Original Article

Understanding Societal Attitudes towards Children with Disabilities in Bangladesh: Implications for Inclusive Policy and Practice

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Abstract: Bangladesh is a country where children with disabilities face discrimination and prejudice, making it difficult for them to exercise their rights and participate in social activities. Lack of awareness and understanding of their challenges hinders efforts to protect their rights and implement effective interventions. This study aimed to deepen our understanding of the societal attitudes toward children with disabilities and contribute to the development of interventions that promote inclusion and social justice for these children. The study used in-depth interviews and Focus Group Discussions to collect primary data from ten children with visible physical disabilities from the Sylhet City Corporation area of Bangladesh. Ethical considerations were maintained during the data collection process, and two FGDs were conducted with neighbors, community members, and service providers. Additionally, the researcher observed the family and their surroundings. The study revealed that children with disabilities were deprived of their fundamental rights due to negative attitudes from the community and families. The lack of accessibility and an environment favorable to people with disabilities and the non-implementation of current policies were significant barriers to living a dignified life. Interventions are needed to raise awareness and increase accessibility for people with disabilities to improve their quality of life and ensure they can fully enjoy their rights. The study found that most people in Bangladesh lack awareness of the rights of children with disabilities, leading to significant barriers to their inclusion in development programs. To address this issue, the government should develop comprehensive programs and take legislative measures to ensure equal access to existing services for children with disabilities. Overall, the study highlights the need for increased awareness, policy reform, and targeted interventions to promote inclusivity and improve the quality of life for children with disabilities in Bangladesh.

Keywords: Children with a disability, discrimination, prejudice, accessibility
1. INTRODUCTION

Disability is a global issue affecting one billion people or 15 percent of the world’s population (Bruin, 2019). Discrimination against persons with disabilities is a significant public concern worldwide, as they are often neglected at the family, community, national, and global levels. As Munyi notes, attitudes towards people with disabilities vary across cultures, and societal perceptions and treatment of persons with disabilities have evolved significantly over time, depending on the community (Munyi, 2012; Hassan et al., 2020). The majority of persons with disabilities struggle just to survive (Ravesloot et al., 2016), while children with disabilities are among those who are most at risk of abuse, exploitation, and neglect (Fleron, 2017). “The chief handicap of the blind is not blindness, but the attitude of seeing people towards them,” wrote the famed disabled scholar Helen Keller. The holistic appraisal of persons that goes into attitudes regarding disability can be either positive or negative, or it might combine both. Different attitudes towards disability exist in different communities depending on the type of impairment. Studies on attitudes have shown that mental illness is generally viewed as more disagreeable than physical disability (Corrigan, 2002; Nuri et al., 2020). People with disabilities are utterly respected and accepted to participate to the best of their ability in certain cultures, whereas they are barely tolerated and regarded incidentally in others. Unfortunately, in certain African and Indian subcontinent cultures, disabilities are viewed as a misfortune, and disabled children and their families are treated differently. These disparities in the treatment of disabled people may be found not just in Africa, but also in different regions of the globe (Walker, 1982). For instance, among the Chagga community in East Africa, physically handicapped people were believed to pacify evil spirits. Consequently, they were treated with care to avoid harming them. However, in some communities in Kenya and Zimbabwe, a child with a disability is considered a curse on the entire family and is viewed as a source of shame, leading to rejection by the family or community (Bongmba, 2017). In general, throughout Africa, people with disabilities are seen as hopeless and helpless (Abosi, 2008; Hussain, 2021). The African culture and beliefs have made it even more challenging to deal with disabilities. For example, Namibians in general, attribute the causes of disabilities to witchcraft, juju, sex-linked factors, and supernatural forces (Haihambo, 2010). Social attitudes towards people with disabilities are not only reflected in the wider community but also in the family, where customs and values are taught by example. Child-rearing practices tend to shape an adult’s behavior towards individuals with disabilities (Gellman, 1959; Siddik et al., 2020). The way parents interact with their children and the attitudes they instill in them can have a significant impact on their perception of disability as they grow older. These relationships influence a child’s conformity to adult standard behavior and can have a lasting impact on their attitudes toward people with disabilities. In Bangladesh, children with disabilities are among the most vulnerable groups and are subjected to discrimination in all aspects of life. According to the World Health Organization, around 10 percent of the population in Bangladesh has a disability. To address this issue, the United Nations General Assembly adopted ‘The Convention on the Rights of Persons with Disabilities’ in 2006 (CRPD, 2023). The Convention aims to protect the rights of people with disabilities and follows the core principles of the Vienna Declaration and Program of Action. The government of Bangladesh is committed to promoting the rights of children with disabilities within the framework of the UN Convention on the Rights of Persons with Disabilities and the UN Convention on the Rights of the Child (Math S, 2019). The government is now stepped into a gigantic human development journey by attaining the Sustainable Development Goals 2016-2030. To ensure the inclusion of persons with disabilities into this journey and promote their full participation and equal opportunities in all areas of development, the Government has enacted the ‘Rights and Protection of Persons with Disabilities Act 2013’ and ‘Protection of Persons with Neuro-developmental Disability Trust Act, 2013’. However, despite the government’s efforts to provide equal rights, the status of children with disabilities remains
precarious, particularly in terms of their age and financial condition. In Bangladesh, many people lack knowledge about disability, and societal taboos influence their perceptions of people with disabilities. Stigma, ignorance, and impairment-based definitions also contribute to negative attitudes toward disability (Mitra, 2011; Aldersey et al., 2022). Superstitions and negative attitudes are socially constructed, and they remain the main constraints for children with disabilities in Bangladesh. Unfortunately, these attitudes can lead to extreme poverty, especially for children with disabilities, as evidenced by some indicators of poverty and disability (UNICEF, 2014). It is now widely recognized that poverty and disability are intertwined and contribute to the increased vulnerability and exclusion of persons with disabilities. However, comprehensive studies on the linkages between poverty and disability are lacking. Children with disabilities in Bangladesh often lack access to basic necessities and comforts of life such as housing, education, employment opportunities, and medical care (UNICEF, 2014). As a result, they remain excluded from their justified needs and rights in society. Their economic situation changes very little, and they remain at the bottom of the poverty scale. It is, therefore, essential to include children with disabilities in the mainstream development process, and this can only be achieved by eliminating poverty from their lives.

