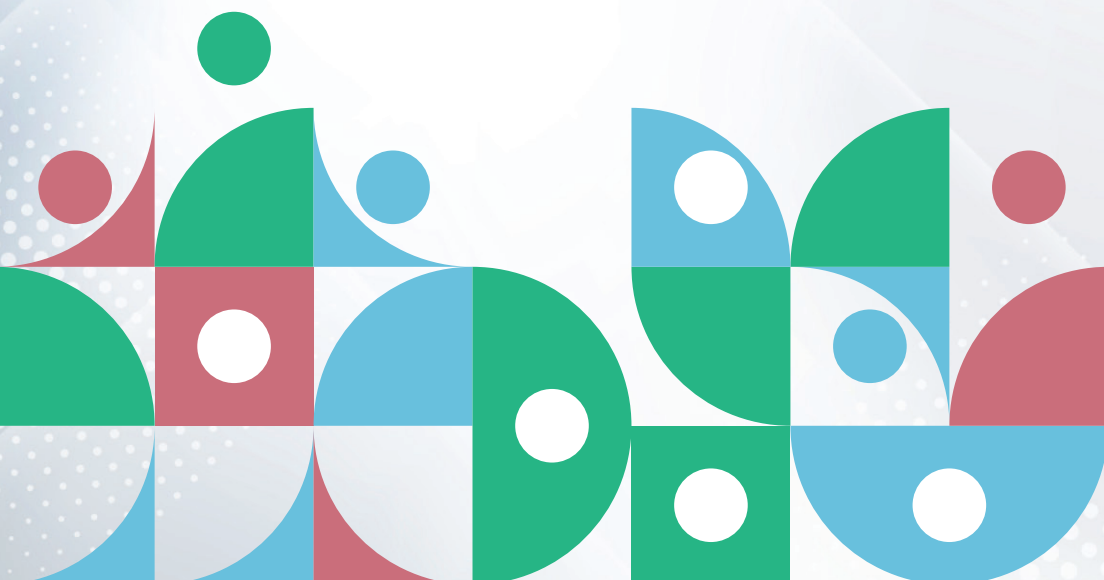# Barriers, Challenges and Opportunities for Girls with Disabilities in Accessing School Education

*A study by The Research and M&E Team of
Tech Mahindra Foundation*

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ABOUT
TECH MAHINDRA FOUNDATION

Tech Mahindra Foundation, corporate social responsibility arm of Tech Mahindra Limited, has been working in the space of disability inclusion for over a decade, with a vision of enabling children and young people with disabilities to access quality education, skill development, and meaningful livelihoods. Through initiatives such as ARISE+ and The Ability Network, TMF has consistently championed inclusive practices and collaborated with communities, schools, and civil society organizations to build pathways towards equity and empowerment. This study is an extension of that commitment.

ACKNOWLEDGMENT

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Executive Summary

Tech Mahindra Foundation has been working in the space of disability for over 10 years by providing support to special schools as well as community-based rehabilitation centres in supporting persons with disabilities.

Over the years, the work of TMF has increased in the space of disability and there is a slow and steady movement towards a life cycle approach for persons with disability.

Through years of monitoring and looking at data from the schools/centres, it was observed that the number of girl beneficiaries within the program is much lower (at just 20% a few years back). Efforts were made by the TMF teams and the staff in the field to improve this percentage. Despite efforts, the female enrolment percentage is till stagnating at 35-37% across the country.

A need was felt to understand the space of disability through gendered lens. The present study aims to understand the participation of girls with disabilities in education. The study has delved into challenges the girls face in accessing education and exploring opportunities available to them.

The study covers girls and boys with disability, their teachers and parents and NGO partner teams.

Key findings from the study highlight major barriers girls with disabilities face in education which span from social, cultural, attitudinal as well as financial barriers. The study made a correlation with the National level data available in India to examine the enrolment and participation of girls with disabilities in education as compared to boys. It has been found that gender is a major predictor of school enrollment. Compared to their male counterparts, girls with disabilities have a statistically significant 20% lower likelihood of ever enrolling in a mainstream school and a 2% lower chance of ever enrolling in a special school. Among major challenges are infrastructure and resource related challenges, transport related challenges and challenges regarding lack of support from the families of girls with disabilities. There is also lower aspiration and hope among the parents of girls with disabilities when it comes to their calibre or potential to lead an independent and dignified life. The research study also sought to identify good practices being implemented across programs, particularly in schools or centres with higher enrolment and retention rates of girls with disabilities. The findings indicate that specific, targeted interventions have played a key role in driving these positive outcomes.

1. Introduction and Background

Disability must be viewed as a human rights issue, rather than just an individual community's issue, as disability creates inequalities in the society for those experiencing it, in terms of their rights to participate in social, civic and political activities as well as in matters pertaining to health, work and education (Mason, 2006). According to a report by WHO (2011), People with disabilities do not have equitable access to jobs, education, health care, etc., which are basic to human survival and dignity. Their earnings are often lower while they are employed, and they are more likely to be unemployed (Mitra et al., 2011; Burchardt, 2005; Coleridge, 2005; Emmett, 2006). Research indicates that in the majority of low- and middle-income nations, those with disabilities are less wealthy than those without disabilities. Additionally, "poverty is associated with healthcare expenses, persistent social marginalization, lack of access to education, and exclusion from the workforce" (Rohwerder, 2015; Gudlavalleti, 2014; Train and Loeb, 2012).

Even among the disabled population, women with disabilities (WWD) tend to be more vulnerable owing to gender inequality. It can be said that they face double discrimination – one on the grounds of gender and other because of their disability.

Their social status differs as per their individual circumstances and the community they live in (Mallavarapu et al., 2016).

There is very limited research to understand how girls with disabilities are faring in the economically developing countries as compared to their counterparts. The gender gap in disability widens as those who are committed to work for gender equity often fail to consider disability and those who work for disability equity often fail to consider gender and address the issue through a gendered lens. Thus, rendering girls with disabilities and their challenges invisible

Globally, women with disabilities struggle at different levels to fight for their rights, their existence and against violation and discrimination to create an identity of their own in the world (Peters, 2010). Data from the countries that come under the Organization for Economic Cooperation and Development shows that in most of these countries, there are a greater number of disability-related incidents reported among women than men (WHO & World Bank, 2018). Women in general are perceived to be the weaker sex and face discrimination in multiple facets of social and personal life. The situation is more dire for women with disabilities, who are discriminated against in multiple dimensions and settings. There are aspects like education, access to schools, and literacy that remain significant areas of challenge for women with disabilities.

According to UN's Factsheet on Persons with Disabilities, while the literacy rate for adults with disabilities is 3%, it is just 1% for women with disabilities (UN, 2021). Global estimates also indicate that only 41.7% of girls with disabilities have completed primary school, compared to 50.6% of boys with disabilities and 52.9% of girls without disabilities (WHO, 2011). The lack of education becomes the primary reason that only 25% of women with disabilities are in the workforce worldwide (WHO, 2011). India falls along the same lines where persons with disabilities are highly exposed to various forms of vulnerabilities. Access to resources, economic and political participation remain a challenge for a large population of PwDs. Amidst this, women with disabilities tend to be among the country's most vulnerable populations and the most marginalized owing to the strong patriarchal nature of the Indian society where gender discrimination is widespread (Chatterjee & Sheoran, 2007, pp. 14–15).

According to Beijing Platform for Action, Chapter IV, Strategic objectives and actions (2019), about 650 million people in the world or 10% of the world's population live with disabilities. In India, the last census of 2011 showed that out of the 121 Cr population, 2.68 Cr persons are 'disabled' which is 2.21% of the total population. Out of this, 1.18 Cr (44%) are women with disabilities (Government of India, 2011).

Keeping in mind the gender inequalities that exist in India, women with disabilities become victims of "double discrimination" where they are faced with extreme violence in "domestic, institutional, and healthcare settings," which further deteriorates their situation. In India, even the fundamental rights of women with disabilities such as the right to life, education, etc. are at stake because of the extent of discriminations and human rights violations existent in the country (Addalakha, 2013; Thomas, 2005a, p. 7). The difficulties of women with disabilities increase manifold when combined with other elements such as social stigma, caste system, poverty, etc. (Thomas, 2005a, pp. 20–21)

Women with disabilities have also been considerably neglected when it comes to research, state policies, policies on disability, women's movements, and rehabilitation programs. Their role in the decision-making process has been limited in India. A lack of intersectionality in education policy, funding and programming where these policies and programmes often consider disability and gender separately, and therefore do not acknowledge and address the issue of intersectionality. Even though there are policies and programs on women empowerment and disability, they largely ignore the needs of girls or women with disabilities in school education.

Organisations and institutions committed to advancing gender equality in education often fail to consider the additional and intersecting challenges faced by girls and women with disabilities, and those committed to disability inclusion in education often fail to apply a gender perspective, which leads to further isolation and exclusion of this population (Leonard Cheshire, 2017). The policies often do not cater to specific needs of girls with disabilities like safe environment at schools, clean and hygienic toilets that are disabled friendly, provision of sanitary pads for adolescent girls, trained female staff (teachers as well as helpers), sessions of safe and unsafe touch, availability of skill development training based on the requirement of the girls.

Girls with disabilities often experience increased amount of bullying and harassment by their peers based on their disability and gender. They are also more likely to experience bullying, violence and abuse both within and outside the school.

In general, girls with disabilities may experience high rates of gender-based violence and may face communication and cultural barriers to reporting incidents and accessing referral services where they exist. This can be compounded in special education institutions, where girls with disabilities are often more isolated from their support network.

This is likely to have significant implications for the survivors' mental health, motivation to return to school or even access to school, even if infrastructure and other accessibility requirements are fulfilled. In response to the heightened risk of violence, parents may be reluctant to send their daughters to school at all. Whilst borne out of safety concerns, this can lead to girls being isolated and excluded from opportunities to learn, gain their independence, and actively participate in society. Yet, these gender related barriers are rarely addressed by education inclusion policies.

1.1 Need for the Study

Tech Mahindra Foundation's has programmes that cater to persons with disabilities, and it is one of the three major areas of focus for the Foundation. The two of its disability programs – ARISE+ (All Round Improvement in School Education) and SMART+ (Skills for Market Training) focus on social inclusion for children and equal work opportunities for young adults with disabilities. The Foundation mandates that 10% of its beneficiaries are persons with disabilities.

The ARISE+ program encompasses the Foundation's work in school education for children with disabilities in the age group 3-18 years. The Foundation supports organisations working for the education of children with special needs and focuses on providing quality education to them and enabling them to thrive regardless of their challenges.

This program supports children with special needs to gradually become a part of the mainstream education system. The focus is also on mentoring the parents, caregivers, and guardians about the disability of their children. Working with diverse groups within the domain, the Foundation empowers persons with disabilities, including persons with visual impairment, hearing and speech impairment, locomotors disabilities and a range of intellectual disabilities across India. The study focuses on all the disabilities that the program caters to.

According to the Census 2011, 61% of the disabled children aged 5-19 years were attending educational institutions.

Among those attending educational institutions, 57% were male children and 43% were female. In Tech Mahindra Foundation's experience of working with the children with disabilities, it has been noted that the average percentage of female beneficiaries in the school education programs has been stagnant at 35% to 37% for the last three years.

Even though it is closer to the national average percentage of female children with disabilities attending educational institutions, it merits a deeper dive into the possible reasons for overall lower enrolment and participation of girls with disabilities in the Foundation's programs for PwDs.

Given this backdrop, the present study examines enrolment trends among students with disability at National level and compares it to the enrolment trends at TMF program level. It also studies the challenges and barriers faced by girls with disabilities and their parents and the opportunities for girls with disabilities in school education in the Indian context. The specific focus are the locations where Tech Mahindra Foundation's ARISE+ program is operational and the data for the study has come from these locations. These included TMF supported schools for children with disabilities in Mumbai, Pune, Nagpur, Delhi, Bangalore, Chennai, Kolkata, Bhubaneshwar, Hyderabad and Vishakhapatnam. Students with speech and hearing impairment, visual impairment, intellectual and developmental impairment and their parents/caregivers, and teachers, staff members are part of the study.

