

My Journey as a Nurse in Nepal and Canada: Autoethnographic Reflections

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Abstract

In this paper, I have tried to compare and contrast the status of disability in Nepal in terms of education, employment, accessibility, and health through my experiences of living in Nepal and moving to Canada. I start with what is now known from the many studies conducted in the field of disability in Nepal. Coming from a medical background, I challenged my understanding of the medical model of disability and brought my experiences to light from the perspective of the social model of disability.

Through my experiences and understanding of Nepalese society, I also discuss the religious concepts of disability in Nepal along with prevalent taboos and social beliefs about disability, and how discrimination is automatic due to these beliefs. I also present my experiences with education, employment, and health care and how accessibility is key in ensuring that everyone has access to these services.

Overall, my study highlights the need for continued efforts by the Nepal government and its external development partners (EDP's) to improve the status of disabled people in Nepal. By prioritizing disability rights, investing in disability-inclusive policies and programs, and promoting social inclusion and awareness, the government can improve the quality of life for people with disabilities in Nepal. Furthermore, by prioritizing disability-inclusive medical education, healthcare professionals in Nepal can be equipped with the knowledge and skills necessary to provide quality healthcare services to people with disabilities. As the world continues to prioritize disability rights and inclusion, it is essential for countries such as Nepal to keep pace with global efforts.

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Chapter I: Introduction

I was born and raised in Nepal, a country in the South Asian region, landlocked between two of the largest economies in the world (India and China). With a diverse geographical setting, Nepal has its biggest challenge when it comes to policy setting and ensuring inclusivity for its diverse population including disabled people. It is my hope, through this autoethnographical study, to identify key concepts and bring forward the many challenges faced by the nation when it comes to ensuring the needs of today for the disabled people in Nepal. I was a nurse back home and worked for a Hospital where I had to deal with patients every day. I worked in a Neurosurgical hospital and taking care of people was my passion. I have seen people with disabilities but never had an opportunity to know or learn more about disability. After immigrating to Canada in 2017, I have worked ever since as a health care aide for a long-term health care provider in Manitoba. The stark differences between Canada and Nepal that I found in health care, especially for those disabled, and also because of my continued education in disability studies, forced to me question whether these differences lie only in the area of health care for disabled people or in other areas too. To set out on this path it is very important to understand the geographical, social, and cultural, and political factors in Nepal including how each of these factors affects the various diverse population groups.

Growing up in Nepal, a country nestled between the colossal populations of India and China, I have always marvelled at the intricate tapestry of our society. Nepal's rich cultural diversity and unique belief systems have thrived despite being sandwiched between these two giants. As an autoethnographer, I reflect on my journey, shaped by the distinct geographical regions and cultural influences of my homeland.

Geographically, Nepal can be neatly divided into three distinctive regions: the Terai, the Hilly region, and the Mountainous region. Each of these regions boasts its own set of cultural beliefs and challenges, making my upbringing a fascinating blend of traditions and experiences.

The Terai region, stretching along the southern border and sharing a profound connection with India, resembles the flat prairies of Canada. It is no surprise that the cultural tapestry here bears a strong Indian influence. The ties of kinship and trade have woven a bond between our two nations that resonates in the beliefs and practices of the Terai people. Despite its geographical advantages, the Terai region paradoxically lacks major urban centers and essential facilities such as hospitals, schools, and significant employers. Here, the majority of employment opportunities revolve around production factories and agriculture.

In contrast, the Hilly region, characterized by its undulating terrain, is home to the capital city of Nepal, Kathmandu, and several other bustling urban hubs. This is where opportunities for education and employment flourish. I, too, received my schooling in the heart of this region. The Hilly region serves as the economic and educational epicenter of Nepal, offering a path to personal growth and development.

On the other hand, the Mountainous region, which shares its northern border with China, presents a stark contrast. Here, the cultural influences of our northern neighbour are evident, with the majority of the population practicing Buddhism. The harsh geography and challenging climate have deterred the development of major cities in this region. Life in the mountains is a testament to resilience and simplicity, and opportunities for education and employment are scarce.

As a girl born in Nepal and educated as a nurse in India, I have had the privilege of experiencing the intricate interplay of these regions' cultures and challenges. Nepal's unique

identity, with its diverse landscapes and belief systems, has been both a source of inspiration and a backdrop to my personal journey. Each region has its own set of barriers, especially concerning access to education, employment, and healthcare. Through my own lived experiences and the knowledge gained from my schooling, I have come to appreciate the richness of Nepal's cultural mosaic and the resilience of its people.

As a young woman hailing from the heart of Nepal, my journey as a nurse, educated in the bustling cities of India, has allowed me to perceive the intricate intersections of politics, governance, and the rights of disabled individuals within my homeland. These reflections, grounded in both my educational foundation and personal experiences, offer a distinct perspective on the ever-evolving landscape of Nepal's political climate and its impact on disability rights.

Nepal, as a nation, grapples with the inherent challenges of political stability. The frequent shifts in governmental leadership, mirrored by changes in policies, have posed significant hurdles to the development and maintenance of consistent practices and laws concerning the rights of disabled individuals. The staggering fact that Nepal has seen twelve different Prime Ministers since the year 2000, each forming their own government, paints a vivid picture of the volatile political terrain that we navigate. This instability often casts a shadow of uncertainty over the fate of policies aimed at addressing the needs of disabled citizens.

Historically, Nepal was ruled by a monarchy until 2008, when a decade-long civil war culminated in the establishment of the Federal Democratic Republic of Nepal. This transition was heralded as a new dawn for the people of Nepal, holding the promise of a more inclusive and democratic era. The new constitution ushered in a wave of laws and policies aimed at safeguarding the rights of disabled individuals. However, the lofty ideals enshrined in these

documents have, at times, struggled to manifest in concrete actions. The limited number of projects and initiatives dedicated to the welfare of disabled citizens can be attributed to a lack of capital investments and, at times, a deficit of genuine interest from those tasked with policy implementation.

The government of Nepal, in its official definition, recognizes disability as the condition in which individuals are unable to carry out daily activities normally and are hindered from participating fully in social life due to physical impairments or obstacles created by their physical, social, and cultural environment, and communication barriers (Government of Nepal, 2006). Within the Constitution of Nepal (2015), there are key provisions and definitions that underscore the nation's commitment to the rights of disabled persons. This fundamental document characterizes a disabled individual as someone who is mentally or physically incapable of leading a 'normal' life and mandates that the state must not discriminate against them. It further bestows upon citizens with disabilities the right to free higher education as per the law, the right to live with dignity and honour, and equal access to public services and facilities. Additionally, these provisions extend to prioritize opportunities with justice and due respect in crucial areas such as education, health, employment, housing, and social security.

Navigating the labyrinth of Nepali politics and disability rights is a deeply personal journey for me. I have witnessed firsthand the challenges and triumphs of our nation's quest for inclusivity and equality. The political instability, though a formidable obstacle, has not deterred the resilience of those advocating for the rights of disabled individuals. My hope, grounded in both my education and experiences, is that Nepal's journey continues towards a future where these rights are not just enshrined in documents but are fully realized, ensuring a more inclusive and equitable society for all.

Born and brought up in Nepal, I have been profoundly aware of the evolving landscape of disability rights and the pressing need for social and economic empowerment of disabled individuals. These observations, grounded in both academic study and lived experiences, offer a unique perspective on Nepal's journey toward inclusivity.

Nepal, like many nations, grapples with the challenge of disability inclusion. The statistics, such as the national average percentage of persons with disabilities at 1.96% (as reported by the Disability Research Center in 2016) paints a compelling picture of the need for concerted efforts in this arena. Indeed, there is an urgency to comprehensively understand and address the needs of the disabled population to drive the country towards economic and social welfare.

Access to education, employment, and healthcare emerges as the cornerstones of this transformative journey. In Nepal, a society where individuals with disabilities have often been hidden from view, misconceptions have thrived, casting doubts on their ability to lead independent lives and contribute to income generation. Education is thus an instrument not only for the disabled themselves but also for the broader populace to dispel stigmas and misconceptions. Education can illuminate the path to an inclusive society, where the disabled are embraced as equals.

Moreover, gainful employment represents a crucial step toward economic independence for disabled individuals. It opens doors to self-sufficiency and affords them the dignity they rightfully deserve. Simultaneously, equitable access to healthcare facilities tailored to the unique needs of disabled individuals is a fundamental pillar of this endeavour. Accessibility, be it in education, employment, or healthcare, is the linchpin that holds the promise of success. Without it, the aspirations and potential of the intended beneficiaries remain unrealized.

In 2017, Nepal took a significant stride toward empowering its disabled population by enacting the Disability Rights Act. This monumental piece of legislation sought to amend the Disabled Protection and Welfare Act of 1982, aligning the country with the United Nations Convention on the Rights of Persons with Disabilities (UNCRPD). Furthermore, the constitution of Nepal in 2015 enshrined provisions related to disability, marking a landmark commitment to inclusivity.

Nepal's dedication to the promotion and protection of the rights of persons with disabilities is commendable. The country ratified the UNCRPD in 2010, becoming a trailblazer in South Asia. Subsequently, various mechanisms were put in place to ensure the convention's effective implementation. The National Committee on the Rights of Persons with Disabilities serves as the focal point for this endeavour, reflecting the government's commitment. Additionally, a fund for the empowerment of persons with disabilities has been established, underscoring Nepal's commitment to transformative change.

In my journey as a nurse educated in India and being a native of Nepal, I have witnessed the pivotal moments in Nepal's evolution toward a more inclusive society. The path is illuminated by education, employment, and accessible healthcare, and it is one that we must collectively traverse to empower our disabled population and eradicate the deeply ingrained stigmas that have cast shadows for far too long. Nepal's commitment to international conventions and its determination to drive change serve as beacons of hope for a more equitable future.

As stated before, born and raised in the picturesque landscapes of Nepal and later educated as a nurse in the vibrant cities of India, my journey has been intimately intertwined with the evolving landscape of disability rights in my homeland. These reflections, enriched by my educational pursuits and personal experiences, offer a nuanced perspective on the progress

Nepal has made in aligning its laws and policies with the Convention on the Rights of Persons with Disabilities (CRPD). In recent years, Nepal has taken significant strides in harmonizing its domestic legislation and policy frameworks with the principles enshrined in the CRPD. The year 2015 marked a pivotal moment with the adoption of a new constitution, a beacon of hope that included provisions dedicated to safeguarding the rights of persons with disabilities. These provisions underscored the right to equality, non-discrimination, access to education, and participation in political and public life. Nepal's commitment to these principles, as witnessed in its constitution, is a testament to its aspiration for an inclusive society.

Moreover, in 2017, Nepal enacted the Disability Rights Act, a ground-breaking piece of legislation. This act not only laid the foundation for the establishment of a Disability Rights Commission but also aimed to promote inclusive education and vehemently prohibited discrimination against persons with disabilities. It was a clear signal that Nepal was moving beyond mere words and actively working to dismantle the barriers that had hindered disabled individuals for far too long.

The government's commitment to inclusivity extended further with the development of the National Strategy on Disability and the National Plan of Action on Disability. These strategic documents articulated a vision to promote the rights and inclusion of persons with disabilities across all facets of society. They held the promise of transformative change, paving the way for a more equitable future. Yet, as Thapaliya (2016) and Eide et al. (2016) illuminate through their research, the journey toward disability rights in Nepal is fraught with challenges. The statistics alone paint a stark picture – an estimated 513,321 people in Nepal have some form of disability. However, this number is likely a mere fraction of the actual count, as rural communities often

grapple with stigma and ignorance, leading many to conceal their disability status out of fear of discrimination.

In some of Nepal's remote regions, disabilities go unnoticed or unacknowledged, perpetuating a cycle of misunderstanding and isolation. Even more disheartening is the revelation that over 30% of disabled individuals, as uncovered in the research by Eide et al. (2016), reported severe mistreatment including scolding and physical abuse from their immediate family members. Disturbingly, more than a quarter faced similar treatment from individuals outside their immediate family circle. Seeking public services did not provide solace; 15% reported experiencing severe discrimination during these interactions Eide et al. (2016).

Disabled individuals in Nepal face barriers to education, a fundamental right. The research reveals a glaring drop in the highest level of education attainable by disabled people, highlighting the multifaceted challenges they encounter (Lamichhane, 2013). Additionally, Hees et al. (2015) shed light on the myriad obstacles disabled individuals confront when accessing healthcare, including the lack of knowledge among healthcare providers and limited self-awareness among disabled persons themselves.

Navigating this complex landscape, I find myself torn between the progress we have made and the immense challenges that persist. The laws and policies put in place offer hope, but the stark realities on the ground remind us that change is a multifaceted endeavor. My journey as a nurse and a daughter of Nepal has been defined by a commitment to advocate for the rights and well-being of disabled individuals. It is a journey that continues, fueled by the aspiration for a more inclusive and equitable society.

I will compare and contrast, through my perspective, the status of disability in Nepal and Canada around the following subtopics: education, employment, accessibility and health. The

primary reason for this is my passion for health care and education. I had always wanted to become a nurse since my early childhood and even though I could not continue working as a nurse since I moved to Canada, due to licensing requirements, I did get a chance to work as a Health Care Aide for a long-term care facility. This gave me a chance to pursue my passion for health care. Getting a chance to pursue my master's degree was another dream come true for me. Although, I have to be honest, at first, I had my doubts if Disability Studies was the best choice for me based on my past experiences and my future goals. If I were to ask that question to myself now, I would jump on this opportunity every time. This combination of experience and education has given me the tools, to today, attempt to conduct this research, and having been working and studying in Nepal and Canada both plays perfectly into what I want to achieve in terms of outcomes and recommendations for a way forward for Nepal.

Chapter II: Background and Significance

I successfully completed my graduate studies from India in nursing, a highly esteemed profession known for its ability to impact people's lives in diverse and meaningful ways. Despite my background in nursing, I never had the opportunity to delve into the world of disability and truly understand what it means, or how I could better assist disabled individuals. This knowledge gap perpetuates stereotypes and general assumptions about people with disabilities, which I discovered firsthand when I embarked on my Master's degree in Disability Studies in Canada.

My preconceptions about disability were entirely off the mark. Initially, I believed that individuals with disabilities required assistance with every aspect of their lives. I had never explored the intricate spectrum of disabilities or the unique needs of each disabled person. This perspective changed when I relocated to Canada and began working as a Health Care Aide. I quickly realized that the reality was far from what I had assumed.

In my new role, I encountered individuals with a wide range of needs and preferences. I learned that my purpose was not to complete tasks for them, but to support them in achieving their goals. My work primarily involved caring for individuals with dementia in a dynamic environment, where people had diverse physical and mental requirements. Some relied on canes for mobility, while others used wheelchairs. Most could manage daily activities independently, but some needed extra assistance. This experience was a pivotal factor in my decision to pursue further education in Disability Studies, as I pondered whether similar disparities existed in the realm of disability as well.

When I enrolled in Disability Studies courses, my curiosity was piqued as I delved into a world of knowledge and perspectives that both fascinated and motivated me. My coursework inspired me to explore disability issues in my home country, Nepal, and I dedicated my

assignments and research to this vital subject. I soon realized that existing research in the field often remained on paper, with recommendations and plans rarely seeing implementation. A stark example of this is the absence of designated parking spots for people with disabilities in Nepal, the lack of accessibility ramps in buildings, and a glaring discrepancy between the front and back entrances of hospitals in terms of wheelchair accessibility.

These observations led me to question the potential impact of introducing Disability Studies as a primary subject in schools. Could this shift in education lead to a significant transformation?

My exploration into the history of disability in Nepal revealed that previous development projects had largely disregarded the needs of disabled individuals. The consequences of a decade-long civil war between the Government and the Communist Party of Nepal, ending in 2006, and the subsequent political instability, have left disabled individuals in dire circumstances. Disability policies and laws require comprehensive national-level reforms to meet their needs and uphold the highest standards.

The civil war exacerbated the urban-rural education divide in Nepal, destroying infrastructure, including roads, schools, and bridges, hindering accessibility. The destruction of these crucial facilities, such as hospitals and healthcare centers has led to a lapse in healthcare services for rural populations. The destruction of schools and education facilities has contributed to increased illiteracy rates. This turbulent period resulted in a surge of disabilities, both physical and mental. Major development projects and constructions had to be halted due to the threat of destruction, further hindering progress. Consequently, there was a significant decline in literacy rates in the country.

While multiple research projects have focused on disabled individuals and specific areas like health care, education, and employment, there is a lack of comprehensive work examining the differences between Nepal and other countries in terms of policy and implementation strategies. My unique perspective as an immigrant from Nepal to Canada, working successfully in the health care industry and studying in Canada, allows me to identify and differentiate the needs of Nepal going forward.

One notable point to consider is the reported percentage of disabled individuals in Nepal. Although official data suggests a low rate of 1.96% (Disability Research Center, 2016), the actual number is likely much higher. Research by Panthi (2004) suggests that there is no comprehensive data on disability in Nepal, with estimates indicating that 7-10% of the total population in Nepal may have some form of disability.

The low reported disability rate can be attributed to various factors, including cultural beliefs, limited healthcare access, and a lack of awareness regarding disabilities. Stigma and discrimination against disabled individuals may also lead to underreporting. A study by the World Health Organization (2011) revealed that only 31.4% of people with disabilities in Nepal had access to healthcare services, with higher levels of discrimination and social exclusion. These individuals were less likely to participate in social activities, had lower levels of education, and faced limited employment opportunities. These barriers suggest that a significant number of disabled individuals are not counted in official statistics due to societal and cultural hurdles.

Additional factors contributing to the low reported rate include a lack of resources and infrastructure for disability assessment and identification in Nepal. The process often requires a medical diagnosis, which is challenging to obtain due to a shortage of healthcare professionals

and limited access to medical facilities in rural areas. Furthermore, a lack of trained personnel can lead to inaccurate or incomplete assessments.

The dearth of awareness and understanding of disabilities in Nepalese society also plays a significant role in underreporting. Disabled individuals often face discrimination and exclusion in various aspects of life due to prevailing social stigmas, discouraging them from disclosing their disabilities.

My research endeavours aim to shed light on the key differences between Canada and Nepal and to identify essential steps that must be taken to ensure equal rights for disabled individuals, not just in Nepal but also in any developing nation. Non-Governmental Organizations (NGOs) and International Non-Governmental Organizations (INGOs) play a crucial role in development projects and awareness campaigns, particularly for underprivileged and disabled populations. I seek to assess the effectiveness of such programs and their applicability in Canada.

Education stands out as a potent instrument for eradicating discrimination, safeguarding the rights of all citizens, protecting marginalized populations, and dismantling social stigmas associated with disability. It is noteworthy that many NGOs in Nepal, including established ones like the National Disabled Association (NDA) and the School for the Deaf dating back to the 1960s, have yet to fully embrace inclusive teaching and learning activities. This indicates that such practices remain relatively new in Nepal.

