Current situation of disability-related stigma and discrimination against persons living with disabilities in Bangladesh

BRAC James P Grant School of Public Health, BRAC University

Dhaka Bangladesh

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List of Contributors

Adity Shayontony Das

Fatema Akter Bonny

Arifa Bente Mohosin

M. Mahzuz Ali

Md. Elahi Rawshan

Sharaban Tohura

Sonia Bintey Sarowar

Ghulam Faruq Hamim

Israth Jahan Rupa

Nusrat Ireen

Sazzad Kabir

Dewan Mahfuz E Maula

Nigar Sultana Zoha

Adrita Kaiser

Md. Tanvir Hasan

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Abbreviations

BCC	Behaviour Change Communication
BDT	Bangladeshi Taka
BLAST	Bangladesh Legal Aid and Services Trust
CSID	Centre for Services and Information on Disability
FGD	Focus Group Discussion
GED	General Educational Development
GOB	Government of Bangladesh
HIES	Household Income and Expenditure Survey
HSC	Higher Secondary Certificate
IDI	In-depth Interview
ILO	International Labour Organization
KII	Key Informants Interview
LGED	Local Government Engineering Department
LMICs	Low and Low Middle-Income Countries
MESH	Medical Subject Heading
NGO	Non-governmental Organization
NSDP	National Skills Development Policy
OPD	Organisation of Persons with Disabilities
RPG	Research Participants Group
SSC	Secondary School Certificate
TVETs	Technical and Vocational Training Institutions
UNHCR	United Nations High Commissioner for Refugees
UNICEF	United Nations International Children's Emergency Fund
UNO	United Nations Organizations
UN WOMEN	United Nations Women
WHO	World Health Organization

Executive Summary

Background

Recent estimates suggest that approximately 11.2 million people have some kind of impairment in Bangladesh (HIES, 2016). The rate of unemployment in Bangladesh among adults with disabilities is higher (1.9 percent) than adults without disabilities (1.5 percent) (Thompson, 2020). At the same time, the unemployment rate among women is higher compared to men regardless of their disability status. A huge percentage of youth with disabilities are neither in educational institutions nor working (64 percent) in comparison to youth without any disabilities (Thompson, 2020). Stigma, fear of discrimination and lack of opportunities to attend school and vocational training programmes are key barriers for young persons with disabilities to enter the labor market. These factors ultimately lead to persons with disabilities becoming confined within their homes, leaving them without any skills or capacity to earn an income or contribute to their family's financial condition.

In Bangladesh, the perception of 'impairment' among the majority of the population is mostly negative. Particularly, in rural areas, disability is culturally perceived to be a curse, blamed often on the 'sinful deeds' of the parents or past generations. It is also believed to be a contagious condition (Islam & Jahan, 2018). In general, discrimination and negativity exist towards persons with disabilities.

Persistent prejudices and negative attitudes towards persons with disabilities result in them being excluded from many development initiatives in the country (CSID, 2002). Persons with disabilities struggle because they do not have the opportunity to have practical learning and work experiences. They also lack the vocational skills required for them, which further blocks them from an ability to earn. In addition, sometimes, family members of persons with disabilities are also excluded from social gatherings and events.

Disability-related stigma and discrimination against persons with disabilities are deep-rooted and are a part of every social class in the country. Even though it is evident that existing disability related-stigma and discrimination against persons with disabilities are major barriers in terms of their access to the labour market, their overall personal development, self-esteem and empowerment, very limited research has been conducted on this. Thus, it is necessary in order to design appropriate strategies and interventions.

BRAC James P Grant School of Public Health, BRAC University led the research, with support from BRAC Skills Development Programme and consortium partners of Inclusive Futures, who provided access to participants and technical inputs when developing the research tools and plans. Formative research took place with young persons with disabilities, Organizations of Persons with Disabilities (OPDs), community people, social networking groups, and recruiters to understand the level of disability stigma present in 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. We expect that the generated evidence will be very useful to identify appropriate solutions or further improvise the available interventions run by BRAC SDP and other consortium partners to address disability-related stigma and discrimination against persons with disabilities in Bangladesh.

Methodology

The study was conducted following a multimethod research approach that included a desk review, a representative survey (n=328) among young persons with disabilities (aged between 14 years to 35 years) in the study sites, and qualitative interviews with different stakeholders, persons with disabilities and community people. Pretesting of the survey questionnaire and qualitative guidelines were done prior to final data collection. The data collection took place in all 8 divisions of Bangladesh. In addition, a Research Participants Group (RPG) was formed engaging 15 young persons with disabilities with the help of the BRAC Skill Develop Programme (SDP) and Organizations of Persons with Disabilities (OPDs) who provided constructive feedback throughout the research process, especially on the key areas to cover in the development of survey questionnaire, qualitative guidelines, and other tools. The study tools focused on capturing the experiences of internal and external stigma experienced by persons with disabilities and explored the gaps in the existing policies and interventions towards addressing disability-related stigma and discrimination against persons with disabilities in the country.

Findings

Findings from the quantitative survey and qualitative interviews with persons with disabilities revealed that they experience stigma and discrimination from many different individuals, both in their own homes as well as externally. Many also faced prejudices from their family members at different points in their lives. Some of the main findings related to internal stigma suffered by the study participants are discussed below:

Feeling inadequate: Out of the 328 participants who took part in the survey, 159 (48.47%) reported having 'felt inadequate' at least once in their lifetime, out of which 54 (33.99%) had identified the intensity of this feeling as moderate to extreme.

Feeling incapable: Out of the 328 survey participants, 203 reported having felt incapable at least once in their lifetime. Further analysis comparing both genders revealed that more females felt this way (63.95%) compared to their male counterparts (59.62%).

Feeling as a burden: Out of the 328 survey participants, 206 reported having felt as a burden to the family, at least once in their lifetime (62.8%). Among these 206 participants, 137 (42%) categorized the intensity of these feelings as 'moderate to extreme'. Feeling like a burden to the family was more common among male participants than their female counterparts.

Feeling lack of respect: Out of the 328 survey participants, 268 (81.71%) reported having felt 'a lack of respect' from others. Among the 268 participants, 42.99% identified the intensity of this stigma to be 'moderate to extreme'. Male participants reported having felt 'more disrespect' (84.61%) compared to their female counterparts (81.1%).

Some other aspects of internal stigma considered for the study were 'self judgement of capability', 'feeling of shame' and 'feeling regret'. Out of the 328 survey participants, almost 62% reported having 'felt less capable', 24.39% reported having felt 'shame' because of their disability and 14.02% reported having felt 'a sense of regret' regarding their perceived shortcomings.

Qualitative findings, in line with the quantitative findings, revealed that many of the study participants suffered from internalized stigma. Some of them shared that they feel depressed and insecure about themselves because of their disability. These feelings are multiplied because they experience discriminatory behaviours from others which leads them to think that they are 'less than others' and somehow 'deserve to be treated badly'.

Qualitative findings also revealed that negative attitudes of the community act as a major barrier for any career advancement of persons with disabilities. These judgmental attitudes create deep feelings of shame and inadequacy among persons with disabilities.

External stigma/discrimination

As for the external stigma/discrimination experienced by persons with disabilities, findings from quantitative survey revealed that out of the 328 participants interviewed, 75 (22.86%) had experienced discrimination from family members at least once in their lifetime. Almost 18% of the male participants reported experiencing discrimination, compared to almost 25% of the female participants. Findings clearly indicate that the discrimination within families is more towards female persons with disabilities compared to their male counterparts. When asked about the frequency of attending social events and/or gatherings, many survey participants mentioned the external stigma they experience. Out of the 328 participants interviewed, 154 (47%) mentioned receiving hatred when attending social events. Among these 154 participants, 12.8% mentioned receiving 'moderate' hatred while participating in social activities and 18.9% received 'somewhat' hatred and disgust while attending such activities. Out of the 154 participants, 81.82% reported that their 'disability' condition was one of the main reasons for such experiences. The gender aspect of this external stigma/ discrimination shows that females experience slightly more of this kind of discrimination compared to their male counterparts.

Survey findings also revealed that out of the 328 participants, 121 (37%) experienced unfair treatment in educational institutions. About 42% of the male participants reported having faced such discrimination compared to 32.56% of the female participants.

Qualitative findings revealed that the study participants faced discrimination frequently from different people including their family members. Participants shared that family support plays a

vital role for persons with disabilities to feel better about themselves and also to secure a better position in the community. However, most of the time, they do not receive the required mental and economic support from the family. The qualitative analysis conducted further revealed that most socioeconomically disadvantaged families considered persons with disabilities as a burden to the household. They (family members) do not want to invest their energy and time on a child with a disability.

Qualitative participants shared social stigma related to disability as one of the main drivers of discrimination experienced by persons with disabilities. They shared that community people make them feel 'less than', 'ignoring' or insulting them with comments in public places, because of their disability. Participants also shared that people mock persons with disabilities openly and directly. Most of the qualitative participants (12 out of 16) shared that they heard at least one derogatory comment once in a lifetime. In addition, qualitative findings revealed that persons with disabilities do not get necessary support (both financial and mental) from family members, which creates a lot of suffering for them in the long run. They get discriminated against while attending any social or community gatherings, with little sympathy or support from family.

Out of the 76 participants who reported experiencing discrimination in seeking employment, about 76.6% had identified 'disability' as the primary reason for such treatment, followed by 'socio-economic condition'. In addition, interviews with employers and clients revealed that employers at the community level have a persistent stigma regarding persons with disabilities' capabilities to enter the job market. In situations where community people are customers for a service, they tend to have diverse attitudes towards persons with disabilities. As a consequence, employers often end up denying job opportunities to persons with disabilities.

Recommendations

In order to combat disability-related stigma and discrimination against persons with disabilities, it is crucial to tackle the marginalization and exclusion that they are currently facing. There is a need for a holistic approach wherein individuals including parents/caregivers, community influential people, stakeholders, mass media and social media, government departments, non-governmental organizations (NGOs), Organizations of persons with disabilities (OPDs), and policymakers work together to combat disability-related stigma and discrimination against persons with disabilities.

A focus should be placed on promoting increased awareness among persons with disabilities and their parents/caregivers, community influential people, educational and work institutions about persons with disabilities' rights to exist in a society that is free from stigma and discrimination. In addition, these efforts, as part of basic human rights, should not be limited to the stakeholders who work for persons with disabilities; rather this should be mandatory across all government departments, educational institutions, NGOs, OPDs, policymakers and part of HR policies across these organizations.

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Background

Existing evidence suggests that globally, persons with disabilities are a marginalized group who experience inequalities in accessing education, healthcare, employment, legal aid and other public services (Sharma & Sivakami, 2018). Factors such as poor health, social stigma, discrimination, negative attitudes from employers, and inadequate social support from the government are associated with inaccessible employment environments for persons with disabilities (Morwane et al., 2021). Hence, they are frequently found working in the most marginalized sectors of the informal economy or may become dependent on their family. Even though 15 percent of the world's population are living with some forms of disabilities and among them one-fifth (between 110 million and 190 million people) experience significant disabilities (World Bank, 2021), attention towards their economic empowerment remains neglected, especially in the low- and middle-income countries (LMICs) (Mitra et al. 2013).

As per the most recent estimates, approximately 11.2 million people have some kind of impairments in Bangladesh (HIES, 2016). The rate of unemployment in Bangladesh among adults with disabilities is higher (1.9 percent) than adults without disabilities (1.5 percent) (Thompson, 2020). At the same time, the unemployment rate among women is higher compared to men regardless of their disability status. A huge percentage of youth with disabilities are neither in education nor at work (64 percent) in comparison to youth without any disabilities (Thompson, 2020). Stigma, fear of discrimination, lack of opportunities to attend school and vocational training programmes are considered significant barriers for young persons with disabilities accessing the labour market. These issues ultimately cause the persons with disabilities to get confined within their homes which leads them to becoming incapable of earning a decent living or contributing to their family's financial condition.

In Bangladesh, prejudice and ignorance about disability and persons with disabilities were identified as major barriers to employment for persons with disabilities. Consequently, persons with disabilities were found to experience notably higher levels of stress, unmet needs and isolation, and are often denied access to their fundamental entitlements and rights in the employment sector. Evidence from traditional poverty indicators (asset ownership, income and household expenditure), hunger indicators and multidimensional poverty data showed that poverty and discrimination are widespread phenomena among persons with disabilities (BLAST, 2015). Negative attitudes about disability exclude persons with disabilities from countries' development initiatives (CSID, 2002). Persons with disabilities struggle not having practical experiences and vocational skills which block them from accessing income generation activities in the country, leaving them even more vulnerable and dependent on their families. In addition, opportunities to get access to the business sector and credit facilities are inadequate for persons with disabilities (CSID, 2002). Employers have pessimistic views about the productivity and ability of persons with disabilities, resulting in lower workforce opportunities and participation and underemployment

(Bonaccio et al., 2019). Even though there has been growing awareness and many laws and policies are in place in order to reduce the stigma against disability and persons with disabilities, persons with disabilities and their families continue to face discrimination, neglected behaviours, and exclusion from social participation due to poor or insufficient law enforcement in Bangladesh (GED 2015).

There is a growing realization that the main barrier faced by persons with disabilities is not their disability, but the widespread stigma and prejudice present in society (Rohwerder, 2018). A research report of Campaign for Popular Education describes that it is not the impairment, but the attitudes and environmental barriers which affect persons with disabilities the most and exclude them from fully participating in society (CAMPE, 2011). The National Forum for Organizations of Bangladesh has been working with persons with disabilities to sensitize the general public and advocate the implementation of policies and regulations to encourage the inclusion of persons with disabilities in every sector of the society. The 2011 National Skills Development Policy (NSDP) designed with ILO, had also put the inclusion of disability as an important agenda in the skills reform process. NSDP also suggested a 5 percent quota for persons with disabilities for admission at all Technical and Vocational Training Institutions (TVETs) with added hostel, transportation and stipend services (ILO, 2016). In 2013, the Government of Bangladesh established the Rights and Protection of Persons with Disabilities Act, which explicitly addressed the rights of persons with disabilities by declaring that individuals cannot be discriminated against at workspaces for any form of disabilities (BLAST, 2015).

