

OSLOMET

Roshan Neupane

**Exploring perceived safety among children
living with disabilities in Nepal:**

A mixed-method study

A diegesis from Karnali Province

Oslo Metropolitan University, Faculty of Social Science
Oslo 2021
Master in International Social Welfare and Health Policy

DECLARATION

To the best of my knowledge and belief, I declare that this master thesis entitled **“Exploring perceived safety among children living with disabilities in Nepal: A mixed-method study. A diegesis from Karnali Province”** is the result of my own research and contains no material previously published by any other person except where due acknowledgement has been made. This master thesis contains no material, which has been accepted for the award of any other degree or diploma in any university.

Roshan Neupane

Student Number: s339989

Oslo Metropolitan University

ACKNOWLEDGEMENTS

Thanks to me! Within the COVID 19 pandemic, I am writing this in my master thesis.

I would like to express my sincere gratitude to the Master in International Social Welfare and Health Policy program, Faculty of applied social sciences, Oslo Metropolitan University, for providing me with an opportunity to perform this research work. I am grateful to Save the Children, Norway, for the chance to engage in their program for this research work.

I am indeed indebted to my supervisor, Associate Professor Dr. Ragnhild Dybdahl, for her time, constant support, inspiration, guidance, and significant scientific advice. This fantastic journey would never have been accomplished without her enthusiastic encouragement, constructive suggestion and insightful critiques. With special words of appreciation, I bow my head in admiration to Associate Professor Dr. Dipendra Kumar Yadav. His continuous encouragement, support, and great scientific advice at every step during the research project as a co-supervisor from Nepal. I would like to respect his decision to co-supervise this thesis in a single request.

I would like to express my immense gratefulness to Master in International Social Welfare and Health Policy program advisor Mr. Francis Rønnestad for his administrative help in the research process. This research was impossible without the support and assistance from Ms. Elisabet Eikås from Save the Children, Norway, Mr. Bishnu Kumar Bam, Mr. Tika B.K and Mr. Tika Ram Nepali from Save the Children, Surkhet, Nepal. The part of their coordination and facilitation at the ground level of Karnali Province will always be remembered.

I would like to thank Nepal Health Research Council and Norwegian Centre for Research Data for the ethical clearance to conduct the study.

My special thanks to Ms. Samyukta Basnyat and Ms. Sushila Baral for their continuous support in every step of the research project. I am delighted to Ms. Rabina Thagunna, Ms. Deepika Kattel, Ms. Susmita Neupane, Mr. Baburam Dahal and Mr. Samip Bhurtel for their direct and indirect support in this study.

A special mention of my family here with reverence and love, my father, Mr. Dammaru Ballav Neupane, my mother Mrs. Tulasha Neupane, sister Ms. Rajana Neupane and Brother-in-law Shiva Prasad Sigdel, who played an essential role for fulfilling my dream of achieving

a degree in OsloMet University. I am grateful for their gift of love and acceptance, and will always be humbled by their admiration.

Most importantly, my sincere gratitude goes to all the respondents for consenting to participate in this research study despite of many difficulties they faced during their participation. Later on, it would be ill –fated rather than purposeful if I have not mentioned those names who helped me. So, I would like to cheer for all supporting hearts during the research project in the name of their heroism.

Roshan Neupane

ABSTRACT

Defining disability is complicated as it is complex, dynamic, multidimensional, and contested. The purpose of this mixed-method study was to explore the perceived safety of children living with disabilities, reasons behind unsafety, and to explore possible measures to create a safer environment for the children with disabilities residing in Karnali Province, Nepal. This research identifies the factors associated with perceived safety, the reasons for being unsafe, and some possible ways forward to create a safe living environment.

This mixed-method study applies qualitative and quantitative approaches. In the qualitative research, 18 respondents with and without disabilities working in various sectors of disability were interviewed. In-depth through interviews were conducted through the phone using self-developed interview guidelines in Karnali Province, Nepal. Thematic analysis was done for qualitative data analysis. Statistical tests (chi-square, binary logistic regression, T-test, ANOVA Test and stepwise logistic regression) were carried out for 1089 quantitative data collected by Save the Children. Ethical approval was obtained from Nepal Health Research Council, Nepal and guidance were sought from Nepal Norwegian Center for Research Data, Norway.

Bronfenbrenner's Ecological Systems Theory was used to understand child development in context and different levels of living environment. Furthermore, Critical disability theory was also used to understand the disability through a holistic approach.

Children feel less safe in the community than in the school setting. This is the study's central finding. Children with disabilities experience almost 20 per cent less safety in school and 10 per cent less safety at the community level compared to children without disabilities. It was assessed that girl feels less safety even within the disability group at school and in their community. On the other side, the qualitative study raised the concerns of awareness, effective implementation of policies, need identification and granting support to the targeted population and comprehensive approach for the intervention of safe and disabled-friendly environment.

Grass-root level interventions were found urgent to enrich the quality of living in society for children with and without disabilities. That is why evidence-based preventive, comprehensive, and holistic intervention based on child safety and disability is recommended by this study for providing a better quality of life and a healthy environment for our children.

Keywords: mixed-method study, perceived safety, children, disabilities, rural Nepal

ABBREVIATIONS AND ACRONYMS

ANOVA	Analysis of Variance
CBR	Community Based Rehabilitation
CDT	Critical Disability Theory
CwDs	Children with Disabilities
df	Degree of Freedom
ERB	Ethical Review Board
MS	Microsoft
NHRC	Nepal Health Research Council
NSD	The Norwegian Center for Research Data
OsloMet	Oslo Metropolitan
p-value	Probability value
PC	Program Co-ordinator
SC	Save the Children
SPSS	Statistical Package for Social Sciences
WG	Washington Group
WHO	World Health Organization

TABLE OF CONTENTS

DECLARATION	III
ACKNOWLEDGEMENTS	IV
ABSTRACT	VI
ABBREVIATIONS AND ACRONYMS	VII
LIST OF TABLES	XII
LIST OF FIGURES	XIII
PREFACE	1
CHAPTER I: INTRODUCTION	2
BACKGROUND OF STUDY	2
WHAT IS KNOWN- IN GENERAL ABOUT CHILDREN WITH DISABILITIES AND THEIR SAFETY?	2
SAFETY AND PERCEIVED SAFETY	2
DISABILITY	3
WHAT IS KNOWN ABOUT THE STATUS OF DISABILITY IN NEPAL?	4
WHY IS THIS STUDY?	5
AIM OF STUDY AND RESEARCH QUESTIONS	6
CHAPTER II: LITERATURE REVIEW	7
HOW THE LITERATURE REVIEW WAS DONE?	7
RESULTS OF THE LITERATURE REVIEW	7
CHAPTER III: THEORETICAL FRAMEWORK	14
BRONFENBRENNER'S ECOLOGICAL SYSTEMS THEORY	14
CRITICAL DISABILITY THEORY	16
CHAPTER IV: METHODS	17
STUDY DESIGNS AND PROCEDURES	17
SAVE THE CHILDREN, NEPAL	17
HOW THE RESEARCH FLOWS IN THIS STUDY?	18
WHERE IS THE STUDY FROM?	18
QUANTITATIVE STUDY METHODOLOGY	19

<i>Study variables</i>	19
<i>How is quantitative study conceptualized in this research?</i>	20
<i>Study participants</i>	21
<i>Sampling participants</i>	23
<i>Inclusion and exclusion of participants in the study</i>	23
<i>Sampling techniques</i>	23
<i>Sample size</i>	23
<i>Data collection tool</i>	23
<i>Data collection process and technique</i>	23
<i>Data analysis</i>	24
QUALITATIVE STUDY METHODOLOGY	24
<i>Study participants</i>	24
<i>Basic information of the participant</i>	26
<i>Sampling participants</i>	27
<i>Number of respondents</i>	27
<i>Data collection tool</i>	27
<i>Data collection process and technique</i>	28
<i>Data analysis</i>	28
ETHICS, ETHICAL APPROVAL AND ETHICAL CONSIDERATION	31
<i>Ethics</i>	31
<i>Ethical approval</i>	32
<i>Ethical consideration</i>	32
CHAPTER V: RESULTS	34
WHAT I ASSESSED IN THE QUANTITATIVE DATA?	34
<i>Frequency distribution of perceived safety at school and community</i>	34
<i>Assessment of factors associated with safety</i>	35
<i>Cross tabs with odds ratio and chi-square</i>	36
<i>Independent sample T-test</i>	38
<i>ANOVA Test</i>	38
<i>Stepwise multiple regression</i>	41
WHAT I EXPLORED IN THE INTERVIEWS THROUGH QUALITATIVE STUDY?	44
<i>How is disability understood? How is the environment for CwDs?</i>	45

<i>What plays a role in a matter of unsafety, and how it can be achieved?</i>	53
<i>If possible, what do we need to do?</i>	60
<i>Conceptual framework established from the qualitative findings of a study</i>	65
CHAPTER VI: DISCUSSION	66
DISABILITY, ENVIRONMENT AND ASSOCIATED FACTORS LINKED WITH SAFETY	66
SAFETY WITH THE DISABILITY-FRIENDLY ENVIRONMENT	70
CHAPTER VII: CONCLUSION AND RECOMMENDATIONS	73
CONCLUSION	73
WHAT DO I RECOMMEND BASED ON THIS STUDY?	74
<i>For caregivers and stakeholders</i>	74
<i>For policymakers</i>	74
<i>For research activities</i>	75
POSSIBLE LIMITATIONS OF THE STUDY	75
STORIES DURING THIS MASTER THESIS	76
REFERENCES	77
APPENDIXES	I
APPENDIX I: FULL TABLE OF CROSS TABS WITH CHI SQUARE AND ODDS RATIO BETWEEN THE DEMOGRAPHIC CHARACTERISTICS AND SAFETY AT SCHOOL	I
APPENDIX II: FULL TABLE OF CROSS TABS WITH CHI SQUARE AND ODDS RATIO BETWEEN THE DEMOGRAPHIC CHARACTERISTICS AND SAFETY AT COMMUNITY	II
APPENDIX III: ONE SAMPLE T-TEST OF AGE, FUNCTIONAL DISABILITY AND GENDER WITH SAFETY AT SCHOOL	III
APPENDIX IV: ONE SAMPLE T-TEST OF AGE, FUNCTIONAL DISABILITY AND GENDER WITH SAFETY AT COMMUNITY	IV
ANNEXES	VI
ANNEX I: QUESTIONNAIRE USED IN THE BASELINE SURVEY OF THE STUDY	VI
ANNEX II: INFORMED CONSENT AND IN-DEPTH INTERVIEW GUIDE (ENGLISH VERSION)	XXVI
ANNEX III: INFORMED CONSENT AND IN-DEPTH INTERVIEW GUIDE (NEPALI VERSION)	XXIV
ANNEX IV: AGREEMENT OF COLLABORATION WITH SAVE THE CHILDREN NORWAY	XXX
ANNEX V: AGREEMENT LETTER BETWEEN SUPERVISOR AND STUDENT	XXXII

ANNEX VI: RECOMMENDATION LETTER FROM SUPERVISOR FOR ETHICAL APPROVAL _ XXXIV
ANNEX VII: RECOMMENDATION LETTER FROM OSLOMET UNIVERSITY FOR ETHICAL
APPROVAL _____ XXXV
ANNEX VIII: LETTER OF ETHICAL APPROVAL FROM NEPAL _____ XXXVI
ANNEX IX: NSD ASSESSMENT AND APPROVAL LETTER _____ XXXVIII
ANNEX X: TIME PLAN OF THE STUDY _____ XLI

LIST OF TABLES

Table 4. 1: Frequency distribution of quantitative study participants with socio-demographic variables _____	21
Table 4. 2: Basic information of the participants _____	26
Table 5. 1: Safety at school and community's Cross tabs with Odds ratio and chi-square ____	36
Table 5.2: Safety at school using ANOVA test _____	39
Table 5.3: Safety at community using ANOVA table _____	40
Table 5.4: Multiple regression safety at school _____	41
Table 5.5: Multiple regression safety at community _____	42

LIST OF FIGURES

Figure 1: Process by Which Families Provide Opportunities for Self-Determination in the Home (Brotherson et al., 2008)	9
Figure 2: Illustration of Ecological System Theory(Guy-Evans, 2020)	15
Figure 3: Research flow diagram of the study	18
Figure 4: Administrative map of Karnali province (Nepal, 2020)	19
Figure 5: Conceptual framework	20
Figure 6: An example of performed thematic analysis under this study	30
Figure 7: Frequency distribution of safety at School and Community	34
Figure 8: Conceptual framework established from qualitative findings	65

PREFACE

World's symbol of love, care and peace Lord Gautam Buddha from Nepal explains health as,

“Without health, life is not life; it is only a state of languor and suffering – an image of death”.

-Gautam Buddha(Sanchi)

Nepal is a beautiful nation with variations in geography divided into Himalayas, Mountains and Terai. There are 123 spoken languages, 126 ethnic groups and ten religious categories (GoN, 2021). One individual can feel the authentic taste of care, love and hospitality in the Nepalese people during the visit and stay in Nepal.

Lord Gautam Buddha, a supreme person in the Buddhist religion interlinks relation of the health and life in the above-presented quote. Life can be just a bundle of sufferings and trouble and the reflection of the end of the life, Death. So, health must be the concern of every person for happy living and making special meaning of life.

Unfortunately, can't we imagine creating a safe environment for our children with disabilities to feel safe in their living? I think if we start to work on this small change for our children with disabilities, happiness and better quality of life could be set up at an infinite level.

Beyond the academic work and degree, this thesis is my dedication for the children with disabilities of rural Nepal to establish a grass-root foundation for a safe environment in collaboration with OsloMet and Save the Children of Norway and Nepal.

The study aims to explore how children with disabilities are living their lives in rural Karnali province of Nepal. Are our children with disabilities feeling safe in the living environment and enjoying their childhood? What makes them feel unsafe compared to other children without disabilities? How can we create a suitable environment for them to live healthy and happy despite their disability?

This research is dedicated to all the children living with disabilities to create a safe and disabled-friendly environment.

CHAPTER I: INTRODUCTION

The focus of the study is to explore the perceived safety of children living with disabilities in Nepal. I tried to explore how children with disabilities perceive their safety based on the quantitative and qualitative analysis of the study's data. The quantitative data were project data of the Save the Children collected in 2019 for the project objective. Furthermore, qualitative in-depth phone interviews were conducted to explore more findings, and the analysis was done. The study includes two quantitative and qualitative sections, followed by one general discussion based on both results. Conclusions and recommendations are made based on the significant findings of the study.

Background of study

What is known- in general about children with disabilities and their safety?

Safety and perceived safety

The term safety can be defined according to the groups, environmental conditions and occupations. The safety definition can be interpreted differently in a different context. However, in this research, safety is explained concerning the children living with and without disabilities in their living environment. The definition coded by Dybdahl and Christie describes safety as “an environment where children are protected from violence, accidents, discrimination and other adverse experiences”(Dybdahl & Johnsen Christie, 2020).

Moreover, safety is also explained as “matters related to protecting all children from child abuse, managing the risk of child abuse, providing support to a child at risk of child abuse, and responding to incidents or allegations of child abuse” (VICTORIA State Government, 2016). Safety can be understood as the children far from the violence which limits their learning and development process. In this research, safety is regarded as being socially and physically safe in their living environment despite their disability status.

Likewise, a feeling of perceived safety by the children living with disabilities are explained based on their living environment. It is defined as how safe the children with disabilities feel within the peer groups, living home environment, educational institution and its physical environment, social inclusion, participation and decision-making activities, social environment, and during natural disaster. Moreover, the perceived safety is also understood as minimal risk and hazards to these particular groups of children and their feeling of not being

harmed despite their disability's conditions. The questionnaire attached in the annexes section represents the different aspects of how the perceived safety is measured in this study.

Therefore, here perceived safety is the feeling of not being harmed and free from violence and conflict because of society's social and physical environment, having all opportunities in all the activities, and being far from social stigma and discrimination because of disability.

Disability

Understanding and defining the word disability is a complex job because the concept is changing in the present world. In the World Disability Report, it is mentioned that defining disability is complicated as it is “complex, dynamic, multidimensional, and contested” (T. WHO, 2011). Moreover, disability is often viewed from the social perspective rather than the medical view. The definitions and the explanations of disability are pretty challenging because of the broad concept of disability.

Understanding the disability, we need to conceptualize the impairment, disability and handicap at the same time. WHO defined impairment as “any loss or abnormality of a psychological, physiological, or anatomical structure or function” (WHO, 1980). Impairment is often understood as more inclusive than the disorder. The abnormalities of the impairment may contain a temporary or permanent functional defect in the body, including mental function. Loss of leg is considered as impairment.

Likewise, WHO defined disability as “restriction of lack (resulting from an impairment) of ability to perform an activity in the manner or within the range considered normal for a human being”(WHO, 1980). Disability displays the objectification of impairment, and it demonstrates the obstacles at the different levels of the person. Similarly, WHO defined handicap as “a disadvantage for a given individual, resulting from an impairment or a disability, that limits or prevents the fulfilment of a role that is normal (depending on age, sex, and social and cultural factors) for that individual”(WHO, 1980).

The quantitative part of this master thesis is based on the tool developed by the Washington Group of Questionnaires of disability, which was conducted in Nepal. Therefore, I preferred to present the definition of disability provided by WG and the constitution of Nepal. WG defines disability of the person as “those who have long-term physical, mental,

intellectual or sensory impairments which in interaction with various barriers may hinder their full and effective participation in society on an equal basis with others” (WG, 2021).

The final set of questions to access the disability include difficulties in seeing, hearing, walking or climbing stairs, remembering or concentrating, self-care, and communication (expressive and receptive) (WG, 2020). The Constitution of Nepal defines disability as “Person with a disability means a person who has long-term physical, mental, intellectual or sensory disability or functional impairments or existing barriers that may hinder his or her full and effective participation in the social life on an equal basis with others” (NLC, 2017).

Around the globe, children with disabilities fall under marginalized, disadvantaged and excluded groups in many communities and societies. Based on the United Nations Children’s Fund report, children living with disabilities are more likely to experience violence about four-fold than children without disabilities and the girls are at more risk (reliefweb, 2018).

Children with any type of disability experience different forms of discrimination in their daily life. These exclusion and discrimination include negative attitudes and behaviours, lack of policies and legislation, and their practical implementation. Furthermore, they are deprived of first-hand services in their life and minimal human rights like access to safety, healthcare, education and even for the survival of life (Unicef, 2020). People with disabilities are still far from equal access to health services, education and employment and better opportunities in life. This group of people are deprived of the essential services they require and are also likely to experience exclusion in their day-to-day activities (WHO, 2011).

What is known about the status of disability in Nepal?

In Nepal, even though the official census data of 2011 reports a 1.94% disability rate (CBS, 2011), several organizations suggest that the actual figure is far higher. The World Disability Report by WHO showed the prevalence of 21.7 per cent of disability in Nepal analyzing the data from world health survey (WHO, 2011). The variation in the data regarding the disability might be due to the cultural and religious variations in perceiving and expressing the disability.

Various studies performed by different organizations and institutes using a separate tool, sampling method and sample estimate the different prevalence rates of persons with

disability in Nepal (University, 2018). It has been estimated that at least 93 million children with disabilities are less likely to attend schools and access medical services (Montoya, 2018). These groups of children are also at a higher risk of physical abuse. These groups of children have to face almost five times more sexual violence than their peers, and they are left behind and neglected in the matter of human rights and other rights (News, 2019) (Unicef, 2020).

Why is this study?

Extensive research has been conducted in the field of disability covering its different aspects. However, concerns of safety of children with disabilities has been given less attention. This master thesis will focus on exploring the perceived safety (rather than observing the actual safety) of children living with disabilities as well as reasons behind unsafety, and explore possible measures to create a safer environment for the children with disabilities in rural areas of Nepal.

The baseline survey performed by Save the Children, Norway, in the Karnali province in 2019 has summarized that children with disabilities feel less safe than other children (Save the Children, 2019). However, the data collected during this program has not been further analyzed, exploring the relationship with different factors. SCN allowed me to explore these data and generate more grounds based on these data sources.

This study provides information about safety and lack of safety living with disabilities in Karnali province, namely within Nepal's Jajarkot, Kalikot and Dailekh districts. Knowledge about how these children perceive their situation is essential to take their views and experiences seriously and contribute to designing and implementing interventions that increase children's safety and sense of safety.

During this master thesis, I have cooperated with the Save the Children Nepal and Norway, and through access to their program information, I worked to find the grounds for feeling less safe for children with disabilities than children without disabilities of Karnali province. This master thesis is performed with close coordination between OsloMet, Save the Children, Norway and Nepal.

Aim of study and research questions

My research is focused on the main aim to explore the perceived safety of the children living with disabilities in the Karnali province of Nepal. Using a mixed-method study design (qualitative and quantitative), I intended to explore the different types of research questions exploring the perceived safety of children living with disabilities.

Main research question

1. What factors are associated with the safety of children living with and without disability in school and community?

Sub-research questions

1. Why do children with disabilities feel less safe compared to children without disabilities?
2. In which situations do children with disabilities feel less safe?
3. What are the possible ways to create a safer environment for children living with a disability?

During the study, I tried to find out the different statistical associations between the study variables of the quantitative part. On the other hand, I tried to shadow the results with future exploring the reasons for being unsafe and ways of creating a safe environment for the children living the disability.

The associations and relationships obtained in the quantitative are explored further with the qualitative results, and the supportive grounds are presented. Furthermore, the possible ways to create a safe environment is also explored with the help of the qualitative study.

This research tried to provide a backbone for the quantitative results with the help of qualitative findings.

CHAPTER II: LITERATURE REVIEW

How the literature review was done?

In this literature review process, I reviewed and organized several online published articles related to “safety of the children with disabilities and enabling environment” covering different aspects for discovering the findings on the participation of children with disabilities, creating a safe and appropriate environment for engagement in social and academic life. However, I have been able to identify minimal studies that are of similar interest to our research. I have tried to focus the literature, particularly on the safety of those disabled children in a rural setting similar to Nepal. Therefore, in this part, I attempt to present the broad area on the safety of children with disabilities and their living environment.

I conducted an extensive search in the electronic databases, including Google Scholar, SociIndex and Oria. These scientific papers are managed, and references citation is done using Endnote X9 software. All the articles related to the topic were included in the review. The search that started on January 2, 2021, was conducted until this thesis's completion (Nov, 2021).

The search terms used are as following: "Safety" “Children”, “Disability”, “Participation”, "Enabling Environment", "Self-determination", “Inclusion” and "Rural areas", using “All Fields” with "AND" in a different search engine to make a library of related article of the thesis. For the comprehensive search, both free-text terms and disability-related subject headings were searched in all databases.

Intensive selection and extraction are performed in this literature review. Article and other reports presenting the same theme of the information were excluded. Therefore, all articles collected from search engines with the title and abstract matched for the review were searched for the full text. The relevancy of the articles was examined after the assessment of the headings and abstract. Irrelevant full-text articles on our subject matter were assessed. After applying the eligibility and quality criteria, further few more articles were excluded. Finally, a literature review chapter was prepared.

Results of the literature review

Safety is termed as “environment where children are protected from violence, accidents, discrimination and other adverse experiences” (Dybdahl & Johnsen Christie,

2020). Dybdahl and Christie present the concept and importance of safety in the development of children. They explained that living in an unsafe environment during a child's growing years limits their brain development, as well as other physical, social and emotional development. However, solid parental care can be a powerful weapon in those unsafe environments. Furthermore, they listed the possible factors for creating an unsafe environment: exposure to conflict, alcohol and drug use, limited social support, and mental health coping strategies. Authors mentioned that the lack of safety affects a child's well-being, their relation with neighbours and peers, and delay in caregivers' help and service-seeking behaviours, which eventually affects their psychological well-being (Dybdahl & Johnsen Christie, 2020).

Stalker and McArthur (2012) provides a broader image regarding the relation of children with disability and abuse in their paper "Child Abuse, Child Protection and Disabled Children: A review of recent research". The study found a strong association between disability and child maltreatment, mentioning that children with disabilities are likely to experience more abuse than non-disabled peers. Further, this study presents the evidence that interaction of age, gender, and socio-cultural factors also have positive associations to abuse of non-disabled children. They also mentioned that the nation's available therapeutic services and the criminal justice system fail to capture the highlighted issue and the needs of children with disabilities (Stalker & McArthur, 2012).

A study by Brotherson, Cook, Erwin, and Weigel (2008) focused on the self-determination and families of young children with disabilities aimed to understand the role of the family in the development of self-determination. A qualitative study using grounded theory was administered. Engagement of the child with a disability within their home environment and others, giving roles in the decision-making in the home, controlling and regulating the home environment, and supporting self-esteem in the home environment are relevant strategies to support children's self-determination. Moreover, they concluded that social stigma is also a particular concern among families for the self-determination of the children. A family's socio-economic conditions is a responsible barrier for this. Opportunities for the choice, decision and regulation in their home environment helps to prepare a base for self-determination (Brotherson et al., 2008). The process diagram from this paper shows how families provide a chance for self-determination.