The unique geographical challenges and vulnerability to natural disasters in Nepal underscore the need to study the changes brought about by the country's efforts. My research endeavours to explore the role of education in enabling disabled individuals to participate in policymaking, improve accessibility, and ensure their safety during emergencies. I also aim to

examine the role of society in empowering disabled individuals to lead fulfilling lives beyond their disabilities and assess the impact of various rules and regulations on accessibility, education, and employment opportunities.

Remarkably, existing research in the field of disability primarily focuses on disability statistics and specific concerns, rather than adopting a holistic approach. I find it intriguing that very little work has explored disability from a broader lens, comparing the progression in this field between two nations.

Despite Nepal's efforts to promote the rights of disabled individuals, it faces numerous challenges in implementing the Convention on the Rights of Persons with Disabilities (CRPD). One of the most significant barriers is the lack of awareness and understanding of disability issues within both the general population and government institutions. This has resulted in a shortage of resources and support, particularly in rural areas. Additionally, the limited availability of data on disability makes it challenging to develop evidence-based policies and programs. Nepal also grapples with a shortage of trained professionals in the disability field, encompassing teachers, healthcare providers, and social workers.

Chapter III: Methodology

What I have gleaned from my academic journey, which has taken me from Nepal to India and encompassed my work experiences in both Nepal and Canada, is a fundamental truth: disability knows no bounds of background, economic status, or social standing. People with disabilities may have diverse origins, whether from birth, accidents, or the onset of mental or physical ailments. Disability is a great equalizer, bridging the gap between the poor and the rich; what distinguishes them is the quality of life they can aspire to achieve. It is glaringly evident that not all individuals with disabilities receive equal levels of care, support, and attention. As I embarked on this voyage, my understanding was limited to the shared need for support and assistance among them. As a nurse, I yearned to comprehend the disparities between these needs and what society and I believed they required.

This compelling motivation led me to pursue a Master's degree in Disability Studies, with the aspiration of enhancing my abilities and becoming an advocate for those whose voices are sometimes unheard. I aimed to create a lasting and positive impact in the lives of individuals with disabilities. Along the way, I encountered numerous examples of disabled individuals leading ordinary lives despite their disabilities. What sets them apart? What propels them toward success in a society that often suggests otherwise? Even among my own patients, I observed striking variations. Some were physically independent but grappled with mental challenges in their daily tasks such as bathing, eating, and self-care. Others, whom I had cared for previously, were physically disabled but not mentally impaired. Witnessing these disparities, I came to the profound realization that not all disabilities are alike, and every person requires assistance tailored to their unique needs. Most notably, even in cases of the same type of disability, a one-size-fits-all solution simply does not suffice.

My journey and experiences, spanning Nepal and India in my studies, as well as Nepal and Canada in my work, have illuminated a fundamental truth: disability transcends societal boundaries, impacting individuals from all walks of life, regardless of their economic or social backgrounds. Whether disability stems from birth, an accident, or a mental or physical condition, it knows no discrimination. It is a great equalizer that bridges the gap between the poor and the affluent, with the only distinguishable factor being the quality of life they can aspire to achieve. This revelation underscores the glaring disparity in the level of care, support, and attention received by individuals with disabilities.

As I embark on my autoethnographical research, several crucial questions come to mind that will guide my exploration into the landscape of disability in Nepal and Canada:

What barriers do disabled populations face in terms of education and employment in Nepal versus Canada? How does accessibility compare between these two regions, and what impact does it have on the disabled population? What are the geographical challenges faced by people in Nepal as compared to Canada? What political and social initiatives are in place to ensure the rights of disabled individuals in both countries?

These questions form the foundation of my research and drive my quest to uncover the disparities and commonalities between Nepal and Canada in their treatment and support of disabled populations.

The Social Model of Disability

Learning about the social model of disability was a total shock for me. We were never taught, since a very young age, to see disability this way. Especially due to coming from a

medical background, this thinking compounded, and all I did was see disability through a medical perspective.

The social model of disability emerged in the 1980s in response to the limitations of the medical model of disability. The social model views disability as a result of the interaction between the individual and the social, cultural, and environmental factors in their lives. It acknowledges that disability is a socially constructed phenomenon that varies across time and place. The social model emphasizes the need for social and political action to remove the barriers that prevent disabled people from participating fully in society. It argues that disability is not solely a result of an individual's physical or mental impairment but rather is created by social and environmental barriers that prevent people with disabilities from fully participating in society.

Oliver (2013) discusses social model of disability. The key concept of his work was that disabled people are not disabled because of their impairments but by the disabling barriers they face in society. According to Oliver (2013), the social model of disability has four key principles. Firstly, it recognizes that disability is a social construct that is shaped by social, cultural, and environmental factors. Secondly, it acknowledges that disabled people are not inherently disadvantaged, but are disadvantaged by the social, cultural, and environmental barriers they face. Thirdly, it emphasizes the need for social and political action to remove these barriers and promote equality for disabled people. Finally, it acknowledges the diversity of disability experiences and recognizes that disabled people are active agents in their own lives.

Lack of physical accessibility is one of the main examples of this; for example, when people in wheelchairs are unable to access a building because it has no access ramps or automated access doors. Recognizing these types of barriers is an important step in making an inclusive society. The social model of disability helps us achieve this goal. These barriers

prevent people with disabilities from exercising their rights, fulfilling their potential, and participating fully in society. Even something simple like people's attitude towards the disabled assuming they cannot do something because of their disability is a barrier. As a method developed by the disabled people, the main concept is to understand the barriers for a disabled person and remove them to offer equality and independence to all. The Australian Federation of Disability Organizations (2018) best describes the concepts of the social model of disability as follows: disability is only a difference, like gender or race, being disabled is neither good or bad, it is just part of who you are, disability issues and problems come from the disabled person trying to function in an inaccessible society, making society accessible for everyone will help people with disability. These barriers prevent people with disabilities from exercising their rights, fulfilling their potential, and participating fully in society.

The social model of disability has significant implications for disabled people. Firstly, it shifts the focus from the individual to the social, cultural, and environmental factors that contribute to disability. This allows disabled people to be seen as active agents in their own lives, rather than passive recipients of medical care. Secondly, it promotes the idea that disabled people are not inherently disadvantaged, but are disadvantaged by the barriers they face in society. This creates a culture of empowerment and self-determination for disabled people. Finally, it acknowledges the diversity of disability experiences and promotes the idea that disabled people are not a homogenous group.

The social model also has implications for the way we design our built environment and our social institutions. It highlights the need for universal design and accessibility to ensure that disabled people can participate fully in society. This means that buildings, transportation, and technology should be designed to be accessible to all, regardless of ability. Social institutions

such as education, employment, and healthcare should also be designed to be inclusive and accessible to disabled people.

The Medical Model of Disability

On the contrary, the medical model of disability views a person's disability as the problem and states that it is because of their impairments that they are disabled. This belief leads to further disabling of people through loss of independence, choice and control in their lives, The Australian Federation of Disability Organizations (2018) best describes the main concepts of the medical model of disability as follows: disability is seen as something that could hold a person back and it is seen as something that a person should not want, that it makes people different in a bad way, disability is a personal problem – the disability is in you, and it is your issue, it is seen that curing the person with disability or making them 'less disabled' will make their problems better and the only person who can help the disabled person fit in and be accepted in society is the professional. This model emphasizes the need for medical interventions to cure or manage the symptoms of disabilities.

According to Oliver (1990), the medical model of disability has four key assumptions. Firstly, it assumes that disability is an individual problem caused by a medical condition. Secondly, it assumes that disabled people are dependent on medical professionals for their care and treatment. Thirdly, it assumes that the goal of medical interventions is to cure or mitigate the symptoms of disability. Finally, it assumes that disability is a tragic or negative condition that needs to be eradicated.

One of the strengths of the medical model of disability is its focus on diagnosis, treatment, and cure. Medical interventions such as surgeries, medications, and therapies have

improved the lives of many disabled people by reducing pain, managing symptoms, and prolonging life. The medical model also provides a framework for research and development of new treatments and technologies to improve the lives of disabled people.

However, the medical model has several limitations. Firstly, it places the responsibility for disability on the individual, ignoring the social, cultural, and environmental factors that contribute to disability. It assumes that disabled people are passive recipients of medical care rather than active agents in their own lives. Secondly, it promotes the idea that disabled people need to be cured or fixed to be considered "normal" or "acceptable" in society. This creates a culture of stigma and discrimination towards disabled people. Finally, it ignores the diversity of disability experiences and the fact that disability is a social construct that varies across cultures and historical periods.

Autoethnography

As I am conducting autoethnographic research, I will be relying heavily on my personal experiences, society and culture, education, and work. While I will be seeking stories and firsthand accounts of people with disabilities and the challenges they faced, I plan on analyzing them from my perspective. The choice of autoethnography as my research methodology fits perfectly to the things I want to achieve and is best described by Terry Mitchell in his research titled 'The Light Duty Guy':

Autoethnography is a qualitative research method that bridges the personal with the cultural by way of shared experiences and creative storytelling. In order for readers to fully understand and make sense of a culture, it is necessary to hear a voice that is coming from the heart of the culture itself. (Mitchell, 2016)

Adams et al. (2017) define autoethnography as “a research method that uses personal experience (‘auto’) to describe and interpret (‘graphy’) cultural texts, experiences, beliefs, and practices (‘ethno’)”. Writing from personal experience is new and different to me as it was for Boulanger (2013):

I naively assumed that it would be relatively easy. I should have doubted this assumption since I had previously explored the idea of making an autobiographical video about being an adoptee but had never followed through. Too much self-doubt had set in: What would people think if I started making videos about myself? How could my perspective be of interest and of use to others?

Would I, an able-bodied person, be able to do justice to the experiences of the disabled in Nepal through my stories? This is another reason why I chose autoethnography as my research methodology, not only to challenge myself but portray the situation that I saw and faced as an able-bodied person versus those who are disabled that have been around me all my life.

My experience during my studies and professional career, in various parts of the world, gives me a broader knowledge of the experiences of the disabled. As described perfectly by Adams et al. (2017), “When we do ethnography, we observe, participate in, and write about a culture and/or a cultural experience” this will no doubt give me the tools (experiences and stories – not just from myself but from the people I studied and worked with in the past) necessary to study the situation of disability in Nepal and compare to that of Canada, a modern society. Making my readers aware of the social and cultural beliefs and practices of a traditional as well as a modern Nepalese and how the same changes when we are talking about a person living in a modern world like Canada.

Ellis et al. (2010) state that most often, autobiographers write about ‘epiphanies’ — remembered moments perceived to have significantly impacted the trajectory of a person's life, times of existential crises that forced a person to attend to and analyze lived experience, and events after which life does not seem quite the same. This could not be truer and I have had a similar experience in the past that relates directly to my moments of ‘epiphany.’ While studying for my bachelor’s degree in nursing, one of my seniors had a serious accident in a bus. Broken glass from the bus windows had cut her hand so deep with fragments her hand had to be amputated. This was during her final year of studies. She did complete her studies and even passed her final examinations with flying colors, but with her right hand being amputated, a career in nursing was impossibility – not because of her lack of skills or capabilities but because of the social beliefs that you cannot perform your job as a nurse because of disability. She ultimately had to change her career and is currently working as a teacher, a career which we could call more acceptable by the society for an amputee. Stories like these from my own past and stories of current challenges faced by the disabled people in Nepal are what I will be using to conduct my autoethnographic research.

Study Limitations

My understanding of the social settings and rules and regulations, of Canada are very limited and will create some limitations when I carry out my research work. I have only lived in Canada for the last six years, 1.5 of which have been in Calgary, Alberta, and have had exposure to only the education and employment sector in Winnipeg. My comparisons between the situation in Nepal and Winnipeg will be limited to my own autoethnographic experiences.

Lack of available, reliable, and recent sources and data, especially in the case of Nepal, pose a challenge when comparing and contrasting the status of disability in the two countries. In addition, the apparent lack of autoethnographic research carried out in Nepal limits what we know about the personal experiences of disabled people in Nepal. As the autoethnographic research is subjective by nature, and the results cannot be generalized to a larger population. Therefore, the findings of my study may only be applicable to my personal experiences and the context of Nepal. Also, as the study is based on my personal experiences, my perceptions and biases may influence the data collection, analysis, and interpretation.

Chapter IV: Literature Review

For the purpose of my research and drawing up this proposal I have mainly taken into account findings and conclusions from the following sources:

Disability in Nepal: Taking stock and forging a way forward (Poudel et al., 2016).

In this paper, the authors provide a thorough review of relevant literatures and policies in terms of disability and the rights of disabled people in Nepal. The paper also tracks major milestones achieved by Nepal and progress in the field of disability issues. The authors have been able to provide a comprehensive report on the gaps they found in past and current disability research and also make recommendations for future disability studies research and policy formulations.

The paper finds that according to a study conducted by Eide et al. (2016), the estimated literacy rate among the disabled population of Nepal is 42.1% as compared to 61.1% among people without disabilities. The authors present key findings in topics including but not limited to: the economic condition of persons with disability; access to primary, secondary and higher education; general health conditions of persons with disability; health conditions of children and women with disabilities; access to healthcare; employment status among people with disabilities; training/employment/self-employment of persons with disabilities; and barriers and discrimination against disabled persons. Finally the authors present the recommendation 'A way forward' by implementing legislative changes required, community based rehabilitation programs, inclusive education, advocacy, and the use of modern technology and innovation for the betterment of lives of the persons with disabilities. Some of the findings from this work were the requirements for legislative and service initiatives, establishment of community based

rehabilitation programs, the need for inclusive education and advocacy, and the importance of technology and innovation.

Country Programme Action Plan (CPAP) 2018-2023.

The Country Programme Action Plan (CPAP) is an agreement signed by the Government of Nepal and the United Nations Children's Fund (UNICEF). This paper reports that new legislation, policies and programmes have been promoting better access to education have raised net enrolment rates in Nepal. As Nepal makes its transition from a unitary to a federal state there will be different tiers of government – for example, federal, provincial and local governing bodies which will present opportunities for a developing and implementing multifaceted development plans and policies from different levels of the government. It was found that there has been a massive increase in access to primary education over the last 20 years. The net enrolment rate for the academic year 2015/16 was found to be a massive 97% among children in the primary level (Ministry of Education, 2016). Although enrolment has increased, attendance, continuing education and dropouts remain a massive hurdle in most parts of rural Nepal. Key barriers include poverty, social exclusion, disability, migration, child labour, social norms and gender bias (Scheuermann, 2021).

I would not find it hard to believe that this increase in net enrolment in primary education is mainly due to the end of the 10 year civil war in Nepal. New governmental bodies were established after the signing of the peace agreement, the National Human Rights Commission (including Child Rights Desk), the National commission on Women and the National Dalit commission. All of these bodies work with each another and oversee cases of human rights violations and also work for and towards ensuring disability rights (UNICEF, 2015).

UNICEF supports the Government and other actors to strengthen actions for children with disabilities by:

- Improving evidence generation, policy dialogue and advocacy (Social Policy, Evaluation and Evidence; Planning and Monitoring; Education; Water Sanitation and Hygiene (WASH); and Health)
- Strengthening health systems to screen, detect, refer and rehabilitate concerned children (Health and Education)
- Promoting early childhood education and inclusive education (Education)
- Improving Education in schools
- Preventing violence, abuse and exploitation (Child Protection)
- Advocating for gender and disability-friendly sanitation facilities in health facilities, ECD centers and schools (Child-friendly school initiative)

A Report on Disability in Nepal 2016 (Thapaliya, 2016).

With the financial support of the Australian Himalayan Foundation (AHF), Mukti Prakash Thapaliya (College of Education, Health and Human Development) conducted a field visit to Nepal to review and conduct research for his PhD. The PhD was titled, “Moving Towards Inclusive Education: How Inclusive Education is Understood, Experienced and Enacted in Nepalese Primary Schools.” The objectives of Mukti’s study were as follows: Ascertaining local attitudes towards inclusive education policy and practices in Nepalese Primary School through discussions with local governmental officers, school principals and teachers, as well as parents and students; identifying the causal factors and potential solutions for primary school dropouts; identifying barriers in managing inclusive education within school classrooms; documenting the practices and policies that exist – both within and outside the classroom – to support and promote

inclusive education; and highlighting the situation for disabled children in Nepal. For the purposes of this study, data was collected from the Kavrepalanchok and Solukhumbu schools between the periods of April- July 2015. Whilst collecting data, Mukti delivered “In-Service Teacher’s Refresher Training” to the primary-school teachers of Jivan Jyoti Higher Secondary Schools (JJHSS). The training was held over six days (21-26 April 2015) and was organised by the Rural Education and Environment Development (REED) Centre in Nepal. REED is one of the AHF’s primary Nepalese partners and, as a result, the training was sponsored by the AHF and supported by the Solukhumbu District Education Office (DEO). The primary goals of the training sessions were to enhance the capacity of teachers to promote inclusive education and child friendly classrooms through critical thinking and inclusive teaching and learning strategies. Specifically, they were introduced to the inclusive education index to allow them to understand how to make classrooms more accommodating for disabled and ethnic minority children. The training is expected to support increased student participation due to an emphasis being placed on interactive classrooms and the use of inclusive teaching strategies by teachers. This in turn is anticipated to increase the quality of education and the achievement of students. This report reviews the national context on disability in Nepal by analysing the applicable legislation, policy and cultural attitudes. This data has been collected from a range of secondary sources including pre-existing literature. Specifically, it discusses the situation for disabled people, as well as the total number of schools and students in the Solukhumbu district. It also explores the Nepali government’s policies and available services for the disabled in Nepal and provides a list of working Non-Governmental Organisations (NGOs) working within the disability sector in Nepal. In conclusion, the report finds that people in Nepal continue to see disability as a result of an individual’s sinful past actions. While the Nepali government has endorsed a range of

legislation and policy to protect the disabled population, local attitudes and perceptions are yet to shift. This can be attributed to cultural beliefs, a lack of awareness and gaps in local education. As a result, it is evident that the work that the AHF is conducting with REED in Nepal is essential to ensure that attitudes towards disabled persons in Nepal progress in a positive and more inclusive direction.

**Access to Social Protection Among People with Disabilities: Mixed Methods
Research from Tanahun, Nepal (Banks et al., 2019).**

While people with disabilities are often targeted as key beneficiaries of social protection, there is little evidence available on their participation in existing programmes. Banks et al. use mixed methods to explore access to disability-targeted and non-targeted social protection programmes in Nepal, particularly the District of Tanahun. In total, 31% of people with disabilities had Disability Identification Cards, which entitles them to a range of different social protection benefits depending on the card level, including disability-targeted social assistance (received by 13% of people with disabilities). Overall, 37% of people with disabilities received social assistance, which was higher than for people without disabilities (21%). The most commonly accessed form of social assistance was the Old Age Allowance, which had universally high coverage amongst both people with and without disabilities. Uptake of disability-targeted social protection entitlements other than social assistance (e.g. scholarships, discounted transportation and health services) was generally low. Factors impacting upon access included the geographic and financial accessibility of the application process, procedures for determining eligibility and compliance of service providers.

