



# Combatting Disability-Related Stigma in Bangladesh: A Behaviour Change Communication Toolkit



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## Abbreviations

ACAP	Accessibility, Communication, Attitude and Participation
ADD	Action on Disability in Development
BBS	Bangladesh Bureau of Statistics
BCC	Behaviour Change Communication
CDD	Centre for Disability in Development
DBC	Designing for Behaviour Change
DDS	Disability Detection Survey
DFID	Department for International Development
DIS	Disability Information System
HIES	Household Income and Expenditure Survey
IEC	Information, Education and Communication
IQ	Intelligence Quotient
NDD	Neurodevelopmental Disabilities
NTD	Neglected Tropical Disease
NGO	Non-Governmental Organisation
OPD	Organisation of Persons with Disabilities
RPG	Research Participants Group
SDP	Skills Development Programme
ToT	Training of Trainers
UNCRPD	United Nations Convention on the Rights of Persons with Disabilities
UNO	Upazila Nirbahi Officer

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## Background

Bangladesh has a total population of 168.1 million people and 28% of its population are between the age group 10-24 years. Among the youths (aged 15-24 years), 12.3% are unemployed (BBS, 2018). According to the Disability Information System (DIS) database maintained by the Department of Social Services, 2,589,246 people have a disability in Bangladesh. The DIS database is updated as per the Disability Detection Survey (DDS) programme, which is a continuous process of including new persons with disabilities in the system. A huge percentage of youth with disabilities are neither in educational institutions nor working (64 percent) in comparison to youths without disabilities (43 percent) (Stephen, 2020).

For sustainable economic empowerment, well-being, and inclusion of persons with disabilities, it is essential to ensure quality education and employment opportunities for them. It is also important to understand and address the institutional barriers preventing effective and independent participation of persons with disabilities in society.

Superstitions about disability and discrimination against persons with disabilities are among the most pressing issues that hinder advancement of persons with disabilities in Bangladesh. However, very little research has been done on these issues, which is a significant obstacle for developing appropriate approaches and solutions to eliminate inequality. BRAC James P Grant School of Public Health (JPGSPH), BRAC University has conducted a study titled **“Current situation of disability-related stigma and discrimination against persons living with disabilities in Bangladesh”** to fill in this knowledge gap. The study aimed at understanding the level of disability stigma present in the society and the discrimination faced by persons with disabilities in their everyday life and when accessing training and decent employment in the informal sector in Bangladesh. In total 328 persons with disabilities have been interviewed from all over Bangladesh regarding these issues. Upon reviewing the results of the study, it was found that most of the interviewees were discriminated against in terms of access to education,

training, and opportunities in informal employment. Importantly, 26% of the interviewees reported that people with disabilities were deprived of participating in various aspects of life, including festivals, family events and community activities.

Expert interviews (key information interviews) and group discussions (focus group discussions) revealed that long-standing superstitions, misconceptions, and misinformation serve as the main source of prejudice against persons with disabilities. Some of the misconceptions and beliefs exist in the society include: 1) Disability is contagious and can spread from adult persons with disabilities to children with disabilities 2) Believing disability to be a curse of God and 3) Not making friends with persons with disabilities because they are different.

Based on the study findings, it can be said that it is important to increase the capacity of the organizations of persons with disabilities (OPDs) and non-governmental organizations (NGOs) in tackling stigma and discrimination against persons with disabilities across Bangladesh.

### **Purpose of the toolkit**

The overarching purpose of this toolkit is to create awareness among the community people to combat both internal and external stigma associated with disability in Bangladesh. Specific goals of the toolkit are:

- To identify underlying stigma related to disability exist in the society and encourage participants in the session to understand how these stigmas and misconceptions hinder the rights and development of persons with disabilities.
- To increase knowledge of persons with disabilities and their family members about disability in order to reduce the misconceptions that exist within themselves.
- To increase knowledge and awareness among the community people to eliminate misconceptions related to disability and to help work towards eliminating disability-related stigma. As a result, employment for persons with disabilities at various levels will be ensured and positive attitudes towards them will increase.



## How was this toolkit developed?

BRAC James P Grant School of Public Health, BRAC University in collaboration with BRAC SDP and various partners of **Inclusive Future**, have conducted a research involving 328 persons with disabilities, their caregivers and multiple stakeholders from both government and non-government institutions to document disability-related stigma exists in the society and the discrimination faced by persons with disabilities while accessing education, skills development training and employment in the informal job sector of Bangladesh. The findings of this study have been used to develop this toolkit. A brief description of the research methodology and findings are described in the paragraphs below:

The study adopted a multi-method research approach that included a combination of research approaches such as desk review, a representative survey among 328 young persons with disabilities aged between 14 years to 35 years and qualitative interviews with different stakeholders, caregivers, and community people. The data collection took place in all 8 divisions of Bangladesh. At the beginning of the research, a Research Participants Group (RPG) was formed engaging 15 young persons with disabilities to ensure proper representation of persons with disabilities in the research process. A variety of suggestions, help and opinions have been sought from them during the course of the research.

Out of the 328 survey participants, 47.56% were male and 52.44% were female. Among the participants, 70.12% were unmarried and 25.91% were married. Most of the participants were from the age group 14-19 years (36.28%).

Study findings revealed that the persons with disabilities experience discrimination from different individuals at different levels and they suffer from internal stigma which often hinder their participation in social and economic activities.

### **Discrimination experienced at family level:**

Many families consider persons with disabilities as a burden due to which there is constant resentment towards them. Parents of children with disabilities do not expect anything from their children and therefore do not wish to invest much in them, e.g., in their education, financial autonomy, prospects of marriage etc. Persons with disabilities have reported to be denied necessary economic resources from their family members. They have also been victims to violent and negative behaviours from family members which included verbal and physical abuse. Women have been reported to have experienced more abuse at family level which is mostly due to their inability to perform household chores.

These sort of behaviours stem from lack of understanding of disability, believing in superstitions such as disability is a curse of God.

#### **Discrimination experienced at community level:**

Persons with disabilities shared that they were not welcomed in public gatherings or functions. In addition, neighbours and people from the community mock them, often directly. Persons with disabilities are often addressed as 'kana' to refer persons with visual disabilities, 'lengra' to refer persons who have difficulty walking, 'vangari' for those who have problems in the arm, and 'pagol' 'haba-goba' 'bolod' for those who have intellectual or neuro-developmental disabilities. This is mostly because of a lack of knowledge among community people about different types of disability. At the same time, some existing misconceptions within society are also responsible for these kinds of behaviour:

1. They have evil eyes; they are ominous to any ceremonies.
2. Disability is a result of a curse or a bad deed.
3. Persons with disabilities are unfit for marriage and might 'spread' their disability onto their children.