Figure 1
**Process by Which Families Provide Opportunities for
 Self-Determination in the Home**

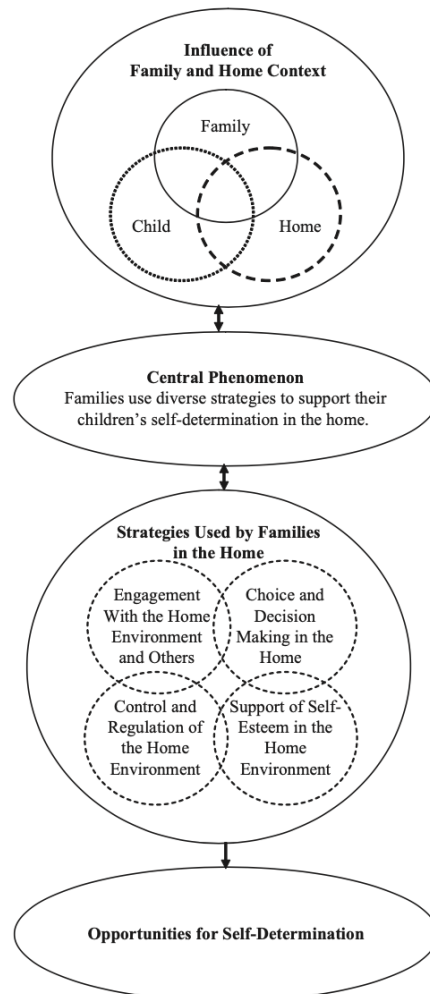


Figure 1: Process by Which Families Provide Opportunities for Self-Determination in the Home (Brotherson et al., 2008)

A qualitative study (Basnet Bista & Sharma, 2019) that aimed to explore the experiences of violence against women and girls with disabilities during and after the 2015 Nepal earthquake found an increase in psychological and physical violence in and around the temporary homes. They also revealed this violence against these groups were reported to be done with near one member, like family members, relatives and the people living in the same community. Authors suggest immediate actions for gender and disability sensitization programs to remove the violence and stigma against women and girls with disabilities. They also highlight the need for integrated efforts actions from the stakeholders to strengthen

gender and disability-inclusive activities, reporting and justice delivery systems (Basnet Bista & Sharma, 2019).

Community-based rehabilitation (CBR) program from the non-governmental sector has made significant changes in the lives of people with disabilities (Mol, Van Brakel, & Schreurs, 2014). Focusing on the impact of programs run by Karuna Foundation Nepal on the quality of life among children with a disability has revealed that it changes their physical health. In addition, those children also experience less discrimination at the societal level and do not feel like a burden on their families. CBR programs also support rejoining school and regular schooling. The significant impact was on the social level, empowerment level and family level. These simple community-based interventions can create happiness for disabled children and their families (Mol et al., 2014). This information on the rehabilitation impact at the community level broadens the plan during the data collection of this research in child safety and creating a safe environment.

An article “Investigating the influence of socio-demographic and family factors on the perception of safety among conflict displaced children in Nigeria” (Ariyo, Mortelmans, Wouters, & Masquillier, 2020) showed no significant association between children age, gender, enrolment in school and children’s perception of safety. On the other side, the study found the association between the family size, household type, sex of the household head, socioeconomic status, parent-child relationship, family conflict with children’s perception of safety. This study suggests that intervention based on these children should include programs for improving family relationships and functioning.

A paper exploring the relationship of children with and without disabilities with teachers and school bonds revealed that children with disabilities had more dissatisfaction with the teacher, poorer teachers' bonds, and perceived low safety and great danger in the school environment. The author also explained that students with emotional disturbance and mild mental retardation have greater dissatisfaction with a teacher (Murray & Greenberg, 2001).

A paper by Cabieses, Pickett, and Tunstall (2012) comparing the factors associated with disability between immigrants and non-immigrants demonstrated that only age and socio-economic status (age, sex and marital status) were associated with disability in

immigrants. On the other side, for non-immigrants Chilean born residents, disability is associated with various socio-demographic variables like age, sex, marital status, ethnic group, educational level, income and locality of residence. This study suggests that factors associated with the disability can differ according to the origin/place of birth (Cabieses et al., 2012).

A study by Van Dyck, Kogan, McPherson, Weissman, and Newacheck (2004) investigating the prevalence and characteristics of children with special health care needs in the US identified that 17.7 per cent of children experienced unmet health needs and 33.5 per cent deficit family-oriented critical health care. These significant impacts were mainly affecting the low and uninsured children in the US. The most crucial findings that the study gathered is that disparities were found in access, satisfaction and impact of family. The regular pattern of differences was characterized by low family income, minority racial and ethnic status, lack of health insurance and functional limitation of the children (Van Dyck et al., 2004).

A report titled “Disability in Nepal: Taking stock and forging a way forwards” prepared by University (2018) presents the different aspects of disability in Nepal. Nepal also supports the different declarations on disabilities to ensure the rights of people with disabilities. Even though this research does not only focus on children, it covers different aspects of the disability. Significant changes are seen in the context of disability from the policies to the welfare system. Despite this development and changes, social stigmas, social participation, and others still exist. In Nepal, there is a high prevalence on all types of disability among children from 10-14 years. Due to unsafe environments in schools, people having any type of disability are found to have low literacy than others. Feeling unsafe might influence them to stay at home or drop out rather than attend school. Likewise, the curriculum and the physical environment are also associated with the dropout rate from the school. Similarly, people with disabilities are unaware of common diseases, making their health vulnerable (University, 2018). These all pieces of evidence symbolize that people with disabilities have different problems in different aspects of living.

A study illustrating the self-reported quality of life of 8–12-year-old children with cerebral palsy found that impairments were not primary grounds for those children's reduced quality of life (Dickinson et al., 2007). This group of children demonstrated similar quality of

life to the children in the general population except schooling. The experienced pain was common for lower QoL in all domains. This paper advises for the need for full integration of the children living with disabilities in the society. It also focuses on the social and educational policies to achieve this integration and participation of these children (Dickinson et al., 2007).

A study performed by Gibson et al. (2012) on mobility disability focusing on disability and dignity in Canada suggested different conditions for the construction of satisfaction enabling home. They presented various components that are making roles on it. Some of the essential components to prepare the dignity-enabling home environment are access for the participation to social life, access to monitor and control day to day activities, opportunities for self-expression and identity, a chance for respectful relationships, opportunities to the education, and the feeling of the physical, psychological and ontological security. This paper gives a comprehensive framework to guide the policy and practice. Furthermore, they explained that the social exclusion of the disabled people is linked with the organization, availability and location of the home (Gibson et al., 2012).

Different scientific studies have identified that children living with disabilities are facing violence and other forms of difficulties about five times compared to children without disabilities (reliefweb, 2018). A researcher from the center for children and young people, Southern Cross University, Australia, tried to explore the different knowledge on creating a safe environment for children and young people with intellectual disabilities using qualitative research methods. They identified the “importance of a loving foundation and supportive channel”, “lack in understanding the issue in safety and harm”, “the capability to recognize the risk of being harmed”, “lack of attention on the disability help needs in the system of the nation”, and” education as a path to construct the capability and confidence”(Robinson & Graham, 2019). This paper identifies the areas to be focused on to generate a safe environment for disabled children and young people. Based on the rendered themes of the findings, the activities and the strategies of the family and professionals could be the role model for building a safe environment.

A study by Lee (2009) was conducted to explore the associated factors of safety practice among elementary students in rural areas. The study finding showed that gender of the students, peer groups, students education status/grade, level of school life adaptation,

level of safety education conducted by parents, teachers, the demand of safety education were significantly associated with the safety practice of the children. Likewise, parents' safety awareness and self-esteem and level of safety education were found the most powerful predictors during stepwise multiple regression. The review of this abstract paper helps to generalize that the socio-demographic characteristics and the awareness level on the safety issue are significantly associated (Lee, 2009).

CHAPTER III: THEORETICAL FRAMEWORK

This part of the thesis discusses the two theories related to disability which is also the part for the discussion of this research. In this section, I have tried to illustrate the various theoretical concepts based on disability and well-being.

Bronfenbrenner's ecological systems theory

Bronfenbrenner's ecological systems theory was developed by the Russian American psychologist Urie Bronfenbrenner. One of his principal arguments was that the studies on children development were ecologically wrong when they were observed and studied in unsuitable and unfamiliar laboratory environments(Guy-Evans, 2020)

Bronfenbrenner identified that multiple aspects play their parts during the growth of the child life. These various factors make interaction in the developmental phase of the child. Based on these different kinds of interactions of a child's development with the environment, Bronfenbrenner's Ecological Systems Theory was proposed by the psychologist Urie Bronfenbrenner (Guy-Evans, 2020).

Bronfenbrenner's mentioned the Five Ecological Systems, which include the different environmental structures. This theory explains the environment of the child development in the various structures. His Ecological System Theory consists of the environment structures: microsystem, mesosystem, exosystem, macrosystem, and chronosystem (Guy-Evans, 2020).

In this research paper, I have also discussed the qualitative data results based on these structures. However, I primarily focused on different environments formed within the social system that play their part in the safety issue of the child with a disability. I also tried to examine their role and interaction on safety concerns, that is similar to ecological system theory.

The illustrative representation of this ecological system theory is presented below.

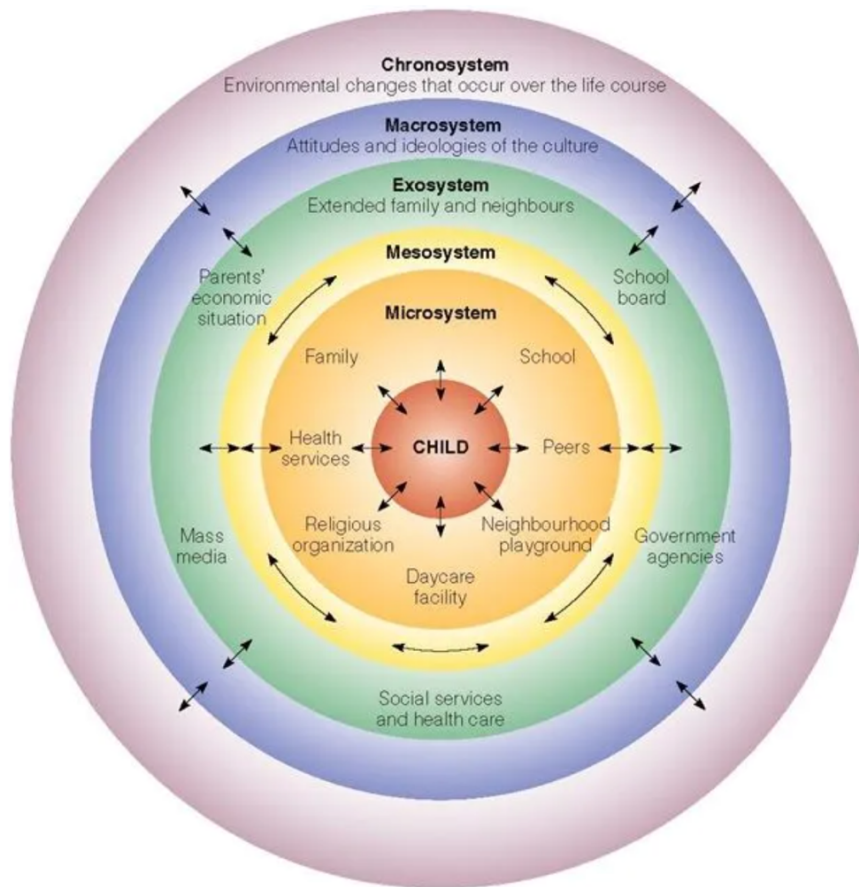


Figure 2: Illustration of Ecological System Theory (Guy-Evans, 2020)

Bronfenbrenner demonstrates different interactions on each system. Each system represents a different type of interrelation that the child has with other ecological systems. Then, each system of the ecological system has its relationships. He further explained that the systems do not function independently but are continuously interconnected and influence each other. According to this ecological system theory, the strong relationship between the individual system elements positively affects child development. On the other hand, the weak relationships of these elements with the children can lead to more negative effects. Therefore, the positive and negative development of the children is indeed based on the interaction of the different ecological systems (Guy-Evans, 2020).

Thus, this model focused on the development of individuals under the complex system. Based on the different perspectives, this model provides an essential and valuable framework that links together various aspects like the psychological, educational using the research and the educational methodology (Hayes, O'Toole, & Halpenny, 2017). Similarly, I tried to link up safety concerns and a safe environment for children with disabilities through

different aspects of society in my research. Therefore, this theory is helpful in discussing my results.

Critical disability theory

Critical disability theory is “a diverse, interdisciplinary set of theoretical approaches”. The main motive of this theory is to assess the status of disability as a cultural, historical, relative, social and political phenomenon (Hall, 2019). This critical theory is also taken as the emerging framework based on theoretical concepts which examine disability-related issues (Hosking, 2008). Critical disability theory has evolved from the critical theory, which was the work by researcher Max Horkheimer of Frankfurt School, Germany. (Hosking, 2008).

This theory explains seven elements: the social model of disability, multidimensionality, valuing diversity, rights, voices of disability, language, and transformative politics (Hosking, 2008). Furthermore, it adopts the different principles from the disability perspective. One of the principles used in the social model of disability is “disability is a social construct”. The social disadvantage faced by disabled people is due to the environment's physical, institutional, and other factors. This theory succeeds to present the perception from the side of disability (Hosking, 2008).

In my qualitative part of the research, I intend to observe the relation between different elements of society with the safety of children with disabilities. This theory will undoubtedly help me to discuss the other construct from the disability perspective. Critical disability theory tried to establish and adjust the matter of equality in the diverse environment that certainly helps raise the voice of disability in the mainstream and promotes achieving their rights and benefits (Hosking, 2008). CDT focused on creating an inclusive society for people with disabilities and covering those issues to policy concerns (Hosking, 2008). This theory can be taken as a combination of diverse areas like politics, culture and society. So, this theory is not solely concerned with disabled individuals (Hall, 2019).

Therefore, in my research, these two theories will also help me to make the broad discussion as I tried to observe the different social constructs and factors associated with the safety of children with disabilities.

CHAPTER IV: METHODS

Study designs and procedures

I have used a mixed-method method approach in this research work. Two separate quantitative and qualitative findings are discussed together with line to other study and the theories. The study design for the qualitative part is exploratory. On the other hand, the study design for the quantitative part is a cross-sectional study with the aim to find the different associations and factors related to the safety of children with disabilities. The discussion session of this research is mainly conducted in the mixed-method approach. Discussion is drawn analyzing the qualitative and quantitative findings of the study.

The baseline data collected by Save the Children is analysed in the quantitative part. In the next part of the study, interviews with the children with disabilities and personality of different sectors working in the field of disability is analysed in the qualitative part. The children with disabilities and the persons related to the study were identified by the Save the Children, Surkhet Office, Karnali province and the other partner organizations working with SC.

Likewise, the qualitative part explores the grounds for feeling unsafe for those children with disabilities through in-depth interviews with the children with their caretakers and stakeholders working in the area of disability and safety. The experiences of experts in the field of child safety and disability are explored and described based on the objective of this research. Moreover, the views and opinions of the children are explored during the interview.

Save the Children, Nepal

Save the Children (SC) is the largest child-focused non-governmental organization working in Nepal since 1976. The SC's programs are centered on promoting the lives of the children in Nepal, which are guided by the National Plan of Action for Children and the UN Millennium Development Goals. Save the Children covers the broad geographical areas with various programs that enhance their vision for all children to attain the right to survival, protection, development and participation (Children, 2021).

Save the Children, Nepal works mainly with child rights stakeholders, including children, communities, civil society organizations, media, and government, to promote them

for their meaningful and impactful role in child rights. SC is centered and focused in Child Rights Governance, Child Protection, Education, Health and Nutrition, Livelihoods, HIV and AIDs and Humanitarian Response. They collaborate with over 100 partners, including the Government of Nepal in 63 districts of Nepal (Children, 2021).

Thus, this research is driven by the work of the Save the Children in the Karnali province of Nepal.

How the research flows in this study?

In this research, the quantitative data collected by the SC were analyzed based on the study objective in the first part of the thesis. Quantitative data used and analyzed in this research were collected before for the program objective of SC. Then, the qualitative study is performed using the thematic analysis for the in-depth interviews. At the final stage, the results from both studies were discussed, and the conclusions and recommendations were made.

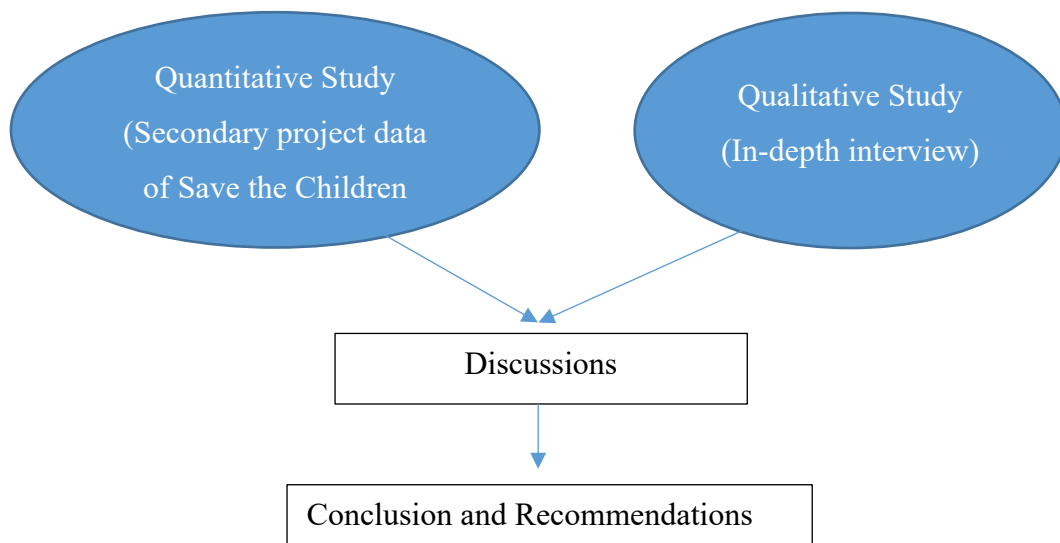


Figure 3: Research flow diagram of the study

Where is the study from?

The districts in Karnali province of Nepal, namely Jajarkot, kalikot and Dailekh, which are the project areas of the Save the Children program, are regarded as study areas for the quantitative part where the baseline data is collected.

On the other hand, in-depth interview is conducted with the experts who do not particularly specify the specific geography of Nepal, so they are represented as a participant from Nepal in the qualitative part. However, the participants are identified based on their experience in the Karnali province, and the children with disabilities are from the Karnali province.

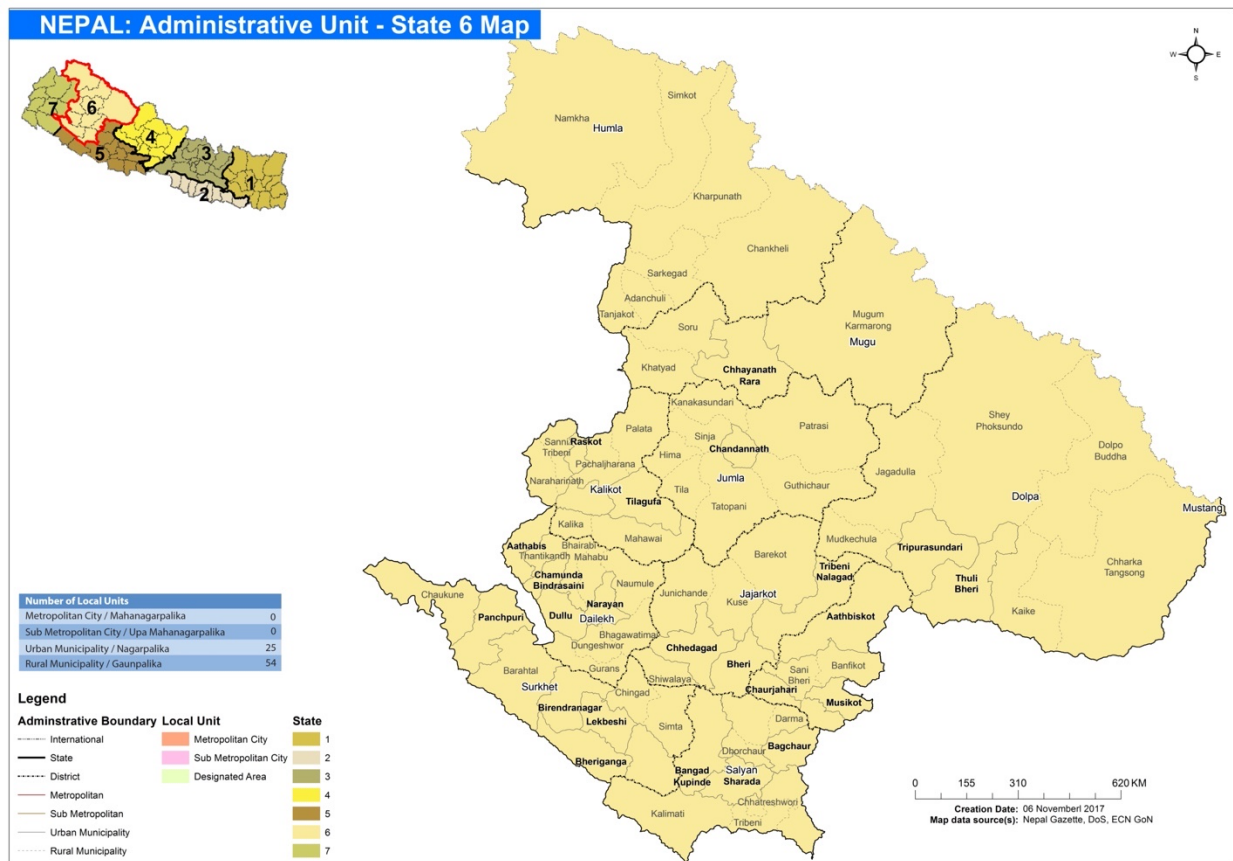


Figure 4: Administrative map of Karnali province (Nepal, 2020)

Quantitative study methodology

Study variables

I selected the following dependent and independent variables for the quantitative research of my thesis work. These variables are selected from the baseline survey conducted in 2019. The baseline survey was the program activities of the Save the Children performed in 2019. They provided me with the opportunity to explore those data for my master thesis. The tool used in the baseline survey of data collection is in the Annex section of this research.

Dependent variable

Safety (Safety at school and community level)

Independent variables

Age

Gender

Education level

Functional disability

School town/village name

School district name

How is quantitative study conceptualized in this research?

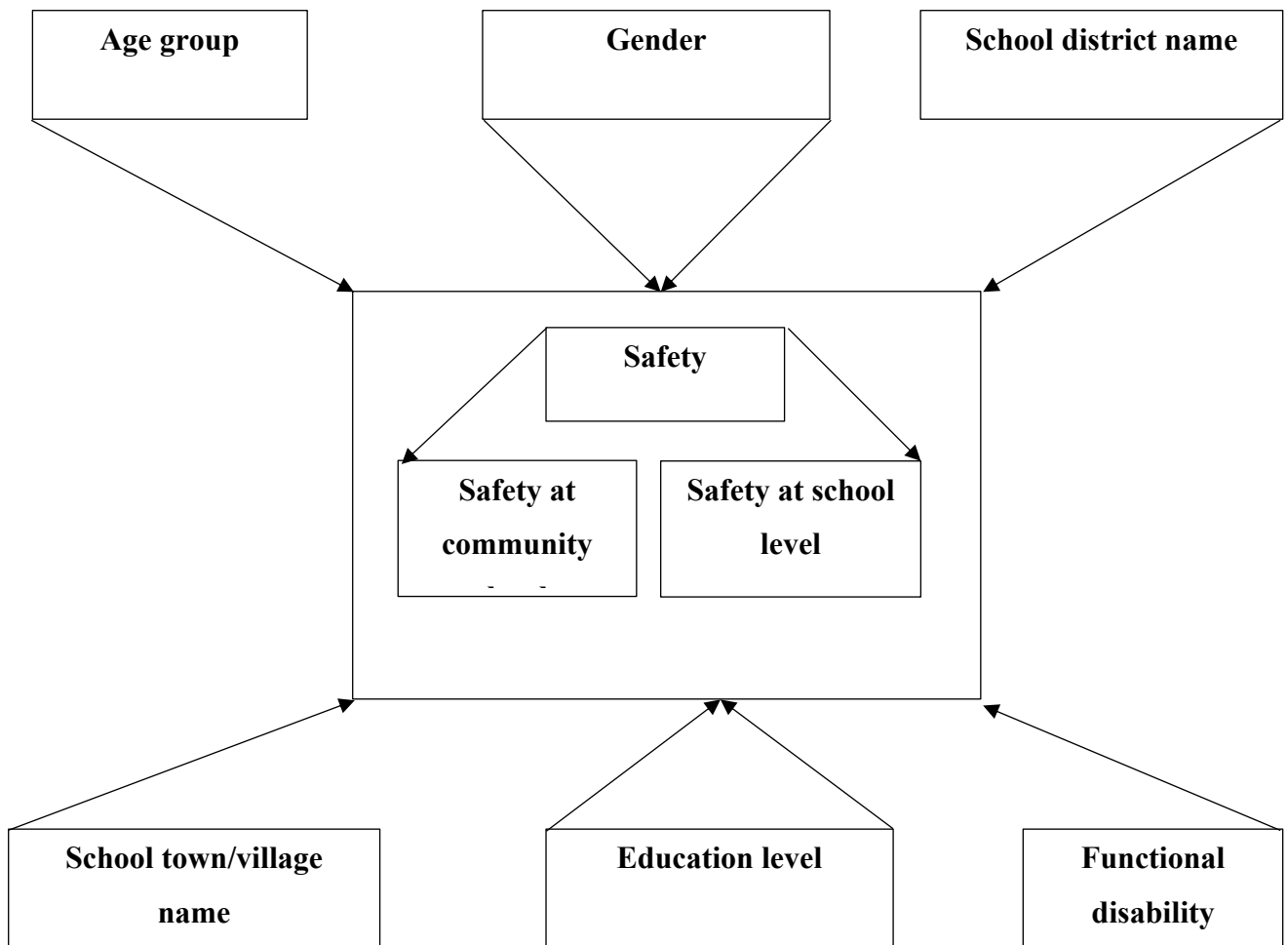


Figure 5: Conceptual framework

Study participants

School children with and without disabilities from class 6 to class 10 of selected districts of Karnali province, Nepal, which were the study population of the Save the Children in baselines survey are analyzed in quantitative part.