Do experiences and perceptions about quality of care differ among social groups in Nepal? : A study of maternal healthcare experiences of women with and without disabilities, and Dalit and non-Dalit women (Devkota et al., 2017).

The researchers have tried to study the attitude of health care providers towards disability and disabled people. The authors found a significant gap in this field and they have tried to address it by means of this research. This is another work that explores the experiences of women with disabilities in maternal healthcare utilization during pregnancy and childbirth. The authors have utilized these experiences to identify and qualitatively define the attitudes of healthcare providers towards disability. Devkota et al. (2017) also try to answer some other key questions too: ‘Are there any differences in attitudes between professional groups, their exposures to disability and their demographic characteristics (age, gender, etc.)?’ The authors have also used the health care service users’ experiences regarding the provider’s attitudes towards them as valuable data. This study measures healthcare provider’s attitude towards disability in general rather than the specific type of disability while acknowledging that attitudes will vary by disability type. The authors found that inadequate public and professional knowledge, misconceptions about disability and needs of people with disabilities contributed to negative attitudes towards women with disabilities, their pregnancy and maternal health needs among the health care providers. The authors also found that the existing training courses and curriculum designed for healthcare providers did not contain disability-related information or concerns and well as none of the healthcare providers in the study district were found to be trained on caring for or working with people with disabilities. The authors concluded that the provision of comprehensive training for healthcare providers and sensitization training to all other health facility staff may help to improve maternal healthcare access for women with

disabilities. They also suggest including disability-related questions as a qualifying test for healthcare providers including doctors, nurses and primary care providers at all levels. Once again even though this research was geared towards maternal health, it provides valuable insights into quality of health care services provided in rural communities and attitudes of health care providers towards disabled women.

Societal attitude and behaviours towards women with disabilities in rural Nepal: pregnancy, childbirth and motherhood (Devkota et al., 2017).

The study reviewed the attitudes and behaviours in rural Nepalese society towards women with disabilities, their pregnancy, childbirth and motherhood. The authors utilized focus group meeting/interviews among Dalit and non-Dalit women without disabilities and female community health volunteers to understand their views and understandings about sexual and reproductive health among women with disabilities. The authors also conducted 17 face-to-face interviews with women with physical and sensory disabilities to gain insight of their experiences of pregnancy and childbirth. The result of the study describes how there are negative perceptions and misconceptions about women with disability, their sexual life, marriage issues, ability of a disabled women to conceive, to give birth and to raise a child. This research, although geared towards disabled women's experiences in terms of health care during pregnancy, childbirth and pregnancy, serves as an example of the quality of health care and accessibility for the purpose of my own research.

The Disability Situation in Nepal (Panthi, 2004).

In this article, Panthi talks about the situation of disability in Nepal. The author refers to how the Nepalese society views disability as “penance to the sins committed in previous births”. The work talks about how children with disabilities are hidden from society and how rights for

the disabled are virtually non-existent. The author states how there are no comprehensive data on the status of disabled in Nepal, mainly due to lack of research in the field combined with accessibility challenges in the country. Employment related challenges causes problems for the 90.5% of families and that close to 70% depend on their family for support. Educations being another area of focus in the article – 68.2% have no education.

The government at both central and local levels, NGO's (non-governmental organizations) working on disability, and INGO's/UN (international non-governmental organizations/United Nations) Agencies, have been involved in disability sector mainly in the following areas:

- Conducting Community Based Rehabilitation (CBR) programmes.
- Raising awareness and advocacy activities to protect and promote the rights and opportunities of people with disabilities.
- Providing preventive and corrective measures of disability in the health sector.
- Providing scholarships and conducting special education through an integrated approach.
- Providing vocational training and other income generating opportunities to support and promote livelihood.
- Introducing policies and laws for protecting rights and opportunities of people with disabilities.

The Constitution of Nepal (Law Commission of Nepal, 2015).

The Constitution of Nepal 2015 defines a disabled person as one who is mentally or physically unable to lead a normal life. Listed are the provisions found in the Constitution of Nepal relating to disability;

1. The State shall not discriminate citizens on grounds of origin, religion, race, caste, tribe, sex, economic condition, language, region, ideology or on similar other grounds. Provided that nothing shall be deemed to prevent the making of special provisions by law for the protection, empowerment or development of the citizens including the socially or culturally backward women, Dalit, indigenous people, indigenous nationalities, Madhesi, Tharu, Muslim, oppressed class, Pichhada class, minorities, the marginalized, farmers, labours, youths, children, senior citizens, gender and sexual minorities, persons with disabilities, persons in pregnancy, incapacitated or helpless, backward region and indigent Khas Arya.
2. The citizens with disabilities and the economically indigent citizens shall have the right to get free higher education in accordance with law.
3. The citizens with disabilities shall have the right to live with dignity and honor, with the identity of their diversity, and have equal access to public services and facilities.
4. The families of the martyrs who have sacrificed their life, persons who were forced to disappear, and those who became disabled and injured in all people's movements, armed conflicts and revolutions that have been carried out for progressive democratic changes in Nepal, democracy fighters, conflict victims and displaced ones, persons with disabilities, the injured and victims shall have the right to get a prioritized opportunity, with justice and due respect, in education, health, employment, housing and social security, in accordance with law.
5. Policies of the State relating to basic needs of the citizens: to enhance investment in the transportation sector, while ensuring simple, easy and equal access of the citizens to transportation facilities, and to make the transportation sector safe, systematic and persons

with disabilities friendly by encouraging public transportation and regulating private transportation, while according priority to the environment friendly technologies,

In 2017, the parliament of Nepal had passed the Disability Rights Act and the purpose behind the formulation of this act was the amendment of the Disabled Protection and Welfare act 1982, a step towards the domestication of United Nations - Convention on the Rights of Persons with Disabilities (UNCRPD) along with incorporating disability related provisions ensured by the constitution of Nepal 2015 (Poudel et. al., 2016).

The Act Relating to Rights of Persons with Disabilities, 2074 (Law Commission of Nepal, 2017).

The Act relating to Rights of Persons with Disabilities, Nepal, 2017 lists the rights recognized by the government of Nepal for people with disabilities. The most important ones being related to the livelihood of the people with disabilities; rights against discrimination, right to community life, right of protection, right of political participation, right of participation in policy making, right to form unions, right of access to services, facilities and justice, right to social security, right to information, and right to free education. The act further lists rights related specifically for the women and children with disabilities; Women with disabilities will receive protection for their health and reproductive rights, as well as the opportunity to utilize their skills and potential. Children with disabilities will have the right to dignity, education, training, healthcare, rehabilitation services, and entertainment opportunities. They will also have the right to express their views on matters affecting them and will receive special protection as prescribed. Additionally, children with disabilities shall not be detached from their home or family based solely on their disability. The government will also provide appropriate educational curricula and teaching methods to address the learning needs of children with various disabilities.

UN CRPD - Convention on the Rights of Persons with Disabilities – Nepal (Barriga, 2011).

Nepal signed the Convention on the Rights of Persons with Disabilities (CRPD) on the 3rd of January 2008 and ratified them on the 27th of December 2009. Through this signing, Nepal commits to building an inclusive society for people with disabilities including people in other vulnerable sectors. This report was put in place to measure the effectiveness of its policies and formulate new ones in collaboration with important stakeholders. After the ratification of CRPD, Nepal has made significant progress in promoting the rights of persons with disabilities. The Nepali government has adopted a National Disability Policy and a National Plan of Action for the Rehabilitation and Development of Persons with Disabilities, both of which are aligned with the principles and articles of the CRPD. The report highlights the importance of implementing the CRPD at the national level, including the need to raise awareness about the Convention among all stakeholders, including persons with disabilities, government officials, civil society organizations, and the general public. Ensuring that the provisions of the Convention are reflected in national legislation, policies, and programs is very important.

One of the key areas where Nepal has made progress in implementing the CRPD is in education. The Nepali government has implemented inclusive education policies that aim to ensure that children with disabilities have equal access to education. The government has also established special schools and resource centers for students with disabilities and has trained teachers on how to provide inclusive education. The report also emphasizes the importance of inclusive education for persons with disabilities, as it is a fundamental right and an essential prerequisite for their full and effective participation in society. It notes that inclusive education

can promote social integration and reduce stigma and discrimination against persons with disabilities.

Another key area where Nepal has made progress in implementing the CRPD is in employment. The Nepali government has implemented policies that aim to ensure that persons with disabilities have equal access to employment opportunities, including through affirmative action measures. The government has also established vocational training centers and provided financial support to persons with disabilities to start their own businesses. The report highlights the importance of promoting the employment rights of persons with disabilities, including the right to work on an equal basis with others, the right to vocational training, and the right to reasonable accommodation. The publication notes that employment can provide persons with disabilities with financial independence and can contribute to their social integration and well-being.

The UNDP publication also highlights the importance of ensuring that persons with disabilities have equal access to healthcare services. Nepal has made progress in this area by establishing specialized health services for persons with disabilities and providing free medical treatment to persons with certain disabilities. The government has also established a disability identification card system to help persons with disabilities access healthcare services. The report emphasizes the importance of ensuring that healthcare services are accessible, affordable and of high quality for persons with disabilities. The publication notes that persons with disabilities often face barriers to accessing healthcare services, including physical barriers, lack of information, and discrimination.

Charity/Welfare Organisations in Nepal

There are an astounding number of non-governmental organizations (NGO) and international non-governmental organizations (INGO) that have been registered in Nepal between 1977 and 2014, a total of 39,759 NGOs and 189 INGOs (Karkee & Comfort, 2016). Out of this only a meagre 758 NGO work in the sector for Handicapped and disabled. This shows that activities related to the welfare of the disabled population are limited and doesn't hold much importance in the country as a whole. The highest number of registered NGOs (25,403) has been working on community and rural development and the 2nd least number of registered NGOs (517) has put their focus towards educational development (Karkee & Comfort, 2016).

For a long time, Nepal as a developing nation has been dependant on foreign aid for major development activities in the country. Foreign governments, NGOs, INGOs are collectively known as external development partners (EDPs) and they have been heavily involved in the policy making, program design and implementation. Despite these facts, Nepal has remained one of the least developed countries with 16.4% of its people living below \$1 USD per day (Karkee & Comfort, 2016). What this shows us is that even though the EDPs help bring financial, material and skilled human resource to the country. If there is a lack of interest from the host country and internal stake holder's then sustainment of any project is not possible. Nepal's prolonged history of corruption and poor management has made it difficult for the realization any major benefit of the countless projects and programmes run by these EDPs.

The numerous NGOs and INGOs in Nepal combined carry out an important role in the policy making and implementation of projects geared towards the betterment of lives for people with disabilities. Educational campaigns are the most important of them all, working on education of people especially in rural Nepal to help bring about awareness relating to disability

and need of the disabled people. Yet many of these organizations are focussed on short term gains and completion of projects rather than focussing on long term sustainability. But it is not all bad news; I have seen many projects that have had lasting impacts on the lives of the disabled. Notably, one of my favourite cartoons in my childhood was 'Meena,' developed by a team of people in UNICEF. Meena is a common girl from a rural society fighting for the rights of a girl child as well others around her. The cartoon has had such an impact on so many lives that it has been translated to multiple languages and is still broadcast today. It has helped in educating children throughout countries in South Asia and so many more nations, myself being one of them, about the little things that schools fail to teach.

Non-governmental organizations play a crucial role in promoting disability rights and inclusion in Nepal. NGOs in Nepal have been working tirelessly for many years to support persons with disabilities and to raise awareness about disability issues.

One of the primary roles of NGOs in Nepal regarding disability is to promote disability rights and inclusion. NGOs in Nepal work to raise awareness about disability issues and to advocate for policies that support the inclusion of persons with disabilities in all aspects of society. For example, the National Federation of the Disabled Nepal (NFDN) is a leading NGO in Nepal that works to promote the rights of persons with disabilities (National Federation of the Disabled Nepal, n.d.). The NFDN has been instrumental in lobbying the government to implement policies and programs that promote disability inclusion, such as the Inclusive Education Program (IEP) and the Disability Rights Act.

In addition to promoting disability rights, NGOs in Nepal also play a critical role in providing support and services to persons with disabilities. For example, the Nepal Disabled Women Association (NDWA) is an NGO that provides support to women with disabilities in

Nepal (Nepal Disabled Women Association, n.d.). The NDWA offers a range of services, including vocational training, counselling, and advocacy. Similarly, the Disabled Rehabilitation and Development Association (DRDA) is an NGO that provides rehabilitation services to persons with disabilities, including physical therapy, speech therapy, and occupational therapy (Disabled Rehabilitation and Development Association, n.d.).

NGOs in Nepal also work to promote access to education for persons with disabilities. As discussed earlier, many schools in Nepal lack the necessary infrastructure and resources to provide education to students with disabilities. NGOs in Nepal have been working to address this issue by providing training and support to teachers and educators on how to cater to the needs of students with disabilities. For example, the Center for Independent Living Nepal (CIL Nepal) is an NGO that works to promote inclusive education for persons with disabilities (Center for Independent Living Nepal, n.d.). The CIL Nepal provides training to teachers and educators on how to teach students with disabilities in mainstream classrooms and develops teaching materials for students with disabilities.

NGOs in Nepal also play a critical role in promoting employment opportunities for persons with disabilities. Persons with disabilities in Nepal face significant challenges in accessing employment opportunities, including discrimination and lack of accessibility. NGOs in Nepal work to address these challenges by providing vocational training and job placement services to persons with disabilities. For example, the Association of Youth Organizations Nepal (AYON) is an NGO that works to promote employment opportunities for persons with disabilities (Association of Youth Organizations Nepal, n.d.). The AYON provides vocational training to persons with disabilities and connects them with potential employers.

Chapter V: Where Do I Fit In?

I have spent the majority of my life in Nepal and completed most of my education there. I pursued my Bachelor's Degree in Nursing in India. As I reflect on my educational journey, I cannot recall a single course or chapter throughout my years of study that was dedicated to the subject of disability or aimed at developing an understanding of what it genuinely means to be disabled. In hindsight, I would have expected, especially as a nursing student, to be taught how to assist individuals with disabilities. Yet, our entire curriculum primarily centered around treating illnesses and providing care to the sick. Even disability, it appeared, was framed as an illness, positioning us as caregivers even when our help might not be necessary. We were not educated to truly comprehend the nature of disability, how it affects individuals' lives, and their interaction with society. Being a student within the medical field, I had erroneously assumed that I possessed a comprehensive grasp of what disability entailed. I had been instilled with the belief that I must offer assistance regardless of whether it was sought or needed.

Upon returning to Nepal after completing my studies, I was offered a position in the neurosurgical ward of a prominent hospital. I eagerly seized this opportunity, marking the commencement of my nursing career. Armed with a fresh nursing degree, I was brimming with passion and a fervent desire for recognition. My tenure in this role introduced me to one of the most profound lessons of my life as I cared for patients. I discovered that disability is far more intricate and diverse than I had once believed and had been taught throughout my education. Disability can manifest in numerous forms, affecting individuals irrespective of their gender, age, social or economic standing. It may arise from birth, result from an injury, accident, or be brought on by a physical or mental ailment. It was during this period that I began to appreciate the significance of the issue I had previously overlooked. During my final years of education, I

witnessed a senior student who had suffered a severe car accident, causing her to lose one of her hands due to extensive injuries. Remarkably, she persevered and successfully completed her nursing degree. However, despite her achievements, she faced the cruel twist of fate that denied her employment as a nurse. While the nursing profession presents certain demands and expectations, it raises essential questions about the array of roles within the field and where her exceptional knowledge and skills could be applied. In her case, disability, stemming from a tragic accident, cast a shadow over her four years of dedicated work. This experience underscored the complexities of disability and the need for a more nuanced understanding.

Not long after, I got married and relocated to Canada, where my husband resided. This land of dreams held the promise of new beginnings and countless inquiries about my career and life goals. In Winnipeg, I embarked on my journey in the healthcare industry, working as a Health Care Aide in a long-term care facility, specifically in the Dementia Unit. My nursing degree eased my transition into this role. My initial day was filled with intrigue as I navigated the distinctions between my past education and the realities I encountered. The concept of long-term care facilities was virtually nonexistent in Nepal. In Nepalese society, as I will explore later, elderly care typically falls upon one's children. Dementia, though not entirely absent, was less prevalent, primarily due to limited knowledge, proper diagnoses, and a general lack of awareness. Typically, the Nepalese response to someone becoming forgetful in old age was, 'They're growing forgetful because they're getting old.' In my new role, I encountered numerous individuals in wheelchairs who, when offered assistance, declined it. This initially perplexed me. It soon became clear that being in a wheelchair did not automatically signify a need for assistance, and I needed to ask for consent. Moreover, I observed that people with common issues had varying needs. Regardless of their type of disability, different individuals required

different forms of support. Some patients I cared for were physically independent but struggled mentally with everyday activities, such as bathing, eating, and self-care. Some even grappled with memory lapses. Conversely, others I attended to were physically disabled but mentally very sharp. This marked my realization that not all disabilities were equivalent, and every person demanded support tailored to their unique requirements. I encountered examples such as a patient in a wheelchair, disabled from birth, who had mastered the art of self-mobility, whereas others immobilized due to accidents required assistance with the same tasks.

I must admit that I initially grappled with uncertainties about my career choices and considered pursuing further studies. This led me to my acceptance into the Master's in Disability Studies program at the University of Manitoba. The subject matter was entirely new, and given my limited prior exposure to disability issues, I felt some trepidation. Yet, I am now proud of my decision to embark on this journey. It has provided me with a fresh perspective on my profession and past experiences. I have encountered numerous individuals who continue to intrigue me and teach me something new every day—about myself and, most significantly, about disability. With the knowledge I have gained, I can now engage in meaningful dialogues with people with disabilities. I aim to ask the right questions and help them feel like valued members of society, just as I am as an able-bodied individual.

This newfound understanding has enabled me to draw connections to various experiences throughout my life that I had overlooked due to a lack of comprehension. For instance, a close friend of mine chose to conceal her son's disability from her family, friends, and society for an extended period due to fear of potential reactions. Her son has autism and apraxia of speech. When she eventually made this information public, she received immense support, particularly on social media, where she held a substantial following. Although there have been positive shifts

in society's perception of disabilities, underlying issues persist. Whether in education, employment, healthcare services, or basic transportation, are we truly equipped to offer these individuals the support they need to integrate fully into our society? The onus does not lie with individuals with disabilities to adapt to an environment designed for the able-bodied. Rather, we must change our mindset and accept and adapt to their unique needs. We must provide every possible means for them to lead independent lives. I would like to share an example that emphasizes this point further. In Australia, a prominent public figure discovered during her second pregnancy that there was a 99% chance that her child would be born with a disability. Specific details were not disclosed. Despite this challenging prognosis, with the parents' unwavering support and the ability to provide everything the child needed for a successful life, medical professionals advised abortion. This example highlights the continued influence of the medical model of disability in developed countries. Is education truly lacking, even among medical professionals? If so, it raises the question of whether Disability Studies should be mandated as a course from a young age within the health science curriculums.