Yet, in Bangladesh, the perception towards 'impairment' among the majority of the population is mostly negative. Particularly in the rural areas, disability is considered as a curse, perceived to result from the 'sinful deeds of the parents', and is also believed to be contagious (Islam & Jahan, 2018). Sometimes, even the family members of the persons with disabilities are excluded from the societies and development initiatives. In many societies, children with disabilities deal with exclusion, from the very first day of their birth, and as they lack social recognition, and they are subsequently cut off from legal protection and social services (UNICEF, n.d.). Exclusion from employment can cause an individual with disability to become an economic burden for the family, leading to low self-esteem and loss of confidence. In many countries, women are usually not allowed to receive any vocational training or skills development training (ILO, 2009). Impairment of persons with disabilities coupled with their lack of engagement in work may exacerbate the poverty of a family due to the lack of opportunities resulting from such social exclusion and increased health expenses. Financial constraints can also restrict a person with disability from accessing appropriate healthcare and prevention facilities, and also increase the possibility of living or working in environments that can have adverse health effects (ILO, 2009).

Disability-related stigma and discrimination against persons with disabilities are deep-rooted issues, which can be found integrated into every social class of Bangladesh (Rohwerder, 2018). Even though it is evident that existing disability related-stigma and discrimination against persons with disabilities are the major barriers in terms of persons with disabilities' accessing labour

marker and their overall development, very limited research has been conducted on these issues, which act as barriers to designing appropriate strategies and interventions.

BRAC James P Grant School of Public Health, BRAC University led the research, with support from BRAC Skills Development Programme and consortium partners of Inclusive Futures, who provided access to participants and technical inputs when developing the research tools and plans. Formative research took place with young persons with disabilities, Organizations of Persons with Disabilities (OPDs), community people, social networking groups, and recruiters to understand 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. We expect that the generated evidence will be very useful to identify appropriate solutions or further improvise the available interventions run by BRAC SDP and other consortium partners to address disability-related stigma and discrimination against persons with disabilities in Bangladesh.

Objectives

Objective 1: Mapping & analyzing disability-related stigma and discrimination against youth with disabilities in the informal sector of skills training in Bangladesh.

Objective 2: Understanding the drivers, dynamics and features of disability-related stigma and the discrimination and lack of social capital that young persons with disabilities commonly experience while accessing the informal sector job market, securing decent employment, retaining employment, and gaining financial independence.

Objective 3: Exploring the attitudes held and associated barriers created by different stakeholder groups, including: young persons with disabilities; parents or primary caregivers and other household powerbrokers; employers; the general community and; clients or consumers of relevant informal sector trades.

Objective 4: Identifying facilitators and gaps of existing interventions and/or initiatives relevant to addressing disability-related stigma and discrimination against persons with disabilities and recommend strategies to improve the delivery of efficacious interventions

Objective 5: Develop key messaging for different target audiences and stakeholders from the informal sector of skills training in Bangladesh.

Objective 6: Develop a BCC toolkit to use in community level awareness campaigns.

Methodology

The study was conducted following a multimethod research approach that included a desk review, a representative survey among young persons with disabilities (aged between 14 years to 35 years) in the study sites and qualitative interviews with different stakeholders, persons with disabilities and community people. Pretesting of the survey questionnaire and qualitative guidelines were done prior to final data collection. The data collection took place in all 8 divisions of Bangladesh. In addition, a Research Participants Group (RPG) was formed engaging 15 young persons with disabilities with the help of BRAC Skill Develop Programme (SDP) and Organizations of Persons with Disabilities (OPDs) who had provided constructive feedback throughout the research process such as on the development of survey questionnaire, qualitative guidelines, how to conduct interviews with persons with disabilities among others. The multimethod research approach was useful to draw a comprehensive conclusion on the effects of different types of stigma on the lives of persons with disabilities and the discrimination they experience while accessing education and training opportunities and decent employment in the informal sector in Bangladesh. Ethical approval for the research was obtained from the independent Institutional Review Board (IRB) of BRAC James P Grant School of Public Health, BRAC University. Verbal and/or written consent was obtained from each participant and caregivers where applicable.

Representative survey

A total of 328 men and women with different types of disabilities were interviewed across 8 divisions of Bangladesh. For the representative survey, a sample of 500 participants were randomly selected from the list of 5,000 persons with disabilities available with BRAC JPGSPH. The list was prepared by the research team as part of the nationwide research "Sexual and Reproductive Health and Rights (SRHR) of Persons with Disabilities in Bangladesh" conducted in 2018-2020 (BRAC JPGSPH, 2020). Given the nationwide study was conducted 2 years back, the age group of 12 years to 33 years was considered most appropriate for the present study. Among the 5000 participants, 2461 were aged between 12 years to 33 years. The sample size for the representative survey was calculated, considering a population proportion of 50%, with 95% level of confidence, and 5% margin of error. The non-response rate was considered 20%. Following the simple random sampling technique, the sample of the 500 participants was drawn via Stata version 19. Even though the research team randomly selected 500 persons with disabilities, they were able to conduct interviews with 328 persons with disabilities. This is because many of the participants were not available at the time of the survey due to migration for livelihood opportunities and marriage. Few were non-traceable as both their addresses and family information were inaccurate. Few were found to have died when we reached out to families for interviewing the person. A few did not agree to participate in the research. Since the survey was conducted during the COVID-19 pandemic, few households had COVID-19 suspected individuals; therefore, participants from those households were not interviewed. The researchers strictly followed the informed consent procedure and respected the autonomy of the participants. Based on availability and acceptance to participate in the study, a total of 328 persons with disabilities were interviewed. Both face-to-face interviews (149) and telephone interviews (179) were conducted among the survey participants. The survey participants were asked about their socio demographics, environmental and

accessibility situation, experience of discrimination in society, experience of discrimination in terms of employment, understanding of rights and policies, stigma (both internal and external) and recommendations to reduce stigma and discrimination against persons with disabilities.

Desk review

The desk review work involved reviewing scientific papers, government and non-government reports, newspaper articles, blogs, and other similar documents that have a focus on disability-related myths and misconceptions, cultural and religious beliefs about the causes of disability, negative beliefs about the abilities of persons with disabilities and other similar false perceptions and beliefs in the developing countries including Bangladesh. These documents basically described the main drivers of disability stigma at the individual, family, and societal level and analyzed how these issues are contributing to the discrimination and neglect experienced by persons with disabilities in all aspects of their daily lives.

An appropriate search strategy with key terms was used to identify relevant scientific articles and reports. A combination of key concepts (main key terms & their synonyms) was used: "Disability" OR "Persons with disabilities" AND "Stigma" or "discrimination" AND "Intervention" OR "Services" AND "Bangladesh". All the key search terms were searched for Medical Subject Headings (MeSH) in Pubmed for all possible terms that were and can be used as search items in order to get the highest number of search results. In addition, all twelve types of disabilities mentioned in the "Persons with Disabilities Rights and Protection act- 2013" were searched one-by-one, replacing "Persons with disabilities" as the search item. Besides, any local term used for describing a particular type of disability, for example, "deaf," was used in addition to terms such as "hearing disability" or "hearing impairment." Peer-reviewed articles were searched via Pubmed, and Google Scholar was used for identifying grey literature, technical reports, and policy/research infographics. Snowballing' from article reference lists was used to identify additional studies that may have not been indexed in the online research database. The most widely used search engine, Google, was searched for grey literature. We also looked for various relevant infographics/ policy briefs for review. Few other databases and websites were searched for available reports – website of different ministries of Bangladesh government: Ministry of Health (Directorate General of Health Services & Directorate General of Family Planning), Ministry of Social Services, The Ministry of Labour and Employment, Ministry of Women and Children Affairs, etc., several UN organization's websites: WHO, UNICEF, ILO, UNHCR, UN Women, etc., website of leading NGOs and OPDs in the country. The systematic search documented that there are very limited interventions on eliminating stigma against persons with disabilities.

To enrich the list of interventions, any existing initiatives that the research team learned via key informant interviews were also reviewed and documented. Existing interventions and initiatives that aim to reduce disability stigma and discrimination against persons with disabilities implemented by both government and non-government entities were also reviewed. The research team also visited a couple of training facilities in the study sites to understand what services are

provided by them, what are the gaps in services, and what can be done to improve service delivery. The research team also reviewed existing laws, policies, acts, and other legislative instruments relating to the rights of persons with disabilities.

In-depth interviews (IDIs) and focus group discussions (FGDs)

For the qualitative study, a total of 16 IDIs were conducted among persons with disabilities in 6 divisions of Bangladesh. Besides, 5 focus group discussions (FGDs) were conducted with young persons with disabilities, their caregivers and community people from different geographical locations of Bangladesh. Both men and women with disabilities from different age groups, disability types, living areas, educational status, and employment status were interviewed. We ensured that group participants in the FGDs are homogeneous in terms of social background, age group, and disability type. The interviews were focused on understanding the participants' perceptions around disability stigma, the drivers of stigma, the influence of social and gender expectations on the lives of persons with disabilities among others. They were asked to share their thoughts on the various factors that prevent them from accessing vocational and training programmes and decent employment in the informal sector, with the researchers' role being to guide the conversation in order to ensure that information on both internal (attitudes, perception, etc.) and external factors (structural, infrastructural, societal, etc.) are collected. Finally, we explored the needs and requirements of young individuals with disabilities in order to promote successful inclusion into existing skills development initiatives.

Key informant interviews

We conducted 19 key informant interviews with different stakeholders from both the government and non-government sectors such as district social welfare officers, managers and instructors from different Technical Training Center for Orphans and Disabled Children in Bangladesh, founders and managers from different Organizations of Persons with Disabilities (OPDs), project managers and advocacy policy coordinators from Non-Governmental Organizations (NGOs). The aim of the KIIs was to explore what their organizations are doing to address disability stigma and discrimination experienced by persons with disabilities in Bangladesh, what are the problems they are currently experiencing, and what do they think can be done to improve the situation. We have also community members and influential, management-level employers, entrepreneurs, and/or policymakers who are engaged with disability inclusion, to explore their knowledge, perception, and attitude in terms of persons with disabilities getting access to skills development trainings and decent employment in the informal sector in Bangladesh.

Data analysis

Quantitative survey data were analyzed using Stata version 16. Both descriptive and multivariable analyses were performed. The qualitative interviews were recorded with due permission from the participants. If any interviewee did not agree to record but wanted to take part in the interview, the

field researchers took extensive notes as data record. Later all the data were transcribed and coded for analysis. The qualitative data were analyzed by conducting content and thematic analysis using Atlas Ti. Findings were triangulated during toolkit preparation and report writing. The effects of contextual factors (gender, age, education, religion, geographical location, etc.) on disability stigma were explored. Also, the social norms and drivers, which are accountable for enacted stigma, have also been documented.

Ethical Consideration

Ethical approval for the research was sought from the independent ethical review board of James P Grant School of Public Health, BRAC University (approval no: IRB-19 October'21-032). Written or verbal consent was obtained from all the participants before conducting interviews. The researchers ensured that all ethical procedures are appropriately followed while conducting the research.

Findings

The finding section of the report is laid out in the following structure, with the first part outlining the socio demographic characteristics of the study participants, followed by discussion around internal stigma. The next themes discussed in this section are stigma and discrimination experienced from family members, neighbours and community members. Finally, employers' perceptions on persons with disabilities are presented in the last part of this section.

Demographic characteristics of the study participants

Socio-demographic characteristics of the survey participants

Figure 1 represents the distribution of the survey participants across different divisions of the country. Out of the 328 participants who took part in the survey, 16.16% belonged from Rangpur division, followed by Khulna division (14.33%); the least number of participants were from Chittagong division (9.25%).

Most of the participants belonged from the age group 14-19years (36%) followed by 29% from the age group 20-25 years (Figure 2).

Figure 2: Age distribution of survey participants

Figure 1: Distribution of participants by divisions

Out of the 328 participants, 47.56% were male and 52.44% were female. Among these participants, 70.12% were unmarried and 25.91% were married. Most of the participants (58.23%) were from rural areas and 41.16% were from urban areas (Table 1).

Table 1: Distribution of survey participants with respect to gender, marital status and area of residence

Gender	Frequency	Percentage
Male	156	47.56
Female	172	52.44
Marital Status		
Unmarried	230	70.12
Married	85	25.91
Separated	2	0.61
Divorced	9	2.74
Widow/widower	2	0.61
Area Type		
Village	191	58.23
City	135	41.16
Others	2	0.61

Information regarding educational qualifications participants is represented in Figure 2. Findings show that most of the participants have sought mainstream education (75.77%). However, the highest level of education completed by most of them were secondary incomplete (27.9%) and primary incomplete (22.1%) respectively. A very small percentage of the participants (10.8%) have completed SSC/ Equivalent.