### Discrimination experienced at employment:

Employers perceive persons with disabilities to be less productive and inefficient for their company. This is one of the reasons for the disinterest in recruiting persons with disabilities. Also, to ensure the participation of persons with disabilities in the workplace, it is important to provide adequate infrastructural changes, appropriate training, and institutional support in the workplace. Most employers are not interested in this level of investment. However, employers do acknowledge that proper training, and special arrangements, if taken, will enable them to recruit more persons with disabilities in the workforce./ However, employers acknowledge the necessity of proper training and special arrangement for recruiting more persons with disabilities in the workforce.

These perceptions and behaviours of community people including family members and employers make it very difficult for persons with disabilities to engage in any social, economic or community activities. These sorts of behaviour stem from the misinterpretations of religious and cultural beliefs, superstitions, and a constant sense of superiority over persons with disabilities in the community.

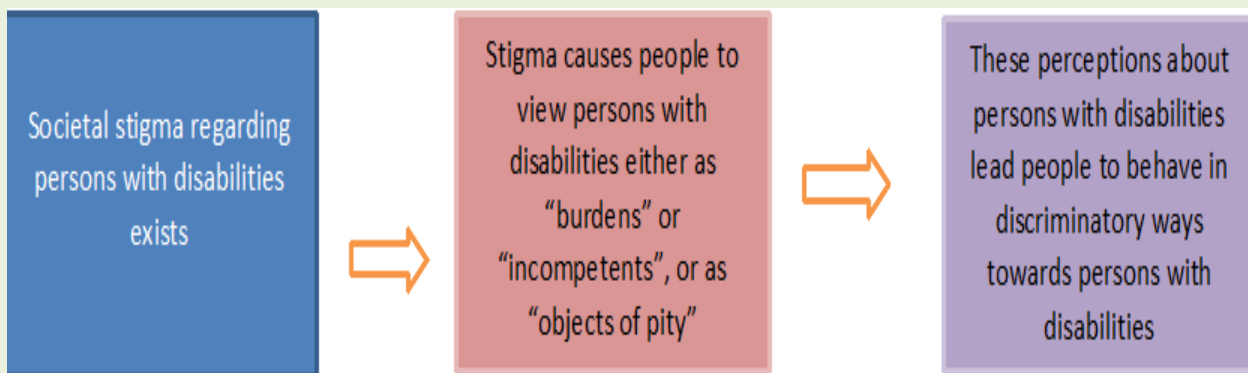


Figure 1: Stigma translating to discrimination against persons with disabilities

To address disability-related stigma and discrimination against people with disabilities, a comprehensive strategy involving parents, caregivers, members of the community, employers, stakeholders, the media and social media, government agencies, NGOs, OPDs, and policymakers is required. The focus should be placed on promoting increased awareness among persons with disabilities and their parents, caregivers, community

people, employers about disability and the rights of persons with disabilities. In addition, awareness-raising efforts should not be limited to the stakeholders who work for persons with disabilities; rather this knowledge and awareness should be made mandatory across all the government departments, NGOs, OPDs, and policymakers.

### **Who is expected to utilise the toolkit?**

This toolkit will equip development practitioners with the necessary know-how to address disability-related stigma and discrimination against persons with disabilities by educating people and encouraging them adopt healthy and positive behavioural practices. It is expected to be utilized by NGOs, OPDs, Government Bodies, employers and other institutions which aims to create awareness among the community people on disability-related stigma and discrimination against persons with disabilities. It can be used while preparing programme strategies, developing project proposals, and reviewing the quality of disability inclusion interventions.

### **What is included in the toolkit?**

- BCC in combating disability-related stigma
- The Designing for Behaviour Change (DBC) framework
- Monitoring plan
- Resource bank

### **BCC in combating disability-related stigma**

Research and practical experience have given us plenty of evidence to suggest that nearly all of the most pressing development issues could be prevented or improved if people change their behaviour. Such behaviour change interventions can be implemented using text (in the form of a toolkit) and home-to-home services. The behaviour Change Communication (BCC) strategy encourages people/society/communities to adopt healthy, beneficial, and positive behavioural practices. In particular, the BCC strategy has been proven effective in removing the social

stigma associated with HIV/AIDS, COVID-19 and mental health conditions of people. As disability is often linked to stigma, BCC can be an effective strategy to bring positive changes within the community. In fact, in many contexts the BCC strategy was found to be useful in improving the health and hygiene of persons with disabilities. (<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6313611/>). In addition, these strategies were found to be effective in changing people's perception, knowledge generation as well as contributing to empowering marginalised groups. For example, a positive change was observed in the way communities perceived leprosy and other neglected tropical diseases (NTDs) through Behavioural Change Campaigns (Van't Noordende and van Brakel, 2021).

Social and Behaviour Change Communication uses communication strategies that are based on behavioural science to positively influence knowledge, attitudes and social norms among individuals, institutions, and communities. <sup>1</sup>

When talking about behaviour change in the context of disability inclusion, it is often focused on stigma, discrimination, misconception, and insensitivity regarding disability. When it comes to changing people's behaviour, it is essential to recognise that the behaviour change begins with the change in service provider or changemaker herself/himself. It is important to create an environment where people who are implementing behaviour change activities are motivated to keep learning about how behaviour change happens and how to apply such insights in their work.

There are a few myths about behaviour change communications, such as-

### **MYTH 1: WE PRIMARILY NEED TO EDUCATE PEOPLE.**

Emotions, not facts, are the most effective agents of change. In almost all successful change efforts, the sequence of change was not ANALYSE-THINK-CHANGE, but rather SEE-FEEL-CHANGE.<sup>2</sup> We need to give people a chance to experience the benefits the promoted behaviour brings so that they can feel something about it. Knowledge and the

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<sup>1</sup> <https://www.centreforsbcc.org/what-is-sbcc/>

<sup>2</sup> Heath, C. and Heath, D. (2011) *Switch: How to Change Things When Change is Hard*, Random House, p. 106

feelings associated with our own ability to practice a different behaviour and gain tangible benefits are much more powerful motivators.

## **MYTH 2: IF PEOPLE WANT TO CHANGE, THEY JUST NEED TO DECIDE TO DO SO.**

Stanford psychologist Lee Ross reviewed dozens of studies in psychology and noted that people have a systematic tendency to ignore the external factors that shape other people's behaviour. Too often, we attribute people's behaviour to the way they are rather than to the situation they are in.<sup>3</sup> However, people do things that their social, economic, and physical environment allow them to do. Therefore, strategies for our behavioural change need to be designed based on restructuring the environment to make practising the desired behaviour easier and on highlighting the positive practices that people are already doing.<sup>4</sup>

## **MYTH 3: CHANGE OF ATTITUDES WILL CHANGE BEHAVIOUR.**

According to the Oxford English Dictionary, attitude is a settled way of thinking or feeling about something or someone (such as nurses' attitudes towards treating a specific type of patients) whereas behaviour is the way someone acts (such as nurses refusing to treat a particular type of patients). Decades of research indicates that while changing attitudes is important, a change in attitude alone has limited effect on our behaviours. Moreover, if we conduct a survey assessing people's attitudes, it will not help us to reliably predict their behaviour.<sup>5</sup> Often, it is the other way around - our attitudes are determined by our experiences.<sup>6</sup> Therefore, the focus of our work needs to be on changing behaviours, not just attitudes.