Chapter VI: My Life Experiences - Journey from Nepal to Canada

Setting the Stage

Growing up, positive stories about disabled people were rarely part of the narratives that surrounded me. What little I did glean about disability was often tinged with a narrow and biased perspective. My insatiable curiosity led me to seek a deeper understanding of the history of disability in Nepal. To my dismay, I discovered a dearth of available information. What little did surface was predominantly presented through the lens of those in power, who seemed more focused on their own feelings and beliefs than on the lived experiences of disabled individuals. I firmly believe that this incomplete narrative has played a significant role in perpetuating the discrimination and isolation endured by disabled people in Nepal. These individuals have been consigned to the margins, relegated to public institutions, and treated as if they were carriers of some contagion rather than as integral members of society.

Despite the formidable challenges faced by disabled individuals in Nepal, there have been commendable efforts to champion their rights and foster inclusivity. Rules and regulations have been instituted to safeguard the rights of disabled people, and there are individuals who have tirelessly laboured to bring attention to the issues that plague the disabled community in Nepal. Yet, it is undeniably evident that there is an uphill battle to engender understanding and inclusion of disabled individuals in Nepalese society. The prevailing belief that disability is the consequence of past misdeeds and practices still holds a firm grip on the collective psyche. Disabled people are often perceived as burdens on the society, rather than as valuable contributors.

In Nepal, the notion that disability is the result of past transgressions or karmic retribution has persisted, leading to the ostracism and marginalization of disabled individuals. These deeply ingrained socio-cultural beliefs and myths have only served to hinder the exercise of the full rights of disabled people and their complete participation in society. In order to chart a path forward, it is imperative to grasp the historical context of disability in Nepal. As a Nepali woman who has grappled with disability within my own family, I have an intimate connection to the struggles faced by disabled individuals in Nepal. Regrettably, my own family was not impervious to the prejudices and stigma that shrouded disability; these are deeply intertwined with our cultural and religious beliefs. I witnessed how family members with disabilities were frequently marginalized and subjected to discrimination, even within the confines of our own home.

When I ventured to India to pursue my nursing studies, I aspired to gain a more profound comprehension of disability and how to provide comprehensive support and care for disabled individuals. It was there that I encountered disabled individuals who were actively advocating for their rights and endeavouring to shape a more inclusive society. Their courage and determination profoundly inspired me, igniting fervour within me to work toward creating a world that offers equity to all, regardless of their disabilities.

My time in India proved to be a transformative period in my life. I honed my skills in caring for individuals with disabilities, enabling them to lead fulfilling lives. Simultaneously, I observed that India, too, grappled with challenges akin to those faced by Nepal in providing basic support and safeguarding the rights of disabled individuals. This fuelled my curiosity, driving me to explore disability rights and advocacy on a global scale, a journey that eventually led me to Canada, where I had the opportunity to pursue a master's degree in Disability Studies.

Residing in Canada has presented an entirely different political landscape for me, particularly when it comes to disability rights. My studies in Disability Studies in Canada have illuminated a whole new dimension of disability advocacy and activism. I have been exposed to the substantial progress that has been made in constructing a more inclusive society, as well as the persistent challenges that confront disabled individuals. I have witnessed the dedication of disabled individuals and their advocates who have collectively transformed Canada into a pioneering nation in terms of disability rights and support. However, this journey has also made me cognizant of the imperfections that persist within Canadian society concerning disability rights. Much work remains to ensure that disabled individuals are fully integrated and afforded equal opportunities in all facets of life. This reflection has driven me to contemplate the history of disability and how societal beliefs and values have profoundly shaped it. It has also galvanized me to persist in my pursuit of a more just and equitable world for all disabled individuals, both in Canada and across the globe.

In essence, my experiences in Nepal, India, and Canada have fundamentally shaped my understanding of disability and disability rights. They have served as a powerful motivation for my continued learning and advocacy on behalf of disabled individuals. The ensuing sections will delve into my assessment of the current status of disability in Nepal and shed light on why I view disability and related issues through the lens that I do.

History of Disability in Nepal: What I was taught and what I came to know

As a Nepalese citizen, my journey through education and personal experiences has uniquely positioned me to provide a distinctive perspective on the history of disability in Nepal. Disability, to me, has perpetually been an invisible facet of Nepalese society, veiled in myths and

taboos that render it a challenging subject to openly discuss. Even today, a pervasive reluctance exists to engage in candid conversations and truly comprehend the spectrum of individual disabilities. It appears that throughout history, narratives have been predominantly crafted by those in positions of power, often manifesting as a subjective account heavily influenced by their emotions and perceptions rather than an objective portrayal of factual events. In the annals of time, I have encountered few, if any, narratives that speak of favourable outcomes for disabled individuals. When the history of disability is scrutinized, we invariably encounter tales of discrimination and isolation as disabled individuals were often sequestered in public institutions such as psychiatric hospitals and specialized residences for the visually and hearing impaired. These institutions acted as confinements, isolating people with disabilities from the broader society, framing them as carriers of disease and contagion and thereby exacerbating their exclusion. In Nepal, comprehensive historical research into disability has remained an elusive initiative.

The edifice of current rules, regulations, and provisions designed to safeguard the rights of disabled people has been constructed upon the foundation of the historical understanding – or lack thereof – of disability. As I see it, history is an inherently subjective narrative, often shaped by the unique perspective of the storyteller.

Deciphering the motivations and viewpoints that underpin an individual's accounts of their experiences and thoughts can be a formidable task, especially when that individual grapples with mental or physical barriers to self-expression. Quite frequently, discomfort and the potential challenge posed to readers lead to the omission of certain historical aspects – a strategy that may serve to uphold prevailing socio-cultural beliefs and, perhaps, safeguard the image of those in positions of authority. Disability, in this context, rarely occupies the center stage of discussions.

A grasp of the history of disability is indispensable, for it furnishes us with insights into how we have traversed this path and directs our course for the future. Regrettably, much of the history of disability in Nepal remains shrouded in obscurity. Yet, the scant information that did emerge during my research, serves as an archive of personal accounts, chronicling the tribulations and unwavering efforts of individuals who have relentlessly strived for recognition within society.

A deeply ingrained belief that has endured in Nepalese society is that disability is an outcome of past misdeeds and practices in one's former life. This conviction engendered a climate of profound reluctance toward disabilities and disabled individuals. My recollections hark back to stories recounted by my grandparents, vividly illustrating the myths and folklore that abound within Nepalese and Hindu societies. These narratives paint a stark portrait of the ill-treatment of disabled people. Within this societal environment, disabled individuals were often regarded as burdens to the rest of the society, consequently being denied the full exercise of their rights. This juncture prompts a natural transition to the following discussion, where I delve deeper into the intricate interplay between Nepalese society, religion, and the deeply rooted taboos surrounding disability.

Disability Education in Nepal

The landscape of disability education in Nepal, as I came to understand it, reveals a historical narrative characterized by gradual evolution, demonstrating that while progress has been made, substantial challenges persist. The government's stance on disability education was not always the resolute priority it should have been, despite Nepal's ratification of the United Nations Convention on the Rights of Persons with Disabilities in 2010 (United Nations, 2019). Consequently, the educational system remained ill-equipped to address the diverse needs of

individuals with disabilities. However, it is essential to acknowledge the transformative impact of both governmental and non-governmental organizations (NGOs) in reshaping the future of persons with disabilities.

The inception of disability education in Nepal can be traced back to the early 1950s. During this period, the Nepali government initiated a special education program tailored to children with disabilities. This pioneering initiative, however, held a primary focus on medical treatment and rehabilitation, rather than educational empowerment. The government took a notable step in 1956 with the establishment of the National Rehabilitation Center for the Disabled (NRCDD) (Government of Nepal, 1994). The NRCDD offered an array of rehabilitation services, including a semblance of education for persons with disabilities. Regrettably, the educational provisions offered by NRCDD remained limited and lacked the essential element of quality, leaving much room for improvement.

It was only during the 1970s that the government recognized the pressing need for a comprehensive and inclusive education system for persons with disabilities (Devkota, 2019). Subsequently, it embarked on the development of policies and programs geared toward advancing disability education. In 1976, the National Institute of Physical Medicine and Rehabilitation (NIPMR) was established by the government, with a mandate encompassing the provision of education and training for individuals with disabilities. Nevertheless, the educational opportunities afforded by NIPMR still fell short of meeting the multifaceted needs of persons living with a spectrum of disabilities (UNESCO, 2018).

This chronicle of disability education in Nepal underscores the intricate journey of transformation. While efforts have been exerted, it is clear that comprehensive reforms are still essential to ensure the fulfillment of the educational rights and needs of individuals with

disabilities, a critical endeavour in which the government and NGOs continue to play pivotal roles.

Special Education in Nepal

The concept of ‘special education’ encapsulates a tailored approach to education that acknowledges and addresses the distinct requirements of students grappling with various disabilities. Special education initiatives are specifically designed to offer personalized guidance and support to students with disabilities, equipping them with the tools and opportunities to access the academic curriculum and attain scholastic success (Heward, 2021).

In my educational journey and exploration of special education in Nepal, I uncovered a series of crucial milestones that underscored the government's recognition of the pivotal role played by special education in fostering an inclusive and equitable learning environment for students with disabilities (Cortiella & Horowitz, 2014). It was evident that the authorities in Nepal were committed to providing the necessary support and structures to empower students with disabilities.

One significant turning point occurred in 1981 when the government of Nepal took a pioneering step by establishing the National Education Department for the Disabled (NEDD). This establishment marked a seminal moment in the development of special education programs within the country (World Blind Union, 2019).

The NEDD assumed a pivotal role, tasked with the responsibility of conceptualizing, developing, and executing specialized educational programs catered to students with disabilities (UNESCO, 2019). This move not only demonstrated the government's acknowledgment of the

unique needs of these students but also highlighted its dedication to providing them with opportunities for meaningful education.

In my pursuit of understanding special education in Nepal, it became evident that NEDD's mandate extended beyond program development. The department also undertook initiatives to enrich the capabilities of educators and teachers (World Blind Union, 2019). Recognizing the importance of equipping educators with the necessary skills and knowledge to address the diverse needs of students with disabilities, NEDD implemented comprehensive training programs (Mishra, 2002).

Moreover, NEDD embarked on the development and dissemination of essential teaching materials. These encompassed a wide array of resources, including textbooks and workbooks, thoughtfully tailored to align with the unique requirements of students with disabilities (World Blind Union, 2019). These materials not only facilitated the learning process but also reinforced the overarching objective of creating an inclusive and supportive educational ecosystem.

Building on these commendable efforts, the government of Nepal further fortified its commitment to students with disabilities by enacting the Disabled Persons' Welfare Act in 1993. This pioneering legislation was a significant stride in ensuring that individuals with disabilities were afforded their fundamental rights, including access to education, employment, and other critical services (Agency for Technical Cooperation and Development, 2020).

The act provided a robust legal framework within which special education programs in Nepal could thrive, fostering a more inclusive society that upheld the rights and dignity of all its members.

Inclusive Education in Nepal

In my journey to comprehend the landscape of inclusive education in Nepal, I traversed a path from initially knowing nothing about to what I have come to know after my educational experiences in Canada. Inclusive education, as I learned, stands as a transformative approach that champions the active participation of all students, irrespective of their abilities or disabilities. The essence of inclusive education lies in the provision of vital support and accommodations, fostering an environment in which students with disabilities can effectively engage with the curriculum and attain academic success.

The genesis of inclusive education in Nepal can be traced back to the 1990s when this progressive concept was introduced. Yet, it quickly became evident that the translation of this vision into practical, on-the-ground implementations was met with delays and limitations. Progress in the inclusive education sphere was modest. However, a notable turning point emerged in 2004 when the government of Nepal launched the Inclusive Education Program (IEP). This monumental initiative marked a critical juncture in the nation's pursuit of inclusive education. The IEP's fundamental objective was to extend the reach of inclusive education to encompass all students, regardless of their abilities or disabilities (Kumar & Suryavanshi, 2018). In this endeavor, the program embarked on multifaceted strategies to ensure the realization of this vision.

Central to the IEP's mission was the development of a comprehensive training regimen for educators and teachers (Shrestha et al., 2018). This was aimed at preparing these frontline educational figures to adeptly cater to the distinctive needs of students with disabilities in mainstream classrooms.

Through the lens of autoethnography, my journey through the realms of inclusive education in Nepal reveals an evolving landscape. From the lack of foundational concepts in my early education to the realities I uncovered throughout my academic and professional experiences later in life, inclusive education represents a vision that is both promising and intricate. My journey thus far has illuminated the dynamic trajectory of inclusive education in Nepal, laying bare its challenges and achievements.

The Nepalese Society - Religion and Taboos

My personal experience with disability in Nepal was initially shaped by societal beliefs and taboos. Growing up, I witnessed disabled individuals being treated as outcasts, and their rights were completely disregarded. This was the norm in Nepal, and it was only when I started studying nursing in India that I began to realize that it did not have to be this way.

Nepalese society, historically, has shown tolerance when it comes to religion, culture and social status. Until the political reform of 2008 AD, Nepal was the only country that officially recognized itself as a primarily Hindu Kingdom. However, only 81.3% of the population actually practiced Hinduism as their main religion (Lamichhane, 2009). Among the other religions in the country, people were mostly Buddhists, Muslims, and Christians, to name a few. With thousands of Gods and countless temples to worship them, there were also a multitude of religious days and celebrations throughout the year. Nepal still remains primarily a patriarchal system in which males are considered the decision-makers and primary breadwinners in the family. Equally significant is the importance of being a strong and independent adult male, although most people spend their lives in close-knit familial ties where up to 4-5 generations live together in a single

household. Moving out of one's parents' house is a taboo concept in Nepalese society, although these days things are different.

Religious beliefs and taboos run deep in the culture. The term 'disability' itself is considered taboo even in the most developed parts of the country. Similar to what I mentioned above, when religion takes over and education and understanding of the subject are virtually non-existent, problems arise when people with disabilities are very often not even considered a part of society. Disability is seen as a result of the sins of the parents or as a punishment for misdeeds in past lives. Parents and families are often inclined to hide their 'inferior' offspring to avoid societal labeling. Most disabilities, especially those that affect a person's mental well-being, often go undiagnosed. I remember one Bollywood movie, *Taare Zameen Par*, that reflects how parents view their children. The older child is intelligent, always at the top of his class and excelling in sports, while the younger child has problems concentrating and reading. The parents refuse to acknowledge that their child might have autism or some other form of disability affecting his ability to do so. In the digital age, an era of modern developed society, this sad truth still holds in many parts of Nepal and India.

In a society where 'pujas' are conducted to worship the Gods and ensure no misfortune befalls one's family or children, the fate of disabled people feels sealed and bound to suffer under this religious society. Shamans and witch doctors govern the nature of the 'illness,' and treatments are a form of rituals aimed at warding off evil spirits believed to cause these illnesses.

Religious texts are also filled with ideas suggesting that disability is a direct result of sins, with plenty of examples telling stories of disfigured and disabled individuals who became that way as a result of disobeying or defying the Gods and their will. One prominent example in the texts is the 'Mahabharata.' The great king Dhritarashtra, who possessed the power of a hundred

elephants within him, was born blind due to his mother's sin in a past life when she disrespected an ugly-looking sage meant to beget children for 'Ambika' (Rajendran, 2018). In other scriptures, it is said that Dhritarashtra himself had intentionally blinded a swan in his past life, resulting in his blindness in his present life (Komaragiri, 2022). However, it is not all gloom and darkness when it comes to Hindu religion and taboos. There are countless examples on the other end of the spectrum where the Gods themselves have reincarnated as disabled individuals to defeat evil in the world. In the great King's Courts, people with hearing and speaking disabilities were trusted to copy important documents.

While Hinduism states that able-bodied people should be charitable towards those with disabilities and extend a helping hand (Lamichhane, 2013), society often pities people with disabilities, seeing them as unable to be independent and live 'normal' lives. We know this is not true, as many people with disabilities have learned to live their lives as normally as able-bodied individuals. Some have even achieved fame through their extraordinary accomplishments in life, not in spite of their disabilities or by overcoming them, but simply because they worked hard for it, perhaps harder than most able-bodied individuals.

Accessibility and Employment

Accessibility is a major limiting factor that affects people with disabilities, not just in terms of physical mobility but also in relation to healthcare services, education, and more. But what does accessibility mean, especially within the context of Nepal? Is it solely about having the infrastructure for healthcare and education, or is it equally important to ensure that people with disabilities have reasonable means to access these infrastructures? To rephrase my initial question, what does accessibility mean in the realm of disability? I grew up without seeing a

single accessible parking spot, whether in malls, hospitals, schools, or elsewhere. In a country where the very concept of disability is limited, disability access cards and parking spots were distant ideals. This is just one of the countless examples of the accessibility challenges I have encountered. I often find myself comparing the services provided to people with disabilities here in Canada to what I was accustomed to in Nepal. What does it take to transform centuries-old infrastructure to make it accessible to all?

There are numerous schools and hospitals dedicated to serving the needs of people with disabilities, but accessibility remains a significant challenge. Newer, larger hospitals have been built throughout the country in recent years, but most are concentrated in densely populated urban areas. Major cities offer a multitude of services, but how can a physically disabled person make the journey to and from these cities to the most rural parts of the country? I will touch on transportation shortly, but I want to emphasize how hospitals, despite having elevators, often lack accessible entrances. The absence of escalators, automated doors, or easy-access door opener switches is a common issue. Not because we do not know about these technologies, but perhaps because they are considered too expensive and space-consuming. This lack of accessibility in public buildings and institutions reflects the social model of disability. Public restrooms are another example of poor accessibility in Nepal. There are few such facilities, and the rare ones that do exist were not designed with disabled people in mind.

Regarding transportation, in Canada, I see buses dedicated to serving people with disabilities, reserved seats, and parking spots. However, in Nepal, the options for those using public transportation are limited. While we now see reserved seats for disabled individuals, the elderly, and women, enforcement of these measures remains a challenge. If a person using a wheelchair cannot board a bus or other form of transportation, what good is a reserved seat

inside the vehicle? And even if they manage to board, the seats are often not foldable to accommodate wheelchairs. Public transportation in these crowded cities is typically overcrowded, making it difficult to find a spot, let alone one that is accessible. With few roads connecting major cities to rural areas, the options for people with disabilities are limited. The hardships faced by disabled individuals when it comes to transportation are unimaginable. Schools have been established for people with disabilities, but how can we ensure that those they serve have the means to reach these schools? This involves both transportation and the financial ability of families to support them. Government buildings that pledge to support people with disabilities lack the proper infrastructure to ensure accessibility. Even as an able-bodied individual, it can be challenging to get official work done in these buildings. Finding the right department, running between different rooms to complete forms, get them signed, and finally submit them in different rooms, often on different floors of the building, is a daunting task. How can we expect a disabled person, especially one with physical disabilities, who aims to be independent, to accomplish this on their own?