Majority (93.6%) of the participants to have received no professional training and 54.57% of the participants expressed an interest to receive professional training if provided. (Data not shown)
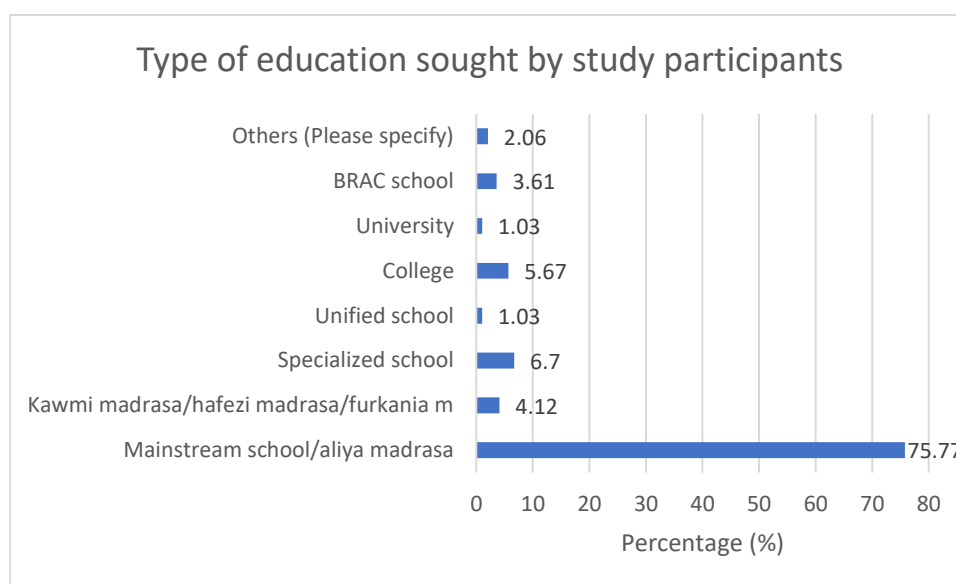
Figure 3: Type of education received by survey participants
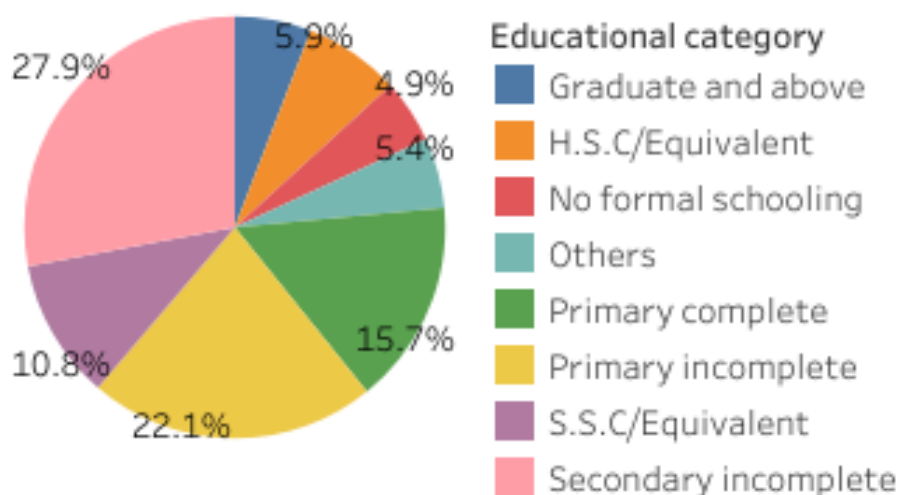
Figure 4: Highest educational level achieved by study participants

Figure 5 displays the financial conditions based on income and expenditure of persons with disabilities' families. Findings show that majority of the participants' household income fall in the income bracket of BDT 11000-15000 per month (27.13%), and expenditure range of BDT 10000-14000 per month (35.98%).

Comparison of households expenditure by Income.

Income ranges

Measure Names
- Avg. Expenditure
- Avg. Income
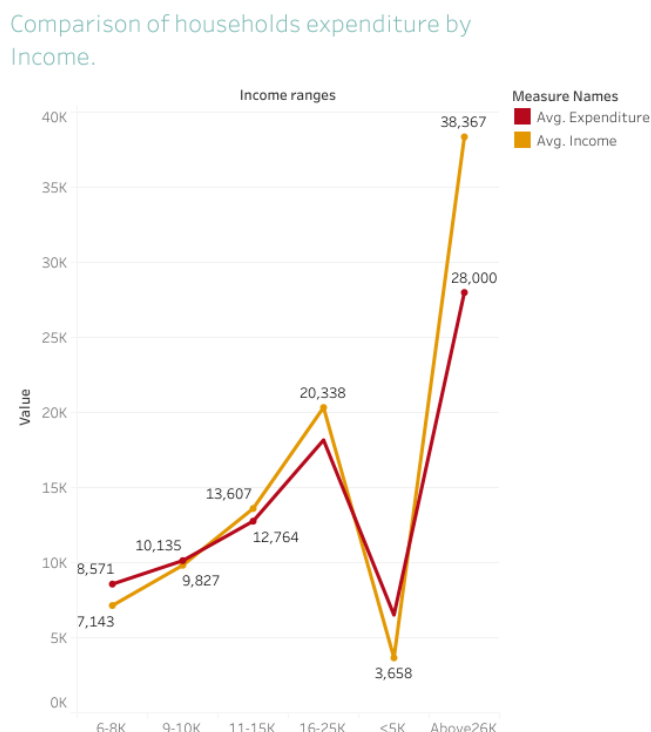
Figure 5: Income and expenditure related information

Demographic characteristics of the qualitative participants

In-depth interview (IDI) participants

For the qualitative study, a total of 16 in-depth interviews (IDIs) were conducted among persons with disabilities across the 6 divisions of Bangladesh. Among them, 10 were women and girls with disabilities and 6 were men and boys with disabilities. These 16 men and women with disabilities were purposively recruited from the quantitative survey sample. The IDI participants were aged between 14 years and 45 years. Among the 16 IDI participants, 7 had physical disability, 3 had cerebral palsy, 3 had visual disability, 2 had intellectual disability, 1 had hearing disability and 1 had autism spectrum disorder. Among the 16 participants, 4 were married, 12 were unmarried. 12 had access to formal education and 4 did not get a chance to attend school. Their occupational status ranged from alms seeker to tea maker, student, tailor, garments worker and computer operator. Among the 16 participants, 6 were unemployed or never sought for any work. Among them, 5 completed training on computer operation, 5 completed training on tailoring and are currently involved with other training programmes (ANNEX A).

Key-informant interview (KII) participants

A total of 19 key-informant interviews (KIIs) were conducted among key stakeholders such as district social welfare officers, OPD professionals, NGO and INGO professionals who were closely working with the persons with disabilities and contributing to disability inclusion. Table 5 shows affiliations of the KII participants interviewed in the study.

In addition, nine employers were interviewed who were engaged in small-scale business. Six of them were owners of different kinds of shops that included computer shops, stationaries, and grocery stores. Two were tailors and one was a beautician. Their age ranged from 25 years to 55 years. Among the nine, seven were male and two were female. All the employers except two were persons without disabilities (ANNEX A).

Demographic characteristics of Focus Group Discussion participants

A total of 5 Focus Group Discussions (FGDs) were conducted with different groups of persons with disabilities, their caregivers and community people. The first FGD was conducted among seven women and girls with disabilities. They were aged between 16 and 35 years. Five of them had a physical disability, one had intellectual disability, and one had hearing and speech disability. The participant who had intellectual disability had mild severity and was actively working with an OPD for 13 years. Participants who had hearing and speech disabilities communicated in sign language with the help of caregivers. Among them, 4 were married and 3 were unmarried. One of the participants completed post-graduation, one completed primary education, and the rest did not get a chance to attend school. All of them were Muslims by religion.

The second FGD was conducted among 5 persons with disabilities. Three of the participants were women with disabilities and 2 of them were men with disabilities. Their age ranged from 20 to 35 years. Four of them had physical disability and one had a visual disability. All the participants were married and were Muslim. One of the participants completed graduation and the rest did not get a chance to attend school. The third FGD was conducted among 5 caregivers of persons with disabilities. Three of them were men and two were women. Among the caregivers, 2 had a child with hearing and speech disability, 2 of them had a child with multiple disabilities and 1 had a child with physical disability. All of them were parents of the child with disabilities. They had children ages from 12 to 17. All were Muslims. None of them reported their children having completed primary education.

The fourth FGD consisted of 7 caregivers. Among them 4 were parents and 3 were siblings. Their children's age range was 11 to 18 years. Most of the caregivers were women. Majority (4) of them had a child with an intellectual disability, a few (2) of them had a child with multiple disabilities, one of them had a child with cerebral palsy. Only one of the caregivers was Hindu; the rest were Muslims. Most of them (6) reported that they send their children to the OPD schools and all of those children were studying at primary level. Finally, the last FGD was conducted with 9 community members who were persons without disabilities. All of them were married women.

They were aged between 30 and 50 years. Three of them were homemakers and three were working women. All of them were Muslims, and only one was Hindu. Half of the participants completed their primary education whereas rest of them either completed primary or had no access to education (ANNEX A).

Disability condition
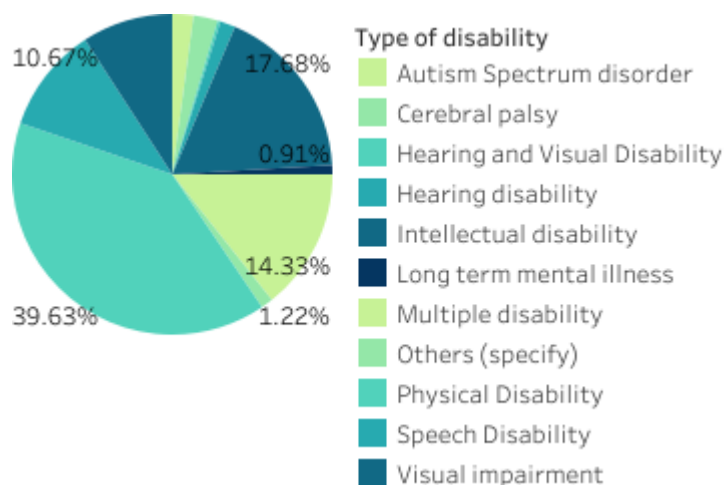
Among the different types of disabilities recognized by the Government of Bangladesh, the survey participants cover 10 types of disabilities. Out of the 328 participants, the majority had physical disability (39.63%), followed by intellectual disability (17.68%) and multiple disabilities (14.33%) (Figure 6).

Type of disability
- Autism Spectrum disorder
- Cerebral palsy
- Hearing and Visual Disability
- Hearing disability
- Intellectual disability
- Long term mental illness
- Multiple disability
- Others (specify)
- Physical Disability
- Speech Disability
- Visual impairment

Figure 6: Distribution of survey participants with respect to disability conditions

In the qualitative part, most of the IDI participants (7 among 16) were found to have physical disability; some of them (3 out of 16) had cerebral palsy, 3 had visual disability, 2 had intellectual disability, 1 had hearing disability and 1 with autism spectrum disorder. Most of the participants (10 out of 16) shared that their disabilities were from birth (congenital), followed by high fever in childhood (2), genetic disorders (1) and accident (1). Two of them could not mention any reasons. Despite their disability, 14 out of 16 participants tried to engage themselves in educational or employment purposes. A few of them completed their education and were working successfully in the informal sector.

Disability related stigma (internal and external stigma)

Scholars have described stigma as "a highly discrediting trait of an individual" (Goffman, 1963). Many authors have classified stigma into two categories: "felt" stigma (self-stigmatization or internal stigma) and "enacted" stigma (discrimination or external stigma). Author Graham Scrambler has explained 'felt stigma' as the humiliation or expectation of getting discriminated against that may stop an individual from seeking support or speaking about their sufferings (Gray, 2002). As for 'enacted stigma' he explained this to be the experience of being unfairly treated by others (Gray, 2002). Persons with disabilities often suffer from felt stigma, which can cause hindrance to their participation in social and economic activities as they feel uncomfortable and demotivated. Enacted stigma is very common in Bangladesh, resulting from misleading traditional beliefs and misconceptions regarding the nature or cause of an impairment. This enacted stigma

puts the rights and capabilities of a person with disability in jeopardy in some communities. Both enacted stigma and felt stigma can be equally damaging, as they create barriers or lead to withdrawal from access to social services and support (Rohwerder, 2018).

The driving forces behind disability stigma are existing misconceptions regarding disability, the social economic conditions of persons with disabilities, their lack of education, and general lack of awareness regarding disability in the community and persistent cultural and religious superstitions. A stigma scale was used in the survey to examine the internal stigma suffered by many persons with disabilities and external stigma commonly experienced by persons with disabilities from different individuals in their everyday life. Most of the experiences of internal stigma was recorded from what the participants 'felt' across different situations compared to external stigma which recorded the 'actual experience' of stigma across different situations. The findings also reflect the gender aspect of the stigma and discrimination experienced. Along with this, the findings discuss the differences in stigma experienced due to the different types of disabilities. The findings below display these components:

Internalized stigma experienced by the persons with disabilities and its consequences

One component of internal stigma that was explored was 'feeling incapable'. Out of the 328 participants, 203 reported having felt this way at least once in their lifetime. Further analysis comparing both genders show that more females felt this way (63.95% of the total 172 female participants) compared to their male counterparts (59.62% of the total 152 male participants) (Figure 7). The highest number of survey participants reporting 'feeling incapable' have a physical disability (38.42%) (data not shown).
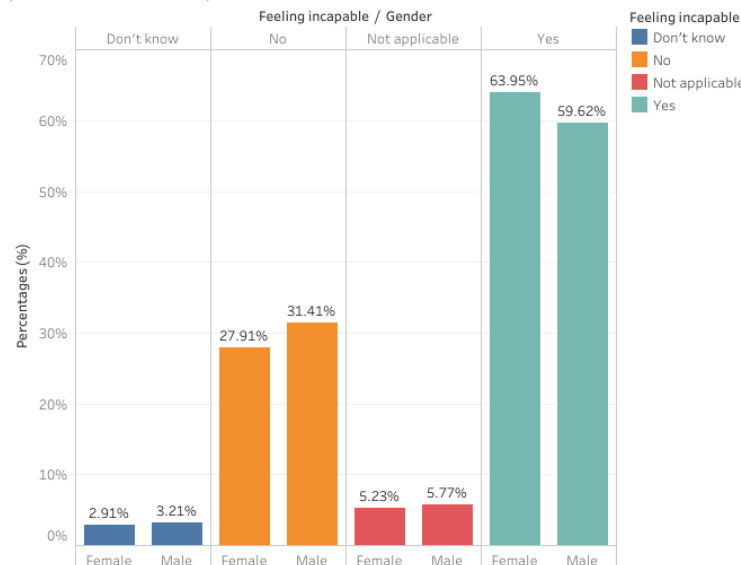
Figure 7: Distribution of male and female participants feeling 'incapable'

Figures 8 and 9, illustrate another component of internal stigma - isolation. Out of the 328 survey participants, 131 (40%) reported having 'felt isolated' at least once in their lifetime. Similar to the

previous indicator of internal stigma, findings show that feeling of isolation was more common among the female participants (44.19%) compared to their male counterparts (35.90%).
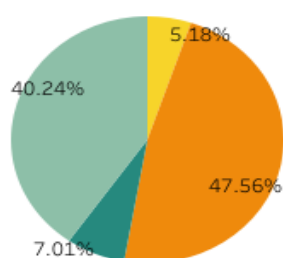
Figure 8: Experiences of internal stigma (feeling isolated)
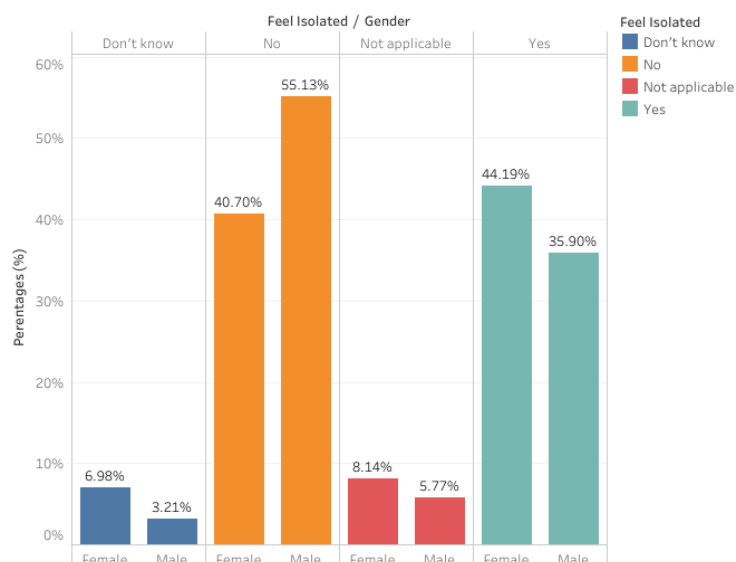
Figure 9: Experiences of internal stigma (feeling isolated) – gender distribution

Table 2 displays findings of a group of different internal stigma components which are interrelated. Two of such components are to 'feel as a burden' and to 'feel disrespected'. Out of the 328 survey participants, 206 reported having felt 'as a burden to the family', at least once in their lifetime (62.8%). Among these 206 participants, 137 (42%) categorized the intensity as 'moderate to extreme'. Feeling like 'a burden to the family' was more common among male participants than their female counterparts (Table 2).