Table 4. 1: Frequency distribution of quantitative study participants with socio-demographic variables (N=1089)

Demographic variables		Disability				Total
		No		Yes		
		n	%	n	%	
Educational level	6 th Grade	324	90.8%	33	9.2%	357
	8 th Grade	256	95.2%	13	4.8%	269
	9 th Grade	222	96.1%	9	3.9%	231
	10 th Grade	221	95.3%	11	4.7%	232
Gender	Male	501	94%	32	6%	533
	Female	522	93.3%	34	6.1%	556
Age group (Median age:14)	Above the median age	700	93.5%	49	6.5%	749
	Below the median age	323	95%	17	5%	340
School district name	Dailekh	225	97.4%	6	2.6%	231
	Jajarkot	566	91.6%	52	8.4%	618
	Kalikot	232	96.7%	8	3.3%	240

Table 4.1 gives the frequency and percentage of seven variables among children with disabilities and children without disabilities who were the study participants of the quantitative study.

The study had very few students with disabilities. The table shows that most respondents were in grade 6 while grade 9 had the lowest number of students with disabilities with 3.9 per cent. The study included more girls, and both sexes had an almost identical number of students with disabilities. Participants below the median age were (median age is 14) nearly half the number of students above the median age. The majority of disabled students were from Jajarkot district, whereas only 2.6 per cent were from Dailekh district.

Sampling participants

Every CwDs and children without disabilities are the sampling unit for the quantitative study. However, I used the secondary census data of the baseline survey performed by Save the Children. SC Nepal collected the quantitative data based on their program activities related to perceived safety at school and community.

Inclusion and exclusion of participants in the study

All the data provided in the data set by the Save the Children Norway team was included in the study. All the data were provided in the coded form. However, necessary reform on the variable was performed as per the need of the study objective.

In the quantitative part, data with error and other mistakes were cleaned and excluded from the study.

Sampling techniques

In my quantitative part, I analysed the census data of the baseline survey provided by Save the Children. The data was collected by the Save the Children, mid and far west field office as one of their program activities. This data was provided to be for this study purpose by the SC Norway office.

Sample size

Altogether total census data of 1089 participants with and without disability is analysed in the quantitative part using the SPSS software.

Data collection tool

This research focuses on the analysis of secondary data so; the primary data collection tool is not administered in the quantitative part. Washington Group of Short Set Questions were used to collect the disability data in quantitative research by Save the Children. The set of questions is in the Annex I of this research.

Data collection process and technique

Secondary data of the baseline survey is used for quantitative purposes. The data was collected during the project implementation by Save the Children, Nepal. The data provided by Save the Children were coded and did not contain any personal information. I changed the data from Microsoft Excel to the SPSS format before the analysis.

Data analysis

The secondary quantitative data were analyzed by using SPSS software version 26.0. Data cleaning and management were also performed as per need. Some of the variables were recoded into different variables as per the need of the study. Additional possible descriptive analysis was performed as per the nature of the data and the requirement of the study objective.

For the calculation of safety score, Save the Children team defined the safety with the threshold value calculated from the study questionnaire. The threshold of a child “feeling safe” – is set for a child to answer 80% (or more) of the question – with the answer of interest (the answer which signifies feeling safe). For example: Question B6. Do you know where to go if you have a problem with safety?
If yes, please specify? No=0, Don't know=1, Yes=2, No response/not relevant=999 (here the answer of interest is : Yes)(Save the Children, 2019).

During the quantitative analysis of the data of our study, I presented the bar graph distribution of the frequency of safety at school and community in general and gender-wise.

I used the cross tabs for the chi-square test with binary logistic regression for the odds ratio value. I used the one sampled independent T-test, ANOVA test and stepwise multiple regression to see the significant relationship between the dependent and independent variables.

Qualitative Study Methodology

Study participants

Initially, I had planned to interview the same students and the other participants with a face-to-face in-depth interview method for the qualitative data, but it was not possible due to the challenging situation of the COVID-19 pandemic. Because of national and international travel restrictions and to minimize the risk, an alternative had to be sought out between the author, supervisor and Save the Children Norway team. After the intense discussion and meetings, we decided to change of participants for the qualitative part. We conclude to include the children with disabilities and their caretakers' and stakeholders working closely in the field of safety issues of the children with disabilities.

The study participants for the qualitative interview include individuals from different levels, as shown below. I succeeded in interviewing two children with disabilities, three guardians of the child with disabilities, four school teachers, three personal working at a societal level about disability, two individuals working in the mental aspect of disability and two elected representatives of the local government.

Level	Details
Children with disabilities	Children having any form of disability
Family level	Guardian of the disabled child
School-level	Teacher of the child
Societal level	social mobilizer working in the same field
Governmental level	Technical administrative health personal working in the field of disability
Non-governmental level	Expert working in the field of childhood disability with long experience
Mental health perspective	Mental health expert working in the field of child disability and safety

Basic information of the participant

The basic information of the interview participants is displayed in the following table.

Table 4. 2: Basic information of the participants

Code of the Participants	Gender	Age	Education level	Address	Category of the study participants	Working Organization/ Occupation	Years of Working experience
P1	F	16	10	Kalikot	Children with disabilities	Student	NA
P2	M	16	3	Dailekh	Children with disabilities	Student	NA
P3	M	55	Literate	Kalikot	Family level	Agriculture	NA
P4	F	40	Illiterate	Dailekh	Family level	Housewife	NA
P5	F	48	Illiterate	Dailekh	Family level	Housewife	
P6	F	24	Bachelor	Kalikot	School level	Teacher	2
P7	F	41	Bachelor	Kalikot	School level	Teacher	23
P8	M	35	Master	Dailekh	School level	Teacher	13
P9	F	38	Higher Secondary	Dailekh	School level	Teacher	
P10	M	40	Bachelor	Kalikot	Societal level	Social Mobilizer Officer	12
P11	M	29	Master	Surkhet	Societal level	Humanity and Inclusion	8
P12	M	48	Master	Surkhet	Societal level	Advocacy and disable rights	25
P13	M	36	Bachelor	Dang	NGO's level	PC	4
P14	M	36	Master	Achham	NGO's Level	PC	3
P15	M	37	Master	Surkhet	Mental health perspective	PC	13
P16	M	35	Master	Nepalgunj	Mental health perspective	Physiotherapist	12
P17	M	47	Master	Kalikot	Governmental level	Elected government representative	4
P18	M	39	Higher Secondary	Dailekh	Governmental level	Elected government representative	4

Sampling participants

In our qualitative study part, the interview participants are the sampling unit.

The selection of the interview participants was based on the expertise mentioned in the study participants of the methodology.

Participants with limited expertise in the field of disability related to the children and safety were excluded from the interview process.

A convenient sampling technique is used for the qualitative part of this research. The list of participants is decided based on the criteria prepared with literature review, supervisor suggestions and the Save the Children consultation. Inclusion criteria are set for the selection of the participants in the related field. Save the Children, Surkhet, Nepal field office, and the organizations working with SC worked to identify the study participants for the in-depth interview.

Number of respondents

In the qualitative part, participants from the family level with disabled children school level, community/societal level, governmental level, non-governmental level and mental health perspective are interviewed. Information is collected until I achieve data saturation. This is when we get no new description and no new information from the participants by conducting further interviews. Therefore, the number of participants vary on each category of the participants

Data collection tool

An interview guideline is developed based on an extensive literature review to guide the information collection process. Initially, the English version of the interview guide was designed and made the final draft with the consultation of the supervisor. Afterwards, being a Nepali citizen myself and Nepali as my mother tongue, I translated the questionnaire into the Nepali version. Both the English and Nepali version of questionnaire with the informed consent is on the annex II and III respectively of this thesis.

An interview guideline with open-ended questions is developed to conduct an interview. It includes different sections to collect information on the background of participants, their expertise, learning in the field of child safety, social perception and way forward for safety, and emotional talks regarding the safety of children with disabilities.

Moreover, there are questions on the impact made towards the issue/ongoing lobbying for the plan, care system for those special children, causes and results of living in unsafe environments, measures to create a safe environment in all levels, and personal information about the participants.

Data collection process and technique

The initial plan to conduct the interview was through the OsloMet's zoom platform while purposing the study and submitting the proposal on Nepal Health Research Council (NHRC) and Norwegian Center for Research Data (NSD). Due to the problem of stable internet connectivity and the lack of digital gadgets, I changed the plan to take the interview through the regular phone call using the My Call International voice package. This suggestion was provided by the supervisor and Nepal's field office of Save the Children.

The interview is conducted by maintaining complete confidentiality and convenience as conversations about the safety of children with disabilities might contain some confidential information. In-depth interview is carried out with the use of prepared interview guidelines using the phone call. Therefore, the face-to-face video call interview was not succeeded and thus, the interview technique changed to a phone call interview.

Moreover, the plan of interviewing the participants through video calls using familiar social media could not succeed. The initial alternative plan proposed in the study of "if the participants do not feel comfortable, it will be carried on audio-only" was not also possible. However, I make it possible to create a respectful and comfortable atmosphere for participants to share their experiences. All communication skills were used to ensure an open discussion and encourage the participants to fully describe their experiences in the matter of disabled child safety. The interviews were conducted until the data saturation despite the time duration. Along the with recording of entire conversations, notes taking were also carried out during the interview process.

Data analysis

Data processing and analysis is also carried out with the help of qualitative thematic analysis. Firstly, essential information from all recordings and the note-taking is transcribed. Both the semantic and latent themes are attempted to generate significant themes.

The semantic theme attempted to identify explicit superficial information, while the latent theme identified underlying ideas and meaning of information. Then, I used the five steps of thematic analysis, which are as described below (Maguire & Delahunt, 2017). Furthermore, the checklist and step by step guide suggested by Braun and Clarke in the paper “using thematic analysis in psychology” were also administered while performing this thesis (Braun & Clarke, 2006).

I, myself being the principal researcher, performed the transcription of the interview taken in this research. This also helped me get to know the data better.

Step I Becoming familiar with the information

After the listening to the interview and transcribing the significant lines from the interview participants, reading and re-reading of the transcribed interviews were performed. It helped me to become familiar with the information, and additional comments like “pieces of evidence presented”, “evidence provided”, and “strategies and agenda” are noticed and inserted. Marking primary information that addresses the research question was done.

Step II Generating initial codes

I generated an initial list of items from the interviews that have a reoccurring pattern in this step. All the codes generated from the different levels of participants were kept together. My study contains participants from diverse groups. All codes were identified and listed in different sections according to interview guidelines. During the coding process, equal and complete attention was paid to identify un-noticed repeated information.

Step III Searching for themes

Different codes that reflect similar information to generate appropriate subcategories were merged. After identification of various subcategories, a broad category that represents them were formed. From different categories and subcategories generated from codes, suitable themes that reflect the big picture of the safety of children with disabilities were presented.

Step IV Reviewing themes

Categories and subcategories of Step III were reviewed and similar subcategories were combined to produce a single theme representing the codes generated in different levels. A review of the subcategories was done to identify similarities and differences.

In this way, subcategories, categories and suitable themes were identified and given appropriate names.

Step V Producing the report

After identification of final themes, categories and subcategories, the final writing up was started. In this phase, dialogue connected with each theme is presented. In the report, major themes, categories and subcategories are shown based on research objectives.

These steps are followed in the data processing and analysis of this study.

A	B	C	D	E	F	G	H			
Categories	Themes	Codes	Sub-codes	Narratives (P1)	Narratives (P2)					
Disability and the environment of children living with disability	Understanding disability	Disability status and occurrence		I lost my right hand during the road trip at bus at the age of 14 when my hands were outside the window, next bus by side hit my hand and I need to cut it because of damage.(sorrow and sadness in voice)	I start feeling difficult at the age of 12. There was a body pain at the initial stage and then after I could not walk with my feet and					
		Overviewing disability								
	Existing environment of children with disability	Thoughts on disability			Before my accident, I never feel that there were anything that I could not perform. But these days, I feel weak and do not have confidence to the task as before.	Thesedays, I do not want to engage in the educational task as I cannot walk and play. I don't like reading.				
			Expressed feelings			I used to love walking before but these days, I cannot and I feel bad.				
			School's condition							
		Children with disability	Participation							
			Perception							
		Disable friendly environment	Infrastructure							
			Lack of sufficient practice							
		Existing environment of children with disability	Concern of safety				I feel scared sitting alone in home as my parents went to fields for the work.			
						I feel lucky, my peers and other peoples never tease me on the condition of my disability.	I was happy before. I do not enjoy anything these days. I really feel worst with these situation of disability.			
			Enabling environment	Experienced condition of CHW						
				Gender difference in safety issues						
				Lack of awareness in the gurdain level						
				More care time						
Disability with in-home hygiene										
Hygiene and health										
School environment	Impact of teachers				At the beginning after I lot the hand, I feel so weak for any activities. These days, my teachers councls and motivates me a lot and Nowadays I am confidence that I can do everything					
	Parental role									
	Children and friends			My friends are the main peoples who looks after and encourage in everyday life after the accident. (Hannu)						

Figure 6: An example of performed thematic analysis under this study

Trustworthiness of study

Validity and reliability of findings in qualitative research are measured in terms of trustworthiness, which comprises credibility, transferability, dependability and confirmability. The problems related to trustworthiness will be addressed throughout the research process. Interview guideline was developed the based-on literature on the safety of the disabled child and different reports.

All interviews were conducted in Nepali, the national language of Nepal, which helped to obtain more truthful information. Interviews were conducted in a comfortable

environment to ensure open discussion and encourage participants to describe their experiences. The initial phone call was done to fix the appointments for the interview, which I aimed to increase the study's trustworthiness. Participant's responses were recorded and written in their own words. An adequate amount of information was obtained during the in-depth interviews. The supervisor carried out close supervision and monitoring through the regular zoom meetings with me to ensure the collection of sufficient information that met the research objective.

Credibility

To ensure the credibility of the finding, I showed the data to the interviewed participants to ensure that it reflected their feelings correctly. Each participant got the opportunity to refuse participation or limit sharing information at any phase of the research. All the rights and benefits were explained clearly in both English and Nepali language. I read out the consent form to provide all the information about the study.

Dependability

All the interviews were conducted by myself. To ensure the dependability of the findings, the same methodology and pattern of the interview were administered to all participants.

Confirmability

Confirmability was gained through checking and rechecking the translation and result. All interviews were taped. Being admitted as an international student showing the requirement of English language to the university, I transcribed the central part of the interview in English language and then coded and analyzed by myself with the supervisor's support and at the same time, the supervisor guided me to check for the accurate and consistent translations.

Ethics, ethical approval and ethical consideration

Ethics

The research related to the issues and agenda of children has the ethical challenges to perform the study. Therefore, the children were interviewed in the presence of their guardians and the rights to refuse were given to the participants. Furthermore, the other participants of the research were given opportunity to participate and refuse interview process at any time.

The basic four major ethical principles--respect for autonomy, beneficence, non-maleficence and justice (Gillon & Lloyd, 1994) were followed in every stage of this research.

Ethical approval

In this study, to safeguard the children's rights during the research process, ethical approval was taken from both the study place and study participant's place. Norwegian Center for Research Data, Norway and Nepal Health Research Council, Nepal approved the ethical approach for this research. The initial permission was obtained from Oslo Metropolitan University and the Save the Children, Norway team. The letter of recommendation from the OsloMet University, Supervisor and Save the Children are kept in the Annex section of this thesis. Then, the proposal was submitted to Nepal Health Research Council (NHRC) for ethical clearance on 5th February 2021, as research includes the in-depth interview from the participants of Nepal on the disability issue, which is a part of health. This study proposal was also submitted to the Norwegian Centre for Research Data (NSD), as this thesis is performed in Norway. It was submitted on 25th January 2021.

I received the five rounds of suggestions and feedbacks from the Nepal Health Research Council. The significant change was made in the title of the research that I changed the topic "**Why children with disabilities are feeling less safe compared to without disabilities? A mixed-method study from Karnali Province, Nepal**" to "**Exploring perceived safety among children living with disabilities in Nepal: A mixed-method study**". Many clarifications were made regarding the different aspects of the study.

Similarly, feedbacks were also answered for NSD. On 5th March 2021, NHRC granted the ethical approval with Ref No: 2326: ERB Protocol Registration No: 77/2077 MT and NSD also approved with the message "Go Ahead on project work" with Reference Number: 240680 on 10th March 2021. After the permission was granted from both ethical related organizations, the interview was performed with the respondents.

Ethical consideration

The research participants were explained about the research in detail before the interview process. It was explained that participation in the study would be voluntary. Written consent was planned to be taken from participants before conducting the interview. It was not possible because of the change in interview methodology. After the change in the modality of the interview, verbal consent was taken and recorded in the phone call.

Confidentiality and privacy were maintained, and the information and rights related to the participants were explained. The right to refuse participation in the study was highly respected. Necessary information about the objective of the research was shared to collect comprehensive information for the research analysis.

CHAPTER V: RESULTS

The results chapter focused to answer the pre-set research questions of the study. Under this section, I demonstrate the distribution of perceived safety level of children living with disabilities, socio-demographic factors associated to safety of children living with and without disabilities in school and community. Furthermore, I present the qualitative results under the second parts of results to explore the reasons for feeling unsafe and look the way forward for creating a safe environment for this group of children.

What I assessed in the quantitative data?

Frequency distribution of perceived safety at school and community

Analyzing the data from the quantitative study, it is found that the children with disabilities perceived almost 22 per cent less safe than children without disabilities in the school, which is one of the study's significant findings. Moreover, both children with and without disabilities felt safer in the school than in the community. Figure 7 illustrates the findings of safety in school and community in relation to the gender of children.

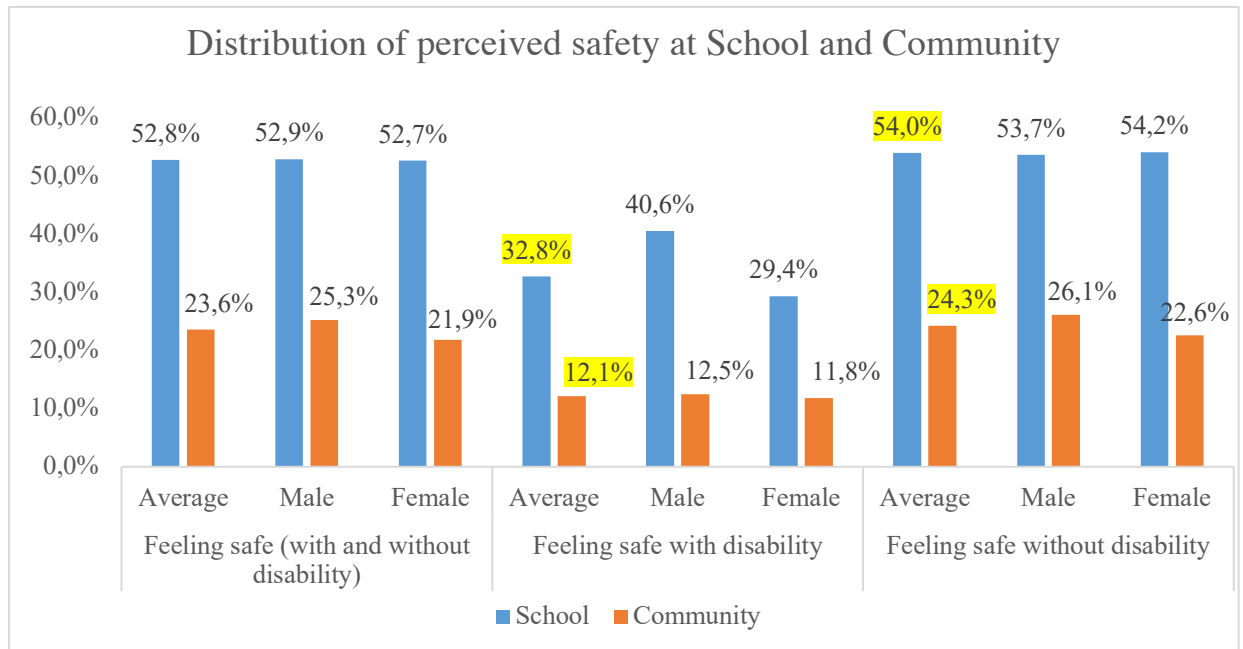


Figure 7: Frequency distribution of safety at School and Community

Among all students (1089) involved in the study, more than 50 per cent of males and females responded to feeling safe in schools. However, feeling safe in the community was

almost half the value of safety in school (25%) for boys, while females felt less safe in the community with 21.9 per cent.

Focusing on children with disabilities, girls felt less safe in school with 29.4 per cent than boys, but both boys and girls have similar values for safety in the community. More than half of boys and girls with disabilities felt safe in schools while less than one-third (26.1 percent for male and 22.6 percent for female) felt safe within the community.

Assessment of factors associated with safety

During the quantitative data analysis, the cross tab is performed with the chi-square and P-value to observe the association of different factors with the perceived safety of the children.

The school district and functional disability are seen associated with the safety at school. In contrast, age group, educational level, school district, and functional disability are found to be associated with the safety at the community. Table 5.1 illustrates the value of the chi-square with p-value on the associated factors.

Cross tabs with odds ratio and chi-square

Table 5. 1: Safety at school and community's Cross tabs with Odds ratio and chi-square

(N=1089)

Significant effects are printed in bold.

Demographic Characteristics	Safety at School					Safety at Community				
	χ^2 Value	P-Value	OR	95% C.I		χ^2 Value	P-Value	OR	95% C.I	
Age group										
Above median age (14)	3.596	0.067	1	Ref		3.862	0.049	1	Ref	
Below median age (14)			1.283	0.991	1.661			1.343	1.000	1.803
Gender										
Male	0.005	0.952	1	Ref	1.730	1.730	0.188	1	Ref	
Female			0.992	0.778				0.829	0.626	1.097
Education Level										
Grade 6	2.102	0.552	0.871	0.625	1.212	29.608	0.000	0.342	0.228	0.512
Grade 8			0.929	0.653	1.321			0.708	0.481	1.043
Grade 9			1.102	0.764	1.589			0.737	0.493	1.100
Grade 10			1	Ref				1	Ref	
School District Name										
Dailekh	15.626	0.000	1	Ref		11.508	0.003	1	Ref	
Jajarkot			0.576	0.421	0.786			0.685	0.489	0.958
Kalikot			0.507	0.351	0.734			0.478	0.309	0.738
Functional Disability										
No	9.086	0.003	1	Ref		5.134	0.023	1	Ref	
Yes			0.456	0.271	0.768			0.429	0.202	

Here, Table 5.1 shows an association between independent variables and safety at school. A Chi-square test was carried out to check association along with Univariate logistic regression analysis. The association between school districts, functional disability, and safety at school was statistically significant (P Value=0.000 and 0.003 respectively).

The association between age, gender, educational level, and safety at school is statistically insignificant (P Value=0.067, 0.952 and 0.552, respectively).

In logistic regression, the dichotomous variable is taken as it is and dummy variables are made for others. According to age, students below the age of 14 (median age) have 1.283 times higher odds of feeling safe at school than the reference age group.

Girls have 0.99 times lower odds of feeling safe compared to males. The odds of feeling safe is 10% higher among students in grade 9 than those in grade 10. According to the level of education, there is a gradual increase in feeling safe in school with an increase in education.