1.2 Literature Review

1.2.1 Review of Educational Policies

While in India there are policies in place for women empowerment and empowerment of PwDs, there is hardly a policy that focuses on the education of girls with disabilities. The Acts and policies for PwDs fail to cater to the specific needs of women and girls – addressing safety at educational institutions, basic infrastructure, gender and disabled friendly toilets with sanitary facilities, trained female support staff and teachers, safe transportation facilities, skill development programmes along with vocational training. It is meritorious to review the policies over the years.

Persons with Disability (Equal Opportunities, Protection of Rights and Full Participation) Act, 1995

The PwD Act of 1995 that is the most significant act for the welfare and empowerment of PwDs does not mention any specific requirements, needs and provisions that must be made for women with disabilities in education or employment. It covers children with disabilities as a whole and directs for every child with disability to get access to free education in an appropriate environment till s/he attains the age of eighteen years. The act also talks about integration of CWSN in mainstream schools, transportation facilities to CWSN and financial incentives to parents or guardians of CWSN for admission to educational institutions.

The National Policy o Empowerment of Women of 2001

Specifically formulated for the empowerment and development of all women is indifferent to educational empowerment of girls and women with disabilities. It endorses education for all and inclusive education, but the recommendations are women centric and exclude women with disabilities.

National Policy for Persons with Disabilities, 2006

The National Policy for PwDs is a step ahead to the 1995 Act as it recognises the specific needs of girls with disabilities, however, it does not specify the kind of programmes and rehabilitation efforts that should be made to improve admission and participation of girls with disabilities in educational institutions. While it reiterates the importance of retention of girls at primary, secondary and senior secondary level, there are no research available to determine the number of girls with disabilities enrolled and retained in schools and other educational institutions. The policy talks at length about building a safe and conducive environment at workplaces for women with disabilities but does little on the safety aspect in the educational institutions.

Right to Education Act, 2009

Again, the document does not focus on special needs and requirements of girls with disabilities with respect to safety, retention, infrastructural changes. It speaks for disabled population homogeneously.

The Rights of Persons with Disabilities Act, 2016

The Act directs that 1. "The appropriate government and the local authorities shall take measures to ensure that the women and children with disabilities enjoy their rights equally with others."

2."The appropriate government and local authorities shall ensure that all children with disabilities shall have rights on an equal basis to freely express their views on all matters affecting them and provide them appropriate support keeping in view their age and disability." The needs and requirements of girls with disabilities as a group are ignored.

1.2.2 Research Studies

Among PwDs, "girls with disabilities are among the world's most marginalised groups of society, resulting from social norms and cultural bias around gender and disability" (UNGEI, 2017: 7). Women with disabilities face multi-dimensional challenges and are a more disadvantaged group than men with disabilities. They are the victims of social exclusion, have little or no autonomy over their sexual and reproductive health, are vulnerable to violence, and face unequal access to healthcare and education. (Dean et al. 2017).

Although all the disabled women are affected by poverty and social injustice to a certain extent, the effects of this vary based on the status of women, the geography and culture that they live in, the kind of disability they have, their class, race, ethnicity, or caste, and their age and sexual orientation, among others (Price, 2011).

Evidence from around the globe shows that women with disabilities are more vulnerable when it comes to access to education, healthcare facilities, and employment opportunities and so on. They are faced with unequal opportunities in education owing to their gender, disability-related stereotypes, violence and bullying, and physical, geographic, and informational barriers to school attendance. (Don, Salami & Ghajarieh, 2015; Plan International, 2013; UNICEF, 2007; Rousso, 2003). Culmination of these factors result in lower enrolment of girls with disabilities in education, or lower attendance and school completion rates. (Clarke & Sawyer, 2014).

Studies point that lack of early intervention and support programs for children with disabilities is an immense obstacle. As it is persons with disabilities are less likely to be attending educational institutions than people without disabilities (WHO, 2011, p. 88). To quote World Bank, "Disabled people have much lower educational attainment rates, with 52 percent illiteracy against a 35 percent average for the general population." (World Bank, 2007, p. 11). In case of women with disabilities the barriers increase, and they have limited access to education. The root cause of this being their gender (Rousso, n.d., p. 20). The result of it is, minimal literacy level among women with disabilities, adding to their existing struggles affecting their self-esteem, employment chances, and the ability to navigate the social world.

In India, persons with disability mostly study in special schools. Inclusive education system is mostly non-existent and there is prevalence of a segregated education system. The absence of inclusive education happens primarily due to three reasons: First, mainstream schools deny admission to students because of their disabilities. Second, disparity in the rural-urban areas in the country, which leads to lack of accessible inclusive schools in rural and remote areas. Third, lack of trained teachers and appropriate teaching resources to educate students as per special needs (United Nations, 2019, p. 13).

Studying in special schools leads to invisibility of the disabled population from the mainstream. Very few children with disabilities, especially children with intellectual disabilities and women and girls with disabilities enrol in mainstream inclusive education. Those who do, their dropout rates are high (Limaye, 2016).

Clarke & Sawyer in their study on Girls, Disabilities and School Education in the South-East Pacific Region (2014), stated that the barriers to girls' education and gender parity in education are deeply engrained in social norms. They are often reflected in institutional constraints and inadequate legislation and policies. The schools in any society tend to mirror its patriarchal structures and reinforce the traditional gender roles and stereotypes. This perpetuates gender inequalities in each generation of school-going children (Clarke & Sawyer, 2014). Evidence indicates that women with disabilities, particularly in developing countries, face more formidable challenges. They do not benefit from the international efforts as well to improve education access (UNGEI, 2017). Lower educational attainment, among PwDs and especially among women with disabilities, lead to limited human capital formation opportunities, thus, reduced employment opportunities and decreased productivity in adulthood (WHO, 2011; Filmer, 2008; Burchardt, 2005).

Several studies on gender have established that gender interacts with other factors such as age, ethnicity, location, and has an impact on access to quality of life.

When the same logic applied to girls with disabilities, their marginalization gets further intensified. Unfortunately, there is still scarce research into girls with disabilities in education, and many barriers remain in place (UNGEI, 2017: 13).

Despite the attention given to disability, women with disability have unfortunately received little recognition or study, even though they may be the victims of a double handicap (Deegan & Brooks, Eds., 2017).

1.3 Hypothesis

There is no statistically significant correlation between gender and school enrolment among persons with disabilities in the age range of 3-35 years.

1.4 Research Questions

◆ Whether gender has any impact on school enrolments based on the data available through the National Sample Survey, with special focus on girls with disabilities.

◆ What measures can be taken to improve the enrolment of girls with disabilities in the schools?

◆ What are the causes of low female enrolment in TMF ARISE+ schools?

1.5 Objectives of the Study

■ To explore and study the correlation between gender and access to education using the National Survey data and draw comparisons with female enrolment in the TMF ARISE+ projects PAN India.

■ To provide an indication of the strengths of the organisations who focus on enrolling girls with disabilities.

■ To understand barriers, challenges and opportunities experienced by girls with disabilities in accessing school education.

1.6 Operational Definitions

Access is defined in terms of infrastructural facilities, transport facilities, academic support and learning materials available for girls with disabilities.

Barriers are understood in terms of infrastructural, social and attitudinal.

Opportunity is defined in terms of the support available from the schools, teachers, parents and community.

2. Research Design and Methodology

A mixed methodology was used for the empirical data collection, using numerical and verbal data, to gather rounded, reliable data.

A survey approach was used to gain an overall picture, and a more fine-grained analysis was achieved through individual and group interviews and focus group discussions.

2.1 Sampling

Stratified Random sampling was used in the research study. All the schools/centres that are supported by Tech Mahindra Foundation were part of the sample. Stratified sampling ensured that there is a representation of all disabilities in the study – speech and hearing, visual and intellectual. The study uses both primary and secondary data for analysis.

The data existing from the National Sample Survey (NSS) 2018, a nationally representative survey of the all-India non-institutionalised population was analysed. Multiple correlation or Regression: To investigate whether gender has an impact on the educational aspects like enrolments in mainstream and special schools for persons with disabilities in the age group of 3-35 years, regression was done on the data available from the NSS.

The National Sample Survey (NSS), disability data from Schedule 26: Survey of Persons with Disability of the 76th round of the NSS, which was administered to households with at least one person with a disability (or disabilities) in 2018.

The survey was spread across the country and for the central sample, data were collected from 118,152 households and 576,569 persons. In this survey, the total number of persons with disabilities surveyed was 106,894.

The study used a questionnaire survey with team members of 28 NGOs or non-profit organisations working with children with disabilities to understand the enrolment processes at schools/centres, knowledge about the community from where the students are coming, dropouts, and overall demography of the area where the school/centre is operational or is mobilising students from. A minimum of 3 responses per organisation were collected.

Semi-structured qualitative interviews with Heads of NGOs who have been working in the education of children with disabilities for over 10 years was done. These were conducted on a 'critical case' basis, that is, with participants who are in key positions and who are 'knowledgeable people' about the activities and operations of the school and the admission process.

Structured interviews were conducted with girls with disabilities in the TMF supported schools/centres for children with disabilities to understand the barriers, challenges and opportunities available to them. The sample comprised representative data from all disabilities that TMF ARISE+ program caters to. Simple random sampling technique was used to select the student beneficiaries. There are a total 1166 girls with disabilities in the age range of 11-21 years in Mumbai, Pune, Nagpur, Delhi, Bangalore, Chennai, Kolkata, Bhubaneshwar, Hyderabad and Vishakhapatnam in the TMF supported schools/centres. 10% or 117 girls were sampled for the study.

Focus Group Discussions were conducted with the parents of girls with disabilities to elaborate on the barriers and challenges faced by their children in accessing school education.

10% of parents of the girls with disabilities constituted the sample for the study.

To gain a perspective of boys with disabilities in the schools/centres, a small percentage of boys were also included in the study.

As a first step, the survey was administered with staff members of the NGO teams. The data gathered through the survey provided the direction for the more focused semi-structured interviews with the Heads of the NGOs. These in-depth interviews were done to gather better understanding of the enrolment, participation and challenges faced by girls with disabilities in accessing school education. NGOs working with SHI, VI and IDD were part of the survey and the interviews.

Data Collection Tool ⚙	Sample Size	Details
Questionnaire survey (online survey form)	67	Survey covered enrolments, mobilization, challenges, understanding of communities
Interview with Staff	20	30% of total survey responses. Detailed recording of barriers, challenges and opportunities for girls with disabilities in education
Structured Interview with students	139	10% of 1166 girls. Boys sampled as 50% of sampled girls (sampled - 117 girls and 59 boys).

		All TMF locations. Stratified sampling was done, as per the ratio of girls in three disabilities (VI, SHI, IDD) within the TMF supported ARISE+ program. *Target was 176 (117 girls + 59 boys) but we could not complete the interview with 19 IDD students due to communication issues. For VI, 15 students from one organisation were dropped due to permission issues. Parents of IDD and VI were increased due to these reasons.
Interview with Staff	20	30% of total survey responses. Detailed recording of barriers, challenges and opportunities for girls with disabilities in education
FGD with Parents	138	10% of 1166 girls IDD - Chennai (*2 FGDs = 30), Delhi (*2 FGDs = 24), Hyderabad (1 = 10). Total – 64 VI - Bengaluru (1 = 10), Interviews with 10 parents each from Vizag and Pune. Total – 30 SHI - Mumbai (*2 FGDs = 29), Hyderabad (1 = 11), Pune (1 = 13). Total – 53 Kolkata and Pune – Telephonic interviews were done with 10 parents each. One additional IDD was done in Hyderabad in place of Bhubaneshwar

2.2 Tools for Data Collection

▣ Data from National Sample Survey (NSS, 2018).

▣ Questionnaire Survey with detailed questions on admission trends, mobilisation, drop out, demographic profile with NGO staff members.

▣ Semi structured interview schedule with open ended and close ended questions with Heads of the NGOs.

▣ Structured interview with girls and boys with disabilities in schools/centres in Mumbai, Pune, Nagpur, Delhi, Bangalore, Chennai, Kolkata, Bhubaneshwar, Hyderabad and Vishakhapatnam between the age range of 11 to 21 years.