Again, out of the 328 participants, 268 (81.71%) reported having felt 'a lack of respect' from others. Among these 268 participants, 42.99% identified the intensity of this stigma component to be 'moderate to extreme'. Similar to the previous component of internal stigma, males reported having felt 'more disrespect' (84.61%) compared to their female counterparts (81.1%).

Table 2: Distribution of internal stigma (feel as a burden and feel disrespected) among the participants.

Internal Stigma	Male		Female		Total	
Feel as a burden (n=328)	**Percent (%)**	**Frequency**	**Percent (%)**	**Frequency**	**Percent (%)**	**Frequency**

Not at all	29.49	46	44.19	76	37.2	122
Somewhat	16.03	25	25.58	44	21.04	69
Moderately	37.82	59	23.84	41	30.49	100
Extremely	16.67	26	6.4	11	11.28	37
Total	100	156	100	172	100	328
Feel disrespected (n=328)						
Not at all	15.38	24	20.93	36	18.29	60
Somewhat	33.97	53	43.02	74	38.72	127
Moderately	40.38	63	27.33	47	33.54	110
Extremely	10.26	16	8.72	15	9.45	31
Total	100	156	100	172	100	328

Other two major components of internal stigma are: 'feeling hatred' and 'disgust' due to experiences of repeated negative social interactions. This leads to a sense of rejection and an 'unwanted' feeling among an individual, which stigmatizes them and hinders their self-worth. Out of the 328 study participants, almost 36% reported having felt this way at least once in their lifetime (Figure 10).

Table 3 reflects the analysis comparing the male and female participants. Findings show that there is a slight difference among the two groups in terms of internalizing this stigma. Among 172 females, more than one third reported having experienced more hatred and disgust (38.95%; 36.63%) compared to their male counterparts (32.69%; 29.49%) respectively.
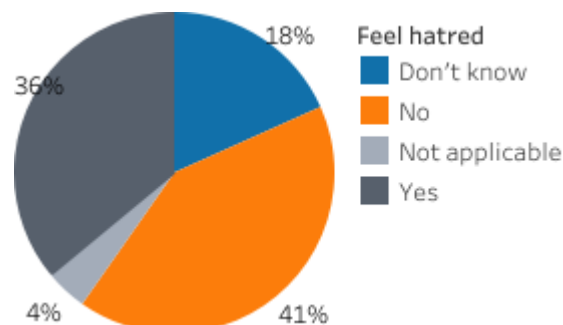
Figure 10: Distribution of participants reporting 'experiencing hatred'

Table 3: Distribution of internal stigma (feeling hatred and feeling disgust) among the survey participants.

Characteristics	Male		Female		Total	
Felt hatred from people around. (n=328)	Percent (%)	Frequency	Percent (%)	Frequency	Percent (%)	Frequency
Yes	32.69	51	38.95	67	35.98	118
No	44.87	70	38.37	66	41.46	136
Don't know	17.95	28	18.60	32	18.29	60
Not applicable	4.49	7	4.07	7	4.27	14
Total	100	156	100	172	100	328
Felt disgust from people around (n=328)	Percent (%)	Frequency	Percent (%)	Frequency	Percent (%)	Frequency
Yes	29.49	46	36.63	63	33.23	109
No	48.08	75	42.44	73	45.12	148
Don't know	16.67	26	16.86	29	16.77	55
Not applicable	5.77	9	4.07	7	4.88	16
Total	100	156	100	172	100	328

Some other aspects of internal stigma considered for the study were: 'self judgement of capability', 'feeling of shame' and 'feeling regret'. Findings revealed that out of the 328 survey participants, almost 62% reported having felt 'less capable', 24.39% having felt 'shame' due to their disability' and 14.02% reported having felt 'a sense of regret' regarding their perceived shortcomings (Figure 11.1, 11.2, 11.3).

Regret
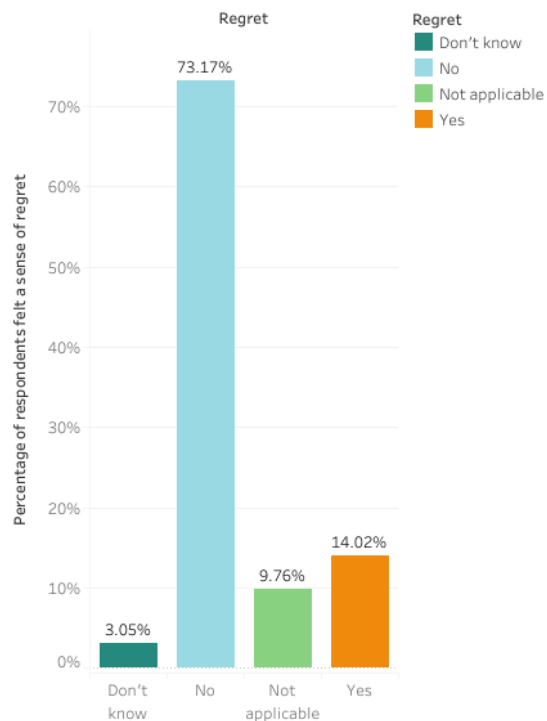
Figure 11.1: Internal stigma among participants (Regret)

Shame
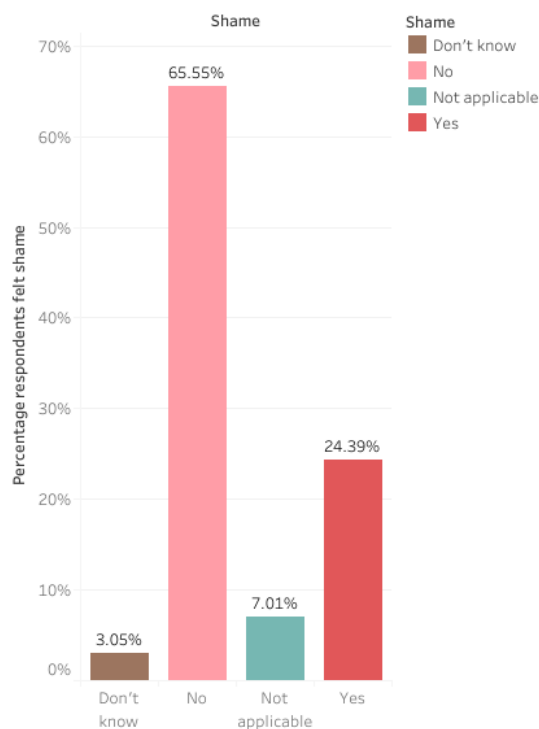
Figure 11.2: Internal stigma among participants (Shame)

Self Judgement of Capability
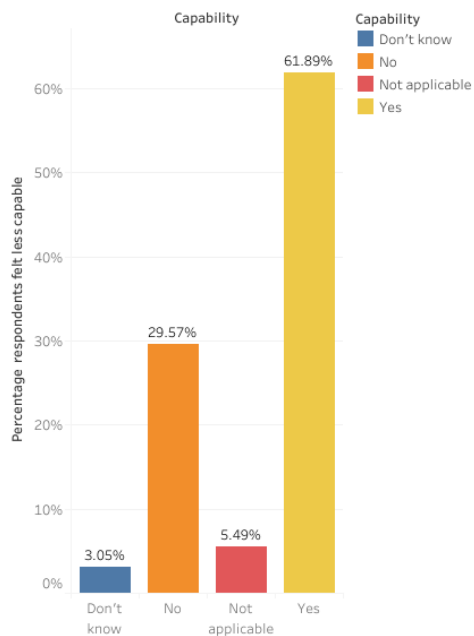
Figure 11.3: Internal stigma among participants (Capability)

Qualitative findings revealed that half of the participants (8 out of 16) had an understanding about disability stigma and/or discrimination. Among the participants who shared their understanding about discrimination, all of them mentioned that persons with disabilities face discrimination 'because of their disability' at least once in their lifetime, regardless of their socio-economic status. Many of the participants shared that they feel low and insecure about themselves because of their disability. Also, experiencing discriminatory behaviours from others left them feeling 'inferior' and led them to think they were inadequate. One of the participants Raju, 24 years old, with a physical disability, shared that he used to suffer from *low self-esteem,* and he had a *lack of confidence.* To add value to himself, he decided to work and contribute to the family income. He tried several businesses and jobs but could not make enough progress. His family's discriminatory behaviour towards him made things worse for him.

> After coming here (in Dhaka), I tried to get a job in a number of garment factories but the employers were not interested in recruiting a person with a disability. ……. I got rejected from the garment factories, and then I started selling t-shirts in the streets. But I could not sell that much. I think people didn't buy from me because of my condition (having disability). I was at a loss. My confidence level got down! I left that business. I had no support from my family, they constantly ridiculed me.

> (Raju, 24-year-old, man with physical disability, unemployed, IDI)

Leaving that business, Raju joined another organization, where he felt pressured to complete his tasks like any person without a disability. He also felt that the employer was not empathetic towards him. He was disappointed and could not continue working there. After that he joined another garment factory where he felt insecure about his job status and persistent fear of redundancy at the chance of his employer finding someone who did not have any disability.

Shima, a young woman with physical disability, shared that stigma hinders her personal progress and affects her way of thinking, her emotional and mental well-being. She shared her deep fears of attending any public gatherings.

> Like, in my school days, I was too scared to attend any games. It was a conflict within myself, and I was always torn, should I participate or not? I used to be anxious that I would not perform well or cannot complete the task properly. There is always someone who wins or loses in a game…. Actually, I was afraid to participate in those games because of my fear of losing and people laughing at me or making fun of me.

> (Shima, 19-year-old woman with physical disability IDI)

Shima could not win over her terror and did not participate in any of the school's social activities. She was concerned and well aware of her fears, which acted as a barrier for her to move forward.

She was also sexually harassed but she was unable to respond, or fight back, even though she wanted to.

> While walking on the road, many guys pass comments about me. They say…..and then they quickly leave after bullying me…. I want to reply to them…...but I feel scared, and I feel bad as it keeps happening again and again.
>
> (Shima, 19-year-old woman, physical disability, IDI)

Despite being aware, Shima could not step out from the vicious stigma circle. Internalized stigma did not allow her to open up, participate or defend herself, as she suffered from low self-esteem and lacked confidence. .

FGD findings revealed that internal stigma can make an individual suffer and feel frustrated, which can lead to aggressive behaviour and even lead to domestic violence. One of the FGD participants shared-

> I have seen that many of the persons with disabilities get angry quite often. Because of different life situations, they have poor tolerance and become aggressive very easily. For example, one of our neighbours misbehaves with his wife. He beats her frequently. He cannot go outside and earn money due to his physical disability. His wife works as a housemaid. He suspects that his wife has an affair with another person. We understand that this is because he considers himself less than his wife. His frustration and insecurities result in domestic violence.
>
> (Baby, female community member, 24 years old, FGD)

Qualitative findings revealed that negative attitudes of the community act as a major barrier for the career advancement of persons with disabilities. These negative attitudes result in feelings of shame and inadequacy among persons with disabilities. Babul, a 30-year-old man with cerebral palsy, who completed grade 9, shared his understanding around disability related stigma.

> Disability means obstructions. Those who live with any obstruction, the environment becomes disabling ... In my opinion, we lag behind due to cultural and social barriers that we have within our family and society. We lose hope and feel depressed. If we get enough opportunities, we will shine like persons without disabilities.
>
> (Babul, 30-year-old man with cerebral palsy, completed grade-9, IDI)

According to Babul, our social construction of how persons with disabilities are viewed is solely responsible for the continued stigma and discrimination against them. A disability friendly-environment and behavioural change was put forward as a solution, to lessen judgements, bad treatment and neglect of persons with disabilities.

Some of the participants in the qualitative interviews shared success stories of combatting their internal stigma. Tonny, a 30-year-old woman with cerebral palsy suffered from both internal and external stigma, but eventually managed to overcome those challenges, with the help of her family. She said-

> I actually faced troubles while studying in school. Students were from solvent families; they were well dressed, (she could not wear shoes herself because of disability well-spoken (fluent and clear speech) and it was difficult for me to adjust with them. When I was selected for the first section (according to merit list)…. My teachers recommended me for that section but the students did not allow me to be in that section because of my disability.

