A STUDY ON THE EXPERIENCES OF PEOPLE WITH DISABILITIES IN EVERYDAY LIFE

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Submitted to the
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Degree of
M Phil in Sociology

Submitted By
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LETTER OF RECOMMENDATION

I hereby certified that this dissertation entitled **EXPERIENCES OF PEOPLE WITH DISABILITIES IN EVERYDAY LIFE: AN ANALYSIS OF THEIR DAILY LIVES** has been prepared by **Ms. SITA KUMARI BOHARA** under my supervision and guidance. I hereby recommend this dissertation for final examination by the Research Committee of the Faculty of Humanities and Social Sciences, Tribhuvan University, in fulfillment of the requirements for the Degree of M Phil Degree of Sociology.

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Asst. Prof. Lok Ranjan Parajuli, PhD
Supervisor

Date: August, 2022

DECLARATION

hereby declare that this thesis has not been submitted for candidature for any o	ther
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Tribhuvan University

Faculty of Humanities and Social Sciences

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2022

APPROVAL LETTER

This dissertation entitled **EXPERIENCES OF PEOPLE WITH DISABILITIES IN EVERYDAY LIFE: AN ANALYSIS OF THEIR DAILY LIVES** was submitted by **Ms. Sita Kumari Bohara** for the final examination by the Research Committee of the M Phil Programme in Sociology, Faculty of Humanities and Social Sciences, Tribhuvan University, in partial fulfillment of the requirements for the Degree of M Phil Degree in Sociology. The research committee hereby certifies that this dissertation was found satisfactory and accepted for the degree.

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A STUDY ON THE EXPERIENCES OF PEOPLE WITH DISABILITIES IN EVERYDAY LIFE

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ABBREVIATIONS AND ACRONYMS

CBR Community Based Rehabilitation

CBS Central Bureau of Statistics

CRPD Convention on the Rights of People with Disabilities

CWD Children With Disability

DEC Disabled Empowerment and Communication Center

DPO Disabled People Organization

HILDA Household, Income and Labour Dynamics in Australia

IYDP International Year of Disabled Persons

MWCSW Ministry of Women, Children and Social Welfare

NDWS Nepal Disabled Women Society

NFDN National Federation of Disabled Nepal

NGO Non-Governmental Organization
NLSS National Living Standard Survey

PWD Persons With Disability

UN United Nation

UPIAS Union of Physically Impaired Against Segregation

WB World Bank

WHO World Health Organization

CHAPTER I

INTRODUCTION

1.1 Introducing the Research Issue

Disability is a socially produced phenomenon. Disability is an institutional, environmental and attitudinal discrimination by a society regarding to the Person with Disability (Stone, 2001). Disability is a situation which appears in every castes, gender, race, and nation too. Disability is universal but it appears in large number in underdeveloped or developing counties (Shakespeare, 2010). Further than a billion people are prognosticated to live with any kind of disability, or about fifteen percent disability predictable of the global population which is based on global population estimates 2010. This estimation is higher than earlier of World Health Organization (WHO) estimates, World Health Organization estimates in the 1970s approximately 10 percent population have some kind of disability. Additionally, the numbers of disability populations are ever-increasing because to ageing and an increasing in chronic health conditions (WHO, Word Bank, 2011).

The census history of our country Nepal, the questions on disabilities were included for the first time population census in the 1971. In the 1981 population census, it was continued. On the other hand, population census of the 1991 did not include the question about the disabilities. The questions on disabilities were again incorporated in the census of 2001, which has been continued up to 2011 population census. But many study shows, there is no actual data of disability in Nepal. The estimated population of disability in Nepal has diverse as of one survey to another, although these surveys were carried out on same time period. According to National Living Standard Survey (NLSS, 2010/2011) of the person with disability population was 3.6 percentage. On the report of NLSS, person with physical disability are 29.2%, person with blindness are 22.3%, hearing related disability is 23.4%, 2.4% is deaf blind, 8.6% is speech related disability, respectively 6.8% is psycho-social disability and 7.3% is multi disability (two or more limitations occur in one person). At the same time, ...

According to the National Census Report of 2011, the disability data recorded 1.94% of total population of Nepal. The highest population covered by person with physical disability was 36.3 percent of the total disability population, blindness and Low Vision covered 18.5%, deaf and hard of hearing was 15.4%, speech related disability was 11.5%, multiple disability are 7.5%, psycho-social disability covered 6%, intellectual disability was 2.9% and deaf-blind was 1.8%. Additional, it is difficult to obtain accurate data on the commonness of disability in Nepal because of social traditions, an absence of conception on the most proficient method to describe disability and other elements.

National census 2021 of Nepal, the data recorded is 2.2% person with disability in Nepal. Among the male population, 2.5% and the entire female population, 2.0% have some disability. The biggest three types of disability prevalence percentage is Physical (37.2%), Visual (22.5%) and Hearing (15.9%). Additional, World Bank claimed that fifteen percent population of the world living with various types of disabilities, with most of them living in underdeveloping and developing countries. The disability data is increases 0.26% in 2021 from 2011 but that is much lower than Living Standards Survey 2011. Overall, our data is not even close to WHO. In the context of data collection, It is also important question of whether the enumerator has received disability training or not. Another, what was the questionnaire used to collect the data. Now the issue of how to include them in the structure of society and state is a challenge without data. According to this, there are not actual data of persons with disabilities in Nepal. Even the number of persons with disabilities varies according to source such as NLSS, Census data and WHO. Other study also predict on data diffently. Like, an estimated 7 to 10 percent disability population exists in Nepal (Panthi, 2004).

1.2 Research Problem

In our society, disability term has many different meanings exist in diverse society. In developing counties, disability is compared with sin and virtue which was attempt in past life. In some society, being disability is in the past was taken as the punishment by god for sin committed in the previous life. We can found these types of conviction in everywhere in the society. We also find this types of beliefs in different religious mythology. In the previous days, medical science was not developed sufficiently and

people were not literal in the perception of disability therefore, they felt being disability is sin committed in past life or fate of them. Most of the people in Nepal believe being disability as a penalty for the depravities or evilness of previous life (Baskota, 2015). Similar perspective of people in the society has played a significant role in social exclusion of persons with disabilities. There are social segregation of persons with disabilities because their interaction is inadequate with their family member and colleagues (Dhungana, 2006). Nepal's constitution (2015) has ensured the provision of equal rights on behalf of person with disability under the Right to Social Justice.

According to constitution (2015), 'persons who are physically or mentally impairment or backward regions citizens shall have the rights of involvement or participation in all structures of the government and public services based on principle of social inclusion' (Eide Neupane and Hem, 2016). It also have accepted and incorporated this provisions for persons with disabilities in policy on the rights of PWDs. But other national legislation provision has not exactly reflected the equal access to education, access to employment, access to health services to persons with disabilities in Nepal. So, person with disability are socially excluded and economically dependent (Lamichhene, 2013). Because of lack of awareness, parents feel burdened to having children with disability (CWD) and prefer to send the children to an Ashram (orphanage Home) rather than keep them (Bohara, 2022). Family members try to keep secrete in their home to the person with disability from their community because enacted social stigma (Weiss, 2006). Unlike other people of the society person with disabilities live in utmost terrible conditions therefore isolated and excluded from their society by barriers of national or local guidelines, environmental and attitudinal. Person with disabilities are indisputably the largest and mainly discriminated minority group in the world. Whose human right is systematically violated, this violated against the poorest of poor result in worsening living conditions, undignified in human behavior, lack of reasonable accommodation, lack of health facilities, education, social inclusion and often face death (Sapporo Declaration, 2002).

Disabilities are limitation that a person experiences as a result of impairment. When it is not possible to change on to compensate fully for impairment, rehabilitation consists of training a person with disability to improve his/her function despite the

impairment. The PWDs learns to perform activities, but in a modified approach or with the support of assistive devices such as wheelchair, walker, white cane, tricycle etc. For example, a person who is incapable to walk learns to move to around in a wheelchair (Duwal, 2004). The common perception of the people towards the person with disability has been to boycott it as the curse of gods for the made a mistake in the past life, due to ignorance, illiteracy, faith in super natural power etc, only few people thoughts it to be the result of some disease or accident (Bohara, 2022). As an outcome, family members felt shamed and tried to hide the person with disability from their community as much as possible (IYDP, 1981).

The United Nations (UN) decade of persons with disability (1983-1992), there was recognized that persons with disabilities particularly in underdeveloped or developing countries they were not considered as potential contributors to social and economic development. Equally, the intelligence, knowledge and skills of elderly person also reminded a ignored human resources. Disability has a destructive impact of the quality of life of person with disability with mainly harmful impact to their education, employment, marriage and the psychological state. Therefore the disability also put their personal, family and social life at risk. So, more people with disabilities were treated negatively by the community. Women with disability and children with children suffered extra negative behaviour than male in their circumstances, that consequential is negative, unfavorable impact on their social and psychological state. In a such condition, an arrangement of education, economic support and intensive rehabilitative action must be implement immediately for make them independent (Hosain GM et. al 2002). Women with disability and girl, particularly discriminated (Hosain et.al. 2002). Voluntary Health Association of India (1994) found that the number of people with one or more disabilities was about 12 million in India.

Most of people believe, resources providing to person with disability as a form of charity for the reason that the PWDs are perceived as an unproductive member of the society. Many persons with disability are unemployed or under employed, poor, lonely, isolated and difficult or impossible to get an education because there are no encourage, moral support towards child with disability. They have many social and cultural barriers which is faced everyday life. Disability disproportionately affects vulnerable population (WHO, and the WB 2011). The result of World Health

Organization (WHO) survey indicates shows higher people with disabilities pervasiveness in inferior earnings countries than the higher earning countries. WHO, and WB (2011) the UNCRPD emphasized the responsibility of the surroundings is important either facilitating or restricting participation of person with disability. That report documented extensive evidence of the barriers is following..

- a. Policies and standards are inadequate
- b. Being negative attitudes
- c. Lack of service provision
- d. Problems in service delivery
- e. Insufficient funding
- f. Lack of accessibility
- g. Lack of consultation and involvement in developing process—
- h. Excluded from decision making process
- i. Lack of proper data

The Person with Disability are socially excluded in Nepalese society due to adverse conditions such as panic, lack of knowledge, pay no attention to them and superstition which have isolated PWDs with different capabilities and delayed their development. Globally there are an ever-increasing focuses on non-discrimination provision as human rights and protection in the workplace for person with disability (Halvorsen &Hvinden, 2011). UNCRPD (UN Convention on the Rights of People with Disabilities) on article 27 states that person with disability have a right to work on equal basis with other non disabled people. The UNCRPDs' key principle is to ensured equal opportunities, to recognize their human rights and to diminish challenges that hinder this of person with disabilities (CRPD, 2008). The constitution in Nepal 2015 ensured fundamental rights for all people that no one should be discriminated against in everyday life and in any opportunities.

But people with disabilities don't get the rights that are ensured by constitution for them. Lack of physical accessibility individual perceptions are the main cause of social exclusion and segregation. Also there is also lack of knowledge about disability and skill transfer to the care takers generated critical situations. For poor and village people it is not possible to come to hospital for the physiotherapy and rehabilitation regularly. There is also lack of social perspective for the recovery such as community

based rehabilitation, social support system. According to Bohara (2022), later then the grand revolutionize in our country being such as republic democratic, there are several green signals shows to have more rights in legislation. Now days there is not present legislation fully or effectively implemented because there is lack awareness of the government officials about disability and person with disabilities. Above literature reviews have shown that community, society, pears and their families do not have a positive perception towards people with disabilities. They are not respected in the society. The family considers them a burden. Society treats people with disabilities as useless people. Along with Nepal's political changes and the attainment of democracy, many changes took place. The society that was guided by religion is now being guided by technology and science. It can be found out by reading different literature that there is a change in the thinking and behavior of the society day by day. Disability was seen religiously before. However, it is known from the religious texts that was the human exist like Ashtabrakra in the society who was enlighten and legendary. In the same periphery, the view of disability in the society is also very cruel, it has become right-oriented instead of pity. Nepal also had the Disability Act 2039 to look at the disabled with charitable. Later, the CRPD, which includes the rights of the disabled, was ratified and the right of the disabled was taken as a fundamental right in the constitution 2072. Similarly, other policies and laws related to disability have also been made such as The Rights of Persons with Disabilities Act, 2074, National policy and action, Disability ID card distribution guideline, childhood disability management strategy, Special education policy etc.

But it has been found that not much attention has been paid to the daily life of disabled people in our society. There has been little study on this topic. Therefore, I have focused my study on the daily life experiences of people with disabilities. Whether there is a similar perception or difference in contemporary Nepalese society has been studied as a research gap. We can raise more questions about the issue. Like, Is this really a prenatal sin or is society constructed? What is the major barrier faced by local disabled people? What kind of attitude of family and society toward disability? Why are people with disabilities viewed as a prenatal sin? Is the education of people with disabilities satisfactory? How is the social inclusion of persons with disabilities? How is the perception of family and society towards persons with disabilities? Are person with disabilities considered a family burden? Is person with

disabilities entertaining rights of disabilities which provided by the constitution? Is person with disabilities having access to education? What are the experiences of person with disability in everyday life? Is person with disability excluded from cultural activities? Are people with disabilities using the above-mentioned laws easily in their daily lives? How is their daily life? This study focuses on the periphery etc. All these are important questions, but I cannot address them all in this time-bound small research.

1.3 Research Questions

So, I seek answers, through this thesis, to the following two questions.

- I. What are the policies provisions set forth by Government of Nepal for disability inclusion in society?
- II. How are the experiences of person with disability in everyday life?

1.4 Research Objectives

This research aimed to assess the experiences of the person with disability and their inclusion in decision making process in the family and society.

- To explore the experiences of the persons with disabilities in everyday life.
- To find out the perspectives of the peers, parents, family towards persons with disabilities in everyday life.
- To assess the legal policy provisions of the Government of Nepal on the Social Inclusion for the persons with disabilities.

1.5 Significance of the Study

This study contributes to the sociological understanding of disability, their daily life experiences, behaviour of family and society towards person with disability. This study has found new way to understanding disability beyond traditional way. Descriptive understanding of disability is as another element of the study. Theoretically it contributes in analyzing the behaviour of family and society towards disability. Disability is usually described by the medical model such as illness and incidence so I would like to discuss the social model of disability through the

sociological view point. It will be useful to students who want to study about people with disabilities.

1.6 Organization of the Study

This study has been organized into six different chapters. Firstly, it is started from introduction chapter, which is comprised that introducing the research issue, research problem, research questions, significance of the study and organization of the study. Second chapter portrays the literature review on national and international studies, research papers, journal articles, opinions of the experts in disability are analyzed in this part. The third chapter explores about the research methodology of the study along with population size and justification of the study and data collection. Fourth chapter is policy and programs on disability inclusion in Nepal. Fifth chapter is related to the data interpretation which is collected through the semi structure interview, in depth interview and case study at Nepalgunj. The last chapter of this thesis is summary and conclusion of the research. It shows the findings of the research regarding with objectives.

CHAPTER II

LITERATURE REVIEW

2.1 Understanding Disability and Persons with Disability

2.1.1 Conceptualizing Disability

Disability refer to a person with a disability which means somebody with a long-term physically, mentally, intellectually, or sensorial impairment which in interaction with diverse barriers, may hamper their full and effective participation on an equal basis with others in their society (UNCRPD, 2006). In other word, disability is a condition of the body or mind that makes it more complicated for a individual to perform daily basis activities and interaction with other. Generally, disability is a condition where it is possible to participate in regular daily activities by oneself with no social and environmental barriers.

People's perceptions on person with disability are helpless and burden on the society (Mishra, 2010). Disability has various meanings to other people. Individuals with disabilities often do not know when they enter a social situation whether they deserve curiosity, pity, sympathy, helplessness, protection, and admiration for their abilities, but normal people go about their normal daily lives. avoid or actively reject. The behavior of a person with a disability toward his or her disability, toward other persons with disabilities, and toward members of his or her society, as well as society's attitude toward him, are determining factors for the development of his personality and his/her integration into society (Albrecht, Schellman, 2001). Person with a disability who perceives themselves as stigmatized because of their disability status may be more vulnerable to anxiety than an on-disabled person. Because the lives of numerous people with disabilities revolve around their disabilities rather than their capacities, their tone- generalities are unrealistically low (Mishra, 2010). The reason for that is by treating them negatively ever by surroundings even family. Family, friends, society never said you can do it.

As a result, their self-esteem, level of aspiration and level of general motivation are unnecessarily low. Thus, those who give up easily because of their disability status are unable to make significant contributions, while those who refuse to accept disability as a disabling condition and constantly strive for higher goals outperform other people, including non-disabled people. There are many such examples. People with disabilities are often isolated in terms of their social interactions. Status in the family, neighborhood, and workplace is important, however, for many people the chances of attaining or maintaining such status are low (Gokhale, 1995).

The normal people majority tends to preserve a certain social detachment, over and over again treating the PWDs as outsiders. Many common people feel uncomfortable in the presence of People With Disability. Ordinary people find it very complicated to accept and connect with PWDs as with other people, and they have great prestige and power. It can also limit opportunities for persons with disabilities. PWDs are often forced to associate with each other or become socially isolated. They are often isolated - physically, psychologically and socially. A person with a disability, experiencing social discrimination, has his own kind of gravitas to accept him without reservation (Telford & Sawrey, 1995). People with disabilities are treated differently from non-disabled people. They are not included in the competitive group that forms among active teenagers. In a sense, they are treated as outsiders whom people may like but are excluded from their inner circle for sports and recreational activities. They live with their disability in the community but are never fully accepted by their teenage peers. An attitude is a state of readiness, a tendency to react in a certain way when faced with certain stimuli (Oppenheim, 1992). Attitudes towards people with disabilities are predominantly negative and there is an intensification of beliefs and behaviours (Ingstad & Whyte, 1995; Stone, 2001).

Some common response patterns faced by families of children with disabilities are: dealing with problems realistically; denial of the reality of the disability; self pity; indecisiveness or rejection of the child; feeling of guilt; shame and depression; and patterns of interdependence (Telford and Sawrey, 1995). The presence of a disabled child in the family creates additional stress. Defensive reactions are likely to occur more frequently and to a greater extent in such families than in families where not all family members are disabled. There are powerful social and personal forces that lead parents to deny evidence of a child's disability. a cultural or ritualized stereotype of ideal children, parents' expectations that their children will successfully fulfill the roles assigned to them by society and given to them by their parents, parents'

expectations that their children will achieve something or better do. When the child is clearly unwell they have a 'that just can't be happening' reaction. Because parents judge their children, participate in their successes and failures, rejoice in their reflected glory, and overlook their weaknesses, they suffer a loss of self-esteem when one of their children does not live up to expectations. is experienced (Telford & Sawrey, 1995).