▣ Focus Group Discussion with parents of students with disabilities.

2.3 Tool Administration

The semi-structured interviews with the key NGO staff members were done face-to-face as well as using CAPI method. All discussions were recorded with the consent of the respondent. The Structured interview with students was done one-on-one by the field investigators (in this case, location associates of TMF). FGDs were done with parents of the students in the ARISE+ program. The data collected was analyzed both quantitatively and qualitatively.

In case of students with Intellectual and Developmental Disabilities, attempt was made to collect data using the structured interviews. However, due to challenges related to comprehension around the questions being asked and varied responses from the respondents, the parents or caregivers of students with IDD were added to the study.

Either the parents or caregivers were present to interpret the questions for the students with IDD or in many cases they responded to the questions on behalf of their child. This change was made in the study after the pilot testing of the tool.

In case of students with visual impairment, the field enumerators were able to collect data with minimal support from outside. In case of students with speech and hearing impairment, a sign language interpreter was used to interpret and record responses of the students who were part of the study. All these changes in the means of data collection were brought in based on the experiences gained from the field at the time of the pilot testing of the tool.

Secondary literature was reviewed for designing the tool to understand important themes to capture, as well as to identify best practices in question framing

First tool was piloted with 8 ARISE+ staff an online survey. It was then administered with all partners targeting responses from at least three key people from one org

Training was done on the tools, and it was administered with strict ethical standards and guidelines

Based on responses and analysis of data - remaining tools were designed. In the meantime, capacity building workshop was conducted with location associates who would carry out data collection in the field. External RP was engaged to do it

3. Data Presentation and Analysis

Data was collected using close-ended and open-ended questions and from students, teachers, admission teams, NGO Heads and parents. The data collected through surveys, interviews, focus group discussions, and secondary data sources, including the National Sample Survey (NSS) was analysed qualitatively as well as quantitatively.

Triangulation of the data was done. The findings are structured to address the research study's key objectives, which include exploring the enrollment trends, understanding barriers, and identifying opportunities for enhancing education access for girls with disabilities.

3.1 Correlation between Gender and Access to Education using the National Survey Data (2018)

Information on school enrollment of persons with disabilities was collected for all the disabled people aged 3 to 35 years in the NSSO 2018 Data. The NSS statistics took into account two main categories of schools: mainstream schools and special schools. Special schools are educational establishments designed for individuals with unique learning requirements resulting from a disability. The infrastructure and teaching methods used in special schools are tailored to the demands of the PwDs. The school for the visually impaired, the school for the speech and hearing impaired, the school for intellectual disability and so on are examples of special schools. A school that is not a special school is referred to as a mainstream school. School enrollment in mainstream and special education schools is the main focus of analysis. Hence, there were two aspects of educational attainment of women/girls with disabilities that were observed in the study.

First was if they had ever been enrolled in a mainstream school and second was if they had been enrolled in a special school.

Regression Strategy: This study aimed to determine if gender influences the educational factors listed, specifically the enrolment in mainstream and special schools for persons with disabilities in the age range of 3 to 35 years. These variables are all categorical, meaning they can all have values of one (yes) or zero (no). Thus, assuming a standard normal distribution of the response variables, binary response models were used to assess the gender influence on each of these two dependent variables. The results can be represented as follows:

$$MS_i = \alpha + \beta_1 G_i + \beta_2 H_i + \epsilon_i \ldots (i)$$

$$SS_i = \alpha + \beta_1 G_i + \beta_2 H_i + \epsilon_i \ldots (ii)$$

The (i) equation represents the impact of gender on the probability of ever enrolling in a mainstream school (MS), and the (ii) equation represents the impact of the gender on the probability of ever enrolling in a special school (SS). Since gender is the main exogenous variable in this model, Probit regression was used to estimate each of the equations, and marginal effects were then generated after estimation (Wooldridge, 2010). We used the NSS 76th round weights to account for the stratified sample design. Gi, the primary explanatory variable in each equation, denotes the gender of the ith impaired person (1 being male and 2 being female).

The following are some potential additional factors that may influence the decision of a person with disability to attend school: demographics (age, marital status, household size, rural/urban sector), economic status (monthly household expenditure), disability character-istics (type of disability, monthly disability-related expenditure), social status (caste, religion), and human capital (highest education attained by any family member). To show whether the person has any disability certificates - which may be necessary for admission to special schools - is an additional indicator variable that is also included. To capture the gender-based intersectional effects, the model also includes a number of interaction dummies.

3.1.1 Results

Descriptive Statistics: Table 1 to Table 6 below presents the gender-wise distribution of persons with disabilities with respect to their socio-economic background. The data shows that there are significant variations in education based on the gender of the individual, and their social background such as caste, religion, economic status, etc.

It is also noted that women/girls with disabilities have a higher average age and slightly lower household expenditure as compared to their male counterpart.

Table 1: Estimated Population, Household, and Percentage
of Persons with Disability

Estimate (in million) of	Household	271.02
	Males	607.92
	Females	564.72
	Transgender	22.23
	Total	1172.86

Percentage of	Males with disability	2.15
	Females with disability	2.26
	Transgender with disability	1.99
	Persons with disability	2.20

Source: NSSO 76th round

Table 2: Percentage Distribution of Disabled Persons in
different Disability Types

Type of Disability	Overall	Male	Female	Trans
Locomotor	56.21	56.71	55.68	64.11
Visual	8.91	8.68	9.15	7.18
Hearing	8.73	8.41	9.06	13.00
Speech	4.53	4.74	4.32	0.52
Mental Disability	5.07	5.16	4.98	6.47
Mental Illness	5.13	5.16	5.11	3.36
Other disability	1.61	1.57	1.64	0.00
Multiple disability	9.81	9.57	10.05	5.36

Note: All categories represent persons only with that particular type of disability.

Person reported having more than one disability types are categorized as Multiple disability.

Source: Calculation is based on the Schedule 26 of the NSS 76th Round.

Table 3: Social Status of PwDs Name

Variable	Values	Male	Female	X² P-Value
Education Level	1=up to primary	56.73	69.27	Chi2(8)=4.4e+07***
	2=Upper Primary	14.56	10.74	
	3=Secondary (incl. diploma /certificate)	12.52	8.97	
	4=Higher Secondary (incl. diploma /certificate)	8.97	6.07	
	5=Graduation and above	7.22	4.95	
Religion	1=Hindu	81.67	81.38	Chi2(6)=7.0e+05***
	2=Islam	12.73	13.14	
	3=Christianity	2.26	2.55	
	4=Others	3.34	2.94	
Social Group (Caste origin)	1=S.T.	8.83	8.59	Chi2(6)=1.8e+05***
	2=S.C.	20.55	20.36	
	3=OBC	44.75	44.95	
	4=Others	25.86	26.10	
Sector	Rural	72.48	73.11	Chi2(1)=1.3e+05***
	Urban	27.52	26.89	

Note: all estimates are weighted.

Source: Calculation is based on NSS, schedule 26 of 76th round.

*p<0.05, **p<0.01, ***p<0.001.

Table 4: Household Backgrounds of PwDs

Variable Name	Values	Male		Female		t-statistics P-Value
		Mean	Std. Dev.	Mean	Std. Dev.	
Monthly Household Expenditure	In Indian Rupee	10415.69	7372.51	10173.38	7446.35	t(574084) =-27.08***
Age	In year	34.79	21.81	37.44	22.14	t(573365) =-2.23
Household size	No. of Persons	5.09	2.48	4.97	2.51	t(574514) =-3.63***

Note: all estimates are weighted.

Source: Calculation is based on NSS, schedule 26 of 76th round.

*p<0.05, **p<0.01, ***p<0.001.

Table 5: Percentage of Disabled Persons in 3-35 Age Group Attended School

	Overall	Male	Female	Chi2
Mainstream School	62.47	64.46	59.33	Chi(2)=33.58***
Special School	7.29	7.91	6.34	Chi(2)=6.58***

Note: All estimates are weighted.

Source: Calculation based on NSS, schedule 26 of 76th round.

*p<0.05, **p<0.01, ***p<0.001.

Table 6: School Enrollment among Persons with Disabilities

	Mainstream School	Special School
Gender (Ref. Male)		
Female	-0.202***	-0.0247***
	-0.0003	-0.0001
Social Background (Ref: others)		
S.T.	0.080***	-0.036***
	-0.0006	-0.0002
S.C.	0.055***	-0.037***
	-0.0005	-0.0002
OBC	0.062***	-0.024***
	-0.0004	-0.0002
Religion (ref. Hindu)		
Islam	-0.113***	0.001***
	-0.0003	-0.0001
Christianity	-0.164***	0.0254***
	-0.0007	-0.0002
Others	-0.076***	-0.023***
	-0.001	-0.0001
Age	0.007***	-0.002***
	0	-3.80E-06
Log(Monthly Household Expenditure)	-0.030***	0.035***
	-0.0001	0
Log (Monthly Disability Expenditure)	-0.007***	0.003***
	0	0
Household size	-0.019***	-0.012***
	0	0

Highest Education (Ref: up to Primary)		
Upper Primary	0.278***	-0.017***
	-0.0002	0
Secondary incl. Diploma etc.	0.304***	-0.007***
	-0.0002	0
Higher Secondary incl. Diploma	0.285***	0.006***
	-0.0002	0
Graduation and above	0.344***	0.022***
	-0.0002	-0.0001
Marriage status (Ref: not married)		
Married	0.075***	-0.031***
	-0.0002	0
Widowed	-0.276***	0.283***
	-0.0015	-0.0016
Divorced/separated	-0.036***	---
	-0.0007	
Type of Disability (Ref: Single)		
Multiple disability	-0.134***	-0.003***
	-0.0006	-0.0001
Sector (Ref. Rural)		
Urban	-0.130***	0.025***
	-0.0005	-0.0002
Gender*Social Background	0.008***	-0.002***
	0	0
Gender*Religion	0.020***	0.009***
		0

Gender*sector	0.021***	-0.001***
		-0.0001
Gender*Disability Type	-0.067***	0.020***
		-0.0001
Certificate (Ref: No certificate)		0.083***
Having certificate		-0.0001
Gender*Certificate		-0.012***
		-0.0001
N	4,16,22,699	3,09,83,164

Note: Coefficients represent marginal effects of probit regression. Standard errors in parentheses.

*** p<0.01, ** p<0.05, * p<0.1

3.1.2 Description of the Results:

◆ The tables above show that among PwDs, gender is a major predictor of school enrollment. Compared to their male counterparts, girls with disabilities have a statistically significant 20% lower likelihood of ever enrolling in a mainstream school and a 2% lower chance of ever enrolling in a special school.

◆ A number of factors, including social background, demographics, education, and economic standing, significantly impact both forms of school enrollment. Urban living raises the likelihood of enrolling in special schools by roughly 2% while decreasing the likelihood of enrolling in regular schools by 13%.

In contrast to their male counterparts, females with disabilities who lived in the urban sector were more likely to enroll in regular school, according to the interaction impact of gender and sector.

◆ The type of impairment has an impact on mainstream school enrolment as well. A person with multiple disabilities has a 13% lower likelihood of ever enrolling in a regular school, compared to just 0.03 percent for special education. Additionally, having multiple disabilities and being a woman lowers the likelihood of enrolling in school by roughly 2% in special schools and 6% in regular schools.

◆ The likelihood of being accepted into a special school is considerably increased (by roughly 8%) by having a disability certificate.

◆ According to the data, compared to males with impairments, girls with disabilities generally experience more gender-based discrimination in their educational attainment.

Furthermore, it is clear that discrimination against women can take place both directly through gender roles and indirectly through the way gender interacts with other facets of our lives.

3.2 Overview of Female Enrollment in Tech Mahindra Foundation's Disability Program in Education

Tech Mahindra Foundation's ARISE+ program has been operational in 10 locations across India for over 10 years. The majority of the Foundation's work is with children with speech and hearing impairment (SHI) with 52% SHI beneficiaries, followed by 23% each in Visual impairment (VI) and Intellectual and Developmental Disabilities (IDD).

In terms of gender, the data from FY 23-24 indicates that there are 37% female students as against 63% in TMF's education program.

