*, International Labor Office, Geneva*.*

Imrie, R 1997, 'Rethinking the Relationships between Disability, Rehabilitation and Society', Disability and Rehabilitation, Vol. 19, No. 7, pp. 263-271.

International Classification of Functioning, *Disability and Health (ICF) 2001,* World Health Organization, Geneva, viewed 28 December 2014, <http: www.who.int/classifications/icf/icf_more/en>*.*

Jaggernath, J, Øverland, L, Ramson, P, Kovai, V, Chan, VF and Naidoo, KS 2014, 'Poverty and Eye Health,' Health, Vol. 6, pp. 1849-1860, Available online at: {http://dx.doi.org/10.4236/health.2014.614217}, viewed on 4 August 2017.

Japan International Cooperation Agency (JICA) 2003, 'Country Profile on Disability – Thailand,' Available online at: {http://siteresources.worldbank.org/DISABILITY/Resources/Regions/East-Asia-Pacific/JICA_Thailand.1.pdf}.

Khanna, R, Raman, U and Rao, GN 2007, 'Blindness and poverty in India: the way forward,' Clinical and Experimental Optometry, Vol. 90, Iss. 6, November 2007, pp. 406-14, DOI: 10.1111/j.1444-0938.2007.00199.x, Available online at: {http://onlinelibrary.wiley.com/doi/10.1111/j.1444-0938.2007.00199.x/full}, viewed on 15 February 2018.

Jones, MK Latreille, PL 2010, 'Disability and earnings: Are employer characteristics important?' *Economics Letters*, 106, pp. 191-194. doi:10.1016/j.econlet.2009.11.017

Kapur-Fic, A 1998, *Thailand : Buddhism, society, and women*, Abhinav Publications, New Delhi.

Kassah, AK 2008, Begging as work: a study of people with mobility difficulties in Accra, Ghana‖. *Disability & Society*, Vol. 23, No.2, Pp. 163-170.

Kaufman, W 2007, 'Karma, rebirth and the problem of evil: a reply to critics', *Philosophy East and West,* University of Hawaii Press, Vol. 57, No. 4, (OCT), pp. 556-560, available at: {http://www.jstor.org/stable/20109428}.

Keown, D 1996, 'Karma, character, and consequentialism: An analysis of Western ethical concepts and challenges of Theravada Buddhism', *Journal of Religious Ethics*, Vol. 24(2), 329–350.

Keown, D 2003, *A dictionary of Buddhism*, Oxford University Press, Oxford.

Kerddaen, Q 2011, *Evaluating the Capacity of Local Government Organizations to Improve the Quality of Life of Persons with Disability in Warinchamrab District, Ubonratchathani Province*, MPA Independent Study, School of Public Administration, National Institute of Development Administration, Bangkok.

Khaosod English 2015, 'THAI JUNTA TO ISSUE NEW LAW BANNING BEGGING,' Published on: 5 April, 2015, Available online at: {http://www.khaosodenglish.com/politics/2015/04/20/1429536107}, viewed on 6 February 2018.

King, J & King, M 2011, 'The lived experience of families living with spinal cord disability in Northeast Thailand', *Third World Quarterly*, Vol. 2, Issue 8, pp. 1475-1491.

Kramer, D and Moore, M 2002, 'Women are the Root of all Evil: The Misogyny of Religions, The Secular Web, available at: http://infidels.org/kiosk/article/quotwomen-are-the-root-of-all-evilquot-the-misogyny-of-religions-203.html, viewed on 3 February 2018.

Kramer-Moore D and Moore, M 2012, Destructive Myths in Family Therapy: How to Overcome Barriers to Communication by Seeing and Saying—A Humanistic Perspective, Wiley-Blackwell, Chichester, UK.

Kulkarni, M & Valk, R 2010, 'Don't ask, don't tell: Two views on human resource practices for people with disabilities', *IIMB Management Review*, Vol. 22, pp. 137-146. doi:10.1016/j.iimb.

Kumar, D 2013, 'Africa's Disabled Cursed by Apathy and Abuse', available online at: {http://www.aljazeera.com/indepth/features/2013/09/2013922121017135639.html}, viewed on 13 June 2016.

Kusalasaya, K 2005, 'Buddhism in Thailand: its past and its present', Buddhist Publication Society, *No. 85*, Wheel Publication.

Kwanyeun, J and Charncharoenlap, J 2003, Life misery in the world of darkness: The way of life of blind people who work as street musicians and beggars, (in Thai language), NRCT Working paper series, National Research Council of Thailand, Bangkok.

Langan, M (ed.), 1998 *Welfare, Needs, Rights and Risks*, Routledge - Open University Press, London.

Liamputtomg, P 2009, *Qualitative Research Methods* (3 rd Edn), Oxford University Press, Melbourne.

Link between the Sustainable Development Goals and the CRPD 2016, Global Disability RightsNow, available online at {http://www.globaldisabilityrightsnow.org/infographics/link-between-sustainable-development-goals-and-crpd#text_link}, viewed on 16 February 2018.

Link, B and Jo, P 2001, 'Conceptualizing Stigma', *Annual Review of Sociology, vol.* 27, pp. 363/379.

Longmore, P 1985, A note on language and the social identity of disabled people *American Behavioral Scientist, vol. 28no.* 3, pp. 419-423.

Longmore, P 1995, The second phase: from disability rights to disability culture, *The Disability Rag,* Sept/Oct.

Lopez, AD, Mathers, CD, Ezzati, M, Jamison, TD and Murray, CJL 2006, *Global burden of disease and risk factors*, Oxford University Press, New York, viewed 23 September 2016, <(http://www.dcp2.org/ pubs/GBD>.

Maneesorn, S 1994, 'Begging Control Act,' (in Thai language), Journal of Law, Vol. 24, No. 2, June 1994, pp. 179-183.

Marshall, TH 1992, Citizenship and Social Class, in TH Marshall and T Bottomore, *Citizenship and Social Class*, Pluto Press, London.

Martz, E 2001, 'Acceptance of imperfection', *Disability Studies Quarterly,* Vol. 21 No. 3, pp. 160-165.

Mason, J 1996, *Qualitative Researching, Sage*, London.

Mathers, CD, Lopez, AD and Murray, CJL 2006, 'The burden of disease and mortality by condition: data, methods and results for 2001', In AD Lopez, CD Mathers, M Ezzati, TD Jamison and CJL Murray (eds), *Global burden of disease and risk factors*, Oxford University Press, Washington, New York, pp. 45–240, viewed 23 September 2016, <(http://www.dcp2.org/ pubs/GBD>.

May, T 1997, *Social Research: Issues, Methods and Process*, (2 nd Edn), Open University Press, Milton Keynes.

McCargo, D 2004, 'Buddhism, democracy and identity in Thailand', *Democratization*, Vol. 11, Issue 4, pp. 155-170, accessed 2 June 2013, {http://dx.doi.org/10.1080/1351034042000234576}.

Megret, F 2008, The disabilities convention: human rights of persons with disabilities or disability rights?, *Human Rights Quarterly*, v o l . 30, pp. 494-516.

Mekonnen, A 2013, Disabled beggars in Addis Ababa, Ethiopia, Employment working paper No.141, International Labour Office, Skills and Employability, Geneva.

Miles, M 1995, 'Disability in an eastern religious context: historical perspectives', *Disability and Society*, Vol. 10, No. 1, pp. 49-69.

Miles, M 2000, 'Disability on a different model: glimpses of an Asian heritage', *Disability and Society*, Vol. 15, No. 4, pp. 603-618.

Miles, M 2002, 'Some influences of religion on attitudes toward disabilities and people with disabilities', *Journal of Religion, Disability, and Health*, vol. 6. No. 2/3, pp. 117-129.

Miles, M 2007, 'Disability and Deafness, in the context of Religion, Spirituality, Belief and Morality, in Middle Eastern, South Asian and East Asian Histories and Cultures: annotated bibliography,' Available online at: {: http://www.independentliving.org/docs7/miles200707.html}, viewed on 23 December 2016.

Miles, MB & Huberman, AM 1994, Qualitative data analysis: An expanded sourcebook (2nd ed.), Sage, Thousand Oaks, CA.

Mills, C, Zavaleta, D and Samuel, K 2014, 'Shame, Humiliation and Social Isolation: Missing Dimensions of Poverty and Suffering Analysis". In R Anderson (ed), *World Suffering and the Quality of Life*, Springer, ch 19.

Mills, MB 1999, Thai Women in the Global Labor Force: Consuming Desires, Contested Selves, Rutgers University Press, New Brunswick.

Mills, WC 1970, *The Sociological Imagination*, (2nd edn), Penguin Books, Harmondsworth.

Mitra, S 2005, *Disability and social safety nets in developing countries*, Social Protection Discussion Paper Series N°. 0509, May 2005, Social Protection Unit, Human Development Network, World Bank , Washington DC.

Mitra, S 2012, *Disability and poverty in developing countries: A multidimensional study*, World Development, viewed 4 June 2016, <http://dx.doi. org/10.1016/j.worlddev.2012.05.024>.

Mitra, S Posarac, A and Vick, B 2013, 'Disability and Poverty in Developing Countries: A Snapshot from the World Health Survey,' World Development, Vol 41, pp. 1-18.

Mitra, S, Posarac, A and Vick, B 2011, *Disability and poverty in developing countries: a snapshot from the World Health Survey*, Social Protection Discussion Papers, No. 62564, SP Discussion Paper, N° 1109, April 2011, World Bank, Washington, D.C.

Mitra, S., A. Posarac and B. Vick 2011, *Disability and poverty in developing countries: a snapshot from the World Health Survey*, Working Paper Series No. 62564, Vol. 1, April 2011, World Bank, Washington DC.