Due to disliking and remorse, the parents may reject the disabled child. The child could feel betrayed by the parents as a result. However, because of his dependence on the parents, the child is obliged to repress his guilt, which leads to worry, self-hatred, and guilt. On the other hand, some parents may have a tendency to overprotect the child, which can have equally detrimental effects, whether out of real sympathy or guilt emotions. The child's ego and demands for social status are both unmet in either situation. 51 kids were chosen by Coughlin (1941) from the Detroit Orthopaedic Clinic's records. In every instance, the parents of the children were still alive and the researchers were aware of the parents' perspectives. Coughlin classifies parental attitudes into four major groups. The relatively small group of parents who had sufficient intellectual capacity and were psychologically stable enough to be able to accept their child's orthopaedic problem while fully realising its implications and focus their attention and resources on finding ways to make up for it were seen as acting in the most constructive ways. Some parents who appeared to have a "complete acceptance of a disabled child on an emotional level with very little or no intellectual insight" were said to have indicated a second generally favourable attitude. Many parents were able to comprehend the child's issue intellectually, but they were emotionally unable to accept him completely. Therefore, these parents exhibited damaging attitude towards the children with disabilities as well as a lack of comprehension of the children's physical or mental conditions, concern of the relevant operation, concern that the child would get worse, dread of what society would say, and fear of not being able to support oneself financially are all aspects that affect the parent. Both individuals and people with disabilities are products of their social environments. The nature and degree of the harmony or discord of his relationships with family members, relatives, friends, community members, workplace colleagues, employers, etc., have a significant impact on his relationship, attitude, and behaviour patterns. The parent's fears about the child getting worse, having to have the

appropriate operation, people will think of them, and not being able to support themselves financially all play a part. Every person, including those with disabilities, is a product of their social surroundings. The nature and degree of the harmony or disharmony in his relationships with his family, friends, neighbours, coworkers, employers, etc. has a significant impact on his relationships, attitude, and behaviour patterns. Every person, including those with disabilities, is a product of their social surroundings. The nature and degree of the harmony or disharmony in his relationships with his family, friends, neighbours, coworkers, employers, etc. has a significant impact on his relationships, attitude, and behaviour patterns.

Every person, including those with disabilities, is a product of their social surroundings. The nature and degree of the harmony or disharmony in his relationships with his family, friends, neighbours, coworkers, employers, etc. has a significant impact on his relationships, attitude, and behaviour patterns. According to Silver (1957), tragically, people with disabilities are more negatively impacted by social attitudes than by their actual infirmities. It means that their community makes them more disabled, even though they can easily do such a thing but the society members does not think so.

A person with disability, similar to every other normal people, like they also a social being. Therefore, a disabled individual is no different from other people who are physically able. Ironically, though, society does not accept them as they are since it always draws attention to their flaws rather than their strengths. Whether they were victims of illness, misfortune, or negligence, a person with a disability has been further victimised by the strange and senseless discrimination of society. Social scientists have known for years that persons without impairments tend to avoid engaging with them because they are unsure of how to act when they show up or participate (Thompson, 1982; Yamamoto, 1971). In Goffman's (1963) disability literature evaluations, sociological analysis of stigma and its effects on socially marginalised groups is frequently cited as a key source. Numerous data sources lend support to Goffman's (1963) and Davis's (1961) theory that relationships between people with disabilities and people without disabilities are characterised by stress, misunderstanding, and separation. Murphy (1990) described disability as a "disease of social relations," and added Social interactions between people with disabilities and

those without disabilities or people who are normal are difficult, stressful, and challenging. Each and every disabled person is aware of this. People with disabilities of all kinds complain that people without disabilities treat us as if we were contagious (Murphy et al. 1988), and wheelchair users are aware that they are frequently "noticed by everyone and acknowledged by nobody" in public settings.

Persons with disabilities are recognized as the marginalized community in Nepal. Disability, in our society, is understood as the personal incapability and most of the time and place persons with disabilities are treated as the subject to charity. Disabled people are not generally considered as the contributor of the society. The traditional religious belief, the medical interpretation of disability and environmental barriers has isolated them from social participation and active life. According to Eide (2016) the findings of the living condition study of people with disabilities in Nepal they are experiencing substantial gap in the access to basic service (70% to 90%) in comparison with the persons without disabilities. They have low literacy rate, less access to school education and high drop-out rate due to various discrimination and barriers at school. They are suffering with a significant lack of assistive devices (only one out of eight is using assistive devices) which they need for their personal mobility and daily works. They have low involvement in family and decision making process and they face lots of environmental barriers in their general mobility, social participation and in having access to basic services (Eide, 2016). Persons with disabilities faces additional barriers in accessing primary services as a health care services, transportation, mobility especially in developing countries.

In Nepal disability is often understood either from the perspective of traditional belief or medical model. The persons with disabilities are treated as the weak, unproductive, inefficient and burden of family and state. In literature, media, policies and politics disability was portrayed as the symbol sorrow, tragedy, weakness, inability and something which is very worst. Traditionally some terminologies were coined to address different types of physical, mental or sensory impairment such as *Langado*, *Andho*, *Lato*, *Gojyangro*, *Bahulaha*, *Dundo*, *Khorundo* and so on. These terminologies were not only to symbolize the tragedy and weakness but also to abuse the persons with disabilities. Same types of terminologies were applied while defining disability in the Act of Disabled Protection and Welfare 1982 is a first legal provision or law on

disability (Disabled Protection and Welfare Act 1982 (2039 B.S.). This law was introduced to protect people with disabilities. But it looked at the disabled with compassion and kindness. Disability is still seen by our family and society as compensation for misdeeds committed in a previous life. People with disabilities are treated as an object of pity, which was also reflected in that welfare Act. People with disabilities are treated as a matter of social prestige by their family, kin relative and siblings. The idea that people with disabilities have the same rights and duties as other people is largely absent in Welfare Act.

Discrimination against women with disabilities has increased, initially as a result of their disability and then because they are women. Section 9 of the Marriage Chapter, Muluki Ain, 2020 allows a husband to remarry his wife to another woman if she is visually or physically disabled. Women are not given the same provision. This was a situation of double discrimination of women and disabled people by law.

But times have changed now. The law has been made based on the rights based approach of persons with disabilities. The legal provision of 2017 act, The Rights of Persons with Disabilities defines;

"A person with a disability is defined as a person who is prevented from engaging in social activities fully and effectively on the same basis as other people because of a physical, mental, intellectual, or sensory impairment that has persisted over time, a functional impairment, or an existing barrier. The Act now classifies "psychosocial disability" as a disability for the first time in Nepal."

According to provision Relating to Rights of Persons with Disabilities 2017 (2074BS), disability has been divided into ten categories based on challenges with the body's physical and sensory systems; as follows:

1. Physical disability: The physical disability is a condition that impairs a individual's bodily function and mobility, affecting their ability to perform everyday tasks or participate in various activities. Physical disabilities can arise from congenital conditions, acquired injuries, or medical conditions that result in limitations of movement, coordination, or bodily functions. These disabilities can vary in their severity and may impact different parts of the body, such as the limbs, muscles, bones, or nervous system. Some common examples of physical

- disabilities include paralysis, amputation, cerebral palsy, multiple sclerosis, muscular dystrophy, spinal cord injuries, and a person whose height is noticeably shorter than the normal height of someone who has reached the age of sixteen in relation to their age and various mobility impairments.
- 2. Vision related disability: the situation in which a person lacks understanding of the figure, shape, form, and colour of an object due to one or more of the following visual impairments:
 - a) Blindness: Blindness refers to the condition in which a person experiences a complete or significant loss of vision, making them unable to see or perceive visual stimuli. A person who is despite the use of medications, operations, lenses, or lenses, is unable to distinguish between fingers of a hand with both eyes at ten feet or read the letters on the fourth row of the Snellen chart (3/60).
 - b) Low vision: A person who, despite the use of drugs, surgery, lenses, or lenses, i s unable to distinguish between fingers of hands with both eyes from a distance of 20 feet or to read the letters on the fourth row of the Snellen chart (6/18).
 - (c) Complete blindness: A person who is unable to distinguish between light and d ark.
- 3. Hearing related disability: Issues that arise when a person is unable to distinguish the parts of hearing and voice, the rise and fall of position, and the level and quality of voice. It is divided into two categories they are;
- (a) Deaf: Someone who needs to communicate through sign language or who is unable to hear voices louder than 80 decibels
- (b) Hard of hearing: A person who requires a hearing aid or who can only hear voices from certain distances such as sixty-five to eighty decibels.
- 4. Deaf blind: Someone who lacks both hearing and vision or who experiences joint impairments in two organs.
- 5. Voice and speech-related disabilities: It includes trouble raising and lowering one's voice, difficulty speaking clearly, and a tendency to repeat words and letters.

- 6. Mental or psychosocial disability: The inability to behave appropriately for one's age and circumstance as well as a delay in intellectual learning as a result of issues with carrying out intellectual activities, such as issues with awareness, orientation, alertness, memory, language, and calculation.
- 7. Intellectual disability: A person who is in a condition that results in the problem in doing activity relative to the age or environment due to lack of intellectual development resulting from the lack of development of intellectual awareness along with the increase in age (for example, Dounce syndrome).
- 8.Disability associated with haemophilia: A person who has such physical condition that there arise problem in the clotting of blood due to deflection in factors in blood because of genetic effect.
- 9. Autism: A person who exhibits abnormal behaviour, repeats the same behaviour, does not assimilate with others, or makes a reaction instantly; a person who has difficulty communicating, understanding, and applying general social rules; or a person whose veins or tissues do not develop normally.
- 10. Multiple disability: A person with more than two of the aforementioned sorts of disabilities, such as cerebral palsy, is said to have multiple disabilities.

It seems that the government has tried to classified in the Disability Act 2074 to make the act fully compatible with a more comprehensive and rights-based approach. Although the above provisions are said to have been made requirement of Nepal, but it can be seen in the media, newspapers that it does not cover albinism in disability act. They also said that their identity should be kept under the category of disability. Disability in India is divided into 21 categories with albinism and other. The Nepal government has seen the need to reclassify the types of disabilities.

The act related disability (2017) defines 'persons with disabilities' as people who are hindered from fully and effectively participating as other people due to long-term physical, psychosocial, visual, sensory, intellectual, or emotional impairments in interaction with various obstacles (GoN, 2074). The government has divided

disabilities into the following categories based on their severity for the purpose of issuing Disability Identity Cards:

- 1. Red Card (profound disability): A person whose condition prevents them from carrying out their daily tasks, even with ongoing assistance from others.
- 2. Blue Card (severe disability): A person who requires ongoing assistance from others to carry out personal tasks and participate in social activities.
- 3. Yellow Card (Moderate disability): An individual who is capable of routinely engaging in both daily activities and social interactions. Moderate disability refers to a level of impairment that falls between mild and severe in terms of its impact on a person's functioning and daily life.
- 4. White Card (Mild disability): A person who, in the absence of any physical or environmental obstacles, is in a state that allows them to routinely engage in their everyday routines and social activities.

The above provisions of the dentity card can be consider as fundamental element for ensuring the human rights of the persons with disabilities in addition to their social inclusion, dignified rehabilitation and extension of the required services. However, risks and obstacles have also been identified, especially during distribution (Banks, Walsham, Neupane et al,...2019). The identity card is categorized into four different colors red, blue, yellow and white based on an assessment of the level of assistance required. The classification of a person's disability card affects which Social Security benefits are available to them. While those with the two most severe card types (red, blue) are the only ones eligible for social security allownces. But even according to the local level its benefits are different in Nepal. The remaining benefits are open to all disability cardholders of any color classification. However, disability classification and services vary from country to country. (Banks, Walsham, Neupane et al,...2019).

2.1.2 Understanding Disability and Social Exclusion/Inclusion

Persons with disabilities, also known as the largest minority group of the world, are marginalized globally in different ways. Different types of discrimination, prejudice and barriers has forced them to live in the margin of society. Persons with disabilities

are living in a poorer health condition and lacking equal access to education. Due to less economic participation of person with disability they have higher rates of poverty than the people without disabilities (WHO & World Bank, 2011).

Social exclusion and inclusion terms are broadly used in current years by politicians, social scientists, social reformers and the communal as well. Social exclusion and inclusion are multidimensional terms so their meanings, definitions and connotations are depend on local context. The Social Exclusion focuses basically, rather than as an add-on, on the processes and dynamics which permit deprivation to arise and persist (Ruggeri et al., 2003). Social exclusion is a dynamic process that rejections full participation in the normatively given activities of a society and prohibit access to information, resources, friendliness, appreciation and identity it degrading self-respect and capabilities to accomplish personal goals (Silver 2007).

Opposite word inclusion refer to full participation in a society. Social inclusion refers that all members of a society enjoying equal rights and benefits in the political, economic and social sphere, without discrimination based on sex, age, geographical area, language, ethnicity, origin, educational, economic status, class, religion, disability or any other factors. Therefore, social exclusion means that people debarred from resources, employment and economic opportunities, but in the same way they can have inadequate access to basic services and decent housing, education, and health care facilities, social and cultural participation, security, political rights, representation being disability. In general, individuals are deprived in more than one, and perhaps in many (Ruggeri Laderchi et al 2003).

People with impairments were eliminated through the natural selection process in prehistoric times because the philosophy of "survival of the fittest" prevailed and there was no place for the weak and ill. Children who were born with disabilities were not protected, and it was permitted for them to pass away at birth or throughout infancy. Due to their inability to defend themselves against other tribes and wild animals, the majority of prehistoric tribes would reject people with disabilities by the actions of their family members and friends (Sofi, 2011). Eskimos, Masai, Dene, Dieri, Carib, and other similar tribes from North America, Hawai'i, Africa, and Australia have all been known to engage in cruel treatment of people with disabilities. In other cases, it was thought that mental and physical disabilities were caused by

demonic possession by devils and as a result, harassers were rejected, punished, or even killed.

The brutal practises were progressively abandoned as Christian ideals and Buddhist ideas gained popularity. However, the Bible lists twelve flaws that forbid a priest from performing his duties, including: "A blind man, or a lame man, or he who has a flat nose, or anything superfluous, or a man who is crookbacked, or a dwarf, or who has a blemish in his eye, or who is scurvy, or who is scabbed, or who has his bones broken.'(biblegateway.com).

According to Wheatley (2010), During the Middle Ages, people with disabilities, especially those with motor impairments, were ridiculed in public, subjected to severe treatment, and pressured to engage in juggling, begging, or criminal activity. People with disabilities were frequently the subject of amusement (Wheatley, 2010). The treatment of disabilities is also mentioned in ancient Indian literature. A lot has been written about the lives of people with physical disabilities throughout India's history, including hunchbacks and dwarfs who served as court jesters. On the other hand, the parents refused to treat a disabled child on the grounds that it went against God's will (Pauline, 2009).

Great philosophers and social reformers like Aristotle, Plato, Martin Luther King condemned the disabled person and justified their exclusion from the society (Mishra, 2010). But, holy books of Hindus supposed that the persons with disabilities should be treated with pity and compassion in ancient time, but their rights to social equality were never recognized. Sidhhant Mishra (2010) emphasizes that, it was believed that a disability was the result of bad Karma (*work*) whether in his life or the life before.

Mishra (2010) further writes;

Hindu mythology and historical figures have frequently portrayed those with disabilities as being nasty and malicious. Manthara, the one-eyed maid (servant of queen Kaikeyi) in the Ramayana who was in charge of Lord Ram's exile, is an example of a disabled woman in Indian mythology. Similar to this, there are numerous tales in which God ignores women with disabilities. In accordance with the legend told at Kartik Poornima, Goddess Laxshmi had an older sister who, due to her dark skin and deformity, was unable to find love. Lakshmi declined Lord Vishnu's

marriage proposal because her older sister was still single and asked him to marry her instead. Lord Vishnu declined, claiming that there is no space in heaven for those with disabilities. He did, however, marry her older sister off to a "peepal" tree, which he claimed was another manifestation of Vishnu. Shakuni was angry with Bhishma for asking to marry Gandhari (sister of Sakuni) with the blind prince Dhritarashta (husband of Gandhari). He found it most humiliating and Shakuni sided eith evil in the Mahabharat War.

In Hindu tradition, pity and avoidance are the most extensively common behaviour towards the person with disability.

Almost Buddhists are believed that bad karma which arises from previous dishonest actions is the reason of disability (BBC, 2019). Buddhist are also supposed in showing compassion towards less fortunate people than themselves known as songsarn, including to persons with disability, which is said by Buddhist to help build their self good karma (Naemiratch, Bhensri, Manderson, 2009). It has mixed views shown for people with disabilities who are living in generally Buddhist societies. The Buddhist societies, where is the main religion guided by Buddha, who have reported disability that other ordinary people have shown compassioning and patronizing behaviour to them (The Myanmar Times, 2019). That the way, such a type of compassion emphasis to link with unwillingness to encourage to independent them and social participation of person with disability (Schuelka, Matthew, 2015). According to the World Bank, people frequently give money to charities that assist the crippled or beggars with disabilities in Thailand because of Buddhism's teachings on compassion for the vulnerable. Although this benevolence may be commendable, the World Bank contends that it does not advance equality for those who have disabilities (World Bank, 2002).

The Bible includes passages that describe bodily impairment as a penalty for earlier transgression. During the Middle Ages, several priests and even scholars held the belief that disabilities were God's retribution for sins committed in a past life, as is frequently stated in the Bible (Metzler, 2006). Furthermore, Martin Luther believed that disability was caused by sin which attempt in previous life. These are previous thinking but now also some Christian churches and some communities where Christianity is the prevalent religion associate disability with sin (McKenna, 2019).

The Islam explains disability more positively than other religions. According to Muslim religious law, neither the disabled person nor their parents are to blame for the condition. However, some Muslim families have described feeling ashamed of their disabled relatives and refusing to let them participate in important Islamic rites like going to the mosque and fasting during Ramadan (Al-Aoufi; Al-Zyoud;... 2012). The Bible also mentions the fact that children will carry on their parents' sins into the third and even fourth generations. As the same Hindu document Manusmriti mentioned that a person with disability reaps the seeds of evil deeds sown in a previous life in this life.

The negative characterizations of person with disabilities are in movies such as beggar, entertaining role, evil and bad or villain characters. In the many fictions, villains are always featured by the evil such as linking with disability. Shakespeare's Richard III, a spastic by birth, is one of the worst, most deceitful, and most evil characters the dramatist has ever presented. Numerous authors of novels have portrayed people with disabilities as having negative personalities (Mishra, 2010). About the psycho social disability, newspaper headlines in England from the twenty-first century have stated things like "Psychos to be locked up for life" (The Sun, 2002) and "Nuts to be caged for life by the doctors" (The Sun, 2000).

"Caged" and "locked up" are animalistic expressions that imply the people in question are less than human. The 'life not worth living' story included media coverage of Sarah Lawson's case, who was identified as a chronic hyperdepressed patient. At the early age of 22, her father gave her a narcotic overdose before drowning her with a pillow. When he left court after receiving a suspended sentence, the media said that "she would be better off dead" (Mishra, 2010). Conclusion: Common responses from non-disabled persons to people with disabilities include curiosity, pity, excessive worry, refusal, apathy, fear, and empathy.