Gender - ARISE+

37% | 63%
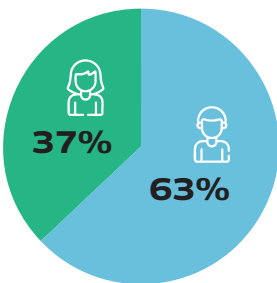
■ Boys ■ Girls

Disability Wise Data

2%
23% | 23%
52%
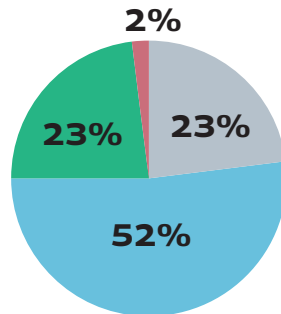
■ IDD ■ SHI ■ VI ■ Inclusive

Enrollment Patterns Across Disability Types

A variance based on gender has been observed in the enrolments of girls into the educational institutions supported under the TMF education program.

The enrolment of girls has ranged between 35%-37% of the total students over the period of the last three years (FY 2021-2024).

Further deep dive into the data based on disabilities shows that the most striking gender gap is among the students with speech and hearing impairment, where the number of boys in schools/centres is almost double that of girls. The following are the enrollment rates for girls by disability type for FY 2023-24:

■ Speech and Hearing Impairment (SHI): 34% of students are girls, with boys (66%) nearly double the number of girls.

■ Visual Impairment (VI): Girls make up 45% of the enrolled population.

■ Intellectual and Developmental Disabilities (IDD): 37% of the enrolled students are girls.

■ Inclusive education programs have children with and without disabilities. Here the percentage of girls (32%) is half of the percentage of boys (68%).

Gender across Disabilities within TMF Program

	IDD	Inclusive	SHI	VI
Boys	63%	68%	66%	55%
Girls	37%	32%	34%	45%
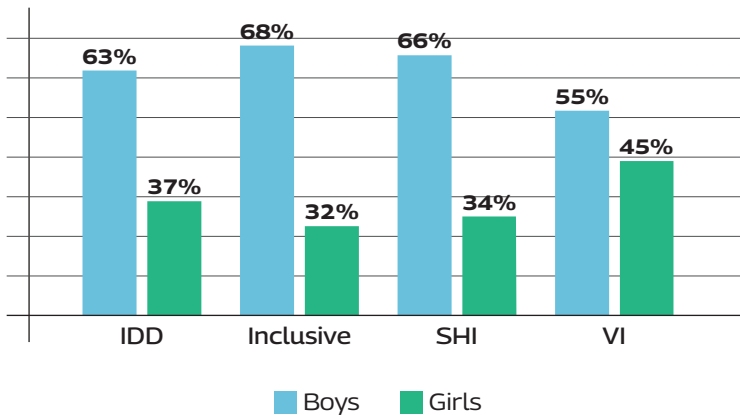
A deeper dive into the school/centre-wise data within TMF supported programs shows that the percentage of girls with disabilities varies from 22% to 55% across all the schools/centres with the exception of two schools, out of which one is an all-girls' school and the other caters majorly to education of girls. The focus of the program is girls with disabilities.

These figures tally with the NSSO data that the enrolment rate in schools was higher for boys/men with disabilities compared to girls/women with disabilities and that among individuals with disabilities, women are less likely to be enrolled in school in comparison to men. It indicates systemic barriers that disproportionately affect girls with disabilities. The disparity highlights a persistent gender gap that reflects broader social and structural inequities.

3.3 Demographic Profile of Respondents

A total of 139 students with disabilities in the age group of 11-21 years were interviewed, out of these, 92 were girls and 47 were boys. The majority of the respondents (34%) were 14-16 years old. 67% of the respondents were girls and 33% were boys. It was considered important to collate perspective of boys with disabilities to understand the differences or similarities regarding barriers, challenges and opportunities that the two genders face when accessing school education.

Apart from this, for capturing experiences of different disabilities, the sampling was done to be reflective of the ratio of population that exists within the TMF programs. Hence, majority of respondents are speech and hearing impaired, followed by visually impaired and children with intellectual disabilities.

Age Demographics

9% — 11-13 years (13 Students)

34% — 14-16 years (47 Students)

29% — 17-19 years (40 Students)

28% — Above 19 years (38 Students)

Type of Disability

13%

29%

58%

- Intellectual Impairment
- Speech & Hearing Impairment
- Visual Impairment
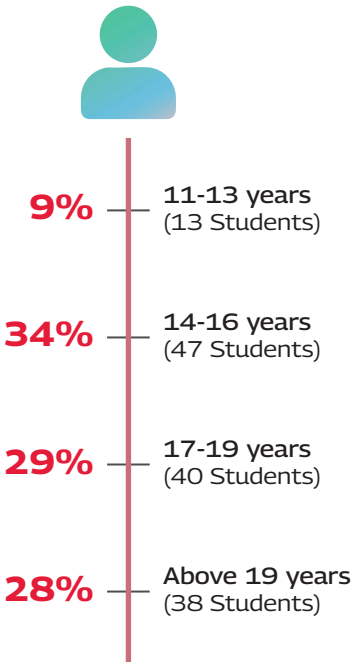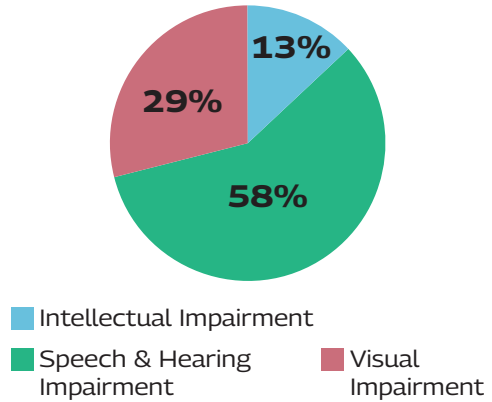
Gender of Respondents

33% Male

67% Female

3.4 Barriers to Enrollment and Retention

3.4.1 Cultural and Social Barriers

Social and cultural issues, such as poverty, family obligations, the community, beliefs and customs, are the most commonly cited obstacles to education for girls with disabilities. Most of the time, poverty and familial obligations take away young girls' chances to finish their education. Girls with physical disabilities are typically kept at home to care for their younger siblings. Furthermore, the distance between schools and houses prevents parents from bringing their daughters to school, even if they want to. Additionally, most families cannot afford the additional costs 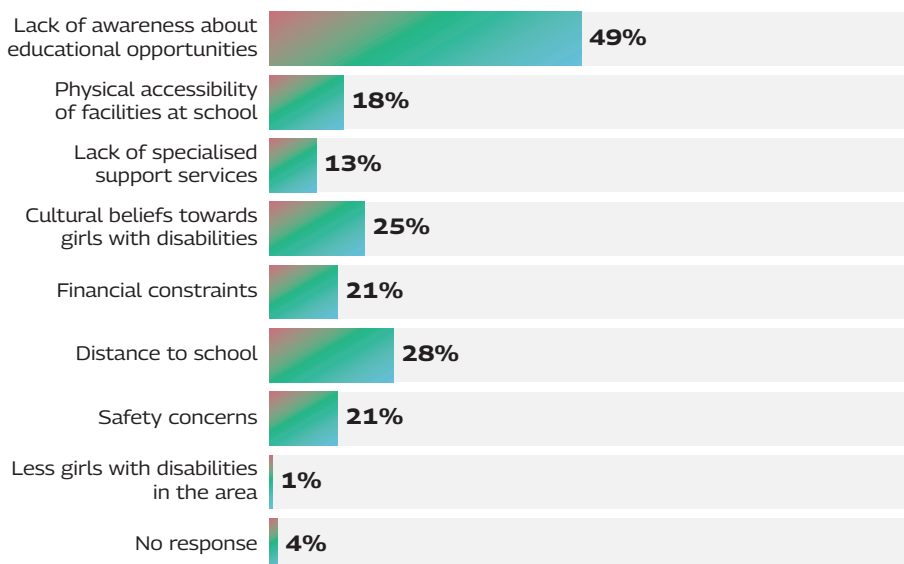of sending the girls to school, which include purchasing assistive technology, special transportation and equipment connected to disabilities.

Furthermore, the barriers to schooling for girls with disabilities are exacerbated by cultural bias and favored behaviors that result in gender discrimination. Since disabilities, particularly for girls, are stigmatized for the whole family, they are typically kept hidden from society.

As a result, male children receive the resources and educational possibilities that are accessible to them, while their female counterparts are left behind. Boys, who are meant to be the breadwinners, are given priority in schooling, while girls, who are supposed to become housewives and mothers, are seen as less essential and often even a burden. While some consider gender bias to be the primary obstacle, many others think that disability bias further restricts the options available to marginalized disabled girls. Given that in certain cultures, a girl's major value is the possibility of a happy marriage, families frequently assume that a disabled daughter has a lower chance of getting married, which could further devalue her. On the other hand, it is expected that boys - including those with disabilities - will marry and become the breadwinners. As a result, girls with impairments face double discrimination – one based on gender and the other owing to their disability. They continue to miss school and are seen less and less in higher education as well as in workforce.

Reasons for Low Enrolment or No Enrolment of Girls

Reason	Percentage
Lack of awareness about educational opportunities	49%
Physical accessibility of facilities at school	18%
Lack of specialised support services	13%
Cultural beliefs towards girls with disabilities	25%
Financial constraints	21%
Distance to school	28%
Safety concerns	21%
Less girls with disabilities in the area	1%
No response	4%

The graph above shows reasons as sited by the NGO staff members who are working with children with disabilities and who are part of community drives on a day-to-day basis. According to them, the lack of awareness among parents about educational opportunities (49%) available in their vicinity is one the major reason for not enrolling girls with disabilities into schools, followed by distance to the school (28%), cultural beliefs (25%) and concerns for the safety of the child (21%). Interview interactions with the staff members revealed that the parents they meet in the communities often prioritize marriage or household duties over education for girls. If a girl has a disability that is not visible, especially in case of speech and hearing impairment, parents want them to learn household work so they can be married off as soon as possible.

This perception is deeply rooted in traditional gender roles that undervalue women's education. Disabilities are often hidden due to fear of judgment, particularly in rural areas. Girls with disabilities face compounded stigma, often leading to their exclusion from educational opportunities. Many parents fear for their daughters' safety and are reluctant to send them to residential schools or schools that are far off. Safety concerns, both in transportation and within school premises, act as significant deterrents. Families of girls with disabilities need 2-3 times more convincing compared to families of boys with disabilities.

The alternative option to accompany the girl to school for drop off and pick up was largely considered to be an expensive one, especially for low-income families, as it would mean losing out on a day's earning.

In these households, meeting basic livelihood needs would take priority over investing in education of a single child with a disability. According to the NGO staff teams that were interviewed, many parents have low hopes or limited expectations about the future economic potential of their daughters with disabilities, doubting whether they will be able to do something professionally in future that leads to income generation. As it was found during the interviews, most of the parents of intellectual and developmental disabilities (IDD) accompany their child to school/centre for therapy and end up spending entire day outside the school/centre. This caregiving responsibility often falls disproportionately on mothers, leading to increased isolation and emotional burden within the family.

Roughly 5% of the parents that were interviewed during the focus group discussions stated that they know at least one family in their neighborhood or village or community who had a girl with disability in the household but was not being sent to school citing reasons like social stigma around the disability, intention to hide it from the society, safety of the girl child, inability to send due to financial constraints, transport issues or lack of hope from the girl with disability to be able to achieve anything in life or the possibility to lead an independent life.

3.4.2 Attitudinal Barriers

The attitudes of society and family members are the largest obstacle to the educational empowerment of women and girls with disabilities. When girls are given the chance to pursue education, they are typically the targets of either a negative or sympathetic attitude, which ultimately results in the girls either being pulled out or dropping out of school. Most of the time, society and family members show pity for the disabled girls. In truth, this empathetic mindset weakens individuals when it comes to taking chances and moving forward in certain difficult academic fields and areas of their choosing. On the other hand, people's negative perceptions about the abilities of these girls also exacerbate their difficulties.

The belief that girls with disabilities are incapable of doing anything or cannot succeed in their studies without assistance undermines their self-esteem, which in turn causes them to have a negative view of their own abilities.