The feeling of safety in schools is lower among students from Jajarkot and Kalikot district compared with reference Dailekh district. Lastly, odds of feeling safe in school is 45 per cent lower among children with disability. The full version of this analysis is presented in the Appendix I section of this thesis.

The second column section of the table shows an association between independent variables and safety in the community. A Chi-square test was carried out to check association along with Univariate logistic regression analysis. The association between age, educational level, school district, functional disability, and community safety is statistically significant (P-value=0.049, 0.000, 0.003 and 0.023, respectively). The association between gender and safety in the community was statistically insignificant at (P Value=0.188).

According to age, students below the age of 14 (median age) had 1.342 times higher odds of feeling safe within the community than the reference age group.

Girls have 0.829 times lower odds of feeling safe compared to males. The odds of feeling safe is 73% lower among students in grade 9 compared to those in grade 10.

In logistic regression, the dichotomous variable is taken as it is, and dummy variables are made for others.

According to the level of education, there was a gradual increase in feeling safe in the community with an increase in education. The feeling of safety in the community was lower among students from Kalikot district compared with reference Dailekh district.

Lastly, the odds of feeling safe in the community is 43 per cent lower among children with functional disabilities. The full version of this analysis is presented in the Appendix II section of this thesis.

Independent sample T-test

In exploring the relationship between safety at school and the community with a disability, only the functional disability has a significant difference in the safety level of the children. Other variables do not contribute to the difference in the safety level.

Further exploring the significant relationship, I performed the t-test between safety at school with functional disability, age group and gender. Only the functional disability has a significant difference. I estimated the average score for the participant living with a disability (N=66) and living without a disability (N=1023).

The average safety at school of participants living with a disability is 72.28 per cent (SD=17.46 per cent), and living without a disability is 79.33 per cent (SD=16.04 per cent), as well as this difference is significant ($t=-3.44$, $p<0.001$). The detailed analysis table is attached in the Appendix III section.

Similarly, I performed the t-test between safety at community with functional disability, age group and gender. Only the functional disability has a significant difference. I estimated the average score for the participant living with a disability (N=66) and living without a disability (N=1023). The average safety at community of participants living with a disability is 65.65 per cent (SD=17.07 per cent), and living without disability is 72.52 per cent (SD=14.37 per cent), as well as this difference is significant ($t=-3.719$, $p<0.001$). The analysis table of this test is presented in the Appendix IV part of this thesis

ANOVA Test

Using the ANOVA test, I concluded that there is the significant difference in the perceived safety level among the study children in relation to the school district and the education level. This significant difference exists in both settings at school and community. Table 5.2 and 5.3 demonstrates the probability value of the difference in both school and community.

Table 5.2: Safety at school using ANOVA test

Education level					
	Sum of squares	df	Mean square	F	P-value
Between Groups	2554.953	3	851.651	3.260	0.021
Within Groups	283483.200	1085	261.275		
Total	286038.153	1088			

School district name					
	Sum of squares	df	Mean square	F	P-value
Between Groups	6085.247	2	3042.624	11.803	0.000
Within Groups	279952.906	1086	257.784		
Total	286038.153	1088			

Note: Significant effects are printed in bold.

Table 5.2 shows the ANOVA table for safety at school among variables educational level and school district name. P-value was significant for both at 0.021 (p-value < 0.05) and 0.000 (p-value < 0.001) so, concluded that there is a difference in safety at school within the study population at school district name and education level.

Table 5.3: Safety at community using ANOVA table

School district name					
	Sum of squares	df	Mean square	F	P-value
Between Groups	5326.129	2	2663.065	12.696	0.000
Within Groups	227793.486	1086	209.755		
Total	233119.615	1088			

Education level					
	Sum of squares	df	Mean square	F	P-value
Between Groups	5464.345	3	1821.448	8.681	0.000
Within Groups	227655.270	1085	209.821		
Total	233119.615	1088			

Note: Significant effects are printed in bold.

Table 5.3 shows the ANOVA table for safety at community among variables educational level and school district name. P-value was significant for both variables at 0.000 ($p\text{-value} < 0.001$), so, concluded that there is a difference in safety at the community within the study population at school district name and education level.

Stepwise multiple regression

Using the stepwise multiple regression, I further examine the role of the independent variable in the dependent variable, i.e., safety at school and community in this study. This statistical analysis shows that the functional challenge has a significant association with safety in all five models. The significance P-value and the associations are illustrated in Tables 5.4 and 5.5. This test further confirms that function challenge is significantly associated with the safety of children at school and community.

Table 5.4: Multiple regression safety at school

Coefficients ^a	Unstandardized coefficients		Standardized	t	P-Value
	B	Std. Error	Coefficients		
Model			Beta		
(Constant)	79.327	1.545		51.348	0.000
1. Gender	-0.280	0.983	-0.009	-0.285	0.776
(Constant)	65.650	4.259		15.414	0.000
2. Gender	-0.288	0.978	-0.009	-0.294	0.769
Functional challenge	7.058	2.050	0.104	3.443	0.001
(Constant)	63.883	4.399		14.521	0.000
3. Gender	-0.244	0.978	-0.008	-0.249	0.803
Functional challenge	6.872	2.052	0.101	3.349	0.001
School village name	0.577	0.363	0.048	1.589	0.112
(Constant)	59.186	4.461		13.268	0.000
4. Gender	-0.306	0.968	-0.009	-0.316	0.752
Functional challenge	7.207	2.032	0.106	3.547	0.000
School village name	-0.791	0.457	-0.066	-1.731	0.084
School district name	4.534	0.936	0.184	4.846	0.000
(Constant)	53.474	4.967		10.766	0.000
5. Gender	-0.328	0.966	-0.010	-0.340	0.734
Functional challenge	6.781	2.033	0.100	3.335	0.001
School village name	-0.861	0.457	-0.072	-1.885	0.060
School district name	4.693	0.935	0.190	5.018	0.000
Child education	0.815	0.315	0.077	2.586	0.010

a Dependent Variable: Safety at school

Note: Significant effects are printed in bold.

Table 5.4. shows a stepwise linear regression between independent variables and safety in school. In four models, the functional challenge has a significant relationship with safety at school. Similarly, school district names and children’s education also have a significant relationship with safety at school. On the other hand, gender and school village name did not significantly relate to safety at school in any model during analysis.

Table 5.5: Multiple regression safety at community

Coefficients ^a	Unstandardized coefficients		Standardized coefficients	t	P-Value
	B	Std. Error	Beta		
Model					
1. (Constant)	70.287	1.394		50.439	0.000
1. Gender	1.225	0.887	0.042	1.382	0.167
2. (Constant)	56.982	3.838		14.845	0.000
2. Gender	1.218	0.882	0.042	1.381	0.168
2. Functional challenge	6.867	1.847	0.112	3.717	0.000
3. (Constant)	54.975	3.962		13.876	0.000
3. Gender	1.268	0.881	0.043	1.440	0.150
3. Functional challenge	6.655	1.848	0.109	3.602	0.000
3. School village name	0.655	0.327	0.060	2.003	0.045
4. (Constant)	50.962	4.021		12.665	0.000
4. Gender	1.215	0.873	0.042	1.392	0.164
4. Functional challenge	6.944	1.832	0.113	3.791	0.000
4. School village name	-0.524	0.412	-0.048	-1.273	0.203
4. School district name	3.909	0.843	0.176	4.635	0.000
5. (Constant)	40.865	4.438		9.208	0.000
5. Gender	1.176	0.863	0.040	1.362	0.173
5. Functional challenge	6.194	1.817	0.101	3.409	0.001
5. School village name	-0.647	0.408	-0.060	-1.585	0.113
5. School district name	4.188	0.836	0.188	5.013	0.000
5. Child education	1.435	0.281	0.151	5.099	0.000

a Dependent Variable: Safety at community

Note: Significant effects are printed in bold.

Table 5.5 shows a stepwise linear regression between independent variables and safety in the community. In five models, the functional challenge has a significant relationship with safety in community. Similarly, school district name and children’s education also have a significant relationship with safety at the community. On the other

hand, gender does not significantly affect safety at school in any model during analysis. However, the school village had significant relation with safety in the community only in model 3.

What I explored in the interviews through qualitative study?

Exploring the possible factors relating to the safety of the children living with disabilities, I conducted quantitative data analysis from 1089 participants with and without disabilities. I also assessed the proportion of children feeling safe and unsafe in respect to socio-demographic variables like gender, education level, district and age group. Age, education level, type of disability, district of residence, and school were significantly associated with safety.

From the beginning, this research was designed to explore the reason for unsafety and possible measures to create a safe environment through qualitative analysis. With the understanding of “words speak more than the numbers”, I further investigated the possible answers in my study based on quantitative results of the investigation. From the approach of mixed-method study design, I incorporated participants' voices by analysing in-depth interviews. The different relationships of the study variables of the quantitative study are explained more intensively with the themes and narration of the study participants in the matter of child safety and a disabled-friendly environment. In this section, the explored qualitative findings can be regarded as the shadow and backbone for the quantitative findings of the same study.

In this section, I worked intensively to generate different categories, themes, codes and even sub-codes wherever applicable. I tried to connect the interview at the best level to explore more factors relating to the cause of unsafety, efforts implemented and ways forward for creating a safe environment.

Explored findings of the interviews

The explored findings from the thematic analysis of qualitative interviews are categorized into three groups: **1. Disability and the environment of children living with disability** **2. Existing efforts for a safe environment for CwDs** and **3. Ways forward for a safe environment**. These categories further include themes, codes and sub-codes. These findings generally explain the broader area regarding the safety issues of children living with disabilities which are not covered in the quantitative part of this study.

How is disability understood? How is the environment for CwDs?**Category 1: Disability and the environment of children living with disability**

The first category, “Disability and the environment of children living with disability”, generated through the qualitative analysis, presents the study participants' concept and understanding of the disability. The interviews found a lack of sufficient knowledge to perceive the concept of disability, traditional thoughts, exclusion, and discrimination. These results are further explained in the next section with a possible interpretation of the participants.

Categories	Themes	Codes	Sub-codes	
Disability and the environment of children living with disability	Understanding disability	Overviewing disability		
		Thoughts on disability		
		Expressed feelings		
		School's environment		
	Children with disability	Participation		
	Perception	Societal perception	Infrastructure	
	Disable friendly environment	Lack of sufficient practice	Stress management	
			Concern of safety	
			Experienced condition of CwDs	Teasing and discrimination
	An existing environment of children with disability	Traditional thoughts and practice	Male dominant society	
			Enabling environment	
		causes of feeling unsafe environment	Lack of awareness in the guardian level	
			More care time	
Hygiene and health		Disability with in-home hygiene		
School environment		Gender supportive environment		
		Inclusion and exposure		

Theme 1.1: Understanding disability

There are differences in people's knowledge and understanding of disability, and it is strongly affected by their own experiences among children with disability. Deep rooted traditional ideology within society together with lack of awareness and education build their perception around disability. Upon further investigating the participants' thoughts, person with disabilities is made to feel incapable because of the existing system, societal beliefs and even geographical difficulty of the community. Because the family with children with disabilities are unaware of the concept of disability, children living with disability face difficulties in their everyday lives. Two guardians of the disabled child explored their views on disability as:

.....I was unaware of such disability things.....I had never seen or known about the disability previously.....and there was no one in the family too.....I did not know anything before.....how this happens.....

.....I need to take care of him..... His father and I take him in the toilets, inside and outside of the house and..... He can't even move..... can't even imagine how his life will be.....

Moreover, it is explored that disability-friendly infrastructures in the communities and disability policies formulated by the government play a crucial role in the safety of persons with disabilities. Awareness programs could help change prevalent traditional thoughts which exist as barriers in understanding disability. However, the geographical difficulties and the socio-economic aspects play a long-term impact on the thoughts and feelings towards disabled children.

School's environment

The learning process and the interest in education seem to be changed with the disability status of the children. The obstacles and the barriers created due to the physical environment of the learning center (school surroundings and infrastructures) make an impact on these particular groups. Similarly, the social and emotional environment in the teaching center with the peer groups and teachers have a remarkable effect on the children with disabilities at the school level. One of the possible interpretations of the school environment is:

He studied at class three when he was in sound health. Now, with the support, he has a teacher at home but does not show interest. He is upset with the condition of the disability that suddenly developed.....

-guardian of a disabled child

Likewise, 16 years old disabled child who lost hand in an accident expressed her thoughts as:

I think I was a strong girl..... Before my accident, I never felt that there was anything that I could not accomplish..... But these days, I feel weak and do not have confidence.... To do tasks like before.....I feel upset and sad with these all things that appeared..... (Sorrow and low voice)

Thoughts on disability

The information and knowledge perceived by the participants are found different while explaining the disability. The participants' locality, culture, geographical location, and occupation are related to the concept of disability. Education, resources and the lifestyle lived by disabled children and their families are also related to how they perceive the disability. The two possible illustrations on the disability shared by the participants can be:

..In Karnali, disability can also be explained differently, as we have difficulties in everything like the geographical and all..... So, the disability is also regarded as a challenge to be coped with societal thoughts and geographical problems..... The situation of perception regarding the matter of disability is still traditional and different here in Karnali..... So, I can say that the situation is quite bad if we compare to the national status...

-personal working in the mental health area of disability

With my educational experience and knowledge..... I define the disability of children as the condition where they cannot perform the work as the normal one.....

- A school teacher

Theme 1.2: Children with disabilities

The situation for a disabled child is more challenging in underdeveloped Karnali province, which is geographically rugged compared to other parts of the country, as explained by the participants in the interview.

Even though society has undergone changes from its traditional thoughts and behaviour towards people living with disabilities, participants in the interview expressed mixed views on disability. Participation of the CwDs, societal perception regarding the thoughts on disability are still need to be highlighted. The status of disability is further explained by the expressed feelings expressed by disabled children and participation in education at school.

Expressed feelings

Exploring and analysing the interviews, lack of confidence and feeling of unsafety increases because of their disability. In the same way, in the quantitative data too, functional disability was found to be a significant factor for the safety of the children. Participants shared the awful feeling because the disability status are often linked with the societal practice of exclusion for these groups. This can be illustrated by the 16 years disabled children with multiple disabilities:

.....I start feeling difficult at the age of 12..... I was able to do all the things... There was a body pain at the initial stage and then after I could not walk with my feet and I do not want to engage in the educational task as I cannot walk and play..... I don't like reading

After the disability condition in the children, it is also observed that there are adverse effects on their confidence which demotivates them to carry their regular activities.

Perception

The different sectors have made development and changes in the field of disabilities. Policies, plans, and other programs play an essential role in changing the mentality of people towards disability. However, the social concepts are still deeply rooted in the community. Limited Opportunities and skills are offered because of issues regarding their capacity to work. Moreover, there is a lack of inclusion and issue of equal participation. The possible illustration can be:

..... We need to give them equal opportunity. However, our existing system does not cover these areas people will tell them that they can't do anything and still lack emotional support from the community....

-Elected representative of local body

Regarding disability friendly environment, people are only concerned about infrastructure development, but many things must be done. We have lost many things beyond infrastructure development; thinking and people's perception need to be changed.

-Personal working at societal level focused on disability

1.3 Disability friendly environment (DFE)

The priority of DFE was always the part of the infrastructure development. In recent days, these environments have been practised of creating a safe and motivating environment for the children living with a disability. Theoretical advocacy is observed at the community level rather than being implemented at the ground level. The situation of the DFE can be illustrated by the voice of one guardian of a children with disability:

..... Because of the location of my house, it's pretty easy for my child to cope with..... In my place, we do not have ladders and steps in my house.... But still, I imagine her struggles at the local roads and even in the school during her school.....

Schools make small but remarkable efforts through the construction of accessible toilets, routes to drinking water. Materialistic support like the provision of glasses, artificial hands, and wheelchairs help to motivate and increase a child's confidence. However, I also found the alternative voice that we need to do more on this principle for our children. In this regard, one of the school teachers expressed his ideas as:

... Many infrastructures have been built like access to drinking water and toilets based on this disable friendly principle..... These things are somehow helping these groups in school life..... Still, there are many things to be done.....

Moreover, a person working at societal level focused on disability shared his ideas as:
In the context of constructing the building, the government has started the mandatory rules of accessibility for these groups, but we need to be focused on the societal changes now.. the practices of coding different names for people with disabilities... -

Age, education and functional challenge were found to be related to safety during the quantitative study. Here, with qualitative interviews, the living environment with its societal element is also found to be supportive in safety.

I tried to explore more on these disable friendly environment, there are also some issues at the guardian level which always remains hidden while focusing the stress

management. Stress coping skills at the parental level is found effective measures for creating a solid foundation of a sound environment at the household level. Parents are panicked because of the child's status and outlook from the society because of having a child with a disability. This can be illustrated by:

...I found that..... Lack of stress coping practice at the household level for the parents is also one factor that increases the concern of unsafety at the household level.....We need the interventions based on these levels..... These things need to be highlighted in any form....

-personal working on the mental health

Theme 1.4: Existing environment of children with disability

Upon exploring the present scenario of children with disabilities, teasing and discrimination were the dominant causes of making them feel unsafe which is explored through the interviews. In the male dominant Nepalese society, discriminatory practices towards females made girls feeling more unsafe than boys.

Limited allocation of the resources and their participation at all levels is found another highlighted issue during my study.

Lacking awareness of disability from the family level to the policymaker's group is also the root cause for the inability to create a safe environment. For the safety of the children with disability, services and facilities provided either from the government level or the household level matter more in the safety concerns of those children. Additionally, other crucial agendas include the issues of inclusion, lack of equal participation and limited availability of health services.

The possible interpretation regarding the environment where children with disabilities are living is presented below.

.....all females, in general, feel unsafe within our society.....however the way people think about disabled girls is that they can't do anything so most face discrimination and harassment.....again there comes the part of sexual violence which we are trying at best level but.....hard to see the positive results.....

Nepal has a patriarchal society, so there are still traditional attitudes towards girls

-Elected representative of local body

Moreover, the culture of our society impacts safety. The gender difference in the safety level is also because of our society's existing culture and thoughts. Limited skills for coping with CwDs are found a problem alongside physical environment at home and even at schools.

..... girls with disabilities feel more unsafe because of how girls are perceived within families.....culture plays a vital role in families discriminating against girls, which sets an example for future generations..... Their families scold many children for their behaviours..... Houses in Karnali have shed in the ground floor and many children have a fear of cattle...

-NGO's representative

.... Traditional beliefs and thinking system of the society is also the main problem for the gender difference in the matter of safety..... The practice of chaupadi (a culture when girls can be taken as a set example in these regions.....Many activities are there against this system, but still, these are playing a role for it.....

-personal working on the mental health

Allocating time for the care of these children with disability had a remarkable effect on the matter of safety. Gender supportive school environment, participation and inclusion in decision making were found helpful for safety issues. Motivation from the teacher and personnel of the society, demonstrating examples of a successful person having a disability, is found to increase their confidence. The voices regarding these issues are illustrated by:

....In the beginning, after I lost my hand, I felt so weak for any activities.... These days, my teacher counsels and motivates me a lot, and I am now more confident that I can do everything..... These supports and talks with me matter most in my life..... They will always be remembered...

-16 years old child with disability who lost a hand in an accident

What plays a role in a matter of unsafety, and how it can be achieved?**Category 2: Existing efforts for a safe environment for CwDs**

The second category formed by the thematic analysis discusses the different existing efforts to create a safe and healthy environment for CwDs. It is observed that gender issues, traditional thoughts and practices, stigma, lack of a disabled-friendly environment are major hurdles for creating a safe environment.

On the other hand, quantitative data also suggests that age, education, geographical location and disability status of the children need to be focused on while carrying out the activities for a safe environment for CwDs. In in-depth interviews, the participants also focused on the intervention based on the school as per age group, psychological intervention, motivational activities, and the collective organizational efforts to create a safe environment for CwDs.

Theme 2.1: Possible roles and actions for safe and healthy environment

Categories	Themes	Codes	Subcodes
Existing efforts for a safe environment for CwDs	Possible roles and actions for safe and healthy environment	The motivational role for CwDs	Parental role
			Siblings and friends role
			Care and love
		Intervention at school	Engagement and monitoring
			Need identification
			Psychological intervention
	Creation of safe and disable friendly environment	Identified factors for safety	Family is the most
			Guardian's guide and help
			Issues of safety
	Existing efforts from different sectors	Efforts achieved	Achievement made
			Teaching materials
			Learning with playing
Efforts necessary to be done		Traditional thoughts	
		Awareness at the parental level	
		Information of disability rights and benefits	
Existing efforts from different sectors	Organizational efforts	Small efforts count	
		Free education materials and dress	
		Co-ordination and community effort	
Existing efforts from different sectors	Support as per need	Need identification and granting support	

In the interview, participants shared different possible areas of interventions based on their field experience. Almost all participants suggested motivation and counselling can bring positive changes that ultimately supports the creation a safe and healthy environment. Within their homes, cared and spending time with family and getting affection from siblings can significantly make positive impact in the lives of CwDs. The motivation perceived by the children with disabilities can be illustrated as:

...My friends are the central peoples who look after and encourages in everyday life after the accident..... (Happy and inspired sound)

A participant working on mental health shares his expertise as below for creating a safe environment through the family and societal level.

.....Stress management skill is necessary at the family role. I think this is also another challenging part for parents to cope it.... This agenda of the society is hidden, and solution of these things can be beneficial for the aim which we are working together.....

Participants also suggested that comprehensive intervention for a safe and sound environment would be incomplete without including the physiological areas. Research and assessment of the depressive issue of the child and their family must be covered. It is observed that such intervention helps in the early identification of the safety issues and assists in prioritizing interventions. This concept of comprehensive intervention can be illustrated as:

Everything plays an important role..... Research and assessment regarding the depressive issue of the CwDs are the most.Work regarding community inclusion and participation in other channels can help to upgrade their wellbeing....

-personal working on the mental health

We worked to identify the disability and other concerns of the people with disability at the initial level.... We are positive such activities will somehow be helped to minimize the effects on them..I am sure..... initial activities will sure make an impact at the long run....

-Elected personal of local body

Theme 2.2: Creation of safe and disable friendly environment

It is a challenging task to bring about remarkable changes in the life of children with disabilities in a short time. Prevalent barriers are interlinked with the web of the societal system, culture, traditional thoughts, and lack of awareness in the same community. Family

and peer groups are found to be a strong foundation in their lives. Need identification and allocation of the resources according to the level of disability is essential when implementing interventions. The use of interactive methods and media and learning with playing were found effective in the learning process. Despite assurance from the central level, inadequate implementation of the policies and ineffective programs at local level activities are in need of monitoring from the authorized level. The success of the integration of disability in the policy level can be illustrated as:

.....I am happy with the efforts at the policy level. I think we are at a supreme level regarding the policies and plans for these groups.....Even more, these days we have many debates and programs but still.....they do not implement at the grassroots level, which is the main problem for us.....

-personal working on societal level focused on disability

In recent days, the practice of social inclusion and participation for children with disabilities is increasing, but these still need to be prioritized by all concerned authorities. All the participants focused on the practical implementation of the existing plans and activities, which can be clear by the following possible interpretation:

.....I am positive with the existing efforts in the field of disability. Still ...we lack different things as we have geographical difficulty.....lack of awareness at the community level

--personal working on the mental health

.....The government has been involved in providing a safe environment, but only government efforts are not sufficient to reach all areas

-elected personal of local government

Theme 3.3: Safety concern with gender

The issue of the gender difference in the matter of safety was highlighted with all the interview participants. I tried to explore the strategy for making a safe environment without the discriminative manner in the society. Almost all the participants focused on the urgent need for awareness at the grass-root level regarding traditional thoughts and culture. It was suggested that awareness need to be provided to the parental level rather than other groups at the primary phase to bring changes in the gender discrimination. Change starts from the household level that can help to create positive rays in society. Furthermore, greater concern

is on sensitive issues like gender violence and sexual harassment. These can be illustrated by the following interpretation of the participants of different groups.

...During my working experience in this field, I also found some parents take those CwDs as a burden in the family..... And, this needs to be changed to enhance the safety level. One of my friends shared that he gets stressed with the disability condition of his child.It means there are many families in our society with this condition.....

--personal working on the mental health

...The hidden problem of society giving emphasis and priority to sons than the daughters can be the primary cause for it..... I also found more efforts are made for the care of a son with disability than the daughter with disability. So this could also be a reason for difference in safety level..

-School teacher

Within the patriarchal society of Karnali province, discriminating societal practices like Chaupadi (living in the animal shed during the menstruation period) and preference of sons hampers female empowerment.

I have heard many examples shared by my colleague during my field visit..... Still, society takes daughter as the part that goes away from home by marriage and treats not to be educated well. This factor acts most in the matter of gender differences in society....

- Personal working on the mental health

Theme 4.4: Existing efforts from different sectors

Comprehensive efforts are found that are present in Karnali province for the creation safe and disable friendly environment. While the local government are working at the policy level with the revision of the national policy as per need, different developmental organizations are working to support them. The local government has prioritized data collection on disability to formulate the programs as per the burden in the society.