Theory on Disability

However, a review of the literature on the topic of disability definition reveals commonalities that may be divided into two groups: those that are socially and medically defined. Despite not being mutually exclusive, both of these categories have a significant focus that affects how people with disabilities are perceived and

treated in their social situations (Gilson & DePoy, 2002). Disability was primarily viewed from a medical standpoint as an ailment or a cause of disease. Social component has now taken the place of this idea, and new ideas are also emerging in this field. The focus of disability discourse has changed from an individualised medical model to a societal paradigm based on rights. People with disabilities in our society continue to face barriers to receiving the essential medical care they require to survive each day (Lamichhane, 2011). Although certain legislative efforts have been made to promote social inclusion, equal rights, and empowerment, they are insufficient to allow disabled persons to live comfortably. In order to comprehend the disability situation in Nepal, the present study therefore considers both the medical and social models of impairment.

a. Medical Model

According to the medical model of disability, which defines disability as a long-lasting or permanent impairment, people with disabilities are less capable than people without disabilities or people who can recover from disease (Gilson & DePoy, 2002). The focus of disability, similar to biological determinism, is on physical, behavioural, cognitive, psychological, and sensory insufficiency; as a result, the issue that needs to be addressed by disability services is present within the particular PWD (Shakespeare, 1996). Using this concept, interventions are primarily created to be curative, restorative, or adaptive. If a physical or mental ailment cannot be cured, then services are provided to restore function to the greatest extent possible before the environment is modified to lessen any physical or environmental restrictions caused by the specific condition (Finkelstein 1991, Gilson & DePoy, Quinn 1998). Medical professionals who adopted the medical model saw disabilities as issues that needed to be resolved, frequently failing to consider the many facets of the person with a disability's life as a whole (Thomas & Woods, 2003).

b. Social Model Approach

The Social Model of disability is a perspective that focuses on understanding disability not as an inherent trait of an individual but as a result of social and environmental barriers. It contrasts with the Medical Model, which views disability primarily as a medical or individual impairment. The Social Model emerged as a

response to the traditional view of disability, aiming to promote social inclusion, equality, and human rights for people with disabilities. This approach has had a significant impact on disability rights and advocacy movements worldwide. The intellectual and political discussions of the Union of Physically Impaired Against Segregation (UPIAS) throughout Europe gave rise to this social concept. A tiny, militant group of disability individuals known as UPIAS, who were motivated by Marxism, rejected the liberal and reformist initiatives of more well-known disability organisations like the Disability Income Group and the Disability Alliance. UPIAS sought to replace segregated institutions with chances for persons with disabilities to fully participate in society, live freely, engage in productive work, and have complete control over their own life, according to its policy statement, which was adopted in December 1974. In this UPIAS policy statement, impediments were underlined and people with disabilities were identified as an oppressed category.

Flights of steps, insufficient public and private transportation, poor housing, inflexible work schedules in factories and offices, and a lack of the most recent aids and equipment all contribute to our isolation and exclusion(UPIAS Aims paragraph 1)

Disabled activists from UPIAS established the social model in the 1970s. The Fundamental Principles of Disability document contains the central definition of the British social model, which reads as follows: In our opinion, society is what renders physically challenged persons disabled. The social model of disability had developed into the "big idea" of the disability movement, according to Shakespeare (2010). Its impact was primarily due to the fact that it offered a concise method of connecting the diverse experiences of persons with disabilities who had a wide variety of distinct impairments (Campbell and Oliver 1996). It is simple to describe and comprehend, and it produces a concise plan for bringing about social change. The social model provides a simple method for telling friends from foes. This reduces down to terminology or language that people normally use at its most basic level: "People with disabilities" implies a mainstream approach, while "disabled people" signals a social model approach (Shakespeare, 2010).

Over the past three decades, disabled people and their allies have organised in a number of nations to confront the historical oppression and exclusion of disabled people (Driedger 1989, Campbell and Oliver 1996, Charlton 1998). The fight against

overly medicalized and individualist interpretations of disability has been crucial to these battles. While historically the problems of those with disabilities were attributed to supernatural or godly punishment, good and bad karma, or moral culpability, and post-enlightenment they were attributed to biological loss. The disability movement has since concentrated on physical and environmental impediments, as well as social discrimination and cultural discourse. A family of social explanations for disability has sparked a global movement for disability rights and deinstitutionalization.

Although the original UPIAS Statement of purpose had talked about social difficulties of their impairment as an added burden experienced by individuals with disability, the Fundamental Principles of Disability argument document, recording their disagreements with the reformist Disability Alliance, went further:" In their view, 'it is society which person with disability which is physically disabled people'. Cited as in Shakespeare (2010), Disability is something that is put on top of our infirmities; as a result, we are unfairly excluded from social interaction and full participation in our society. Therefore, people with disabilities are a marginalised and excluded group in society (UPIAS, 1975).

Social model as a practical tool

According to Oliver (2004), The social model of disability is not a theory, an idea, or a concept; it is a useful tool. According to the social model, rather than being a result of personal shortcomings, disabilities are a product of social injustice and marginalisation. This imposes a moral obligation on society to remove the limitations that have been placed on individuals with disabilities and to make it possible for them to participate. As cited of Shakespeare (2010), in Campaigners in Britain identified the many forms of discrimination that affect persons with disabilities using the social model philosophy (Barnes, 1991), and they used this information as their justification for passing the Disability Discrimination Act in 1995. Services, physical infrastructure, and public transit have to be accessible to individuals with disabilities in the recent decade, and the majority of statutory and nonprofit organisations have adopted the social model approach.

As cited in Shakespeare (2010), in this broader perspective disability is viewed as unapproachable physical or mental environment in which social barriers limit, community participation and civil rights of persons with selected disability (Hahn, 1993; Ravaud & Stiker, 2001; Swain, Finkelstein, French, & Oliver, 1993). Ordinary peoples negative attitudes, limited physical access, limited access to communication and economic, political, social resources and to the rights and privileges of a social group are considered as just some of the barriers that interfere with the person with disability potential to actualize his/her desired roles (Oliver 1093). Thus disability is seen as diversity of the human condition and disability is the obligation of purposive boundaries on those with their impairments. The focus of intervention of social model from the social perception shifts from the person to the social systems that create disabling circumstances.

Short review of both models

As cited in Depoy (2002), Disability theorization plays a significant role in the social categorization of people with impairments. The medical model of disability, as previously said, places the centre of disability internally since it assumes that impairment is a fixed characteristic (Donoghue, 2003; Gilson & DePoy, 2002). The medical model defines disability as a long-term to permanent physical, behavioural, cognitive, sensory, or psychological barrier that makes people less capable than others who aren't affected by these barriers or those who have barriers that they can overcome (Gilson & DePoy, 2002). In contrast to the individual or medical models, the social model is different. The latter describes disability as being person dearth, as contrast to the prior interpretation of disability as a social creation, a relationship between normal people and the person with impairment, and a society that is damaging. The concept that reinforced the individual model was personal sorrow, while the idea that reinforced the social model was an imposition from without, according to Oliver (2004). Social models are ways of putting concepts into practise.

Disability is physical or mental condition but that a society treats by different way. People with disabilities are suffering due to social discrimination during their life. The determinative factor of disability is mainly social, cultural, geographical, economic reasons. PWDs are treated as a society and social circumstances as well as other community may treat like that or not. Therefore, the attitude of society towards people with disability is different and bias due to their disabilities. They are suffering from different types of disadvantages by society even family. I argue that, disability is

largely socially constructed in these circumstances. Social injustice, inequality, and exclusion are the core of disability.

Different models of disability influence how it is perceived and dealt with, however in this article I focused on the social model of disability. The term "social model of disability" was first used in 1983 by the disabled scholar Mike Oliver to describe these theoretical advancements. The prevailing medical model of disability, which views the body as a machine that must be corrected in order to conform to normative ideals, is met with resistance from the social model of disability. According to the social model of disability, society is the primary cause of disability because of its structural obstacles, unfavourable attitudes, and social exclusion. The Union of Physically Impaired Against Segregation (UPIAS)'s philosophical and political justifications for desegregation gave rise to the social model (Shakespeare, 2010).

Today, a disability is described as "the disadvantage or restriction of activity caused by a contemporary social organisation which takes little or no account of people who have physical impairments and thus excludes them from participation in the mainstream of social activities" (Shakespeare 2010), rather than in terms of how it affects one's ability to perform daily activities. The individualistic approaches of the charitable and medical models of disability led to the development of the social model of disability. It considers disability to be a social construct brought about by institutional, environmental, and attitude barriers that prevent people with impairments from fully participating in society. In order to reduce barriers to participation, it emphasises how society must change in order to accommodate persons with disabilities.

All people are born free, both in terms of their dignity and their rights but according to above literature why is it that person with disabilities are seen as a differently and they feel discrimination as a lower class in their daily lives? This discrimination is damaging, derogatory, and demeaning, thereby making person with disability as a second class citizens.

2.2 Practices and Legal Provisions on Disability in Nepal

2.2.1 Introduction

This chapter intends to review the existing policy frameworks developed by the Government on disability. The chapter also discussed the global provision, international provision and practices, local provision and practices on disability.

2.2.2 International Policies and Practices

Disability became more prevalent after World War II (Devkota, 2016). Particularly after the signing of the United Nations (UN) Charter (1945), the Universal Declaration of Human Rights (1948), and the Declaration or Rights for impaired Persons in 1975, it aimed to reach and unleash the potential of impaired people. The UN said in these documents that people with disabilities had their own rights to respect, dignity, civil rights, political rights, economic rights, and social security. Similar to this, the UN designated the years 1983 to 1992 as the Decade for Disabled People and encouraged governments and non-governmental organisations to adopt a global "programme of action". The primary goal of the World Programme of Action was to improve equitable opportunity, disability prevention and rehabilitation.

The 1989 UN Convention on the Rights of the Child was the first worldwide agreement and commitment to inclusive education. According to Article 23 of the Convention, children with mental or physical disabilities should have access to a full existence in terms of education, social inclusion, and personal growth. According to UNESCO (1994, p. iii), this is in keeping with the UN's overarching mandate, which is to "consider the fundamental policy shifts required to promote the approach of inclusive education, namely enabling schools to serve all children, particularly those with special educational needs."

Additionally, according to the UN, inclusive schools are "the most effective means for building an inclusive society and achieving education for all" (UNESCO, 1994, p. 2). According to the inclusion concept, the Dakar Framework for Action was held in 2000 in Dakar, Senegal, to discuss the successes, successes, and failures of the WCEFA. The conference's topic, "Education for All: Meeting Our Collective Commitments," focused on education as a fundamental human right, the basis for

sustainable development, and the foundation for peace on earth (The Dakar Framework, 2000).

The 2006 UN Convention for the Rights of Persons with Disabilities, which accepted the idea that people with disabilities should not be excluded from the general education system due to their handicap, promoted this issue. Similar to that, the 13 December 2006 adoption of the Convention on the Rights of Persons with Disabilities and its Optional Protocol at the United Nations Headquarters in New York was followed by the opening of the Convention for signature on 30 March 2007. There were 82 Convention signatories, 44 Optional Protocol signatories, and convention ratification.

The number of signatures to a UN Convention on its first day is the largest in history. In addition to being the first human rights convention that is available for regional integration organisations to sign, it is also the first comprehensive human rights pact of the twenty-first century. The Convention becomes effective on May 3, 2008. The Convention represents the culmination of decades of UN efforts to alter perceptions and methods of dealing with people with disabilities. It advances the shift away from seeing people with disabilities as "objects" of charity, medical care, and social protection and towards seeing them as "subjects" with rights, capable of asserting those rights, making decisions about their lives with their free and informed consent, and contributing to society.

These important treaties and laws have taken initiatives at the international level to guarantee human rights by minimizing the various barriers faced by people with disabilities. The World Disability Report (2011) has identified eight disabling barriers which has forced persons with disabilities to live in marginalized situation which are as follows;

Inadequate policies and standards: The policies and legal frameworks do not take into consideration the particular requirements of people with disabilities.

Negative Attitudes: The traditional belief and attitudes towards persons with disabilities creates obstacles in the access to education, job and social participation.

Lack of Provision of Service: Persons with disabilities are lacking access to rehabilitation services, assistive devices, support service.

Problems with service delivery: Inadequate coordination and cooperation among the service providers, inadequate staffing, weak staff competencies.

Inadequate funding: The governments and funding organizations do not allocate adequate fund to implement disability specific plan and policies. Governments in many low- and middle-income nations are unable to offer appropriate services, and most people cannot access or cannot afford commercial service providers.

Lack of accessibility: The public physical infrastructures, information and communication services, transportation services, housing etc. are not accessible for persons with disabilities.

Lack of consultation and involvement: Most of the places persons with disabilities are not participated or consulted in the decision making process.

Inadequate data and evidences: Inadequate comparable, reliable information or evidence and information on disability.

Almost everyone has hardships and challenges occasionally. However, barriers may occur more frequently and have a more significant effect for those who are disabled. Barriers, according to the World Health Organisation (WHO), go beyond simple physical impediments. The WHO defines barriers as follows:

Limiting functioning and causing impairment are elements that have an impact on a person's surroundings, whether they are present or not. These include things like:

- An inaccessible physical environment
- Lack of pertinent assistive technology (assistive, adaptive, and rehabilitative devices)
- Unfavourable attitudes towards people with disabilities
- Lack of services, systems, and policies
- Lack of accessibility in the built environment.

Services, systems, and laws are that either don't exist or make it difficult for persons with disability to participate in all aspects of social life.

Multiple obstacles can frequently make it very difficult for people with impairments to function, if not impossible. Here are the top seven obstacles. Frequently, multiple barriers exist simultaneously.

- Attitudinal
- Communication
- Physical
- Policy
- Programmatic
- Social
- Transportation

More than a million Australians, according to Azpitarte (2013), faced "deep social exclusion" in 2010. They contend that social exclusion offers a helpful way to comprehend poverty and disadvantage that goes beyond a person's income and assets, like owning a home, to include other necessities for their participation in society, like access to education, health services, and transportation, as well as non-material aspects like access to community, social connection, and personal safety (Azpitarte, 2013). In other words, the idea of social exclusion encompasses the several interrelated circumstances that may keep a person out of society, such as obstacles to employment, housing, and education. Discrimination and persistent unfavourable attitudes are contributing factors to the exclusion of people with disabilities (Yazbeck, McVilly, & Parmenter, 2004). According to HILDA Survey report (2020), social exclusion affects more than half of Australians with disabilities or chronic health conditions.

The 2030 Sustainable Development Goals were outlined at the Sustainable Development Goals Summit (SDG) in 2019. Seven out of 17 goals, totaling 169 targets, under the overarching goal of "leave no one behind" include people with disabilities.

2.2.3 Disability Policies and Practises in South Asia

With more than 400 million illiterates, South Asia is regarded as one of the most illiterate continents in the world (UNICEF, 2003). In addition to illiteracy, according to UNICEF statistics, 30 million children in South Asia have a handicap of some kind (UNICEF, 2003). Children's growth and development in this area are also hampered by gender inequality and child labour. According to numerous research, South Asian children with disabilities are unable to attend school (UNICEF, 2003). For instance, by establishing a "disabled persons quota" for income tax relief and employment, the National Plan of Action of India, Nepal, and Bangladesh lays a strong emphasis on the employment of disabled people (Hameed et al., 2005). Additionally, in order to improve the lives of disabled people, many nations have implemented numerous vocational training programmes. More recently, inclusive education practises and policies have also been put into place as a strategic means of achieving the Millennium Development Goals (MDGs) and Education for All (EFA).

2.2.4 National Policies and Practices on Disability

In Nepal, persons with disabilities are recognized as the marginalized community. Disability, in our society, is understood as the personal incapability and most of the time and place persons with disabilities are treated as the subject to charity. Disabled people are not generally considered as the contributor of the society. The traditional religious belief, the medical interpretation of disability and environmental barriers has isolated them from social participation and active life. According to Eide (2016), the findings of the living condition study of people with disabilities in Nepal they are experiencing substantial gap in the access to basic service (70% to 90%) in comparison with the persons without disabilities. They have low literacy rate, less access to school education and high drop-out rate due to various discrimination and barriers at school. They are suffering with a significant lack of assistive devices (only one out of eight is using assistive devices) which they need for their personal mobility and daily works. They have low involvement in family and decision making process and they face lots of environmental barriers in their general mobility, social participation and in having access to basic services (Eide, 2016).

To protect disability rights, the Nepalese government has endorsed a number of acts, policies, and laws. This entitlement was expanded by the 1971 Education Act to include all students, including those with disabilities, in free public education. Similar to the Special National Council (MoE), which was established in 1971 to facilitate special education programmes in the nation, the Children's Act (1992), the Nepalese Labour Act (1992), the Nepalese Disabled Person Protection and Welfare act (1994), and act related on disability rights 2017, act related to physically and communication accessibility directive (2069BS) which addresses the issue of accessibility for the disabled in public places, were all enacted in Nepal.

The government of Nepal has established a few legal bases for the rights of people with disabilities over the past ten years. In 2010, the parliament ratified the International Convention on the Rights of Persons with Disabilities (CRPD). The section on the rights to equality, fundamental rights, social justice, and representation in the national and provincial legislatures in the Nepalese Constitution addresses some specific rights of people with disabilities. Government has revised the old disability related laws "Disabled Protection and Welfare Act 2039" in line with the international convention in 2074. The government has also passed national standards and guidelines for making accessible environment for persons with disabilities in 2012 and inclusive education policy in 2017.

According to a review of Nepal's disability laws, policies, and regulations, the government has provided facilities and rights for the disabled in nine primary categories:

- 1. Identity cards: Persons with disabilities are given identity cards that are color-coded (red, blue, yellow, and white) depending on the severity of disability they have. The local level government municipality provides the cards.
- 2. Free education: Educational institutions are not allowed to charge tuition fees to students with disabilities, and some educational accommodations are given, such as allowing students with visual impairments to employ assistance during exams.
- 3. Scholarships: The government is dedicated to make sure that a range of scholarships, including those for vocational and technical training, are available for children with disabilities. According to the kind and severity of

- persons with disability, the government offers scholarships, with a 2% scholarship set aside for disabled students finishing their higher education.
- 4. Medical care: Hospitals that offer free medical examinations to the person with disability and free medical care for those who are disabled and over 65.
- 5. Workforce: 5% of all positions in the civil service are earmarked for people with disabilities by the Government of Nepal.
- 6. Transportation: People with disability are eligible for a 50% discount on transportation when a transportation vehicle has a capacity of 15 seats or more passengers, seats must also be set aside for PWDs.
- 7. Accessibility: All public buildings and locations, such as hospitals, schools, campuses, buses, etc., should be user-friendly for people with disabilities.
- 8. Income taxes and customs: Nepal government exempts people with disabilities from paying income taxes. The government has also maintained that vehicles for person with disabilities, including three-wheel scooters, should be exempt from customs.
- 9. Social welfare and housing: NPR. 5000 per month in social welfare benefits for those with severe disability with nature-dependent benefits for people with other disabilities. Additionally, the government has put in place measures to guarantee that people with disabilities, including children who psycho-social disability, have access to housing.