As noted by majority of the team members from the NGOs who were part of the study, during their interactions with parents in the community, parents do not have high hopes from their girls with disabilities. Parents often say what will the girls do even if they study as they are unable to visualize a future for them where they are financially independent. There is a lack of trust in the capabilities of the girl.

Another aspect is, traditionally women have been seen as homemakers. Parents of girls with disabilities also feel that it is better for their daughters to stay at home and learn household work to eventually get married.

Even if the parents admit their girl child into the school, drop-outs can take place at the time of puberty. There is a concern for their safety and parents feel that the girls have reached an age when they should be thinking of getting them married. Marriage takes priority for girls with mild to moderate disabilities, especially in case of SHI where the disability is invisible.

As was noted during the focus group discussions with parents of girls with disabilities, apart from the concern expressed by majority of the parents on the availability of safe transport facilities as a priority, the second highest concern expressed was regarding clean and hygienic school facilities and sessions for students on puberty, safety and menstrual hygiene.

The dropout trends were also studied in the schools that are supported under TMF disability program. The critical dropout periods were noted and it was seen that the dropouts often occur at key transitional phases, such as puberty or after Class 10. Reasons include marriage pressures, safety concerns and the perceived lack of future opportunities for girls.

Age in which Dropouts happen

33% | 23% | 45%

- 2 to 10 years
- 10 to 15 years
- 15 years & above
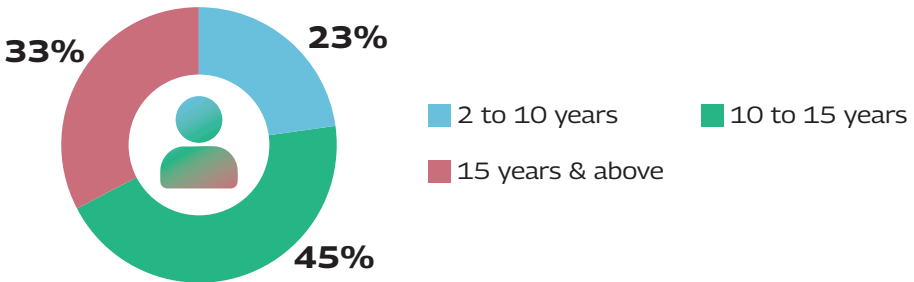
The responses from the NGO team members interviewed indicate that majority of drop-outs of girls with disabilities takes place in the age range of 10-15 years. A Head of an NGO who has been working for the education of children with disabilities for over 25 years said during an interview that for parents "education is not a priority for girls."
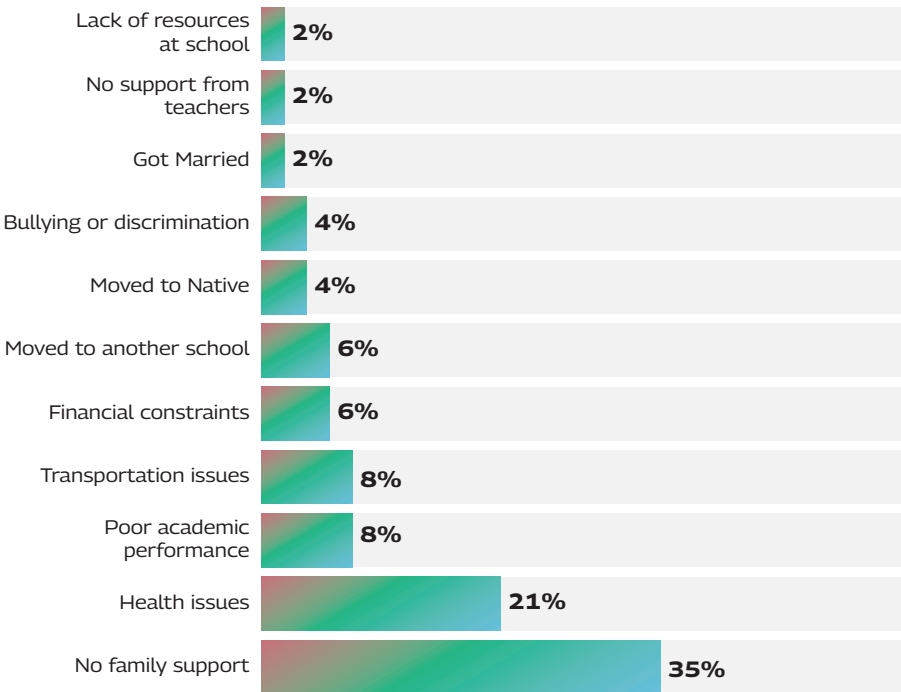
After Class 10, girls drop out because they sometimes get married. Marriage is a common reason for girls discontinuing their education beyond secondary school. This trend underscores the need for targeted interventions to keep girls in school longer.

According to the data, many girls drop out between Classes 6 and 7 due to inadequate support for menstruation management and increased parental concerns about safety. Schools often lack the infrastructure and sensitivity required to address these issues effectively.

According to the Founder of one the schools that were part of the sample, "if the girls are retained till Class 8 through additional efforts and measures taken by the school, then they are more likely to finish schooling."

Reasons for Dropout

Reason	Percentage
Lack of resources at school	2%
No support from teachers	2%
Got Married	2%
Bullying or discrimination	4%
Moved to Native	4%
Moved to another school	6%
Financial constraints	6%
Transportation issues	8%
Poor academic performance	8%
Health issues	21%
No family support	35%

Apart from asking parents and teachers about critical periods of dropout, this question was to the girls with disabilities in the schools as well. 36% of students said they knew of someone (friend or classmate) who had dropped out of school.

One major reason for dropout was no family support from the parents, followed by health issues including menstruation.

3.4.3 Financial Barriers

The NGO staff members who engage with the parents and communities on a daily basis, majority of the staff members mentioned that financial constraints emerged as a critical deterrent in accessing education, especially for girls with disabilities. Many parents would ask to withdraw their child's admission when they learnt that any form of fee was involved, whether it was tuition fee or transport cost or any other auxiliary cost. For low-income families already stretched thin financially, even minimal costs become unaffordable.

Additionally, NGO teams shared that many families lack both the awareness and the means to explore educational opportunities in urban areas.

Even when inclusive schools are available in nearby cities, parents are often unable to afford transportation, temporary accommodation, or the daily expenses involved in commuting or relocating. This results in children and in particular girls, being left out of the education system despite the availability of services elsewhere. These financial hurdles are not only about affordability but are deeply tied to systemic exclusion, where families are not equipped with the information, support systems, or economic stability needed to access education outside their immediate locality.

3.5 Major Challenges faced by Girls with Disabilities

3.5.1 Infrastructure and Resource Challenges

Lack of Accessible Facilities: Limited availability of gender-sensitive infrastructure, such as separate toilets and menstrual hygiene management, discourages enrollment. The absence of ramps, assistive technology, and inclusive learning environments further marginalizes girls with disabilities.

Shortage of Trained Teachers: Many schools lack teachers trained in special education or equipped to handle specific disabilities. There was a shortage of teachers that know sign language was identified in the study.

This gap directly impacts the quality of education delivered. When students with disabilities are mainstreamed, they face challenges in understanding the lessons in class as the teachers are ill-equipped to cater to their needs.

Assistive Technology Gaps: The absence of adequate learning tools and assistive devices further hampers the education of girls with disabilities. Inclusive classrooms that leverage technology are critical yet underdeveloped in most regions.

3.5.2 Transport-related challenges

Students with disabilities were asked if they faced any difficulties in coming to the school/centre. 29% of the girls and 24% of the boys agreed they faced some kind of difficulty in coming to the school/centre. Disability-wise analysis of the data showed that 100% of them mentioned that this difficulty was related to lack of transport facilities available to them. For students with ID, financial constraints (67%) and lack of support from the family (50%) were other such difficulties that they faced in coming to the school/centre.

For students with visual impairment, lack of assistive devices (50%) and bullying or negative attitude from others (33%) were recounted as these difficulties; and for students with speech and hearing impairment, financial constraint (11%), harassment (11%) and negative attitude from others (5%) were some of the reasons.

Reasons - Difficulty in coming to school/center

	VI	SHI	ID
Harassment	0%	11%	0%
Lack of assistive devices	50%	0%	0%
Taunts from neighbours /bullying/Negative attitude	33%	5%	17%
Lack of support from family - only mother is taking responsibility	0%	0%	50%
Financial constraint	0%	11%	67%
Lack of transport	100%	100%	100%

Overall

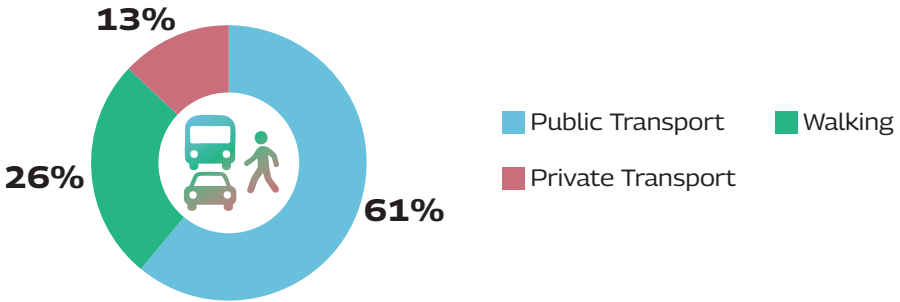|	
Harassment	6%
Lack of assistive devices	10%
Taunts from neighbours /bullying/Negative attitude	13%
Lack of support from family - only mother is taking responsibility	10%
Financial constraint	19%
Lack of transport	100%
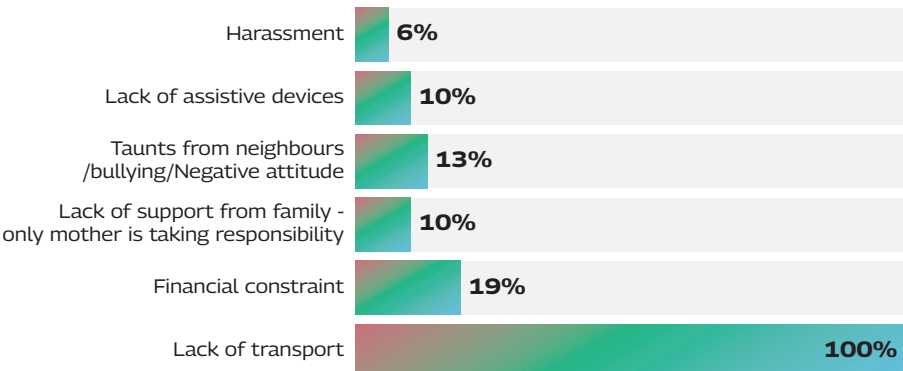
Mode of Transport for those who face Difficulty

13%

26%

61%

- Public Transport
- Walking
- Private Transport

Further analysis of the data based on disabilities says that 65% students who are facing difficulty in travelling are students with speech and hearing impairment. Majority of them are using public transport. A parent mentioned in focus group discussion that once their daughter with SHI got lost in train after she deboarded at the wrong station and she was unable to contact her mother or any other member of the family as she was not able to communicate with anyone at the train station.

After a lot of difficulty, she was able to communicate with a family at the station that she was lost, who then helped her in making a video call to her sibling. She was able to tell her sibling which station she was at using sign language and the sibling had rushed to that station to get her home. It was very traumatic for the girl who got lost and after the incident she refused to go out of the house.