Approaches like distribution of the disability card according to the nature of the disability, provision of allowance and teacher at home, construction of disable friendly infrastructure at school and community, the practice of social inclusion in the events and decision making are carried out with good intentions to establish the disability friendly environment.

One of the activities performed by local level in the field of disability is shared by the representative of local government as below:

....to oversee the burden of the disability and.....we tried to collect the data with the assessment of the disability with the help of medical personal... we also pass the child protection with a focus on people with a disability... I am surethese will help for inclusive environment.....

Furthermore, the organizational efforts performed by the NGO's regarding the inclusion and advocacy of children with disabilities. This can be illustrated as:

.....Advocacy programs run by NGOs should invite children with disabilities as they learn a lot through such programs. They should not be excluded from such programs and these changes are also being observed in different community programs nowadays... I can feel these are good symbols of change.....

-NGO's

representative

Organizational efforts from different non-governmental sectors have started to show positive outcomes as more people today are convinced and aware of on the matter of disability. Educational efforts with the provision of special guidance and teacher, construction of disable and gender-friendly infrastructure like toilets can be taken as positive signs.

The following interpretations can illustrate the success of the advocacy by the organization efforts:

.... Initiation starts from the local government level by providing fundamental rights of birth registration, primary education and policy formation to protect their rights

-NGO's representative

We are trying to identify the life skills for these populations.....Training programs for income generation activities and collect funds to help make the daily life of disabled individuals better..Hopefully, we will succeed on this area too...

- -elected representative of the local government

Implementing need identification programs and granting support as per need is also found in different municipalities. Ongoing collective approaches in program implementation with technical, financial and administrative help from the developmental sectors are

appreciative efforts in these regions. In coordination with local government, social mobilizers from the developmental sectors play a role in awareness and information sharing regarding the disability benefits. These efforts from the different sectors are making a positive impact either in the form of awareness or distribution of their rights and benefits. Two of the participants expressed their voice on the matter of understanding and opportunities as:

.....Awareness in the community is the most on these topics.....Traditional thoughts and beliefs play role. However, I can see the excellent sign of change in the community, but still, it is a time being process.... These good signs are because of a collaborative approach. No one can deny this achievement.....

- Personal working on the mental health

.... Creation of the opportunity at all levels is the most. Likewise, some skills that can help to run their life should be given.... These things need to be identified, linked and delivered

-personal working on a societal level focused on disability

On the other side, supportive supervision and monitoring of the activities jointly by the government and non-government is preventing duplication and increase rational use of resources in the areas of disability and disability friendly environment. One of the possible interpretations can be:

Monitoring and evaluation play an essential role in the effective implementation of the plan and policies. Time and routine monitoring mechanism including the CwDs are necessary for these areas.... this will support the optimum utilization and rational use of resources....change is possible.....

- Personal working on the mental health

If possible, what do we need to do?

Category 3: Ways forward for a safe environment

The third category generated by analyzing the qualitative interviews presents how to create a safe environment for children living with disabilities. This category is mainly providing the results on how a safe environment achieved for the CwDs. The quantitative study does not demonstrate any quantitative results based on this topic “ways forwards for a safe environment”. However, quantitative results show evidence that the activities should be based on education, gender, geographical location and functional limitation.

In line with these quantitative results, the interview participants also focused on the awareness of gender equity for discrimination, monitoring and evaluation of programs, disabled-friendly infrastructure development, sustainability, and others. The summarized table of this category and further explanation is presented below.

Categories	Themes	Codes	Subcodes
Ways forward for a safe environment	Policy advocacy, changes and implementation	Effective implementation of policies	
		Monitoring and evaluation	A possible implementation of interventions
	Suggestions	Responsibility	Psychological Understanding
		Infrastructure development	
Sustainability		Behavioural and coping strategy of CwDs	
		Together we can. Provision of disable friendly equipment	Future strategy

Theme 3.1: Policy Advocacy, changes and implementation

Concluding the interview process, participants of different fields, including disabled children and their guardians, suggested possible measures to create a safe and healthy environment for children living with a disability. Based on the conversation, the following themes and codes were generated, which directly or indirectly focus on the practical implementation of the existing efforts. I also found the voices that successful handling and taking responsibility from the concerned authority can help effectively bring the changes.

The voice regarding the need for disability is shared as:

.....I can imagine it would be great like the support was based on the type of disability rather than the blanket distribution.....For example, after a long effort, I got an artificial hand.. I can feel the impact of this one in my life....but still in the community.....it is hard to reach these services based on disability.... Then, the CwDs can feel the fundamental changes.

-Children with disabilities

A school teacher expresses his voice regarding the need for resources and staffing for creating a suitable environment for CwDs as:

.....I am trying to implement the measures that I can do at the school level...but I still need support and help from the authority.....Small efforts can make a significant impact.....These efforts can be extra care and help for those children...for which we need trained manpower and sufficient resources.....

Moreover, the participant's concern was focused on the managerial and administrative aspects of government. Supervision, coordination and the technical analysis of the problem were suggested for the productive output on this sensitive area. There I found the urgent need for leadership from the government system rather than the developmental sectors. Instead of encouraging short-term fashionable programs and events, long-term and sustainable plan of disabled groups must be prioritized. The possible interpretation can be:

.... Government should be responsible. NGO's should not work as a frontline on these special groups. These groups should be kept at the government's priority program, and other sectors need to work as support groups. At the initial level, it seems tough, but it can make a remarkable positive impact in the long run.....

-personal working at societal level focused on disability

Regarding the benefits and services of the children and their families, there was a demand for more awareness programs from all levels. There is still a need of awareness regarding the rights of these specific groups. One of the participants expressed his voice on this matter as:

.....Advocacy at all levels from the top to the ground level is necessary.....Still, the target community are unaware of the benefits and services.....If we can aware these groups with their rights and benefits.....So, after, these benefits can make a real effect in the life of CwDs.....

-personal working in mental health focused on disability.

There was also a lack of clear understanding of the policies at the local level, which affects the implementation of these groups' available programs and services. The involvement of the target groups in the policy formulation seems to be more fruitful. The possible illustration can be:

.... Policies need to be clear, focusing on essential services like education and health for the disabled.... In the current policies...there is still a lack of clear understanding these make barriers in our program and local policy formulation.....

-an elected representative of local government

Theme 3.2: Possible suggestions

Participants encouraged the effective implementation of the existing policies rather than the formulation of the new ones. Some voices focused on the measures related to the psychological part. Participants agreed that even though infrastructures are being made, development activities should be based on the local community's needs rather than the national objective.

The urgent need of awareness at all levels is shared by the participant working in mental health focused on disability.

.....It is a matter of developing positive thoughts regarding disability. So the development in these factors is also necessary.....These can help to change the mentality of the society and supports creating positive environment...This will obviously help to establish a platform for these groups.....

In the long run, it is identified that there is a need to change the community's mindset and guardians. Traditional thoughts, cultures and practices were found closely associated with the safety and the disabled-friendly environment. This can be illustrated by:

.....The system should prioritize disability.... and change the mindset of community people that disabled individuals can't do anything. Everyone is equal regardless of being disabled....

-NGO's representative

Some of the impressive efforts of the local government are sending teachers at home, psychological counsellors, data collection and priority setting, formulation of local Child Protection Act with emphasis on disability. However, there are suggestions that these initiations should be adopted nationwide in the form of national-level plans and policies for practical benefits.

An elected representative of local government shared his possible ideas for the well-being of CwDs as:

I wish.....psychological counsellor at ward level must be integrated within government policy level... I am sure this will help in the well-being of the disabled child and their family...

On the other hand, a social mobilizer working in the field of disability expressed his feeling differently:

.....We are lost somehow on the theoretical assumption and talks on these issues....We need to act practically to see the actual changes for our children living with disabilities...

Theme 3.3: Sustainability

Participants focused on the sustainability of available comprehensive efforts, plans, policies, and strategies implemented in the Karnali province's different localities. Need of coordination, sufficient resources (money and manpower) and the policy reformation according to the situation of the changing scenario was suggested for sustaining programs in the long run. The common voice is “Together We Can”, “Alone, It Is Impossible”, which shows the need for a comprehensive and holistic approach within interventions. Sustainability is expected in the form of the governing system, infrastructure development, service provision

and the inclusive environment. The possible interpretations in the area of sustainability can be:

.....Government should take responsibility with support from NGOs.....different NGOs focus on various aspects like education, health and livelihood.... For example... let me explain.....Initiation of teaching with a special teacher need to continue whether the elected body changes or not.....

-an elected representative of local government

.....Here comes the need for resources again. These resources can be in a different form. Need identification and prioritization is a must..... Assessment and capacity identification needs to be done.

-personal working at the societal level

Restructure of government into a federal system has aided for the disability friendly and inclusive environment. There is a need to strengthen the achievement with the formulation of new plans and policies. For this, participants focused on the role of the provincial and national governments. They also suggested that the donor agencies' one door system can act as an effective measure for the long-term impact on these particular groups. One of the participants expressed his views as below on the matter of sustainability of the performed work.

.....In the present condition, we have a restructured government, but still, the need of the sustainability is the must.....Concerns of ownership of the things that we developed in this sector need to be preserved. We have different projects and all things working, but the matter of sustainability should be prioritized rather than the initial benefit. This can have long term impact.....

-personal working in mental health focused on disability.

Conceptual framework established from the qualitative findings of a study

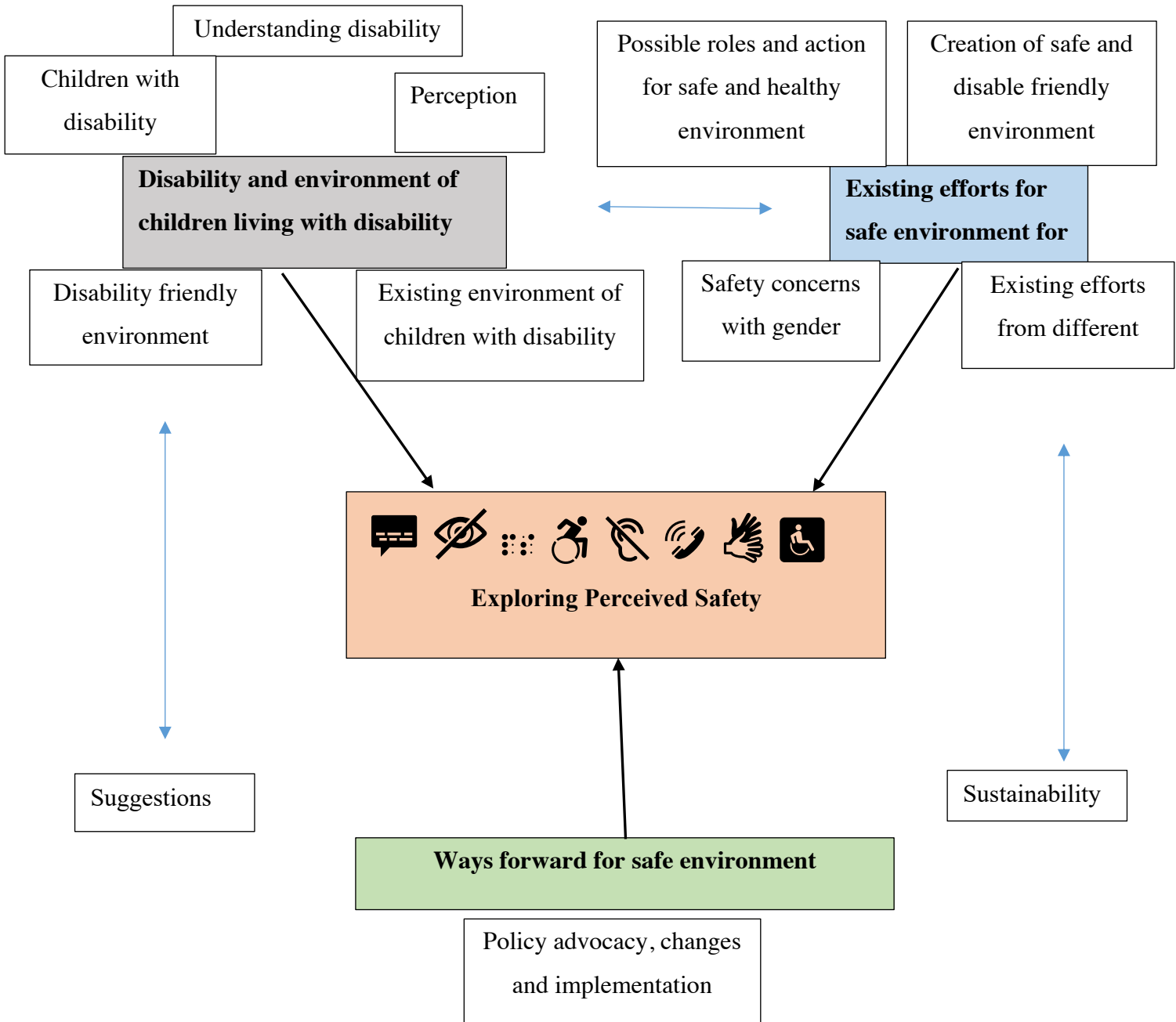


Figure 8: Conceptual framework established from qualitative findings

CHAPTER VI: DISCUSSION

Children having disabilities and without disabilities, both feel less safe in the community compared to the school. The children with disabilities say that they feel almost 22 per cent less safe than children without disability, which is the quantitative study's significant findings.

The findings of this mixed-method study demonstrated that different factors associated with the safety of a child living with a disability in school and community as one side of the coin. On the other side of the coin, this study explores qualitative narrations on factors related to safety, reasons for unsafety, and measures to create a safe environment. Functional limitation and different school districts were associated with safety at school whereas education and age were found extra variable associated with safety in the community.

Exploring the qualitative results, perception of disability differs by district, traditional thoughts, lack of infrastructure development, awareness and sustainability of the development were found shadowing reasons for the association.

Moreover, positive impacts are seen at the grassroots level by implementing innovative measures like need identification and resource allocation, prioritization of problems based on disability data and adequate monitoring and timely evaluation of the programs. These initiatives assist in overcoming the hurdles for children living with disabilities by helping in the creation of a safe environment.

Disability, environment and associated factors linked with safety

In this study, the safety at school, school district and the status of functional disability were found associated with the perceived safety at the school level. Further investigating for its reason through qualitative analysis, these associations were supported by the existing physical environment at school and the care provided by the teacher in some districts. Moreover, it was CwDs who felt less safe compared to children without disabilities.

A similar study which aimed to examine the relationship of children with and without disabilities with teachers and bonds of school found that children with disabilities have greater dissatisfaction and poorer bonds. It also demonstrated social and emotional adjustment related to the school-related relationship (Murray & Greenberg, 2001). Similar grounds were shared in

the interviews. The teachers' perception, skills and techniques to deal with those children were linked with poor safety levels than other students.

In line with Bronfenbrenner's Ecological Systems, the concerns of perceived safety among children with disabilities are linked with the elements of society, including family support, culture, peers, and social services with environmental structure.

The possible reason for the odds of feeling safer at the lower age and low education standard can be linked with their mental development and the perception of the impact of disability. There are not sufficient results of the relation of age and safety and abuse. However, the scientific paper concluded that the abuse, discrimination and similar other factors could be associated with any age group and with the nature of disability status (Stalker & McArthur, 2012).

In this research work, it is found that there is a significant association between the safety level and the district where the child currently resides and studies. The results are similar to the study, which explored the relation of sociodemographic variables and disability (Cabieses et al., 2012). Both studies concluded similar results, illustrating that the locality and other demographic variables can have an effect on the dependent variable.

One of the important factors for the difference in the safety level according to school districts which is assessed in quantitative study is because of difference in availability the disability friendly environment of the school, infrastructures and disability focused services. Interview respondents were also found more concerned on the disability friendly developmental works and services in the schools.

Along with the quantitative findings of significant association between the geographical location and safety, qualitative approach further provided the reasons for feeling unsafe regarding the community and school setting. Availability of disabled-friendly infrastructure and services in the school and community setting was found to be supportive for enhancing CwD's safety level.

Social exclusion, stigma, discrimination and traditional cultural thoughts were revealed as appealing factors to make CwDs feel unsafe in this study. A study focused on the self-determination of CwDs concluded that enhancing CwDs self-determination should include the provision of decision-making role to CwDs and far from stigma and discrimination (Erwin et

al., 2009). Both studies coincide that children safety and self-determination are linked with the fundamental rights and essential services of CwDs at the home and community level.

A scoping review paper (Stalker & McArthur, 2012) sheds light on the current study as it demonstrated that maltreatment and disability are associated. Similarly, the present study indicates the interaction of the age, gender and socio-cultural factors as a piece of evidence for different abuse faced by children living with disabilities than the non-disabled peers. Disabled children have a higher chance of getting abused which is identical to the safety results of our study (Stalker & McArthur, 2012). Our research also demonstrated a significant difference in the safety level between the disabled and the non-disabled groups.

Qualitative findings of the study that further investigated associations between safety and disability identified that the societal perception of disability, discrimination, and lack of disable friendly infrastructures were the reasons for the unsafe environment. These grounds of unsafety are also supported by a child abuse review paper which mentioned that abuse, maltreatment was related to disability (Stalker & McArthur, 2012).

The difference in the safety level between genders (females feeling less safe) in our study was linked with the threats of sexual violence and harassment explained in the interviews. Similar results of abusive experiences were faced by more girls than the boys in the review paper and this further links the relationship of abuse and gender (Stalker & McArthur, 2012). These critical reasons can also be possible factors in the matter of safety level in our study. However, illiteracy within the community, lack of awareness, lack of social inclusion and the gender-based infrastructure can be the concrete reasons for the unsafety difference with gender.

The qualitative and the quantitative results demonstrated that the girls feeling more unsafe than the boys. The thematic results also concluded this result related to the experience of violence and harassment and the traditional discriminating behaviour towards females in the community. A study based on violence against women and girls with disabilities during and after the 2015 Nepal earthquake had similar findings through the thematic analysis. This study also presented the fact that female with the disability status experienced increased psychological, physical and sexual violence. Furthermore, these incidents were reported by the nearer and close ones (Basnet Bista & Sharma, 2019). Present study also suggests that possible factors for increasing unsafety level are embedded within our existing structure of society.

This study's stepwise multiple regression demonstrated the relationship between safety (at school and community) with the socio-demographic variables and the functional disability. A similar association was found in the study, which examined cerebral palsy's self-reported quality of life. This condition of disability had a significant association in many domains of the study (Dickinson et al., 2007). Likewise, disability was associated with safety levels in both school and community.

The qualitative approach of this study produced more important information about the factors related to the safety level of children living with disabilities. Participants exploring their expertise and experiences in the field of safety and disability was most effective to understand the safety issues of CWD. Participants from the interview concluded that the family roles, community roles, culture and stigma and availability of disable friendly infrastructure are directly associated with the safety concerns of these particular groups.

Exploring the essential factors responsible for an unsafe environment for disabled children in this study, the role of the parents, teachers at schools, peers, supporting organizations and governmental stakeholders were highlighted. Moreover, the quantitative data suggests that education, age and the presence of functional challenges are closely associated with the safety concerns of CwDs in the community and school.

These factors coincide and are related to the different aspects of Bronfenbrenner's Ecological Systems Theory of child development. This theory explains the role played by other systems of the community for the development of a child. These identified factors in the safety issue of the children living with disabilities are relatable to microsystem (family, friends, health services and other organizations), mesosystem (mass media, health services etc.), exosystem, (extended family and neighbours), macrosystem (attitudes and ideologies of the culture) and chronosystem(environmental changes)(Guy-Evans, 2020). This theory is comparable to the existing structure of the community where children get born and developed, which is illustrated in the findings of my study.

The family and societal members' perception of disability was associated with the unsafe environment for those groups. These issues were raised by most of the participants during the interview session of this research. Results are similar from the study, which identified family composition with variables like family size, household type, socioeconomic status, parent-child relationship, and family conflict associated with the perception of safety among conflict

displaced children in Nigeria (Ariyo et al., 2020). These results can correlate that one of the most important things to create a safe environment for children with disabilities is the role played by families.

Another side for developing these threads of an unsafe environment for CwDs from the family and societal setting might be misperception for understanding the disability and lack of awareness on this issue. Participants shared that the cultural and traditional beliefs of the society are acting directly in Karnali province for the reason of being community more unsafe than the school.

Safety with the disability-friendly environment

Beside exploring the factors associated with the safety of the children with disabilities at school and community level, I explored the possible suggestions and implementation measures for creating a safe and disabled-friendly environment within this research.

The quantitative data provides the screenshot on the factors associated with the safety of CwDs but could not suggest the measures and areas for the ways forward for creating a safe environment. Through the qualitative part, I also tried to explore how we can achieve a disabled-friendly environment for CwDs through the interview with the participants.

While assessing these grounds, I carried out the thematic analysis of the interview and presented it as my findings. Awareness at all levels, interventions focused at parental level, engagement and monitoring of those particular children, need identification and granting support were suggested measures at all levels of community, including governing system. A study focused on self-determination targeting similar study participants showed the importance of family and highlighted their crucial roles. Autonomy with capacity development, psychological empowerment with inclusion in decision making, self-regulation and self-realization were suggested from that study (Shogren & Turnbull, 2006). In line with this study, the participants' views focused on the same strategy to uplift the safety condition and create a disabled-friendly environment.

Exploring the qualitative interviews, one of the significant findings revealed that disability is often misunderstood as a sin, punishment from the gods and those disabled are not treated as a member of the society. Discrimination, exclusion and maltreatment are typical for

these groups. Furthermore, it was also observed that these traditional thoughts lead to social stigma, discrimination, and violence.

In line with the Critical Disability Theory, these maltreatment, social stigma and discrimination practices match with its principle as “disability is a social construct and these barriers are playing role because of the physical and institutional factors of the environment” (Hosking, 2008). Likewise, a study focused on violence on women during Nepal’s earthquake also revealed the similar scenario of violence and discrimination for women and CwDs (Basnet Bista & Sharma, 2019). This information helps to summarize that social stigma and discrimination can also act as determining factors for the safety concern of CwDs.

Investigating further on measures for the inclusive environment for the CwDs under this study, it is identified that need identification and granting support were not given importance. CwDs are deprived of special care and services. They were unaware of such special services and lack their use, affecting an overall living environment. Following the scientific research of the US, there is also explained that children with special health care needs are far from the special health care and their family socio-demographic situation like income, sex, education, ethnic group etc. are playing a role in this situation (Van Dyck et al., 2004).

Even with the US's high economic status and development, identification and granting special needs to those needy children was found low. Those are characterized by the low financial status and even due to ethnicity of the children (Van Dyck et al., 2004). And still, there was the recommendation for the effectiveness of granting support which is similar to our present study.

Organizational structures and the existing system, need for policy formulation, scientific research and study, sustainability of the interventions, co-coordinative organizational efforts were the measures for ways forward derived after the interview analysis. A scientific paper focused on the quality of life, self-determination and safety of the people living with disabilities also suggest the same measures as the future strategy of creating a healthier environment (Dickinson et al., 2007).

The modifiable infrastructure and the other factors according to the target population's needs were suggested in one longitudinal study that further focuses on the formulation and implementation of social and educational policies that can engage these CWD fully in

society(Dickinson et al., 2007). Similar concerns and needs were put forward by the government officials, social mobilizers, the child with a disability and their parents in this study. Therefore, future steps focused on this presented area can contribute to meaningful intervention and sustainability.

Following the qualitative findings of this study that despite having different interventions and approaches for a disabled-friendly environment, stakeholders working at mental health, societal level, governmental and non-governmental advocates for the integrated effort of the existing system for better outcomes. They also presented the need for further research at the ground level in the community level to identify real problems and their solutions.

Aligned the report titled “Disability in Nepal: Taking stock and forging a way forward” (University, 2018) also presents that despite having many physical and policies level changes in the area of disability, there still lacks the problem of social stigma, meaningful participation and decision making. The participants in this research also present similar things meaningfully regarding the safety and well-being of CwDs.

CwDs and their family members highlighted the issue of prioritization and practice of innovative measures on real ground. Similar suggestions and conclusions were drawn on the papers which focused on the subject of disability. A review paper on child abuse draws the recommendations that further research should highlight views and experiences of the children on child protection services and the need for prioritization at the policy-making level (Stalker & McArthur, 2012).

In the same way, qualitative research concerned with disability in Nepal (Basnet Bista & Sharma, 2019) also focused on the comprehensive approach to build gender and disability-inclusive preventive, reporting, and justice mechanisms through the collective efforts of governmental, national and international humanitarian agencies. These illustrations of recommendations coincide with the suggestions of the participants of this study.

To conclude, these suggested approaches and recommendations on the sustainability of intervention for disabled groups can produce concrete results in the long run in Karnali Province.

CHAPTER VII: CONCLUSION AND RECOMMENDATIONS

Conclusion

Towards the end of the study, I conclude that different factors within our community, environment and demographic characteristics are playing a role in the matter of safety for the children living with the disability.

