

**INCLUSIVE DEVELOPMENT OF WOMEN WITH
DISABILITIES IN MIZORAM**

**A THESIS SUBMITTED IN PARTIAL FULFILLMENT OF
THE REQUIREMENTS FOR THE DEGREE OF DOCTOR
OF PHILOSOPHY**

LAWMSANGPUIA RALTE

MZU REGISTRATION NO.: 4397 of 2013

Ph.D. REGISTRATION NO.:MZU/Ph.D./1767 of 30.08.2021



**DEPARTMENT OF SOCIOLOGY
SCHOOL OF SOCIAL SCIENCES**

SEPTEMBER, 2024

**INCLUSIVE DEVELOPMENT OF WOMEN WITH DISABILITIES IN
MIZORAM**

By

**LAWMSANGPUIA RALTE
DEPARTMENT OF SOCIOLOGY**

Name of Supervisor: Prof. R. K. MOHANTY

Submitted

**In partial fulfilment of the requirement of the degree of Doctor of Philosophy in
Sociology of Mizoram University, Aizawl**



Mizoram University

A Central University established by an Act of Parliament
Accredited 'A' Grade by NAAC in 2019

Post Box No.190

Gram : MZU

Website: www.mzu.edu.in

DEPARTMENT OF SOCIOLOGY

MIZORAM UNIVERSITY: AIZAWL, MIZORAM

Rabindra K. Mohanty

E-mail: rabisir@outlook.com

Mob: 09437277597

Professor & HoD

rabisir@gmail.com

No. 3/3-45/2024/Sociology

Dated: 17th September, 2024

Certificate

This is to certify that **Lawmsangpuia Ralte**, a bonafide research scholar having enrolment No: MZU/Ph. D/1767 of 30.08.2021 attached to the Department of Sociology has completed his work for the Degree of Doctor of Philosophy (Ph.D) in Sociology under my supervision and guidance on a research topic entitled '**Inclusive Development of Women with Disabilities in Mizoram,**' for the degree of Doctor of Philosophy in Sociology, Mizoram University, Aizawl. The work embodies a record of original investigation and no part of it has been submitted for any other degree in other universities.

On evaluation of all the formalities, I am pleased to forward the thesis for evaluation and further necessary action.

(Prof. R.K. MOHANTY)

Supervisor

Department of Sociology

DECLARATION
MIZORAM UNIVERSITY
SEPTEMBER, 2024

I **LAWMSANGPUIA RALTE**, hereby declare that the subject matter of this thesis is the record of work done by me, that the contents of this thesis did not form basis of the award of any previous degree to me or to do the best of my knowledge to anybody else, and that the thesis has not been submitted by me for any research degree in any other University/Institute.

This is being submitted to the Mizoram University for the **Degree of Doctor of Philosophy in Sociology**.

(LAWMSANGPUIA RALTE)

Candidate

(Prof. R.K MOHANTY)

Head

(Prof. R.K MOHANTY)

Supervisor

Acknowledgement

First and foremost, my highest gratitude goes to the Almighty God for His endless guidance and blessings. I would not be in this position today if it weren't for Him.

I am sincerely thankful to my supervisor Prof. R. K Mohanty, who also happens to be the current Head of Department, Department of Sociology, MZU. His immense help and supervision have contributed to the successful completion of my thesis.

I thanked my father in Heaven, Mr. R. Lalnunsanga (L) whose untimely demise has motivated me daily to bring good legacy for him and also motivated me to follow his footsteps. My mother, Mrs. C. Lalhriatpuii is truly the pillar of my strength whose prayers and advice pushed me beyond my boundaries in my research journey.

I am extremely indebted to my friend, Lalrempuia, Durtlang Mel-5, whose company in some of my fieldwork days and help in solving my computer issues fasten my research activities.

I also liked to express my sincere gratitude to all my families, my friends and my old classmates from PUC and MZU for their constant encouragement. I am grateful to Miss Gracy Zosangliani for teaching SPSS techniques to me, Pastor R. Thanglura and his family for providing food and stay in their house during my fieldwork days, Miss Zarzozuali for her constant advice, Mr. Lalfakawma Hrahsel and family in Lunglei for providing shelter and food during my fieldwork days in Lunglei district, Miss Saimawii Sailo for letting me borrow her study materials, Miss Christina Varte for checking the grammar and syntax of my thesis and Mr. Lalremtlunga for his assistance in some of my fieldworks.

I expressed my sorrows to all the persons with disabilities as their current situation is still unimaginably low and studying their hardships have motivated me to work towards their inclusive development in the near future. I am thankful to all my respondents and caregivers and I pray for all your health and wellness.

Dated: 17th September, 2024
Place: Aizawl

(LAWMSANGPUIA RALTE)
Department of Sociology

Table of Contents

Certificate	i
Declaration of the Candidate	ii
Acknowledgement	iii
List of Tables	ix
List of Figures	xiii
List of Appendices	xiii
List of Abbreviations	xiv
Chapter I: Introduction	
1.1 Introduction	1-3
1.2 Defining disability	3-7
1.3 Focus on women with disabilities	7-8
1.4 Concept of inclusive development	8-13
1.5 International scenario	13-18
1.6 National scenario	18-23
1.7 Northeast scenario	23-27
1.8 Mizoram scenario	28-29
1.9 Need for the study	28-31
Chapter II: Review of Literature	
2.1 Introduction	32-33
2.2 Theories and models	
2.2.1 Moral and religious models	33-34
2.2.2. Medical models	34-35
2.2.3 Sick role theory	35-36
2.2.4 Social models	36-38
2.2.5 Human rights models	38-39
2.2.6 Feminist and gender models	39-40
2.2.7 Symbolic interactionism	40

2.2.8	An overview of theory	40-41
2.3	Thematic Review	
2.3.1	Women with disabilities and the justice system	41-43
2.3.2	Employment and training problems	43-47
2.3.3	Living in poverty	47-50
2.3.4	Healthcare available	50-51
2.3.5	Neglect, stigma and discrimination	51-55
2.3.6	Education for women with disabilities	55-57
2.3.7	Vulnerabilities of women with disabilities	57-59
2.3.8	Violence and sexual abuse of women with disabilities	59-60
2.3.9	Inclusive development of women with disabilities	60
2.3.10	An overview of thematic review	61
2.4	Methodological Review	
2.4.1	Data collection tools	61-63
2.4.2	Analytical framework used	63-64
2.4.3	Contextualizing and modelling	64-65
2.4.4	An overview of methodological review	65
2.5	Research gap and rationale for the study	65-67
Chapter III: Research Methodology		
3.1	Introduction	68-69
3.2	Objectives of the study	69-70
3.3	The research design	70
3.4	The universe and sampling methods	71-80
3.5	Principle of exclusion and inclusion	80
3.6	Sources of data	80-81
3.7	Pilot study	81-82
3.8	Interview schedule	82-83
3.9	Operationalization of concepts	83

3.10	Field experiences	84-88
3.11	Analysis of the data	88-91
3.12	Research ethics	91-92
3.13	Limitations of the study	92-93

Chapter IV: Socio-Economic Profile

4.1	Introduction	94-95
4.2	Age	95-97
4.3	Marital status	97-99
4.4	Religion	99-100
4.5	Education	100-102
4.6	Occupation and employment	102-106
4.7	Place of domicile	106-107
4.8	Family and household	107-111
4.9	Family Income	111-113
4.10	Land possession	113-115
4.11	Causes of disability	115-117
4.12	Some case studies	117-131
4.13	An overview	131-139

Chapter V: Problems and Coping Strategies

5.1	Introduction	140-141
5.2	Mobility limitations	141-146
5.3	Issues associated with assistive devices	146-151
5.4	Issue of Access	151-156
5.5	Issues in education	156-162
5.6	Problems in terms of vocational training centres	162-167
5.7	Inheritance issues	167-169
5.8	Neglect and discrimination	169-171

5.9	Health attainment	171-176
5.10	Coping strategies and faith issues	177-182
5.11	Some case studies	182-192
5.12	An overview	192-199

Chapter VI: GOs and NGOs Towards Inclusive Development

6.1	Introduction	200-202
6.2	Women PwDs and the justice delivery	203-209
6.3	Governmental efforts towards inclusive development	209-220
6.4	People's opinion on governmental efforts	220-223
6.5	Role of NGOs towards inclusive development	223-227
6.6	People's opinion on efforts of NGOs	227-230
6.7	Comparison of opinion between government and NGOs' efforts	231-232
6.8	Some case studies	232-246
6.9	An overview	246-250

Chapter VII: Policy Recommendations

7.1	Introduction	251-252
7.2	Women PwDs and the awareness of law	252-256
	7.2.1 Recommendations in area of laws and legislations	256-258
7.3	An analysis of special schools in Aizawl and Lunglei	258-264
	7.3.1 Policy recommendations for special schools	264-269
7.4	Women PwDs and the effectiveness of UDID registration	269-270
	7.4.1 Recommendations in the area of UDID	270-272
7.5	Assessment of the issues by Key Informants	272-279
7.6	Contextualisation of the findings	279-282
7.7	State future plans	282-284
7.8	An overview	284-293

Chapter VIII: Summary and Conclusion

8.1	Introduction	294-301
8.2	Socio-economic profile	301-305
8.3	Problems and coping	305-308
8.4	Role of GOs and NGOs	308-310
8.5	Implications of the study	310-313
8.6	Policy recommendations	313-316
8.7	Future areas for research	316-317
	Appendix I: Research Diary	318-338
	Appendix II: 21 Types of disability	339-342
	Appendix III: Interview Schedule	343-352
	Photo Plate	353-354
	References	355-368
	Brief Bio-Data of the Candidate	369
	Particulars of the Candidate	370

List of Tables

Table 1.1 Number of disabled women workers by types of disability compiled from Census of India, 2011	19
Table 1.2 Age Profile of women with disabilities workers in five Indian states	20
Table 1.3: Basic Demographic Information about Women with Disabilities in the Northeast Region of India	24
Table 1.4 Educational level of women with disabilities in Northeast Regions of India	25
Table 1.5 Women with disabilities by age group in Mizoram, compiled from Census of India, 2011	27
Table 3.1 Samples from Gender Distribution of Total PwDs in Aizawl and Lunglei	71
Table 3.2 Sample taken from different types of disability in Aizawl	72
Table 3.3 Sample distribution of localities in Aizawl and Lunglei	74
Table 4.1 Age of the respondents	93
Table 4.2 Marital status	95
Table 4.3 Religion of the Respondents	98
Table 4.4 Education	99
Table 4.5 Occupation of the Respondents	101
Table 4.6 Employment status	102
Table 4.7 Place of domicile	104
Table 4.8 Number of family members	105
Table 4.9 Head of the family	106

Table 4.10 Total members in the family of women with disabilities	108
Table 4.11 Family income per month	109
Table 4.12 Size of land possession of women with disabilities	111
Table 4.13 Causes of Disabilities	113
Table 5.1 Limitations imposed by disability	138
Table 5.2 Mobility issues	140
Table 5.3 Limitations in using public transport	141
Table 5.4 Issues of assistive devices for disability aid	143
Table 5.5 Problems in using assistive devices	144
Table 5.6 Source of assistive devices	146
Table 5.7 Knowledge of assistive devices	147
Table 5.8 Problems of access	148
Table 5.9 Difficulty in accessing buildings	150
Table 5. 10 Need for disability-friendly buildings	151
Table 5.11 Need for a separate toilet	152
Table 5.12 Educational Opportunities	153
Table 5.13 Lack of inclusivity in education	154
Table 5.14 Opinion on the lack of educational facilities	155
Table 5.15 Lack of special-trained teachers	156
Table 5.16 Need for a separate inclusive curriculum	157
Table 5.17 Opinion on the need for vocational training centres	159

Table 5.18 Lack of employment opportunities	160
Table 5.19 Opinion on the need for reservation of seats	161
Table 5.20 Financial burden	162
Table 5.21 Issue of Inheritance	164
Table 5.22 Opinion on neglect faced in society	165
Table 5.23 Problem of discrimination	167
Table 5.24 Problems faced in terms of menstrual cycle	168
Table 5.25 Problems in communicating women-related health issues	170
Table 5.26 Opinion on the current healthcare system meeting the needs of women with disabilities	171
Table 5.27 Families as Coping Mechanism	173
Table 5.28 Factors helping women with disabilities cope with disability	174
Table 5.29 Opinion on families' help	175
Table 6.1 Favours women with disabilities by the justice system	199
Table 6.2 The need for improvement in justice delivery	201
Table 6.3 Denied justice faced by women with disabilities	202
Table 6.4 The need for legislations to improve the living conditions	203
Table 6.5 Year wise Appointment of Grievance Redressal Officer	206
Table 6.6 Transport allowances	207
Table 6.7 Meeting of District Level Committee (DLC) on Disability	208
Table 6.8 Inspection/Visit of special schools and disability centres	209
Table 6.9 Sponsorship for research studies on disability	211

Table 6.10 Distribution of facilities for persons with disabilities	211
Table 6.11 The need for barrier-free environment	216
Table 6.12 The need for guidance and counselling	217
Table 6.13 The need of association for women with disabilities	217
Table 6.14 The exclusion of women with disabilities from social activities	222
Table 6.15 Exclusion is mostly faced in which NGOs	223
Table 6.16 NGOs have done enough to include women with disabilities in their activities	224
Table 7.1 Awareness of RPwD Act 2016	248
Table 7.2 Awareness of unemployment allowance for persons with disabilities	249
Table 7.3 The need for increased awareness of RPwD Act 2016	250
Table 7.4 Effective uses of UDID card by women respondents	264
Table 7.5 Problem dimensions and policy recommendations: Law	284

List of Figures

Fig. 1.1 Gender Disparity in Use of Social and Medical Model of Disabilities in Law by Country Economies	14
Fig. 1.2 The total number of Indian population and disabled population as per the Census of India, 2011	18
Fig. 1.3 Map of North-east Region of India	23
Fig. 3.1 Map of Mizoram	69

Appendices:

Appendix-I: Research Diary	312-331
Appendix-II: 21 Types of Disability	332-335
Appendix-III: Interview Schedule	336-345

List of Abbreviations

AM	Ante Meridiem
AMC	Aizawl Municipal Corporation
CBR	Community Based Rehabilitation
CDS	Centre for Disability Studies
CPwD	Commissioner for Persons with Disabilities
CRPD	Convention on the Rights of Persons with Disabilities
CSIP	Chhattisgarh Social Inclusion Program
DA	Dearness Allowance
DID	Disability-Inclusive Development
Dr	Doctor
Fr	Father (Catholic)
GO	Government Organisation
GRO	Grievance Redressal Officers
ID	Intellectual Disability
IGNOU	Indira Gandhi National Open University
IICP	Indian Institute of Cerebral Palsy
INR	Indian Rupees
IPA	Interpretative Phenomenological Analysis
JRF	Junior Research Fellowship
KII	Key Informant Interview
KM	Kilometre
LC	Local Council
LDC	Lower Division Clerk
LMC	Lunglei Municipal Corporation
LQ	Location Quotient

MHIP	Mizo Hmeichhe Insuihkhawm Pawl
MI	Miles
MS	Microsoft
MST	Mizoram State Transport
MZU	Mizoram University
NE	Northeast
NET	National Eligibility Test
NEZCC	North East Zone Cultural Centre
NGO	Non-Government Organisation
NHFDC	National Handicapped Finance Development Corporation
NIEPD	National Institute for Empowerment of Persons with Disabilities
NLUP	New Land Use Policy
Ph. D	Doctor of Philosophy
PM	Post Meridiem
PPP	Public Private Partnership
PPS	Proportion to Size
PwD	Persons with Disabilities
RBSK	Rashtriya Bal Swasthya Karyakram
RCC	Reinforced Cement Concrete
RPwD Act	Rights of Persons with Disabilities Act
Rs.	Rupees
SE	Supported Employment
SPSS	Statistical Package for Social Sciences
SQ	Square
SSA	Sarva Shiksha Abhiyaan
SSM	Spastic Society of Mizoram

TA	Travelling Allowance
UDID	Unique Disability Identification
UN	United Nations
UNCRPD	United Nations Convention on the Rights of Persons with Disabilities
UPIAS	Union of the Physically Impaired Against Segregation
VC	Village Council
VIP	Very Important Person
WHO	World Health Organization
WWID	Women with Intellectual Disabilities
YMA	Young Mizo Association
ZEP	Zoram Entu Pawl
ZPM	Zoram People's Movement

CHAPTER-I

INTRODUCTION

1.1 Introduction

1.2 Defining disability

1.3 Focus on women with disabilities

1.4 Concept of inclusive development

1.5 International scenario

1.6 National scenario

1.7 Northeast scenario

1.8 Mizoram scenario

1.9 Need for the study

CHAPTER-I

INTRODUCTION

Disability is an age-old concept which has that has existed in society since time immemorial. The term ‘disability’ has always been associated with various hardships and problems. Many problems related to disability still need to be solved, so, the study of disability poses a new challenge while already being a challenge in itself. Disability is a multifaceted concept encompassing a wide range of sensory, physical, intellectual and mental health conditions that reflects the diversity of the global population. Hence, the need arises to embrace an inclusive perspective towards disability which is crucial for fostering a society that supports individuals with different abilities.

Adopted on 13th December 2006, at the United Nations (UN) Headquarters in New York, the Convention on the Rights of Persons with Disabilities (CRPD) and its Optional Protocol became available for signature on 30th March, 2007. There were 44 parties to the Optional Protocol, 82 parties to the Convention, and one ratification of the Convention. On the first day of the UN convention, this is the highest number of signatories in recorded history. It is the first human rights agreement that is available for signature by regional integration organizations and the first comprehensive human rights pact of the twenty-first century. The CRPD has been regarded as a landmark international treaty that laid down the fundamental rights of persons with disabilities. It is also worth mentioning that it belongs to the category of comprehensive human rights convention and international development tool that also serves as the heart of the disability rights movement. The Convention is the result of decades of the United Nations’ effort to alter perceptions of and interactions with persons with disabilities. The shift from seeing persons with disabilities as ‘objects’ of aid, healthcare, and social protection to seeing them as ‘subjects’ with rights—people who can exercise those rights, make life decisions based on their free and informed consent and participate actively in society.

The Convention is meant to serve as a tool for human rights that freely addresses social development. It takes a broad view of persons with disabilities and restates the need for people with all kinds of disabilities to have full access to all human rights and fundamental freedoms. It also clarifies and qualifies how all categories of rights apply

to persons with disabilities, the benefits of which are set to be observed even in developing countries like India.

In India, the Convention was also ratified on 1st October, 2007 which came into force on 3rd May; 2008. Apart from this, the Rights of Persons with Disabilities (RPwD) Act was enacted on 28th December, 2016 which then came into force on 19th April, 2017. However, the introduction of special laws and measures adopted for the inclusion of persons with disabilities in society still faces certain issues which makes its full implementation a challenge. The absence of increased effort to truly understand the definition of ‘disability’ contributes to a lack of awareness in society which in turn, leads to a lower scope for inclusive development.

1.2 Defining disability

The term ‘disability’ has different meanings. Its definitions differ from person to person and also differ from one study to another as it is defined in different ways depending on the needed purpose of the study (Altman, 2014). Many people regard it as mental or psychological problems that act as a barrier to the effective participation of persons in society (Bhimali, 2009). The UN Convention on the Rights of Persons with Disabilities (UNCRPD) recognizes that ‘disability is an evolving concept’ which still leaves much room for new definitions in the future (UNCRPD, 2006). World Health Organization (2011) has said that defining disability is complicated as it is ‘complex, dynamic, multidimensional and contested.’ It is of utmost necessity to provide a clear-cut definition of disability as confusion may arise with other concepts like impairment and handicap. By providing stand-out classifications between the three concepts, there will arise universal recognition which will serve as a useful instrument for identifying, characterizing, and formulating solutions for the problems associated with disability (Schuntermann, 1996).

World Health Organisation (1980) has given a distinctive classification between impairment, disability and handicap:

1. **Impairment:** Impairment refers to any anomaly or loss in the anatomical, physiological, or functional aspects of the body that is caused by the onset of injuries.

2. Disability: Disability is, in turn, any type of restriction of the ability to perform any activities that are otherwise considered to be easy or normal by able human beings.
3. Handicap: Being handicapped means an experience that arises because of an impairment or disability that restricts or makes it difficult for individuals to perform a role that is typical for them. It depends on various factors such as age, cultural factors, sex and social factors.

Disability has three dimensions which are impairment, activity limitations, and restrictions of participation in normal daily activities (WHO, 2001). Impairment can lead to a state of handicap even in the absence of a disability status. Impairment and handicap often lead to disability as the conditions prohibit a person from performing tasks that are otherwise considered easy by other people (Kumar et. al, 2012). The subjective and situational nature of disability has led many functional organizations to give different definitions (Pandey & Advani, 1995). In their attempt to define disability, Centres for Disease Control and Prevention (2020) have stated that disability is an impairment of any type of condition present in a person's body or mind that restricts or prohibits a person from performing activities or interacting with others around them. 'Persons with disabilities include those who have long-term physical, mental, intellectual or sensory impairments which in interaction with various barriers may hinder their full and effective participation in society on an equal basis with others' (UNCRPD, 2006). The International Labour Organization (2004) has defined persons with disabilities as those whose chances of finding and progressing in a suitable job are diminished significantly due to a properly acknowledged physical, sensory, intellectual, or mental illness. As noted by Al Ju'beh (2015, p. 1), 'An impairment on its own would not lead to a disability should there be a completely inclusive and comprehensively accessible environment', that includes addressing attitudinal barriers such as stereotypes, prejudices, and other forms of paternalistic and patronizing treatment (Schulze, 2010). The term 'disability' has been constantly used in representing almost any of the conceptual components associated along the ability continuum that impacts the person and also includes the environmental effects that create a limiting impact from the context outside the person. It is also used to identify the various impairments that stem from disease and injury which include the physical

and mental functional limitations that a person has as a result of the impairment (Altman, 2014). The Persons with Disabilities (Equal Opportunities, Protection of Rights and Full Participation) Act (1995) has also defined disability stating that it refers to a person who has more than 40% of any disability such as blindness, low vision, persons with intellectual disabilities and mental illness, hearing impaired and leprosy cured as certified by medical authorities. The term ‘disability’ is an umbrella term that has been used to highlight the constraints faced by a person because of physical, mental, or emotional impairments, as well as the participation restrictions they encounter in situations when the surrounding environment is not supportive (WHO, 2014). As a result, the term ‘disability’ is used to refer to almost all conceptual elements connected to the ability continuum that affects the individual and any other external environmental factors that have a restricting influence on the individual. The idea of disability has evolved over the last thirty years from an individual handicap to a broader social reality. Disability, then, was a multifaceted phenomenon that arises from the interaction between an individual's physical characteristics and the social context in which they live. According to this perspective, persons with disabilities have experienced difficulty carrying out everyday tasks due to a complex web of interrelated circumstances, some of which are personal and others of which are related to their surroundings and social and political structures (Chandrashekar et al., 2010). The cost of accessibility is high. Allocating funds in the budget to make sure that everything is accessible for persons with disabilities is crucial (Pandit, 2024). Persons with disabilities are mostly dependent on their families to provide for their fundamental requirements, which makes them viewed as a burden by society. The bulk of persons with disabilities also rely on the livelihood assistance provided by governmental and non-governmental groups as a result of which, access to healthcare services may be hampered. They may face an increasingly complex web of social and health issues if they have morbidities. The primary cause of this is their heightened requirement for constant access to healthcare services and the resulting financial strains, which are further exacerbated by their continued dependence on livelihood support. All these patterns point to a route toward worse health outcomes, highlighting the interrelated difficulties that people with disabilities encounter in the socio-economic and health sectors (Rana, 2024). Persons with varying degrees of disabilities frequently find it

difficult to keep up with everyday tasks. They might struggle with acts as simple as dressing, eating, and using the restroom. They could also struggle to maintain relationships with their friends and family due to communication issues and poor impulse control that arise out of their disabilities. This could also lead them to struggle both socially and academically as a result of which, there is a dire need for reservation for them (Lee et al., 2023; Bothra, 2024). In recent years, the various types of disabilities have expanded. (Ahmad et al., 2023).

Department of Empowerment of Persons with Disabilities (Divyangjan) (2021) has published the different types of disabilities listed in the RPwD Act 2016. The Act has listed 21 types of disabilities which are blindness, low-vision, leprosy-cured persons, hearing impairment, locomotor disability, dwarfism, intellectual disability, mental illness, autism spectrum disorder, cerebral palsy, muscular dystrophy, chronic neurological conditions, specific learning disabilities, multiple sclerosis, speech and language disability, thalassemia, hemophilia, sickle cell disease, multiple disabilities including deaf-blindness, acid attack victims, Parkinson's disease. The different types of disabilities have all contributed to the adversities of persons with disabilities in society.

The hardships associated with disabilities have affected both men and women but between the two genders, women experience more incapacity for a longer period as compared to men partly because women are more likely to have non-fatal diseases and also have a higher chance to develop constitutional characteristics like lower bone density and muscle strength. In society, gender inequalities led to gender differences in the social determinants of both health and health risk factors which ultimately led to lifelong health consequences (Patwardhan et al., 2021). Women are living worse and experience more disabilities in their golden years, despite still having a greater life expectancy than males (Bohorquez et al., 2024). Women significantly represent a growing proportion of older persons and at the same time, experience disability in their longer lives which seems to be increasing. The chances of increased prevalence of disability among women as compared to men are aided by several factors like disease, socio-demographic factors, and health. (Hosseinpour et al., 2012). At the onset of disability, women progressed faster at 18% toward greater disabilities as compared to

their male counterparts (Chen et.al, 2023). Once affected by disabilities, they are at high risk of experiencing discrimination and have higher chances of facing problems in terms of the job market and hiring (Premeaux, 2001; Pazhoohi et al., 2021). Women are also more prone to develop lifestyle risk factors like obesity and sedentary behaviour, all of which increase the chances of developing disabilities among women with disabilities.

1.3 Focus on women with disabilities

Women with disabilities are those women whose lives are burdened by the onset of impairments which in turn, lead them to experience barriers in society (Bhuimali, 2009; Jose, 2024). The focus on women with disabilities has swerving ideologies and shifting paradigms at the level of feminists, gender specialists, and academic sociologists. However, the common concern among all of them is to study the nature and nuances of problems encountered especially by women with disabilities, and to address the issues.

Feminists' theory has aimed to foster feminist disability theory in their study. The writings and study in feminist disability study lay in augmenting the terms and in confronting the limits to how human diversity is understood. The feminist theory also focuses on understanding the materiality of the body, multiculturalism, and social formation in interpreting the bodily differences of human beings. The inclusion of disability studies in feminist studies widens and challenges the study through deeper knowledge and stronger representation.

A specific focus on women with disabilities by gender studies points straight to the double discrimination faced by them. This double discrimination is exerted in the form of sexism and their disability, while women of colour are subjected to even face third layer of discrimination in the form of their skin colour (Froschl & Newton, 1999). The main points highlighted in gender studies concerning women with disabilities are the lower income, lower employment, and educational opportunities, and also the higher rate of poverty as compared to their male counterparts.

Academic sociologists started incorporating the study of disability after the writings of *The Politics of Disablement* (Oliver, 1990) in which the influence of disability made its way into sociological discourse after being objects associated with stigma for

decades. Sociology shifted its views on disability from an object with stigma to subjects with knowledge (Goodley et al., 2021). Disability evolved into a starting point, a basis, and a means of basing theories about the world because most mainstream sociological theories have neglected or marginalized disability, it was and is still a very strong step to make. Therefore, it is imperative that sociology critically examine its ontological assumptions.

Addressing the issues of women with disabilities, Frohmader and Meekosha (2010) have said that the policy measures adopted for disabled women in many countries are often not enough which leads them to fall prey to several people and led them face various forms of discrimination and their inclusive development being blocked. Women with disabilities have faced violations of their human rights quite a few often and the horrific experiences they encounter cannot be understood at a local level which calls for a global scale analysis. Rao (2004) has said that women with disabilities often face social exclusion unsurprisingly. ‘They are surrounded with stigmas and are left out of several family and community activities which left them to feel unwanted, isolated and even ashamed of themselves’ (2004, p.4).

A detailed academic study of women with disabilities will shine a light on their lives and the various hardships that they face. It can be assumed that the exclusion of women with disabilities from various development programs in society will automatically lead to poverty. Taking into account the demographic data from across the world, some two-thirds of the women with disabilities dwell in developing countries with unfavourable bio-socio and economic conditions. Bhumali (2009) has further said that women, including women with disabilities, have a higher potential risk of becoming disabled due to malnutrition and this burden is added upon by the lack of or limited access to health care. Degener (2016) has also pointed out that the lack of access to health care among women further increases the onset of disabilities in these women and that their human rights are being violated in this regard which all contribute to the increased exclusion from receiving holistic inclusive development.

1.4 Concept of inclusive development of women with disability

In terms of the definition of inclusive development, Gupta et al. (2015) have defined it as development that includes marginalized people, sectors, and countries in social,

political, and economic processes which is beneficial for the increase in human well-being, social and environmental sustainability as well as empowerment. It can also be said to be an adaptive learning process that responds well to change and new risks of exclusions and marginalization. Ali & Yao (2004) argued that the benefits of inclusive development reached all regions of the poor, including women with disabilities, widows, and single mothers among women with disabilities who are the vulnerable sections of society and those people who are pushed below the line of poverty by man-made and natural disasters. The quality of infrastructure is an important enabling factor that is capable of driving inclusive development and sustainable poverty reduction. Disability inclusion is a powerful tool to create lasting value in companies and across society, as a result of this reality (Alexiou, 2024). Even though the term ‘inclusive development’ lacks a widely accepted definition, it is believed that the idea refers to growth, coupled with equal opportunities. It centres on producing chances and ensuring that everyone including persons with disabilities may access them. The concept further stresses that, to the greatest extent feasible, the economic opportunities brought about by growth are accessible to everyone, which calls for the need for disability-inclusive development specific to these people (Ali & Zhuang 2007; Ali & Son 2007).

Disability-inclusive development (DID) is defined as the practice of the inclusion of a disability dimension in all the stages of aid and support which is delivered through international development that ranges from policy through to programming. DID is founded based on the global disability movement, ‘Nothing about us without us’, which makes sure to transform people with disabilities into meaningful participants of all available development programs and policies. The central principles of DID include awareness, participation, non-discrimination, accessibility and universal design, gender equity, and the twin-track approach. To increase awareness and maximize impact, disability-inclusive development is supported and carried out through multilateral and multisectoral collaborations with governments, development banks, the commercial sector, and civil society (Asian Development Bank, 2022). Since disabilities play a significant role in diversity, development organizations all over the world have been implementing frameworks and policies to encourage the inclusion of persons with disabilities in their institutions. Disability-inclusive development

organizations are more reliable and efficient as they are personally dedicated to promoting disability diversity in their internal policies and procedures as well as in the workplace. There is a strong correlation between increased productivity, reduced absenteeism, reduced turnover, increased morale, a more positive organizational culture, and reduced workers' compensation (Asian Development Bank, 2022). Agendas for disability-inclusive development on a global and regional level offer solid bases upon which to expand. Without development that is inclusive of people with disabilities, the objective of reducing extreme poverty cannot be accomplished. Development that is inclusive of people with disabilities acknowledges and responds to how disability intersects with other discriminatory factors that can exacerbate exclusion and disadvantage, including gender, race, religion, age, and national or social origin. Disability-inclusive development expressly involves individuals with disabilities as participants and beneficiaries in development activities, especially women.

It is often said that the inclusive development level of persons with disabilities, especially women with disabilities is very low and needs great upliftment so that their overall well-being will develop. In their communities, women with disabilities still experience marginalization and prejudice, particularly in the fields of healthcare, work, and education. There is proof that advancing inclusive development for women with disabilities will benefit development overall. The findings of Jones et al. (2015) further revealed that among women with disabilities, those conflicted with learning disability further face increased experiences of violence and domestic abuse. A study by Matin et al. (2021) revealed that women with intellectual disabilities encountered obstacles while attempting to make well-informed judgments. Sometimes medical professionals disregard their preferences to offer necessary care. These women feel pressured to make decisions in the field of health sections because they are not given enough time or knowledge to make an informed decision. Besides, the double burden of social isolation and disability deeply affect their access to health care which in turn led to social oppression. Apart from the health problems, menstruation is often an undisclosed issue that is witnessed among these women. World Bank (2018) has estimated that more than 500 million women do not have access to good menstrual health in which women with disabilities contribute a large share. Women with

disabilities were three to five times more likely than other members of the home to use alternate restrooms, skip social events while menstruation, and dine alone. Managing supplies, keeping things clean, gathering water, and affecting comfort, safety, and hygiene were among the challenges faced (Howard, 2021).

In an extreme form, women with disabilities are viewed as asexual. They are thought to be unfit for the stereotypical roles of a woman, such as nurturer, lover, mother, and homemaker. They have numerous obstacles when attempting to play conventional roles. Marriage appears to be a fantasy for many individuals but these women either never get married, get married later, get divorced from their first marriage, or live a life of loneliness. Their inadequate social and economic resources may occasionally push people into abusive or exploitative relationships (Devi & Augustine, 2024).

The rights of women with disabilities are also denied to a considerable extent. Not all functional impairments result in disability. Barriers only turn an impairment into a disability when society prevents the impaired from realizing their full potential. This shift is accelerated by gender. Due to the gender-blind nature of many government documents and statistics, disabled women still do not receive the attention they deserve for their rights. In terms of vocational training for these women, there is a patriarchal belief that women and girls belong in the home and should only pursue technical skill orientations. This kind of thinking is influenced by organizational and physical hurdles, which make it difficult for women with disabilities to attend industrial centres and other vocational centres. These centres are typically located in urban areas, making them inaccessible to rural women (Devi & Augustine, 2024).

Approximately 690 million people, or 70% of the world's disabled population, reside in the Asia and Pacific area. The average age of all persons with disabilities in many of the region's countries is above 60 years old, where women with disabilities make up a sizeable chunk. Disability and poverty are linked and because of their living circumstances, poor individuals are more likely to become disabled. Disability is also likely to make these women poorer because of prejudice and unequal access to jobs, social security, health care, and education. In the area, those with disabilities, especially women with disabilities are among the poorest. They encounter obstacles in

the built environment, transportation, and communications, as well as in the areas of information and assistive technologies. They also lack access to education, social protection, health and social care services, employment, and livelihood prospects. As many as 350 million women and girls in Asia and the Pacific are burdened with disabilities (Economic and Social Commission for the Asia and Pacific, 2017).

Women with disabilities are twice as likely to be illiterate, twice as unlikely to use the internet, three times more likely to have unmet health care needs, and twice as unlikely to be employed as compared to their male counterparts. Disability affected women and girls who are immigrants, refugees, or people of colour. They frequently experience prejudice based on their gender and handicap (Ortoleva & Lewis, 2012). These women face significantly more discrimination and poverty (UN Department of Economic and Social Affairs, 2020).

Recognizing stigma and discrimination against women and girls with disabilities as significant obstacles to their full and effective involvement in all facets of social, political, and economic life is necessary for an accessible and equal world. It also means that, among other things, we must act quickly and purposefully to support the involvement and leadership of women and girls with disabilities, especially through the organizations that represent them.

Non-governmental organizations (NGOs) can be very helpful in promoting community-based programs that give disabled women a voice. This assistance can take the form of leadership development courses and involvement in legislative initiatives to empower women with disabilities to achieve success as leaders both inside and outside of their communities. This is a necessity for the enhancement of inclusive development for women with disabilities. Women with disabilities often face unique challenges that require additional care and support. They encounter barriers related to accessibility, healthcare, employment, and social inclusion, among other things. Providing double care is a necessity which means not only addressing their specific healthcare needs but also ensuring they have access to resources that support their overall well-being and independence. It involves recognizing and accommodating their individual needs and empowering them to participate fully in society.

The development agenda must acknowledge and include women with disabilities to guarantee inclusive and essential support services for all. This involves providing sufficient funding for programs and assistance related to disabilities. (United Nations, 2015). Hence, to address these issues, nations must integrate women with disabilities into society at large, enabling them to engage in day-to-day activities and support their overall socio-economic advancement

With conceptual exercise on inclusive development for women with disabilities done, it is essential to first look at their overall conditions from a global context.

1.5 International scenario

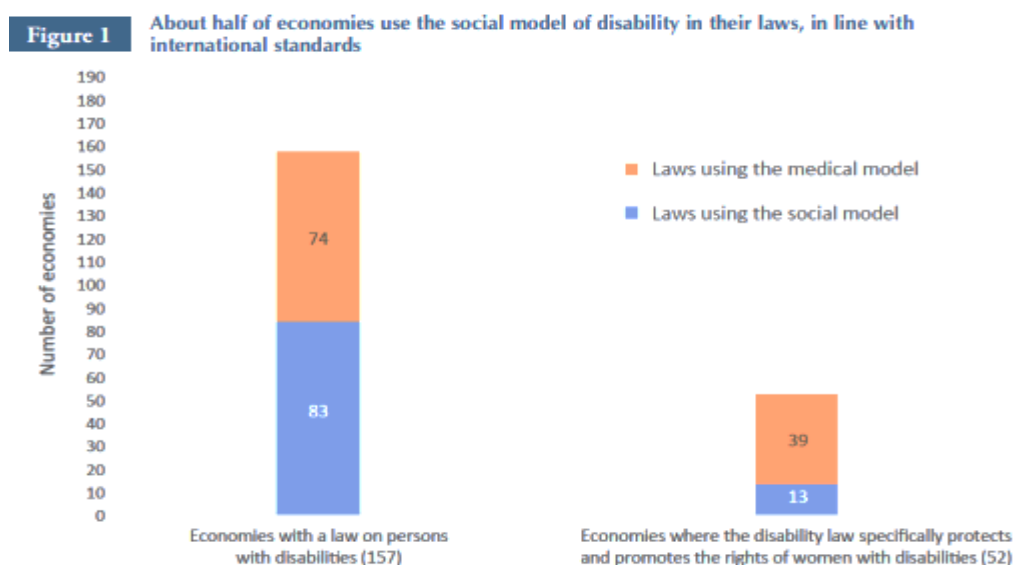
It is estimated that 1.3 billion people or 16% of the world's population experience significant disability. It means that 1 out of every 6 people live with disability (WHO, 2023). Among the total disabled population, approximately 780 million women worldwide, or one in five women, live with a disability (WHO, 2011; Stienstra, 2022).

According to Article 6 of the United Nations Convention on the Rights of Persons with Disabilities (CRPD), nations must take action to guarantee that women with disabilities can fully enjoy their human rights because they face a variety of intersecting forms of discrimination. Stienstra (2022) has further pointed out that in addition to discrimination, stigma, and stereotyping, women with disabilities confront numerous obstacles in achieving their rights, such as accessibility in the built or physical settings, in communications, and in information and service accessibility. None of the examined constitutions mention women with disabilities, even though 71 economies have a constitutional provision that ensures equal rights for persons with disabilities.

In terms of statutory laws, the rights of persons with disabilities are covered by laws in 138 economies besides the constitution but barely one-fourth of the economies under study-35, to be exact, have legal frameworks that expressly acknowledge and defend the rights of women with disabilities (Braunmiller, 2020). All of these point to a new worldwide standard on gendered disability justice, the new prescriptive norm of it has been defined as acknowledged but not being accepted (Fejerskov, 2017). In research conducted by Sona (2015) in the country of Ethiopia, particularly Southern Ethiopia, 26 sample participants lived in Dilla, Wenago, and Yirgacheffe using the

qualitative case study design. Economic and financial abuse faced by women all around the world have prevented them from working, the case is even more serious among women with disabilities. It has also prevented them from achieving financial dependence to a certain extent. It also led to them being denied financial resources and also to financially exploit them (2015). Based on the research conducted by Sona, it is evident that all the samples being studied have faced financial exploitation which led them to live in harsh poverty and they also lived in plastic houses in the street. The daily income of women with disabilities in Ethiopia on average was reported to be 7.99 Ethiopian birr or below half of a dollar i.e., 0.47 dollars. Even in countries that employ disability law, only a handful of them specifically protect the rights of these women which is depicted in the following figure adapted from World Bank Group (2022).

Fig. 1.1 Gender Disparity in Use of Social and Medical Model of Disabilities in Law by Country Economies



Source: Women, Business and the Law database.

Source: World Bank Group, September, 2022, p-5

As observed in the above figure, around half of the world's economies (74 out of 157) with disability rights laws used a social model of disability according to the international standard set by the CRPD. The figure also shows that the data obtained by Women, Business and the Law (2022) highlights the lack of showing the unique experiences of women with disabilities around the world. To lead the creation of

evidence-based laws and policies and to influence development programs that are inclusive of both genders and disabilities, an evaluation of best practices as provided by the Women, Business, and Law research is recommended.

In their study of world economies, Braunmiller & Dry (2022) stated that only 30 of the 190 economies had laws specifically mentioning the rights of women with disabilities, even though 86 of them had gender equality or non-discrimination laws. Additionally, just 52 economies out of 157 countries that have disability rights laws mention women with disabilities specifically. This indicates that the rights of women with disabilities are only expressly recognized globally and only ten countries have references to women with disabilities in their legal documents which are Austria, El Salvador, The Gambia, Germany, The Republic of Korea, The Marshall Islands, Peru, Spain, Turkey and Zambia (2022). In a particular case study by Sona (2015), it is disclosed that a woman 43 years old given that her disability (blindness) was due to poverty. It stems from a condition of meningitis which worsened over the years as she did not have enough money to cover all the medical expenses. This condition led her to be blind, and in turn, was not able to work anymore to afford her daily bread. Ganle et al. (2016) have stated that Ghana has 64% of women with disabilities out of all the people with disabilities in their country in which physical impairment, visual and hearing impairment are the three most common forms of disability. Women with disabilities are still marginalised and isolated in Ghana even though the United Nations Convention on the Rights of Persons with Disabilities aims to provide the same rights and access to quality and affordable healthcare. In Ghana, women with disabilities are also denied sexual and reproductive healthcare services to a great extent. The reason for the denial is due to the lack of proper attention given to them by the authorities. The study by Ganle et al. (2016) has directed the reason for the little attention to the belief that women with disabilities are not sexually active. They are also thought of as less likely to marry and have children as compared to normal women and are more likely to face health deterioration.

Women with disabilities often remain quiet and are reluctant to complain about their ill health due to the belief that people would not care about their problems and also because of difficulty in communicating their problems. In stating the number of people with disabilities in the US, Krahn et al. (2015) have given that more than 12% of the

US population belongs to people with disabilities. In terms of difficulty in healthcare services, people who are poor and have certain disadvantages in society face far more obstacles and barriers than people who have no disabilities at all. The case is even worse for women with disabilities who tend to have additional problems brought about by their feminine health problems. Apart from facing discrimination, denied access to healthcare, and unfortunate experiences, people with disabilities are further burdened by unhealthier lifestyles and poor mental health. This has led to an endless cycle of problems which further resulted in chronic conditions, increasing poor health, and functional limitations brought about by various factors (Krahn et al., 2015).

In a study conducted on more than 2000 disabled participants in the United States, Brodsky & Smitherman (1983) found that disability behaviour has largely been influenced by various factors which are mostly personality factors, social situations, and the benefits and gains they derived from their disability status. Though it may be difficult to properly document, it is said that cultural norms and values may influence a person's disability behaviour. Illness has always been associated with a total way of life and the feeling of vulnerability is observed more in groups that have faced marginalization, isolation, geographic or social mobilization, and those set of groups who are unable to fill the roles and expectations laid down by society and among those with lesser social support and whose aspirations are being blocked and neglected.

In the work of Pistorius (2020), it is written that women with disabilities are highly neglected in France. The issues faced by them are still largely unrecognised and are still being neglected by the policymakers in France. The issues of disability and sexism as discrimination are widely recognized in France. However, the double discrimination of sexism and disability faced by women with disabilities remains highly neglected. The reason for facing neglect is mainly due to their invisibility in society. Pistorius (2020) has further explained that women with disabilities are treated as less profitable and not capable which left them to be neglected by many employers. They are also thought of as highly vulnerable and sensitive which leaves them to be neglected in general and in worse cases, even stigmatised.

The ongoing rise in the hierarchies of invisibility led to the stigmatisation of women with disabilities in rural South African communities (Thabethe, 2020). Many of the

communities in South Africa still view disability as a result of the punishment of God for the sins committed by the parents and disability is also viewed as an imperfection. The mothers are mostly blamed for their sins which the communities believed to be the reason for the child's disabilities (Poppstone, 2009).

Jamall (2021) has pointed out that few women with disabilities who have suffered, are denied access to justice. In his study of denied access to justice for women with disabilities, he encountered Misti who hailed from Dhaka, Bangladesh have had experienced double discrimination since she was a teenager. Misti has faced a severe problem of employment as there are certain assumptions concerning women with disabilities. Women with disabilities are often denied employment as they are believed to fall short on strength and other necessary capabilities expected from an employee. Jamall (2021) has also given another account of Yasmin, who is only a 17 years old teenager who lives in a rural area of Bangladesh where she was brutally raped by her cousin which forced her to live in extreme isolation. Her family did not even dare to seek justice for her but instead was forced to silence her as they did not even know how the law might work for women with disabilities like Yasmin. In a report given by Giulio et.al (2014), a comparison of different countries was drawn from the available data from the Gender and Generation survey data. The results from the questionnaire conducted by them indicated that 771 out of the 40,620 families in the sample had a disabled girl child. In the sample studied, 1.9 percent of all the families have a girl child with special needs. The report revealed that the number of disabilities is lowest in the country of Lithuania with 0.58 per cent. The percentage is highest in Poland with 4.0 per cent. WHO (2011) has estimated that high-income countries have a disability rate of 2.8 per cent among those children who are of the ages between 0 to 14 years old. On an average term, the study conducted by Giulio et al. (2014) has concluded that countries in Eastern Europe particularly Bulgaria, Russia, Georgia, Hungary, Romania, and Poland tend to have a higher rate of child disability than other countries in the sample: 1.9% vs. 1.4%.

Hence, the conditions of women with disabilities do not make for comfort rather, present a negative picture. This is attributed to the fact that women with disabilities still face certain types of discrimination in the form of stigma, violence, neglect, and

abuse. The laws are not even strong enough to protect and give them their deserved rights. They are mostly struck by the problems of poverty as they are not physically and mentally fit to avail employment opportunities. Besides, the burden of stigma penetrated the minds of employment agencies around the world which prohibit them from providing employment opportunities to these women. Women with disabilities are no less than being invisible in society and they are subjected to double types of discrimination in which discrimination is exerted upon them in the form of sexuality and disability. The harsh realities faced by these women are also more or less the same in India when compared with those women who reside in other countries.

1.6 National scenario

In India, disability has established itself as a public health problem and the number is expected to increase in the coming future due to changes in age structure, life expectancy, and an increase in the trend in non-communicable diseases (Kumar et al., 2012). In India, most of the women with disabilities reside in rural areas which makes it difficult for them to have easy access to and utilization of rehabilitation services. Overall, 26.8 million people with disabilities were counted in India as a result of the census in which roughly 15 million are men and 11.8 million are women. Consequently, roughly 2.21% of people in the country were disabled. Ganesh et al. (2008) conducted a community-based study in India and went on to find that the prevalence of any kind of disability is 6.3%. Of all the disabilities that prevail in India, mental disability happens to be the most common type of disability which accounts for about 36.7% of all the disabled population. The most common challenges lie in the understanding of the concept of disability and also in accepting CBR as a proper intervention technique in rehabilitating these women. The following figure presents the number of persons with disabilities, including women with disabilities in India.

Fig. 1.2 The total number of Indian population and disabled population as per the Census of India, 2011

Population, India 2011			Disabled persons, India 2011		
Persons	Males	Females	Persons	Males	Females
121.08 Cr	62.32 Cr	58.76Cr	2.68 Cr	1.5 Cr	1.18 Cr

Source: Census of India, 2011.

The above figure shows the total number of Indian populations which is 121.08 crore. Out of the total number, 62.32 crore are men while 58.76 crore are women. In terms of disability, there are 2.68 crore disabled population as per the 2011 census of which 1.5 crore are men with disabilities while the remaining 1.18 crore are women with disabilities.

Vivek et al. (2011) researched socio-demographic variables and statistics of mental disability certificates issued at the centre in which data were gathered between January 2009 and December 2010. The analysed data were collected from 102 patients who were evaluated for mental disability certificates from Safdarjung Hospital, New Delhi at the Department of Psychiatry. The study has revealed that 73% belong to the mental retardation category of which, 73% had mild to moderate mental retardation. As much as 15% had a psychotic disorder. Males (73.5%) seek more certificates in the course of this study while women are in minimum number. Of all the samples collected, 95% belong to urban areas, which could mean that the real underprivileged class did not seek any type of certificate to attain benefits. The reason for them not attaining any certificate may also be credited to unawareness on their part. Among those who sought the certificate, it was revealed that less than 50% were aware of more than one benefit and most of them were aware of only one or two benefits of having disability certificates. Therefore, the reason for seeking the certificate was merely to attain pension benefits or for admission into special schools for the children (Vivek et al., 2011). In terms of work rate, the presentation of the work rate of women with different types of disabilities is shown below.

Table 1.1 Number of disabled women workers by types of disability compiled from Census of India, 2011 (in millions)

Women with Disabilities' Work Rate by Types of Disability. Census of India 2011 (in millions)	
Type of Disability	Female
In seeing	0.5
In hearing	0.6

In speech	0.2
In movement	0.4
Mental retardation	0.1
Mental illness	0.0
Any other	0.6
Multiple disabilities	0.1
Total	2.5

Source: Census of India, 2011.

In terms of work rate, 2.5 million women with disabilities engaged in employment as per the census of India, 2011 of which, 0.5 (in millions) have a disability in seeing and 0.6 are hearing impaired. 0.2 of the workforces among these women have speech impediments while 0.4 of them have mobility restrictions. Meanwhile, 0.1 of the workers are mentally retarded and 0.1 of women with disabilities workers have multiple disabilities. The rest of the 0.6 belong to any other types of disability.

Aier et al. (2023) has pointed out that in her study of Samerth Charitable Trust, which is an organization working with people with disabilities through the Chhattisgarh Social Inclusion Program (CSIP), the steps taken by the organization toward the economic empowerment of women with disabilities have helped them to boost their confidence and help them in their engagement with society. The steps taken by them have helped women with disabilities to be financially independent and also encouraged them to take part in several of the programs set up by the organization. These steps have shattered the psychological barriers and doubt of the women with disabilities and their families and it helped them to be economically independent and also build their self-confidence. However, the allocation of spaces for employment opportunities is very limited for these women (Lalhriatpuii, 2010). The table below shows the age profile of women workers with disabilities in five selected states of India. As against other states, these five states have the highest population of women with disabilities in India.

Table 1.2 Age Profile of women with disabilities workers in five Indian states.

States/ Age Group	Up to 25	25-35	35-45	45-55	55-65	Total
Bihar	14	24	35	23	4	100
Maharashtra	11	29	29	24	7	100
Rajasthan	19	42	30	9	0	100
Tamil Nadu	28	64	8	0	0	100
Uttar Pradesh	21	35	28	16	0	100
Total	93	194	130	72	11	500
%	18.6	38.8	26	14.4	2.2	100

Source: Compiled from the study of the National Commission for Women, Government of India

The above figure illustrates the age of the participants of workers age groups studied by the National Commission for Women, Govt. of India in which it is revealed that about 38% of them are young women with disabilities who belong to the age group of 25 to 35 years of age and another 18.6% of them belong to the category of below 25 years. Hence, as many as 57.4% of the participants were below 35 years of age. Of the five states that were studied, Tamil Nadu has 92% of the participants belonging to the age group below 35 years of age while only 2.2% of the women were above 55 years, from Maharashtra and Bihar states. The mean age of the total participants was 35 years old. In India, Ghai (2002) has said that women with disabilities are excluded and marginalized based on caste, class, and residential position. They are often excluded in societal settings and are forced to remain silent in their communities. They are left to fend for themselves and their needs are often neglected. In India where the practice of patriarchy takes place, having a disabled daughter is often seen as a fate that is far worse than death itself. The inclusion of these women is seen to have no analytical consequences as a result of which the study and the inclusion are often left out.

In this sense, women with disabilities in India are doubly disadvantaged since infrastructure design does not take their gender into account. For example, none of the mobility aids that are now on the market, such as crutches, wheelchairs, or tricycles, are made with specifications that are appropriate for these women. There are no particular guidelines or tailored alternatives for women with disabilities under the Aids and Appliances Program of the Indian government. As a result, compared to women,

males with impairments may have more access to this kind of assistive technology (Addlakha, 2022). For these women, limitations on their mobility outside of the home are one of the most obvious examples of how gender and disability are closely linked which adds to their increasing disadvantages. For these women to utilize infrastructure, even if it is available, they must first be able to leave their homes. The ingrained negative perceptions that society has created about them, that they are strange, ugly, asexual (or hypersexual), inept, and constantly in need of assistance led to their physical inaccessibility, especially in developing countries like India. Due to their exclusion from the conventional roles of mother, homemaker, and wife, their inherent value is continuously questioned. It is hard to conceive that society would go above and beyond in such situations to treat them with dignity and respect. So, the implementation and conception of gender-friendly accessible features are poor in both sectors and infrastructures (Addlakha, 2022; Dawn, 2013).

While there is a global trend of women with disabilities attempting to create their own identities in this complex society, their circumstances in developing countries- especially India remain very different. These women face a particularly depressing situation since, in addition to gender-specific challenges, their condition causes a double handicap and discrimination. The breadth of violence experienced by women with disabilities is broad, ranging from physical assault and neglect to rejection of traditional roles like parenthood and marriage. (Jogdand & Narke, 2022). In India, there is also a huge gap in published literature in terms of the reproductive health status of women with disabilities as the topic is rather untouched by academicians and scholars (Murthy et al., 2014; Ghai, 2002).

India had a strong history of women's movement which focused on issues relating to dowry, female feticide, sati, and domestic violence but rarely focused on disability and its agenda (Mulholland et al., 1998). A broad conceptualization was completed by Froschl & Newton (1999) to bring together all evidentiary discussions to investigate employment discrimination experienced by women with disabilities. These women had a lower scope for employment opportunities. As discrimination is a persistent problem for all disabled people, these women are susceptible to intersectional forms of discrimination based on two biases, namely sexism and ableism. These women have lower health status, and socio-economic, and political changes in India's patriarchal

society due to a mix of factors including gender inequality, conventional practices, myths, socio-economic level, and disability type. They also tend to be among the most vulnerable members of society (Chen et al., 2023; Tewari, 2021; Ashalatha et al., 2023).

In a developing country like India where the population surges, the high population of the country makes it difficult for policymakers and the concerned authorities to lay down specific development plans for these women in the country. Besides the high number of disabled populations in the country, there are a considerable number of disabled populations who are still unrecorded due to difficulty in accessing their hometown. The country still struggles to understand the exact definition of disability and still struggles to establish proper community-based rehabilitation for these women. Apart from the aforementioned double discrimination faced by women about their sexuality and disability, women with disabilities in India are further bothered by the problems relating to caste, class, and residential conflict which causes a triple layer of discrimination for them. Hence, it is important to point the study towards the North-eastern regions of the country to fully grasp the issues faced by these women in that region.

1.7 Northeast scenario

In India, Northeast (NE) is the eastern-most region which is a little cut off from the rest of the country. It is connected only to West Bengal State via a narrow corridor of land that is squeezed between Nepal and Bangladesh. Arunachal Pradesh, Assam, Manipur, Meghalaya, Mizoram, Nagaland, Sikkim, and Tripura are the eight states of the Northeast region. The eight states together occupy an area of about 262,000 sq. km, which is around 7% of India's land area. The location of the various states in Northeast India is depicted through the Indian map that is presented below.

Fig. 1.3 Map of North-east Region of India



North-East India

Source: Geoscience news and information, p-1

The inaccessibility of information on rehabilitation and disability services is the major problem that impedes comprehension of the gaps and obstacles of disability in the Northeast region. There is a dearth of statistical data regarding the lives of persons with disabilities, including women with disabilities and their families in the area. Periodic reports on this issue are often only available from Sarva Shiksha Abhiyaan (SSA), a government program that promotes universal access to education; however, these reports exclusively concentrate on school-age children, including those with disabilities. Notwithstanding these obstacles, there have been some noteworthy advancements over the past ten years in several fields, including the provision of services for persons with disabilities. However, given the circumstances in population differences observed in the vast Assamese areas with high population densities, to those of the little communities residing in the mountainous regions of Sikkim or Arunachal Pradesh, this makes it difficult to make generalizations about the situations in this region. A program or service may occasionally operate effectively in one state

district while failing or operating only sporadically in another. The exact total number of these women in Northeast is presented in the table below.

Table 1.3: Basic Demographic Information about Women with Disabilities in the Northeast Region of India

States	Total PwDs (% of the total population)	Women with disabilities
Arunachal Pradesh	27,634 (1.93%)	12,489
Assam	480,065 (1.54%)	222,680
Manipur	54,110 (2.11%)	27,373
Meghalaya	44,317 (1.49%)	20,991
Mizoram	15,160 (1.38%)	6,962
Nagaland	29,631 (1.50%)	13,483
Sikkim	18,187 (2.98%)	8,408
Tripura	64,346 (1.75%)	28,864

Source: Compiled from Census of India, 2011

The data from the above table is obtained from the Census of India 2011. Assam has the highest number of women with disabilities with 222,680 population which is followed by Tripura with 28,864 population. Manipur comes in third place with 27,373 followed by Meghalaya with 20,991. Nagaland comes in fifth place with 13,483 and Arunachal Pradesh comes in sixth place with 12,489. Sikkim comes in seventh place with 8,408 population and Mizoram comes in the last place with only 6,962 population while the data of Sikkim are still not available at the time of preparing the table. In terms of total persons with disabilities in respect to the total percentage of the total population, Sikkim has the highest percentage with 2.98%, followed by Manipur with 2.11%, which is in turn followed by Arunachal Pradesh with 1.93%.

The list continues with Tripura having 1.75% followed by Assam with 1.54% and Nagaland with 1.50%. Meghalaya comes in the second last place with 1.49% while Mizoram bags the lowest percentage with 1.38% total disabled population in respect

to the total state population. The following table presents the educational level of these women in different parts of Northeast India.

Table 1.4 Educational level of women with disabilities in Northeast Regions of India

Northeast States	Literate	Illiterate	Primary but below middle	Middle but below matric/secondary	Matric/Secondary but below graduate	Graduate and above
Arunachal Pradesh	3,822	8,667	1,061	744	771	139
Assam	86,885	1,35,795	20,187	18,043	15,020	3,347
Manipur	13,967	13,406	2,566	3,093	3,921	1,506
Meghalaya	9,274	11,717	2,274	1,408	1,081	264
Mizoram	3,946	3,016	877	637	344	83
Nagaland	4,920	8,563	1,292	885	777	185
Sikkim	3,051	5,357	767	460	478	116
Tripura	16,712	12,152	3,944	2,960	2,237	557
India	52,70,000	65,56,401	13,58,925	8,31,531	11,18,570	4,07,155

Source: Compiled from Census of India, 2011

It is highlighted in the above table that Arunachal Pradesh has 3,822 literate women with disabilities in their state while 8,667 of them are illiterate. 1,061 women attained the educational level of primary but below middle and 744 of them have middle but below matric education, 771 have matric level education and 139 are graduates. In Assam, 86,885 women with disabilities are literate while as many as 1,35,795 are illiterate, and 20,187 had primary but below middle level of education. 18,043 had attained middle but below matric education, 15,020 had matric level education and 3,347 were graduates. In Manipur, there are as many as 13,967 literates while 13,406 are illiterate. 2,566 have attained primary below middle level while 3,093 have middle but below matric education. 3,921 have passed matric and 1,506 are graduates.

Meghalaya has 9,274 literate women with disabilities 11,717 are illiterate, 2,274 have received primary education and 1,408 received middle-level education. 1,081 had passed matriculation and only 264 were graduates. Mizoram housed 3,946 literate women with disabilities while 3,016 were illiterate and 877 received primary

education. 637 have passed their middle level but below matric education, 344 passed their matric exam while only 83 of them have passed their graduation. Women with disabilities in Nagaland comprise 4,920 literates and 8,563 illiterate and 1,292 of them have completed their primary education while 885 passed middle but below matric level exam. 777 of them have got through their matriculation exam and 185 of them achieved their graduation degree.

Sikkim had 3,051 women with disabilities who were literate while 5,357 were illiterate and 767 finished primary but below middle school. 460 have completed middle but below matric and 478 have passed their matric level education. Only 116 of them have completed their graduation. Tripura has witnessed a slight surge in the total number where 16,712 are literate and 12,512 are illiterate. 3,944 have primary education, 2,960 have middle-level education, 2,237 passed matriculation and the rest 557 are graduates. In India, the total number of women with disabilities comes close to around 1.18 crore where 52,70,000 are literate and 65,56,401 are illiterate. 13,58,925 have achieved a primary level of education while 8,31,531 have completed middle secondary education. As many as 11,18,570 women completed their matric education while 4,07,155 are graduates. This shows the literacy level and the education level of these women in the Northeast region. The data is monumental as it highlights the current condition of these women in Mizoram district and also provides brief highlights of the various measures needed to be taken for their inclusive development in the state.

Women with disabilities in Northeast India face a myriad of challenges, stemming from various societal, cultural, and infrastructural factors. The issues faced in Northeast India are mainly due to difficulty in accessing many developmental structures such as rehabilitation programs for these women. Periodical data concerning these women are scanty and they also faced harsh issues in unavailability of services for them. The lack of accessible infrastructure, including public transportation, buildings, and recreational facilities, poses significant challenges for these women in Northeast India. This restricts their mobility and limits their participation in various aspects of social life. The overall hardships faced among these women in Northeast India pertain to women with disabilities in Mizoram state.

1.8 Mizoram scenario

As per the 2011 Census of India, there are currently 15,160 persons with disabilities in Mizoram, where 8,198 are men and 6,962 are women.

In Mizoram, there is still room for improvement in terms of inclusive development as the infrastructure is still poor in catering to the needs of these women. The following table shows the total number of these women as they are presented in various age groups.

Table 1.5 Women with disabilities by age group in Mizoram, compiled from Census of India, 2011

Age-Group	Total number of persons with disabilities	Females
Total	15,160	6,962
0-4	541	253
5-9	988	429
10-19	2,219	994
20-29	2,232	1,042
30-39	2,193	970
40-49	2,119	972
50-59	1,940	892
60-69	1,385	646
70-79	933	471
80-89	466	225
90+	93	54
Age not stated	51	14

Source: Compiled from the Office of the State Commissioner for Persons with Disabilities, Government of Mizoram, 2nd November, 2022

In the above table, the age group of women with disabilities in Mizoram is presented in which between the age range of 0-4 ages, there are 253 women and the 5-9 age group has 429 women. 10-19 groups have 994 women and the 20-29 age group has the largest number of women as there are as many as 1,042 women in this particular age group. The 30-39 age range has 970 members of the population and the 40-49 age range has 972 women population. There are 892 women in the age group of 50-59 group and 646 women in the 60-69 age group as well. As many as 471 women make up the 70-79 age group while 225 women make up the 80-89 age group. There are

only 54 women in the 90+ category of the age group while the rest 14 women belong to a category whose age is not stated.

Aside from this, the 2011 census also shows that among the total women with disabilities population in Mizoram, 948 have a disability related to their eyesight as compared to 23,94,403 women in India and 1,526 women are hearing impaired as compared to 23,94,330 hearing impaired women in the rest of the country. 562 women have the problem of speech impediments in Mizoram while in the total population of women with disabilities in India, the number accounts for 87,57,05. 814 women have mobility restrictions, while 742 women are mentally retarded as against 20,66,325 and 6,35,066 respectively in the whole country. As many as 474 women are mental illness patients in the state while India has a total of 3,07,122 mentally ill women. 991 women are victims of multiple disabilities as compared to 9,53,986 women who have multiple disabilities.

In terms of Mizoram, literature and academic studies related to women with disabilities are fewer and in limited quantity. The quality of care given to these women is often restricted and are close to being invisible in society due to neglect. In a similar fashion to the rest of the women with disabilities in India, these women also fall victim to fewer periodical surveys which leads to scanty data which in turn, complicates policy formulation for them.

1.9 Need of the study

Women with disabilities experience certain challenges and obstacles due to the intersection of gender and disability. Understanding the specific issues they face requires research that considers both aspects of their identity. This intersectionality impacts their access to education, healthcare, employment, and social services. The study of women with disabilities can provide insights into their health needs and well-being and provide understanding and acknowledgment of the problems faced by them (Greaux et al., 2023). This includes understanding their experiences with healthcare systems, access to reproductive health services, mental health challenges, and the impact of societal attitudes on their overall well-being. Since data and studies

concerning these women are in limited quantity, the study could add to the limited existing knowledge and provide insights into the harsh realities faced daily.

All the available kinds of literature used in this research were the works of authors from various international and national levels. The deficiency of disability literature, particularly the women, has been witnessed while reviewing the literature, especially of those sociological studies on women with disabilities and gendered experiences in Mizoram. By conducting research on these women in Mizoram, it could enrich the literature on the topic of disability and it could also provide a backbone for future academic writings on disability, specifically the women, in the state.

It could also lead to the development of various suggestions and solutions that could improve the lives of women with disabilities in the state. By studying women with disabilities, researchers can identify gaps in legal protections, policies, and services. Women with disabilities often face barriers to employment and economic empowerment due to discrimination, inaccessible workplaces, and a lack of supportive policies. Research can shed light on these barriers and inform strategies to enhance their employment opportunities and economic independence. Research on women with disabilities can highlight disparities in access to education and support services. This includes examining the availability of inclusive education, accommodations, and assistive technologies, as well as barriers to accessing these resources. Understanding the social experiences of women with disabilities is essential for promoting their inclusion and participation in society. This study explores factors influencing their social networks, relationships, and community engagement, as well as barriers to participation in cultural, recreational, and political activities. The conduct of the study on these women in Aizawl, which has the largest population of women with disabilities in Mizoram is representative of all women with disabilities in the state. By extending the study of disabled women dwelling in the southern part of the state, i.e., Lunglei the inclusive development level of the disabled people in the southern part of Mizoram could also be well-documented in the process. It could be important as the research will focus not only on the city dwellers but also on the people who live in remote corners of the state. The current conditions of these women in Mizoram need much

attention as the subject is rather left untouched by many academic studies and their lived realities still gaining little to no momentum in the field of academics.

Overall, the study of women with disabilities is essential for promoting their rights, well-being, and full participation in society by identifying barriers, informing policies including related services, and empowering them to lead fulfilling lives on their terms. The need to study this topic is further elaborated in the next chapter where various literature concerning the issues faced by these women as well as the need for inclusive development for them are thoroughly reviewed and highlighted, which are divided into three broad categories such as theoretical, thematic and methodological reviews.

CHAPTER-II

REVIEW OF LITERATURE

- 2.1 Introduction**
- 2.2 Theories and models**
 - 2.2.1 Moral and religious models**
 - 2.2.2. Medical models**
 - 2.2.3 Sick role theory**
 - 2.2.4 Social models**
 - 2.2.5 Human rights models**
 - 2.2.6 Feminist and gender models**
 - 2.2.7 Symbolic interactionism**
 - 2.2.8 An overview of theory**
- 2.3 Thematic Review**
 - 2.3.1 Women with disabilities and the justice system**
 - 2.3.2 Employment and training problems of women with disabilities**
 - 2.3.3 Living in poverty**
 - 2.3.4 Healthcare available**
 - 2.3.5 Neglect, stigma and discrimination of women with disabilities**
 - 2.3.6 Education for women with disabilities**
 - 2.3.7 Vulnerabilities of women with disabilities**
 - 2.3.8 Violence and sexual abuse of women with disabilities**
 - 2.3.9 Inclusive development of women with disabilities**
 - 2.3.10 An overview of thematic review**
- 2.4 Methodological Review**
 - 2.4.1 Data collection tools**
 - 2.4.2 Analytical framework used**
 - 2.4.3 Contextualizing and modelling**
 - 2.4.4 An overview of methodological review**
- 2.5 Research gap and rationale for the study**

CHAPTER-II

REVIEW OF LITERATURE

2.1 Introduction

The study on inclusive development of women with disabilities is backed by various relevant literature that needs to be reviewed and done in this chapter. Literature which is reviewed for this study which comes in the form of books, journals, articles, and newspapers from published sources, aided this research in establishing heuristic gaps and decided the rationale for the study. This chapter on substantive literature is divided into three domains such as theoretical perspectives, thematic reviews, and methodological reviews.

2.2 Theories and models

Scholars have come up with theoretical perspectives on disability especially the study of women with disabilities. According to Saldaña and Omasta (2017), theory purifies research into a statement about ‘social life that holds transferable applications to other settings, context, populations, and possibly periods’ (2017, p. 1). These four important foundations of applying theories in research are that theory helps to predict and control the actions through an ‘if-then logic,’ theory accounts for the variation, theory helps to explain the causation of how and why something happens and theory provides relevant insights for improving and uplifting social life (Saldaña & Omasta, 2017; Collins & Stockton, 2018).

The theories and models are, hence, monumental in expanding the concepts of disability which in turn pave the way for the government and various agencies to come up with strategies and solutions to establish inclusive development of women with disabilities. For this research, various models and theories are reviewed which are a moral and religious model of disability, medical model of disability, sick role theory, social model of disability, human rights model of disability, feminist and gender theory of disability and symbolic interactionism.

2.2.1 The moral and religious model of disability

The moral and religious model of disability is one of the oldest conceptualizations of disability which is still relevant in many places even up to this day (Jensen & Zuber, 2020; Retief & Letsosa, 2018). This model views disability as a direct form of punishment from God due to various sins or disobedience committed by individuals. It also stems as a result of the violation of social taboos and norms. The model views disability as a consequence of sins (Henderson & Bryan 2011). The model did not exactly state which sins were committed, which social taboos were violated or who committed those deviances but that they resulted from something prurient (Jensen & Zuber, 2020).

Henderson and Bryan (2011) have also stressed the fact that when parents or their grandparents commit sins which go against the law of God, their deeds will not be erased and will be punished in the form of disability to their children or even their grandchildren. This punishment is meted out by God, who is the all-powerful entity. Humpage (2007) has given that disability is formed within the realm of religion which is the act of the all-powerful being which in turn makes room for certain miracles to happen such as the healing of that particular disability or the sickness of the affected person. Few people still believe in God's wrath and under this punishment, there is no access to equal education, employment and open access to society (Olaore & Olaore, 2014; Petro, 2015). However, the moral and religious model of disability has its share of criticism on theological reflection which Niemann (2005, p.106) has said,

‘...whether congenital or acquired, many theologies have historically constructed disabilities to be a curse, one often associated with the attribution of shame onto an individual or family.’

As a result, this model has been rejected by both contemporary biblical scholars and theologians but is still found in small abundance in some theological circles (Creamer 2012; Yong 2007). It slowly loses its validity due to the emergence of the medical model of disability which is backed up with scientific knowledge and practices (Swartley 2012).

2.2.2 The medical model of disability

Since early ages, humans have naturally searched for herbs to lessen pain or cure diseases inflicted (Porter, 2014). The medical model of disability views disability as a problem of the person which is directly caused by disease, trauma, or other health-related conditions which in turn requires sustained medical attention and care given by health professionals. In the medical model, management of the disability is aimed at a 'cure,' or the individual's adjustment and change that would lead to an 'almost-cure' and in this model of disability, medical experts and practitioners are the ones who come up with defining the terms as well as offering solutions to the problems (Beaudry, 2016,). When even a slight sense of progress is witnessed in the field of medicine, people are relieved from some of their sufferings caused by disability (Jensen & Zuber, 2020). Medical professionals viewed disability as just another disease and hence, the classification into different categories is absent and they also regarded it as a physical problem that can be cured or fixed with the right knowledge (Vitt & Lynch, 2001). The only solution to disability is to accept the 'abnormality' and to support and treat the abnormality with sincerity and utmost care. This model was regarded as incomplete by the functionalist theorist, Talcott Parsons (1951) who argued that being sick was not just a biological condition but a social role as well. People who occupied the role usually drifted away from the consensual norms and thus, viewed it as a deviant behaviour that caused dysfunction in society and hence, needed to be regulated. This led to a debate if disability is a medical or a social issue. The diagnosis of disability often leaves the affected persons to play the role of 'sick role' in society.

2.2.3 Sick role theory

Talcott Parson (1951) was the first prominent sociologist to examine the role of health and illness in society, in which, the theory had given two rights to sick people, including persons with disabilities. These rights were conditional based on two obligations failure to fulfil led to the withdrawal of the two rights (Swartley 2012). The two rights included being exempted from social roles and that the sickness is not their fault, hence, should not be blamed for the illness and should be taken care of completely till full recovery (Ahmad et al., 2023; Thamilarasan, 2016). However, in terms of the two obligations, sick persons should view being sick as being undesirable

and should seek immediate help from professional doctors and caretakers and cooperate effectively with their advice to get better soon (Segall, 1976). In terms of chronic illness, such as disability, the theory states:

‘...despite the failure to recover completely the sick role still makes sense as: ‘recovery is the obverse of the process of deterioration of health, that is, level of capacities, and in many of these chronic situations’ tendencies to such deterioration can be held in check by the proper medically prescribed measures based on sound diagnostic knowledge.’ (Parsons, 1951, p. 19).

In the situation of the sick role, there must be a close balance between health-seeking behaviour and illness behaviour and the illness should be displayed in such a manner as to show that the affected person deserves the privileges of social exemption. This same method is applicable in the field of disability through disability rights-based access to all accommodations that are compensatory for them (Grue, 2023).

The social definition of sickness in which someone is allowed to enter a state of sickness as a social role with certain obligations and duties is of utmost importance as low general health in society added to the high occurrence of sickness leads to dysfunction in society. Therefore, illness is causing a major disruption in society and prevents the smooth functioning of social order (Heidarnia & Heidarnia, 2016; Parsons, 1951). However, scholars have stressed the need to focus on greater social aspects of disability and how physical and social environments limit the capabilities of certain sections of people, giving rise to the formation of the social model of disability (Oliver, 1981; Anastasiou & Kauffman, 2013).

2.2.4 The social model of disability

The social model of disability arises in reaction to the given limitations by scholars and it sees the issue of disability as a socially created problem it deals with a matter of the full integration of individuals into society, which is largely favoured by disabled rights advocates (Jensen & Zuber, 2020). Union of the Physically Impaired Against Segregation (UPIAS) has said that,

‘Disability is a situation, caused by social conditions, which requires for its elimination, (a) that no one aspect such as income, mobility or

institutions is treated in isolation, (b) that disabled people should, with the advice and help of others, assume control over their own lives, and (c) that professionals, experts, and others who seek to help must be committed to promoting such control by disabled people.’
(1976, p. 3)

In this model, disability is not an attribute of an individual, but rather a complex collection of conditions, many of which are created by the social environment. Hence, the management of the problem requires social action and is the collective responsibility of society at large to make the environmental modifications necessary for the full participation of people with disabilities in all areas of social life. The social model of disability is said to have emerged around the seventies from the works and pressures of various disability activists (Beaudry, 2016). As opposed to the previously mentioned medical model of disability, this model states that disability stems from the oppression and exclusion meted out by society which is inflicted upon people with disabilities. The model also states that disability is not necessarily the impairment that exists within an individual (Chambers, 2016).

In the field of the social model, the two terms, which are impairment and disability, have different meanings assigned to them in which impairment stems from the dysfunction of any part of the human body. Disability, on the other hand, is any type of activity restriction that is placed by society and the community on people who have impairments (Forhan, 2009; Goodley, 2010). In the development of the social model, Schipper (2006) has critically explained the importance of the distinction between impairment and disability by stating,

‘These definitions provided a theoretical underpinning for the social model by making a clear distinction between social disability and physical impairment. While an impairment is universally constant (e.g., the inability to conceive children), the extent to which this impairment has social/political consequences shifts from culture to culture (i.e., the inability to conceive children may be more ‘disabling’ in ancient Near Eastern cultures than in industrialized Western ones).’ (p. 17)

The social model of disability is regarded to be liberating for many individuals, including women with disabilities to be liberating but Giddens (2006) has noted a few criticisms directed towards this model and stated that it has ignored the painful realities of impairment. It has been remarked that,

‘We are not just disabled people, we are also people with impairments, and to pretend otherwise is to ignore a major part of our biographies.’ (Giddens, 2006, p. 283)

Even though people with disabilities have accepted the fact that they have an impairment, they do not want to refer to themselves as ‘disabled’ and even though they claim government benefits based on their disability, they still do not want to declare themselves as disabled. Medical sociologists are also sceptical of the model as it declares impairment and disability as artificial, and the model does not clearly state where impairment ends and where disability starts (Giddens, 2006).

The issue is both cultural and ideological, requiring individual, community, and large-scale social change. From this perspective, equal access in society for women with an impairment or disability is a human rights issue as well. Disability and impairment have raised many concerns among scholars and the social model of disability only stops at understanding the definition of disability. This led people to favour the human rights model over the social model as the former is more specific not only in giving a definition but also contributes towards offering solutions to disability. These two models of disability closely resembled one another, and many scholars have favoured the human rights model as it ‘specifically provides a theoretical framework for a disability policy that emphasises the human dignity of PWDs’ (Degener 2016, p. 43).

2.2.5 The human rights model of disability

One of the alternatives of the social model of disability is the human rights model of disability which is based on the context of human rights law and policy. It is based on the principles of human rights which aim to protect and safeguard disability and to respect it as a part of human diversity (Lawson & Beckett, 2021).

The human rights model of disability places individuals, including women with disabilities at the centre stage and gives every person a highly esteemed value. It focuses on the inherent dignity of the person and also gives attention to their medical

characteristics if and when required (Degener, 2016). Besides, this model does not focus only on social and environmental barriers but accepts impairments as an addition to human diversity (Vance et al., 2023).

The social model of disability is only directed towards defining the term ‘disability’ while on the other hand, the human rights model of disability aims to give respect and significance to every individual, irrespective of their disability, gender, caste, or wealth. It places a high value on the rights and dignity of disability policy which acknowledges the hardships and livelihoods of persons with disabilities (Degener, 2016).

Vance et al. (2023) have stated that the human rights model of disability sets out standards of behaviour expected of states and institutions to ensure basic social justice for women with disabilities. ‘Lastly, while the social model can helpfully explain why so many PWDs are living in poverty, the human rights model offers constructive proposals for improving the life situation of PWDs’ (Degener 2016, p. 54). While the human rights model of disability targets all people with disabilities, feminist and gender theories of disability make their different claims on disability and specifically focus on women with disabilities.

2.2.6 Feminist and gender theory of disability

Feminism is not gender neutral and in the field of disability, it also concentrates on women with disability. ‘The feminist disability study aims to settle the various stereotypes directed towards women with disabilities while at the same time come up with a challenge to tackle various assumptions directed towards them’ (Thomson, 2005, p.1557).

It is a widely known fact that both men and women have faced their fair share of discrimination but adding disability to women, the condition faced by them is far worse as compared to men who enjoy masculinity privilege. However, disability also seems to take away the value of men as well. Among men and women, women with disabilities face a far greater number of sexual assaults as compared to their male counterparts (Sobsey et al., 1997).

Various studies tend to point out that in the settings of Western industrial nations, the number of women with disabilities is much more as compared to men with disabilities.

In developing countries where women serve as the head of households, women with disabilities are extremely poor and are less likely to earn less as compared to their male counterparts. 'It is widely assumed that people with disabilities are poor but in comparison, women with disabilities are poorer as they lack certain skills and strength required in an employment setting' (Meekosha, 2004, p.4). The feminist and gender theory of disability makes better sense when it is backed up by the theory of symbolic interactionism as this theory shaped or altered the women's development in society.

2.2.7 Symbolic interactionism

Symbolic interactionism is a part of the micro-sociological social behaviourist theory which typically focuses on interpersonal interactions and how a person uses these interactions to generate or assign meaning (Carter & Fuller, 2015). This theory influences individual development which eventually leads to social development as a result of which is regarded as a bottom-up approach. Due to its micro-level interaction, it applies to the study of disability (Ritzer, 2023). Disability is the product of societal failure that keeps society under oppression, not of biological weakness or physical inferiority, due to which it is considered as some form of deviance. Symbolic interactionists are particularly interested in how people who are coerced into adopting a deviant persona impact an individual's growth, as well as how these interactions shape or alter societal development. Women with disabilities often want to avoid social situations because they fear the social stigma of being classified as deviants (Hahn, 1985). This theory also supports the notion that disability poses a problem due to the interactions that take place between women with disabilities and the normal able humans in society. It further agrees that societal failure to accept individuals with disabilities led to their marginalization from the social norm (Ahmad et al., 2023).