Mont, D 2007, 'Measuring Disability Prevalence,' SP Discussion Paper 0706, World Bank, Washington DC.

Mont, D and Nguyen, C 2013a, 'Spatial Variation in the Disability-Poverty Correlation: Evidence from Vietnam', Leonard Cheshire Disability and Inclusive Development Centre, Working Paper.

Mont, D and Nguyen, C 2013b, 'Does Parental Disability Matter for Child Education? Evidence from Vietnam', World Development, Vol. 48, pp. 88-107.

Mont, D and Nguyen, VC 2011, 'Disability and Poverty in Vietnam', World Bank Economic Review, Vol. 25, No. 2.

Mooney, A, Oliver, C and Smith, M 2009, *Impact of Family Breakdown on Children's Well-Being: Evidence Review,* Research Report No DCSF-RR113, Thomas Coram Research Unit, Institute of Education, University of London, June 2009, London.

Moore, M 2015, 'Religious Attitudes toward the Disabled,' The Secular Web, Available online at: {http://www.infidels.org/library/modern/michael_moore/disabled.html}, viewed on 40 December 2016.

Morris, J (ed.), 1996, *Encounters with Strangers: Feminism and Disability*, The Women's Press, London.

Morris, J 1991, Pride Against Prejudice: Transforming Attitudes to Disability, The Women's Press, London.

Murugami, MW 2009, Disability and Identity, *Disability Studies Quarterly*, Vol. 29, No. 4, viewed 26 May 2016, (http://dsq-sds.org/article/view/979/1173>.

Naemiratch, B & Manderson L 2009, 'Pity and pragmatism: understandings of disability **in** northeast Thailand', *Disability and Society*, Vol 24, Issue 4, pp. 475-488, Taylor and Francis Online, DOI: 10.1080/09687590902879106.

Namsiripongpan, W Buntan, M, Kwancheun, A and Suwanjaridkul, S 2003, Research report 'the Edition of Discriminatory Disability Law: a case study of law and legislation which violate the rights of employment of disabled people', [in Thai, การแก ้ไขกฎหมายที่กดกันคนพิการในการเข ้าไปมีสวน ๐ ๊ี ร่วมในสังคม ศึกษากรณี กฎหมาย และกฎระเบียบที่จำกัดสิทธิคนพิการในการประกอบอาชีพ .[Bangkok: Office of the Council of State.

Namsiripongpun, W and Tapvong, C 2011, A Review of Current Policies and Practices Related to the Right to Equal Employment Opportunities and Non-discrimination of Persons with Disabilities in Thailand, Action Research Oriented Paper for the International Labour Organization, May 2011, Bangkok, Viewed 4 June 2014, <http://apskills.ilo. org/resources/a-review-of-current-policiesand-practices-related-to-the-right-to-equalemployment-opportunities-and-non-discriminationof-persons-with-disabilities-in-thailand>.

Nation 2005, 'Blind Seek Bigger Cut of Lottery Profits,' Thailand, 2 Dec. 2005.

National Statistical Office (NSO) 2012a, *The 2012 Disability Population Survey*, Ministry of Information and Communication Technology, Bangkok Thailand.

National Statistical Office 2012b, *The 2012 Household Socio - Economic Survey*, Ministry of Information and Communication Technology, Bangkok Thailand.

National Statistical Office 2012c, *The 2012 Migration Survey,* Ministry of Information and Communication Technology, Bangkok Thailand.

Nussbaum, MC 2004, *Hiding from Humanity: Disgust, Shame and the Law*, Princeton University Press, Princeton.

Nyman, J 2009, 'Unemployment Rates and Reasons Dissing the Blind,' Paper presented at the annual White Cane Banquet of the Omaha Chapter of the National Federation of the Blind of Nebraska, Saturday, November 8, 2008, Available online at: {https://nfb.org/images/nfb/publications/bm/bm09/bm0903/bm090307.htm}, viewed on 23 February 2018.

OECD 2008, Thematic review on sickness, disability and work: Issues paper and progress report. Organisation for Economic   Co-operation and Development., Paris.

OECD 2009, Sickness, Disability and Work: Keeping on Track in the Economic Downturn, OECD, Paris.

Office of Disability Empowerment, 2009, *Annual report of disability registration*, The ministry of social development and human security, Bangkok.

Office of National Social and Economic Development 1997, The Eighth National Social and Economic Development Plan (1997-2001) 1997, The Development and Rehabilitation for Disabled Persons, The Office of National Social and Economic Development, Bangkok.

Office of National Statistics, 2007, *Report on Disability Statistics*, Office of the Prime Minister, Bangkok.

Office of the National Economic and Social Development Board (ONESDB) 2015, The 2015 Social and Economic Survey, Office of the Prime Minister, Bangkok Thailand.

Oliver, M 1983, *Social Work with Disabled People*, Macmillan, Basingstoke.

Oliver, M 1990, *The politics of disablement: a sociological approach*, St. Martin's Press, New York.

Oliver, M 1992, 'Changing the relations of social research production', *Disability, Handicap and Society*, Vol. 7, No. 2, pp. 101-114.

Oliver, M 1996, *Understanding Disability: From Theory to Practice*. Macmillan, Basingstoke.

Oliver, M 1997, The disability movement is a new social movement, *Community Development Journal, vol. 32,* no. 3, pp. 244-251.

Oliver, M 2004, 'If I had a hammer: the social model in action', **in** C Barnes (Ed), *The social model of disability-theory and research*, The Disability Press, Leeds.

Oliver, M 2013, 'The social model of disability: thirty years on,' Disability & Society, Vol. 28, Iss. 7, pp. 1024-1026, DOI: 10.1080/09687599.2013.818773, Available online at: {https://doi.org/10.1080/09687599.2013.818773}, viewed on 7 August 2016.

Oliver, M and Barnes, C 1998, Disabled People and Social Policy: from Exclusion to Inclusion, Longman, Harlow.

Organisation for Economic Co-Operation and Development 2003, *Transforming disability into ability: policies to promote work and income security for disabled people* 2003, Organisation for Economic Co-Operation and Development, Paris.

Organisation for Economic Co-operation and Development 2010, *Sickness, disability and work: breaking the barriers, A synthesis of findings across OECD countries* 2010, Organisation for Economic Co-operation and Development, Paris.

Palmer, M 2011, 'Disability and poverty: A conceptual review', *Journal of Disability Policy Studies*, March 2011, Vol. 21 N° 4, pp. 210-218.

Panyindee, S 2014, 'The way of life of blind street musicians in Thai society: A case in Bangkok,' (in Thai language), Cultural Approach, Vol. 14, No. 26, January-June 2014, Available online at: {https://www.tci-thaijo.org/index.php/cultural_approach/article/view/15658}, viewed on 8 December 2017.

Papadaki, M and Tzvetkova-Arsova, M 2013, 'SOCIAL ATTITUDES AND BELIEFS OF SIGHTED PEOPLE TOWARDS BLINDNESS AND BLIND PERSONS', Specijalna edukacija i rehabilitacija, Vol. 12, pp. 481-499, DOI: 10.5937/specedreh12-4288.

Parish, SL, Magaña, S and Cassiman, SA 2008, 'It's Just That Much Harder: Multilayered Hardship Experiences of Low-Income Mothers With Disabilities', Affilia, Sage Journal, Vol. 23, Iss. 1, pp. 51-65, DOI: https://doi.org/10.1177/0886109907310463.

Parnes, P, Cameron, D, Christie, N, Cockburn, L, Hashemi, G and Yushida, K 2009, Disability in low-income countries: Issues and implications, *Disability & Rehabilitation,* Vol. 31, No. 14, Pp.1170-1180, viewed 22 June 2016, < http://dx.doi.org/10.1080/09638280902773>.

Parsons, T 1951, *The Social System*, Free Press, New York.

Pascolini, D and Mariotti, SPM 2011, 'Global estimates of visual impairment 2010', British Journal Ophthalmology Online, First published December 2011, as 10.1136/bjophthalmol-2011-300539.

Pathways to inclusion: improving vocational services for people with disabilities 2001, Wellington, New Zealand Department of Labour, viewed 1 September 2017 <http://www.odi.govt.nz/documents/publications/pathways.pdf, accessed 17 July 2009>.

Patton, M 1990, *Qualitative Evaluation and Research Methods*, Sage, Beverly Hills, CA.

Patton, M 2002, Qualitative research & evaluation methods (3rd ed.), Sage, Thousand Oaks, CA.

Payutto, PA 1993, *Kamma in the Buddhist Teaching*, translated by B Evans, unknown publisher, Bangkok.

Pfeiffer, D 2003, 'The disability studies paradigm', **in** P Devlieger, F Rusch & D Pfeiffer (Eds), *Rethinking disability: The emergence of new definitions, concepts, and communities*, Garant, Antwerp.

Price, J & Shildrick, M 1999, *Feminist Theory and the Body: A Reader*. Routledge, New York.

Price, J 1996, The Marginal Politics of our Bodies?, Women's Health, the Disability Movement and Power, In B Humphries (ed.), *Critical Perspectives on Empowerment*, Venture Press, Birmingham.

Priestley, M 1999, *Disability Politics and Community Care*, Jessica Kingsley, London.

Priestley, M 2003, *Disability: A Life Course Approach*, Polity Press, Cambridge.

Puangpetch, T 2008, *State Policy in Vocational Promotion for People with Disabilities: A Case Study of Visually Impaired Persons*, Master Thesis, Chulalongkorn University, Bangkok.

Puig, R and Tetzchner, SV 1998, *The Disabled person in society: a historical perspective*, University of Athens, Ch. 8, Available Online, viewed 1 September 2017, http://speech.di.uoa.gr/hestia/books/issues91/08dis.html (Accessed: January 2007.