2. LITERATURE REVIEW

Disability can be explained by different models, historically, in developed countries, a medical model of disability has been the cornerstone of special education particularly to determine eligibility for special education services. The medical model of disability perceives disability as a medical condition or ailment that should be remedied through medical interventions (Soldatic & Johnson, 2020). Several models are used to explain disability, including the charity model, the social model, the economic model, and the human rights model. In recent times, there has been a strong emphasis on promoting the social model of disability. According to this model, disability is regarded as a normal aspect of life, rather than something abnormal, and it actively opposes the notion that individuals with disabilities are intrinsically 'defective' (Retief & Letšosa, 2018). The study applied the social model of disability, which considers disability to be merely one of many characteristics that an individual possesses and which may assume greater significance depending on their social interactions. The social model puts emphasis on the social factors of disability. It also contemplates impairment as a by-product of the negative social environment. This negative environment prevents persons with disabilities from active participation in society as well as promotes a distinctive form of social ill-treatment towards them (Babik, 2021). The social model promotes changing attitudes toward persons with disabilities, positive practices, and policies towards persons with disabilities. Research has shown that children with disabilities may experience social difficulties, low levels of social interaction, limited friendships, extended solitary play, low levels of social acceptance, poor social skills, and negative responses to their attempts at social interaction when placed in mainstream schools (Clarke, 2005; Preece et al., 2022). Disability is commonly understood as a physical or mental impairment in literature, but it is not limited to these aspects alone. Disability is also defined by culture and varies in different socio-cultural settings. For example, what may be considered a normal sickness in one context may be recognized as a disability in another (Saravanabhavan, 2001)? Disability encompasses a wide range of chronic conditions that affect mobility, sensory, mental, learning, and emotional functions (National Academies of Sciences, Engineering, and Medicine (U.S.), 2018). The World Health Organization defines disability as an umbrella term that covers physical impairments, activity limitations, and participation restrictions. Individuals with disabilities are those who face difficulties in performing daily activities due to physical, mental, or intellectual impairments caused by problems during pregnancy, birth, or after birth (World Health Organization, 2023). In Bangladesh, the Persons with Disabilities Rights and Protection Act 2013 categorizes disability into various types, including autism spectrum disorders (ASD), physical disability, mental illness leading to
disability, visual disability, speech disability, intellectual disability, hearing disability, deaf-blindness, cerebral palsy, Down syndrome, multiple disabilities, and other disabilities. In this study, physical disability is described as a condition where a person experiences limitation in their ability to function or move due to various physical impairments. These impairments can include the absence of one or both hands and feet, complete or partial paralysis of one side or limb, structural defects, or neurological dysfunction that affects physical balance. Such impairments can significantly disrupt a person's daily activities and overall quality of life.