2.2.8 An overview of theories

All the theories outlined in this review have a profound effect in outlining the impact in which people conceive disability from a theoretical perspective. The moral and religious model of disability rightly points out that disability is a direct form of punishment from God due to sins committed while the medical model of disability states that disability occurs due to diseases or trauma in a person. The sick role theory pointed out the two rights enjoyed by the 'sick' or women with disabilities and the

social model of disability, which is largely accepted by most individuals in the modern day, states that disability is a result of discrimination and exclusion directed towards them by society. The human rights model of disability specifically highlights the specific solutions to the problems faced by people with disabilities while the feminist and gender theory concentrate on providing a detailed study on women with disabilities only as feminism is not a gender-neutral term and the symbolic interactionism rightly assigned meanings to the interactions of these women. Ultimately, in this study, social, human rights, and feminist and gender theories of disability are technically helpful.

The theoretical perspectives of women with disabilities are important as they provide the backbone to the research with the theoretical framework. It also helps in building a strong foundation for the research work and the literature which helps in bringing clarity to the overall context.

2.3 Thematic review

In the section of the thematic review, literature which are based on different themes is classified and reviewed accordingly. Each piece of literature is given an in-depth analysis and is properly consolidated as such. The thematic heads are categorised into nine themes which are as follows: 1. Women with disabilities and the justice system 2. Employment and training problems of women with disabilities 3. Living in poverty 4. Healthcare is available 5. Neglect, Stigma, and discrimination of women with disabilities 6. Access to education for women with disabilities. 7. Vulnerabilities of women with disabilities 8. Violence and sexual abuse of women with disabilities 9. Inclusive development of women with disabilities.

2.3.1 Women with disabilities and the justice system

The justice system refers to the institutions or agencies which are tasked with enforcing laws in societies. Women with disabilities are often given the wrong treatment in the justice system and their rights are often violated. Many scholars have given that they do not even receive their rights because their voices are being shunned and hence, denied justice to them. The following articles provide deep insight concerning the problems faced by women with disabilities in the justice system.

By pointing out the reason for the failed justice system for women with disabilities, Jamall (2021) has said that women with disabilities have faced double the discrimination in which they are discriminated against for being women as well as for being disabled. Violence, abuse, sexual violence, and negligence are often faced by them at rates much higher than those faced by normal women. They also ignored their justice many times as the police did not know how to help them or the victims themselves did not know how to even explain their situations. This led Jamall (2021) to point out the importance of training the police and legal systems about the issues that can be faced by women with disabilities. Once the issues and the possible hardships in terms of problems faced by disabled people are made aware to the legal systems, there will be a better understanding and shift of attitude from the side of the police and the legal systems which will eventually turn police stations, courts and people with disabilities into valuable allies.

In highlighting the various ways in which women with disabilities are denied their rights by the justice system, Ortoleva & Lewis (2012) has stressed in her study that many legal systems have restricted the legal capacity of blind women and the legal system itself has turned a blind eye to them. This practice had its history since time immemorial and even up to this day. They had turned their back on women with disabilities solely because of their disabilities.

Meekosha and Frohmader (2010) have stressed the fact that many countries took several measures to lay down and protect the human rights of their women and girls' citizens, which includes disabled girls as well. However, the steps taken by them have not been enough most of the time and there is no consistency in working towards the improvement of the laws and legislatures that support their human rights. It appears as though the measures they have established dissolve into thin air as time passes. The various rights which, in many times, have been denied to women particularly the disabled women include the right to freedom from exploitation as they have been exploited in various workplaces and schools as well. The right to freedom from abuse and violence has also been denied to them several times as they have fallen victim at the hands of several people (2010). This is also one of the reasons for women with disabilities to live in poverty.

The rights of disability have often been neglected in society. Besides being neglected, they are not even made aware of their rights on several occasions. Their rights are often side-lined, which is one of the main reasons why their voices are being held captive in many parts of society. Kaplan (2000) has maintained that the recognition of disability in society relies heavily on the societal perception as well as the social definition of disability.

The rights of disability will hold more esteem and value as long as the state and society give them utmost priority and importance. In modern days, the state has started focusing on the rights of disability and upheld several laws in the form of the Persons with Disabilities (Equal Opportunities, Protection of Rights and Full Participation) (PwD) Act (1995). The Act states that 3% of all government and public sector employment is reserved for disabled people. It has identified posts such as peons, administrative roles in accounts and finance departments, and technicians and assistants in various technical departments of the government, such as archaeology, pharmacy, and soil testing among several others.

Many times, women with disabilities did not even approach the justice system when they faced abuse and other problems because of fear of being stigmatised by society. It is clear from the literature provided that women with disabilities have faced certain problems with easy access to the justice system. This has also led them to face further additional problems in their search for employment and training opportunities.

2.3.2 Employment and training problems of women with disabilities

Another noticeable problem faced by women with disabilities in society is in the areas of employment and training. The problems and lack in these areas led them to be unemployed and are made to be financially dependent on their families which further add to their disability. This can also further create strains within their family circles as well.

Rao (2004) has said that being a woman with disabilities meant living with certain disadvantages because they faced problems as a woman, then, as a disabled person, and a burden is added upon them if they are living in poverty. In the 2001 Indian census, it has been revealed that 2.19 crore are disabled people and among them, only 34% of them are employed. Women population make up as much as 51% of the global population of which, women with disabilities are the most marginalized even in India.

Their rights are being denied and are being exploited socially, politically, and economically and access to health services is difficult for them. They are also left out of the decision-making process in the country (Rao, 2004). Women with disabilities are not homogenous in any way because they have their own sets of problems ranging from hearing impairment, visual impairment, physical limitations, visually disturbed, and multiple sclerosis which requires different medical attention and treatments. Educational access for disabled girls is very low and they are often neglected in providing education to them. In fact, in the Raichur district of Karnataka, India, there is one report that indicated that the literacy rate of women with disabilities was 7 per cent compared to a general literacy rate of 46 per cent in the state. (Rao, 2004).

Sargent (2021) has stressed that disabled school-going girls have faced more challenges than normal girls, especially at a time when they are about to leave high school. Hence, for disabled school girls to make a smooth and proper transition into their adult life and their workplaces, it is important to arrange a vocational work program for them in schools. In fact, many of them have engaged themselves in school-to-work vocational programs to help and strengthen them in various ways. 'Readiness skills training' is a necessity for young girls to help them gain employment in various community work sites.

Sargent (2021) has pointed out that the Beaverton High School Transition Services Program has developed a school-to-work vocational program specially designed for young disabled girls with several seats ranging from 10-15 female students. The students mostly have problems ranging from health problems, and physical limitations, and mild learning and language problems and the program that they attend mainly focuses on non-traditional career exploration and also focuses on planning where each of the girls is advised to carry their portfolio with them. Among the various skills and methods taught among the girls, a few of the standout methods are given as follows:

1. Workplace expectations: Young disabled girls often engage themselves in an unstructured home environment and attend schools where the surrounding environment is lenient and informal. By being too comfortable with these environments, the young girls often found it difficult to adjust to the strict and properly structured environment at their workplaces. Hence, the program at Beaverton High

School consistently told them about the workplace environment, how to adjust to the situations, what to expect, and also brief them about the unwritten rules and procedures of the American workplaces. ‘This process has helped them cope to the new and previously inexperienced form of environment’ (2021, p. 3).

2. Safety: In terms of personal safety, the students are taught that in real workplaces, men and women work together in close contact with each other. Sexual harassment is discussed openly as to how to handle the situations if they ever occur to them. Personal safety lessons also included the way to practice proper diet, adopt regular sleep habits, and taking exercise. Similarly, environmental safety is another important concept for girls. Under this program, the students are taught how to dress properly and to conduct themselves properly. They are taught about the usage of fire services, tools, and materials around them and to keep their surrounding workplaces clean and tidy. They need to be consistently alert and cautious (2021).

3. Self-advocacy: In any workplace, new recruits are often exploited, and their usefulness and talents are often overlooked. This happens twice at large to the newly recruited young disabled women especially if they have difficulty in language and cognitive abilities. Hence, the program taught the girls how to have better oral communication skills, the right way to adopt postures, to be honest, have the right set of attitudes, ‘and know when and where to get assistance, if they ever need one’ (2021, p. 4).

4. Rights and responsibilities: Especially among the students who have behavioural problems, it is important to tell the students about the behavioural expectations and standards set by the workplace. The students are thoroughly briefed that if they misbehave, it could lead them to be expelled or fired from their jobs and the right behaviour often leads them to be rewarded (2021).

5. Career Planning: Under this program, the students are brought to various non-traditional career workplaces and are advised to listen to speeches made by various successful persons. They are taught to plan their own career and structured action plans to implement their goals (2021).

Hanko & Polman (2003) have stressed the importance of giving training to women with disabilities. When specific training and vocational courses are taught to women with disabilities, it could help them to manage their businesses and give them ideas on how to expand their skills. The resulting outcome could be a wonderful sight to behold as it will improve their quality of life and help them to live an economically independent life. After training and courses are successfully given to them, efforts should be taken to help the women with disabilities to set up small-scale enterprises near their homes or in an area close to their homes. This step will be beneficial and effective for them as it is sustainable and economically viable in the long run. This step is beneficial not only for women with disabilities but also for single women who must take care of their children.

‘Among the disabled people, women are always less likely to find employment,’ according to the study conducted by Mitra & Sambamoorthi (2006, p. 201). The reason stated are due to the underlying conditions which are lower education, lower vocational training as well as differences in human capital among several others. Some other determinants of employment include gender, marital status, household size, state, rural/urban society, and disability characteristics as well. The study also estimated that educational disabilities are more likely to be hired and find employment than the uneducated disabled. Moreover, in urban areas, the various types of disability such as wheelchair-assisted disabilities, hearing and visual disabled have more chances of being hired than mentally disabled people.

Aier et al. (2023) have written extensively about the importance of economic empowerment for women with disabilities by stressing that the number of unemployed will likely increase in the future if there are no proper interventions and steps taken towards improving the economy of people with disabilities, particularly women with disabilities. The study has also pointed out how poverty and disability are intricately related in which people who face malnutrition, live in polluted areas, have no access to clean and safe drinking water and sanitation and those who are daily exposed to unsafe working conditions have a high chance of being affected by disability. People with disabilities have limited access to education and vocational training which in turn leads to being economically deprived to a great extent. Hence, it is revealed that

providing economic assistance and training to women with disabilities is important as that will lead them to be financially independent. In turn, it will also lead them to ease the burden on their families to a considerable extent.

Pfeiffer (2001), in his study, has pointed out that gender has an influence when part-time jobs among disabled persons are taken into account. His study found that women with disabilities have higher chances of working part-time jobs than their male counterparts. He also went on to state that educated disabled have more chance of being employed than non-educated disabled. Apart from that, though they might be disabled, they have a higher chance of being employed if they do not have any head injuries, can move, not live alone, do not have a visual impairment and of course, a person not have any experiences of strokes. Loprest & Maag (2003) has said that the younger onset of disability gave more opportunity to the person to make up his or her mind to pursue higher education and a chance to acquire skill training which could boost them in finding employment in the future.

Hanko & Polman (2003) have stressed the importance of giving training to women with disabilities in rural areas. When specific training and vocational courses are taught to women with disabilities, it could help them manage their businesses and give them ideas on how to expand their skills. The resulting outcome could be a wonderful sight to behold as it will improve their quality of life and help them to live an economically independent life. After training and courses are successfully given to them, efforts should be taken to help the women with disabilities to set up small-scale enterprises near their homes or in an area close to their homes. This step will be beneficial and effective for them as it is sustainable and economically viable in the long run. This step is beneficial not only for women with disabilities but also for single women who have to take care of their children.

Hence, it is revealed that providing economic assistance and training to women with disabilities is important as that will lead them to be financially independent. In turn, it will also lead them to ease the burden on their families to a considerable extent. However, since many women with disabilities have faced issues in both training and employment sections, it led them to live in a state of poverty.

2.3.3 Living in poverty

Poverty simply means not having enough money to meet life's basic needs such as food, clothes, and shelter. Women with disabilities are struck with certain problems which led many of them to live a life of poverty. It is often said that disability and poverty are a vicious circle in which disability leads to poverty and poverty leads to disability. It is an endless loop that keeps on affecting each other.

Rao (2004) has said that being a woman with disabilities meant living with certain disadvantages because they faced problems as a woman, then, as a disabled person, and a burden is added upon them if they are living in poverty. In the 2001 Indian census, it has been revealed that 2.19 crore are disabled people and among them, only 34% of them are employed. Women population make up as much as 51% of the global population of which, women with disabilities are the most marginalized even in India. Their rights are being denied and are being exploited socially, politically, and economically and access to health services is difficult for them. 'They are also left out of the decision-making process in the country' (Rao, 2004, p. 1).

Groce et al. (2011) have said that this exclusion can lead to poverty as exclusion and poverty are often related. They are often excluded from workplaces, educational settings and various other strata which lead to their poverty. Their rights are often denied as well. People with disabilities can benefit from the recent meeting of the United Nations Department of Social and Economic Affairs and World Bank, held in Geneva as they held various promises for the current and future work on the Development Goals. If the meeting sticks up for their inclusion, it might be beneficial and offer several helps to them as well (Groce et al., 2011). Even though people with disabilities are stated implicitly in all of the given 8 goals, their non-inclusion can be a problem in the future as their individual needs might not be given due attention and support (Elwan, 1999).

Mulubiran (2021) has pointed out the various hardships and struggles of people with disabilities in his study with the main focus on their economic struggles. The study has shown that people with disabilities in Ethiopia have a high dependency on their families and the rate of this dependency is higher among those who are both disabled and have children. In terms of employment, the U.N. report in 2016 has shown that

people with disabilities have a very low rate of employment. They are harshly discriminated against both in the public and private sectors of the economy. This economic discrimination has also led to homelessness among them. Even the government seems reluctant to provide employment opportunities for them citing various reasons like lack of funds.

Gender differences, as given by Mulubiran (2021), among people with disabilities have also been observed concerning the level of their struggles. Women with disabilities are often engaged in various tasks such as hairdressing, selling firewood, charcoal, readymade spices and baking, poultry farming, sewing up cultural clothes and embroidery, and running a small kiosk. Disabled males, however, find employment in tasks such as daily labourers, shoe shiners, cleaning vehicles and other similar areas. Each employment varies depending upon the types of disabilities one may possess. These various employments of people with disabilities are hardly enough to meet their needs and often leave them in harsh conditions as it is near to impossible for them to find reliable high-paying jobs. Their economic instability along with their daily dependency on their families for care and support denies them to have stable social security in society.

The various issues faced by women with disabilities have been highlighted in the study of Buettgen et al. (2015) in which employment issues and poverty occupy the centre place among women with disabilities and that poverty and disability are a vicious cycle. The official statistics of the three countries of India, Nepal, and Bangladesh have often understated the poverty of women with disabilities in these three countries. The sole reason can be blamed on the capturing of poverty measures as a whole on household measures instead of focussing on an individual level. If the focus is placed on an individual level, then, the true extent of poverty and employment faced by women with disabilities can be known. If the measure is done on a household level, there is a great chance to mask up the women with disabilities in the process. The study continuously stressed the need for improvement and progress in the area with regard to the employment outcomes for women with disabilities because they serve as a social determinant of health. Giving access to women with disabilities has certain relevance for their overall improvement both individually and

socially. The importance of employment and training for these women has the same relevance as healthcare for these women as a lack in these areas delayed their overall inclusive development. This issue is reviewed and highlighted in the next section.

2.3.4 Healthcare available

Healthcare means the improvement of one's health through the treatment of illness and injury and providing care to those who need it. Women with disabilities often lack healthcare due to poverty and also due to the difficulty in communicating their health problems. Many women have certain disabilities that can all result in the difficulty of accessing healthcare services. These women also face different rates of risky health behaviours that affect their health status. Studies indicate that women with intellectual disabilities (WWID) are more likely to report low levels of physical activity and to be overweight compared to women without disabilities. Also, some studies indicate that these women experience greater oral health problems, including a higher prevalence and a greater severity of periodontal diseases than women without disabilities. Clearly, there is a necessity to formulate and implement effective policies to improve access to healthcare for these women. Multiple determinants (e.g., low income, poor education, low-quality health care, etc.) can lead to poorer health status and insufficient access to healthcare for these women, which in turn impacts their social inclusion. Thus, support systems need to draw their attention to improve infrastructure and facilitating access to healthcare as a critical step toward the social inclusion of these women (Emerson & Llewellyn, 2022).

The barriers to access to maternal healthcare services include communication challenges, the negative attitudes of healthcare workers, the referral of these women to higher levels of care, additional costs, and infrastructural design and layout (Mehta et al., 2023). A study by Umegård & Wrembicki (2022) have shown that NGOs' work consciously or unconsciously by using one or both models of disability (social and medical) while providing help to persons with disabilities. They specifically make use of medical model of disability to locate the problems faced by persons, including women with disabilities and allocate assistive devices and necessary help to them accordingly.

According to UN Women, women and girls with disabilities have less access to education, health care (including sexual and reproductive health), information, public services, and justice as well as less participation in civic and political processes and decision-making as a result of the legal protections gap, which compounds the systemic marginalization and exclusion of these women. It is also important to raise an awareness and increase knowledge about the need to establish separate toilets and menstruation hygiene for them (United Nations, 2019; Browne et al., 2024).

2.3.5 Neglect, stigma, and discrimination of women with disabilities

The neglect faced by women with disabilities can go a long way to add to their already burden. When women with disabilities are neglected, the problems faced by them remain unrecognised and therefore, unsolved. Mehrotra (2011) has said that the study of disability was neglected for a long time in the medical model and the mainstream social sciences like history, economics, political science, sociology, and anthropology subjects, virtual neglect was also drawn towards the study of disability. However, in the modern eras, the study of disability is slowly and gradually emerging which has even questioned the 'normalcy' of the definitions and understandings of social life as given by these social sciences. The concept of disability studies has started to question how a person is constructed or assumed to be seen as normal or able. It has a similar trend to the women's movement. However, the main difference is that the women's movements are backed by academic writings and thorough studies while the disability movements lack in those areas. Disability studies have little to no linkages with the academic fields. It also did not provide the different ways to adapt to impairments. A reliable report prepared by Hughes et al. (2011) has shown that as much as 20% to 90% of women with disabilities have an encounter with interpersonal violence and conflicts which are in turn highly neglected due to failure to report to the authorities. As a society, women with disabilities should not be neglected due to the various stereotypes directed towards them. They are perceived to be helpless and constantly dependent on others and are also believed to be asexual. Their incompetency and societal attitude towards them have made their living difficult and also created a feeling of low self-esteem within them which just makes them more vulnerable to being neglected. They often have trouble communicating which further makes it seem

as though their voices are silent. Yoshida et al. (2011) have further stressed that the addition of belonging to lower socio-economic groups being troubled by at least two or more health-related problems and facing limitations brought on by their disabilities and pain put them at a higher risk of receiving interpersonal violence.

Women with disabilities in developing countries, particularly India are reported to have a problem establishing their own identity in the work of Dawn (2013). Women with disabilities have faced double discrimination in the forms of both their disabilities and their gender. When women with disabilities are neglected, then, trouble starts as that places them in vulnerable positions to receive more physical and psychological violence (Dawn, 2013). Neglecting their existence also results in the unwillingness of their families to let them have traditional marriages and to indulge in an act of childbearing. These restrictions have further led to the difficulty of establishing their own identity in society.

Dawn (2013) has further reported that due to the vulnerabilities and neglect of women with disabilities, have led to more problems. The legal system failed women with disabilities to a great extent because the criminal law in India has not played its part in addressing the sexual assault problems faced by women with disabilities in the country. The study also reveals that the perpetrators are largely the male caregivers which is followed by the male family members and the case is usually not reported to the justice system due to fear of stigma from society. The numbers of strangers who are perpetrators are found to be in limited numbers only. It is evident from this study how much women with disabilities in India need to be provided with adequate knowledge of sexuality (Dawn, 2013).

Women with disabilities have often been left out of the study of feminism. Hence, Silvers (1998) has said that women with disabilities have considered themselves to be marginalized within the sphere of the women's movement. The greatest frustration of women with disabilities has been the reluctance to include them in various women's groups as well as the refusal to include their issues and rights as one of women's rights (Gill, 2010). In some disability literature, it is mentioned one of the main reasons why disabled women are neglected by non-disabled women is because they are made to be invisible in the general culture.

‘Women without disabilities have somewhat of a fear of having to take care of the disabled’ (Silvers, 1998, p. 97) has said that disabled men and women have very little opportunity and platform to express their problems and their difficulties, and their experiences in general culture as well. This is the reason why it is difficult for non-disabled people to understand their problems and lifestyles and it is also the reason for their exclusion into the theories.

When dealing with disability, women with disabilities often face stigma and discrimination from their surrounding environment. They are stigmatised not only by society but even by their family members as well. They are also discriminated against on several grounds due to their disabilities which also affect their daily lives.

There are quite several factors that are associated with the increase in the amount of disability. A few factors that have contributed to increased disability, according to the study conducted by Fujiura (2001) are aging, poverty and medical advances. People with disabilities face a common issue, which is discrimination. Women with disabilities face double problems which are sexism and discrimination (Froschl et al., 1999). Women of colour faced a third layer of discrimination, which is racism. There are many ways in which this discrimination manifests itself. A monumental outcome is that women with disabilities are significantly poorer than men with disabilities and women without disabilities. A variety of factors contribute to this problem such as disabled women not being able to find employment. But employment is not the only barrier. The formal and informal educational system must also be held responsible. Besides the aforementioned problem, there are countless other problems faced by women with disabilities.

Structural discrimination and various stigmas that surround women with disabilities often lead to their exclusion from society. To ensure their inclusion, society, and communication can go a long way to ensure meaningful participation of women with disabilities. Their access to livelihoods should also be encouraged which will further improve their financial conditions which have long been denied to them. (Obol, 2020).

Panicker et al. (2021) has also pointed out that poverty, poor health conditions, little or no income, lower education levels, and isolation are likely to be faced by women

with disabilities in the country of India. Women typically suffer from less opportunity and scarce resources in which women with disabilities usually attain the end of the stick. They are also usually trapped at their home which makes them vulnerable to abuse. They have certain problems with regard to approaching the police and various organisations like lack of communication and certain measures needed to take. The fear of stigma also compels them to remain silent, added by fear of further discrimination and social isolation. The government and non-governmental organisations can intervene to help. By introducing a properly functioning telephone network, it could enable them to communicate their sufferings without fear. Besides this, the creation of a database of women with disabilities and their medical needs can also go a long way to help them in their daily hardships. The Office of the Commissioner for Disabilities can also jump in the help by putting an effort to create a visual animation or video with relevant information that addresses the needs and solutions to the various problems of women with disabilities.

There is little information with regard to the stigma and discrimination faced by women with disabilities which prompted Kessel (2015) to state that the stigma is endemic in the lives of women with disabilities worldwide. Of all the 1 billion people with disabilities worldwide, 50% of them, or 500 million of them are women with disabilities. Even though they might form the largest minority in the world, they are one of the groups who face discrimination and stigma the most (Keogh, 2024). One unfortunate incident that exists in the life of women with disabilities is the ‘culture of silence’ (Kessel, 2015, p. 2). It has taken its form in both the personal and private realms of women with disabilities. This stigma starts from the families of women with disabilities and the discrimination starts from the families in many scenarios. Many people who advocated for and fought for the rights of women with disabilities often ignored this section of discrimination as it is a private matter, and the victims are often silenced by their family members. The private realm of family relations is also expected to remain in isolation and not be disturbed and interfered with even by the state (Gurung & Wilson, 2013).

People with disabilities face a common enduring issue, which is discrimination. Women with disabilities faced double problems in the form of sexism and

discrimination (Froschl et al., 1999). Women of colour, sadly, faced a third layer of bias, which is racism. There are many ways in which this discrimination manifests itself, a significant outcome is that women with disabilities are significantly poorer than men with disabilities and women without disabilities. A variety of factors contribute to this problem such as disabled women not being able to find employment. If they do find a job, they are likely to be paid a lower wage than disabled men, and apart from this, they are mostly not included in the wage raise enjoyed by women without disabilities in the labour force. But employment is not the only barrier. The formal and informal educational system must also be held responsible. Education plays a pivotal role in contributing to the lack of equal opportunity for women and girls with disabilities though at the same time, it may serve as an arena that offers the greatest potential for positive change in society.

Milner & Kelly (2009) have said that ‘women with disabilities have dealt with so many obstacles and hardships in their fight for equality.’ Though men and women with disabilities have faced a certain number of obstacles, women tend to face double the discrimination because of the discrimination towards the disabled as well as towards the discrimination towards women in particular.

Women are endowed with the traditional role of homemaking, nurturing, and looking after the children, but this role is not expected from disabled women because they are dependent and do not fit the role. In comparison, women with disabilities are more likely to never get married, and if they do so, they have a great chance of getting divorced and are less likely to re-marry (Fine & Asch, 1988; Taleporos & McCabe, 2002).

2.3.6 Access to education for women with disabilities

In many parts of India, many people still prohibit their daughters from receiving formal education. In the case of women with disabilities, the case is different as many parents do not let them attend educational institutions as they feel that they do not need education. This particular mindset plays a degrading role which prohibits women with disabilities from attaining formal education.

Thomson (2005) has maintained that feminist disability studies deal with more than just research and scholarships for women having disabilities. It aims to unsettle various existing stereotypes about people with disabilities and to challenge the current assumptions about them. It also aims to break misrepresentations and various problems encountered by them. It offers a clear understanding between self and the body and denaturalizes disability. 'In short, it can be said that feminist disabilities studies re-imagine disabilities' (Thomson, 2005, p. 1557). There is a wide assumption that the natural fact of being a female is associated with mental and physical lack and feminism aims to challenge that fact. Similarly, feminist disability studies aim to argue the fact that disability is associated and linked with flaws, lack, or excess and it view disability from a social perspective instead of medical. The studies first understand that disability is a system of exclusion that excludes people due to their differences and capabilities. Secondly, it reveals what the disabled have produced and their identities in the communities. Then, it reveals the discriminatory attitudes and practices aimed and directed at those bodies. Fourthly, it then exposes disability as a social category of analysis. Lastly, the studies tend to frame disability as an effect of power relations (2005). Sarkar (2023) has said that women with disabilities are in dire need of higher education as education equip them with basic knowledge, skills and qualifications that are required to become independent and self-reliant. Through education, they are also provided with the necessary tools to pursue their dreams, goals and help them make informed decisions and also to participate in society (Mudzingwa, 2017). It also enables them to have a wide range of career opportunities for women and girls with disabilities and enhanced their employment opportunities to secure more meaningful jobs. Education can also provide them with the increased opportunities for their self-expression and personal exploration along with exploring their creativity. It empowers them to advocate for their rights to promote inclusivity and accessibility. It also gives them a better platform to raise awareness about disability issues and issue effective positive change (Taddei, 2019; Mudzingwa, 2017).

However, Hammad & Singal (2015) have said that many higher education institutions do not have proper facilities and resources to cater to the needs of girls and women with disabilities which prohibit them from pursuing further education. Hamad (2001)

has also said that educational institutions lack accommodations such as elevators, wheelchair ramps, sign language interpreters and accessible restrooms which prevent women with disabilities from pursuing education. Sarkar (2023) has also said that the limited and inaccessible curriculum, course materials, textbooks and online content have also contributed to the limited enrolment of women with disabilities in higher education. They also faced great length of communication barriers which further prevents them from accessing higher education. Idrees & Ilyas (2012) have also said that educational institutions did not have the required specialized support services, counselling or mentorship services and programs that are specifically specified for women with disabilities. Women with disabilities also faced transition problems after they graduated from their higher education to their workplaces due to workplace accessibility issues, biases and discriminatory issues. Santovec (2011) has also said that the stigma and discrimination directed towards women with disabilities have demotivated them to pursue mainstream education. Prejudices, stigma and biases are the forefront hurdles to them while pursuing higher education (Sarkar, 2023).

2.3.7 Vulnerabilities of women with disabilities

The vulnerabilities of women with disabilities further make them more prone to certain problems in society. Many people often take advantages of their vulnerabilities which make them fall prey to certain predators.

In their study of women with disabilities, Nosek et al. (2001) found out that women with disabilities have faced a certain amount of physical, emotional, and sexual abuse, if not greater than women without disabilities. Disability does not serve as a protective layer for abuse but rather makes women with disabilities more vulnerable to certain abuse and they are also less likely to get married as compared to women without disabilities.

There are certain analyses as to why women with disabilities are more vulnerable to abuse which prompted Andrews & Veronen (2008) to give eight reasons why women with disabilities are facing increased vulnerabilities to victimization. The first reason is attributed to their need for long-term cures. The second reason is their denial of human rights which led society to perceive them to be powerless. The third reason is

the less risk of discovery which is further perceived by their perpetrators. The fourth reason faced by the victims is the difficulty of being believed by the law and society. The fifth reason is the lower amount of education that is taught as well as received in terms of distinguishing between appropriate and inappropriate sexuality. The sixth reason is the social isolation that is faced by the victims which is added by an extreme form of manipulation from society. The helplessness in terms of physical and vulnerabilities of women with disabilities in open public spaces is the seventh reason and the final and eighth reason is the values and attitudes that are set within the disabilities field in mainstreaming and integration without considering every individual's self-protection capacity.

Nosek et al. (2001) have further highlighted that when a disabled daughter is born in a family, it can trigger anger and shame among the family members which can prompt them to go as far as abandoning their new born daughter. This can give rise to a collapse in the relationship between the parents and their child. In families where the relationship of husband and wife is already falling apart, the new born disabled daughter may further rift the relationship apart and the abusive mother may continuously blame their disabled child for her failure in her already ruined marriage. Besides this, the denial of disability can also prove to be extremely toxic in the future which further makes the women with disabilities vulnerable to certain emotional abuse (Nosek et al., 2001, p. 183).

As much as 13.5% of the parents of disabled children have to spend as much as 11 hours caring for their children daily as their condition is not similar to care for other normal children which can further add to the stress and work-life challenges faced by the mother. This caregiving most often lasts from birth until young adulthood or even beyond that (Porterfield, 2002).

Constant discrimination blocks women with disabilities from having equal access to education, healthcare, employment, and several other opportunities. The stigma faced by women with disabilities is compounded by the lack of understanding of their rights. This makes it hard and almost impossible for them to reach their 'valued' functioning which is a prerequisite for human progress and development. It is unfortunate to state that women and girls with disabilities belong to those groups who are at a high risk of

experiencing sexual and other forms of gender-based violence. Of the estimated one billion people with disabilities in the world, as much as 80% of them live in developing countries (Koistinen et al., 2019).

Hence, it is important to take account of their vulnerabilities and offer a haven to women with disabilities so that no one takes advantage of their vulnerabilities.

2.3.8 Violence and sexual abuse of women with disabilities

Women with disabilities are often the target of violence of sexual abuse by predators. However, they are forced to remain silent due to fear of being shamed by society which led to several of the abuse not being reported to the law. Many women with disabilities do not even recognise that they are being abused. Hence, violence and sexual abuse are what add to the increasing burden of women with disabilities.

The main aim of this research which was undertaken by Nayak (2013) is to highlight and analyse the current status of women with a disability which stems from personal, familiar, and social aspects. Another objective is to assess the educational and economic status of women with disabilities, and ‘to assess the status of women with disabilities in health, reproductive health, sexuality and marriage’ (Nayak, 2013, p. 187).

From the research conducted, Nayak (2013) has established a result that 84.5% of the mentally disorder women have faced sexual assault more than other women with disabilities while 35.6% of women with cured leprosy have faced some form of harassment. In the blind, deaf, and dumb categories, the rate of sexual harassment is 56.9% and 56.4% respectively. It is evident from the fact collected that, women with disabilities have faced sexual harassment and have suffered at the hands of the assaulters. The main reason for their assault is traced back to their disabilities, conditions which stop them from complaining and being found out. As much as 75% of the illiterate disabled women are reported to have some psycho-social problems. The research also shows that a higher percentage of husband’s extramarital affairs is found in the mental disorder category (66%) among which 28% is found in the physically handicapped group, 26.5% is found in the cure leprosy group, 21.8% found in the blind category whereas 16.1% is found in deaf and dumb category. Out of 984

respondents, 489 (49.6%) are unmarried. So out of 495 married respondents, 50.3% viewed that their husbands are having extramarital affairs (Nayak, 2013). 18.8% of all the respondents said that they participate in the family decision-making process, 23.3% get economic independence, 26.5% enjoy both participation in family decision and economic independence, and very less respondents (.01%) have taken part in social and political decisions, 3.9% enjoy overall empowerment and 25.4% are not at all empowered. 59.1% of respondents viewed that they have faced physical/mental harassment whereas 7.1% viewed they have been harassed to some extent (Nayak, 2013).

2.3.9 Inclusive development of women with disabilities

Inclusive development simply means development that includes all spheres of society without excluding anyone. Inclusive development is a development that also includes marginalised communities, women, and everyone in society.

Saran et al. (2019) have stated that inclusive development is the type of development that includes everyone and involves everyone in society. This type of development never neglects people who are marginalized and discriminated against by society and includes them in all spheres of development (United Nations Development Programme, 2010). However, to include people with disabilities and enable them in the process of creating opportunities, a twin-track approach may be needed. The twin-track approach is said to be needed as it may help in breaking down the cycle of disability, exclusion and poverty. It also empowers individuals, families and organizations and also breaks down barriers in society. This twin-track approach has started to receive support and advocacy from various international donors such as the World Bank, the Department for International Development, the German Cooperation, the European Community and Finnish Cooperation. The twin-track approach also implements, evaluates, and monitors the development policies and programs which is also labeled as 'mainstreaming disability.' Besides, data should be regularly updated and surveys be regularly conducted which ensures inclusive development of these women (Saran et al., 2019). It also undertakes many measures to ensure the inclusion of people with disabilities and their enjoyment of human rights (United Nations Development Programme, 2010).

2.3.10 An overview of thematic review

By promoting inclusive development of women with disabilities, society will go a long way to uplift the current conditions of women with disabilities and will also help them tackle the various hurdles that they face in society. The various themes and topics reviewed in this section offer an insight into the lives and hardships of women with disabilities and the various hurdles which stand in the way of their development are also witnessed. This, in turn, paves the way for the birth of strategies to contribute to their overall inclusive development.

The categorisation of literature into various themes is indeed helpful in providing an in-depth analysis of their vulnerabilities, operation of the justice system, and especially various hurdles and problems like neglect, stigmatization, poverty, and accessibilities that trouble the lives of women with disabilities to critically assess the possibilities of inclusive development.

2.4 Methodological review

Methodological review can be defined as the review of the research design, sampling procedures, and the methods of data collection procedures that are adopted by scholars that are previously used in their research or study. The methodological review of this study consisted of the works of a few scholars who, in their research have made use of methods such as interview methods, case studies, observation, focus group discussions and interpretative phenomenological analysis which all serve as the main source of their data collection in their respective research. Most of the reviewed literature under this study employed qualitative study. The methodological review is classified into the following categories. 1. Data collection tools 2. Analytical framework used 3. Contextualization and modeling.

2.4.1 Data collection tools

In the state of Mizoram, monumental disability research was conducted by Mohanty (2021) titled ‘Rehabilitation of Disabled and Inclusive Development: A study in Aizawl District of Mizoram’ in which the main source of data collection includes that interview method, case study and observation method. An additional Key Informant Interview (KII) is also utilized which is productive as it also gathers data from people who are the caretakers of persons with disability or are advocates of disability in the

city of Aizawl. The study is a descriptive cum exploratory research. Samples of the respondents in this study are taken through the use of stratified random sampling which is then justified through probability proportion to size (PPS) in which the population comprising less than ten gave one sample minimum. Then, a ten per cent sample is chosen and the total lists of disabled respondents are collected from the records compiled by the Social Welfare Department of the state. From the total list of 1636 list of disabled people in Aizawl, a total of 166 samples were then taken. The observation method is essential in this study and goes a long way as the researcher went on to witness the real-life experience and daily living standards of disabled people face to face. The researcher therefore had compassion towards the disabled respondents through the observation method and the respondents were then interviewed face to face directly which helped in obtaining data. Mohanty (2021) has also conducted a case study method on a few selected respondents who provided further additional data. The case study method is beneficial in giving an in-depth analysis of the rehabilitation and inclusive development level of the disabled respondents in the city of Aizawl.

Devkota et al. (2019) have conducted a study among women with disabilities in rural Nepal to study the problems faced by them in terms of pregnancy, childbirth and motherhood and had found that rural women with disabilities are neglected more when compared with women with disabilities from urban areas. The study is a qualitative study that uses focus group discussions with the respondents ranging from both Dalits and non-Dalit women dwelling in the Rupandehi district in 2015. In this study, as many as 17 women with disabilities who had experienced either pregnancy or childbirth participated. The respondents of this study are selected through probability sampling.

Smith et al. (2009) have given that interpretative phenomenological analysis is the examination or the analysis of how people make sense of their major life experiences. Yenas (2019) has conducted a study on the importance of strengthening the rationality of women with disabilities in rural Papua New Guinea. It is a monumental study which is set in the field of disability studies. In this study, interpretative phenomenological analysis is used which is an approach used in qualitative studies that can explore as well as understand the lived experiences of a particular phenomenon (Smith et al., 2009). Interpretative Phenomenological Analysis (IPA) is used and is considered suitable as it understands the lived world phenomenon of particular people, which, in

this case, understands and explores the lived experiences of women with disabilities in the rural area of Papua New Guinea.

The data collection tools reviewed employed the tools of IPA, group discussion, interview, observation and case study tools while conducting their study, and the analytical framework used for various studies has been further reviewed in the following heading.

2.4.2 Analytical framework used

The study of Mohanty (2021) used a mixed methodology of both qualitative and quantitative methods in his study. The data of the participants are collected through interview schedules and are analysed quantitatively in terms of frequency, percentage and cross-tabulation. The quotable statements of the participants are added throughout the study along with the observed daily activities which contributes to the qualitative part of the study.

To address the substantial gaps in knowledge that surround the access of women with disabilities to abortion care, restricting abortion and the impact on their daily lives, Powell (2024) has used quantitative and qualitative methods. Quantitative research is highly needed and crucial in shedding light on various issues faced by women with disabilities in terms of abortion, the prevalence of abortion restrictions as well as the effects on their access to reproductive health and information services. ‘This approach enables researchers to identify patterns’ (Powell, 2024, p. 1).

Myo and Desroches (2024) have studied the impact of using mobile application health apps among disability workers and this study uses a two-phase design of both qualitative and descriptive design. The Phase 1 part of the study assessed direct support of professionals' acceptability for a mobile health app that directly aids their professional resilience. The Phase 2 part of the study draws out feedback on mock-up images from the initial prototype. All the data were ‘collected via qualitative interviews ($n = 13$), and transcripts were analysed using content analysis’ (Myo & Desroches, 2024, p. 1).

The study of interventions and outcomes in the employment services of disability by Baxter et al. (2024) has also used a systematic review of qualitative research around Supported Employment (SE) interventions. The study was carried out in developed

countries since 2000, among the disabled population excluding those with mental illness. The study identified and included 13 relevant source studies containing qualitative data. Key aspects of the programs reported were the nature of the support, the employment advisor, and the type of employment. Influencing factors were client-related, employer and employment-related, program-related, and system-related. Effects beyond the gaining of employment included a changed attitude to work, different outlook, increased skills and confidence. Suggested longer-term impacts were on health and well-being, financial security, independence, contribution to society, and sense of belonging.

2.4.3 Contextualizing and modelling

Understanding the process (procedural) dimension of research is as important as the accomplishment of the final product (contextualization and conclusion). In fact, the interconnection among concepts of theory, method and theme for research is typically intricate. Each thematic domain under disabilities research has its theoretical context and methodological rigor. Theories, concepts, subject matter and geographic location of the study may vary, but the method is common to all scientific investigations. Theories, themes, and methods reviewed need to be contextualized qualitatively and quantitatively as and when they deserve.

Powell (2024) has used quantitative and qualitative methods to contextualize various issues faced by women with disabilities in terms of abortion, the prevalence of abortion restrictions as well as the effects on their access to reproductive health and information services. Smith et al. (2009) and Yenas (2019) have employed Interpretative Phenomenological Analysis (IPA) to contextualize the lived experiences of women with disabilities in the rural area of Papua New Guinea. Thomson (2005) has maintained and argued in favour of feminist disability studies. Continuous rejection and discrimination directed towards women with disabilities is the most obvious barrier to the progress of disability which is highlighted in the works of Falt (2020). The findings of Mehta et al. (2023) have revealed that women with disabilities experienced numerous barriers to access to maternal healthcare services. Theoretical approaches reviewed here especially, the social model, and human rights model.

Gender theory and interactionist approaches appear relevant for this study and require to be contextualised.

2.4.4 An overview of methodological review

The methodological review part of the literature is important as it enriched the researcher to have a deep insight into the techniques applied by previous researchers based on similar themes. The review can also help frame the interview schedules and also help the researcher formulate further procedural steps to be taken in his or her research works. The review includes the research tools employed by the researchers which are interviews, Interpretative Phenomenological Analysis (IPA), group discussion, case studies and observation which are all used by the researchers to gather necessary and relevant data in their study. The aspects of qualitative and quantitative methods in the study of various scholars are also reviewed which is relevant to the study of women with disabilities.

2.5 Research gap and rationale for the study

As observed in the various tables of disability rates in North East regions in the preceding chapter, the rate of disability is lowest in Mizoram and in terms of percentage to the total population of states, Mizoram still accounts for the lowest rate with 1.38% disability rate as compared to 2.21% of people in the country. There is still a huge gap in terms of the data on these women in the state. The data available only shows the total number of men and women with disabilities in the state and various other data such as several women with employment and the education level of these women are absent as opposed to other states which have properly recorded these data in official documents. Various scholars have come up with the suggestion that this absence of data is the reason for the neglect of women with disabilities in the state. This neglect leaves a huge demand to provide rehabilitation and inclusive development for the overall progress of these women and this study can shine a light on various issues that are being faced by them at grass root level such as issues related to justice, neglect, stigmatization and discrimination, accessibility, healthcare, education, employment and training, poverty and the overall inclusive development of these women. There is an utmost need to have an in-depth analysis of the various schemes

and benefits laid down for these women and how it impacted their lives. The importance of providing universal access for these women also holds an important place in the study. In analysing the age groups of women with disabilities in Mizoram from the data of the PwD Commissioner, Government of Mizoram, it was found that the 20-29 years age group has the highest population with 1042 population and so, it is necessary to study whether these sturdy working age groups are affected by unemployment. Overall, the study of these women can prove to be an important stepping stone that solves the dire need to study inclusive development with specific reference to the Mizoram region.

There is a limited number of literature specific to Mizoram when a literature review was conducted for this study. The study more or less has to rely mostly on literature that was published both at the national and international level. Hence, this particular instance shows the increased need to focus on women with disabilities in Mizoram and the various issues surrounding their lives. Besides, the theoretical study of this issue in the state is scanty which points to the current need of theorizing the issue. Data are also in limited number and the study has to rely mostly on the census of India 2011 and the Commissioner for Persons with Disabilities 2016 which are stagnant at this point. This shows that new and fresh data on the disabled population are needed. The accessibility of various infrastructures and schemes needs to be tackled and also, and the educational status of these women and their level of education should also be the focus. Their stance on various disability rights and laws needs to be analysed and the caregiving support received from them should also be discussed. The importance of reservation in jobs and the prevalence of training centre also need to be thoroughly studied. The importance of having an active social life and free participation in society must be given priority in the study of these women. In terms of health care, attention should be focused on the various issues faced by them in the health sector.

The reviews on thematic and methodology show that most of the studies on women with disabilities are either qualitative or quantitative and fewer studies are found that employed mixed methodology which calls for the need to focus on a study that employs both qualitative and quantitative as the quantitative part will provide greater knowledge based on understanding through statistics and numbers while at the same time, the qualitative aspect of the study will provide a thorough insight into the real

lived experiences of these women in Mizoram. The theoretical aspect of the study pointed out the need to conduct a sociological study based on these women.

The study focuses on two of the biggest districts in Mizoram and future scholars can widen their horizons to take up studies in other districts of the state. Hence, in doing so, the study will lead the concerned authorities to mend certain privileges and rights for these women and also take extreme caution in implementing these laws which will eventually lead to their inclusivity in society. It will also contribute to enriching sociological phenomena with regard to the topic of disability. The next chapter highlights the methodological steps taken towards the study of the inclusive development of women with disabilities in Mizoram.

CHAPTER-III
RESEARCH METHODOLOGY

- 3.1 Introduction**
- 3.2 Objectives of the study**
- 3.3 The research design**
- 3.4 The universe and sampling methods**
- 3.5 Principle of exclusion and inclusion**
- 3.6 Sources of data**
- 3.7 Pilot study**
- 3.8 Interview schedule**
- 3.9 Operationalization of concepts**
- 3.10 Field experiences**
- 3.11 Analysis of the data**
- 3.12 Research ethics**
- 3.13 Limitations of the study**

CHAPTER-III

RESEARCH METHODOLOGY

3.1 Introduction

This chapter highlights the research context and framework that are followed and adopted in the course of the study. Research methodology deals with the science of how research is scientifically done and conducted and is also a way to solve research problems systematically (Goode & Hatt, 1952). The various methods and techniques used to systematically solve the research problems are portrayed so that the results obtained are reliable and valuable (Pedamkar, 2023). In it, we study the various steps that are generally adopted by a researcher in studying his research problems along with the logic behind them. This chapter shows in detail the various research steps and methods that are applied to solve all the problems that are related to the topic that ultimately resulted in the completion of the study. It covers all aspects concerning the formation of research concepts and research questions to the process of analyzing data in a detailed manner. Based on an extensive analysis of the research gap and rationale for the study that has been mentioned in the previous chapter, the main objectives of the study are herein stated as follows:

3.2 Objectives of the study

The main aim of the study is to indulge in analyzing the discourses of social pathology of disability witnessed in the lives of women with disabilities that are presented through various concepts, theories, thematic and methodological literature and to test whether they are applicable and relevant in the context of Mizoram. The following are the objectives of the study:

1. To present the socio-economic profile of the women with disabilities in Aizawl and Lunglei Districts.
2. To analyze the problems faced and coping strategies adopted by women with disabilities in the two districts of Mizoram.

3. To study the governance arrangements and role of NGOs in taking proactive measures towards mitigation, affirmative action, and inclusive development of the women with disabilities in two districts of Mizoram.
4. To find out the policy issues and to suggest actionable measures

3.3 The research design

Research design guides the researchers by acting as architectural blueprints while conducting their study (Tiwari, 2023). It is not only a mere procedural step but it is also a strategic decision-making process that clearly states the why, what, where, when, how much, and by what means in the study that shapes its overall quality, validity, value and reliability of the findings. It systematically guides the research process through a structured roadmap and detailed plan and also makes sure that the researcher follows ethical neutrality (Weber, 1949) for acquiring accurate knowledge in the process (Pedamkar, 2023). Thus, a research design signifies the logical and systematic planning and directing of a piece of research. The research has to be geared to make the best use of the available time, resources, money and the available data or to be made available to reach the desired end.

The study uses an exploratory-cum-descriptive research design that carefully examines study materials pertaining to the social phenomenon being studied to enquire more about it. Using the text views from the context of the disability situation in Mizoram in their current format, descriptive design is used to create an updated stock. To fully examine the field view for analysis, interpretation, and the intended conclusions, exploratory design is employed. As a result, a combination of both qualitative and quantitative design has been used in this study.

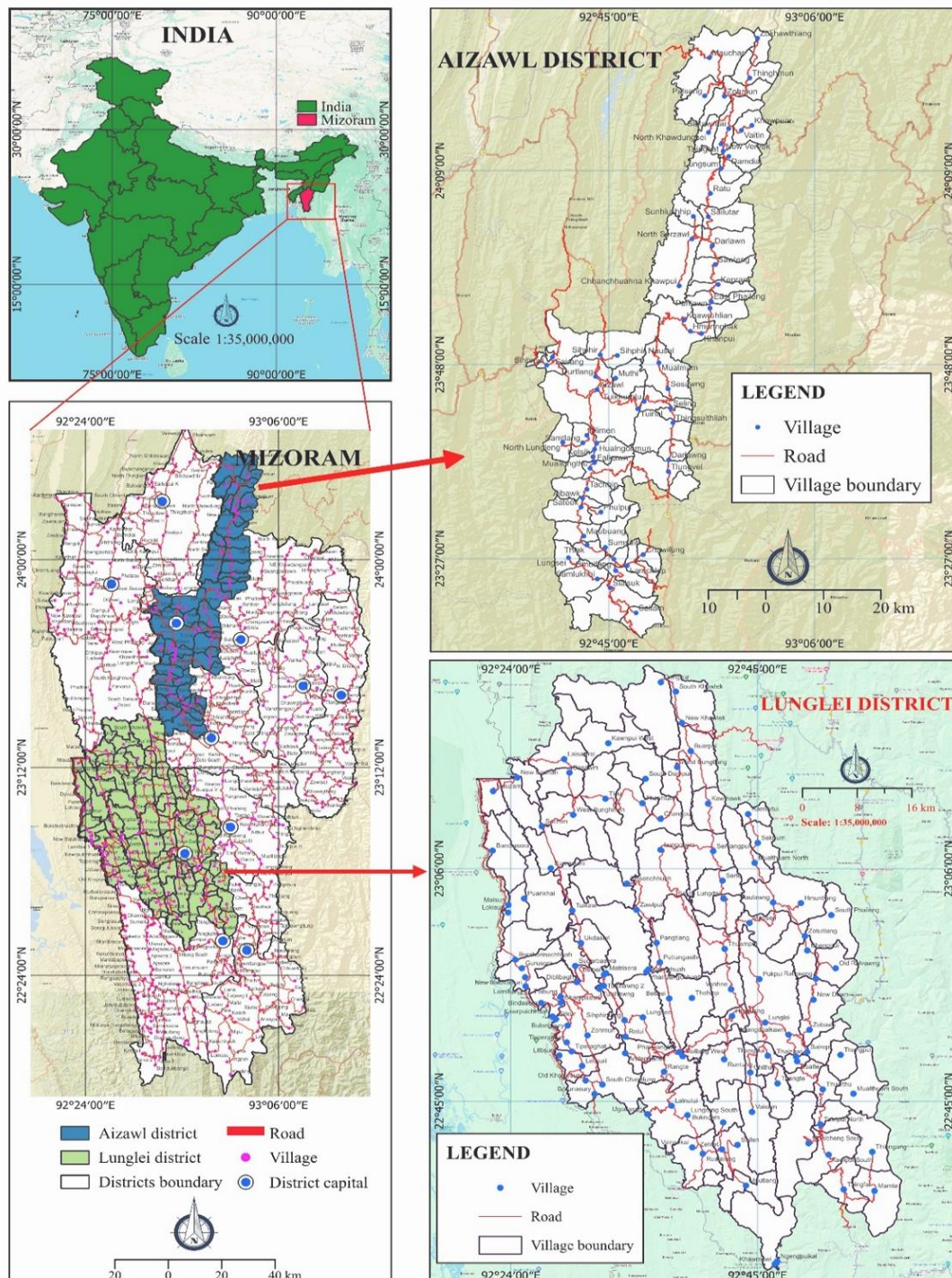
3.4 The universe and sampling methods

In the sampling statistical method, the universe constitutes the total population covering all the individuals, things, documents, or observations that conform to a designated set of specifications, which a particular study principally covers or total items in any field of the given inquiry (Sahari, 2020).

Sample, on the other hand, is the representative segment which is procedurally disaggregated from the whole universe. Two of the biggest cities in Mizoram are earmarked for this research study and they comprised the universe for the specific

purpose. Mizoram is the 23rd state of India, acquiring its statehood on 20th February 1987. It is situated in the north-eastern region of the country. Agriculture is the main source of livelihood for the people. With 21,087 km² (8,142 sq. mi), it is the fifth smallest state in India.

Fig. 3.1 Map of Mizoram



Source: Author

As observed in the figure, Mizoram is a landlocked state and its southern part shares 722 kilometres of international border with Bangladesh and Myanmar. Its northern part mostly shares national borders with Assam, Manipur and Tripura. In the middle, it is run through by the Tropic of Cancer and its maximum east-west distance is 115 kilometre and its maximum north-south stretch is around 285 kilometres. The name is hence derived from Mi (individuals), Zo (belonging to the general population of Mizoram) and finally Ram (land or area). Mizoram means land of the hill people. According to the 2011 census, Mizoram has a total population of 1,091,014. Among them, 552,339 are males and about 538,675 are females, as reported by the Government of Mizoram (2021). The capital of Mizoram is Aizawl, which also happens to be the biggest city in the state.

In the above figure, all 83 localities within Aizawl city are depicted, which together fall under the administration of Aizawl Municipal Corporation (AMC). Aizawl has a total population of 291,822 according to the 2011 census. It was officially established on 25th February 1899. The density of Aizawl is 112 against the average density of 52 for Mizoram. In the northern part of Mizoram, Aizawl is located north of the Tropic of Cancer while being located above 1132 (3715 feet) sea level. Tlawng River Valley is situated on its west while Tuirial River is situated on its east side.

Lunglei district, on the other hand, is the second largest district in Aizawl in terms of population and it is the largest district in Mizoram with an area of 4,536 km (1,765 sq.mi.). The name Lunglei is derived from a bridge-like rock found in the riverine area around the Nghasih, a small tributary of the river Tlawng.

There are 161 villages in the district of Lunglei and the above figure depicts some villages that surround Lunglei the neighbour districts like Hnahthial and Lawngtlai are also clearly highlighted. In the town of Lunglei, there are approximately 22 localities and Lunglei Municipal Council (LMC) was formed in 2023 after being approved by the Mizoram state cabinet in 2022 with the first election taking place eventually in March 2023. History was created in which a total of 11 seats of LMC were occupied by the candidates from the Zoram People's Movement (ZPM).

The respondents in these two areas serve as a backbone for the collective representation of the whole women with disabilities in Mizoram as the population is also the highest in these two districts. The list of disabled respondents dwelling in Aizawl is obtained from the Department of Social Welfare, though the list does not comprise the entire population of disabled people in Aizawl. A new set of lists containing the names of disabled respondents in southern parts of Mizoram, particularly Lunglei, is also obtained from the office. It is interesting to note that the list does not contain all the disabled respondents of the aforementioned districts. The lists only include those groups of women who have Unique Disability Identification (UDID) cards and do not include those women who do not have the UDID card. The sampling frame used in this study is simple random sampling which is thoroughly justified through probability proportion to size (PPS). The total number of samples used for this research is thus calculated through the Location Quotient, a statistic that is used in measuring the ratio of expected versus actual values for several variables, where the count of subset items (people, business, etc.) at the place is divided by count of items (people, business, etc.) which is multiplied by 100. The 100 samples to be used for this study will be sorted out from an excel sheet in random order.

Table 3.1 Samples from Gender Distribution of Total PwDs in Aizawl and Lunglei.

PwDs	Total (M+F)	Female	Sample
Aizawl	1636	693	143
Lunglei	218	81	20
Total	1854	774	163

Source: Compiled from the Records of Directorate of Social Welfare Department, Government of Mizoram.

The location quotient formula used to calculate our sample is as follows:

$$LQ = \frac{X_i / \sum X_i}{N_i / \sum N_i} \times 100$$

Where:

LQ = Location Quotient of i

X_i = Count of subset items (people, businesses, etc.) at place i

N_j = Count of items (people, businesses) at place i

** Sometimes the multiplier (x 100) is omitted and a value of 1 is the base value, rather than 100.

The above table 3.1 contains the total number of persons with disabilities (both men and women) list that was collected from the records of the Social Welfare Department, Aizawl. From the above table, the location quotient is used to derive the total number of samples taken in which the count of subset numbers (the total number of women with disabilities in both districts of Aizawl and Lunglei) is divided by the count of items (the total number of people with disabilities in both the districts of Aizawl and Lunglei) which is then in turn multiplied by 100. The samples to be taken from both districts are calculated differently. In the city of Aizawl, the total number of disabled respondents available is as much as 1636, out of which, 693 are female. Of the total 1854 people with disabilities in both Aizawl and Lunglei, the number of women with disabilities sample in Aizawl is 143, which accounts for 20.63% of the total sample taken. On the other hand, in the town of Lunglei, the total number of disabled respondents is 218, out of which 81 are female. Of all the 1854 total people with disabilities in both districts, the total sample for Lunglei is 20, which accounts for 24.69 % of the total sample taken for this research. Hence, all together, there are 1854 disabled people in the two districts of Mizoram, which are Aizawl and Lunglei, out of which 774 are female and the total sample for this research is therefore, 163. Microsoft (MS) Excel Sheet was used to randomly select items from the data set by selecting every n th item from a data set.

In terms of disability, RPwD Act 2016 has categorised disability into 21 types and from the list obtained from Social Welfare Department, only 13 types of disabilities are found among the women in the recorded list. The following table depicts the number and types of disabilities among the women and the sample selected from each type of disability.

Table 3.2 Sample taken from different types of disability in Aizawl

Types of disability	Aizawl		Lunglei	
	Total PwD women	Sample taken	Total PwD women	Sample taken

Blindness + Low Vision	203 + 50	22 + 15	15 + 3	2+ 1
Hearing Impairment	150	20	22	3
Locomotor Disability	40	25	17	4
Autism Spectrum Disorder + Intellectual Disability	12 + 57	7 + 15	0 + 13	0 + 2
Mental Illness	10	6	1	2
Muscular Dystrophy + Parkinson's Disease	6 + 2	2 + 1	1 + 0	2 + 0
Dwarfism	5	2	1	1
Multiple Disability	22	10	3	1
Chronic Neurological Condition	48	13	2	1
Cerebral Palsy	88	20	2	1
Total	693	143	81	20

Source: Compiled from the Records of Directorate of Social Welfare Department,
Government of Mizoram

The above table has shown the various types of disability that prevail among women with disabilities in the Aizawl and Lunglei districts. In Aizawl out of the total of 693 registered women, 143 samples were chosen and samples were chosen from all types of disabilities. The highest number of samples was taken from blindness and low vision who also had the highest number of registered women. Likewise, samples were drawn from other types of disability including hearing impairment, locomotor disability, autism spectrum disorder and intellectual disability, mental illness, muscular dystrophy, Parkinson's disease, dwarfism, multiple disability, chronic neurological condition, and cerebral palsy. A similar style was applied in the Lunglei district as well as is visible in the following table.

In Lunglei, the case of hearing impairment comprises the highest type of disability among the registered women followed by locomotor disability and blindness. In opposite to Aizawl, there are no recorded cases of Parkinson's disease and autism spectrum disorder in Lunglei. Samples were selected among the different types of disability similarly to Aizawl, the total sample of which is 20.

In terms of locality, the samples were scattered across 30 localities in Aizawl city and 4 villages, which are all located within the Aizawl district. The situation is similar in

Lunglei where the samples were scattered across 10 localities out of the 22 localities in the town. The following table highlights the accurate localities of the respondents from both districts.

Table 3.3 Sample distribution of localities in Aizawl and Lunglei

Area Number	Localities Aizawl	Sample taken	Localities Lunglei	Sample taken
1	Sihphir	3	Luangmual	4
2	Selesih	4	Sethlun	3
3	Durtlang North	3	Lunglawn	1
4	Durtlang	9	Chanmari	2
5	Leitan	8	Venglai	3
6	Bawngkawn	8	Zotlang	2
7	Bethel Veng	5	Zobawk	1
8	Zuangtui	2	Bazar Veng	1
9	Zemabawk	7	Serkawn	2
10	Thuampui	6	Electric Veng	1
11	Chaltlang	10	-	-
12	Ramhlun	8	-	-
13	Sports Complex	3	-	-
14	Chanmari	10	-	-
15	Laipuitlang	2	-	-
16	Chamari West	6	-	-
17	Dawrpui	10	-	-
18	Sikulpuikawn	12	-	-
19	Bungkawn	4	-	-
20	Khatla	2	-	-
21	College Veng	2	-	-
22	ITI	3	-	-
23	Kulikawn	1	-	-
24	Mission Veng	2	-	-
25	Mission Vengthlang	2	-	-
26	Aibawk	2	-	-
27	Falkawn	2	-	-
28	Chawngreng	4	-	-
29	Ratu	2	-	-
30	Tuikual	2	-	-
	Total	143	Total	20

Source: Field Survey

The above table compares the sample distribution of the sample in terms of locality. Of all the 83 localities in Aizawl city, samples were drawn from 26 localities and

additional samples were drawn from 4 villages which were located within Aizawl district which together comprises 30 localities in total.

Of all the 22 localities in Lunglei town, the samples were drawn from a total of 10 localities as observed in the above table. The respondents were divided into categories as follows:

1. Women with disabilities who were selected from Aizawl and Lunglei districts
2. Key informants who were selected randomly from Aizawl and Lunglei districts

Key informants include a limited number of people who are selected to gain in-depth knowledge with regards to the workings of RPwD Act 2016 and also to gain insightful knowledge in policy recommendations as well the in analysing the role of special schools, government, and NGOs towards providing inclusive development for the women with disabilities in Mizoram. In key informant interviews, 25 people were interviewed who all held special positions in society and also worked tremendously towards uplifting disability in society. These 25 key informants include the current PwD Commissioner of Mizoram and the former Commissioner, Principals of special schools in both Aizawl and Lunglei districts. The KII also included pastors, government servants, Young Mizo Association leaders, occupational therapists, disability advocates, and other influential people and disability workers in Mizoram. They include 9 men and 16 women, who all have experiences if not the best experiences in working towards the upliftment of persons with disabilities. Among them, 9 of them have held government positions and the rest are employed in private sectors and all of them have held important positions in their respective community and churches. The profile of the key informants are as follows.

Mr. Lalbiakzuala is the current principal of Government Aizawl College who is currently employed by the government. Besides his job as a college principal and as a lecturer, he works towards building a more inclusive and accessible campus for their college.

Mr. Lalbiaksanga is the current president of YMA in the locality of Kulikawn. He is currently self-employed and make sure that no discrimination is directed towards PwDs in their locality.

Mr. K. Lalliansanga is the current secretary of YMA in Durtlang locality. He is currently self-employed and occasionally give charity to PwDs in their locality.

Mrs. B. Lalsangpuii, the president of MHIP in Mission Veng is currently employed in the government sector and also make sure to include women with disabilities in all the functions of MHIP in their locality.

Mrs. Lalremruati, a treasurer of MHIP from the locality of Durtlang North is also currently a government servant and also worked towards the empowerment of women with disabilities in their locality.

Prof. Margaret Ch. Zama is a professor in English Department, MZU who retired. She is also an author and has published various literature and books. She is extensively associated with the advocacy of disability in the state and works tirelessly towards the empowerment of PwDs in the state.

Mr. K. Vanlalringa is the current principal of Special Blind School in Aizawl. He is currently working under the NGOs by working as a school principal for the school supported by the blind society.

Mrs. Lalhmachhuani is the current school principal of Redeem Garden School for the hearing impaired and has worked tirelessly towards the progress of her students. She is also privately employed.

Mrs. Laldinpuii is the current principal of Gilead Special School located in Bawngkawn Brigade who has worked in the field of development for PwDs.

Mrs. Vanlalhlani Chhange is the current principal of Onyx Special School in Lunglei. She has dedicated her entire life towards the education and progress of PwDs.

Mrs. Lalbiakkimi, the Asst. Commissioner, PWD Office, has also worked endlessly in building an inclusive society for PwDs in Mizoram.

Mrs. Lalchawimawii is a warden and also worked as an LDC in the home established for caring persons with mental illness in Mizoram.

Mrs. Chhingpuii, Vice-Chairperson of the Spastic Society of Mizoram, is one of the founding members of SSM. She has dedicated her entire life towards building an inclusive development for PwDs in Mizoram.

Mr. Lalmangaiha, is the YMA Leader from Thakthing Veng who is currently employed by the government and also occasionally care for the upliftment of PwDs in their locality.

Miss C. Lalchhanhimi, is a physiotherapist and the owner of a physical therapy clinic, Durtlang Mel-5. She has given care to many PwDs in her clinic and had developed an empathetic attitude towards them and also occasionally gives discount to her disabled patients.

Miss Lalnunziri is an accountant, Bethsaida Home, Durtlang North and has worked in giving care and also looking after the children with disabilities who are admitted in their home.

Miss Helen Ramthianghlimi is currently working in Community Based Rehabilitation (CBR) Project Co-Ordinator under Zoram Entu Pawl, Tlangnuam. She has a niece who is intellectually disabled and worked extensively towards the progress of PwDs in Mizoram.

Father Lawrence Kennedy is a Director of Zoram Entu Paul (ZEP), a member representative from the civil society who worked for the sustenance and development of PwD through ZEP.

Miss Marina Vanlalruati works as an occupational therapist at Synod Hospital has worked in giving therapies and rehabilitation to PwDs.

Dr. Lalnunthara is the Ex-Commissioner, PwD, Mizoram and he took various measures and actions for the overall development and progress of PwDs in Mizoram.

Mrs. Vanlaldiki Sailo is the current Commissioner, PwD Government of Mizoram and has laid down certain future plans for the inclusive development of PwDs while at the same time, already took various measures for their inclusion in society.

Mrs. Laldawngliani is the headmistress of primary school in Durtlang and this school is the only special school run by the government. They have few students with disabilities and have worked hard towards giving proper education and care to their students.

Miss Hmangaihkimi is an occupational therapist who worked at Gilead Special School and gives daily care and therapies to students and children with disabilities.

Pastor Lalrempuia is a Baptist pastor from Lunglei who said that Baptist church does not observe a separate day for PwDs.

Pastor Lalnunsanga is a Presbyterian pastor from Aizawl who worked towards the inclusion of PwDs through provision of facilities for them in church settings.

3.5 Principle of inclusion and exclusion

For this study, Aizawl and Lunglei districts have been selected as the locations of the respondents of women with disabilities as these are the two of the biggest districts in Mizoram. It is also an area where the majority of the women with disabilities in the state reside. The research only includes women with disabilities, the list of which is collected from the records of the Directorate of Social Welfare Department. The total list collected from the Department of Social Welfare is 774 of which only 163 of them are included in the study. All the other lists besides the 163 selected respondents were excluded and men with disabilities were excluded since they were not included in the study. Besides, women with disabilities from other districts in Mizoram were also excluded.

In terms of review of literature, authors and scholars from both national and international journal publications were included due to their easy accessibility and availability. Priority has been given to include as many important literature topics concerning women with disabilities and no important literature topics were left out intentionally. If there is a case of inaccessible, unknown, or invalid literature, only then were the literature excluded.

3.6 Sources of data

There are two main sources of data which are primary data and secondary data, both of which are utilized for this research.

Primary data: Primary data is the first-hand information that the researcher himself obtained which includes the interview schedule, telephone interview, mail questionnaire, observation, and case study methods. For this research, primary sources of data are collected and obtained from the field itself by using various research tools such as interview schedules, observation, focus group discussion and case study methods which are beneficial to obtain relevant data from the respondents. The interview schedule is administered to the sample respondents. Besides this, the KII schedule is utilized in which highly esteemed people who worked for persons with disabilities are interviewed. Observation was conducted in their homes, schools and workplaces and finally, the case study method was conducted in an in-depth study on certain selected respondents. Through these various methods and techniques, the researcher thus arrived at a conclusion that helps in answering the questions of the research questions.

Secondary data: Secondary sources of data are those data which are obtained from secondary sources or sources that are already published or collected by another person. The secondary sources of obtaining data for this research include published thesis, articles, books, newspapers, journals, diaries, census reports and magazines. The secondary sources of data are helpful for the researcher as they help in pointing out various research gaps and pointing out the rationale for the study. They also help the study to arrive at a definite shape which helps the researcher to carry out his study to a definite and right direction and also act as a roadmap for the entire process of the study. The collection of secondary sources of data for this study started from 1st September 2021 to 15th July 2024 and the literature is updated regularly and also includes articles that date back to the 1990s up until the current year, which is 2024. All this literature aids the researcher in developing pertinent information and also guides the researcher to give important suggestions related to the topic.

3.7 Pilot study

A feasibility study or pilot study can be simply defined as a preliminary study that is conducted by a researcher before the advent of the main study with the main goal being checking of feasibility and improving the tentative research design (Simkus, 2023). After the interview schedule was roughly framed, the researcher embarked on a pilot study which started on 15th September 2022. The entire process lasted for three

months. During the feasibility study, the roughly framed schedule was pre-tested among selected respondents from both Aizawl and Lunglei which together constitute 30 respondents overall. By applying the principle of exclusion and inclusion, questions that relate to the inclusive development of women with disabilities were asked and unnecessary and irrelevant questions from the tentative schedules were then erased and a few other important topics and questions that were not originally added to the schedule were then added upon the face-to-face interaction with the respondents from the pilot study. The entire process also shines a light on how many resources and materials will be needed for the entire study and the tentative time needed to interview each respondent also came to be known which helps the researcher to make further plans necessarily.

3.8 Interview schedule

An interview schedule can simply be defined as a set of questions that are printed out on a blank sheet of paper which are then asked to the esteemed respondents. The number of questions depends upon the need of the study and the schedule used in this study had 110 questions altogether of which 80 are close-ended questions and the remaining 20 are open-ended which leaves the respondents with a chance to narrate their thoughts and commentaries with regards to the questions. All the questions for the interview schedule are made final after the conclusion of the pilot study. From the pre-test of the tentative schedule, all necessary changes were made which led to the current schedule being in use. After finalising, the interview schedule was translated into the local vernacular for better facilitation and communication. Different questions with various themes were drafted out from the literature review and each theme was categorised differently. The themes were categorized as follows:

1. Socio-economic profile of women with disabilities that includes their age, religion, land possession, economic status, educational status, the causes of their disability, place of domicile, and family income per month
2. Rehabilitation issues and coping mechanisms of women with disabilities that include the mobility issues of the respondents, using assistive devices, and limitations imposed by their disability.
3. Role of government, NGOs, and special schools towards inclusive development that includes vocational and training facilities and their utilities,

guidance and counselling and orientation of the mobility training and the need for association and barrier-free environment and also the need to educate the public about the challenges faced by these women

4. Awareness of the legislation and policy recommendations that include the state rules, RPwD Act 2016, and the various experiences of the women with disabilities with the current legislations concerning disability.

3.9 Operationalization of concepts

Operationalization of concepts can be defined as the process of giving a strict definition of the concepts or variables that are used in research and a proper distinction is given to their distinct character. For this research, concepts like disability and its types as well as inclusive development are taken as base concepts and operationalized as below.

Disability: Disability is a term that is rather broad and can include problems that are external to an individual as well as problems that can be purely internal. It is a complicated term and its usage is vast so this research aims to give a concrete definition and classification of the various types of disabilities. Therefore, it can be broken down into several broad sub-categories which the following are found from records of the Social Welfare Department, Government of Mizoram:

Blindness, low vision, hearing impairment, locomotor disability, autism spectrum disorder, intellectual disability, mental illness, muscular dystrophy, Parkinson's disease, dwarfism, multiple disabilities, chronic neurological condition, and cerebral palsy. This comes to a total of 13 categories. For convenience, when blindness was combined with low vision and autism spectrum disorder combined with intellectual disability, it comes to 11 operational categories.

Inclusive development: Disability-inclusive development (DID) aims to envision a society that is fully inclusive of all people with disabilities while being accessible all at the same time without excluding anyone in the process. Inclusive development is any type of development that includes marginalized people, sectors, and countries in various settings of social, political, and economic processes which is essential for the increase in human well-being, social and environmental sustainability as well as empowerment. It can be defined as an adaptive learning process that responds well to change and avoids new risks of exclusions and marginalization.

3.10 Field experiences

The researcher embarked on fieldwork which started on 17th September 2022 and continued till 24th September 2022 the first phase of the visit. Lunglei was covered first, and the researcher travelled by public sumo vehicle from Aizawl. There was heavy rain during that time. The roads were in a harsh critical condition, muddy with potholes and it was close to impossible for the vehicles to move about easily. Vehicles were stuck in the mud and formed long queues and people had to move out of their vehicles and push the vehicles one by one. Lunglei was reached at midnight after a long and tiring journey of 14 hours from Aizawl.

In Lunglei, a pilot study was first carried out in which 10 respondents were tentatively singled out from the list provided by the Social Welfare and Tribal Affairs Department, Government of Mizoram. These 10 women had a disability that ranged from hearing impaired, blindness, low vision, intellectual disability, and dwarfism. In the pilot study, the tentative interview schedule was pre-tested. In the planning phase, it was firstly believed that four respondents could be interviewed and interacted within a single day and the ten respondents were predicted to be interviewed within three days only. However, in practice, only 2 women can be interviewed within a single day. Hence, it took five working days to interview the ten respondents in Lunglei an additional one day was spent interviewing the key informants, and another whole day was spent in Onyx Special School, Lunglei, which is the only special school in the Lunglei district.

In the pilot study phase in Lunglei, it was found that fewer questions related to health issues were added in the tentative interview schedule so, additional questions relating to health issues of women were included in the interview schedule for the real fieldwork. After a week in Lunglei, the researcher spent an additional two weeks in Aizawl to conduct a pilot study among 20 respondents from different localities in and around Aizawl city. In the pilot study of Aizawl, it was found that questions about accessibility issues were fewer in the tentative schedule so, more questions related to access for women with disabilities were added to the final schedule. In comparison, the women from Lunglei were not aware of the uses of the UDID card and the various benefits associated with it. Rehabilitation was limited for them and accessibility issues

were highly observed as most of the public places and buildings in Lunglei town were not accessible for them. Besides, the health care system is very weak in Lunglei and the women do not place much importance in their overall health. They only visit the hospitals when they have serious health conditions. In Aizawl, women from the pilot study were found to face difficulty in terms of access to buildings and public places. As compared to Lunglei, women from Aizawl City tried their level best to participate in public gatherings as much as possible. They are active members of the Church and take an active part in society.

After necessary corrections were made, the final interview schedule was readied, and the researcher embarked in the field to collect data from the selected respondents which started from the third week of November 2022. In Lunglei, the women with disabilities did not receive proper education and were not actively engaged in society. They segregate themselves in the four walls of their own home. There are no vocational training centres in Lunglei and so, there is little scope for employment opportunities for the women in Lunglei. Rehabilitating disability falls short in the district and society still displays signs of discrimination towards them as most buildings are still inaccessible for them and the biggest denomination in the south, which is Baptist does not even observe Disability Day. Their participation in society is limited and the only coping method used by them is a mobile phone. The women generally spend their time engaging in YouTube videos and providing help for their families by engaging in household chores. However, amongst the types of disability, women with hearing impaired issues and dwarfism managed to find employment and can work in the private sector and earn money. There are two women who are the sole income earner of the family and support their family financially amidst their disability. One instance was found in Lunglei in which one woman was added to the list of disability by the Social Welfare and Tribal Affairs Department, but when approached, she claimed that she was not disabled and did not like to be mentioned as such. Given her reluctant nature, no efforts were made by her and her family to remove her name from the list. From this issue, a question arises whether there are normal women who obtained disability certificates falsely only for the sake of claiming job reservation. One case of denied justice was observed in the district in which, the woman was denied

a job she applied for, even though she claimed disability status. The job was reserved for persons with disabilities but was unfairly given to a normal able man. Even though some minor protests were held, the case remained unsolved to date, and it seems that such unfair cases against women with disabilities may happen frequently which are not known by the public. In general, the women with disabilities from Lunglei were polite and their families were welcoming even to strangers which made the interaction and observation process function smoothly. They are not aware of the importance of disability reservation and the various benefits associated with their UDID card as well. Life was slow as compared to the city area in Aizawl. It was also found that there is only one special school which was run by Mizo Hmeichhe Insuihkhawm Pawl (MHIP) and there are only two teachers, one of which is untrained. The scope for inclusive development is low in the district as the NGOs, churches, and society in general do not work together to rehabilitate disability. The critical conditions of the road in and outside the district make it difficult for the researcher to move about freely.

In Aizawl, the families of women with disabilities put their guard up in the process of the interview as they are careful not to include misleading and wrongful information. Many organizations and individuals have taken actions in the past for their benefits which led many families to be afraid of being interviewed. Hence, the researcher must take extra precautions and had to review his research ethics so that anonymity and pseudonyms are given to the respondents and no wrongful information should be included. In Aizawl, many women with disabilities are actively participating in church activities and also in community activities as opposed to the Lunglei district. The different denominations in Aizawl observed Disability Day and many churches and public buildings have started to be renovated to provide easy access for these women. Society started to be aware of disability and people in the city developed empathetic attitudes towards them. Teasing and calling names are not relevant anymore and it hardly happens in the city while there are still some women who experienced this form of teasing in Lunglei. During fieldwork in Aizawl, it was also found that even though the women may be uneducated, the families tried their level best to rehabilitate their disabled family members. They can use gadgets and provide help in household activities and many families are aware of the benefits of the UDID card and also the benefits of the RPwD Act 2016.

There are NGOs such as Zo Entu Pawl (ZEP) which worked for the rehabilitation and inclusion of persons with disabilities in the city while they are not found in Lunglei. Even though the women with disabilities are not wealthy, most of them belong to middle-class families and only a few poverty-stricken women were encountered during the study. Most of these women are not able to communicate properly and the researcher had to rely on their family members to obtain data. Hawthorne effect was encountered and these women altered their behaviour in times of interview process this effect was especially observed among women with autism and intellectual disability.

Overall, women who have low vision and blindness have the highest degree in education and they are also fluent in communicating their experiences and issues. They are friendly and fruitful interaction happened with them. Among these women, women with hearing impairment, cerebral palsy, mental illness, autism spectrum disorder and intellectual disability have trouble in communication and the researcher has to rely mostly on their families for data collection. Besides, these women are the most neglected among women with disabilities and the rehabilitation process is also complicated for them. The active participation of these women in society is also the lowest and there is limited scope for both higher education and employment opportunities for them.

In Aizawl, there is one incident in which a school-going girl was included in the sample but when approached, her family exclaimed that they did not have a disabled girl and she did not even view herself as disabled even though she is included in the list. This shows that the list obtained from the government is not 100 per cent accurate and there may be several other false claims of disability certificates solely for claiming job reservation status and for claiming other benefits as well. Besides not being vocationally trained, the families of these women took extra care of their daughters such that they prohibited them from seeking jobs. They felt that they could provide for their disabled family member and did not encourage them to seek any employment chances. This extra care given by their family members can also stand in the way of their development.

Since the researcher is a man, there are many occasions when humiliation and hesitation were felt in asking questions related to the health issues of the respondents,

who are all women. Specific questions related to menstruation also became difficult to ask the researcher at the initial stage, but after some time, the researcher felt at ease in asking the questions after rapport building with the respondents was done. The researcher could collect more data in winter and chilly seasons as opposed to hot and humid climates. It becomes difficult for the researcher to concentrate and interact with the women in dry weather. There are many occasions when the researcher felt certain emotions such as guilt, anger, and biased attitude when the respondents narrated their experiences of being neglected by society, policymakers, the church, and their neighbours. However, on such occasions, research ethics values were remembered by the researcher, and tried his best to stray away from emotions towards the respondents rather than display an academic mindset, which is free from biases. The field experiences also helped the researcher to develop an empathetic mindset which helped him to progress further in his study. It helped him to resonate with the family members and the women in general so that the respondents and their family members can open up more and share deeper statements and narrations about their lived experiences with disability including the health issues faced by them.

After the completion of fieldwork, all the data are ready to be consolidated by the researcher and are duly classified to facilitate computer feeding. It was first fed to an Excel sheet and then exported to SPSS 23.