Punong-ong, P 1997, *Blind Disabled People and the Thai Economy*, retrieved from: {http://www.fao.org/waicent/faoinfo/sustdev/PPdirect/PPre0035.htm}, Accessed on 15th September, 2003.

Punong-ong, P 2001, 'Organizations of Disabled Persons', conference paper presented at Tharang Hotel, Bangkok.

Punong-ong, P 2002, 'Integrated Education through CFBT, thus paving the road towards an Inclusive Community in Thailand and South East Asia', speech held at the 11th ICEVI World Conference, Noordwijkerhout.

Ratanakul, P 1988, 'Bioethics in Thailand: The struggle for Buddhist solutions', *The Journal of Medicine and Philosophy*, vol. 13 No. 3, pp. 301–12.

Rehabilitation of Disabled Persons Act, B.E. 2534 (1991), The Improvement of the Potentials and Capacities of Disabled Persons**,** The Ministry of Labour and Social Welfare, Bangkok.

Reid-Cunningham, AR and Fleming, VC 2009, 'Theories of disability: findings from an analysis of textbooks on human behaviour and the social environment', *Journal of Human Behaviour in the Social Environment*, Vol. 19, No. 1, pp. 10-25.

Reindal, SM 2008, 'A social relational model of disability: a theoretical framework for special needs education?,' European Journal of Special Needs Education, Vol. 23, No. 2, pp. 135-146, DOI: 10.1080/08856250801947812, Available online at: {https://doi.org/10.1080/08856250801947812}, viewed on 24 February 2018.

Robinson, S, Fisher, KR and Strike, R 2014, Participatory and Inclusive Approaches to Disability Program Evaluation, *Journal of Australian Social Work*, Vol. 67, Iss. 4, pp. 495-508, DOI: http://dx.doi.org/10.1080/0312407X.2014.902.

Roulstone, A 2002, Disabling pasts, enabling futures? How does the changing nature of capitalism impact on the disabled worker and jobseeker?, *Disability & Society*, vol. *17, no.* 6, pp. 627-642.

Roulstone, A and Barnes, C (eds), 2005, Working futures? Disabled people, policy and social inclusion, Policy Press, Bristol.

Rowland , w 2004, Blindness, Poverty, and Development, WBU External Resource Paper, World Blind Union Office, 1929 Bayview Avenue, Toronto, ON M4G 3E8

Russell, M 2002, 'What Disability Civil Rights Cannot Do: Employment and Political Economy', *Disability and Society*, vol. 17, No. 2, pp. 117-135.

Ryan, GW & Bernard, HR 2000, Data management and analysis methods, In NK Denzin & YS Lincoln (Eds.), Handbook of Qualitative Research (2nd ed., pp. 769-802). Sage, Thousand Oaks, CA.

Sajaphong, T 1997, Blind music band: A choice of disabled people, Independent study, Department of Anthopology, Faculty of Archaeology, Silapakorn University, Nakhon Pathom.

Sakunphanit, T 2008, *Universal Health Care Coverage Through Pluralistic Approaches: Experience from Thailand*, International Labor Organization (ILO), Subregional Office for East Asia,, Bangkok Thailand.

Saldana, J 2009, *The Coding Manual for Qualitative Researchers*, Sage, Thousand Oaks, California.

Sammon, E 2001, *Defying Prejudice, Advancing Equality 2: Children and Disability in the Context of Family Breakdown in Central and South Eastern Europe and the Former Soviet Union*, October 2001, Every Child, London.

Saunders, P 2006, *The costs of disability and incidence of poverty*, Social Policy Research Centre, University of New South Wales, Sydney.

Sauvarin, J 2006, *Maternal and Neonatal Health in East and South-East Asia, The United Nations Population Fund*, March 2006, Bangkok Thailand.

Savin-Baden, M & Howell Major, M 2013, *Qualitative Research: the essential guide to theory and practice*, Ch. 3 (Research choices and lenses),

Sawadsri, A 2010, *Accessibility and Disability in the Built Environment: Negotiating the Public Realm in Thailand*, PhD thesis, Newcastle University, Newcastle, UK.

Schuelka, M 2013, 'A faith in humanness: disability, religion and development', *Disability and Society*, Vol. 28, No. 4, pp. 500-513.

Scotch, RK 2000, Models of Disability and the Americans with Disabilities Act, 21 Berkeley J. Emp. & Lab. L. 213, Available at: http://scholarship.law.berkeley.edu/bjell/vol21/iss1/7, DOI: {https://doi.org/10.15779/Z38V91G}.

Scott, J 1990, *A Matter of Record: Documentary Sources in Social Research*, Polity press, Cambridge.

Secretariat Office of the Prime Minister 2002, The quality of life development plan for disabled people [in Thai, แนวทางการพัฒนาคุณภาพชีวิตคนพิการ], Secretariat Office of the Prime Minister, Bangkok.

Sen, A 1999, *Development as Freedom*, Oxford University Press, Oxford.

Sen, A 2009, *The idea of justice*, The Belknap Press of Harvard University Press, Cambridge.

Shakespeare, T & Watson, N 2001, The social model of disability: an outdated ideology?, *Research in Social Science & Disability, no. 2*, pp. 9-28.

Shakespeare, T (ed), 1998, The Disability Reader: Social Science Perspectives, Cassell, London.

Shakespeare, T 1993, Disabled people's self-organisation: A new social movement?, *Disability, Handicap & Society, vol. 8, no.* 3, pp. 249-264.

Shakespeare, T 1994, 'Cultural representation of disabled people: dustbins for disavowal?', *Disability & Society*, Vol. 9, No. 3, pp. 283-299.

Shakespeare, T 1997, Cultural Representation of Disabled People: Dustbins of Disavowal?, In L Barton & M Oliver (eds), *Disability Studies: Past, Present and Future,* The Disability Press, Leeds.

Shakespeare, T 2006, *Disability Rights and Wrongs*, Routledge, London.

Shakespeare, T 2014, Disability Rights and Wrongs Revisited, Routledge, Oxford and New York.

Shakespeare, T and Watson, N 1995, 'Habeamus corpus? Disability studies and the issue of impairment' Paper presented at the Quincentennial Conference, University of Aberdeen.

Shakespeare, T and Watson, N 1997, 'Defending the social model,' Disability and Society, Vol. 12, No. 2, pp. 293-300.

Shakespeare, T and Watson, N 2010, 'Beyond Models: Understanding the Complexity of Disabled People's Lives,' In G Scambler and S Scambler (Eds), New Directions in the Sociology of Chronic and Disabling Conditions: Assaults on the Lifeworld, Palgrave Macmillan, Hampshire and New York.

Shakespeare, T, Gillespie-Sell, K & Davies, D 1996, *The Sexual Politics of Disability: Untold Desires*, Cassell, London.

Shaku, S 1993, 'The law of cause and effect, as taught by Buddha', *Eastern Buddhist*, 26(2), 134–137.

Shapiro, J 1993, *No pity: People with disabilities forging a new civil rights movement,* Times Books, New York.

Silverman, D 2000, *Doing Qualitative Research: A Practical Handbook*, Sage, London.

Simeonsson, RJ 2003, 'Early Childhood Development and Children with Disabilities in Developing Countries', World Bank Working Paper.

Singhapreecha, C 2014, 'Economy and Agriculture in Thailand', Faculty of economics, Chiang Mai University, Online, <ap.fftc.agnet.org/files/ap_policy/246/246_1.pdf>.

Singkul, N 2013, 'Thai minstrel: Self and way of life in Thai society,' (in Thai language), Public Anothopology, Web Blog, Available online at: {http://nattawutsingh.blogspot.com/2013/10/blog-post_4.html}, viewed on December 2017.

Siriprachai, S 1997, 'Inconsistencies and Inequalities in Thai Industrialisation', in D Johannes, JH Schmidt and F Niels (eds), *Social Changes in Southeast Asia*, Longman, London, pp. 183-205.

Sizemore, R & Swearer, D 1990, *Ethics, Wealth and Salvation: a study in Buddhist social ethics*, University of South Carolina Press, Columbia, SC.

Sobsey, D 2009, *Marital stability and marital satisfaction in families of children with disabilities: Chicken or egg?*, University of Alberta, Edmonton.

Social isolation in Bristol 2014, Risks, Interventions and Recommendations Report, Bristol City Council, viewed 2 September 2016, *https://www.bristol.gov.uk/policies-plans-strategies/social-isolation.*

Soralaklikhit, K 2002, 'Begging by music, performing by teardrops,' (in Thai language), Arts and Culture, Vol. 24, No. 2 December 2002, pp. 40-41.

Sousa, RM, Ferri, CP, Acosta, D, Albernese, E, Guerra, M, Huang, Y et al. 2009, 'Contribution of chronic diseases to disability in elderly people in countries with low and middle incomes: a 10/66 Dementia Research Group population-based survey', viewed 2 June 2017, https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2854331/.

Stiker, HJ 1999, *A history of disability*, translated by W Sayers, University of Michigan Press, Ann Arbor.

Stone, E & Priestley, M 1996, 'Parasites, Pawns, and Partners: Disability Research and the Role of Non-disabled Researchers', *British Journal of Sociology*, 47, pp. 699-716.

Strauss, A & Corbin, J 1998, Basics of qualitative research: Techniques and procedures for developing grounded theory, Sage, Thousand Oaks, CA.

Sukprasert, P 2015, 'The X factor: A new bill aims at distinguishing beggars from buskers, and is being accepted with open arms', Bangkok Post, Published: 19/05/2015 at 03:30 AM, Available online at: {https://www.bangkokpost.com/print/565871}, viewed on 7 February 2018.

Suksamran, S 1993, Buddhism and Political Legitimacy, *Chulalongkorn University Research Report Series*, No.2, Chulalongkorn University, Bangkok.