## **MYTH 4: GOOD COMMUNICATION WILL CHANGE BEHAVIOUR.**

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<sup>3</sup> Ibid., p. 180

<sup>4</sup> McKenzie-Mohr, D. and Schultz, P. (2014) Choosing Effective Behaviour Change Tools, *Social Marketing Quarterly* 20(1), pp. 35-46

<sup>5</sup> Ajzen, I., and Fishbein, M. (2005) The Influence of Attitudes on Behaviour. In D. Albarracín, B. T. Johnson, and M. P. Zanna (eds.), *The Handbook of Attitudes*, pp. 173-221, Mahwah, NJ: Erlbaum.

<sup>6</sup> Myers, D. (2001) *Social Psychology*, McGraw-Hill, pp. 116-127

Good communication is important but often, simply improving the way we communicate our main messages is not enough to change behaviour. The most successful behaviour changes initiatives focus relentlessly on removing barriers to adopting and practising the desired behaviours. This takes more than well-designed posters or training.<sup>7</sup>

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<sup>7</sup> Walker, M. (2014) 3 Surprising Myths about Behaviour Change, retrieved from <http://alteractionconsulting.com/3-surprising-myths-aboutbehaviour-change>

## The Designing for Behaviour Change (DBC) framework<sup>8</sup>

In order to create awareness among people, the study findings related to disability-related stigma and discriminatory attitudes against persons with disabilities need to be converted into positive key messages and then translate into behaviours that we want to promote.

### Identified issues from formative research

- Persons with disabilities are not valued within the family. Family members think persons with disabilities are a burden. Investing energy and time in them is worthless and nothing can be expected from them.
- Persons with disabilities often face violent behaviours from family members, particularly women with disabilities.
- Community people perceive that parents of a child with a disability are sinners, and that is the reason why the child was born with disability. They assume the persons with disabilities to be ominous.
- Community people do not address persons with disabilities with their real names. They mock them while addressing them, often directly calling derogatory names, by mentioning a particular disability type or limitation (impairments). They gaze at persons with disabilities awkwardly because of their disability.
- Employers perceive that persons with disabilities are less productive or incapable of doing work properly.
- Persons with disabilities consider themselves inadequate and incapable.

### Behaviours to be promoted

- Family members of persons with disabilities value them and are willing to invest in them.

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<sup>8</sup> DBC Framework Template (2018), retrieved from <https://www.behaviourchange.net/document/224-dbc-framework-template>



- Family members and caregivers of persons with disabilities do not abuse them emotionally, physically, and sexually.
- Community people interact with persons with disabilities in a decent manner and with dignity.
- Employers create opportunities for persons with disabilities.

Sample designs for behaviour change activities are given below:

<b>THE DESIGNING FOR BEHAVIOUR CHANGE (DBC) FRAMEWORK</b>				
<b>Behaviour to be promoted</b>	<b>Priority &amp; Influencing Groups<sup>9</sup></b>	<b>Behaviour's Determinants</b>	<b>Bridges to Activities</b>	<b>Activities</b>
Family members of persons with disabilities value them	Priority Group:  Female and male family members of persons with disabilities  Influencing group:  Community people,	Family members of persons with disabilities perceive that  -persons with disabilities are a burden  -investing in persons with disabilities is worthless	Improve the perception of family members on the capability of persons with disabilities such as,  -persons with disabilities are equally capable as others and not a burden	In collaboration with the resource person involved, the project field staff will organise awareness sessions with family members of persons with disabilities where the following issues will be discussed:  -disability is part of diversity and not a curse  -benefits of investing in persons with disabilities/

<sup>9</sup> Priority groups need to be more specific and segmented while planning behaviour change activities. For example- mothers of young people with disabilities, male partners of young women with disabilities etc.

	<p>religious leaders, school-going children</p>	<p>-nothing can be expected from persons with disabilities</p>	<p>-investing in persons with disabilities is worthwhile</p> <p>-persons with disabilities can work and contribute to boost family income</p> <p>-persons with disabilities can make their own decisions</p>	<p>losses of not engaging persons with disabilities (audiovisual tools such as flashcard can be used)</p> <p>-presenting success stories before the audience e.g., presence of persons with disabilities/caregivers in the meetings to share their stories</p> <p>-importance of the role of family members in the growth of persons with disabilities.</p> <p>-The Rights and Protection of Persons with Disabilities Act 2013</p>
<p><b>Outcome Indicators:</b></p> <p>% of family members who attended the sessions understand the importance of investing in their family members with disabilities</p> <p><b>Impact Indicators:</b></p> <p>% of persons with disabilities whose family members attended the sessions, feel valued in the family</p>		<p><b>Process Indicators:</b></p> <ul style="list-style-type: none"> <li>• Number of sessions</li> <li>• Number of family members attended the sessions</li> </ul>		

Behaviour to be promoted	Priority & Influencing Groups	Behaviour's Determinants	Bridges to Activities	Activities
<p>Family members and caregivers of persons with disabilities do not abuse them emotionally, physically, and sexually</p>	<p>Priority Group: Female and male family members and caregivers of persons with disabilities</p> <p>Influencing Group: Main decision maker in the family, most educated person in the family, persons of same age/peers, close relatives, community people</p>	<p>Family members and caregivers of persons with disabilities-</p> <ul style="list-style-type: none"> <li>-do not understand the emotional and physiological state associated with different types of disabilities</li> <li>-do not treat them with respect and dignity</li> <li>-do not realise the consequences of abuse and harassment against persons with disabilities</li> </ul>	<p>Increase family members' knowledge and understanding on</p> <ul style="list-style-type: none"> <li>-emotional and physiological states associated with different types of disabilities.</li> <li>-the consequences of abuse and harassment on persons with disabilities</li> </ul>	<p>In collaboration with the resource person involved, the project field staff will organise awareness sessions with family members and caregivers of persons with disabilities where the following issues will be discussed:</p> <ul style="list-style-type: none"> <li>- the emotional and physiological states associated with different types of disabilities</li> <li>-ways of providing emotional support</li> <li>-The consequences of abuse and harassment</li> <li>-The Rights and Protection of Persons with Disabilities Act 2013</li> </ul>

<p><b>Outcome Indicators:</b></p> <p>% of family members and caregivers who attended the sessions understand the consequences of abuse on persons with disabilities</p> <p><b>Impact Indicators:</b></p> <p>% of persons with disabilities whose family members and caregivers attended the sessions, report zero incidents of violence and abuse by their family members and caregivers.</p>	<p><b>Process Indicators:</b></p> <ul style="list-style-type: none"> <li>• Number of sessions</li> <li>• Number of family members and caregivers attended the sessions</li> </ul>
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Behaviour to be promoted	Priority & Influencing Groups	Behaviour's Determinants	Bridges to Activities	Activities
Community people interact with persons with disabilities in a decent manner and with dignity.	Priority Group: Women and men from the community, community clinic workers, School Management Committee	Community people perceive that  -persons with disabilities are ominous  Community people do not realise the consequences	Increase community people's understanding on  -disability  - the consequences of using	In collaboration with the resource person involved, the project field staff will organise awareness sessions with community people where the following issues will be discussed:

	<p>Influencing Groups:</p> <p>Local leaders, religious leaders, local influential, Union Parishad members, social workers, youth activists</p>	<p>of using derogatory names</p> <p>Community people do not understand how persons with disabilities feel when people gaze at them awkwardly</p> <p>Community clinics staff do not have appropriate training on how to provide treatment and rehabilitation support to persons with disabilities</p> <p>School Management Committee is indifferent in supporting children with disabilities</p>	<p>derogatory names</p> <p>-the need to use decent words when communicating with persons with disabilities</p> <p>Increase knowledge of community clinics staff on how to provide health and rehabilitation services to persons with disabilities</p> <p>Improve understanding of School Management Committee on the need for continuing education of children with disabilities</p>	<p>-disabilities are part of diversity and not a curse</p> <p>-negative consequences of harassment (name calling, gazing, taunting) on persons with disabilities</p> <p>-decent words to address persons with disabilities</p> <p>-persons with disabilities are entitled to receive appropriate health care and education services as like others</p> <p>-The Rights and Protection of Persons with Disabilities Act 2013</p>
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<p><b>Outcome Indicators:</b></p> <p>% of community people who attended the sessions understand the consequences of harassment on persons with disabilities</p> <p><b>Impact Indicators:</b></p> <p>% of persons with disabilities of the targeted community report positive experiences from the community people.</p>	<p><b>Process Indicators:</b></p> <ul style="list-style-type: none"> <li>• Number of sessions</li> <li>• Number of community people attended the sessions</li> </ul>
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Behaviour to be promoted	Priority & Influencing Groups	Behaviour's Determinants	Bridges to Activities	Activities
Informal market actors creating opportunities for persons with disabilities	Priority Group: Informal market actors (employers, small business owner, tailoring shop owners, retail shop owners, rickshaw garage owners, co-workers at urban, peri-	Employers of the informal market perceive that -persons with disabilities cannot perform their responsibilities properly	Increase informal market actors' understanding of disability -the importance of accessibility and reasonable accommodation for persons with disabilities	In collaboration with the resource person involved, the project field staff will organise awareness sessions with market actors where the following issues will be discussed:

	<p>urban, and rural areas)</p> <p>Influencing Groups:</p> <p>Market committee, Upazila Nirbahi Officer (UNO), Upazila Secondary Education Officer, Upazila Primary Education Officer, Upazila Social Service Officer, employers who are working with persons with disabilities &amp; local influential people</p>	<p>-persons with disabilities are less productive</p> <p>-presence of persons with disabilities is ominous</p> <p>-creating accessible infrastructure for persons with disabilities is worthless</p>	<p>-the benefits of recruiting persons with disabilities in their factories/workplaces</p> <p>-importance of inclusion in the workplace</p>	<p>-disability is part of diversity and not a curse</p> <p>-accessibility and reasonable accommodations are essential for the growth of persons with disabilities.</p> <p>-benefits of hiring persons with disabilities</p> <p>-the importance of an inclusive workplace</p> <p>-The Rights and Protection of Persons with Disabilities Act 2013</p>
<p><b>Outcome Indicators:</b></p> <p>% of informal market actors who attended the sessions understand the importance of creating opportunities for persons with disabilities.</p>		<p><b>Process Indicators:</b></p> <ul style="list-style-type: none"> <li>● Number of sessions</li> <li>● Number of informal market actors attended the sessions</li> </ul>		

**Impact Indicators:**

% of persons with disabilities accessing the informal market of the targeted locations.

This description is not static text. The priority and influential groups, behavioural determinants, and bridges to activities can be revised as per requirement. It is important to ensure that the activity description and budget are sufficiently flexible (i.e., not to be too detailed) and enable to address (at least some of the) barriers not identified earlier.<sup>10</sup>

**EAST**

*Behaviour change activities are most likely to succeed if we make the behaviour*

***EAST: Easy, Attractive, Social and Timely.***<sup>11</sup>

***Easy:*** Learn what makes practising the behaviour difficult and help your priority groups to make it easier – involving less hassle, time, or money. If you promote a complex goal, break it down into smaller actions.

***Attractive:*** People are motivated to do something when it brings them what they want most, such as income, peace of mind, happiness, or good health. Ensure that your activities help people experience the benefits of practising the behaviour such as letting them test it (e.g., experience using a solar lantern in the dark); sharing successful examples (e.g., of a farmer who increased his yields by adopting the promoted techniques), and using appealing messages that engage people’s emotions.

<sup>10</sup> Adopted from Behaviour Change Toolkit (2017) retrieved from, <https://www.clovekvtisni.cz/media/publications/752/file/1498144203-behaviour-change-toolkit-mail.pdf>

<sup>11</sup> The Behavioural Insights Team (2014) EAST: Four Simple Ways to Apply Behavioural Insights, retrieved from [http://www.behaviouralinsights.co.uk/wp-content/uploads/2015/07/BIT-Publication-EAST\\_FA\\_WEB.pdf](http://www.behaviouralinsights.co.uk/wp-content/uploads/2015/07/BIT-Publication-EAST_FA_WEB.pdf)



**Social:** *People are heavily influenced by what people around them do. So, let's take advantage of it! Showing that some people already practise the promoted behaviour, using the power of social networks (e.g., peer-to-peer), or encouraging people to commit to someone to practise a behaviour often works well!*

**Timely:** *The same campaign conducted at different times can have drastically different levels of success. Schedule your campaign for when people are most receptive (e.g., promoting the purchase of latrine after harvest when people have money, or posting handwashing messages in kitchens).*

*Whenever we design a behaviour change activity, always check whether it makes the behaviour EAST.*

Based on the DBC framework, a communication plan can be developed for implementing the BCC campaign within the community. While preparing a communication plan check whether the description of behaviour change activities includes information about:

- The aim of the activity- what Bridges to Activities is it addressing?
- What will be done?
- Who will participate in the activity (which and how many people)?
- By whom will it be done?
- How frequently will it happen?
- Where will it happen?
- Which approach or well-known methodology will be used?
- What materials will be used?

## Approaches commonly used by behaviour change interventions

- COMMUNITY ENGAGEMENT

Community engagement involves taking interactive steps to bring in key stakeholders from the community to bring about a change. This often includes discussion, idea sharing and generating strategies to combat the targeted behaviour that requires change.

- TRAINING

A very common approach used by behaviour change interventions. Tailored training can be provided to primary, secondary, and tertiary stakeholders. The training modules can be changed as per requirements. For example, training provided for persons with disabilities the target would be to combat internalised stigma and promote self-confidence.