3.11 Analysis of the data

Data that is obtained from the research is analysed qualitatively and quantitatively to arrive at a concrete analytical framework for the study. For quantitative analysis, Statistical Package for Social Sciences (SPSS) 23 is used for statistical analysis of the data. After the collection of raw data is done, all the relevant data collected from the respective respondents are then entered in computer in Excel whereby all the close-ended questions are entered and the answers are then entered as well by giving them separate codes each. After the data entry and coding were done, cleaning of data took place whereby all the irrelevant data were removed and wrongly entered data were then corrected after careful cross-checking and analysis. After the completion of data entry, data coding and cleaning of data, data analysis through the Statistical Package for Social Sciences (SPSS) 23 technique commenced. It immediately started from the

coding of data to reaching the final analysis process. The various steps followed are highlighted as under:

STEP 1. The data were captured and revised extensively based on the interview schedule prepared by the researcher.

STEP 2. The data which were captured from fieldwork are then coded appropriately. The questions were first entered in an MS Excel sheet and the questions are entered and the responses for each question were given a code in the form of numbers in ascending order.

STEP 3. The data entry is processed using the package SPSS 23. The computer used for the process is a Desktop personal computer PC (Windows 11).

STEP 4. The finished data that were codified are represented in tabular sheets in the forms of both rows and columns. The columns are respective questions, and the rows represent the number of cases. This, in turn, forms the input data for further computer analysis. Columns and rows were defined with labels.

STEP 5. For analysis, the spreadsheets are duly exported.

STEP 6. Customized program was used and the frequency table (description, number and percentage vertically) was derived based on the data entered.

STEP 7. The frequency table report, after being edited and customized through MS Excel sheet, was generated. The same tables were taken to MS Word document for cross-checking of missing units and matching of row total. This was the process of data cleaning.

STEP 8. One independent variable (area, which is Lunglei and Aizawl) was chosen and was cross-checked with the rest of the other variables. The rest of the variables included all the questions that are included in the interview schedule of this study. Then, the report was finally generated.

STEP 9. The database is then imported to the statistical package SPSS 23 for different statistical analysis. Then the statistics such as degree of freedom, percentage, frequency and cross-tabulation, are calculated and generated.

STEP 10. The generated output is then further transported to MS Word for the process of editing and represented as a user-friendly report.

STEP 11. Different graphs and charts are drawn using the same SPSS 23 and Excel Sheet

STEP 12. The report typing and the process of making tables were done by using MS Word processing package. In the process, spell check and thesaurus facility which were available in the package were used in editing for this report.

STEP 13. Final typed data, table and charts were analysed. After analysing them, they are interpreted and rightfully taken to the appropriate chapters for this study.

Data are analysed by applying statistical techniques such as frequency, percentages, and cross-tabulation methods which help in giving relevant and important facts and information for the completion of this study. Qualitative data analysis from focus group discussions is also done. The selected respondents were divided into two focus groups, with each group consisting of five members. After consent is obtained from all parties, the researcher conducts the discussion with each session lasting for 30 to 45 minutes. The researcher mentioned the theme for discussion and the respondents discussed their views and narrated their personal experiences and grievances accordingly. The theme of the discussion was further subdivided into five broad categories such as the relation between socio-economic profiles and disability, the issues faced by the respondents in terms of access, the experiences of women with disabilities in society, daily experiences faced in terms of health, and suggestive measures for policymakers. The respondents were made to feel at ease and no pressure was added to them throughout the process. The researcher maintained ethical neutrality and did not display any form of bias towards the topic. In instances where the respondents talked out of context and appeared to discuss their experiences for too long, the researcher politely intervened by commenting on the issues discussed and swiftly moved on to the next topic. The discussion was recorded in a mobile phone recorder and was then transcribed by the researcher.

Key informant interview (KII) is also utilized whereby highly esteemed people and influential figures working closely for the disabled communities are interviewed. Content analysis of documents from government and non-government organizations is also done.

The respondents have stated certain quotes and statements throughout the study. The consolidation of the statements of the respondents is done and is categorised into different sections for each chapter. All the statements of the respondents are arranged according to different themes and after this process, those statements which fit the

headings of each topic best are then added to each chapter accordingly. The results are then discussed relating to previous studies.

3.12 Research ethics

This study also highlights the various attempts and efforts made by the researcher to conduct research right from the conceptualization stage to the conclusion of the research. The research ethics are based on the research ethics norms that have been observed and followed in most social science research.

1. The study is made purely for academics and the researcher tried his level best to adhere to it as well.
2. This research does not, in any way, force the respondents to give information against their will or did not, in any way, make them say things against their will. All the respondents are made to give their responses voluntarily and are treated with utmost care.
3. Prior to being interviewed, the respondents are fully made aware of the purpose of the interview, and the consent of each respondent and their family members is taken beforehand.
4. The respondents and their families are greeted with humility and respect by the researcher.
5. The interview session, particularly the date, time and place of the respondents is made according to the convenience of the respondents.
6. The respondents and their families are thanked for their cooperation after every interview session.
7. The respondents are made aware of the confidentiality that is to be maintained throughout this research and fieldwork process and the privacy of all the respondents is strictly maintained. The researcher also had to be careful against likely stigmatization which persons with disability otherwise suffer.
8. The researcher maintained strict discipline, was punctual, and displayed an empathetic attitude during the interview sessions. Transparency and honesty were maintained without fail.
9. The work of authors and scholars used in this research was acknowledged by the researcher without fail.

10. The researcher avoids any type of misleading or false information and also abstains from any type of bias while collecting primary and secondary data.
11. The researcher avoids exaggerating the aims and objectives of this research study.

3.13 Limitations of the study

This study has its own set of limitations. Firstly, since the research is confined only to two districts of Mizoram, the research might not serve as a total representation of the entire disabled people in the state and also, the research confines particularly only to women and the hardships and struggles of the disabled women may not be the same with the men with disabilities.

Since only the inclusive development of women with disabilities is analysed and compared, arguments can be directed which state that the ‘study will be vague’ since only one gender will not represent the needs of inclusive development of the disabled people in the state of Mizoram as a whole.

This research engaged two districts which made the researcher devote his time between the two districts and have spent a considerable amount of time traveling between the two districts which took a considerable amount of time and money during his study. Besides, the critical condition of the roads in Lunglei delayed the fieldwork process to a considerable extent. It became difficult for the researcher to move about freely which caused tremendous delay of the entire process in Lunglei district.

The researcher received a Junior Research Fellowship (JRF) only in the later stage of his research and so, during the initial stages including fieldwork, the researcher had limited financial support and had to solely rely on the Non-NET Fellowship which is Rs. 8,000 per month only. Financial problems delayed the process of the fieldwork which requires extensive monetary support.

The theoretical foundations of this study included only seven theories which are a moral and religious model of disability, a medical model of disability, a sick role theory, a social model of disability, a human rights model of disability, a feminist and gender theory of disability and symbolic interactionism. Future scholars can employ other theories and disability models to build strong foundations for their study and to study disability from different theoretical perspectives.

While conducting fieldwork, the Hawthorn effect was experienced among the respondents. Many women altered their normal behaviour and attitude while interacting which makes rapport-building difficult. To counter this problem, the researcher had to re-visit the respondents' houses numerous times which was time-consuming.

Communication issue was also experienced at the stage of fieldwork. Many women could not communicate or find it difficult to communicate with the researcher as they have problems expressing their thoughts and issues concerning disability. So, the researcher had to interview their caregivers and family members and had to obtain information from the caregivers and family members instead of the actual women with disabilities.

While sorting out the list of respondents, it was found that many of the profiles of women with disabilities were not updated. Telephone numbers given could not be communicated in many instances and many women have changed their localities and cities which were not updated in the list. During fieldwork, it was found that one woman from the Lunglei district was added to the list by accident. She had stated that she was not disabled but her name was included in the list.

The woman had clarified that her low vision problem was cured, and it was not even her decision to be included in the list and further stated that she did not want to be labelled as having a disability anymore. A similar incident was found in the Aizawl district where a school-going girl is included in the disabled list but when contacted, her family had stated that they did not view her as a disabled child and would not like to be bothered in such areas as well. They further stated that even their daughter did not like to be labelled as disabled and live as a normal child. However, these two women and their families did not take any measures to delete their names from the disabled list.

Since this research only deals with the inclusive development of women with disabilities in Mizoram, future researchers shall take into account other areas such as rehabilitation, economic struggles of disabled people, and educational achievements of the disabled. It would also be monumental if disabled people from other districts of the state could also be studied and analysed in future studies.

CHAPTER-IV

SOCIO-ECONOMIC PROFILE

- 4.1 Introduction**
- 4.2 Age**
- 4.3 Marital status**
- 4.4 Religion**
- 4.5 Education**
- 4.6 Occupation and employment**
- 4.7 Place of domicile**
- 4.8 Family and household**
- 4.9 Family Income**
- 4.10 Land possession**
- 4.11 Causes of disability**
- 4.12 Some case studies**
- 4.13 An overview**

CHAPTER-IV

SOCIO-ECONOMIC PROFILE

4.1 Introduction

The core objectives of the study are highlighted in the previous chapter including the research methodology to further the results and discussions. All are now being put to practical uses starting from the beginning of this chapter relating to providing a detailed account of the socio-economic profiles of the women with disabilities in the two districts of Aizawl and Lunglei in Mizoram state. The sociological analysis of the socio-economic profiles of the respondents is needed to provide a strong background for a systematic understanding of the sociological differentiation of the respondents. In this sociological study, it is necessary to have an in-depth investigation into these profiles as further problems and obstacles faced by the respondents are easier to analyze and understand systematically. The ways towards the attainment of inclusive development of women with disabilities can be drawn out from the consolidated information on socio-economic profiles. The variables studied under 12 categories such as the age of the respondents, their marital status, religion, educational level, employment status, occupational status, place of domicile, family, and household, their monthly family income, the size of their land possession, the causes of their disability and types of disability.

4.2 Age of the respondents with disabilities

Age can simply be defined as the number of years a person has lived on earth from birth till one breath last. It is a period of a person's life expressed in years from the moment of birth, typically denoted by a certain stage or level of mental or physical development and entailing competence and normative responsibility. In sociology, age is defined not only by the number of years individuals have lived but also by the societal roles they play and the expectations that society places on them at different points in their lives. Hence, age has played a significant factor in determining the various responsibilities of a person. In this study, the age group of the respondents is arranged into five categories such as below 20 years, 21 – 30 years, 31 – 40 years, 41 – 50 years, and above 50 years.

Table 4.1 Age of the respondents

District	Age Categories					
	Below 20 years	21-30 years	31-40 years	41-50 years	Above 50 years	Total
Lunglei	8 (4.9%)	7 (4.3%)	1 (0.6%)	3 (1.8%)	1 (0.6%)	20 (12.3%)
Aizawl	41 (25.2%)	32 (19.6%)	24 (14.7%)	17 (10.4%)	29 (17.8%)	143 (87.7%)
Total	49 (30.1%)	39 (23.9%)	25 (15.3%)	20 (12.3%)	30 (18.4%)	163 (100%)

Source: Field Survey

In the above data, the age parameters of the respondents are highlighted. In Lunglei, there are 8 (4.9%) women who are below the age of 20 years old and 7 (4.3%) women are between the age of 21 – 30 years. There is 1 (0.6%) woman who is between the age of 31 – 40 years and there are 3 (1.8%) women who are between the age of 41 – 50 years. There is only 1 (0.6%) woman who is above the age of 50 years.

In Aizawl, there are as many as 41 (25.2%) women who are below the age of 20 years of age and there are 32 (19.6%) women who fall between the age group of 21 – 30 years. In the age group of 31 – 40 years of age, there are as many as 24 (14.7%) women and there are 17 (10.4%) women who are in the age group of 41–50 years. There are 29 (17.8%) women who are above the age of 50 years in Aizawl.

A maximum of the respondents falls in the age category of below 30 years of age (54%). It is a matter of great concern while looking at their unlive future and career ahead. Similarly, of all the women PwDs in Lunglei, a maximum of them (40%) are below 20 years of age and those below 30 years of age form 75% of the total respondents. Little above 50% of the respondents from Aizawl are those who fall below 30 years of age. 18.4% of the total respondents have experienced disability for over 50 years and more. Situations warrant that government interventions shall be necessary to care for the young and older people suffering from disability.

'I find it unfortunate that I have a disability at such a young age because it hinders my educational and employment opportunities. I still have many years to live, and I feel like my youth is being wasted and I have no chance to progress further in life. The authorities should take measures to rehabilitate and find ways for

us to make use of our abilities so that life becomes better meaningful to us.’ Lalkaisangi, hearing impaired.

4.3 Marital status of women with disabilities

Marital status, on the other hand, refers to the legally defined state of marriage. There are various marital status categories, including widowed, divorced, separated, single, married, and, in some circumstances, registered partnerships. Those who have never married are those who have never tied the knot by the law. Those who were married by lawful procedures and before a competent body are considered wedded. Those who are declared widowed have lost their marriage due to the death of one spouse or the respectful declaration of a spouse missing. People who have had their marriage ended are considered divorced. Marital status in this study is divided into six categories which are married, unmarried, widow, separated, divorced and unlikely to get married and the data on marital status are then analyzed based on the district of the respondents.

Table 4.2 Marital status

District	Marital status						Total
	Married	Unmarried	Widow	Separated	Divorce	Unlikely to get married	
Lunglei	2 (1.2%)	3 (1.8%)	2 (1.2%)	1 (0.6%)	0 (0%)	12 (7.4%)	20 (12.3%)
Aizawl	23 (14.1%)	43 (26.4%)	5 (3.1%)	4 (2.5%)	1 (0.6%)	67 (41.1%)	143 (87.7%)
Total	25 (15.3%)	46 (28.2%)	7 (4.3%)	5 (3.1%)	1 (0.6%)	79 (48.5%)	163 (100%)

Source: Field Survey

As in indicated in the above data, it is evident that in Lunglei, there are 2 (1.2%) women who are married and 3 (1.8%) women are unmarried. There are 2 (1.2%) widowed women and there is 1 (0.6%) woman who is separated from her spouse and there are as many as 12 (12.3%) women who are unlikely to get married.

In Aizawl, there are 23 (14.1%) women who are married while 43 (26.4%) women are unmarried. There are only 5 (3.1%) widows among the respondents and 4 (2.5%) women who are separated. There is 1 (0.6%) divorcee and as many as 67 (41.1%) women are unlikely to get married. In Mizoram, there are currently no legal divorces as practiced in other states in India. The woman who divorced found in this study formally divorced from her husband through Mizo customary laws and the bride price

was even returned to the husband's family. However, the 5 (3.1%) women who reported being separated lived separately from their husbands without any thoughts of divorce in their minds. They currently lived separately due to some minor arguments amongst themselves and they all planned to move back in after the anger associated with spousal arguments died down. The action of actual divorce has never even crossed their minds and have only lived separately with their parents with the plan to move back in with their husbands after some time.

It is observed that most of the women with disabilities are in the category of 'unlikely to get married' (48.5%) and that marriage is off the shelf for most of the women respondents. In Lunglei, 60% of women are unlikely to get married while in Aizawl, it is also on the higher side as 46.85% are unlikely to get married. Besides, 28.2% of women from both the districts are unmarried in which Lunglei women form 15% while in Aizawl, it is as high as 30%. So, there is little to no scope of marriage for these women since most of them are unlikely to get married and are unmarried.

'... you're talking about marriage as if proposals come easily to me.... no approach is made towards marriage proposals by the bachelors nor had I made any. Who will want to marry a woman like me? There is no room in my life for love and marriage as I have always felt that people outside of my family would never love me unconditionally the way I am loved and adored by my family. This feeling leaves no room for marriage in my life.' Laltlankimi, locomotor disability.

There are only 15.3% of women who are married, and the case of divorce is also at a minimum point as there is only 1 woman (0.7%) who has experienced divorce. The divorcee respondent was asked with lots of hesitation about the reason for the divorce.

'...it was one of the lowest points of my life. All my children stayed with my husband and he re-married already. We had a divorce after an accident left me with a chronic neurological condition. We were already poor by then and my husband could not afford to always care for me since he himself had to work and our two

children were still so little. We argue often as I lack the much-needed care and support as a circumstantially driven disabled woman. This led to our divorce two years ago and I lived with my parents who cared for me lovingly every passing day. I really missed my children but my husband and his new wife took better care of them and I'm not really in a position to even care for myself and so, I accept my fate with a heavy heart.' – Lalsangliani, chronic neurological condition.

Their own consanguine family is the only hope of care and support instead of an affinal family and there is little or no scope of forming affinal kinship on their own.

'As you can see, my daughter is not capable of even moving around the houses. We have to care for her and do almost everything for her including bathing her. She is not in a position to start her own family. Even we find it stressful sometimes to cater to her at all times since we also have many other ventures to tend to. But I am a mother, you know....and I always see past her disability and that may not be the case if she married into another family. The husband's family may not love her and care for her as we do and so, I strongly believe that she will live her best life in her own consanguine family.' – Pi Tlanmawii, mother of Vanrosangi who has muscular dystrophy.

4.4 Religion

Religion can be defined as the belief in and worship of a supernatural power or force, especially that of gods or goddesses. From a sociological perspective, religion influences people's social identities and relationships because it interacts with other facets of society, including culture, politics, and economics. It is more than just a matter of personal belief and is a social phenomenon. In this study, the respondents are asked about their religion whether they are Christians, Hindus, Muslims, Buddhists, or any other religion. This fact is also important to know whether the respondents belong to any other religion besides Christianity, which is the largest

religion in Mizoram, as it is observed that in modern days, some Mizo people have started to follow other religions such as Hinduism and even atheism.

Table 4.3 Religion of the Respondents

Religion	Frequency	Percent	Cumulative percent
Christian	163	100 %	100

Source: Field Survey

Christianity is the prevailing religion in Mizoram as 87% of the Mizos are Christians according to the 2011 census. As observed in the above data, all the respondents belong to Christianity and no other religions are found among the respondents. In the list provided by the Social Welfare and Tribal Affairs Department, there are two non-Mizo women who both lived in Aizawl as per the data. These two women were included in the sample but when fieldwork commenced, both the women could not be communicated as the telephone number displayed in the list was invalid. More efforts were taken to reach them at the address provided by them but even the veteran locals could not identify them. Hence, this experience led to the non-inclusion of non-Mizo women in this study as the rest of the women from the list all belong to the Mizo community.

4.5 Education

The act of learning something new or transferring knowledge is known as education. Education involves getting children ready for adulthood. The process of education begins right when a child is born. At first, it started as an informal process as the child watches and imitates others around them. Then, the process becomes more formal as the child gets older in which the education becomes more formal through pre-school and play dates.

This education process then becomes academic lessons and is much more than learning simple facts. Education is a means to socialize humans into society and is an important socialization method. All cultural expectations and norms are taught through education by teachers through textbooks and classmates. The respondents in this study are asked about their educational status and the education level of the respondents is divided into

primary, upper primary, high school, pre-degree, graduate, post-graduate, Ph.D., technical, and no education.

Table 4.4 Education

District	Educational background of women respondents								Total
	Primary	Upper Primary	High School	Pre-Degree	Graduate	Post-Graduate	Ph. D	No Education	
Lunglei	15 (9.2%)	0 (0%)	3 (1.8%)	1 (0.6%)	0 (0%)	0 (0%)	0 (0%)	1 (0.6%)	20 (12.3%)
Aizawl	55 (33.7%)	17 (10.4%)	19 (11.7%)	10 (6.1%)	13 (8%)	6 (3.7%)	1 (0.6%)	22 (13.5%)	143 (87.7%)
Total	70 (42.9%)	17 (10.4%)	22 (13.5%)	11 (6.7%)	13 (8%)	6 (3.7%)	1 (0.6%)	23 (14.1%)	163 (100%)

Source: Field Survey

The educational level of the respondents is depicted in the above table. It is evident that in Lunglei, most of the women, i.e., 15 (9.2%) have reached only the primary level of education, while there are 3 (1.8%) women who have reached the high school level of education. There is only 1 (0.6%) woman who has reached the pre-degree level of education and there is 1 (0.6%) woman who did not receive any education at all.

The situation is somewhat similar in Aizawl as there are 55 (33.7%) women who have reached only the primary level of education and there are 17 (10.4%) women who have reached the upper primary level of education. 19 (11.7%) women have achieved a high school level of education and 10 (6.1%) women have reached pre-degree level of education. In terms of graduate women, there are 13 (8%) women who have graduated at their bachelor's level, and 6 (3.7%) women are post-graduate. There is 1 (0.6%) woman who currently pursuing her Ph. D from Assam and as many as 22 (13.5%) women did not receive any formal education at all. These women did not go to any conventional schools and educational institutions but they had received informal education in the form of reading and writing from their caregivers.

Among the women, 70 respondents have attained only a primary level of education which accounts for as many as 42.9% of the entire respondents. In Lunglei, as many as 75% of these women have achieved only a primary level of education while in Aizawl, the number is a bit lower at 38.47% but the category still forms the highest number in the district as compared to other categories of education. 17 (10.4%) of the women have an upper primary level of education and 22 (13.5%) of the respondents

have reached high school level. 11 (6.7%) of the women have a pre-degree which is equivalent to a higher secondary level of education in modern days. In terms of graduates, there are 13 (8.0%) women who are graduates in this study and 6 (3.7%) women who have post-graduate degrees. There are no graduate and post-graduate women from Lunglei district. Among the women, there is only one woman who is currently pursuing a Ph. D which accounts for 0.6% of the entire women respondents. As many as 23 women or 14.1% of the respondents did not receive any type of education in their lifetime because their disability prohibits them from receiving formal school education. It is noted that these women are not illiterate despite receiving no education but have received basic alphabet and number of lessons taught to them by their caregivers.

‘...what is the use of education for a disabled girl like me? All my life I have lived off the emotional, financial, and physical care of my family and I don’t have many opportunities in life anyway. Besides, my analytical thinking and memories did not permit much education as I could not learn many things academically. One of my family members had to accompany me to school every day which is time-consuming for them as they all must work as well. So, I had to drop out from school after reaching primary level as I felt that I only disturbed my families.’ – Elizabeth Lallawmzuali, a girl with autism.

The data revealed that access to formal education tends to be quite formidable for women with disabilities due to multiple reasons as most of the respondents have attained only a primary level of education followed by women who had not received any kind of formal education at all. Disability has formed a major obstacle to the promotion of the educational career of the respondents. The majority of them have either dropped out after primary level or have not gained entry into formal education. So, it is crucial to provide special education with a syllabus that is customized based on their respective ability.

4.6 Occupation and employment

Occupation can simply be defined as the work that people are engaged in to earn an income. It is basically an activity that fills most of the working hours to receive a financial or equivalent award. It is a sociological criterion that is interrelated to the positions held by individuals in society and is also used as a determinant of health and income in society. This study is conducted to know the occupation status of the women, and a cross-examination between their educational level and their occupation status is also conducted in the process. The respondents are asked whether they are currently employed, unemployed, or are still studying.

On the other hand, employment is the state of being employed to receive financial or equivalent rewards. Among the women who had occupations, they were further asked whether they were employed in the field of government, private, self-employed, or unemployed. A further cross-examination is done based on their occupational status.

Table 4.5 Occupation of the Respondents

District	Occupational status			
	Employed	Unemployed	Studying	Total
Lunglei	3 (1.8%)	3 (1.8%)	14 (8.6%)	20 (12.3%)
Aizawl	21 (12.9%)	97 (59.5%)	25 (15.3%)	143 (87.7%)
Total	24 (14.7%)	100 (61.35%)	39 (23.9%)	163 (100%)

Source: Field Survey

In the above data, the occupation status of the respondents is pointed out and it shows that among the women in Lunglei, there are only 3 (1.8%) women who are employed and another 3 (1.8%) unemployed women. As many as 14 (8.6%) women are still studying in a special school and a few girls are enrolled in government schools as well.

The situation presented in Aizawl is somewhat similar as there are 21 (12.9%) women who are employed as against 97 (59.5%) unemployed women. Only a handful of women, i.e., 25 (15.3%) women are still studying either in special schools or government schools. Among all the girls who are still studying in both districts, there are no girls with disabilities who are enrolled in private schools as they are enrolled either in special schools or government schools.

‘No one wants to hire me! They have no faith in my ability and the employer cannot see past my disability when I gave my interview in private company recruitment. Besides, my family was always worried about me and did not trust me to move about in the street as well, which lowered my confidence level. This further lowers the chances of finding employment for me.’ – Lalitlanthangi, low vision.

Overall, 100 (61.35%) women are unemployed while 39 (23.9%) of the women are still studying, and only 24 (14.7%) women are employed. In Lunglei, most of the women are still studying and they form 70% of the entire population in the district and 15% of them are also unemployed. Whereas in Aizawl, unemployed women form the majority of the population as 67.83% of them are currently without a job followed closely by women who are still studying which is 27.27%. Between the two, the unemployment rate of women is higher in Lunglei.

Unemployment is extremely high amongst women with disabilities in Mizoram and the occupation rate of respondents is very low. Most of the women are dependent on the income of their family members and only a handful of them (14.7%) are financially independent. The reason for their unemployment is due to the reluctance of employers to hire them due to their disability and also because their family members do not encourage them to find employment. Few women are currently studying and the data also reveals that the education level of the respondents is very low which propelled the women to be in a state of unemployment.

Table 4.6 Employment status

District	Employment status of the women respondents				
	Government	Private	Self-employed	Others	Total
Lunglei	2 (1.2%)	1 (0.6%)	0 (0%)	17 (10.4%)	20 (12.3%)
Aizawl	9 (5.5%)	8 (4.9%)	4 (2.5%)	122 (74.8%)	143 (87.7%)
Total	11 (6.7%)	9 (5.5%)	4 (2.5%)	139 (85.3%)	163 (100%)

Source: Field Survey

In the above table, it is evident that among the employed women in Lunglei, there are only 2 (1.2%) women who worked in the government sector which is due to the

reservation claimed through their disability. There is 1 (0.6%) woman who is employed in the private sector and as many as 17 (10.4%) women's status is not applicable because all the other women are either still studying or are unemployed.

In Aizawl, 9 (5.5%) women worked in the government sector and 8 (4.9%) women worked in the private sector. It is found that there are 4 (2.5%) self-employed women and the employment status of 122 (74.8%) women in Aizawl is not applicable and they are included in the category of 'others' because they all are unemployed currently. Amongst the unemployed women, there are 4 (2.5%) women who were very vocal about their current unemployed status as they are passionate about finding high-ranking jobs under the government and did not like to be labeled as 'unemployed.' They felt that they were more than able to achieve and pursue their goals and had higher hopes as compared to others. Among the self-employed women, they have their businesses like beauty parlors, shop-keeping, and working in their family-owned restaurants.

Minimum women are self-employed (2.5%) who all belong to the Aizawl district and no self-employed women exist in Lunglei. A handful of the women (5.5%) work in the private sector with Lunglei contributing 5% while the rest 5.6% are from Aizawl. A limited number of government servants are found only 6.7% of them worked under the government and all these women claimed their jobs through their merit and not through disability reservation policy. The rest of the 139 women (85.3%) are either unemployed or are currently studying so the employment status does not apply to them and are included in the 'others' category.

'You can only imagine how difficult it must be for women like us to find employment, no vocational training, no higher education, and no physical ability. Many of us cannot even venture into self-employment because we have no capital. Life is hard for us. No employment agency will want to hire unskilled, low-education, and low- capabilities women like us. This is the exact reason why I am still unemployed even at the age of 29 years old.' – Siammawii Ralte, intellectual disability.

There are very few women who are capable of engaging in self-employed and private sector and so, disability stands in the way of the occupation and employment status of women with disabilities in Mizoram.

4.7 Place of domicile

The place of domicile is the place where one permanently lives and settles. It is an important aspect for all legal purposes such as paying taxes, voting, and claiming benefits associated with it. It is important to have a permanent place of residence for these women as it safeguards them from various natural and social problems that could happen to them if otherwise, they are to be homeless. The place of domicile of the respondents is divided into two regions in this study which are urban and rural, and the respondents are asked about their permanent place of domicile, the results of which are highlighted below.

Table 4.7 Place of domicile

District	Place of domicile		
	Urban	Rural	Total
Lunglei	19 (11.7%)	1 (0.6%)	20 (12.3%)
Aizawl	134 (82.2%)	9 (5.5%)	143 (87.7%)
Total	153 (93.9%)	10 (6.1%)	163 (100%)

Source: Field Survey

The above data revealed that 134 women or 82.2% reside in urban areas in Aizawl district while the remaining 9 women or 5.5% reside in rural areas which are still located in the Aizawl district. However, the data shows that most women, i.e., 19 (11.7%) from the Lunglei district reside in urban areas and 1 (0.6%) woman from rural districts is located. There is a huge proportion of women from urban areas (93.9%) because the list provided by the Social Welfare and Tribal Affairs Department includes mostly women from urban areas and only a handful of women were registered from rural areas (6.1%). Remote rural areas are often inaccessible and the government may not venture into these areas to collect data and information regarding women with disabilities.

'I was told about the UDID certificate from my cousin who lives in the city and while we visit the city for some family gatherings, I took the opportunity and visit the government office and hospital myself so that I could be registered on the disabled list and have UDID certificate. The process was rather complicated and it took me around 3 business days and this type of opportunity is unheard of in most rural areas in Mizoram. There will be many women with disabilities who are not registered in the government list due to low awareness and inaccessibility issues. The government should put utmost care to include as many women as possible from every nook and cranny of the state.' Esther Vanlalhlimpuii, blindness.

This further shows that awareness is still low in rural areas and the authorities should take measures that will include more women with disabilities from rural areas so that the women in these areas could also benefit from various schemes provided through the registration of UDID certificate.

4.8 Family and household

A family is a socially recognised group of individuals who together form an economic unit of society. They are joined together by blood, marriage, and adoption and they all share close personal relations. There are many types of family: grandparent family, joint family, nuclear family, single-parent family, childless family, and compound family, amongst several others. This study focuses on the types of families that are observed among the respondents. Family and household play an important role in analysing the demography of a population and the three features that arise out of this study are the size of the family, the gender basis of the head of the family, and the total number of family members of all the women with disabilities included in this study.

Table 4.8 Number of family members

District	Family members				
	1-2	3-4	5-6	7-8	Total

Lunglei	2 (10%)	9 (45%)	9 (45%)	0 (0%)	20 (100%)
Aizawl	10 (7%)	31 (21.7%)	95 (66.4%)	7 (4.9%)	143 (100%)
Total	12 (7.4%)	40 (24.5%)	104 (63.8%)	7 (4.3%)	163 (100%)

Source: Field Survey

It is seen from the above data that most of the family members of women with disabilities in Lunglei are nuclear families. There are 2 (10%) family members who have family members between 1 – 2 members. There are 9 (45%) families who dwell in a family consisting of 3 – 4 members and there are 9 (45%) women who belong to a family of 5 – 6 members in Lunglei. The size of the family is rather small, and they all belong to a nuclear family.

In Aizawl, there are 10 (7%) women who belong to a family of 1 – 2 members and 31 (21.7%) women belong to a family of 3 – 4 members. 95 (66.43%) women belong to a family member consisting of 5 – 6 members and they comprise the largest section. Lastly, there are only 7 (4.9%) women who belong to a family member consisting of 7 – 8 members.

'Is joint family feasible in our culture? Do you not know this? Once we get married, it is in our culture to move out and form a separate family... parents drive you out and we live independently in our own house and start our own family. That way, we are more responsible and more mature. Even though we are a nuclear family with a disabled daughter, the responsibilities have strengthened us and made us more mature, and also, our children are more responsible in taking care of their disabled sister.' Pi Ramhuaplani, mother of Zirkungi who is intellectually disabled.

Overall, the size of family members of these women is not large at all and can be said to be moderate. Most of the women respondents (95.7%) belong to a family which have members consisting of below 6 members. In Lunglei, all the women (100%) belong to families that have members below 6, and in Aizawl, 95.1% of women hailed from a family with below 6 members. Only 7 women respondents have family members more than 6 (4.29%) and they reside in Aizawl. No joint family is observed

among the respondents, and they all belong to nuclear families except two single-parent families, especially from Lunglei. These two women are also the main income earners in their families while being single parent disabled women. Both of them had become pregnant and had babies without marrying the father which left them in a state of single parenthood. These women did not receive any child support from their fathers and were entirely cared for by their mothers. Most of the families are headed by men while there is a small number of women-headed families which is highlighted in the following table.

Table 4.9 Head of the family

Serial Number	Members	Lunglei	Aizawl	Total
1	Male Headed	19 (11.7%)	140 (85.89%)	159 (97.55%)
2	Female-Headed	1 (0.6%)	3 (1.84%)	4 (2.45%)
Total		20 (12.3%)	143 (87.7%)	163 (100%)

Source: Field Survey

The data shows that the number of male-headed families is far more in number when compared with women. In Lunglei, there are as many as 19 (11.7%) women who belong to a male-headed family, and only 1 (0.6%) woman belongs to a family which is headed by a female. This is due to the death of the father of the family after which, his father took the role.

In Aizawl, there are 140 (85.89%) women who belong to a male-headed family while there are 3 (1.84%) women who belong to a female-headed family. In Aizawl, these women hailed from female-headed families because of the demise of the male authority, a similar situation as in Lunglei.

The male-headed families are found in abundance overall as 97.55% of the families are headed by men while only 2.45% of the families are headed by women, with Lunglei contributing 5% as against the contribution of 2.09% women-headed families in Aizawl. In such cases, the reason for women being the head is due to the death of the former father's authority and another reason is due to the children being solely looked after by a single mother.

‘I am surprised by the question you are asking! I don’t know what you mean by male-headed and female-headed families. Yes, Mizo society follows patriarchy but go to the market, you will only find women vendors and women shopkeepers. Where are the men in these types of workplaces? Even in the family, women are more responsible for looking after the family while men leave almost everything in our hands. Looking after our disabled child is also fully tasked in my hands and I also have a full-time job but still, my husband holds the authority over everything. I do everything in our house yet still work a full-time job. So, the phrase, ‘male-headed family’ is just verbal only while in reality, all responsibilities fall in the hands of the women, like me.’ Lalbiakluangi, mother of Cindy Lalthazuali, who has blindness.

This finding further shows that patriarchy still holds strong and is still prevalent and practiced by the Mizo community as most of the families are headed by male authority which is reflected in our findings. Not only among the families of women with disabilities but Mizo society also still maintains a patriarchal society.

Table 4.10 Total members in the family of women with disabilities

Serial Number	Gender	Lunglei (20 families)	Aizawl (143 families)	Total
1	Male	50 (7.89%)	262 (41.32%)	312 (49.21%)
2	Female	49 (7.72%)	273 (43.05%)	322 (50.79%)
Total		99 (15.61%)	535 (84.38%)	634 (100%)

Source: Field Survey

The total number of family members of all the 163 women with disabilities is 634 members. There are 99 (15.61%) total family members from the families of the 20 women respondents from Lunglei and there are 535 (84.38%) family members from the total 143 women respondents from Aizawl. In Lunglei, there are 50 (7.89%) men among all the family members of the women respondents. There are 49 (7.72%) women altogether among the families of women with disabilities. The number of men

and women is nearly equal while the number of women falls slightly shorter by 1 number. In Aizawl, there are 262 (41.32%) men among the family members of women with disabilities while there are a total of 273 (43.05%) women among the family members. The number of women is significantly higher in Aizawl among all the family members combined.

The men from all the families make up 49.21% of the entire population, which, in terms of frequency, adds up to 312 numbers. In Lunglei, the male members constitute 50.50% of the total population while in Aizawl, male members constitute 48.97%. Women family members in Lunglei constitute 49.49% while in Aizawl, they make up 51.02%. Altogether, the number of women family members (50.79%) is slightly higher when all the number of family members are taken as men make up 49.21% of the entire population of the study. In Mizoram, there is a higher sex ratio among the female so these findings relate to the state scenario in terms of sex ratio.

‘What do you mean by patriarchal society? In our family, even though my father is the head, all the tasks of caregiving are given and provided by the female members. My sister has a locomotor disability, so she needed to be cared for most of the time and the women members of our family took all responsibilities. At the same time, we also have to work our jobs, and this task is hardly handled by the men in our families.’ – Zirsangpuui, sister of Lalhmahruaii, who has locomotor disability.

4.9 Family income

Income simply means the money received in exchange for any labour provided. The income received by individuals differs based on the kind of jobs that they work. In society, people are divided into different classes based on the income that they receive. Families with high income are deemed as rich classes while families with low income are labelled as poor. The definition of ‘poor’ differs from country to country as countries set their own respective ‘below poverty line’ index in which people falling below the category are labelled to be poor. So, income is an important indicator of social status in society. This study also places its focus on the family income of the

respondents and they are asked whether their family income falls between the following categories – up to Rs. 5,000; Rs. 5000 – 10,000; Rs. 10,000 – 20,000 and finally, Rs. 20,000 and above.

Table 4.11 Family income per month

District	Family income of the women respondents				
	Up to Rs. 5,000	Rs. 5,000 – 10,000	Rs. 10,000 – 20,000	Rs. 20,000 & above	Total
Lunglei	0 (0%)	2 (1.2%)	9 (5.5%)	9 (5.5%)	20 (12.3%)
Aizawl	5 (3.1%)	11 (6.7%)	39 (23.9%)	88 (54%)	143 (87.7%)
Total	5 (3.1%)	13 (8%)	48 (29.4%)	97 (59.5%)	163 (100%)

Source: Field Survey

In terms of family income, the above table has highlighted all the important data about the family income of women with disabilities in the Lunglei and Aizawl districts. It is quite interesting to note that most of the women in this study are well above the poverty line as the ‘below poverty line’ in India is well below Rs. 20,000 annually.

In Lunglei, no family has a monthly income up to Rs. 5,000 and there are 2 (1.2%) women who belong to a family with a monthly income between Rs. 5,000 – 10,000. There are 9 (5.5%) women who belong to a family with Rs. 10,000 – 20,000 income per month. At the same time, there are 9 (5.5%) women who also belong to a family with a monthly income which is above Rs. 20,000 per month.

In Aizawl, there are 5 (3.1%) women who belong to a family who earn only up to Rs. 5,000 per month. There are 11 (6.7%) women whose monthly family income is between Rs. 5,000 – 10,000 and there are 39 (23.9%) women whose family earns between Rs. 10,000 – 20,000 per month. There are as many as 88 (54%) families who earn more than Rs. 20,000 per month. In terms of the highest range of income, there are 5 families from Aizawl whose total family earnings reached Rs. 2 lacs, and 7 other total family members from Aizawl’s income reached Rs. 1.8 lacs. In terms of the lowest range, there is one woman who earns Rs. 4,500 monthly from the pension she received from her late father. She settled in Aizawl as well. The data obtained revealed that women from Aizawl are more affluent than the women from Lunglei.

This study comes in contrast with the belief that women with disabilities are always associated with poverty and that they mostly belong to low-income families. Most of the women from both districts (59.5%) belong to a family who earns Rs. 20,000 per month and 29.4% of them belong to a family with income between Rs. 10,000 – 20,000. Only 3.1% of women belong to a family who earns up to Rs. 5,000 per month. In Lunglei, 90% of the women belong to a family who earn more than Rs. 10,000, and in Aizawl, the rate is 88.9% of those who earn more than Rs. 10,000.

This study clarifies that amongst the women with disabilities, there is a certain number of them who belong to middle to high-income families in Mizoram. However, even though the family members' income is high among the respondents, there are only 24 women who have an occupation that made them financially independent. The rest of the women are financially supported by their family members.

'I live alone and have earned only around up to Rs. 5,000 per month, that too from the pension of my father. It is not much but I can sustain my needs through it. However, it is very difficult for a woman like my condition to earn much due to the hardships associated with my disability. I am living every passing day so that I can sustain all my daily needs with the little income that I have.' – Lalnunsiami, Parkinson's disease.

4.10 Land possession

Land possession simply means the land that one possesses legally. It is also related to the customary rights of the owners. In Mizoram, most of the land areas were owned by the Village Council, and in traditional Mizo society, land was given through periodic patta under the guidance of the village chief. However, in modern days, lands are held in proper channels through the recognition of the government. In this study, the respondents were asked whether they possessed their plot of land and the size of land possession ranges from less than 0.005 to more than 7.01 hectares of land.

Table 4.12 Size of land possession of women with disabilities

Size of land (hectares)	Lunglei	Aizawl	Total
----------------------------	---------	--------	-------

Less than 0.005	2 (1.2%)	9 (5.5%)	11 (6.7%)
0.005-0.002	3 (1.8%)	14 (8.6%)	17 (10.4%)
0.002-0.21	3 (1.8%)	28 (17.2%)	31 (19%)
0.21-0.41	4 (2.5%)	22 (13.5%)	26 (16%)
0.41-1.01	3 (1.8%)	30 (18.4%)	33 (20.2%)
1.01-2.01	4 (2.5%)	11 (6.7%)	15 (9.2%)
2.01-3.01	0 (0%)	9 (5.5%)	9 (5.5%)
3.01-4.01	1 (0.6%)	8 (4.9%)	9 (5.5%)
4.01-5.01	0 (0%)	7 (4.3%)	7 (4.3%)
5.01-6.01	0 (0%)	5 (3.1%)	5 (3.1%)
Total	20 (12.3%)	143 (87.7%)	163 (100%)

Source: Field Survey

In terms of land possession, the above table has shown that 2 (1.2%) women in Lunglei possess land areas less than 0.005 hectares, and 3 (1.8%) women possess land between 0.005 – 0.002 hectares. There are also 3 (1.8%) women who possess land between 0.002 – 0.21 hectares and there are 4 (2.5%) women who possess land between 0.21 – 0.41 hectares. There are 3 (1.8%) women who possess land between 0.41 – 1.01 hectares and there are 4 (2.5%) women who possess land between 1.01 – 2.01 hectares. There is only 1 (0.6%) woman who possesses land between 3.01 – 4.01 hectares.

In Aizawl, 9 (5.5%) women possess land which is less than 0.005 hectares and there are 14 (8.6%) women who possess land between 0.005 – 0.002 hectares, while there are 28 (17.2%) women who possess land between 0.002 – 0.21 hectares. There are as many as 22 (13.5%) women who possess land between 0.21 – 0.41 hectares while at the same time, there are 30 (18.4%) women who have land which measures between 0.41 – 1.01 hectares. 11 (6.7%) women have land which measures between 1.01 – 2.01 hectares and there are 9 (5.5%) women who have land which ranges between 2.01 – 3.01 hectares. There are 8 (4.9%) women who have land between the sizes of 3.01 – 4.01 hectares. As many as 7 (4.3%) women possess land between 4.01 – 5.01 hectares and lastly, there are 5 (3.1%) women who possess land which measure between the sizes of 5.01 – 6.01 hectares in Aizawl.

Overall, the above table has shown that most of the women, i.e., 33 (20.2%) possessed land between 0.41-1.01 hectares. 31 women possessed land between 0.002-0.21 hectares which accounts for 19%. There are 26 (16%) women who possessed land between 0.21-0.41 hectares. A total of 17 (10.4%) of the women possessed land between 0.005-0.002 hectares and there are a total of 15 (9.2%) women who have land between the size of 1.01-2.01 hectares. 11 (6.7%) women have area of land that ranges less than 0.005 hectares. There are 9 (5.5%) women who possessed land between 2.01 – 3.01 hectares and similarly, 9 (5.5%) women possess land between 3.01 – 4.01 hectares. There are only a few women who possess land above the range of 4.01 hectares which 7 (4.3%) women have land which comes in the sizes between 4.01 – 5.01 hectares and lastly, only 5 (3.1%) women possess land between 5.01 – 6.01 hectares and there are no landless among the respondents. However, the data revealed that most of the women possess smaller plots of land in terms of hectares and there are only a few women who possess higher plots of land. The 5 (3.1%) family whose size of land measures between 5.01 – 6.01 hectares all belong to a family who earns Rs. 2 lacs per month and another 7 (4.3%) women whose size land measures between 4.01 – 5.01 hectares belong to a family who earns Rs. 1.8 lacs per month.

‘You will know better how difficult it is to secure a huge plot of land these days.... we could hardly afford this current small plot of land that we own. We bought it back in 2002 when the price of land was still affordable but even then, this size is all that we could afford. Life is hard for families with disabled members as hospital visits and treatment cost us dearly.’ Pu Laldinkima, father of Lalpianthangi, who has cerebral palsy.

4.11 Causes of disability

In the previous chapter, the various types of disabilities of the sampled women are stated and overall, 13 types of disabilities are observed among them out of 21 types of disabilities found in the list provided under RPwD Act 2016. In this section, the causes of the various types of disabilities are described. About the respondents, they are being asked about whether their disability stems from sickness, treatment from a quack

doctor, congenital, accident, polio/smallpox/typhoid, eye trouble, retinal detachment, vitamin deficiency, or any other causes that are not stated in the interview schedule.

Table 4.13 Causes of Disabilities

Causes of disability	Lunglei	Aizawl	Total
Sickness	5 (25%)	34 (23.77%)	39 (23.93%)
Treatment from a quack Doctor	1 (5%)	4 (2.8%)	5 (3.08%)
Congenital (right from birth)	13 (65%)	76 (53.14%)	89 (62.24%)
Accident	1 (5%)	19 (13.29%)	20 (13.99%)
Polio/Small Pox/Typhoid	0 (0%)	6 (4.6%)	6 (3.68%)
Retinal detachment	0 (0%)	2 (1.4%)	2 (1.23%)
Vitamin Deficiency	0 (0%)	2 (1.4%)	2 (1.23%)
Total	20 (100%)	143 (100%)	163 (100%)

Sources: Field Survey

Various studies and literature have shown that disability is often caused due to illnesses like polio typhoid and malnutrition. Poverty has also been pointed as one of the main causes of disability as it relates to disability by circling one another, therefore, affecting one another. The findings of this study show otherwise.

In Lunglei, 65% of the women and 53.14% of women from Aizawl have attributed the cause of their disability as congenital, which happened right from the onset of birth, and they made up the largest share of the population in both districts. This was followed by sickness in Lunglei as 25% of the women's disability stem from sickness while in Aizawl, congenital cause of disability (53.14%) was followed by sickness (23.77%). This is in turn followed by accident (13.29%). The above data has shown that the disability of most of the women, i.e., 89 (62.24%) has risen due to congenital factors, a problem that occurred right from the time of their birth. All the women could not properly identify the reason or causes of their disability but all the 89 women have said that their disability had occurred right from their birth up to the present day. The second highest cause of disability is sickness in which 39 (23.93%) women have stated

that their disability did not occur at birth but has gradually developed due to sickness that happened at some point in their life. The third highest cause of disability is accidents in which 20 (13.99%) of the disability of the women is caused due to accidents that happened to them at some point in their life. The fourth cause of disability is polio/smallpox/typhoid in which 6 (3.68%) of the women's disability are caused due to it. Treatment from a quack doctor comes at the fifth spot in which 5 (3.08%) women stated that their disability is due to this exact reason. 2 (1.23%) women have stated that the causes of their disability are due to retinal detachment and another 2 (1.23%) women have also stated that their disability is caused by vitamin deficiency. Hence, the result is in tune with the studies that have already stated that disability is caused due to sickness and congenital.

'When my daughter was born, I was overjoyed and felt with positive mindset. I dreamt of her future and was willing to support her throughout her life and was willing to be a good mother for her. However, when she was around 1 and a half years old, mother instinct kicked in and I noticed that something was wrong with my daughter as she did not react to any sound. We went to the doctor and after a thorough examination, the doctor diagnosed her hearing disability. Even the doctor could not provide a complete answer and I was told that her disability causes is congenital and that it happened from the onset of her birth only. However, I still loved her unconditionally and will be by her side even till the end of days.' Pi Thlenpuii, mother of Lungtiawii, who is hearing impaired.

However, among the respondents, there are no women who have blamed poverty and malnutrition as the cause of their disability.

4.12 Some case studies

The in-depth analysis of the family background of the respondents including their monthly income indicated the type of problems that they faced and the coping strategies employed as well as the care provided by their families. A profile of three

women with disabilities is highlighted in which all three women are the sole income earners and provide for their families all while being disabled. All three women earn Rs. 10,000-20,000 and are financially independent. The first woman is a research scholar who also worked as a guest faculty. She also looked after her brother at the same time who said, *‘Mizo society still did not have a clear understanding of disability. I never wanted to let my disability stand in the way of achieving my goals.’*

Another respondent is a woman with dwarfism who is also the sole breadwinner of her family. She looked after her ailing mother and provided care and support to her teenage son who is currently studying in high school said, *‘As long as I am healthy and well, my disability will never hinder my effective participation in society.’* The case study also included a woman who has a chronic neurological condition, yet, who lives alone without any family member. She said, *‘My disability is a complete hindrance for me in every field but the belief that God did not neglect me offers solace to my already burden of suffering.’*

CASE STUDY NUMBER 4.1

A 31-year-old research scholar and guest faculty who has a low vision problem

Name:	Lalngaihawmi
Gender:	Female
Age:	31 years old
Marital Status:	Single
Religion:	Christian
Work Status:	Employed
Place of Residence:	Mission Veng, Aizawl
Type of disability:	Low vision

Lalngaihawmi is a young woman who currently resides in Mission Veng, Aizawl, which is one of the largest municipal areas in Aizawl City. It is located in the western part of the city which is also one of the main hubs of the city. Her house is not far from the main street and they live in a rented house. She is the older sister and she has a younger brother who is still pursuing his education. The two of them live together.

They are not well-to-do but from the first glance of their house, it is evident that they did not lack much either. Their house is very clean and spotless and the two of them share chores equally and are loving siblings. They are both well-educated and she has a problem related to low vision.

Number of family members and their profiles

1. Lalngaihawmi. She is the head of the family and started to have a low vision when she was 18 years old. She is 31 years old and is currently working as a guest faculty in a reputed college in Aizawl. She is also currently a research scholar at Assam Don Bosco University and earns around Rs. 10,000 – 20,000 per month.
2. Lalchhanhima. He is the brother of Lalngaihawmi who is currently enrolled in LL. B course and aims to work as a lawyer shortly. He is 29 years old.

They have a very small plot of land which is less than 0.005 hectares. Lalngaihawmi did not receive any kind of vocational or technical training in her lifetime but received only formal education. She did not have any problems in terms of mobility and is capable of looking after herself and the household whilst busy in her work and research activities. The doctors did not diagnose her disability early and only started to diagnose her problem when she was 18 years old while in higher secondary school. The doctors have told her that her disability is congenital and is slowly developing which led to her gradual loss of vision. Due to her low vision, she even planned to quit her studies altogether at a higher secondary level but her grandparents have persuaded her to keep going which motivated her to study even to date. She did not use any type of assistance devices as no assistive devices worked for her. She is confident in using public transport and even though she has a vision problem, she is not entirely blind, and said, *'I can only see a few inches away from me.'* She did not need to depend on her brother to look after her but it is he, who needs to be looked after by her disabled sister through the provision of financial aid.

She stated that she claimed her PwD status only from her bachelor's days and did not like to let her disability stand in the way of her progress. She said,

'Even though I am disabled, I always look on the bright side of life and I know that there are many ways to do things. There are many ways to study and there are many ways to earn an income so I never liked others to feel pity for me as I have never liked to feel that way as well.'

She has said that the main problems faced by the women with disabilities in Mizoram is that access is very difficult for them and the medical institutions for the disabled are still out of context for them. Hence, she suggested that *'All footpaths in Mizoram should be made in such a way that they are built with steps and slopes so that it is less dangerous for people with low vision and blindness.'*

In terms of her experience with the RPwD Act, of 2016, she had stated that the laws are great, but the implementations are weak in Mizoram. *'The government should provide more quality assistive devices to those in need and there should be better implementation of the laws.'* The care provided by her brother is worth mentioning as he is the main person who accompanied her to Assam for her research. Her brother would always assist her in her journey towards becoming a holder of a doctorate. However, she currently put her research work on hold as she is concentrating on taking a government exam. In Aizawl, she works as a guest faculty in a reputed college and does not need much assistance in her work in Aizawl. She is capable of caring for herself and is actively engaged in household work and her work without much assistance. She expressed her dissatisfaction with the healthcare services in Mizoram and stated that the state still has a long way to go to let the disabled communities' benefit from it. She was diagnosed only in her late teenage years as the doctors in Mizoram were not aware of its genetic nature. Had the doctors assigned early detection, many of her problems today would have been prevented. Her persistent attitude and resilience made her fight even while having disability. In her own words,

'Mizo society still did not have a clear understanding of disability. I never wanted to let my disability stand in the way of

achieving my goals. I strive hard every day to be a source of inspiration for people like me.'

Even though she has a low vision, her hard work and resilient attitude pushed her through every rough circumstance this life has to offer which is proof that women with disabilities are capable of achieving great livelihoods free of economic obstacles given that they are fully supported by their family members, just as Lalngaihawmi's brother had supported his sister in every way possible.

CASE STUDY NUMBER 4.2

A 45-old-woman with dwarfism who is the sole income earner in her family

Name: Lalramngaihsaki
Gender: Female
Age: 45 years old
Marital Status: Divorce
Religion: Christian
Work Status: Employed
Place of Residence: Zotlang Veng, Lunglei
Type of disability: Dwarfism

Lalramngaihsaki, a 45-year-old woman with dwarfism has settled in her hometown, Lunglei. She lived in Zotlang, which is located in the hilly part of Lunglei, away from the hub of Lunglei town. It is around 7 kilometres from the main town hub and the climate is rather cool and temperate as compared to the remaining parts of the town areas. She lives with her mother and her son and they are not a well-to-do family. She is the sole income earner in her family and takes care of her old, ailing mother and also provides support and care to her teenage son. They live in an old tile building which is rather small for a family of three.

Number of family members and their profiles

1. Lalduhsaki. She is the mother of Lalramngaihsaki who is 83 years old. She has no income and is not capable of working anymore and there is nothing much

that she can provide to the family due to her old age. She occasionally helps in cooking and mostly stays inside the house. She is a widow as her husband passed away several years ago and only had one daughter with her late husband.

2. Lalramngaihsaki. She is 45 years old and currently works as a contract worker in a government office in Lunglei. She earns around Rs. 10,500 per month and she looks after her mother and her son. She did not marry the man with whom she had her son. She had studied up to higher secondary and is still seeking a permanent job under the government till date.
3. Lalrempuia. He is an 18-year-old boy who currently pursuing higher secondary school. He is still a student and also occasionally helps his mother in income earning by working as a labourer in between his school sessions.

They are not a wealthy family and had a plot of land that measures around 0.002 – 0.21 hectares. Lalramngaihsaki's dwarfism had occurred since birth and the family and doctors could not provide a clear detail to the reason for it. She had attained education up to the higher secondary and had received vocational and technical training as well. She did not have any mobility problems and did not use any assistive devices due to the unavailability of devices for her. She is confident in using public transport and her disability has not imposed many restrictions for her. She did not depend on others for her daily sustenance, yet, she herself looked after all her family members saying,

'My disability does not stop me from pursuing my jobs and by the grace of God, I am capable of caring for my ailing mother. I tried my level best to be a great mother for my son and tried to set a great example for him by not letting myself down because of my disability.'

Even though she is capable of working and doing all chores by herself, she continuously stresses about the lack of access for women in Mizoram by stating, *'In Mizoram, all public buildings and Churches are difficult to access by us. Since most buildings are still difficult to access it kills the chances of many women to*

find employment. How will one be able to work daily if she cannot even access the buildings of her workplace?’

She once was denied justice while she was seeking a job and was unfairly denied the post. The post she contested for was reserved for a disabled person yet, the person who was selected for the post was not even a disabled person.

‘.... despite all complaints and protests launched against the authority, justice was not being served to me and I was robbed of the job which I rightfully deserve. I am still without a permanent job even today. This incident shattered my heart.’

She also expressed her desire to increase the education opportunities for women with disabilities in Mizoram and stated that,

‘I believe that women with disabilities should be educated and every opportunity should be presented to them so that they could be educated. For that to happen, the government should improve the education system which caters to everybody. In this way, women with disabilities will be well aware of their rights and duties and many denied justice cases will disappear. This, in turn, will also let the women have more scope for economic independence and give them a better chance to have financial independence as they will be educated enough to find suitable jobs for them.’

Her dwarfism problem does not stand in the way of her socialization method as she regularly interacts with her neighbours and is an active member of her community. She can afford her son’s education and put him in a hostel for better education. She regularly cooks food and does household chores after which she left for her job. Upon return, she further engaged in her chores and also provided constant care for her elderly mother. From one glance, it seems as if there is nothing wrong with her as she is working and caring far greater than many other able women. She is capable of running around and doing all things necessary for her

family while being an active member of the Church as well as the community in which she adds,

‘Churches and community activities have a huge role to play in uplifting us as their kind words and recognition gave us strength and determination to see beyond our hardships and obstacles associated with disability.’

She firmly stated the need to form an association for women with disabilities and that they are in dire need of guidance and support. She stated that her mother’s unending love and motivation have led her to become a strong independent woman and she aims to inculcate a sense of motivation amongst other women as well. However, she also said, *‘If job selections are not fair in Mizoram, women with disabilities will never get a chance to be financially and socially independent. Job selection should purely be carried out based on merits and unfair claims of disabled reservation status should be stopped by the concerned authorities.’*

She further adds,

‘The government adds burden to us if job selection is not fair. Hence, fairness and transparency should be maintained without bias so that the deserved persons will acquire the job and boost their socio-economic status within a society.’

Single-parenthood combined with a disability does not stop Lalramngaihsaki from being a good mother to her son. She also looks after her mother and is also the main income earner in her family. This shows that women with disabilities are capable of looking after their families while being a working woman. However, the denied justice she had faced in terms of job opportunities limited her chance of acquiring government jobs reserved for persons with disabilities. Had she rightfully acquired the job, her income would have increased and their current socio-economic conditions would have also improved. Hence, in many cases, it is not the disability that hinders a person from living their full potential but it is the surrounding environment such as society and concerned authorities that further disables the women with disabilities.

CASE STUDY NUMBER 4.3

A 41-year-old woman with chronic neurological condition who lives alone

Name: R. Laldingliani
Gender: Female
Age: 45 years old
Marital Status: Separated
Religion: Christian
Work Status: Self-employed
Place of Residence: Lengpui, Aizawl
Type of disability: Chronic Neurological Condition

R. Laldingliani lived in Lengpui, which is located around 30 kilometres from Aizawl. The temperature in Lengpui is usually warm and is typically around 30 to 38 degrees Celsius. Most of the people in this region engaged in agriculture and its allied activities. Her house is situated near the main street and is not wealthy in terms of material possessions and monthly income. She lives alone and is caring for herself and tries her best to earn income despite her disability.

Number of family members and their profiles

1. R. Laldingliani. A 45-year-old woman who lives alone in Lengpui. She graduated high school and is currently engaged in any activity that she can find to sustain her economic needs. She received a monthly pension from her late father which is Rs. 4,500 and she would sometimes earn Rs. 1000 from selling vegetables which she could not often do.

She has a plot of land which is between 0.002 – 0.21 hectares in size. She has a high school degree and she also has computer proficiency. Her disability resulted from an accident she encountered. Her husband left her and they in turn remain separated to date. They did not have any children and her parents have also passed away and she started to receive her father's pension. She used a wheelchair which she received from the government through the Social Welfare and Tribal Affairs Department, and she is

not confident in using any public transport. The limitations imposed by her disability are high and she has to provide herself with everything including care which she sometimes finds difficult. *‘It would be best if I could have at least one caretaker to aid me in my daily struggle but since I have none, I have to do everything by myself which is frustrating at times.’*

She is not very healthy and has constant pain which is associated with her disability. She would sometimes sit in the vegetable vendors but cannot sustain this practice as her disability disrupts her. She said,

‘I was a very hard-working woman before I met with an accident but now, even the most basic activities become difficult for me but since I am a determined woman, I would sometimes sit amongst the vegetable vendors and sell vegetables as that cheers me up. I cannot even do that most of the time due to the pain from my condition and it saddened me.’

From one glance, it appears that she has a problem with mobility and her facial expression cannot hide the fact that she bore pain from her disability. She tried to act as normal as possible and liked to cheer people up. It is understandable how she needed at least one caretaker because many tasks are impossible for her and also, the pain due to her disability often hinders her activities and would be great if she lies with at least one family member. This shows how living alone as a disabled person is still a struggle. She is rather friendly and her neighbours even expressed how outgoing she is and how they couldn’t ask for a better neighbour. She has also said, *‘As a disabled woman, I am blessed to live in a Mizo society because everyone around me is altruistic and empathetic and would often aid me whenever the need arises.’*

She has also expressed how difficult it is for women with disabilities to attend educational institutions and also wishes the government to provide more inclusive schools in the state. She said,

‘If women with disabilities are educated at their respected level, they will gain confidence in themselves and will propel them further towards becoming a better citizen.’

She has faced difficulty in terms of access and expressed her desire for buildings in Mizoram to be more accessible for them. She went on to say,

‘The healthcare institutions and system in Mizoram is still not up to date. It would be great if we could have received some discount treatment as life is hard to earn an income as a disabled woman. If the health sectors were more inclusive and more accessible for women with disabilities, it would not be as problematic to even live alone as hospitals could give us most of the care and treatment. Right now, I even hesitate to visit hospitals due to their inaccessible nature and the high price and I would just bear the pain most of the time. If the government could improve health care and offer more treatment plans for disabled communities, we would benefit from it.’

The struggle of living alone while having a disability is highlighted in the case of R. Laldingliani. This shows the importance of having family members who provide help and care to these women and assist them in their daily lives. Besides, the importance of neighbours in assisting women with disabilities who live alone is also observed. This shows the altruistic nature of Mizo society and the caring nature of the Mizos who are willing to help those in need without demanding anything in return. The altruistic nature of the community as a whole can play a huge role in rehabilitating women with disabilities.

CASE STUDY NUMBER 4.4

A 31-year-old woman with intellectual disability

Name:	Siammawii Ralte
Gender:	Female
Age:	31 years old
Marital Status:	Single
Religion:	Christian
Work Status:	Student
Type of disability:	Intellectual disability

Siammawii Ralte is a 31-year-old woman who lives in Lunglei district of Mizoram. Their house is an Assam-type house which is small yet, has two floors. It is situated beside the main road.

Number of family members and their profiles

1. Pi Lalmangaihi. She is the head of the family and is also the grandmother of Siammawii Ralte. She is an 80 years old woman who mainly engages in household chores and look after her family. She does not hold any job. Her education level is also low and is a widow.
2. Pi Lawmsangi. She is a 38 years old woman who is the aunt of Siammawii Ralte. She is a trained teacher and has a degree of Special B.Ed and works in a school. She is the main caregiver of Siammawii Ralte.
3. Siammawii Ralte is a 31 years old woman who is intellectually disabled and is also spastic. She goes to school everyday at Onyx Special School in Chanmari, Lunglei.

Although Siammawii Ralte is a 31 years old grown woman, her behaviour is similar to that of a pre-adolescent girl. They have a small plot of land and are not a well to do family. She is not taken care of by her parents due to undisclosed problem which led her aunt to take care of her. It can be known from her aunty that the separation of her parents is more stressful than her conditions. She was born with the intellectual disability and also develop spastic at a later stage of her life. She was diagnosed with mental illness at a later stage in her life. She did not receive any formal type of job-oriented training and also did not receive any professional help, though registered under Unique Disabilities Identity (UDID) Card. She did not receive any professional help except having a certificate on being registered under UDID.

She regularly attends Onyx Special School which is located in Chanmari, Lunglei. Her education as of now is very limited indeed. She can write the names of the months and days and several types of vegetables and animals. At school, she is one of the most reliable students and often acts as a leader and guides the other special students in their tasks, as revealed by her mentor. She obeys her teachers and is all willing to co-operate accordingly. She is often the spokesperson of their school and is loved and adored by her teachers and her friends. *‘Although she is a bit stubborn at times, she is one of the*

most reliable students that we have’, said her teacher mentor. She also swept the floors of her classroom and feed the other children as and when necessary.

However, the case took a different turn at her house.

‘Siammawii Ralte is very stubborn and does not even feel like cleaning and sweeping the house even if we told her to do it several times. But we do not mind it most of the time because we feel pity for her,’ said her aunt.

She relies heavily on her aunt and her grandmother for almost all the tasks in their house and simply sits and watches the television or watch the smartphones. She is healthy and often do not have problems in terms of health. *‘We are blessed by the Almighty God as Lalliani is amazingly healthy since her birth and do not require medical attention as much,’* said her aunt.

In terms of women specific problems, her aunt said that they faced quite a lot of problem when she had her menstrual cycle. Before the advent of her monthly period, she would face certain problems which are difficult to describe. Sometimes she would shout as loud as possible and disrupt the whole neighbourhood. Her aunt said, *‘..at one point, she even took a cab to Zobawk village and went there before her monthly period starts...’* The only problem that they have faced is during her menstrual cycle which disrupts not only the family but the whole neighbourhood as well. The patience and support of the neighbours have left them feeling grateful and ease their burden.

Her aunt went on to describe the absence of proper guidance and training centres to be the main problem that they face. The schools are still not inclusive and the inclusive development is still not up to expectation in Mizoram. There are still some people who would mock them and laugh behind their backs which hurt their feelings. There is also one incident which hurt their feelings even up to this day. Her aunt further said,

‘...we were once approach by the so-called activists for the disabled and had the photo taken of our daughter. We soon find out after several months that the photo that they took was made as a pamphlet and distribute to various people, the benefits of which is taken by the activists themselves. Besides, we feel that

publishing such contents and photos without our consent is injustice and a form of discrimination and we wish that it would never happen again in the future.'

The uncertainty of Siammawii Ralte's future had troubled her family as her aunt found it difficult to get married and leave Lalliani and her grandmother alone. She also does not even have enough time to cater to her needs as well which sometimes leave her mentally exhausted and tired.

'Since there are no professional help and counsellors for the persons with disabilities in Lunglei, it is up to the family to take care of our disabled child by whatever means known to them. The means adopted are not proven to be effective most of the times as well. In terms of education, there are no proper education system and schools for the disabled in Lunglei which left them to be underdeveloped as compared to other disabled child from other states of India.' – Siammawii's aunt.

The caregiver has also added that they are sometimes stigmatised by some people in society as it is believed that disability stems from the punishment of God due to the mistakes committed by the parents in their younger days.

'Stigmatisation from people around us is one of the worst possible ways to endure disability. Some people felt that our family members are not worth marrying due to the presence of a disable child in our family. Some people have also said that the presence of a disabled child is due to the unforgivable sins committed by one of our family members which deeply hurt us. This is never the case as all of us commits sins but is pardoned by the Almighty God. I also tried my best not to disclose our problems to other people as I felt like no one will understand our situations.' – Siammawii's aunt.

The family of Siammawii Ralte cope with her disability by accepting her as she is and also accepting her disability. Since there is nothing much they can do to improve her conditions, they just simply accept her as she is and love her endlessly even when she is disobedient and rebel against her families. Her aunt would often tell her to do household chores and would even show her how to do it properly but would not engage in any chores. This would often lead her aunt to scold her. They belong to a lower

income family and they faced stigma from society because of her disability and her mental illness has further worsen her conditions.

4.13 An overview

Based on the primary data that was collected from the intensive field survey, the socio-economic profiles of women with disabilities were marked in this chapter. They are further subdivided into 12 different headings and through these headings, the socio-economic profiles are analysed. These various categories include the age of the respondents, their marital status, religion, education level, employment status, occupation status, place of domicile, family and household, their monthly family income, the size of their land possession, the causes of their disability, and types of disability. District is used as an independent variable while studying the rest of the categories and the main aim is that women from different districts can have different socio-economic status and also have their own set of problems and coping strategies which is essential to know to provide inclusive development of these women. The chapter concludes with four case studies which include their important profiles as well as those of their families and highlights the problems and obstacles they encounter as a woman with disability which are self-explanatory.

Age: In terms of their age, 49 (30.06%) of the women are below the age of 20 years and 39 (23.93%) are between 21 – 30 years of age. 25 (15.34%) of the women are between the ages of 31 - 40 years and 20 (12.27%) of the women are between 41 – 50 years of age. The remaining 30 (18.4%) are above the age of 50 years old. In both the districts, women below 30 years of age comprise the most population and in Lunglei, women between the ages of 31 – 40 years of age comprise the least number of the population, and in Aizawl, women between the ages of 41 – 50 years comprise the least number of the sample. Women above the age of 60 years comprise the second largest population in both districts. As the number of women below the age of 30 years is greater, this shows the importance of rehabilitating these women and providing certain vocational skill training and inclusive education to them. The findings show the need of the government and concerned authorities to take mitigative measures and actions for these young women as they have years ahead of them.

Marital status: In terms of marital status, most of the women from both districts are unlikely to get married due to the nature of their disability. There are only 2 married women from Lunglei while 23 women are married in Aizawl. Women respondents who separated from their spouses are also less and in terms of divorce women, only 1 case is found among all the age group categories. A case of separation and divorce is included in this study in which women who are separated from their husbands are only for a temporary period and they all have plans to move back in with their husbands while the divorced woman returned all the bride price to her husband's family through Mizo customary laws, and she did not have any plans to get back with her husband. Hence, it is evident that these women and their families have attributed their disability to be the main reason for being unlikely to get married and also one of the main factors that left them in a state of divorce and separation. This finding also supports the findings of Nosek et al. (2001) that stated that women with disabilities are less likely to get married as compared to normal able women due to the nature of obstacles and stigma associated with disability.

Religion: Mizoram is predominantly a Christian-dominated state and this factor plays an important role in the lives of the respondents. As a result of which, all the respondents from both the districts of Mizoram have stated that they are Christians and all the respondents are also from the Mizo community. The list obtained from the Social Welfare and Tribal Affairs Department mostly contained Mizo women and the handful number of women with disabilities from other communities like Gorkha and Chakma who also settled in Mizoram could not be contacted due to wrong phone numbers given in the list and unclear address provided. So, this explains the reason why all women respondents for this study belong to Christianity and the Mizo community.

Education: In terms of education, the results obtained show that the education level of the respondents is low as most of them have achieved only the primary level of education in both districts. The main reason is because they find it difficult to cope with the syllabus which is not inclusive and also because many of the women find it difficult to access special schools. Besides, even among those women who attend special schools and government schools, they all stated their education level to be

‘primary’ because, in government schools, they are made to repeat primary level every year as higher studies are impossible for them to attend due to their lesser capabilities. In special schools of both districts, there is no proper division such as primary, middle, and high school sections and so, they are all listed in the category of primary level which is also the reason why women with primary level of education are in abundance. It is followed by women who have a high school level of education, and the third highest level of education is the upper primary level followed closely by graduates in Aizawl while in Lunglei, the high school level is followed by pre-degree and women with no formal education. There is a very limited number of women who have postgraduate degrees and pre-degree which is equivalent to higher secondary level. Finally, it is found that there is only one woman who pursues a Ph. D degree from Aizawl district. Overall, the education level of the respondents is low, and education has little impact on their lives. This, in turn, may be attributed to the neglect of the government in framing a more inclusive syllabus and in building more accessible and inclusive schools that also cater to women with disabilities in Mizoram. This finding relates to the study of Hammad & Singal (2015) and Hamad (2001) who have stated that women and girls with disabilities have found it difficult to pursue higher education due to lack of accommodations such as elevators, wheelchair ramps, sign language interpreters and accessible restrooms which is also the exact reason why the women respondents did not pursue higher education.

Occupation: Under this heading, the district is used as an independent variable to measure the occupation status of the respondents. 24 women are found to have an occupation in total. Among those who are still studying, the majority of them are still in their primary level. In Lunglei, most of the women are still studying at the primary level while there is an equal number of women who are unemployed and employed. In Aizawl, most of the women are unemployed followed by women and girls who are still studying and only a small number are employed. In Aizawl, 4 women are currently in the process of seeking a job and they did not want to be labelled as unemployed, but they are placed under the category as their status said so. These 4 women are vocal about their passions and goals and have higher hopes and dreams as compared to the others. No unemployed women in Lunglei are seeking jobs. Hence, it is evident that

providing basic education or any vocational training to women with disabilities is crucial for them to find an occupation.

Employment: Among those 24 women who have an occupation, it is found that most of them have found employment in the government sector and all of them did not claim any disability reservation at the time of acquiring their job. In Lunglei, two women worked in the government sector, and in Aizawl, there were few government servants among the women, and a handful of them were self-employed. Most women still do not have jobs based on reservation and all these employed women solely acquire their job purely based on their merits and capabilities. From the experiences of the employed women, it is observed that education is important for these women to find employment as it provides them with basic knowledge about skills and it is also a means through which they are motivated to find employment. It also highlights the importance of the role of government to provide better employment opportunities to these women and strictly carry out the reservation method. The finding of this study in terms of the reason for low employment and occupation of the women respondents relates with the study of Mitra & Sambamoorthi (2006). In their study related to the employment status and opportunities of women with disabilities, it has been found that women with disabilities are less likely to find an employment due to the nature of their low educational qualifications, lower vocational training and differences in human capital and it is out of reach for most of the women with disabilities due to low awareness and limited seats provided. This is similar to the reason for low employment rate of the women respondents in this study.

Place of domicile: In terms of place of domicile, most of the women in this study live in urban areas and only a handful reside in rural areas. In Lunglei, fewer women from rural areas are registered on the list as compared to Aizawl. The main reason attributed to this finding points to the list provided by the Social Welfare and Tribal Affairs Department in which the majority of the women settle in urban areas. Hence, the government needs to extend its program and provide more opportunities for rural women to be included on the disabled list and provide a better chance for these rural women to obtain Unique Disability Identification (UDID) cards so that development approach taken towards women with disabilities can be more inclusive shortly. In other

districts of India and studies related to disabilities, the list of persons with disabilities concentrated less on women with disabilities who reside in rural areas. The less inclusion of rural women with disabilities is due to poor data as many rural areas are inaccessible and difficult to access as compared to urban areas.

Family and household: In terms of the size of the family, most of the women belong to a family which consists of 5 to 6 members which is followed by women belonging to 3 to 4 members in both the districts of Mizoram. This, in turn, is followed by women who have 1 to 2 members. There are only 7 women who have family members between 7 to 8 members in Aizawl and women who have more than 8 family members are absent in both the districts. So, the size of the family is typically on a smaller frame and most of these families follow the nuclear type of family, and another limited number of women did not live with any family members. There are only a handful of women-headed families in both districts. This is due to the demise of the original male authority after which, authority is then transferred to the female. The system of patriarchy is still largely practiced in the state. In total, there are more women family members than there are male family members in both the districts which is aligned with the current sex ratio rate of the state.

Family income: In contrast to most of the findings such as Rao (2004) and Groce et al. (2011) which support the relation between disability and poverty, this study revealed that most of the families, i.e., 97 (59.5%) families of women earn an income which is more than Rs. 20,000 per month. This is followed by families who earn between Rs. 10,000 to Rs. 20,000 per month. 13 families earn between Rs. 5,000 to 10,000 and only 5 families earn up to Rs. 5,000 per month in both districts. In both districts, more women with disabilities reside in a family who earns more than Rs. 20,000 per month followed by families who earn between Rs. 10,000 – 20,000. Some women live in a family who earn a monthly income between Rs. 5,000 – 10,000 and there are only 5 (3.1%) women who earn a monthly income which is less than Rs. 5,000. The highest income earned recorded is Rs. 2 lacs among 5 families from Aizawl and the lowest income recorded is Rs. 4,500 which is also from Aizawl. However, it is important to note that this doesn't provide a ray of sunlight in the wider picture as these incomes are mostly earned by the family members of women with disabilities

which makes them dependent on the income earned by other members of the family. In the previous headings, it has already been mentioned that only 24 women with disabilities have an occupation, so, even though the total earnings of all family members may be on the higher side, women with disabilities are still not financially independent, and also, the income earned by these family members is spent on the needs of the other members of the families as well. So, even though the income depicted a brighter side, most of these family members still faced insufficiency issues as their incomes were too meagre to provide complete care and support to these women due to the unsustainable nature of high-cost treatment such as therapies and medicines which still pushes these women towards low standards of living.

Land possession: Concerning land possession, most of the land possession of the women is on a smaller scale. Specifically, women themselves do not possess any land on their own but the landholders are typically the head of the family. None of the landholders are in the name of these women. Even so, the land possessed by the families of the women is rather small in size, when measured in terms of hectares and they are used efficiently. In Lunglei, most of the women and their families possess land between the sizes of 0.005 – 2.01 hectares and there are no women who possess land above 4.01 hectares in Lunglei. In Aizawl, all the families of the women possess land of all sizes mentioned in the study which is between 0.005 – 6.01 hectares. Most of the women have land between 0.41 – 1.01 hectares. In smaller terms, those who own land between the sizes of 5.01 – 6.01 comprise the least number which is followed by women who own land between 4.01 – 5.01 hectares. The land owned by these women is not larger but rather minute. The five families who own land between 5.01 – 6.01 hectares belong to a family with a monthly income of Rs. 2 lacs and the seven families who own the size of land between 4.01 – 5.01 hectares belong to a family who earn a monthly income of Rs. 1.8 lacs. From the size of land owned, it appears that women from Aizawl are more affluent than those hailing from Lunglei. Aizawl, being a crowded urban area, is assumed to have land areas that are costlier than Lunglei. However, in Lunglei, most of the women did not own large plots of land even though land may be cheaper than in Aizawl, and women from Aizawl owned larger plots of land when compared with women from Lunglei. In many studies related to disability

such as Mulubiran (2021), many women with disabilities are homeless and without any plot of land while this study shows that all the women respondents have houses to live in and have plots of land, even though some of them may not be as large as others.

Types of disability: A careful effort has been made so that the types of disability covered in this study align with the classification of the 21 types of disability laid down in the RPwD Act 2016. The list obtained from the Social Welfare and Tribal Affairs Department consists of 13 types of disabilities among women with disabilities and as such, this study consists of 13 types of disability. The respondents from these 13 types of disabilities are then carefully selected and these disabilities are: 1. Blindness 2. Low vision 3. Hearing impairment 4. Locomotor disability 5. Autism spectrum disorder 6. Intellectual disability 7. Mental illness 8. Muscular dystrophy 9. Parkinson's disease 10. Dwarfism 11. Multiple disability 12. Chronic neurological condition 13. Cerebral palsy

Among these types of disabilities, women with low vision and blindness are found in abundance in the two districts of Mizoram which is followed by hearing impairment in both the districts. This is closely followed by women with cerebral palsy. In the overall context, most of the women with disabilities in Mizoram have blindness, low vision, and hearing impairment and they represent the largest sections in both districts. On a smaller scale, women with mental illness, muscular dystrophy, dwarfism, and Parkinson's disease are found in a limited number, both in the list and in this study as well. The finding is also similar to the list of disabled population in India which shows that women with blindness and low vision make up the most number while women with mental illness and Parkinson's disease are only found in a limited number.

Cause of disability: The findings in this section in contrast to most of the popular beliefs and existing literature such as Aier et al. (2023) which state that disability is caused by poverty and malnutrition. The major causes of disability among women are mostly congenital which happens at birth. In Lunglei, the congenital case is followed by sickness while in Aizawl, it is followed by accident which causes their disability. All the mothers of these women had stated that they did not suffer from malnutrition or lack of medical intervention during their pregnancy and so, poverty and malnutrition

cannot be attributed to the cause of disability among these women. Besides, the religious model of disability does not apply to this study as all the respondents strongly opposed the idea that their disability occurred due to the sins committed by them or their ancestors. They accept their disability with open arms and view it as a blessing in disguise by the Almighty God. They also attributed the neglect and inattention faced in society to having worsened their disability that leaves room for the social model of disability in place of the moral and religious model of disability.

Some case studies: Finally, the chapter concludes with carefully selected case studies of four women where the first case study is about a young woman who lives with her brother and currently pursues her higher education while working as a guest faculty and also providing financial support to her younger brother all at the same time. She earns an income that ranges between Rs. 10,000 to 20,000 and is capable of working, studying, and caring for her brother even while being a disabled woman who said, *‘Mizo society still did not have a clear understanding of disability. I never wanted to let my disability stand in the way of achieving my goals. I strive hard every day to be a source of inspiration for people like me.’*

The second case study is about a woman in Lunglei district who is the sole income earner in her family and earns between Rs. 10,000 to Rs. 20,000 per month. This woman also provides financial support for her son’s education and also looks after her elderly mother while being a disabled woman herself. She said,

‘My disability does not stop me from pursuing my jobs and by the grace of God, I am capable of caring for my ailing mother. I tried my level best to be a great mother for my son and tried to set a great example for him by not letting myself down because of my disability.’