> As a child, I reacted very badly. When I was in class nine, I felt so low and sad. By that time, I was able to understand many things. I used to compare myself with others like how they walk and how I walk (sad voice). I was completely broken mentally. Encountering negative behaviours from my peer groups I became severely sick. My mental stress affected me physically and my health problems increased (she used to shiver because of cerebral palsy), like frequent shivering, inability to walk etc. My mother took me for treatment. Finally, I overcame all those challenges and completed my post-graduation……. My mother encouraged me a lot…. Her support helped me to fight against…. all the bad times.

> (Tonny, 30-year-old woman with cerebral palsy, postgraduate, IDI)

Internalized stigma and discrimination made Tonny suffer a lot; but she persisted. With her intelligence and unwavering support and love from her mother, she managed to pursue her education and did well in post graduate studies. According to Tonny, family support is critical to overcome the consequence of internal stigma.

> My guardians helped me a lot to become what I am today. I believe that being meritorious is not enough for students; people (family members) should be strong and should bear a positive mindset that their child despite the disability is capable like other children…I felt stuck several times in my life but I completed my master's degree in Economics. My family has been my constant mental support.

> (Tonny, 30-year-old woman, cerebral palsy, postgraduate, IDI)

Tonny's example illustrates that with strong family support and encouragement and protection and belief in their capacity, a person with a disability can go on to achieve a lot..

External stigma and discrimination experienced

From close family members and neighbours

Quantitative survey findings revealed that out of the 328 participants interviewed, 75 (22.86%) had experienced discrimination from family members at least once in their lifetime. Almost 18% of the male participants reported experiencing discrimination, compared to almost 25% of the female participants. Findings clearly indicate that the discrimination within families is more towards female persons with disabilities compared to their male counterparts (Table 4). Out of the 75 participants who reported experiencing discrimination from family members, almost 94% had identified 'disability' as the main cause for experiencing such discrimination (Figure 12).

Table 4: Discrimination faced by participants from family members

Type of Discrimination	Male		Female		Total	
Discrimination within family (n=328)	Percent (%)	Frequency	Percent (%)	Frequency	Percent (%)	Frequency
Not at all	82.05	128	72.67	125	77.13	253
Somewhat	16.03	25	23.84	41	20.12	66
Moderately	1.92	3	1.16	2	1.52	5
A lot	0	0	2.33	4	1.22	4
Total	100	156	100	172	100	328
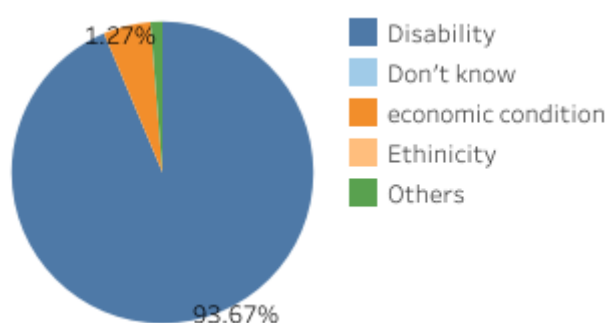
Figure 12: Reasons for experiencing discrimination from within family

During survey, participants were asked to share discrimination experienced from within marriage and relationships. Out of the 328 participants, 67 were married at the time of survey data collection, among them 29 reported experiencing discrimination from within marriage and/ relationship (Table 5).

Females tend to report more experiences of such discrimination (19 out of the 29 reported cases) compared to males (10 out of the 29 reported cases). When asked about the possible causes of such discrimination, almost 81% of the participants (n=29) mentioned their 'disability' as the main cause and almost 17% mentioned their 'gender/sex' to be the cause of such discrimination (Figure 13).

Table 5: Discrimination faced by participants from within marriage and relationships

Type of Discrimination	Male		Female		Total	
Discrimination during marriage and/ relationship (n=328)	Percent (%)	Frequency	Percent (%)	Frequency	Percent (%)	Frequency
Not at all	12.82	20	10.47	18	11.59	38
Somewhat	3.21	5	4.07	7	3.66	12
Moderately	0.64	1	2.91	5	1.83	6
A lot	2.56	4	4.07	7	3.35	11
Not Applicable	80.77	126	78.49	135	79.57	261
Total	100	156	100	172	100	328
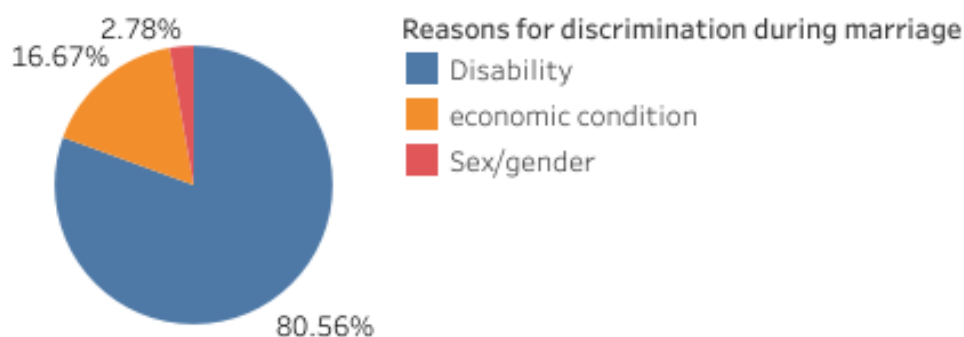
Figure 13: Reasons for discrimination within marriage and relationships

Survey findings revealed that among the 328 survey participants, almost 44% experienced discrimination from their neighbours. Out of these, (n=144) almost 15% identified the severity of the discrimination experienced as 'moderate to a lot'. A follow up analysis indicates that such experiences are somewhat similar among men (45.52%) and women (42.44%). Almost 93% of the participants who experienced discrimination (n= 144), mentioned 'disability' as the main reason for such experiences. Only 7.41% of them (n=144) had mentioned about 'socio-economic' status as a possible cause of such discrimination (Figure 14).

Table 6: Discrimination faced by participants from their neighbours

Type of Discrimination	Male		Female		Total	
Discrimination from neighbors (n=328)	**Percent (%)**	**Frequency**	**Percent (%)**	**Frequency**	**Percent (%)**	**Frequency**
Not at all	54.49	85	57.56	99	56.1	184
Somewhat	31.41	49	26.74	46	28.96	95
Moderately	10.9	17	9.3	16	10.06	33
A lot	3.21	5	6.4	11	4.88	16
Total	100	156	100	172	100	328

Figure 14: Reasons for experiences of discrimination from neighbors

Qualitative findings revealed that the study participants faced discrimination frequently from different people including their family members. Participants shared that family support plays a vital role for persons with disabilities to feel confident about themselves and also secure a better position in society. However, for most, they do not receive the required mental and economic support from the family. One of the participants, Raju shared that because of a lack of family support he suffered a lot in his life.

> I will say our family and society have a negative mindset towards us. This negative attitude is enough for us to lag behind…. My family did not support me mentally and economically (because of poverty). That is why I left my study in the middle…. but I wanted to study more. Now I am working here in a garment factory.
>
> (Raju, 24-year-old, man with physical disability, HSC passed, poor, IDI)

According to Raju, he lagged behind because of his family's lack of support. He left study after completing HSC and was struggling to find a decent employment.

Another participant shared the same-

> Yes, they gave me everything, but they did not give me the proper value that I deserved. They gave me food, clothes, medical support but I did not get proper mental support from them. Because of this, I am still lagging behind. I will say that though I get everything from my family, there are times when they do not value me properly. That is their problem because they are not aware of this. I think understanding the disability issue is very crucial (understand sufferings of a person with disability and support him accordingly).
>
> (Babul, 30-year-old man, cerebral palsy, IDI)

FGD findings revealed that women with disabilities experienced more discriminatory behaviours from their family members because of their gender and did not get the required encouragement or

support from their family members to seek education or employment. One of the FGD participants shared-

> I have seen one of our neighbours Beauty. She cannot go to work because her husband does not like her working in people's houses as a maid. To make it worse, her husband cannot support her economically. Beauty's educational qualification is also not sufficient enough to help her find another job. Her husband beats her frequently as he disapproves of her job. She is suffering a lot'.
>
> (Jui, female community member, FGD)

Qualitative analysis further revealed that most families considered persons with disabilities as a burden. They (family members) do not want to invest their energy and time for a child with a disability. In addition, they have zero expectations from their children, and treat them as if they are 'invisible.' One of the participants in the FGD shared-

> Family considers us as a burden. They (family members) do not want to invest their energy and time for a child with a disability. In addition, they do not expect anything from them, unlike the other children without a disability. One of the FGD participants shared-
>
> (Dinu, man with physical disability, 30 years,FGD)

FGD participants shared that persons with disabilities often face violent behaviour from family members, especially women with disabilities. Women with disabilities face emotional and physical violence; mostly those who cannot perform household chores 'properly' according to their family's needs. Persons who have limited movement or struggle with communication, are neglected and face emotional abuse. One of the FGD participants shared-

> Persons with disabilities who have movement difficulties do not get proper care from the family. Reasons can be both lack of awareness and economic backdrop. Some families do not know how to behave or treat a person with a disability. Some cannot support them economically, to provide them all life opportunities, such as food, education, proper treatment etc. Suppose all the families do not have a chance to give time to their child's education. Child who has an intellectual disability cannot go to school him/herself or cannot take care of themselves. Their parents also cannot help them being a working-class family. So, they remain uneducated like this.
>
> (Ruby, female community member, 25 years, FGD)

Sometimes family members think persons with disabilities are not worthy of education or any other life opportunities. Ritu has movement difficulties due to her physical impairment (leg) and is 19 years old. Her mother believes that continuing Ritu's education is just wasting money and energy on her daughter, who is not capable. She shared:

We stopped trying for her (education). It is just wasting money and energy! Her teachers suggested the same. She cannot remember anything. We also have limitations as we are a working-class family.

(Mother of Ritu, 19-year-old girl with intellectual disability, poor, IDI)

After sending Ritu to general school, her parents stopped trying for her, as she had no improvement. Ritu's family are tense and anxious about her future as the future remains uncertain. However, they were struggling to take any responsibility for her education, as they considered this as a useless attempt, for someone with her intellectual impairment. To add to their challenges, there is very little support or resources or even counselling from organizations and the State to guide parents or help these young persons with disabilities.

From the community members

When asked about the frequency of attending social events and/ gatherings, most participants mentioned the external stigma they experience. Out of the 328 participants interviewed, almost 47% mentioned receiving hatred during attending social events. Among which, about 12.8% mentioned receiving 'moderate' hatred while participating in social activities, and 18.9% received 'somewhat' hatred and disgust while attending such activities.

Again, 98 out of 328 participants (29.88%) mentioned receiving unfair treatment while being at community gatherings, and 28% of them (n=328) reported being 'moderately' satisfied with the extent of their own social involvement (Figure 15).

When asked about the reason for experiencing such discrimination, 126 out of 154 participants (81.82%) reported their 'disability' condition as one of the main reasons for such experiences (Figure 16). The gender aspect of this external stigma/ discrimination shows that, females experience slightly more of such discrimination compared to their male counterparts, with what kind of comments directed at them (Figure 17).

Involvement in social activities
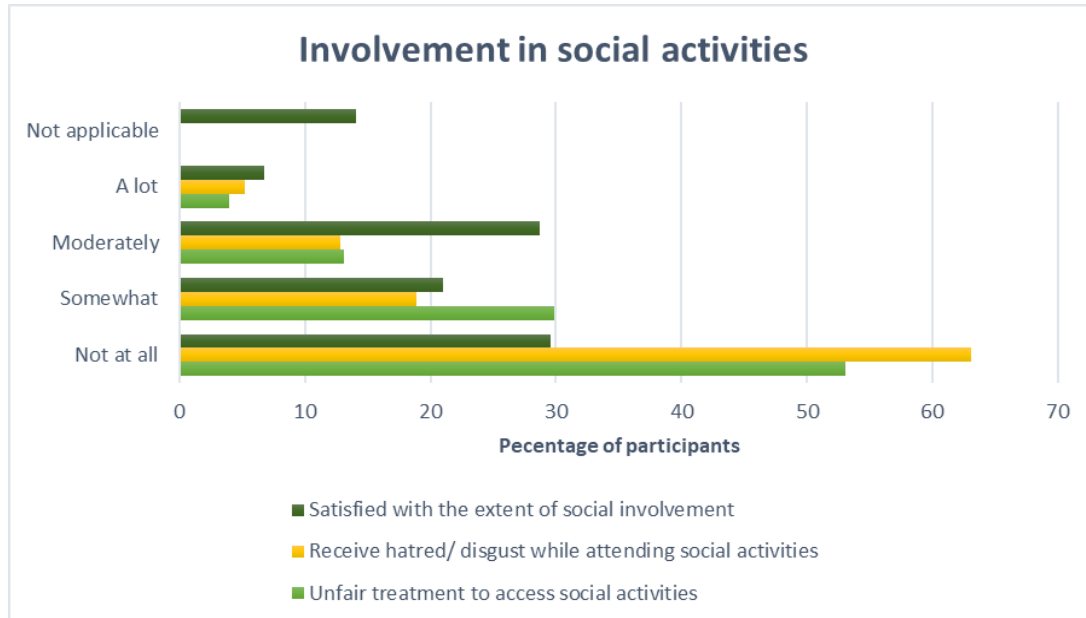
Figure 15: Discrimination while getting Involved in social activities/ events

Reasons for discrimination during social activities (n=154)
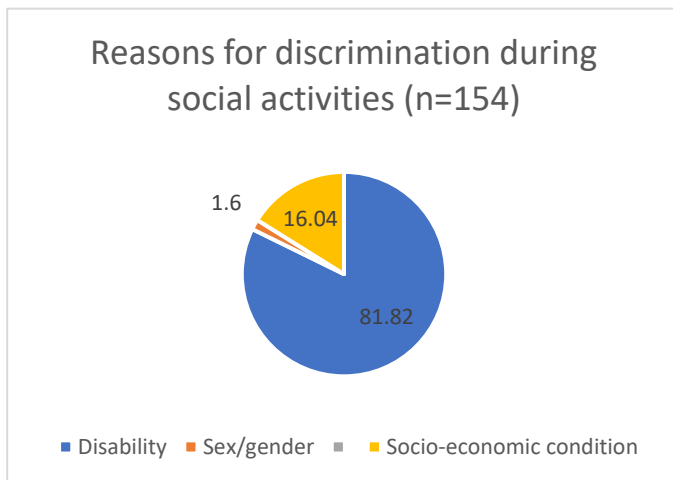
Figure 16: Reasons for facing discrimination during social events