3. MATERIALS AND METHODS

An exploratory, qualitative research design was used for this study to gain an in-depth understanding of the attitudes and beliefs toward children with disabilities (CWDs) in the community (Creswell & Creswell, 2018). Qualitative methods allow for an interpretive, naturalistic approach in which the researchers try to make sense of or interpret phenomena in terms of the meanings people bring to them (Denzin & Lincoln, 2018). This aligns with the purpose of this study to explore participants' interpretations and perspectives regarding CWDs. Purposive sampling was used to select participants for this study (Etikan et al., 2016). The sample consisted of three groups: (a) 10 disabled children aged 8-18 years, (b) parents/legal guardians of disabled children (one per child), and (c) 10 service providers for disabled children and community members. This aligns with the research questions focusing on attitudes and beliefs towards CWDs. Including different groups enabled gathering multiple perspectives. The study was conducted in the Sylhet City Corporation which was chosen for convenience and feasibility (Creswell & Creswell, 2018). The corporation has a range of services for disabled children, thereby providing access to potential participants. Data were collected through focus group discussions (FGDs), in-depth interviews, and observations. Using multiple qualitative methods allowed for triangulation to improve credibility (Carter et al., 2014). Two FGDs were held - one with 5 parents of CWDs and another with 5 service providers. All 10 children and the remaining parents and service providers/community members participated in individual in-depth interviews. The researcher also conducted observations during interviews to note non-verbal behaviors. All sessions were audio-recorded with consent. Inductive thematic analysis was used to identify patterns and themes related to attitudes and beliefs about disabled children (Braun & Clarke, 2006). Transcripts were carefully read multiple times to code and categorize data. Themes were developed by collating codes. FGD transcripts were analyzed separately and then integrated with interview themes. Comparative analysis was done to ensure consistency and completeness.

4. RESULTS AND DISCUSSION

4.1 Self-perception of children with disability

The study revealed that Children with disabilities (CWD) often suffer from how others react to them and this contributes to diminishing their self-esteem and to a tendency to take little care of themselves, which may subsequently hinder social inclusion. They felt regret interacting with their non-disabled peers for their impairment. Due to a lack of awareness about disability, their peer was not willing to play or even did not want to study in school with them. As a result, their socialization was hampered, and they were isolated and segregated from mainstream social activities. One of the participants shared his experience as— "I feel discomfort to speak and play with non-disabled children due to my disability. They don’t want to understand that disability is one of the diversities of a human being.” (Participant 3, Age: 16). The study also revealed that children with disabilities are at a higher risk of experiencing depression and may internalize negative beliefs about themselves, which can hinder their mental and emotional well-being. They may blame themselves for their disability and feel helpless, which can lead to further emotional distress. This highlights the importance of addressing
the mental health needs of children with disabilities and providing them with adequate support and resources to promote their overall well-being. Another participant shared his experience as - I feel dishonored for my situation. My friend always ignores me as I cannot participate in various activities like others. (Participant 8, Age: 12).

4.2 Attitude of the family members towards children with disability

Naturally, parents want their children to be healthy and free from any deficits in intellectual, developmental, physical, or psychological domains (Ahsan, 2020). The care and treatment provided to children during their developmental stages depend on whether they have special needs or not (Cohen, 1994). The presence or absence of a childhood disability, whether it is temporary or permanent, may not be as significant in predicting parenting stress and depression as the quality of marital and family functioning (Neely, 2008). As parents experience increased demands for energy, time, and financial resources, their stress levels may increase, potentially leading to negative effects on the child's treatment. Additionally, the social stigma and ridicule associated with disabilities often result in social isolation. Therefore, how parents respond to a child with special needs depends partly on their perceptions and the practical implications of the disability or illness (Chaturvedi, 1984; Opoku et al., 2022). The study found that family members, aside from parents, may hold negative attitudes toward children with disabilities. Consequently, parents of these children face unique and ongoing challenges that impact various aspects of their lives, such as their physical and mental health, employment, finances, and relationships. Specifically, mothers of children with disabilities are more likely to experience mental health issues than mothers of typically developing children. In a recent study of 294 Australian mothers with a disabled child, almost half reported clinically significant levels of depression (44%) and anxiety (42%), compared to only 5% and 15%, respectively, of the general female population (Gilson KM, 2018). The extended family members and relatives also possess a negative attitude the children with disability in Bangladesh. The study identified that families of all statuses try to hide their disabled members from their relatives and society. One participant during FGD mentioned that:

“I feel shy about my disabled child as people do not want to connect with my family due to the social stigmatization. I feel helpless when my family becomes isolated from society for having a disabled child” (FGD Participant, Age: 41, Physiotherapist).

During the study, a child with a disability was found staying with her stepmother. Her stepmother did not behave appropriately with her. She told that:

“My stepmother always behaves rudely with me; she does not take care of me like my younger sibling. She always neglects me as I am not able to participate in household activities. My father also considers me a burden to the family. I think it is very unfortunate to be a person who has a physical disability in the family” (Participant 1, Age: 16).

4.3 Community Attitude towards Children with Disability

Negative attitudes towards individuals with disabilities can be just as limiting as physical barriers when it comes to their participation in schools and communities. In Kenya, a survey study of families with a member who had epilepsy found a range of perspectives, with some believing that medication could allow for a normal life, while others thought that their children with epilepsy would not be able to attend school or get married (Gehane, 2006; Hussain, 2020). While negative attitudes were identified within the community, respondents also described receiving support from community members who helped with care and treatment during seizures. Similarly, in Tanzania, a study interviewing tribal elders and schoolteachers about individuals who were deaf, blind, or had physical or severe
disabilities found differing opinions on whether individuals with disabilities could be productive in society through training (Kisanji, 1995). Teachers generally gave more positive responses than others. Additionally, attitudes towards individuals with disabilities can vary depending on the type of disability (Babik, 2021), with children with emotional or behavioral disabilities and those with multiple disabilities being perceived more negatively by their typically developing peers compared to those with a specific physical disability. The study found that stigmatization was rooted in four core perceptions. These perceptions include viewing such children as ‘abnormal’, perceiving disability as a threat or contagious disease, seeing these children as dependent, and using religious and cultural norms to justify negative attitudes towards them. These negative attitudes often lead to the isolation of these children and their families from the cultural activities that are considered mainstream in society due to their disability. The Father of a disabled child mentioned his experience: Everywhere we go, people called my child ‘mad’. He says I feel isolated and frustrated by the social stigmatization and the lack of support from society. I feel worried about the effects of the social pressure and my family is increasingly uncomfortable going out with the disabled member. (FGD Participant, Age: 50, Guardian of children with disability). Another child with a physical disability said that he lost his leg after a road accident. The attitude of his neighbors had changed increasingly. He said, the people surrounding me, my teacher, and even my friends also started to avoid me after I became disabled. I could not join in the social activities due to the lack of a disabled-friendly environment and accessibility. They think that I would create problems anywhere. So, I am not invited into those social programs. (Participant 6, Age: 15).

In society, there are lots of prejudices and misconceptions about disability. Some people believe that disability results from the parents’ sin. One mother of a disabled child expressed her view that “People told me it is the result of my bad deeds. After having a disabled child my family members started to blame me. My family is not invited to any social program. They thought that our presence might bring a curse on them.” (Mother of a child with a disability, Age: 40)

Fathers of a child with a disability recommend that: “My child with a disability could enjoy equal rights for education, health, employment, and social services if the society respects human diversity”.

4.4 Attitude of peer group and their parents towards Children with disabilities

The study found that a large number of non-disabled peers of children with disabilities exhibited an unwillingness to interact with them. This lack of willingness was often attributed to a lack of awareness about disabilities, and a failure to receive proper education about disabilities from both families and schools. Moreover, parents of non-disabled children often discouraged interaction between their child and a child with a disability, fearing that it may hinder their child’s development. This behavior resulted in children with disabilities feeling isolated and disconnected from their peer groups, leading to a higher likelihood of dropping out of school and becoming disconnected from the wider community. A child with a physical disability reported that- Previously my friends would not communicate with me, they thought if they spoke with me, they might be blind like me. Their parents prohibited them from playing with me. But now I am glad to see that some of my friends come willingly to speak with me and ask me about my physical condition. If my friends and my teachers cooperated with me earlier, I would not have dropped out of school (Participant 4, Age: 15).