Susman, J 1994, 'Disability, Stigma and Deviance', *Social Science and Medicine, vol.* 38, pp. 15–22.

Swain, J, French, S & Cameron, C 2005, *Controversial Issues in a Disabling Society*, Open University Press, New York.

Taylor, RR 2005, 'Can the Social Model Explain All Disability Experience? Perspectives of Persons with Chronic Fatigue Syndrome,' The American Journal of Occupational Therapy, Vol. 59, No. 5, Pp. 497-506.

Thomas, C & Corker, M 2002, A Journey Around the Social Model, In M Corker & T Shakespeare (eds), *Disability/Postmodernity: Embodying Disability Theory*, Continuum, London.

Thomas, C 1999, *Female forms: experiencing and understanding disability*, Open University Press, Buckingham.

Thomas, C 2001, 'The body and society: Some reflections on the concepts 'disability' and 'impairment',' In N Watson and S Cunningham-Burley (Eds), Reframing the body, Pp. 47–62. Palgrave, London.

Thomas, C 2003, Developing the social relational in the social model of disability: a theoretical agenda, *in* C Barnes & G Mercer (Eds), *Implementing the social model of disability: theory and research*, The Disability Press, Leeds.

Thomas, C 2004, 'How is disability understood? An examination of sociological approaches', *Disability and Society*, vol. 19, No. 6, pp. 569-583, DOI: 10.1080/0968759042000252506.

Thomas, C 2004, Developing the social relational in the social model of disability: a theoretical agenda, In C Barnes & G Mercer (eds), *Implementing the Social Model of Disability: Theory and Research,* The Disability Press, Leeds.

Thomas, C 2007, *Sociology of disability and illness: contested ideas in disability studies and medical sociology*, Palgrave Macmillan, New York.

Thomas, P 2005, *Disability, poverty and the Millennium Development Goals*, Disability Knowledge and Research, London, viewed 5 June 2014, <http://www.disabilitykar.net/docs/policy_final.doc, accessed 20 July 2010>.

Tibble, M 2005, 'Review of the Existing Research on the Extra Costs of Disability', Department for Work and Pensions Working Paper, 21.

Tollifson, J 1997, Imperfection is a beautiful thing: On disability and meditation, **in** K Fries (Ed), *Staring back: The disability experience from the inside out*, Plume/Penguin, New York.

Topliss, E 1982, *Social Responses to Handicap*, Longman, London.

Townsend, P 1979, Poverty in the United Kingdom, Penguin, Harmondsworth.

Traustadóttir, R, Traustadóttir, H, Björg, S & Snæfrídur, TE 2013, 'Disability Studies in Iceland: past, present and future', Scandinavian Journal of Disability Research, Vol. 15, No. 1, pp. 55-70, DOI: 10.1080/15017419.2013.800726.

UN General Assembly 2001, 'Road Map towards the Implementation of the UN Millennium Declaration: Report of the Secretary-General,' 6 September 2001, Available online: {http://www.un.org/documents/ga/docs/ 56/a56326.pdf}, accessed on 29 March 2016}, viewed on 9 February 2018.

UN General Assembly 2015, 'Transforming our World: The 2030 Agenda for Sustainable Development', Available online: {http://www.un.org/ga/search/view_doc.asp?symbol=A/RES/70/1&Lang=E}, accessed on 29 March 2016.

UNESCEP, 2012, *Disability, Livelihood and Poverty in Asia and the Pacific: An Executive Summary of Research Findings*, Social Development Division, Economic and Social Commission for Asia and the Pacific, retrieved on 11 May 2013, {http://www.unescap.org/publications/detail.asp?id=1522}.

UNICEF 2008, Monitoring Child Disability in Developing Countries: Results from the Multiple Indicator Cluster Surveys, UN, New York.

United Nations Convention on the Rights of Persons with Disabilities 2006, United Nations, New York, viewed 28 November 2014, <(http://www.un.org/disabilities/documents/convention/convoptprot-e.pdf>.

United Nations Educational, Scientific and Cultural Organization (UNESCO) 2009, Inclusive Education for Children with Disabilities: A Guide for Education for All, Asia and Pacific Regional Bureau for Education, UNESCO, Bangkok Thailand.

United Nations International Children's Emergency Fund (UNICEF) 2005, *Report on Violence against Children: Findings and Recommendations, Thematic Group on Violence against Disabled Children*, UN Secretary Generals, United Nations, New York.

UPIAS, 1976, *Fundamental principles of disability*, Union of the Physically Impaired Against Segregation, London.

Ware, A and Goodin, E (Eds), 1990, Needs of Welfare, SAGE, London.

Wendell, S 1996, *The rejected body: Feminist philosophical reflections on disability,* Routledge, London.

Wetherly, P 1996, 'Basic need and social policy,' Critical Social Policy, Vol. 16, pp 45-65.

WHO, 2005, *Disability and rehabilitation: WHO Action Plan 2006-2011*, World Health Organization, Geneva, Switzerland. Retrieved from http://www.who.int/disabilities/

Williams, M 2003, 'The Problem of Representation: Realism and Operationalism in Survey Research', *Sociological Research Online*, vol. 8, no. 1, retrieved from: <http://www.socresonline.org.uk/8/1/williams.html>

Williams, S 1999, 'Is anybody there? Critical realism, chronic illness and the disability debate', *Sociology of Health and Illness*, vol. 21, No. 6, pp. 797- 819.

Wolffe, KE and Spungin, S 2002, 'A glance at worldwide employment of people with visual impairments,' Journal of Visual Impairment and Blindness, Vol. 96, No. 4, pp. 245–254.

World Bank 2011, *World Bank Indicators*, World Bank, Washington, viewed 11 August 2014, <http://issuu.com/world.bank.publications/docs/9780821387092?mode=embe d&layout=ht>.

World Health Organisation 2001, International Classification of Functioning, Disability and Health: ICF, Geneva, Switzerland.

World Health Organization 2008 *The global burden of disease 2008, (2004 update)*, World Health Organization, Geneva.

World Health Organization and World Bank 2011, *World Disability Report*, (Geneva and Washington: World Health Organization and World Bank), viewed 10 August 2014, < http://whqlibdoc.who.int/publications/2011/9789240685215_eng.pdf>.

Yeo, R and Bolton, A 2008, '*I don't have a problem, the problem is theirs: The lives and aspirations of Bolivian disabled people in words and pictures*', Centre for Disability Studies, University of Leeds, The Disability Press, Leeds.

Yeo, R and Moore, K 2003, 'Including Disabled People in Poverty Reduction Work: Nothing about Us, without Us,' World Development, Vol. 31, No. 3, pp. 571–90.

Yeo, R and Moore, K 2003, Including disabled people in poverty reduction work: 'Nothing about Us without Us', *World Development*, Vol. 31, N° 3, March 2003, pp. 571–590.

Zaidi, A and Burchardt, T 2005, 'Comparing Incomes When Needs Differ: Equivalization for the Extra Costs of Disability in the U.K.,' Review of Income and

Zarb, G 1992, On the Road to Damascus: First steps toward changing the relations of disability research production, *Disability & Society, vol. 7, no.* 2, pp. 125-138.

Zavaleta, D Samuel, K and Mills, C 2014, 'Social Isolation: A Conceptual and Measurement Proposal', *OPHI Working Paper* 67, Oxford University. Sen, A. K. (2000). *Social Exclusion: Concept, Application, and Scrutiny* (No. 1). Manila: Office of Environment and Social Development, Asian Development Bank.

Zola, I 1982, Missing Pieces: A Chronicle of Living with a Disability, Temple University Press, Philadelphia..

Zola, IK 1989, 'Towards the necessary universalizing of a disability policy,' Milbank Quarterly, Vol. 67, Suppl. 2, pp. 401–428.

Zucker, M & Zucker, D (eds), 1997, *Medical futility and the evaluation of life- sustaining interventions*, Cambridge University Press, Cambridge

Appendix 1: The letter of ethics approval

HUMAN RESEARCH ETHICS COMMITTEE (HREC)

_____

24-Oct-2013

Karen Fisher

Sydney NSW 2052

Dear Associate Professor Fisher,

HREC Ref # HC13300

Disability, Income Security and Social Protection: Understanding the Experiences of Blind street musicians in the Bangkok Metropolitan Region

The Executive of the HREC reviewed your application at its meeting held on 22-Oct-2013 and was satisfied that the protocol meets the requirements as set out in the National Statement on Ethical Conduct in Human Research*. The Deputy Vice-Chancellor (Research) has accepted the Committee's recommendation.

As this application was given expedited consideration, the recommendation of approval will need to be ratified at the next HREC meeting, after which a formal approval letter will be issued. You may, however, begin the research upon receiving this email.

Must provide letters of support befopre data collection begins

Sincerely,

Associate Professor Heather Worth

Presiding Member

* http://www.nhmrc.gov.au

From: GMO My Grants

Sent: Thursday, 24 October 2013 3:29 PM

To: Karen Fisher

Subject: Human Ethics Protocol HC13300

Protocol Title : Disability, Income Security and Social Protection: Understanding the Experiences of Blind street musicians in the Bangkok Metropolitan Region

Chief Investigator : Karen Fisher

This submission has been approved. Please refer to the attached letter for terms and conditions.

UNSW Ethics Secretariat

Appendix 2: Organizations involved in the research project

Disability organizations

1. Thailand Association of the Blind
2. National Institute for Research and Development for the Blind
3. Thailand Blind Graduate Association
4. Council of Disabled People of Thailand

Government agencies

1. Office of the Empowerment of Persons with Disabilities, Ministry of Social Development and Human Security
2. Department of Job Search, Ministry of Labor

Appendix 3: Topic guides for interviews and group discussions

<u>**Interview Schedule**</u>

These questions are topic guides only and designed to be open ended.