Children feel less safe in the community than in the school setting, which is the study's central finding. A low level of safety was found in both disabled and non-disabled groups of children in the community and school. However, a remarkable difference exists between the CwDs and children without disabilities. CwDs experiences almost 20 per cent less safe in school and 10 per cent less safe at the community level. Further, it was assessed that girl are feeling less safe even within the disability group at school and in their community.

Significant associations were seen with the socio-demographic variables of the study. Education level, age group, school district, and functional disability have a significant relationship with safety at community. Age group and education level did not show association with safety at school and were supported by the thematic results of the study. Awareness at the parental level, availability of the disability-friendly infrastructure and environment at the school level were found to favour and was associated with the safety of children. Comparing the mean of the variables using a statistical test from the SPSS also highlighted the significant association with functional disability.

The qualitative analysis, which are regarded as backbone of the study, raised the concerns of awareness, effective implementation of policies, need identification and granting support to the targeted population and comprehensive approach for the intervention of safe and disability-friendly environment.

Behavioural change of the caregiver, skills to cope with stress, special teachers' pedagogy for education, and research-based on child protection and disability were given importance by the study participants. Moreover, allocation of sufficient resources at the grassroots level, awareness against stigma at all levels, and sustainability of the gender friendly intervention were effective strategies to create a safe and healthy environment for disabled children.

Safety issues are playing significant role in the child development process, mainly within psychological and mental development. That is why evidence-based preventive, comprehensive, and holistic intervention based on child safety and disability is crucial to providing a better quality of life and a healthy environment for our children.

What do I recommend based on this study?

As health, well-being and overall development of children with and without disabilities are negatively influenced by the low safety level of the community, findings of lack of safety in the current study can be used to suggest actions. Multiple efforts by various existing systems and sectors of society are required. Based on interpretations of findings of this mixed-method study and available literature, the following recommendations are made for the concerned level.

For caregivers and stakeholders

Awareness programs based on information about disability is essential. Programs targeting guardians such as stress coping skills and disability management techniques should be promoted and implemented within communities of Karnali province.

Likewise, concerned authorities need to develop strategies and laws to suppress such practices to tackle stigma and discrimination deeply rooted in the community.

Furthermore, special groups of children should be monitored and taught crucial life skills by trained teachers, which can help to bring sustainable changes in their life. School engagement and equal participation should be promoted. Disability should be taken as the first priority in the design and program planning with the principle of social inclusion at all levels.

For policymakers

With the restructuring of the governing system into federalism in Nepal, local elected representatives need to act as caregiver rather than the governing system and focus on need identification and prioritization. Matter of disability and their safety should be essential agenda in all sectors and should be integrated within the existing system.

Plan, policies and acts should be formulated based on the local needs rather than the superficial understanding of the problem. These special groups should be mainstreamed at the policy level in the decision-making process.

Punishment, acts and regulations need to be implemented by the local body to demotivate stigma and discrimination. Screening and grading of the disability should be done for the rational and effective distribution of the resources.

For research activities

Since this research was focused on one geographical province, thus it is recommended for the large scale of research to explore the results on this issue. I tried to oversee the factors and measures for safety, and it is identified that there is an urgent need to conduct research with different methods for measuring the effectiveness of the implemented programs. Interventional research exploring the possible intervention focused on the disability is essential for creating a sustainable, disabled-friendly environment.

Moreover, the practice of evidence creating should be mainstreamed into the local government system by using experts and academicians that can help in the early problem identification, information for planning and limiting the barriers for implemented action. Data collection and analysis on disability from the grassroots level should be promoted for program formulation and implementation.

These suggestive recommendations based on the knowledge of this mixed study can be helpful for creating a safe and disabled-friendly environment.

Possible limitations of the study

The findings of this study can be only applicable in a context similar to the study site characterized by rural hill community and the same kind of disability as characterized by WG on disability. There was a chance of recall bias in some of the past experiences of the experts in the in-depth interview process as the interview was done to share the experiences and learning from a similar field.

Experiences of safety and other matters of safety of the children with disabilities might be more comprehensive from the findings of this study as the study cannot perform on-site interviews in Karnali Province, Nepal, with a person with disabilities because of a covid-19 pandemic.

Furthermore, I miss the opportunity for face-to-face contact with study participants, which lacks me to document their emotions and expressions on the study. However, this research could be a foundation for future work in the field of disability and safety.

Stories during this master thesis

The situation of covid-19 was changing dramatically around the globe. The same problem is still existing globally during this final report writing of this master thesis. Once again, Oslo went on strict lockdown since March 2021(VG, 2021). This situation made a significant impact on the thesis work. It was impossible to make the physical meeting with the supervisor and SC, Norway, to discuss the different parts of the thesis. However, we managed to have close coordination in every step of the research.

It was a panic situation to cope with. In the phase of the ethical approval application and submission process, it was really tough to meet all the criteria for the submission. NHRC requested the local supervisor to guide the study in Nepal. After discussing this scenario with my supervisor, I contacted the faculty member of Public Health, Dr. Dipendra Kumar Yadav from Pokhara University where I did my bachelor studies. After explaining the situation and purposing the co-supervisor, Dr. Yadav agreed to co-supervise my thesis, which turned the situation normal regarding the ethical process in Nepal. It was impossible with my supervisor Ragnhild, where she managed the fund from OsloMet to co-supervise the work. SC, Surkhet, Nepal field office helped a lot by providing the essential documents for the NHRC for ethical purposes on short notice.

When Nepal and Norway both countries were trying to handle the corona situation, I was planning for the in-depth interview from the phone call in the rural municipalities of Karnali province. This was made possible by the field offices and the colleagues from SC, Nepal team.

The time difference of 4 hours and 45 minutes between Nepal and Norway was another challenging part of scheduling and performing the interview. In this regard also, colleagues from SC, Nepal, created a suitable environment to make it possible. They also convinced the participant in the local language of Karnali province as per the necessity. All the participants were pre-informed about the interview, which helped me to proceed with the interview with a short briefing of the project. Living within the four walls in the student housing was one of the challenging moments of my academic career; however, my parents, friends and supervisors guided and motivated me throughout this period with regular texts, calls and meetings.

REFERENCES

- Ariyo, E., Mortelmans, D., Wouters, E., & Masquillier, C. (2020). Investigating the Influence of Socio-Demographic and Family Factors on Perceptions of Safety Among Conflict Displaced Children in Nigeria. *Child and Adolescent Social Work Journal*, 1-14.
- Basnet Bista, S., & Sharma, S. (2019). Violence against women and girls with disabilities during and after the 2015 Nepal earthquake: thematic analysis of qualitative data. *The Lancet Global Health*, 7, S45. doi:[https://doi.org/10.1016/S2214-109X\(19\)30130-5](https://doi.org/10.1016/S2214-109X(19)30130-5)
- Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology*, 3(2), 77-101. doi:10.1191/1478088706qp063oa
- Brotherson, M. J., Cook, C. C., Erwin, E. J., & Weigel, C. J. (2008). Understanding self-determination and families of young children with disabilities in home environments. *Journal of Early Intervention*, 31(1), 22-43.
- Cabieses, B., Pickett, K. E., & Tunstall, H. (2012). Comparing sociodemographic factors associated with disability between immigrants and the Chilean-born: are there different stories to tell? *International journal of environmental research and public health*, 9(12), 4403-4432.
- CBS. (2011). *Nepal Census Report*. Retrieved from Nepal: <https://cbs.gov.np/>
- Children, S. t. (2021). Nepal: About Us. Retrieved from <https://nepal.savethechildren.net/about-us>
- Dickinson, H. O., Parkinson, K. N., Ravens-Sieberer, U., Schirripa, G., Thyen, U., Arnaud, C., . . . Michelsen, S. I. (2007). Self-reported quality of life of 8–12-year-old children with cerebral palsy: a cross-sectional European study. *The Lancet*, 369(9580), 2171-2178.
- Dybdahl, R., & Johnsen Christie, H. (2020). *Safety for children. How can we support parents and caregivers in reception centres and early phases of resettlement?* Book.
- Erwin, E. J., Brotherson, M. J., Palmer, S. B., Cook, C. C., Weigel, C. J., & Summers, J. A. (2009). How to promote self-determination for young children with disabilities: Evidenced-based strategies for early childhood practitioners and families. *Young Exceptional Children*, 12(2), 27-37.
- Gibson, B. E., Secker, B., Rolfe, D., Wagner, F., Parke, B., & Mistry, B. (2012). Disability and dignity-enabling home environments. *Social science & medicine*, 74(2), 211-219.

- Gillon, R., & Lloyd, A. (1994). Principles of health care ethics.
- GoN, M. (2021). Nepal Profile. Retrieved from <https://mofa.gov.np/about-nepal/nepal-profile/>
- Guy-Evans, O. (2020). Bronfenbrenner's ecological systems theory. Simply Psychology. Retrieved from <https://www.simplypsychology.org/Bronfenbrenner.html>
- Hall, M. C. (2019). Critical disability theory.
- Hayes, N., O'Toole, L., & Halpenny, A. M. (2017). *Introducing Bronfenbrenner: A guide for practitioners and students in early years education*: Taylor & Francis.
- Hosking, D. L. (2008). Critical disability theory. A paper presented at the 4th biennial disability studies conference at Lancaster University, UK, Sept. 2-4, 2008. *Journal of Consulting and Clinical Psychology*, 72(3), 467-478.
- Lee, Y.-M. (2009). Safety-practice and its related factors among elementary students in a rural area. *Journal of the Korea Academia-Industrial cooperation Society*, 10(5), 1115-1125.
- Maguire, M., & Delahunt, B. (2017). Doing a thematic analysis: A practical, step-by-step guide for learning and teaching scholars. *All Ireland Journal of Higher Education*, 9(3).
- Mol, T. I., Van Brakel, W., & Schreurs, M. (2014). Children with Disability in Nepal: New Hope Through CBR? *Disability, CBR & Inclusive Development*, 25(1), 5-20.
- Montoya, S. (2018). What we know (and the great deal we don't) about education and disability. Retrieved from <https://www.one.org/us/blog/disability-education-stats-facts/>
- Murray, C., & Greenberg, M. T. (2001). Relationships with teachers and bonds with school: Social emotional adjustment correlates for children with and without disabilities. *Psychology in the Schools*, 38(1), 25-41.
- Nepal, U. N. (2020). Nepal: Administrative Unit - Karnali Province Map. Retrieved from <https://un.org.np/map/nepal-administrative-unit-karnali-province-map>
- News, U. (2019). 93 million children with disabilities 'among the most likely to be left behind': UN rights chief
- . Retrieved from <https://news.un.org/en/story/2019/03/1034011>
- NLC. (2017). *The Act Relating to Rights of Persons with Disabilities, 2074 (2017)*. Retrieved from Nepal: <http://www.lawcommission.gov.np/en/wp-content/uploads/2019/07/The-Act-Relating-to-Rights-of-Persons-with-Disabilities-2074-2017.pdf>

- reliefweb. (2018). Children and Women with Disabilities, More Likely to Face Discrimination. Retrieved from <https://reliefweb.int/report/world/children-and-women-disabilities-more-likely-face-discrimination>
- Robinson, S., & Graham, A. (2019). Promoting the safety of children and young people with intellectual disability: Perspectives and actions of families and professionals. *Children and Youth Services Review, 104*, 104404.
doi:<https://doi.org/10.1016/j.chilyouth.2019.104404>
- Sanchi. 72 Quotes of Gautam Buddha. Retrieved from <http://www.sanchi.org/72-quotes-of-Gautam-Buddha.html>
- Save the Children, N. (2019). *NORAD Program*.
- Shogren, K. A., & Turnbull, A. P. (2006). Promoting self-determination in young children with disabilities: The critical role of families. *Infants & Young Children, 19*(4), 338-352.
- Stalker, K., & McArthur, K. (2012). Child abuse, child protection and disabled children: A review of recent research. *Child Abuse Review, 21*(1), 24-40.
- Unicef. (2020). Disabilities. Retrieved from <https://www.unicef.org/disabilities/>
- University, D. R. C. K. (2018). *Disability in Nepal: Taking stock and forging a way forward*. Retrieved from Nepal:
<https://www.unicef.org/nepal/media/1011/file/Disability%20In%20Nepal.pdf>
- Van Dyck, P. C., Kogan, M. D., McPherson, M. G., Weissman, G. R., & Newacheck, P. W. (2004). Prevalence and characteristics of children with special health care needs. *Archives of pediatrics & adolescent medicine, 158*(9), 884-890.
- VG. (2021). New lockdown in the Oslo region - strictest measures since March. Retrieved from <https://www.vg.no/nyheter/innenriks/i/41Lm8o/ny-lockdown-i-oslo-regionen-strengeste-tiltak-siden-mars>
- VICTORIA State Government, T. D. o. e. a. t. (2016). PROTECT: Child safe standard 3: Definitions. Retrieved from
https://www.doncasterps.vic.edu.au/uploaded_files/media/childsafestandard3_definitions.pdf
- WG. (2020). *The Washington Group Short Set on Functioning (WG-SS)*. Retrieved from <https://www.washingtongroup->

disability.com/fileadmin/uploads/wg/Documents/Questions/Washington_Group_Questionnaire_1_-_WG_Short_Set_on_Functioning.pdf

WG. (2021). Definition of disability. Retrieved from [https://www.washingtongroup-disability.com/about/definition-of-disability/#:~:text=1\)%2C%20and%20defines%20persons%20with,4](https://www.washingtongroup-disability.com/about/definition-of-disability/#:~:text=1)%2C%20and%20defines%20persons%20with,4).

WHO. (1980). *International classification of impairments, disabilities, and handicaps: a manual of classification relating to the consequences of disease, published in accordance with resolution WHA29. 35 of the Twenty-ninth World Health Assembly, May 1976*: World Health Organization.

WHO. (2011). *World report on disability 2011*: World Health Organization.

WHO, T. (2011). *World report on disability*. Retrieved from https://www.who.int/disabilities/world_report/2011/report.pdf

APPENDIXES

Appendix I: Full Table of Cross tabs with Chi square and Odds Ratio between the demographic characteristics and safety at school (N=1089)

Demographic characteristics	Safety at school		Total	χ^2 Value	P- Value	OR	95% C.I	
	No n (%)	Yes n (%)					Lower limit	Upper limit
Age group								
Above median age	368 (49.1%)	381 (50.9%)	749	3.596	0.067	1	Ref	
Below median age	146 (42.9%)	194 (57.1%)	340					
						1.283	0.991	1.661
Gender								
Male	251 (47.1%)	282 (52.9%)	533	0.005	0.952	1	Ref	
Female	263 (47.3%)	293 (52.7%)	556					
						0.992	0.778	1.258
Education level								
Grade 6	177 (49.6%)	180 (50.4%)	357	2.102	0.552	0.871	0.625	1.212
Grade 8	129 (48%)	140 (52%)	269					
Grade 9	101 (43.7%)	130 (56.3%)	231					
Grade 10	107 (46.1%)	125 (53.9%)	232					
						1		Ref
School district Name								
Dailekh	83 (35.9%)	148 (64.1%)	231	15.62	0.000	1	Ref	
Jajarkot	305 (49.4%)	313 (50.6%)	618	6				
Kalikut	126 (52.5%)	114 (47.5%)	240					
						0.576	0.421	0.786
						0.507	0.351	0.734
Functional disability								
No	471 (46%)	552 (54%)	1023	9.086	0.003	1	Ref	
Yes	43 (65.2%)	23 (34.8%)	66					
						0.456	0.271	0.768

Appendix II: Full Table of Cross tabs with Chi square and Odds Ratio between the demographic characteristics and safety at community (N=1089)

Demographic characteristics	Safety at community		Total	χ^2 Value	P-Value	OR	95% C.I	
	No n (%)	Yes n (%)					Lower limit	Upper limit
Age group								
Above median age	585 (78.1%)	164 (21.9%)	749	3.862	0.049	1	Ref	
Below median age	247 (72.6%)	93 (27.4%)	340			1.343	1.000	1.803
Gender								
Male	398 (74.7%)	135 (25.3%)	533	1.730	0.188	1	Ref	
Female	434 (78.1%)	122 (21.9%)	556			0.829	0.626	1.097
Education level								
Grade 6	306 (85.7%)	51 (14.3%)	357	29.608	0.000	0.342	0.228	0.512
Grade 8	200 (74.3%)	69 (25.7%)	269			0.708	0.481	1.043
Grade 9	170 (73.6%)	61 (26.4%)	231			0.737	0.493	1.100
Grade 10	156 (67.2%)	76 (32.8%)	232			1	Ref	
School district Name								
Dailekh	160 (69.3%)	71 (30.7%)	231			1	Ref	
Jajarkot	474 (76.7%)	144 (23.3%)	618	11.508	0.003	0.685	0.489	0.958
Kalikot	198 (82.5%)	42 (17.5%)	240			0.478	0.309	0.738
Functional disability								
No	774 (75.7%)	249 (24.3%)	1023	5.134	0.023	1	Ref	
Yes	58 (87.9%)	8 (12.1%)	66			0.429	0.202	0.910

Appendix III: One sample T-test of age, functional disability and gender with safety at school

(N=1089)

Independent Samples Test (Age)										
Levene's Test for Equality of Variances					t-test for Equality of Means					
	F	P Value	t	df	P Value	Mean Difference	Std. Error	95% CI		
								Lower limit	Upper Limit	
Safety at school	Equal variances assumed									
		2.12	0.146	1.498	1087	0.134	-	1.05	-3.66	0.491
							1.587%	9%		
	Equal variances not assumed									
			1.542	92	0.123	-	1.02	-3.66	0.433	
							1.587%	9%		

Independent Samples Test (Functional disability)										
Levene's Test for Equality of Variances					t-test for Equality of Means					
	F	P Value	t	df	P Value	Mean Difference	Std. Error	95% CI		
								Lower limit	Upper limit	
Safety at school	Equal variances assumed									
		1.40	0.235	-3.44	1087	0.001	-	2.04	-	-
							7.056%	%	11.077	3.036
	Equal variances not assumed									
			-3.19	72.2	0.002	-	2.20	-	-	
				6			7.056%	%	11.456	2.656

Independent Samples Test (Gender)										
Levene's Test for Equality of Variances					t-test for Equality of Means					
		F	Sig.	t	df	Sig. (2-tailed)	Mean Difference	Std. Error	95% CI	
									Lower limit	Upper limit
Safety at school	Equal variances assumed	0.247	0.620	0.285	1087	0.776	0.280	0.983	-1.649	2.209
	Equal variances not assumed			0.285	1073.9	0.776	0.280	0.983	-1.652	2.21

Note: Significant effects are printed in bold.

Appendix IV: One sample T-test of age, functional disability and gender with safety at community

(N=1089)

Independent Samples Test (Age)										
Levene's Test for Equality of Variances					t-test for Equality of Means					
		F	P Value	t	df	P Value	Mean Difference	Std. Error	95% CI	
									Lower limit	Upper Limit
Safety at community	Equal variances assumed	0.016	0.901	1.595	1087	0.111	-1.525%	0.956%	-3.402	0.351
	Equal variances not assumed			1.602	662.21	0.110	-1.525%	0.956%	-3.395	0.344

Independent Samples Test (Functional disability)

		Levene's Test for Equality of Variances				t-test for Equality of Means				
		F	P Value	t	df	P Value	Mean Difference	Std. Error	95% CI	
									Lower limit	Upper limit
Safety at community	Equal variances assumed	2.443	0.118	-3.719	1087	0.00	-6.872%	1.848	-10.498	-3.246
	Equal variances not assumed			-3.198	71.075	0.002	-6.872%	2.148	-11.157	-2.587

		Levene's Test for Equality of Variances				t-test for Equality of Means				
		F	Sig.	t	df	Sig. (2-tailed)	Mean Difference	Std. Error	95% CI	
									Lower limit	Upper limit
Safety at community	Equal variances assumed	0.515	0.473	1.382	1087	0.167	-1.225%	0.886	-2.96	0.514
	Equal variances not assumed			1.382	1086.4	0.167	-1.225%	0.886	-2.96	0.514

Note: Significant effects are printed in bold.

ANNEXES

Annex I: Questionnaire used in the baseline survey of the study**Save the Children International****Data collection tool to be administered in primary schools to assess progress on selected SCN overarching indicators**

Guidance to enumerator: This questionnaire will not be administered with grade 1 students and students in other grades who were not students in the current school during the last academic year. After introducing yourself to the child ask the following question to the child to first examine if the child is eligible to be a respondent.

Were you a student in this school last year? Yes_____ No_____;

If child answered “Yes”, start by reading to the child the contents of the assent form presented below and make sure the child and you sign on the assent form. Then read carefully the information contained under part I, II, and III and complete all parts and sections of the tool.

Assent form to be signed before data collection begins

Hello, my name is _____. I am working for Save the Children. I am collecting data from students in this school about how safe and well they feel in school and community. The data collected will be used to improve safety of children in and around school. I have some questions you will answer, if you agree to answer the questions. There is not special reason for selecting you to answer the questions; each student has equal chance to be selected and your name was picked by chance because we need to ask only some students. Your school has given us permission to ask you only if you want to answer the questions. It is completely fine if you do not want to answer any or all of the questions; we will still be thankful to you if you do not want to participate. You can discontinue answering the questions at any time even after we begin. It is ok if you do not want to answer any of the questions; just tell me to skip it. Your answers to my questions will not be shown to your school administration, to your teachers, to your friends or to anyone else. Only Save the Children will keep your answers and they will be protected from access by others. Your name will not be recorded in the answer sheet to ensure that what you answered is not known by anyone. No harm will happen to you if you agree to answer the questions I have.

Have you understood the information I gave you now? (a) Yes (b) No

Do you have any question for me? (a) Yes (b) No You can also ask me any time later?

Do you agree to answer to the questions I have? (a) Yes (b) No, if you agree please sign below

Student's signature Student's name Date

Data collector's signature Data collector's name Date

Please note that this form will be completed in two copies, one of which will be given to the participating child while the other will be kept by SCI CO.

Part I. Background/demographic information (each field must be completed)

Date of data collection

Questionnaire number* See instruction regarding how to give number: _____

Enumerator's full name

School name fully spelt out

School code Use code given by SCI CO: _____

School's village/town name

School's district name

Child's educ level (grade)

Child's gender 1. Girl 2. Boy

Age of child (in full years)

Student's sch. ID/Participant 1.

ID No.**

**Questionnaire number to be filled in by enumerator using alphanumeric codes that consist of the initials of the enumerator (two letters), first letter of the school name, and first letter of the village/town name where the school is located, and a number. For example, if the name of the enumerator is Adam James, school name is Star Primary School, and town/village name is*

Shadaw, the first questionnaire the enumerator give a questionnaire number will be numbered as AJSS1; the second questionnaire from the same school will be numbered as AJSS2, etc.

***A student's school ID/Test ID No should be the student's identification number given to her/him the by school. If the child does not have student identification number given by the school, the data collector needs to give Participant ID No to the child. If the same child will be asked to participate in responding to more than one questionnaire (data collection tool) including the literacy test, enumerators deployed in the same school must make sure that the child is given the same identification number. It is the responsibility of the enumerator to make sure that the same identification number must be filled in in all data collection instruments responded to by the same child. The student's identification number will be used to create connections between data of the same child that are available in different data collection tools/data sets.*

Part II. Washington Group Short Set Questions. *Note to the data collector: please administer the attached Washington Group Short Set Questions before you ask the questions below.*



Washington Group on Disability Statistics

19 March 2020

The Washington Group Short Set on Functioning (WG-SS)

Introduction

The Washington Group Short Set on Functioning (WG-SS) was developed, tested and adopted by the Washington Group on Disability Statistics (WG). The questions reflect advances in the conceptualization of disability and use the World Health Organization's International Classification of Functioning, Disability, and Health (ICF) as a conceptual framework.

The WG-SS is intended for use in censuses and surveys. In many countries, the decennial census may be the sole or most reliable means of collecting population-based data; and because of the restrictions inherent in the census format, the module had to be short and parsimonious. The brevity of the module – six questions – makes it also well suited for inclusion in larger surveys, and for disaggregating outcome indicators by disability status.

To maximize international comparability, the WG-SS obtains information on difficulties a person may have in undertaking basic functioning activities that apply to people in all cultures and societies and of all nationalities and so are universally applicable. Given the need to keep the module short, a single question per functional domain is included. The final set of questions includes difficulties seeing, hearing, walking or climbing stairs, remembering or concentrating, self-care, and communication (expressive and receptive).

The questions are designed to collect information on the population aged 5 years and above, with a knowledgeable proxy respondent providing information for children. The WG-SS was not specifically designed for use among children, as it does not include key aspects of child development important for identifying disability in children and the wording of certain domains may not be relevant (or suitable) for children and adolescents. The WG-UNICEF Module on Child Functioning (CFM) is designed to meet the needs of identifying and measuring disability in children.