The third case study depicts the case of a 45-year-old woman who has a neurological condition and lives alone. She cares and provides for herself all while living most of her life in a wheelchair which she received from the government free of cost. She also occasionally sells vegetables and can sustain her difficulties without the help of any family member but raises her gratitude to live in a caring Mizo society and says, ‘...

as a disabled woman, I am blessed to live in a Mizo society because everyone around me is altruistic and empathetic and would often aid me whenever the need arises. '

The fourth case study covers the life of Siammawii Ralte who is intellectually disabled and from her life, the importance of family in looking after women and girls with disabilities is witnessed.

The four case studies highlight the importance of having family members to provide care and support to these women and also, the important role played by Mizo society in assisting these women through their altruistic spirit is also observed. Women with disabilities are further disabled when their rights and justice are denied to them by society and the government. The cases of all three women showed that they are just as capable of providing for their families and pursuing their goals while being working women.

All four case studies provide detailed understanding of the overall socio-economic profiles of the women with disabilities in Mizoram and the hardships associated with their disability while being a sole income earner and providing support for their family. After a thorough analysis of the socio-economic profile of the women respondents, the rehabilitation and coping issues of these women are presented in the next chapter.

CHAPTER-V

COMPARATIVE ANALYSIS OF PROBLEMS AND COPING STRATEGIES

- 5.1 Introduction**
- 5.2 Mobility limitations**
- 5.3 Issues associated with assistive devices**
- 5.4 Issue of Access**
- 5.5 Issues in education**
- 5.6 Problems in terms of vocational training centres**
- 5.7 Inheritance issues**
- 5.8 Neglect and discrimination**
- 5.9 Health attainment**
- 5.10 Coping strategies and faith issues**
- 5.11 Some case studies**
- 5.12 An overview**

CHAPTER-V

COMPARATIVE ANALYSIS OF PROBLEMS AND COPING STRATEGIES

5.1 Introduction

The previous chapter has highlighted the socio-economic profile of women with disabilities in two major districts of Mizoram. A need is felt to understand and analysed the hardships faced by these women with differences in their demographic profile. As the respondents belong to the Aizawl and Lunglei districts, the various problems faced and the coping strategies adopted will be studied by examining the respondents from the two districts in a comparative perspective. To study the inclusive development of these women, it is crucial to have an in-depth knowledge of the problems that they face as a result of their conditions of disabilities. The word ‘problem’ is a huge term and it can be divided into various analytical categories. This study will focus on problems such as mobility limitations, problems in the areas of assistive devices, issues of access, issues in education, problems in terms of vocational training centres, inheritance issues, neglect and discrimination, and health attainment. This is followed by studying the coping strategies adopted by these women and the burden they face in their daily everyday lives. At the end of the chapter, four case studies are presented to substantiate the hardships faced by them and the coping strategies adopted by them.

5.2 Mobility limitations

In simple terms, mobility means the ability to move freely from one place to another without having many restrictions or barriers. The inability to mobilize freely led to various limitations as the two concepts affect one another. The ability to move freely without many restrictions is an important step towards inclusive development. To know the problems of women with disabilities, it is crucial to know their mobility limitation issues. Hence, the respondents were asked whether they have issues with mobility in terms of their physical body. Data relating to this section has been further subdivided into three major heads namely: 1. Limitations imposed 2. Issues about mobility 3. Mobility issues in using public transport. Issues in mobility gave rise to certain limitations.

Table 5.1 Limitations imposed by disability

District	Limitations imposed by disability					
	Very high	High	Neither high nor low	Low	Very low	Total
Lunglei	8 (4.9%)	7 (4.3%)	1 (0.6%)	3 (1.8%)	1 (0.6%)	20 (12.3%)
Aizawl	66 (40.5%)	49 (30.1%)	14 (8.6%)	7 (4.3%)	7 (4.3%)	143 (87.7%)
Total	74 (45.4%)	56 (34.4%)	15 (9.2%)	10 (6.1%)	8 (4.9%)	163 (100%)

Source: Field Survey

Disability can reduce or limit the capacity of an individual and so, the above data indicates the level of limitations caused by their disabilities. In Lunglei, 8 (4.9%) women have said that limitations imposed by their disability are very high and 7 (4.3%) have also said that the level of limitations is high. Only 1 (0.6%) woman has said that it is neither high nor low, while 3 (1.8%) women and 1 (0.6%) have said that the limitations brought about by the disability are low and very low accordingly.

In Aizawl, 66 (40.5%) women have said that their limitations are very high and as many as 49 (30.1%) have also said that their limitations are high. 14 (8.6%) women have said that it is neither high nor low, while 7 (4.3%) and 7 (4.3%) have equally expressed that the limitations experienced by them are low and very low accordingly. Overall, most of the women have proclaimed that even though they may be able to move and roam around without much difficulty, their disabilities have placed certain limitations on their day-to-day activities. As many as 74 (45.4%) women have stated that their disabilities have brought very high limitations in their daily lives and 56 (34.4%) women have also stated that the limitations imposed by disability in their lives are high. There are 15 (9.2%) women who have stated that the limitations imposed are neither high nor low and there are 10 (6.1%) women who have stated that their disabilities only brought low limitations. The rest of the 8 (4.9%) women have stated that the disabilities imposed very low limitations in their everyday lives. They find it difficult to study in mainstream schools and keep up with other normal children as their capabilities are limited by their disabilities and employed women have also found it extremely difficult to keep up with others in their workplaces most of the time.

The statement of Krawsnungi, a hearing-impaired woman from Aizawl strongly depicts the issue of limitations brought on by her disabilities,

‘....it is true that disabled persons have lower capabilities as compared to normal able persons. As a hearing-impaired woman, I can move freely in and out of my house and help my family with household chores. However, I wanted to pursue a higher educational degree because I don’t want to be confined in the four walls of my house forever and while attending schools, I am slower in understanding my school lessons due to my hearing problems, and that limits my capabilities to a large extent. Had I not had any hearing problems, I would have excelled further in my academic progress and so, my disability limits my holistic progress to a considerable extent. My disability has also lowered my confidence to use public transport.’

So, the findings indicated that the limitations brought about by disability are still very high among the women respondents as it restricts them from performing various activities in schools, society, and their workplaces. While the limitations brought about by their disabilities are high, it is also important to know that the mobility issue did not bother them much concerning their body movement.

Table 5.2 Mobility issues

District	Issues with regard to mobility		
	Yes	No	Total
Lunglei	4 (2.5%)	16 (9.8%)	20 (12.3%)
Aizawl	46 (28.2%)	97 (59.5%)	143 (87.7%)
Total	50 (30.7%)	113 (69.3%)	163 (100%)

Source: Field Survey

While limitations imposed by disabilities have been too high, the women respondents largely have managed to cope with that and do not consider it a major issue as revealed from their responses. One of the respondents has said, *‘Limitation imposed is something God-given, but coping is solely my efforts. I need to endure....’*

The data indicates that most of the women do not have many issues about mobility in terms of body restrictions and can move about freely on their own which comes in contrast to various kinds of literature stating that women with disabilities have serious issues with mobility. In Lunglei district, only 4 (2.5%) women faced issues about mobility while in Aizawl, 46 (28.2%) had issues about mobility. As many as 16 (9.8%) women did not have any issues concerning mobility in Lunglei and Aizawl, as many as 97 (59.5%) have faced problems about mobility.

There are only 50 (30.7%) women who have faced limitations in mobility while the rest of the 113 (69.3%) women have no issues in terms of mobility and their disabilities do not place any limitation in terms of their mobility.

One of the respondents from Aizawl, named Emy Malsawmzuali has faced certain mobility issues brought about by her disability and said,

‘....as a woman with multiple disabilities, I find it difficult to move about freely and my disability has also prohibited me from pursuing education which led me to lack any skills or knowledge to pursue any job. Many of my issues may be solved if I do not have mobility issues. I wish the government would provide assistive devices to aid my mobility issue as I am too poor to afford it.’

In terms of mobility, even though women with mobility issues are on the lower side, the ones with mobility issues are still struck hard by their inability to move about freely and face layers of burden associated with their mobility restrictions. This, in turn, hindered their effective participation in society and brought certain limitations in their daily lives.

Table 5.3 Limitations in using public transport

District	Limitations in using public transport				
	Very confident	Confident	Not confident	I don't know	Total
Lunglei	3 (1.8%)	3 (1.8%)	14 (8.6%)	0 (0%)	20 (12.3%)
Aizawl	30 (18.4%)	25 (15.3%)	87 (53.4%)	1 (0.6%)	143 (87.7%)
Total	33 (20.2%)	28 (17.2%)	101 (62%)	1 (0.6%)	163 (100%)

Source: Field Survey

In terms of public transport limitations, the above data indicates that in Lunglei town, only 3 women (1.8%) are very confident in using public transport by themselves, and another 3 (1.8%) women are also confident enough to use public transport without the assistance of anyone. However, as many as 14 (8.6%) women are not confident about using public transport on their own and need the guidance and assistance of caretakers and family members to assist them. The situation is somewhat similar in the Aizawl district in which 30 (18.4%) are very confident to use public transport and 25 (15.3%) women are confident to use transport by themselves. 1 (0.6%) woman is not sure whether she is confident or not and has stated that she did not know the answers to the questions. However, as many as 87 (53.4%) women with disabilities in Aizawl have exclaimed that they are not confident in using public transport at all.

Only 33 (20.2%) women are very confident in using public transport vehicles and another 28 (17.2%) are also confident in using public transport. A total of 101 (62%) women are not confident in using transport by themselves and it shows that even though most of the women can move freely without much restrictions in their own houses, they are not confident at all when it comes to places outside their own houses. The women have stated that this relates to their disability and feared that something undesirable might happen whilst they are using public transport. So this limits their mobility in using public transport.

The case of Lallawmawmi, who lives in Khatla locality strongly supports the evidence that if women with disabilities are not confident in using public transport alone, it disrupts their entire development. Her mother has said,

‘...we accept the fact that education will improve the quality of life of my daughter, but no one from my family of three can accompany her to special school every day. My mother has to look after our business and I have to look after Lallawmawmi and the households and I am not a very healthy woman myself. The special schools cannot pick her up as our locality is very segregated and we cannot afford private vehicles to personally pick up and drop her to school

every day. So, we just let her stay inside the house and look after her lovingly. Had she been able to use the public transport by herself or if the school is located nearer to our house, the situation would be very different... ’

Even though most of the women have stated that disability does not bring about any mobility limitations in their body movement, it brought certain limitations in other fields which limit their full and effective participation in society and most of the women did not have any confidence to use the public transport system on their own. Many women also blamed the lack of usage of assistive devices as well as fear of being ridiculed by other passengers which makes them avoid using public transport by themselves. The study indicates that mobility limitations imposed though very high do not impact their mobility issues.

5.3 Issues associated with assistive devices

Assistive devices are external devices that are used to assist and help the users to perform particular tasks. Women with disabilities are limited from performing various tasks which further prevents them from their effective participation in society. This absence in social activities further leads them to be stigmatised by society (Goffman, 1963) into thinking they are not capable of achieving anything and led to permanently staying in the position of a ‘sick role’ (Parsons, 1951). So, the effective use of assistive devices can go a long way to reduce the chances of dependence on others and also increase their chances of social participation. The 5 A’s which provides a link between disability and mobility such as availability, accessibility, accommodation, acceptability, and affordability are covered in this section in an attempt to find out the usefulness of assistive devices for these women and also the various problems associated with it. This section is further subdivided into four major headings such as 1. The number of assistive device users. 2. Problems in using assistive devices 3. Source of assistive devices 4. Knowledge of the importance of assistive devices. Firstly, the number of women who used assistive devices is located as follows.

Table 5.4 Issues of assistive devices for disability aid

District	Use of assistive devices for disability			
	Yes	No	No Idea	Total
Lunglei	4 (2.5%)	16 (9.8%)	0 (0%)	20 (12.3%)
Aizawl	37 (22.7%)	105 (64.4%)	1 (0.6%)	143 (87.7%)
Total	41 (25.2%)	121 (74.2%)	1 (0.6%)	163 (100%)

Source: Field Survey

In terms of using assistive devices to aid their disability, the above data has indicated that in Lunglei district, only 4 (2.5%) women have used assistive devices as against 16 (9.8%) women who did not use any assistive devices to assist their disabilities.

In Aizawl, 37 (22.7%) women have used assistive devices, and as many as 105 (64.4%) women did not use any assistive devices. One woman (0.6%) from Aizawl cannot give a definite answer as to whether she is using an assistive device or not and stated that she had no idea how to the question being asked. So, in total, only 41 (25.2%) women have used assistive devices, and the devices that they used range from cochlear implants, hearing aids, walking sticks, wheelchairs, and spectacles. Surprisingly, even though most of the women have said that their disabilities brought certain limitations and restrictions, as many as 121 (74.2%) women live their daily lives without the use of any assistive devices to assist their disabilities.

There can be various problems with the use of assistive devices and the main reason for the large non-user of assistive devices and the problems associated with its uses is further shown in the following table.

Table 5.5 Problems in using assistive devices

District	Problems in using assistive devices for disability					
	Non-availability	Not user friendly	Lack of money	Places are not accessible	Roads are not friendly	Total
Lunglei	13 (8%)	2 (1.2%)	4 (2.5%)	1 (0.6%)	0 (0%)	20 (12.3%)
Aizawl	77 (47.2%)	35 (21.5%)	22 (13.5%)	6 (3.7%)	3 (1.8%)	143 (87.7%)
Total	90 (55.2%)	37 (22.7%)	26 (16%)	7 (4.3%)	3 (1.8%)	163 (100%)

Source: Field Survey

The data indicates that in Lunglei, 13 (8%) women have attributed the non-availability as to why they did not use any assistive devices 2 (1.2%) women who use devices have said that they are not user-friendly, and 4 (2.5%) women have blamed their lack of

money as another problem that arises about assistive devices while 1 (0.6%) woman has said that the uses of assistive devices like wheelchairs become close to impossible as many places in Lunglei are not accessible. The case of Lalnguri, a resident of Lunglei, who belongs to the denomination of United Pentecostal Church, North-East India has said,

‘I love going to Church and attending worship services but the Church is located in such a manner that it is close to impossible for a woman like me to visit often. My family is not strong enough to carry me often and wheelchairs are not accessible since the entrances are all concrete steps. In this sense, even using assistive devices proves to be problematic, and also, the wheelchair that I received from the government is of low quality. Its usage is rather uncomfortable and does not assist me much which is another problem that I faced with an assistive device.’

In Aizawl, the situation does not present a favourable scenario as 77 (47.2%) women have reported the non-availability of assistive devices for them and 35 (21.5%) of the user of assistive devices have also said that they are not user-friendly. As many as 22 (13.5%) women have said that they lack the required money to purchase devices and 6 (3.7%) women have also said that places are still not fully accessible which leads to the increased ineffectiveness of the assistive devices. 3 (1.8%) women have also expressed that roads are friendly, so the effectiveness of assistive devices has been reduced for them. In Aizawl, the case of Runremlali, a hearing-impaired woman has strongly depicted the problems faced by women about assistive devices. She said,

‘I have received hearing aids from the Social Welfare and Tribal Affairs Department. In the initial stage. I was hopeful as I thought it would assist my disability. However, it causes extreme discomfort in my ears which makes its usage impossible. From then on, I rarely use the devices and I rather have trouble hearing than bear extreme discomfort associated with the hearing aids. Since I could

not afford new hearing aids, it would be helpful if the assistive aids provided by the government could be of high and standard quality.’

Overall, there are more women, i.e., 90 (55.2%) women who have stated that there is no availability of assistive devices to assist their disabilities and hence, did not use them. Among the 41 (25.2%) women who used assistive devices, all of them had reported having problems with their assistive devices whereas 37 (22.7%) women stated that the non-user-friendly nature of the assistive devices prohibited them from regular use. 26 (16%) women have stated that they did not use any devices as they could not afford it and this includes 4 assistive device users who all stated that the lack of money prohibit them from buying high-quality devices and thus, lack of money causes problems in using better devices. 7 (4.3%) women do not use devices due to the inaccessible nature of their buildings and 3 (1.8%) women have stated that the unfriendly nature of the road acts as a barrier to the effective use of the devices by these women.

Table 5.6 Source of assistive devices

District	Source of an assistive device for users only (41 women)			
	Government	Private	Not applicable	Total
Lunglei	2 (1.2%)	0 (0%)	18 (11%)	20 (12.3%)
Aizawl	18 (11.04%)	21 (12.9%)	104 (63.8%)	143 (87.7%)
Total	20 (12.27%)	21 (12.9%)	122 (74.85%)	163 (100%)

Source: Field Survey

Amongst the users of assistive devices, the table above has shown that only 2 (1.2%) women from Lunglei have received the devices from private while in Aizawl, only a handful of women received their devices from the government, i.e., only 18 (11.04%) women. In total, only 20 (11.7%) women have received their assistive devices from the government while the other 21(12.9%) women have purchased the devices from their own money. In comparison, women in Lunglei are not aware of the devices distributed by the government and they are not aware of the proper channel to apply for the devices. Even in Aizawl, it is evident that only a few women are aware of the devices distributed by the government. Among the users, the main complaints about

the use of devices distributed by the government are the low quality and the uncomfortable it brought along due to its regular use.

‘Up until now, we have never heard that the government occasionally distributes free assistive devices to those in need. We cannot afford a wheelchair as of now due to our low income. Had the government increased the awareness and the advertisements, we would have applied through the proper channel as well to receive wheelchairs. Besides, I have witnessed that several women with disabilities lived their lives without assistive devices as they were not aware of the positive impact. So, there the knowledge of assistive devices is still very low in Mizoram. Life without assistive devices for my daughter is extremely difficult.’
– Pi Lalhlimi, mother of Lallawmawmi.

In total, there are only 41 women who used assistive devices and among them, 20 (12.27%) women acquired their devices from the government and another 21 (12.9%) women acquired their devices from private, i.e., their own money. 122 (74.85%) women did not use any assistive devices. As more women did not use assistive devices, the knowledge of assistive devices is analysed as follows.

Table 5.7 Knowledge of assistive devices

District	Knowledge of assistive devices for assisting disability					
	Very high	High	Medium	Low	Very low	Total
Lunglei	2 (1.2%)	1 (0.6%)	0 (0%)	0 (0%)	17 (10.4%)	20 (12.3%)
Aizawl	28 (17.2%)	6 (3.7%)	0 (0%)	6 (3.7%)	103 (63.2%)	143 (87.7%)
Total	30 (18.4%)	7 (4.3%)	0 (0%)	6 (3.7%)	120 (73.6%)	163 (100%)

Source: Field Survey

Knowledge of the existence and importance of assistive devices is the first and foremost step to making the most use of them. If women with disabilities are not aware of the importance and have limited knowledge about its usage, there can be less scope for them to even be aware of the devices distributed by the government. Hence, the above indicates the level of knowledge of the women about assistive devices. In

Lunglei, only 2 (1.2%) women have said that their knowledge is very high in terms of assistive devices while 1 (0.6%) woman has stated that she has a piece of high knowledge and the remaining 17 (10.4%) women have stated that they are very low about knowing assistive devices. There are no women who have medium and low-level knowledge of Lunglei. In Aizawl, only 28 (17.2%) have stated that they have very high knowledge of assistive devices, and an additional 6 (3.7%) have stated that they also have a high knowledge on assistive devices. There are no women who claim to have medium knowledge while 6 (3.7%) women have a low knowledge of the devices and among these women, 4 of them used assistive devices but their knowledge of the importance and assistance is still low. As many as 143 (87.7%) women from Aizawl have stated that they have very little knowledge of the importance and effectiveness of the use of assistive devices.

So, women from both districts overall have very low knowledge of the importance of assistive devices. From the cases of the women, it is also strongly evident that awareness is very low about assistive devices, and proper details of the distribution system of the devices by the government is rather low which led to lower use of the devices to assist them in their daily lives. This further gave rise to the issues of access among women with disabilities.

5.4 Issue of access

Access simply means the opportunity to enter. In this study, access is concerned with the women with disabilities' chances or opportunities to have entry to physical places like concrete buildings including private houses, educational institutions like schools, colleges and universities, government offices and Churches, and any other buildings like shopping malls and recreational centres. The inclusion of the study of issues about access is important as it reveals the conditions of buildings in Mizoram in terms of accessibility for disabled communities. The issue of access does not stop beyond the inability to access physical buildings. It affects access to all other factors such as education, vocational skills, employment opportunities, and recreational purposes through religion. Besides, it also reveals suggestive coping strategies to solve this

issue. The women are therefore inquired about the various problems that they faced in terms of access in Mizoram.

Table 5.8 Problems of access

District	Problems faced in terms of access					
	Very high	High	Medium	Low	Very low	Total
Lunglei	16 (9.8%)	4 (2.5%)	0 (0%)	0 (0%)	0 (0%)	20 (12.3%)
Aizawl	124 (76.1%)	13 (8%)	4 (2.5%)	1 (0.6%)	1 (0.6%)	143 (87.7%)
Total	140 (85.9%)	17 (10.4%)	4 (2.5%)	1 (0.6%)	1 (0.6%)	163 (100%)

Source: Field Survey

In terms of access, the above data has shown that in Lunglei, 16 (9.8%) women have faced issues with access stating that they have a very high problem in terms of accessing buildings while the remaining 4 (2.5%) women have also stated that they faced high problems in terms of access. All the women in Lunglei have either stated that their issues are measured in terms of very high and high and so, no women have stated medium, low, and very low in terms of access problems. In Aizawl, the case is somewhat similar as 124 (76.1%) women have stated that the problems they faced in terms of access are very high while 13 (8%) have also said that they have high problems in terms of access. 4 (2.5%) have stated that they have medium problems in terms of access and the remaining 1 (0.6%) woman each have said they have low to very low issues in terms of access accordingly. In total, 140 (85.9%) women have expressed that they faced very high issues, and another 17 (10.4%) women faced high issues in terms of access, and women from both districts faced very high problems in terms of issues. This shows that in general, most of the buildings in Mizoram are still not accessible.

The case of R. Chhuanawmi, a locomotor disabled woman has also cemented the overall issues faced by women in terms of access. She has given that,

‘I worked as a government teacher throughout my years but now that I am a retiree and as an aging woman, I found it extremely difficult to access buildings in Aizawl. Most buildings have steps

as their entrances which allows locomotor disabled women like me to access shopping malls, Churches, and offices. Due to the difficulty in access, I am confined inside my house with little recreational activities for me. '

Baby Lallawmawmi, a young girl with muscular dystrophy who resides in Lunglei has also expressed her concerns about access in her hometown. She said,

'Lunglei is a small town with a few numbers of disabled population. Even though the population is less, the authorities do not favour us as educational institutions for the disabled communities and Churches are still difficult to access. So, instead of going to Churches, I ended up staying in my house which limits my social participation. My limited presence in Church and social activities further led me to be stigmatised by society and people believed that I was not capable of achieving anything. I love singing and would have been an active member of the Church choir had the access to Churches been made easy for disabled women like me. '

So, overall, the problems faced in terms of access among women are very high and it shows the need for establishing inclusive buildings that can be easily accessible by these women. Besides the difficulty in access, the next heading shows which buildings are the most difficult to access in Mizoram.

Table 5.9 Difficulty in accessing buildings

District	Difficult buildings to access					
	Private buildings	Educational institutions	Government offices	Churches	Others	Total
Lunglei	9 (5.5%)	6 (3.7%)	4 (2.5%)	1 (0.6%)	0 (0%)	20 (12.3%)
Aizawl	62 (38%)	23 (14.1%)	11 (6.7%)	38 (23.3%)	9 (5.5%)	143 (87.7%)
Total	71 (43.6%)	29 (17.8%)	15 (9.2%)	39 (23.9%)	9 (5.5%)	163 (100%)

Source: Field Survey

After expressing their concerns on the issues of access, the main buildings which are difficult to access are further studied in both districts. So, the above data has shown the main buildings that were difficult to be accessed by these women. In Lunglei, 9 (5.5%) women have said that private buildings are the most difficult to access and 6 (3.7%) women have also said that educational institutions are the main buildings that are difficult to access. 4 (2.5%) women have said that government offices are difficult to access while only 1 (0.6%) woman has said that Churches are difficult to access the most. Similarly, as many as 62 (38%) women from Aizawl have said that private buildings are the most difficult to access in Aizawl while 23 (14.1%) have also said educational institutions are the most difficult to access. 11 (6.7%) women have blamed government offices as they are difficult to access. As many as 38 (23.3%) women have said that Churches are rather difficult to access while the remaining 9 (5.5%) women have stated other buildings like shopping malls and other recreational centres like sports complexes and restaurants as difficult to access.

Overall, 71 (43.6%) women from both districts have said that private buildings are the most difficult to access. 39 (23.9%) women have said that churches are difficult to access while another 29 (17.8%) women have found it difficult to access educational institutions. 15 (9.2%) women have also said that government offices are difficult to access. In terms of others, 9 (5.5%) women have said that hospitals, restaurants, and picnic centres are difficult to access. This finding may be attributed to the hilly location of Mizoram which leads to the need for installing steps in many places unlike plain areas in the rest of India, escalators and lifts cannot be easily installed in Mizoram due to low electrical supply, and the segregated location of building patterns. So, the need arises to know the perceptions of these women on the need for disability-friendly buildings in the state.

Table 5. 10 Need for disability-friendly buildings

District	The need for disability-friendly buildings					
	Very high	High	Medium	Low	Very low	Total
Lunglei	20 (12.3%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)	20 (12.3%)
Aizawl	130 (79.8%)	10 (6.1%)	1 (0.6%)	0 (0%)	2 (1.2%)	143 (87.7%)

Total	150 (92%)	10 (6.1%)	1 (0.6%)	0 (0%)	2 (1.2%)	163 (100%)
-------	-----------	-----------	----------	--------	----------	------------

Source: Field Survey

The intent to find out the need for disability-friendly buildings from the perspectives of the women with disabilities in both the districts of Mizoram has been highlighted in the above data and it shows that in Lunglei, all 20 (12.3%) women have stated that there is a very high to establish disability-friendly buildings in Mizoram as the current buildings are rather unfriendly and inaccessible. In Aizawl, as many as 130 (79.8%) women have expressed that there is a very high need for disability-friendly buildings in the state. 10 (6.1%) women have said that the need is high while 1 (0.6%) woman said that it is neither high nor low while women who said there is a low need are absent. There are 2 (1.2%) women who have said that there is a very low need to establish disability-friendly buildings in the state.

Overall, women from both districts have raised their concerns over the need to establish disability-friendly buildings in Mizoram as 150 (92%) and 10 (6.1%) women have said the state is in ‘very high’ and ‘high’ need of the current moment.

Even if it may seem difficult to construct disability-friendly buildings at the moment, the focus can be shifted towards including a separate disability toilet in public buildings which is another step towards their holistic inclusive development.

5.11 Need for a separate toilet

District	The need for a separate toilet					
	Very high	High	Medium	Low	Very low	Total
Lunglei	20 (12.3%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)	20 (12.3%)
Aizawl	130 (79.8%)	12 (7.4%)	1 (0.6%)	0 (0%)	0 (0%)	143 (87.7%)
Total	150 (92%)	12 (7.4%)	1 (0.6%)	0 (0%)	0 (0%)	163 (100%)

Source: Field Survey

The importance of having a separate toilet for women with disabilities cannot be stressed enough as it is a significant contributor to their inclusive development. It can give them confidence and motivation to attend more public gatherings. The above data contains information about the women’s opinion on the importance and need for a

separate toilet. In Lunglei, all 20 (12.3%) women have stated that they are in dire need of separate toilets in all public buildings, and Aizawl, the scenario is quite similar as 130 (79.8%) women have also said that there is a very high need for a separate toilet. 12 (7.4%) women have stated that there is a high need for a separate toilet and only 1 (0.6%) woman has said that the need for a separate is neither high nor low. The mother of C. Zonunsangi, an autistic girl from Aizawl has said,

‘My daughter loves to socialize and attend public gatherings like worship services. However, on such occasions, there always comes a time when she needs to use the toilet. I always have to accompany her and she would take too much time just to use the toilet. From our experiences, there are many times when other people do not understand us when we take too much time in the toilet, especially in crowded areas. So, keeping those bad experiences in mind, I would often choose to let my daughter stay at home instead of going out with her due to fear of being constantly side-eyed from the long bathroom uses. Our problems will be solved if separate toilets are installed in public places with special equipment installed in them. This would be a great achievement of inclusive development for women with disabilities.’

So, it is observed that most women, i.e., 150 (92%) women have stressed that there is a very high need for creating separate toilets for them and another 12 (7.4%) women have also said that the need for separate toilets is high for them. There is only 1 (0.6%) woman who neither agrees nor disagrees with the statement. This finding shows that the women with disabilities in Mizoram are in high need of separate toilets to rehabilitate them.

5.5 Issues in education

Education is the process of receiving or giving systematic instruction at schools, colleges, or universities. There are two types of education such as formal and informal type of education. Formal education is the type of education that one receives through traditional means in schools, colleges, and universities. An informal type of education

is the education that is provided by the parents and caretakers inside one's own home. Education is an important factor to achieve inclusive development, without which, holistic development cannot occur. In this study, the issues about education are thoroughly investigated and the women are asked about their opportunities in terms of education, educational facilities, the inclusivity of education, the syllabus as well as the issues in shortage of specially trained teachers.

Table 5.12 Educational Opportunities

District	Education opportunities for women with disabilities					
	Very high	High	Medium	Low	Very low	Total
Lunglei	1 (0.6%)	0 (0%)	0 (0%)	2 (1.2%)	17 (10.4%)	20 (12.3%)
Aizawl	8 (4.9%)	15 (9.2%)	10 (6.1%)	14 (8.6%)	96 (58.9%)	143 (87.7%)
Total	9 (5.5%)	15 (9.2%)	10 (6.1%)	16 (9.8%)	113 (69.3%)	163 (100%)

Source: Field Survey

From the above data, the educational opportunities of women with disabilities in two districts of Mizoram are highlighted. In Lunglei, there is only 1 (0.6%) woman who stated that education opportunities are high while 2 (1.2%) women have stated that the opportunities are low. At the same time, as many as 17 (10.4%) women have stated that the educational opportunities for them are very low. One of the respondents said, *'...try as I may, I will never have educational opportunities like other girls without disabilities because my capabilities do not permit me.'*

In Aizawl, the situation does not vary much as only 8 (4.9%) women have said that educational opportunities are very high. 15 (9.2%) women have said that the opportunities are high and 10 (6.1%) women have said that the opportunities are neither high nor low. 14 (8.6%) of the women have expressed that the opportunities for them for education are low while the remaining 143 (87.7%) women have stated that the opportunities for education in Mizoram are very low for them. This finding is in favour of low educational opportunities for women with disabilities in Mizoram as 113 (69.3%) of the women from the total respondents have stated the low chance for them to achieve education in the state. The main reasons as to what restricts their educational opportunities are studied further and shown in the following table.

Table 5.13 Lack of inclusivity in education

District	Lack of inclusivity in education					
	Strongly agree	Agree	Medium	Disagree	Strongly disagree	Total
Lunglei	20 (12.3%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)	20 (12.3%)
Aizawl	114 (69.9%)	22 (13.5%)	6 (3.7%)	1 (0.6%)	0 (0%)	143 (87.7%)
Total	134 (82.2%)	22 (13.5%)	6 (3.7%)	1 (0.6%)	0 (0%)	163 (100%)

Source: Field Survey

When enquired about the lack of inclusivity of education in Mizoram, all 20 (12.3%) women from Lunglei have said strongly agreed that education is not inclusive in Mizoram, as observed from the above table. In Aizawl, as many as 114 (69.9%) women have strongly agreed that education is not inclusive in the state and an additional 22 (13.5%) women have also agreed on the lack of inclusion in education. Only 6 (3.7%) women have neither agreed nor disagreed with the statement and there is only 1 (0.6%) woman who disagrees that education is not inclusive. The situation also does not fare well in Aizawl.

Diamond F. Malsawmdawngzeli, a student from Aizawl who has cerebral palsy has given a strong statement about the lack of inclusivity in education who said, 'Education is neglected in Mizoram for women with disabilities in the sense that it is still not inclusive. Mainstream schools hesitate to enrol as they claim that they do not have specially trained teachers to look after their disabled students. We need to make education more inclusive and to make that happen, mainstream schools should not hesitate to enrol disabled students in their respective schools and adjust their curriculum accordingly. Besides, there is a constant lack of educational facilities even in the special schools in Mizoram like braille, audio aid, and visual aids.'

The overall data has pointed out that a total of 134 (82.2%) women from both districts strongly agree on the lack of inclusivity in education. In Lunglei, it appears that

education is more exclusive all the women from the district have expressed their concerns over the exclusivity.

Table 5.14 Opinion on the lack of educational facilities

District	Lack of educational facilities					
	Very high	High	Medium	Low	Very low	Total
Lunglei	20 (12.3%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)	20 (12.3%)
Aizawl	115 (70.6%)	21 (12.9%)	7 (4.3%)	0 (0%)	0 (0%)	143 (87.7%)
Total	135 (82.8%)	21 (12.9%)	7 (4.3%)	0 (0%)	0 (0%)	163 (100%)

Source: Field Survey

In terms of lack of educational facilities, the above data highlights the opinion of the women in two districts, and in Lunglei, all 20 (12.3%) women have said that the lack of educational facilities is very high in Lunglei. In Aizawl, 115 (70.6%) women have raised their opinion about the very high lack of educational facilities in Aizawl, whereas 21 (12.9%) women have also said that the lack of educational facilities is high. There are only 7 (4.3%) women who have said that the lack is neither high nor low and is in a range of medium. Hence, it is obvious that there is an extreme lack of educational facilities in both districts and this is the early step that blocks the overall inclusive development of women in Mizoram. There is a dire need to elevate the presence of educational facilities such as visual and hearing aids in classrooms, ramps for entry into educational institutions, and other educational books and instruments which are specifically designed for disabled communities.

Lalramengi is an intellectually disabled woman whose age range falls between 21 – 30 years old and who lives in Lunglei town. She is not capable of achieving mainstream education so, she attended the only special school in Lunglei, which is Onyx Special School. In terms of the educational facilities, her father has said, ‘Society should broaden their mindset and include women with disabilities in various activities and gatherings. They may not be as capable as other able persons, but they have their strengths and capabilities, and we should not look beyond that. The special school that she

attended is the only special school in Lunglei and facilities are rather lacking. Visual aids and other disability-friendly devices are not much in their school and so, that makes them lag in terms of attaining educational knowledge. Women like my daughter are in serious need of educational facilities in their day-to-day learning and without those facilities, learning becomes difficult for them.'

There are as many as 135 (82.8%) women from both districts who have stated that the lack of educational facilities is very high in the state while another 21 (12.9%) women have also stated that the lack is high. There are 7 (4.3%) women who have stated that the lack is neither high nor low. Besides the lack of educational facilities, another problem that they can face in terms of education is the lack of special-trained teachers in the state.

Table 5.15 Lack of special-trained teachers

District	Lack of special-trained teachers					
	Very high	High	Medium	Low	Very low	Total
Lunglei	20 (12.3%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)	20 (12.3%)
Aizawl	118 (72.4%)	23 (14.1%)	2 (1.2%)	0 (0%)	0 (0%)	143 (87.7%)
Total	138 (84.7%)	23 (14.1%)	2 (1.2%)	0 (0%)	0 (0%)	163 (100%)

Source: Field Survey

The previous heading has highlighted the problems faced by women in terms of lack of educational facilities but in this section, the lack of specially trained teachers is analysed through the data displayed in the above table. In Lunglei, all 20 (12.3%) women have said that there is a very high lack of special-trained teachers in Lunglei. The district fared rather low in terms of having qualified special-trained teachers. In Aizawl, 118 (72.4%) women have also said that there is a very high lack of special-trained teachers and an additional 23 (14.1%) women have also said that there is a high lack of special-trained teachers. The remaining 2 (1.2%) women have said that there is neither a high nor low lack of special trained teachers and there are no women in both the districts who have expressed the abundance of special teachers in Mizoram. 138 (84.7%) women have said that there is a very high need for special-trained teachers

in the state while another 23 (14.1%) women have also stressed the high need for special-trained teachers. Only 2 (1.2%) women have expressed that there is neither a high nor low need for specially trained teachers for women with disabilities. Another problem that can arise in the field of education is the lack of an inclusive curriculum which limits the chances of attaining education among women.

Table 5.16 Need for a separate inclusive curriculum

District	Need for a separate inclusive curriculum					
	Very high	High	Medium	Low	Very low	Total
Lunglei	20 (12.3%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)	20 (12.3%)
Aizawl	114 (69.9%)	25 (15.3%)	3 (1.8%)	0 (0%)	1 (0.6%)	143 (87.7%)
Total	134 (82.2%)	25 (15.3%)	3 (1.8%)	0 (0%)	1 (0.6%)	163 (100%)

Source: Field Survey

The above table indicates that in Lunglei, 20 (12.3%) women have said that there is a need for a separate inclusive curriculum in the district. In Aizawl, as many as 114 (69.9%) women have said that there is a need for a separate inclusive curriculum as there is a very high lack of inclusive syllabus in the state. As many as 25 (15.3%) women have also said that there is a high lack of separate inclusive curriculum and 3 (1.8%) have said that there is no high or low lack of separate inclusive curriculum. In Aizawl, there is only 1 (0.6%) woman who is satisfied with the current curriculum used among the students. The principal of Onyx Special School in Lunglei has commented on the issue of inclusive curriculum and said,

‘I customised the syllabus of Mizoram school textbooks which suits the level of my students best because there is no formal inclusive syllabus as of now. My students are not capable at all to learn the Mizoram school textbooks and so, there is a very high need for an inclusive curriculum and special syllabus for students with disabilities.’

The current condition in terms of the curriculum followed in both districts is still not up to mark as 134 (82.2%) women have expressed their dissatisfaction with the current syllabus. Since the syllabus is tough for these women, most of them felt inferior and

did not feel the desire to have a high educational degree. This, in turn, affects their occupation status as low educational qualifications lead them to be either unemployed or engaged in low-paying jobs. This led to the need to study about the current condition of vocational training centres in the state.

5.6 Problems in terms of vocational training centres

Vocational training centres can be described as places, buildings, and structures where counselling and pieces of training are imparted to the students as a means for them to achieve employment. The previous findings have shown the weak structure of educational institutions and facilities in the state and under this section, the current condition in terms of vocational training centres for women with disabilities has been discussed. This is particularly important for inclusive development because if the women are not as capable of receiving formal education, then it is highly required to set up vocational training centres for them. Under this heading, the opinion on the need for vocational and professional training centres for these women is studied. Besides the training centres, the current condition in terms of facilities for training centres is also studied.

Table 5.17 Opinion on the need for vocational training centres

District	Need for vocational training centres					Total
	Very high	High	Medium	Low	Very low	
Lunglei	20 (12.3%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)	20 (12.3%)
Aizawl	126 (77.3%)	16 (9.8%)	1 (0.6%)	0 (0%)	0 (0%)	143 (87.7%)
Total	146 (89.6%)	16 (9.8%)	1 (0.6%)	0 (0%)	0 (0%)	163 (100%)

Source: Field Survey

When enquired about their opinion on the need for vocational training centres, 20 (12.3%) women in Lunglei said that there is a very high need for it and no women have even expressed an opinion on other scales like high, medium, or low or very low. In Aizawl, as many as 126 (77.3%) women have also said that there is a very high need for vocational training centres in the state and an additional 16 (9.8%) have said that there is a high need for it. Only 1 (0.6%) woman has given that the need is neither high nor low and is in a range of medium opinion. So, there is a constant need to establish

vocational training centres in Mizoram. The exact need of it has been highlighted in the case of Baby K. Lallawmawmi, an 11-year-old visually impaired girl who lives in Lunglei. In the words of her father,

‘.....it is against our wish that Baby is visually impaired. We have heard about the existence of blind schools in Aizawl and I know that she will receive education and training based on her level but our current condition does not permit her to be enrolled in that school. We are an economically weak family, and it is extremely difficult to provide my family with all their needs. The cost of putting her in a hostel outside Lunglei district is a far-fetched dream for us as of now. We enrolled her in government mainstream school right now and even though she does not progress as much, we are satisfied. If the government could open vocational training centres in Lunglei, Baby would also be able to join and learn certain skills from the centres as formal education will not help her much in the long run. If assistive devices could be provided at a subsidised rate and training centres are open for them, then, I believe that the current condition of women with disabilities would not be as worse and will also establish inclusive development for them.’

There are 146 (89.6%) women who have stated that there is a very high need for vocational training centres in the state and another 16 (9.8%) women have also stated that there is a high need for such centres. There is only 1 (0.6%) woman who has stated that there is neither a high need nor a low need for vocational training centres in the state. The fewer opportunities in terms of access to education and lack of vocational training centres have an immediate effect on the employment opportunities of women with disabilities which are discussed as follows.

Table 5.18 Lack of employment opportunities

District	Lack of employment opportunities					
	Very high	High	Medium	Low	Very low	Total
Lunglei	19 (11.7%)	0 (0%)	0 (0%)	0 (0%)	1 (0.6%)	20 (12.3%)

Aizawl	120 (73.6%)	18 (11%)	3 (1.8%)	1 (0.6%)	1 (0.6%)	143 (87.7%)
Total	139 (85.3%)	18 (11%)	3 (1.8%)	1 (0.6%)	2 (1.2%)	163 (100%)

Source: Field Survey

The effect of lack of education and vocational training on employment opportunities of the women are highlighted in the above table as it shows that in Lunglei, as many as 19 (11.7%) women have said that the problems that they faced in terms of lack in employment opportunities are very high while the remaining 1 (0.6%) woman has said that she did not face many issues in terms of employment opportunities.

In Aizawl, 120 (73.6%) women have said that they face very high problems in terms of lack of employment opportunities while another 18 (11%) women have also said that they faced a high lack of employment opportunities. 3 (1.8%) women have expressed that they neither face high nor low issues in terms of lacking in employment opportunities and 1 (0.6%) woman each have said that they faced low and very low problems with regard to lack in employment opportunities accordingly.

The overall result has shown that 139 (85.3%) women have faced very high issues with regard to the lack of employment opportunities mainly due to their low educational qualification and also the limited vocational training received by them. The government of India has increased the reservation of seats for persons with disabilities in government services from 3% to 4%. Since these women have lower employment opportunities due to currently lacking the required educational qualifications and vocational skills, it is highly recommended that they make the most use of the reservation quotas them. The opinion of the women on the need for reservation of seats has been further analysed.

Table 5.19 Opinion on the need for reservation of seats

District	Need for reservation of seats					Total
	Very high	High	Medium	Low	Very low	
Lunglei	20 (12.3%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)	20 (12.3%)
Aizawl	122 (74.8%)	17 (10.4%)	4 (2.5%)	0 (0%)	0 (0%)	143 (87.7%)
Total	142 (87.1%)	17 (10.4%)	4 (2.5%)	0 (0%)	0 (0%)	163 (100%)

Source: Field Survey

The above table indicates the opinion of the women on the need for reservation of seats in employment sections. In Lunglei, all 20 (12.3%) women have stated that there is a very high need for reservation of seats in an employment section. All the women were in favour of the very high need, so none spoke about the other options given to them. In Aizawl, as many as 122 (74.8%) women have given that they are in very high need for the reservation of seats in employment sections and an additional 17 (10.4%) women said that there is a high need for reservation of seats for them. In terms of medium opinion, there are only 4 (2.5%) women who have said that the need for reservation of seats is neither high nor low.

K. Lalthlamuanpuii is a hearing-impaired woman and she is currently in the job-seeking age between 31 – 40 years. She lives in Lunglei and had separated from her spouse after giving birth to a daughter she faced a huge financial burden as she had to support herself as well as her daughter. She clarified that ‘Government doesn’t create more job opportunities for us and so I am denied inclusivity in this manner. I felt like I was being neglected the most in employment sections because employment opportunities are very low for us. I once tried to apply for jobs and claim reservation quota but, in that case, a non-disabled person was given the post and I, a disabled woman was denied the post. Even the government still practiced unfair means. Acquiring jobs is very difficult for women with disabilities because we are usually uneducated and have limited training so, the government should create more job opportunities for us, and in the case of reservation, jobs should be given more fairly and also in a transparent manner otherwise, we are extremely burdened financially.’

In total record, 142 (87.1%) women from both districts were in favour of the very high need for reservation of seats and another 17 (10.4%) women have also stated that the need is high. There are only 4 (2.5%) women who have stated that the need is neither high nor low. In the previous chapter, the women who worked under the government all achieved their work in the general field and did not claim any reservation quota whilst achieving their jobs. The women in this study are still yet to claim the

reservation however, government and most private jobs are achieved based on merit and eligibility criteria even for persons with disabilities. Since this study found that most women have low educational qualifications, the process of reservation might not apply to them because of their low educational qualifications and limited vocational skills and training. This can further lead to various negative outcomes such as financial burden for these women.

Table 5.20 Financial burden

District	Financial burden faced by women with disabilities					
	Very high	High	Medium	Low	Very low	Total
Lunglei	20 (12.3%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)	20 (12.3%)
Aizawl	122 (74.8%)	19 (11.7%)	2 (1.2%)	0 (0%)	0 (0%)	143 (87.7%)
Total	142 (87.1%)	19 (11.7%)	2 (1.2%)	0 (0%)	0 (0%)	163 (100%)

Source: Field Survey

The financial burden faced by women from both districts is depicted in the above table. In Lunglei, all 20 (12.3%) women have stated that they faced very high problems in terms of financial burden. There are limited scopes for their employment and the scarcity of opportunities adds to their financial burden.

In Aizawl, as many as 122 (74.8%) women have expressed that they faced very high issues in terms of financial burden, and 19 (11.7%) women have also said that they faced high problems in terms of financial burden. There are only 2 (1.2%) women who had no opinion with regard to the issue and said that the problem is neither high nor low in terms of financial problems.

Laldinpuii, a 26 years old woman from Aizawl with muscular dystrophy has also said, 'In the year 2022, I was not selected for the post of a teacher by Sarva Shiksha Abhiyan (SSA) even though there is a 4% reservation for PwDs. In fact, no persons with disabilities are selected for that post. It was occupied by normal abled people. I wish the government would be fair in terms of job reservation because as a woman with muscular dystrophy, it is extremely difficult to find a job and if seats are reserved for us, those seats should be fairly given to the deserving person with disabilities.

Otherwise, life is very difficult, and we face financial burden to a great context.'

In total, 142 (87.1%) women have said that they all faced huge problems in terms of finances and cannot sustain their basic needs which all led them to be more or partially dependent on their families to finance their needs. 19 (11.7%) women in total have also experienced high financial burdens while 2 (1.2%) women have medium experience in which they neither faced high nor low financial burdens. This burden, is in fact, doubled when these women had no inheritance from their families causing a huge rift in their future. Inheritance exclusion and life without jobs and low educational qualifications have hindered their holistic development to a considerable extent which leaves them to live in a state of undesirable life.

5.7 Inheritance issues

Inheritance is a financial term that is used to describe the assets that are passed down to individuals after the passing away of the asset owners. Inheritance broadly consists of cash that is parked in bank accounts, and it may also consist of stocks, cars, jewellery, art, antiques, bonds, automobiles, real estate, and all other tangible assets. Women with disabilities have limited scope in terms of many areas of life like employment and education sections and they live day-to-day with certain hardships. In situations when their main caretakers pass away, their conditions are not desirable as they are left without proper caretakers and any monetary and other assets on their own, and their futures are left at stake. The women are asked whether they are included in their family's inheritance and the data shows their current conditions with regard to inheritance.

Table 5.21 Issue of Inheritance

District	Inclusion in inheritance			
	Yes	No	I don't know	Total
Lunglei	3 (1.8%)	16 (9.8%)	1 (0.6%)	20 (12.3%)
Aizawl	20 (12.3%)	116 (71.2%)	7 (4.3%)	143 (87.7%)
Total	23 (14.1%)	132 (81%)	8 (4.9%)	163 (100%)

Source: Field Survey

The issue of inheritance among women with disabilities is high as the above data shows that in Lunglei, only 3 (1.8%) women have said that they are being included in their family's inheritance list and as many as 16 (9.8%) women have said that they are not included in the inheritance while the remaining 1 (0.6%) woman is not sure whether she will be included in the list or not.

In Aizawl, 20 (12.3%) women have said that they will inherit family fortune while a whopping 116 (71.2%) women have given that they will not inherit their family fortune as they are not included in the inheritance list. As many as 7 (4.3%) women have said that they do not know whether they will be included in the list or not and are unclear whether they will inherit a share of their family fortune. In total, only 23 (14.1%) women will inherit their family fortune while 132 (81%) women with disabilities will not inherit any of the family fortune and are left off the family inheritance list.

The mother of Lalliani, Pi Saitawni, who lives in Lunglei has given her statement with regard to the issue of inheritance and said, '...well, as a Mizo, I think we have to follow the Mizo family inheritance pattern as girls are often left off in the inheritance list as they are believed to be married off to someone else's family. In terms of my daughter, we did not include her in the list as she will not have any idea how to use money as she is intellectually disabled. If she does not even know how to use a small amount of money, how should we be able to let her inherit the family fortune? Even if she is not practically included, all the other family members who are included in the list will look after her and she will not have to worry about anything since we will provide anything that she needs.'

From the statements of Pi Saitawni and the phenomenological experiences, it is revealed that the families of women with disabilities did not mostly include them in their inheritance list as it is against Mizo customary practices to include their daughters in the inheritance list and, the mistrust of the women's ability to handle family fortune also prohibits the families for their inclusion. This finding further led to the need to

have an in-depth study on the neglect and discrimination faced by these women in society.

5.8 Neglect and discrimination

Neglect means the state of being uncared for while discrimination means the unjust treatment of different categories of people, especially on the grounds of ethnicity, age, sex, or disability. From the works of literature and various findings, it is shown that women with disabilities face discrimination and neglect and are often depicted as facing double layers of discrimination due to their gender and disability.

Given the fewer opportunities presented for these women in various fields, it is important to find out their opinions and experiences of being neglected and discriminated against in society. Hence, the study focuses on finding out whether women with disabilities face any type of discrimination and neglect in Mizoram as being neglected and discriminated against proves to be a roadblock towards inclusive development. Development is absent and can lag if the women themselves are still being neglected and are burdened by a plethora of discrimination.

Table 5.22 Opinion on neglect faced in society

District	Issue of neglect					Total
	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree	
Lunglei	6 (3.7%)	13 (8%)	1 (0.6%)	0 (0%)	0 (0%)	20 (12.3%)
Aizawl	23 (14.1%)	49 (30.1%)	27 (16.6%)	23 (14.1%)	21 (12.9%)	143 (87.7%)
Total	29 (17.8%)	62 (38%)	28 (17.2%)	23 (14.1%)	21 (12.9%)	163 (100%)

Source: Field Survey

In the above table, it is depicted that in Lunglei, 6 (3.7%) women have strongly agreed that they are being neglected in society while the other 13 (8%) have agreed that they faced neglect in society. There is only 1 (0.6%) woman who neither agrees nor disagrees with being neglected in society.

In Aizawl, 23 (14.1%) women have strongly agreed that they are being neglected in society and 49 (30.1%) women have also agreed that they faced neglect. As many as 27 (16.6%) women neither agree nor disagree with facing neglect. As many as 23 (14.1%) have stated that they disagree with being neglected and an additional 21 (12.9%) women have strongly disagreed with facing neglect in society.

Vanlalliani, a 33-year-old woman with muscular dystrophy, who lives in Aizawl has given her statement in terms of neglect faced by women and said, ‘...women with disabilities are neglected the most in the field of employment sections. This neglect in employment sections affects all other factors and since women with disabilities are mostly dependent on their families for sustenance, life becomes more difficult if we ever get sick because it is difficult to pay off our expenses as we are not financially independent.’

Overall, women who agreed on being neglected represented a higher proportion as opposed to women who disagreed with being neglected. 29 (17.8%) women have said that they strongly agreed to being neglected in society while as many as 62 (38%) women agreed to facing neglect in society. 28 (17.2%) women neither agreed nor disagreed with being neglected in society while 23 (14.1%) women have disagreed to face neglect in society. 21 (12.9%) women also strongly disagreed with facing neglect in society. Negligence in any field is often followed by discrimination and stigma which proved to be another roadblock for women with disabilities towards their inclusive development.

Table 5.23 Problem of discrimination

District	Opinion on the problems of discrimination					
	Strongly agree	Agree	Medium	Disagree	Strongly disagree	Total
Lunglei	12 (7.4%)	7 (4.3%)	1 (0.6%)	0 (0%)	0 (0%)	20 (12.3%)
Aizawl	18 (11%)	45 (27.6%)	22 (13.5%)	29 (17.8%)	29 (17.8%)	143 (87.7%)
Total	30 (18.4%)	52 (31.9%)	23 (14.1%)	29 (17.8%)	29 (17.8%)	163 (100%)

Source: Field Survey

In the above data, it is evident that 12 (7.4%) women from Lunglei strongly agree to still face discrimination in society while 7 (4.3%) also agree that they are still being discriminated. Only 1 (0.6%) woman neither agrees nor disagrees with being discriminated. However, in Aizawl, 18 (11%) women strongly agreed that they are still being discriminated and as many as 45 (27.6%) agree that they are being discriminated. In terms of women who neither agree nor disagree to facing discrimination, there are as many as 22 (13.5%) women with disabilities. 29 (17.8%) women have disagreed with being discriminated and another 29 (17.8%) women have also strongly disagreed that they face any kind of discrimination in Mizoram.

Lalthakimi, a woman from Aizawl with a locomotor disability has said, 'Women with disabilities are still being discriminated against in society in terms of access to buildings. Ramp walks should be installed in all important buildings and if not, it means they discriminated against us. Even though people may not verbally assault and tease us as they used to in the olden days, as long as our access is denied and education and employment opportunities are still cut short, then, that is a harsh form of discrimination for us. As a woman with a locomotor disability, there are still many places and buildings that I could not access, this is the worst form of discrimination that I could have ever faced.'

The overall data shows that women who faced discrimination are still on the higher side as there are still 30 (18.4%) and 52 (31.9%) women who strongly agree and agree that they are being discriminated against in society. 23 (14.1%) women have said that they neither agree nor disagree with being discriminated against in society. 29 (17.8%) women have disagreed with being discriminated while another 29 (17.8%) have also strongly disagreed with being discriminated against in society. Women with disabilities have also reported being discriminated against and neglected in the field of health care sectors, which is another important area of study that blocks their overall development.

5.9 Health attainment

Health refers to a state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity. The health conditions and their access to health care systems in Mizoram is an important area of study as reaching women with disabilities in terms of health firmly requires going ‘the extra mile’ for a truly inclusive development process. The women in this study were asked whether they faced problems in terms of their menstrual cycle in their educational institutions and workplaces and also, their difficulty level in communicating their women-related health issues and the problems faced in coping with their issues by their families are inquired. Besides, the current status of the health care system in terms of accommodating these women is also studied in-depth.

Table 5.24 Problems faced in terms of menstrual cycle

District	Problems with the menstrual cycle					
	Strongly agree	Agree	Medium	Disagree	Strongly disagree	Total
Lunglei	13 (8%)	5 (3.1%)	1 (0.6%)	1 (0.6%)	0 (0%)	20 (12.3%)
Aizawl	38 (23.3%)	50 (30.7%)	25 (15.3%)	13 (8%)	17 (10.4%)	143 (87.7%)
Total	51 (31.3%)	55 (33.7%)	26 (16%)	14 (8.6%)	17 (10.4%)	163 (100%)

Source: Field Survey

In terms of menstrual cycle, the above data shows that in Lunglei, as many as 13 (8%) women from Lunglei strongly agreed that they faced problems in terms of their menstrual cycle and had problems attending schools and workplaces due to it. 5 (3.1%) women have also agreed that they have issues when it comes to their menstrual cycle. There is 1 (0.6%) woman who neither agrees nor disagrees to women facing problems in terms of the menstrual cycle and also, 1 (0.65) woman from Lunglei disagrees with that and stated that women do not face problems in terms of menstrual cycle.

In Aizawl, 38 (23.3%) women strongly agreed that women with disabilities faced problems with the menstrual cycle which in turn, affected their attendance in educational institutions and workplaces. An additional 50 (30.7%) women have also agreed that women with disabilities faced problems in attending schools or work due to their menstrual cycle. 25 (15.3%) women have neither agreed nor disagreed with facing menstrual cycle problems while there are 13 (8%) women disagree that women

face problems in the menstrual cycle which disrupt their attendance in their education and workplaces. Another 17 (10.4%) women have also said that they strongly disagree with the menstrual cycle acting as a problem in attending schools and workplaces.

The caretaker of Lalliani, said, 'We faced certain difficulties whenever Lalliani, her niece, has her monthly period. She does not even understand whenever she is about to start her monthly period, she will be very stubborn and refuse to eat food. Then, we can understand that her period is about to start and make her use sanitary pads and change her clothes often. She refused to go out during this time and so, we would make her skip school. In her initial stage, she used to run out of the house and walk several miles away when she had a menstrual cycle. She once went to a nearby village by herself and we would go on a wild goose chase often. This makes us realize that even though she does not understand the purpose of the menstrual cycle, it is important that we tell her how to clean herself and make her learn how to use sanitary pads on such occasions. She does not even know how to communicate the pain that she had which makes us worried.'

The overall data has revealed that 51 (31.3%) women strongly agree with the fact that the menstrual cycle prohibits them from regular attendance in schools and workplaces due to the pain associated with it. 55 (33.7%) women have also agreed that the menstrual cycle causes hindrances for them. 26 (16%) women neither agreed nor disagreed to face problems because of their menstrual cycle. 14 (8.6%) women from both districts did not agree on facing menstruation problems while another 17 (10.4%) women strongly disagreed on facing menstruation issues. All these women took leave from schools or their workplaces during their menstrual cycle due to the pain associated also, many women were not able to express the pain and their caretakers noticed the pain bore from the facial expressions and body language exhibited by them.

Women with disabilities often do not communicate their pain to their family members. It is difficult for them to exactly state their health problems which make the diagnosis and treatment to be difficult.

Table 5.25 Problems in communicating women-related health issues

District	Problems faced in communicating health-related issues					
	Strongly agree	Agree	Medium	Disagree	Strongly disagree	Total
Lunglei	18 (11%)	1 (0.6%)	0 (0%)	1 (0.6%)	0 (0%)	20 (12.3%)
Aizawl	58 (35.6%)	44 (27%)	16 (9.8%)	11 (6.7%)	14 (8.6%)	143 (87.7%)
Total	76 (46.6%)	45 (27.6%)	16 (9.8%)	12 (7.4%)	14 (8.6%)	163 (100%)

Source: Field Survey

The above shows that in Lunglei, 18 (11%) women with disabilities strongly agree that they faced problems in communicating health-related issues to their families, and another 1(0.6%) woman has also agreed that she faced problems in communicating her health-related issues to her families. There is only 1 (0.6%) woman who disagrees with the statement, and she said that women with disabilities do not have any issues in communicating their women-specific health-related issues to their family members.

The situations that persist in Aizawl are also rather negative as 58 (35.6%) women have strongly agreed that they faced problems in communicating health-related issues to their family members while an additional 44 (27%) women have also agreed that they faced troubles in communicating health-related issues to others. There are 16 (9.8%) women who neither agree nor disagree with facing any kind of issues in communicating their health-related issues. In terms of disagreement, 11 (6.7%) women disagreed with facing any kind of expressing their health problems to their family members and openly communicating their problems and 14 (8.6%) women also strongly disagreed in facing problems as they expressed that they do not face any problems in this area at all.

76 (46.6%) women have strongly agreed that they faced problems in communicating their health issues to their family members while another 45 (27.6%) women have also agreed on facing communication issues in terms of their health to their family

members. 16 (9.8%) women did not agree nor disagree with facing any communication issues while only 12 (7.4%) women disagreed with facing communication issues in terms of their health. 14 (8.6%) women from both districts also strongly disagreed on facing communication issues with their family members and did not have any problems in expressing their pain to their family members. The reason stated by the women in communicating their health issues to their families is that they are not able to specifically mention the pain in detail to their caretakers which often leads them to remain silent and bore the pain silently instead. The families usually look after them and their caretakers often had problems in coping with their health issues.

Table 5.26 Opinion on the current healthcare system meeting the needs of women with disabilities

District	Opinion on health care meeting the needs of women with disabilities					
	Strongly agree	Agree	Medium	Disagree	Strongly disagree	Total
Lunglei	1 (0.6%)	0 (0%)	0 (0%)	1 (0.6%)	18 (11%)	20 (12.3%)
Aizawl	5 (3.1%)	17 (10.4%)	11 (6.7%)	30 (18.4%)	80 (49.1%)	143 (87.7%)
Total	6 (3.7%)	17 (10.4%)	11 (6.7%)	31 (19%)	98 (60.1%)	163 (100%)

Source: Field Survey

The above data shows that in Lunglei, only 1 (0.6%) women strongly agreed that the health care system meets the needs of women with disabilities, and while there is 1 (0.6%) woman who disagrees that the current health care is enough in Mizoram, an additional 18 (11%) women have also strongly disagreed that the health care system does not meet the needs and the requirements of women with disabilities.

In Aizawl, only 5 (3.1%) women have strongly agreed that the health care system is good enough for them and meets their needs while another 17 (10.4%) women have also agreed that it is sufficient enough for them. At the same time, there are as many as 11 (6.7%) women who neither agree nor disagree with it and there are 30 (18.4%) women who disagree that the health care system meets their needs. A whopping 80 (49.1%) women strongly disagreed, and they said that the health care system does not meet their needs at all and the health sections is greatly insufficient.

It is evident from the data that the opinion of the women about the health care system and the hospital visits are rather negative and still lured towards the unfavourable

outcome as a total of 98 (60.1%) women have still voiced their discontentment with the current system. 31 (19%) women have also disagreed that the health care system meets their needs while 11 (6.7%) women have neither agreed nor disagreed with the statement. Only a small portion of women, i.e., 6 (3.7%) and 17 (10.4%) women have strongly agreed and agreed in supporting health care, and in comparison, most women from both the districts strongly voted against the unfavourable conditions with regard to the system.

Pi Malsawmi, a visually impaired woman who lives in Lunglei has shared her statement with regard to the health care system and said, ‘...it is rather unfortunate that the health care system is still detrimental in our state. Our neighbouring states like Meghalaya and Assam have done tremendously to accommodate persons with disabilities in the health sections. However, things are very complicated in our state. In order to get a disability certificate and identification, we need to visit the doctors and hospitals numerous times and we have to spend so much money for just one visit because of high taxi prices. Besides, we need people to accompany us and due to the many days required to acquire disability certificates, we also waste the time of people who accompany us. I believe that there should also be a separate line and queue for us because it is difficult to wait in line due to our disability. Besides, I wish there should be some sort of discount for us because as a disabled woman, we often fall sick and need hospital visits so, taking into consideration of all our hardships, I wish the government could subsidise at least our cost in health care sections. It would relieve several of our burdens in the process.’

All the problems faced by women with disabilities are a major roadblock to their inclusive development. Coping with their problems and burdens often proved to be problematic and difficult as they often lacked the resources and skills required to ease their struggles. In such circumstances, this points straight to the importance of their family members who acted as caregivers as they function towards coping with the problems associated with their disabilities and declined ill health.

5.10 Coping strategies and faith issues

Adjusting and coping with disability is never an easy task. These women are burdened by limitations in terms of access, education, employment, and vocational skills which further leads them to be stigmatised in society as not being capable of achieving things. However, given the stressful situations, there are ways to help them cope with their disabilities and limitations and overcome the various challenges that stand in their way. This section attempts to understand the women with disabilities' ways of coping with the problems and hardships faced in their everyday lives.

Data under this section has been divided into various categories such as: 1. The level of dependence on families 2. Factors making women with disabilities not to rely on others 3. The family's perception of helping women with disabilities

In situations where women with disabilities have detrimental health which is added by low educational qualifications and low employment opportunities due to low vocational skills, families are the best coping mechanism for these women as they are cared and supported by their family members in all aspects of life.

Table 5.27 Families as Coping Mechanism

District	Level of dependence on families				
	Dependent on families all the time	Partially dependent on others	Did not need to depend on others	I don't know	Total
Lunglei	9 (5.5%)	8 (4.9%)	3 (1.8%)	0 (0%)	20 (12.3%)
Aizawl	60 (36.8%)	50 (30.7%)	32 (19.6%)	1 (0.6%)	143 (87.7%)
Total	69 (42.3%)	58 (35.6%)	35 (21.5%)	1 (0.6%)	163 (100%)

Source: Field Survey

In studying the importance of families as coping mechanisms for their disability, as many as 9 (5.5%) women from Lunglei have said that they depend entirely on their families for everything ranging from care and support to social and economic care. Another set of 8 (4.9%) women have also said that they are partially dependent on their families for coping. Only 3 (1.8%) women stated that they did not need to depend on their families to cope with their disability-associated hardships. Similarly, in Aizawl, as many as 60 (36.8%) women have stated that they depend entirely on their families to cope with the hardships associated with their disabilities and an additional 50 (30.7%) women have also stated that they are partially dependent on their families

for coping. Yet, there are still 32 (19.6%) who have stated that they did not depend on their families for coping as they are mainly independent.

So, the overall data depicts that since 69 (42.3%) women are still dependent on their families and another 58 (35.6%) women are still partially dependent on their families, most of the women are dependent in some way or another on their family members to help them cope with their disabilities and also to help them solve the issues associated with their disability. There are only 35 (21.5%) women who have stated that they are independent and do not need to depend on their families for coping. This shows the importance of families in sustaining the struggles and lifting the burdens off of women with disabilities. The result also shows how important it is for families to train and show the path of development for women with disabilities.

Table 5.28 Factors helping women with disabilities cope with disability

District	Factors making women with disabilities cope with disability							Total
	Orientation and mobility	Professional training	Employment	Support from the family	Support from public	Support from general teachers	Guidance and counselling	
Lunglei	0 (0%)	3 (1.8%)	1 (0.6%)	9 (5.5%)	1 (0.6%)	6 (3.7%)	0 (0%)	20 (12.3%)
Aizawl	3 (1.8%)	9 (5.5%)	1 (0.6%)	116 (71.2%)	2 (1.2%)	11 (6.7%)	1 (0.6%)	143 (87.7%)
Total	3 (1.8%)	12 (7.4%)	2 (1.2%)	125 (76.7%)	3 (1.8%)	17 (10.4%)	1 (0.6%)	163 (100%)

Source: Field Survey

In terms of the factors that make women with disabilities cope with disability, the above data shows that in Lunglei, support from the family is a factor that eases their struggles with disability and helps women with disabilities in Lunglei cope with disability as 9 (5.5%) women have attributed the support from their families to be the main reason for it. General teachers also play a huge role in this area as 6 (3.7%) women have said that the support from the general teachers trains them to cope with disability and fight through their struggles. 3 (1.8%) women have said that they rely on professional training to help them cope with disability in the long run and 1 (0.6%) woman has said that her employment makes it easy to cope with disability while another 1 (0.6%) woman has also said that the support she received from the public makes it easier to cope with her disability-related issues.

In Aizawl, as many as 116 (71.2%) women have attributed the support they received from their families as a great way to cope with their disabilities while 11 (6.7%)

women have attributed the support from general teachers. Professional training is another factor that helps women cope with disabilities as 9 (5.5%) women were leaning towards this factor. 3 (1.8%) women have said that orientation and mobility help them in coping with disability. 2 (1.2%) women have said that support from the public helps them and 1 (0.6%) woman each supported employment and guidance and counselling as a factor which helps them cope with disability respectively.

Table 5.29 Opinion on families' help

District	My family feels fine about helping me			
	Always	Sometimes	Never	Total
Lunglei	19 (11.7%)	1 (0.6%)	0 (0%)	20 (12.3%)
Aizawl	126 (77.3%)	7 (4.3%)	10 (6.1%)	143 (87.7%)
Total	145 (89%)	8 (4.9%)	10 (6.1%)	163 (100%)

Source: Field Survey

In the above table, the data depicts that in Lunglei, as many as 19 (11.7%) women have stated that their families always feel fine about helping them and had no issue in terms of the care and support given to them. They felt that their families were enough to help them cope with their disabilities. There is only 1 (0.6%) woman who felt that their family members sometimes felt fine to help them which means that there are times when they cannot lend a helping hand to this woman. In Aizawl, there are as many as 126 (77.3%) women who have given that their families always felt fine in helping the women in their daily struggles. There are 7 (4.3%) women who said that their families sometimes hesitate to help them due to their burden but overall, are still very helpful to them in coping with their disabilities. However, in Aizawl, 10 (6.1%) women have said that their families never felt fine to help them at all and viewed them as a burden to their lives.

The overall data has revealed that women with disabilities are guided by their families which helped them cope with their struggles. 145 (89%) families of the women are always available and have always felt fine in helping their disabled family members while only 8 (4.9%) women have said that their families sometimes do not have time for them. Only 10 (6.1%) of the women have expressed that their families never felt

fine in helping them and stated that they are more concerned about their own lives and work as opposed to assisting them in their needs. Since most of these women are not skilled in any field and have low educational qualifications, they have to rely mostly on their families for their care, and economic and social support. Hence, families are undoubtedly the source of coping mechanisms for these women

The mother of C. Zonunsangi, an autistic woman, who lives in Aizawl has given a statement about the importance of families as a coping mechanism for women with disabilities and said, '...my daughter has autism spectrum disorder, and she is still a young child. She only has a primary level of education as she is not capable of further studies. She did not want to wear sweaters in winter, and she is very stubborn and sometimes, hard to care for. Life without the love and care of her family would be impossible for her to survive. Even though she is not capable of doing anything, she is still 'the rockstar of the family' and we love her endlessly. The love we have for her unites our families even closer and this love never lets us allow to see her as a burden. We care for her and would do anything for her, we let her do some things by herself as we want her to be progressive and productive. We accompany her almost everywhere and never let her feel insecure and out of place. The families of women with disabilities are very important to help them cope with disabilities as it is often difficult to bear their hardships alone.'

Disability has been around for ages ago and in traditional days, persons in a wheelchair or a missing limb of an individual may scare people away as it is easier to be scared about things that people do not fully understand. This led people to focus their eyes on the differences of women with disabilities and trained their thoughts to turn away from them. In modern days, even though the perception of disability by modern people has shifted towards the positive, they are still tainted by the fear of their disabilities, and this led people to feel extreme pity for them and many times, stigmatised them. This adds to the burden of women with disabilities and has added struggles upon their shoulders.

Pi Lianchhingi is a caretaker of Lucy VL Hmangaihi, a woman with intellectual disability, and has given a firm statement with regard to coping with disability through God and said, 'There is not a single day where we curse God for giving us a disabled family. Rather, we praised him for all the flaws and the struggles and even though Lucy is intellectually disabled, she brings our families closer and we love one another more due to her presence. Besides, her disability led us to draw closer to God and we are grateful for keeping us alive and giving us good health to care for her. Even though we are not rich, we never lack money to care for Lucy and even though she is not healthy, her families are very healthy, and we believe that God gives us good health so that we can care more for Lucy. A disabled family member among us is a blessing in disguise for us.'

In previous chapters, it is found that the respondents all belong to Christianity and they all worship the Almighty God. So, the families as well as women with disabilities used their faith in God to cope with disability. The women and their families have all expressed that their disability is a form of blessing given to them by God. None of the women viewed it as a curse of God due to the sins committed by them or sins committed by their ancestors. Hence, this finding contrasted the moral and religious model of disability which viewed disability as a form of punishment by God because of sins committed by their ancestors. All the women and their families have also said that they never viewed it as a punishment from God and all expressed that they did not commit any serious crimes or sins which is big enough for God to punish them through disability. Their perception is the exact opposite of the moral and religious model of disability as they all viewed it as a form of blessing by the Almighty. Even though disability is enough of a burden for everyone, the families more or all believed that God has blessed them in one way or another because they are caring for and living with a disabled family member. Even though God may not reward them with riches, the families had stated that they rarely fall sick whilst caring for their disabled family daughters. So, the perception of disability as a blessing in disguise among these women

and the belief that God, the maker of heaven and earth will never forsake and leave them is enough factor to help them cope with disability.

5. 12 Case studies

Case studies are presented in this section as they substantiate the problems faced by women with disabilities and the coping strategies adopted by them. A careful analysis and in-depth study of the family background including their monthly income, the specific problems that they face, and the coping strategies adopted is an important indicator for finding out their lack of inclusive development. A profile of four women with disabilities is presented in this section the first case is about a young woman with muscular dystrophy who works as a nail technician amidst her ailing health and disability and the second case study is about a 45-year-old government servant with blindness. The case of Mrs. Thangluri is also highlighted and the case studies conclude with the case of a 13-year-old girl who uses their faith in God as a coping mechanism for her disability.

CASE STUDY NUMBER 5.1

A 28-year-old nail technician who has muscular dystrophy

Name:	Rudy Lalchhuanawmi
Gender:	Female
Age:	28 years old
Marital Status:	Single
Religion:	Christian
Work Status:	Self-employed
Place of Residence:	Khatla South, Aizawl
Type of disability:	Muscular Dystrophy

Rudy lives in Khatla South, which is situated in the western part of Aizawl city. Khatla locality is further subdivided into five localities which are Khatla, Khatla East, Khatla South, Upper Khatla, and Chawnga Road. Her house is located near the main street and is easily accessible. She hails from a wealthy family and her families are

supportive of her. Their house is spotless and lives with their domesticated dogs and cats. They are very open and welcoming. Rudy is shy by nature and from one glance, it is clear that she took extra care of herself as she is a very clean woman. Her family loves her and does not treat her differently.

Number of family members and their profiles

1. Lalmangaihpuia. He is the head of the family and is currently 59 years old. He graduated with a bachelor's degree and currently works as a government servant and earns 1 lac rupees per month.
2. Lalngilneii. She is the wife of Mr. Lalmangaihpuia who is currently 55 years old and is a homemaker. She only completed her matriculation exam and devoted her time and attention to assisting her disabled daughter.
3. Lalrempuii Sailo. She is the eldest daughter of Mr. Lalmangaihpuia who is currently 30 years old. She completed her Bachelor's Degree and graduated and is currently assisting her sister in her nail business.
4. Rody Lalchhuanawmi. She has muscular dystrophy which occurred from birth with no specific reasons given by the doctors. She is currently 28 years old and completed only her upper primary education and could not progress further due to her disability. She currently has her own business and is a nail technician. The name of her shop is 'Dy Nails' and people would just come to her and get their nails done by her. She earns around Rs. 20,000 per month.
5. Fredy Lalmuansanga. He is the youngest and only son who is 23 years old and is currently an MBA student at Mizoram University.

They are a well-to-do family and have a hectare of land which ranges between 3.01 – 4.01 hectares. She has undergone nail technician and beauty training and works hard to contribute finances to her family. She has a problem in terms of her disability and cannot walk on her own. She does not use any assistive devices and her disability is caused due to congenital. She said,

'Everything is difficult for women with disabilities, we hardly receive anything from the government. We only receive Rs. 4,000 rupees per year and that too, selectively which does not sustain

our expenses and our needs at all. Besides, it is very difficult for us to earn money and I am only able to work today because my parents gave me the capital required to start my business. When I underwent training, my mother carried me on her back and accompanied me to my training. Whenever we are planning or dreaming to do something, one family member has to accompany us and in turn, they have to sacrifice their time and dream for my dream to take flight which is heart-breaking.'

In terms of the problems that she faced in terms of health, she has rather detrimental health and would often need to visit the hospitals. Her mother has even said, *'Hospital is our second home because we often have to visit it due to my daughter's ailing health.'*

Rudy has further said,

'I am frequently admitted to hospital which disrupts my job. I opened my shop less because I am regularly admitted to hospitals. So, I have to turn customers away numerous times which further affects my income-earning capabilities. In terms of employment opportunities, I am fortunate enough to be accompanied by my mother all the time but that is not the case for many women with disabilities. So, I have experienced first-hand that families are important to cope with our disability-related issues. I wish the government authorities would pay more heed to us because we are usually unhealthy and have various issues with regard to our health which can be very problematic as it is expensive to visit hospitals. It would be great if the government could subsidize the treatment cost for women with disabilities as that would lift one burden off of us.'

Rudy's family is supportive of her and during the interaction session, they are very warm and open and it is evident that they provide strong foundational support for her. They are an important factor of coping mechanism for her and they care for her

unconditionally. She stated that she rather be referred to as ‘differently-able’ instead of ‘disabled woman’ and although her disability caused many hindrances for her, she viewed it as a blessing from God and never once questioned His intentions. She accepted herself the way God created her and even though she has low educational qualifications, she is a dedicated woman who likes to improve herself and sustain her economic needs by herself.

CASE STUDY NUMBER 5.2

I am not given much work in my office because of my disability

Name: Evangeline Lalhmingtimawii

Gender: Female

Age: 45 years old

Marital Status: Married

Religion: Christian

Work Status: Government servant

Place of Residence: Dawrpui, Aizawl

Type of disability: Blindness

Evangeline lives in Dawrpui, Aizawl, which is located in the main hub of the city. She lives in a family of four and her families are all supportive and loving towards her. They are a nuclear family. She is an intelligent woman and has a deep passion towards uplifting her fellow women with disabilities.

Number of family members and their profiles

1. Biakthankima is the head of the family and is the husband of Evangeline. He is currently 45 years old and he is a carpenter who earns around Rs. 10,000 per month.
2. Evangeline Lalhmingtimawii is a 45-year-old woman with a blindness problem who works as a Lower Division Clerk (LDC) under the government. She earns Rs. 20,000 per month.

3. Annie Vanlalremruatpuui is a 12-year-old school-going girl who is the daughter of Evangeline and is currently enrolled in Class 6.
4. Priscilla Lalrinkimi is a younger child of Evangeline who currently studies in Class 2.

They live in their own house which measures around 0.41 – 1.01 hectares of land. She did not receive any formal training and studied till Class 12. She worked as an LDC before she was blind and her blindness occurred through sickness while she was pregnant with her second child. She did not use any assistive devices as there were no devices that could assist her blindness. Even though she is blind, she does not need to depend on anyone and is capable of looking after herself. She is fluent in her communication skills and daily living skills. She welcomes her guests with her warm aura and makes everyone else feel at ease. She never liked to think about her disability negatively and always concentrated on the positive. She had exclaimed that she did not experience literal verbal abuse and discrimination of any kind but faced problems in terms of access. She said that the main fear of people with blindness and low vision are footpaths in Aizawl, and exclaimed,

‘Footpaths are dangerous for blind persons. Footpaths should not have steps but slopes because many people with blindness and low vision have met with accidents many times. Buildings in Mizoram are still difficult to access even in modern times and the government should take measures in this regard. In workplaces, I have faced slight discrimination because there are many times when I have to take leave due to my declining health and incapable to cope with the work demands. In those instances, our co-workers are not understanding at times. People need to have an empathetic feeling towards us and understand our hardships and treat us with special care even in our workplaces.’

She had expressed her disregard in the area of implementing laws and legislation as she had said that even though laws may be great in Mizoram, the implementation is rather very weak. The government should also carry out as much awareness as possible in

terms of laws for disabled communities. Many of the rights and reservations of jobs are still not carried out accordingly which saddened Evangeline. She also expressed her grief in terms of poor access and gave her suggestions saying, ‘...*building inclusive and safe pathways is one of the first steps to take for inclusive development.*’ She had said that the only way for her to cope with her disability was through prayers and her faith in the Almighty God. She believed that God had sent her into this world for a purpose and her disability will also have a purpose even though she might not know it yet. She also said she never questioned God and that His deeds will have a positive outcome someday and she never, even for a single day loses her belief in God.

CASE STUDY NUMBER 5.3

For us, disability is a gift from God

Name: Rosalind VL Hriatpuii

Gender: Female

Age: 13 years old

Marital Status: unlikely to get married

Religion: Christian

Work Status: Studying

Place of Residence: Electric Veng, Lunglei

Type of disability: Intellectual disability

Rosalind is a shy girl with intellectual disability who lives in the hub of Lunglei town with her parents and brother. They are a middle-class family and her parents have tried their best to rehabilitate her in society and treat her with care and love in their home.

Number of family members and their profiles

1. Hmingthansanga is the head of the family and is the father of Rosalind. He is currently 48 years old and he is a government servant who earns around Rs. 20,000 per month.
2. Lalhmingmawii is a 42-year-old woman who is the wife of Hmingthansanga. She is a housewife and looks after her family.

3. Rosalind VL Hriatpuii is a 13-year-old school-going girl who is intellectually disabled.
4. Lalrinkima is a younger child of Hmingthansanga who currently studies in Class 1.