Interview Questions

Blind street musicians

Demographic Questions:

1. What is your gender?
2. How old are you?
3. What is your highest level of education?
4. Are you a permanent resident in this Region or from another region?
5. Are you single or married? If married, do you have any children?
6. When did you become visually impaired?
7. Do you get yourself registered for people with disability?

Social attitudes towards people with disability and their self-identification as people with disability:

1. What idea do you think about when you hear about disability?
2. What do you think general people have attitudes towards people with disability?
3. What do you think about a sense of pity and sympathy?
4. When you know or hear general people feel pity or sympathized with you, how do you react or respond to such a manner? Can you give me your own experiences?
5. What advantages and disadvantages do you think you gain from the attitudes of general people, especially a sense of pity and compassion?

Decisions to undertake street performance as a main source of income:

1. How long have you been in street performance?
2. What did you do before you engage in street performance?
3. Why do you become street musician? What are the economic and social factors that motivate your decision to become street musicians?

The practices of street performance:

1. How often do you go out for street performance?
2. Where and at what time and in what occasion do you regularly go out for street performance?
3. At what level of income do you earn per day and per month?
4. In what ways do you communicate with the audiences when doing music performance?
5. What are the barriers you consider towards street performance as your main source of income?

Satisfactions with current living conditions:

1. To what degree do you think your income respond to your basic need?
2. What do you have to pay for living expenses? How much do you have to pay per month?
3. Do you stay in a rental apartment or in your own house? If renting, how much per month? But if staying in your own house, do you have to pay for mortgage? If so, how much per month?
4. Do you have to support your parents or relatives apart from your family and children? If so, how much per month?
5. Do you have debt? If so, how much do you have to pay per month? Can you pay it?
6. Do you have savings? How much is it per month?

Job and income security:

1. Do you have any other sources of income apart from that from street performance?
2. Do you think what additional risk you currently have and may face in the future?
3. Do you think your current source of income will be secured in the long run?
4. Do you think about changing your job? If so, what are you going to do?
5. If you continue with street performance, what is your future plan particularly when you get older?

Perspective on current Employment promotion and social protection system for people with disability in Thailand:

1. What do you think about employment opportunities for people with disability in Thailand?
2. What are your ideas about human rights issues in connection to your main source of income?
3. What kind of social services do you currently have access to? Are you satisfied with such services?
4. If you need services that are not provided by the government, how do you deal with this situation?
5. What kind of social services do you think the government should provide for people with disability, especially for those who engage in street performance?
6. Do you have any further comments or suggestions on current and prospective employment promotion and social protection system for people with disability, especially for those who engage in street performance?

Key disabled informants

Demographic questions:

1. What is your current position and role in this organization?
2. What is your highest level of education?
3. How long have you been working with this organization?
4. Do you work with this organization as your occupation or do you have another job?

Roles and practices:

1. Do you have any previous experiences in working with disability issues?

2. In what ways and to what extent do you work on issues of employment promotion and social protection?
3. At what level of policy process do you engage with?
4. What are the key barriers towards disability advocacy and empowerment especially regarding employment promotion and social protection system for people with disability in Thailand?

Perspective on street performance:

1. Do you know about people with visual impairment whose main source of income is derived from street performance?
2. Do you think whether it is a social problem and whether there should be social intervention?
3. If it is a social problem and necessary for social intervention, do you have any suggestions on it?
4. Do you have anything particular to share on street performance issues?

Perspective on employment promotion and social protection system for people with disability:

1. What are laws and policies concerning employment promotion and social protection system available for people with disability at the present?
2. Do you think how effectively those laws and policies implemented? What are the strengths and weaknesses?

3. Do you think how current and prospective employment and social protection system can guarantee income security, improve living standard, promote human rights and dignity and increase choices available for people with disability?

4. Do you think what mechanisms must be launched to facilitate the outcomes of those laws and policies?
5. Do you have any further comments or suggestions on current and prospective employment promotion and social protection system for people with disability?

Group discussion topics:

Blind street musicians

Demographic questions:

1. Where are you from? And where do you live now?
2. What did you do before engaging in street performance?
3. Most of the demographic information other than the above are raised privately before or after the group discussion, specifically when the participants read the information statement for fieldwork participants and sign the consent form.

Questions for discussions:

1. What social attitudes towards people with disability do you perceive? How can you perceive them? How do you respond to social attitudes towards yourselves as people with disability? Can you give me your own experiences?
2. What is the impact of Thai beliefs on street performance?
3. To what degree do you think your disability have an effect on your income source in this way? What are your ideas about human rights issues in connection to your main source of income?
4. What economic and social circumstances do you consider in your decision to become street musicians?
5. How satisfied are you with your current income source and with your living condition?
6. Do you think how your current source of income is secured?
7. What are your ideas about social protection system for street musicians? How can it be improved?
8. Do you have any further comments or suggestions on current and prospective employment opportunities and social protection available for street musicians?

Appendix 4: Information statement for fieldwork participants and key disabled activists and consent forms

Disability, Income Opportunity and Structural Constraints: Exploring the Lived Experience of Blind street musicians in the Bangkok Metropolitan Region

คนพิการ โอกาสทางรายได้ และการคุ้มครองทางสังคม: การทำความเข้าใจประสปการณ์ของนักร้องและนักดนตรีบนถนน ผู้ซึ่งมีความพิการทางการเห็น ในเขตกรุงเทพและปริมณฑน

Information Statement and Consent Form for Interview Participants

ข้อมูลและแบบฟอร์มการแสดงความยินยอมสำหรับผู้เข้าร่วมการวิจัย

You can say no. Your participation is voluntary.

ท่านสามารถตอบปฏิเสธได้ — การเข้าร่วมของท่านต้องเป็นความเต็มใจ

The project is being conducted by the Social Policy Research Centre (SPRC) at the University of New South Wales in Sydney Australia and is funded by the Royal Thai Government scholarship and UNSW Faculty of Arts and Social Sciences. This research aims to acquire a better understanding of the experience of people with vision impairment for opportunities to generate income in the Bangkok Metropolitan Region. This research will examine social and cultural issues specific to contemporary Thai society, the interactions between members of the public and people with disability and the policy context in Thailand, focusing on the employment promotion and social protection systems available for people with disability. The research will examine how these social interactions and policy developments affect the lives of street musicians, particularly with regard to their employment opportunities and living standards and find out how current employment promotion and social protection system can improve their income opportunities, wellbeing, rights and dignity.

การวิจัยนี้ดำเนินการโดยศูนย์วิจัยนโยบายสังคม แห่งมหาวิทยาลัยนิวเซ้าท์เววส์ ณ เมืองซิดนี่ ประเทศออสเตรเลีย โดยได้รับทุนการศึกษาจากรัฐบาลแห่งราชอาณาจักรไทย การวิจัยนี้มีวัตถุประสงค์เพื่อให้ได้มาซึ่งความเข้าใจที่ดีขึ้นเกี่ยวกับประสปการณ์ของผู้พิการทางการเห็นสำหรับโอกาสในการหารายได้ในเขตกรุงเทพและปริมณฑน การวิจัยนี้ยังศึกษาประเด็นทางสังคมและวัฒนธรรมในบริบทของสังคมไทยร่วมสมัย ปฏิสัมพันธ์ระหว่างสาธารณชน คนพิการ และบริบททางนโยบายด้านคนพิการในประเทศไทย โดยเน้นศึกษาการส่งเสริมการจ้างงานและการคุ้มครองทางสังคมสำหรับคนพิการ การวิจัยนี้ยังสำรวจว่าปฏิสัมพันธ์ทางสังคมกับการพัฒนาเชิงนโยบายมีผลต่อชีวิตของนักร้องและนักดนตรีบนถนนอย่างไร โดยเฉพาะที่เกี่ยวข้องกับโอกาสการจ้างงานและมาตรฐานการดำเนินชีวิต รวมทั้งศึกษาว่าระบบการส่งเสริมการจ้างงานและการคุ้มครองทางสังคมสำหรับคนพิการในปัจจุบันสามารถยกระดับโอกาสทางรายได้ ความเป็นอยู่ที่ดี สิทธิ และศักดิ์ศรีความเป็นมนุษย์ได้อย่างไร

In this research, we will conduct the interviews with blind street musicians. The purpose of these is to study their attitudes, experiences and viewpoints on current employment promotion and social protection system in Thailand.

ในการวิจัยนี้ ผู้วิจัยประสงค์ที่จะทำการสัมภาษณ์นักร้องและนักดนตรีบนถนน ผู้ซึ่งมีความพิการทางการเห็น โดยมีเป้าหมายเพื่อศึกษาทัศนคติ ประสบการณ์ตลอดจนมุมมองต่าง ๆ ที่เกี่ยวกับระบบการส่งเสริมการจ้างงานและการคุ้มครองทางสังคมในประเทศไทย

We would like you to participate in an interview for about 1-2 hour to discuss some of your experiences as a street musician.

ผู้วิจัยประสงค์ที่จะขอท่านเข้าร่วมในการสัมภาษณ์เป็นเวลา 1-2 ชั่วโมง เพื่อพูดคุยถึงประสบการณ์ของท่านในฐานะนักร้องและนักดนตรีบนถนน

Your participation in the project is voluntary. You can refuse to participate and you can choose not to answer any of the questions. You can withdraw from the research at any time.

การเข้าร่วมของท่านต้องเป็นความเต็มใจ ท่านสามารถปฏิเสธการเข้าร่วม รวมทั้งสามารถเลือกที่จะไม่ตอบคำถามใด ๆในการให้สัมภาษณ์ก็ได้ ท่านสามารถถอนตัวจากการวิจัยนี้ได้ตลอดเวลา

During the interview we would like to take notes and also ask you to agree to let us tape-record the session so that our notes are more accurate. What you tell us will be completely confidential, except as required by law. You will not be identified in the report or any of the papers we write for publication, except for your consent.