The emergence of multiparty democracy in 1990 gave individuals in Nepal with disabilities and other marginalised groups the chance to express their grief over past injustice and long-standing, genuine grievances. All Nepali nationals are treated equally before the law, according to the constitution that was adopted in 1991 (Gurung, 2009). Civic rights, freedom of expression, freedom of association, freedom of religion, and freedom of language are all guaranteed under the constitution, at least in theory. For the first time in Nepal's political history, the people of Nepal have access to some degree of political freedom. 2009 (Gurung). All Nepalese people are given 31 fundamental rights under the country's new constitution of 2015. These include the right to live in dignity, the freedom of speech and expression, the freedom of religion and culture, and the freedom from discrimination and untouchability, among other things.

2.2.5 Practices Regarding the Policies in Nepal

A) Access to education

With an inclusive education strategy, students with a variety of disabilities and learning needs attend classes alongside typically developing and non-disabled kids. In an inclusive setting, kids who require extra supports and services spend the majority of their time with their classmates who do not have disabilities rather than in segregated classrooms or institutions. The inclusion of people with physical and mental impairments, such as sensory or mobility restrictions, intellectual disabilities, learning disabilities, language problems, behaviour disorders, and autism spectrum disorders, is what is most commonly meant when the phrase "inclusive education" is used. A system of education created to guarantee access for all groups who have been marginalised in society and in schools is referred to as "inclusion" by some educators and theorists in a broader sense (George Scarlett W. 2015). The Disability Rights Act and an Inclusive Education Policy for Persons with Disabilities were established by Nepal in 2017. According to the policy, children should be free to attend school in their local neighbourhoods without facing prejudice, but it also permits special education for children with disabilities.

B) Health services

Access to primary healthcare services is more complicated for people with impairments, particularly in poor nations. The relationship between a person's health and social inclusion is strong. Even the most accommodating and proactive efforts to include persons with disabilities in community activities are ineffective if a person's health prevents them from taking full advantage of or benefiting from these opportunities.

Disability is often understood either from the perspective of traditional belief or medical model. The persons with disabilities are treated as the weak, unproductive, inefficient and burden of family and state. In literature, media, policies and politics disability was portrayed as the symbol sorrow, tragedy, weakness, inability and something which is very worst. Traditionally some terminologies were coined to addressed different types of physical, mental or sensory impairment such as Lulo,

Langado, Andho, Lato, Gojyangro, Bahulaha, Dundo, Khorundo, pahaland so on. These terminology were not only to symbolize the tragedy and weakness but also to abuse the persons with disabilities. The Disabled Protection and Welfare Act of 1982, Nepal's first law on disability, used the same terms to define disability.

C) Access employment

People with disabilities have the same economic rights as those without impairments, according to the UN Convention on the Rights of Persons with Disabilities, and they should be able to live their lives without facing discrimination. The National Disability Strategy also gives priority to providing jobs and financial security for people with disabilities. However, utterly fails to live up to these expectations in practice. It is illegal to discriminate against People with Disabilities (PWDs) in the workplace, and employers are required to keep 5% of all positions open for PWDs. However, the Employment Policy is silent on how to remove discriminatory obstacles and make reasonable accommodations for workers. PWDs cannot work in the absence of policy provisions to aid employees in establishing and upholding an enabling work environment and providing reasonable accommodations.

D) Access to transportation

In Act relating the Disability Rights 2017, person with disabilities must be given the same rights as everyone else to move around with the use of their own personal support personnel and assistive devices. One of the rights of freely movement guaranteed by the under the constitution and Human Rights and but being limited by the lack of appropriate transport options it become major barrier for persons with disability. There are two key aspects that affect both transportation and social inclusion of people with disabilities:

1. People with disabilities need efficient, accessible transportation to let them participate in everyday activities like employment, educational institutions, and recreation as well as to attend and participate in activities and programmes geared specifically towards their needs. Therefore, this issue is crucial when taking into account the inclusion requirements and goals of individuals with disabilities, as

- well as society's broader acceptance and comprehension of their participation in all facets of society.
- Accessibility to transportation itself promotes the growth of social networks, relationships between people, and social inclusion. Good levels of interpersonal interaction are encouraged by having access to public transport, which improves communities and develops their capability and capacity.

According to Susan (1989), both the social and physical environment contribute to disability. Persons do not have disability itself, it create by environment and attitudinal. When they are placed in a setting that does not accommodate their demands, they become incapacitated. When ramps are there, a person in a wheelchair can move around with ease; but, if ramps are not present, the person becomes incapacitated since they are unable to move around freely. People with impairments are also encouraged to develop disabilities by our social environment. Main barrier to movement is physical environment for disabled people.

As other groups and community, prior to 1990, there was no conducive environment for persons with disabilities to be organized for their rights and raise voice against the state's and societal discriminatory behaviors towards them. However it doesn't mean that there were no any social work for disabled people in Panchayet regime and before 1951. Since persons with disabilities were treated as the subject to charity the social organizations established by TulasiMeher Shrestha and DayaBir Singh Kangsakar had done some charity work for them. During the period of 1960 to 1989 some nongovernment organizations were established to work for persons with disabilities. They were Nepal Disabled and Blind Association, Nepal NetraJyotiSangh, Association of the Welfare for the Mentally Retarded, Welfare Society for the Hearing Impairment, Nepal Association for the Welfare of the Blind (Prasad 2003). However these organization were established to provide service and charity to persons with disabilities by persons without disabilities and mostly they were influenced by medical and traditional model of disability.

In 1985 an organization, namely Bhaktapur CBR, was established in Bhaktapur which worked in the rehabilitation of disabled children by providing service like physiotherapy, family counseling, household visits, assistive devices, corrective surgery and so on. This was Community Based Rehabilitation (CBR) program based

on the concept of CBR in basic health service promoted by WHO in 1978. This organization also worked for the rights to education of those children by admitting them in the mainstream school system and by supporting school to make the environment accessible and providing reasonable accommodations (CBR Report, 2012). The concept followed by the organization to include disabled children in mainstream school was, somehow seemed to be influenced from the social model of disability. After the restoration of the democracy the amended constitution of Nepal 1991 ensured rights to free expression and to be organized people for their common interest and rights. The historically marginalized and oppressed people such as women, dalit, ethnic community etc. started to be organized as non-government organization. Persons with disabilities were also influenced from this trend of social movement and started organizing themselves and raising voice against discrimination and for their common interest.

In theoretical review, social exclusion is defined as the historical and systemic disadvantage experienced by groups due to discrimination based on caste, gender, race, handicap, or religion, or an overlapping combination of these factors (Himalaya times 2017). Nepal is moving towards a new political situation through restructuring the nation's political process. This opportunity was secured by a popular revolutionary movement public mandate of April 2006. After nearly 250 years the monarchy rule is going to end. PWDs have been instrumental, and political parties have finally made addressing the needs of disabled persons a priority in their platform for the constitution assembly (Subedi 2010). On the other hand, after the constitution assembly was successfully completed only one disabled person among the total of 601 received the chance to become a member and second assembly was also elected one PWD. Subedi (2010) written by,

In the past 10 years disability issues are coming to the front line. Private corporate, government and civil society sector are beginning to raise PWDs issues. The changes we can see over the past 10 years are contributing to an emerging disability movement and the concept and practice of working together. We have a golden opportunity in front of us to put PWDs issues on the agenda within the new constitution.

Subedi focused on how most leisure and cultural activities exclude persons with disabilities. Access to theatres, music halls, and sporting venues is sometimes extremely challenging or impossible. Other facets of social life, such as attending religious services or being able to buy alone in malls or stores, are also significantly hampered, but to a much lesser extent.

2.3 Research Gap

According to literature review, Persons with Disabilities are recognized as the marginalized community. Disability, in our society, is understood as the personal incapability and most of the time and place persons with disabilities are treated as the subject to charity. Disabled people are not generally considered as the contributor of the society. The traditional religious belief, the medical interpretation of disability and environmental barriers has isolated them from social participation and active life. According to Eide (2016) the findings of the living condition study of people with disabilities in Nepal they are experiencing substantial gap in the access to basic service (70% to 90%) in comparison with the persons without disabilities. They have low literacy rate, less access to school education and high drop-out rate due to various discrimination and barriers at school. They are suffering with a significant lack of assistive devices (only one out of eight is using assistive devices) which they need for their personal mobility and daily works. They have low involvement in family and decision making process and they face lots of environmental barriers in their general mobility, social participation and in having access to basic services (Eide, 2016). Access to primary healthcare services is more complicated for people with disability, particularly in poor countries.

In Nepal disability is often understood either from the perspective of traditional belief or medical model. The persons with disabilities are treated as the weak, unproductive, inefficient and burden of family and state. In literature, media, policies and politics disability was portrayed as the symbol sorrow, tragedy, weakness, inability and something which is very worst. Traditionally some terminologies were coined to address different types of physical, mental or sensory impairment such as *Langado*, *Andho*, *Lato*, *Gojyangro*, *Bahulaha*, *Dundo*, *Khorundo* and so on. These terminologies were not only to symbolize the tragedy and weakness but also to abuse the persons with disabilities. Same types of terminologies were applied while defining disability

in the Disability Protection and Welfare Act 1982, the first law on disability in Nepal (Disabled Protection and Welfare Act 1982 (2039 B.S.). This law was introduced to protect people with disabilities. But it looked at the disabled with compassion and kindness. Disability is still seen by our family and society as atonement for crimes done in a previous life. That welfare Act also reflected the way that people with disabilities are viewed as a cause for pity. The treatment of people with disabilities by family members, close relatives, and siblings is viewed as an issue of social status. The Welfare Act essentially rejects the notion that those who have impairments have the same rights and obligations as other individuals.

Discrimination against women with disabilities has increased, initially as a result of their disability and then because they are women. Section 9 of the Marriage Chapter, Muluki Ain, 2020 allows a husband to remarry his wife to another woman if she is visually or physically disabled. Women are not given the same provision. This was a situation of double discrimination of women and disabled people by law. Now, disability laws are amended and newly formulated. Also, the constitution of Nepal 2015 has given many rights to people with disabilities. Therefore I want to know, how is the daily life of people with disabilities in such a situation? I have taken this as a research gap as no previous literature review has found that there has been a change or not in the view of the family and society toward disability.

2.4 Conceptual Framework

Based on the literature review related to the research topic, following conceptual framework has been designed.

Input	process	Output	
Literature review	Research design/Method of	The daily life experiences	
Review policies	research/ Data	and problems of people	
Identifying respondent	collection/Analysis data	with disabilities are	
		explored	

CHAPTER III

RESEARCH METHOD

3.1 Introduction

The chapter 3rd describes of detail research strategy and process of this study. The study has chosen qualitative method for the target to collect primary data and secondary sources and secondary data also used. It aims to collect information on how disabled people perceived their social and family life and how PWDs experience living with disability in society. This chapter describes the stages and activities undertaken during data collection, processing, and analysis of this research.

3.2 Nature and Soursse of Data

The data collected for this research is qualitative in nature. To review the policy provisions the data has collected from available sources from an authentic government site, offices, National Federation of Disabled Nepal, Nepalgunj Submetropolitan city etc. I get the secondary data from academic journals and many publications. Primary data collected from individual and group level by Persons with disabilities and their family members and teachers.

The data for this research is divided into two sources;

- a) Primary Sources: Primary data have been collected from original source that is from the Persons with Disabilities, their parents and teacher. This has given the researcher first hand information which is not been used before. The data has been gathered through one to one interview, in-depth case study and focus group discussion.
- b) Secondary Sources: The secondary data has been gathered from existing knowledge, data, theory that has been explored before. In this, sources includes journal articles, books, reports, policies, research findings etc.

3.3 Research Design

Researchers should adhere to a set of organised steps when doing their study in order to reach a result. For this, systematic planning is required. This study is based on qualitative research design but some information will remain quantitative. It adheres to the methodical processes, traits, approaches, and techniques employed in qualitative research. The interview is a method for doing in-depth research on people with disabilities. To better understand the obstacles, burdens, and problems PWDs face in Nepal, their stories and struggles are emphasised. The primary objective of this research is to discover out the perception of the common people, society & family towards persons with disabilities. See also how families and societies treat people with disabilities. Descriptive research design has been adopted to meet the objectives in this study. It describes the condition of PWDs, their daily life, their relationship For this purpose I have used interview method. It has helped me to with family. understand not only the person I am talking about but also the contemporary society. It describes the experiences, perspectives, behavior of ordinary people and families towards people with disabilities. Manly this research explored the experiences of the persons with disabilities in everyday life.

3.4 Selection of Study Area and Population

Disability is a global phenomenon. Person with disability can be found in all part of World and all level of the society. It might be congenital, accidental, or the consequence of a sickness. It may happen to anybody, young or old. Majority of persons with disabilities are backward in education, political and socio economic status. In fact disability is a human reality. There are not many studies on disability in Nepal. In the current setting, some researchers have expressed interest in this field. Reports from a few non-governmental organizations that operate in the disability field have been published and cover many facets of disability. There are hardly many government-level studies.

In above context, the study area chosen for the research was Nepalgunj Submetropolitan city. Nepalgunj is the commercial and education hub of Lumbini and Farwestern province of Nepal. For the rights and wellbeing of person with disabilities, several disability centres have been built. For the opportunity, many persons with disability are also migrated with their family. Like other places, Nepalganj also has people with disabilities but it can be said that they have not been studied much. In this regard, obtaining the necessary data for the study is simple. Nepalgunj was selected as the research area or location because, on the other hand, it can be time and resource efficient.

3.5 Sampling

Through the use of purposive sampling, the respondents were chosen. Purposive sampling, sometimes referred to as judgemental, selective, or subjective sampling, is a type of non-probability sampling in which researchers choose participants for their study by using their own judgment. When I selected the sample, I selected 3 resource teachers from the disability resource school, 6 disabled students of the same school, rest of number selected from the different wards supported by disability service center of Nepalgunj Municipality. Similarly, indepth interview done with seven person with disability for case study. While selecting the sample, the female-male ratio was adjusted with the help of the Disability Service center. For this method total 35 respondents from different ward were purposively selected during field study. Among of them total 28 respondents are person with disability and other 7 are parent and ordinary people. Among of them 43.48 percent are physical disable, there are cereble palsy, deaf, hard of hearing, intellectual disable, speech disable are included in this study. In total, it took about 4 months to get all of the required information from respondents.

3.6 Tools and Techniques of Data Collection

The research is basically focused on studying the exploring experiences of persons with disabilities. For this, the research has applied qualitative methodology, as the research target to collect primary as well as secondary data from the sources. In particular, four specific data collection techniques applied to conduct the research;

- 1. Interview
- 2. Case study
- 3. Document Analysis
- 4. Observation

3.6.1 Interview

One of the best methods for gathering research data is the interview. Interaction between the interviewer and the respondents is the essence of an interview. Many researchers do qualitative research using interviews as a research tool. It is discovered that this approach predominates when looking at people's perspectives, experiences, and other aspects of a problem, aspect, or occurrence. When employing an interview as a method or instrument for data collecting, we must exercise extreme caution.

Interviews conducted with 28 individuals which included disabled individuals, their family members, other community people and their teachers. For interviews I made a checklist which was open ended but the method was semi structured in such a way as to avoid unwanted information. Through interview I was collecting the necessary information for my research writing. Interview conducted the experience about attitude and behaviour of family, service providers and issue related disability, barriers. I had conducted interview with the PWDs as well as their family member. For the social stigma and attitude shown toward them I interviewed the family members, service provider and the PWDs themselves.

3.6.2 Case Study

Case study is an effective tool of qualitative data collection. I have conducted 7 micro-studies with social stigmatized PWDs. Study took place in the house of disabled person. A voice recorder also used to tape the conversation. These interviews transcribed. It is taken to form the past history and current position of the participants.

3.6.3 Document Analysis

During the study, literatures, facts and figures from various places were collected. During the research published and unpublished reports, articles, newspapers, online reports has been reviewed.

3.6.4 Observation

Observation is a very useful method for examining the situation. The gestures, unsaid pauses in the statement, environment around the house, behavior of the family

members, attitude of the community people observed. Similarly, relationships of PWDs with family, their hesitance or openness, social inclusion, their way of asking services and normal people behaviors also observed. I think in this way I found how to treated disabled from family and society. I have a personal notebook with me at all times to record observations. Things which the respondent might be humiliated to speak about can be revealed through observation of their behavior during the interview. For this reason, observation is very helpful. All those matters that the researcher personally observes can be presented as the primary data in their presentation and explanation. The research area of the study itself was the settlement area of the required population.

3.7 Data Collection Procedure

At the beginning the researcher prepared the tentative check list of respondent according to their disability, their parents and teachers for the research. And then a checklist was finalized for the study. The researcher coordinated with the respective group though local disability network. Then, researcher has been collected data through home visit.

3.8 Data Analysis and Interpretation Procedure

This study is based on basically the descriptive and exploratory methods. Thus, informal interview and discussions were held time and again. During presenting the primary and secondary sources of materials and in-depth and/or informal interview, narrative and analytical study were carried out. Some interesting and important discussions held on during data collection and interviews are presented as it is. The study findings has focus on primary sources of data but secondary sources of data like newspapers, books, articles, visual also utilized in this research. Descriptive method interpret the data that describe the what, who, how, when, where event of experiences from a subjective perspective from person with disability and their parents & teachers.

The qualitative data were properly analyzed which were as per the nature and aim of the research. For qualitative graphic, tabular presentation and proper methods is implemented for the easy understanding of data's proper editing, coding and tabulation was done as per the aim of research. Five steps were followed during analysis and interpretation of the facts, data, and information during this research. First, step was to prepare and organize the data which included gathering of notes, documents, and other required materials. After this, sources and information were marked which helped to analyze the data. Second step was to review and explore the data in which data and information were carefully read. It was tried to understand the relevancy and reliability of the information. During this, the researcher had prepared notes on thoughts, ideas, and other questions. In the third step, initial codes were created by categorizing the data and information. The highlighters, notes in the margins, concept maps were used to establish connection with the data. Fourth step, review of those codes was done, and the codes were combined into themes. The categorized facts, data and information were categorized and analyzed thematically. Finally, the data and information have been brought together to write the thesis.

3.9 Ethical Consideration

Before taking the data from the respondents and key informants, their consent was taken. Similarly, the key informants asked whether the recorder can be used or not before taking their interviews. The respondents assured by confirming that the given version of him/her to be used for academic purpose only also shall remain confidential. Similarly, gender balance and took interview with intersectional disability.

3.10 Limitation of the Study

This study is academic research in disability; it is not able to collect a lot of information in overall aspect of disability only some aspects are addressed such as family burden and attitude toward PWDs. As the study have done 35participant of the Nepalgunj Sub-Metropolitan city. Only an interview with 28 respondents and a case study with 7 respondents serve as the information sources. All of Nepal is not covered by the research. This study is based on opinions expressed by disable people, parents and common people of Nepalgunj; the reality of the study depends upon the answers given by them. Therefore the outcome of the study may not be equally applicable to other parts of the country.