Opportunities for employment are few and far between for people with disabilities, as society often underestimates their capabilities, reflecting a stigma and a presumption that disabled individuals cannot be as productive as able-bodied individuals. The same applies to one of the seniors in my college who was not trusted to fulfill her duties as a nurse due to losing one of her hands in an accident. Are there no other duties for a nurse beyond physical assistance? Certainly there are, but the question remains: Is our society ready to accept help from a disabled person? Being disabled does not limit one's ability to work; it is all about the mindset of people who are unwilling to accept the challenge. I am proud to have been part of the Disability Studies family at the University of Manitoba, where I witnessed examples of how people can still be

successful through hard work. I learned the importance of making employment accessible for all. Similar to the issues with transportation and building accessibility, many places of employment simply do not, or cannot, ensure accessibility for people with disabilities. Perhaps there was never a need to do so in Nepalese society. Who would have believed that disabled individuals could work and earn a livelihood?

The disability movement is based on the principle that disability is not primarily a medical issue but a social one. Disability rights activists argue that people with disabilities do not need a cure or pity; they need jobs and the opportunity to fully participate in society. The challenges faced by people with disabilities are created by barriers, not their physical or cognitive differences. Some of these barriers are physical, such as stairs, small print, and narrow doorways, while others are attitudinal, such as prejudice, pity, and charity. The social model of disability best explains this, as it focuses on the discrimination faced by disabled people in social dimensions, including physical and attitudinal barriers. Activists assert that disability is not necessarily a negative aspect of one's life (Chivers, 2008).

The challenges faced by people with disabilities in terms of transportation are another area I would like to explore. With limited infrastructure like roads and bridges connecting rural areas to major urban centers, there is also a lack of proper accessible transportation services. Even in major urban centers in Nepal such as the capital city of Kathmandu, vital alternate means of transportation for people with disabilities are lacking. Public transportation remains a challenge even for the general population, with buses consistently overcrowded both with seated and standing passengers. How can we expect a person in a wheelchair to board such a bus, let alone fit inside? None of the public transportation I have seen has been retrofitted to ensure accessibility for physically disabled individuals. Even taxis and private vehicles available for

rent lack these features, forcing physically disabled people to rely on others for assistance when boarding or disembarking from vehicles. The government does not provide dedicated Handi-Transit type vehicles or services. While laws stipulate that public vehicles must have a certain number of seats reserved for people with disabilities, these provisions become irrelevant if those individuals cannot even board the vehicles in the first place. I have witnessed numerous buses packed with passengers, and obtaining a seat, regardless of its reserved status or someone else's greater need, is extremely challenging. This lack of monitoring and insufficient infrastructure is once again a significant issue.

The Begging Culture

Begging has entrenched itself as a prevalent means of livelihood for many individuals, especially those grappling with financial hardships and those living with disabilities. For individuals with disabilities who are often marginalized by society and even by their own families, the streets become their only refuge as they rely on the mercy of strangers to secure the most fundamental necessities. When I speak of these necessities, I am referring to the very basics, primarily food. It is a common sight to find people waiting in lines along nearly every street, temples, and public gathering places, hoping for the generosity of passers-by to spare some change. This small offering may enable them to obtain a single meal, and their worries about the next day still persist. Despite the presence of numerous agencies working towards the betterment of disabled individuals, some continue to opt for begging as their chosen path, primarily because it seems easier than being institutionalized and rendered dependent. One can imagine that many of the taboos and prejudices that plague the world of the abled society persist within the disabled society, along with the fears and horrors they may have absorbed from both

their families and society at large. Besides the countless instances of discrimination that they encounter historical accounts of inhumane treatment within public institutions, such as psychiatric hospitals and facilities for the blind and deaf, likely play a role in the decision to beg for sustenance.

In recent times, I have witnessed a surge in the number of beggars on its streets. It is disheartening to see children, typically between the ages of 5 and 15, carrying younger children, aged 1 to 5, some with visible deformities or bandages, while others seem entirely 'normal.' These children can be found on the streets, requesting money, not for food or clothing, but for money itself. This situation has raised numerous questions, provoking thoughts of whether they are genuinely in need of begging or if someone else is exploiting them. This has even led to hesitance in extending a helping hand to someone who appears to be in need. We might term this phenomenon as 'the image of beggars,' although it is uncertain whether such a concept truly exists.

Disability can affect individuals regardless of their socioeconomic status, resulting from accidents, illnesses, or even present from birth. Society often struggles to accept individuals with disabilities, subjecting them to discrimination and differential treatment. This is primarily driven by deep-seated taboos, cultural and religious stigmas, and traditional beliefs. These factors contribute to society's rejection and discrimination against disabled individuals. Society's perception is that those with disabilities lack the ability to perform their work efficiently or in the same manner as before, particularly in cases of disability stemming from accidents, trauma, or illness. Consequently, disabled individuals are excluded from numerous opportunities in life.

This issue is starkly evident in my home country, Nepal, where begging has become the default choice for disabled individuals to earn a livelihood. Begging on the streets and sitting in

temple courtyards are common sights nowadays. Astonishingly, even government authorities seem to indirectly endorse this practice. I have observed individuals walking around with laminated certificates stating that they are disabled, imploring passers-by for assistance. While this does not entirely surprise me, it does trigger frustration regarding the lack of interest and comprehension on the part of agencies supposedly tasked with advocating for the welfare of disabled people. Additionally, I have witnessed parents begging with their children, carrying them wherever they go. This not only limits the prospects of the disabled individual who begs but also curtails the future of the child who is continually carried around, missing opportunities for education and training which could ultimately transform both their lives and those of their parents for a brighter future.

Geography

Being born and raised in Nepal, I have experienced the country's geography's effect when it comes to accessibility. Nepal's topography is separated into three primary areas: Terai (flats), Hilly, and Mountainous regions, each presenting unique obstacles to accessibility. The most significant problem in these regions is transportation infrastructure which affects the entire population, particularly those living with disabilities. Even though Terai areas are flat like the Canadian prairies, there are vast challenges regarding road systems and other transportation infrastructure. The Hilly and Mountainous regions present a different challenge; the rugged landscape makes it difficult to build essential transport infrastructure, making traveling difficult. Notably, the Mountainous region's bad weather conditions during most of the year make it impossible to construct any infrastructure to aid transportation (Rupakheti & Shahi, 2020).

Unfortunately, Nepal's government cannot address these accessibility challenges due to limited resources and relies heavily on foreign donations and project sponsors (Ram et al., 2017; Rupakheti & Shahi, 2020). Additionally, the situation is dire in the country's rural areas, where the fewest development activities take place, and infrastructure that can support the general population's needs is inadequate. Inaccessible roads in various parts of the country make it almost impossible to access healthcare, education, and other essential services needed by persons with disabilities (Rupakheti & Shahi, 2020).

Accessibility challenges in rural areas in Nepal impact education, healthcare, and employment opportunities that are critical to disabled individuals. Unless accessibility issues are addressed, children and adults living in inaccessible hinterlands will never get the appropriate education needed to understand disability and plan for future needs. Limited employment opportunities restrict an individual's ability to contribute to society, thus capping their growth and involvement in society (Adhikari, 2017). More so, rural educational needs differ from those required in urban areas. Basic education on issues such as sanitation, adopting a healthy lifestyle, various societal issues, the hardships faced by disabled individuals, and how they can contribute to society is an essential area of education within these regions (Mendis, 2018).

The majority of people in rural Nepal are farmers, though not a viable option for disabled persons to contribute to their families. Even when disabled persons have the capacity to contribute, society's stigma towards them labels them as defective, thus preventing most of them from participating in the family set-up or society at large (Mendis, 2018). There are various taboos and social stigmas associated with disabilities, including a belief in some societies that it is a transmissible disease with no cure, further isolating persons living with disabilities (Adhikari, 2017).

Having lived in Nepal, I witnessed the challenges faced by persons with disabilities due to infrastructural challenges prevalent in inaccessible rural areas. Ultimately, Nepal's government must address accessibility challenges for its citizens, negating the heavy reliance on foreign donations and sponsors. Addressing accessibility challenges provides an opportunity to enhance education, employment, and healthcare for the country's population, including persons living with disabilities.

Education

Knowledge is key, experience come after. Growing up in Nepal, I was never taught about the concept of disability and how it affects social structures and relationships, especially in a developing country like mine (Law Commission of Nepal, 2017). Even today, the education surrounding disability remains lacking, this perpetuates subconscious thoughts that it is unimportant, leading to apathy towards persons living with disabilities. Proper disability education is crucial for overcoming social stigmas and taboos, especially in developing countries like Nepal. However, one challenge that Nepal faces is the lack of schools or facilities that focus on educating persons with disabilities, with the few existing ones grossly out dated and facing infrastructural challenges, including a lack of educated individuals specializing in disability education, inadequate resources, and financial woes (Keita, 2000).

Within this context, even getting persons with disabilities enrolled in schools that cater to their needs is a significant challenge, let alone education at home. Different disabilities have peculiar learning needs, making it challenging for schools to find an approach that caters to each individual based on their learning needs. Additionally, facilities cannot provide adequate attention or resources, contributing to the high numbers of families hiding their children with

disabilities at home rather than enrolling them in schools. In fact, statistics indicate that roughly 30.6% of children with disabilities did not attend any school in Nepal (Law Commission of Nepal, 2017).

The concept of inclusive education is an even more distant issue in Nepal (Keita, 2000). Schools specialize in providing education to a specific type of disability, leading to children being grouped according to their disability rather than individual learning needs or age. Inadequate teacher training, insufficient support in schools, and examinations geared towards the general population make it hard to achieve inclusive education for persons with disabilities. Lastly, accessibility to schools is an issue that Nepal must address if it is to achieve inclusive education.

Educating the entire family and society is equally critical for enabling people with disabilities to lead better lives. The UN itself defines disability not as a health issue but a cross-cutting issue requiring collaboration in various sectors to achieve inclusive economic and social development and improve the lives of people with disabilities. A case study conducted by Lamichhane (2009) states that Nepal cannot reach its full social, economic, or political potential by marginalizing people with disabilities. Through raising awareness about disability issues, families, communities, and government agencies can help develop more opportunities for persons with disabilities through education. Positive attitudes and understanding towards persons with disabilities can also lead to longer school attendance by children with disabilities (Lamichhane, 2009).

It is my understanding that disability education is crucial for addressing inclusion and social challenges faced by persons living with disabilities in Nepal. Disability education must encompass not only teaching persons with disabilities but also educating the whole family and

society at large. Hence, we must invest in education, inclusive policies, and infrastructure to support accessibility to schools and provide adequate resources that cater to the unique learning needs of persons with disabilities.

Policies and Problems: Education System for People with Disabilities in Nepal

Growing up in Nepal, I am aware of the challenges disabled children face in accessing inclusive education. The Ministry of Education in Nepal had a provision where mainstream schools could apply for funding to teach children with disabilities. This process later shifted to allow schools to apply directly with local authorities. However, one major flaw in this provision was that schools had to have a minimum number of children with a specific type of disability, promoting segregation and limiting schools' ability to teach children with various disabilities (Human Rights Watch, 2018).

The Human Rights Watch's 2018 report stated the main challenges faced by disabled children in Nepal when it comes to inclusive education:

1. Segregation
2. Lack of physical accessibility
3. Lack of reasonable accommodation
4. Intellectual challenges
5. Lack of trained teachers
6. Lack of monitoring

Nevertheless, the Act Relating to Rights of Persons with Disabilities, 2074 (2017) promises free education to the disabled population. It mandates educational institutes to offer free higher education for persons with disabilities and prohibits discrimination against persons

with disabilities in extracurricular activities and access to educational materials. The government must make provisions to provide education to persons with disabilities through multiple channels, such as braille, alternative scripts, sign language, and information technology to ease the imparting of education. Hostel facilities may be arranged for persons with disabilities based on indigency, geographical remoteness, or severity of disability, and schools must provide disability-friendly educational materials and build physical structures accordingly (Government of Nepal, 2017).

Special scholarships, financial assistance, and teacher training programs are also available for students with disabilities and teachers who teach people with disabilities. Additionally, the government must make educational materials freely available to schools to ensure access for students with disabilities (Sharma, 2017).

However, despite these provisions in law, inclusive education remains a distant concept in Nepal. Most schools still segregate children based on their types of disabilities and provide education only to a specific type of disability. Very few schools provide or support inclusive education for disabled children. The Nepal government, recognizing the importance of education for persons with disabilities, has implemented several policies and programs to promote disability education. The Inclusive Education Program, launched in 2004, aimed to provide inclusive education to all students, including those with disabilities. The program provided training to teachers and educators on how to cater to the needs of students with disabilities in mainstream classrooms and distributed teaching materials like textbooks and workbooks for students with disabilities (Sharma, 2017).

Gender

As a woman in Nepal, I have experienced firsthand the gender disparities that exist in our society. Our patriarchal society places immense pressure on women to produce healthy baby boys for the continuation of the family's name. However, the genetic makeup of a baby is determined entirely by the male, yet females bear most of the mental pressure and blame for bearing girls. Additionally, religious beliefs dictate that women are the caretakers of the household and primary caregivers for children, with men only taking on the role of breadwinners. Disabled women face even greater challenges in this society as they are considered incapable of bearing children or taking care of their families. They are also at a higher risk of abuse and discrimination, facing sexual assault, rape, theft, and other forms of injustice (Rastriya Samachar Samiti, 2020).

As per World Bank data, only 63% of girls in Nepal attend school, and the completion rate is even lower, especially in rural areas where education accessibility is limited (Devkota et al, 2017). Disabled women are even more susceptible to discrimination as they are often considered disabled first and women second. Attitudes like these create barriers to education and employment opportunities, particularly in rural areas where people find it hard to believe that women, let alone disabled women, are as capable as men. This belief perpetuates the patriarchal nature of our society, which is particularly oppressive for disabled women.

It is said that in the early years of forming disability organizations, women with disabilities saw themselves as disabled first and as women second. Disabled women were not welcome in the women's movement and were not seen as women but rather as disabled. Attitudes like these form a huge barrier to the education and employment of people, especially women with disabilities. In a society, especially the rural areas of Nepal, where it is hard to

convince people that women are just as capable as men are and should be given the opportunities for education and employment, it is even harder to convince them of the same when it comes to disabled women. This is also primarily because of the role perceptions in the society and the patriarchal nature of the rural societies. In the urban areas things have changed quite a bit and people have started to realize the importance of education for both their sons and daughter, whether they are disabled or abled.

I have witnessed countless incidents of discrimination against disabled women myself. Crime against disabled women, such as sexual assault, rape, stealing, and looting, is rampant in our country (Rastriya Samachar Samiti, 2020). Families are often unable to secure the rights of disabled people and fulfill their basic needs due to the lack of provisions and their socio-economic background, leaving the burden primarily on disabled women. This is particularly challenging for mothers in families where they have little say in decision-making and are obligated to fulfill familial duties despite facing numerous challenges. In contrast, male members of the family seem to have the liberty to complain about their health and demand that their spouse take care of them at all times.

In comparison, Canadian society has made progressive strides concerning gender differences, recognizing individuals outside of normative gender definitions like gay, lesbian, and bisexual people. Although discrimination still exists, we see formal recognition of the LGBTQ+ community in Canada, which is far from what the LGBTQ+ community experiences in Nepal. In Nepal, religious beliefs are firmly entrenched, which challenges the recognition of gender and sexuality outside the binary categories of 'man' and 'woman.' Furthermore, the support and aid provided to the LGBTQ+ community is far less than that provided to disabled women, despite many members of the LGBTQ+ community being disabled.

Queer people with disabilities face discrimination not only from the able society but also from their own communities. The policies and acts made for disabled people do not mention queer or LGBTQ+ individuals, and no institution has focused on addressing the needs of the LGBTQ+ community with disabilities. The lack of acceptance from the queer community means that there is no place for queer disabled people to learn and explore queer issues, making it challenging for them to accept their identities (Khadgi, 2021).

Health Care

Healthcare is a critical area that warrants attention, and my experiences in Nepal have illuminated the pressing issues surrounding it. The majority of hospitals are concentrated in densely populated cities where land availability for construction is a major constraint. The result of this spatial squeeze is that accessibility often is low priority because there is not sufficient room for the installation of essential features like ramps, elevators, and escalators. To provide an example, the hospital I worked at in Nepal was a small building that lacked these accessibility features. On numerous occasions, I found myself physically assisting individuals with physical disabilities to enter the hospital premises by carrying them up the stairs. Even within the hospital, there were no automatic doors; instead, doors had to be manually opened by pushing or pulling on the handles. Regrettably, this is the prevailing condition in most hospitals across Nepal (Ghimire, 2018). Hospital staffs, including doctors and nurses like me, generally lack a comprehensive understanding of disability and the specific needs of disabled individuals. My previous anecdotes about not recognizing that I was sometimes imposing my assistance on people likely resonate with many hospital staff members.

Once again, the healthcare sector in Nepal is deeply intertwined with various other factors, such as education, geography, and gender. I have touched upon education to some extent already. Without a proper educational foundation, individuals lack the essential knowledge about healthcare, from the planning and construction of healthcare facilities to the provision of healthcare services by professionals like doctors, nurses, and healthcare aides (Ghimire, 2018). Education is the bedrock upon which informed policy-making stands, as it helps policymakers discern what is essential and what is not in prioritizing and elevating the standard of healthcare services for disabled people. Geographical challenges in Nepal have compounded the issue, making it difficult to establish hospitals and healthcare facilities in rural parts of the country. Even those that have been established face challenges in reaching disabled individuals due to geographical inaccessibility (Tamang et al., 2020). It is essentially a cycle of challenges where each issue is interconnected with another.

You may wonder how gender plays a role in healthcare challenges. I can share my personal experiences and perspectives. The patriarchal nature of society often devalues daughters compared to sons, and diseases and disabilities are sometimes regarded as punishments for sins from past lives. Combining these factors, when a disabled child is female, the level of support they receive for their healthcare needs can be drastically limited.

In the context of Nepal, almost all research on the history of healthcare and disability underscores the unfortunate reality that those who are most in need of support are often the least likely to receive it. Nepal is no exception, with a significant portion of the population failing to report or seek medical assistance for easily treatable conditions. This reluctance is primarily due to the challenges that come with accessing medical care, with accessibility topping the list. Additionally, the lack of knowledge about disability among healthcare providers acts as a

significant deterrent, as disabled people often fear being misdiagnosed or treated unfairly or discriminated against. Those with the most severe conditions and those who require the most care are also the ones most likely to report unmet needs (Benedict, 2006; Craske et al., 2005). In Nepal, many healthcare providers operate with a profit-maximizing mindset, often choosing to serve those with the most common needs instead of investing in specialized equipment and facilities to address unique needs.