The cause of Rosalind's disability is congenital. She is a shy girl and outgoing girl. She is currently enrolled in government middle school. The size of their land is between 0.41 – 1.01 hectares. She is not capable of receiving any training and education and her parents only enrolled her in the school only for the sake of rehabilitating her. She did not use any assistive devices. She is an active member of the church and the children's wing which is Kristian Naupang Pawl (KNP). She used to sing occasionally in the church and did not receive any discrimination from anyone in her community. However, she had problems in making friends which led her to be alone most of the time even though she loves to perform in front of audiences.

Her parents did not like to enroll her in a special school in Lunglei because they felt that it would worsen her condition and would not have any further improvements in her life skills. She finds it difficult to cope with the teachings imparted in her school and always fails her examination. She is made to repeat her classes every year and study in class 1 every year but she does not even understand that she repeats her classes every year. She loves interacting with people and her parents have said that she learned great communication skills and they felt that it was enough for her. However, she had detrimental health and would occasionally need to visit the hospitals for medical check-ups. Her mother had said,

'My daughter regularly needs the aid of doctors due to her ill health and we would often have hospital trips. It would relieve some of our burdens if the government upgraded the current health care system and more doctors should be available at cheaper rates for women and girls with disabilities.'

In coping with her disability, the families of Rosalind are firm believers of God and they are also active members of the church. They never questioned God about the presence

of a disabled child in their family but instead prayed regularly and thanked Him for everything He had done for them. Her mother has further elaborated,

'...for us, disability is a gift from God. It has held our families stronger and the bond between us grew deeper with each passing day. Even though Rosalind is unhealthy, the rest of the family is very healthy and we hardly fall ill. God has given us good health so that we can take good care of our daughter. In terms of wealth, God has also given us everything we need and we never lack money for all the hospital treatment of Rosalind. So, I believe that God has blessed our families in many ways and I also believe that there are many more positive hidden purposes which we still haven't seen yet.'

The case of Rosalind presented the need for an inclusive curriculum and the need for establishing more special schools in Lunglei to rehabilitate younger women with disabilities. The absence of vocational training centres also left these women to be skill less further affecting their job opportunities. The absence of more special schools and inclusive syllabus in mainstream schools left them to be rehabilitated by their families and they have to rely on their families throughout their lives for support and care.

CASE STUDY NUMBER 5.4

Coping with disability is like drinking an expired poison

Name:	Thangluri
Gender:	Female
Age:	66 years old
Marital Status:	Unlikely to get married
Religion:	Christian
Work Status:	Unemployed
Place of Residence:	Aizawl
Type of disability:	Mental Illness

Thangluri and her family lives in Aizawl, Mizoram. Her family lives in a small house and their denomination is Salvation Army. Although all the members of her family are hard-working, Thangluri is not in a condition to work any type of job and would just wander around the city. She has a mental illness and did not receive any professional help and also did not receive any type of vocational training and education.

Number of family members and their profiles

1. C. Lalhmangaihzuala. He is the head of the household and he is also the brother of Thangluri. He is 55 years old and works as a Group D employee under Government of Mizoram. His monthly income is Rs. 30,000 and he had attained education till class 8 level.
2. Lalrammuani. She is the wife of Pu C. Lalhmangaihzuala who looks after the household and took care of all the chores. She is 50 years old and attended formal education till class 8 standards.
3. Lalchhandami. She is their eldest daughter who had a degree in bachelor. She currently works at a private company. She is currently 25 years old and earns Rs.10000 per month.
4. Zoramthara. He is the second eldest son who is 22 years old. He studied till (Higher Secondary School Leaving Certificate (HSSLC) and works as an Indian Army. His monthly income is Rs.30,000.
5. Lalruatkimi. She is a 14 years old student who currently studies in class 8.
6. Malsawmkimi. She is the youngest daughter who is only 5 years old.
7. Thangluri. She is a 66 years old woman who has mental illness.

In terms of land possession, they have a 0.21 to 0.41 hectare of land and come from a middle-class family. Thangluri did not receive any type of vocational training or professional help. She also did not receive any type of education as she is not capable of learning anything. Her disability started right from her birth but is fortunate enough as she never has any type of major illness. Although she is confident to move freely on her own, she used to wander very far from her house and family which would often prove to be problematic for her family. There are days when they had to search for her but fortunately, she would eventually find her way home without much problem. Her caretaker said, ‘*..there is no used in scolding her because she never obeys us. We told*

her many times not to wander far from our house but would repeat her act again. Even in times of lockdown, she would still move out in the streets but luckily, she never lost her way.'

Her disability has affected her entire family as the family members would often argue with one another in terms of treatment given to her. Financially, it also affects her families as well. However, her families never leave her side when she needs them. The major problem that they faced is in terms of financial support.

'It would really be great if the government could regularly give old age pension to old persons with disabilities as finances spent for them is very extensive and problematic. Disability coupled with financial issue is like drinking an expired poison, you never know whether you will survive the harsh realities or not..' – Thangluri's caregiver.

Her caretaker had said that orientation and training centres are very limited for the disabled which hinders their growth.

'It would be best if there are a sizeable amount of training centres and vocational schools for the disabled as that would help them to be financially independent and would also boost their confidence...,' said her caretaker.

The discrimination directed towards the persons with disabilities is still visible in society and are still excluded from various social programmes. Their exclusion hurt the feelings of their families and in turn blocked their chances to be integrated with the mainstream society.

'The continuous caregiving and looking after family as well can have a toll on my mental health. There are days when I would feel very depressed and worried for fear of what could happen to Thangluri if she ever gets lost. She is just loitering around with nothing good to do which makes me worried about him. When I am continuously worried, it in turn affects my mental health as well as the whole family.' – Thangluri's caregiver.

The societal prejudice towards persons with disabilities, especially those who are mentally ill have a great toll on the family as it often leads to exclusion and isolation.

Even though the neighbours and society in general may not necessarily mock and make fun of them, the prejudices that they are not worthy to do anything led them to be excluded from various functions around the localities. She further said, *‘...when I feel like people are excluding Thangluri, it makes me want to isolate her from the rest of the others.’*

‘...since there is no proper centre to seek professional help, we just take care of her in whatever ways that we know and deem fit. It would be best if the government could establish proper training centres and vocational schools which cater especially for persons with mental illness.’ – Thangluri’s caregiver.

Her caretaker went on to say that, *‘..mental illness is a huge issue which disrupts the normal functioning of normal people but the seriousness of the issue doubled when it happens to people with disabilities and their caregivers.’*

In the case of Thangluri, stigma and social exclusion burdened them. Her disability led people to believe that she is not capable and so, they faced exclusion from societal activities. The absence of proper rehabilitation centres in the state had a huge toll on their lives and her family does not have much experiences to look after her. Discrimination is still experienced by her entire families due to her mental disabilities.

5.13 An overview

The various problems encountered in the daily lives of women with disabilities and the coping strategies adopted are presented in this chapter. The sociological analysis of their problems also included the coping strategies adopted by these women amidst their disabilities. The various problems pointed out in this chapter are divided into 9 sections which are: 1. Mobility limitations 2. Issues associated with assistive devices 3. Issue of access 4. Issues in education 5. Inheritance issue 6. Problems in terms of vocational training centres 7. Neglect and discrimination 8. Health issues 9. Coping strategies and faith issues. The penultimate section has elaborated three case studies which finally terminates with an overview of the chapter.

Mobility limitation: An attempt was made to know the mobility limitation issue encountered by women with disabilities in both districts. The mobility issue of the respondents was found out after the respondents were asked whether they have problems in mobility in their everyday life. Women with no mobility issues in body functions were on a higher side and only fewer women were found who seemed to have mobility issues. These women with mobility issues are those with chronic neurological conditions, cerebral palsy, and Parkinson's disease. These women have also represented smaller sections of the population in the list provided by the Social Welfare and Tribal Affairs Department. Women with other types of disabilities did not have any problems in moving about freely in their own house and no mobility issue was witnessed among them. However, in terms of limitations, the respondents were asked whether the limitations imposed by their disability are high and the majority of the women said that the limitations imposed by their disability are very high. Only fewer women have said that the limitations imposed are very low. The mobility limitations here imply their involvement in society, church, community gatherings, and self-care. So, even though most women do not have mobility issues in their body functions, they still face high limitations in mobility overall. Most of these women have also expressed that they are not confident in using public transport at all while only a few women are very confident in using them. So, even though most of these women have no problems with mobility, they have certain limitations and restrictions in terms of their daily lives which also affect their confidence in using the public transport system.

Issues associated with assistive devices: In the next section, an attempt was made to know about the issues associated with assistive devices. Assistive devices are important in assisting these women to carry out their jobs and mobility with ease. Our query is related to five parameters which include whether they use assistive devices or not, how often they use the assistive devices, from where they receive the assistive devices, the cost of it was met by whom, and the problems faced in using assistive devices. Most of the women did not use any assistive devices in either district. In Lunglei, some fewer women used assistive devices which come in the form of wheelchairs and spectacles. In Aizawl, those who used assistive devices such as

crutches, cochlear implants, hearing aids, spectacles, and wheelchairs are outnumbered by those who did not use them. Assistive devices other than these five mentioned are not found among women. The ones who receive the devices from the government have expressed their lack of quality and they found it rather difficult to use them regularly due to the pain and discomfort associated with the regular use. It was also found that awareness is little with regard to the free distribution of devices from the government and many women who need the devices do not know ways to acquire them free of cost from the government. Most women have expressed that their non-use of the devices is due to the non-availability of the devices that could accommodate them. Besides, among the assistive device users, the non-user-friendly nature of the devices caused problems with their regular uses. Lack of money is another reason attributed to the small uses of the devices among these women and even among the assistive device users, some women expressed that lack of money prevents them from purchasing higher standard devices. In both districts, knowledge in terms of assistive devices is very low among the women as the majority of the women do not have any knowledge in terms of the positive impact of these devices in their everyday lives.

Issue of access: The issues faced by women with disabilities in terms of access are analysed under this heading and the parameters used are the levels of problems faced in terms of issues, the various buildings which are the most difficult to access, the need for disability-friendly buildings and the need for a separate toilet which is easy to access by these women. District-wise, it is found that most of the women have problems in terms of access and the level of the problem as indicated by the women is very high. These women from both districts have maintained that private buildings and houses are the most difficult to access. This is due to the architectural design of the houses in Mizoram and also since the state is located on a hilly slope, the locations of houses cannot be all easily accessible. The abundance of steps and slopes has also made it difficult to rehabilitate these women in terms of access to buildings and places. Churches are also difficult to access by them followed by educational institutions. The women have cried in grief about the immediate need for disability-friendly buildings most women from both districts have all agreed on building disability-friendly infrastructures in the state. It may take longer to upgrade all or

most of the buildings to be disability-friendly but the setting up of separate toilets can be set up in a shorter duration as most of the women from the two districts of Mizoram wished for the setting up of separate toilets for them in public buildings including churches, malls, and government offices in order to rehabilitate them.

Issues in education: In this section, the issues in the field of education are analysed, and various problems which burden girls and women with disabilities are singled out. Our query in this section is related to five parameters which are as follows: 1. Level of education opportunities 2. Lack of inclusivity in education 3. The lack of educational facilities 4. Lack of specially trained teachers and 5. The level of the need for a separate inclusive curriculum. The issues raised in this section show that the educational opportunities for women with disabilities are very low and most women and girls with disabilities have expressed that they have only little chances to acquire education in Mizoram. The low level of educational opportunities is found due to a lack of inclusivity in the field of education as mentioned by most women from both districts. In Lunglei, all the women have raised their concerns about the low level of inclusivity and educational opportunities in the district. There are no women from both districts who seem to disagree with the statement that there is no lack of inclusivity in education. Again, all the women from Lunglei agreed that the level of educational facilities is very high in their district while most women from Aizawl have also agreed that there is a very high lack of educational facilities in the district. The lack of specially trained teachers is also very high in both districts. The need for a separate inclusive curriculum is also very highly needed as the women from both districts raised their concerns in this regard. Since the level of education and related fields is found to be underdeveloped, this shows that the goal of inclusive development cannot be progressive and calls for the need to improve the area of education for these women in Mizoram. This finding relates with the study of both Hammad & Singal (2015) and Sarkar (2023) who have stated that the absence of inclusive curriculum, facilities, resources and services for women and girls with disabilities in higher educational institutions led to their low enrolment rate in higher education. Santovec's (2011) study that describes the contributions of stigma and stereotypes of women with

disabilities is also another reason for the low educational qualifications and issues faced in the field of education by the women respondents.

Problems in terms of vocational training centres: In this section, the rehabilitation problems faced by the women in terms of vocational training centres are highlighted and are related to four parameters which are the level of the need for vocational training centres, lack of employment opportunities, the need for reservation of seats and financial burden faced by the families of these women. Under all headings, efforts are taken to find out the exact level of problems faced in the field of vocational training centres. All the women from Lunglei have said that there is a very high need for vocational training centres in the district as there are no training centres available for them. In Aizawl, most of the women have also expressed their very high need for training centres. It was found that the lack of training centres had a direct impact on their employment opportunities as the women experienced cases of low employment opportunities which calls for the need for reservation of seats in employment sectors. All women from Lunglei and most women from Aizawl have the opinion to reserve more seats as a way to increase their employment chances and bring in one form of development in their lives. There are no women from both districts who claim that there is no need for reservation of seats for them. The lack of vocational training centres led to a financial burden on the women in the two districts as all women from Lunglei and most women from Aizawl have faced financial burdens due to the absence of independence in employment. The finding in terms of low vocational training of the women respondents is similar with the finding of Mitra & Sambamoorthi (2006) which states that low education leads to lower scope for vocational training for women with disabilities, which further cause financial issues among them.

Inheritance issues: In terms of inclusion in family inheritance, it was found that most of the women were not included in the list of inheritance. On the other hand, it was also found that only a small fraction of the women was included in the list of their family inheritance. This is due to the practice of age-old Mizo customary laws in which daughters are not given any family inheritance and also partly due to the mistrust of the women in handling family fortune and money due to their disabilities.

Neglect and discrimination: Opinions on neglect faced in society by women with disabilities are analysed and it was found that opinions and experiences are diverse in terms of neglect faced as there is an almost equal number of women who strongly agree, agree, neither agree nor disagree and strongly disagree. When taken in total, women who agree on facing neglect are still in abundance which means that neglect is still being faced by many women about their disability. Similarly in terms of discrimination, opinions and experiences of the women from both districts are diverse. There are more women in Lunglei who strongly agree on facing discrimination as compared to women from Aizawl, even though Aizawl also has its fair share of women who have faced discrimination problems. So, the finding shows that women with disabilities in both the districts felt that the neglect and discrimination faced by them in society led to their exclusion and non-participation in society which is similar to the finding of Obol (2020). This non-participation and absence in social activities further leads them to being stigmatised by society as stated by Goffman (1963). This led the women with disabilities to be in a permanent position of ‘sick-role’ as stated by Parsons (1951).

Health attainment: Health sectors and the health care system play a vital role in rehabilitating women with disabilities. In this section, the health issues faced by these women are observed and most of the women from Lunglei faced problems in terms of menstrual cycle, and in Aizawl, women who have faced problems in menstruation are on a higher side as well. The main problems with regard are the pain and discomfort associated with it which hinder their everyday activities and also, there are many women who cannot take care of themselves during their menstruation. Most women from Lunglei have also expressed that they have problems in communicating their women-related health issues to their families. In Aizawl, most of the women have also strongly agreed that they have problems in communicating their health-related issues to their families and that is the reason attributed by Mehta et al. (2023) which leads to barriers in maternal healthcare. There are women who cannot even properly express their pain and also, many women do not communicate their health problems due to fear of disturbing their families. Since the number of discussions is less in terms of health issues, it has led to difficulty in coping with the health issues of the women by

their families. In such situations, it becomes difficult for their families to know about their pain so, did not take them for hospital visits. In the last segment, most of the women from both districts have equally agreed that the health care system in Mizoram does not meet their needs in health sections at all.

Coping strategies and faith issues: After the various problems were located and analysed, the next step was to find out the coping strategies adopted by the women from both districts. Most of the women from Aizawl did not receive any vocational training including skill training and computer diplomas. However, since most of the women from Lunglei are still in their primary schools, they are taught some basic skills and can be recorded as receiving vocational training. This training received by them helps them cope with their disability as it helps them in carrying out various tasks to pass their time such as sweeping floors and weaving clothes. Since most of the women from both districts did not receive any vocational training from outside sources, their families were the main coping mechanism for them. Most of the women from both districts largely depend on their families all the time to carry out their everyday activities. Hence, families play the most vital role in coping with the disabilities of these women. Besides, most of the women have said that the support from the family helps them cope with disability and offers a safe haven for them followed by the support from general teachers and their professional training which also serves as an important coping strategy for them. The family members play a vital role in the women's lives and they have expressed that their families always felt fine in helping and supporting them with only a small fraction of the women from Aizawl who never felt fine in helping these women overcome their burden. Overall, the importance of family in helping these women cope with disability is observed.

Besides their families, these women have also used their faith in the Almighty God as a way to cope with their disability. These women and their caregivers have said that they have never questioned the plan and way of God's works and view their disabilities as a blessing, not a burden.

Some case studies: Finally, at the end of this chapter, four case studies of selected women from Lunglei and Aizawl were presented which show the rehabilitation and

coping strategies adopted by them in detail. The first case study is a 28-year-old with muscular dystrophy whose disability prohibits her from giving her fullest potential in her work as she regularly falls ill. The second case study of Evangeline also voices her opinion on the need for inclusivity and easy access for women with disabilities. The third case study is about a young girl from Lunglei whose family members use their faith in God as a coping strategy and view the onset of disability as a blessing, not a curse. The fourth case study, Thangluri and her caregivers have expressed the dire need of establishing government run institutions for caring and rehabilitating women with mental illness and disabilities as the non-qualified and unfit family members find it hard to cope with disabilities, burdened by their financial situations. They even compared the disability of Thangluri as poison.

From these case studies, the need to establish an inclusive curriculum arises including the establishment of more special schools. The importance of setting up more vocational training centres is also witnessed as these centres rehabilitate these women by providing skills that increase their chances of finding employment and also increase their financial stability. The issue of access to buildings posed a great barrier in their holistic development as difficulty in access to buildings stood in the way of their inclusive development. It made them rely more on their caregivers and also made it difficult for them to reach their full potential in workplaces and schools as limited access demotivated them. Mizoram being a Christian state has played a large role in the coping mechanism of disabilities among these women. They relied on their faith for their strength and endurance against the hardships and problems associated with disabilities. In the next chapter, the importance of the role of government and NGOs in the inclusive development of women with disabilities is highlighted.

CHAPTER-VI

GOs AND NGOs TOWARDS INCLUSIVE DEVELOPMENT

- 6.1 Introduction**
- 6.2 Women PwDs and the justice delivery**
- 6.3 Governmental efforts towards inclusive development**
- 6.4 People's opinion on governmental efforts**
- 6.5 Role of NGOs towards inclusive development**
- 6.6 People's opinion on efforts of NGOs**
- 6.7 Comparison of opinion between government and NGOs' efforts**
- 6.8 Some case studies**
- 6.9 An overview**

CHAPTER-VI

GOs AND NGOs TOWARDS INCLUSIVE DEVELOPMENT

6.1 Introduction

Inclusive development of women with disabilities requires coordinated efforts from both government and non-governmental organizations (NGOs). The NGOs have a huge role to play in terms of increasing the recognition and participation of women with disabilities for their inclusive development. The efforts of NGOs are categorized into various domains such as policy formulation, education, healthcare, employment, social integration, and advocacy. Governments should enact and enforce laws that protect the rights of women with disabilities in compliance with the Rights of Persons with Disabilities (RPwD) Act 2016 in India. After ratifying the UN Convention on the Rights of Persons with Disabilities (UNCRPD), Government of India is mandated with implementing these international conventions so as to ensure comprehensive protection and promotion of their rights.

Welfare schemes for women with disabilities have placed a strong focus on the roles played by the state and civil society. Every government is required under the RPwD Act 2016 to offer institutional services and assistance with the purpose of enabling persons with disabilities, including the women to engage in society and live dignified lives. Commissioner for Persons with Disabilities (CPwD) as Nodal Officer was appointed by the government of Mizoram for inclusive and accessible electoral processes. Limited Guardian role is tasked in the hands of the Director, Social Welfare Department who has been appointed.

The goal of disability-inclusive development is to provide women with disabilities equal access to and involvement in all facets of society, together with complete equality of their human rights. Rimmerman (2013) has said that a meta-analysis of the use of social inclusion in disability studies found it to mean being recognised and being accepted as an individual, by looking past their disability. It also means having a close and bonded relationships with their families and friends and getting involved in both social and recreational activities. The social

inclusion also includes the appropriate living accommodations for these women, having employment and equal employment opportunities and receive both formal and informal support in their daily lives (Rimmerman, 2013, p. 1). This chapter deals with the role of government and NGOs towards inclusive development of women with disabilities in Aizawl and Lunglei districts of Mizoram which is presented under four analytical heads: their experiences with regard to the justice delivery, government efforts towards inclusive development, their opinion on the actions of government towards inclusive development, role of NGOs and the perception towards the role of NGOs in bringing inclusive development. The statements of key informants including the past and present Commissioner for Persons with Disabilities in Mizoram and leaders of NGOs were also included in this chapter. The responses in terms of their experiences with the justice delivery were recorded in a five-point scale which range from strongly agree to strongly disagree. Responses in terms of their opinion on the actions of government towards inclusive development and perception towards the role of NGOs in bringing inclusive development were recorded in a five-point scale ranging from strongly agree to strongly disagree and also from very high to very low. The respondents were asked to place their responses about the places where they are excluded the most and the responses were recorded under various categories such as 'church,' 'NGO,' 'family,' and 'educational institutions.' The respondents were unable to determine whether their demands for inclusive growth had ever been satisfied in light of the availability of facilities such as the justice delivery, and equal treatment in society, including empathy from society. The majority of the respondents lay low in terms of their responses on the extent of inclusive development efforts taken for their development as most of them claimed not to be aware of the facilities available in terms of justice system and legislation nor have, they ever availed any. The steps taken by the government and civil society has also been included as well as the experiences of the respondents in society. The penultimate part presents some case studies associated with the study and the last unit of this chapter sums up the findings.

6.2 Women PwDs and the justice delivery

Justice system is basically a term used to refer to the several organisations, establishments, and agencies that are primarily focused on handling either criminal or civil law and are responsible for implementing or upholding the law. Justice system is important for persons with disabilities, including women with disabilities as it gives them opportunities and the justice delivery should also be efficient for these women. Nearly one-fifth of all women worldwide are women and girls with disabilities, and they face several obstacles to the justice system's accessibility, discrimination based on gender and disability, and the absence of appropriate accommodations during court proceedings which prevents them from accessing the justice system. Due to detrimental gender and disability stereotypes, women with disabilities are disproportionately denied legal protection and are more likely to have their credibility called into question than both men with disabilities and women without disabilities. In addition to facing obstacles in their pursuit of careers as judges, attorneys, and other legal system officials, women with disabilities may also be denied jury duty. Lack of access to formal training in law for availing such opportunities, has been a major impediment too. Women in general and PwD women in particular are also at a disadvantage with regard to informal justice delivery at family, local community and the Church and do not play any role in decision making whatsoever. These obstacles restrict the capacity of women with disabilities to participate in the administration of justice for the community at large as well as their ability to use the legal system which blocks the way for their inclusive development. The heading of women with disabilities and justice delivery is sub-divided into 5 headings which are: the current conditions of justice delivery for these women, the favouring of the women by the justice system, need for improvement in the justice delivery, denied justice faced and the need to improve the current legislation.

There are far more women who are of the opinion that the conditions of the current justice are unfavourable. The opinion of the women on being specifically favoured by the justice system is analysed in the following.

Table 6.1 Favours women with disabilities by the justice system

Area	The current justice system favouring women with disabilities					
	Strongly agree	Agree	Medium	Disagree	Strongly disagree	Total
Lunglei	4 (2.5%)	0 (0%)	1 (0.6%)	2 (1.2%)	13 (8%)	20 (12.3%)
Aizawl	13 (8%)	21 (12.9%)	25 (15.3%)	39 (23.9%)	45 (27.6%)	143 (87.7%)
Total	17 (10.4%)	21 (12.9%)	26 (16%)	41 (25.2%)	58 (35.6%)	163 (100%)

Source: Field Survey

The above data shows that in Lunglei, there are only 4 (2.5%) women who have strongly agreed that the current justice system favors women with disabilities in the state while only 1 (0.6%) woman has neither agreed nor disagreed to the statement. There are 2 (1.2%) women who disagreed that the justice system favors women with disabilities and there are as many as 13 (8%) women who strongly disagreed in the statement which claimed that the current justice system favors these women in Mizoram.

In Aizawl, 13 (8%) women have strongly agreed that the current justice system favors women with disabilities and an additional 21 (12.9%) women have also agreed that the justice system favors women with disabilities. There are as many as 25 (15.3%) who neither agreed nor disagreed with the statement and as many as 39 (23.9%) women who disagreed and said that the current justice system does not work in favor for them at all. There are a whopping 45 (27.6%) women who strongly disagreed in the justice system favoring these women.

Overall, there are only 17 (10.4%) women who have strongly agreed that they are being specifically favored by the justice system while another 21 (12.9%) women have also agreed to being favored. There are 26 (16%) women who neither agree nor disagree to the statement. There are as many as 41 (25.2%) women who have disagreed on being favored by the justice system and 58 (35.6%) women have also strongly disagreed on being favored by the justice system. One of the respondents from Lunglei has said,

‘It’s been ages since people recognize the hardships associated with disabilities. After several years of complaining, we only have one special school in Lunglei,

that too, being run by MHIP which is a civil society. When will the government take us seriously? When will the government establish more special schools and training centers for us? These lacks are proof that the justice system does not work in favor of women with disabilities in Mizoram.'

Another strongly disagreeing woman from Lunglei has said,

'Are you out of your mind?... the government themselves did not take any measures even when the reservation posts for persons with disabilities are unlawfully grabbed by normal able persons. Is it justice? Do you think the condition of justice delivery for us is favourable while examining from such incidents?'

Hence, it is found that most of the women are not in favor of the justice system in working towards the support and development of these women and there is a dire need to improve the current working of justice system in Mizoram.

Table 6.2 The need for improvement in justice delivery

Area	The need for improvement of the current justice delivery				
	Strongly agree	Agree	Medium	Disagree	Total
Lunglei	18 (11%)	2 (1.2%)	0 (0%)	0 (0%)	20 (12.3%)
Aizawl	101 (62%)	30 (18.4%)	10 (6.1%)	2 (1.2%)	143 (87.7%)
Total	119 (73%)	32 (19.6%)	10 (6.1%)	2 (1.2%)	163 (100%)

Source: Field Survey

The data highlights the opinion of the women with disabilities with regard to the need for improvement of the current justice delivery in Mizoram for them. In Lunglei, 18 (11%) women have strongly agreed that there is a dire need to improve the current justice delivery in Mizoram, while 2 (1.2%) women have also agreed that there is a need to improve the justice delivery.

In Aizawl, there are as many as 101 (62%) women who have strongly agreed that there is a deep need to improve the current justice delivery in Mizoram and an additional 30 (18.4%) women have also agreed that the justice delivery should be improved by the government. There are 10 (6.1%) women who neither agree nor disagree to the statement and there are only 2 (1.2%) women who have disagreed that there is no need to improve the justice delivery in the state.

‘I definitely agreed that the current justice delivery is very weak in Mizoram. There is little awareness of the laws including RpwD Act 2016 due to little awareness from the government. Besides, in terms of employment sections, the government does not care much about us as we still hear of some news in which normal able persons are given jobs which are reserved for persons with disabilities. Until and unless the government take actions and measures to counter this ill practice, there is no scope for inclusive development for us and there is a great chance for us to face denied justice at this point’ – Chalthansangi, chronic neurological condition.

Overall, there are 119 (73%) women who have agreed that the current justice delivery needs to be improved and 32 (19.6%) women from both the districts have also agreed on the need to improve the justice delivery. There are 10 (6.1%) women who have neither agree nor disagree and there are only 2 (1.2%) women who have disagreed that the justice delivery does not need any improvement in Mizoram.

Table 6.3 Denied justice faced by women with disabilities

Area	Denied justice			
	Yes	No	I don't know	Total
Lunglei	12 (7.4%)	8 (4.9%)	0 (0%)	20 (12.3%)
Aizawl	132 (81%)	10 (6.1%)	1 (0.6%)	143 (87.7%)
Total	144 (88.3%)	18 (11%)	1 (0.6%)	163 (100%)

Source: Field Survey

In the above data, it is evident that 8 (4.9%) women in Lunglei have never faced denied justice while 12 (7.4%) women have faced denied justice.

In Aizawl, only 10 (6.1%) women have never faced denied justice and as many as 132 (81%) women have faced denied justice. At the same time, there is only 1 (0.6%) woman who does not know whether she had faced denied justice or not.

From both districts, there are as many as 144 (88.3%) women who have faced denied justice and another 18 (11%) women have never faced denied justice at all. There is only 1 (0.6%) woman who does not even know whether she faced denied justice or not. One of the respondents from Aizawl has said,

'Are you asking me whether I have ever faced denied justice? I have faced it everyday, every minute and every second! Don't be surprised. I experience less scope for higher education, I have little chance for job opportunities because of low education and no training skills and less recognition in society, all of which contribute to denied justice for me. There is no scope for inclusive development as long as justice is denied to me and other women like me.'

The women have expressed that the current conditions of the justice delivery in Mizoram is not up to expectation and that it does not favor them as much as they had hoped. They had also hope for the government to improve the justice delivery as low working conditions of the justice delivery leaves little scope for their inclusive development. The ones who faced denied justice is usually in terms of employment sections and education sections. They are denied their rightful post in job application and instead of persons with disabilities, normal able persons are selected in place of them. Protests and complains are of no use in such occasions which led them to a state of denied justice for them. There are also some girls with disabilities who are also denied admission in normal mainstream school as the schools claim that they cannot rehabilitate persons with disabilities in their schools due to absence of specially trained teachers and inclusive syllabus for them. In such cases, the system does not work in favour of them and the families of these women

mostly do not know the steps to attain justice to uplift their situations. This had in turn, affected their chances of getting employment opportunities which calls the need for improved legislations in the state.

Table 6.4 The need for legislations to improve the living conditions

Area	The need for legislation				
	Strongly agree	Agree	Medium	Disagree	Total
Lunglei	19 (11.7%)	1 (0.6%)	0 (0%)	0 (0%)	20 (12.3%)
Aizawl	123 (75.5%)	17 (10.4%)	1 (0.6%)	2 (1.2%)	143 (87.7%)
Total	142 (87.1%)	18 (11%)	1 (0.6%)	2 (1.2%)	163 (100%)

Source: Field Survey

From the data observed in the above table, there are 19 (11.7%) women in Lunglei, who have stated that the legislations are necessary to improve the living conditions of the women in Mizoram while 1 (0.6%) woman has also agreed that the legislation needed to be improved.

In Aizawl, there are as many as 123 (75.5%) women who have strongly agreed that there is a strong need for improving the legislations in the state and at the same time, there are 17 (10.4%) women who have also agreed in the need for improving the legislation. There is 1 (0.6%) woman who has neither agreed nor disagreed to the statement and there is only 2 (1.2%) who disagreed to the need for improving the legislations for the overall development of these women.

Overall, there are 142 (87.1%) women from both the districts who have called the need for legislations to improve the living conditions and 18 (11%) women have also agreed to improve the legislations. There is 1 (0.6%) woman who neither agrees nor disagrees to the statement and there are only 2 (1.2%) women who disagreed that legislations needed to be improved.

Therefore, it is obvious that legislations are necessary for improving the livelihood of these women and special legislations are in much need which specifically cater to these women. There are instances where the post reserved for persons with disabilities are given to normal able persons and some women who faced denied

admission in mainstream schools. There are also cases in which the justice delivery folds its ears in times of protests and complaints held against the unfair selection of job in government sectors. In such circumstances, these women are denied their rights leaving little to no scope for their holistic inclusive development. This study points towards the importance of justice delivery and the need to improve and increase the efficiency of the legislations. The opinion of the women towards the efforts and initiatives taken by the government on the inclusive development of the women are presented in the following section.

6.3 Governmental efforts towards inclusive development

When women with disabilities gain equality from acknowledged development processes and authorized agencies endeavour to remove obstacles preventing their participation and access in society, inclusive development is achieved. Women with disabilities are encouraged to become aware of and participate in inclusive development, which explicitly values the diversity that comes with having a disability and acknowledge it as a normal aspect of life. The government should provide inclusive education policies that ensure girls and women with disabilities have access to quality education from early childhood through to higher education and promotes awareness about the rights and capabilities of women with disabilities to combat stigma and discrimination. Ensuring that healthcare services are accessible, affordable, and sensitive to the needs of women with disabilities and creating policies that promote the employment of women with disabilities, including affirmative action and incentives for employers are also the role of the government for their part in providing inclusive development. The government should facilitate access to microfinance, training programs, and business development services to encourage entrepreneurship among women with disabilities and ensures that public infrastructure, including transportation, buildings, and communication systems, are accessible to these women. Promoting access to assistive technologies that aid mobility, communication, and independence is also a vital step towards the inclusive development of these women.

On June 1st, 2012, the Commissioner for Persons with Disabilities office was founded. The office of the Commissioner for Persons with Disabilities is primarily

responsible for overseeing and monitoring the implementation of the different provisions of the Persons with Disability Act, 1995 and Rights of Persons with Disabilities (RPwD) Act 2016 as well as making sure that grievances are addressed. Before the introduction of RPwD Act 2016, The Office of the Commissioner for Persons with Disabilities, Government of Mizoram, has laid down certain missions and efforts in order to alleviate the current conditions of persons with disabilities including the women. These governmental efforts are beneficial for the women in reaching inclusive development for them. Their efforts include the creation of 8 posts for the Office of Commissioner for PwD, periodical checking of 3% reservation of seats for persons with disabilities in various government posts and the creation of scheme for the implementation of Persons with Disabilities Act, 1995. Spot verification has also been conducted by Assistant Commissioner for PwDs for the year 2013 – 14. It had also issued disability certificate and government had been requested to issue necessary instructions for simplification and streamlining of the procedure for issue of disability certificate. **Disabled loans were given through channelizing agency such as Mizoram Rural Bank under the ‘scheme for loan to handicapped persons’ which is extended by the NHFDC (National Handicapped Finance Development Corporation).**

The Commissioner had also requested the government to further extend block guarantee for the loan to persons with disabilities which is allocated by the NHFDC for the year 2013-2014. The office also verified the Special Blind School and efforts are taken to make the governmental website easily accessible by persons with disabilities. The then Commissioner for Persons with Disabilities has therefore requested Revenue Department to collect report on number of house sites allotted to disabled persons in the year 2013. Efforts are also taken to ease the electoral process and voting process for persons with disabilities in the state. The government also regularly invigilates whether government colleges follow 3% reservation of seats for students with disabilities and whether colleges are easily accessible. Women government workers are granted child care leave by the authorities and while travelling, government servants with any type of disabilities are permitted to have assistance. State government servants who have a minimum 40% of disability are given transport allowance at the minimum of Rs. 1,000/- per month.

After the introduction of RPwD Act 2016, the government of Mizoram has taken further steps and their efforts were increased in order to establish inclusive development for persons with disabilities, including the women with disabilities in Mizoram. The governmental efforts, which were taken from the annual reports from the year 2016 to 2022 has been highlighted and are critically examined as under.

Table 6.5 Year wise Appointment of Grievance Redressal Officer

Appointment of Grievance Redressal Officer				
2017-2018	2018-2019	2019-2020	2020-2021	2021-2022
22	54	54	74	80

Source: Compiled from the Annual Reports of Office of the Commissioner for PwD

The RPwD Act 2016 has required every government department to appoint Grievance Redressal Officer in their respective department under section 23 (1) of the Act. So, from the year 2017-2018, the government of Mizoram has established various Grievance Redressal Officers (GRO) and the number appointed has increased from 22 in its initial year to 80 in the latest reporting year. These GROs were requested to monitor all matters which are related to disability in their own respective departments.

In the year 2019-2020, there were a total of nine cases which were resolved but the nature of the cases was not highlighted in the website as well as the annual report of the government, nor could it be obtained orally from the office. In all the other reporting years, the total number of cases received and solved by the GROs were not reported. One of the respondents from Aizawl has said, *‘I am grateful for the government as they made it easier to complain many issues to GRO, I am also planning to address educational neglect faced by us.’*

In Lunglei, three women have lodged a complaint against the unfair selection of job in government that is reserved for persons with disabilities. These three women filed separate complains to the concerned authorities but their efforts were in vain. The persons without disabilities were not even removed from the unfair posts and their backstories were not even verified. Even though the government claimed to be readily available to listen to complains, there are still many cases where ignorance and biasness are displayed, even from the concerned authorities.

Table 6.6 Transport allowances

Transport Allowance					
2016-2017	2017-2018	2018-2019	2019-2020	2020-2021	2021-2022
Rs.1000 for government workers and 50% concession for non-government workers	Rs.1000 for government workers and 50% concession for non-government workers	Rs.1000 for government workers and 50% concession for non-government workers	-	Rs.1000 for government workers and 50% concession for non-government workers	Rs.1000 for government workers and 50% concession for non-government workers

Source: Compiled from the Annual Reports of Office of the Commissioner for PwD

In terms of concession in transport, the government of Mizoram, in compliance with the RPwD Act 2016 has made transport allowances for persons with disabilities in the state. In the year 2016-2017, the government has given Rs. 100 per month to children with special needs for their transportation costs and also an additional Rs. 100 to their escort as well. In terms of government servants with disabilities, they are given Rs. 1000 for their travel allowance and they are also allowed to have an assistant in their travel. For the non-government workers, they are given 50% concession rate while using public city bus transport in Aizawl and Lunglei districts while free travel concession was given to persons with disabilities while travelling in Mizoram State Transport buses. No funds were allocated for transport subsidies in the year 2019-2020 due to unmentioned reasons. In compliance with chapter VIII Section 41 of RPwD Act 2016, the current Commissioner has requested all city bus owners to display signage for reservation of seats for persons with disabilities and efforts were taken into action from 2022 onwards.

Most of the women respondents, i.e., 101 women are not confident in using any public transport at all. So, most of them have never claimed this concession scheme in terms of public transport system as they mostly travel in private vehicles or never move outside of their own houses.

Most of the women respondents did not avail this concession fare from the government in terms of transport. However, the principal of Onyx Special School, Miss Thlani had said, ‘...of course, we make so much use of it. My students and I would

travel to Aizawl or any other district capitals during winter vacation and all the transportation costs were given to us by the government free of cost. However, due to low awareness, many women and persons with disabilities did not even know about the availability of this concession scheme from the government.'

Table 6.7 Meeting of District Level Committee (DLC) on Disability

Meeting of District Level Committee				
2017-18	2018-19	2019-20	2020-21	2021-22
-	-	DLC was constituted during the years 2019-2020--	Held on 23 rd , 24 th and 25 th March, 2020, Siaha, Lawngtlai and Lunglei	Held on 23 rd March, 2021, Siaha

Source: Compiled from the Annual Reports of Office of the Commissioner for PwD

The government of Mizoram has established District Level Committee on Disability in the state through a notification released on 22.02.2018. the members consisted of representatives from the government as well as key influential people from each district in Mizoram. The main aim of this committee is to give advice to the authorities of each district on subjects related to the rehabilitation and empowerment of persons with disabilities. They are requested to monitor the implementation of RPwD Act 2016 by district authorities and made complains in case of its non-implementation. The date of the actual sitting of the committee was available only from 2020 and 2021, even though it was constituted in the year 2018. Most of the women respondents, including their families are not even aware of the existence of RPwD Act 2016 and they are not even aware of any rules and acts laid down under it. One of the respondents has said, *'Whenever we have complaints with regard to disability, we don't know whom to turn to... we don't even know who are the members of the district committee.'*

In Lunglei, three women have lodged a complaint against the unfair selection of job in government that is reserved for persons with disabilities. These three women filed separate complains to the concerned authorities but their efforts were in vain. The persons without disabilities were not even removed from the unfair posts and their bio-data were not even verified. Even though the government claimed to be

readily available to listen to complains, there are still many cases where ignorance and biasness are displayed, even from the concerned authorities. So, the meeting which was lastly held in Lunglei on 25th March, 2021, attended by 58 officials, still yet to display a positive outcome among women with disabilities in Lunglei.

Table 6.8 Inspection/Visit of special schools and disability centres

Inspection/Visit of special schools and disability centres					
2016-2017	2017-2018	2018-2019	2019-2020	2020-2021	2021-2022
Special Blind School, Gilead Special School	Special Blind School, Gilead Special School	Special Blind School, Gilead Special School	Meeting with church leaders on the need to set up barrier free environment	Onyx Special School	Onyx Special School, Salvation Army Home for the Blind, Shining Star Special School, Centre for Disability Studies, NILD

Source: Compiled from the Annual Report of Office of the Commissioner for PwD

The Office of the Commissioner for PwD regularly visited special schools in Mizoram and close inspection is held annually. In recent years, the Commissioner had given Rs. 5,000 to Salvation Army Home for the Blind on 22nd March, 2022 and also visited National Institute for Locomotor Disability (NILD) Kolkata on 9th – 13th May, 2022. Centre for Disability Studies was also visited on 25th March, 2021. The office also held a meeting with church leaders on 12th April, 2019.

The principal of Special Blind School has said, 'We are regularly being inspected by the PwD Commissioner and we are blessed to have such an active Commissioner who sincerely cares for the well-being of persons with disabilities. Whenever we had doubts and problems, we would run to the Commissioner for solution and she never turned us away.'

The outcome of these inspections and visits of special schools and disability centres were not found in all records of the government nor has it been reproduced orally. The amount of Rs. 5,000 is scanty as in recent years, inflation has increased and the amount hardly covers even the basic needs of students who were staying in the home. The Centre for Disability Studies has been closed down and the building is currently being occupied by Department of Clinical Psychology, Mizoram University and this updated record has not been found in the records of the government. Onyx Special School has been visited recently in recent years by the office. However, the school does not show much improvement in terms of facilities and educational supplies. The basic needs of the special school such as notebooks, pencils and water filters are occasionally donated to them by individuals. One of the respondents from Aizawl has said, *'I cannot go to church because ramps are not available for locomotor disabled woman like me.'* In terms of accessible churches, the state still has a long way to go because in this study, there are still 39 women from both districts of Aizawl and Lunglei who have said that churches are difficult to access and 29 women found educational institutions still difficult to access.

Table 6.9 Sponsorship for research studies on disability

Sponsorship for research studies		
2019-2020	2020-2021	2021-2022
Sponsorship was given while the office was headed by Dr. Lalnunthara.	The research project was carried out effectively from 2019 onwards.	The research project was submitted on 1 st September, 2021.

Source: Compiled from the Annual Report of Office of the Commissioner for PwD

Sponsorship was given to the Department of Sociology, Mizoram University on a research project which is titled "Rehabilitation of Disabled and Inclusive Development: A study in Aizawl District of Mizoram." This project was given by the Office of the Commissioner for Persons with Disabilities. to identify challenges and successes in the field of disabilities in the state. From the scientific evidences of this research, an effective and efficient strategies to counter the barriers faced by persons with disabilities can be developed by policy makers. It appears the recommendations given in the report are yet to be acted out nor the same has been

uploaded in the official website of the Office of the Commissioner for Persons with Disabilities.

Table 6.10 Distribution of facilities for persons with disabilities

Distribution of facilities					
2016-2017	2017-2018	2018-2019	2019-2020	2020-2021	2021-2022
Disability stipends and pensions were provided	5% reservation of funds for PwD for all poverty alleviation and departmental schemes were notified by NLUP Implementing Board.	5% reservation of funds for PwD for all poverty alleviation and departmental schemes were notified by NLUP Implementing Board.	5% reservation of funds for PwD for all poverty alleviation and departmental schemes were notified by NLUP Implementing Board.	CM Relief Fund for 8 blind singers who are greatly affected by covid-19 pandemic were given Rs. 2000 each.	On 12 th October, 2022, braille textbooks were distributed for blind and low-vision students. On 9 th January, 2023, aids and appliances were given to blind and hearing impaired.

Source: Compiled from the Annual Report of Office of the Commissioner for PwD

In terms of facilities, the government of Mizoram distributed certain facilities to persons with disabilities in the state, including the women with disabilities. During the year 2016-2017, the government distributed disability stipends to 53 students and disability pensions were given to 10 persons with disabilities with each receiving Rs. 350 each. From the year 2017-2020, the office of the Commissioner for PwD has requested the government to allot 5% reservation of funds for PwD for all poverty alleviation and departmental schemes which were notified by New Land Use Policy (NLUP) Implementing Board. During the covid-19 pandemic in the state, 8 blind singers were given CM Relief fund during the year 2020-2021, in which each person receives Rs. 2000 each. In the year 2022-2023, various braille textbooks were given to students with low-vision and blindness. Aids and

appliances were also given to blind, low vision and hearing-impaired persons with disabilities. There were 39 recipients of these aids and appliances.

In this study, the women respondents did not receive any relief funds and the 5% reservation of scheme was not even heard by all of them. There are no women respondents who receive disability stipends and pensions. In Lunglei, all the blind and low-vision women do not receive the braille textbooks. In terms of aids and appliances, there are 14 women respondents who receive hearing aids and wheelchairs from the government and they all complained about the low quality of the devices. So, even though the government took efforts to distribute aids and appliances, only few women with disabilities receive them and most of them did not even know that they are being distributed by the government and also, the ones who receive them complained about the low-quality nature of the devices.

From 2016 onwards, the office had worked hard in checking whether government had properly followed the 4% reservation of seats for persons with disabilities. The office has requested all the heads of department and offices to follow 4% reservation of seats for persons with disabilities along with backlog vacancies under their concerned departments. This inspection is carried out effectively even till date.

One of the respondents from Lunglei had further commented on the 4% reservation of jobs saying, '4% reservation of jobs for persons with disabilities is a blessing in theory, but in practical, only few creamy layers of persons with disabilities benefitted from it. The government is never 100 per cent fair in selection of jobs as there are many persons without disabilities who acquire the reservation of posts for persons with disabilities. The government themselves never took any further actions even if countless protests are held. So, 3% reservation of jobs is still not as effective as many people have thought it would be.'

From the findings of the study among the women respondents, only 24 women are employed and 11 of them worked under the government. All the 11 women respondents acquire their job not through the creation and reservation of posts for

persons with disabilities, but through their own merits. No women respondents held any government jobs which is solely reserved for them.

Efforts were taken by the government to issue disability certificate and they were being issued without disruption till date. Government had been requested to issue necessary instructions for simplification and streamlining of the procedure for issue of disability certificate.

In Lunglei, it is very difficult to acquire disability certificate. The process is complicated and the process requires at least 3 days to complete it. For a disabled woman like me who finds it difficult to move about, this complicated process causes severe disturbance. I wish the government could ease the process of acquiring disability certificate. Besides, women with disabilities from rural areas are not even properly included and many urban women are also not included due to low awareness. So, the government should make more awareness with regard to this.' Lalzamlani, cerebral palsy.

However, the process of attaining disability is still complicated as many women find it difficult to acquire it. The case is even more complicated in Lunglei as it took longer days for the women to acquire the certificate in the district.

In pursuance of the order of the Court of the Chief Commissioner for Persons with Disabilities, Ministry of Social Justice & Empowerment, Government of India, the Office of the Commissioner for Persons with Disabilities had written letter to all the departments for making their departmental website accessible for persons with disabilities. In respond to their letters, many departmental websites are made accessible for persons with disabilities which were earlier not accessible. The office took certain efforts to inspect all the departments of government.

A young woman from Aizawl, who currently pursues her Master's degree from Indira Gandhi National Open University (IGNOU) has commented on accessible websites saying, '...it is very fortunate that the government ease our burden and made many governments' website to be easily accessible. This way, we can avoid many difficulties and

access the website from the comfort of our own houses and keep ourselves updated.'

Commissioner for Persons with Disabilities had written letter to all the colleges in Mizoram to furnish the list of admissions given to persons with disabilities under 3% reservation of seats for various courses for all respective new academic sessions under their college/institution. The inspection and verification of this order has been maintained effectively by the government till date.

The principal of Government Aizawl College, Mr. Lalbiakzuala has said, 'The current Commissioner of Persons with Disabilities in Mizoram had visited our college in the year 2023 and inspected whether the institution had installed ramps for students with disabilities and whether proper reservation of seats is allotted to students with disabilities. I think the government followed the protocol well in inspecting us occasionally in the case of setting up barrier free environment in government colleges in Aizawl.'

Women employees with disable children may be granted child care leave by the government authority. Government workers with disabilities are also given assistance during their work-related travel.

Among the 11 government workers from the women respondents, two of them have availed child care leave during their tenure as a government worker. One of the two women had said, *'As a woman with disability, it is twice as difficult to care for my new born and I am thankful that the government granted me child leave during this period.'*

One of the government servants among the women respondents from Aizawl had said, 'I am blessed that I was provided with an assistance during my travel for office work in mainland India. As a blind woman, there is no way on earth for me to travel alone and through the special arrangements from the government, my daughter assisted me in my work-related travel and all the fees are

reimbursed again. I make use of this government efforts and I am thankful.’

The government took certain measures to improve the current conditions of these women and the missions are framed to uplift the conditions of these women. At the same time, the joint efforts of government and NGOs are equally important to bring inclusive development. However, even though the government laid down certain innovative steps for the betterment of persons with disabilities, the opinion of the women on whether the governmental efforts reached them is also analysed in the next section.

6.4 People’s opinion on governmental efforts

By ‘people,’ this study means both the women with disabilities as well as the key informants. The responses of the women are quantitatively analysed while the responses of the key informants are analysed qualitatively. The felt-needs of both the respondents are analysed. The women respondents from both the districts were asked about their opinion on the efforts and mitigative steps taken towards inclusive development by the government which were divided into three thematic heads: 1. The need for barrier-free environment 2. Women with disabilities and their families need proper guidance and counselling 3. The need for association for women with disabilities

Table 6.11 The need for barrier-free environment

Area	The need for barrier-free environment					
	Very high	High	Neither high nor low	Low	Very low	Total
Lunglei	14 (8.6%)	4 (2.5%)	2 (1.2%)	0 (0%)	0 (0%)	20 (12.3%)
Aizawl	72 (44.2%)	41 (25.2%)	27 (16.6%)	2 (1.2%)	1 (0.6%)	143 (87.7%)
Total	86 (52.8%)	45 (27.6%)	29 (17.8%)	2 (1.2%)	1 (0.6%)	163 (100%)

Source: Field Survey

The above data indicates that in Lunglei, 14 (8.6%) women have stressed the very high need for a barrier free environment and 4 (2.5%) women have also agreed on

creating a barrier free environment. There are only 2 (1.2%) women who have said that the need is neither high nor low.

In Aizawl, 72 (44.2%) women have said that there is a very high need for a barrier free environment and 41 (25.2%) women have also said that the need is high. 27 (16.6%) women have said that the need is neither high nor low. There are only 2 (1.2%) women who have said that the need is low and there is only 1 (0.6%) woman who have said that the need is very low. One of the respondents have said, *'We are still in need of barrier-free environment in our society. We still faced certain barriers in education, employment and participation which should be erased.'*

Overall, there are 86 (52.8%) women who have said that the need for barrier free environment is very high and 45 (27.6%) women have also said that the need is high. There are 29 (17.8%) who have said that the need is neither high nor low. There are only 2 (1.2%) women who have said that the need is low and only 1 (0.6%) woman who has said that the need is very low. So, the need for a barrier-free environment is still largely needed in the state which calls for the government to take necessary actions in this regard. Besides, this finding also shows that there is a high need for guidance and counselling among these women and their opinions are taken with regard to this area.

Table 6.12 The need for guidance and counselling

Area	Guidance and counselling for women with disabilities			
	Very high	High	Neither high nor low	Total
Lunglei	19 (11.7%)	1 (0.6%)	0 (0%)	20 (12.3%)
Aizawl	124 (76.1%)	15 (9.2%)	4 (2.5%)	143 (87.7%)
Total	143 (87.7%)	16 (9.8%)	4 (2.5%)	163 (100%)

Source: Field Survey

In terms of the need of guidance and counselling for the women with disabilities and their families, 19 (11.7%) women from Lunglei have said that there is a very high need for guidance and counselling among them and an additional 1 (0.6%) woman has also said that there is a high need for guidance and counselling.

In Aizawl, there are as many as 124 (76.1%) women who have said that there is a very high need for guidance and counselling for them and another 15 (9.2%) have also said that there is a high need for it. As one of the respondents have said,

‘Awareness is very low for women with disabilities in Mizoram. The government need to provide proper guidance and counselling for us in order to establish a more barrier-free society in the state.’

There are only 4 (2.5%) who have said that the need is neither high nor low. In total, there are 143 (87.7%) women in both districts who have said that the need for guidance and counselling is very high while there are 16 (9.8%) women who have said that the need is high. There are only 4 (2.5%) women who have said that the need is neither high nor low. Besides the need for guidance and counselling, the women’s opinion on the need for a separate association was also analysed.

Table 6.13 The need of association for women with disabilities

Area	The need for association for women with disabilities			
	Very high	High	Neither high nor low	Total
Lunglei	20 (12.3%)	0 (0%)	0 (0%)	20 (12.3%)
Aizawl	130 (79.8%)	12 (7.4%)	1 (0.6%)	143 (87.7%)
Total	150 (92%)	12 (7.4%)	1 (0.6%)	163 (100%)

Source: Field Survey

From the above data, it is evident that in Lunglei, all the 20 (12.3%) women have said that there is a very high need for association for women with disabilities and currently, there are no separate association for them in the district. In Aizawl, there are as many as 130 (79.8%) women claimed the very high need for association while another 12 (7.4%) have also said that the need is high. There is only 1 (0.6%) woman who said that the need is neither high nor low.

‘You might think, “What’s the use of another association in Mizoram where there are countless of associations already,”

but that is exactly the point. There is a dire need to establish associations for women with disabilities because through the associations, we can share our problems and needs and we can make the government and the concerned authorities aware of our various needs. Through this association, we can be more empowered and could act as a torchbearer towards building an inclusive development for us.’ Lalchhuanpuii, woman with blindness.

In total, as many as 50 (92%) women from both the districts have said that there is a very high need for creating association for them and another 12 (7.4%) women have also said that the need is high while only 1 (0.6%) woman who has said that the need is neither high nor low. Hence, this points to the immediate need for the creation of association for these women and their families so that they can share their needs and problems through the association and steps can be further taken to solve their issues. This also points to the importance of the role of NGOs to mitigate the women with disabilities in the state.

6.5 Role of NGOs

NGOs often work to protect the legal rights of women with disabilities through advocacy, legal aid, and litigation support. engaging with policymakers to advocate for laws and policies that promote the rights and inclusion of women with disabilities. One of the crucial roles that can be played by the NGOs is to give recognition and inclusion in social activities to these women. Mizoram is a state which had certain influential NGOs in which Young Mizo Association (YMA) serves as the largest in terms of membership sizes. In terms of women specific, Mizo Hmeichhe Insuihkhawm Pawl is the largest women NGOs in Mizoram and Spastic Society of Mizoram is the oldest NGOs for persons with disabilities in the state. The role of the three largest NGOs in terms of the general Mizo community, women and persons with disabilities are analysed in this study.

Young Mizo Association, founded in 15th June, 1935 is the largest NGO in Mizoram and membership is voluntary. The three aims of YMA are to make good use of

leisure, development of Mizo society and to revere Christian ethics. Although this particular NGO does not specifically have aims and missions to work for persons with disabilities, it works for the benefit of all Mizo communities in general, without leaving anyone behind. The YMA is governed by the Central YMA and all the localities and villages in Mizoram have their own respective YMA leaders and committee members. These leaders make sure to offer services and help to people in need, including women with disabilities. Pu Lalbiaksanga, the YMA President from Kulikawn had said,

'We did not have any specific aims and missions to help persons with disabilities in general but if they need any help, we never run away. We used to give them gifts and some incentives occasionally and make sure that they never face teasing and discrimination from people. We did not organise any programs and trainings for them but this occasional gifts and provision of help as and when they require is the only kind of help, we provide to them.'

Pu K. Lalliansanga, the Secretary of YMA Durtlang Branch had also given his remarks with regard to the works rendered by YMA towards women with disabilities by saying,

'We treated them like VIPs in our locality. There are not many women with disabilities and we never tease nor make fun of them. We did not necessarily give them awards nor acknowledge their presence, but if they ever need our help, we are always available. We did not observe any disability programs or make activities for them but if they attend any of our programs and activities, we welcome them with open arms.'

In terms of YMA, there are no specific missions or objectives made towards the inclusion of women with disabilities in the state. The only role played by them is to give incentives and gifts on special occasions and acknowledge and pave way for

their inclusion in social activities. They did not hesitate to help them in times of need, just as they are readily available to everyone else in need.

Another influential NGO, which is women specific in Mizoram is the Mizo Hmeichhe Insuihkhawm Pawl (MHIP), founded on 6th July, 1974. Upon its inception till date, MHIP has worked towards uplifting women of the state in general and aims to bring about empowerment of the women. However, it too, does not necessarily laid down aims and objectives which cater to women with disabilities in general as the NGO worked for the betterment of all Mizo women without discriminating any women. In Lunglei, MHIP established Onyx Special School in the year 2003 and they completely funded the school without any assistance from the government. Pi B. Lalsangpuui, President of MHIP from Mission Veng had said,

‘Yes, of course MHIP is not an organization made for women with disabilities but it is made for all women in general. If any woman need help, we render our services to her despite her historical backgrounds. We used to give gifts to women with disabilities on special occasions and we invite them in our activities. If there are any talented women with disabilities, we invite them to perform in our gatherings and made them feel safe and included. Even though we did not specifically mention them in our objectives, our NGO cover all women, including them and never fails to help them if the need arises.’

Pi Lalremruati, a Treasurer from MHIP, Durtlang North Branch had also said,

‘MHIP does not bother about your backgrounds or your disabilities, we worked towards uplifting all women. We strive for women empowerment and we will work to achieve our goals till the end of days. We used to give presents occasionally to women with disabilities in our locality and

we would invite all women to attend any gatherings of MHIP, including women with disabilities.'

MHIP also does not directly focus on women with disabilities and make plans for their inclusive development. However, they acknowledge their existence by gifting them with presents and bouquets on special gatherings held by them. They also invite these women to attend all their programs and did not discriminate them at all. They worked towards their empowerment, just as they had worked for the empowerment of all Mizo women.

In terms of specific organizations for persons with disabilities, Spastic Society of Mizoram is the oldest disability organization in Mizoram which was founded on 10th April, 1989. It is a non-profit and non-political organization formed by the parents of four children who aim to help other persons with disabilities. It is affiliated to Spastics Society of Eastern India in Calcutta. 'Genesis' is published by the Society as a way to generate general awareness of children with disabilities and brought in small income in the process. Prof. Margaret Ch. Zama had said,

'As you can see, our school has also become a research centre. We did not differentiate between any children who wanted admission in our school. By the grace of God, those who cannot move at all are capable of moving, even if the rate may be slow, and those who drool learn to swallow it. Those who are slow at understanding and learning are also capable of learning basic things and show several signs of improvements. Crafts are also taught to bigger students which will make them financially independent in their later adult lives.'

The initial income of Genesis was spent to trained Miss Chalthanpuui on Special Educator for cerebral palsy, who later became the first Mizo trained to work for the disabled. The Society established Gilead Special School, which is located in Bawngkawn and admitted children of all types of disabilities except the blind. It also conducted free clinic from the year 1994 to all corners of Mizoram. Community Based Rehabilitation Programme was taken up from 1998 with funding received from the Action Aid India for a year after which, the Society continued to conduct

the programme on their own. The role of the NGOs in taking mitigative measures for women with disabilities will show its effectiveness after analysing them from the point of view of the women respondents.

6.6 People's opinion on efforts of NGOs

The opinion towards the role of NGOs was analysed under three headings which are: 1. The exclusion of women from full participation in social activities 2. In which area are they mostly excluded 3. Has NGOs done enough for the inclusive development of women with disabilities, which are highlighted in the following tables and headings.

Table 6.14 The exclusion of women with disabilities from social activities

Area	Excluding women with disabilities from social activities					
	Strongly agree	Agree	Medium	Disagree	Strongly disagree	Total
Lunglei	11 (6.7%)	8 (4.9%)	1 (0.6%)	0 (0%)	0 (0%)	20 (12.3%)
Aizawl	68 (41.7%)	24 (14.7%)	25 (15.3%)	18 (11%)	8 (4.9%)	143 (87.7%)
Total	79 (48.5%)	32 (19.6%)	26 (16%)	18 (11%)	8 (4.9%)	163 (100%)

Source: Field Survey

The above data indicates that in Lunglei, there are 11 (6.7%) women who have strongly agreed that they are being excluded from social activities and another 8 (4.9%) women have also agreed to being excluded from social activities. There is only 1 (0.6%) woman who neither agree nor disagree to being excluded from social activities.

In Aizawl, as many as 68 (41.7%) women have strongly agreed on facing exclusion from social activities while another 24 (14.7%) women have also agreed to faced social exclusion. 25 (15.3%) women have neither agree nor disagree to being excluded. 18 (11%) faced disagreed on facing exclusion while another 8 (4.9%) women have strongly disagreed on facing exclusion in social activities. One of the respondents have said, *'Social exclusion? Or is it social termination? Society does not even recognise us, let alone include us in their activities. We are given invisible treatment all the time.'*

In total, as many as 79 (48.5%) women have strongly agreed on facing exclusion from social activities while another 32 (19.6%) women have also agreed to faced social exclusion. 26 (16%) women have neither agreed nor disagreed to faced social exclusion. 18 (11%) women have disagreed on facing social exclusion and another 8 (4.9%) women have strongly disagreed on facing social exclusion. Most of the women have agreed to face social exclusion and have said that they are excluded from any social activities and still, inclusive development is still out of reach for them in this manner. There are many NGOs in Mizoram and social activities are in abundance. So, it is crucial to know in which NGOs have these women faced exclusion the most.

Table 6.15 Exclusion is mostly faced in which NGOs

Area	They are mostly excluded in				
	Church	NGOs	Others		Total
			Family	Educational institutions	
Lunglei	8 (4.9%)	12 (7.4%)	0 (0%)	0 (0%)	20 (12.3%)
Aizawl	34 (20.9%)	72 (44.2%)	9 (5.5%)	28 (17.2%)	143 (87.7%)
Total	42 (25.8%)	84 (51.5%)	9 (5.5%)	28 (17.2%)	163 (100%)

Source: Field Survey

As evident from the above data, as many as 8 (4.9%) women from Lunglei have said that they are mostly excluded in church and its activities while the rest of the other 12 (7.4%) women have said that they are excluded in NGOs, particularly Young Mizo Association (YMA) and Mizo Hmeichhe Insuihkhawm Pawl (MHIP).

In Aizawl, there are 34 (20.9%) women who have said that they are mostly excluded in church while another 72 (44.2%) women have said that they are excluded in NGOs. As opposed to Lunglei, there are 9 (5.5%) women who are reported to faced exclusion in their family and another batch of 28 (17.2%) women have faced exclusion from educational institutions. Lalkhawngaihsangi, a woman with cerebral palsy has given her opinion on the exclusion faced by women with disabilities in society saying,

‘Inclusive development is still out of reach in Mizoram. Our biggest NGOs, which is the YMA, has not even include us nor take measures to include us. It has not created any platform for us in their activities and even the church hardly recognises us. Many churches did not even install ramps for us and it is very difficult to access. We still have a long way to go in terms of inclusion.’

Overall, 42 (25.8%) women from both the districts have faced exclusion in church while as many as 84 (51.5%) women have faced exclusion in NGOs, primarily the YMA and MHIP. 9 (5.5%) women have faced exclusion in their own families and 28 (17.2%) have faced exclusion in educational institutions. So, NGOs have not played an active role in bringing inclusive development when analysed from the responses and opinions of the women respondents as majority of them still faced the issues of exclusion in social activities. This shows that the NGOs may have not done enough to include women with disabilities in their various activities, which is analysed in the following.

Table 6.16 NGOs have done enough to include women with disabilities in their activities

Area	NGOs have done enough for the inclusion of women with disabilities					
	Strongly agree	Agree	Medium	Disagree	Strongly disagree	Total
Lunglei	1 (0.6%)	1 (0.6%)	5 (3.1%)	7 (4.3%)	6 (3.7%)	20 (12.3%)
Aizawl	12 (7.4%)	23 (14.1%)	21 (12.9%)	45 (27.6%)	42 (25.8%)	143 (87.7%)
Total	13 (8%)	24 (14.7%)	26 (16%)	52 (31.9%)	48 (29.4%)	163 (100%)

Source: Field Survey

From the above data, it is evident that in Lunglei, there is only 1 (0.6%) woman who has strongly agreed that the NGOs have done enough to include women with disabilities in their activities while another 1 (0.6%) woman has also agreed to it. There are 5 (3.1%) women who have neither agree nor disagree to the statement. As many as 7 (4.3%) women have disagreed that NGOs have include them in their

activities and another 6 (3.7%) women have strongly disagreed that NGOs have played their part in bringing inclusion in activities for these women.

In Aizawl, only 12 (7.4%) women have strongly agreed that NGOs have done enough to include women with disabilities in their activities while another 23 (14.1%) women have also agreed to it. 21 (12.9%) women have neither agreed nor disagreed to the statement. As many as 45 (27.6%) women have disagreed that NGOs have done enough for their inclusion and another 42 (25.8%) have also strongly disagreed to it.

'I don't think I have witnessed any effort from the part of the NGOs in taking mitigative steps towards our inclusive development. Instead, they have ignored us since time immemorial and did not aim to improve even till today. I heard that there are few organizations for persons with disabilities but they have never reached me nor do they make an impact in my life. I think the organizations for the persons with disabilities are still not strong and binding enough and measures should be taken towards these areas.'

Overall, only 13 (8%) women have strongly agreed that NGOs have done enough to include women with disabilities in their activities and another set of 24 (14.7%) women have also agreed that NGOs have not done enough for their inclusion in their activities. There are as many as 26 (16%) women who neither agree nor disagree to the statement. On the other hand, there are as many as 52 (31.9%) women who did not agree that the NGOs did not take measures for their inclusion in their activities and another set of 48 (29.4%) women strongly disagree that NGOs take any measures to include them in their social activities. So, the opinion of the women has shown that the actions taken by NGOs in mitigating women with disabilities did not reach most of them and did not have much impact in their lives. It also shows that NGOs have not done enough work and take enough mitigative measures for the inclusion of women with disabilities in their activities. The influence of NGOs is weak towards the overall inclusive development of these women in the state as most of them are still being excluded from their work.

6.7 Comparison of people's opinion between GOs and NGOs

The opinion of the people on the efforts of both the government and NGOs shows the need to improve the current steps taken by both the organisations. Even though the government took greater steps and played larger role towards rehabilitating women with disabilities, the opinion of the women respondents and the key informants are still largely negative and critical. The NGOs have their own share of critics in their steps towards rehabilitating these women, but the opinion of the people is slightly positive when compared with the government. The government took certain mitigative steps but from the responses and critics of the women respondents, it shows that the mission of the government doesn't reach most of these women respondents. One of the leaders from YMA has said,

'...in reality, NGOs do not have any source of income. We are non-governmental organisations and had to rely on the funds collected from the public. Besides, NGOs like YMA work for the service of all people and we cannot specifically focus only on certain groups of individuals. When the need arises from anyone, we response to their call of need without judging their backgrounds, including women with disabilities. The occasional gifts given and welcoming them in all social activities organised by YMA is the only efforts we can take as of now. Larger responsibilities should be at the hands of the government as they have more source of income and expertise to combat the hardships associated with disabilities.'

One of the leaders from MHIP has also shared her critics on the government saying,

'The government has endless source of income and funds and they are also tasked with the well-beings of women with disabilities. For the NGOs, our source of income is very limited and we do not even have the expertise and

skills to care for women with disabilities. Our only source of knowledge is to recognise them and assist them in our social activities. When glance from a passenger's seat, I felt that the government lags behind in working for the development of women with disabilities in the state. The conditions of the women are still very poor and in a critical condition. They should try to do better than they currently did.'

The opinion of the women respondents on the government is also still largely negative. Many of the programmes and missions launched by them did not even reach most of the women which led to the negative opinion from majority of these women. In terms of the NGOs, the main NGOs which were criticised by the people in this study were YMA and MHIP. The main negative opinion raised against these NGOs is that they failed to include them in their social activities and did not give them enough platform. As one of the respondents from Lunglei had said,

'My daughter loves to sing, but is never invited by the MHIP or the YMA in their activities. They failed to recognise her talent and I felt really bad for her. I believe that these organisations should also include and invite women with disabilities and provide platform for them as the situations require. We don't demand any gifts or money, but all we ask is to make us feel included and make us feel like we are a part of society. That is all that we ask.'

So, overall, the opinion of the people on the government is still largely negative and critical as people seem to expect more from the government in solving the problems for these women. The women respondents' perceptions on NGOs are also still largely negative as they have felt a sense of exclusion and neglect by them through their failure to include them in their social activities.

6.8 Case studies

Case studies which substantiate the experiences of women with disabilities in terms of the justice delivery and role of government and NGOs in mitigating their development are presented in this section. A careful analysis and in-depth study of the family background including their monthly income, the specific experiences faced in terms of justice delivery, their experiences of the role of government and the measures taken by NGOs towards inclusive development are studied and presented. A profile of three women with disabilities is highlighted in which the first case is about a hearing impaired woman who have been unfairly denied a job which was reserved and meant for persons with disabilities and the second profile is about a young university student who dreams to become a civil servant and worked towards uplifting the conditions of women with disabilities in Mizoram and lastly, the case studies end with the profile of a young girl with multiple disability whose families tried their best to cope with her disability through their faith in God.

CASE STUDY NUMBER 6.1

A 34-year-old single parent with hearing impaired who supports her daughter

Name:	K. Lalthlamuanpuii
Gender:	Female
Age:	34 years old
Marital Status:	Separated
Religion:	Christian
Work Status:	Private employed
Place of Residence:	Chanmari, Lunglei
Type of disability:	Hearing impaired

K. Lalthlamuanpuii lives in Chanmari, which is located around 5 kilometres from the town area of Lunglei. The place is situated in the busy street of Lunglei and the families in the locality usually belong to middle to upper socio-economic profile. Her house is situated besides the main street and they are a family of four comprising of her parents and her daughter. They lived in a small house in an Assam-type structure and she works as a cook in a school.

Number of family members and their profiles

2. KH Laldinliana. A 57-year-old man who is the father of K. Lalthlamuanpuii. He graduated college and is currently engaged in government job. He received monthly salary of Rs. 50,000 and is the main income earner of the family.
3. R. Chalkhumi. A 56-year-old mother of K. Lalthlamuanpuii who is the main caregiver. She is a housewife and looks after the family.
4. K. Lalthlamuanpuii is a 34-year-old woman who works as a cook in a school everyday. She earns Rs. 5,000 and she completed her high school diploma. She has one daughter and is separated from her husband due to irreconcilable differences.
5. Ramthianglimi is a 9-year-old school going girl and even though her mother is hearing impaired, she tried her best to care for her and aimed to be a doctor when she grows up. She is currently in her 4th standard and is a bright and intelligent girl who hope to bring good name for her mother through her education one day.

They have a plot of land which is between 1.01 – 2.01 hectares in size. Even though they are not extremely wealthy, they have everything they need and they live in a mixed concrete and Assam type house. They belong to Pentecostal denomination. Growing up, they firstly did not notice any disability in Lalthlamuanpuii but after she attained the age of 1 year, her mother started sensing something wrong with her daughter as she never responded to any sound. She regularly cried and after thoroughly examination by the doctors, they confirmed her disability. She had extreme pain and discomfort in her ear and even till date, the pain still exists occasionally but it has subsided in recent years. Even though she is disabled, she tried her best to have at least a high school degree and went to regular school to pursue her education. Even while studying, the discomfort and pain would stand in the way of her academic performances but her desire to achieve success overshadowed her pain. Her mother occasionally provided for her and acted as the main caregiver. She did not receive any additional training besides her high school and did not use any hearing aid to combat her disability because she felt discomfort in using the assistive device for her ears. Her disability is congenital and her families and neighbours are rather supportive and

caring towards her. She separated from her husband due to differences in behaviour and they had one daughter who lives with her after the separation. In terms of employment, she had argued that it was difficult to find employment for her due to her hearing difficulties. She could not fully hear what people are saying so communication barrier and the stigma that hearing impaired women are difficult to work with, caused her problems in job seeking. She is a hard-working woman and her co-workers have also expressed how they enjoy working with her due to her hard-working nature. She had expressed that, *‘Government doesn’t create more jobs for us and hence they are denied inclusivity in this manner.’*

She once applied for a job as a multi-tasking (MTS) under the government which was reserved for the post of disabled applicants. The eligibility criteria were for people who passed high school. However, the job was unfairly given to a normal able person and even though complaints were lodged, it was unsuccessful and she was among women with disabilities who encountered denied justice. She had said that even though communities and people in general stop teasing and name-calling women with disabilities in modern days, the denied justice and unfair job selection that still persist led them faced discrimination and neglect from the government, and she had expressed that she felt to be neglected the most in the field of employment sections. She had said,

‘When I was not selected for the job, I was in pain but the pain doubled when I heard that the government had selected normal able person for the post of MTS. Employment opportunities are very low for us in the sense that most private and government workers are required to have great listening and communication skills, something that is absent in us. So, the safest job for us is to engage in labour jobs like cooking which do not require much communication skills.’

She is healthy and is able to provide the need of her daughter and constantly encourages her daughter to pursue her dream of being a doctor one day. She had expressed her increased dissatisfaction in the current justice delivery which does not seem to favour women with disabilities as unfair job selection still happens which

strips them of their desired posts. She argued that the government doesn't play their part in improving the justice delivery for them and that no inclusive development can occur if the government itself does not pay any heed towards them. She further clarified,

'I wish the government could provide disable quota more for employment sections so that we can be able to find more jobs suited for us. We are just as capable if given the right treatment job opportunities and that could benefit us so that women with disabilities can have the same development enjoyed by women without disabilities.'

The unfair selection of job is experienced by this woman and even though hardships and obstacles are faced by her being a single mother with disability, she overcame them. She showed her resilience even in the face of adversity and tried her best to provide for her daughter. The failure of justice delivery towards her hindered her full potential because if she was fairly given the job, she would have been just as capable and able to work. This shows the importance of justice delivery to uphold fair integrity in job selection and abstain from denied justice.

CASE STUDY NUMBER 6.2

When people constantly feel pity for us, it made us feel weak, rather than empowering us

Name:	Vanlallawmsangi
Gender:	Female
Age:	22 years old
Marital Status:	Single
Religion:	Christian
Work Status:	Student
Place of Residence:	Durtlang North, Aizawl
Type of disability:	Cerebral Palsy

Vanlallawmsangi and family lives in Durtlang North, which is located around 10 kilometres from the main city area from Aizawl city. Their house is located far off from the main street and she currently studies Master of Arts (History) in Institute of Chartered Financial Analysts of India (ICFAI) University. Her mother passed away when she was young and she lives with her father who works as an officer. Her father supports her in her education and everything that she pursues with open arms.

Number of family members and their profiles

1. Lalhmangaiha. He is the head and father of Lawmsangi who is currently 50 years old. He is an educated man with a Master of Arts degree and currently works as an officer. He earns Rs. 40,000 per month.
2. Vanlallawmsangi is a 22-year-old college student who lives alone with her father.

They have an acre of land which measured between 1.01 – 2.01 hectares of land and she had also received formal vocational training besides her education. She had some problem with her mobility but does not use any mobility or assistive devices. Her disability stemmed from congenital and she had no problem in communication and daily living skills but she is slower and weak as compared to normal able persons. She did not need to depend on her father in terms of household activities and she does all household chores and cooking activities. In her locality, she is an active member and regularly takes part in voluntary activities. In such occasions, the other members of the community encouraged her and motivated her which boosted her confidence. She further stated,

‘People in my community do not look down upon me in any way. They accept me the way I am and even the neighbours and all individuals in our locality support me. Even in the church, they appointed me as a committee member in the youth wing of the church and treat me like every other people. However, they do not expect me to be as active as other members as my health does not allow me. They gave me great responsibilities which motivated me to be better and even made me forget about my disabilities

most of the time. The support and care I receive from my community may not be the same in other localities of Mizoram. So, from my experience, it is indeed very clear that NGOs support and inclusive activities can go a long way in rehabilitating women with disabilities.'

In terms of the laws and legislations, she had stated that awareness is still very low and that the government lacks behind in giving care and support to these women. She had also expressed that even though people from her locality are supportive, the case is not the same in many other parts of the state. Women are still being looked down because of their disability and they are excluded in social participation which denied them of inclusive development to a considerable content. The government doesn't play its part enough and the NGOs are still lagging behind in playing their role towards inclusive development for these women. She had said,

'Awareness is still very less when laws and legislations are taken into context. The government distributed assistive devices but the quality is very low and there is little information on the dates of the distribution and the means to achieve them. Government should concentrate on distributing quality assistive devices if they should and also should look into matter in terms of job application because many times, women and men without disabilities are often given the job which are otherwise reserved for persons with disabilities. In this instance, government should take necessary actions and also create more job opportunities for us and open more vocational training centres for us because we are also capable if given the right care and treatment.'

She had stated that extra special care is unnecessary as it only works in softening these women. The NGOs and church should also treat them and speak with them with the same regular tone that they used with others. In terms of Mizo community, she had felt that many women with disabilities still hesitate to speak out their troubles and hardships as they feared that they will offend others. So, the fear of speaking up more

lead to many other problems and it makes it difficult for the justice system to take necessary actions. She had further clarified,

‘The schools in Mizoram are still not inclusive and many students with disabilities are denied admissions in schools but they did not speak out and silently bear the pain. There is only one school in our locality which is inclusive of all types of students. As a result, students with disabilities are also enrolled in that school but the families of normal students did not like their kids to interact with disabled students and so, all the normal students were shifted to other schools by their parents and they labelled that school as a school for disabled, even though it was not originally meant for disabled students. NGOs are the most influential and have huge voice in Mizoram and so, they should create more awareness among the public to have more inclusive mindset and accepting attitude. They should also raise awareness not to support the disability community by voice only but also through actions. Therefore, both the government and the NGOs have important role to play to bring about inclusive development for women like us.’

Vanlallawmsangi finds it difficult to walk freely due to her disability but she said that it doesn't stop her from pursuing her goal and doesn't hinder her dream of becoming a civil servant. She said that she wanted to prove to others that disability is not a burden but rather a gift of God. She is capable of doing all the household chores and look after her house as her father is away for work most of the day. She went to ICFAI University, which is located just 2 kilometres away from her house and would wait for the university bus everyday. She expressed her satisfaction towards the university authorities as they shifted the entire department of history to the ground in order to accommodate her. Her teachers and classmates were just supportive as people from her locality and she is one of the brightest students and excels in her studies. However, she grieve when some people would awkwardly stare at her for a long period of time. She cannot get used to this as it angers her and she feels humiliated when stared for a prolong period of time. She offers her remorse and said,

‘I love reading the laws of disability as they gave me a sigh of relief. The laws and legislations are somewhat on a greater side but the real implementation is very weak in Mizoram. Even though people are kind and supportive in my university and locality, I believe that majority of the Mizos still do not understand us fully and even though there are specially trained B. ed, they really do not understand us until and unless they live with us or have family member with disability. I wish to be a civil servant one day and I wish to be in a position to mitigate women like me and improve their living conditions. I also like to advise people not to discriminate us and treat us like normal human beings. Let us do what we want to do in society and only help us when we seek help. Otherwise, when people constantly feel pity for us, it made us feel weak, rather than empowering us.’

Vanlallawmsangi had stated that the conditions of women with disabilities are different when compared between urban and rural areas. In villages, these women are denied their rights and protection in many ways while the conditions of these women in urban areas have shown signs of improvement in recent years. She is an active member of her church and community as well. She is planning to become a civil servant in the near future and has worked tirelessly towards achieving her dream every single day. She had also stated that in recent years, the NGOs have played an active part towards rehabilitating the disabled and they do not look down upon them in any way but, from her case, it is evident that NGOs should play more part in taking proactive measures towards the inclusive development of these women in the state.