However, I am a non-disabled person which may be a limiting factor as they may think that I am not one of them and may not understand their problems. But as I have already worked for 10 years with PWDs in National Federation of Disabled Nepal and an NGO in Nepalgunj and have done a lot of interviews with them, I am sure they trusted me and shared information is accurate.

CHAPTER IV

FEATURES OF THE STUDY AREA AND THE RESPONDENTS

4.1 Introduction of Nepalgunj Sub-Metropolitan City

A Sub-Metropolitan City, Nepalgunj is situated in the Banke district of the Lumbini Province of Nepal. Nepalgunj has 23 wards, which are scattered across 86 square kilometers of geographical area. Karnali and the Farwestern province's main commercial centre is Nepalgunj Metropolitan City. The city was formulated in 2017 BS under the name Nepalgunj Nagar Panchayat, and in 2019 BS it changed its name to Nepalgunj Municipality after. After the municipality had been divided into 17 wards, Nepalgunj Sub-Metropolitan was established on the 16th of Mangshir 2071 BS by combining 10 VDCs in the surrounding area with the municipality. The 27 wards of this Sub-Metropolitan have been merged into 23 wards. The city lies 10 km from the Nepal-India border in the south and the East-West Mahendra Highway in the north. The city of Nepalgunj is well known for being one of the country's main customs hubs. The Eklaini, Sadarline, B.P. Chowk, Tribhuvan Chowk, Dhamboji Chowk, Gharbari Tole, and New Road are the primary market areas in the city. The residents of the Karnali and Farwestern province are frequently go to the Indian town of Rupaidhia, which is connected to Nepalgunj.

Nepalgunj is located in west from Kathmandu around 500 kilometers, the capital city of Nepal. Rani Talau, WaterPark, Bageshwori Temple (which features a very distinctive moustache on Mahadev Shiva), Mahendra Park, and Mini Zoo are the main tourist attractions in the city. The rural municipalities that are connected to the city are Dunduwa in the east, Janaki in the west, India in the north, and Janaki Rural Municipality in the south.

Nepalgunj Sub-Metropolitan City had 138,951 people living there as per the 2011 Central Bureau of Statistics (CBS) Census. Pahadis (hilly people) and people of different ethnicities both speak Nepali as their first language. The district's whole population understands and frequently speaks Awadhi, the mother tongue of the original residents. The climate has a significant impact on Nepalgunj's way of life. People seldom leave their homes throughout the day in the summer because of the

intense heat. Instead, they dress in light cotton clothing. In the winter, when

temperatures might plummet below 4 °C, people dress in heavy wool clothing.

People of many religions coexist in mixed-faith communities in Nepalguni, a city

with a rich culture. Islam and Hinduism are the two main religions in the city, with

Hindus making up the majority of the population. Buddhism, Sikhism, and

Christianity are some of the minority religions. It is well known that people of

different ethnicities have coexisted in the past without experiencing any major

conflicts.

4.2 Population of Person with Disability in Nepalgunj

1.94% of Nepal's population overall, as determined by the 2011 national census, is

disabled, which are far lower than the global data sets. However, the amount varies

greatly by gender. The percentage for men is 2.18%, while the percentage for women

is 1.71%. Males with physical disabilities make up 0.84% of the male population. The

female equivalent is 0.57%. Only in cases of blindness or low eyesight are the

chances equal for men and women. Males are disproportionately more impaired than

females in terms of both quantity and percentage in every other category.

According to the Nepal Census 2011, there are reported having different kind of

disabilities found in Nepalgunj. Here is a list of the many categories of disabilities:

Physical Disability: 36.3%

Low vision/blindness: 18.5%

Deaf/hard of hearing: 15.4%

Speech related disability: 11.5%

Intellectual disability: 2.9%

Psycho-social disability: 6%

Deaf-blind: 1.8%

Multiple disabilities: 7.5%

In Nepagunj Sub-Metropolitan city, out of total population of 138,951, there were

total 1,252 (0.90%) disabled persons in Nepalgunj Sub-Metropolitan City with 758

(60.54%) males and 494 (39.46%) females (Census 2011).

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Table 1: Population of disability in Nepalgunj Metropolitan City

S.N.	Disability types	Total Disabled Population	Male	Female
1	Physical	453	300	153
2	Deaf	163	92	71
3	Speech	120	78	42
4	Intellectual	79	45	34
5	Blind	177	95	82
6	Deaf and Blind	14	7	7
7	Mental	149	84	65
8	Multiple disable	97	57	40
	Total	1252	758	494

Source: National Census, 2011

According to table 1, the physically disabled persons were 453, while mentally disabled people were 149 and intellectually disabled were 79. Similarly, there were 177 people who were blind and 163 people were deaf, while 14 people were both blind and deaf. Moreover, 120 persons had reported of having speech problems. Total 97 people had multiple disabilities. There are 758 (60.54%) male and 494 (39.46%) female disabled person. Out of total population of 138,951, there were total 1,252 (0.90%) disabled persons. Among them 38 percent are physical disable, 13 percent are deaf. Accordingly, 1 percent are deaf and blind and 8 percent are multiple disable.

4.3 Demographic Background of the Respondent

The respondents are selected from the diversified background. The following table shows the demographic identity of respondents on sex, age group and religions.

Table 2: Identity of the Respondents' Demographics

		Sex	
	Frequency	Percentage	
Male	17	48.57	
Female	18	51.43	
Total	35	100	

Source: Respondent Data, 2021

Table 3: Respondent according to Age

Age		
Frequency	Total	Percent
11-20	10	28.57
21-30	7	20
31-40	7	20
41-50	9	25.71
51-60	2	5.72
	35	100.00

Source: Respondent Data, 2021

Table 4: Religion of the Respondent

Religion		
	Frequency	Percent
Hindu	26	74.28
Muslim	4	11.43
Christian	5	14.29
Others	-	-
Total	35	100.00

Source: Respondent Data, 2021

According to table 2, there are total 35 respondents on this study. Among them 48.57 percent are male, and 51.54 percent are female. According to table 3, 26.67% of respondents were between the ages of 11 and 20; 28.57% were between the ages of 41 and 50; and 5.72 were between the ages of 51 and 60. It is noted that most of the respondents are youth. Similarly, 74.28 percent respondents are Hindu, 14.29 percent respondents are Christian and only 11.43 percent respondents are Muslim.

Table 5: Respondent Detail on Disability Identity

Disability types	Frequency
Blind	2
Cerebral Palsy	1
Deaf	3
Hard of hearing	2
Intellectual	3
Low vision	5
Physical	11
Speech	1
Total	28

Source: Respondent Data, 2021

According to table 5, there are total 35 respondents in this study. Among of them total 28 respondents are person with disability and other 7 are parent and ordinary people. Among of them 11persons are physical disable, there are cereble palsy, deaf, hard of hearing, intellectual disable, speech disable are included in this study. Accordingly, 33.33 percent of the respondents are severe disable,

Table 6: Respondent List Who Have Disability

Categories of disability	Frequency
Profound disability: ('Ka' category)	6
Severe disability ('Kha' category)	12
Moderate disability ('Ga' category)	3
Mild disability ('Gha' category)	7
Total	28

Source: Respondent Data, 2021

CHAPTER V

AN EXPERIENCE OF PERSONS WITH DISABILITIES IN EVERYDAY LIFE

5.1 Experiences of Persons with Disabilities in Everyday Life

5.1.1 Access to Education

National standards and guidelines were established by the government in 2012 for creating accessible environments for people with disabilities, and inclusive education policies were established in 2017. These policies cover conditions like sensory or mobility impairments, intellectual disabilities, learning disabilities, language disorders, behavioural disorders, and autism spectrum disorders. The Disability Rights Act and an Inclusive Education Policy for Persons with Disabilities were established by Nepal in 2017. The policy provides for both separate education for children with disabilities and states that children should be free to study in their local communities without facing prejudice. But we have a different result in the society. See the Table no. 7.

Table 7: Access to Education of Person with Disability

Disability types	Education	Frequency	Illiterate
Blind	SLC	2	1
Cerebral Palsy			1
Deaf	Primary	2	1
Hard of hearing	Primary	1	
Intellectual			3
	Primary	2	1
Low vision	SLC	2	
	SLC	4	3
Physical	Primary	4	
Speech	Secondary	1	
Total	Total	18	10

Source: Respondent Data, 2021

According to Table 7, out of 28 PWDs respondents in this study only 8 PWDs have passed SLC. Among of them 4 persons are physical disable, there are cereble palsy, intellectual disable are illiterate. Total illiterate number is 10. Accordingly, only one

PWD passed secondary level and 9 PWDs passed primary level. Among of them, 39 percent have passed primary level of education.

Respondent Reema Thapa (Pseudonym) completed class 8 but left school due to uncertainty. Her pals called, but they didn't say her name; they just said Luli, Langadi (weak leg). As a result, she did not have any pals who were classmates. Instead, she was given a number of nick names including Luli, Langadi, and handicapped. Even her buddies imitated her movements. Therefore she dropped out from school (See Annex 1). Muna (intellectual disability) is never gone to school due to her disability. Her family has not aware about special education for their intellectual disabled children and other thinks they think she always burden for family. 13 years old guy Krishna Singh (pseudonym) is permanent residence of Nepalguni 15 Banke and is younger child in a family. His father works as security guard in Nepalgunj Nursing Campus (government campus) Nepalguni Banke and his mother is a housewife. He has two sister and one brother, among them Krishna, one of his sisters and his brother were deaf by birth. Being deaf by birth lead him to anenormous challenge in life to cope up with the situation. However, Krishna and his deaf brother and sister build a courage and admitted to resource school namely Nepal Rastriya Adarsha Basic School, Khajura-5, D gaun Banke to their study. But he suffered a lot of disrespect. According to him, the teachers also did not pursued well behave. Children of his age used to beat him, tease him, and throw books on the road. So I didn't want to go school. He is worrying about his study because he is deprived of education and reading materials at home. Except his deaf brother and sister no one in his family understand his language though his parents couldn't educate him the way he understands. He doesn't even have the books to study and other reading materials at home for self-study.

Resource teacher of deaf Khuma Giri said, Krishna is very loyal, kind and calm kid by nature since his childhood and is passionate to be the successful person in future. But our society is not accepted him as a normal child so he felt hesitate to come school. She again said, I am a teacher of deaf student so I understand their limitations and sorrows but other teachers do not think/understand same.

Person with physical disabled Basanti (pseudonym) said that, when she was a child no one plays with her in school, I did not have many friends in the village, neighborhood even school. That's why I used to be alone most of the time and left school. She didn't even get the scholarship from Nepal government, she has C category of identity card.

Sanudevi can't move without wheel chair. She born normal but when she is 12 years, she felt down from a tree and acquired physical disability. And then she left school while she was studying in grade 5. She used wheel chair so other normal persons see me as a alien. She said, I felt hesitate so could not go school. School also not physical accessible, there was no ramp for wheelchair. So she did not go with a wheel chair as the school is not disabled friendly.

Blind students also have faces more problems in school, when they read with Braille, many teachers do not understand Braille. Children with disabilities have to suffer a lot of time even while exams. According to teacher Harikala, schools do not accept children with disability for admission easily. They have suggested to search another school for their child such a whildren with disability. Parents also do not care or attention to CWDs like normal children. Also there is a shortage of Braille books for the blind and sign language teachers for the deaf. Study material is also lacking in school. They are deprived from education. Most of the schools, campuses do not have disable friendly infrastructure. Due to inaccessible school and college facilities, some respondents dropped out of school. Some research participants were forced to drop out of school due to a lack of resources, accessibility, and educational materials. According to Sajid Ali Saiyad, deaf;

I am deaf since birth but I want to be educated and be a teacher. But my family doesn't care much about my studies. There are no good sign language teachers in the school either. There are normal books to read, but I can't. It is difficult for me to study in a normal school under inclusive education. Parents do not want to send resource school for special education.

The majority of parents don't send their disabled child to school because they believe that disabled people cannot participate in economic production and that education is useless for them (like Niru Dhakal, the respondent's parent). Education has become more difficult as a result of societal traditions and beliefs.

In accordance with Article 31 of the 2015 Constitution, everyone is entitled to obligatory and free secondary education. The right to free education for blind citizens includes access to the Braille writing system and sign language for deaf or hearing-impaired individuals.

We can observe how education directly affects PWDs' quality of life. They contend that education can help disabled persons get some acceptance and acknowledgement in the family and society. The majority of the interviewees also stated that education may in some way improve their quality of life. However, there are certain obstacles for those who are physically challenged, blind, or deaf to pursue formal education. The respondents claimed that many (nearly all) educational institutions' infrastructures are not accessible to people with disabilities. There are not enough resources available to teach sign language to hearing or deaf people. Many PWDs are denied access to education because they cannot easily enter educational institutions.

5.1.2 Access to Assistive Device

The respondents also report having trouble becoming involved in community events. They struggled because they feared being made fun of, some of them felt awkward with community members, and occasionally they felt bad for not having walking aids or other supportive devices.

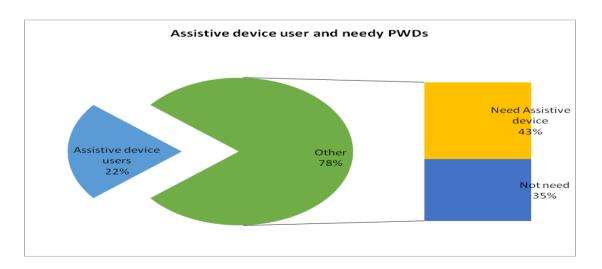


Figure 1: Assistive Device Users and Needy PWDs

Source: Respondent Data, 2021

Out of 28 PWDs 17 PWDs need assistive device such as wheel chair, white cane, hearing aid, magnifier glass etc. But only 4 PWDs have assistive devices. Out of them, 2 PWD use white cane, 2 physically disabled use wheelchair. According to chart no. 1 Out of the respondents with disabilities, 65% have a need for assistive devices.

The respondents find it challenging to participate in community activities due to not having assistive device such as wheelchair, tricycle, churches, hearing aid, white cane etc. A person with physical disability who is incapable to walk or not having limb or leg they need to move to around in a wheelchair. They are suffering with a significant lack of assistive devices (only one out of eight is using assistive devices) which they need for their personal mobility and daily works. According to Ghanashyam Mall, PWDs (physical) have low involvement in social activities, social participation and in having access to basic services due to assistive device. Persons with disabilities face accessing primary healthcare services too due to lack of such kind of devices.

Respondent Bhagatram who is the physically disabled person, blue identity card holder faces many barriers to use assistive device. His both legs were polio; he used to try cycle.

He said that he had to go to the public places as he is not allowed to bring tri-cycle in evey places. In the second local election of 2079 BS, police did not allow him to enter the tri-cycle in poll center. There was no separate line for persons with disabilities even inside. He crawled and sat in line with muddy hand and leg. The reason for this is that most of the polling centers were filled with mud due to the rain the night before the polling day. He could vote using his wheelchair, but could not use himself so volunteer help to cast his vote, because the height of voting table was too high for him. He also had mud on his hands. Other PWDs also cast their vote in the same way. He said, He was not treated as a human. He asked question to police, did we take the wheelchair for joy? According to him, there are still a lot of obstacles and misconceptions about persons with disability.

5.1.3 Marriage and Disability

Disability had a startling impact on the impaired people's quality of life, with a particular detrimental impact on their marriage. The UNCRPD ensures that individuals with disabilities have access to sexual and reproductive rights, including the right to marry and start a family (UNCRPD, 2006). But people with impairments are all too frequently denied these rights.

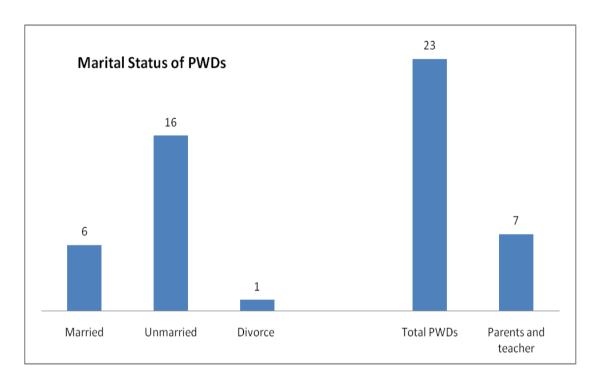


Figure 2: Marital Status of Persons with Disability

Source: Respondent Data, 2021

Significantly, none of the girls with disability's families had any well-defined plans and programmes for their daughters to marry, according to both individual interviews and field observations carried out in the research region. Some respondents said that in our society, women with disabilities have more trouble getting married than non-disabled women or males with disabilities. In Nepal, where arranged marriages are still common, handicapped women are at a larger disadvantage. Because they assume that a crippled woman can't perform all physical labour, men don't like to marry them. People in our culture still think that having a PWD member of the family will bring

bad luck. Therefore, person with disability are greatly disadvantaged by arranged marriage.

No one would marry a crippled person, according to the majority of respondents, because both men and women are expected to provide the family's income by working hard physically. When a couple gets married, they have a lot of obligations to the family, including raising and caring for children until they are completely grown, according to Harikala Devi, age 42. Therefore, it is clear that physically challenged women find it challenging to raise children without the financial and physical help of their families. Hence, she is unmarried till now, she have-not plan to marry. Her family also did not wiling her marriage. Another respondent, Rina Pun 37 year, she had arranged marriage at the age of 20 years old but her married life was not successful despite having a daughter. According to Rina, who has a speech disability that affects her voice and speaking, women and girls with disabilities experience prejudice based on both their gender and their disability status. She has a bad experience of marriage. People with disabilities, and women in particular, face greater barriers to finding suitable partners for marriage. People with disabilities may experience more emotional and physical abuse while in a relationship, and are less likely to do marriage. (See annex 1)

5.1.4 Perception of Peer Group, Family and Society

Family members attribute the decline in social status of people with impairments on them (Panthi, 2004). Therefore, even inside the family in Nepal, people with disabilities are not looked favourably. The educational level and family history of the family members might influence how the family members behave and feel about handicapped persons. The most significant influencing element for making life easier for physically challenged persons is discovered to be family support and care. Additionally, it has been discovered that family support enables those with physical disabilities to achieve self-respect and to more readily accept their condition. The respondents to the research had a range of opinions about family support. They occasionally received help, but more often than not, they endured neglect and discrimination as a result of their condition. The two most important factors for support and denial were determined to be their family structure and financial situation. In some instances, family support has improved PWDs' quality of life and

contributed to their social acceptance.

Physically disabled person Puspa Raj Upreti claimed that owing to ignorance, illiteracy, trust in supernatural beings, etc., the general attitude towards the condition has been to dismiss it as the wrath of gods for the mistake done in the former life. Few persons (interview 2021) believed it to be the outcome of a sickness or accident. Person with physically disability, Pushpa travels on crutches and occasionally a wheelchair.