According to the Ministry of Health and Population's 2017 data on the number of hospitals, out of the 125 hospitals, 33 are located in Province 3, which boasts more major cities than any other province. Furthermore, a staggering 34% of the total 6,934 health facilities in the country, approximately 2,320, are located in Province 3 (Ministry of Health and Population, 2019). This centralization has resulted in a heavy concentration of healthcare facilities in this province, particularly in the capital city of Kathmandu, which houses 13 hospitals. This concentration forces people from remote regions to make arduous journeys to the city, especially when in need of specialized care those regional hospitals are unable to provide. This creates significant hurdles for people with disabilities, especially in cases of medical emergencies.

My Lived Experiences

My experiences have been truly unique. I grew up in a traditional Nepali family where deep-rooted religious and societal beliefs shaped my worldview. Later, during my pursuit of education in nursing, I was diligently trained to perceive things through the lens of the medical model of disability. As a nursing student, I never questioned this approach, as it appeared to be the right way to address numerous illnesses and diseases that demanded treatment. However, when I embarked on my journey toward a master's degree in Disability Studies, my entire

perspective underwent a profound transformation. I came to realize that nothing in this world can be neatly and concretely defined, especially when it comes to understanding disability.

My initial foray into nursing classes was marked by excitement. It was a lifelong dream to help those in need, and I held a strong desire to fulfill my parents' aspirations, who had always envisioned a successful medical career for me. I happened to be the elder of two daughters in our family, and my parents had high hopes for my future. I was fortunate to be allowed the freedom to choose my education and career path. Sadly, not every girl child enjoys this same flexibility and freedom to forge their own paths in life. The patriarchal structure of Nepalese society often prioritizes having a son to carry on the family name as the primary goal of parents. In contrast, my family never regarded my sister and me as lesser individuals simply because we were daughters. Although it was not without its challenges, we endeavoured to prove to society and our extended family that our gender did not define our worth; rather, it enhanced our exceptional qualities. In Nepalese society, daughters are frequently misunderstood and considered burdensome, given the prevalent customs and religious practices that necessitate a daughter's departure to her husband's family upon marriage. This starkly contrasts with my observations of Canadian society, where daughters are treated with equal love and afforded opportunities to pursue their aspirations (The Canadian Encyclopaedia, 2021). I witnessed my own neighbours happily raising a single daughter, a scenario that is quite rare in Nepal. In a society where many couples are fervently determined to have a son to carry on their family name, the ordeal of having multiple daughters is all too common (NPR, 2017). This places immense financial and social burdens on families. The primary concern for families with daughters is often related to marriage, with the prevailing dowry system still in practice across the nation. You can well imagine the challenges faced by couples with multiple daughters in such a cultural context.

One of my most inspiring role models, whom I discovered while delving into Disability Studies, is the remarkable Jhamak Ghimire. Her story is a shining example of unwavering perseverance and unyielding determination, and it continues to resonate deeply with me.

Jhamak Ghimire's journey began with a formidable challenge—she was born with cerebral palsy. Despite the adversity she faced, including the denial of schooling and educational opportunities, she stands today as a distinguished poet, writer, and columnist for one of Nepal's most renowned newspapers. What sets Jhamak Ghimire's story apart is her extraordinary determination and innovative spirit. Denied the use of her hands, she refused to be limited by her circumstances. Instead, she embarked on an incredible journey of self-discovery, learning to read and write by closely observing her siblings. What is truly astonishing is her technique—she skilfully uses the toes on her left foot to write. This singular act of determination, in the face of seemingly insurmountable odds, speaks volumes.

In a world where I have witnessed far too many individuals with minor disabilities succumbing to the challenges of life, Jhamak Ghimire's story serves as a powerful reminder that with unwavering dedication and a resolute mindset, there are no boundaries that can confine one's potential. Her achievements speak volumes, and she stands as a shining example for all, having even received the prestigious 'Madan Puraskar,' one of Nepal's highest honours in literature, for her exceptional contributions to Nepali literature (Shakya, 2019). Jhamak Ghimire's story has left an indelible mark on me, teaching me that with the right mindset and unwavering dedication, there are no limits to what one can achieve. It is a lesson that we must strive to impart to others, providing the motivation, support, and encouragement they need to pursue their goals and reach their full potential.

My husband, a dedicated IT Supervisor, has undergone a profound transformation in his understanding of disability since assuming his role. I recall a time when he did not quite grasp the nuances and importance of this issue. It led to a spirited discussion that offered a valuable lesson in empathy and perspective. This pivotal conversation occurred after I had embarked on my master's journey in Disability Studies. Equipped with a deeper comprehension of the nuances, I realized the power that words hold and how they can either diminish or amplify the significance of the challenges faced by disabled individuals.

The catalyst for our discussion was a joke he had come across at work, one related to dwarfism. He shared it with me, but I could not find humour in it. Instead, I saw how such jokes could trivialize the very real struggles that people with dwarfism encounter. The use of inappropriate terms like 'midget' only added to the insensitivity of the situation.

Rather than engaging in an argument, I chose education as my approach. I recognized that his viewpoint stemmed from a lack of awareness, and it was a moment for enlightenment. This experience emphasized the notion that societal change must begin within us and our families. Education, open dialogue, and raising awareness within our closest circles are the seeds of transformation. My objective was clear: to educate my husband and shed light on the challenges faced by disabled individuals. These insights would undoubtedly prove valuable in his role as a supervisor. My hope was that he would not only apply this knowledge in his professional life but also become an advocate for change within his own sphere of influence. The ripple effect of knowledge sharing can be profound.

I witnessed a genuine eagerness in my husband to learn and understand. Much like my own upbringing, he had not been exposed to discussions about disability and its impact on people's lives. Consequently, he bombarded me with questions about the correct terminology, the

medical and social models of disability, and more. In my eyes, my husband has become conscientious about the language he uses, ensuring he avoids derogatory terms related to disability. He has even shared instances where he corrected his co-workers when they unintentionally used inappropriate language.

This is where true change takes root—with individuals like my husband, and it subsequently radiates outwards, influencing and inspiring those around them. It serves as a reminder that to foster a more inclusive society, the process begins with education, empathy, and open conversations.

As I progressed through my master's degree and delved deeper into the process of crafting this thesis, I could not help but question a fundamental premise: Should the responsibility of advocating for disabled individuals and combatting ableism rest solely on the shoulders of those with disabilities? The answer, it seemed to me, was a resounding ‘no.’ Creating a more inclusive and empathetic society should be a collective endeavour shared by all its members.

An illuminating example of this principle in action is the transformation I witnessed in my husband. He, like many others, had used terms like ‘handicapped’ and ‘retarded’ in the past. However, through open and enlightening discussions, combined with my role in educating him, he came to understand how seemingly innocuous words could trivialize the profound impact of disability on an individual's life. While I may not be able to educate everyone, I initiated change within my own family, starting with my husband.

I encouraged him to learn, use, and promote respectful and inclusive terminology. I provided him with an article on disability-related language that we had studied in our classes. One day, during a meeting with a work colleague, my husband had the opportunity to put his

newfound knowledge into practice. When his colleague used the term ‘handicapped,’ my husband confidently corrected him. It was a moment of transformation that he still reflects upon with pride. My husband’s understanding of disability, and his ability to advocate for respectful language and actions, has expanded to his professional life. As a supervisor, he plays a pivotal role in facilitating meaningful conversations within his team and contributing to employee resource groups that support colleagues with diverse needs. One team member, a wheelchair user, has benefited from these meaningful dialogues and inclusive initiatives, creating a more supportive and empathetic work environment. I am reminded of a statement made by one of my professors, Professor Nancy Hansen, in one of our classes. She emphasized that change begins with the individual. In my own way, within my family, I am doing my part to create a ripple effect of understanding and empathy, fostering a society that embraces and uplifts every member, regardless of their abilities.

Just the other day when I was at my brother’s place whose son, my nephew, had an initial diagnosis of autism by their family doctor and had referred them to a specialist to carry out further testing and start therapy. He has poor social skills and does not speak, aside from a few words, even though he is now over three years of age. My brother and sister-in-law were still perplexed and were arguing whether autism is just the new fad for children who have slow development, and is perfectly ‘normal,’ and a way for the doctors to make money off of you and your child. I had to educate them that yes it may just be a matter of time before the boy starts to speak and is perfectly ‘normal’. But if the doctors have given them the initial diagnosis, is it not better to get him tested and clear any doubts. If he truly does need speech therapy and that can lead him to a normal life ahead of him, isn’t it better to have him go through these therapy sessions? I may be speaking from the medical model’s perspective but I am not talking about

curing his autism rather adjusting to it and giving him the best opportunity to succeed in life. Rather I am trying to bring light to the fact that the parents are unwilling to accept the fact that there might be something wrong with him and will need additional care in life. The same example applies to the friend that I mentioned earlier who wanted to hide that fact that her son was diagnosed with autism and needed therapy. Is it that they do not accept the fact or is it that they think the society will not accept it and their children will have a hard time in life?

Not all disability looks the same. Some people are chronically ill, which we cannot see from the outside. Some may have a physical deformity but are fully capable mentally and/or physically. It is all about assumptions, a form of bias that exists amongst people when they see a person with disability or even when they hear someone has a disability. One of the best examples I can give for this is the one of my own mother. She has had chronic knee pain for the longest time and it is something that has bothered her almost half of her life. I am not exactly calling it a form of disability, but it is something that limits her mobility. But the point I want to get across is that although she can walk fine most days and can do everything really well, there are days when she cannot even get out of the bed and she is unable to go for a walks. Some of the things family members say have been along the lines of ‘oh you’re so negative its nothing,’ ‘you are looking for attention’ and ‘you were totally fine the other day.’ Hearing these things, she often tends to hide the fact that she is in pain and tries her best to go about her day without complaining, but this again raise questions like ‘oh you look fine today’ and ‘so you were not actually that sick?’ Now because of all this she has gotten into a habit of always hiding her pain and basically ‘sucking it up’ to avoid negative comments from other people. But I can now understand better what she was going through. It is sometimes hard even you speak up or if you keep quiet. I have, since my recent visit to Nepal, advised her to never feel guilty about taking

care of yourself and always take your health above anyone else's comment. I can say with certainty, and even seen examples of that same situation in Nepal for people with invisible disabilities whereby people tend to hide their condition to avoid assumptions from the society and avoid discrimination.

During my recent visit to Nepal, I took the opportunity to advise her and others who face similar dilemmas not to feel guilty about prioritizing their health. Their well-being should always come before anyone else's comments. I have also encountered similar situations in Nepal where individuals with invisible disabilities tend to conceal their conditions to evade societal assumptions and discrimination.

My journey through the Master's in Disability Studies opened up a world of words and concepts that have profoundly impacted my life. One such term that resonated with me is 'ableist.' It was once a distant concept, but I soon realized it was something I had unwittingly been doing all my life. To me, being ableist means making assumptions about what disabled people can or cannot do. It involves continually defining a person based on their disability and viewing them as 'less than' an able-bodied individual. Reflecting on my past, it is clear that this is something I had engaged in even as an educated healthcare professional, whether during my time as a nurse in Nepal or working as a healthcare aide in Canada. This is evident from the examples I have discussed in earlier chapters. Offering help without asking was perhaps rooted in my naive nature, but at its core, I now understand it as an ableist tendency, assuming that disabled individuals need assistance with everything they do.

What I have learned from this term is the importance of turning assumptions into opportunities for education and taking a moment to consider what we say to someone. We should never judge a book by its cover. As an example of ableism, even when I was a child, whenever I

encountered someone in a wheelchair or using crutches, my initial question would be, 'Hey, what's wrong with you?' rather than a more typical greeting like 'Hey, how was your day?' Now, I recognize that is not how I converse with my other 'able' friends. This shift in my perspective has been significant over the last two years of my life. Simple acts of kindness can make a tremendous impact on someone's life, and I am committed to being the person who looks past disability and treats everyone as I would any other individual.

Let me also share a disheartening story my brother once relayed to me. He works in the healthcare sector in Canada and, on a couple of occasions each week, takes his clients on outings and physical activities. During one outing at a swimming pool with a group of caregivers and clients, there was a non-verbal client who possessed considerable mental abilities and understood many things. Some boys in the pool started to approach her, whether knowingly or unknowingly, attempting to make physical contact. While my brother and his team were vigilant, one of the boys managed to grope the vulnerable girl without anyone noticing. She became very frightened and started behaving abnormally. It was only then that my brother and his team realized something had occurred to distress her. They promptly informed the lifeguards and the police. Upon investigation, it was confirmed that the boy had indeed groped her, and he was taken into custody. However, the incident left an indelible impact on the girl's life. She understood what had transpired and felt violated. This shocking incident occurred in Canada, and the very thought of a similar situation in Nepal, where countless people with disabilities, especially women, face such abuses daily, does not shock me nearly as much.

I have extensively discussed education and inclusive education in the context of Nepal. Throughout my educational journey, I never had the opportunity to interact with disabled children. However, I did come across a school for the deaf, which piqued my curiosity, although

perhaps not in the right way. My fascination leaned more toward what might be wrong with them and what their lives were like. I never had a disabled friend throughout my life, and these experiences limited my understanding of disability. I had no idea how to communicate with people with disabilities without offending them. All I knew, even when I worked as a nurse in Nepal, was to offer my sympathy. Looking back, I could not have been more wrong. It was likely the medical perspective ingrained in me during my education that led me to immediately jump to a ‘cure’ solution, essentially implying that something was wrong with them.

One of the worst mistakes I made while working as a nurse and later as a health care aide was constantly offering my help and saying things like, ‘I can do that for you.’ Now I realize that this is a significant faux pas. Never assume that people with disabilities automatically need your assistance. Instead, strive to understand and respect their personal space and independence. If you are unsure, you can always ask. It is always better to ask than to make an assumption. ‘Stop assuming’ is the message I would love to convey to my younger self.

During my time as a health care aide, I frequently interacted with elderly individuals in wheelchairs. I used to stand while talking to them, but I did not realize that this was not the right approach. It was only after starting my disability classes that I understood what I had been doing wrong. I began to kneel down, meet them at eye level, make eye contact, and only then engage in conversation. This simple change made them feel more at ease and respected. I wish we had been taught these fundamental principles in school, so it would not have taken me this long to understand that I had been doing even the most basic things incorrectly.

My Educational Experience in India

As a Nepali nursing student studying in India, my educational journey has been filled with eye-opening experiences related to disability issues. These experiences have shed light on the challenges faced by people with disabilities in accessing healthcare and education.

One of the most impactful moments during my studies occurred during my clinical rotation in an Indian hospital. This rotation provided me with the invaluable opportunity to work with patients who had various disabilities, including physical, visual, and hearing impairments. It was here that I swiftly recognized the paramount importance of effective communication and proper accommodations for these patients.

For instance, I acquired essential skills in non-verbal communication, enabling me to effectively interact with patients who were deaf or hard of hearing. I also learned how to assist patients with physical disabilities in transferring to and from beds, wheelchairs, and other equipment. However, it is worth noting that, at that time, I often provided help without asking the patients for their specific needs, a practice I have come to understand as not always appropriate.

Beyond my clinical experiences, I had the privilege of observing the remarkable work of non-governmental organizations (NGOs) dedicated to addressing disability issues in India. These NGOs offered a wide range of support services, including rehabilitation, vocational training, and educational opportunities, to empower people with disabilities.

Throughout my education in India, I have gained a deeper appreciation for the significance of promoting accessibility and inclusion for individuals with disabilities. Effective communication and appropriate accommodations are essential for providing quality healthcare to this demographic. Moreover, I have come to understand the vital role of advocacy and

community involvement in addressing disability-related challenges. I firmly believe that, through collaborative efforts involving healthcare professionals, NGOs, and community members, we can construct a more inclusive and equitable healthcare and education system that caters to the needs of all individuals, regardless of their abilities.

Medical Education in India vs. Nepal

In the course of my academic journey as a Nepali student studying nursing in India, I have encountered various experiences that have profoundly impacted my understanding of disability issues and the challenges faced by individuals with disabilities, both in accessing healthcare and education.

One of the most compelling experiences unfolded during my clinical rotation at a hospital in India. This rotation afforded me the opportunity to work closely with patients who grappled with diverse disabilities, encompassing physical, visual, and auditory impairments. It was during this time that I came to appreciate the paramount importance of effective communication and the necessity of providing appropriate accommodations for these patients.

This experience prompted a pivotal shift in my perspective, particularly with regard to the way I interacted with and provided assistance to individuals with disabilities. I realized that understanding the nuances of non-verbal communication was essential when working with patients who were deaf or hard of hearing. Furthermore, I learned to approach patients with physical disabilities in a more empathetic manner, respecting their need for independence and seeking their input before offering assistance.

Beyond my clinical experiences, I was exposed to the efforts of non-governmental organizations (NGOs) dedicated to addressing disability issues in India. These organizations

provided crucial support services, including rehabilitation, vocational training, and educational opportunities for people with disabilities.

These experiences within the Indian educational and healthcare system broadened my perspective and underscored the significance of advocating for accessibility and inclusivity for individuals with disabilities. I realized that effective communication and appropriate accommodations are not just desirable but fundamental for delivering high-quality healthcare to this demographic. Furthermore, I began to comprehend the pivotal role of advocacy and community involvement in addressing disability issues.

It became increasingly evident to me that healthcare is an inherent human right, and we all bear a collective responsibility to ensure its accessibility to everyone, including those with disabilities.

Concerning the education provided within the healthcare sector in India, it is noteworthy that disability-related subjects are embedded in the curriculum at both the undergraduate and postgraduate levels. The Medical Council of India has thoughtfully designed a competency-based curriculum, encompassing diverse aspects of disability, including rehabilitation, disability prevention, and the legal framework that surrounds it (Medical Council of India, 2018). Furthermore, practical training and clinical experience are integral to medical education in India, ensuring that future healthcare professionals are adequately prepared to cater to the unique needs of individuals with disabilities (Kumar et al., 2021).

In Nepal, a similar commitment to integrating disability-related topics into medical education is apparent. The Ministry of Health and Population in Nepal has established a comprehensive curriculum, encompassing a wide array of subjects related to disability. This curriculum touches on the various types and causes of disabilities, preventive measures,

rehabilitation, and community-based approaches to addressing disability (Ministry of Health and Population, 2019). Clinical exposure to individuals with disabilities is thoughtfully included in the curriculum to ensure that medical students gain practical experience.

Nonetheless, the striking difference between the two nations lies in the practical implementation of disability-related policies and laws. India has taken a proactive stance in this regard, boasting a robust legal framework designed to promote accessibility and inclusion for people with disabilities. These legal measures, such as the Rights of Persons with Disabilities Act, 2016, reinforce the principles of equal opportunities, non-discrimination, accessibility, and the creation of a barrier-free environment (Ministry of Social Justice and Empowerment, 2016). Contrastingly, Nepal lags behind in enacting policies and laws that foster accessibility and inclusion, despite commendable efforts by both the government and non-governmental organizations. Consequently, people with disabilities in Nepal continue to grapple with significant social, cultural, and economic barriers (Shrestha & Shrestha, 2016).