Discrimination faced during social gatherings among male and female groups (n=154)
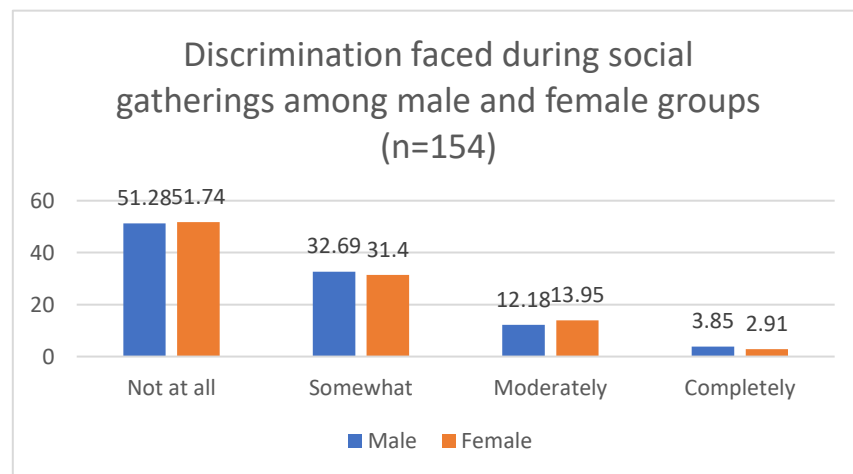
Figure 17: Discrimination faced during social gatherings among male and female groups

Qualitative participants shared social stigma related to disability as one of the main drivers of discrimination experienced by persons with disabilities. They shared that community people make them feel low in public places, because of their disability. One of the participants Bina shared-

> My family treats me like a normal human being but on occasions like Durga Puja when outsiders come, they begin to make fun of my disability? While visiting new places children say a lot of things about me, especially my walking style (due to my impairment in my legs). As children, they are not supposed to understand this, but when an adult mock me it really

bothers me, because I expect them to understand my condition. This constantly keeps reminding me about my failure as a person with a disability.

(Bina, 19-year-old woman with physical disability, urban area, IDI)

These narratives reveal a socially constructed hierarchy based on a false ideal of 'what is normal' which results in the complete tearing apart of and or neglect of persons living with disabilities, thereby marginalizing them even further.

Participants also shared that people mock persons with disabilities while addressing them, often directly. Most of the qualitative participants (12 out of 16) shared that they heard at least one derogatory comment once in a lifetime. They shared that people address them as 'kana' to refer to persons with visual disability, 'lengra' to refer to persons who have problems in leg, 'vangari' for those who have problems in arm, and 'pagol' 'haba-goba' 'bolod' for those who have intellectual or neuro-developmental disabilities. One of the participants shared-

I felt very bad when people called me 'vangari'. I tried to leave that place immediately. These sorts of incidents hurt me a lot!'

(Sharif, 18-year-old boy with physical disability, rural area, IDI)

While identifying a person with disability, people address them by mentioning that disability type or limitation (impairments) and do not address the person by their name. They (persons with disabilities) may not raise issues every time, but they surely feel disheartened.

(Baby, female community member, FGD)

Most of the qualitative participants shared that people stare at them because of their disability, making them feel terrible inside and this stops them from wanting to be seen in public and socializing with others. One of the Participants shared-

As I have a problem in my right hand…... while eating in a social engagement I use my left-hand (which is against the cultural norm) and people stare at me, I can feel that. I feel very self-conscious when I eat and that is why I don't go to any social events or anyone's house.

(Raju, 24-year-old, man with physical disability, urban area, IDI)

Other participants shared they also get stared at, and people avoid interacting with them, which leaves them feeling rejected and without any friends.

Yes, it happens often. I can't go as they don't like me. They like to talk to normal people (persons without disabilities). We can't be friendly with them. We can't socialize in society. We have been cornered.

(Babul, 30-year-old man, cerebral palsy, urban area, IDI)

Participants shared that they were not made to feel welcome in public gatherings or functions. Babul, shared-

> People do not invite us to any events or public gatherings. We are unwanted. In school I was not allowed to participate in any games, as they thought I might not succeed. This is the same for other public gatherings, like family gatherings or others.

> (Babul, 30-year-old man, cerebral palsy, urban area, IDI)

Other Misconceptions and Forms of Discrimination

Some of the participants and their caregivers also shared that their neighbours have a misconception that 'parents of a child with disability are sinners'. Having a child with a disability is a course of their sins. FDG participants shared-

> Some people gossip about us that we are responsible for any sins (wrongdoing), surely. That is why our children have got disability. They do not like us, and do not want to socialize with us, considering us sinners.

> (Mother of Titu, 10-year-old boy, multiple disabilities, FGD)

Qualitative analysis also revealed that society considers persons with disabilities as unfit for marriage; particularly women with disabilities encounter higher levels of societal stigma in regard to marriage issues. Shima shared-

> Marriage proposal came for me too. In our rituals (hindu), these visits are very expensive. We have to arrange everything. The groom's family knew that we didn't have enough money. They came to our house and demanded a large amount of dowry from my parents. They said that since I have a disability, a huge amount of dowry is required. My parents denied it as they cannot give such an amount of money.

> (Shima, 19-year-old woman, physical disability, unmarried, Hindu, poor, IDI)

Another female participant shared about feeling low when her relatives and neighbours were discussing her marriage.

> I am aged now and I haven't been married yet. People talk about it behind my back. I don't visit any of my relative's houses fearing they might ask me about marriage. For this reason, I try to stay low (withdrawal from social activities, because of down feeling)

> (Tonny, 30-year-old woman, cerebral palsy, unmarried, rural area, IDI)

FGD participants shared that persons with disabilities face difficulties in marriage issues. Their marriage does not last long where women with disabilities face higher stigma than the men in this issue. FGD participants shared-

> Persons with disabilities face difficulties in marital issues. If they get married their marriage won't last long. Sometimes, their life partner cannot be satisfied with them in intimate relationships because of physical limitations. Sometimes their partner gets involved in an extra marital relationship and abandons them (person with disability). This happened with women with disabilities mostly.

> (Baby, female community member, FGD)

It is evident from the above discussions that societal prejudices make persons with disabilities vulnerable and hold them back to participate and enjoy their social and community life.

Experiences of Abuse

'Abuse' is considered one of the most extreme forms of discrimination and is very common experiences of an individual with disability. Survey findings revealed that, among the 328 participants, almost 55% experienced emotional abuse at least once in their lifetime and about 23% had reported to have experienced physical abuse in the past 12 months. Analysis also revealed that both women and men have almost similar experiences of abuse in their lifetime. Among all the women interviewed about 56% had experienced emotional abuse, compared to 54% men, however, the intensity of abuse tends to be more among women (a lot; 18.02%) compared to men (a lot; 14.1%). Similarly, though the experiences of physical abuse are similar among both groups (Female = 22%, Male= 24%), the intensity of abuse experienced by the female participants is more as presented in Table 7.

Table 7: Experiences of emotional and physical abuse faced by survey participants

Type of Discrimination	Male		Female		Total	
Emotional Abuse (n=328)	Percent (%)	Frequency	Percent (%)	Frequency	Percent (%)	Frequency
Not at all	45.51	71	43.6	75	44.51	146
Somewhat	3.21	5	8.14	14	5.79	19
Moderately	37.18	58	30.23	52	33.54	110
A lot	14.1	22	18.02	31	16.16	53

Total	100	156	100	172	100	328
Physical Abuse (n=328)	**Percent (%)**	**Frequency**	**Percent (%)**	**Frequency**	**Percent (%)**	**Frequency**
Not at all	75.64	118	77.91	134	76.83	252
Somewhat	3.85	6	6.4	11	5.18	17
Moderately	17.95	28	13.37	23	15.55	51
A lot	2.56	4	2.33	4	2.44	8
Total	100	156	100	172	100	328
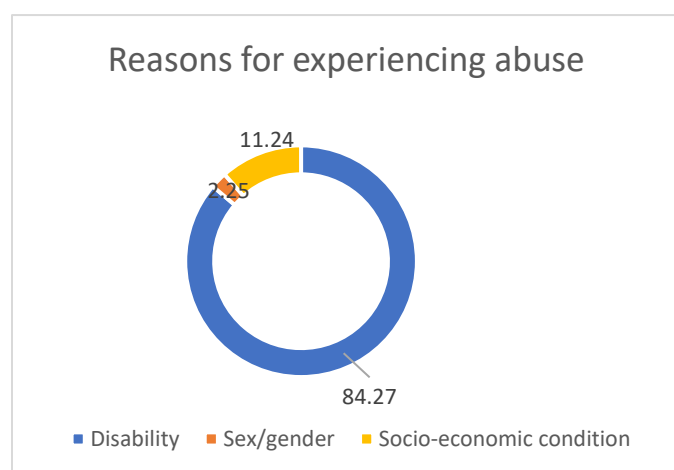
Figure 18: Perpetrators of abuse towards persons with disabilities (n=76)
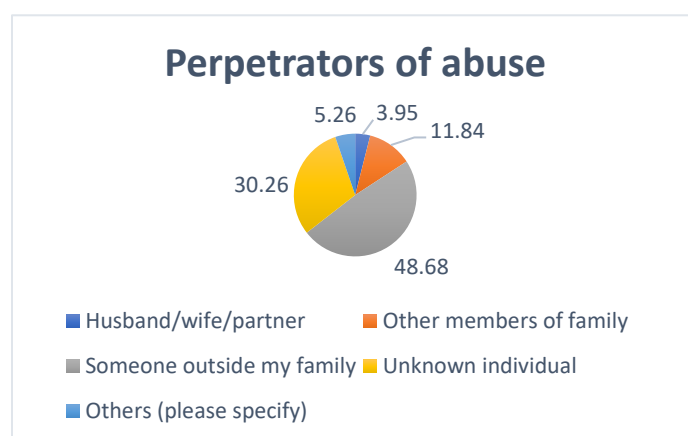
Figure 19: Reported reasons for experiencing abuse (n=76)

Among the 76 participants who reported having experienced physical abuse, almost 49% of them had reported to have a perpetrator who belongs from the outside of the family, oftentimes a stranger (Figure 18). When asked about the possible reason for such negative experiences, out of 328 participants, 84.27% had mentioned 'disability' as the prime reason, followed by socioeconomic condition (11.24 %) and gender (2.25%).

Discrimination experienced by persons with disabilities while accessing education

Table 8 presents the findings of discrimination faced by persons with disabilities in educational institutes. Out of the 328 participants interviewed in the survey, 121 (37%) reported experiencing

unfair treatment in educational institutions. Among these, 19.21% had identified the intensity of the discrimination to be 'moderate to severe'. About 42% of the male participants had reported to have faced such discrimination compared to 32.56% of the female participants (Table 8).

Table 8: Experiences of discrimination in educational institutes

Type of Discrimination	Male		Female		Total	
Unfair treatment in educational institutes (n=328)	Percent (%)	Frequency	Percent (%)	Frequency	Percent (%)	Frequency
Not at all	58.33	91	67.44	116	63.11	207
Somewhat	20.51	32	15.12	26	17.68	58
Moderately	8.33	13	9.3	16	8.84	29
Severe	12.82	20	8.14	14	10.37	34
Total	100	156	100	172	100	328

From the qualitative exploration and observations, it is evident that lack in understanding disability and recognizing stigma towards disability are the main drivers of the stigmatization and discrimination towards persons with disabilities. Besides, social prejudices', religious and cultural practices and misconceptions, lack of education and lower socio-economic conditions of persons with disabilities and their families are the founding component of disability stigma and discrimination. Study participants face discrimination while accessing education, training, employment and seeking any public services. Environmental and attitudinal barriers lag them behind and discriminate them against various life opportunities.

Qualitative participants who attended general education institutions, shared that they faced stigmatized behaviour from their peers, teachers or from other staff. They faced mockery, lack of assistance and discrimination. Encountering those stigmatized behaviour, some of them went through severe disappointment and finally dropped out. Sheuly, a 19-year-old girl with physical disability shared-

> My classmates said that I was unable to do any tasks properly, because of my disability they did not talk with me. I could not participate in any games. I did not participate in anything because of my fear. I feared that I would fail because of my disability. Since, I could not accompany them much; I had fewer friends in school.

Finally, I left my study. Because of my father's poor condition, I did not get any private tuition and was not good with my results as well. Also, my peers' non-cooperation and negative remarks did hurt me a lot. I did not find any reasons to go there (school) anymore.

(Sheuly, 19-year-old girl, physical disability, class 8 passed poor, IDI)

It is evident that, Sheuly's economic condition and peers' negative remarks compelled her to leave education. Disappointment resulting from disability stigma deprived her from getting proper education and made it difficult for her to have an economically viable future.

One of the participants Tonny shared,

I faced troubles while studying there (in general school) …. My classmates did not agree to allow me in their class and reasons were, I could not wear shoes (due to disability) and my dresses were not up to the mark. They complained about my dress up as I was not as smart as they were. I was really struggling at that time, because of their negative attitudes towards me.

(Tonny, 30-year-old woman, cerebral palsy, IDI)

Another participant Raju shared the same that he faced ignorance from his peers and teachers in his school days. He shared-

In the case of education, the ignorance we have to face is only because of disability. We had fewer friends, fewer support. Even teachers ignored us while delivering lectures or teaching.

(Raju, 24-year-old, man, physical disability, HSC passed, IDI)

Another issue that was reported by many of the study participants was environmental or infrastructural barriers. Almost all the participants shared that they faced difficulties attending school as the school's infrastructure was not disability friendly. Again, in Tony's words-

My classroom was on the 4th floor and most of the time I got late to class (due to disability) and missed half of my lessons. It took time for me to reach the 4th floor using the stairs.