ระหว่างการสัมภาษณ์ ผู้วิจัยขออนุญาตจดบันทึก โดยจะขอความเห็นชอบจากท่านในการบันทึกเทป เพื่อให้ข้อมูลมีความชัดเจนมากขึ้น สิ่งที่ท่านบอกกล่าวกับผู้วิจัยจะเป็นความลับ ยกเว้นจะถูกร้องขอตามกฎหมาย ชื่อของท่านจะไม่ถูกระบุในรายงานหรือบทความใด ๆในการตีพิมพ์สู่สาธารณะ ยกเว้นจะได้รับความยินยอมจากท่าน

You will be paid 500 Thai Baht [approximately 18 AUD] in recognition of your participation in the project and for lost earnings and expenses incurred from participating in the interview.

ท่านจะได้รับเงินจำนวน 500 บาท เพื่อตอบแทนสำหรับการเข้าร่วมการวิจัย และการสูญเสียรายได้ ตลอดจนค่าใช้จ่ายที่เกิดขึ้นจากการเข้าร่วมสัมภาษณ์ครั้งนี้

My research assistant will read out the participant information statement and consent form for you. If you agree to be part of this project, please sign or stamp your finger on the consent form. You are free at any time to refuse to answer particular questions or to stop being part of the study. A withdrawal form is also attached for you to keep. If you have any concerns or complaints at any time about your part in the study, you can contact the following organizations:

Ethics Secretariat at the University of New South Wales *+61 (0) 2*9385 7800

the Office of Higher Education Commission (OHE) +66 (0) 2610 5377

ผู้ช่วยวิจัยจะอ่านข้อมูลและแบบฟอร์มการแสดงความยินยอมให้ท่านฟัง หากท่านเห็นชอบที่จะเข้าร่วมการวิจัย กรุณาเซ็นชื่อหรือประทับรายนิ้วมือบนแบบฟอร์มการแสดงความยินยอมที่จัดเตรียมไว้ให้ ท่านมีสิทธิ์ปฏิเสธที่จะตอบคำถามใด ๆเป็นการเฉพาะ หรือยกเลิกการเข้าร่วมการวิจัย โดยผู้วิจัยได้แนบแบบฟอร์มการขอยกเลิกดังกล่าวให้ท่านเก็บไว้ด้วย หากท่านมีข้อกังวลหรือข้อร้องเรียนใด ๆตลอดการเข้าร่วมการวิจัย ท่านสามารถติดต่อหน่วยงาน ดังต่อไปนี้

เลขานุการคณะกรรมการจริยธรรมแห่งมหาวิทยาลัยนิวเซ้าเวลส์ หมายเลขโทรศัพท์ (+612) 9385-7800

สำนักงานคณะกรรมการการอุดมศึกษา สกอ.) หมายเลขโทรศัพท์)0-2610-5377

If your participation in the project causes you any distress, please feel free to stop or withdraw from the interview any time. You can call the following number for support:

Thailand Association of the Blind +66 (0) 2246 3835

Department of Mental Health, Hot line: 1667

หากการสัมภาษณ์ทำให้ท่านรู้สึกเครียดหรือกดดัน   ท่านสามารถหยุดและถอนตัวจากการวิจัยนี้ได้ตลอดเวลา   โดยสามารถติดต่อเพื่อขอคำแนะนำหรือความช่วยเหลือได้ที่

สมาคมคนตาบอดแห่งประเทศไทย หมายเลขโทรศัพท์ 0-2246-3835

สายด่วนกรมสุขภาพจิต หมายเลขโทรศัพท์ 1667

Please feel free to contact me at +66 (0) 84 444 7326 or via email: q.kerddaen@student.unsw.edu.au. We thank you for your help with this research.

Quanchai Kerddaen
PhD Candidate

Social Policy Research Centre

University of New South Wales

ท่านสามารถติดต่อผู้วิจัยได้ที่หมายเลขโทรศัพท์ 084-444-7326 หรือที่อีเมลล์ Q.Kerddaen@sstudent.unsw.edu.au ขอบคุณสำหรับความอนุเคราะห์ของท่านในการวิจัยครั้งนี้

นายขวัญชัย เกิดแดน

นักศึกษาดุษฎีบัณฑิต

ศูนย์วิจัยนโยบายสังคม

มหาวิทยาลัยนิวเช้าเววส์

Project title: Experiences of Blind Street Musicians

หัวข้อวิจัย: ประสปการณ์ของนักร้องและนักดนตรีสายตาพิการ

INFORMATION Statement AND CONSENT FORM
FOR INTERVIEW PARTICIPANTS (continued)

ข้อมูลและแบบฟอร์มการแสดงความยินยอมสำหรับผู้เข้าร่วมการวิจัย) ต่อ(

You are making a decision whether or not to take part in this study. Your signature or finger indicates that you have read the information on the information sheet and that you have decided to participate.

ท่านกำลังตัดสินใจว่าจะเข้าร่วมการศึกษาวิจัยนี้หรือไม่ รายเซ็นหรือรายนิ้วมือของท่านบ่งชี้ว่าท่านได้อ่านข้อมูลในเอกสาร และตัดสินใจที่จะเข้าร่วมการวิจัย

_____   _____

Your signature   Signature of witness

_____   _____

Please print your name   Witness's name

_____   _____

Date   Nature of witness

_____   _____

Signature of researcher   Name of researcher

Project title: Experiences of Blind Street Musicians

หัวข้อวิจัย: ประสปการณ์ของนักร้องและนักดนตรีสายตาพิการ

WITHDRAWAL OF CONSENT

การเพิกถอนการให้ความยินยอม

I wish to **WITHDRAW** my consent to take part in the research project and understand that such withdrawal **WILL NOT** jeopardise any relationship with *the Social Policy Research Centre, University of New South Wales.*

ข้าพเจ้ามีความประสงค์จะขอเพิกถอนความยินยอมในการเข้าร่วมการวิจัย ด้วยความตระหนักที่ว่าการเพิกถอนนี้จะไม่กระทบความสัมพันธ์ใด ๆกับศูนย์วิจัย นโยบายสังคม แห่งมหาวิทยาลัยนิวเซ้าเววส์

_____ _____

Signature Date

_____

Please PRINT your name

The section for Revocation of Consent should be forwarded to Mr Quanchai Kerddaen, Social Policy Research Centre, University of New South Wales, Kensington NSW 2052.

Kensington NSW 2052

กรุณาส่งแบบฟอร์มนี้ไปตามชื่อและที่อยู่ข้างบน

Disability, Income Opportunity and Structural Constraints: Exploring the Lived Experience of Blind street musicians in the Bangkok Metropolitan Region

คนพิการ โอกาสทางรายได้ และการคุ้มครองทางสังคม: การทำความเข้าใจประสบการณ์ของนักร้องและนักดนตรีบนถนน ผู้ซึ่งมีความพิการทางการเห็น ในเขตกรุงเทพและปริมณฑน

Information Statement and Consent Form for Group Discussion Participants

ข้อมูลและแบบฟอร์มการแสดงความยินยอมสำหรับผู้เข้าร่วมกลุ่มสนทนา

You can say no. Your participation is voluntary.

ท่านสามารถตอบปฏิเสธได้ — การเข้าร่วมของท่านต้องเป็นความเต็มใจ

The project is being conducted by the Social Policy Research Centre (SPRC) at the University of New South Wales in Sydney Australia and is funded by the Royal Thai Government scholarship. This research aims to acquire a better understanding of the experience of people with vision impairment for opportunities to generate income in the Bangkok Metropolitan Region. This research will examine social and cultural issues specific to contemporary Thai society, the interactions between members of the public and people with disability and the policy context in Thailand, focusing on the employment promotion and social protection systems available for people with disability. The research will examine how these social interactions and policy developments affect the lives of street musicians, particularly with regard to their employment opportunities and living standards and find out how current employment promotion and social protection system can improve their income opportunities, wellbeing, rights and dignity.

การวิจัยนี้ดำเนินการโดยศูนย์วิจัยนโยบายสังคม แห่งมหาวิทยาลัยนิวเซ้าท์เวลส์ ณ เมืองซิดนี่ ประเทศออสเตรเลีย โดยได้รับทุนการศึกษาจากรัฐบาลแห่งราชอาณาจักรไทย การวิจัยนี้มีวัตถุประสงค์เพื่อให้ได้มาซึ่งความเข้าใจที่ดีขึ้นเกี่ยวกับประสบการณ์ของผู้พิการทางการเห็นสำหรับโอกาสในการหารายได้ในเขตกรุงเทพและปริมณฑน การวิจัยนี้ยังศึกษาประเด็นทางสังคมและวัฒนธรรมในบริบทของสังคมไทยร่วมสมัย ปฏิสัมพันธ์ระหว่างสาธารณชน คนพิการ และบริบททางนโยบายด้านคนพิการในประเทศไทย โดยเน้นศึกษาการส่งเสริมการจ้างงานและการคุ้มครองทางสังคมสำหรับคนพิการ การวิจัยนี้ยังสำรวจว่าปฏิสัมพันธ์ทางสังคมกับการพัฒนาเชิงนโยบายมีผลต่อชีวิตของนักร้องและนักดนตรีบนถนนอย่างไร โดยเฉพาะที่เกี่ยวข้องกับโอกาสการจ้างงานและมาตรฐานการดำเนินชีวิต รวมทั้งศึกษาว่าระบบการส่งเสริมการจ้างงานและการคุ้มครองทางสังคมสำหรับคนพิการในปัจจุบันสามารถยกระดับโอกาสทางรายได้ ความเป็นอยู่ที่ดี สิทธิ และศักดิ์ศรีความเป็นมนุษย์ได้อย่างไร

In this research, we will conduct two group discussions (10 participants, 5 per group discussion) with blind street musicians. The purpose of these is to study their attitudes, experiences and viewpoints on current employment promotion and social protection system in Thailand.