Another striking distinction lies in the availability of resources and facilities. India stands out in this aspect, offering superior infrastructure and resources to support people with disabilities. India boasts a more extensive network of special schools, rehabilitation centers, and assistive technology facilities compared to Nepal (United Nations Economic and Social Commission for Asia and the Pacific, 2019).

In essence, my educational journey as a Nepali nursing student in India has been nothing short of transformative. It has broadened my horizons and deepened my understanding of disability issues, revealing the pivotal role of effective communication, appropriate accommodations, and advocacy in ensuring the well-being and inclusivity of individuals with disabilities. These experiences have collectively reinforced my belief in the fundamental right to

healthcare and the shared responsibility we bear in ensuring its accessibility to all, irrespective of their abilities.

Medical Education in Canada

As I reflect upon the landscape of medical education in Canada, I am struck by the profound emphasis placed on disability and healthcare for individuals with disabilities. Canadian medical institutions conscientiously integrate disability-related subjects into their curricula, incorporating critical topics such as disability rights, accessibility, and advocacy. This commitment to inclusive education is, without a doubt, commendable and contributes significantly to the preparedness of future healthcare professionals (University of Toronto Faculty of Medicine, n.d.).

However, the practical application of these intentions, while laudable, is not without its complexities. The extent and consistency of disability-related education within medical institutions can vary. It is essential to recognize that perfection remains an elusive goal, and challenges persist. Pardeck and Rattan (2013) perceptively illuminate the importance of weaving disability-related subjects into the fabric of medical education. They aptly underscore the need for disability awareness training programs that encompass a spectrum of concerns, including disability etiquette, communication strategies, and the promotion of accessible healthcare services. While these principles are acknowledged, the actual integration into medical school curricula can exhibit considerable variability. Pardeck and Rattan's insights elucidate the distinct efforts made by different medical schools in Canada. These institutions, driven by the commitment to creating a more inclusive healthcare landscape, have embarked on the path of

disability-related education. However, the depth and breadth of this education can be notably divergent.

Another illuminating perspective comes from Verma et al. (2010), who accentuate the urgency of prioritizing disability-related education in Canada's medical schools. This call to action underscores the potential transformation of medical students' attitudes and, consequently, the healthcare experiences of individuals with disabilities.

The Association of Faculties of Medicine of Canada (AFMC) has adopted a comprehensive approach by formulating guidelines that encompass critical competencies expected from medical graduates. These competencies encompass patient-centered care, an understanding of disability's impact on health, and the ability to collaborate effectively within interdisciplinary healthcare teams (Association of Faculties of Medicine of Canada, 2018). Moreover, Canadian medical institutions are required to adhere to the Accreditation Standards for Medical Education Programs, which provide specific criteria related to disability healthcare, emphasizing the importance of understanding disability's societal and individual implications, fostering a patient-centered approach to care, and promoting effective communication and collaboration with healthcare professionals from diverse disciplines (Committee on Accreditation of Canadian Medical Schools, 2020).

In practical terms, the AFMC has developed the CanMEDS Physician Competency Framework, a guide that shapes medical education in Canada. Within this framework, specific competencies addressing disability healthcare are carefully articulated. These competencies serve as a roadmap to equip medical graduates with the requisite knowledge, skills, and attitudes to provide effective care for patients with disabilities.

The question naturally arises: how is this theoretical commitment to disability healthcare translated into tangible, real-life practices? Many Canadian medical institutions have indeed taken steps to integrate disability-related subjects into their educational framework. These initiatives encompass dedicated courses, workshops, clinical exposures, and community engagement activities designed to enrich students' understanding of providing care to individuals with disabilities. However, it is vital to acknowledge the potential variation in the emphasis placed on disability healthcare and the specific pedagogical approaches adopted by different institutions.

The research conducted by Friesen et al. (2017) underscores the multifaceted challenges in implementing disability education. These challenges include constraints such as limited teaching time, a lack of standardized curricula, and faculty training in disability-related topics. They echo the need for ongoing development and integration of disability education across undergraduate medical and rehabilitation programs to ensure that future healthcare professionals are suitably equipped to deliver effective care to individuals with disabilities.

Canadian medical education is characterized by a noteworthy focus on disability-related subjects and is coupled with opportunities for practical training and clinical experiences. The AFMC's guidelines and the Accreditation Standards for Medical Education Programs substantiate the commitment to empowering medical graduates with the essential knowledge and skills to provide quality healthcare for individuals with disabilities. However, as illuminated by the complexities discussed above, these aspirations are accompanied by challenges inherent to their implementation at various levels of medical education in Canada.

Summary of My Experiences

My educational journey and work experiences across Nepal, India, and Canada have been a rich tapestry that exposed me to the intricate dimensions of disability issues in Nepal. Through these experiences, I have delved into the profound impact of social, cultural, and economic factors on the lives of individuals with disabilities. I have witnessed the formidable barriers that stand in their way, hindering their access to education, employment, and healthcare.

In this enlightening odyssey, where I traversed the landscapes of Nepal and beyond, my perspective underwent a remarkable transformation. It is a journey marked by its uniqueness. I began my voyage in a traditional Nepali family, my worldview influenced by conventional beliefs. Then, as I ventured into nursing education, I initially adopted the medical model's viewpoint on disability. However, the tides of change washed over me as I embarked on my master's degree in disability studies.

These experiences underscored the pivotal role of education and advocacy in the relentless battle against ableism and the championing of the rights of individuals with disabilities. They mirror my personal evolution into a fervent advocate for disability-related issues. In the course of addressing the deep-rooted issue of ableism, I found myself reflecting on my own past actions and assumptions, which were unwittingly ableist.

Understanding that treating disabled individuals with profound respect, eschewing hasty assumptions, and being mindful of the potential impact of our words and gestures is paramount in today's world. It is within my heart to commit to fostering education, empathy, and societal change, not just within my family but across our entire community.

Chapter VII: There (Nepal) Vs. Here (Canada) and Then Vs. Now

The disparities between Nepal and Canada become glaringly evident, particularly in the realms of tolerance and understanding, with the latter country boasting a significantly higher degree of both. I hold the belief that education is the linchpin for fostering such understanding. In Nepal, regrettably, we were never adequately educated about disability. However, the Canadian educational system strives to ensure that children with disabilities have the fundamental right to inclusive education.

This inclusive environment is meticulously designed to expose children to the myriad challenges faced by those with disabilities from a tender age. It encourages them to engage in a daily journey of learning how they can actively contribute to improving the lives of individuals with disabilities. While the theoretical framework is admirable, practical implementation faces its share of hurdles. In Canada, the implementation of inclusive education is guided by the Pan-Canadian Inclusive Education Framework, a laudable creation by the Council of Ministers of Education.

This framework employs a holistic approach to establish inclusive educational systems that cater to the diverse needs of all learners. It is founded on the bedrock principles of inclusive education, which prioritize collaborative partnerships among stakeholders to nurture an all-encompassing environment. Furthermore, it champions a student-centered approach, where the needs and interests of students reign supreme in decision-making processes. Inclusive education is not just a mere phrase but a concept that celebrates diversity, champions equity, and systematically dismantles barriers that might otherwise hinder students' full participation and success.

Nepal, on its part, has enacted laws concerning inclusive education for some time, but their execution still lags far behind. The concept of inclusive education is gradually gaining momentum in Nepal, albeit against a backdrop of limited resources and a dearth of skilled personnel to champion this noble cause. As poignantly emphasized in the Human Rights Watch (2018) report, many resource teachers, like Kumar, who are dedicated to the education of children with intellectual disabilities, face significant challenges. They lack comprehensive training and proper guidance to effectively teach these students. While the intent and desire are there, the means and knowledge remain elusive.

Indeed, several schools have emerged to provide educational services for individuals with specific types of disabilities. However, I have yet to encounter one that truly fosters an inclusive environment where children, regardless of disability or its nature, can come together to learn and grow side by side.

During my upbringing in Nepal, I bore witness to the pervasive stigma and discrimination that people with disabilities faced. Disability was often perceived as a form of punishment or the consequence of bad karma, leading to the exclusion of individuals with disabilities from various facets of society. My journey as a nurse in Canada, however, has unveiled a different perspective on disability. Working closely with people with disabilities in Canada has profoundly underscored the significance of accessibility and inclusion.

In Canada, healthcare facilities are meticulously designed to ensure accessibility for people with disabilities. Features like ramps, elevators, and spacious doorways are seamlessly integrated into these facilities (Government of Canada, 2021). Nevertheless, numerous studies have illuminated a myriad of barriers, including physical, communication, and attitudinal obstacles that continue to impede access to healthcare services for individuals with disabilities.

Physical barriers encompass issues like inaccessible infrastructure, the absence of suitable medical equipment, and inadequate transportation options. Communication barriers arise from a dearth of accessible information, limited availability of sign language interpreters or communication aids, and insufficient training for healthcare professionals in accommodating diverse communication needs. Attitudinal barriers encompass negative stereotypes, biases, and a lack of awareness among healthcare providers. These factors can lead to discriminatory treatment and hinder access to quality care, as eloquently pointed out by Murchland, A. et al. (2019) who underscore the ongoing challenges confronting people with disabilities in Canada regarding healthcare access.

One of the most striking changes I observed upon moving to Canada was the presence of accessible parking spots. Prominently located in front of various businesses, malls, schools, and hospitals, these reserved spaces were omnipresent. They not only facilitated swift ingress and egress but were also thoughtfully designed to cater to the needs of many individuals, not just a singular disability. This stark contrast from my experiences in Nepal was unmistakable. Even though the concept of accessibility has witnessed improvement over the last few years, with newer infrastructures considering the needs of disabled individuals, there remains a conspicuous lack of knowledge on how to actualize this vision. A dearth of resources compounds the challenge. Limited real estate space where new facilities are constructed further constrains the creation of disabled-friendly infrastructures. The scarcity of room hinders the development of accessible parking spots, accessible ramps, and the installation of elevators or escalators inside buildings, thus underscoring the continued struggle for accessibility.

The contrast in awareness and understanding of autism between Nepal and Canada has been a remarkable aspect of my journey. In Nepal, autism was a term that remained largely

enigmatic to the general population until recent years. Common sentiments such as ‘My child's underperformance in school is due to laziness,’ or ‘You just need to work harder to achieve your educational goals,’ and even derogatory terms like ‘he's just a retard’ were prevalent in conversations during my time in Nepal. However, times have evolved, and today, almost every household has either heard of or has a family member directly affected by autism in children.

The digital age, with its technological advancements, has not only made us dependent on gadgets but our children as well. Statements like ‘My child won't eat unless the TV is on,’ or ‘Finish your homework, and then you can play games on the tablet,’ are examples of how children are rewarded for basic behaviours that, in my perspective, do not warrant such rewards. Unfortunately, this has led to communication gaps between children and their parents. To illustrate, my three-year-old nephew still struggles to form proper sentences, and the very few words he does manage to utter require coaxing. Why, you might wonder? Well, he never had the necessity to communicate his needs or thoughts because the quick fixes were to ‘turn on the TV for him’ or ‘put on his favourite YouTube show.’

However, a positive shift has transpired, with people starting to comprehend the unique needs of children and how autism affects them. Seeking medical advice has become more routine with adults attending yearly check-ups and children undergoing more frequent examinations. This is a departure from the past when hospital visits were reserved for serious illnesses, and pharmacists offering over-the-counter remedies were the norm.

Similarly, dementia was a concept I was not particularly familiar with during my upbringing in Nepal. While it was common for older individuals to experience memory lapses, the understanding of dementia has evolved. Cases of dementia have become more prevalent, and specialized facilities for the care of individuals with dementia have emerged. It is important to

note that these examples primarily pertain to the more centralized and developed regions of the country, and the concept of awareness and specialized care remains distant when looking at rural areas.

Let us delve into the profound transformation in the realm of employment, from a society that once harboured prejudices against disabled individuals to a contemporary era where inclusivity and tailored employment opportunities are celebrated. We have evolved from an age when all disabilities were lumped together, to one where we now recognize the unique challenges and individualized needs among disabled individuals.

Consider this: Why should a person with mobility issues not excel in a desk job that primarily involves manual dexterity? Why can an individual with vocal challenges not thrive in a role where speech is not the core requirement? These are the questions that resonate with the changing attitudes towards employment opportunities in Nepal. It is not about limiting their capabilities, but rather focusing on the initial strides that Nepal has taken to provide tailored opportunities for disabled individuals. While we aspire to see these individuals take on challenges and achieve greatness, it is crucial to acknowledge and celebrate the victories in smaller battles before aiming for triumph in the grander war.

In terms of transportation, Nepal has indeed introduced more infrastructures catering to the needs of disabled individuals. However, it begs the question: Is it sufficient? The primary challenge Nepal grapples with, even today, is its geography. The connectivity between rural and urban regions, encompassing roads, bridges, airports, and other vital infrastructure, remains a formidable hurdle. The limited transportation options available are either inaccessible to the most vulnerable population or exceed their economic means. Contrasting this with Canada, where a dedicated transit system exclusively serves disabled individuals and buses are equipped with

ramps and hydraulic systems to facilitate easy access, underscores the contrast. Moreover, fare discounts and tax breaks in Canada alleviate the daily struggles faced by disabled individuals.

However, challenges persist in Canada as well, encompassing physical barriers, limited accessible vehicles, transportation options, and affordability issues. Many transportation systems in Canada, including public transit, may still lack full accessibility for individuals with disabilities. This involves subpar infrastructure like inaccessible bus stops and train stations, as well as limited or non-functional ramps or elevators, making navigation within the transportation network a significant challenge (Government of Canada, 2019). Accessible vehicles are often scarce, especially in rural or remote areas, posing a dilemma for disabled individuals requiring specialized transportation (March of Dimes Canada, 2018). This limited mobility is further exacerbated by public transit services with restricted routes or schedules, impeding efficient travel (Council of Canadians with Disabilities, 2020).

Moreover, the cost of transportation is a substantial hurdle, particularly when specialized services or accessible vehicles are needed. Higher fares for accessible taxis or specialized transportation services, coupled with limited financial resources, can impose severe financial burdens on disabled individuals, constraining their ability to access transportation (Government of Canada, 2019). Addressing these challenges necessitates a collective effort, involving government entities, transportation providers, disability advocacy groups, and community organizations. The solution entails enhancing infrastructure accessibility, ensuring the availability of accessible vehicles, expanding transportation options, and implementing policies that endorse affordability and inclusivity within transportation services.

As I continue my journey of learning, one aspect that continues to surprise me is the broad and inclusive approach to gender in Canada. It is a society where the sex of your child

does not dictate preferences, and differences in sexual orientation are celebrated – as exemplified by Pride Month in June. This progressive attitude toward gender and sexuality serves as an essential backdrop for addressing disability issues more comprehensively. However, when I turn my gaze back to Nepal, I am reminded that the already marginalized female population faces even greater challenges when they are also disabled.

During my visit to Nepal in May 2022, I was heartened to see some positive changes in people's attitudes and accessibility. Many new constructions within the city were designed with accessibility in mind, featuring ramps and elevators. While these were promising steps, there was still room for improvement due to a lack of knowledge and awareness among those undertaking such projects. Some buildings had escalators in the interior but only stairs at the main entrance. Although accessible ramps were present at times, the doors lacked automatic openers and accessible buttons for operation. Despite these shortcomings, I view this as a significant stride toward creating an accessible Nepal.

However, I couldn't help but notice that some of these changes were more a matter of political correctness in the eyes of society, rather than genuine inclusion in day-to-day life. While there is plenty of public discourse on equality and equal opportunities for people with disabilities in Nepal, these words often ring hollow when translated into action. The gap between intention and execution remains significant.

This discrepancy becomes apparent when examining the lack of accessible infrastructure and limited opportunities for individuals with disabilities in Nepal. While there are regulations and guidelines in place to ensure accessibility, their actual implementation is often lacking. Many public spaces and facilities are not adequately equipped to accommodate people with

disabilities, making it incredibly challenging for them to access basic services and fully participate in society.

The employment landscape in Nepal also paints a picture of missed opportunities and discrimination. Despite the rhetoric surrounding equal employment opportunities, many employers remain hesitant to hire individuals with disabilities, driven by a lack of awareness or misconceptions about their abilities. Consequently, people with disabilities face obstacles in securing suitable employment, hampering their economic independence and social inclusion.

The government of Nepal has introduced numerous laws and regulations aimed at upholding the rights of disabled individuals, but the crucial step of effective implementation at the grassroots level is often missing. For example, government facilities lack proper accessibility for people with disabilities, forcing them to navigate from room to room to gather forms, documents, and signatures for official business.

The lesson that resonates from all these experiences is the urgent need for the actual enforcement of rules and legislation. Establishing a rights watchdog to ensure the proper implementation of these regulations and policies is a crucial step forward. It is not just about words but the actions and practices that truly make a difference in the lives of people with disabilities.

During my recent visit to Nepal, a close friend revealed a deeply personal journey – her only child had been diagnosed with Autism, and they had commenced therapy sessions to address his speech and social interactions. She confided in me with tears in her eyes, explaining that outside of her immediate family, no one knew about the diagnosis. She feared that her son might be unfairly perceived as anything less than a 'normal' child. My immediate response to her was a question, 'How long?' How long did she plan to keep this hidden from everyone? What

could she, as a parent, do to ensure her child did not have to remain concealed from society? It is a journey of unlearning and learning, particularly when so many issues are viewed as taboo, and the broader population lacks a clear understanding of the challenges faced by disabled individuals.

Shifting gears to an unrelated yet profoundly important development, traditional norms in Nepal previously allowed children to obtain citizenship solely under their father's name. However, changing societal perspectives have led to policy changes that now permit children to acquire citizenship under their mother's name as well. This transformation signifies that the general population is becoming more progressive and is inclined toward improving rules, regulations, and policies for the betterment of marginalized populations.

Numerous reforms have been implemented to strengthen the rights of people with disabilities and expand opportunities for education, healthcare, employment, and accessibility in Nepal. The 2015 Constitution of Nepal guarantees free and compulsory primary education, along with free secondary education, as well as education through braille and sign language. Nepal introduced the Disability Rights Act in 2017 and adopted the Inclusive Education Policy for Persons with Disabilities, which emphasizes non-discriminatory access to education in one's own community while also allowing for separate education for children with disabilities (Human Rights Watch, 2018). The government's long-term plan aims to establish accessible educational infrastructures and facilities, increase the number and quality of teachers trained to deliver disability-friendly education, and develop a flexible curriculum tailored to individual needs. The targeted completion date for this project is 2030.

While Nepal has made substantial progress in recognizing the rights of people with disabilities in the past decade, significant challenges persist. One of the most pressing issues is

the limited access to education. A survey conducted by the National Federation of the Disabled Nepal revealed that only 19% of children with disabilities in Nepal attend school, in stark contrast to the 85% of children without disabilities (National Federation of the Disabled Nepal, 2018). This glaring disparity underscores the urgent need for increased investment in inclusive education and the creation of specialized support services for students with disabilities.