Training requires a thorough understanding of the modules and a Training of Trainers (ToT) followed by evaluation before the inception of the training.

- COUNSELLING

Psychosocial support can be provided by counselling, and it has been very successful in addressing sensitive issues, in this case 'disability', 'violence, and 'stigma'. Counselling can also be provided to family members of the target population, women, and adolescents.

- PEER EDUCATORS

Peer educators can be reached through training, community engagement and counselling as discussed above. All these three approaches can be taken to select peer group members within a community and form support groups to escalate the expected behaviour change in the community.

- MASS COMMUNICATION

One of the most successful mediums of behaviour change is mass communication. This involves newsprint media, posters, micing, advertisement, radio shows and TV programs. Advertisements involving renowned media personalities have been proven to be quite effective across the country, especially in the rural areas. Micing and posters have been effective too if communicated through community actors e.g., religious leaders, teachers, community healthcare providers.

## Monitoring plan

The impact and outcome of communication efforts are tied to indicators and must therefore be measured within that context. Listed below are a range of indicators with a monitoring plan.

### Input indicators include:

Indicators	Measurement tools
Types of stigma identified	Formative research report
Presence of a communication component for combating stigma	Communication plan
Amount of funds allocated for the communication component to support the intervention	Budget
Number of planned outreach activities in the community	Communication plan
Number of IEC/ BCC materials produced	Communication plan, list of material

Measurement tools and means of verification of the output indicators need to be measured through attendance sheet, photos, register and logbook. The outcome indicators need to be measured through pre-post tests and the means of verification could be the survey report. For measuring the impact indicators, a short-term impact survey

needs to be conducted. Survey tools and research reports could be the means of verification.

### **The proposed monitoring plan consists of three different activities:**

#### **Pre-post Analysis**

Firstly, a pre-post analysis can be conducted to understand changes in knowledge of the target people/ participants. A pre-post analysis is conducted when one is interested to find out if there is a difference in observations before and after an intervention which will suggest whether the intervention had an effect or not.

Before the training, some respondents need to be selected randomly to conduct a survey with a structured questionnaire. Again, after the training, some respondents need to be selected randomly to conduct the survey with the same questionnaire. The immediate outputs of the training can be measured through these surveys and the changes in knowledge of the respondents.

#### **Rigorous Monitoring**

There should be a dedicated team to regularly monitor the awareness campaign. The team members need to individually visit the targeted places and observe the sessions. They also need to discuss with the facilitators and participants to understand the sessions' progress or development and challenges. The team members shall analyse their findings to find out the way to overcome the challenges and accumulate the learning.

#### **Short-time Impact Survey**

A survey could be conducted to measure the short-time impact of the training program after 4 or 6 months of the training. Statistically, a significant sample size needs to be calculated to conduct this survey.

The overall monitoring plan shall be customised based on the communication plan and the availability of resources.

## Resource bank

This section is intended to assist users in better understanding of different types of disabilities, disability-related stigma, discrimination faced by persons with disabilities, the rights of persons with disabilities and learning how to combat disability-related stigma in the community.

## Chapter-1: Defining disability, Types of Disabilities and Disability Inclusion

### Defining disability

According to the Rights and Protection of Persons with Disabilities Act 2013, “**Disability**” is defined as any permanent or long-term physical, intellectual, mental, developmental and/or sensory impairment which in interaction with various attitudinal and societal barriers may hinder their full and effective participation in society on an equal basis with others.

“**Persons with disabilities**” include those who have long-term physical, mental, intellectual or sensory impairments which in interaction with various barriers, may hinder their full and effective participation in society on an equal basis with others’

### Disability Inclusion

The term “disability inclusion” refers to the meaningful participation of persons with disabilities in all their diversity, the promotion and mainstreaming of their rights into the work of the organisation, the development of disability-specific programmes and the consideration of disability-related perspective, in compliance with the Convention on the Rights of Persons with Disabilities. This requires the development and implementation of a consistent and systematic approach to disability inclusion in all areas of operations and programming, internally and externally. (Disability Inclusion Strategy, n.d)

### Mainstreaming Disability Inclusion

A consistent and systematic approach to disability inclusion in all areas of operations and programming. (Disability Inclusion Strategy, n.d)

## TWIN-TRACK APPROACH

Integrating disability-sensitive measures into the design, implementation, monitoring and evaluation of all policies and programmes and providing disability-specific initiatives to support the empowerment of persons with disabilities. The balance between mainstreaming strategies and targeted support should be tailored to address the needs of specific communities, but the overall goal should always be to integrate and include persons with disabilities in all aspects of society and development. (Disability Inclusion Strategy, n.d)

## ACCESSIBILITY

Ensuring that persons with disabilities have access, on an equal basis with others, to the physical environment, transportation, information and communications, including information and communications technologies and systems, and to other facilities and services open or provided to the public, both in urban and in rural areas. (Disability Inclusion Strategy, n.d)

### Different types of disabilities

The Rights and Protection of Persons with Disabilities Act 2013 recognizes 12 types of disabilities, which are:

#### **Physical disability:**

According to the Rights and Protection of Person with Disabilities Act 2013, a person having one or more of the following characteristics shall be considered as a person with physical disabilities such as, (a) Loss or not having one or both hands or legs; or (b) Impairment or improper development or weakness in hands or legs in such ways that may partially or fully hinder a person's movement-related daily life activities; or (c) Permanent loss of balance over body due to nervous system-related impairment.

#### **Hearing disability:**

Any person unable to hear sounds under 60 decibels (dB) is considered as a person with hearing disability. Hearing impairments are categorised as "complete deafness", where

an individual is completely unable to hear in both ears, “partial deafness”, where an individual is unable to hear in one ear, and “hard of hearing”, where an individual is able to hear partially or less and/or only occasionally in both ears.

### **Speech Disability:**

According to the Rights and Protection of Person with Disabilities Act 2013, a person having one or more of the following characteristics shall be considered as a person with speech disabilities such as, (a) Unable to speak at all; or (b) Unable to organise words in a speech and clearly pronounce them in adequate volume in general conversation; or (c) Inability to produce sound and articulation due to congenital or other acquired impairments in the vocal cord; or (d) Inability to speak continuously due to impairment in the speaking process, for example, stammering.

### **Visual disability:**

Visual impairment is characterised by (i) complete loss of sight in both eyes: a. visual acuity lower than 6/60 or 20/200 even after use of corrective lenses b. the visual field being 20 degrees or lower (ii) complete loss of sight in one eye (iii) low vision: a. partial or limited sight in both eyes b. visual acuity being between 6/18 or 20/60 and 6/60 or 20/200 even after use of corrective lenses c. visual field being between 20 and 40 degrees.

### **Intellectual disability:**

Intellectual disability refers to significant limitations in cognitive ability respective to the age of a person; limitations to intellectual exercises, such as performance assessment, learning or problem solving, limitations to independently carry out daily tasks such as communication or self-care, lower than average Intelligence Quotient (IQ).