He also had to deal with his family's and society's ignorance. Likening a handicapped person to a stigma for the family and society, Ghanshyam Malla stated. The handicapped and their families are despised by society and are detested even when they are accepted by their relatives. The Maoist insurrection caused Ghanshyam, the Nepalese army, to lose one arm and two legs. while he was limbless. Many people believe that dying is preferable to living. Her relatives concurred. But the Nepal Army managed to save him. Everyone at home was in tears when they returned. He had to now give him a lot of attention.

He is unable to perform anything on his own and cannot even feed because he lacks even fingers. He did, however, accept the justification for his monthly government of Nepal wage. But subsequently, it was made feasible thanks to the government's assistance and the same duty to her family. Although he now lives with his family, society still holds the view that it is preferable to pass away than to live. His wife claims that she has been under a lot of pressure to get remarried from both her family and society. As a result, his wife felt embarrassed and did all in her power to keep him hidden from the public (Interview 2021). The following is a respondent's (Ghanshyam) experience for this study:

For a physically impaired individual like me, it is challenging to perform daily tasks. I need assistance from other family members since I am unable to perform any tasks on my own. When it comes to moving about, eating, washing, freshening up, etc., it is pretty difficult. The house's infrastructure does not accommodate the handicapped. Even my own house is not easily accessible to me. I need my family to support me given my situation. But on occasion, I feel awful when I don't receive help promptly. My wife and other

family members have been known to claim that they are too busy with work at times. I feel abandoned and believe that if I were normal, I would not require assistance from others.

Harikala Devi, a teacher at Lagdahawa Ma.Vi. who is herself disabled, claimed that some families make an effort to conceal the presence of their kid's impairment and do not want to send their child to school alongside typically developing youngsters. She emphasised once again that educated individuals are more likely to have good views about disability than the general population but still I face many barriers. She said;

I recall an event where a guest entered my home one day. She was a distant relative who resided in our village. She had never been to our home before. As soon as she spotted me, she inquired about my impairment and expressed compassion with phrases like "Bichara Kasari Jindagi Bitauli," "Kasle Behe Garla," and others. She explained to my father that I am helpless, unable of managing my life, and unable to live a lifetime alone without a spouse. At the time, I felt as though I was a burden to my family and that this mentality was widespread in our culture. This makes me feel horrible and makes me believe that I truly am a burden on my family and society, unable to grow in dignity and self-assurance.

She said that, when I came to teach in the school, other teachers used to think why the physically disabled person did came to teach with such difficulty, but now they don't think so. The students would imitate me and run away when they saw me. But today, they do not. As a teenager, I didn't want to go out because of my disability. Because of education, I realized that disability is not something to be ashamed of.

According to her, there are many women like Harikala who still curse themselves for having a disability. They are deprived of education.

5.1.5 Access to Political Participation

Harikala Devi has bad experience in local election 2079; the polling place was muddy due to rain. It was very difficult for people with disabilities, senior citizens and the ill or poor health people to cast their votes. The center where about 40 people with

disabilities cast their votes but it was not disabled friendly. According to the physically disabled Harikala Thapa, the bamboo bars were also very narrow. People with disabilities were told not to queue in the line, but they had to suffer because there was no friendly place. It was not possible to go to the polling booth in a wheelchair or on crutches. The bricks were spread far and wide to go in the mud in which Harikala could not stand even. She cast her vote even though walking in the mud, but voters and volunteers teased her that why she came here rather than stay in the home with pleasure.

During the local election 2022, it was found that persons with disabilities casted their votes by crawling at the Adarsha Ma.Vi.Ranja, polling center of Nepalgunj Submetropolis-20. They had to cast their vote with difficulty as they were not allowed to use wheelchairs inside the polling place. Bhagatram Chaudhary, physically disabled said that he had to go to the poll as he is not allowed to bring wheelchairs from the gate. Police did not allow him to enter the wheelchair. There was no separate line for persons with disabilities even inside. He crawled and sat in line with muddy hand and leg. The reason for this is that most of the polling centers were filled with mud due to the rain the night before the polling day. He could vote using his wheelchair, but could not use himself so volunteer help to cast his vote, because the height of voting table was too high for him. He also had mud on his hands. Another PWD woman, Man Kumari, cast her vote in the same way. Another disabled voter, Kalasa B.k., said she was not treated as a human.

5.1.6 Parents Experience to Having Disabled Child

I feel ashamed having a blind daughter, according to Gangajali Khatik, the father of a crippled kid, since everyone believes that she was created as punishment for our previous transgressions. She is now 13 years old, and according to her community, at this age, girls are supposed to undergo a gauna (pre-marriage ceremonies). However, because of her condition, no one came to ask her to get married. She repeated;

For the remainder of her life, she should be cared for. Being a parent, you probably worry a lot about who will look after your children after you pass away. Being a blind daughter is also despised by society. It is also hated by relatives.

Every time Neeru Dhakal, a mother of a child with cerebral palsy, prays to God, she asks that her son pass away quickly and find salvation. She alternates between leaving her family or the CP child. So, she has chosen keeping the child at the CP Centre Care Taker Home, which was built for orphan disabled children.

I discovered during my research that families and cultures do not readily embrace persons with disabilities. Being disability is despised and hated by society. The family is under increased strain. I've discovered that in some situations, like Neeru, parents want their kids to pass away as quickly as possible.

The respondents (such as assistive device users) also report having trouble becoming involved in community events. They struggled because they feared being made fun of, some of them felt awkward with community members, and occasionally they felt bad for not having walking aids or other supportive devices.

It is obvious that there is no favourable attitude among the family members towards those with disabilities. They have been badly affected by socio-cultural beliefs. The responders who had received support were shown to be more self-assured, successful, and living more comfortably. Some responders, on the other hand, have experienced mistreatment from family members. People who don't have strong family support system are more likely to struggle to manage their lives. In this way, PWDs now face additional obstacles in their personal and social lives as a result of rejection, discrimination, mistreatment, or humiliation in the family. The issue and difficulties faced by those who have physical impairments are thus connected with the family structure.

5.1.7 Free Movement and Easiness of Feeling

According to article 26 of the Convention on the Rights of Persons with Disabilities (CRPD), the state parties should encourage the availability, understanding, and application of assistive devices and technology created for people with disabilities as they pertain to habilitation and rehabilitation. States are also urged under the Standard Rules on the Equalisation of Opportunities for Persons with Disabilities to support the creation, manufacturing, distribution, and upkeep of assistive equipment and devices as well as the spread of information about them.

The Act Relating to the Rights of Persons with Disabilities 2017 (Nepal) mentioned under its article 29 entitled "Provisions relating to rehabilitation" and its explanation as, "......the term "rehabilitation" treatment service, useful lifeskill means oriented and vocational training, assistive materials, medicines, regular consultancy service, educational and financial programmes to be so provided and launched as to enable the persons with disabilities to make active life." However, in this country, assistive devices are not even permitted to be used by persons with impairments.

Almost all of the disabled are not going out of their home with friends or parents. Walking alone they feel various sorts of humiliation. In this situation, they are feeling uneasy to contact with other people. Society is always hierarchical. The social members always maintain their high and low status. As the disabled are considered to have low status, the family members too wish to hide them from their strangers. The disabled can display strange behaviours but the family members hardly express it before the neighbours. In this situation, their relationship with neighbours was not so good.

The participants of the study also experienced many challenge faced for free movement and easiness of feeling. In several situations, they have encountered prejudice and carelessness. They said that in the society, they are viewed as being unable or incapable. They continued, saying that while some people sympathise with their infirmities, they do not see them as contributing members of society, they humiliate to move ether and thither. They think also PWDs cannot contribute the society. Pushpa, one of the interviewees, described the social reality as follows:

In several social activities, I have encountered social exclusion and prejudice. Due to my physical impairment, I am never invited to social functions. If I go, no one will listen to what I have to say. They believe I am unable to offer advice when participating in social events. Although there may be some unusual examples, in my opinion, this is the norm for all handicapped persons. But the sad truth is that people with disabilities like myself do not receive the respect and acknowledgment they deserve in society.

I discovered that person with physically disabilities are denied equal rights and opportunities and are unable to participate in societal activities on a regular basis due

to mobility. In society, they are degraded, imitated and mistreated. PWDs are, in a way, barred from mainstream politics and socioeconomic advancement. People with disabilities are frequently excluded from social and religious events including weddings, funerals, and other religious rites. Disability-related discrimination extends to family members as well, who may even be prohibited from taking part in social and religious activities.

5.1.8 Accessibility on Service Delivery Authorities

In this study, every respondent had issues with the roads, transit, hospitals, offices, and other facilities. The majority of public buildings, schools, campuses, and private homes and businesses lack infrastructure that is accessible to people with disabilities. As a result, the issue of those with physical impairments is perceived as being more severe. According to sources, not all persons with physical impairments have access to wheelchairs, and sophisticated motor devices for people with physical disabilities who have trouble moving about are uncommon in Nepal. On the roadways, there is no dedicated wheelchair lane. The majority of the buildings don't have a lift system. Wheelchairs have no place on public transit. Even government buildings don't have accessible facilities. Therefore, Nepal's physically challenged population has a harder time getting around because of inaccessible physical infrastructure.

Transportation for all people with disabilities is a crucial component of civic engagement and social inclusion. Disability makes life particularly tough for those without access to transportation. All respondents who were handicapped claimed that there were no transit options. They claim that buses are frequently overcrowded and that once passengers get inside, they continue to push, which makes them tough. Transportation service place a lot of importance for movement but it is hardly possible to go anywhere being disability. According to Puspa Prasad Upreti, person with physically disability said we required more time to enter and sit properly with assistive device or not, both of which present issues since they cannot extend their legs and because standing up is unsafe because it requires support. The service providers think that they should be given a discount on the bus fare later.

People with disabilities typically cannot use public transportation. When a driver or conductor notices such disabled passengers, they hurry forward rather than stopping their bus in front of them. Using public transit without a guide is very hard, especially for someone who is blind. Some drivers lack discipline, and occasionally they hurry the bus as soon as a passenger gets on, endangering the disabled person since they can't obtain help and might collapse.

During the study, the majority of research participants claimed to have mobility issues. Because of difficult access to transportation, individuals occasionally were unable to attend significant meetings or events planned by the organisation. According to Harikala Devi, accessibility for persons with disabilities is particularly difficult in Nepal since there are no ramps or transportation facilities, and the two seat reservations for people with disabilities that are contained in the law are not really used. Puspa Raj reiterated;

People with disabilities experiences being treated as second-class citizens by outsiders such as officials, nondisabled, service providers in terms of entertaining human rights as access to health, education, economy and employment opportunities.

For travel by bus or aeroplane, the government offers a half-concession to a disabled person and one of their care takers. Since the clause is optional, it is up to the relevant transport firms and agents to decide whether or not to offer the disabled individual these services. Even state-owned transport companies like Nepal Airlines and Sajha Yatayat Services have not made such accommodations for the disabled. In certain transportation, there is still no seat designated for those with disabilities. But some auto rickshaws and some public vehicles respect people with disabilities said Bhabuk Jang Thapa, Blind. He said, some driver and assistant shows positive attitudes such as kindness, acceptance towards us. He asserts that those with impairments, especially those who are blind, engage in social activities far less frequently, are less likely to establish a relationship and keep friends, participating cultural or ritual activities due to her/his blindness. Society does not trust to blind for their capability and also not included in household life and decision-making.

Usually, wheelchairs have no place on public transit. The majority of respondents claimed that the physical infrastructure makes it difficult for them to visit most locations. They also stated that this is a kind of discrimination. Although the

government has created the policy, it has not actually comprehended or acknowledged them as citizens. The majority of handicapped individuals have negative experiences using public transit. They claim the cause is that the bus personnel cannot accommodate additional passengers since their wheelchair requires more room. Due to inaccessible school and college facilities, some respondents dropped out of school. Major study participants had trouble finding job. For a person with a physical disability like myself, inaccessible physical infrastructure is more difficult, according to one of the responders Ghanasyam said. Even at home, I have encountered challenging circumstances, in public settings and on public transit.. Oh my God, do you think? he questioned. From the statements, we can draw the conclusion that one of the obstacles to PWDs' personal and professional advancement is inaccessible infrastructure.

5.2 Challenges and Scope for Mainstreaming of Person with Disability

In our society, there is a contradiction in how we approach individuals with disabilities because there are two viewpoints on behaviour: one that is terrible and the other that is good. Although the focus of this study is on harmful behaviours towards individuals with disabilities, good behaviour is also kept in mind. People often hold the opinion that those who are disabled must have done something wrong in a previous or present life for them to have challenges and sufferings now. The majority of people in Nepal believe that having a handicap places a significant burden on the family and society. The parents and families believe that those with disabilities shouldn't be expected to contribute significantly to the economy in order to provide for their existence and should instead rely on those without disabilities. It all comes down to how individuals see things, according to one of the female participants in this discussion, Dipa, a social activist. They believe that persons with disabilities, like ourselves, are helpless. They have illogical assumptions about us. In our culture, it is accepted that those who have resources whether they be financial, social or anything else are crucial since reciprocity is likely to occur when necessary. Normal individuals frequently look for reciprocity from one another. Additionally, they discover that because persons with disabilities are expected to be just receivers and not givers, they lack the potential to engage in reciprocal conduct in their community.

Additionally, many without disabilities believe that those with disabilities are unable to support themselves socially and financially. In this approach, the individuals without disabilities would be unable to demand anything from those with disabilities. Because of this, most individuals who do not have disabilities do not treat those who do poorly. Since disability is seen as the result of previous sins, people with disabilities are stigmatised as sinners in both religious and societal contexts. In society, especially among the older age, there is a widespread belief that negative karma from previous lives has been carried over. People view disability as a type of curse or retribution meted out by God. Because they are seen as a burden, normal people frequently do not want to treat those with disabilities nicely. Due to their stigma, prejudice, and disruption of their lives, many with disabilities feel that their identity has been ruined. As previously said, they experience significant rejection and discrimination from family and society.

All of the respondents reported having trouble moving around without difficulty on the roads, in vehicles, and in buildings such as offices, hospitals, and other infrastructure. The majority of public buildings, schools, campuses, and private homes and businesses lack infrastructure that is accessible to people with disabilities. As a result, the issue of those with physical impairments is perceived as being more severe. They have frequently encountered bigotry and carelessness. They said that in society, they are viewed as being unable. They continued, saying that while some people sympathise with their disability, they do not see them as contributing members of society, which makes it embarrassing for them to move around. They believe that PWDs cannot benefit society. Pushpa, one of the respondents, stated the social reality as follows: I have had several negative encounters with social exclusion and prejudice in numerous social activities. Due to my physical impairment, I am never invited to social functions. According to another respondent Rina, women and girls with disabilities experience double discrimination based on both their gender and their level of impairment. Her husband divorced her because of her disability. Children with disabilities do not get the opportunity of education because they need special education like blind need braille, deaf need sign language etc and physical disabled need ramp for wheelchair.

As a result, it is less likely that those with disabilities will be able to obtain school, work, marriage, or be permitted to take part in social and political activities. Other instances of unfavourable attitudes and actions, such as avoidance and abuse of individuals with impairments, are also documented.

Despite so many challenges, Nepal has made and enforced many provisions on disability. With the help of the provisions, there is an opportunity to bring people with disabilities into the mainstream of development. In the same way, it can be hoped that people with disabilities can be mainstreamed due to the global values, laws of human rights and the increase in people's awareness level. Similarly, having international interest in the field of disability and conducting various programs is also one.

CHAPTER VI

SUMMARY AND CONCLUSION

6.1 Summary of the Study

Discriminative traditions, policies, plan, programs, practices and laws exist in many countries and institutions, where discrimination is seen as a normal phenomenon. It is referred to as ableism or disablism when persons with disabilities are discriminated against in favour of non-disabled people. People with disabilities who view nondisabled people as the gold standard of normal living cause public and private services, educational facilities, and social settings to be designed to accommodate normal people, therefore excluding persons with various impairments. According to studies, people with disabilities require employment not just to have the chance to support themselves financially but also to maintain their mental health and general well-being. A person's basic requirements are met by their work, including a sense of purpose for society, social interaction, status, and activity (Vornholt, Katharina, 2013). A person with a handicap is frequently discovered to be socially alienated, even from relatives. According to Silver (2007), social exclusion is a dynamic process that rejects full participation in the scheduled activities of society, prohibits access to information, resources, and identity, and degrades one's self-respect and capacities to pursue personal goals. Social exclusion has an impact on a person's quality of life as well as the fairness and stability of society as a whole.

Social inclusion, according to a meta-analysis of its use in disability studies, is defined as: i) being accepted and recognised as an individual beyond the disability; ii) having personal relationships with their family, friends, and associates; iii) participating in social activities; iv) having an appropriate house; v) having a job; and v) having an appropriate support system (Rimmerman, 2013, p. 1). Disability inclusion involves including persons with disabilities in routine activities and encouraging them to take on responsibilities comparable to those of their friends and siblings who are not disabled. The inclusion/exclusion discussion is now present in Nepal's official and development discourse. After inclusion was included as one of the four pillars of Nepal's Poverty Reduction Strategy Paper (PRSP), which is also Nepal's Tenth Plan, in 2003, inclusion as an official strategy began to permeate

government policy. Themes that are currently being discussed in Nepal's public discourses include federalism, proportional quotas, state reorganisation, and inclusion policies.

The Nepali government has established a few legal bases for the rights of people with disabilities during the past ten years. In 2010, the parliament approved the International Convention on the Rights of Persons with Disabilities (CRPD). The section on the rights to equality, basic rights, social justice, and representation in the national and provincial legislatures in the Nepalese Constitution addresses some particular rights of people with disabilities. Government has revised the old disability related laws "Disabled Protection and Welfare Act 1982" in line with the international convention in 2017. The government has also passed national standards and guidelines for making accessible environment for persons with disabilities in 2012 and inclusive education policy in 2017.

The right to freedom of movement is guaranteed by the constitution and the Universal Declaration of Human Rights, but for people with disabilities, the absence of suitable transportation choices makes it difficult to exercise that right. Transportation and social inclusion of individuals with impairments are tied to two key factors: 1) People with disabilities need efficient, accessible transportation to let them participate in everyday activities like job, school, and entertainment as well as to attend and get involved in programmes and events geared towards their needs. In light of the inclusion requirements and goals of individuals with disabilities, as well as society's increased acceptance and comprehension of their participation in all facets of society, this problem is consequently of utmost significance. 2) Transport accessibility contributes to social inclusion by facilitating the growth of social networks and relationships between people. Good levels of social engagement provide a feeling of belonging and strengthen communities, which in turn develops the community's competence and capacity. Being able to utilize public transit helps this process.

Similarly, inclusive education is an approach approach to inclusion of children with disability in education. In inclusive education, non-disabled and disabled children are educated in courses with average pupils with a variety of learning development and impairments. In an inclusive setting, children who require extra supports and services

spend the majority of their time with their classmates who do not have disabilities rather than in segregated classrooms or institutions.