CASE STUDY NUMBER 6.3

An 11-year-old girl with multiple disability

Name: Vanlalduati Khiangte
 Gender: Female
 Age: 11 years old
 Marital Status: Single

Religion: Christian
Work Status: Not applicable
Place of Residence: Edenthlar, Aizawl
Type of disability: Multiple disability

Vanlalduati Khiangte and her family resides in Edenthlar, Aizawl. They live close to the main street and their house is an Assam type structure. They are a nuclear family and she has 3 other siblings. They are not well-to-do but her parents have made sure to support their children even amidst their difficult lifestyle.

Number of family members and their profiles

1. K. Sangzuala. He is the head of the family and father of Vanlalduati who is currently 46 years old. He passed his HSSLC examination and currently works as a labourer. He earns Rs. 15,000 per month and is the main income earner in his family.
2. Lalpawmawii is a 33-year-old mother of Duati who is a housewife and provides care and support to her family. She is the main caregiver of Vanlalduati. She only attains education level of middle school and occasionally engages in business activities which led her earn around Rs. 5,000 per month.
3. Lalremruati is their eldest daughter who is currently 17 years old. She is currently a student and studies her 12 standards.
4. Vanlalduati Khiangte. She is the second eldest daughter and has multiple disability. She is not in a position to pursue any type of education and vocational training. She cannot talk and move about and sits in a chair all day long.
5. Ed Hmingthanpuui is a 5-year-old girl who currently studies in Kg-2.
6. Innocent Mawizuala is the youngest and the only son in the family who is currently 4 years old.

Vanlalduati and her family only has around 0.41 – 1.01 hectares of land and they live in a small house even though they are a huge family. She is not in a position to receive any kind of education and vocational training. She lacks any communication skills and cannot walk and move freely on her own. She sits in a chair all day long and is cared

and supported by her loving mother. Her disability is congenital and due to lack of money, her family could not afford better rehabilitation services for her. Even though she has multiple disability, she is very warm and has a tender smile. Her siblings love her endlessly and her parents make sure to give her endless love and affection even though they have limited means. She depends on her family entirely and cannot take care of herself at all. The support she received from her family is the only source of support she receives and her disability affects the entire household due to her parents' low income and places certain financial pressure on her household. She has difficulty in terms of access and her parents could not afford wheelchair for her.

She was once admitted in Gilead Special School located in Bawngkawn locality, Aizawl but her parents could not sustain her education due to financial problems and other issues faced. The main reason why she was taken out of the special school was shared by her father who said,

'In her younger years, we admitted Vanlalduati to Gilead Special School, but she did not show any signs of improvement, but rather she was facing a decline in her lifestyle. During those days, there was no special bus for them and so, we have to bring her to school and wait for her all day. It was difficult for us because I have to work as well and my wife needed to look after our other children as well. Besides, during that time, the school had no special sections of disability and all types of disability were put together in one classroom. My daughter would imitate the actions of mentally challenged students. We did not like that and besides, mentally challenged students would unwillingly beat her and other students and all those factors combined led us to remove her from the special school.'

Vanlalduati's mother, who is also the main caregiver would wake up early in the morning and after waking all her children, she would prepare food for them while her husband also helped in the household chores. They had one baby who still needs more care and after her father send off their two children to school, he would go directly to

his workplace. Her mother cleaned the entire house and care for both her son and Vanlalduali. Duati would just sit in the sitting room all day and watch television. She cannot move on her own and she cannot even talk and express her emotions. Her mother also engages in personal business and had to devote her time between her children, the house and her personal business. Her mother had said that she engaged in the personal side hustle as they have many children and her husband's income is not enough. Duati regularly falls ill and they have to visit the hospital often which places more financial pressure on their family. They could not even afford wheelchair for her as they lack the necessary amount and besides, they did not know any means and measures to acquire free assistive devices from the government. Duati and her family are not aware of any laws and legislations including RPwD Act 2016. Her mother has said, '*NGOs and government may take mitigation measures but their actions have not reached us as of now.*'

Her father has also given comments with regard to the actions of the government towards inclusive development and said,

The education system and educational institutions for the disabled people should be better structured than the current condition. The people who are living below poverty line are not assisted by the government in any way from our experiences which make many of the disabled to remain illiterate. Disability will always be present even if the disabled themselves and their families tried to look normal and so, it is up to the laws and legislations to take mitigative actions for them. They didn't do enough to care and provide for the disabilities in Mizoram, given the nature of the less population of their population in Mizoram.'

Her father has said, '*We find it fortunate that even though our daughter has multiple disability, she is not blind at least.*' In coping with disability, the families have said that it is important that the caregivers and the family members of women with disabilities learn to cope their disability through faith and devotion to God. They have said that even though it is difficult, they should try to find the good even in the bad circumstances. So,

this case study points towards the need for effective syllabus and curriculum which could provide inclusive treatment for all girls and women with disabilities.

CASE STUDY NUMBER 6.4

A 31-year-old girl with mental illness

Name: Vanlalduhawmi Ralte
Gender: Female
Age: 31 years old
Marital Status: Unlikely to get married
Religion: Christian
Work Status: Unemployed
Place of Residence: Aizawl
Type of disability: Mental disability

Lallawmzuali is a 31 years old woman who has mental illness. She had a son. They live in a small house and are economically poor. Her mother is also a widow and is also the main caregiver. She is not in a position to interact with anyone and spent most of her days inside her room. Her mother revealed that she was born completely normal and even had a loving husband during her youth. After the birth of their son, her husband passed away which led her to have mental illness. It was basically that tragic incident which led her to develop the illness.

Number of family members and their profiles

1. Vanlalchhungi. She is a 57 years old woman who is the main caregiver and the head of the household. She is a widow and is also a pensioner whose monthly income is Rs. 20,000. She attained education till primary level.
2. Lallawmzuali. She is a 31 years old woman and she attained education till class 6.
3. Lalhruitluanga. He is the only son of Lallawmzuali who is 10 years old. He currently studies in class 4.

The mental illness condition of Lallawmzuali is so extreme that it affects the entire household. She is not in a position to receive any type of vocational training and any

type of education. Her mother even said that she did not know much to look after her to improve her mental health. However, she bathes her regularly and feed her proper food and water and loves her endlessly. They did not even seek for any professional help as they had no idea who to turn to. She completely relies on her mother for everything.

‘After her husband passed away, she had extreme depression which led her to have this mental illness. I am the only person who looks after her and help her. It would relief our burden if we can get professional help but right now, I don’t even know who to turn to.’ – Vanlalchhungi.

The illness has also affected them financially as the only income earn by her mother is very limited to support the entire family. Besides, the caregiver Pi Vanlalchhungi is in no condition to work as her grandson goes to school and had to take care of both her daughter and her grandson at the same time apart from looking after the household.

‘Sometimes, even I feel very tired and depressed. Had the Almighty God not offer His comfort and grace to our family, even I would no longer be able to care for my daughter and my grandson. Our unfortunate incidence clearly indicates the need for a stronger and better association for the persons with disabilities and their parents. It would also be great if we could get together once in a while to share our burden and interact with one another which would relief our sorrows to a great extent.’ – Vanlalchuangi.

In terms of problems faced within their family, she further stated that, *‘...my daughter would sometimes run away from home and I would be very worried as I am just a widow and cannot do much to search for her. Luckily, the neighbours and community would help us in finding and locating her which made us very fortunate to have them as our friends and comforters.’*

In terms of discrimination, Mizoram still has a long way to go in terms of completely erasing the problems directed towards them in terms of discrimination.

‘Discrimination does not only mean laughing and mocking at the faces of the persons with disabilities and their families. When awareness with regards to

disability is not properly raised and when no centres and medical help of the disabled are available and their rights are being denied, then, we are already discriminating them. Since these problems are still very much at large in our society, then, it means that we are still discriminating people with disabilities in Mizoram and their conditions will never improve at this rate...,’ said her mother.

The only way for the families of Lallawmzuali to cope with her disability is to love and care for her in every possible way that they can. Her mother went on to say that she rarely left the house for her personal benefits and other source of entertainment as she prioritizes her daughter and her grandson over any other activities. Even when she had to leave their house for some important engagement, she never left for long and make sure that her grandson kept a close eye on her mother while she is gone. They never left Lallawmzuali alone in the house and said that they prayed for her as much as possible. They used their faith in God to cope with the burden of her disability. Discrimination is still faced by them through absence of proper rehabilitation centres in the state.

6.9 An overview

The steps taken by the government towards the inclusive development of women with disabilities and the perception of the role of NGOs towards inclusive development of these women are presented in this chapter. It is presented in various headings which are: 1. PwDs and the justice delivery 2. Governmental efforts towards inclusive development 3. People’s opinion on governmental efforts 4. Role of NGOs 5. People’s opinion on efforts of NGOs.

Women PwDs and the justice delivery: In terms of justice delivery, majority of the women from both the districts have said that the current conditions of the justice delivery in Mizoram is still not up to mark. They are not being favored by the justice system as cases of unfair selection of jobs still exist. The delivery of justice still fails as most of the women still faced issues with the justice delivery. As pointed out by Jamall (2021), women with disabilities are denied justice delivery because of failure to properly expressed their situations and also because the justice system does not know how to help

them. This is also the exact reason why the women respondents felt being neglected by the justice system. In many instances, the reservation of posts for persons with disabilities are given to persons without disabilities and hence, denied justice is still faced and experienced by these women. Denied justice range from denial to admission in mainstream schools, failure to be included in social activities and churches and also in terms of legislations in the form of unfair job selection process. The responses of the women have shown the increased need to improve the current justice delivery and this also calls for the need to improve them through proper policy formulation by the legislation.

Governmental efforts towards inclusive development: The government has taken certain mitigative steps for the overall inclusive development of these women and they are highlighted in this section. Various posts for the office of the Commissioner for Persons with Disabilities were proposed and plans were formulated to create more posts for persons with disabilities, including the women. The government tried to reserve 3% of seats in terms of job and the office of the Commissioner for Persons with Disabilities maintain a strict schedule in checking whether the government follows this rule. They are given disability certificates and loans are also given to those in need. Among the government servants, TA/DA is given to them when they travel for their work and various government and public buildings are requested to be made accessible. Efforts were also taken so that departmental websites were easily accessible by women with disabilities. The revenue department was in charge of recording the number of lands allocated to persons with disabilities in the state and persons with disabilities who are not government servants are given concession whilst their travel by Mizoram State Transport buses. The government also take necessary prompt actions if complains are received from persons with disabilities including the women with disabilities.

In terms of elections, polling booths were made as accessible as possible in order to facilitate the persons with disabilities to help them cast their votes and the markings inside the booth including the list of candidates were marked in Braille. Child care leave is given to women with disabilities having babies and colleges across the state are instructed to admit and reserve seats for persons with disabilities. Various concessions are also given while their travel by public buses.

People's opinion on government efforts: The analysis of the opinion of government efforts were done and it was divided into three heads such as the need for barrier free environment, the need for proper guidance and counselling and the need for association for these women and their families. Most of the women from both the districts have said that they are in very high need of a barrier free environment and the present condition is still not barrier free for them. They still faced barriers in certain sections such as barrier in accessing buildings, barriers in achieving high educational qualifications and barriers in employment opportunities of these women. This led to the need for proper guidance and counselling of these women along with their family members. The absence of these rehabilitation process is observed as most of the women lack proper guidance and counselling. Besides, the need for association is strongly observed as most of them had stated that they are in very high need to create association so that their problems and obstacles can be shared and measures can be taken more rapidly from the concerned authorities as opposed to solving their problems one woman at a time. As Khan & Mitchell (2023) had stated the importance of conducting periodical survey and data with regard to persons with disabilities, there are few data with regard to women with disabilities in Mizoram and survey and data are hardly conducted. Since survey and data are scarce, it further made it difficult to create more rooms for innovative solutions to their endless problems and coping strategies. Similar to the study conducted by Saran et al. (2019), this study finds out that the inclusion and participation of women with disabilities in programs and social activities empower them but there is still a large scope for improvement as the women respondents are still largely excluded in social activities and various programs of NGOs as well as the government. Thus, the absence of inclusion at various levels of participation and opportunities in Mizoram serves as a major roadblock for the inclusive development of women with disabilities.

Role of NGOs: The role of NGOs in Mizoram towards increasing the inclusive development of the women respondents is analysed from the work provided by three influential NGOs in the state which are YMA, MHIP and Spastic Society of Mizoram. All the three NGOs played a key role in recognising and inclusion of these women in society. They play an integral part in curbing stigma and discrimination by increasing the participation of these women in society. However, since YMA and MHIP are not

specifically created to cater to only persons with disabilities, they did not include any direct focus on persons with disabilities in their aims and missions. The only source of mitigative actions is to present occasional gifts and incentives to them and offer their services only when the need arises. Spastic Society of Mizoram is an organization which is specifically created to cater to the needs of persons with disabilities and as such, work towards uplifting them. Gilead Special School was created by them so as to rehabilitate children with disabilities except the blind and provide skills and special education to children with disabilities which can bring inclusive development for them.

People's opinion on role of NGOs: The NGOs are influential in Mizoram and their involvement towards the inclusive development of the women with disabilities can alleviate the current conditions of these women. In analysing the role played by NGOs, most of the women respondents from both the districts have said that they are being excluded in social activities and the number of exclusions faced by these women is large from both districts. When enquired about which NGOs excluded them the most, most of the women have said that they are excluded the most by NGOs and these NGOs are mostly described to be YMA and MHIP in particular. Secondly, they are mostly excluded by the churches as they feel ignored and isolated by them. In Aizawl, there are women who also faced exclusion from educational institutions and another small section of women from Aizawl have faced excluded from their own family members. Most of the women from both the districts have also said that NGOs have not done enough to include them in their activities and had felt left out in most occasions organized by them in society. A study by Umegård & Wrembicki (2022) is found contrary to this finding. Their studies have shown that NGOs' work consciously or unconsciously by using one or both models of disability (social and medical) while providing help to women with disabilities. This study finds that none of the women respondents received any assistive devices from NGOs. They either receive it through government or through their own finances. So, the study which stated that the NGOs make use of medical model of disability to provide assistive devices lacks veracity in this study.

Comparison of people's opinion between government and NGOs: The comparison between people's opinion on the efforts of both the government and NGOs shows that

the government received more negative opinion from the women respondents as well as the key informants in this study. They were more critical towards the government as they have more power and resources to bring about development for these women as opposed to the NGOs who have limited supply of power and resources to cater to the women with disabilities and their needs. The main critics directed against NGOs is their failure to invite and include women with disabilities in any social activities that they organised in their own respective localities.

Some case studies: In the literature reviewed, very few studies near to none employed case study as a tool. In fact, four case studies are presented at the end of this chapter that highlights the daily struggles of the women with disabilities. The first case study is about a single mother who works daily to support her daughter. She was denied a government job as the concerned government unfairly recruited a person without any disability. This led her to face denied justice at the hands of the government, an organization which is supposed to work towards her progress and development. The second case study is about a passionate young woman who plans to become a civil servant one day. The case of this young woman shows the importance of NGOs in motivating women with disabilities towards pursuing and chasing their goals as she is regularly motivated by the YMA members in her locality. They made her feel included and ignore her disability which further fuels her passion towards studying to become a civil servant one day. The third case study shows the case of an 11 years old girl who has a multiple disability. Even though she stems from a low-income family, the mitigative measures and actions of both the government and NGOs did not reach her and her family. The importance of establishing more special schools which is easily accessible and at cheaper subsidised rate by the government is highlighted in this case. The case study finally concludes with the case of a 31 years old woman with mental illness whose family members have used their faith in God to help them cope with her disability. Overall, the case studies show the importance of government and NGOs towards the inclusive development of women with disabilities and also, the current efforts taken by them still did not impact most women across the state. The next chapter deals with the various policy recommendations in the context of Mizoram which is related to women with disabilities.

CHAPTER-VII

POLICY RECOMMENDATIONS

- 7.1 Introduction**
- 7.2 Women PwDs and the awareness of law**
 - 7.2.1 Recommendations in area of laws and legislations**
- 7.3 An analysis of special schools in Aizawl and Lunglei**
 - 7.3.1 Policy recommendations for special schools**
- 7.4 Women PwDs and the effectiveness of UDID registration**
 - 7.4.1 Recommendations in the area of UDID**
- 7.5 Assessment of the issues by Key Informants**
- 7.6 Contextualisation of the findings**
- 7.7 State future plans**
- 7.8 An overview**

CHAPTER-VII

POLICY RECOMMENDATIONS

7.1 Introduction

The efforts of both the governments and NGOs towards inclusive development of women with disabilities that were analysed in the previous chapter have shown the various needs to improve existing policy for persons with disabilities in Mizoram. This chapter highlights the various policy issues and mentioned actionable recommendations to solve the issues that arise in this study. This chapter is divided into 12 headings and they are women PwDs and the awareness of law, recommendations in area of laws and legislations, an analysis of special schools in Aizawl and Lunglei, policy recommendations for special schools through comparative analysis, women PwDs and the effectiveness of UDID registration, recommendations in the area of UDID, profile of key informants, assessment of the issue, recommendations based on the statements of KII, future plans, case studies and finally concluding with an overview.

7.2 Women PwDs and the awareness of law

The office of the PwD Commissioner, Government of Mizoram is tasked to invigilate the implementation of RPwD Act 2016 in the state. The office had appointed Nodal Officers for the rightful implementation of RPwD Act 2016 including its various provisions especially for students with disabilities. The state also ensured that all the students with disabilities in elementary and secondary level of education are mandated with specially trained teachers. The government also provided and distributed free books and stationaries for students with disabilities and also distributed reader and transport allowance. Besides, there are three training centres which are currently run by Social Welfare Department for persons with disabilities. These three training centres are located in Aizawl and Lunglei in which female training centre and male training centres exist separately in Aizawl and in Lunglei, there is one combined male and female training centre. Besides, the government also reported to give unemployment allowance of Rs. 3,000 per year to those persons with disabilities who are registered under the employment exchange of the government but have not receive any employment for a period of more than two years. The government has also reported to provide disability pension of Rs. 350 per month to those who are severely

disabled or are bed-ridden and under the Rashtriya Bal Swasthya Karyakram (RBSK), extensive screening of children was conducted so that early intervention services could be provided to them. However, the report and services of the government is found to be in contrary with the women respondents from this study which are highlighted as under.

Table 7.1 Awareness of RPwD Act 2016

Area	Awareness of RPwD Act 2016		
	Yes	No	Total
Lunglei	2 (1.2%)	18 (11.04%)	20 (12.3%)
Aizawl	11 (6.7%)	132 (80.9%)	143 (87.7%)
Total	13 (8%)	150 (92.02%)	163 (100%)

Source: Field Survey

As observed in the above table, most of the respondents in Lunglei, i.e., 18 (11.04%) women are not aware of the existence of RPwD Act 2016 and only 2 (1.2%) women were aware of the Act. In Aizawl, similar instances are observed in which as many as 132 (80.9%) women are not aware of the existence of the RPwD Act 2016 and only a handful of 11 (6.7%) women are aware of the Act.

One of the respondents have said, 'Is there any such law? I hear it now from you first time. I still have not heard of any laws for persons with disabilities nor anybody has told me.'

In total, as many as 150 (92.02%) women are not aware of the existence of RPwD Act 2016 and only 13 (8%) women are aware of the existence of the Act. Most of the women respondents could not even claim the benefits associated with the Act. This finding explains why most of the women respondents faced certain problems and had coping issues which were highlighted in chapter 5 of this study. Even though the government appointed Nodal Officers for the rightful implementation of RPwD Act 2016, the service is not as effective as reported since most of the women respondents are not even aware of the Act. The mere existence of the Act alone is of no use because only few persons with disabilities are aware of it so as to claim its benefits. Besides, the government's efforts to provide inclusive education and more specially trained teachers are not effective for the women respondents in this study as most of them

faced issues in education and have low educational qualifications. Most of them have also stressed the need for inclusive curriculum as well as trained teachers and specially trained professionals. None of the women respondents have also reported to receive free books and stationaries from the government and the training centres for persons with disabilities are also not aware by the women respondents as most of them did not receive any kinds of training and most of them have stressed the need for establishing training centres for women with disabilities in Mizoram. In terms of access, the PwD Commissioner has taken steps to make buildings as inclusive as possible in Mizoram and the government has also backed these steps. However, many public buildings and private buildings are still difficult to access and care should be given so that ramps are installed in all public buildings in Mizoram so as to promote inclusivity for persons with disabilities in the state. Besides, the design and construction of footpaths in the state are dangerous and prone to accident especially for persons with blindness and low-vision. So, footpaths should be disable-friendly and instead of steps at the end of the footpaths, slopes should be constructed for ease of persons with disabilities.

Table 7.2 Awareness of unemployment allowance for persons with disabilities

Area	Awareness of unemployment allowance		
	Yes	No	Total
Lunglei	1 (0.6%)	19 (11.7%)	20 (12.3%)
Aizawl	9 (5.52%)	134 (82.2%)	143 (87.7%)
Total	10 (6.13%)	153 (93.9%)	163 (100%)

Source: Field Survey

In terms of unemployment allowance given by the government to persons with disabilities, as many as 19 (11.7%) women from Lunglei did not receive any unemployment allowance nor has they registered for the benefits due to unaware of the existence. In Aizawl, majority of the 134 (82.2%) women did not receive any disability unemployment allowance while only 9 (5.52%) women from Aizawl receive the allowance.

One of the respondents from Lunglei had said, 'I heard of this benefit through my cousin who works in the government sector. Had it not

been for her awareness, there is no way for me to know about this and claimed its allowance.'

In total, only 10 (6.13%) women from both the districts claimed the disability unemployment allowance after registering in the unemployment exchange of the government. Majority of the women, i.e., 153 (93.9%) women from both the districts did not register and did not claim and receive disability unemployment allowance benefits from the government.

Furthermore, none of the women respondents from both the districts receive disability pension from the government. All the women respondents claimed that they have no awareness on the existence of it and had no further awareness on how to claim it as well.

Table 7.3 The need for increased awareness of RPwD Act 2016

Area	The need to increase awareness of RPwD Act 2016		
	Yes	No	Total
Lunglei	20 (12.3%)	0 (0%)	20 (12.3%)
Aizawl	141 (86.5%)	2 (1.2%)	143 (87.7%)
Total	161 (98.8%)	2 (1.2%)	163 (100%)

Source: Field Survey

The above data shows that in Lunglei, all the 20 (12.3%) women stressed the need to increase awareness of RPwD Act 2016. In Aizawl, majority of the 141 (86.5%) women have also stressed the need to increase awareness on RPwD Act 2016. There are only 2 (1.2%) women from Aizawl who said that there is no need to increase awareness on RPwD Act 2016.

Pi Hriatpuii, mother of Ramsangi had said, 'It would be really great if the government could increase the awareness on RPwD Act 2016. There are many of us who are still unaware of its existence and so, we live everyday without claiming any benefits associated with the act. The government should work harder to bring more awareness to women with disabilities in Mizoram.'

In total, most of the 161 (98.8%) women respondents from both the districts have said that there is a dire need to increase awareness on RPwD Act 2016 and only 2 (1.2%)

women respondents have said that there is no need to increase awareness on the Act. These 2 women respondents are educated, worked as a government servant and they are both well aware of the Act and they both felt that the government has raised enough awareness on this topic.

7.2.1 Recommendations in area of laws and legislations

The first recommendation that can be directed towards the improvement of the current conditions of women with disabilities in Mizoram is to increase awareness on RPwD Act 2016 among the citizens of the state. The government has claimed to distribute the hard copies of the Act to person with disabilities but the report is in contrary with this study as most of the women respondents are not even aware of the existence of the Act. Most of them have also said that there is a strong need to increase awareness on the Act, not only for persons with disabilities, but for the general public.

The government has only made the hard copies of the Act to be available on government offices but most of the women respondents have never visited any government offices. The government has translated the Act into regional local Mizo language but the printing and distribution of the copies are still carried out in a limited manner. So, it is crucial for the government to distribute the copies especially to all special schools in every district of the state. Besides, the copies should also be given to the Local and Village Council leaders of each locality and villages so that they can distribute the copies to persons with disabilities who reside in their respective localities and villages. The government should upload the vocal dubbing of the Act into various social media platforms like youtube, local newspapers and radio stations so that many women with disabilities can have an easy access into the required information and be more aware of their rights. The government should act as a ‘watchdog’ over the strict implementation of the Act. They should make sure that the laws are properly implemented and should have a regular monitoring and evaluation survey and vigil especially towards distributing disability unemployed allowance as well as disability pension. All of the facilities under the RPwD Act 2016 should be made easily accessible to persons with disabilities. The government should also increase awareness of the Act through local media platforms and billboards across the state. The awareness of the Act and the various benefits associated with it is one of the first step of inclusive development for the women with disabilities so the government should work more in

this area. They should also work hand in hand with NGOs, Village and Local Council leaders in imparting information to persons with disabilities within their own respective localities. The concerned government authorities should also conduct periodic meetings with all leaders of NGOs and VC and LC leaders and discuss the needs of persons with disabilities and suggest actionable measures to solve the issues that arise out of their meetings. These NGO leaders can also provide helping hands towards vigilance of the laws and its implementation. NGOs and local council leaders should also create more awareness in their own respective localities about the hardships and problems faced by persons with disabilities so that the general public can develop a sense of empathy towards them. The government should also carry out various awareness programmes on the hardships associated with disability to various schools and colleges so that these young students can understand the lived realities of persons with disabilities at such a young age.

In terms of training and rehabilitation centres, the women respondents have stressed the need for more training centres and have also expressed their desires towards opening more centres for their holistic development. So, the government should improve its effort and work towards opening more training centres and rehabilitation centres for women with disabilities in the state. More seats should be available and since there are different types of disabilities, there should be different types of training methods catered towards the different women trainees in the centres. The government should also work towards employing more specially trained teachers and experts who could teach certain skills to these women and care should also be put towards opening such centres not only in Aizawl and Lunglei, but to all the different districts within the state. This way, more women with disabilities will be in a position to easily join the training centres and acquire skills for their personal gain. The government should also give placement guarantee to deserving women and stipends should be provided regularly during their training period. Besides, few non-functional rehabilitation centres are reported and so, all these non-functional rehabilitation centres should be made functional by the concerned authorities so that all persons with disabilities can benefit from the services offered through these centres.

In terms of education, the RPwD Act 2016 has rightfully gave education an important place amongst all other facilities and so, the government should follow suit in strict

implementation in the area of education. The government should make sure that its periodical distribution of free books and stationaries reach every deserving student with disabilities in the state. For this purpose, they will have to work closely with all the special schools in the state. The teachers of the special schools should report all the list of their students to the government so that the government do not miss any child while distributing essential educational goods and supplies to the students with disabilities.

All students with disabilities should be given free rights to choose their own desired schools in the state and the government should make sure that no child is left out in terms of education. There should be no schools who denied admission to any students because of their disabilities. Front rows should be provided without fail to students who are in need and actions should be taken so that every school, be it private or public, should have at least one special trained teacher. All the special schools in the state should be taken over and looked after by the government. In this way, the infrastructures will be more developed and special grant-in-aid can be provided. The salaries of the teachers should also be approved and paid by the government. This can serve as a way to increase enrolment rate in special schools. All these special schools should also be provided with separate buses and vans so that the students can be easily and safely transported. More special educators should also be provided and should increase the education of PwDs in the state. In terms of educational opportunities for hearing impaired in the state, there is education only till class 8 and the students have to discontinue their studies after attaining class 8 if they are not able to afford out-of-station education. So, the government should take measures to provide more educational opportunities especially for the hearing-impaired students in the state. Even though the Act claimed to provide inclusive education, the implementation is still weak as education is still not inclusive in the state. This issue is widely observed in the curriculum and syllabus of the education institutions of the state. Syllabus should be made more inclusive and a formal separate syllabus should be designed and framed for special schools based on the different levels of disabilities.

7.3 An analysis of special schools in Aizawl and Lunglei

In Aizawl, there are five special schools which are Shining Star Special School, Ephatha Special School, Special Blind School, Redeem Garden School and Gilead

Special School. All the special schools of Aizawl have only around 10-20 regular students with the exception of Gilead Special School. Shining Star Special School is a school for persons with intellectual disabilities and multiple disabilities. It was established in the year 2018 and it is located in Republic Veng, Aizawl. Ephatha Special School was established in the year 2016, by Ephatha Society of Mizoram. The parents of hearing-impaired students basically set up this school so that their children with hearing-impaired can continue higher education. The school currently has four special trained teachers and the school has class 1 to 8 standards. Teaching is conducted through sign language in this school. The parents of these children completely funded this school, including the income of the teachers. Special Blind School is a school which is set up for persons with blindness disability and it is located in Durtlang, Aizawl. It is run by the Samaritan Association for the Blind and was established in the year 2001. Mr. K. Vanlalringa is the current Principal of the school. The school has classes up to class 10 and had produced successful matriculation candidates each year. The students use the same textbooks and syllabus of mainstream schools. They are taught to read and write through braille method, and hostel is attached to this school. The school is not run by the government but is currently being run by society for the blind. All classrooms are in good condition and have two separate rooms for non-teaching activities. There is a separate room for teachers and Headmaster/ Principal. The school has an abundant electric connection and water supply and also has an active playground for the students. The school also has one bus for the students and has a fully equipped library. All floors are easily accessible by the students and mid-day meal is provided to the students and teachers by the government. In terms matric examinations, students are permitted to be assisted by helpers who would write down all answers dictated by the candidates. Redeem Garden School is a school for the hearing impaired which is located in Durtlang Leitan, Aizawl. It was established in the year 2018 by the current Principal, Miss Lalhmachhuani. The school is privately run and there are currently 6 teachers including the principal and the classes are categorized into three classes namely, Pre-A, Pre-B and Class-1. Students are usually promoted or shifted to the next classes based on their abilities, disabilities or their improved academic achievements.

Gilead Special School is the biggest and oldest special school in Mizoram and serves as a model for all other special schools in the state. With the exclusion of Special Blind School, the school has students with all types of disability except the blind. So, the teaching mechanisms in this school is similar with all the other special schools in Aizawl except Special Blind School and hence, detailed analysis is provided with regard to this special school. In the year 1989, Spastic Society of Mizoram (SSM) was formed and in the year 1991, they established Gilead Special School. Services were initially given to only physical and mentally challenged students. The government recognised the school in 1995 and was upgraded to Adhoc aided in 1998. The services were originally given in rented buildings and after struggles and hardships, the Government of Mizoram allotted land with an area of 2966.42 square metres in Brigade area of Aizawl in the year 2014. SSM has constructed a comprehensive spastic care complex in the area which comprises of well-equipped school buildings, hostel, and playground with funding received from North Eastern Council in the year 2017. The current building has been occupied from the year 2022 with Miss Laldinpuii serving as the school Principal since 1997. The school is a State Nodal Agency Centre for National Trust and is a member of National Federation of Parents' Associations for Persons with Mental Retardation, Cerebral Palsy & Multiple Disabilities (PARIVAAR). It is currently affiliated to Indian Institute of Cerebral Palsy (IICP), Kolkata and National Institute for Empowerment of Persons with Disabilities (NIEPD). In terms of infrastructure, the school is a reinforced cement concrete (RCC) building with 6 floors which is adjacent to the school hostel as well as the office. It also has a separate kitchen and a parents' room which is reserved for parents and caregivers to wait for their children. All the floors have their own separate toilets which are easily accessible. Safe and clean drinking water is supplied regularly through water filters and parents and outsiders are not allowed entry into the school buildings unless the need arises. There are currently 40 workers, including teaching and non-teaching sections. The school also employs a speech therapist, a physiotherapist and two occupational therapists. The students are segregated into different classrooms based on their disabilities. There are currently 112 students, 70 female and 42 male and their disability ranges from intellectual disability, cerebral palsy, autism spectrum disorder and hearing impaired. The school has a vocational training centre in which 5 workers

are employed to impart employment skills to the students. Various skills such as the makings of aprons, paper plates, pot holders, envelopes and ladies' handbags are taught to the students and the order of their products are in high demand. Miss Laldinpuii has said,

'Our students have greatly benefitted from our vocational training centres. We taught them skills which make them financially independent. The products they make are in high demand and we cannot even keep up with the demand most of the times.'

It is interesting to note that students are firstly enrolled in pre-vocational classes before they are shifted to the vocational training centres. The school has a sand therapy centre for autistic children. The school follows mainstream academic calendar of Mizoram in which school session begins from April and conclude in April of the next year with three terms in between. There are no entrance examinations in which everyone who seeks admission is admitted based on the availability of seats. The school is basically a primary and middle level in which students above the age of 15 are hardly admitted. The school has a library in which books are classified based on different categories. The timing of the school starts from 8:30 am till 2:00 pm in the afternoon in which the students begin their day with devotion from 8:30 am till 8:45 am. The students are regularly picked up by the school bus and van and are again dropped to their respective houses in the afternoon. There are a number of wheelchairs, crutches, toys, educational posters and other facilities which are required by the students and each classroom has their own whiteboards, quality desks and chairs. The school is adjacent to the hostel in which 17 students are admitted and there are currently 4 workers including the warden and assistants. The school published a newspaper called 'Genesis' every month in which subscription fee of INR (Indian Rupees) 5 is charged to the subscribers. The students of this school have their own respective school uniform which is worn regularly by the students.

In terms of rehabilitation, the school has two occupational therapists, one speech therapist and one physiotherapist in which students from intellectual disability and cerebral palsy sections are allotted separate routine to receive therapies. The students individually receive 40 minutes of therapy session each day. Autistic students are also given sand therapy treatment at least twice a week. All the students from various

sections have separate sports day once a week and the school have one annual sport. The school celebrates Advance Christmas, Teachers' Day and Children's Day with additional functions celebrated in between the school calendar. Some gifted students are occasionally selected to represent their school, state and sometimes even India at various sporting events in which the students never came back empty handed. The school receives mid-day meal funds from Sarva Shiksha Abhiyan (SSA) which is regularly prepared by the school chefs on a daily basis. In terms of women specific problems, Miss Laldinpuii has said,

'No girls from our school have problems in terms of menstruation. Even when they are on their monthly period, they still attend the school and the teachers take care of everything for them.'

The education system clearly differs from the mainstream schools in which only the few selected portions from mainstream syllabus are taught in the school. The syllabus is made in a manner which fits the needs and level of the students. In the class of intellectual disabilities, the students are divided into three sections based on their abilities and each section are tasked with their own separate goals such as self-help, social skills, functional academic skills, identification and recognition, directions, activities and finally leisure skills. The routine only includes their level need-based in which students are taught the names of various objects and various social and personal skills as well. Even though examinations are conducted timely, students never failed any examinations and corporal punishments of any kinds are absent in this school. The students are treated with love, patience and care and lessons are taught based on each of their own level. Each class has a separate class-teacher who is assisted by caregivers. All the students from Gilead Special School have a Unique Disability Identification (UDID) card certificate as it is made mandatory by the school. Miss Laldinpuii has further added,

As opposed to Aizawl city, Lunglei town only has one special school which is called Onyx Special School located in Chanmari. Onyx Special School is established in the year 2003. The school provides upper primary level education and it is managed by private unaided organization. It is run by Lunglei headquarters of Mizo Hmeichhe Insuihkhawm Pawl (MHIP) in which the medium of instruction is Mizo language and is co-educational. The school building is easily accessible which is made of reinforced

cement concrete (RCC) and is only one floor. The school has one television, two resting beds, some educational posters, a whiteboard and old desks and benches. The floor housed the office, kitchen, classroom and playing room all in one floor. There are currently only three workers which comprise of one driver and two teachers with Miss Vanlalhlani Chhangte acting as the principal and she is also the sole teacher of the students and she has one assistant, Miss Rebec Lalmuanawmi. In terms of assistive devices, the school only has one wheelchair and two crutches which are donated by Sarva Shiksha Abhiyan (SSA) and also received mid-day meal funds daily. Lunch is usually prepared by the two teachers daily. The school has one van in which students from various localities are picked and dropped every day from their respective houses. The driver usually set out at around 8 am in the morning to pick up students from their respective houses assisted by Miss Vanlalhlani Chhangte. The school usually starts from 9:30 am to 10 am with proper devotion followed by cleanliness checking. The students did not have any school uniform and there is no proper procedure with regards to admission process. People with any types of disabilities who seek admission in the school are accepted with open arms and there are no age criteria as well. Graduation of the students is not formally observed in which students can enter and leave according to their own preferences. There are currently around 30 students who enrolled in the school and they all range between different ages, genders and all have different types of disabilities. However, only around nine students regularly attend the school and corporal punishments of any kinds are absent in this school with few exceptions to occasional scolding when the need arises.

In terms of rehabilitation, the school lacks certain facilities and cannot play as much part in rehabilitating the students. The school has two beds which are used by the students to rest and take a nap when the need arises. There is one television which is their source of entertainment. The students usually take exercises every day after lunch in the form of dancing and are guided by their respected teachers. The students are taken to Aizawl city once a year in the month of December to observe Umang Festival, which is a festival prepared for people with disabilities organized by North East Zone Cultural Centre (NEZCC) and Art and Culture Department, Government of Mizoram. The students are capable of reciting their prayers before eating their lunch. The principal has said,

‘The most difficult thing to teach is sex education. Even though our students may be differently-abled, they also develop sexual feelings sooner or later in their life. Even though I find it difficult and awkward to teach about sex education, I teach them about it based on their own understandings. I also told their parents not to treat them like babies all the time and to let them sleep in a separate bed. Teaching their child basic things in life and letting them do their chores are hugely benefitted by their children.’

The school does not follow the syllabus of mainstream schools and has their own special way of learning. The principal carefully studied the syllabus of primary and middle schools and sort out relevant topics which can be studied by the students of Onyx Special School. The main aim of the school is to impart socializing skills to the students and also teach the students on how to take care of themselves. They did not have proper routine. The principal of Onyx Special School has also added,

‘Even though there are a huge number of people with disabilities in Lunglei, awareness is very less with regards to disability. Many parents still practice a bad habit of hiding their special children instead of letting them join special schools and letting them socialize. As a result of their continuous hiding, many of them lack certain personal and social skills and also added the burden of disability. The adjustment of general public with regards to disability is also very low and we still have a very long way to go towards inclusive development of people with disabilities in Lunglei.’

Each student is catered according to his or her own needs. All the students have different styles of writing in which some students are capable of reading and writing only capital letters while others are only fluent with the small letters of the English and Mizo alphabets. Some students are only capable of writing one alphabet letters while some are capable of writing their names and various other names as well. All the students do not have UDID certificate and it is not mandatory for the students to have them.

7.3.1 Policy recommendations for special schools

There are huge differences between the special schools of both the districts in Mizoram, in specific, between Gilead Special School and Onyx Special School in which the first difference is observed in terms of the sizes of the school buildings. Even though both are reinforced cement concrete (RCC) buildings, Onyx Special School only has one floor while Gilead Special School has six floors with hostels attached to it. Besides, there are various other compartments in the buildings of Gilead Special School with the presence of enormous school playground and a compound which is absent in Onyx Special School. Another noticeable difference is with regards to the year of establishment in which Gilead Special School is much older while Onyx Special School only came into existence since 2003. In Aizawl, there are as many as five special schools while Lunglei only has one special school. The size of students' enrolment is another main difference with Onyx Special School having 30 students against the enrolment rate of 112 students in Gilead Special School. The same applies to the difference in the number of workers where Gilead Special School has 40 workers while Onyx Special School only has 3 workers. The special school in Aizawl is equipped with a standard library and vocational training centres while there is no such facility present in the special school of Lunglei. Miss Vanlalthlani has said,

'It would be monumental if the government could provide some facilities for vocational training of our students. I am a trained tailor and if given proper equipment, I could teach the skill of tailoring to the students. However, the lack of funds and support have block me from pursuing my goals.'

Another difference is observed in the school timings in which Gilead Special School starts exactly at 8:30 am while Onyx Special School has no specific starting period which usually ranges between 9:30 am to 10 am but both the schools start their day with a proper devotion and cleanliness checking of the students. Students are ordered to possess UDID card in Aizawl while the possession of UDID is not mandatory in Lunglei. Students are divided into different classrooms based on their disabilities in Gilead Special School and each class had two full time teachers to look after them. The case is rather different in Lunglei in which all the students who have different types of disabilities are kept together in the same classroom guided by only two teachers. The treatment of therapy of any kind are not given to the students in Lunglei

while students are regularly given speech, sand, physiotherapy and occupational therapies regularly which are allotted to the students at different timings in Aizawl. Miss Laldinpuii has said,

‘Instead of mainstream curriculum, our basic purpose is to give proper therapy to all the students regularly at the most affordable prices. Our students have benefitted from the therapy sessions as many students who originally have difficulty in moving have even become flexible with regular therapy session.’

Gilead Special School has separate cooks to prepare mid-day meal while the two teachers in Lunglei prepare mid-day meal without any outside help. In Aizawl, the school has certain number of wheelchairs, audio-meters, crutches and various other educational facilities such as picture books, whiteboards, posters and sign language posters required by the students while Lunglei only has one wheelchair and two crutches and few educational posters for the students. School uniforms are required to be worn by the students in Aizawl while there is no school uniform in Lunglei. Another noticeable difference lies in the school routine where Gilead Special School has a proper fix routine which is regularly followed while in Lunglei, the students are made to learn certain things without having a fix routine and students are individually assigned separate tasks by their teachers. In Aizawl, there is a separate room for parents to wait for their children during their school hours while in Lunglei, no parents ever assist their children to school. In terms of female students, no girl child has much problem in terms of menstruation and regularly attends school even if the situation arises. However, in Lunglei, a girl is usually given a holiday by her parents during her menstrual cycle which ranges from at least 5 to 7 days. In Aizawl, students beyond the age of 15 years are not entitled to continue studying in the school whereas in Lunglei, people as old as 40 years old attend the school as there is an absence of age criteria. Onyx Special School has no affiliation while Gilead Special School has affiliations from IICP and NIEPD. The success rate of students in employment settings is more in Aizawl where many of their graduates work in Vishal mart, cafes and various other places utilizing the skills learned in the school. The success rate of students is low in Lunglei where the students are still yet to find success in terms of employment. The students of Gilead Special School had also achieved honourable sports achievements

in which silver and bronze medals are won by the students who participated in Special Olympics held in Los Angeles, USA in 2015 in the events of athletics and five-a-side football respectively. The students also participated in a number of coaching camps at the national level while such achievements are absent in the school of Lunglei. Miss Laldinpuii has said,

‘When children with special needs are given the correct guidance and training based on their needs and skills, they improve tremendously. There are many special students who are good at sports and so, it is up to the teachers to locate them and train them on their own pace.’

Besides the differences, the two schools have certain similarities as well. The first of which is the pick and drop method observe by both the schools. In Aizawl, students are regularly picked up and dropped to their respective houses by bus and van while the same is observed in Lunglei by a van. Both the school has a similar method where they trained each student individually according to his or her own level. There is an absence of corporal punishments in both the schools with an exception of occasional scolding out of necessity. Both the schools are run by organisation where Gilead Special School is run by Spastic Society of Mizoram (SSM) and Onyx Special School is run by Mizo Hmeichhe Insuihkhawm Pawl (MHIP) with little to no assistance from the government. Both the school receive mid-day meal from Sarva Shiksha Abhiyan (SSA). Another similarity observes between the two school lies in the fact that there is no entrance examination for students and admission is granted to every student in need. The syllabuses of both the schools are customised based on the level of the students’ need and personal grooming, social skills and daily skills are given more emphasis than textbooks in both the schools. No students are ever made to fail in the examinations of both schools.

So, the concerned authorities of Lunglei should take better measures and work towards improving the school building in Lunglei. It is currently located besides a busy street and so, it may not be safe for the students as well. Authorities should find appropriate school building area for the special school in Lunglei and provide concrete infrastructure. In a similar instance, government authorities should set up more schools in Lunglei for students with disabilities. Instead of being run by a society, the school should be completely taken over by the government so that developmental works and

projects can occur at a faster rate. The special school in Lunglei is also in dire need of libraries, facilities such as wheelchairs, mid-day meals and classroom facilities like picture books, whiteboards, smartboards, sign language posters, chairs, tables and educational posters. The special school in Lunglei is in much need of trained teachers as the school is currently understaff and occasional therapies are also needed like the ones that are received by the students with disabilities in Aizawl. In Lunglei, the students did not wear any school uniforms and so, proper school uniforms should be made mandatory as the school uniform will introduce more school environment and also, the students will more likely respect and feel the formality of the school instead of feeling like spending a day at a regular day-care centre. The special school in Lunglei should have a rigid routine like the ones observed in Aizawl special schools. In terms of imparting vocational skills, the school in Lunglei lag behind Aizawl special schools as no proper skills are imparted to the students which is worth enough for them to earn a living. Besides, the students in Lunglei are not trained to find an employment on their own. Even though basic knowledge and valuable social skills are taught to the students, the special school in Lunglei should expand its horizon to teach more vocational skills according to the abilities of the students. Stigma is still more prevalent in Lunglei district and the caregivers and parents of students with disabilities are extra caring towards their family members with disabilities. So, stigma and extra protection are still needed to be shattered and more awareness is still needed in Lunglei with regard to care and livelihood development of persons with disabilities in general. Many parents are still reluctant to enrol their child with disabilities in special schools or any other activities in Lunglei but instead, they would confine them inside their houses only. Hence, many problems associated with disabilities can be solved once awareness is imparted among the general public. Overall, the government need to have a regular vigilance of all special schools in Mizoram and should take over the schools from the hands of private and society and should fund the entire special schools. In this way, better progress will be witness in the form of receiving more educational needs, increase income among the teachers and better enrolment rate among the students. Besides, the syllabus and curriculum should also be revised for students with disabilities. Different syllabus should be introduced for students with disabilities based on the level of their abilities and academic capabilities. The current mainstream

syllabus is out of touch for most persons with disabilities and so, they are in dire need of a separate syllabus for their inclusive development.

7.4 Women PwDs and the effectiveness of UDID registration

The RPwD Act 2016 has stated that disability certificate or Unique Disability Identification (UDID) card can be obtained in all home districts as well as in hospitals where persons with disabilities take medical treatment which is related to their disabilities. It is a scheme which is solely implemented with the vision to create a national database for all persons with disabilities in India. The UDID registration is done after a thorough medical examination by medical experts and authorities and is notified by the respective state governments. The main aim is to promote transparency and efficiency while locating and delivering government benefits to persons with disabilities. In Mizoram, the office of Social Welfare Department conducted periodical registration and assessment camp in every district of the state. The distribution of government benefits like assistive devices can only be acquired by having UDID card. Special schools also demanded the possession of UDID card in order to enrol in their schools.

Table 7.4 Effective uses of UDID card by women respondents

Area	The effective use of UDID card		
	Yes	No	Total
Lunglei	0 (0%)	20 (12.3%)	20 (12.3%)
Aizawl	2 (1.2%)	141 (86.5%)	143 (87.7%)
Total	2 (1.2%)	161 (98.8%)	163 (100%)

Source: Field survey

The women respondents all have an UDID card but when enquired, all the 20 (12.3%) women from Lunglei have said that after their registration, they did not have any uses for the card. They stated that they registered for the card as they are told to do so by the authorities. After registering for the UDID, they did not claim any governmental benefits through it nor were they aware of such governmental benefits associated with the registration.

In Aizawl, majority of the 141 (86.5%) women have also said that they did not make any visible use of the UDID card after registration. They claimed that they did not

know what to do with it as awareness is still very low and also because they are not further instructed by the authorities on the uses after the registration.

One of the women has said, 'My sister told me to register for UDID and I did so after having a medical assessment by doctors in district hospitals. However, I make no use of it because even till today, I still kept it inside my wardrobe and did not take it out since.'

There are only 2 (1.2%) women who said that they make use of the UDID in Aizawl and these women have use it to claim assistive devices and also use it to get concession in public transport in and out of the state.

One of the women from Lunglei has said, 'I have read it in website and internet about the benefits of having UDID card and so, after my registration, I use it to claim hearing aids from the government. I also regularly use the card to acquire discount in public transport across the city and I also acquire discount in Mizoram State Transport buses when I want to travel to other states in India.'

It is important for the government to raise awareness on the benefits associated with the registration otherwise, many women will not know anything with regard to UDID card.' In total, as many as 161 (98.8%) women have said that they did not make effective use of their UDID card after registration and only 2 (1.2%) women from Aizawl have make an effective use of the registration.

7.4.1 Recommendations in the area of UDID

The process of acquiring UDID card in Mizoram is met with criticisms among the women respondents. In Lunglei, the women respondents have said that the process is complicated and it took them at least 3 business days to complete the process. They have to visit the hospitals three times and this is especially time-consuming and it effect their finances as well. Besides, they have to be accompanied by their caregivers and it is especially difficult to move about the hospitals by those women with physical limitations and wheelchair bound. Besides, the assessment camp is not as effective as they are claimed because many persons with disabilities did not hear about the camp due to less awareness and information in media. The conduct of assessment camp for UDID registration should be widely publicized by the concerned authorities so that all

those who are in need of the card can visit the camp and registered. The normal registration process in hospitals should also be simplified by the authorities and take measures which ease the registration process. The government and the village/local council leaders should work together to conduct proper census so that all persons with disabilities can register for the UDID card. Through this registration, state level database on disabilities can be created and the existing database can be updated. Apart from the census of persons with disabilities, surveys and job analysis should be conducted so that there can be a proper occupational classification of jobs which suit the efficacy of various types of disabilities in Mizoram. This can solve many of the financial issues faced by women with disabilities.

In this study, two cases of false registering for UDID card are found out and reported to the PwD Commissioner. The purpose of these two women for falsely registering for a disability certificate is not known but they did not have any type of disability yet, registered for UDID card. Such incidents may occur outside the scope of this study and so, it is important for the government and the medical authorities not to issue any UDID card to normal able persons. This UDID card, if given falsely or carelessly, may be used by able persons to acquire jobs which are reserved for persons with disabilities and so, extra caution should be taken in the registration and assessment process.

In terms of free distribution of assistive devices, the government should increase awareness on how to receive the devices and every single details so that deserving persons with disabilities can acquire the devices. The devices received from the government are reported to be in a critical condition and of low-quality. So, the government should improve the quality of the devices and the government should also conducted a quick survey on the issues and problems faced by them in their usage of the assistive devices distributed by them. This way, the UDID card can be better utilized by the persons with disabilities in the state. The government should also reserve special parking spots in public parking spaces for persons with disabilities and a separate wheelchair lane should also be constructed on available roadside within the state. The government should also increase the awareness on the importance of assistive devices and encourage increased uses of the devices so that their disabilities can be eased. The government should encourage local availability of assistive devices through public-private partnerships (PPP) and more budgets should be kept aside so

that persons with disabilities can acquire assistive devices at a subsidised rate. In public transport system such as buses, front seats should be reserved for persons with disabilities. Hospital visits and check-ups are constantly needed by the women respondents and so, hospitals should offer discount to persons with disabilities through their UDID card and separate lines should also be made for them so as to avoid long queue in hospitals for their medical check-ups. For this method, government should create separate health care bill for persons with disabilities and the amount to be dispersed should never be delayed so that hospital and medical treatments can be enjoyed without the stress of financial burden.

7.5 Assessment of the issue by Key Informants

The problems of women with disabilities in the community were often described as invisible and severe by both the respondents and the key informants. The problems mainly range from not receiving enough care and support from the public and support agencies. There are also instances of low level of awareness, inclusivity and participation exclusions in various activities within the community and family as well. Their problems also include being discarded from schools and not being able to access various institutions and public buildings. Besides, it is difficult to accurately point out all the exact problems faced by women with disabilities especially by people without disabilities as has been claimed by key informants. The respondents of KII have mostly said that the problems of disability have existed since time immemorial and to solve all their problems at one go is a far cry. Realistically, some problems of women with disabilities are being solved in Mizoram as against the other states in the while a lot more things are required to be done. However, as much as it is done for them, the problems of women with disabilities cannot be entirely solved. Four questions were asked to the key informants. How would you describe the problems of women with disabilities in your locality and what is the severity of the issue? Who is the worst sufferer of disability? What are the factors that drive the problem? What suggestions would you give to solve the problems? Accordingly, under the assessment of the issue, an attempt was made to know three aspects from the key informants such as the severity of the problem as perceived by them, the type of disability suffering the worst

problem, the factors that drive the continuity of the problems faced by them and the identification of solutions to solve their issues.

Mrs. Lalbiakkimi, Asst. Commissioner, PWD Office has said

'The issue of disability is more severe when one study it deeply because limited access and accessibility issues make them more disabled than the disability that they suffer. Their surrounding environment increase their disability when access is denied to them in all fields and activities.'

Mrs. Lalchawimawii, a warden and LDC has also said,

'People without disabilities do not really understand the problems faced by women with disabilities and we also cannot directly point out the issues faced by them. The problems faced by them are far too severe to be understood by us and it is important to keep in mind that they require empathy. Sympathy alone will not help them go far in life but should be combined with empathy when dealing with women with disabilities. Mentally ill inmates are the most difficult to be dealt. They would often run away and we would search for them in every place. They eat anything they see and we guard them most of the time. They did not even know how to clean themselves. The main reason for the mentally ill people coming to our centre is due to them being abandoned by their families. They are also found at certain places by our workers and volunteers and since they did not have any other places to live, they lived in our centre. In few instances, they are also being kept in our centre by their families because they gave up looking after them, which is really sad.'

Mrs. Chhingpuui, Vice-Chairperson of the Spastic Society of Mizoram, has stated that,

'It is close to impossible to dictate and narrate all the problems and hardships faced by persons with disabilities in this short interview. It would have to take weeks, if not months to narrate them all to you. So, in short, I just have to say that the first and

foremost problem faced by persons with disabilities is the “unacceptability” nature of the parents. They send their children with disabilities to normal mainstream schools because they did not like to send them to special schools. They reject the fact that they are disabled and try to disguise them as children without disabilities. However, their disabilities are always visible and always show in their faces and their attitudes whatsoever. This very wrong treatment from their parents led them to be further mistreated by others around them. Among the different types of disabilities, persons with intellectual disabilities are being teased the most and persons with hearing impairment are also bullied a lot because of their disabilities, as compared to the other types of disabilities.’

Mr. Lalhmangaiha, YMA Leader from Thakthing Veng, said,

‘When glance at a wider picture, I strongly believed that persons with disabilities faced a severe level of problems in society. They could not even participate in many community services and many of them cannot even attend the church. This exclusion is mainly because buildings are not accessible and participation is also not encouraged by society. This makes it very hard for them as well. Even if they are willing to attend church, many churches did not install any ramps and other facilities which make their situations harder than it already is.’

Miss C. Lalchhanhimi, a physiotherapist and the owner of a physical therapy clinic, Durtlang Mel-5 has also offered a statement with regard to disability and said,

‘The situations of women with disabilities in India is worse but in Mizoram, their lived realities are better. However, we still have a long way to go because access to everything is difficult for them in Mizoram. Many places are still not accessible and many public buildings still do not install any ramps. In terms of rights, their rights are still being denied many times because

they are not even aware of their rights and justice delivery is also very slow for them.'

Miss Lalnunziri, Accountant, Bethsaida Home, Durtlang North said,

'The severity of the problems faced by persons with disabilities cannot merely be dictated. As a worker for children with disabilities, I have seen their struggles and their pain everyday and I am fully aware of their pain and their problems closely. In our Centre, which is the Bethsaida Home, we have certain patients such as those suffering from physical restrictions, cerebral palsy, who just sleep and are just bed-ridden and cannot do absolutely anything on their woen. There are only two people who can walk. We also take care of their every problem, even helping them to attend bathrooms. So, it is extremely painful to witness their struggles.'

Miss Helen Ramthianghlimi, Community Based Rehabilitation (CBR) Project Co-Ordinator, Zoram Entu Pawl, Tlangnuam has also expressed her opinions on the struggles and problems of persons with disabilities in Mizoram by stating that,

'The main problems faced by women and girls with disabilities in Mizoram is in the area of education. It is difficult especially for the intellectual disabilities to have higher studies. Besides, one of the problems they faced is that institutions for disabled are still very less. Parents themselves are not willing to enrol their child in special schools in many cases because they did not want to label their children with disabilities as a disabled person. This further complicates the situation.'

Father Lawrence Kennedy, Director of Zoram Entu Paul (ZEP), a member representative from the civil society highlighted the issues of women with disabilities in Mizoram, and said,

'..behind the lacuna of accurate data which affects the implementation of welfare policies for persons, including

women with disabilities in Mizoram, the cumbersome procedure of documentation and certification combined with bureaucratic apathy creates barriers for women with disabilities in the state. The government and NGOs should join hands to collect and store more accurate data in the field of disability for better implementation of RPwD Act 2016.'

Miss Marina Vanlalruati, Occupational Therapist at Synod Hospital, Aizawl stated,

'Their conditions are not great to be very proud of but I think it is good as compared to other mainland Indians. However, Mizo society's perceptions towards disability needs to be improved. We still do not understand their hardships fully and the treatment that they need is still not given fully to them. Awareness in the areas of the nature of their treatment and care of their disability is also still not enough.'

Dr. Lalnunthara, Ex-Commissioner, PwD, Mizoram has said,

'Disability has existed since traditional days and no one was able to treat it nor understand their conditions. Even in Mizoram, the conditions of the persons with disabilities in the olden days was not a desirable sight to behold with. However, in modern days, people began to understand their conditions better. The conditions of these people are beyond the imaginations of human beings and even though the concerned authorities have solved many of their issues to a considerable extent, all of their issues cannot be fully solved in reality.'

Mrs. Vanlaldiki Sailo, The Commissioner, PwD Government of Mizoram, exclaimed that,

'Since traditional days and even in modern days, the lack of awareness in terms of the problems of disability as well as their rights have been the on-going problem faced by them.'

Mrs. Laldawngliani, Headmistress, Primary School, Durtlang argued,

'In Mizoram, PwDs still do not receive the needed love and care from society including the church. The worst sufferers

of disabilities have been construed differently by different people but to me, persons with intellectual disability are the worst sufferers of disabilities. Their behaviour is too unpredictable and knows no bounds, creating difficulties to control them. Many people have also argued that multiple disabilities are the worst form of disability as they are bed-ridden all the time and there are also people who argued that people with hearing impairment are the worst sufferers. Overall, the main problem highlighted is that persons with intellectual disability and hearing impaired are teased and made fun of the most and their rights are not met as compared to persons with visual impaired. Visually impaired seemed to benefit the most from the rights laid down for PwDs'

Miss Hmangaihkimi, an Occupational Therapist said,

'I really wish the government could open more physiotherapy centres at subsidised rates and gave treatment at subsidised rates as well. The current treatment rate is very expensive, especially for those who hail from low-income families. Due to this reason, many women with disabilities hesitate to take treatment and remain unhealthy and physically unfit. The opening of subsidised government centres will solve this issue.'

Dr. Lalnunthara, has further said,

'Persons with mental illness are the worst sufferer of disability. Getting socialized into the system and availing PwD benefits have been a matter of great concern not only for PwDs, but also for all of us. I witness that blind people are the most intelligent and most educated among disabled people. So, mentally ill are the worst sufferers.'

Mrs. Chhingpuii, has also said

'I feel that the mentally ill and intellectual disabilities are the worst sufferer of disability. They often faced sexual assault and abuse and they are not in a position to communicate their issues. Hence, we should look after them well since they are a young age. I know many females, aged between 15 years old to 30 years old among them that faced abuse and assault and it is such unfortunate incidents that needs to be discussed and solved.'

Mrs. Lalbiakkimi, has further said, *'Persons with multiple disabilities are the worst sufferers because they are not in a position to take care of themselves and they need caretakers all the time.'* Mrs. Vanlaldiki Sailo, the current Commissioner, PwD Government of Mizoram said,

'Disability, in itself, is already a problem as such. It is difficult to say who suffers the worst and who suffers the least. Since I am the custodian and guardian of all persons with disabilities in the state, I have witnessed that all persons with disabilities tend to suffer irrespective of the type of their disability, age and gender.'

Pastor Lalrempuia, a Baptist pastor from Lunglei has said,

'Baptist does not observe disability day for PwDs but we have made sure that they do not face any teasing in the church setting and have urged the public to be open towards PwDs.'

Pastor Lalnunsanga, a Presbyterian pastor has opined that,

'...we observe disability day in the third of June every year in Presbyterian churches. We have made sure that the churches are accessible and we are currently heading towards building a more inclusive church. We also provide headphones which assist people with hearing impairment in our church...'

The primary response to the factors that contribute to the issues faced by women with disabilities is that both the general public and PwDs themselves continue to lack awareness of these demands and the means by which they can be satisfied. They are being disregarded because people are unaware of this. The difficulties faced by women

with disabilities in the community are exacerbated by their parents' refusal to acknowledge their child's condition.

Another aspect contributing to the problems of women with disabilities is the inadequate care provided to pregnant women. The primary cause is invisibility. The prevalent conceptions of development held by policy planners, state officials, and developmental practitioners, including civil society, lead to marginalisation and invisibility and obstruct alternative, more inclusive conceptions of development. The requirements of identifying beneficiaries and their type of disability, coordinating between GOs and NGOs, providing skill training, and allocating the appropriate funds at the appropriate location prevent the state's welfare measures from playing an encouraging role in addressing social exclusion and the affordability of special provisions.

The absence of educational facilities and lack of knowledge in the state is another factor contributing to the problems of disabled community. Mizoram lacks the necessary tools to determine the precise percentage of disability. For the accuracy of the data, the respective departments do not regularly hold certificate camps. There are limited appliances and aids available in the state for PwDs who are in need. The matching fund that is intended to be given to PwDs under various schemes is not given enough by the state government. The state should be completely responsible for how the policy initiatives to be result-oriented; in order to enable persons, including women with disabilities to overcome stigmatisation through micro-level voluntary actions.

7.6 Contextualisation of the findings

In the overall context of the study, women below 30 years of age comprises the most population and in Lunglei, women between the ages of 31 – 40 years of age comprise the least number of population and in Aizawl, women between the ages of 41 – 50 years comprise the least number of the sample. Women above the age of 60 years comprise the second largest population in both districts. As the number of women below the age of 30 years are more, this shows the importance of rehabilitating these women and provide certain vocational skill trainings and inclusive education to them. The findings show the need of the government and concerned authorities to take mitigative measures and actions for these young women as they have years ahead of

them as that will help them forge their own career path and structure their own financial journey as is also observed in the findings of Sargent (1999).

In terms of education, the results obtained shows that the education level of the respondents is low as most of them have achieved only primary level of education in both the districts. The main reason is because they find it difficult to cope with the syllabus which is not inclusive and also because many of the women find it difficult to access special schools. Besides, even among those women who attend special schools and government schools, they all stated their education level to be 'primary' because in government schools, they are made to repeat primary level every year as higher studies are impossible for them to attend due to their lesser capabilities. In special schools of both the districts, there is no proper division such as primary, middle and high school section and so, they are all listed in the category of primary level which is also the reason why women with primary level of education are in abundance. It is followed by women who have high school level of education and the third highest level of education is the upper primary level followed closely by graduates in Aizawl while in Lunglei, the high school level is followed by pre-degree and women with no formal education. This study directly relates to the findings of Santovec (2011) and Sarkar (2023) which stated that women with disabilities are more prone to have low levels of education due to their disabilities, discrimination and exclusive criteria of the schools and syllabus.

Saran et al. (2019) have stated that inclusive development is the type of development that includes everyone and involves everyone in society. This type of development never neglects people who are marginalized and discriminated against by society and includes them in all spheres of development (United Nations Development Programme, 2010). However, Mizoram is still far from achieving inclusive development for women with disabilities as most of the women respondents are unemployed and most of them had not receive any vocational training and had no proper skills to earn income. Rao (2004) and Groce et al. (2011) have also shown in their studies that women with disabilities are more prone to being unemployed and live in a state of poverty due to the nature of their disability and discrimination which is also the reason why the women respondents are still financially dependent on their family members for support. This shows the need to establish vocational training

centers in the state and increase awareness about the availability of the seats. Hence, acquiring skills based on their levels of abilities will pave way for financial support. As mentioned by Sargent (1999), it is important to include rural women with disabilities in any training program and in Mizoram, women with disabilities in rural areas are still ignored which is observed in terms of registration in UDID card and also in various benefits program for persons with disabilities. This calls for the need from PwD Commissioner to reach out to women with disabilities in rural areas.

Jamall (2021) has pointed out in his study that women with disabilities are less likely to acquire the benefits of the justice system and are mostly excluded. In this study, most of the women respondents are not even aware of the existence of RPwD Act 2016 and all the benefits associated with the Act. In terms of UDID card, most of the women did not make use of the benefits associated with it. This also shows the need to increase awareness by the government and improve the current functioning of the government to increase the coverage of the topic on disability in media, radio stations and newspapers to bring more awareness to the general public. The inclusion of RPwD Act 2016 in the curriculum of schools, colleges and universities syllabus will also be beneficial in generating awareness among the masses. In terms of inclusive education, most of the women respondents have also said that there is a need for inclusivity in the field of education and there is also a need for more special trained teachers in the state. So, more special trained teachers and trainers should be hired by the government. The study of access in the works of Rao (2004) shows that women with disabilities are denied inclusive development if buildings are not accessible as that can shun their attainment of educational and employment opportunities since all education and training activities are given inside buildings. In this study, most of the women respondents have said that the buildings in Mizoram are still not accessible and most of the private buildings, churches and recreational centers are not entirely barrier free. So, there is still a need to set up a barrier free environment by making all public buildings and churches accessible for women with disabilities in the state.

The need for opening up a disability studies center in the state also arises as studies and research on disability in the state is still less. The government should encourage young researchers to take up the study of disability and conduct research on the topic to enrich the study and literature of disability in the state.

In the field of health sectors, there is a necessity to formulate and implement effective policies to improve access to healthcare for women with disabilities. Multiple determinants (e.g., low income, poor education and low-quality health care) can lead to poorer health status and insufficient access to healthcare for these women, which in turn impacts their social inclusion. Thus, support systems need to draw their attention to improve infrastructure and to facilitate access to healthcare as a critical step toward social inclusion of these women as observed in the study of Emerson & Llewellyn (2022).

The women respondents did not have easy access to healthcare in the state and have said that the cost of hospital visits is rather expensive for them and is not sustainable. So, the current healthcare system in Mizoram should be made more sustainable and affordable for women with disabilities in the state, as they are in constant need of the care of medical professionals.

The issues faced by women with disabilities in Mizoram is both cultural and ideological, requiring individual, community, and large-scale social change. Disability and impairment have raised many concerns among scholars and social model of disability defines that, persons with disabilities are disabled more by the exclusion and discrimination directed upon them by society as noted by Degener (2016). So, social model of disability is the most relevant theories among all other theories in this study as it is found that the women respondents are denied access in many fields like education, employment opportunities, religious and social activities and other recreational activities. This exclusion further increases their disability and led to their discrimination which provided roadblocks for their holistic development, further increasing their disabilities.

7.7 State future plans

Persons, including women with disabilities faced certain issues and hardships which are highlighted in the previous section which calls the need for the office of the PwD Commissioner, Government of Mizoram to take certain steps to remove the roadblocks in their daily lives. These future plans will contribute to the inclusive development of not only the women, but all persons with disabilities in the state. The plans are also aimed at solving the issues and problems faced by persons with disabilities in the state. The future plans are as follows:

1. To increase awareness of RPwD Act 2016 in the state: The office has planned to increase the awareness but the efforts are continuously halted due to low funds and budgets. However, the office planned to carry on the task of increasing awareness through their limited resources in future.
2. To create inclusive accessibility and barrier free environment: For this purpose, the office of PwD Commissioner access audit every year and visited hospitals, churches, schools, colleges and Assembly House and write letters to all concerned authorities to make their buildings accessible.
3. Efforts are taken to set up a separate department of Disability Studies in Mizoram University. Proposal has already been submitted to the Vice Chancellor of Mizoram University (MZU) for the establishment of the department.
4. Plans are taken by the office to include RPwD Act 2016 in the curriculum of schools, colleges and universities in Mizoram. Letters are already sent to the concerned authorities for this purpose.
5. In the year 2024, all hospitals are advised to have their own Grievance Redressal Officers (GRO) in matters related to disabilities.
6. Engagement of services of sign language interpreters for the benefits of persons with hearing-impaired in Mizoram. Letters are already sent to the concerned authorities and the measures are yet to be solved. Sign language interpreters are to be included in all important government official meetings and also, they should be available to be seen beside the local news readers.
7. Letters are also sent to different churches in 2024 to build barrier-free environment for the easy access of persons with disabilities in Mizoram.
8. The office takes certain measures to encourage research on disabilities in Mizoram.
9. The office of PwD Commissioner is given a new separate land by the government and construction works are yet to take place.
10. The office has plans to set up Common Disability Centres in all districts of Mizoram.
11. It also plans to strengthen at least one reliable NGO in every district to look into the matters of disabilities in their own respective districts.

12. The office has also planned to call doctors from New Delhi to impart trainings to selected doctors in Mizoram on the identification and certification of disabilities. Due to low funds for this purpose, the proposed plans cannot take place at a rapid rate.
13. The office will establish Composite Resource Centres for persons with disabilities in the state which is slated to start from the year 2025.
14. There are several private schools in Mizoram and the office plans to write letters to the authorities in order to employ at least two special teachers in all private and public schools.
15. Legal notices have been put up by the office to all concerned authorities so as not to give any UDID card to normal able persons. Harsh punishments will be given if such incidents are witnessed.
16. The PwD Commissioner has also planned to reach out to persons with disabilities who reside in rural areas in the state and also plans to pave way for their inclusion in various government programs and benefits for persons with disabilities.

7.8 An overview

The various problems and issues faced by the women with disabilities are highlighted and policy recommendations are made after the analysis of the problems are done. This chapter includes policy recommendations in the areas of laws, education, employment sections, special schools and also, the assessment of issues are also done from the statements of key informants. Recommendations from the statements of the women respondents in terms of their best and worst experiences are also given. Besides, the problem dimensions and policy recommendations are highlighted in a table after contextualisation of the study is done. The state future plans are also highlighted and the chapter finally concludes with an overview.

Women PwDs and the awareness of law: The women respondents are not aware of the existence of the special laws and they claimed that awareness is low with regard to this area. It is found that even though the special laws are effective, there is not much use if implementation is weak. So, the weak implementation measures by the

government are located and the need to increase awareness in the area of special laws are also located.

Recommendations in area of laws and legislations: In terms of laws and legislations, the government should increase awareness on RPwD Act 2016 among the citizens of the state. The government has claimed to distribute the hard copies of the Act to person with disabilities but the report is in contrary with this study as most of the women respondents are not even aware of the existence of the Act. Most of them have also said that there is a strong need to increase awareness on the Act, not only for persons with disabilities, but for the general public.

The government has only made the hard copies of the Act to be available on government offices but most of the women respondents have never visited any government offices. The government has translated the Act into regional local Mizo language but the printing and distribution of the copies are still carried out in a limited manner. So, it is crucial for the government to distribute the copies especially to all special schools in every district of the state.

An Analysis of special schools in Aizawl and Lunglei: In the analysis of special schools, there are five special schools which are Shining Star Special School, Ephatha Special School, Special Blind School, Redeem Garden School and Gilead Special School. These schools offer lessons to the students with disabilities. An analysis has been done between the two special schools of Gilead Special School in Aizawl and Onyx Special School in Lunglei. Gilead Special School is the model school in Aizawl and is also the biggest special school in Mizoram, apart from being the oldest as well. Onyx Special School is the only special school in Lunglei district. The comparative analysis between the two schools shows that the special school in Lunglei lack almost all basic facilities and services while Gilead Special School has an abundance of essential facilities and services. Besides Gilead, all the other schools in Aizawl have better infrastructures and resources as compared to Onyx Special School. The lack of trained teachers is observed in both the schools and also, the need to introduce inclusive curriculum by the government is also found out through this analysis. Overall, the special school in Lunglei needs a complete renovation in terms of infrastructures and school supplies and facilities also need to be updated. The strict

routine structure and amenities followed in Aizawl special schools are also absent in Lunglei as the course and school system is still flexible and runs almost like a day-care centre.

Policy recommendations for special schools: In this section, the special schools did not have any formal syllabus and the syllabus used by these schools are customised by their own teachers. So, the government should introduce and framed special curriculum and syllabus for them. Besides, lack of specially trained teachers and trainers are also observed and so there is a dire need from the government to hire more special trained teachers and trainers. The government should also fund the special schools so that there can be development in the areas of infrastructures and educational facilities. Proper vocational courses should also be taught in special schools so that students are also trained in skills which could help them attain employment in future.

Women PwDs and the effectiveness of UDID registration: The women respondents all have an UDID card but when enquired, all the women from Lunglei have said that after their registration, they did not have any uses for the card. They stated that they registered for the card as they are told to do so by the authorities. After registering for the UDID, they did not claim any governmental benefits through it nor were they aware of such governmental benefits associated with the registration.

In Aizawl, majority of the women have also said that they did not make any visible use of the UDID card after registration. They claimed that they did not know what to do with it as awareness is still very low and also because they are not further instructed by the authorities on the uses after the registration.

Recommendations in the area of UDID: The normal registration process in hospitals for the process of acquiring UDID should be simplified by the authorities and take mitigative measures which ease the registration process. The government and the village/local council leaders should work together to conduct proper census so that all persons with disabilities can register for the UDID card. Through this registration, state level database on disabilities can be created and the existing database can be updated. Apart from the census of persons with disabilities, surveys and job analysis should be conducted so that there can be a proper occupational classification of jobs which suit

the efficacy of various types of disabilities in Mizoram. This can solve many of the financial issues faced by women with disabilities.

In this study, two cases of false registering for UDID card are found out and reported to the PwD Commissioner. The purpose of these two women for falsely registering for a disability certificate is not known but they did not have any type of disability yet, registered for UDID card. So, recommendations are also given with regard to the process of UDID registration.

Assessment of the issues by Key Informants: The problems of women with disabilities in the community were often described as invisible, severe by the respondents and the key informants. The problems mainly range from not receiving enough care and support from the public and support agencies. There are also instances of a low level of awareness, inclusivity and participation in various activities within the community and family as well. Their problems also include being discarded from schools and not being able to access various institutions and public buildings. Besides, it is difficult to accurately point out all the exact problems faced by disabled people especially by non-disabled people, as has been claimed by key informants. The respondents of KII have mostly said that the problems of disability have existed since time immemorial and to solve all their problems at one go is a far cry. Realistically, some problems of disabled people are being solved in Mizoram as against the other states in the country and yet a lot more things are required to be done. However, as much as it is done for them, the problems of disabled people cannot be entirely solved.

Contextualisation of the findings: The findings show the need of the government and concerned authorities to take mitigative measures and actions for these young women as they have years ahead of them as that will help them forge their own career path and structure their own financial journey as is also observed in the findings of Sargent (1999).

In terms of education, the results obtained shows that the education level of the respondents is low as most of them have achieved only primary level of education in both the districts. The main reason is because they find it difficult to cope with the syllabus which is not inclusive and also because many of the women find it difficult to access special schools. Besides, even among those women who attend special schools and government schools, they all stated their education level to be 'primary'

because in government schools, they are made to repeat primary level every year as higher studies are impossible for them to attend due to their lesser capabilities. In special schools of both the districts, there is no proper division such as primary, middle and high school section and so, they are all listed in the category of primary level which is also the reason why women with primary level of education are in abundance. It is followed by women who have high school level of education and the third highest level of education is the upper primary level followed closely by graduates in Aizawl while in Lunglei, the high school level is followed by pre-degree and women with no formal education. Through the analysis of the special schools, various recommendations are drawn that could create a lasting impact in the fields of education and employment opportunities for women with disabilities in Mizoram. The laws and legislations in terms of disability also need to be revised and plans should be enacted properly. The implementation procedures of all the special Act should be closely monitored by the PwD Commissionerate to increase efficiency.

In terms of UDID, the registration rate is still low and awareness in terms of it is still low as well. So, the concerned authorities should increase the awareness on the importance and procedures of UDID registration for women with disabilities in Mizoram so that more women with disabilities can benefit from the services.

State future plans: The future plan of PwD Commissionerate is highlighted in details in this section. The office has aimed to increase awareness in terms of RPwD Act 2016 in the state and also aims to write letters to the concerned authorities to make buildings more accessible. The education system is also aimed to be more inclusive by including RPwD Act 2016 in the current syllabus and also, more special teachers are requested to be employed by the government. The office has also written a proposal to the Vice Chancellor to set up a study of disability in Mizoram University. Hospitals in Mizoram are also requested to have their own GRO and common disability centre and composite resource centres are also planned to be set up for the rehabilitation of persons with disabilities in the state. More periodic meetings are to be conducted by the office with concerned authorities in the state to discuss the issues of persons with disabilities. The office also plans to increase awareness in rural areas and plans to call doctors to impart trainings to Mizo doctors to assess disability.

Policy Outcome: The dimensions of the problems faced by women with disabilities and the policy recommendations for the aforementioned issues are consolidate and presented in the following table as the policy outcome of the study.