### **Mental illness leading to disability:**



Mental illness leading to disability refers to schizophrenia or other disabilities such as clinical depression, bipolar disorder, post-traumatic stress, anxiety or phobic disorders that prevent a person from engaging in daily life activities.

### **Autism or Autism Spectrum Disorders:**

Characterised by limitations in spoken and unspoken communication, limitations in socialisation, to exchange of ideas and participating in creative endeavours, repeated or cyclical performing of some limited range of tasks, relatively greater or less sensitivity to sensory stimulus, intellectual or any other kind of disability or seizures, extraordinary capacity for some tasks while also having overall developmental limitations, avoidance of eye contact, disproportionate displays of emotions, irregular physical and tendency to adhere strictly to a set routine.

### **Cerebral palsy:**

A person is considered to have cerebral palsy when due to an injury or damage to a developing brain affecting mobility, coordination and posture which causes limitations to daily life activities. Such a condition may not get better or worse over time, but functioning may be improved through appropriate healthcare measures. This is characterised by stiff or immovable muscles, limitations and lack of coordination in the movement of limbs, reduced balance during regular movement, limited sensory functions, behavioural and communication limitations, one or both hands or one or both feet or the limbs of one side of the body being affected.

### **Down syndrome:**

Down syndrome is defined as genetic problems related to an extra chromosome in the 21st pair which leads to mild to severe intellectual disabilities, reduced muscle strength and capacity, being short in stature and possessing “mongoloid” facial features.

### **Deaf-blindness:**

Deaf-blindness is defined as when a person has a partial or total loss of both hearing and vision simultaneously leading to limitations in communication, learning and development. Deaf-blindness can be characterised by medium to severe hearing impairments along with significant visual impairment, medium to severe hearing impairment along with significant visual impairment and some other disabilities, problems in visual and hearing sensory processes or gradual damage to visual and hearing sensory processes.

### **Multiple disabilities:**

Multiple disabilities are conditions where an individual suffers from more than one type of all of the above-stated disabilities.

### **Other disabilities:**

Other disabilities are any permanent or long-term physical or mental impairments excluding the above-mentioned types that create barriers in participation and may hinder regular activities of an individual

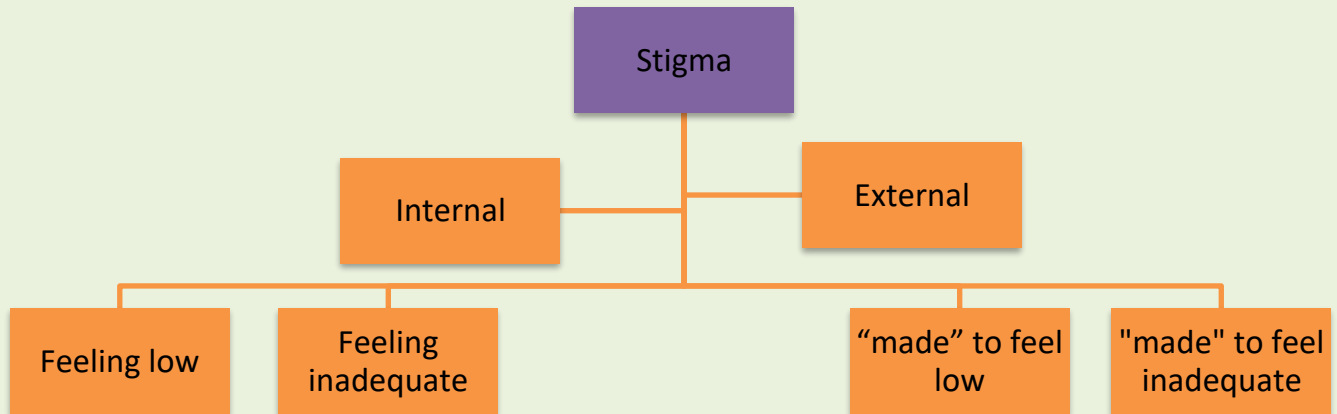
## **Chapter-2: Disability-related stigma**

### **What is stigma?**

A widely accepted definition of stigma comes from prominent sociologist Erving Goffman, who said that “stigma is an attribute that reduces a person to a tainted or discounted status” (Goffman, 1997). In other words, stigma is something that is socially imposed on a person, to belittle them and make them seem less important. Goffman also says that when someone is stigmatized, others in society “exercise varieties of discrimination to limit the life chances of the stigmatized person”.

## Different types of stigma

There are two types of stigma – internal stigma and external stigma.



### Examples:

Feeling low: “I will never be able to lead a normal happy life due to my disability”

Feeling inadequate: “I am not good for this job because I have a disability”

Made to feel low: Not inviting someone to a gathering because of his/ her disability

Made to feel inadequate: Not giving an opportunity to someone primarily because of his/her disability.

### Internal Stigma

Internal stigma, or felt stigma, has been defined by authors Scambler and Hopkins (based on Goffman’s work), to be “fear of external stigma, but also encompasses a feeling of shame” (Hopkins & Scambler, 1986). Internal stigma can make someone feel so demotivated and low about themselves, that they may believe that the discrimination they

face from others is actually justified. This leads them to be further discriminated against, and also stops them from seeking any support or help.

The above-mentioned study conducted by BRAC JPGSPH gathered experiences of 328 persons with disabilities across the country. The study revealed that about 19% of persons with disabilities have a tendency of 'self-blaming' due to the different forms of discrimination they constantly experience (like bullying, being socially excluded, being called derogatory names, etc.) and almost 63% of them consider their disability as a burden in their own and their family's lives.

A young 23-year-old woman mentioned that:

***“It is better that I do not go to the program (social event), anyway people are going to laugh at me, I am just like a joker of a circus – Lina, 23 years old with Cerebral Palsy”***

#### External Stigma:

External Stigma is “the experience of being unfairly treated by others” (Grey, 2002). We find this type of stigma within family, community, school, office and other public places. The consequences of external stigma include lack of employment opportunities for persons with disabilities, poor decisions taken on behalf of them, alienation from the formal education system and/or other social activities.

The above-mentioned study findings revealed that 24.7% of the 328 survey participants frequently face discrimination from their surroundings. About 63% of them mentioned experiencing behaviours that made them feel like a 'burden'. These kinds of external stigma/discrimination affect persons with disabilities lives and about 62% of the participants mentioned having lowered self-esteem. This transition of external stigma into internal stigma is something we will discuss in the next session.

Let us look at a case study:

Raju is a 24-year-old male with a physical disability. Raju had been living with this disability ever since he was a child and was constantly ridiculed by his own family members and community people. Despite trying to study, he had to drop out of school, again due to constant bullying, lack of support from his family and financial hurdles. Raju then tried working for himself, he opened a shop but that did not run well. He finally found a job, which he thought would change his life for good, but his supervisor was not empathetic to his condition, and neither were his colleagues. The office infrastructure was also not properly accessible. Raju had to climb stairs and stay at work for long hours, which was difficult given his condition. Raju feels like he is back to square one and there is no going back or forward.