The term "Inclusive Education" is frequently used to mean the inclusion of children with disability, such as blind, deaf, sensory, physically impairments, learning disabilities as intellectual, disorders in language and behaviour and autistic spectrum disorders etc. Various theorists and educators have also use "Inclusion" terminology in a broader sense such as to refer to an educational system deliberate to ensure access for all groups that have been marginalized in society and in schools (George Scarlett W.2015). The Disability Rights Act and an Inclusive Education Policy for Persons with Disabilities were both implemented by Nepal in 2017. According to the guideline, children with disability should be free to attend school in their own communities without any discrimination. It has also given permission to give separate education to children with disabilities as a special education. It also shows that the government has not trust in inclusion. For example, there is a separate school for the deaf. There is also a separate one for the blind. It is continue, now a days we can see special education school for intellectual and autistic children.

People with disabilities have the same economic rights as those without impairments, according to the UN Convention on the Rights of Persons with Disabilities, and they should be allowed to live their lives without facing discrimination. The National Disability Strategy also gives priority to jobs and financial stability for persons with disabilities. Australia, however, utterly fails to live up to these expectations in practice. According to the legislation, it is illegal to discriminate against People with Disabilities (PWD) when it comes to employment, and PWDs must be given priority for 5% of available positions. However, the Employment Policy is silent on how to remove discriminatory obstacles and make reasonable accommodations for workers. PWDs are unable to work even in the absence of policy provisions supporting the workers in establishing and maintaining an enabling work environment and reasonable accommodations.

This study shows that the wrong social treat of people with disabilities tends to create social distance between people with disabilities and their families and society. The distance is often expressed by the non-acceptance of the PWDs in social functions, religious services, educational programs, work places, marital relationships leading to

social and economic isolation. According to Gorkhale (1995), it may repeatedly result in un-social and even anti-social attitude toward person with disability. Peoples thinking and behaviour is barrier to social inclusion. Negative conduct has the potential to organise itself into segregation and discrimination-related social patterns at the community level. Due to certain societal conceptions of impairment, persons with disabilities are portrayed as "others" who are not fundamentally a part of the "normal" world. This 'worldview' leads to negative actions. Disability rights activists and scholars have focused on cultural and environmental elements that marginalise persons with disabilities, depriving them of fundamental values and the corresponding fundamental rights and circumstances, for the past 20 years. Persons with disabilities encounter lower expectations from persons without impairments and limited inclusion in society as a result of the social construction of disability.

All persons are born free in their rights and in their dignity, yet there is a big difference between them such as rich-poor, educated- non-educated, civilized-uncivilized, normal/disabled- non-disabled etc. There is discrimination within human beings. Discriminative behaviour tend to making unjustified actions often include establishing arbitrary differences between people based on the groups, classes, or other categories to which they are believed to belong (Amnesty, 2020). Particularly, discrimination happens when persons or groups are wrongfully treated in a less favourable manner than other people on the basis of their actual or perceived membership in certain groups or social categories. Members of the group are denied chances or advantages that belong to members of another group because of factors like a person with disability.

Government of Nepal has established a few legal provisions for the rights of people with disabilities during the past ten years. In 2010, the parliament approved the International Convention on the Rights of Persons with Disabilities (CRPD). The section on the rights to equality, basic rights, social justice, and representation in the national and provincial legislatures in the Nepalese Constitution addresses some particular rights of people with disabilities. Government has revised the old disability related laws "Disabled Protection and Welfare Act 1982" in line with the international convention in 2017. The government has also passed national standards and guidelines for making accessible environment for persons with disabilities in 2012

and inclusive education policy in 2017. Under the constitution 2015 and Human Rights declaration embark freedom of movement is a right to every person. But being lack of appropriate transport options it become major barrier for person with disabilities.

According to Jenigan (1968), discrimination involves denial of opportunity, unfair treatment, and exclusion from the major arteries of economic and social life. Discrimination against people with disabilities is reported to be more blatant and significant in the economic realm. The frequent rejection of job chances in a variety of occupational sectors frequently poses a danger to their financial stability. It is a well-known fact that economically dependent individuals with impairments face greater social rejection than independent individuals. ven while it is true that the occupational rules for PWDs may genuinely be limited, the limits are frequently applied to situations where they are not necessarily constrictive. Many people with disabilities are denied employment because of impractical restrictions. Because of the social repercussions of disability, there is often a social divide between the community and the disabled and their family. The rejection of people with disabilities in social situations, religious settings, educational settings, workplaces, and marital relationships frequently reflects the distance, which results in economic and social exclusion. As a result, it may frequently have a non-social or even anti-social outcome (Gokhale, 1995).

Social construction of disability has been noted as a barrier to social participation by Biklen (1987) and Taylor et al (1993). undesirable social patterns of segregation and discrimination can be formed at the community level as a result of undesirable behaviours. According to Douglas (1970), referenced by Devine (1997), the theory of social construction makes an attempt to explain how knowledge is formed and taken for granted as fact.

Due to certain societal conceptions of impairment, persons with disabilities are portrayed as "others" who are not fundamentally a part of the "normal" world. This 'worldview' gives rise to negative attitudes and actions. Disability rights activists and scholars have focused on cultural and environmental elements that marginalise persons with disabilities, depriving them of fundamental values and the corresponding fundamental rights and circumstances, for the past 20 years. According to Oliver

(1990), the social model of disability situates a person's impairment in relation to social and environmental variables that provide detrimental barriers to participation. According to the social model of disability, the cause of disability is not so much a functional defect as it is a failure of the environment to allow a person to operate to their full potential.

According to Devine (1997), who cited Olkin et al. (1994), "barriers to the inclusion of people with disabilities are produced from the social construction of disability." individuals with disabilities encounter lower expectations from individuals without impairments and limited involvement in society as a result of the social construction of disability (Devine, 1997, citing Bogdan et al., 1992; Safilios Rothschild, 1976). Understanding social constructs can assist to illuminate the reasons why persons with disabilities have experienced marginalisation and discrimination as well as what needs to be done to stop harmful behaviours. By facilitating their legitimate participation in mainstream activities, recognising and defending the universal values of autonomy/self-determination, equality, dignity, social justice, and diversity that are ingrained in every person, as well as the rights that follow from them, new interpretations of impairment and disability can be informed by the experiences of impairment of people with disabilities. According to Funk (1987), who is cited by Mishra (2014), depictions of persons with disabilities as "pathetic figures in need of pity, charity, and caretaking" are the result of the social construction of disability. The norms for functional independence, capacity, and social reciprocity are defined by society. People are less likely to be included in society when their functioning or biological makeup does not meet these norms (Devine, 1997, citing Allen et al., 1995; Bogdan et al., 1987; and Hahn, 1988).

All human beings have equal dignity and rights but the research shows many differences exist within people. Humans can be discriminated against. Making unwarranted disparities between people based on the groups, classes, or other categories to which they are believed to belong is known as discrimination (Amnesty, 2020). According to the American Psychological Association (2019), discrimination against individuals may be based on their ethnicity, gender, age, or sexual orientation in addition to other factors. When persons or groups are unfairly treated worse than other people on the basis of their real or perceived membership in particular groups or

social categories, this is particularly known as discrimination. It entails denying members of one group access to advantages or opportunities that belong to another group (W. W. Norton, 2009).

6.2 Conclusion

This study aim is to exploring experiences of person with disability and perception of family and society towards disability. The study is directed by the motive of exploring the fact by the people who are living with disability, their parents and teachers. So, the information was collected from 28 people with disability, 4 parents and 3 teachers as a sample using in-depth interview, semi structure interview, case story and observation. The gathered data was assessed in light of various theories and pertinent literature in the field, and the difficulties and barriers faced by persons with disabilities are highlighted with the reflection of certain theories to answer the study topic. The person with disability respondents said that they constantly experienced improper familial and societal behaviours and that they were frequently told that their disabilities were a misfortune by others. Person with disability, their families reported experiencing stigmatisation, discrimination, and unfavourable stereotypes on a frequent basis.

However, some participants said that there is less discrimination now than before due to various laws and awareness rising. It has also been found that families with disabilities who receive social security allowances have started caring them. Case stories shows that negative behaviour towards disability are changing gradually such as very slowly. The results of this survey somewhat mirrored this shift in conduct, with respondents expressing some favourable attitudes towards those with disabilities and respondents themselves citing some instances of compassion and acceptance. Additionally, this is based on a person's unique traits and knowledge with the impairment from personal or familial experiences. The public's increased knowledge and awareness of disabilities, shifting sociocultural contexts, and policy changes like Nepal's ratification of the UNCRPD and the creation and adoption of a number of related laws and policies in line with the UNCRPD may also be having an impact. But overall, the study found that, the society and family thinks that the people with disabilities are still a burden.

People's negative attitudes about disabilities have a negative effect on social inclusion. Since they are not seen as significant members of society, they are excluded from social gatherings and affairs. The sociopolitical system oppresses and discriminates against them. The issue of their recognition and identity has increased as a result. The individual with a handicap has been marginalised from the mainstream sociopolitical system due to sociocultural norms, religious beliefs, and unfavourable societal behaviours. This has impeded their rights as well as their social dignity. The government appears to have failed to maintain infrastructure that is accessible to the disabled. The roadways are not ADA-compliant. Even government agencies and medical facilities are not accessible to people with disabilities. Due to this, free accessibility is now more difficult. PWDs can have difficulties when using public transportation. Their life has become more difficult and vulnerable as a result of this.

So, this study provides valuable information about the kind of attitudes of family and society toward disability. The study discovered prejudiced social environments, unfavourable social attitudes, and misunderstandings regarding disability. It has been discovered that myths and misunderstandings are widespread throughout society. The foundation of individual ideas and behaviours is discussed in traditions and religions that relate to disability. Due to their impairment, people with disabilities experienced obstacles from their families and society.

Finally, it is crucial to remember that there were a variety of behavioural experiences throughout society, depending on a number of variables such as group membership, the type of impairment, education, and personal ideas and tendencies. The mix behaviors an interesting finding but such as negative behavior is high and positive treat was found only somewhere. Still person with disability treated as poor, pity by sympathy. At the end, there is a need for increased public awareness and activism to fighting misconceptions about disabilities and advocacy to getting the rights of people with disabilities. Devkota et all (2017) concluded that lack of knowledge coupled with prejudice against people with disabilities leads to stereotypes and negative attitudes among providers. Studies conducted in the past, both in Nepal and elsewhere, have shown how providers' views and actions frequently mirror larger social prejudices.

So my conclusion is that the state has not exercised to ensure that all persons with disabilities have the opportunity to fully participate in society and development process. In terms of health, access to education, accessibility, the economy, and career possibilities, people with disabilities treated as second-class citizens by outsiders even government.

REFERENCES

- Aasland, A., Flotten, T. (2001). "Ethnicity and Social Exclusion in Estonia and Latvia" in *Europe-Asia Studies, Vol.* 53, No. 7. (Nov., 2001), Pp. 1023-1049.
- Albrecht, G.L., Seelman, K.D., Burg, M. (2001). *Handbook of Disability Studies*. Thousand Oaks: Sage Publications.
- Amnesty International. (2020). Retrieved from Amnesty International, October 13, 2020.
- Azpitarte, F. (2013). 'Social exclusion monitor', *Research Bulletin*, Brotherhood of St Laurence, Melbourne, Australia
- Banskota, M. (2014). Nepal Disability Policy Review, *Disability Research Center*, *School of Arts, Kathmandu University*, Nepal
- BBC.2019. Religions- Buddhism: Karma". Retrived from https://www.bbc.co.uk/schedules/p01kv924/2019/01/05
- Bohara, S.K. (2022). The Attitude of Society and Family towards People with Disabilities. *Contemporary Social Science*, Vol 31, No.2, PP.10-24
- Calhoun, C. (1993). "New Social Movements" of the Early Nineteenth Century. Social Science History, Vol. 17, No.3, PP.385-427
- Coughlin, E.W. (1941). Some parental attitudes toward handicapped children. *The Child VI*, pp.41-45,
- Cruickshank, W. M. (1955). Psychology of exceptional children and youth. p.317.
- Davis, F. (1961). 'Deviance Disavowal: The Management of Strained Interaction by the Visibly Handicapped'. *Social Problems* 9:120-32.
- Devkota et al. Reproductive Health (2017) 14:79 DOI 10.1186/s12978-017-0330-5.
- Duwal, S.K. (2004). *Study on Physical Disability*. An Unpublished Dissertation submitted to the Central Department of Education, TU.
- Eide, A. H. (2016). Living conditions among people with disability in Nepal. *SINTEF Rapport*.
- Eide, A.H. and M, Loeb. (2006). Living conditions among people with activity limitations in Zambia: a national representative study. Oslo, *SINTEF*.
- Gilson, S. & Elizabeth D. (2002). "Theoretical approaches to disability content in social work education". *Journal of Social Work Education* J SOC WORK EDUC.

- Goffman, E. (1963). Stigma: Notes on the Management of Spoiled Identity. Englewood.
- Gurung, O. (2009). Social Inclusion: Policies and Practices in Nepal. *Occasional Papers in Sociology and Anthropology*, 11, 1 15.
- Gusfield, J. R. (1970). (ed). *Ptotest, Reform and Revolt: A Reader in Social Movement*. New York.
- Halvorsen, H. B. (2017). The changing disability policy system: Active citizenship and disability in Europe. Vol.-1.
- Hosain, H.M. Akkinson, D. Underwood, P. (2002). "Impact of disability on quality of life of rural disabled people in Bangladesh." *In Journal of Health Population and Nutrition*.
- IYDP. (1981). Report on the Sample Survey of disabled persons in Nepal.
- Khanal, Shankar P. (2015). Persons with disability and their characteristics, *Population Monograph of Nepal*, 2014.
- Koller, D. &Pouesard, M. &Rummens, J. (2017). Defining Social Inclusion for Children with Disabilities: A Critical Literature Review. *Children & Society*. 32.
- Lamichhane, K. (2011). "All you need is law." The Kathmandu Post, September 7.
- Mishra, K. Sidhhant. 2010. Social-stereotypes-and-attitudes-towards-disability-ICEVI-World-Conference-12-July-2006.
- Murphy, R. F. (1990). The Body Silent. New York: Norton
- National Federation of Disable Nepal. (2018). Retrived from www.nfdn.org
- Nepal Government. (2017). Apangata Bhayaka Byektiharuko Parichaya Patra Bitaran Karyabidhi.
- Nepal Government. (2017). Disability Promote Rights Act.
- Oliver, M. (1996). *Understanding disability: from theory to practice*. Basingstoke: Macmillan.
- Oliver, M. (2004). The social model in action: if I had a hammer, in C. Barnesand G. Mercer (eds) *Implementing the Social Model of Disability: theory and research, The Disability Press*, Leeds
- Pant S, Koirala S, Subedi M. Impact of COVID-19 on People with Disabilities. Europasian J Med Sci. 2021; 3(2):1-6 https://doi.org/10.46405/ejms.v3i2.294
- Panthi, Minraj. (2004). Disability World, Issue No. 24, June-August 2004.

- Rimmerman, A. (2013). Social inclusion of people with disabilities: *National and international perspectives*. CUP.
- Ruggeri Laderchi, C., Saith, R. and Stewart, F. (2003) 'Does It Matter That We Do Not Agree on the Definition of Poverty? A Comparison of Four Approaches'. *Oxford Development Studies* 31(3): 243-274.
- Schneider, J. & Dutton, J. (2002). Attitudes towards disabled staff and effect of the National Minimum Wage: A Delphi survey of employees and disability employment advisors.
- Sen, A. (2000). "Social Exclusion: Concept, Application and Scrutiny" in Social Development Paper No. 1, Asian Development Bank
- Shakespeare, T. (1992). "Disabled People's Self-organisation: A new social movement?" *Disability, Handicap and Society*.
- Shakespeare, T. (1996). Disability, identity and difference. In G. Barnes & G. Mercer (Eds.), Exploring the divide: *Illness and disability*, (pp. 94-113). Leeds, United Kingdom: The Disability Press.
- Shakespeare, T. (2010). "The Social Model of Disability", New York.
- Shreshtha, S. K. (2017). Social Inclusion, The Himalaya Times.
- Silver, H. (2007) 'The Process of Social Exclusion: the Dynamics of an Evolving Concept'. *CPRC Working Paper* 95. Manchester: Chronic Poverty Research Centre.
- Sofi, Jan Umer. 2011. Social Exclusion of Disabled Persons in India and their Attitude Towards Society, A study of locomotor disables of Pondicherry. US. https://www.grin.com/document/273030
- Stone, E. (2001) A complicated struggle: disability, survival and social change in the majority world, in: M. Priestly (Ed.) Disability and the Life Course: global perspectives Cambridge University Press).
- Subedi, S. (2010). "Disability Movement in Nepal", DHRC
- The Constitution of Nepal. (2072). Fundamental Rights, Government of Nepal, NepalKitabKhana
- Thomas, D., Honor Woods. (2003). Working with People with Learning Disabilities: Theory and Practice, *Jessica Kingsley Publishers*
- Thompson, T. (1982). "You can't play Marbles You have a Wooden Hand" Communication with the Handicapped', Communication Quarterly 30, 108 15.

- UNCRPD. (2006) Retrivedhttps://www.un.org/ .../desa/.../convention-on-the-rights-of-persons-with-disabilities.
- Wave 18 of the HILDA Survey report in October. (2020), Australia
- Wendell, S. (1989). Toward a Feminist Theory of Disability,
- World Health Organization and World Bank. (2011). World Report on Disability (Summary) WHO: Geneva.
- Yazbeck, M., McVilly, K., &Parmenter, T. R. (2004). 'Attitudes Toward People with Intellectual Disabilities', *Journal of Disability Policy Studies*, 15 (2): 97-111.

ANNEXES

Annex 1

Case story of Persons with Disability

Case 1: Reema Thapa, (Pseudonym) Physical disable

Reema Thapa is a physical disabled women of 41 years old. She has 2 kids. When Reema was two and a half years old, she developed high fever. A registered medical practitioner treated her locally for fever. As she grew older, she failed to stand up properly.

Initially, her family believed that she was possessed by witchcraft. After that, the family started to go witchdoctor and treated by him. But her condition did not improve, and her left leg was getting thin and small. But they later learnt that she had had an attack of polio. Till date, Reema experiences weakness in her legs and needs assistant to support herself while walking specially Climb stairs.

She can perform most of her household chores but has problems in outdoor work. She tries to live her life like the normal people, but faces many problems when she is attaining school, public places, playing games. Reema attended school till class 8 but feeling hesitate she dropout. Her friends did not call by name, they called by Langadi (physically weak). So, she didn't make friend. Even her friends did not care for her. Instead, she was given various nicknames like Luli, Langadi and even her friends acted like her by making her body movement.

When she was 19, she got married to an inter-caste boy who is identified as a lower caste in the society. But her family was recognized as upper caste in the society as Kshetriya. When she got married and came to her husband's house, she was not accepted by her husband's family. Her mother-in-law did not even allow her to enter the house. Later, at the request of the villagers, she accepted her socially but continued to insult her inside the house. Her mother-in-law was very rude to her. They started calling her by the nickname of her disability, they started giving work that she could not do. Gradually, they were discriminated against in terms of food and clothing. She felt she was a burden to her family.