(Tonny, 30-year-old woman, cerebral palsy, postgraduate, IDI)

Due to the lack of having a proper disability friendly environment, Tonny faced difficulties in her education. She faced difficulties using stairs which were not disability friendly, because of that she got late in her classes and could not maintain school rules properly. Moreover, she felt that she was at a loss (educational) being a late comer.

Discrimination experienced by persons with disabilities while accessing training and employment opportunities

Table 9 represents the findings reported by the participants with regard to the discrimination faced in the employment sector. Findings revealed that men were more susceptible to such discrimination (45.1%) compared to their female counterparts (25.28%).

Out of the 76 participants who reported experiencing discrimination in seeking employment, about 76.6% had identified 'disability' as the primary reason for such treatment, followed by 'socio-economic condition' (Figure 20).

Table 9: Experiences of discrimination in securing employment opportunities

Type of Discrimination	Male		Female		Total	
Unfair treatment to secure employment opportunities (n=209)	**Percent (%)**	**Frequency**	**Percent (%)**	**Frequency**	**Percent (%)**	**Frequency**
Not at all	55.08	65	74.73	68	63.64	133
Somewhat	24.58	29	4.4	4	15.79	33
Moderately	9.32	11	4.4	4	7.18	15
Severe	11.02	13	16.48	15	13.4	28
Total	100	118	100	91	100	209

An important aspect of career development as identified by the study participants was receiving adequate training. However, participants reported having experienced inequality while seeking appropriate training facilities, e.g., denied access to trainings, not getting proper information, infrastructural barriers, etc. Out of the 209 participants interviewed, 67% reported to have experienced this, while seeking training for advancing their careers. Female participants had reported more of such experiences (69.23%) compared to male participants (65.25%). When asked about the possible reason for such experiences, almost 43% of the total interviewed participants (n=209) had mentioned 'discrimination' as the prime cause, followed by 'bad behaviour practices', e.g., name calling, teasing, mocking, etc. (29.5%) and 'social stigma' (24.9%) (data not shown).

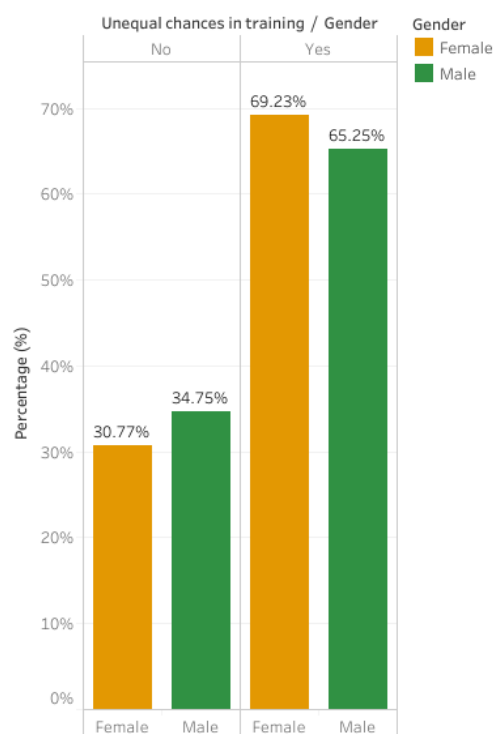Figure 20: Reasons for experiencing discrimination in workplace

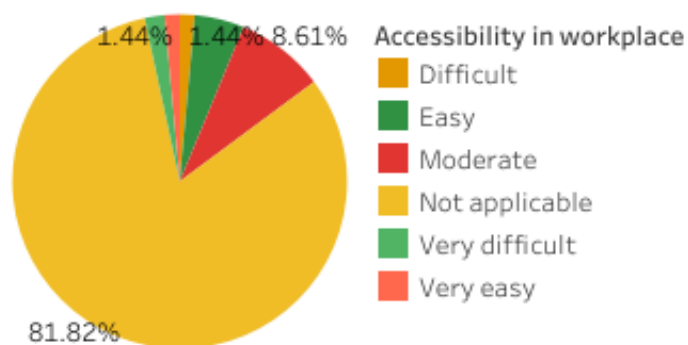Figure 21: Unequal chances to avail training with respect to gender

Figure 22: Accessibility in workplaces

Accessibility in workplace by Gender

Gender	How inclusive is the accesible infrastructure in your workplace? (ramps, wide do					
	Difficult	Easy	Moderate	Not applicable	Very difficult	Very easy
Female	1.10%	2.20%	4.40%	91.21%	1.10%	
Male	1.69%	6.78%	11.86%	74.58%	2.54%	2.54%
Grand Total	1.44%	4.78%	8.61%	81.82%	1.91%	1.44%

Figure 23: Accessibility in workplaces with respect to Gender

Accessibility and having inclusive technologies in place are crucial factors for ensuring a proper working environment for persons with disabilities. However, quantitative findings revealed that out of the 209 participants interviewed, almost 82% faced 'difficulty' accessing their respective workplaces, lack of transport, lack of accessible infrastructure (Figure 22). Male participants reported having more difficulty is accessing workplaces (13.55%) compared to their female counterparts (Figure 23).

In line with the quantitative findings, qualitative findings too revealed that persons with disabilities had faced difficulty in accessing employment due to a lack of disability friendly or inclusive workplace. Besides their own self-struggle, persons with disabilities had to face constant negative comments and dismissive and judgmental attitudes from their employers. One of the KII participants shared that one of her colleagues, who was working in a private organization, had to face continuous misbehavior from her seniors and colleagues.

> They were very rude to her. They used to taunt her about her disability. They did not call her in the staff meetings. Some of the seniors considered her 'bad women' for the company, or just bad, like a curse, please write this quote better so it is clear… They used to use the local word, 'KUISHA (means what)'. Some of them used to openly say, 'Our whole day will be ruined if we see her face in the morning.'

> (OPD representative, Spondon Protibondhi Nari Parishad, KII)

In case of employment training, persons with disabilities had to face accommodation challenges and negative attitudes of peers, trainers and organizers. The situation is the same regardless of the type of organization, govt. or non-govt. One of the KII participants shared-

> Few days back one of the govt. organizations wanted 8 young persons with disabilities from us…... for training purposes. That training session was supposed to be 1 weeklong and the young people were expected to reside at the training site. But their accommodation facility was not in a good condition. Washrooms were in bad condition and not disability friendly at all, making it difficult for them to use. The beds they were given for sleeping did not have a mattress. People could not even sit there. Our people were just sitting up till 8.30 pm. That

in-charge guy, who invited our people, did not take care of them at all and made them just sit up until 8 pm. They did not ask about their food even! Finally, they came back without receiving any training.

(OPD representative, KII)

Employers' and Clients' perspectives

Two employers who had disabilities shared that persons with disabilities struggle a lot to get access to employment. From their own experience, they explained how their disability status overshadows their ability and efficiency.

Employers do not like persons with disabilities. Without any reason, they behave rudely! They think persons with disabilities are incapable of doing any productive work.

(Dinu, 55-year-old man, physical disability, KII)

One of the employers who had physical disabilities mentioned that many employers discriminate against persons with disabilities based on their negative perceptions. But their attitudes change when they find out that the recruited person with a disability is efficient. He narrated from his own experience,

Some of them (employers) did not trust me. In fact, they were disrespectful. But I did not care what they thought of me. I tried from my side and talked with confidence that I can do a job like any other person without a disability. I got success after several trials. I am successful now. I am the owner of a tailoring shop now.

(Dinu, 55-year-old man, physical disability, KII)

The same person narrated-

We need to change this situation. We need to work on this. As I am a person with a disability, I know the situation better. In my entire life, I tried to work on this. I tried to make the employers understand that I am capable; they just need to trust and assign tasks to me. They trusted me. I did the work sincerely. All we need to do is show our confidence that we can do the job like others.

In most cases, persons with disabilities had to constantly prove their capabilities to their employers. They believe they are responsible for setting positive examples in society.

Many people give up without even trying! But I was dedicated. I have not only proved my capabilities but also gained the trust of my employers and clients. Now I own this shop where I can recruit people.

(Rosina, 37-year-old, woman with a physical disability, KII)

When we explored the perspectives of the non-disabled employers, all seven acknowledged that disability-related stigma makes people believe that persons with disabilities are not capable as others in the workplaces. In their opinion, employers do not want to recruit persons with disabilities

as they fear that they might be slow in completing tasks and in some cases they might not be able to do the work. In the narratives of a 42-year-old shop owner without disabilities,

> There is no specific reason that I do not like to recruit persons with disabilities. Simply, I do not like them as an employee. Usually, they are incapable.
>
> (Topu, 42-year-old, shop owner, man without disability, KII)

Qualitative findings also revealed that few employers were willing to recruit persons with disabilities, however they did not find them skilled enough. In some cases, employers provided training to them. One employer shared-

> I have recruited this 17-year-old girl with cerebral Palsy for computer training. Previously I trained another boy. In my observation, they are slow learners. The basic training curriculum does not work for them. I teach them at their own pace. You cannot be hard on them. I spare them if they fail to meet customer demands. Customers who are in a hurry do not want to take service from them. But I understand we need to be easy on them.
>
> (Zayed, 39-year-old, man without disability, computer shop owner, KII)

Another shop owner mentioned that he recruited one person with a physical disability. He provides support to the employee occasionally when the work needs to be completed urgently. But in the long run, he would not be able to afford the extra support as an employer.

> Listen, I have complete sympathy towards them. They also need money and support. But I am neither rich nor can train them. What can I do for them? I do business that too on a small scale. I cannot afford to train people. Give me skilled persons with disabilities and see if I keep them or not. But where are they? The government needs to think of their training.
>
> (Zubayer, 34-year-old, man without disability, shop owner, KII)

As per the employers' and persons with disabilities' views, many of the clients do not like persons with disabilities' appearance or deny taking service if they are served slower. However, when we talked to a client who seeks regular service from a person with a disability he showed a very positive attitude. In his words,

> Mr. Kalam (pseudonym of a tailor with a physical disability) is an honest person with very good skill in tailoring. He owns this shop from his father and the shop runs well enough. He also trains other persons with disabilities. My family is his regular customer. His service and behavior are so good that he is well known in our village.
>
> (Zaman, 50-year-old, man without disability, farmer, customer)

Similarly, an OPD member who is also a trainer and client of a person with disability mentioned that appropriate training could equip persons with disabilities to sustain well in their jobs. Even if they are able to grasp one skill that can help them earn money.

Sheuli (pseudonym of a tailor with Down syndrome), sews baby dresses. It took her a long time to learn that skill. In fact, at one point I gave up on teaching her. However, to my surprise when she learned it, she was so good that the customers could differentiate her products! Her crafts are so good in quality that those are sold at a higher price.

(Nisi, 37-year-old, woman without disability, trainer, seller and customer, KII)

Another customer, who previously worked with a person with disability as a coworker mentioned that his ex-colleague and later turned service provider had always been efficient and honest at work. After his accident (leg amputation from a bike accident) he lost his job. This accident and loss of job led him to seek tailoring training, as he was the main earner of the family of four.

He has always been sincere at work. Even our higher authority liked for his sincerity. Now he runs a tailoring shop that is very successful. If you are not satisfied with any tailor, his service will satisfy you.

(Nahin, 43-year-old, man without disability, teacher and private service holder, KII),

The customer further opined that government and non-government organizations should take initiatives to train persons with disabilities like BRAC. BRAC arranges training sessions for persons with disabilities for specific skill development which are very useful. He also demanded that the government should take necessary steps to ensure employment for persons with disabilities. He further added that the types of disabilities should be considered during job allocation. In his words,

The government should ensure permanent jobs for them. It can be from the government or non-government organizations. The disability types and severity must be in consideration while providing a job.

(Nahin, 43-year-old, man without disability, teacher and private service holder, KII)

A trainer and employer from a renowned non-government organization also shared the need for professional training for persons with disabilities. She acknowledged that employers have a stigma that persons with disabilities are less capable than persons without disabilities. However, in the informal economy employers still consider recruiting persons with disabilities as social responsibility. She triangulated the challenges from both persons with disabilities' perspectives and employers' perspectives.

There is no doubt that employers in the community have a stigma about persons with disabilities' capabilities. But their assumptions often turn out to be true given that persons with disabilities often fail to cope in the workplace and leave without any notice. Poor communication skills, lack of professional exposure, and no training on workplace etiquette are responsible for their unprofessional behaviour. Nevertheless, proper training and exposure to the enabling work environment will be very effective in addressing these barriers.

(Razia, 29 year old, Rehabilitation officer and trainer, NGO, KII)

From the above-mentioned narratives, it is evident that employers have a negative perception about recruiting persons with disabilities in their workplaces as many of them believe that they are not as capable as persons without disabilities. Community people as the customers also have both negative and positive attitudes towards persons with disabilities. In the given situation, it is absolutely necessary to arrange skill development programmes for persons with disabilities to make them suitable for the job market. Also sensitizing the community people and employers in different capacities will be useful.

Existing policies and Interventions

Although there are existing laws and policies to prevent disability-related stigma and discrimination, persons with disabilities are often excluded from these decision-making activities due to insufficient understanding, existing prejudices and attitudes and lack of awareness among general population. Findings from desk review revealed that ever since the ratification of the UNCRPD, education for learners with disabilities has been highlighted in the National Education Policy 2010 and the National Skill Development Policy 2011. The Fourth National Primary Education Development Plan (PEDP-4) also has specific mention of learners with disabilities, as well as specific guidelines on how to make school premises, classrooms and teaching styles accessible for learners with disabilities. The Bangladesh government, with the support of the government of Canada and the International Labour Organization (ILO) has developed a guideline in 2016 for administrators and instructors of technical and vocational education and training (TVET) institutes to include persons with disabilities in TVET programmes. There is also a quota of 5% for persons with disabilities in all government TVET institutes for persons with disabilities. The 2020 National Adolescent Strategy also highlights the needs of adolescents with disabilities in terms of training, education and employment opportunities. There is, however, no dedicated legislation focusing solely on the employment of persons with disabilities. The Labour Act 2006, which was adopted before the ratification of the UNCRPD, has stipulations that are not in the best interests of employees with disabilities and has been criticized by relevant stakeholders as such (BLAST, 2015).