The Washington Group website [<http://www.washingtongroup-disability.com/>] contains supporting documentation, including information for translation, cognitive testing, question specifications and interview administration guidance, and analytic guidelines, including SPSS, SAS and STATA syntaxes.

It is important to note that each question has four response categories, which are to be read after each question.

For more information on the Washington Group on Disability Statistics, visit:
<http://www.washingtongroup-disability.com/>.

WG Short Set on Functioning Questions

Preamble to the WG-SS:

Interviewer read: “The next questions ask about difficulties you may have doing certain activities because of a HEALTH PROBLEM.”

VISION

VIS_SS [Do/Does] [you/he/she] have difficulty seeing, even if wearing glasses? Would you say... [*Read response categories*]

1. No difficulty
2. Some difficulty
3. A lot of difficulty
4. Cannot do at all
7. *Refused*
9. *Don't know*

HEARING

HEAR_SS [Do/Does] [you/he/she] have difficulty hearing, even if using a hearing aid(s)? Would you say... [*Read response categories*]

1. No difficulty
2. Some difficulty
3. A lot of difficulty
4. Cannot do at all
7. *Refused*
9. *Don't know*

MOBILITY

MOB_SS [Do/Does] [you/he/she] have difficulty walking or climbing steps? Would you say... [*Read response categories*]

1. No difficulty
2. Some difficulty
3. A lot of difficulty
4. Cannot do at all
7. *Refused*
9. *Don't know*

COGNITION (REMEMBERING)

COG_SS [Do/does] [you/he/she] have difficulty remembering or concentrating? Would you say...
[*Read response categories*]

1. No difficulty
2. Some difficulty
3. A lot of difficulty
4. Cannot do at all
7. *Refused*
9. *Don't know*

SELF-CARE

SC_SS [Do/does] [you/he/she] have difficulty with self-care, such as washing all over or dressing? Would you say... [*Read response categories*]

1. No difficulty
2. Some difficulty
3. A lot of difficulty
4. Cannot do at all
7. *Refused*
9. *Don't know*

COMMUNICATION

COM_SS Using [your/his/her] usual language, [do/does] [you/he/she] have difficulty communicating, for example understanding or being understood? Would you say...
[*Read response categories*]

1. No difficulty
2. Some difficulty
3. A lot of difficulty
4. Cannot do at all
7. *Refused*
9. *Don't know*

Part III. Below are question sets that are categorized into three sections:

- Section A : This will meet SCiN indicators XXX (corresponding to SCN overarching indicator 1.2.1: “% of children who report to feel well and/ or safe within school”)
- Section B: This will concern community level, and answer to SCiN indicator number XXX “# and % of children feeling safe in community”.
-

<p>Section A. <i>Enumerator to read to child:</i> Now I will ask you how safe and well you feel in and around your school.</p> <p>Check with child what they understand by the term safe to ensure it matches with the objective of the questionnaire. If they answer with some of the following: violence or anger from people or friends, bullying, wild animals, hazards, things that might hurt them physically or emotionally.</p>				
	<p>Question A1. In the last month did you feel afraid on your way to or from school? If yes, why?</p>			
	<p>Question A2. Have you worried how to get to school? If yes, what?</p>			
	<p>Question A3. Did you feel afraid in your school for any reasons? If yes, why?</p>			
	<p>Question A4. Did you feel deliberately left out by your peers in school from an activity/game? If yes, how many times?</p>			

	Question A5. Did a child in your school say something mean to you? If yes, how many times?				
	Question A6. Did any child in your school get into a physical fight with you? If yes, how many times?				
	Question A7. Did an adult other than a teacher scream or yell at you while you were in or around school?				
	Question A8. Did an adult other than a teacher hit or kick you?				
	Question A9. Do you feel that the school and classroom buildings are NOT physically strong, and are things in school compound that can hurt you?				
	Question A10. Do you feel the drinking water and latrines in the school are not safe?				
	Question A11. Have you not been able to attend school due to a natural hazard or armed conflict?				
	Question A12. Do you feel you know what to do in case a threat (natural disaster, conflict or violence) happens?				
	Question A13. In general, I feel safe or well in and around school.				
	Question B1. Do you think your parents praise, complement or acknowledge for good discipline in the home or community?				
	Question B2. Do you think your parents listens to you if you have a problem				

	Question B3. In last month, did any of your parents/Caregivers/relatives scream or yell while you were in or around home?				
	Question B4. Do you think your community members loves children and encourage children to play and go school?				
	Question B5. In last month, did any community members/relatives or any members of your community or an outsider) hit or kick you?				
	Question B6. Do you know where to go if you have a problem with safety?				
	Question B7. Do you feel that home buildings are not physically strong and that there are things in the home compound that can hurt you or your family members?				
	Question B8. If you have experienced in community any frightening incidence, scolding, hitting, yelling, bullying, etc, from someone including your family or relatives, did you report the incidence?				
	Question B9. In general, I feel safe or well in and around community				

General notes to SCI CO:

- a) The data collection tool is intended to allow flexibility when collecting data on one or both of the following two SCN Overarching Outcome Indicators. The tool is as such adaptable for the CO context.

b) Calculations:

The threshold for a child to feel safe and/ or well – should be set at 80% (e.g. a child who answers positively to answer of interest on 80% of the questions).

- Numerator: # of children meeting defined threshold (for SCN tool: 80%);
- Denominator: # of children sampled

Annex II: Informed consent and In-depth interview guide (English Version)**Informed Consent**

Namaskar!

Welcome to the mixed method study on the topic “Exploring perceived safety among children living with disabilities in Nepal: A mixed method study”. I am Roshan Neupane, a student at Oslo Metropolitan University, Norway pursuing master degree in International Social Welfare and Health Policy. This study aims to find out the grounds of feeling unsafe by children with disabilities and you are requested to participate in this in-depth interview to share your expertise, experiences and understanding. This study is being performed with joint co-ordination between OsloMet, Researcher and Save the Children Norway and Nepal team.

I assure you that shared information will be kept confidential and only be used for research purposes. Moreover, the privacy of the information will be maintained in each stage of research. Your participation is completely voluntary in this audio-visual interview process done on online digital platform. You are free to quit from interview if there is feeling of discomfort while answering the questions or you face any other problems. Your cooperation and participation will help reveal the grounds for feeling unsafe among children with disability and also shed light on ways to create the safe environment for those children living in rural Nepal.

Risks

Some personal and confidential information might make you uncomfortable during the interview process. You do not have to answer any question if don't want to. In addition, there is no need to provide reasoning for not responding to any question or for refusing to take part in the interview.

Benefits

No material benefits will be provided but your participation will surely help to answer the question related to concern of children safety. The findings of the study are supposed to contribute during the designing of plans and policies for creating safe environment for the children with disability.

Confidentiality

Confidentiality in name of the respondents and privacy of information will be strictly maintained in each and every step of the research. Since this interview will be online, a secured

digital platform will be used to record the conversations and this information will be only accessed by the researcher and his supervisor.

Sharing the Results

None of your information will be shared beyond the researcher and nothing will be attributed by name. The knowledge generated from this research will be shared with you and your community before it is made available to the general public. Each participant will be provided with a summary of the results.

Rights of the informants

So long as you can be identified in the collected data, you have the right to: access the personal data that is being processed about you, request that your personal data is deleted or that incorrect personal data about you is corrected/rectified, receive a copy of your personal data (data portability), and to send a complaint to the Data Protection Officer or The Norwegian Data Protection Authority regarding the processing of your personal data.

Legal basis

I will process your personal data based on your consent. No more information than the consent will be retrieved for the study purpose.

Information about the study plan of the research

This purposed study is planned to complete by the 15th of May 2021. After the completion of the study of the, information gathered from the respondent will be deleted from the storage of the researcher under the supervision of the research supervisor.

Right to Refuse or Withdraw

Your participation in this study is voluntary and will not be forced. You may stop participating in the research at any time you choose. It is your choice and right to refuse participation in the study which will be respected.

For any queries regarding this study, you can contact investigators of this study via e-mail:

s339989@oslomet.com

neupane.rosan@gmail.com

I was given opportunity to seek clarification on each and every aspect of the study. I have also understood that the investigator will maintain confidentiality in my identity and the information

collected. I hereby declare that I have not been forced by the investigator to participate in the study. I agree to take part in the interview.

Would you agree to participate in the interview and give permission to record this interview?

Agree :

Disagree :

Starting time of interview:

Ending time of interview:

Part I: Personal Information

Children with disability of the baseline survey will be also interviewed based on the following question of safety and security (Only applicable questions will be asked during the interview).

	Category of in-depth interview participants						
Types of information	Family level and children with disability	School level	Societal level	Governmental level	Non-governmental/civil society	Mental health/ Psychological perspective	
Surname							
Name							
Age							
Address							
Relation to the child		NA	NA	NA	NA	NA	
Age							
Educational Level							
Expertise	NA						
Working organization	NA						

All the rights of the children will be respected in any phase of the interview.

*NA-Not applicable in the specific level of the participants

Specific questions to be asked to children with disabilities

- a. Can you explain the difficulties that you face in daily activities because of your disability?
What makes you afraid and feels unsafe in day-to-day activities?
- b. In your opinion, what can help you to live happy life even if you have disability status?
- c. Can you suggest that you wish to create safe and healthy environment for you?

Part II: Overview on disability

1. How do you present your thoughts on disability? Follow up probes with the disability status, interpretation, perception on child disability etc.

2. Tell me about your family. Can you explain about the disability your child is suffering from? Follow-up probes with the condition of the disability, causes, his/her present status, his/her daily activities and other talks regarding family environment. (This question is only applicable for family level i.e., Guardian)

Part III: Safety of the children with disability

1. What is your opinion regarding the disability friendly environment at different settings? Follow-up probes according to the information provided by respondents.
2. Have you ever discussed about the matter of safety and other aspects of his daily life activities with your child? Follow-up probes with questions of safety, ways of assuring safe environment and activities done to make inclusive environment.
3. Do you have any memory of any children with disability talking and sharing their experiences on this matter at any point of time in your life? Follow-up probes like children talking about feeling unsafe in community, school, and others.

Part IV: Quantitive verses Qualitative talks on the matter of safety

Now, in this phase of the interview, I would like to share some statistics related to the child safety with disabilities from the rural Nepal.

Children safety in community by gender and disability

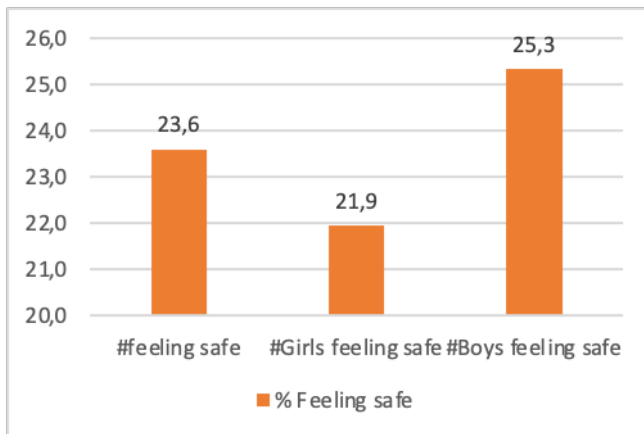


Figure 1: % of children who feeling safe in community categorized by gender and disability

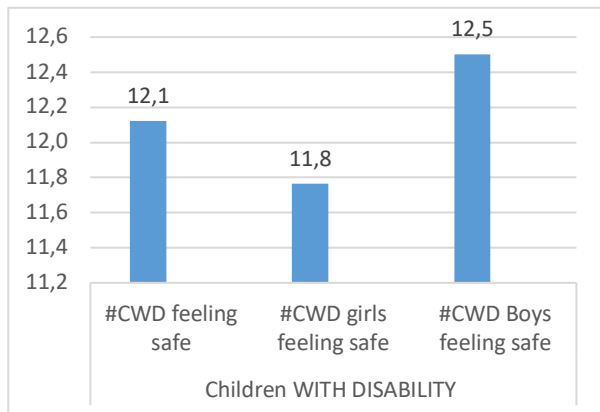


Figure 2: % of disabled children feeling safe.

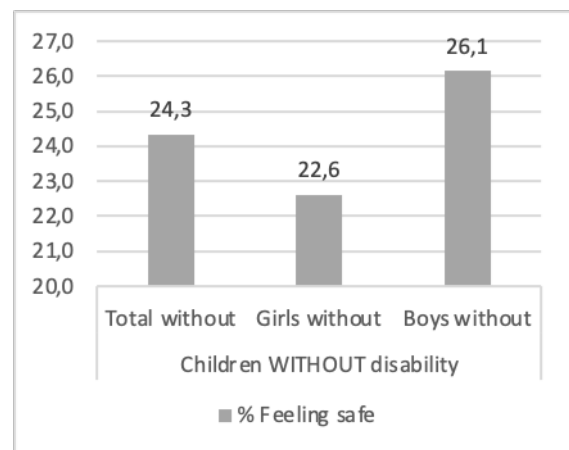


Figure 3: % of children without disability feeling safe

Children safety in school by gender and disability

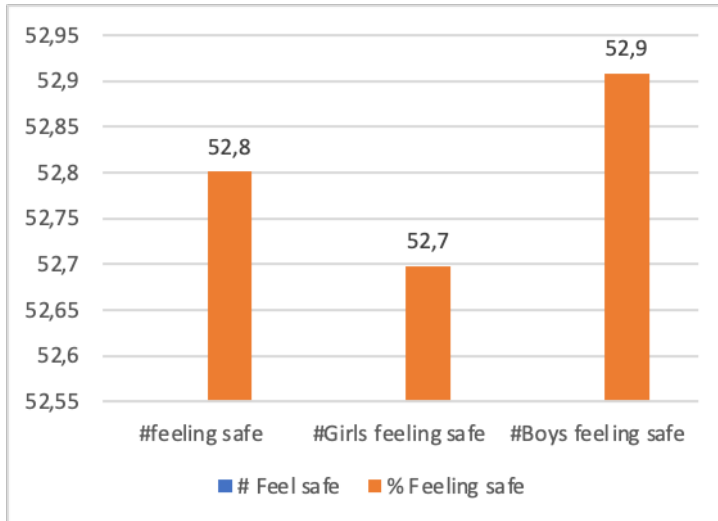


Figure 4: % of children feeling safe in schools by gender and disability

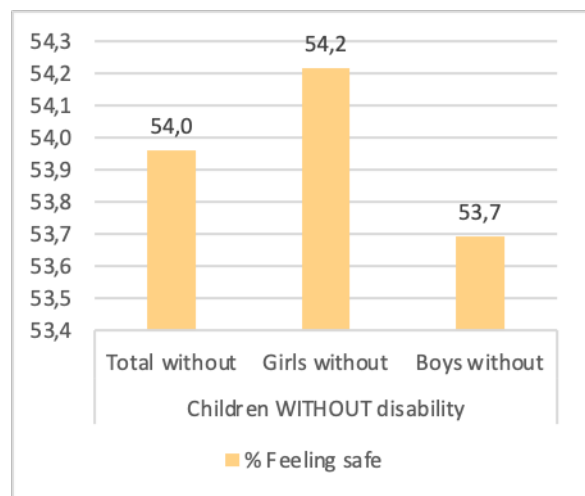
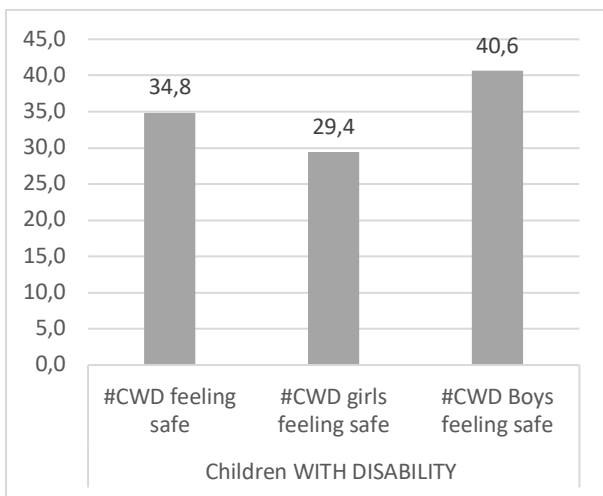


Figure 5: % of Feeling safe children with disability

Figure 6: % of Feeling safe children without disability

1. How do you present your opinion for such differences on the matter of safety (as show in above picture) between children with disability and children without disability? Follow-up probes asking the experiences in different setting, psychological perspectives and related examples as well as evidences.
2. If you opinion, do you think our efforts are enough for creating safe environment for children with disability? If yes- How and why. If No- How and why. Follow-up according to respondent's answer and clarification.

Part V: Creating a safe environment

1. What is your opinion to create the safe environment for children with disability? Follow-up probes with the question on which measures can be applied in household, school, communities, lobbying in policies level, role of civil societies etc.
2. In your experience, what would be your immediate suggestion and efforts to bring changes in this matter? Follow-up with exploring the effectiveness, strategies, evidences in all level of intervention.
3. To be specific, what could be your role on these issues?

Part VI: Wrapping up the interviews

1. When do you think it will be possible for children with disability to feel safe in all setting and their regular activities similar to children without disability in the countries like Nepal? Follow-up with the sub question regarding geographical difficulties, lack of awareness, co-ordination in the activities, social stigma and other act as hurdles for implementing the interventions.
2. What is your opinion regarding the role of different sectors who are working in the field of child disability and social inclusion? Follow-up probes with the questions on the role of civil society, technical and financial crisis, policies, plans, source of funding and sustainability of the programs.
3. Last but not the least, are there any things you like to add on the matter of child safety which can be valuable for creating a safe and health environment for our children with disabilities?

Thank You for participating throughout the interview and sharing your experiences/feeling with me!!!

Annex III: Informed consent and In-depth interview guide (Nepali Version)

सुचीकृत मन्जुरीनामा

नमस्कार !

किन अशक्त बच्चाहरू अशक्तता नभएका बच्चाहरूको तुलनामा कम सुरक्षित गरिरहेका छन ? नामक मिश्रित अध्ययनमा यहाँहरूलाई स्वागत छ ।

म रोसन न्यौपाने, Oslo Metropolitan विश्वविद्यालय, नर्वेबाट मा अन्तरराष्ट्रिय समाज कल्याण र स्वास्थ्य नितिमा स्नातकोत्तर डिग्री लिँदै गरेको विद्यार्थी हुँ। यस अध्ययनको मुख्य उद्देश्य अपाङ्गता भएका बच्चाहरूले असुरक्षित महसुस गर्ने आधारहरू (कारणहरू) पत्ता लगाउने हो र यस अन्तरवार्तामा भाग लिई तपाईंको विशेषज्ञता अनुभव र बुझाई साटासाट गर्न अनुरोध गर्दछु । यो अध्ययन इक्युइभित विश्वविद्यालय, अनुसन्धानकर्ता र Save the Children नर्वे र नेपाल बीचको सहकार्यमा हुन गइरहेको छ । म तपाईंलाई निश्चित गर्दछु कि तपाईंले प्रदान गर्नुभएको जनाकारी गोप्य राखिनेछ र केवल अनुसन्धानको उद्देश्यको लागि प्रयोग गरिनेछ। यसबाहेक, अनुसन्धानको प्रत्येक चरणमा जानकारीकव गोपनियता कायम गरिनेछ ।

यस अन्तर्गत डिजिटल प्लेटफर्ममा हुने अडियो भिजुअल अन्तरवार्ता प्रकृत्यामा तपाईंको सहभागिता पूर्ण रुपमा स्वेच्छिक हुनेछ । यदि प्रश्नहरूको उत्तर दिने बेला अप्ठ्यारो महसुस भयो वा तपाईं अन्तरवार्ता छोड्न स्वतन्त्र हुनुहुनेछ र हुनुहुन्छ । तपाईंको सहयोग र सहभागिताले अशक्तता भएका बच्चाहरूमा असुरक्षित महसुस गर्ने, हुने आधारहरू र कारणहरू प्रकट र खुलाउन मद्दत पुर्याउनेछ र ग्रामिण नेपालमा बसोबास गर्ने बच्चाहरूको लागि सुरक्षित वातावरण सिर्जना गर्ने तरिकाहरूमा प्रकाश पार्नेछ ।

जोखिमहरू

तपाईंलाई अन्तरवार्ताको क्रममा केहि व्यक्तिगत र गोप्य जानकारिले गर्दा केही असहज हुन सक्छ । यदि तपाईंले कुनै पनि प्रश्नको जवाफ दिन नचाहेमा नदिन सक्नु हुनेछ । यसका साथसाथै तपाईंले कुनै पनि प्रश्नको जवाफ दिन नचाहेमा वा अन्तरवार्तामा भाग लिन नचाहेमा कुनै कारण प्रदान गर्न अवश्यक हुने छैन ।

फाईदाहरू

कुनै भौतिक फाईदाहरू प्रदान गरिने छैन तर तपाईंको सहभागिताले पनि बालबालिकाहरूको सुरक्षाको उत्तर दिन सहयोग पुर्याउने छ । अध्ययनका उपलब्धिहरूले अशक्तता भएका बालबालिकाहरूका लागि योजनाहरू र नितिहरू निर्माण गर्ने क्रममा योगदान पुर्याउने छ।

गोपनियता

अन्तरवार्तामाका प्रत्येक चरणमा उत्तरदाताहरूको र उनीहरूको जानकारीको गोपनियता कडाईका साथ कायम गरिनेछ । यो अन्तरवार्ता अनलाइन हुने भएकाले कुराकानी रेकर्ड गर्न सुरक्षित डिजिटल प्लेटफर्म प्रयोग हुनेछ र यो जानकारी केवल अनुसन्धानकर्ता र उसको सुपरभाइजरको पहुँचमा हुनेछ ।

नतीजाको जानकारी

तपाईंको कुनैपनि जानकारी अनुसन्धानकर्ता बाहेक साटासाट गरिने छैन र नामबाट कुनैपनि श्रेय दिइने छैन।यस अनुसन्धानबाट उत्पन्न ज्ञान आम जनताको लागि उपलब्ध हुनु अघि तपाईं र तपाईंको समुदायसँग साटासाट गर्नेछौं । प्रत्येक सहभागीलाई रिजल्टको सारांश प्रदान गरिनेछ ।

स्वेच्छिक सहभागिता

यस अध्ययनमा तपाईंको सहभागिता स्वेच्छिक हुनेछ र बाध्य गराइने छैन । तपाईंले चाहेको कुनै पनि समयमा अनुसन्धानबाट हट्न सक्नुहुनेछ । अध्ययनबाट हट्नु तपाईंको ईच्छा र अधिकार हो जसको सम्मान गरिनेछ ।

यस अध्ययनको सम्बन्धमा कुनै पनि प्रश्नहरूको लागि तपाईं यस अध्ययनका अन्वेषकहरू र अनुसन्धानकर्ताहरूलाई ईमेल मार्फत सम्पर्क गर्न सक्नुहुनेछ ।

s339989@oslomet.com

neupane.rosan@gmail.com

मलाई अध्ययनको प्रत्येक पक्षमा स्पष्टीकरण लिन अवसर दिइयो। मैले यो पनि बुझें कि अन्वेषकले मेरो पहिचान र संकलन गरिएको जानकारीमा गोप्यता राख्दछ । म घोषणा गर्दछु कि मलाई अन्वेषकले अध्ययनमा भाग लिन बाध्य गरेको छैन । म अन्तर्वार्तामा भाग लिन सहमत छु ।

के तपाईं अन्तर्वार्तामा भाग लिने कुरामा सहमत हुनुहुन्छ र यो अन्तर्वार्ता रेकर्ड गर्न अनुमति दिनुहुन्छ ?

सहमत:

अन्तर्वार्ताको सुरु हुने समय:

असहमत:

अन्तर्वार्ताको अन्त्यको समय: :

भाग १: ब्यक्तिगत बिबरण

अपाङ्गता भएका बालबालिकासँग अन्तर्वार्ता हुनेछ ।

१। के तपाईं आफ्नो अशक्तताको कारण दैनिक गतिविधिहरूमा सामना गर्नुपर्ने कठिनाइहरूको वर्णन गर्न सक्नुहुन्छ? तपाईंलाई कुन कुराले डराउँछ र दिनहुँको गतिविधिहरूमा असुरक्षित महसुस गर्दछ?

२। तपाईंको विचारमा, तपाईंलाई अपाङ्ग स्थिति भएता पनि तपाईंलाई सुखी जीवन बिताउन कुन कुराले मदत गर्न सक्छ?

३। के तपाईं सुझाव दिन सक्नुहुन्छ कि तपाईं तपाईंको लागि सुरक्षित र स्वस्थ वातावरण बनाउन चाहानुहुन्छ?