### **Drivers and root causes of disability-related stigma**

The main causes of disability-related stigma are the following:

- Lack of proper knowledge and awareness among community people regarding disability and persons with disabilities
- Religious and cultural misconceptions (such as disability is a result of a curse or bad deed)
- Societal preconceived perceptions (such as a belief that persons with disabilities are less capable)

## **Chapter 3: Understand the discrimination commonly experienced by persons with disabilities**

### **What is Discrimination?**

In Chapter 2, we discussed stigma which is led by perception, the outcome of stigma is discrimination. Amnesty International defines “discrimination” as “when a person is unable to enjoy his or her human rights or other legal rights on an equal basis with others because of an unjustified distinction made in policy, law or treatment” (Amnesty International, 2021).

An example of discrimination:

Liza is a 14-year-old girl with multiple disabilities. Due to mobility restrictions, Liza has difficulty going to school. Her parents decided to stop sending her to school and rather focus on her homemaking abilities. Every time she fails to perform well in any of the tasks, she is ridiculed by her family members and is often beaten by her parents who are frustrated with her. Her siblings are favoured in all aspects compared to her in the household. Her neighbours and extended family members know about this discrimination too.

**What are the discriminations commonly faced by persons with disabilities across different sectors?**

**We will try to explain how persons with disabilities experience discrimination while seeking services and opportunities in different sectors:**

### **Educational institutions**

Societal Barriers: The study mentioned above found that, out of 328 survey participants, almost 35% have experienced some form of discrimination during their lifetime when accessing education and of the people who experienced discrimination, almost 95% felt that this was due to their disability. Almost a quarter (24%) of the 328 participants indicated that they faced accessibility issues which is another sort of systematic discrimination that exists in society. Accessibility issues as reported were not just limited to infrastructure barriers but also lack of accessible teaching and learning materials.

### **Employment**

Systematic Discrimination: Like educational institutions, most workplaces are not disability friendly which limits the participation of persons with disabilities in the employment sector. The study findings showed that one-fifth (20%) of the survey participants who are working, mentioned that they need accessible facilities (like lifts, proper ramps, accessible washrooms, etc.) to continue work, which is often not available at their workplace.

Lack of equal opportunity: About 18% of the 328 study participants have reported experiencing a lack of equal opportunity at workplaces, like lack of training opportunities and accessible infrastructure that is appropriate for them.

Unavailability of job: More than two-thirds (74.9%) of persons with disabilities who took part in the survey (n=328) have mentioned that finding a job is quite difficult given their disability conditions. This stems from the unavailability of jobs catered towards persons with disabilities, even in places where they can be tailored.

## Family & Community

Out of 328 persons with disabilities, 22% admitted to facing discrimination from their own families. Among these individuals who experienced discrimination from their families, 65% were women. Discrimination that comes from family is one of the common forms of discrimination experienced by persons with disabilities. This weakens a person's confidence and limits their desire to achieve something better in life.

Again, out of 328 persons with disabilities that have been interviewed, 43% reported experiencing some form of discrimination from their neighbours during their lifetime. More than 17% of the participants felt that the main reason for experiencing discrimination from the community generates from misconceptions regarding disability and 35.98% of them felt that they are hated by people around them for being who they are. Within the community, persons with disabilities are looked down upon and often ridiculed for their conditions; they are often denied participating in social activities and gatherings.

Sahana is a graduate student at a public institute. Sahana was born with a condition where she had limited mobility, over the years, Sahana lost her mobility and had to live indoors. However, Sahana's family was very supportive towards her, and her parents helped her study further. Since Sahana had support from her family, people in her area too gradually started understanding her situation. Sahana received scholarships and full support from her teachers to pursue her education.

Sahana understands that she can utilise her education to have a better life for herself.

## Chapter 4: Rights of persons with disabilities

### DISCRIMINATION ON THE BASIS OF DISABILITY

As per the United Nations Disability Inclusion Strategy - Any distinction, exclusion or restriction on the basis of disability that has the purpose or effect of impairing or nullifying the recognition, enjoyment or exercise, on an equal basis with others, of all human rights and fundamental freedoms in the political, economic, social, cultural, civil or any other field. It includes all forms of discrimination, including denial of reasonable accommodation.



## ACAP framework

The ACAP Framework provides a simple way of thinking about inclusion, breaking the concept of inclusion down into four elements. Addressing these four elements in any project or programme is a systematic way of working towards inclusion. ACAP stands for Accessibility, Communication, Attitude and Participation and is considered a framework, embracing the four cornerstones/principles for the Inclusion of persons with disabilities. Its origin lies with Federation Handicap International, which identified accessibility, communication, attitude, and participation as the four cornerstones of inclusion for persons with disabilities. The ACAP framework was designed in the conviction that inclusion is the key to successful development and fits well into the definition of “Inclusive societies approach” defined by DFID as an approach that leaves no one behind by ensuring opportunities for all, “a world where no-one is left behind, and where all women and men, girls and boys have equal opportunity to realize their rights, achieve their potential and live in dignity, free from extreme poverty, stigma, discrimination and violence” This includes supporting inclusive economic, political and social institutions, tackling the structural barriers that keep some people away from accessing opportunities and tracking progress across different population groups. Success is defined as reducing poverty to zero and achieving development outcomes across all economic and social population groups.

## Models of disability inclusion: Medical, charity, social, human rights.

### The Medical Model

The Medical Model of disability states that disability is a problem with the person and is caused by disease, trauma, or other health conditions and therefore requires sustained medical care and a cure. It looks more at the disease than the person.

Being limited by the Medical Model in seeking treatment is very challenging for many persons with disabilities because most of the times when they go to the doctor, the immediate focus of their care is all about their diagnosis or disability. This kind of thinking

lends itself to unwanted objectification and presumption about their lives personally and what they want for their quality of life. They are simply not regarded as human beings. (Disabled World, 2010)

### The Tragedy/Charity Model

The Tragedy/Charity Model regards persons with disabilities' lives as tragic victims only deserving pity. The practical implications of the Tragedy/Charity Model keep persons with disabilities from advancing in education, housing, healthcare, and employment. This lack of advancement severely restricts their ability to live independently and have agency over their own lives and decisions.

The Medical Model of disability is one of the oldest and most entrenched in society. It has also been one of the hardest for the disability community to combat because often, our disabilities do require some level of routine medical intervention. The Medical Model can make seeking medical care very isolating, frustrating, and scary.