Travel with Whom (Those Who were not Facing any Difficulty)

22%

24%

54%

- Friends
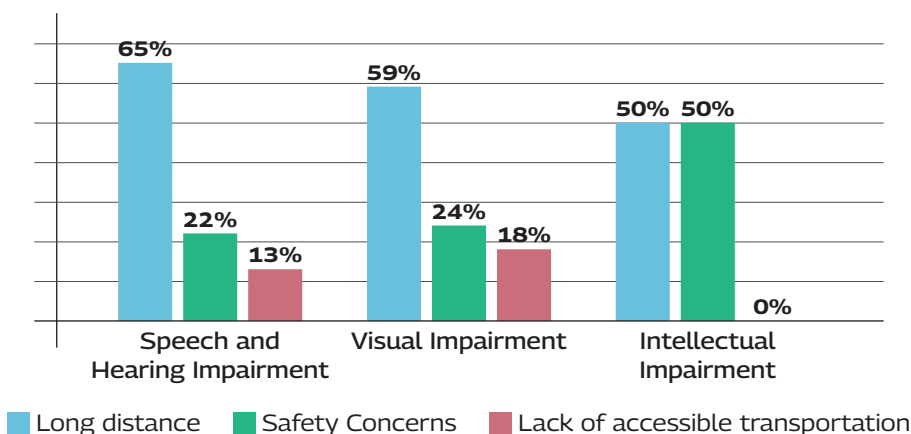- Alone/Self
- Parents/Gaurdian/Caregiver
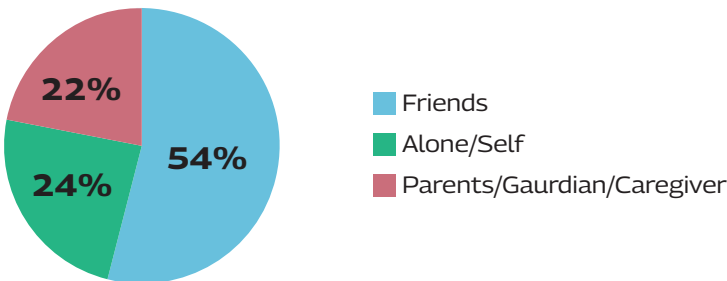
Those who said they are not facing any difficulty in coming to school - 54% said that they travelled with friends, 24% said they travelled alone and 22% with parents/guardians.

Of the students with no difficulty in travelling, 20% said they used private transport, 19% said they walked to school, 16% said they used public transport; whereas the vast majority of this, that is, 45% were either in a residential facility at the school campus or the school had arranged the transport for them.

Disability Wise Transport Data

Legend: Long distance | Safety Concerns | Lack of accessible transportation

- Speech and Hearing Impairment: 65%, 22%, 13%
- Visual Impairment: 59%, 24%, 18%
- Intellectual Impairment: 50%, 50%, 0%

Travel poses a significant challenge, particularly for students with SHI, as 65% of surveyed students reported difficulties. Long distance from the home, safety concerns while travelling and lack of accessible transport facilities disproportionately affect students with different disabilities as well as girls with disabilities. Instances of girls being lost during commutes highlight the severity of this issue. Parents often cite travel difficulties as a reason for discontinuing their daughters' education.

Children with speech and hearing impairments face the highest transport-related challenges, especially due to long distances (65%). For the visually impaired, both distance (59%) and safety concerns (24%) are significant. Students with IDD also face difficulties around distance (50%) and safety (50%) significantly. No response in lack of accessible transport in case of IDD students is because the caregiver primarily accompanies the student to the school/centre. Overall, long distance is the most pressing concern across all groups, indicating the need for better proximity-based schooling and transport support.

Gender wise transport related challenges

Male
- 20%
- 5%
- 0%

Female
- 45%
- 14%
- 16%

■ Long distance ■ Safety Concerns ■ Lack of accessible transportation
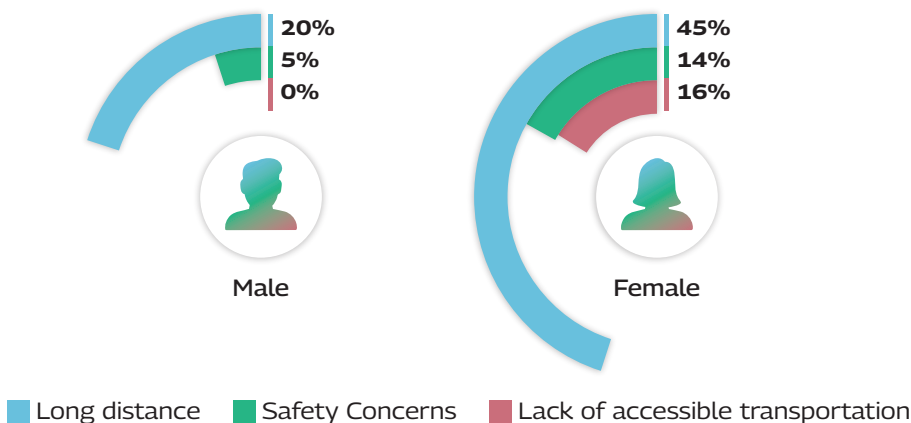
Female students face more transport-related challenges than males across all categories. Long distance (45%) is the top issue for girls, compared to 20% for boys. Safety concerns (14%) and lack of accessible transportation (16%) are also notably higher for girls, while these are minimal or absent for boys.

This highlights the need for targeted transport interventions to support female students, especially those with disabilities.

3.5.3 Other notable challenges

Bullying and Harassment: As has been mentioned by parents during focus group discussions, most of the parents said that girls with disabilities are more likely to face bullying and abuse in schools as compared to boys with disabilities. This often creates an additional deterrent to enrollment. The psychological support systems in schools remain underdeveloped, leaving girls vulnerable.

Lack of Role Models: Few visible success stories of educated girls with disabilities contribute to parents' lack of motivation to invest in their daughters' education.

According to the NGO team members, role models for girls with disabilities can play a vital role in shifting perceptions and encouraging aspirations.

Limited Family Support: Parents mentioned that it is the mothers who often bear the burden of ensuring education of their child with disability, and often without support. Their families do not see any advantage in educating girls and resistance from extended family is common.

Lack of Awareness and Support Groups for Parents/Caregivers: Majority parents (90%) mentioned that they were not aware of any government schemes/programs for the children with disabilities. The expectation was from the schools to provide such information and access to different government schemes relevant for PwDs.

Apart from this lack of support was another challenge highlighted by the parents of children with disabilities. Only 10% of parents were part of any support group. However, majority parents mentioned that they would be interested in being a part of a support group. Over 80% of parents asked for support group or creation of network of parents who are facing similar challenges and share same ethos.

3.6 Opportunities in Education

3.6.1 Support in Schools

Accessibility to school for girls with disabilities is often restricted by a lack of understanding about their needs, lack of trained educators, classroom support learning resources and physical infrastructural facilities. Opportunities in education present itself in the shape of support from teachers, peers, parents and community.

It has been found that the schools/centres that TMF is supporting have been able to retain girls with disabilities in schools by provide necessary support. It has been noted that there is negligible dropout rate of less than 10% in TMF supported schools/centres.

The study attempted to understand from the students the kind of support that is available to them at school/centre and at home.

Teacher related: 89% respondents agreed that they receive sufficient support from teacher/staff at the school/center. Teachers play a key role in the classroom and as a mentor to the students. 93% agreed that they received support from teachers in academics, 26% in guidance or care from the teachers and 5% in extracurricular support.

Support from Teachers

|	
Academics	93%
Extracurricular support	5%
Guidance/Care	26%
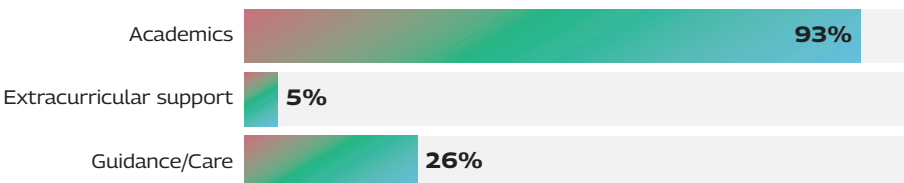
The percentage for support from teachers in academics is same for SHI and VI students ranging between 94% and 95%. They feel least supported in extracurricular which is 3% and 2% respectively. In case of IDD, there are 77% students who feel supported in academics, 23% in guidance and 23% in extracurricular. With respect to gender and support from teachers related to academics, 67% boys and 70% girls feel supported by teachers. 27% boys and 25% girls feel they received guidance and care from teachers and 3% boys and 2% girls feel supported in extracurricular activities.

91% students with disabilities agreed that they have necessary learning materials (e.g., textbooks, assistive devices) available at their school/centre for their education. 76% agreed that they also have access to counselling or psychological support at school. However, 21% do not have these services available at their school/centre. Measures must be taken to provide access to counselling services as they are crucial for girls with disabilities who maybe facing challenges inside and outside of the school premises.

Availability of Necessary Learning Materials at School/Center

7% 3%
91%

- Yes
- No
- Maybe
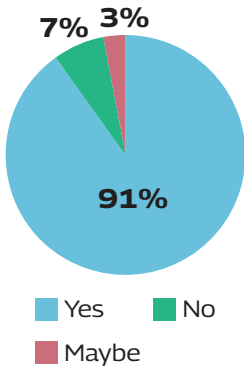
Counselling or Psychological Support at School/Center

3%
21%
76%

- Yes
- No
- Don't know
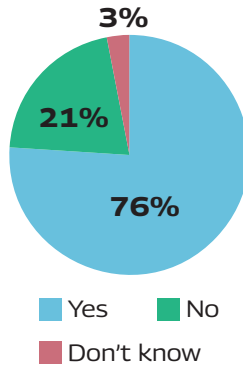
Participation in Extracurricular Activities

7%
93%

- Yes
- No
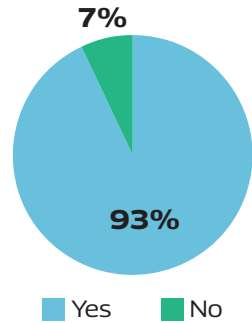
Overall, 93% students agreed that they participate regularly in extracurricular activities in the school/centre. Extracurricular activities are majorly either sports or related to arts and craft at school. With respect to disabilities, it is found that majority of children with speech and hearing impairment are engaged in sports and art and craft related activities.

Children with IDD are engaged in sports and dance and children with visual impairment engage in music, sports and art and craft as part of their extracurricular activities. With respect to gender, there is no difference in the engagement of students. Both boys with disabilities and girls with disabilities agree that they regularly participate in extracurricular activities in school.

Kind of Extracurricular Activities engaged in

34% Art & Craft
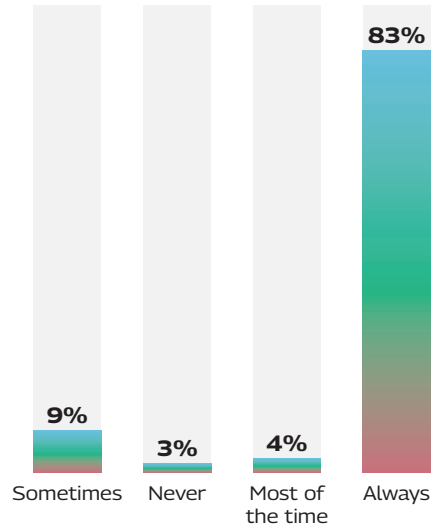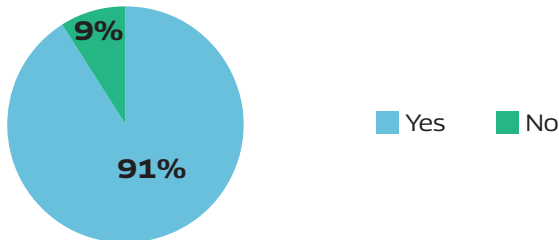**62%** Sports
14% Dance
20% Music
7% Other (Science/debate club, Yoga)

Legend:
- Art & Craft
- Sports
- Dance
- Music
- Other (Science/debate club, Yoga)

Feel Safe at School/Center
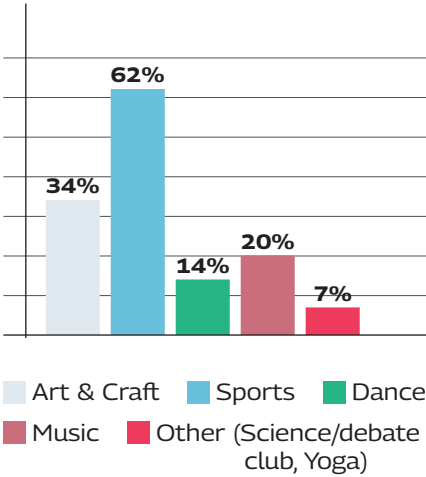
- **9%** Sometimes
- **3%** Never
- **4%** Most of the time
- **83%** Always

Do you Share with Someone when you Feel Unsafe

9% No
91% Yes

Legend:
- Yes
- No

Safety related: The majority of the respondents (students with disabilities) stated that they felt safe at school/center. Of the 12% respondents who never or sometimes feel safe, 71% know whom to report to if they feel unsafe or are being bullied at school/center. 47% of the respondents said when they are feeling unsafe in the school/center, they share it with teachers. 25% said they share with friends and another 25% said they share with parents. Safety concerns have come out in the discussions with heads/founders of the NGOs and the parents of girls with disabilities as well.