ในการวิจัยนี้ ผู้วิจัยประสงค์ที่จะดำเนินกลุ่มสนทนา) จำนวน 2 กลุ่ม ๆ ละ 5 คน (โดยมีเป้าหมายเพื่อศึกษาทัศนคติ ประสบการณ์ ตลอดจนมุมมองต่าง ๆ ที่เกี่ยวกับระบบการส่งเสริมการจ้างงานและการคุ้มครองทางสังคมในประเทศไทย

We would like you to participate in a group discussion for about 2-3 hour to discuss some of your experiences as a street musician.

ผู้วิจัยประสงค์ที่จะขอท่านเข้าร่วมกลุ่มสนทนาเป็นเวลา 2-3 ชั่วโมง เพื่อพูดคุยถึงบทบาทและประสปการณ์ของท่านในฐานะนักร้องและนักดนตรีบนถนน

Your participation in the project is voluntary. You can refuse to participate and you can choose not to answer any of the questions. You can withdraw from the research at any time.

การเข้าร่วมของท่านต้องเป็นความเต็มใจ ท่านสามารถปฏิเสธการเข้าร่วม รวมทั้งสามารถเลือกที่จะไม่ตอบคำถามใด ๆในกลุ่มสนทนาการก็ได้ ท่านสามารถถอนตัวจากการวิจัยนี้ได้ตลอดเวลา

During the group discussion we would like to take notes and also ask you to agree to let us tape-record the session so that our notes are more accurate. What you tell us will be completely confidential, except as required by law. You will not be identified in the report or any of the papers we write for publication, except for your consent.

ระหว่างการสนทนาในกลุ่ม ผู้วิจัยขออนุญาตจดบันทึก โดยจะขอความเห็นชอบจากท่านในการบันทึกเทป เพื่อให้ข้อมูลมีความชัดเจนมากขึ้น สิ่งที่ท่านบอกกล่าวกับผู้วิจัยจะเป็นความลับ ยกเว้นจะถูกร้องขอตามกฎหมาย ชื่อของท่านจะไม่ถูกระบุในรายงานหรือบทความใด ๆในการตีพิมพ์สู่สาธารณะ ยกเว้นจะได้รับความยินยอมจากท่าน

You will be paid 1,000 Thai Baht [approximately 36 AUD] in recognition of your participation in the project and for lost earnings and expenses incurred from participating in the group discussion.

ท่านจะได้รับเงินจำนวน 1,000 บาท เพื่อตอบแทนสำหรับการเข้าร่วมการวิจัย และการสูญเสียรายได้ ตลอดจนค่าใช้จ่ายที่เกิดขึ้นจากการเข้าร่วมกลุ่มสนทนาครั้งนี้

My research assistant will read out the participant information statement and consent form for you. If you agree to be part of this project, please sign or stamp your finger on the consent form. You are free at any time to refuse to answer particular questions or to stop being part of the study. A withdrawal form is also attached for you to keep. If you have any concerns or complaints at any time about your part in the study, you can contact the following organizations:

Ethics Secretariat at the University of New South Wales +*61 (0) 2*9385 7800

the Office of Higher Education Commission (OHE) +66 (0) 2610 5377

ผู้ช่วยวิจัยจะอ่านข้อมูลและแบบฟอร์มการแสดงความยินยอมให้ท่านฟัง หากท่านเห็นชอบที่จะเข้าร่วมการวิจัย กรุณาเซ็นชื่อหรือประทับรายนิ้วมือบนแบบฟอร์มการแสดงความยินยอมที่จัดเตรียมไว้ให้ ท่านมีสิทธิ์ปฏิเสธที่จะตอบคำถามใด เป็นการเฉพาะ หรือยกเลิกการเข้าร่วมการวิจัย โดยผู้วิจัยได้แนบแบบฟอร์มการขอยกเลิกดังกล่าวให้ท่านเก็บไว้ด้วย หากท่านมีข้อกังวลหรือข้อร้องเรียนใด ๆตลอดการเข้าร่วมการวิจัย ท่านสามารถติดต่อหน่วยงาน ดังต่อไปนี้

เลขานุการคณะกรรมการจริยธรรมแห่งมหาวิทยาลัยนิวเซ้าเวเวลส์ หมายเลขโทรศัพท์ (+612) 9385-7800

สำนักงานคณะกรรมการการอุดมศึกษา) สกอ (.หมายเลขโทรศัพท์ 0-2610-5377

If your participation in the project causes you any distress, please feel free to stop or withdraw from the group discussion any time. You can call the following number for support:

Thailand Association of the Blind +66 (0) 2246 3835

Department of Mental Health, Hot line: 1667

หากการเข้าร่วมกลุ่มสนทนาทำให้ท่านรู้สึกเครียดหรือกดดัน ท่านสามารถหยุดและถอนตัวจากการวิจัยนี้ได้ตลอดเวลา โดยสามารถติดต่อเพื่อขอคำแนะนำหรือความช่วยเหลือได้ที่

สมาคมคนตาบอดแห่งประเทศไทย หมายเลขโทรศัพท์ 0-2246-3835

สายด่วนกรมสุขภาพจิต หมายเลขโทรศัพท์ 1667

Please feel free to contact me at +66 (0) 84 444 7326 or via email: q.kerddaen@student.unsw.edu.au. We thank you for your help with this research.

Quanchai Kerddaen
PhD Candidate

Social Policy Research Centre

University of New South Wales

ท่านสามารถติดต่อผู้วิจัยได้ที่หมายเลขโทรศัพท์ 084-444-7326 หรือที่อีเมลล์ Q.Kerddaen@sstudent.unsw.edu.au ขอบคุณสำหรับความอนุเคราะห์ของท่านในการวิจัยครั้งนี้

นายขวัญชัย เกิดแดน

นักศึกษาดุษฎีบัณฑิต

ศูนย์วิจัยนโยบายสังคม

มหาวิทยาลัยนิวเซ้าเววส์

Project title: Experiences of Blind Street Musicians

หัวข้อวิจัย: ประสบการณ์ของนักร้องและนักดนตรีสายตาพิการ

INFORMATION   Statement   AND   CONSENT   FORM
FOR GROUP DISCUSSION PARTICIPANTS (continued)

ข้อมูลและแบบฟอร์มการแสดงความยินยอมสำหรับผู้เข้าร่วมกลุ่มสนทนา) ต่อ(

You are making a decision whether or not to take part in this study. Your signature or finger indicates that you have read the information on the information sheet and that you have decided to participate.

ท่านกำลังตัดสินใจว่าจะเข้าร่วมการศึกษาวิจัยนี้หรือไม่ รายเซ็นหรือรายนิ้วมือของท่านบ่งชี้ว่าท่านได้อ่านข้อมูลในเอกสาร และตัดสินใจที่จะเข้าร่วมการวิจัย

_____   _____

Your signature   Signature of witness

_____   _____

Please print your name   Witness's name

_____   _____

Date   Nature of witness

_____   _____

Signature of researcher   Name of researcher

Project title: Experiences of Blind Street Musicians

หัวข้อวิจัย: ประสปการณ์ของนักร้องและนักดนตรีสายตาพิการ

WITHDRAWAL OF CONSENT

การเพิกถอนการให้ความยินยอม

I wish to **WITHDRAW** my consent to take part in the research project and understand that such withdrawal **WILL NOT** jeopardise any relationship with *the Social Policy Research Centre, University of New South Wales.*

ข้าพเจ้ามีความประสงค์จะขอเพิกถอนความยินยอมในการเข้าร่วมการวิจัย   ด้วยความตระหนักที่ว่าการเพิกถอนนี้จะไม่กระทบความสัมพันธ์ใด ๆกับศูนย์วิจัย นโยบายสังคม แห่งมหาวิทยาลัยนิวเซ้าเววส์

_____   _____

Signature   Date

_____

Please PRINT your name

The section for Revocation of Consent should be forwarded to Mr Quanchai Kerddaen, Social Policy Research Centre, University of New South Wales, Kensington NSW 2052.

Kensington NSW 2052

กรุณาส่งแบบฟอร์มนี้ไปตามชื่อและที่อยู่ข้างบน

Disability, Income Opportunity and Structural Constraints: Exploring the Lived Experience of Blind street musicians in the Bangkok Metropolitan Region

คนพิการ โอกาสทางรายได้ และการคุ้มครองทางสังคม: การทำความเข้าใจประสปการณ์ของนักร้องและนักดนตรีบนถนน ผู้ซึ่งมีความพิการทางการเห็น ในเขตกรุงเทพและปริมณฑน

Information Statement and Consent Form for Key Informants

ข้อมูลและแบบฟอร์มการแสดงความยินยอมสำหรับผู้ให้ข้อมูลสำคัญ

You can say no. Your participation is voluntary.

ท่านสามารถตอบปฏิเสธได้ — การเข้าร่วมของท่านต้องเป็นความเต็มใจ

The project is being conducted by the Social Policy Research Centre (SPRC) at the University of New South Wales in Sydney Australia and is funded by the Royal Thai Government scholarship. This research aims to acquire a better understanding of the experience of people with vision impairment for opportunities to generate income in the Bangkok Metropolitan Region. This research will examine social and cultural issues specific to contemporary Thai society, the interactions between members of the public and people with disability and the policy context in Thailand, focusing on the employment promotion and social protection systems available for people with disability. The research will examine how these social interactions and policy developments affect the lives of street musicians, particularly with regard to their employment opportunities and living standards and find out how current employment promotion and social protection system can improve their income opportunities, wellbeing, rights and dignity.