There are various ways to interact with and include the Disability Community. While there are several models of disability, advancing equity and inclusion particularly requires that we consider and utilize the Social and Human Rights Models of Disability. (Disability Advocacy Resource Unit, 2019)

**Social Model:** This model "proposes that what makes someone disabled is not their medical condition, but the attitudes and structures of society." It is a civil rights approach to disability. If modern life was set up in a way that was accessible for persons with disabilities, then they would not be excluded or restricted." (Social Model of Disability, 2016)

**Human Rights Model:** Based on basic human rights principles, "it recognizes that disability is a natural part of human diversity that must be respected and supported in all its forms. Persons with disabilities have the same rights as everyone else in society," and disability "must not be used as an excuse to deny or restrict people's rights." (Disability Advocacy Resource Unit, 2019)

Using both models, we can begin to see persons with disabilities correctly: as humans. We may start to consider how we can become better allies for individuals with disabilities by ensuring that society is accessible. Perhaps you supervise someone with a disability and notice that their equipment is not meeting their needs; you should ask the person what barriers they are facing and work with them to accommodate their needs. The Social Model “does not deny the reality of [disability] nor its impact on the individual. However, it does challenge the physical, attitudinal, communication, and social environment to accommodate impairment as an expected incident of human diversity.”

Here are few cases where, the participants will be given situation to identify the rights violations.

### **Case 1**

Partho has a hearing and speech disability. Although his family have always been caring towards him, he has always felt alone, being unable to communicate with anyone else. Partho has never been engaged in education and has no understanding of it, and where he can learn any skills that will enable him to be able to communicate with others. Neither Partho nor his family has ever come into contact with any information related to sign language education or training. Partho had a wish that he would get together with others like him and take steps to support each other. However, he does not really know how to make this wish inside him come true.

### **Case 2**

Hima was born with cerebral palsy. Her parents were always supportive of her education, and she managed to graduate from university with a good standing. She wanted to continue further studies to become a chartered accountant. After her graduation, she wanted to take a vacation and go on a solo trip to some locations around the country. She was disappointed to learn, however, that most of the places she wanted to visit would

be difficult for her to travel through by herself, making her feel “dependent” in a way she had not felt before. Hima then decided to gain some work experience before committing to her studies towards being a chartered accountant full time. After months of applying and appearing for a few interviews, she was disheartened to realise that employers were not taking her seriously as a candidate, even though she has the technical abilities required.

### **Case 3**

Asma was born with a physical disability. She got married at the age of 23 and conceived a child at 25. As her pregnancy advanced, her in-laws realised a delivery at their home would be very difficult and, not wanting to take any risks, took her to a hospital. The doctor she met also realised it would be a complicated delivery and got angry at her, saying “Why would you get yourself pregnant in your condition?”. It was not possible to perform the delivery on the ground floor of the hospital, and Asma’s family had to carry her with great difficulty up the stairs of the hospital to the appropriate ward. Even then, the bed used for delivering babies at the hospital was not adjustable for Asma and it was difficult for both her and the health attendants to manage the delivery on it. The health attendants who had performed the delivery were not experienced or trained to provide services to someone like Asma, and the delivery was a long and difficult one. The doctors later said that the procedure could have gone wrong at any point and told Asma that another pregnancy could be a threat to her life.

### **Case 4**

Touhid was born with a visual disability. His father had 2 brothers and a sister and Touhid is the elder child, with a younger brother who is 4 years his junior. Touhid was unable to attend school because his parents did not know where he could find appropriate schooling for him. When he was 21, his mother passed away. 2 years later, his father also tragically passed away. After their passing, his uncles began attempting to take over the property that belonged to Touhid’s father. He decided to take action against them,

but his local police station would not file a complaint when he attempted to. Touhid remembered that his neighbourhood friend's father is a local politician and as he was refusing to give up, he decided to contest for his local Union Parishad election as a member. His main aim was to try and improve the situation for everyone like him. When he went to his friend's father for advice, however, he was discouraged and told, very tactfully, that he is an "unelectable" candidate.

The following are the rights violations that participants should pick up from each case study:

### **Case 1**

1. Unable to participate in education (Right to inclusive or integrated education at all levels of education, according to availability of services from educational institutions, the Rights and Protection of Persons with Disabilities Act 2013)
2. Does not know where to get sign language training (Right to information and expression of opinion, the Rights and Protection of Persons with Disabilities Act 2013)
3. Unable to access right to learn and use Bangla sign language (Right to use Bangla sign language as the first language to the extent possible, according to the will of the person with persons with speech and hearing disabilities, the Rights and Protection of Persons with Disabilities Act 2013)
4. Unable to bring together more people like him and do something together because he does not know how (Right to form and manage groups for self-help, the Rights and Protection of Persons with Disabilities Act 2013)

### **Case 2**

1. Unable to enjoy tourism by herself (Right to participation in cultural, entertainment tourism, leisure activities and sports, the Rights and Protection of Persons with Disabilities Act 2013)
2. Employers don't take her as a serious candidate (Right to employment in government or non-government sectors, right to participation in all levels of social, economic and national level activities, the Rights and Protection of Persons with Disabilities Act 2013)

### Case 3

1. Saying "Why would you get pregnant in your condition" violates the right to form a family (Right to live in and form a family, the Rights and Protection of Persons with Disabilities Act 2013)
2. She had to be carried upstairs by her family, meaning the hospital was not accessible (Right to accessibility, the Rights and Protection of Persons with Disabilities Act 2013)
3. The delivery bed was not appropriate for her, and birth attendants were not trained (Right to the healthcare of the highest possible quality, the Rights and Protection of Persons with Disabilities Act 2013)
4. The doctor said that the procedure could have gone wrong at any time and that another pregnancy might put her life at risk (Right to life and full development, the Rights and Protection of Persons with Disabilities Act 2013)

### Case 4

1. Could not avail education (Right to inclusive or integrated education at all levels of education, according to availability of services from educational institutions, the Rights and Protection of Persons with Disabilities Act 2013)
2. Uncles started taking over his father's property (Right to inheritance, the Rights and Protection of Persons with Disabilities Act 2013)

3. The police station would not file a case (Right to legal recognition and access to justice, the Rights and Protection of Persons with Disabilities Act 2013)
4. Friend's father discouraged him from trying to participate in elections (Right to NID, registration as voters and participation in elections, the Rights and Protection of Persons with Disabilities Act 2013)

## Conclusion

As per the most recent estimates, around 11.2 million people have some form of impairments in Bangladesh (BBS, 2016). Recently, there has been a growing realization that the main barrier faced by persons with disabilities is not their disability but the widespread stigma and discrimination present in society (Rohwerder, 2018).

This toolkit provides a useful insight into the existing disability stigma and discrimination against persons with disabilities in Bangladesh. It explains the drivers of disability stigma and indicates what can be done to combat it in society and it can be used in behavioural change campaigns to address stigma, misconceptions and negative perceptions associated with disability and persons with disabilities.

This toolkit has been designed based on the formative research findings. However, this is not a static document and can be updated as new information regarding disability stigma is received, collected or documented. Feedback and suggestions that can improve the content of this toolkit is highly appreciated.

We also understand that the use of this toolkit needs to be context specific. Therefore, users can modify or tailor the content as per their needs.

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