Table 7.5 Problem dimensions and policy recommendations: Law

Diagnosis	Prognosis
1. Issues in Awareness	
<p>Awareness of RPwD Act 2016 is very low among the women respondents</p> <p>a) Non-availability of adequate copies of translated version of work</p> <p>b) Need for special care for special institutions</p> <p>c) Need for monitoring end to end distribution</p> <p>d) Inadequacy of social media campaign</p> <p>e) Need for dissemination workshops</p> <p>f) Lack of awareness on availability of vocational training</p> <p>g) Lack of awareness about availability of assistive devices</p>	<p>a) Increase awareness through translation of the Act in regional local languages like Mizo, Lai and Mara and printing adequate copies</p> <p>b) Distribute the hard copies of the Act to various special schools, colleges, universities and government offices</p> <p>c) Monitoring end to end distribution rather than bulk dumping</p> <p>d) Increase awareness through social media platforms, medias like television, radio stations and newspapers</p> <p>e) Hold occasional group discussion, dissemination workshops and special talk by experts on disability topics</p> <p>f) Generating awareness on availability of vocational training</p> <p>g) Creating awareness on availability of assistive devices</p>
2. Implementation difficulties	
<p>a) Delayed implementation and auditing process of the RPwD Act 2016.</p> <p>b) Monitoring Implementation</p> <p>c) Irregular social audit</p> <p>d) Limited vocational training centres</p> <p>e) Need for diversification of training</p> <p>f) Proper determination and dissemination of the</p>	<ul style="list-style-type: none"> • Strict invigilation of implementation be done by PwD Commissionerate • Regular audit be done by the office in terms of implementation measures • More vocational training centres be open in every districts • Types of training available be catered to all kinds of disabilities so that all PwDs can benefit from it

criteria and eligibility process	<ul style="list-style-type: none"> • Proper criteria determination and dissemination be carried out through media platforms with regard to availability of the seats, eligibility and the criteria process
3. Issues in assistive devices	
a.) Quality assurance of assistive device and non-discrimination in distribution b.) Unavailability of websites for assistive device registration	<ul style="list-style-type: none"> • Free distribution of assistive devices be of higher quality • Specific website be created for registering online and accessing availability locations of assistive devices
4. Barrier-free environment issues	
a) Need for barrier free environment in the state b) Need for joint efforts of government and church authorities c) Need for strict vigilance on meeting outcome d) Limited number of wheelchair ramps and lifts	<ul style="list-style-type: none"> • Inspection be made and letters be written by PwD Commissionerate to concerned authorities • Meetings be held to discuss plans for barrier-free environment with local collaborations • The meetings outcome and letters compliance be strictly monitored and recorded for reminders • Installation of wheelchair ramps and lifts in public buildings for better access
5. Lack of evaluation research	
a.) Need for a separate disability welfare department in the state b.) Allocation of limited budgets in disability research c.) Need for a disability journal in Mizoram	<ul style="list-style-type: none"> • Setting up of full-fledged disability studies department in Mizoram University • Allocation of funds for research and studies on disability • Commencing of disability research journal with special reference to Mizoram
6. Issues in education	

a) Care for inclusive education b) Need of funds from the government c) Exclusive nature of the current syllabus d) Need of higher education especially for hearing impaired e) Need for inclusion of RPwD Act 2016 in the curriculum f) Inadequacy of special teachers and trainers g) Barrier free environment and provision of assistive devices in educational institutions	<ul style="list-style-type: none"> • Promotion of inclusive education • Government funding of special schools and introduction of higher secondary sections • Revision of syllabus in Mizoram • Frame a separate syllabus for persons with disabilities based on their abilities • Establish higher education sections for persons with hearing impairment • Inclusion of RPwD Act 2016 in schools, colleges and universities' syllabus • More special trained teachers and trainers be hired • Building ramps and provisioning assistive devices
7. Expensive health care system	
a) Expensive hospital treatment b) Need for allocation of separate health care card c) Need for separate queue d) Need for government rehabilitation and physio-therapy centres	<ul style="list-style-type: none"> • Subsidisation of treatment costs and medicines • Allocation of separate health care card • Creation of separate line for persons with disabilities • Setting up of rehabilitation and physio-therapy centres and care at subsidised rate
8. Employment issues	
a) Issue of employment and Reservation: b) Lower employment opportunities and promotion c) Need for sign language interpreters d) Need of placements after training e) Instances of posts reserved for persons with disabilities are filled up by able persons without disabilities	<ul style="list-style-type: none"> • Roster system in Reservation be strictly followed • Sign language interpreters be engaged in all important government events and by all local media • Placements be given to deserving trainees at government institutions • Diversion of posts be not encouraged and action be taken on erring authorities • Careful disability assessment by medical experts

<p>f) Need for careful assessment of disability by medical experts</p> <p>g) Need for strict checking of UDID documents by government</p> <p>h) Need of more severe punishments to violators</p>	<ul style="list-style-type: none"> • Strict assessment of UDID certificate and veracity be verified • Reservation seats be filled up fairly on the basis of merit • Violators be punished for deterrence
9. Recreational facilities issues	
<p>a.) Need for common disability centres for the recreational purpose of the family members</p> <p>b.) Need for composite resource centre for rehabilitating persons</p> <p>c.) Need of recreational activities</p>	<ul style="list-style-type: none"> • Establishment of common disability centres for the recreational activities • Setting up of composite resource rehabilitation centre • Organisation of occasional get-together and recreational programs by the government
10. The need to strengthen NGOs	
<p>a.) Need for Collaborative efforts</p> <p>b.) Need for strengthening of NGOs interface</p> <p>c.) Need for occasional meetings at community centres for programme planning</p> <p>d.) Need for bottom-up grass root level measures</p>	<ul style="list-style-type: none"> • Collaborative efforts with NGOs be encouraged to solve disability issues • Strengthening of at least one NGO interface from every district • Periodic meetings be held for programme implementation • The problems be recorded at grass root level to ease actionable measures and monitoring
11. Rural-Urban divide	
<p>a) Exclusion of persons with disabilities residing in rural areas</p> <p>b) Limited surveys to persons with disabilities in rural areas</p> <p>c) Low registration in UDID card of persons with disabilities from rural areas</p>	<ul style="list-style-type: none"> • Extension of programs and schemes towards persons with disabilities in rural areas • Surveys be increased in rural areas for their identification • Location of PwDs in rural areas leading to increased rural UDID registration
12. Coping Issues	
<p>a.) Problems solving issues of basic knowledge</p>	<ul style="list-style-type: none"> • Periodic organisation of workshops and distribution

b.)Issues of Dependency on their caregivers c.) Issues in menstruation d.)Women PwDs have little to poor social relationships due to limited social events for them e.) Stress and trauma f.) Hobbies and interests	of pamphlets for developing self-concept <ul style="list-style-type: none"> • Caregivers at family and community level be sensitized for empathy and sympathy and non-discrimination • Distribution of subsidised pads and care for menstruation hygiene • Organising programs for inclusion of women PwDs to showcase their talents • Periodic health assessment camp by clinical psychologists • Regular organisation of sports and talent competitions and confidence building
---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

CHAPTER-VIII

SUMMARY AND CONCLUSION

- 8.1 Introduction
- 8.2 Socio-economic profile
- 8.3 Problems and coping
- 8.4 Role of GOs and NGOs
- 8.5 Implications of the study
- 8.6 Policy recommendations
- 8.7 Future areas for research

CHAPTER-VIII

SUMMARY AND CONCLUSION

8.1 Introduction

Persons with disabilities have high chances of facing discrimination and stigma, inequality and deprivation in society and majority of their problems still remain unsolved due to ignorance from both society and the policy makers. Women with disabilities have higher chances to face double discrimination which is firstly exerted in the form of their disability, followed by their gender. India had to comply with the international obligation with the provisions of the United Convention on the rights of persons with disabilities. As a result, it requires a new legislation altogether and so, passed the Rights of Persons with Disabilities (RPwD) Act 2016. This act came into full effect on 19th April, 2017 and the government mandated that each state and union territories should keep in mind all the stakeholders while properly implementing this act in their respective states. In the absence or limited studies of disability, the identity of persons with disabilities, their problems and necessary measures to uplift their current hardships became difficult and further aggravate their problems. The study on disability, particularly on women with disabilities further act as a bridge towards constructing more inclusive society. This study analysed their socio-economic profile and also studies the problems and coping issues faced by them. This study helps in creating opportunities for women with disabilities in the state as it raises awareness about the importance of guiding and assisting them. It also encourages the general public to have a thorough understanding of the concept of disability while steering clear of assumptions and inconsiderate attitude of the public. This study is divided into 8 chapters, in which, a study of context-specific analysis was conducted that relates to the issues and problems faced by women with disabilities in Mizoram. It also presented a detail outlining of their various expectations and needs for their inclusive development.

Chapter I consisted of the Introduction portion while chapter II detailed the Review of Literature. Chapter III covered the Research Methodology of the study including all the procedural details. Chapter IV of this study delved deep into the Socio-Economic

Profile of women respondents. It also included the key informants working towards the welfare of disabled communities and also towards the implementation of RPwD Act 2016. Chapter V dealt with the Problems and Coping issues faced by the women respondents and Chapter VI went deep into the Role of government and NGOs towards inclusive development of women with disabilities in Mizoram. Chapter VII pointed out various Policy Recommendations towards solving the problems and issues faced by women with disabilities in the state. Chapter VIII summed up the findings towards a conclusion.

A general outline on disability has been highlighted on Chapter I of the Introduction. This chapter has been discussed under nine sections. A brief introduction was made which was followed by three sections which were solely devoted to explaining and clarifying concepts like disability, persons with disabilities, women with disabilities and inclusive development. In the fifth and sixth sections, the international and national scenario of the conditions of women with disabilities were highlighted. The seventh section was solely devoted to the north-east scenario of women with disabilities and in the eight sections, the scenario of Mizoram was discussed. In Mizoram, there are 15,160 persons with disabilities in the state among which, 6962 of them are women. In terms of the age group, 20-29 age group has the largest number of women which is closely followed by women between the age group of 10-19. 40-49 age group has the third highest number of women. The highest number of disabilities among the women in Mizoram is hearing impairment which is followed by women with multiple disability and women with eyesight problems like low-vision and blindness. As compared to other north-eastern areas, the number of women with disabilities is low and there is a dire need to analyse the reason for the low occurrence and the implementation measures adopted in the state. Besides, the various causes of disability and the current management schemes adopted by the government and NGOs needed to be highlighted so that gaps can be identified in the knowledge and research on disability in Mizoram. Universal accessibility is highly critical for women with disabilities to enable access for their equal opportunity in an inclusive society. Providing universal access can also encourage their independence and full

participation in all aspects of life. Therefore, the study on the current situation of women with disability in respect to Mizoram has been carried forward.

Chapter II relates to the Review of Literature on disability, particularly on women with disabilities. The body of literature has been reviewed and divided into three headings which are theories and models, followed by thematic review and ending with methodological review. Theories and models include moral and religious models, medical models, sick role theory, social models, human rights models, feminist and gender models and finally, concluding with symbolic interactionism. The aim of the theories of disability is to provide a greater sense on the meaning of disability and also pave the way for a more inclusive society through better understanding of the concept.

All the theories outlined in this review have a profound effect in outlining the impact in which people conceive disability from a theoretical perspective. The moral and religious model of disability rightly points out that disability is a direct form of punishment from God due to sins committed while the medical model of disability states that disability occurs due to diseases or trauma in a person. The sick role theory pointed out the two rights enjoyed by the 'sick' or women with disabilities and the social model of disability, which is largely accepted by most individuals in the modern day, states that disability is a result of discrimination and exclusion directed towards them by society. The human rights model of disability specifically highlights the specific solutions to the problems faced by people with disabilities while the feminist and gender theory concentrate on providing a detailed study on women with disabilities only as feminism is not a gender-neutral term and the symbolic interactionism rightly assigned meanings to the interactions of these women. Ultimately, in this study, social, human rights, and feminist and gender theories of disability are technically helpful.

The theoretical perspectives of women with disabilities are important as they provide the backbone to the research with the theoretical framework. It also helps in building a strong foundation for the research work and the literature which helps in bringing clarity to the overall context.

The thematic review section is further sub-divided into 9 sub-headings which are employment and training problems of women with disabilities, living in poverty, healthcare available, neglect, stigma and discrimination of women with disabilities, education for women with disabilities, vulnerabilities of women with disabilities, violence and sexual abuse of women with disabilities and concluding with inclusive development of women with disabilities. The thematic review has shown that by promoting inclusive development of women with disabilities, society will go a long way to uplift the current conditions of women with disabilities and will also help them tackle the various hurdles that they face in society. The various themes and topics reviewed in this section offer an insight into the lives and hardships of women with disabilities and the various hurdles which stand in the way of their development are also witnessed. This, in turn, paves the way for the birth of strategies to contribute to their overall inclusive development.

The categorisation of literature into various themes is indeed helpful in providing an in-depth analysis of their vulnerabilities, operation of the justice system, and especially various hurdles and problems like neglect, stigmatization, poverty, and accessibilities that trouble the lives of women with disabilities to critically assess the possibilities of inclusive development.

Finally, the chapter II section concludes with the methodological review. The methodological review part of the literature is important as it enriched the researcher to have a deep insight into the techniques applied by previous researchers based on similar themes. The review can also help frame the interview schedules and also help the researcher formulate further procedural steps to be taken in his or her research works. The review includes the research tools employed by the researchers which are interviews, Interpretative Phenomenological Analysis (IPA), focus group discussion, case studies and observation which are all used by the researchers to gather necessary and relevant data in their study. The aspects of qualitative and quantitative methods in the study of various scholars are also reviewed which is relevant to the study of women with disabilities.

Limited data on women with disabilities have been found from the literature review, specifically in the context of Mizoram. Various scholars have come up with the

suggestions that the absence in data is the reason for neglecting women with disabilities in the state. This neglect leaves a huge demand to provide rehabilitation and inclusive development for the overall progress of these women and this study has the possibility to shine light on various issues that are being faced by them at grass root level such as issues related to justice, neglect, stigmatization and discrimination, accessibility, healthcare, education, employment and training, poverty and the overall inclusive development of these women. There is an utmost need to have an in-depth analysis of the various schemes and benefits laid down for these women and how it impacted their lives. The importance of providing universal access for these women also holds an important place in the study.

Chapter III details out the research context and framework adopted and procedures followed during the study. As such, it starts from the conceptualization of the research problem (context) to the analysis of procedures adopted (framework) to arrive at the conclusion and the outcome of the study.

Based on the need for the study, this study started with the following objectives:

1. To present the socio-economic profile of women with disabilities in Aizawl and Lunglei districts
2. To analyse the problems faced and coping strategies adopted by women with disabilities in the two districts of Mizoram
3. To study the government arrangements and role of NGOs in taking proactive measures towards mitigation, affirmative action and inclusive development of the disabled in two districts of Mizoram
4. To find out the policy issues and to suggest actionable measures.

The present study represents an exploratory- cum -descriptive research design and Aizawl and Lunglei districts comprised the universe for the purpose of this study. The sampling frame used in this study is simple random sampling which is thoroughly justified through probability proportion to size (PPS). The total number of samples used for this research is thus calculated through the Location Quotient, a statistic that

is used in measuring the ratio of expected versus actual values for several variables, where the count of subset items (people, business, etc.) at the place is divided by count of items (people, business, etc.) which is multiplied by 100. The selected sample were located from 30 localities in Aizawl and 10 localities from Lunglei districts which together constitute 163 sample and they are carefully selected from the UDID list of the government of Mizoram. Among the 24 KII respondents selected purposively, 12 of them held a respected Government job. 9 of them work in different non-governmental organizations, 3 of them are self-employed. 12 are male while the 12 respondents are female. The database of the study is drawn from a wide variety of secondary sources while primary data are collected through observation, interview, case study and KII. Key informant Interview with largely unstructured questions was also conducted by taking limited important functionaries responsible for the implementation of RPWD Act 2016 to elicit pertinent information and suggestions. Through pilot study, framing the basic structure of the study was done. Data collection followed and concluded on 15th December, 2023. The assembled data include the filled-in interview schedules used by the researcher during the field survey which have been answered and suggestive information provided by the respondents, case notes and inputs from the key informants. Upon the completion of the fieldwork, all the schedules were scrutinized and crosschecked. Coding was done and the data were disaggregated under 4 major heads: 1) Socio-economic profile, 2) Problems and coping strategies, 3) Role of GOs And NGOs and 4) Policy recommendations. Sub-heads under each major head were also conceptualized. The analytical framework used in this study has been a combination of qualitative and quantitative techniques. For the quantitative analysis, data were codified. A separate code was assigned to each of the questions and each of the responses fed to the computer. Coded data were categorized with the categorizing plan prepared for the purpose. For quantitative analysis, SPSS software is used. For qualitative data analysis, in addition to the case study, observation and narratives, the method of 'lived experiences', rooted in phenomenological and ethnographic traditions, has been used. Interviews of key informants are also presented in the same form. The interviews of the respondents were carefully listened and a summary of each case was prepared. Finally, the chapter was concluded with the

operationalization of concepts, limitations of the study and research ethics which were followed during the course of the study.

8.2 Socio-economic profile

Chapter IV of the study is oriented towards finding out the socio-economic profile of women with disabilities in Aizawl and Lunglei district of Mizoram. Socio-economic status is an indicator of understanding the differences among the women respondents in terms of their access to power, property and privilege gratifications. The variables analysed in this chapter to understand the socio-economic status of the respondents include age, marital status, religion, educational status, occupation status, employment status, place of domicile, family and household, family income, land possessed, type of disability and causes of disability. Area has been taken as an independent variable which has been crossed with the rest of the other variables to find out the socio-economic profile of the women respondents.

In both the districts, women below 30 years of age comprise the most population and in Lunglei, women between the ages of 31 – 40 years of age comprise the least number of the population, and in Aizawl, women between the ages of 41 – 50 years comprise the least number of the sample. Women above the age of 60 years comprise the second largest population in both districts. As the number of women below the age of 30 years is greater, this shows the importance of rehabilitating these women and providing certain vocational skill training and inclusive education to them.

In terms of marital status, most of the women from both districts are unlikely to get married due to the nature of their disability. There are only 2 married women from Lunglei while 23 women are married in Aizawl. Women respondents who separated from their spouses are also less and in terms of divorce women, only 1 case is found among all the age group categories. A case of divorce is included in this study and these two women returned all the bride price to her husband's family through Mizo customary laws. This finding also supports Fine & Asch (1988) as well as Taleporos & McCabe (2002) and Devi & Augustine's (2024) findings that stated that women with disabilities are less likely to get married as compared to able women due to the nature of obstacles and stigma associated with disability.

Mizoram is predominantly a Christian-dominated state and this factor plays an important role in the lives of the respondents. As a result of which, all the respondents from both the districts of Mizoram have stated that they are Christians and all the respondents are also from the Mizo community.

In terms of education, the results obtained show that the education level of the respondents is low as most of them have achieved only the primary level of education in both districts. The main reason is because they find it difficult to cope with the syllabus which is not inclusive and also because many of the women find it difficult to access special schools. Overall, the education level of the respondents is low, and education has little impact on their lives. This, in turn, may be attributed to the neglect of the government in framing a more inclusive syllabus and in building more accessible and inclusive schools that also cater to women with disabilities in Mizoram, a finding which supports the study of Santovec (2011), Idrees & Ilyas (2012) and Sarkar (2023) that shows the lack of higher education among women with disabilities due to lesser capabilities.

24 women are found to have an occupation in total and among those who are still studying, the majority of them are still in their primary level. In Lunglei, most of the women are still studying at the primary level while there is an equal number of women who are unemployed and employed. In Aizawl, most of the women are unemployed followed by women and girls who are still studying and only a small number are employed. Hence, it is evident that providing basic education or any vocational training to women with disabilities is crucial for them to find an occupation as has also been stated by Koistinen et al. (2019).

Among those 24 women who have an occupation, it is found that most of them have found employment in the government sector and all of them did not claim any disability reservation at the time of acquiring their job. Most women still do not have jobs based on reservation and all these employed women solely acquire their job purely based on their merits and capabilities. This study found that the provision of skills and reservation of seats for women with disabilities in government jobs are only found in limited number and it is out of reach for most of the women with disabilities in the

state due to low awareness and limited seats provided, added by low educational qualifications and low skills.

In terms of place of domicile, most of the women in this study live in urban areas and only a handful reside in rural areas due to the less inclusion of rural areas in the UDID list. In other districts of India and studies related to disabilities like Devkota et al. (2019), the list of persons with disabilities also concentrated less on women with disabilities who reside in rural areas and are neglected more due to difficulty in access among several other reasons. The less inclusion of rural women with disabilities is due to poor data as many rural areas are inaccessible and difficult to access as compared to urban areas.

Most of the women belong to a family which consists of 5 to 6 members which is followed by women belonging to 3 to 4 members in both the districts of Mizoram. This, in turn, is followed by women who have 1 to 2 members. There are only 7 women who have family members between 7 to 8 members in Aizawl and women who have more than 8 family members are absent in both the districts. So, the size of the family is typically on a smaller frame and most of these families follow the nuclear type of family, and another limited number of women did not live with any family members.

In contrast to the findings of Rao (2004) and Groce et al. (2011) which support the relation between disability and poverty, this study revealed that most of the families, i.e., 97 (59.5%) families of women earn an income which is more than Rs. 20,000 per month. This is followed by families who earn between Rs. 10,000 to Rs. 20,000 per month. 13 families earn between Rs. 5,000 to 10,000 and only 5 families earn up to Rs. 5,000 per month in both districts. In both districts, more women with disabilities reside in a family who earns more than Rs. 20,000 per month followed by families who earn between Rs. 10,000 – 20,000. Some women live in a family who earn a monthly income between Rs. 5,000 – 10,000 and there are only 5 (3.1%) women who earn a monthly income which is less than Rs. 5,000. The highest income earned recorded is Rs. 2 lacs among 5 families from Aizawl and the lowest income recorded is Rs. 4,500 which is also from Aizawl.

Concerning land possession, most of the land possession of the women is on a smaller scale. Specifically, women themselves do not possess any land on their own but the landholders are typically the head of the family. None of the landholders are in the name of these women. Even so, the land possessed by the families of the women is rather small in size, when measured in terms of hectares and they are used efficiently. From the size of land owned, it appears that women from Aizawl are more affluent than those hailing from Lunglei. Aizawl, being a crowded urban area, is assumed to have land areas that are costlier than Lunglei. However, in Lunglei, most of the women did not own large plots of land even though land may be cheaper than in Aizawl, and women from Aizawl owned larger plots of land when compared with women from Lunglei. In the works of Mulubiran (2021), it is stated that many women with disabilities are homeless and without any plot of land while this study shows that all the women respondents have houses to live in and have plots of land, even though some of them may not be as large as others.

A careful effort has been made so that the types of disability covered in this study align with the classification of the 21 types of disability laid down in the RPwD Act 2016. The list obtained from the Social Welfare and Tribal Affairs Department consists of 13 types of disabilities among women with disabilities and as such, this study consists of 13 types of disability. The respondents from these 13 types of disabilities are then carefully selected and these disabilities are: 1. Blindness 2. Low vision 3. Hearing impairment 4. Locomotor disability 5. Autism spectrum disorder 6. Intellectual disability 7. Mental illness 8. Muscular dystrophy 9. Parkinson's disease 10. Dwarfism 11. Multiple disability 12. Chronic neurological condition 13. Cerebral palsy

Among these types of disabilities, women with low vision and blindness are found in abundance in the two districts of Mizoram which is followed by hearing impairment in both the districts. This is closely followed by women with cerebral palsy. The finding is also similar to the list of disabled population in India, according to the 2011 census of India which shows that women with blindness and low vision make up the most number while women with mental illness and Parkinson's disease are only found in a limited number.

The findings in this section in contrast to most of the popular beliefs and existing literature such as Rao (2004) which states that disability is caused by poverty and malnutrition. The major causes of disability among women are mostly congenital which happens at birth. All the mothers of these women had stated that they did not suffer from malnutrition or lack of medical intervention during their pregnancy and so, poverty and malnutrition cannot be attributed to the cause of disability among these women in Mizoram.

Besides, the moral and religious model of disability does not apply to this study as all the women respondents strongly opposed the idea that their disability occurred due to the sins committed by them or their ancestors. They accept their disability with open arms and view it as a blessing in disguise by the Almighty God. They also attributed the neglect and inattention faced in society to having worsened their disability which leaves room for the social model of disability in place of the moral and religious model of disability.

8.3 Problems and coping

The various problems encountered in the daily lives of women with disabilities and the coping strategies adopted are highlighted in chapter V. The sociological analysis of their problems also included the coping strategies adopted by these women amidst their disabilities. The various problems pointed out in this chapter are divided into 9 sections which are: 1. Mobility limitations 2. Issues associated with assistive devices 3. Issue of access 4. Issues in education 5. Inheritance issue 6. Problems in terms of vocational training centres 7. Neglect and discrimination 8. Health issues 9. Coping strategies and faith issues.

The mobility issue of the respondents was analysed and it was found that women with no mobility issues in body functions were on a higher side and only fewer women were found who seemed to have mobility issues. These women with mobility issues are those with chronic neurological conditions, cerebral palsy, and Parkinson's disease. The mobility limitations here imply their involvement in society, church, community gatherings, and self-care. So, even though most women do not have mobility issues in their body functions, they still face high limitations in mobility overall. Most of these

women have also expressed that they are not confident in using public transport at all while only a few women are very confident in using them. So, even though most of these women have no problems with mobility, they have certain limitations and restrictions in terms of their daily lives which also affect their confidence in using the public transport system.

An attempt was made to know about the issues associated with assistive devices and it was found that most of the women respondents did not use any assistive devices in both districts. The ones who receive the devices from the government have expressed their lack of quality and they found it rather difficult to use them regularly due to the pain and discomfort associated with the regular use. It was also found that awareness is little with regard to the free distribution of devices from the government and many women who need the devices do not know ways to acquire them free of cost from the government. Most women have expressed that their non-use of the devices is due to the non-availability of the devices that could accommodate them. Besides, among the assistive device users, the non-user-friendly nature of the caused problems with their regular uses. This finding relates to the study of Umegård & Wrembicki (2022) that shows the importance of distributing high quality assistive devices to women with disabilities by GOs or NGOs in order to ease their daily struggles.

The issues faced by women with disabilities in terms of access shows that most buildings in Mizoram are still difficult to access and there is the need for disability-friendly buildings and the need for a separate toilet which is easy to access by these women. These women from both districts have maintained that private buildings and houses are the most difficult to access. This is due to the architectural design of the houses in Mizoram and also since the state is located on a hilly slope, the locations of houses cannot be all easily accessible. The abundance of steps and slopes has also made it difficult to rehabilitate these women in terms of access to buildings and places. The study of Browne et al. (2024) also highlights the importance of the setting up of separate toilets for women with disabilities in public buildings including churches, malls, and government offices in order to rehabilitate them, which is directly related to the finding of this study as well.

The issues in the field of education are analysed, and various problems which burden girls and women with disabilities are singled out. The low level of educational opportunities is found due to a lack of inclusivity in the field of education as mentioned by most women from both districts. The lack of specially trained teachers is also very high in both districts. The need for a separate inclusive curriculum is also very highly needed. Since the level of education and related fields is found to be underdeveloped, this shows that the goal of inclusive development cannot be progressive and calls for the need to improve the area of education for these women in Mizoram, which supports the works of Santovec (2011), Idrees & Ilyas (2012), and Sarkar (2023), in stating the importance of inclusive syllabus and education for an inclusive development of the disabled communities.

The rehabilitation problems faced by the women in terms of vocational training centres shows the need for vocational training centres, lack of employment opportunities, the need for reservation of seats and financial burden faced by the families of these women. Most of the women have said that there is a very high need for vocational training centres in the district as there are no training centres available for them. It was found that the lack of training centres had a direct impact on their employment opportunities as the women experienced cases of low employment opportunities which calls for the need for reservation of seats in employment sectors. The lack of vocational training centres led to a financial burden on the women in the two districts and supports the works of Hanko & Polman (2003) and Aier et al. (2023) in stating the lack of training led to financial pressure among women with disabilities.

In terms of inclusion in family inheritance, it was found that most of the women were not included in the list of inheritance. On the other hand, it was also found that only a small fraction of the women was included in the list of their family inheritance. This is due to the practice of age-old Mizo customary laws in which daughters are not given any family inheritance and also partly due to the mistrust of the women in handling family fortune and money due to their disabilities.

Neglect faced in society by women with disabilities are analysed and it was found that opinions and experiences are diverse in terms of neglect faced as there is an almost

equal number of women who strongly agree, agree, neither agree nor disagree and strongly disagree. When taken in total, women who agree on facing neglect are still in abundance which means that neglect is still being faced by many women about their disability. The finding supports the work of Dawn (2013) that shows the high level of neglect faced by women with disabilities due to their disabilities.

The health issues faced by these women are observed and most of the women from Lunglei faced problems in terms of menstrual cycle, and in Aizawl, women who have faced problems in menstruation are on a higher side as well. The main problems are the pain and discomfort associated with it which hinder their everyday activities and also, there are many women who cannot take care of themselves during their menstruation. Most women have also expressed that they have problems in communicating their women-related health issues to their families. This relates to the works of Browne et al. (2024) that stated the problems associated with menstruation among women with disabilities and how important it is to increase menstruation education among both the caregivers and women with disabilities themselves.

8.4 Role of GOs and NGOs

The steps taken by the government towards the inclusive development of women with disabilities and the perception of the role of NGOs towards inclusive development of these women are presented in chapter VI. In terms of justice delivery, the current conditions of the justice delivery in Mizoram are still not up to mark. The women with disabilities are not being favored by the justice system as cases of unfair selection of jobs still exist. The delivery of justice still fails as most of the women still faced issues with the justice delivery. In many instances, the reservation of posts for persons with disabilities are given to persons without disabilities and hence, denied justice is still faced and experienced by these women. This relates to the finding of Meekosha and Frohmader (2010) and Jamall (2021) that states about the neglect faced by women with disabilities in the justice delivery further hindering their inclusive development.

The government has taken certain mitigative steps for the overall inclusive development of these women and various posts for the office of the Commissioner for Persons with Disabilities were proposed and plans were formulated to create more posts. The

government reserve 3% of seats in terms of job and the office of the Commissioner for Persons with Disabilities maintain a strict schedule in checking whether the government follows this rule. They are given disability certificates and loans are also given to those in need. Among the government servants, TA/DA is given to them when they travel for their work and various government and public buildings are requested to be made accessible. Efforts were also taken so that departmental websites were easily accessible by women with disabilities. The revenue department was in charge of recording the number of lands allocated to persons with disabilities in the state and persons with disabilities who are not government servants are given concession whilst their travel by Mizoram State Transport buses. The government also take necessary prompt actions if complains are received from persons with disabilities including the women with disabilities. In terms of elections, polling booths were made as accessible as possible in order to facilitate the persons with disabilities to help them cast their votes and the markings inside the booth including the list of candidates were marked in Braille and child care leave are also granted to government workers.

However, most of the women respondents stated the need of a barrier free environment and the present condition is still not barrier free for them. They still faced barriers in certain sections such as barrier in accessing buildings, barriers in achieving high educational qualifications and barriers in employment opportunities of these women. As Saran et al. (2019) had stated the importance of conducting periodical survey and data with regard to persons with disabilities, there are few data with regard to women with disabilities in Mizoram and survey and data are hardly conducted. Since survey and data are scarce, it further made it difficult to create more rooms for innovative solutions to their endless problems and coping strategies. Similar to the study conducted by Saran et al. (2019), this study finds out that the inclusion and participation of women with disabilities in programs and social activities empower them while the women respondents are largely excluded in social activities and various programs of NGOs as well as the government.

The role of NGOs in Mizoram towards the inclusive development of the women respondents is analysed from the work provided by three influential NGOs in the state which are YMA, MHIP and Spastic Society of Mizoram. All the three NGOs played a

key role in recognising and inclusion of these women in society. They play an integral part in curbing stigma and discrimination by increasing the participation of these women in society. The only source of mitigative actions observed is to present occasional gifts and incentives to them and offer their services only when the need arises.

In analysing the role played by NGOs, most of the women respondents are being excluded in social activities and the number of exclusions faced by these women is large from both districts. When enquired about which NGOs excluded them the most, YMA and MHIP in particular receive the highest vote. Secondly, they are mostly excluded by the churches as they feel ignored and isolated by them. Studies by Umegård & Wrembicki (2022) are found contrary to this study. Their studies have shown that NGOs' work consciously or unconsciously by using one or both models of disability (social and medical) while providing help, who are in need of any help. This study finds that none of the women respondents received any assistive devices from NGOs. They either receive it through government or through their own finances. So, the study which stated that the NGOs make use of medical model of disability to provide assistive devices lacks veracity in this study.

The comparison between people's opinion on the efforts of both the government and NGOs shows that the government received more negative opinion from the women respondents as well as the key informants in this study. They were more critical towards the government as they have more power and resources to bring about development for these women as opposed to the NGOs who have limited supply of power and resources to cater to the women with disabilities and their needs. The main critics directed against NGOs is their failure to invite and include women with disabilities in any social activities that they organised in their own respective localities.

8.5 Implications of the study

The overall picture of the analysis shows the need to strengthen both the government and NGOs in the state in terms of the measures and actions taken towards inclusive development of women with disabilities. This requires effective collaboration and partnership in carrying out their tasks. The barriers and problems faced by women with disabilities are shown and society exerted barriers that hinder their effective and full

participation in society. The organization of persons with disabilities believe that persons with disabilities are their own best spokespersons. There arises a need to work out the macro context of this micro-study. For a holistic understanding of the problems of women with disabilities, conceptual theories or model provide a foundation from which generalizable implementation knowledge can be sorted out. These theories have been worked out to ease the understanding, explanation of the problems of women with disabilities and to ease the implementation efforts by the stakeholders. Three layers of outcome-oriented process are required such as input framework, diagnosis and prognosis. The input framework will lead to the diagnosis of the problems which will further encourages prognosis, eventually leading to a state of inclusive development.

The terms ‘diagnosis’ and ‘prognosis’ are both used in social pathology. Input framework relates to an overall view of the structure of the concepts and data required for understanding, explanation and interpretation to have a strategic and meaningful intervention. Input framework in a logical model not only defines issues in proper perspective through research and detailed evaluation for a proper diagnosis of the problem parameters. Input framework for this study comprised of theory and models of disability, review of literature, and data and method. The theories and models reviewed in this study included the moral and religious model, medical model, social model, human rights model, feminist and gender theories of disability, sick role theory and symbolic interactionism. The study subscribes to two out of seven theories reviewed such as social model and human rights model of disability in the context of inclusive development of women with disability. The idea has been to synthesize the models and theories and criticise each of the theoretical models to locate their potential contribution to the mainstream disability research. The theoretical models exhibit that there has been a definite shift from ‘needs-based intervention’ to ‘rights-based approaches’ in a given social context. A basic understanding of the main theories of disability help to shed light on different theoretical models. All stakeholders need to have a working knowledge of these models and theories to appreciate the varying viewpoints and co-ordinate optimal care and resources for addressing disability in the state, especially for women with disabilities. Similarly, the data evidence gathered

under due methodological procedures provided necessary inputs for the diagnosis of key issues. Diagnosis refers to the process of problem identification or detection of socio-pathological signs and symptoms. Problem is understood as 'disturbing situations' or 'unusual circumstances' which drew attention to themselves and required a response. Women with disabilities suffer from a complex variety of interrelated problems and issues. While analysing the data inputs of the women respondents, twenty-five conceptual parameters were identified as the key issues. 1. Accessibility issues 2. Community support problems 3. Dependence limitation problem 4. Employment opportunity being unavailable 5. Equality and discrimination issues 6. Exclusion and stigmatization problems 7. Family coping difficulties 8. Funding and sponsorship issues 9. Guidance and counselling issues 10. Inadequacies in barrier-free environment 11. Inadequate educational facilities 12. Infrastructure and resources being limited 13. Inter-agency co-ordination problems 14. Issues of an assistive device 15. Lack of awareness 16. Lack of confidence of mobility 17. Low socio-economic profile and poverty 18. Monitoring and evaluation issues 19. Menstruation issue 20. Psychological stress 21. Public sentiment incompatibility 22. Rehabilitation issues 23. Role of legislation and implementation difficulties 24. Skill training needs 25. Vocational and technical training issues

These 25 key issues need to be addressed through due prognosis. A prognosis is made by looking at the nature of the already diagnosed problems, the lived experiences of the women with disabilities, the available actionable efforts, and the related issues. A complete prognosis includes the expected duration, function, and description of the course of the problem, such as possible implementation measures and progressive mitigation of the issue. Prognosis stands at the midpoint of development interventions by GOs and NGOs, from where one can look back to what has been done and look forward to what can be done ahead in the coming future. It requires multiple support systems across various agencies and institutions through inter-agency co-ordination so that the problems of the women with disabilities can be addressed and mitigate their sufferings. The present support system from the agencies and institutions such as family, community, schools, church, associations, NGOs and GOs, need to be

improved and the present condition of their current co-ordination must also be improved, so that inclusive development of women with disabilities can be achieved.

8.6 Policy recommendations

The diagnosis of the problems and issues of the women with disabilities led to the prognosis of the situations. The various policy recommendations sorted out through prognosis are detailed as under:

1. Awareness program needs to be augmented with regard to disability and law by translating the RPwD Act 2016 into regional local languages like Mizo, Mara and Lai and print them in adequate copies. The distribution of the hard copies to various special schools, colleges, universities and offices will also contribute towards spreading of awareness.
2. The monitoring of the distribution process in an end-to-end manner instead of bulk dumping is the most effective way of the distribution process.
3. Awareness can also be increased through social media platforms, media like televisions, radio stations and newspapers and also through the occasional group discussion, dissemination workshops and special talks by experts on the topic of disability.
4. There is also a great need to generate awareness on the availability of vocational training centres and the assistive devices and also detailed out the admission process and distribution process of the devices through various media platforms.
5. Strict invigilation of the implementation of RPwD Act 2016 in the state should be done by PwD Commissionerate. The office should regularly conduct social audit in terms of the implementation measures towards persons with disabilities.
6. The government should open more vocational training centres in every district of the state and the types of training available should cater to all kinds of disabilities, so that all persons with disabilities can benefit from them.

7. Proper criteria determination and dissemination be carried out through media platforms with regard to availability of the seats, eligibility and the criteria process.
8. The current free distribution of assistive devices from the government should be of higher quality as the devices being distributed are of cheap materials and difficult to be used by persons with disabilities in the state.
9. The government should create specific website for registering online and accessing availability locations of assistive devices.
10. The PwD Commissionerate should write letters to all concerned authorities in the state and discuss plans for barrier-free environment and easy access in all public buildings.
11. Meetings should be held to discuss plans for barrier-free environment with local collaborations in the state.
12. The meetings outcome and letters compliance should be strictly monitored and recorded for reminders.
13. In all public buildings and schools, ramps should be installed for better access to buildings.
14. The concerned authorities should set up full-fledged disability studies department in Mizoram University and for that, funds should be allocated for it and separate funds should also be allocated by the government for research and studies on disabilities.
15. With special reference to Mizoram, disability related journal should commence.
16. The government should promote inclusive education and it should also fund all special schools in the state.
17. The government should also introduce higher education for persons with disabilities, especially for the hearing impaired and revised the current syllabus to make it inclusive.
18. The concerned authorities should frame a separate syllabus for persons with disabilities based on their abilities.
19. The RPwD Act 2016 should be included in the syllabus of schools, colleges and universities and more special trained teachers and trainers should be hired.

20. The students with disabilities should be provided with assistive devices and ramps in their respective schools.
21. The government should subsidise the treatment cost and medicines for persons with disabilities in the state.
22. A separate health care card should be allocated for them and separate line should be created for persons with disabilities in hospitals to prevent standing in queue.
23. The government should also set up rehabilitation and physio-therapy centres and give care at a subsidise rate.
24. In terms of reservation of posts, a strict roster system should be followed to prevent false acclaim of the jobs reserved for PwDs.
25. Sign language interpreters should be engaged in all important government events and by all local media.
26. Placements should be given to deserving trainees at government institutions.
27. The authorities should take strict actions in the case of diversion of posts.
28. The medical experts should be careful while conducting disability assessment so that false identification of disability can be prevented.
29. The reservation seats for PwDs should be filled up fairly and be filled on the basis of merit. Violators should be punished harshly for deterrence.
30. The concerned authorities should establish common disability centres for their recreational activities and also set up composite resource rehabilitation centre.
31. The organisation of occasional get-together and recreational programs should be encouraged and taken up by the government.
32. There should be a collaborative effort from both the government and NGOs so that disability issues can be solve from the bottom-up approach.
33. The government should strengthen at least one NGO interface from every district and held periodic meetings with them for the program implementation. In this way, the problems can be recorded at grass root level to ease actionable measures and monitoring.
34. The government should extend its programs and schemes towards persons with disabilities who reside in rural areas and increase surveys in rural areas for their identification.

35. The location of PwDs in rural areas will therefore, lead to increase rural registration in UDID.
36. Periodic organisation of workshops and distribution of pamphlets should be encouraged for developing self-concept.
37. Caregivers at family and community level should be sensitized for empathy and sympathy and non-discrimination.
38. Distribution of subsidised pads and care for menstruation hygiene should be taken up by the concerned authorities to increase education and knowledge on menstruation among women with disabilities.
39. Organising programs for the inclusion of women PwDs to showcase their talents should be considered by concerned authorities as it will also promote their inclusion in society. Regular organisation of sports and talent competitions will also automatically lead to their confidence building.
40. Periodic health assessment camp by clinical psychologists.

The above prognosis should be considered in order to establish an inclusive society for women with disabilities in the state and will in turn, lead to their holistic inclusive development.

8.7 Future areas for research

In terms of future area in the research of disabilities, future researchers should take up the following points and consider to include them in their research studies:

1. To increase the number of respondents and also include respondents from all districts in Mizoram.
2. A separate study of the different types of disability should be conducted instead of studying them in general. A study on persons with intellectual disabilities and mental illness are still limited in Mizoram and a special focus to these persons should be taken up.
3. There should be an increase in the qualitative study of persons with disabilities. Researchers should focus on studying PwDs through case studies and phenomenological approach and not only focus on the quantitative aspect of

the study. This will provide a broad sense on the meaning and hardships associated with disabilities.

4. In the study of disability, caregivers play an important role in rehabilitating persons with disabilities but they are often left out in literature and are studied in limited number. So, a study which specifically focus on the problems faced by the caregivers of persons with disabilities should also be conducted.
5. A comparative analysis of persons with disabilities from all the states of north-eastern region should also be taken up so that, the condition of these persons can be known and be compared with the persons with disabilities from mainland. This will ease in taking up mitigative measures for persons with disabilities residing in north eastern regions.
6. Future researchers should also delve deep into the gender comparative analysis of persons with disabilities in Mizoram.
7. The governmental efforts of easing the problems of persons with disabilities should be further studied and studied all the outcomes of the various governmental programmes planned for persons with disabilities.
8. The exact causes of disabilities in Mizoram should be studied extensively from a medical point of view. Diagnosis is impossible in social sciences as it requires the expertise of medical skills and so, medical professionals should be taken up the study on the exact causes of disability.
9. A comparative analysis between assistive device users and non-assistive device users should be studied so that, the direct outcome of the benefits on the lives of assistive device users can be known.
10. Religious study on disability, such as the beliefs of the causes and impact of disability among different religion should be studied and taken up by future researchers.

APPENDIX-1

Research Diary

15.08.2021

- Research Assistant work was done and the work was planned to be extended
- Lunglei was planned to be included in the study
- Topic was finalized and will study inclusive development of women with disabilities

27.08.2021

- UDID list of women with disabilities in Mizoram was acquired from Social Welfare Department
- List was categorized into Lunglei and Aizawl only
- Separate excel sheet was created for both districts
- Invalid lists were deleted

01.09.2021

- Met with PwD Commissioner and advice on the study was taken
- The Commissioner advised about the difficulty in communication with PwDs
- The outdated and some invalid lists from UDID was reported to the office

07.09.2021

- Literature review commenced
- General topics on disability was browsed in the internet
- Topics were diverse and was difficult to choose the themes for review

08.09.2021

- Parameters for literature review were chosen
- Themes for review were initially divided into 14 themes
- Issues related to women with disabilities
- Vulnerabilities
- Stigma and discrimination
- Unequal access to information
- Inabilities to earn livelihood
- Inabilities to participate in various activities
- Denied access to justice
- Lack of attention to health care
- Gender based violence against women with disabilities
- Sexual abuse

- Neglect
- Education
- Employment
- Training issues

09.09.2021

- Materials were collected for review based on the different themes
- Issues related to women with disabilities were firstly collected, followed by other themes
- A bundle of materials was collected

12.09.2021

- Articles on vulnerabilities of women with disabilities were collected and analyzed

23.09.2021

- All the 14 topics related to women with disabilities were collected and finished
- All the materials collected were arranged into separate categories
- Separate files were allocated for each theme

24.09.2021

- 14 materials were collected for vulnerabilities
- 17 materials were collected for stigma and discrimination
- 12 materials were collected for unequal access to education
- 26 materials were collected for inability to earn livelihood
- 9 materials were collected for inability to participate in various activities
- 16 materials were collected for denied access to justice
- 32 materials were collected for lack of access to healthcare
- 30 materials were collected for gender-based violence against women with disabilities
- 27 materials were collected for sexual abuse
- 9 materials were collected for neglect
- 22 materials were collected for education
- 10 materials were collected for employment and training
- 230 materials were collected in total

28.09.2021

- Of all the materials collected, only 5-10 relevant materials were to be selected
- 1 topic be reviewed for 1 week
- 2 pages for each topic

- Likewise, literature review commences
01-07.10.2021
- Research Ethics and Publication online classes were conducted
- Confidentiality should be maintained
- Research ethics be properly followed
- Publication be made only in UGC care list and scopus
- Quality of publication be maintained instead of quantity
- At least 2 publications are required
- Methodology be given high importance
- Qualitative and quantitative can be used separately while mix methodology is also in vogue, in modern times
- Literatures be clubbed and contextualize in relation to the findings of the study
01.11.2021
- Ph. D coursework commenced
- Research experiences be written
- Research diary be summarized
- Quotable statements be noted down during fieldwork
- Even the smallest things be remembered and noted down
- Observation is important in fieldwork

14.11.2021

- Research proposal writing started to commence

22.11.2021

- In literature review, the works of scholars always be favored instead of NGOs and other organizations as scholars are not biased, as compared to NGOs

07.12.2021

- Training on mental health and disabilities was attended
- Wrong diagnosis of intellectual disabilities is common
- DSM 5 changed the name to intellectual disability from mental retardation
- They were called as morons, idiots and fools
- They faced the most form of discrimination among persons with disabilities
- Diagnosis criteria was taught
- They should have an IQ score of 70 and below and represent 50% of disabled population
- Onset must occur before age 18
- Mildest form has 50% of disability
- People with intellectual disability cannot learn above 7th grade of education

- Mild = 50 – 70% of disability
- Moderate = 75% of disability
- Severe = 90% of disability
- Severe disabled persons need to be institutionalized
- Profound intellectual disability = % of disability is not discernable
- Disability certificate be given to only those with at least 40% of disability
- 21 types of disability as given by the RPwD Act 2016

12.12.2021

- If articles do not have ‘download’ button, press control and P together and then, save as a pdf file
- Individual = Shift (all) and mouse, cut and then paste

14.12.2021

- SPSS was taught
- SPSS software be installed
- Free trial and paid versions were both available
- Sociology department mostly needed frequency, percentages and cross tabulations
- Before SPSS, data entry and data cleaning were required
- 20.02.2022
- For synopsis, objectives were listed
- Methodological review was added
- For sub-headings, no cap was given
- Literature was further sub-divided into theory and model, thematic review and methodological review
- Research designs were written
- Sample procedures adopted was written

25.02.2022

- Objectives were reduced from 5 to 4
- The 4 objectives were then finalized
- Socio-economic profile was the first objective
- Problems and coping were the second objective
- The initiatives and role of GOs and NGOs came under the third objective
- Policy recommendation was the last final objective

20.03.2022

- For the synopsis, 18 literatures were finalized for inclusion in the study

22.03.2022

- Sampling procedure commenced
- 163 women with disabilities were selected randomly through excel sheet from the UDID list of the government

24.03.2022

- Prof. Mohanty briefed the scholars about the presentation process of the synopsis

25.03.2022

- Synopsis presentation was done
- In literature review, methodological reviews were less, so, it was advised to increase the review on methodological review
- More statistical information be included in the literature review portion
- Justification of the sampling be done
- Gaps in literature be fulfilled through objectives
- Gaps be specific
- Short and sharp sentences be encouraged
- Ages of the women respondents be classified instead of general mention
- In research ethics, numbers be deleted and instead use bullet points
- Proper classification of disability, impairment and handicap be written
- John W. Greswell's book on Mix Method book be bought and read
- Census be included in the study

01.04.2022

- Necessary corrections were done and shown to the supervisor

03.04.2022

- Synopsis was cleared and ready for Board of Study

05.04.2022

- Prof. Mohanty successfully defended the entire synopsis of the scholars

08.04.2022

- The title of the thesis has finally changed to 'Inclusive Development of Women with Disabilities in Mizoram' after it was initially titled 'A Comparative Analysis of Inclusive Development of Women with Disabilities in Two Districts of Mizoram'

15.04.2022

- Sample lists were selected finally and in total, 20 women from Lunglei were selected and in Aizawl, 143 women with disabilities were selected
- The number of respondents was selected through location quotient

29.04.2022

- Literature review was held for vulnerabilities and stigma and discrimination
- Women with disabilities were vulnerable as compared to normal abled women due to the nature of their disabilities
- They were stigmatised to be weak and incapable of working and participating in society
- They were discriminated by denying their rights, limited awareness and inaccessible health care

04.04.2022

- Synopsis was completed and final draft was sent to the department and was readied for School Board. 12 hard copies were submitted to the department

07.05.2022

- Plagiarism check was conducted for my synopsis and only 9% similarity was found
- Plagiarism should not exceed 20%

25.05.2022

- School board was held and all proposals were cleared
- Health care issues were reviewed
- Women with disabilities were denied health care due to their ongoing financial difficulties
- Limited awareness in menstruation hygiene is the reason for their limited knowledge
- Treatment is costly and not sustainable
- Less rehabilitation centres and therapy centres for women with disabilities at subsidised rate
- In terms of employment and training, less vocational training centres prevent them from acquiring skills needed for financial independence
- Justice is denied in terms of job reservation
- Caregivers and families of women with disabilities have problems in coping with hardships associated with disability
- The efforts of both GOs and NGOs can go a long way in building an inclusive development measure for women with disabilities

18.07.2022

- Progress report for the semester was held today

27.07.2022

- Research questions were started to be framed based on the gaps identified in literature reviews
- Denied access to justice = 5 literature were reviewed
- Employment and training problems = 11 literature were reviewed
- Poverty of women with disabilities = 8 literatures were reviewed
- Lack of access to healthcare = 7 literatures were reviewed
- Neglect of women with disabilities = 7 literatures were reviewed
- Lack of access to education = 4 literatures were reviewed
- Stigma and discrimination = 10 literatures were reviewed
- Vulnerabilities of women with disabilities = 3 literatures were reviewed
- Violence and sexual abuse of women with disabilities = 7 literatures were reviewed
- Inclusive development of women with disabilities = 5 literatures were reviewed

30.07.2022

- Inclusive development meaning is operationalized. It means development that includes marginalized people
- Proactive meaning is operationalized. It means creating or controlling a situation rather than just responding to it.
- Mitigation also means the action of reducing the severity and seriousness of something

07.08.2022

- Research questions were tentatively finished after conducting literature review
- Socio-economic profile of women with disabilities = 20 questions were set for this objective
- Government and non-government's efforts towards inclusive development = 14 questions were set for this objective
- Policy recommendations = 6 questions were set for this objective

10.08.2022

- All the current literature reviews were re-arranged and references list were arranged accordingly
- Literature reviews all had sub-headings and were further divided into theories and models, thematic reviews and methodological reviews

- Madam Commissioner's quotation on funds and grants were also added in the study

16.08.2022

- Keywords were highlighted from the literature review
- They were being defined and were consolidated after highlight
- Gender related issues were given emphasis such as menstruation issues and inheritance issues

18.08.2022

- Aspects to be covered were completed for the final framing of interview schedule
- After relevant keywords were taken out from the literature review, they were arranged on the basis of the objectives and then final interview schedule was framed

22.08.2022

- As part of the teaching experience, I took classes on both the first and third semester

23.08.2022

- Tentative chapterization underwent changes
- Chapter 5 is now changed to problems and copings, which was previously the role of government and NGOs towards inclusive development

23.08.2022

- Under socio-economic profile chapter, 25 concepts were prepared and questions will be set accordingly. These questions will be included in chapter IV
- Under problems and copings chapter, 10 problems faced by women were drawn and concepts were then framed. These 6 concepts will be included in this chapter
- Under the role of GOs and NGOs chapter, 13 concepts were included and all of them will form chapter VI
- Under policy recommendations, 9 headings were made available which will form chapter VII

24.08.2022

- The interview schedule form 105 questions, out of which, 6 were open ended and the rest 99 questions were close ended

- Literature reviews were all consolidated and overview is to be written for all the literature review

29.08.2022

- Key concepts were all defined and were all consolidated

30.08.2022

- Instead of using the word ‘independent,’ the word ‘without relying on’ should be used
- Instead of using ‘social roles,’ ‘gender roles’ was used
- All the key concepts and interview schedule were cleared by my supervisor

13.09.2022

- Pilot study was ready to be conducted for the pre-testing of interview schedule
- 10 respondents from Aizawl and Lunglei were chosen randomly
- The more the tables, the more advantage it will be on SPSS
- Corrections on interview schedule will be made after pilot study is conducted

15.09.2022

- UDID list was collected from Social Welfare and Tribal Affairs Department, Government of Mizoram at Laipuitlang
- From the UDID list, women lists were taken and were relocated to a separate file in Word document
- From the UDID list, 10 respondents each were taken from Lunglei and Aizawl

17.09.2022

- Pilot study commenced from today. It was firstly conducted in Lunglei. The conditions of the road were in a critical condition which disrupted the journey process. The actual road conditions in the town of Lunglei were also very damaged which disrupted the fieldwork process to a considerable extent

19.09.2022

- Interview of pilot study was conducted and all the interview schedule questions were asked and tested accordingly

20.09.2022

- From the interview with Pi Lalhmachhuani, the issues faced by women in access were added in the final interview schedule.

22.09.2022

- Fieldwork was held the whole day at Onyx Special School, Lunglei. Lively discussion about the history of the school and the nature and daily routines of the students were made. This discussion and findings were later included in the policy recommendations chapter of the thesis. An interview with a Baptist senior Pastor was also held and it was found that the Baptist church in particular did not take any specific measures for the upliftment of disabled communities in Lunglei district

24.09.2022

- From the interview with Pi Lalramngaihsaki, the justice delivery issues faced by women with disabilities were included in the final interview schedule

06.10.2022

- Article for publication was prepared under the guidance of my supervisor
- The title will be on ‘Mental Health Issues of Persons with Disability: Some Case Studies’
- The case studies should be 3 case studies who all stood out the most during the interview phase of the ongoing research
- References should be properly included
- The case studies should also include 3 women who all had disability in mental illness
- The article had introduction, literature review, case studies and conclusive overview

09.10.2022

- Every research article should have a keyword which contains at least 4 concepts

11.10.2022

- Today, I presented paper to International Conference for the first time in MZU based on the mental illness related paper that we have prepared

25.10.2022

- I collected the list of women with disabilities list who are employed by MZU
- The list only had one woman who currently works in MZU, but her husband works in place of her due to the severity of her disability

28.10.2022

- Pilot study started to commenced in Aizawl among the 10 selected women

- No new parameters were found and no new questions were added from the nature of the pilot study

09.11.2022

- All questions for the interview schedule were finalized and revised
- After pilot study, the final interview schedule included 87 questions. 18 questions were deleted which were not at all related to the study and such questions that can be clubbed together into one question. These reduce the number of questions

13.11.2022

- Fieldwork actually started from this date after the completion of interview schedule printing

21.11.2022

- I went to the department to show some of my finished interview schedule
- There should be no blank questions. All questions should be asked and responses should be filled up
- To give a separate number for close-ended questions and open-ended questions

23.11.2022

- Fieldwork was conducted in Gilead Special School for the whole day
- The findings of this outcome were later included in the policy recommendations chapter of the thesis

28.11.2022

- In every part of the thesis, abbreviations should not be stated right away. They should firstly be written in full form with its abbreviations written in a bracket and only then, shall it be written in abbreviations

30.11.2022

- 45 women with disabilities were approached and then all blank responses in the interview schedule were filled up and necessary corrections were made

05.12.2022

- APA format was learned thoroughly
- Surname should be written firstly, put comma, initials and full stop. Then the year of publication in bracket and then another full stop. The title of articles should follow. The name of the journal should be italicized as well as its volume number. This should be followed by issue number and page number.

Then finally, DOI should be written and if DOI is not found, link of the article should be pasted

13.12.2022

- Progress report presentation was held today
- January to March, 2023 has been used for the preparation of UGC NET-JRF and SLET examination, of which I both qualified by the grace of the Almighty God

14.04.2022

- Fieldwork started to commenced from this day

13.05.2023

- I presented a paper on South Asian Conference on ‘An analysis of special schools in two districts of Mizoram’
- The outcome of the paper focus on the need for upliftment and improvement for all special schools in Mizoram and the need for an inclusive space in education through inclusive curriculum, access and provision of facilities

18.05.2023

- I presented another paper in Pachhunga University College at national seminar. The title of my paper is ‘A theoretical discourse on special schools: Role of church and NGOs in Lunglei,’ where the paper describes the need for the intervention of both church and NGOs towards the advancement of special education in the district

23.05.2023

- Progress report presentation was held today in MZU

31.05.2023

- I presented a paper in MZU on the topic ‘Sustainable development goals for women with disabilities: Some issues faced in Aizawl’
- The outcome of the presentation led to the submission of the paper to MZU Journal of Humanities and Social Sciences

08.06.2023

- I presented a paper in Pachhunga University College on the topic ‘An analysis of special education in Aizawl: Youth and academic excellence’

23.06.2023

- I presented a paper in Gauhati University on the topic ‘Empowerment of women with disabilities through livelihood in Mizoram: Some case studies’

28.06.2023

- I visited Ephatha Special School today and the outcome of the fieldwork was highlighted in policy recommendations chapter

03.07.2023

- I presented a paper titled, ‘Role of people with disabilities in environmental protection: Some case studies’ in International Conference on environmental rule of law and justice

14.07.2023

- I presented a paper virtually on International Conference which was titled ‘Ageism as a double burden for people with disabilities in Mizoram.’ It was organised by Loyola College of Social Sciences

28.07.2023

- I presented a paper in International Conference on a paper titled ‘Empowering women with disabilities through livelihood for their sustenance’ which was organised by Kristu Jayanti College of Law

01.08.2023

- Fieldwork was held continuously

04.08.2023

- In the interview schedule portion, additional question was added on the issue of inheritance. The women respondents were asked whether they will receive inheritance from their families or not in the interview process

09.08.2023

- Inheritance question was not asked to the previous women respondents and so, extra efforts were taken to asked this question to all the previous respondents and corrections were later added to the interview schedule

10.08.2022

- Difference between research methods and research techniques were studied wherein research methods refer to quantitative or qualitative. Research techniques refer to the interview, observation, case study, likewise.
- I also further went to fieldwork and fill up quotable statements

12.08.2023

- Research publication tips were told to me by my supervisor
- Introduction (500-1000 words)
- Literature review (1000-2000 words)
- Methods/materials (500-1000 words) which should include sampling, data collection and measurement
- Results (500-1500 words) which include analysis
- Discussion (1000-1500 words) which include the evaluation
- Conclusion

24.08.2022

- Wiley's webinar was attended today and the topic was on Extend Literature Review

29.08.2022

- Wiley's webinar on Secrets of getting published was attended

30.08.2022

- Paid journals are to avoided while publishing research articles
- The interview schedule of Sir Mohanty during his research project on rehabilitation was somehow similar to my interview schedule, but, none of the respondents and the variables are similar and the outcome of the study was different. This in turn, prevents it from plagiarism

10.09.2023

- By now, 90 respondents were already interviewed
- By reading a book on 'caste, class and power' by Andre Beitelte, the process and the importance of case study and observation became clearer to me

11.09.2023

- I submitted three research articles to MZU Journal of Humanities and Social Sciences, Mizo Studies and Contemporary Social Scientist, all of whom are products of MZU

24.09.2023

- I attended webinars on Sage which is about the research integrity issues
- During the course of fieldwork, women with hearing impairment, multiple disability, mental illness, intellectual disabilities and cerebral palsy had difficulty in communication and so, their parents and caregivers had to be interviewed in their place

28.09.2023

- A new discovery was made today. Whenever women with mental illness are interviewed, they told me that they did not use any assistive devices but they are medicated for a lifetime. I thought that these medications were assistive devices but when literature review was conducted and through the interview of KII, it was found that medicines did not count as assistive devices

01.10.2023

- Chapter I of my thesis was started to be written by me from this date

14.10.2023

- The issues from communicating with the parents and caregivers of women with speech problem is that the actual lived-in experience and personal struggles were not clear as they were being dictated by second person. First person narration would have been better for the overall outcome of the study but it became impossible

15.10.2023

- I gave fees to CSDPRA, Delhi and started to attend SPSS training online from 16th October to 21st October, 2023

01.11.2023

- I started attending research methodology workshop from today until the 11th November, 2023. Various lessons like how to conduct literature review, how to write proposal and how to write research articles were taught to us. Besides, they taught us that UGC care list and scopus index are continuously changing. So, whenever we had our publications, we should screenshot the indexes as proof for the future. Research techniques and research methods were also taught to us and how to conduct fieldwork was also taught to us in details. We were also divided into different groups and we were each given a topic to work on. Our group worked on social mapping and conducted fieldwork in Tanhril

19.11.2022

- I presented a paper in Shillong, NIT campus. The paper I presented was on the topic of disability

20.11.2022

- Data entering started to commence in excel sheet
- All the data from my interview schedule was entered in the sheet
- Questions were written separately in different sections and under all the questions, answers were written accordingly. All the answers were given a separate code each in the form of numbers in ascending order

01.01.2024

- I started my case study for my fieldwork from today
- I selected 12 women respondents for my case studies from both Lunglei and Aizawl
- In the case study method, rapport building was firstly made
- Consent was firstly obtained
- I approached their parents and interacted with them first

20.02.2024

- Case study was finished
- Through the case study, all their lived realities were recorded. They all faced issues in terms of neglect and discrimination and have felt the neglect most from the government because the government did not take much measures towards data collection, census and facilities distribution for all women with disabilities in the state
- Issues in higher education were also observed among the women as they all had problems in attending higher education due to the nature of their disability as well as the issues of access
- They mostly faced exclusion from civil society as they are hardly given platforms in social activities
- They find it difficult to participate in church activities as well due to the inaccessibility issues

26.02.2024

- In my thesis, quantitative portion of data analysis should include only percentage and frequency and other need-based quantitative method

04.03.2024

- With lots of hesitation, I asked the reason for divorce among the respondents and she had stated that it was due to her disability which led to her divorce
- I originally included 2 non-Mizos, but they could not be contacted due to the wrong address provided in the UDID list
- Even among those who did not receive any education, they still receive informal education because they can at least read and write their own name
- I have also added quotes in all my analysis section

29.03.2024

- I further classify the family and household section into sub-headings and added headings like the number of male and female headed families

- Supervisor told me not to beat my own drum and not to answer questions which were not asked by the examiner

03.05.2024

- The findings from my study shows that women with disabilities and their families still follow patriarchal pattern in their household which is similar to the current Mizo system which follows the tradition patriarchy society

05.05.2024

- Supervisor to write impact only after the experiences as impact comes only after experiences
- The not applicable section in unemployment heading was changed to unemployed. These 4 women who demanded to be labelled as not applicable instead of unemployed were all changed to unemployed. These four women have claimed that the reason for not wanting to be mentioned as unemployed was because they are currently seeking jobs and they felt that they are close to acquiring jobs which makes them obliged to being mentioned as unemployed

06.06.2024

- Care by women family members to women with disabilities is also more observed

10.05.2024

- The editing of chapter I concluded today. In chapter I, there is not much corrections done except the international and national scenario portions where the table which displayed the figures of PwD population was given a new source instead of using old sources

15.05.2024

- Chapter II was finished today. All the theories were contextualized and after that, all the thematic and methodological reviews were further contextualized as well
- The final thematic reviews only had 9 headings as neglect, stigma and discrimination were all added under one heading
- Methodological reviews included 3 more new literature as the current review on methodological portion was rather less

25.05.2024

- Chapter III was finished today, maps of Mizoram was made by a scholar from Geography Department, MZU instead of copying from some internet website

- Profile of key informants was shifted in this chapter which was previously included in the policy recommendations chapter

06.06.2024

- In chapter IV portion, merely writing down the data from the table is not enough. We should really analyse the table and contextualize all the findings which are stated and quotable statements should also be added

15.06.2024

- After the analysis and contextualization of the findings are done, all quotable statements are added under each heading

25.06.2024

- In chapter V, all problems related to women with disabilities are highlighted and the problems highlighted are firstly written as ‘on the basis of area.’ But, since the study is already based on areas, ‘on the basis of’ was removed and problems were simply stated as they are. Many problems like mobility issues and limitations were written separately but they were now combined and written together

29.06.2024

- Health care and menstruation issues were written together after the suggestion of the supervisor. They were written in a separate heading before

30.06.2024

- Justice system was changed to justice delivery

03.07.2024

- In one heading under justice delivery, ‘I don’t know’ was added in the table and this section was deleted and data were all transferred to ‘No’ section
- The question, ‘Are you aware of RPwD Act 2016’ was the question to the above said response
- So, all answers related to this were solely divided into a simple yes or no

05.07.2024

- In chapter VI, all the government efforts from the year 2016 to 2023 were reviewed and analysed
- In this analysis, it was found that many efforts were in contrast with the findings from the women respondents. This particular heading was not

originally added but after the addition, makes the findings more impactful than it already was

23.07.2024

- Diagnosis and prognosis were written in the form of a table for chapter VII. The diagnosis or problems were all given recommendations. They were all divided into sub-points. All/most of the sentences were sociologically written.
- Instead of using the word ‘thrown out’ or ‘ignored,’ the word ‘excluded’ was used which has sociological meaning
- Instead of ‘deleted,’ ‘exclusion’ was also used in many of the relevant sentences to make it sociologically relevant

29.07.2024

- Among the prognosis points, women specific coping issues were added such as dependency, menstruation, caregivers, hobbies and interests, recreational activities, problem solving, social relationships, stress and trauma were all further added

30.07.2024

- My last progress presentation for Ph. D was held today in the department

05.08.2024

- Glossary section was added for this thesis
- It included words like adhoc, the different types of disability which were difficult to understand and also all the Mizo words and Mizo places used in this study

07.08.2024

- All references were searched, cross-checked and added to the end of this thesis
- All the cited works in this thesis were all included in the reference section

10.08.2024

- Prologue or executive summary was written which was to be pasted at the beginning of this thesis
- For this prologue, all the chapters were briefly written in summary to let the examiners and readers know what the study is all about
- At the end of the prologue, implications of the study were written

15.08.2024

- Title page and the second title page for this study was written

- Declaration was also written
- Declaration for supervisor was also written which was later signed by him

20.08.2024

- All the content pages were mentioned in this page

21.08.2024

- I decided to have a separate page for both list of figure page and list of table pages
- I gave page number to all the list of tables and list of figures

24.08.2024

- After thorough checking, content pages were written

25.08.2024

- The list of 21 types of disability was included in the appendix section
- Among the 21 types of disability, difficult word like hemophilia and sickle cell disease was further explained in the glossary section

02.09.2024

- Pre-Submission notification was released today (Monday) and some time was given for preparation for presentation after this official notification

05.09.2024

- All the power point presentation for pre-submission presentation was finished today and oral presentation preparation took place

12.09.2024

- My supervisor gave me advice and how to give more impactful presentation today

13.09.2024

- Pre-submission seminar was held today in the department at 12:00 pm. Dr. Henry Zodinlana Pachuau (Department of Social Work) was the external examiner (Dean's nominee) and Prof. Lalngurliana Sailo (Department of History and Ethnography) was the HoD's nominee external examiner and the respected faculties of Sociology Department were assigned as internal examiners

16.09.2024

- Plagiarism scan was delayed due to technical issue in the library but Pi Zuali, the head librarian told me that the machine will be fixed by the following day

17.09.2024

- After plagiarism report was obtained through plagiarism scan, printing of the thesis and abstract was done

18.09.2024

- The main thesis and abstract, including the compact disk copy were submitted to the department and Examination Department

APPENDIX-II

21 Types of Disability

This is a detailed list of 21 disabilities identified under RPWD Act 2016.

1. Blindness: Blindness is defined as the state of being sightless. A blind individual is unable to see. In a strict sense the word blindness denotes the condition of total blackness of vision with the inability of a person to distinguish darkness from bright light in either eye.

2. Low-vision: Low-vision means a condition where a person has any of the following conditions, namely: 1. visual acuity not exceeding 6/18 or less than 20/60 up to 3/60 or up to 10/200 (Snellen) in the better eye with best possible corrections; or 2. limitation of the field of vision subtending an angle of less than 40 degree up to 10 degrees.

3. Leprosy Cured Persons: Leprosy, also known as Hansen's disease (HD), is a chronic infectious disease caused by a bacteria called *Mycobacterium leprae*. The disease mainly affects the skin, the peripheral nerves, mucosal surfaces of the upper respiratory tract and the eyes. Leprosy is known to occur at all ages ranging from early infancy to very old age. About 95% of people who contact *M. Leprea* do not develop the disease.

4. Hearing Impairment: Hearing impairment is a partial or total inability to hear. It is a disability which is sub-divided in two categories of deaf and hard of hearing.

- “Deaf” means persons having 70 dB hearing loss in speech frequencies in both ears.
- “Hard of hearing” means person having 60 dB to 70 dB hearing loss in speech frequencies in both ears.

5. Locomotor Disability: Strictly speaking, Locomotor Disability means problem in moving from one place to another — i.e., disability in legs. But, in general, it is taken as a disability related with bones, joints and muscles. It causes problems in person's movements (like walking, picking or holding things in hand etc.)

6. Dwarfism: Dwarfism is a growth disorder characterized by shorter than average body height.

7. Intellectual Disability: Intellectual disability, also known as general learning disability and mental retardation (MR), is a condition characterized by significant limitation both in intellectual functioning (reasoning, learning, problem solving) and in adaptive behaviour which covers a range of every day, social and practical skills.

8. Mental Illness: Mental illness or mental disorder refers to a substantial disorder of thinking, mood, perception, orientation or memory that grossly impairs judgment, behaviour, capacity to recognize reality or ability to meet the ordinary demands of life. But it does not include retardation which is a condition of arrested or incomplete development of mind of a person, specially characterized by sub-normality of intelligence.

9. Autism Spectrum: Disorder Autism Spectrum Disorder (ASD) is a neurological and developmental disorder which affects communication and behaviour. Autism can be diagnosed at any age. But still it is called a “developmental disorder” because symptoms generally appear in the first two years of life. Autism affects the overall cognitive, emotional, social and physical health of the affected individual.

10. Cerebral Palsy: Cerebral Palsy (CP) is a disabling physical condition in which muscle coordination is impaired due to damage to the brain. It occurs at or before child birth. Cerebral Palsy is not a progressive condition; meaning it does not get worse with time. However, muscle disuse could increase the extent of disability over the period of time. At present there is no cure available for this condition. Thus, Cerebral Palsy is incurable and life-long condition, at present.

11. Muscular Dystrophy: Muscular Dystrophy (MD) is a group of neuromuscular genetic disorders that cause muscle weakness and overall loss of muscle mass. MD is a progressive condition; meaning that it gets worse with the passage of time.

12. Chronic Neurological Conditions: Examples of Chronic Neurological Conditions: 1. Alzheimer’s disease and Dementia 2. Parkinson’s disease 3. Dystonia

4. ALS (Lou Gehrig's disease) 5. Huntington's disease 6. Neuromuscular disease 7. Multiple sclerosis 8. Epilepsy 9. Stroke

13. Specific Learning Disabilities: Specific Learning Disabilities is a group of disabling conditions that hampers a person's ability to listen, think, speak, write, spell, or do mathematical calculations. One or more of these abilities may be hampered.

14. Multiple Sclerosis: In Multiple Sclerosis (MS), the immune system of body attacks the Central Nervous System, which includes brain and spinal cord. As a result of MS, the myelin sheath covering on neurons gets damaged. This exposes the nerve fibre and causes problems in the information flow through nerves. With time, MS can lead to the permanent damage to nerves.

15. Speech and Language: Disability A permanent disability arising out of conditions such as laryngectomy or aphasia affecting one or more components of speech and language due to organic or neurological causes.

16. Thalassemia: Thalassemia is a genetically inherited blood disorder which is characterized by the production of less or abnormal haemoglobin. As we know, haemoglobin is a protein found in Red Blood Cells. Haemoglobin is responsible for carrying oxygen around in the body. Thalassemia results in large numbers of red blood cells being destroyed, which leads to anaemia. As a result of anaemia, person affected with Thalassemia will have pale skin, fatigue and dark coloration of urine.

17. Hemophilia: Hemophilia is a blood disorder characterized by the lack of blood clotting proteins. In the absence of these proteins, bleeding goes on for a longer time than normal. Hemophilia almost always occurs in males and they get it from their mothers. Females are rarely affected with hemophilia.

18. Sickle Cell Disease: Sickle Cell Disease is a group of blood disorders that causes red blood cells (RBCs) to become sickle-shaped, misshapen and break down. The oxygen-carrying capacity of such misshapen RBCs reduce significantly. It is a genetically transferred disease. Red Blood Cells contain a protein called haemoglobin. This is the protein that binds oxygen and carry it to all the parts of the body.

19. Multiple Disabilities including Deaf-blindness: Multiple Disabilities is the simultaneous occurrence of two or more disabling conditions that affect learning or other important life functions. These disabilities could be a combination of both motor and sensory nature.

20. Acid Attack Victims: An acid attack victim means a person disfigured due to violent assaults by throwing of acid or similar corrosive substance.

21. Parkinson's disease: Parkinson's disease (PD) is Central Nervous System disorder which affects movement. Parkinson's disease is characterized by tremors and stiffness. It is a progressive disease, which means that it worsens with time. There is no cure available at present.

(The above texts are excerpt from the website of Samagra Shiksha HP's website.
<http://www.samagrashiksha.hp.gov.in/Application/uploadDocuments/content/disabilities.pdf>
).

APPENDIX-III

INCLUSIVE DEVELOPMENT OF WOMEN WITH DISABILITIES IN MIZORAM (PURELY FOR ACADEMIC PURPOSES: TO BE KEPT CONFIDENTIAL)

SCHEDULE NO:

INTERVIEW SCHEDULE FOR WOMEN WITH DISABILITIES

A. Name:

1. Gender: (a.) Male (b.) Female (c.) Other

2. Age:

(a.) Below 20 Years

(b.) 21-30 Years

(c.) 31-40 Years

(d.) 41-50 Years

(e.) Above 50 years

3. Marital Status:

(a.) Married

(b.) Unmarried

(c.) Widow

(d.) Separated

(e.) Divorce

(f.) Unlikely to get married

4. Religion:

(a.) Christian

(b.) Hindu

(c.) Muslim

(d.) Buddhist

(e.) Other

5. Education:

(a.) Primary

(b.) Upper Primary

(c.) High School

(d.) Pre-Degree

(e.) Graduate

(f.) Post- Graduate

(g.) Ph.D

(h.) Technical

(i.) No Education

6. If studying, where:

(a.) Upto Higher Secondary Graduation

(b.) Bachelor Degree

(c.) Post-

(d.) Technical Training

(e.) Not applicable

7. Occupation:

(a.) Employed

(b.) Unemployed

(c.) Studying

8. If employed, where:

(a.) Government

(b.) Private

(c.) Self-employed

(d.) Not applicable

9. Place of residence:

(a.) Urban

(b.) Rural

(c.) Coastal

10. Family income per month :

(a.) Upto Rs. 5000

(b.) Rs.5000 – 10000

(c.) Rs. 10000 - 20000

(d.) Rs. 20000 & above

B. Demographic and other particulars of household members:

Sr N o	Name	Relationship with head of House	Gender	Age	Marital Status	Edn Qua	Occupation	Income

11. Land possessed:

Area in hectare

Less than 0.005

0.005 - 0.002

0.002 - 0.21

0.21 - 0.41

0.41 - 1.01

1.01 - 2.01

2.01 - 3.01

3.01 - 4.01

4.01 - 5.01

5.01 - 6.01

6.01 - 7.01

Code

01

02

03

04

05

06

07

08

09

10

11

Note: 1 acre = 0.4047 hectare, 1 hectare=10,000 square metre

12. Whether receiving/received any vocational/technical training:

- (a.) Receiving formal vocational/technical training
- (b.) Received vocational/technical training
- (c.) Received through hereditary
- (d.) Self-learning
- (e.) Did not receive any vocational/technical training
- (f.)

Others:

13. Do you have problems in terms of mobility:

- (a.) Yes
- (b.) No

14. Do you use assistive devices to combat your disability:

- (a.) Yes
- (b.) No

15. If 'yes,' how often do you use them:

- (a.) Always
- (b.) Sometimes
- (c.) Rarely
- (d.) Not applicable

16. If 'yes,' from where:

- (a.) Govt. Institution
- (b.) Private Institution
- (c.) Not applicable

17. The cost of assistive device is met by:

- (a.) Self
- (b.) Family
- (c.) Service club
- (d.) Well-wishers
- (e.) Government
- (f.) Not applicable

18. Problems in using assistive devices:

- (a.) Non-availability
- (b.) Not user friendly
- (c.) Lack of money
- (d.) Places are not accessible
- (e.) Roads are not friendly

19. Mobility in using public transport:

- (a.) Very Confident
- (b.) Confident
- (c.) Not Confident

20. Causes of Disability:

- (a.) Sickness
- (b.) Treatment from a quack doctor
- (c.) Congenital
- (d.) Accident
- (e.) Polio/Small Pox/ Typhoid
- (f.) Eye trouble
- (g.) Rectinal detachment
- (h.) Vitamin Deficiency
- (i.) Others, specify

21. Limitations imposed by disability:

- (a.) Very High
- (b.) High
- (c.) Neither High Nor Low
- (d.) Low
- (e.) Very Low

22. How dependent are you on your families:

- (a.) Depend on others all the time
- (b.) Partially dependent on others
- (c.) Did not need to depend on others.