การวิจัยนี้ดำเนินการโดยศูนย์วิจัยนโยบายสังคม แห่งมหาวิทยาลัยนิวเซ้าท์เววส์ ณ เมืองซิดนี่ ประเทศออสเตรเลีย โดยได้รับทุนการศึกษาจากรัฐบาลแห่งราชอาณาจักรไทย การวิจัยนี้มีวัตถุประสงค์เพื่อให้ได้มาซึ่งความเข้าใจที่ดีขึ้นเกี่ยวกับประสปการณ์ของผู้พิการทางการเห็นสำหรับโอกาสในการหารายได้ในเขตกรุงเทพและปริมณฑน การวิจัยนี้ยังศึกษาประเด็นทางสังคมและวัฒนธรรมในบริบทของสังคมไทยร่วมสมัย ปฏิสัมพันธ์ระหว่างสาธารณชน คนพิการ และบริบททางนโยบายด้านคนพิการในประเทศไทย โดยเน้นศึกษาการส่งเสริมการจ้างงานและการคุ้มครองทางสังคมสำหรับคนพิการ การวิจัยนี้ยังสำรวจว่าปฏิสัมพันธ์ทางสังคมกับการพัฒนาเชิงนโยบายมีผลต่อชีวิตของนักร้องและนักดนตรีบนถนนอย่างไร โดยเฉพาะที่เกี่ยวข้องกับโอกาสการจ้างงานและมาตรฐานการดำเนินชีวิต รวมทั้งศึกษาว่าระบบการส่งเสริมการจ้างงานและการคุ้มครองทางสังคมสำหรับคนพิการในปัจจุบันสามารถยกระดับโอกาสทางรายได้ ความเป็นอยู่ที่ดี สิทธิ และศักดิ์ศรีความเป็นมนุษย์ได้อย่างไร

In this research, we will conduct the interviews with key informants. The purpose of these is to study their attitudes, roles and viewpoints on current employment promotion and social protection system in Thailand.

ในการวิจัยนี้ ผู้วิจัยประสงค์ที่จะทำการสัมภาษณ์ผู้ให้ข้อมูลสำคัญ โดยมีเป้าหมายเพื่อศึกษาทัศนคติ ประสปการณ์ ตลอดจนมุมมองต่าง ๆ ที่เกี่ยวกับระบบการส่งเสริมการจ้างงานและการคุ้มครองทางสังคมในประเทศไทย

We would like you to participate in an interview for about 1 hour to discuss some of your roles and experiences as a key informant for disability issue.

ผู้วิจัยประสงค์ที่จะขอท่านเข้าร่วมในการสัมภาษณ์เป็นเวลา 1-2 ชั่วโมง เพื่อพูดคุยถึงบทบาทและประสบการณ์ของท่านในฐานะผู้ให้ข้อมูลสำคัญในประเด็นด้านคนพิการ

Your participation in the project is voluntary. You can refuse to participate and you can choose not to answer any of the questions. You can withdraw from the research at any time.

การเข้าร่วมของท่านต้องเป็นความเต็มใจ ท่านสามารถปฏิเสธการเข้าร่วม รวมทั้งสามารถเลือกที่จะไม่ตอบคำถามใด ๆในการให้สัมภาษณ์ก็ได้ ท่านสามารถถอนตัวจากการวิจัยนี้ได้ตลอดเวลา

During the interview we would like to take notes and also ask you to agree to let us tape-record the session so that our notes are more accurate. What you tell us will be completely confidential, except as required by law. You will not be identified in the report or any of the papers we write for publication, except for your consent.

ระหว่างการสัมภาษณ์ ผู้วิจัยขออนุญาตจดบันทึก โดยจะขอความเห็นชอบจากท่านในการบันทึกเทป เพื่อให้ข้อมูลมีความชัดเจนมากขึ้น สิ่งที่ท่านบอกกล่าวกับผู้วิจัยจะเป็นความลับ ยกเว้นจะถูกร้องขอตามกฎหมาย ชื่อของท่านจะไม่ถูกระบุในรายงานหรือบทความใด ๆในการตีพิมพ์สู่สาธารณะ ยกเว้นจะได้รับความยินยอมจากท่าน

My research assistant will read out the participant information statement and consent form for you. If you agree to be part of this project, please sign or stamp your finger on the consent form. You are free at any time to refuse to answer particular questions or to stop being part of the study. A withdrawal form is also attached for you to keep. If you have any concerns or complaints at any time about your part in the study, you can contact the following organizations:

Ethics Secretariat at the University of New South Wales *+61 (0) 2*9385 7800

the Office of Higher Education Commission (OHE) +66 (0) 2610 5377

ผู้ช่วยวิจัยจะอ่านข้อมูลและแบบฟอร์มการแสดงความยินยอมให้ท่านฟัง หากท่านเห็นชอบที่จะเข้าร่วมการวิจัย กรุณาเซ็นชื่อหรือประทับรายนิ้วมือบนแบบฟอร์มการแสดงความยินยอมที่จัดเตรียมไว้ให้ ท่านมีสิทธิ์ปฏิเสธที่จะตอบคำถามใด ๆเป็นการเฉพาะ หรือยกเลิกการเข้าร่วมการวิจัย โดยผู้วิจัยได้แนบแบบฟอร์มการขอยกเลิกดังกล่าวให้ท่านเก็บไว้ด้วย หากท่านมีข้อกังวลหรือข้อร้องเรียนใด ๆตลอดการเข้าร่วมการวิจัย ท่านสามารถติดต่อหน่วยงาน ดังต่อไปนี้

เลขานุการคณะกรรมการจริยธรรมแห่งมหาวิทยาลัยนิวเช้าเวลส์ หมายเลขโทรศัพท์ (+612) 9385-7800

สำนักงานคณะกรรมการการอุดมศึกษา) สกอ (.หมายเลขโทรศัพท์ 0-2610-5377

Please feel free to contact me at +66 (0) 84 444 7326 or via email: q.kerddaen@student.unsw.edu.au. We thank you for your help with this research.

Quanchai Kerddaen
PhD Candidate

Social Policy Research Centre

University of New South Wales

ท่านสามารถติดต่อผู้วิจัยได้ที่หมายเลขโทรศัพท์ 084-444-7326 หรือที่อีเมลล์ Q.Kerddaen@sstudent.unsw.edu.au ขอบคุณสำหรับ
ความอนุเคราะห์ของท่านในการวิจัยครั้งนี้

นายขวัญชัย เกิดแดน

นักศึกษาดุษฎีบัณฑิต

ศูนย์วิจัยนโยบายสังคม

มหาวิทยาลัยนิวเซ้าเววส์

Project title: Experiences of Blind Street Musicians

หัวข้อวิจัย: ประสบการณ์ของนักร้องและนักดนตรีสายตาพิการ

INFORMATION   Statement   AND   CONSENT   FORM
FOR KEY INFORMANTS (continued)

ข้อมูลและแบบฟอร์มการแสดงความยินยอมสำหรับผู้ให้ข้อมูลสำคัญ) ต่อ(

You are making a decision whether or not to take part in this study. Your signature or finger indicates that you have read the information on the information sheet and that you have decided to participate.

ท่านกำลังตัดสินใจว่าจะเข้าร่วมการศึกษาวิจัยนี้หรือไม่ รายเซ็นหรือรายนิ้วมือของท่านบ่งชี้ว่าท่านได้อ่านข้อมูลในเอกสาร และตัดสินใจที่จะเข้าร่วมการวิจัย

_____   _____

Your signature   Signature of witness

_____   _____

Please print your name   Witness's name

_____   _____

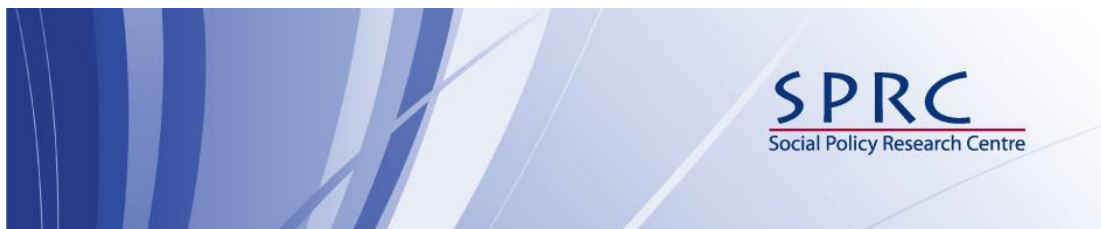Date   Nature of witness

_____   _____

Signature of researcher   Name of researcher

Project title: Experiences of Blind Street Musicians

หัวข้อวิจัย: ประสปการณ์ของนักร้องและนักดนตรีสายตาพิการ

WITHDRAWAL OF CONSENT

การเพิกถอนการให้ความยินยอม

I wish to **WITHDRAW** my consent to take part in the research project and understand that such withdrawal **WILL NOT** jeopardise any relationship with *the Social Policy Research Centre, University of New South Wales*.

ข้าพเจ้ามีความประสงค์จะขอเพิกถอนความยินยอมในการเข้าร่วมการวิจัย   ด้วยความตระหนักที่ว่าการเพิกถอนนี้จะไม่กระทบความสัมพันธ์ใด ๆกับศูนย์วิจัย นโยบายสังคม แห่งมหาวิทยาลัยนิวเซ้าเวเวส์

_____   _____

Signature   Date

_____

Please PRINT your name

The section for Revocation of Consent should be forwarded to Mr Quanchai Kerddaen, Social Policy Research Centre, University of New South Wales, Kensington NSW 2052.

Kensington NSW 2052

กรุณาส่งแบบฟอร์มนี้ไปตามชื่อและที่อยู่ข้างบน