Another child with disabilities expressed that he had very few friends in the class. Most of her classmates were not positive about him. As a wheelchair user, he needed some assistance from his classmates, but they did not always want to cooperate with him.
Most of the time, I sit alone in the classroom. My classmate does not want to sit beside me. I was so upset that; they did not want to play the games which are suitable for me. (Participant 5, Age: 14).

Another child with partially impaired wants to play with her classmates. Most of the time, they did not want to take her in outdoor and indoor activities because of her limited communication ability. How my friends can be so rude to me!! To Whom I will share my sorrow & and sufferings! (Participant 1, Age: 16).

4.5 Expectations of Children with disability and their parents

The Heiman study from 2002 found that parents of children with disabilities often had to make significant changes in their social lives, leading to frustration and dissatisfaction (Heiman, 2002; Scherer, 2021). However, having a strong belief in the child’s future, an optimistic outlook, and accepting the disability realistically was crucial for parents. The study emphasized the importance of social resources and effective intervention programs. Children with disabilities possess unique abilities, but negative societal attitudes conceal their abilities. Education is recommended by parents and caregivers to improve the lives of children with disabilities, and it should be inclusive of socialization, reasonably accommodated, disabled-friendly, accessible, and learner-focused, following the Universal Design Guideline (UDG) for infrastructure and building design.

“I think education is the key to success for children with disabilities. Skill development training is also essential for them. The government and NGOs should take the important initiative to ensure the rights of children with disabilities. Awareness building is necessary for making positive attitudes towards disability” (FGD Participant, Age: 50, guardian of Children with disabilities).

The Universal Early Childhood Curriculum Principles state that early childhood, from conception to age 8 or 9, is a critical period for children’s development and learning. A high-quality program during this time can establish a solid foundation for success and fulfillment in school and life. Disability-related content should be included in the curriculum to promote a positive perception of disability among non-disabled children. Teachers and staff must have proper knowledge and a positive attitude toward teaching children with disabilities. Adequate disability-friendly learning materials and therapeutic facilities need to be available in schools. Service providers suggest being affirmative and supportive in implementing existing government policies and strategies.

4.6 Discussion

The study found that the primary direct causes of childhood impairment include pertaining to low access to or inadequate health care, nutrition, unclean water and restrooms, and mishaps. Inadequacies in national systems, poverty, and other factors contribute to discriminating attitudes and actions. Parents who have children with disabilities often have negative perceptions, including feeling pessimistic, embarrassed, withdrawn, and even rejecting the existence of children with disabilities (Hassan et al., 2020). These challenges are often rooted in societal attitudes and inadequate support systems, which can contribute to discrimination against children with disabilities and limit their access to education and healthcare (Dewantoro, 2020). The majority of parents accepted their child’s impairment diagnosis and believed that their child’s condition is God’s will. The majority of parents believed that society and their extended family can accept the existence of children with disabilities. They are aware that there are children with disabilities, they are aware of their children’s unique demands, and they are hopeful about the prospects for kids with impairments. However, the majority of respondents believed they had failed as parents, and the majority of parents decided to put their kids in dormitories. These findings were supported by a study of parental beliefs in South Asian Muslim immigrant families (Nuri et al., 2020). The study conducted ethnographic
fieldwork in homes and the community to understand how families with a child with autism perceived their situation. The families saw the task of raising a child with autism through religious lenses, with the goal of raising them as normally as possible in accordance with Islamic precepts. This included integrating the child into everyday social, linguistic, and religious practices at home and in the community. The parents disagreed with the expert's understanding of autism, which they felt was hindering rather than promoting their child's development (Jegatheesan, 2010). Children with disabilities are more common, which leads to the strain on their parents' minds. Parents with disabled children experience mental discomfort for a variety of reasons (Barnes, 2008). Financial issues, the requirement for advice, care, and equipment purchases come first. Second, emotional issues, particularly guilt and other forms of mutual blame embarrassment, and a sense of rejection from other family members. Third, modifications in family expectations and aspirations, children with impairments require careful care, frequently interfere with parents' ability to work, advance in their jobs, and in certain cases abandon employment to care for children with impairments (Ambia et al., 2021). Fourth, unfavorable perceptions and preconceptions held by the public, neighbors, and friends, educational and nursing institutions that are willing to accept children with disabilities. Fifth, refers to the challenge of locating healthcare and educational facilities that are capable of accommodating children with disabilities. The results of this study brought to light the unpleasant fact that persons with disabilities often faced discrimination and hostility in their own homes, which caused a significant effect on their mental and emotional health (Siddik et al., 2020). In particular, children with disabilities and their families sensitive to expressions of unfavorable societal attitudes. The way that society views children with disabilities is significantly influenced by legal, economic, social, and cultural considerations (Shaw et al., 2022). In association with these families, society feels empathy and freedom because they are willing to welcome them as visitors and neighbors as well as the playmate and classmates of their children. In their view, sympathy, shame, anxiety, and terror greatly diminished in societal views. The capacity of families with impaired children to enjoy a joyous life, happiness, social involvement, and financial independence is appropriately and favorably assessed by society. The study found that legal, economic, social, and cultural factors influence how society views children with disabilities and their families, which can have an effect on the children's emotional well-being and social participation. By being more understanding and supportive of these families, society can contribute to their emotional well-being and social participation. Furthermore, the study found that negative attitudes towards families of children with disabilities were limited to a few perceptions, suggesting that society's overall view of these families is positive. However, there is still a need for more understanding and awareness of disability issues, indicating that further efforts should be made to address the needs of these families (Akter et al., 2024).