However, she took a room in Nepalgunj with her husband and started living there. There was no dearth of those who discriminated against her. Some said that it was due to ancestral sin, while some said misfortune, helplessness etc. But the degree of discrimination was less as compared to the village.

She had a love marriage with a lower caste boy, her parents did not care. She was unknowingly accepted, because she was disabled, the insult and humiliation were justified. She did not know that the society, family, friends had any positive thoughts towards her. As everyone discriminated against her, she also fell victim to a mental illness. However, she continued her study with the idea that advocacy for people with disabilities should protect their human rights.

According to her, the behaviour of our society towards women with disabilities is very bad. They are not even treated as human beings. Society has negative perception toward disabled people. Negative attitudes may result in low acceptance by peers, few friendships, and loneliness and even being rejected or bullied. This can have dramatic effects on the lives of young students with disabilities, resulting in difficulties in joining group activities, declining academic performance, dropping out of school and/or problem behavior (Jackson & Bracken, 1998; Ollendick, Weist, Borden, & Greene, 1992). In worst-case scenarios, rejection and bullying may lead to negative long-term outcomes.

Case 2: Muna Thapa (Pseudonym), Intellectual Disable

Muna Thapa is an intellectual disabled age of 25 years. She can't speak, hear, and have difficulty walking. Growing up for Muna was also difficult. Because she didn't have loving family and relatives to take care of her. She lost her mother at the age of 12. Now she lives with her father and stepmother and their financial condition is also poor, so they are unable to give time to Beli. She never went to school due to her disability, but there is an intellectual special school located in Nepalgunj which is near her home.

According to her elder sister (she is already married), when she lost her mother, she became orphan, and she started living in neighbors' home. After sometimes later her father took her in her house. According to her neighbor Shusila Chhetri, she is too

tired to even eat a single meal. Taking advantage of the situation, roguish boys raped her, when there was no one in her house. Then she was raped repeatedly. Her guardian and neighbor knew it but no one cared. Her neighbors and guardian ignored her as she was useless in their eyes. However, her father told me that he is too tired to care her; he does not have time to care her. Because her father also a daily wage laborer. Her stepmother does not take care of her, she despises her a lot. She feels that Muna is a burden to her family.

After repeatedly raping her, she usually becomes pregnant. It is also a burden to her family and now they give Sangeeni Sui (contraceptive injection) every 3 months. A Sangeeni Sui is a three-monthly injection that is a temporary contraceptive method which is most widely used as a family planning method. However, as a person with a disability, Muna has experienced many barriers. But she doesn't speak, though she runs away seeing the boys.

Disability activist DeepaThapa says that the government has provided disability card (Red Card-A) based on Beli's condition. After Muna started receiving social security allowance from the government, now her father has started taking care of her a little bit. Muna has had some improvement over the past few years, but she is continues compelled to take contraceptive injections. Although social workers have repeatedly advocated on the issue, despite that she has been raped repeatedly while her father was away from home for work. Reema said that she seen many of the barriers and negative attitudes towards people with disabilities persist. For the economic burden group such as Beli's father, who have severe intellectual disable child were found to be high family burden and they did not receive special education.

Her family and neighbors thought it would be better if she died. Her neighbors and family believe that she would have been emancipation if she had died. Another thing is that the boys in the society can be spoiled because of her. They worry about spoiling their son, husband but don't think about her. So, the social burden for the girl of intellectual disability is very high and the negative attitude is also high.

Case 3: Bhagatram Chaudhary (Pseudonym), Tri-cycle user

Bhagatram Chaudhary, who is the physically disabled person, is 60 years old. He has been working to deliver shop items from one place to another. He has a blue identity card (kha categories). He has a family but he live alone after death of his wife. He has learned a lot about human rights and disability rights while experiencing many hurdles and stumbles in life. Even though, he could not participate in the previous general elections and local elections before 2064.

As both his legs were polio, he used to crawl and used to earn his livelihood by begging. He was taught by the human rights defender that, he should not beg for food, but should be self-employed. He had his citizenship certificate, but not disability ID card. Then, he took the initiative to make a disability ID card and a voter ID card. Then he was carrying goods from one shop to another using the tri-cycle.

For the first time, he got a chance to cast his vote in the election of the second Constituent Assembly, but it was not as easy as he thought. A lot of people said that why did he come instead staying at home, but he already understood his role in the election. He was an important part of the disability movement through the Self Help Group group. In the second local election of 2079, he could not vote easily. His assigned his name in Adarsha Ma.Vi.Ranja, polling center of Nepalgunj Submetropolis-20. He had to cast his vote with difficulty as he was not allowed to use his tri-cycle inside the polling center.

He said that he had to go to the poll as he is not allowed to bring tri-cycle from the gate. Police did not allow him to enter the tri-cycle. There was no separate line for persons with disabilities even inside. He crawled and sat in line with muddy hand and leg. The reason for this is that most of the polling centers were filled with mud due to the rain the night before the polling day. He could vote using his wheelchair, but could not use himself so volunteer help to cast his vote, because the height of voting table was too high for him. He also had mud on his hands. Other PWDs also cast their vote in the same way. He said, He was not treated as a human. He asked question to police, did we take the wheelchair for joy?

He said that he seen many of the barriers and negative perception towards people with disabilities persist.

Case 4: Krishna Singh (Pseudonym), Deaf

13 years old guy Krishna Singh is permanent residence of Nepalgunj 15 Banke and is younger child in a family. His father works as security guard in Nepalgunj Nursing Campus (government campus) NepalgunjBanke and his mother is a housewife. He has two sister and one brother, among them Krishna, one of his sisters and his brother were deaf by birth. Being deaf by birth lead him to anenormous challenge in life to cope up with the situation. However, Krishna and his deaf brother and sister build a courage and admitted to resource school namely Nepal Rastriya Adarsha Basic School, Khajura-5, D gaunBanketo their study.But he suffered a lot of disrespect. According to him, the teachers also did not pursued well behave. Children of his age used to beat him, tease him, and throw books on the road. So I didn't want to go school.

His teacher Khuma Giri said, Krishna is very loyal, kind and calm kid by nature since his childhood and is passionate to be the successful person in future. But our society is not accepted him as a normal child so he felt hesitate to come school.

He is worrying about his study because he is deprived of education and reading materials at home. Except his deaf brother and sister no one in his family understand his language though his parents couldn't educate him the way he understands. He doesn't even have the books to study and other reading materials at home for self-study.

Case 5:Basanti K.C. (Pseudonym), Short Height and deaf

Basanti K.C., a resident of Nepalgunj Municipality Ward No. 13, is a physically disabled girlborn on 27th of July 2057. Basanti was born with short height and hearing loss. She grew up in a single family with his father, mother, brother and sister. No other family member has the same problem as her. She born in a middle-class family, she says, "I was not discriminated at home because of my disability, but my neighbors always do. I have a nice name but I called pudki(short height girl) in the

village and neighborhood. My hands and feet were very small so they teased, they said, who would marry with such a small girl. I feel body shaming very much.

She said, when she was child no one plays with her due to my disability, I did not have many friends in the village, neighborhood even school. That's why I used to be alone most of the time.

When I saw people with more problems than me, I was happy with my condition because I can walk, see, eat, and communicate. And then I had participated in many program related to disability, so now I am able to understand about disability. At first, everyone thought that I was born useless in many ways, but now I have realized that my disability has given me an opportunity to connecting other persons with disabilities. I will fulfill my responsibility for the disabled people in my ward as far as possible. She has a disability identity card of 'C' category.

According to her, the behaviour of our society towards disabilities is much discriminated. They are not even treated as human beings. So, result in low acceptance by peers, few friends and loneliness and even being rejected or bullied.

Case 6: Sanudevi (Pseudonym), Women with physical disability

Sanudevi is a woman with physical disability. She can't move without wheel chair. She lives in PragatiTole ward no-5. She was born in 1989. She was born with a good body but in 2002 she felt down from a tree and acquired this disability. Her parents had to sell properties for her treatment. She left school while she was studying in grade 5.

There are 4 family members in her family. She Said, "Because of my disability, I was living a very poor life." Her husband is a labor, works in India. She had to face many difficulties to take care her child. She was worried about her life. One day she got opportunity to take vocational training. She learnt to make doll. She used to make one or two dolls only because of lack of money and come to sell the dolls in market. I used wheel chair so other normal persons see me as a alien. I felt hesitate many times now a day's too. She said that she has strong aim to provide better education to her children. Now her children are studying in private school. Her demand is should be

free education for disabled children. People also discriminate my child because she is a child of person with disability.

I can't go with a wheel chair as the school is not disabled friendly. I have to suffer because of the lack of disabled-friendly roads to go to the market and sell goods. Participation of the disabled in income generation is low. She said, I want to join income generating activities but there is low opportunity for that.

Case 7: Bir Bahadur B.K. (Pseudonym), Blind

Bir Bahadur B.K. is a blind man of 42 years old. He has 2 children. Bir Bahaduris a blind by born. Initially, his family believed that he was result of past karma. All neighbor think same and they also hated him and his family to having such a boy. After that, the family changed their religion, they become Christian from Hindu. He said that they have changed religion so that discrimination will be reduced. He can perform most of household chores such as cleaning dishes, cutting vegetable, washing cloth etc but has problems in movement without support. He attended school till 12 years but feeling hesitate he dropout. His friends did not call by name they called by Andha (can't see). So, he didn't make friend and they also did not careeven hissibling. When she was 30, he got married to a physical disabled girl, who is identified as a Langadi in the society.

There was an incident in hospital during my first baby. A woman there said that it was pathetic to see a blind person having child. I did not recognize the woman, but I become very angry. Why did I have to be a character of sympathy? I did hear such comments and doubt on how we would take care of a baby because my wife also have disability, when I myself could not see. But now, they had seen me doing all the household chores. So people had mixed opinion; some said I would take proper care whereas the others said I could not.

He said, I heard many times if somebody is going out and meet a person with disabilities, they says it is bad luck because I saw the face of a disabled which is Dalit too. We are blamed many times by upper caste people and many discrimination we are facing. If we participate in any ceremonies and weddings, they say, 'Why did she come here? Everybody will see us and some bad things may happen. Some of the

neighbors said we should not have planned for a baby, they think disability is hereditary. He said;

Being disabled is more painful....If I did not have blindness nobody would speak bad or painful words to me...I would not seek support or help from anybody....society would not consider me a symbol of bad luck and I would not be excluded. I wish, this types of perception would change soon.

According to him, the behaviour of our society towards disabilities is changing but it is happens very slowly.

Annex II

List of Respondent

Respondent Name List

SN	Name	Sex	Disability
1	Harikala Thapa	Female	Physical
2	Dipa Thapa	Female	Physical
3	Bhabuk Jung Thapa	Male	Blind
4	Ghanashyam Malla	Male	Physical
5	PurnakalaPariyar	Female	Hard of hearing
6	Ghanashyam Bahun Tiwari	Male	Low vision
7	Takiuddin Kha	Male	Physical
8	Ganga JaliKhatik	Female	Parent
9	Hemant Kumar Tharu	Male	Parent
10	Durga Gharti Magar	Female	Parent
11	Saraswoti Sunar	Female	Parent
12	Yastar Sunar	Male	Physical
13	Mohan Tiwari	Male	Low vision
14	Shanti Sunar	Female	Low vision
15	Bhadra B.K.	Female	Blind
16	Rabina Nau	Female	Deaf
17	Sajid Ali Saiyad	Male	Deaf
18	Aruna Tharu	Female	СР
19	Dhiraj Sunar	Male	Physical
20	Mantuni Tharu	Female	Physical
21	Sirjana Shah	Female	Teacher
22	Santosh K.C.	Male	Deaf
23	Jit Bahadur Tharu	Male	Teacher
24	Sher Bahadur Tharu	Male	Teacher
25	Ayub Siddhiqui	Male	Physical
26	Bina Sunar	Female	Intellectual
27	Beli Thapa	Female	Intellectual
28	Puspa Prasad Upreti	Male	Physical

29	Rina Pun	Female	Speech
30	Manish Sunar	Female	Physical
31	Bir Bahadur BK	Male	Blind
32	Sanudevi	Female	Physical
33	Basanti KC	Female	Multiple
34	Krishna Sing	Male	Deaf
35	Bhagatram Chaudhari	Male	Physical

Annex III

Semi structured interview checklist- Persons With Disability

A sociological study of the experiences of people with disabilities in everyday life Questionnaire for PWDs

1. General inform	ation of the resp	ondents			
Name of the respon	dent:				
Address:	Age:			Sex:	
Education:		Occupation:			
Cast/Ethnicity:		Religion:			
Marital status :	\square Married	\Box Unmarried	□Divorce		
2. Types of Disab	ility:				
3. Card Type :□R	Red	□Blue	□Yellow		□White
4. Causes of Disabil	ity				
By birth \square					
Accident □					
Disease \square					
Others \square					
5. When did you bed	come disabled?				
By birth \square		Childh	nood 🗆		
Adulthood \square		Other			
6. Are you need any	assistive device	e?			
a. Yes □	b. No				
If yes, which on	e :				
Have you got thi	is device:				
7. Have your family	tried any treatn	nent for recove	ry?		
a. Yes □	b. No				
If yes, what kind	l of treatment di	id you receive?			
a. Aayurvedic □]				
b. Allopathic □					
c. Traditional \Box					
8. If no, why didn't	your family try	any treatment?			
a. Poor economi	c condition \square				
b. Others \square					
Explain					

9.	Do your family member s	support you in your daily activities?	
	a. Yes □	b. No □	
W	hich types activities		
10	. Do your family member	feel burden having disabled in family?	
11	. Does your family discrin	minate you with other able?	
	a. Yes □	b. No □	
If		yes	describe
12	. Are you getting equal op	oportunities in education as able ones?	
	a. yes □	b. No □	
13	. Are you getting equal of	oportunities in attending social activities?	
	a. yes □	b. No □	
14	. Are you getting equal of	oportunities in decision making in your family?	
	a. yes □	b. No □	
15	. Have you ever attended		
	a. Yes □	b. No □	
	70		
	If no, why didn't you att		
	a. Because of disability		
	b. Parents didn't send \square		
	c. others		
16	. Are you currently attend		
	a. Yes □	b. No □	
		ns for currently not going school?	
	a. Cannot perform like o	other	
	b. Due to disabilities \square		
	c. Others		

17. Did you face/are you	facing any problem at the educational institution?
a. Yes □	b. No □
Describe	
18. Are you engaged in a	any economic work?
a. Yes □	b. No □
10.10	1.0
19. If yes, what type of v	vork?
a. Farmer □	
b. Services □	
c. Business/Trade □	
d. Other \square	
20. How your friends tre	ont von 22
•	at you ::
	nd family member treat you? How do your family members
take/view your disa	bility?
22. Do you find discrimi	nation in your family because of your disability?
if yes, what kind of	discrimination do you feel?
23. How easy/difficult it	is to adjust in the family for a disabled person? What is your
experience?	
24. How easy or difficul	t it is to get education for a disabled person like you?
25. Do you feel neglecte	d, discriminated, and isolated from friends and people in the
society?	
a. yes b. No	
If yes, how do they do it	?
26. What emotional misl	balance you feel being disabled person in the society?
27. How easy/difficult i	t is to adjust in the society for a disabled person like you in
the	
society? What is your ex	perience?
28. Do you think the infi	rastructure around you are disabled friendly?
29. How easy or difficul	t it is to get excess in public places?
30. Have you got suppor	t from the Nepal government?
If yes, what kind of supp	port?

31. Are the planning and policies of the Nepal government enough for disabled people?

other open question related with disability

Annex IV

Semi structured interview checklist- Parents

A sociological study of the experiences of people with disabilities in everyday life

Questionnaire for Parents

1. General information	ation of the resp	ondents		
Name of the respon	dent:			
Address:				
Age:	Sex:			
Education:		Occupation:		
Cast/Ethnicity:		Religion:		
Marital status:	\square Married	\Box Unmarried	□Divorce	
Name of Disabled cl	hildren:			
Age:				
Sex:				
Education:				
2. Types of Disab	ility of your chi	ldren:		
3. Card Type :□R	led	□Blue	\square Yellow	\square White
3. Card Type :□R	ed	□Blue	□Yellow	□White
3. Card Type :□R4. Causes of Disabil			□Yellow	□White
			□Yellow	□White
4. Causes of Disabil			□Yellow	□White
4. Causes of Disabil By birth □			□Yellow	□White
4. Causes of Disabil By birth □ Accident □			□Yellow	□White
4. Causes of Disabil By birth □ Accident □ Disease □			□Yellow	□White
4. Causes of Disabil By birth □ Accident □ Disease □	ity of your child	dren ?	□Yellow	□White
4. Causes of Disabil By birth □ Accident □ Disease □ Others □	ity of your child	dren ?	□Yellow	□White
4. Causes of Disabil By birth □ Accident □ Disease □ Others □ 5. When did he/she	ity of your child	dren ? d?	□Yellow	□White
4. Causes of Disabil By birth □ Accident □ Disease □ Others □ 5. When did he/she □ By birth □	ity of your child	dren ? d? Childhood □	□Yellow	□White
4. Causes of Disabil By birth □ Accident □ Disease □ Others □ 5. When did he/she □ By birth □	ity of your child	d? Childhood □ Other □	□Yellow	□White

If yes, which one	·······
Have he/she got th	nis device:
7. Have you tried any	treatment for recovery of your children?
a. Yes □	b. No □
If yes, what kind o	of treatment did you receive?
a. Aayurvedic □	
b. Allopathic □	
c. Traditional \square	
8. If no, why didn't try	any treatment?
a. Poor economic	condition
b. Others \square	
Explain	
	your child for him/her daily activities?
	S
	n having disabled in family?
11. Does he/she gettin	ag equal opportunities in education as able ones?
a. yes □	b. No □
13. Does he/she gettin	g equal opportunities in attending social activities?
a. yes □	b. No □
14. Does he/she gettin	g equal opportunities in decision making in your family?
a. yes □	b. No □
15. How do you tre disability?	eat him/her? How do your family members take/view on

- 16. How easy/difficult it is to adjust in the family for a disabled person? What is your experience?
- 17. How easy or difficult it is to get education for a disabled person like your children?
- 18. Do you feel neglected, discriminated, and isolated from friends and people in the society?
- a. yes b. No

If yes, how do they do it?

19. What emotional misbalance you feel being disabled person in the society?

Annex V

Semi Structured Interview Checklist- Teachers

A sociological study of the experiences of people with disabilities in everyday life

Checklist for Teachers

General information of the respondents
Name of the respondent:
Sex:
School Name:
CWDs enrolled number in school:
Student disability types:

Question checklist

- Which types activities children are disability do in school?
- Do you feel burden having disabled student in your class?
- Does he/shegetting equal opportunities in education as able ones?
- Does he/she getting equal opportunities in attending extra curricula activities?
- How easy/difficult it is to adjust in the school/classroom for a disabled children? What is your experience?
- How easy or difficult it is to get education for a disabled children?
- Do you feel CWDs are neglected, discriminated, and isolated from friends and others?
- Study materials are available according to disability?
- Are you trained teacher for resource class?