This, in general, is a concern from parents at the time of enrolment or is true in case of girls who either dropped out of school or did not enroll in the school. The NGOs that were part of the sample for the study mentioned that they continuously worked with the parents and gave them assurances time and again pertaining to the safety of their daughter at school. Regular counselling sessions and updates from the school are provided to the parents. In many cases, the parents of the girls with disabilities are invited to visit the school and spend the day at the campus for observation.

Infrastructure related: Many factors, such as overcrowding or safety hazards, inadequate bathrooms, and a lack of water for hygienic purposes, can contribute to inadequate school infrastructure. Lack of bathrooms and poor cleanliness have major negative health effects. The school's grounds, classrooms, library, labs, playground, and facilities are also inaccessible. If there are insufficient facilities, women with impairments are particularly rejected (Hopkins 2011 and Jacklin et al., 2007).

A girl with disability may require assistance with toileting due to inaccessible restrooms and the nature of certain disabilities. The need for such intimate help may be very difficult because many cultures place a high value on privacy and modesty. It may also exacerbate safety concerns. Inadequate restroom facilities are cited in reports from Australia, Mexico, and Uganda as a reason why females with disabilities are unable to receive an education (DWNRO, n.d.; Alicia Contreras, personal communication, 4/24/03; Bramley, 1990).

Menstruation can be a contributing issue for girls with disabilities who may require assistance managing it, especially if restrooms are unhygienic or inaccessible. For some parents, menstruation of a daughter who has a disability can be a source of anxiety, highlighting her developing sexuality and sexual vulnerability. The lack of resources at school that would allow the girl to safely manage her periods can exacerbate these parental anxieties and deter students from attending class (DWNRO, n.d.; Alicia Contreras, 4/24/03). In addition to raising staff concerns about sexuality, a girl's need for assistance with such private duties may serve to further perpetuate unfavorable perceptions about her capacity to succeed as a student (Alicia Contreras, 4/24/03).

Cleanliness of the Toilets

| Very Clean	Clean	Neutral	Dirty	Very Dirty
28%	46%	13%	11%	2%
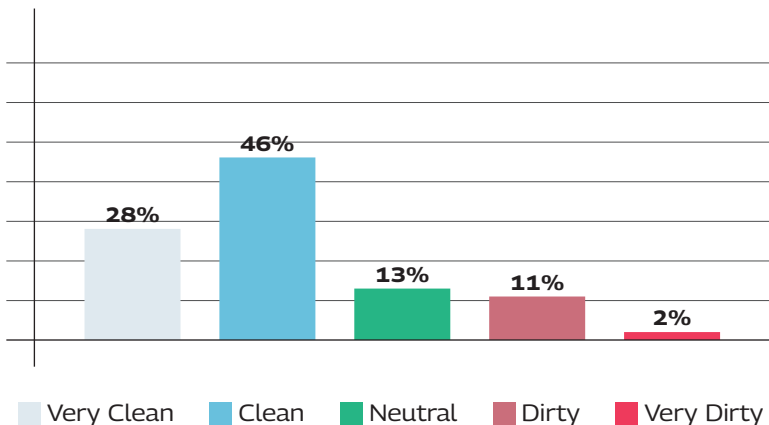
Therefore, presence of facilities like clean and hygienic wash-rooms that are separate for girls are boys gain significance when catering to girls with disabilities. Focusing on menstrual health and hygiene ensure that girls with disabilities are not dropping out of school. In the study, it was found that 93% of girls with disabilities agreed that they have separate toilets in the school/center for the two genders.

74% of the respondents stated that the toilets are clean and accessible. 13% have remained neutral to the question and 13% have mentioned that the toilets are dirty. Further deep dive has been done to identify schools/centres where the responses have come from and work on improving the facilities with the NGOs. Wherever soap handwash is not available (22%), the focus is on improving these facilities.

Menstrual Products Available at School

5%
17%
77%

Yes   No   Can't Say
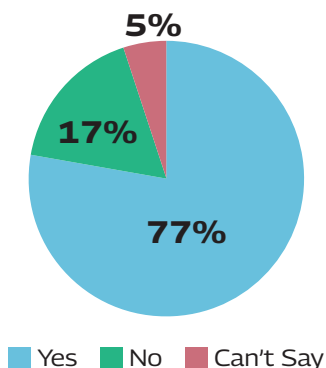
Awareness on Menstrual Hygiene in last one Year

5%
24%
71%

Yes   No   Don't Know
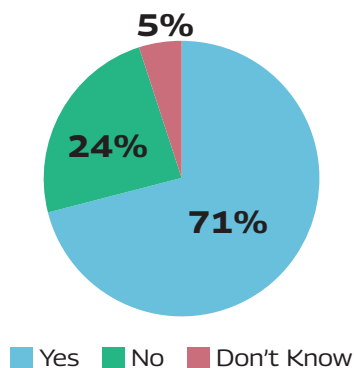
Majority of the girls with disabilities (77%) who were part of the study said that there are menstrual hygiene products like pads available at school/center. The girls who have responded with 'don't know' are mostly in the age group of 11-13 years. 71% of the respondents also agreed that they have received awareness sessions from the school on menstrual hygiene in the last one year.

Analysis of the interview data from the Heads of the NGOs pointedly says that in case of visual impairment there are specific interventions like maintaining register for menstruation of girls, teaching them how to use menstrual hygiene products and support from teachers or hostel warden during the menstruation period are all important steps that the schools take to ensure girls with disabilities are comfortable.
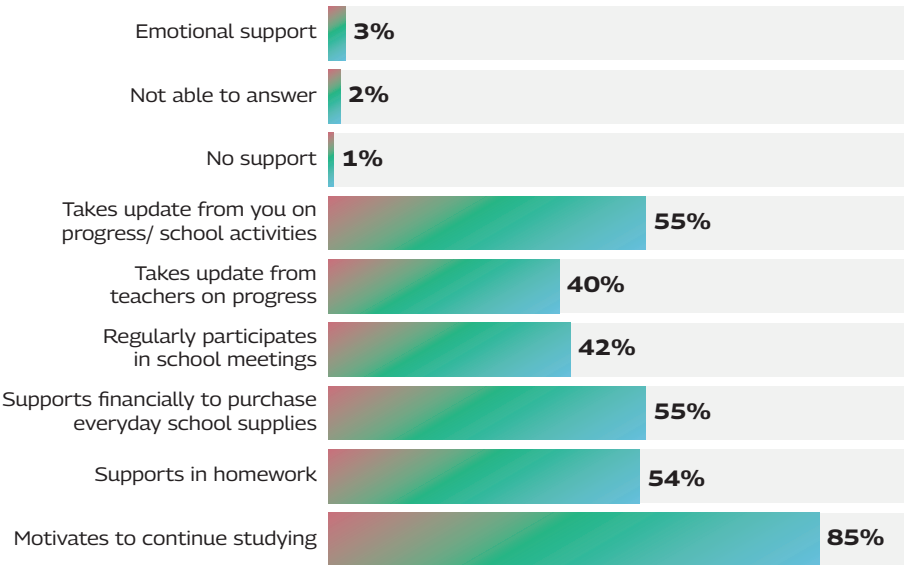
3.6.2 Support from family

The family of a person with disability plays a vital role in their lives. Living with someone who has a disability has an immediate impact on the individual with disability as well as the parents, siblings, and the extended family. Although it may disrupt all facets of family activity, each family unit may experience it differently (Fahd et al., 1997).

Girls and women with disabilities who are rejected by their families, whether overtly or covertly, are more prone to grow up with odd views about society and themselves. However, raising a child with disability comes with time and financial commitments, physical and mental strain, and often challenging logistical issues. The degree will depend on the family's financial status, emotional state, physical state, and any assets that may be accessible.

Support from Family for Education

Category	Percentage
Emotional support	3%
Not able to answer	2%
No support	1%
Takes update from you on progress/ school activities	55%
Takes update from teachers on progress	40%
Regularly participates in school meetings	42%
Supports financially to purchase everyday school supplies	55%
Supports in homework	54%
Motivates to continue studying	85%

The overwhelming majority of students (85%) say that their families strongly encourage them to pursue higher education. Approximately 55% get homework assistance, financial aid, and updates on their academic progress.

However, only 42–40% of families interact with teachers or actively participate in school events. Only 3% of students report only emotional support, and only 1% report no support at all, indicating that the majority of families participate in the practical components of education.

The percentage of female and male students with disabilities who experience support from family in their education is similar. In the focus group discussions, responses related to supporting education of girls and motivating them to study came from 82% of the parents. These responses were collected qualitatively and were coded and categorized to come to these conclusions.

Apart from academics, parents want the schools to provide skill-based education that can prepare the students with skills that make them employable and work-ready. 40% of the parents said that they would want their girls with disabilities enrolled in schools to get jobs or start earning right after graduating from schools.

Gender wise Difference - Importance of Studying

Female | Male
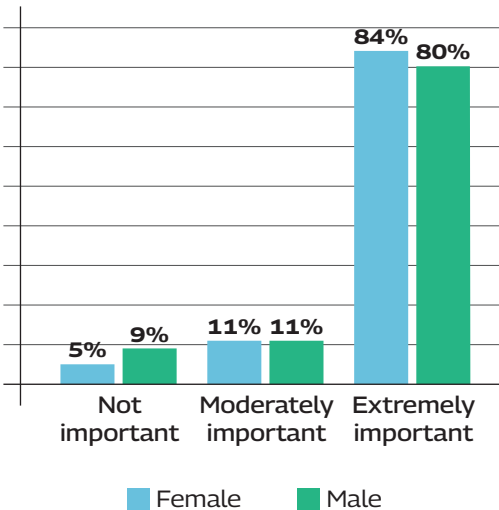
How Important is Studying to You

- Not important
- Moderately important
- Extremely important
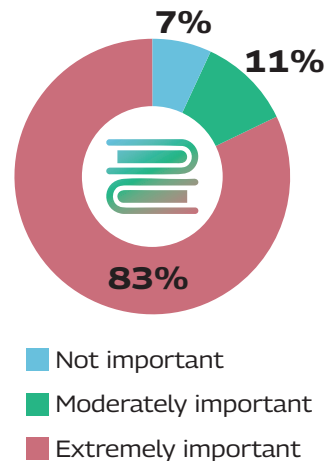
We also asked the students how important they thought studying was. Just 11% of students think studying is moderately important, 7% think it is not important, and the vast majority (83%) think it is extremely important. This indicates that education is highly valued. Although there is a high level of commitment to education overall, women exhibit a slightly higher propensity to value education.