5. CONCLUSIONS

Children with disabilities have the right to lead a dignified life, including access to family, healthcare, education, and work. However, discrimination and exclusion from opportunities are common issues faced by them. They are frequently discriminated against, which can result in exclusion and a lack of access to basic needs and rights. Mainstreaming children with disabilities into education and social services is necessary to ensure their inclusion in society and access to their basic needs and rights. To address these challenges, the study suggested changing community attitudes and incorporating people with disabilities in policy planning and implementation. The study recommends various measures to promote positive attitudes toward disability. These include implementing policies in educational institutes, launching social campaigns and advocacy programs, ensuring reasonable accommodation and accessibility, following universal design guidelines, strengthening capacity development programs, including disability-related content in primary and secondary education, providing training programs on service delivery for disabilities, offering required therapeutic and
counseling support, involving community and religious leaders, and strengthening existing safety net supports for disabled children and their families. These measures aim to promote social inclusion, raise awareness, and ensure the healthy and dignified life of people with disabilities. The study emphasizes the need for a comprehensive plan involving family, communities, state parties, and other stakeholders to promote the rights and inclusion of children with disabilities in society and address the challenges they face due to discrimination and lack of access to basic needs and rights.

6. RECOMMENDATIONS

The study found that children with disabilities and their families face discrimination and obstacles in enjoying their social rights, and often experience negative attitudes from their community, service providers, and peers, leading to feelings of embarrassment, depression, and inferiority, while some disabled children exhibit behavior influenced by social constraints and misconceptions. The study found that creating a positive attitude towards children with disabilities is essential, and removing attitudinal, physical, and institutional barriers will improve their lives. The study recommends that both governmental and non-governmental organizations should focus on creating awareness and promoting social and political commitment to improve the lives of children with disabilities. A disability-friendly policy is needed to address the issues and discrimination faced by children with disabilities, with specific attention to their best interests. To promote a positive attitude towards children with disability, various measures should be taken such as formulating and implementing policies in educational institutes to ensure that non-disabled children play with their peers who have a disability, initiating social campaigns and advocacy-related programs for awareness building, ensuring reasonable accommodation and accessibility, following universal design guidelines for construction-related works, strengthening capacity development programs including skills development training for social inclusion, including disability-related contents in primary and secondary level education, launching specific training programs on service delivery for disability to enhance the capacity of teachers and service providers, introducing required therapeutic and counseling support at family and community levels, encouraging community and religious leaders to promote a positive attitude towards disability, and strengthening existing safety net supports for disabled children and their families to maintain their healthy and dignified life.

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