23. Extent of independence on mobility:

- (a.) Very High (b.) High (c.) Neither High Nor Low
- (d.) Low (e.) Very Low

24. Extent of independence on daily living skills:

- (a.) Very High (b.) High (c.) Neither High Nor Low
- (d.) Low (e.) Very Low

25. Extent of independence on communication skills:

- (a.) Very High (b.) High (c.) Neither High Nor Low
- (d.) Low (e.) Very Low

26. Factors making women with disabilities not to rely on others:

- (a.) Orientation and Mobility
- (b.) Professional/ Technical Training
- (c.) Employment
- (d.) Support from the family
- (e.) Support from the public
- (f.) Support from the general teachers
- (g.) Guidance and counselling

27. People have said many things about the effects that women with disabilities have on their families. I am going to read to you a number of these things. Please tell me if these happen to you:

Statement	Alway	Sometime	Never	Don't
28. My disability affects the whole	1	2	3	4
29. My disability places financial pressures on my household?	1	2	3	4
30. My family argues because of my	1	2	3	4
31. My family was given enough information to understand my disability?	1	2	3	4
32. My family doesn't understand why I need so much help?	1	2	3	4
33. My family feel fine about helping me?	1	2	3	4

PROBLEMS AND COPING

34. The problems faced in terms of access for women with disabilities are:

- (a.) Very high (b.) High (c.) Neither high nor low
- (d.) Low (e.) Very low

35. The main areas difficult to access are:

- (a.) Private buildings (b.) Educational institutions
(c.) Government offices (d.) Churches (e.) Others_____

36. The need for disability-friendly buildings is:

- (a.) Very high (b.) High (c.) Neither high nor low
(d.) Low (e.) Very low

37. The current condition in terms of access for disability is:

- (a.) Very high (b.) High (c.) Neither high nor low
(d.) Low (e.) Very low

38. The need for a separate bathroom for women with disabilities is:

- (a.) Very high (b.) High (c.) Neither high nor low
(d.) Low (e.) Very low

39. The justice system has done enough for women with disabilities:

- (a.) Strongly agree (b.) Agree (c.) Neither agrees nor disagrees
(d.) Disagree (e.) Strongly disagree

40. The current justice system favours women with disabilities:

- (a.) Strongly agree (b.) Agree (c.) Neither agrees nor disagrees
(d.) Disagree (e.) Strongly disagree

41. There are room for improvements for justice system towards women with disabilities:

- (a.) Strongly agree (b.) Agree (c.) Neither agrees nor disagrees
(d.) Disagree (e.) Strongly disagree

42. Have you ever face denied justice:

- (a.) Yes (b.) No (c.) I don't know

C. If 'yes,' can you specify the reason:

43. Education opportunities for women with disabilities are:

- (a.) Very high (b.) High (c.) Neither high nor low
(d.) Low (e.) Very low

44. Education in Mizoram is not inclusive:

- (a.) Strongly agree (b.) Agree (c.) Neither agree nor disagree
(d.) Disagree (e.) Strongly disagree

45. Lack of educational facilities is:
 (a.) Very high (b.) High (c.) Neither high nor low
 (d.) Low (e.) Very low
46. Lack of special trained teachers in schools is:
 (a.) Very high (b.) High (c.) Neither high nor low
 (d.) Low (e.) Very low
47. The need for a separate inclusive curriculum for disabled students is:
 (a.) Very high (b.) High (c.) Neither high nor low
 (d.) Low (e.) Very low
48. Lack of employment opportunities for women with disabilities is:
 (a.) Very high (b.) High (c.) Neither high nor low
 (d.) Low (e.) Very low
49. The need for vocational and professional training centre is:
 (a.) Very high (b.) High (c.) Neither high nor low
 (d.) Low (e.) Very low
50. The need for reservation of job for women with disabilities is:
 (a.) Very high (b.) High (c.) Neither high nor low
 (d.) Low (e.) Very low
51. Lack of facilities for training of women with disabilities:
 (a.) Strongly agree (b.) Agree (c.) Neither agree nor disagree
 (d.) Disagree (e.) Strongly disagree
52. The financial burden faced by women with disabilities is:
 (a.) Very high (b.) High (c.) Neither high nor low
 (d.) Low (e.) Very low
53. Do you think legislations are necessary for increasing employment opportunities for women with disabilities?
 (a.) Strongly agree (b.) Agree (c.) Neither agree nor disagree
 (d.) Disagree (e.) Strongly disagree
54. The working environment in job settings is unsafe for women with disabilities:
 (a.) Strongly agree (b.) Agree (c.) Neither agree nor disagree
 (d.) Disagree (e.) Strongly disagree
55. The need for barrier free environment is:
 (a.) Very High (b.) High (c.) Neither High nor Low

(d.) Low (e.) Very Low

56. Women with disabilities are excluded from participating in social activities:

(a.) Strongly agree (b.) Agree (c.) Neither agree nor disagree
(d.) Disagree (e.) Strongly disagree

57. They are mostly excluded in:

(a.) Church (b.) Ngo (c.) Family
(d.) Others: _____

58. Ngo's (YMA, MHIP, MUP, etc) have done enough to include women with disabilities in their activities:

(a.) Strongly agree (b.) Agree (c.) Neither agree nor disagree
(d.) Disagree (e.) Strongly disagree

59. The recognition and active participation of women with disabilities in various Ngo activities have led to their development in some aspects of their life:

(a.) Strongly agree (b.) Agree (c.) Neither agree nor disagree
(d.) Disagree (e.) Strongly disagree

60. Women with disabilities and their families need proper guidance and counselling:

(a.) Strongly agree (b.) Agree (c.) Neither agree nor disagree
(d.) Disagree (e.) Strongly disagree

61. Need for association for women with disabilities:

(a.) Very high (b.) High (c.) Neither high nor low
(d.) Low (e.) Very low

62. The need of educating the public about the challenges and opportunities of women with disabilities:

(a.) Very high (b.) High (c.) Neither high nor low
(d.) Low (e.) Very low

63. Negative attitude of the public towards women with disabilities:

(a.) Very high (b.) High (c.) Neither high nor low
(d.) Low (e.) Very low

64. The need for equality of treatment for women with disabilities:

(a.) Very high (b.) High (c.) Neither high nor low
(d.) Low (e.) Very low

65. Women with disabilities are still being neglected:

- (a.) Strongly agree (b.) Agree (c.) Neither agree nor disagree
(d.) Disagree (e.) Strongly disagree

D. In what areas are women with disabilities being neglected:

66. Adjustment with Disability among the general public:

- (a.) Very high (b.) High (c.) Neither high nor low
(d.) Low (e.) Very low

67. Women with disabilities face certain discrimination in society:

- (a.) Strongly agree (b.) Agree (c.) Neither agree nor disagree
(d.) Disagree (e.) Strongly disagree

E. In what areas are women with disabilities discriminated the most:

68. Women with disabilities faced problem in attending school/work regularly due to their menstrual cycle:

- (a.) Strongly agree (b.) Agree (c.) Neither agree or disagree
(d.) Disagree (e.) Strongly disagree

69. Women with disabilities have problems in communicating women related health issues:

- (a.) Strongly agree (b.) Agree (c.) Neither agree or disagree
(d.) Disagree (e.) Strongly disagree

70. Families faced problem in coping with health issues of women with disabilities:

- (a.) Strongly agree (b.) Agree (c.) Neither agree nor disagree
(d.) Disagree (e.) Strongly disagree

71. The health care system meets the need of women with disabilities:

- (a.) Strongly agree (b.) Agree (c.) Neither agree nor disagree
(d.) Disagree (e.) Strongly disagree

72. The current health care system is enough for women with disabilities:

- (a.) Yes (b.) No

F. If 'no,' specify the reason:

POLICY RECOMMENDATIONS

73. Do you know the Legislation for the Disabled (Disability Act 1995, National Trust Act 1999, RPWD Act, 2016, etc.)

(a.) Yes (b.) No

G. If 'yes', which one do you know?

H. If 'yes,' to what extent does the inclusive development of women with disabilities are met in the Legislations:

74. Do you think legislations bring forth equality for women with disabilities?

(a.) Yes (b.) No (c.) I don't know

75. Legislations create awareness about the challenges and opportunities (problems and possibilities) of women with disabilities:

(a.) Yes (b.) No (c.) I don't know

76. Legislations promote the welfare of women with disabilities:

(a.) Yes (b.) No (c.) I don't know

77. Special Legislations for the disabled are necessary:

(a.) Yes (b.) No (c.) I don't know

78. The present special Legislations for the disabled are good enough:

(a.) Yes (b.) No (c.) I don't know

I. If 'no', why:

79. Do you think legislations are necessary for increasing employment opportunities?

(a.) Yes (b.) No (c.) I don't know

J. If 'no', why:

80. Reservation gives more opportunities for the disabled:

(a.) Yes (b.) No (c.) I don't know

81. Special legislations for the disabled bring forth non-discrimination:

(a.) Yes (b.) No (c.) I don't know

82. Institutions for women with severe disabilities should be made mandatory:

(a.) Yes (b.) No (c.) I don't know

83. Do you think special legislations for disabled are needed:

(a.) Yes (b.) No (c.) I don't know

K. If 'no',

why: _____

L. Positive experiences in special legislation for the disabled:

M. Negative experiences in special legislation for the disabled:

N. Would you tell one of your best ability as a woman with disability:

O. Would you tell one of your worst disgusting experience as a woman with disability:

P. Your suggestion towards improving inclusive development of women with disabilities in Mizoram:

THANK YOU

PHOTO PLATE



PHOTO PLATE



References

- Addlakha, R. (2022). Kinship destabilized! Disability and the Micropolitics of Care in Urban India. *Current Anthropology*, 61. <https://www.journals.uchicago.edu/doi/full/10.1086/705390>.
- Ahmad, S., Ranjan, R., & Bishnoi, R. (2023). *A textbook of medical sociology*. University Book House (Pvt.) Ltd.
- Aier, A., Pais, P., & Raman, V. (2023). Psychosocial functioning and health-related quality of life in children with nephrotic syndrome: Preliminary findings. *Journal of Indian Association for Child and Adolescent Mental Health*, 18 (4). <https://doi.org/10.1177/09731342231166>.
- Alexiou, G. (2024). 2024 Disability equality index offers snapshot of global corporate disability inclusion. <https://www.forbes.com/sites/gusalexiou/2024/07/16/2024-disability-equality-index-offers-snapshot-of-global-corporate-disability-inclusion/>.
- Ali, I., & Son, H. (2007). *Defining and measuring inclusive growth: Application to the Philippines*. ADB. Manila.
- Ali, I., & Yao, X. (2004). *Pro-poor inclusive growth for sustainable poverty reduction in developing Asia: The enabling role of infrastructure development*. ADB. Manila.
- Ali, I., & Zhuang, J. (2007). *Inclusive Growth toward a Prosperous Asia: Policy Implications*. ADB. Manila.
- Al Ju'beh, K. (2015). *Disability inclusive development toolkit*. Bensheim: CBM.
- Altman, B. M. (2014). Definitions, concepts, and measures of disability. *Annals of Epidemiology*, 24 (1). <https://doi.org/10.1016/j.annepidem.2013.05.018>.
- Anastasiou, D., & Kauffman, J. M. (2013). The social model of disability: Dichotomy between impairment and disability. *Journal of Medicine and Philosophy*, 38 (4), 441-59. DOI:[10.1093/jmp/jht026](https://doi.org/10.1093/jmp/jht026).
- Andrews, A. B., & Veronen, L. J. (2008). Sexual assault and people with disabilities. *Journal of Social Work and Human Sexuality*, 8 (2), 137-159. https://doi.org/10.1300/J291v08n02_08.
- Ashalatha, S. L., Kumar, S., & Kumar, K. N. (2023). Nexus of violence and employment discrimination against women with disabilities in India- A scoping review. *Cogent Social Sciences*, 9 (1). <https://doi.org/10.1080/23311886.2023.2239631>.
- Asian Development Bank. (2022). Asian development bank. Annual report 2022. <https://www.adb.org/multimedia/ar2022/#home>.
- Baxter, B. A., Baross, A. W., Ryan, D. J., Tkadlec, S., & Kay, A. D. (2024). Effects of once- versus twice-weekly eccentric resistance training on muscular

- function and structure in older adults: a randomised controlled trial. *Scientific Reports*, 14 (1). <https://www.nature.com/articles/s41598-024-59788-9>.
- Beaudry, J. S. (2016). Beyond (models of) disability? *The Journal of Medicine and Philosophy*, 41 (2), 210-228. doi: [10.1093/jmp/jhv063](https://doi.org/10.1093/jmp/jhv063).
- Bhuimali, A. (2009). *Rights of disabled women and children in India*. Serials Publication.
- Bohorquez, N. G., Stafford, L., McPhail, S. M., Selim, S. M., Kularatna, S., Malatzky, C. (2024). Disability, equity, and measurements of livability: A scoping review. *Disability and Health Journal*, 17 (1). <https://doi.org/10.1016/j.dhjo.2023.101521>.
- Bothra, D. (2024). Denying disability quota to candidate from another state illegal: Rajasthan HC. <https://www.hindustantimes.com/cities/jaipur-news/denying-disability-quota-to-candidate-from-another-state-illegal-rajasthan-hc-101708351611848.html>.
- Braunmiller, J. C. (2020). Only one-fourth of economies worldwide recognize the rights of women with disabilities: Let's talk development (blog). <https://blogs.worldbank.org/developmenttalk/only-one-fourth-economies-worldwide-recognize-rights-women-disabilities>.
- Braunmiller, J. C., & Dry, M. (2022). *The importance of designing gender and disability inclusive laws: A survey of legislation in 190 economies*. World Bank.
- Brodsky, S.L., & Smitherman, H.O. (1983). *Law enforcement and police*. In: *handbook of scales for research in crime and Delinquency*. *Perspectives in Law & Psychology*. Springer. https://doi.org/10.1007/978-1-4613-3300-5_6.
- Browne, E. G., & King, J. R., & Surtees, A. D. R. (2024). Sleep in people with and without intellectual disabilities: a systematic review and meta-analysis. *Journal of Intellectual Disability Research*, 68 (1). <https://doi.org/10.1111/jir.13093>.
- Buettgen, A., Gorman, R., Rious, M., & Das, K. (2015). Employment, poverty, disability and gender: A rights approach for women with disabilities in India, Nepal and Bangladesh. https://www.researchgate.net/publication/316039271_Employment_Poverty_Disability_and_Gender_A_Rights_Approach_for_Women_with_Disabilities_in_India_Nepal_and_Bangladesh.
- Carter, M. J., & Fuller, C. (2015). Symbolic interactionism. https://www.researchgate.net/publication/303056565_Symbolic_Interactionism.
- Centres for Disease Control and Prevention. (2020). Disability and health related conditions. <https://cdc.gov/ncbddd/disabilityandhealth/relatedconditions.html>.
- Chambers, B. (2016). *The long way to a small angry planet*. Harper Voyager.

- Chandrashekhara, H., Kumar, C. N., Prashant, N. R., & Kasthuri, P. (2010). Disabilities research in India. *Indian Journal of Psychiatry*, 52 (1), 81-85. doi: [10.4103/0019-5545.69252](https://doi.org/10.4103/0019-5545.69252).
- Chen, C., Bailey, C., Baikie, G., Dalziel, K., & Hua, X. (2023). Parents of children with disability: Mental health outcomes and utilization of mental health services. *Disability and Health Journal*, 16 (4). <https://doi.org/10.1016/j.dhjo.2023.101506>.
- Collins, C. S., & Stockton, C. M. (2018). The central role of theory in qualitative research. <https://journals.sagepub.com/doi/10.1177/1609406918797475>.
- Creamer, D. B. (2012). Disability theology. *Religion Compass*, 21. <https://doi.org/10.1111/j.1749-8171.2012.00366.x>.
- Dawn, R. (2013). "Our lives, our identity:" women with disabilities in India. *Disability and Rehabilitation*, 36 (21), 1768-1773. <https://doi.org/10.3109/09638288.2013.870237>.
- Degener, T. (2016). Disability in a human rights context. *Laws*, 5 (3), 35. <https://www.mdpi.com/2075-471X/5/3/35>.
- Department of Empowerment of Persons with Disabilities (Divyangjan). (2021). Different types of disabilities. <https://depwd.gov.in/about-us/>.
- Devi, B. G., & Augustine, A. K. (2024). Representing the subaltern. *Economics and Political Weekly*, 59 (20). <https://www.epw.in/journal/2024/20/postscript/representing-subaltern.html>.
- Devkota, H. R., Kett, M., & Groce, N. (2019). Societal attitude and behaviours towards women with disabilities in rural Nepal: pregnancy, childbirth and motherhood. *BMC Pregnancy and Childbirth*, 19 (20). <https://bmcpregnancychildbirth.biomedcentral.com/articles/10.1186/s12884-019-2171-4>.
- Economic and Social Commission for the Asia and Pacific. (2017). Sustainable development goals. <https://sdgs.un.org/un-system-sdg-implementation/economic-and-social-commission-asia-and-pacific-unescap-34586#:~:text=In%202017%2C%20the%20Commission%20formally,expressed%20will%20of%20the%20countries>.
- Elwan, A. (1999). *Poverty and disability: a study of the literature*. Social Protection Unit, Human Development Network.
- Emerson, E., & Llewellyn, G. (2022). Exposure of women with and without disabilities to violence and discrimination: Evidence from cross-sectional national surveys in 29 middle- and low-income countries. *Sage Choice*, 38, 11-12. doi: [10.1177/08862605221141868](https://doi.org/10.1177/08862605221141868).
- Fejerskov, A. M. (2017). Contending logics of action in development cooperation: The bill and Melinda Gates foundation's work on gender equality. *The European*

- Journal of Development Research*, 29, 441-456.
<https://link.springer.com/article/10.1057/s41287-016-0007-x>.
- Fine, M., & Asch, A. (1988). Disability beyond stigma: Social interaction, discrimination, and activism. *Journal of Social Issues*, 44 (1), 3–21.
<https://doi.org/10.1111/j.1540-4560.1988.tb02045.x>.
- Forhan, M. (2009). An analysis of disability models and the application of the ICF to obesity. *Disability Rehabilitation*, 31 (16), 1382.
DOI: [10.1080/09638280802572981](https://doi.org/10.1080/09638280802572981).
- Frohmader, C., & Meekosha, H. (2010). *Recognition, respect and rights: Women with disabilities in a globalised world*. Palgrave Macmillan.
- Froschl, M., Rubin, E., & Sprung, B. (1999). *Connecting gender and disability*. Equity Resource Center at EDC.
- Froschl, M., & Newton, I. (1999). Connecting gender and disability.
<https://www.proquest.com/openview/66d008968506ab2b316c5103b6e2955b/1?pq-origsite=gscholar&cbl=25649>.
- Fujiura, G.T. (2001). *Emerging trends in disability*. Population Reference Bureau.
- Ganesh, A., Al-Zuhaibi, S., Pathare, A., William, R., Al-Senawi, R., Al-Mujaini, A., Hussain, S., Wali, Y., Alkindi, S., Zachariah, M., & Macaulay, H. K. (2008). Orbital infarction in sickle cell disease. *American Journal of Ophthalmology*, 146 (4). DOI: [10.1016/j.ajo.2008.05.041](https://doi.org/10.1016/j.ajo.2008.05.041).
- Ganle, J. K., Otupiri, E., Obeng, B., Edusie, A. K., Ankomah, A., & Adanu, R. (2016). Challenges women with disability face in accessing and using maternal healthcare services in Ghana: A qualitative study. *PLoS One*, 27 (11). doi: 10.1371/journal.pone.0158361.
- Ghai, A. (2002). Disabled women: An excluded agenda of Indian feminism. Vol. 17, No. 3, *Feminism and Disability*, 17 (3), 49-66. <https://doi.org/10.1111/j.1527-2001.2002.tb00941.x>.
- Giddens, A. (2006). *Sociology, polity*. Cambridge.
- Gill, T. M. (2010). Assessment of function and disability in longitudinal studies. *Journal of the American Geriatrics Society*, 58 (2), 5308-5312.
<https://doi.org/10.1111/j.1532-5415.2010.02914.x>.
- Giulio, A. D., Fischer, D., Schafer, M., & Mink, B. B. (2014). Conceptualizing sustainable consumption: toward an integrative framework. *Sustainability: Science, Practice and Policy*, 10 (1).
<https://doi.org/10.1080/15487733.2014.11908124>.
- Goffman, E. (1963). *Stigma: Notes on the management of spoiled identity*. Touchstone.

- Goode, W. J., & Hatt, P. K. (1952). *Methods in social research*. McGraw-Hill.
- Goodley, D. (2010). 'Learning difficulties', the social model of disability and impairment: challenging epistemologies. *Disability & Society*, 16 (2), 207-231. <https://doi.org/10.1080/09687590120035816>.
- Goodley, D., Lawthom, R., Liddiard, K., Cole, K. R. (2021). Key concerns for critical disability studies. *International Journal of Disability and Social Justice*, 1 (1). <https://www.scienceopen.com/hosted-document?doi=10.13169/intljofdissocjus.1.1.0027>.
- Government of India. (2011). Census of India 2011. <https://www.india.gov.in/my-government/documents/census-report>.
- Greaux, M., Moro, M. F., Kamenov, K., Russel, A. M., Barrett, D., & Cieza, A. (2023). Health equity for persons with disabilities: a global scoping review on barriers and interventions in healthcare services. *International Journal for Equity in Health*, 22, 236. doi: [10.1186/s12939-023-02035-w](https://doi.org/10.1186/s12939-023-02035-w).
- Groce, N., Kett, M., Lang, R. & Trani, J. F. (2011). Disability and poverty: the need for a more nuanced understanding of implications for development policy and practice. *Third World Quarterly*, 32 (8), 1493-1513. <https://doi.org/10.1080/01436597.2011.604520>.
- Grue, J. (2023). The CRPD and the economic model of disability: undue burdens and invisible work. *Disability & Society*, 21. <https://doi.org/10.1080/09687599.2023.2255734>.
- Gupta, S., Witte, L. P. D., & Meershoek, A. (2020). Dimensions of invisibility: Insights into the daily realities of persons with disabilities living in rural communities in India. *Disability & Society*, 36 (8). <https://doi.org/10.1080/09687599.2020.1788509>.
- Gupta, Y., Singh, V., & Parween, S. (2008). Teacher attitude: A key factor for the inclusion of students with learning disabilities. *Journal of Disability Management and Special Education*. https://www.researchgate.net/profile/Parween-S/publication/357340452_TEACHER_ATTITUDE_A_KEY_FACTOR_FOR_THE_INCLUSION_OF_STUDENTS_WITH_LEARNING_DISABILITIES/links/61c97fb4b8305f7c4b049cb9/TEACHER-ATTITUDE-A-KEY-FACTOR-FOR-THE-INCLUSION-OF-STUDENTS-WITH-LEARNING-DISABILITIES.pdf.
- Gurung, R. A. R., & Wilson, J. H. (2013). Advancing scholarly research on teaching and learning. *New Directions for Teaching and Learning*, 136, 1-6. <https://doi.org/10.1002/tl.20071>.
- Hahn, H. (1985). Toward a politics of disability: Definitions, disciplines, and policies. *The Social Science Journal*, 22 (4), 87-105. <https://psycnet.apa.org/record/1987-07721-001>.

- Hamad, A. (2001). *The counseling needs for physical handicap and their relation to some variables in the Israbeel district*. Anouk University.
- Hammad, T., & Singal, N. (2015). Education of women with disabilities in Pakistan: enhanced agency, unfulfilled aspirations. *International Journal of Inclusive Education*, 19 (12), 1244-1264. <https://doi.org/10.1080/13603116.2015.1043962>.
- Hanko, J., & Polman, W. (2003). *A handbook for training of disabled on rural enterprise development*. RAP Publication.
- Heidarnia, M. A., & Heidarnia, A. (2016). Sick role and a critical evaluation of its application to our understanding of the relationship between physician and patients. *Novelty in Biomedicine*, 4 (3), 126-134. <https://doi.org/10.22037/nbm.v4i3.10648>.
- Henderson, G., & Bryan, W. V. (2011). *Psychosocial aspects of disability* (4th ed.). Charles C Thomas Publisher.
- Hosseinpour, A. R., Bergen, N., Kunst, A., Harper, S., Guthold, R., Rekve, D., d'Espaignet, E. T., Naidoo, N., & Chatterji, S. (2012). Socioeconomic inequalities in risk factors for non-communicable diseases in low-income and middle-income countries: results from the world health survey, *Bone Research*, 12. <https://bmcpublichealth.biomedcentral.com/articles/10.1186/1471-2458-12-912>.
- Howard, J. (2021). Understanding the lived experience of health through the exploration of well-being of women with multiple sclerosis in Southwestern Ontario. *Electronic Thesis and Dissertation Repository*. <https://ir.lib.uwo.ca/etd/8319>.
- Hughes, R. B., Lund, E. M., Gabrielli, J., Powers, L. E., & Curry, M. A. (2011). Prevalence of interpersonal violence against community-living adults with disabilities: A literature review. *Rehabilitation Psychology*, 56 (4), 302–319. <https://doi.org/10.1037/a0025620>.
- Humpage, L. (2007). Models of disability, work and welfare in Australia. *Social Policy and Administration*, 17. <https://doi.org/10.1111/j.1467-9515.2007.00549.x>.
- International Labour Organization. (2004). Disability and work. <https://www.ilo.org/topics/disability-and-work>.
- Idrees, B., & Ilyas, R. (2012). Discrimination and stigmatization of physically disabled students in a general education environment in Pakistan: A case study. *Academic Research International*, 2 (2), 622-26. [http://www.savap.org.pk/journals/ARInt/Vol.2\(2\)/2012\(2.2-69\).pdf](http://www.savap.org.pk/journals/ARInt/Vol.2(2)/2012(2.2-69).pdf).
- Jamall, A. (2021). Access to justice for women with disabilities. <https://disabilityrightsfund.org/our-impact/our-stories-of-change/access-justice-women-disabilities/>.

- Jensen, S. W., & Zuber, A. (2020). Models of disability as models of first contact. *Religions*, 11 (12), 676. <https://doi.org/10.3390/rel11120676>.
- Jogdand, A. M., & Narke, H. J. (2022). Inclusion of women with disability in India. *The International Journal of Indian Psychology*, 10 (1), DOI: 10.25215/1001.107.
- Jones, C. B., Breckenridge, J. P., Devaney, J., Kroll, T., Lazenbatt, A., & Taylor, J. (2015). Disabled women's experiences of accessing and utilising maternity services when they are affected by domestic abuse: a critical incident technique stud. *BMC Pregnancy and Childbirth*, 15, <https://link.springer.com/article/10.1186/s12884-015-0616-y>.
- Jose, B. (2024). Space can unlock new opportunities for people with disabilities on Earth, says Canadian scientist. <https://indianexpress.com/article/technology/science/space-holds-the-key-to-empowering-people-with-disabilities-on-earth-dr-farhan-m-asrar-9517322/>.
- Kaplan, D. (2000). The definition of disability: Perspective of the disability community. *Journal of Health Care Law & Policy*, 3 (2), 358-359. <https://digitalcommons.law.umaryland.edu/cgi/viewcontent.cgi?article=1060&context=jhclp>.
- Kessels, U. (2015). Bridging the gap by enhancing the fit: How stereotypes about STEM clash with stereotypes about girls. *International Journal of Science, Gender and Technology*, 7 (2). <https://genderandset.open.ac.uk/index.php/genderandset/article/view/392>.
- Keogh, J. (2024). Amplifying voices of postsecondary outcomes for physically disabled students: A qualitative research study. https://digitalcommons.wcupa.edu/all_doctoral/270/.
- Koistinen, S., Olai, L., Stahlacke, L., Falt, A., & Ehrenberg, A. (2019). Oral health-related quality of life and associated factors among older people in short-term care. *International Journal of Dental Hygiene*, 18 (2), 163-172. <https://doi.org/10.1111/idh.12424>.
- Krahn, G. L., Walker, D. K., & Araujo, R. C. D. (2015). Persons With Disabilities as an Unrecognized Health Disparity Population. *American Journal of Public Health*, 105. doi: [10.2105/AJPH.2014.302182](https://doi.org/10.2105/AJPH.2014.302182).
- Kumar, S. G., Roy, G., & Kar, S. S. (2012). Disability and rehabilitation services in India: Issues and challenges. *Journal of Family Medicine and Primary Care*, 1 (1), 69-73. doi: [10.4103/2249-4863.94458](https://doi.org/10.4103/2249-4863.94458).
- Lalhriatpuii. (2010). *Economic participation of women in Mizoram*. Concept Publishing Pvt. Ltd.
- Lawson, A., & Beckett, A. E. (2021). The social and human rights models of disability: towards a complementarity thesis. *The International Journal of Human Rights*, 25 (2), 348-379. <https://doi.org/10.1080/13642987.2020.1783533>.

- Lee, D., Pollack, S. W., Mroz, T., Frogner, B. K., & Skillman, S. M. (2023). Disability competency training in medical education. *Medical Education Online*, 28 (1), doi: [10.1080/10872981.2023.2207773](https://doi.org/10.1080/10872981.2023.2207773).
- Loprest, P., & Maag, E. (2003). *The relationship between early disability onset and education and employment*. The Urban Institute.
- Matin, B. K., Williamson, H. J., Karyani, A. K., Rezaei, S., Soofi, M., & Soltani, S. (2021). Barriers in access to healthcare for women with disabilities: a systematic review in qualitative studies. *BMC Women's Health*, 21. <https://bmcmenshealth.biomedcentral.com/articles/10.1186/s12905-021-01189-5>.
- Meekosha, H. (2004). *Gender and Disability*. Sage.
- Meekosha, H., & Frohmader, C. (2010). Recognition, respect and rights: disabled women in a globalised world. https://link.springer.com/chapter/10.1057/9781137023001_17.
- Mehrotra, N. (2011). Disability rights movements in India: Politics and practice. *Economics and Political Weekly*, 16 (6). https://www.researchgate.net/publication/225273980_Disability_Rights_Movements_in_India_Politics_and_Practice.
- Mehta, B. S., Alambusha, R., Misra, A., Mehta, N., & Madan, A. (2023). Assessment of utilisation of government programmes and services by pregnant women in India. <https://pubmed.ncbi.nlm.nih.gov/37796937/>.
- Milner, P., & Kelly, B. (2009). Community participation and inclusion: people with disabilities defining their place. *Disability & Society*, 24 (1). <https://doi.org/10.1080/09687590802535410>.
- Mitra, S., & Sambamoorthi, U. (2006). Employment of persons with disabilities: Evidence from the national sample survey. https://papers.ssrn.com/sol3/papers.cfm?abstract_id=2338104.
- Mohanty, R. K. (2021). *Rehabilitation of disabled and inclusive development: A study in Aizawl district in Mizoram*. Disability Research Programme of the Commission for Persons with Disabilities, Government of Mizoram.
- Mulubiran, T. (2021). Livelihood assets and strategies of people with disabilities in urban areas of Ethiopia. <https://sjdr.se/articles/10.16993/sjdr.692>.
- Murthy, G. V. S., John, N., & Sagar, J. (2014). Reproductive health of women with and without disabilities in South India, the SIDE study (South India Disability Evidence) study: a case control study. *BMC Women's Health*, 14 (146). doi: [10.1186/s12905-014-0146-1](https://doi.org/10.1186/s12905-014-0146-1).
- Mudzingwa, N. (2017). Double tragedy for women with disabilities in the Zimbabwean education system. *Advances in Social Sciences Research Journal*, 4 (1). <https://doi.org/10.14738/assrj.41.2431>.

- Myo, K., & Desroches, I. (2024). Mobile application study among disability workers. *Nursing Research*, 17 (2), 44-56. DOI: 10.1097/NNR.0000000000000726.
- Nayak, B. (2013). The status of women with disabilities from personal, familiar and social aspects: a study in India. *International Journal of Asian Social Science*, 3 (5), 1244-1259. <http://www.aessweb.com/journal-detail.php?id=5007>.
- Niemann, S. (2005). 'Persons with disabilities', in M. Burke, J. Chauvin & J. Miranti (eds.), *Religious and spiritual issues in counselling: Applications across diverse populations*. Brunner-Routledge.
- Nosek, M. A., Foley, C. C., Hughes, R. B., & Howland, C. A. (2001). Vulnerabilities for abuse among women with disabilities. *Sexuality and Disability*, 19, 177-189. <https://link.springer.com/article/10.1023/A:1013152530758>.
- Obol, A. R. (2020). Women and girls with disabilities must not be excluded. <https://www.womensrefugeecommission.org/blog/women-girls-with-disabilities-must-not-be-excluded/>.
- Olaore, I. B., & Olaore, A. Y. (2014). Is HIV/AIDS a consequence or divine judgement? Implications for faith-based social services. A Nigerian faith-based university's study. *SAHARA-J: Journal of Social Aspects of HIV/AIDS*, 11, 20-25. https://www.researchgate.net/publication/347674226_Models_of_Disability_as_Models_of_First_Contact.
- Oliver, M. (1981). 'A new model of the social work role in relation to disability', in J. Campling (ed.), *The handicapped person: A new perspective for social workers*. RADAR.
- Oliver, M. (1990). *The politics of disablement*. Palgrave Macmillan.
- Ortoleva, S., & Lewis, H. (2012). Forgotten Sisters - A Report on Violence Against Women with Disabilities: An Overview of its Nature, Scope, Causes and Consequences. *Northeastern University School of Law Research Paper*. https://papers.ssrn.com/sol3/papers.cfm?abstract_id=2133332.
- Pandey, R. S., & Advani, L. (1995). *Perspective in disability and rehabilitation*. Vikas Publishing House.
- Pandit, A. (2024). Ahead of lok sabha polls persons with disabilities release 'manifesto' and asks parties to prepare inclusive 5-year action plans. <https://timesofindia.indiatimes.com/india/ahead-of-lok-sabha-polls-persons-with-disabilities-release-manifesto-asks-parties-to-prepare-inclusive-5-year-action-plans/articleshow/108118653.cms>.
- Panicker, N., Ge, P., Dawson, V. L., & Dawson, T. M. (2021). The cell biology of Parkinson's disease. *The Journal of Cell Biology*, 220 (4). doi: 10.1083/jcb.202012095.
- Parsons, T. (1951). *The social system*. Free Press.

- Patwardhan, S., Mahadik, P., Shetty, O., & Sen, S. (2021). ECM stiffness-tuned exosomes drive breast cancer motility through thrombospondin-1. *Biomaterials*, 279. DOI: [10.1016/j.biomaterials.2021.121185](https://doi.org/10.1016/j.biomaterials.2021.121185).
- Pazhoohi, F., Capozzi, F., & Kingstone, F. (2021). Physical disability affects women's but not men's perception of opposite-sex attractiveness. *Frontiers in Psychology*, 12. doi: [10.3389/fpsyg.2021.788287](https://doi.org/10.3389/fpsyg.2021.788287).
- Pedamkar, P. (2020). What is qualitative data analysis. <https://www.educba.com/what-is-qualitative-data-analysis/>.
- Petro, A. (2015). *After the wrath of God: AIDS, sexuality, and American religion*. Oxford University Press.
- Pfeiffer, D. (2001). *The conceptualization of disability*. Emerald Group Publishing Limited.
- Pistorius, M. (2020). Neglected by public policy, women with disabilities face double discrimination. <https://www.euractiv.com/section/non-discrimination/news/neglected-by-public-policy-women-with-disabilities-face-double-discrimination/>.
- Popplestone, R. (2009). 'Are blind people better lovers?' in M Steyn and M van Zyl (eds) *The Prize and the Price: Shaping Sexualities in South Africa*. HSRC Press.
- Porter, J. (2014). *Understanding and responding to the experience of disability*. Routledge.
- Porterfield, S. L. (2002). Work choices of mothers in families with children with disabilities. *Journal of Marriage and Family*, 64 (4), 972–981. <https://doi.org/10.1111/j.1741-3737.2002.00972.x>.
- Powell, R. M. (2024). Reproductive justice for disabled people post-Dobbs: A call-to-action for researchers. *Disability and Health Journal*, 17 (2). <https://doi.org/10.1016/j.dhjo.2023.101572>.
- Premeaux, S. F. (2001). Impact of applicant disability on selection: The role of disability type physical, attractiveness and proximity. *Journal of Business and Psychology*, 16, 291-298. <https://link.springer.com/article/10.1023/A:1011117402209>.
- Rana, A. I. (2024). Long-acting Injectable CAB/RPV is Superior to Oral ART in PWH with adherence challenges: ACTG A5359. Conference on Retroviruses and Opportunistic Infections. <https://www.croiconference.org/abstract/long-acting-injectable-cab-rpv-is-superior-to-oral-art-in-pwh-with-adherence-challenges-actg-a5359/>.
- Rao, S. (2004). Faculty attitudes and students with disabilities in higher education: A literature review. *College Student Journal*, 38 (2), 191–198. <https://psycnet.apa.org/record/2004-16679-004>.

- Retief, M., & Letsosa, R. S. (2018). Models of disability: A brief overview. https://www.researchgate.net/publication/323608473_Models_of_disability_A_brief_overview.
- Rimmerman, A. (2013). *Social inclusion of people with disabilities: National and international perspectives*. Cambridge University Press.
- Ritzer, G. (2023). *Sociological theory*. (5th ed.). Rawat publications.
- Sahari, S. (2020). Characteristics of a good sample. <https://www.slideshare.net/slideshow/characteristics-of-a-good-sample/237712672>.
- Saldana, J., & Omasta, M. (2018). Qualitative research: Analyzing life. https://www.researchgate.net/publication/316911315_Qualitative_Research_Analyzing_Life.
- Santovec, M. L. (2011). How gender affects students with behavioural disabilities. *Women in Higher Education*, 20 (2), 28-28. <https://doi.org/10.1002/whe.10156>.
- Saran, A., White, H., & Kuper, H. (2019). Protocol: Effectiveness of interventions for people with disabilities in low- and middle-income countries—an evidence and gap map. *Campbell Systematic Reviews*, 15 (2). doi: [10.1002/cl2.1006](https://doi.org/10.1002/cl2.1006).
- Sargent, C. (2021). Disability rights in the middle east: Opportunities and obstacles. *Current History*, 120 (830), 346–352. <https://doi.org/10.1525/curh.2021.120.830.346>.
- Sarkar, R. (2023). Exploring challenges of women with disabilities in accessing higher education. https://www.researchgate.net/publication/375187409_Exploring_Challenges_of_Women_with_Disabilities_in_Accessing_Higher_Education.
- Schipper, J. (2006). *Disability studies and the Hebrew Bible*. T & T Clark.
- Schulze, M. (2010). *Understanding the UN convention on the rights of persons with disabilities*. Paper Slam, Inc.
- Schuntermann, M. F. (1996). The international classification of impairments, disabilities and handicaps (ICIDH)- results and problems. *International Journal of Rehabilitation Research*, 19 (1), 1-11. doi: [10.1097/00004356-199603000-00001](https://doi.org/10.1097/00004356-199603000-00001).
- Segall, A. (1976). The sick role concept: Understanding illness behavior. *Journal of Health and Social Behavior*, 17 (2), 162–169. <https://doi.org/10.2307/2136342>.
- Silvers, A. (1998). *Disability, difference, discrimination: Perspectives on justice in bioethics and public policy*. Rowman & Littlefield Publishers.

- Simkus, J. (2023). Convenience sampling: Definition, method and examples. <https://www.simplypsychology.org/convenience-sampling.html>.
- Smith, J. A., Flowers, P., & Larkin, M. (2009). *Interpretative phenomenological analysis: Theory, method and research*. Sage.
- Sobsey, D., Randall, W., & Parrila, R. K. (1997). Gender differences in children with and without disabilities. *Child Abuse & Neglect*, 21 (8), 707-720. [https://doi.org/10.1016/S0145-2134\(97\)00033-1](https://doi.org/10.1016/S0145-2134(97)00033-1).
- Sona, B. D. (2015). Psychosocial Challenges of Women with Disabilities in Some Selected Districts of Gedeo Zone, Southern Ethiopia. *International Journal of Criminal Justice Sciences*, 10 (2). <https://ijcjs.com/menu-script/index.php/ijcjs/article/view/170>.
- Stienstra, D. (2022). (Th)reading rights and justice: Women and girls with disabilities. *Global Society*, 37 (3). <https://doi.org/10.1080/13600826.2022.2146576>.
- Swartley, W. (2012). *Health, healing and the church's mission*. IVP Academic.
- Taddei, A. (2019). Empowerment journeys of women with disabilities: A case-study. *Education Sciences and Society*, 1, 225-243. <https://doi.org/10.3280/ess1-2019oa7823>.
- Taleporos, G., & McCabe, M. P. (2002). Body image and physical disability- personal perspectives. *Social Science & Medicine*, 54 (6), 971-980. [https://doi.org/10.1016/S0277-9536\(01\)00069-7](https://doi.org/10.1016/S0277-9536(01)00069-7).
- Tewari, D. (2021). Tales of a disabled woman working at ableist, sexist workplaces. *Jindal Global Law Review*, 12, 417-431. <https://link.springer.com/article/10.1007/s41020-021-00151-8>.
- Thabethe, N. (2020). 'We have no power over perceptions': the lived experiences of women with disabilities in a rural South African community. *Disability & Society*, 37 (2). <https://doi.org/10.1080/09687599.2021.1976109>.
- Thamilarasan, M. (2016). *Medical sociology*. Rawat Publications.
- The Persons with Disabilities (Equal Opportunities, Protection of Rights and Full Participation) Act. (1995). Definition of disability. https://www.indiacode.nic.in/handle/123456789/8866?view_type=browse.
- Thomson, R. G. (2005). Feminist Disability Studies. *Signs*, 30 (2), 1557-1558. <https://doi.org/10.1086/423352>.
- Tiwari, N. (2023). What is research design 2023? <https://drnileshtiwari.com/what-is-research-design/>.
- Umegård, M. N., & Wrembicki, A. (2022). *NGOs impact on women with physical disabilities: An independent life in Colombo, Sri Lanka*. Stockholms Universitet.
- UNCRPD. (2006). About the UNCRPD. <https://nda.ie/disability-policy/uncrpd#:~:text=About%20the%20UNCRPD,->

The United Nations adopted on 2013, situation of persons with disabilities.

- United Nations. (2015). United Nations summit on sustainable development, 25-27 September 2015, New York.
<https://www.un.org/en/conferences/environment/newyork2015>.
- United Nations. (2019). Disability inclusion strategy.
<https://www.un.org/en/content/disabilitystrategy/>.
- United Nations Development Programme. (2010). Human Development Report 2010.
<https://hdr.undp.org/content/human-development-report-2010>.
- UN Department of Economic and Social Affairs. (2020). UN DESA annual highlights report 2020-2021. <https://www.un.org/en/desa/highlights-report-2020-2021>.
- UPIAS. (1976). *Fundamental Principles of Disability*. Union of the Physically Impaired Against Segregation.
- Vance, R. L., Soye, E., Ferri, D., McEvoy, E., MacLachlan, M., & Siintola, S. S. (2023). Applying the 'human rights model of disability' to informed consent: Experiences and reflections from the SHAPES project. *Disabilities*, 3 (1), 28-47. <https://doi.org/10.3390/disabilities3010003>.
- Vitt, C. M., & Lynch, T. R. (2001). What psychotherapists should know about disability. *Journal of Psychosomatic Research*, 51 (5), 706. DOI:10.1016/S0022-3999(01)00252-5.
- Weber, M. (1949). *The methodology of social sciences*. The Free Press of Glencoe, Illinois.
- World Bank. (2018). World Bank's annual report 2018. <https://documents1.worldbank.org/curated/en/630671538158537244/pdf/The-World-Bank-Annual-Report-2018.pdf>.
- World Bank. (2022). Results and performances of World Bank 2022. <https://ieg.worldbankgroup.org/evaluations/results-and-performance-world-bank-group-2022>.
- World Health Organization. (1980). International classification of impairments, disabilities and handicap.
https://iris.who.int/bitstream/handle/10665/41003/9241541261_eng.pdf?sequence=1.
- World Health Organization. (2001). The world health report 2001: Mental disorders affect one in four persons. <https://www.who.int/news/item/28-09-2001-the-world-health-report-2001-mental-disorders-affect-one-in-four-people>.
- World Health Organization. (2011). World report on disability 2011. <https://www.who.int/teams/noncommunicable-diseases/sensory-functions-disability-and-rehabilitation/world-report-on-disability>.
- World Health Organization. (2014). World health statistics 2014. <https://www.who.int/docs/default-source/gho-documents/world-health-statistic-reports/world-health-statistics-2014.pdf>.

- World Health Organization. (2023). Global health achievements 2023. <https://www.who.int/news-room/spotlight/global-health-achievements-2023>.
- Yenas, A. (2019). The importance of strengthening relationality: Experiences of women living with visible, physical disabilities in rural Papua New Guinea. *International Education Journal: Comparative Perspectives*, 18 (2). <https://openjournals.library.sydney.edu.au/IEJ/article/view/14044>.
- Yong, A. (2007). *Theology and down syndrome*. Baylor University Press.
- Yoshida, K., DuMont, J., Odette, F., & Lysy, D. (2011). Factors associated with physical and sexual violence among Canadian women living with physical disabilities. *Health Care for Women International*, 32 (8), 762-775. <https://doi.org/10.1080/07399332.2011.555826>.

Brief Bio-Data of the Candidate

Name : Lawmsangpuia Ralte

Father's Name : R. Lalnunsanga

Mother's Name : C. Lalhriatpuii

Permanent Address : H. No. F-26, Durtlang Mel – 5, Aizawl,
Mizoram, 796025

Email ID : lawmsangpuiaralte46@gmail.com

Marital Status : Unmarried

Academic Records:

Sl. No	Examination	Division/Grade	Year	Board/University
1	HSLC	I	2011	Mizoram Board of School Education
2	HSSLC	II	2013	Mizoram Board of School Education
3	B.A (Sociology)	I	2016	Mizoram University
4	M.A	I	2018	Mizoram University
5	UGC-NET	Cleared	2018	University Grants Commission
6	UGC-JRF	Cleared	2023	University Grants Commission
7	SLET	Cleared	2023	State Level Eligibility Test Commission, Assam

Particulars of the Candidate

NAME OF THE CANDIDATE	:	Lawmsangpuia Ralte
DEGREE	:	Doctor of Philosophy (Ph. D)
DEPARTMENT	:	Sociology
TITLE OF THESIS	:	Inclusive Development of Women with Disabilities in Mizoram
DATE OF ADMISSION	:	30 th August, 2021

APPROVAL OF RESEARCH PROPOSAL

1. DRC	:	25.03.2022
2. BOARD OF STUDIES	:	05.04.2022
3. SCHOOL BOARD	:	25.05.2022
4. MZU REGN. NO.	:	4397 OF 2013
5. Ph. D REGN. NO. & DATE	:	MZU/Ph. D/1767 of 30/08/2021
6. Extension	:	NIL

(PROF. R.K. MOHANTY)

HEAD

DEPARTMENT OF SOCIOLOGY

ABSTRACT

INCLUSIVE DEVELOPMENT OF WOMEN WITH DISABILITIES IN MIZORAM

**AN ABSTRACT SUBMITTED IN PARTIAL FULFILLMENT OF
THE REQUIREMENTS FOR THE DEGREE OF DOCTOR OF
PHILOSOPHY**

LAWMSANGPUIA RALTE

MZU REGISTRATION NO.: 4397 of 2013

Ph.D. REGISTRATION NO.:MZU/Ph.D./1767 of 30.08.2021



**DEPARTMENT OF SOCIOLOGY
SCHOOL OF SOCIAL SCIENCES
SEPTEMBER, 2024**

**INCLUSIVE DEVELOPMENT OF WOMEN WITH DISABILITIES IN
MIZORAM**

By

**LAWMSANGPUIA RALTE
DEPARTMENT OF SOCIOLOGY**

Name of Supervisor: Prof. R. K. MOHANTY

Submitted

**In partial fulfilment of the requirement of the degree of Doctor of Philosophy in
Sociology of Mizoram University, Aizawl**

This thesis examines the various problems and issues associated with women with disabilities in Mizoram. Women with disabilities have high chances of facing discrimination and stigma, inequality and deprivation in society and majority of their problems still remain unsolved due to ignorance from both society and the policy makers. They have higher chances to face double discrimination which is firstly exerted in the form of their disability, followed by their gender. India had to comply with the international obligation with the provisions of the United Convention on the rights of persons with disabilities. As a result, it requires a new legislation altogether and so, passed the Rights of Persons with Disabilities (RPwD) Act 2016. This act came into full effect on 19th April, 2017 and the government mandated that each state and union territories should keep in mind all the stakeholders while properly implementing this act in their respective states. In the absence or limited studies of disability, the identity of persons with disabilities, their problems and necessary measures to uplift their current hardships became difficult and further aggravate their problems. The study on disability, particularly on women with disabilities further act as a bridge towards constructing more inclusive society.

Chapter I consisted of the Introduction portion while chapter II detailed the Review of Literature. Chapter III covered the Research Methodology of the study including all the procedural details. Chapter IV of this study delved deep into the Socio-Economic Profile of women respondents. It also included the key informants working towards the welfare of disabled communities and also towards the implementation of RPwD Act 2016. Chapter V dealt with the Problems and Coping issues faced by the women respondents and Chapter VI went deep into the Role of government and NGOs towards inclusive development of women with disabilities in Mizoram. Chapter VII pointed out various Policy Recommendations towards solving the problems and issues faced by women with disabilities in the state. Chapter VIII summed up the findings towards a conclusion.

Chapter I: Introduction

A general outline on disability has been highlighted on Chapter I of the Introduction. This chapter has been discussed under nine sections. A brief introduction was made

which was followed by three sections which were solely devoted to explaining and clarifying concepts like disability, persons with disabilities, women with disabilities and inclusive development. In the fifth and sixth sections, the international and national scenario of the conditions of women with disabilities were highlighted. The seventh section was solely devoted to the north-east scenario of women with disabilities and in the eight sections, the scenario of Mizoram was discussed. In Mizoram, there are 15,160 persons with disabilities in the state among which, 6962 of them are women. In terms of the age group, 20-29 age group has the largest number of women which is closely followed by women between the age group of 10-19. 40-49 age group has the third highest number of women. The highest number of disabilities among the women in Mizoram is hearing impairment which is followed by women with multiple disability and women with eyesight problems like low-vision and blindness. As compared to other north-eastern areas, the number of women with disabilities is low and there is a dire need to analyse the reason for the low occurrence and the implementation measures adopted in the state. Besides, the various causes of disability and the current management schemes adopted by the government and NGOs needed to be highlighted so that gaps can be identified in the knowledge and research on disability in Mizoram. Universal accessibility is highly critical for women with disabilities to enable access for their equal opportunity in an inclusive society. Providing universal access can also encourage their independence and full participation in all aspects of life. Therefore, the study on the current situation of women with disability in respect to Mizoram has been carried forward.

Chapter II: Literature Review

This chapter relates to the Review of Literature on disability, particularly on women with disabilities. The body of literature has been reviewed and divided into three headings which are theories and models, followed by thematic review and ending with methodological review. Theories and models include moral and religious models, medical models, sick role theory, social models, human rights models, feminist and gender models and finally, concluding with symbolic interactionism. The aim of the theories of disability is to provide a greater sense on the meaning of

disability and also pave the way for a more inclusive society through better understanding of the concept.

All the theories outlined in this review have a profound effect in outlining the impact in which people conceive disability from a theoretical perspective. The moral and religious model of disability rightly points out that disability is a direct form of punishment from God due to sins committed while the medical model of disability states that disability occurs due to diseases or trauma in a person. The sick role theory pointed out the two rights enjoyed by the 'sick' or women with disabilities and the social model of disability, which is largely accepted by most individuals in the modern day, states that disability is a result of discrimination and exclusion directed towards them by society. The human rights model of disability specifically highlights the specific solutions to the problems faced by people with disabilities while the feminist and gender theory concentrate on providing a detailed study on women with disabilities only as feminism is not a gender-neutral term and the symbolic interactionism rightly assigned meanings to the interactions of these women. Ultimately, in this study, social, human rights, and feminist and gender theories of disability are technically helpful.

The theoretical perspectives of women with disabilities are important as they provide the backbone to the research with the theoretical framework. It also helps in building a strong foundation for the research work and the literature which helps in bringing clarity to the overall context.

The thematic review section is further sub-divided into 9 sub-headings which are employment and training problems of women with disabilities, living in poverty, healthcare available, neglect, stigma and discrimination of women with disabilities, education for women with disabilities, vulnerabilities of women with disabilities, violence and sexual abuse of women with disabilities and concluding with inclusive development of women with disabilities. The thematic review has shown that by promoting inclusive development of women with disabilities, society will go a long way to uplift the current conditions of women with disabilities and will also help them tackle the various hurdles that they face in society. The various themes and topics reviewed in this section offer an insight into the lives and hardships of women

with disabilities and the various hurdles which stand in the way of their development are also witnessed. This, in turn, paves the way for the birth of strategies to contribute to their overall inclusive development.

The categorisation of literature into various themes is indeed helpful in providing an in-depth analysis of their vulnerabilities, operation of the justice system, and especially various hurdles and problems like neglect, stigmatization, poverty, and accessibilities that trouble the lives of women with disabilities to critically assess the possibilities of inclusive development.

Finally, the chapter II section concludes with the methodological review. The methodological review part of the literature is important as it enriched the researcher to have a deep insight into the techniques applied by previous researchers based on similar themes. The review can also help frame the interview schedules and also help the researcher formulate further procedural steps to be taken in his or her research works. The review includes the research tools employed by the researchers which are interviews, Interpretative Phenomenological Analysis (IPA), focus group discussion, case studies and observation which are all used by the researchers to gather necessary and relevant data in their study. The aspects of qualitative and quantitative methods in the study of various scholars are also reviewed which is relevant to the study of women with disabilities.

Limited data on women with disabilities have been found from the literature review, specifically in the context of Mizoram. Various scholars have come up with the suggestions that the absence in data is the reason for neglecting women with disabilities in the state. This neglect leaves a huge demand to provide rehabilitation and inclusive development for the overall progress of these women and this study has the possibility to shine light on various issues that are being faced by them at grass root level such as issues related to justice, neglect, stigmatization and discrimination, accessibility, healthcare, education, employment and training, poverty and the overall inclusive development of these women. There is an utmost need to have an in-depth analysis of the various schemes and benefits laid down for these women and how it impacted their lives. The importance of providing universal access for these women also holds an important place in the study.

Chapter III: Methodology

This chapter details out the research context and framework adopted and procedures followed during the study. As such, it starts from the conceptualization of the research problem (context) to the analysis of procedures adopted (framework) to arrive at the conclusion and the outcome of the study.

Based on the need for the study, this study started with the following objectives:

1. To present the socio-economic profile of women with disabilities in Aizawl and Lunglei districts
2. To analyse the problems faced and coping strategies adopted by women with disabilities in the two districts of Mizoram
3. To study the government arrangements and role of NGOs in taking proactive measures towards mitigation, affirmative action and inclusive development of the disabled in two districts of Mizoram
4. To find out the policy issues and to suggest actionable measures.

This study employs both exploratory- cum -descriptive research design and Aizawl and Lunglei districts comprised the universe for the purpose of this study. The sampling frame used in this study is simple random sampling which is thoroughly justified through probability proportion to size (PPS). The total number of samples used for this research is thus calculated through the Location Quotient, a statistic that is used in measuring the ratio of expected versus actual values for several variables, where the count of subset items (people, business, etc.) at the place is divided by count of items (people, business, etc.) which is multiplied by 100. The selected sample were located from 30 localities in Aizawl and 10 localities from Lunglei districts which together constitute 163 sample and they are carefully selected from the UDID list of the government of Mizoram. Among the 22 KII respondents selected purposively, 9 of them held a respected Government job. 9 of them work in different non-governmental organizations, 4 of them are self-employed. 7 are male while the rest of the 15 respondents are female. The database of the study is drawn

from a wide variety of secondary sources while primary data are collected through observation, interview, case study and KII. Key informant Interview with largely unstructured questions was also conducted by taking limited important functionaries responsible for the implementation of RPWD Act 2016 to elicit pertinent information and suggestions. Through pilot study, framing the basic structure of the study was done. Data collection followed and concluded on 15th December, 2023. The assembled data include the filled-in interview schedules used by the researcher during the field survey which have been answered and suggestive information provided by the respondents, case notes and inputs from the key informants. Upon the completion of the fieldwork, all the schedules were scrutinized and crosschecked. Coding was done and the data were disaggregated under 4 major heads: 1) Socio-economic profile, 2) Problems and coping strategies, 3) Role of GOs And NGOs and 4) Policy recommendations. Sub-heads under each major head were also conceptualized. The analytical framework used in this study has been a combination of qualitative and quantitative techniques. For the quantitative analysis, data were codified. A separate code was assigned to each of the questions and each of the responses fed to the computer. Coded data were categorized with the categorizing plan prepared for the purpose. For quantitative analysis, SPSS software is used. For qualitative data analysis, in addition to the case study, observation and narratives, the method of 'lived experiences', rooted in phenomenological and ethnographic traditions, has been used. Interviews of key informants are also presented in the same form. The interviews of the respondents were carefully listened and a summary of each case was prepared. Finally, the chapter was concluded with the operationalization of concepts, limitations of the study and research ethics which were followed during the course of the study.

Chapter IV: Socio-economic profile

Chapter IV of the study is oriented towards finding out the socio-economic profile of women with disabilities in Aizawl and Lunglei district of Mizoram. Socio-economic status is an indicator of understanding the differences among the women respondents in terms of their access to power, property and privilege gratifications. The variables analysed in this chapter to understand the socio-economic status of the respondents

include age, marital status, religion, educational status, occupation status, employment status, place of domicile, family and household, family income, land possessed, type of disability and causes of disability. Area has been taken as an independent variable which has been crossed with the rest of the other variables to find out the socio-economic profile of the women respondents.

In both the districts, women below 30 years of age comprise the most population and in Lunglei, women between the ages of 31 – 40 years of age comprise the least number of the population, and in Aizawl, women between the ages of 41 – 50 years comprise the least number of the sample. Women above the age of 60 years comprise the second largest population in both districts. As the number of women below the age of 30 years is greater, this shows the importance of rehabilitating these women and providing certain vocational skill training and inclusive education to them.

In terms of marital status, most of the women from both districts are unlikely to get married due to the nature of their disability. There are only 2 married women from Lunglei while 23 women are married in Aizawl. Women respondents who separated from their spouses are also less and in terms of divorce women, only 1 case is found among all the age group categories. A case of divorce is included in this study and these two women returned all the bride price to her husband's family through Mizo customary laws. This finding also supports Fine & Asch (1988) as well as Taleporos & McCabe (2002) and Devi & Augustine's (2024) findings that stated that women with disabilities are less likely to get married as compared to able women due to the nature of obstacles and stigma associated with disability.

Mizoram is predominantly a Christian-dominated state and this factor plays an important role in the lives of the respondents. As a result of which, all the respondents from both the districts of Mizoram have stated that they are Christians and all the respondents are also from the Mizo community.

In terms of education, the results obtained show that the education level of the respondents is low as most of them have achieved only the primary level of education in both districts. The main reason is because they find it difficult to cope with the syllabus which is not inclusive and also because many of the women find it

difficult to access special schools. Overall, the education level of the respondents is low, and education has little impact on their lives. This, in turn, may be attributed to the neglect of the government in framing a more inclusive syllabus and in building more accessible and inclusive schools that also cater to women with disabilities in Mizoram, a finding which supports the study of Santovec (2011), Idrees & Ilyas (2012) and Sarkar (2023) that shows the lack of higher education among women with disabilities due to lesser capabilities.

24 women are found to have an occupation in total and among those who are still studying, the majority of them are still in their primary level. In Lunglei, most of the women are still studying at the primary level while there is an equal number of women who are unemployed and employed. In Aizawl, most of the women are unemployed followed by women and girls who are still studying and only a small number are employed. Hence, it is evident that providing basic education or any vocational training to women with disabilities is crucial for them to find an occupation as has also been stated by Koistinen et al. (2019).

Among those 24 women who have an occupation, it is found that most of them have found employment in the government sector and all of them did not claim any disability reservation at the time of acquiring their job. Most women still do not have jobs based on reservation and all these employed women solely acquire their job purely based on their merits and capabilities. This study found that the provision of skills and reservation of seats for women with disabilities in government jobs are only found in limited number and it is out of reach for most of the women with disabilities in the state due to low awareness and limited seats provided, added by low educational qualifications and low skills.

In terms of place of domicile, most of the women in this study live in urban areas and only a handful reside in rural areas due to the less inclusion of rural areas in the UDID list. In other districts of India and studies related to disabilities like Devkota et al. (2019), the list of persons with disabilities also concentrated less on women with disabilities who reside in rural areas and are neglected more due to difficulty in access among several other reasons. The less inclusion of rural women with

disabilities is due to poor data as many rural areas are inaccessible and difficult to access as compared to urban areas.

Most of the women belong to a family which consists of 5 to 6 members which is followed by women belonging to 3 to 4 members in both the districts of Mizoram. This, in turn, is followed by women who have 1 to 2 members. There are only 7 women who have family members between 7 to 8 members in Aizawl and women who have more than 8 family members are absent in both the districts. So, the size of the family is typically on a smaller frame and most of these families follow the nuclear type of family, and another limited number of women did not live with any family members.

In contrast to the findings of Rao (2004) and Groce et al. (2011) which support the relation between disability and poverty, this study revealed that most of the families, i.e., 97 (59.5%) families of women earn an income which is more than Rs. 20,000 per month. This is followed by families who earn between Rs. 10,000 to Rs. 20,000 per month. 13 families earn between Rs. 5,000 to 10,000 and only 5 families earn up to Rs. 5,000 per month in both districts. In both districts, more women with disabilities reside in a family who earns more than Rs. 20,000 per month followed by families who earn between Rs. 10,000 – 20,000. Some women live in a family who earn a monthly income between Rs. 5,000 – 10,000 and there are only 5 (3.1%) women who earn a monthly income which is less than Rs. 5,000. The highest income earned recorded is Rs. 2 lacs among 5 families from Aizawl and the lowest income recorded is Rs. 4,500 which is also from Aizawl.

Concerning land possession, most of the land possession of the women is on a smaller scale. Specifically, women themselves do not possess any land on their own but the landholders are typically the head of the family. None of the landholders are in the name of these women. Even so, the land possessed by the families of the women is rather small in size, when measured in terms of hectares and they are used efficiently. From the size of land owned, it appears that women from Aizawl are more affluent than those hailing from Lunglei. Aizawl, being a crowded urban area, is assumed to have land areas that are costlier than Lunglei. However, in Lunglei,

most of the women did not own large plots of land even though land may be cheaper than in Aizawl, and women from Aizawl owned larger plots of land when compared with women from Lunglei. In the works of Mulubiran (2021), it is stated that many women with disabilities are homeless and without any plot of land while this study shows that all the women respondents have houses to live in and have plots of land, even though some of them may not be as large as others.

A careful effort has been made so that the types of disability covered in this study align with the classification of the 21 types of disability laid down in the RPwD Act 2016. The list obtained from the Social Welfare and Tribal Affairs Department consists of 13 types of disabilities among women with disabilities and as such, this study consists of 13 types of disability. The respondents from these 13 types of disabilities are then carefully selected and these disabilities are: 1. Blindness 2. Low vision 3. Hearing impairment 4. Locomotor disability 5. Autism spectrum disorder 6. Intellectual disability 7. Mental illness 8. Muscular dystrophy 9. Parkinson's disease 10. Dwarfism 11. Multiple disability 12. Chronic neurological condition 13. Cerebral palsy

Among these types of disabilities, women with low vision and blindness are found in abundance in the two districts of Mizoram which is followed by hearing impairment in both the districts. This is closely followed by women with cerebral palsy. The finding is also similar to the list of disabled population in India, according to the 2011 census of India which shows that women with blindness and low vision make up the most number while women with mental illness and Parkinson's disease are only found in a limited number.

The findings in this section in contrast to most of the popular beliefs and existing literature such as Rao (2004) which states that disability is caused by poverty and malnutrition. The major causes of disability among women are mostly congenital which happens at birth. All the mothers of these women had stated that they did not suffer from malnutrition or lack of medical intervention during their pregnancy and so, poverty and malnutrition cannot be attributed to the cause of disability among these women in Mizoram.

Besides, the moral and religious model of disability does not apply to this study as all the women respondents strongly opposed the idea that their disability occurred due to the sins committed by them or their ancestors. They accept their disability with open arms and view it as a blessing in disguise by the Almighty God. They also attributed the neglect and inattention faced in society to having worsened their disability which leaves room for the social model of disability in place of the moral and religious model of disability.

Chapter V: Problems and coping

The various problems encountered in the daily lives of women with disabilities and the coping strategies adopted are highlighted in chapter V. The sociological analysis of their problems also included the coping strategies adopted by these women amidst their disabilities. The various problems pointed out in this chapter are divided into 9 sections which are: 1. Mobility limitations 2. Issues associated with assistive devices 3. Issue of access 4. Issues in education 5. Inheritance issue 6. Problems in terms of vocational training centres 7. Neglect and discrimination 8. Health issues 9. Coping strategies and faith issues.

The mobility issue of the respondents was analysed and it was found that women with no mobility issues in body functions were on a higher side and only fewer women were found who seemed to have mobility issues. These women with mobility issues are those with chronic neurological conditions, cerebral palsy, and Parkinson's disease. The mobility limitations here imply their involvement in society, church, community gatherings, and self-care. So, even though most women do not have mobility issues in their body functions, they still face high limitations in mobility overall. Most of these women have also expressed that they are not confident in using public transport at all while only a few women are very confident in using them. So, even though most of these women have no problems with mobility, they have certain limitations and restrictions in terms of their daily lives which also affect their confidence in using the public transport system.

An attempt was made to know about the issues associated with assistive devices and it was found that most of the women respondents did not use any assistive devices in

both districts. The ones who receive the devices from the government have expressed their lack of quality and they found it rather difficult to use them regularly due to the pain and discomfort associated with the regular use. It was also found that awareness is little with regard to the free distribution of devices from the government and many women who need the devices do not know ways to acquire them free of cost from the government. Most women have expressed that their non-use of the devices is due to the non-availability of the devices that could accommodate them. Besides, among the assistive device users, the non-user-friendly nature of the caused problems with their regular uses. This finding relates to the study of Umegård & Wrembicki (2022) that shows the importance of distributing high quality assistive devices to women with disabilities by GOs or NGOs in order to ease their daily struggles.

The issues faced by women with disabilities in terms of access shows that most buildings in Mizoram are still difficult to access and there is the need for disability-friendly buildings and the need for a separate toilet which is easy to access by these women. These women from both districts have maintained that private buildings and houses are the most difficult to access. This is due to the architectural design of the houses in Mizoram and also since the state is located on a hilly slope, the locations of houses cannot be all easily accessible. The abundance of steps and slopes has also made it difficult to rehabilitate these women in terms of access to buildings and places. The study of Browne et al. (2024) also highlights the importance of the setting up of separate toilets for women with disabilities in public buildings including churches, malls, and government offices in order to rehabilitate them, which is directly related to the finding of this study as well.

The issues in the field of education are analysed, and various problems which burden girls and women with disabilities are singled out. The low level of educational opportunities is found due to a lack of inclusivity in the field of education as mentioned by most women from both districts. The lack of specially trained teachers is also very high in both districts. The need for a separate inclusive curriculum is also very highly needed. Since the level of education and related fields is found to be underdeveloped, this shows that the goal of inclusive development cannot be progressive and calls for the need to improve the area of education for these women

in Mizoram, which supports the works of Santovec (2011), Idrees & Ilyas (2012), and Sarkar (2023), in stating the importance of inclusive syllabus and education for an inclusive development of the disabled communities.

The rehabilitation problems faced by the women in terms of vocational training centres shows the need for vocational training centres, lack of employment opportunities, the need for reservation of seats and financial burden faced by the families of these women. Most of the women have said that there is a very high need for vocational training centres in the district as there are no training centres available for them. It was found that the lack of training centres had a direct impact on their employment opportunities as the women experienced cases of low employment opportunities which calls for the need for reservation of seats in employment sectors. The lack of vocational training centres led to a financial burden on the women in the two districts and supports the works of Hanco & Polman (2003) and Aier et al. (2023) in stating the lack of training led to financial pressure among women with disabilities.

In terms of inclusion in family inheritance, it was found that most of the women were not included in the list of inheritance. On the other hand, it was also found that only a small fraction of the women was included in the list of their family inheritance. This is due to the practice of age-old Mizo customary laws in which daughters are not given any family inheritance and also partly due to the mistrust of the women in handling family fortune and money due to their disabilities.

Neglect faced in society by women with disabilities are analysed and it was found that opinions and experiences are diverse in terms of neglect faced as there is an almost equal number of women who strongly agree, agree, neither agree nor disagree and strongly disagree. When taken in total, women who agree on facing neglect are still in abundance which means that neglect is still being faced by many women about their disability. The finding supports the work of Dawn (2013) that shows the high level of neglect faced by women with disabilities due to their disabilities.

The health issues faced by these women are observed and most of the women from Lunglei faced problems in terms of menstrual cycle, and in Aizawl, women who

have faced problems in menstruation are on a higher side as well. The main problems are the pain and discomfort associated with it which hinder their everyday activities and also, there are many women who cannot take care of themselves during their menstruation. Most women have also expressed that they have problems in communicating their women-related health issues to their families. This relates to the works of Browne et al. (2024) that stated the problems associated with menstruation among women with disabilities and how important it is to increase menstruation education among both the caregivers and women with disabilities themselves.

Chapter VI: Role of GOs and NGOs

The steps taken by the government towards the inclusive development of women with disabilities and the perception of the role of NGOs towards inclusive development of these women are presented in chapter VI. In terms of justice delivery, the current conditions of the justice delivery in Mizoram are still not up to mark. The women with disabilities are not being favored by the justice system as cases of unfair selection of jobs still exist. The delivery of justice still fails as most of the women still faced issues with the justice delivery. In many instances, the reservation of posts for persons with disabilities are given to persons without disabilities and hence, denied justice is still faced and experienced by these women. This relates to the finding of Meekosha and Frohmader (2010) and Jamall (2021) that states about the neglect faced by women with disabilities in the justice delivery further hindering their inclusive development.

The government has taken certain mitigative steps for the overall inclusive development of these women and various posts for the office of the Commissioner for Persons with Disabilities were proposed and plans were formulated to create more posts. The government reserve 3% of seats in terms of job and the office of the Commissioner for Persons with Disabilities maintain a strict schedule in checking whether the government follows this rule. They are given disability certificates and loans are also given to those in need. Among the government servants, TA/DA is given to them when they travel for their work and various government and public buildings are requested to be made accessible. Efforts were also taken so that

departmental websites were easily accessible by women with disabilities. The revenue department was in charge of recording the number of lands allocated to persons with disabilities in the state and persons with disabilities who are not government servants are given concession whilst their travel by Mizoram State Transport buses. The government also take necessary prompt actions if complains are received from persons with disabilities including the women with disabilities. In terms of elections, polling booths were made as accessible as possible in order to facilitate the persons with disabilities to help them cast their votes and the markings inside the booth including the list of candidates were marked in Braille and child care leave are also granted to government workers.

However, most of the women respondents stated the need of a barrier free environment and the present condition is still not barrier free for them. They still faced barriers in certain sections such as barrier in accessing buildings, barriers in achieving high educational qualifications and barriers in employment opportunities of these women. As Saran et al. (2019) had stated the importance of conducting periodical survey and data with regard to persons with disabilities, there are few data with regard to women with disabilities in Mizoram and survey and data are hardly conducted. Since survey and data are scarce, it further made it difficult to create more rooms for innovative solutions to their endless problems and coping strategies. Similar to the study conducted by Saran et al. (2019), this study finds out that the inclusion and participation of women with disabilities in programs and social activities empower them while the women respondents are largely excluded in social activities and various programs of NGOs as well as the government.

The role of NGOs in Mizoram towards the inclusive development of the women respondents is analysed from the work provided by three influential NGOs in the state which are YMA, MHIP and Spastic Society of Mizoram. All the three NGOs played a key role in recognising and inclusion of these women in society. They play an integral part in curbing stigma and discrimination by increasing the participation of these women in society. The only source of mitigative actions observed is to present occasional gifts and incentives to them and offer their services only when the need arises.

In analysing the role played by NGOs, most of the women respondents are being excluded in social activities and the number of exclusions faced by these women is large from both districts. When enquired about which NGOs excluded them the most, YMA and MHIP in particular receive the highest vote. Secondly, they are mostly excluded by the churches as they feel ignored and isolated by them. Studies by Umegård & Wrembicki (2022) are found contrary to this study. Their studies have shown that NGOs' work consciously or unconsciously by using one or both models of disability (social and medical) while providing help, who are in need of any help. This study finds that none of the women respondents received any assistive devices from NGOs. They either receive it through government or through their own finances. So, the study which stated that the NGOs make use of medical model of disability to provide assistive devices lacks veracity in this study.

The comparison between people's opinion on the efforts of both the government and NGOs shows that the government received more negative opinion from the women respondents as well as the key informants in this study. They were more critical towards the government as they have more power and resources to bring about development for these women as opposed to the NGOs who have limited supply of power and resources to cater to the women with disabilities and their needs. The main critics directed against NGOs is their failure to invite and include women with disabilities in any social activities that they organised in their own respective localities.

Chapter VII: Policy recommendations

The diagnosis of the problems and issues of the women with disabilities led to the prognosis of the situations. The various policy recommendations sorted out through prognosis are detailed in this chapter as under:

1. Awareness program needs to be augmented with regard to disability and law by translating the RPwD Act 2016 into regional local languages like Mizo, Mara and Lai and print them in adequate copies. The distribution of the hard copies to various special schools, colleges, universities and offices will also contribute towards spreading of awareness.

2. The monitoring of the distribution process in an end-to-end manner instead of bulk dumping is the most effective way of the distribution process.
3. Awareness can also be increased through social media platforms, media like televisions, radio stations and newspapers and also through the occasional group discussion, dissemination workshops and special talks by experts on the topic of disability.
4. There is also a great need to generate awareness on the availability of vocational training centres and the assistive devices and also detailed out the admission process and distribution process of the devices through various media platforms.
5. Strict invigilation of the implementation of RPwD Act 2016 in the state should be done by PwD Commissionerate. The office should regularly conduct social audit in terms of the implementation measures towards persons with disabilities.
6. The government should open more vocational training centres in every district of the state and the types of training available should cater to all kinds of disabilities, so that all persons with disabilities can benefit from them.
7. Proper criteria determination and dissemination be carried out through media platforms with regard to availability of the seats, eligibility and the criteria process.
8. The current free distribution of assistive devices from the government should be of higher quality as the devices being distributed are of cheap materials and difficult to be used by persons with disabilities in the state.
9. The government should create specific website for registering online and accessing availability locations of assistive devices.
10. The PwD Commissionerate should write letters to all concerned authorities in the state and discuss plans for barrier-free environment and easy access in all public buildings.
11. Meetings should be held to discuss plans for barrier-free environment with local collaborations in the state.
12. The meetings outcome and letters compliance should be strictly monitored and recorded for reminders.

13. In all public buildings and schools, ramps should be installed for better access to buildings.
14. The concerned authorities should set up full-fledged disability studies department in Mizoram University and for that, funds should be allocated for it and separate funds should also be allocated by the government for research and studies on disabilities.
15. With special reference to Mizoram, disability related journal should commence.
16. The government should promote inclusive education and it should also fund all special schools in the state.
17. The government should also introduce higher education for persons with disabilities, especially for the hearing impaired and revised the current syllabus to make it inclusive.
18. The concerned authorities should frame a separate syllabus for persons with disabilities based on their abilities.
19. The RPwD Act 2016 should be included in the syllabus of schools, colleges and universities and more special trained teachers and trainers should be hired.
20. The students with disabilities should be provided with assistive devices and ramps in their respective schools.
21. The government should subsidise the treatment cost and medicines for persons with disabilities in the state.
22. A separate health care card should be allocated for them and separate line should be created for persons with disabilities in hospitals to prevent standing in queue.
23. The government should also set up rehabilitation and physio-therapy centres and give care at a subsidise rate.
24. In terms of reservation of posts, a strict roster system should be followed to prevent false acclaim of the jobs reserved for PwDs.
25. Sign language interpreters should be engaged in all important government events and by all local media.
26. Placements should be given to deserving trainees at government institutions.

27. The authorities should take strict actions in the case of diversion of posts.
28. The medical experts should be careful while conducting disability assessment so that false identification of disability can be prevented.
29. The reservation seats for PwDs should be filled up fairly and be filled on the basis of merit. Violators should be punished harshly for deterrence.
30. The concerned authorities should establish common disability centres for their recreational activities and also set up composite resource rehabilitation centre.
31. The organisation of occasional get-together and recreational programs should be encouraged and taken up by the government.
32. There should be a collaborative effort from both the government and NGOs so that disability issues can be solve from the bottom-up approach.
33. The government should strengthen at least one NGO interface from every district and held periodic meetings with them for the program implementation. In this way, the problems can be recorded at grass root level to ease actionable measures and monitoring.
34. The government should extend its programs and schemes towards persons with disabilities who reside in rural areas and increase surveys in rural areas for their identification.
35. The location of PwDs in rural areas will therefore, lead to increase rural registration in UDID.
36. Periodic organisation of workshops and distribution of pamphlets should be encouraged for developing self-concept.
37. Caregivers at family and community level should be sensitized for empathy and sympathy and non-discrimination.
38. Distribution of subsidised pads and care for menstruation hygiene should be taken up by the concerned authorities to increase education and knowledge on menstruation among women with disabilities.
39. Organising programs for the inclusion of women PwDs to showcase their talents should be considered by concerned authorities as it will also promote their inclusion in society. Regular organisation of sports and talent competitions will also automatically lead to their confidence building.

40. Periodic health assessment camp by clinical psychologists.

The above prognosis should be considered in order to establish an inclusive society for women with disabilities in the state and will in turn, lead to their holistic inclusive development.

Conclusion

The overall picture of the analysis shows the need to strengthen both the government and NGOs in the state in terms of the measures and actions taken towards inclusive development of women with disabilities. This requires effective collaboration and partnership in carrying out their tasks. The barriers and problems faced by women with disabilities are shown and society exerted barriers that hinder their effective and full participation in society. There arises a need to work out the macro context of this micro-study. For a holistic understanding of the problems of women with disabilities, conceptual theories or model provide a foundation from which generalizable implementation knowledge can be sorted out. These theories have been worked out to ease the understanding, explanation of the problems of women with disabilities and to ease the implementation efforts by the stakeholders. Three layers of outcome-oriented process are required such as input framework, diagnosis and prognosis. The input framework will lead to the diagnosis of the problems which will further encourages prognosis, eventually leading to a state of inclusive development.

The study subscribes to two out of seven theories reviewed such as social model and human rights model of disability in the context of inclusive development of women with disability. The idea has been to synthesize the models and theories and criticise each of the theoretical models to locate their potential contribution to the mainstream disability research. The theoretical models exhibit that there has been a definite shift from 'needs-based intervention' to 'rights-based approaches' in a given social context. A basic understanding of the main theories of disability help to shed light on different theoretical models. All stakeholders need to have a working knowledge of these models and theories to appreciate the varying viewpoints and co-ordinate optimal care and resources for addressing disability in the state, especially for women with disabilities. Similarly, the data evidence gathered under due

methodological procedures provided necessary inputs for the diagnosis of key issues. Diagnosis refers to the process of problem identification or detection of socio-pathological signs and symptoms. Problem is understood as 'disturbing situations' or 'unusual circumstances' which drew attention to themselves and required a response. Women with disabilities suffer from a complex variety of interrelated problems and issues. While analysing the data inputs of the women respondents, twenty-five conceptual parameters were identified as the key issues. 1. Accessibility issues 2. Community support problems 3. Dependence limitation problem 4. Employment opportunity being unavailable 5. Equality and discrimination issues 6. Exclusion and stigmatization problems 7. Family coping difficulties 8. Funding and sponsorship issues 9. Guidance and counselling issues 10. Inadequacies in barrier-free environment 11. Inadequate educational facilities 12. Infrastructure and resources being limited 13. Inter-agency co-ordination problems 14. Issues of an assistive device 15. Lack of awareness 16. Lack of confidence of mobility 17. Low socio-economic profile and poverty 18. Monitoring and evaluation issues 19. Menstruation issue 20. Psychological stress 21. Public sentiment incompatibility 22. Rehabilitation issues 23. Role of legislation and implementation difficulties 24. Skill training needs 25. Vocational and technical training issues

These 25 key issues need to be addressed through due prognosis and through it, the development interventions by both GOs and NGOs can reflect on what has been done and what needs to be one in future circumstances.

References

Aier, A., Pais, P., & Raman, V. (2023). Psychosocial functioning and health-related quality of life in children with nephrotic syndrome: Preliminary findings. *Journal of Indian Association for Child and Adolescent Mental Health*, 18 (4). <https://doi.org/10.1177/09731342231166>.

Browne, E. G., & King, J. R., & Surtees, A. D. R. (2024). Sleep in people with and without intellectual disabilities: a systematic review and meta-analysis. *Journal of Intellectual Disability Research*, 68 (1). <https://doi.org/10.1111/jir.13093>.

Dawn, R. (2013). "Our lives, our identity:" women with disabilities in India. *Disability and Rehabilitation*, 36 (21), 1768-1773. <https://doi.org/10.3109/09638288.2013.870237>.

Devi, B. G., & Augustine, A. K. (2024). Representing the subaltern. *Economics and Political Weekly*, 59 (20). <https://www.epw.in/journal/2024/20/postscript/representing-subaltern.html>.

Devkota, H. R., Kett. M., & Groce, N. (2019). Societal attitude and behaviours towards women with disabilities in rural Nepal: pregnancy, childbirth and motherhood. *BMC Pregnancy and Childbirth*, 19 (20). <https://bmcpregnancychildbirth.biomedcentral.com/articles/10.1186/s12884-019-2171-4>.

Fine, M., & Asch, A. (1988). Disability beyond stigma: Social interaction, discrimination, and activism. *Journal of Social Issues*, 44 (1), 3-21. <https://doi.org/10.1111/j.1540-4560.1988.tb02045.x>.

Groce, N., Kett, M., Lang, R. & Trani, J. F. (2011). Disability and poverty: the need for a more nuanced understanding of implications for development policy and practice. *Third World Quarterly*, 32 (8), 1493-1513. <https://doi.org/10.1080/01436597.2011.604520>.

Hanko, J., & Polman, W. (2003). *A handbook for training of disabled on rural enterprise development*. RAP Publication.

Idrees, B., & Ilyas, R. (2012). Discrimination and stigmatization of physically disabled students in a general education environment in Pakistan: A case study. *Academic Research International*, 2 (2), 622-26. [http://www.savap.org.pk/journals/ARInt/Vol.2\(2\)/2012\(2.2-69\).pdf](http://www.savap.org.pk/journals/ARInt/Vol.2(2)/2012(2.2-69).pdf).

Jamall, A. (2021). Access to justice for women with disabilities. <https://disabilityrightsfund.org/our-impact/our-stories-of-change/access-justice-women-disabilities/>.

Koistinen, S., Olai, L., Stahlacke, L., Falt, A., & Ehrenberg, A. (2019). Oral health-related quality of life and associated factors among older people in short-term

care. *International Journal of Dental Hygiene*, 18 (2), 163-172.
<https://doi.org/10.1111/idh.12424>.

Meekosha, H., & Frohmader, C. (2010). Recognition, respect and rights: disabled women in a globalised world.
https://link.springer.com/chapter/10.1057/9781137023001_17.

Mulubiran, T. (2021). Livelihood assets and strategies of people with disabilities in urban areas of Ethiopia. <https://sjdr.se/articles/10.16993/sjdr.692>.

Rao, S. (2004). Faculty attitudes and students with disabilities in higher education: A literature review. *College Student Journal*, 38 (2), 191–198.
<https://psycnet.apa.org/record/2004-16679-004>.

Santovec, M. L. (2011). How gender affects students with behavioural disabilities. *Women in Higher Education*, 20 (2), 28-28. <https://doi.org/10.1002/whe.10156>.

Saran, A., White, H., & Kuper, H. (2019). Protocol: Effectiveness of interventions for people with disabilities in low- and middle-income countries—an evidence and gap map. *Campbell Systematic Reviews*, 15 (2). doi: [10.1002/cl2.1006](https://doi.org/10.1002/cl2.1006).

Sarkar, R. (2023). Exploring challenges of women with disabilities in accessing higher education.
https://www.researchgate.net/publication/375187409_Exploring_Challenges_of_Women_with_Disabilities_in_Accessing_Higher_Education.

Taleporos, G., & McCabe, M. P. (2002). Body image and physical disability-personal perspectives. *Social Science & Medicine*, 54 (6), 971-980.
[https://doi.org/10.1016/S0277-9536\(01\)00069-7](https://doi.org/10.1016/S0277-9536(01)00069-7).

Umegård, M. N., & Wrembicki, A. (2022). *NGOs impact on women with physical disabilities: An independent life in Colombo, Sri Lanka*. Stockholms Universitet.