The journey of disability education in Nepal, which began in the 1950s, has witnessed remarkable progress due to the concerted efforts of the government and non-governmental organizations (NGOs) (Sharma, 2017). Nevertheless, the current state of disability education in Nepal leaves much to be desired. The education system continues to grapple with inadequate infrastructure, limited resources, and a shortage of trained professionals needed to effectively address the educational requirements of individuals with disabilities.

Despite persistent endeavours, Nepal's education system still falls short when it comes to accommodating the needs of people with disabilities (International Journal of Special Education, 2016). Many schools across the country lack the essential infrastructure and resources required to deliver quality education to students with disabilities. Moreover, there remains a significant scarcity of qualified professionals, including special educators and sign language interpreters, who are equipped to provide the necessary support and guidance to students with disabilities.

The challenges confronting students with disabilities in Nepal have been further amplified by the COVID-19 pandemic. With the closure of schools and the transition to online learning, students with disabilities encountered substantial obstacles in accessing education. Many of these students lacked access to computers and the internet, severely limiting their ability to engage in online learning. Additionally, online learning platforms often fail to meet the

accessibility needs of students with disabilities, as they may not be designed to cater to their specific requirements (Dhakal & Kafle, 2021).

Chapter VII: A Way Forward

With the national average percentage of persons with disabilities in Nepal standing at 1.96% and on the rise (Disability Research Center, 2016), it is now more crucial than ever to understand and address the specific needs of the country to progress toward the economic and social well-being of disabled individuals. Access to education, employment, and healthcare is of paramount importance to empower the disabled population and create a brighter future.

In Nepal, where individuals with disabilities are often marginalized, deemed incapable of independence, and denied opportunities for income generation, education takes on a pivotal role. It benefits not only those with disabilities but also the wider society, as it dismantles stereotypes and misconceptions surrounding disability, ultimately fostering inclusivity. Providing employment opportunities is a significant step toward economic independence, while ensuring accessible healthcare facilities for disabled individuals is equally critical in meeting their unique needs. Accessibility is a cornerstone in all these domains, as success in education, employment, and healthcare hinges on making these services available and usable by the intended recipients.

My first-hand experience as a health care aide revealed the impact of well-intentioned yet sometimes forced assistance. I observed clients initially admitted to the facility while still relatively competent and independent both physically and mentally in self-care. However, over the course of just a few months, under constant care and supervision, I witnessed their symptoms deteriorate, leading to complete dependence on others. This experience led me to question whether it is the caregivers inadvertently imposing help and support that contributes to greater dependence, unintentionally confining individuals to a disabled life.

I have indeed come across numerous examples of individuals with disabilities leading remarkably ordinary lives despite the challenges they face. What sets them apart? What fuels their determination to pursue success in a society that often suggests otherwise?

From a broader perspective, it is crucial for the government to take proactive steps to ensure that schools are accessible to all children, regardless of their abilities. This involves implementing inclusive education models, where children with disabilities are given equal access to education in mainstream classrooms. Moreover, teachers must receive proper training to effectively deliver inclusive education, making sure no one is left behind. As Lamichhane (2009) aptly put it, “Nepal cannot reach its full social, economic, and political potential by ignoring or marginalizing people with disabilities”.

Within the realm of employment, there are significant systemic barriers that need to be addressed. These obstacles include inaccessible public transportation, offices without ramps or elevators, and office equipment that is not adaptable for people with disabilities. Nepal, for instance, still lacks buildings with basic accessibility features like elevators, automatic doors, adjustable seats, and wheelchair ramps. Achieving equal pay for individuals with and without disabilities is another formidable challenge that Nepal must overcome.

According to the Human Rights Watch (2018), the government of Nepal should;

1. Ensure inclusive education: The government should guarantee quality, inclusive education for children with disabilities in mainstream schools, ensuring equal treatment and opportunities as their peers, as mandated by the Convention on the Rights of Persons with Disabilities (CRPD).
2. Avoid segregation: Children with disabilities should be maximally included in mainstream classrooms, avoiding their segregation in separate classrooms. Education

should be delivered in the most appropriate languages, modes, and means of communication, promoting both academic and social development, in line with the CRPD.

3. **Provide reasonable accommodations:** Schools should offer reasonable accommodations based on individual learning requirements. This includes providing braille textbooks and materials, digital and audio learning resources, sign language instruction, and support for behavior and self-care.
4. **Inclusive support:** Students requiring individual or small group support should be fully included in the school environment, fostering interaction and collaboration with their peers.
5. **Ensure physical accessibility:** All schools should be physically accessible, adhering to building codes and Universal Design Principles to accommodate students with disabilities.
6. **Flexible examination and assessment:** The examination and assessment system should be flexible and responsive to the individual learning requirements and progress of students with disabilities.
7. **Teacher training:** The Education and Human Resource Development Center should provide comprehensive pre-service and ongoing training in inclusive education for all teachers, addressing diverse learning needs effectively.
8. **Ratify the Marrakesh Treaty:** Nepal should ratify the Marrakesh Treaty, which allows for the reproduction and distribution of published works in accessible formats for individuals with visual disabilities.

9. Strengthen monitoring and oversight: Enhanced monitoring and oversight mechanisms are needed to ensure the enrolment of children with disabilities in mainstream schools and their receipt of reasonable accommodations to ensure a quality education on an equal basis with their peers.
10. Data collection for policy formulation: Accurate data on the number of children with disabilities, both in and out of school, disaggregated by disability type, location, and demographics, should be collected. This data should inform educational policies, plans, and programs.

This will help strengthen the educational background of not just the disabled children but also every child and help them understand disability from a closer lens; the challenges faced and disabled people and most importantly how they can be an ally for disabled people.

Based on my research and experience, I found that the different External Development Partners also have an important role to play and need some changes in the ways they support a host country like Nepal. Especially in the context of Nepal the EDPs should;

- Ensure the government of Nepal prioritizes the inclusion of children with disabilities in schools across the country and provide adequate resources to ensure they can study in mainstream classrooms with flexible curricula, reasonable accommodations, and trained teachers and other staff
- Support the government to improve systematic data collection on children with disabilities by age, gender, disability, and educational access.

Non-Governmental Organizations (NGOs) and International Non-Governmental Organizations (INGOs) have proven to be highly effective advocates when they adopt a rights-based approach, focusing on issues like empowerment, awareness, discrimination, and

marginalization, rather than exclusively providing services (Karkee & Comfort, 2016). It is imperative that the various Empowerment and Disability Programs (EDPs) operating in Nepal collaborate under the government's leadership to align their efforts with national interests and goals. This collaborative approach prevents duplication of work and optimizes the use of resources, both financial and human, to create the most significant impact.

Regarding employment, the government of Nepal should work on establishing and enforcing new rules and regulations that mandate a certain percentage of the workforce to be composed of individuals from economically and socially challenged groups, including persons with disabilities. This policy ensures that multiple marginalized groups benefit and collectively enjoy the advantages of increased inclusivity. When crafting infrastructure development rules, accessibility should be a top priority, giving preference to companies with a demonstrated history of working in accessible spaces.

Nepal's significant population of people with disabilities faces multifaceted challenges in accessing fundamental services like education, healthcare, and employment. It is imperative for the government and other stakeholders to take tangible actions to enhance the status of disabled individuals in Nepal.

In addition to the aforementioned recommendations, Nepal must develop and enforce policies and laws to safeguard the rights of people with disabilities. The government should ensure that public buildings and transportation systems are accessible to individuals with disabilities and take measures to eliminate any form of discrimination against them. Raising awareness about disability in Nepal is another critical step. Many individuals in Nepal still hold negative attitudes towards people with disabilities, which results in discrimination and exclusion. This issue can be addressed through public campaigns and educational programs designed to

dispel misconceptions and stereotypes about disability. The media also plays a vital role in increasing awareness about disability and fostering positive attitudes toward individuals with disabilities.

Nepal also must prioritize providing comprehensive healthcare services to individuals with disabilities. This entails ensuring that healthcare facilities are accessible to people with disabilities and that healthcare providers receive adequate training in disability healthcare. The government should further provide specialized services and equipment to people with disabilities, such as wheelchairs, hearing aids, and other assistive devices.

The Government of Nepal should also foster ample employment opportunities for people with disabilities. Enacting laws and policies that promote the inclusion of individuals with disabilities in the workforce is essential. Employers should be incentivized to offer reasonable accommodations to employees with disabilities, such as flexible work arrangements and specialized equipment. The government should also offer vocational training programs for people with disabilities, equipping them with the skills necessary for success in the job market.

Medical education is pivotal in elevating the status of disabled individuals in Nepal. Healthcare professionals who possess knowledge about disability and its implications for health can deliver superior care to people with disabilities. In this context, Nepal can take various measures to enhance medical education concerning disability. Developing and implementing a disability-inclusive medical education curriculum represents a crucial initial step. This curriculum should encompass training on disability healthcare, disability rights, and disability inclusion. It should also encompass practical training on providing healthcare services to people with disabilities, including the usage of specialized equipment and devices. The government should establish disability-inclusive medical education institutions that are accessible to people

with disabilities. Additionally, the curriculum should be created with input from individuals with disabilities, and specialized equipment and devices should be available to provide healthcare professionals with hands-on training on delivering healthcare services to people with disabilities.

Offering scholarships and other incentives can be a powerful way to motivate healthcare professionals to specialize in disability healthcare. Collaborating with international organizations that provide training and certification in disability healthcare and establishing advocacy groups focused on training and education in this field are effective strategies. These organizations can provide valuable insights and perspectives on disability healthcare that can be integrated into medical education.

These recommendations stem from my personal experiences and are substantiated by academic research in the realm of disability. If these recommendations are implemented in Nepal, they have the potential to ensure the full inclusion of disabled individuals in all facets of society, enabling them to actively participate in the country's economic and social progress.

In conclusion, disability does not discriminate based on wealth, religion, or nationality. All individuals with disabilities deserve equal care, support, and attention. However, the reality is that not all people with disabilities receive the same level of care and support. This issue is particularly challenging in a country like Nepal, where individuals with disabilities often struggle to overcome these obstacles without government and organizational assistance. Throughout this paper, I have illuminated some of the challenges that people with disabilities encounter in Nepal and shared my personal experiences with disability.

At the very base of all the problems is education it seems. It has become apparent that Nepal needs to ramp up its educational campaign and start at the very basics, education for

everyone regarding disability and education for people with disabilities. Only then can the new generation start fresh and tackle each challenge with disability and access to those disabled in top of their mind. Once a person understands the concepts of disability and the challenges faced by those that are disabled it becomes easier to bring about changes in thinking for everyone around them. Inclusive education perhaps holds the most importance – exposure to both disabled and non-disabled children so that they can see and understand each other. Nepal has a long way to go before it can fully implement its plans and projects as promised but strong financial and human resource support is required from all external development partners (EDPs). Eradicating myths and taboos that brings about discrimination of those disabled is only possible through education.

Accessibility for education, health care and employment also holds equal importance especially in a geographically challenged country like Nepal. Vital transport infrastructures like roads needs to be developed to connect the remotest parts of the nation to major town centers and transport mediums should be made accessible so that people with or without disability have easy access to education and health care facilities. Once a disabled person has the means to earn a living through proper education and employment opportunity they can then work towards uplifting their own lives and also of those around them. Maybe then they will not be seen as burdens in the society but rather important members of the society capable of economic and other societal contributions.

The recommendations presented in the above chapters for the government and the external development partners by the human rights watch can hopefully be implemented in Nepal in the near future which could bring about a much needed change in the thinking of the people. Utilizing education as the start to a new and fresh future to ensure people with disability have equal rights and opportunities to health, education and employment in the country.

Although the Nepali government has made significant efforts towards the development of a comprehensive education system for persons with disabilities, the education system in Nepal still faces significant challenges, including a lack of infrastructure, resources, and trained professionals to cater to the needs of students with disabilities. The government must further prioritize disability rights and invest in disability-inclusive policies and programs. This includes ensuring access to quality healthcare services, developing disability-inclusive educational curricula, and promoting social inclusion and awareness. Furthermore, the government should work in partnership with disability organizations and advocacy groups to ensure that policies and programs are developed in collaboration with people with disabilities, rather than being imposed upon them.

In terms of medical education, the Nepalese government should prioritize disability-inclusive curricula in medical schools and establish disability-inclusive medical institutions. This will equip healthcare professionals with the knowledge and skills necessary to provide quality healthcare services to people with disabilities. Furthermore, the government can provide incentives and scholarships to encourage healthcare professionals to specialize in disability healthcare.

My experiences as a Nepali nursing student in India has helped me reveal the several challenges faced by people with disabilities in Nepal, including limited access to healthcare services, inadequate disability-inclusive education, and social stigma. These challenges are further compounded by the lack of government resources and policies to support people with disabilities. While Nepal has made strides in improving the status of disabled people, there is still much work to be done. In contrast, my initial assumption on Canada was that it has a robust healthcare system that prioritizes the needs of people with disabilities, with disability-inclusive

medical education and specialized healthcare services. But once I started to review literature on Canada I came to the realization that Canada too have many challenges when it comes to disability issues, some of which I have explained in above chapters. Some of these challenges include barriers to accessing healthcare services, long wait times for medical appointments and procedures, and disparities in healthcare outcomes. These challenges can be influenced by factors such as limited healthcare resources, a shortage of healthcare providers, and geographic barriers, especially in rural and remote areas (Clarke, 2016).

My experience working as a health care aide in Canada has helped me to understand how, despite the many challenges in attaining and providing healthcare, a well-supported healthcare system can positively impact the lives of people with disabilities. Canada's disability-inclusive medical education curriculum and specialized healthcare services are commendable, and serve as an example for other countries to follow. However, even in Canada, there is still room for improvement, particularly in addressing the socio-economic disparities faced by people with disabilities. As someone who has studied nursing in India and disability studies in Canada, I am committed to working towards a more equitable and accessible world for all individuals, regardless of their abilities.

Overall, this autoethnographic study highlights the need for continued efforts to improve the status of disabled people in Nepal. By prioritizing disability rights, investing in disability-inclusive policies and programs, and promoting social inclusion and awareness, the government can improve the quality of life for people with disabilities in Nepal. Furthermore, by prioritizing disability-inclusive medical education, healthcare professionals in Nepal can be equipped with the knowledge and skills necessary to provide quality healthcare services to people with disabilities. As the world continues to prioritize disability rights and inclusion, it is essential for

countries like Nepal to keep pace with global efforts. This autoethnographic study underscores the importance of understanding the experiences of people with disabilities in different contexts, and the need for ongoing efforts to improve their status and promote their rights. By doing so, we can create a more equitable and just society for all.

As I delved deeper into the realm of Disability Studies during my Master's program, numerous questions and realizations began to surface. One of the central inquiries that beckoned my attention was the comparison between the challenges faced by disabled populations in Nepal and Canada, particularly concerning education and employment opportunities. In Nepal, the barriers to education and employment for people with disabilities often felt insurmountable. Access to quality education was scarce, and employment opportunities were limited, which left many individuals marginalized and deprived of a fair shot at a fulfilling life. However, in Canada, I witnessed a more inclusive environment, where policies and initiatives were in place to address these disparities. This stark contrast underscored the importance of recognizing and advocating for the rights of people with disabilities on a global scale.

Moreover, I was intrigued by the profound impact of accessibility, or the lack thereof, on the lives of disabled individuals. In Canada, the focus on creating accessible spaces and facilities was evident, making it significantly easier for people with disabilities to navigate their daily lives. This stood in stark contrast to Nepal, where accessibility was often an afterthought, if considered at all. The impact of accessible infrastructure on the quality of life for disabled individuals was undeniable. The stark disparities in accessibility standards in different parts of the world became even more apparent as I delved into my studies.

Geography played a significant role in shaping the experiences of people with disabilities. In Nepal, the geographical challenges, such as rugged terrain, lack of infrastructure,

and limited healthcare access in remote areas, posed considerable hurdles for those with disabilities. In Canada, the urban infrastructure was more accommodating, but I also came to realize that geographical challenges existed, albeit in different forms. In remote Canadian communities, individuals faced barriers similar to those in Nepal due to isolation and limited services. This realization emphasized the need for a comprehensive and inclusive approach to disability care that considered the geographical context.

My studies also shed light on the various political and social initiatives in place to ensure the rights and well-being of people with disabilities. In Canada, I encountered comprehensive policies and legal frameworks aimed at promoting inclusivity, accessibility, and social support. However, I could not help but notice that, in Nepal, while there was a growing awareness of the rights of disabled individuals, implementation remained a challenge. This highlighted the crucial role of effective policy execution and the need for international collaboration to uplift the status of people with disabilities worldwide.

In summary, my journey from Nepal to Canada and my academic pursuit of Disability Studies have deepened my understanding of the multifaceted nature of disability. The stark disparities between countries and regions have underlined the importance of addressing these complex issues on a global scale. It has become clear that disability should not be viewed as a uniform concept, but rather as a diverse spectrum of unique challenges and experiences that require tailored support, regardless of geographic, social, or economic boundaries. This realization has strengthened my commitment to advocating for the rights and well-being of those who have traditionally been marginalized and overlooked.

This autoethnographic journey has provided a fresh perspective on my personal experiences, aligning with the themes explored in previous questions. Through a meticulous

examination of my own experiences, cultural contexts, and self-reflection, this research aims to offer insights derived from my journey. It emphasizes my commitment to advocating for inclusivity and understanding within the healthcare field. Prioritizing patient-centered care, I actively engage in open conversations with patients, families, and colleagues to identify specific needs and challenges related to disabilities. Additionally, I advocate for accessible facilities and communication strategies catering to diverse abilities, ensuring equitable and respectful healthcare services for all individuals.

Moving forward in my nursing journey, I am committed to staying informed about disability rights and using my platform to educate both healthcare providers and the community. I will collaborate with interdisciplinary teams to implement policies and practices promoting inclusivity, contributing to a healthcare environment prioritizing the well-being of all individuals, regardless of their abilities. This study contributes to the evolving landscape of autoethnography, with plans to pursue publication, aiming to foster a deeper understanding of disability rights and policies.

Reflecting on my nursing experience in Nepal and Canada, challenges such as limited resources and insufficient staffing were prevalent in Nepal, contrasting with the better-equipped facilities and ample support staff in Canada. The emphasis on evidence-based practice and continuous professional development in Canada contributed to a higher standard of patient care. Despite the resource constraints in Nepal, patient care involved creative solutions, but barriers such as limited access to research resources impacted the depth of literature review.

In conclusion, this autoethnographic exploration has deepened my understanding of personal experiences and provided valuable insights within the broader cultural context of Nepal. Envisioning the future trajectory of this research involves preparing the findings for publication.

The intention is to contribute a unique perspective to the understanding of disabilities, fostering greater cultural understanding and bridging gaps within the context of Nepal. The ultimate aspiration is to share a personal narrative and provide advocacy, enriching the landscape of autoethnography research in the Nepalese context and beyond.

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