Findings from desk review also reveals that in 2019 the Committee on the Rights of Persons with Disabilities published a list of issues in relation to the initial CRPD report of Bangladesh where it has been shown how CRPD has just been in papers but in reality, an effective roadmap to achieve CRPD has not been planned (Thompson, 2020). The Committee requested further information on the measures to incorporate the CRPD into domestic law or make it automatically part of the Constitution.

They also questioned how the national action plan for persons with disabilities was adopted (2013) as it is unclear whether the Act prevails over other laws that affect persons with disabilities. The committee also pointed out that the act's national plan does not address all the articles of the CRPD.

It has also been rightly identified that due to a lack of effective monitoring and accountability mechanisms these acts might not be implemented. It has also stated that the plans, programmes, policies and the legal framework that the government has initiated to harmonize CRPD with the constitution might not be acceptable and will be unrealistic while implementing.

In December 2019, in response to the Committee on the Rights of Persons with Disabilities the government offered reassurance that the Disability Act details the right to employment of persons with disabilities and prohibits discrimination on the basis of disability. Bangladesh's Seventh Five Year Plan (2016 – 2020) also included actions on an inclusive skills training programme that aimed to train 250,000 people in the first phase (with over 70% coming from disadvantaged groups including persons with disabilities). To implement the action plan public training institutions, ministries, industry associations, and foundations were supposed to be utilized to provide the training (Citizens, 2015). About 1.5 million people were expected to receive training, 30 Centers of Excellence were planned to be developed, and 15 Industry Skill Councils were proposed to strengthen the public-private partnerships of disability sensitive initiatives. To achieve these targets, the Sheikh Fazilatunnessa Training Center in Dhaka City was made more disability-inclusive which offers training on the ready-made garments sector. In addition, Jatio Protibondhi Unnayan Foundation (JPUF) has also initiated disability friendly initiatives by arranging disability development fairs and disability job fairs.

Qualitative study participants shared, the government has an education programme for persons with disabilities where dropout students will get 3 months employment training and earn a degree equivalent to diploma. A syllabus was declared under the Vocational Education Board. BRAC is working with the government and running a programme named 'STAR' working in the non-formal employment sector for the persons with disabilities. BRAC provides 6 months training following that syllabus.

> A model of BRAC in the name "Star" is being piloted in the sector where persons with disabilities work. This is a successful model in the case of securing employment opportunities for persons with disabilities. The specialty of this program is that it is working in alignment with the government programmes.

> The government has an education programme under the Vocational Education Board where a curriculum or syllabus is made for the dropouts' students. One has to complete 6 levels to achieve a degree equivalent to a diploma. STAR is working in line with this curriculum. If one can complete the prevocational level, they will be capable of securing employment.

> (Advocacy policy coordinator, ADD International, KII)

CDD, ADD International conduct advocacy for the persons with disabilities for employment purposes. They work to connect persons with disabilities with the government or other private organizations who provide employment opportunities.

> Government provides grants such as providing tailoring machines, provides loans with easy conditions, there are arrangements of allowance for the poor and disable people for

employment purposes, under JUBO UNNOYON from the union council. ADD links persons with disabilities with the government's existing system. There are some banks under social corporate responsibilities, they give some loans with easy conditions. ADD works here to bridge connections. We are working with grass root people.

(Advocacy policy coordinator, ADD International, KII)

ADD also works with other organizations collaboratively, who provide training to the persons with disabilities.

ADD mainly works like a catalyst, those who are providing training for example UCEP Bangladesh, to make their training activity inclusive. ADD tries to negotiate how much they should bring changes.

(Advocacy policy coordinator, ADD International, KII)

CDD does advocacy too in line with the Government interventions. One such intervention is as per the circular of the government where if any factory or private organization recruits 10% persons with disabilities in their workplaces then their tax will be waived. However, regarding this, one KII participant said-

In the context of Bangladesh, this number is not appropriate. We are demanding 2% recruitment of persons with disabilities and 3% waived of tax.

(Corporate affairs manager, CDD, KII)

The KII participant further added-

In addition, CDD is working with 10 OPDs and collaborating with them to provide technical support. Most importantly CDD arranges soft skills building training for them, to secure job placements.

(Corporate affairs manager, CDD, KII)

The qualitative findings from the KII participants and site visits across these initiatives mentioned above, revealed how despite having multiple policies and interventions in place, government and non-government organizations are failing to implement the mandates due to a lack of focus in understanding the contextual and individual experiences of persons with disabilities. Despite having so many initiatives and laws in place, oftentimes as observed during site visits, government officials were not aware of the Disability Rights and Protection Act, 2013 and the rights of persons with disabilities.

Consequently, persons with disabilities are often systematically excluded as the officials often lack understanding of how to include persons with disabilities (Thompson, 2020). As a result, the reserve 10% quota for the orphans and persons with disabilities for all public sector jobs is mostly being taken up by orphans without any disabilities.

KII findings show, government has no inclusive employment policy for the persons with disabilities in the non-formal sector. In addition, government's existing policies related to disability inclusion in the training and employment sector are not functioning nor active. There have several implementation gaps. ADD does advocacy with government on behalf of the persons with disabilities, finding policy gaps both in the formal and informal employment sector.

> There are implementation gaps and the reasons behind these are like- still the government is not being able to go inside this.
>
> (Director, ADD International, KII)
>
> ADD works both at the national and local level. Locally ADD makes aware OPDs and supports them so that they can do some advocacy at the local level. ADD makes them do local advocacy. In that case, ADD makes them aware about their rights. ADD inspires them to do advocacy with the policymakers who are in the implementers' side of the government.
>
> (Director, ADD International, KII)

Government's failure to form executive committees at the local level is one of the main challenges for the policy implementation.

> At the national level there are 2 committees, one is the national committee and the other one is the executive committee. Now these committees are not functioning. Also, government high officials' remains connected with many committees at field level. Disability issues got less priority……… And to arrange a meeting with the government there is no budget allocation for this purpose. Due to lack of money allocation other things got a bit loose.
>
> (Director, ADD International, KII)

Desk review findings also reveal that the legislation also failed to recognize that persons with psychosocial or intellectual disabilities are particularly disadvantaged with regards to employment. However, there is no such database that tracks the proportion of the persons with disabilities employed in the public, private and informal sectors (Thompson, 2020). In addition, there is no targeted plan on how the government and private sectors will ensure that they abide by the action plans. Most importantly, these action plans did not consider that 87% of the population in Bangladesh are involved in the informal economy where persons with disabilities stand among the most marginalized. They lack access to education. Those who made it to schools have higher dropout rates. Subsequently, they have poor employment attainment and belong to the wage earners groups who earn least among the marginalized, in fact, many are dependent on begging.

Study limitations

The study was conducted during the COVID-19 pandemic; therefore, a good number of interviews were conducted over the phone. The larger number of telephone interviews might impact the quality of data as telephone interviews do not allow the observation of any nonverbal cues or

gestures. In addition, most of the participants had access to mobile phones or other communication devices, which increases the likelihood that the participants have better information access as well as belong to better socio-economic status. Therefore, the study population might not represent the poorest. In reality, the overall population of persons with disabilities might have poorer access to information, education and employment.

Recommendations

Based on the study findings, we have developed a number of recommendations and suggested a few approaches and strategies for future actions in response to combating stigma and discrimination against persons with disabilities which are described below:

1. Upazila wise community-based awareness-raising campaigns and advocacy should be organized through print and visual media to reduce the existing social stigma and misconceptions around disability. Influential local community actors like chairman, members, religious leaders, political leaders, and teachers should be engaged in these awareness-raising campaigns.

2. Under the Persons with Disabilities Rights and Protection Act 2013, national coordination committees and city committees have been formed which are responsible to ensure the rights of persons with disabilities. Representative men and women with disabilities should be included in those committees.

3. Disability-related stigma and discrimination should be addressed in the mainstream school curriculum to ensure that persons with disabilities and their peers acquire knowledge regarding the harmful beliefs and their impact on persons with disabilities from childhood. This will allow reducing stigma and discrimination against persons with disabilities at educational institutes and contribute to preventing children with disabilities from dropping out.

4. Based on the motto of SDGs 'Leaving no one behind,' the government and NGOs can enhance the availability of information and services for persons with disabilities to prevent and address internal/ external stigma and discrimination against persons with disabilities. Government, INGOs, NGOs and OPDs should provide information about the existing services on vocational training, education and employment. This information should be disseminated door to door at the community level, also via mass media and social media. Women with disabilities should be encouraged to join these initiatives.

5. Infrastructures should be made disability friendly. Instead of adopting expensive infrastructure, more community-based local solutions should be adopted.

6. Caregiver skills training is crucial to ensure positive change in the lives of persons with disabilities. Similar training will be helpful for different stakeholders so that they have a guide to include persons with disabilities in different social and public aspects.

7. There is a need to build strong partnership linkages and coordination between all the government and non-government stakeholders to provide interventions to aware all the community people regarding the consequences of stigma and discrimination against persons with disabilities.

8. The Government of Bangladesh with support from multiple OPDs and NGOs e.g., BRAC, ADD and CDD has taken many initiatives to promote vocational training for persons with disabilities to empower them and to bring about a positive change in their livelihoods. These training needs to be strengthened with proper planning and timely evaluation to ensure maximizing these opportunities.

9. More government and non-government initiatives should be introduced to sensitize employers from different sectors so that they become interested in recruiting persons with disabilities.

10. Study findings reveal that despite the disability quota set by the Government, many private organizations are not adhering to the policy resulting in lack of opportunities for persons with disabilities. One way to mitigate this is to set up a strict monitoring and reporting plan to be directed by the authority (Social Welfare Ministry). Community people can come together, and form disability support groups to facilitate such processes in a systematic way.

11. Strict safeguarding policies are required in educational institutes and workplaces to prevent discrimination and abuse against persons with disabilities.

12. More trainers with disabilities should be recruited in the TVET institutes so that they can ensure the inclusion of persons with disabilities in the training programmes. The qualitative findings revealed that persons with disabilities tend to be better trainers for persons with disabilities given they can easily identify the limitations and can come up with different coping mechanisms. However, it is crucial that both trainers and trainees represent different types of disabilities.

13. The effectiveness of existing training institutes should be assessed and the TVET program should be upgraded so that persons with different types of disabilities and learning abilities can access the government run training programmes. As per the Seventh Five Year plan, the National Skill Development Authority should coordinate efforts and the National Human Resources Development should provide adequate funding.

14. The ICT training opportunities for youth with disabilities initiated by the Bangladesh Computer Council should gain more visibility so that persons with disabilities can reach out to these opportunities.

15. The scheme launched by the Bangladesh Road Transport Corporation that aims to employ persons with disabilities in its central workshop, should be continued.

16. The 5% quota that has been in place by the Technical Education Board under the Ministry of Education to encourage enrolment of persons with disabilities in technical schools and colleges should be reserved with strict monitoring practices.

17. More research should be conducted to identify the determinants of disability-related stigma and discrimination experienced by persons with disabilities to inform policies and programmes.

18. A database should be developed to track the proportion of persons with disabilities who are employed in the public and private sectors. In addition, the barriers faced by persons with different types of disabilities and gender, age, education, ethnicity, etc. should be recorded.

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ANNEX A

Table 1: Socio-demographic characteristics of IDI participants

Background characteristics		Number of the Participants
Gender	Male	6
	Female	10
Age in years	14-19	7
	20-25	4
	26-30	2
	31-35	3
Access to formal education	Yes	12
	No	4
Education	No formal Education	4
	Primary Education	6
	Secondary education	2
	Higher secondary education	2
	Post-secondary education	2
Residence	Rural	6
	Urban	10
Household wealth quintile	Lower income	14
	Lower middle income	2
Marital status	Married	4
	Unmarried	12
Type of disability	Physical	7
	Cerebral Palsy	3
	Visual	2
	Intellectual	2
	Autism	1
	Hearing	1
Division	Dhaka	5
	Chittagong	2
	Rajshahi	3
	Rangpur	2
	Khulna	1

	Sylhet	2

Table 2: KII participants and their affiliations

Affiliations/Organization	Number of KIIs
Bogra Zilla Spondon Protibondhi Nari Parishad	1
Bogra Zila Bandhan Protibondhi Sangstha	1
ADD International	2
BRAC SDP	3
Department of Social Services	3
Shantinir, Mymensingh	1
Protibondhi Community Center, Mymensingh	1
Disabled Persons Organization, Mymensingh	1
Alor shondhan, Jassore	1
Jassore Andha Sangstha	1
Centre for Disability in Development (CDD)	1
Atim o Protibondhi Chele Meyerder Karigori Prosikkhon Kendra	3
MCPs and Informal employers	8

Table 3: Socio-Demographic characteristics of the KII participants

Background characteristics		Number of the participants
Age		
	10 to 19 years	0
	20 to 29 years	1
	30 to 39 years	8
	40 to 50 years	15
	55 + years	3
Gender		
	Male	10
	Female	15
Educational level		
	Primary incomplete	0
	Primary complete	5

	Secondary incomplete	2
	Secondary complete and above	19

Table 4: Socio Demographic characteristics of Focus Group Discussion participants

Location	Number of FGD participants		Participants' group	Types of disability	Marital status
Mymensingh	FGD 1	7	Women and girls with disabilities	Physical disability: 5 Hearing and speech disability: 1 Intellectual disability: 1	Married: 4 Unmarried: 3
Khulna	FGD 2	5	Men and women with disabilities	Physical disability: 4 Visual disability: 1	Married: 5 Unmarried: 0
Sylhet	FGD 3	5	Caregivers of persons with disabilities	Hearing and speech disability: 2 Multiple disabilities: 2 Physical disability: 1	Married: 0 Unmarried: 5
Dhaka	FGD 4	7	Caregivers of persons with disabilities	Intellectual disability: 4 Multiple disability: 2 Cerebral palsy: 1	Married: 0 Unmarried: 7
Dhaka	FGD 5	9	Community members	Persons without disabilities	Married: 9 Unmarried: 0