Studying was highly valued by 84% of women and 80% of men, indicating strong motivation for both sexes. Studying is not important, according to slightly more men (9%) than women (5%) than women. Equal numbers of men and women (11%) thought it was somewhat significant.
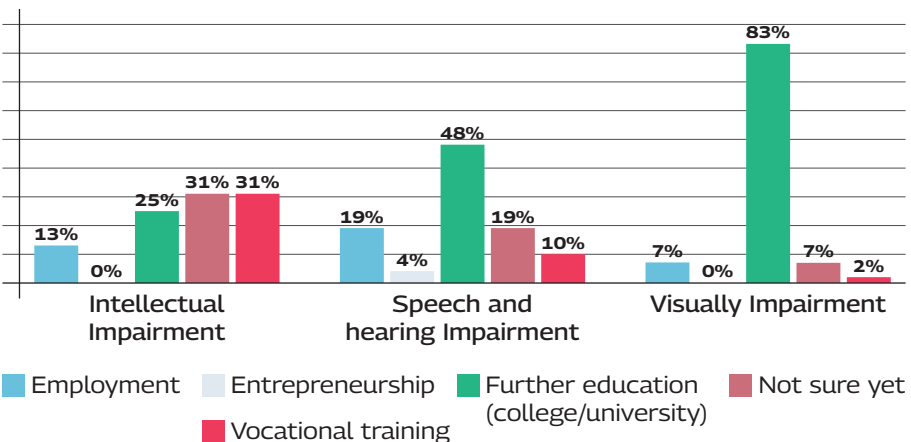
3.7 Aspirations of Students and Parents

Goal after Finishing School

	Male	Female
Vocational training	11%	10%
Unable to answer	0%	2%
Not sure yet	20%	15%
Further education (college/university)	50%	58%
Entrepreneurship	7%	0%
Employment	13%	15%

The data reveals that a vast majority of students, regardless of gender, aspire to pursue further education after finishing school. This goal is more pronounced among females (58%) compared to males (50%). While employment is the next most common goal (15% for females and 13% for males), a notable proportion of males (20%) are unsure about their future plans, compared to 15% of females.

Vocational training interests a smaller but consistent group (10% females and 11% males), and entrepreneurship is mentioned only by 7% of males. This suggests that girls tend to have clearer educational aspirations, while boys exhibit slightly more uncertainty and a marginally higher interest in entrepreneurship.

Goal after Finishing School - Disability Wise

Legend: Employment, Entrepreneurship, Further education (college/university), Not sure yet, Vocational training

Intellectual Impairment: Employment 13%, Entrepreneurship 0%, Further education 25%, Not sure yet 31%, Vocational training 31%

Speech and hearing Impairment: Employment 19%, Entrepreneurship 4%, Further education 48%, Not sure yet 19%, Vocational training 10%

Visually Impairment: Employment 7%, Entrepreneurship 0%, Further education 83%, Not sure yet 7%, Vocational training 2%

When viewed through the lens of disability, the data shows that visually impaired students have the strongest preference for further education, with a striking 83% indicating this goal. Among students with speech and hearing impairments, 48% aim for higher education, while 19% are unsure and 19% seek employment. In contrast, students with intellectual impairments display a more diverse set of aspirations - 31% each express interest in further education and vocational training, while 25% aim for employment. This reflects a more skills- and livelihood-oriented outlook among the intellectually impaired group, in contrast to the academic aspirations seen more strongly in visually impaired students. It is important to note that for students with Intellectual and Developmental Disabilities (IDD), data was collected either directly from their parents/caregivers or in their presence.

This approach, detailed in the data collection chapter, was necessary due to the challenges field enumerators faced with students' comprehension of the questions.

Aspirations of the parents were recorded during the focus group discussions, and majority of the parents wished for their daughters to be employed and be independent after completing education. They hoped that their daughter would pursue a career, become independent and serve as a role model for others; leading a fulfilling and inspiring life and not being dependent on others while having a family and life of their own.

3.8 Case Study Insights

The research study also sought to identify good practices being implemented across programs, particularly in schools or centres with higher enrolment and retention rates of girls with disabilities. The findings indicate that specific, targeted interventions have played a key role in driving these positive outcomes.
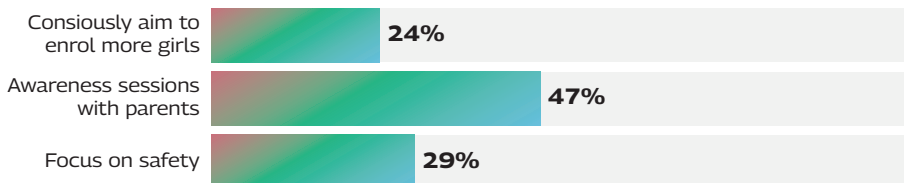
Community Mobilization

Focused community drives and door-to-door awareness campaigns have shown success in increasing enrollments. Programs that directly address parental concerns about safety and future prospects of girls have been particularly effective. Community engagement is crucial in changing long-standing perceptions and increasing acceptance of girls with disabilities in schools.

63% of all NGO team members that took the survey agreed that they consciously aim to enroll girls into the schools/centres.

Deeper dive with 7 schools/centres where the female enrolment is 50% or above, survey data shows:

Schools/Centres with more than 50% Girls

Consiously aim to enrol more girls	**24%**
Awareness sessions with parents	**47%**
Focus on safety	**29%**

Focus on mobilizing girls through door-to-door

Achievements of female alumni is highlighted

Awareness sessions on importance of education of girls in the communities

Counselling with parents
Safety ensured; clean environment and menstrual hygiene ensured

Residential hostel facility for girls

Scholarships for girls
POSH and CPP policies implemented in the org
More female teachers

▣ Survey data with NGO team members shows that the way of mobilizing students for admissions is the same for schools/centres with low and high female enrolments.

▣ The distinction lies in more focused mobilization being done during community drives, awareness sessions and door-to-door house visits, where girls are targeted.

▣ There is limited control over Referrals and word of mouth, but more respondents have indicated that it is a main means of getting students.

▣ Interviews with NGO indicate that there is a mindset change among parents, compared to over 5-7 years. Parents used to hide their girl with disability earlier but now they do come forward to enroll girls. Slow change but there is a change noticed.

Enhanced Infrastructure and Support

Gender-Sensitive Facilities:
Schools with separate toilets and menstrual hygiene support see higher retention rates. Investing in gender-sensitive infrastructure is critical to creating a conducive learning environment. In case of visual impairment, the teachers or female school staff provide guidance and support.

Residential Schools: While challenging initially, residential schools provide a conducive environment for continuous education once girls are enrolled. Residential schools that ensure safety and offer holistic support have shown success in retaining girls.

Percentage of girls staying in hostel or those that are day scholars and more or less the same. There is no substantial difference in enrolment percentage based on availability or non-availability of hostel facilities. The survey data with NGO staff shows there is no substantial difference in the percentage of girls in schools based on the availability of residential facilities. Through IDIs with Head of the NGO, it was found that the first step of admission into a residential school holds a substantial challenge for the organisation as parents are reluctant to part with their daughter. There are lingering thoughts of safety, how the student will be treated at school and age factors that make the process of enrolment much difficult for the residential schools.

However, once the girl student is in the school, their continuity in the school is guaranteed. There are no dropouts in case of these schools. Students are taken care of by the staff during their puberty and onset of menstruation. On the other hand, admission may be easier in a non-residential school (though there are challenges related to travel involved), once enrolled, the school struggles during puberty years of the girl students as chances of them dropping out of school increases.

Teacher Training: Schools with trained staff in inclusive education and disability-specific support report better learning outcomes. Teachers play a pivotal role in fostering inclusive classrooms and addressing the unique needs of students with disabilities. Apart from this, more number of female teachers in the school provides a sense of comfort to the students as well as their parents.

Counseling Programs: Regular engagement with parents to address their concerns. Parental counseling has been particularly effective in altering perceptions about the value of education for girls with disabilities. A roadmap showcasing future of their child can further strengthen their belief in the school as well as in the potential of their daughter. Engaging parents by inviting them to visit the school on regular interval can support the counselling sessions and build confidence among parents.

Incentives: Provision of stipends, free transportation, scholarships for girls and meals. Financial incentives reduce the economic burden on families, encouraging them to keep their daughters in school.

Mentorship Programs: Leveraging successful alumni as role models. Success stories inspire both students and parents, showcasing the potential outcomes of continued education. These stories of role models are often used in the school/centre during awareness campaigns in the communities.

4. Recommendations and Conclusion

4.1 Recommendations - Based on the findings of the study, a few recommendations are:

◆ **More Research on School Enrollment, Outcomes and Barriers:** More reliable data should come from increased research on such basics as the number of girls with disabilities who are of school age, their school enrollment levels and their educational outcomes. We need studies specifically focused on girls who are disabled to identify their issues more fully.

◆ **Including Disability in Educational Equity Policies and Programs:** All educational policies and programs for girls should include girls with disabilities in an explicit, fully integrated way (Hastings, n.d.). Girls who are disabled should be included in all educational programs serving girls. Research suggests that girls who are both disabled and nondisabled benefit from such inclusive experiences, enabling them to appreciate their commonalities and learn from their differences (Froschl, et al., 2001).

◆ **Including Gender in Educational Equity Policies and Programs:** Similarly, policies and programs designed to promote educational equity for children with disabilities should explicitly address the unique needs of girls. For example, in Lebanon, a pilot program developed to integrate blind children into mainstream schools was much moresuccessful with boys, demonstrating the need for gender-specific outreach strategies to address the resistance of parents to send their daughters who are blind to school (Fahd, at al, 1997).

◆ **Targeted Outreach and Scholarships:** Creative, targeted outreach strategies need to be developed to convince parents that their daughters withdisabilities belong in school. These strategies could build on some of the promising media and role model programs currently under way to change cultural attitudes toward women who are disabled, while also addressing practical concerns, including issues of cost, safety, and transportation. In addition, mainstream media campaigns to encourage parents to send their daughters to school should include disability content and images. Particularly given the fact that girls with disabilities are overrepresented in poor families, scholarships specifically designated for girls with disabilities to cover fees and transportation costs could provide an important incentive for school enrollment.

◆ **Teacher Training and Recruitment:** Gender should be incorporated into training for teachers working with students who are disabled, drawing on the growing body of literature on women and girls with disabilities (see, for example, citations in Asch, et al., 2001; and Lewis, et al., 2002), as well as those teacher-training materials specifically focused on gender and disability issues (Rousso and Wehmeyer, 2002; Rousso and Wehmeyer, Eds., 2001; Greenberg and Shaffer, 1990). There is need for more women educators with disabilities in both industrialized and developing countries to provide girls who are disabled and their parents with role models.

Scholarships should be provided to women who are disabled to enroll in teacher training programs, and incentives given to school systems for inclusive hiring practices.

◆ **More Programs for Girls with Disabilities:** Although girls who are disabled need greater access to programs for girls and programs for children with disabilities, they also need programs specifically designed to address their unique needs. Given the barriers that girls with disabilities face, important programmatic elements should include:-

▸ Access to role models and successful adult women with disabilities to help counter stereotypes;

▸ The teaching of self-advocacy skills, giving girls who are disabled the tools to recognize and confront barriers;

▸ A focus on skills, not deficits, providing girls with opportunities to appreciate and develop their strengths, talents, and interests; and

▸ The engagement of parents to facilitate girls' participation.

◆ **Strengthen Parental and Community Engagement:** Organize workshops to educate parents and community leaders about the benefits of educating girls with disabilities. Provide professional counseling to families, focusing on overcoming societal stigma and safety concerns and establishing peer-support groups for parents to share experiences and strategies.

◆ **Enhance Accessibility and Safety**

▸ Transportation Solutions: Partner with local transport services to ensure safe and reliable commuting options, including escorts for younger students.

▸ Provide financial assistance for private transport if public transport is unsafe or inaccessible.

▸ School Infrastructure: Expand the availability of gender-sensitive facilities like separate toilets and menstrual hygiene products.

▸ Ensure classrooms and school premises are fully accessible for various disabilities, including ramps, elevators, and accessible seating.

◆ **Address Retention Challenges**

▸ Puberty and Transition Support: Create a dedicated mentorship program to support girls during puberty and adolescence.

▸ Conduct life-skills workshops to help girls manage challenges related to menstruation, personal hygiene, and self-confidence.

◆ **Foster Partnerships:** Collaborate with organizations working on disability, gender, and education to develop integrated programs. Leverage CSR initiatives to fund innovative projects and pilot models that can scale nationwide.

4.2 Conclusion

Studies by WHO (2011) and UNESCO (2017) indicate that less than 50% of girls with disabilities complete primary school worldwide. India reflects similar trends, with rural areas particularly lagging due to limited access to resources. The NSS findings confirm that gender and disability interact with factors like socioeconomic status and geography, exacerbating disparities.

The findings reveal entrenched barriers to the education of girls with disabilities in India, rooted in cultural norms, infrastructure gaps, and policy shortcomings. However, examples of successful interventions highlight the potential for targeted programs to make significant progress. Expanding these initiatives, along with systemic reforms, could pave the way for an inclusive and equitable education system.

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