विवरणको किसिम	अन्तरवार्तामा सहभागीहरूको श्रेणी ९अवतभनयचथ०					
	पारिवारिक स्तर	विद्यालयको स्तर	सामाजिक स्तर	सरकारी स्तर	गैर सरकारी स्तर	मानसिक स्वास्थ्यर मनोवैज्ञानिक दृष्टिकोण
थर						
नाम						
उमेर						
ठेगाना						
बच्चसँगको नाता						
उमेर						
योग्यता						
बिशेषज्ञता						
काम गर्ने संस्था						
वकालतमा सहभागिता						

भाग २: अपाङ्गता र अशक्तता सम्बन्धि सामान्य जानकारी

१। तपाईंले अशक्ततालाई कसरी लिनुहुन्छ ? तपाईंको अशक्तता प्रतिको विचारलाई तपाईंले कसरी व्यक्त गर्नुहुन्छ र गर्न चाहनु हुन्छ ? जस्तै अशक्तताको स्थिति बाल अशक्तताप्रतिको धारणा आदि

२। तपाईंको परिवारको बारेमा भन्नुहोस र बताउनुहोस । के तपाईं . तपाईंको आफ्नो बच्चाले भोगेको अशक्तताको बारेमा बताउन सक्नुहुन्छ ? जस्तै, अपाङ्गताको अवस्था, कारण, उसको । उनको हालको स्थिति र उसको दैनिक क्रियाकलाप तथा अन्य पारिवारिक वातावरण सम्बन्धी कुराकानी । यो प्रश्न पारिवारिक स्तरमा मात्र लागु हुनेछ। जस्तै :अभिभावकरु

भाग ३: अशक्तता र अपाङ्गता भएका बालबालिकाको सुरक्षा

१। विभिन्न ठाउँहरूमा अपाङ्गतामैत्री वातावरणको विषयमा र बारेमा तपाईंको राय के छ ? उत्तरदाताहरूद्वारा प्रदान गरिएको जानकारी अनुसार पुनः कुराकानी अगाडि

२। तपाईंको बच्चासँग तपाईंले कहिले पनि उसको सुरक्षा तथा अन्य जिवनका गतिविधिहरूको बारेमा छलफल गर्नुभएको छ ? जस्तै : सुरक्षा सम्बन्धी प्रश्नहरू, सुरक्षित वातावरण सुनिश्चित गर्ने तरिकाहरू, सहयोगी (समावेशी) वातावरण बनाउनको लागि गरिएका गतिविधिहरू

३। तपाईंको जीवनको कुनै पनि समयमा अशक्तता र अपाङ्गता भएका बालबालिकाहरूले तपाईंसँग उनीहरूको अनुभव साटासाट गरेको कुनै पनि सम्भना छ ?

पुनः कुराकानी अगाडि, बालबालिकाहरूले समुदाय, स्कुल र अन्य ठाउँहरूमा असुरक्षित महसुस गरी कुराकानी गरेको

भाग ४: सुरक्षाको विषयमा तगबलितबतष्वभ खभचकगक तगबलतष्वतबतष्वभ कुराकानी

अब अन्तरवार्ताको चरणमा ग्रामीण नेपालका अशक्तता भएका बालबालिकाहरूको सुरक्षासम्बन्धी केही तथ्यांकहरू यहाँ माफ र समक्ष पेश गर्न चाहन्छु ।

लिंग र अशक्तता द्वारा समुदायमा बच्चाहरूको सुरक्षा

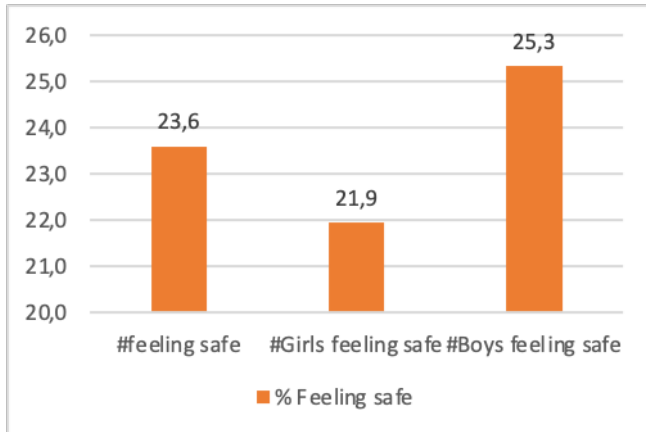


Figure 1: % of children who feeling safe in community categorized by gender and disability

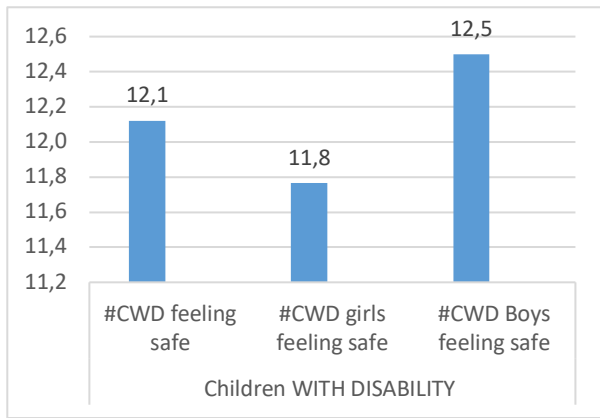


Figure 2: % of disabled children feeling safe.

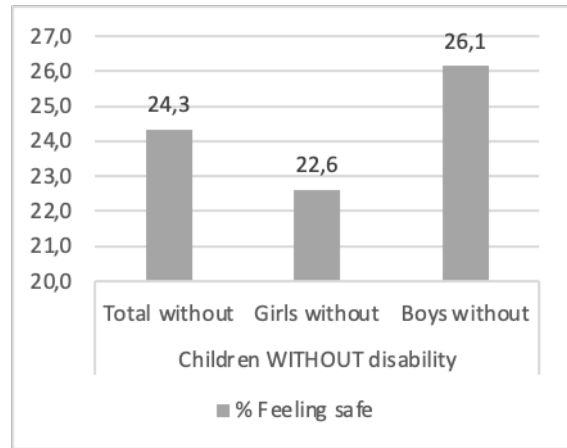


Figure 3: % of children without disability feeling safe

लिंग र अशक्तता द्वारा स्कूलमा बच्चाहरूको सुरक्षा

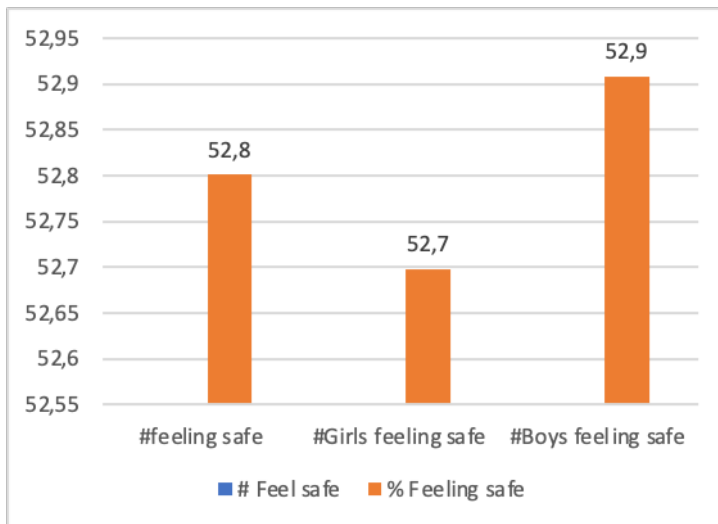


Figure 4: % of children feeling safe in schools by gender and disability

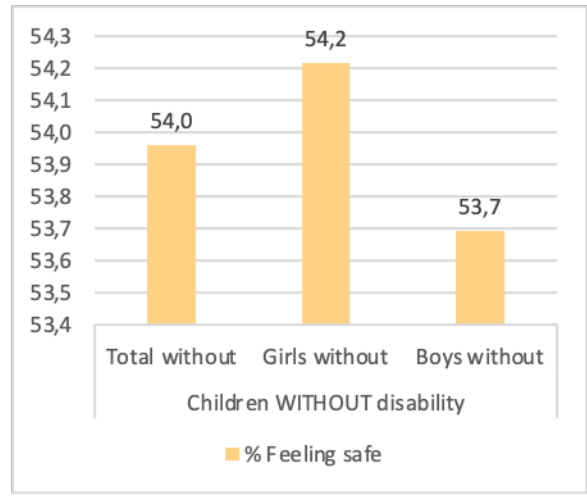
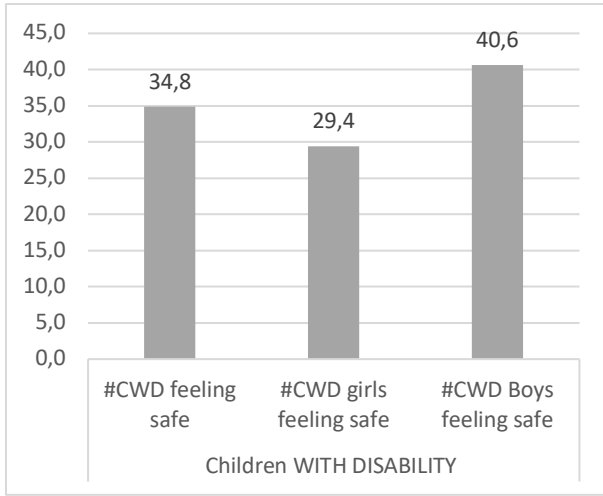


Figure 5: % of Feeling safe children with disability

Figure 6: % of Feeling safe children without disability

१। अशक्तता भएका र अशक्तता नभएका बच्चाहरूबीचको सुरक्षा (माथिको चित्रमा देखाइएको) सम्बन्धी भिन्नतामा तपाईंले आफ्नो राय कसरी प्रस्तुत गर्नुहुन्छ ?

पुनः कुराकानी अगाडि.. विभिन्न ठाउँहरूको अनुभव सोध्ने, मनोवैज्ञानिक दृष्टिकोण र सम्बन्धित उदाहरणहरूको साथसाथ प्रमाणहरू २। तपाईंको विचारमा, अशक्त बालबालिकाको निम्ति सुरक्षित वातावरण निर्माण गर्ने गरिका हाम्रा प्रयासहरू पर्याप्त छन् जस्तो लाग्छ ? यदि लाग्छ भने (कसरी र किन : यदि लाग्दैन भने (कसरी र किन स उत्तरदाताको उत्तर र स्पष्टीकरण अनुसार पुनः कुराकानी अगाडि गर्ने

भाग ५: सुरक्षित वातावरण निर्माण र सिर्जना

१ अशक्तता भएका बालबालिकाको लागि सुरक्षित वातावरण सिर्जना सम्बन्धी तपाईंको के राय छ ?

पुनः कुराकानी अगाडि परिवार, स्कुलरविद्यालय र समुदायमा कस्ता कस्ता र कुन उपायहरू लागू गर्न सकिन्छ, निति स्तरमा पैरवी गर्ने, नागरिक समाजको भूमिका आदि।

२। तपाईंको अनुभवमा यसमा परिवर्तन ल्याउन तपाईंको तत्काल सुझाव र प्रयास के हुनेछ ? सबै तहको नयाँ कार्यक्रमको प्रभावकारिता र रणनीति तथा प्रमाणहरू खुलाउने

३। यी विषयहरूमा तपाईंको भूमिका के हुन सक्छ ?

भाग ६ : अन्तरवार्ता सकाउँदै

१। नेपाल जस्तो देशमा अशक्तता भएका बच्चाहरूले सबै ठाउँहरूमा सुरक्षित महसुस गर्न र उनीहरूको दैनिक क्रियाकलाप र नियमित गतिविधिहरू अशक्तता नभएका बच्चाहरू जस्तै हुन कहिले (सम्म) सम्भव छ, सोच्नुहुन्छ ?

उप प्रश्नहरू.. भौगोलिक कठिनाईहरू, कार्यक्रम गर्न जागरुकता, समन्वयको अभाव, सामाजिक कलंक तथा अन्य कार्यहरू जसले नयाँ कार्यक्रमका कार्यान्वयनमा बाधा पुगेको छ ।

२। बालबालिका अशक्तता र सामाजिक समावेशीकरणको क्षेत्रमा काम गरिरहेका विभिन्न क्षेत्रहरूको भूमिकाका बारेमा तपाईंको विचार र राय के छ ?

प्रश्नहरू(नागरिक समाजको भूमिका, प्राविधिक र आर्थिक संकट, निति, योजनाहरू कोषको श्रोत र कार्यक्रमको स्थिरता

३। अन्तिममा के तपाईं बच्चाहरूको सुरक्षाको निम्ति केहि कुराहरू थप्न चाहनुहुन्छ जसले हाम्रा अशक्तता भएका बच्चाहरूका लागि सुरक्षित र स्वस्थ वातावरण बनाउन मद्दत हुन सक्छ र पुर्याउन सक्छ ।

अन्तरवार्तामा सहभागी भई आफ्नो अनुभवहरू साटासाट गर्नुभएकोमा धेरै धेरै धन्यवाद !

Annex IV: Agreement of collaboration with Save the Children Norway



Agreement Between Save the Children Norway, and Roshan Neupane; Oslo Metropolitan University

1. Description of the cooperation

Save the Children Norway (SCN) will cooperate as appropriate with Roshan Neupane in his Master thesis work on Faculty of Social Sciences at Oslo Metropolitan University

Roshan Neupane will be the focal point for the study, with support from the institutional supervisor Ragnhild Dybdahl

This contract is valid for the duration of the Master study programme, from 2019-2021

2. Scope of the cooperation

The student, their assigned supervisor, and the affiliated educational institution have the responsibility for the scope and academic content of the study. SCN and Save the Children Nepal Country Office will provide support to access relevant information for the student as appropriate.

2.1 SCN/SC Nepal will:

- Provide/share relevant programme documentation for the study as appropriate
- Endeavour to make relevant staff available for consultation and/or support
- Facilitate student access to other relevant sources of information as appropriate

2.2 Student will:

- Share the relevant research proposal / study outline with SCN & SC Nepal
- Ensure the research proposal/ study outline are in line with national (country of educational institution and country of fieldwork) guidelines, where relevant (for Norway: NSD)
- Use resources/ information provided by SCN & SC Nepal only for the purpose of agreed study
- Attribute SCN & SC Nepal in final study and share final document with SCN & SC Nepal

3. Carrying out and coordinating the work

3.1. Ethical considerations

The students are required to abide by Save the Children's Child Safeguarding principles (Annex II), and SCN ethical principles should be signed (Annex I).

Save the Children Norway shall immediately be alerted if the students detect or suspect any misuse, fraud or serious irregularity in connection with SCN or activities supported by it.

Information about any personal or business relationships has been declared and any issues resulting in potential conflicts of interest will be disclosed immediately.

3.2. Professional secrecy

It is the students' obligation during the study and afterwards, not to disclose any internal/confidential information that they may learn during their work.

The work will be carried out by Roshan Neupane. Any changes or additional students included should be in accordance with prior agreement with Save the Children Norway in writing.

3.3. Data sharing, protection and storage

Both the student and SCN are obliged to comply with the GDPR regulations as defined in the Data Processing Agreement (Annex III), if applicable for shared information.

Roshan Neupane is responsible for protection and safe storage of the data collected and received during the research period. If relevant, the student will make raw-data available for SCN, and the data will be anonymized and cleaned before sharing with SCN

3.4 Timeframe and completion

It is the student's duty to inform Save the Children Norway's contact person if delays occur which will prevent the work being done within the time frame. Any deviations from the scope of cooperation or the contract should be discussed between the student and SCN.

In case the student will not be able to carry out the work according to the contract, the contract will be cancelled, and if relevant, fee paid in advance must be repaid.

3.5 Save the Children Norway's contact person is: Elisabet Eikås, senior advisor for monitoring, evaluation, evidence and learning (MEAL).

4. Publishing and use

The final study/ report is the student's property, and will be submitted to Oslo Metropolitan by June 2021. The student(s) is free to use the findings in research to be published in academic journals. Any contact with journalists and the media about the study should take place in cooperation with Save the Children Norway.

Save the Children Norway and Save the Children Nepal are free to use the study and its findings for internal and external purposes. When used by SC, quotation to the author/ student must be included.

Should the study contain sensitive information that could seriously harm a third party, SCN will enter into dialogue with the student on modification of such paragraphs in accordance with ethical considerations and obligations.

This agreement is written in two copies, one for **Roshan Neupane** and one for **Save the Children Norway**.

For Save the Children Norway:

Nikolai Holm (Director of Evidence and Learning)


.....

Place/date: Oslo, Norway 30/11/2020

For Roshan Neupane:


.....

Place/date: Oslo, Norway 25/11/2020

Annex V: Agreement letter between supervisor and student

Master's thesis supervisor agreement between student and supervisor

This is an agreement between

Student: Roshan Neupane

Supervisor: Ragnhild Dybdahl

Responsibility for the master's thesis

The responsibility for the progression of the master's thesis, and its final composition and content, rests with the student.

Rights and obligations between supervisor and student

The supervisor shall

- inform the student of what the supervision entails for both parties
- give advice on the formulation and delimitation of the scope of the research, and thesis question
- assist the student in navigating academic literature and data
- inform the student of relevant legal and ethical guidelines concerning the master's thesis
- be responsible for ensuring that a project dealing with personal information is approved by the NSD, and to assure the quality of the form before it is submitted to NSD. See: <https://nsd.no/personvernombud/en/index.html>.
- be responsible for the implementation and quality assurance of the Risk and Vulnerability Analysis for the project. See: <https://ansatt.oslomet.no/en/assessment-value-risk> (English form in the list of links on the right).
- be responsible for informing students about rules and routines for processing research data. See <https://ansatt.oslomet.no/en/protection-privacy-data-processing-ethics>, point 3 and 4.

The supervisor and student shall together

- discuss the theoretical and methodological aspects of the thesis
- discuss the composition of the thesis (structure, documentation, arguments, language, etc.)
- discuss the results, together with the interpretation and presentation of these.

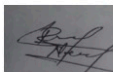
The student shall

- present a plan for the progression of the work on the thesis and of the supervision, together with the supervisor.
- complete the master's thesis according to this plan. Deviations from the progress plan shall entail a revised plan between the student and the supervisor.
- meet prepared for the tutorial sessions and keep the supervisor regularly informed about the work on the thesis.
- strive to submit written material to the supervisor well in advance of each tutorial session.
- participate in tutorial sessions at least twice per semester, unless a special arrangement has been agreed upon with the supervisor.
- send a copy of the completed NSD form to the supervisor.
- follow OsloMet's guidelines for working on the master's thesis.

Student and supervisor

Both student and supervisor may request a change in the supervisory relationship if the other party does not fulfil his/her obligations. A formal request must be addressed to the study administration.

Oslo,



Student



Supervisor

Annex VI: Recommendation letter from supervisor for ethical approval

To:
Nepal Health Research Council
Kathmandu, Nepal

Date: 30. January 2021

TO WHOM IT MAY CONCERN

I am pleased to write this letter of recommendation as the academic supervisor for **Mr. Roshan Neupane**, student of the programme Master in International Social Welfare and Health Policy at Oslo Metropolitan University, Norway. He is conducting a research project entitled on "**Why children with disability are feeling less safe compared to without disabilities: A mixed study from Karnali Province, Nepal**". This research project will be conducted with the close co-ordination between OsloMet University and the Save The Children, Norway.

Mr. Roshan is conducting this research independently, without any financial support from the organization. The whole research process will be conducted under direct supervision and guidance, and I will be the responsible part.

The project will adhere to international ethical and legal standards, and both Norwegian and Nepalese rules will be followed. The project requires ethical clearance from Nepal, as the research involves participants in interviews about issues related to disability and safety, and I would like to recommend his application for process of ethical clearance.

Please, feel free to contact me if you have any queries regarding this research project.

Sincerely,

Ragnhild Dybdahl
Associate Professor
Research Supervisor for Mr. Neupane's research project
Oslo Metropolitan University

Tel: +47- 41470508

E-mail: ragndy@oslomet.no

Website: <https://www.oslomet.no/om/ansatt/ragndy/>

Annex VII: Recommendation letter from OsloMet University for ethical approval



Oslo, 01.02.2021

To whom it may concern

Recommendation for field studies

This is to certify that Roshan Neupane, born 03.09.1994, is a master's student at Oslo Metropolitan University, Oslo, Norway.

Neupane has admission to study at OsloMet, Faculty of Social Sciences. He is enrolled in the study programme "Master Programme in Applied Social Sciences: International Social Welfare and Health Policy." The student currently has admission from July 10 2019 – August 31 2021.

The student has so far completed 90 ECTS. This is equal to the nominal study progression. In light of this OsloMet can safely recommend that Roshan Neupane is allowed to do field studies in Nepal. The project will adhere to international ethical and legal standards, and both Norwegian and Nepalese rules will be followed.

Please contact the administration at the Faculty of Social Sciences (infosenter-sam@oslomet.no) or me directly (franro@oslomet.no / tel. +4791163029) should there be any questions regarding this recommendation.

Because of the covid-19 situation, the study administration at Oslo Metropolitan University is currently working from home. Because of this we do not have access to our official stamps. If confirmation of authenticity is required, please contact me.

Sincerely

Francis Rønnestad
Adviser
Faculty of Social Sciences
Oslo Metropolitan University



Government of Nepal
Nepal Health Research Council (NHRC)
 Estd. 1991

Ref. No.: 2326

Date: 3 March 2021

Mr. Roshan Neupane
 Principal Investigator
 Oslo Metropolitan University
 Norway

Ref: Approval of thesis proposal

Dear Mr. Neupane,

This is to certify that the following protocol and related documents have been reviewed and granted approval by the Expedited Review Sub-Committee for implementation.

ERB Protocol Registration No.	77/2021 MT	Sponsor Protocol No	NA
Principal Investigator/s	Mr. Roshan Neupane	Sponsor Institution	NA
Title	Exploring perceived safety among children living with disabilities in Nepal: A mixed method study		
Protocol Version No	NA	Version Date	NA
Other Documents	1. Data collection tools	Risk Category	Minimal risk
Expedited Review	Proposal	<input checked="" type="checkbox"/>	Duration of Approval 1 March 2021 to 1 March 2022
	Amendment	<input type="checkbox"/>	
	Re-submitted	<input type="checkbox"/>	
	Meeting Date: 1 March 2021		
Total budget of research	NRs 99,000.00		
Ethical review processing fee	NRs 10,000.00		
Investigator Responsibilities :			
<ul style="list-style-type: none"> • Any amendments shall be approved from the ERB before implementing them • Submit progress report every 3 months • Submit final report after completion of protocol procedures at the study site • Report protocol deviation / violation within 7 days • Comply with all relevant international and NHRC guidelines 			

Tel: +977 1 4254220, Fax: +977 1 4262469, Ramshah Path, PO Box: 7626, Kathmandu, Nepal
 Website: <http://www.nhrc.gov.np>, E-mail: nhrc@nhrc.gov.np



Government of Nepal
Nepal Health Research Council (NHRC)
Estd. 1991



Ref. No.: 2326

- Abide by the principles of Good Clinical Practice and ethical conduct of the research

If you have any questions, please contact the Ethical Review M & E Section at NHRC.

Thanking you,

Dr. Pradip Gyanwali
Member-Secretary
(Executive Chief)

Tel: +977 1 4254220, Fax: +977 1 4262469, Ramshah Path, PO Box: 7626, Kathmandu, Nepal
Website: <http://www.nhrc.gov.np>, E-mail: nhrc@nhrc.gov.np

Annex IX: NSD assessment and approval letter

10/03/2021

Meldeskjema for behandling av personopplysninger

NSD NORSK SENTER FOR FORSKNINGSDATA

NSD's assessment

Project title

Exploring perceived safety among children living with disabilities in Nepal: A mixed method study

Reference number

240680

Registered

25.01.2021 av Roshan Neupane - neupane.rosan@gmail.com

Data controller (institution responsible for the project)

OsloMet - storbyuniversitetet / Fakultet for samfunnsvitenskap / Institutt for sosialfag

Project leader (academic employee/supervisor or PhD candidate)

Ragnhild Dybdahl, ragndy@oslomet.no, tlf: +4741470508

Type of project

Student project, Master's thesis

Contact information, student

Roshan Neupane, s339989@oslomet.no, tlf: 46567302

Project period

04.01.2021 - 14.05.2021

Status

10.03.2021 - Assessed

Assessment (2)

10.03.2021 - Assessed

In reference to the changes registered on 10.03.2021. The changes made to the Notification Form or attachments does not affect NSD's assessment of how personal data are processed in this project.

FOLLOW-UP OF THE PROJECT

NSD will follow-up the project at the planned end date in order to determine whether the processing of personal data has been concluded.

<https://meldeskjema.nsd.no/vurdering/600ea969-cc39-4849-8577-e6bbe30c8cce>

1/3

Good luck with the project!

Contact person at NSD: Kajsa Amundsen
Data Protection Services for Research: +47 55 58 21 17 (press 1)

09.03.2021 - Assessed

Our assessment is that the processing of personal data in this project will comply with data protection legislation, so long as it is carried out in accordance with what is documented in the Notification Form and attachments, dated 09.03.2021 as well as in correspondence with NSD. Everything is in place for the processing to begin.

NOTIFY CHANGES

If you intend to make changes to the processing of personal data in this project it may be necessary to notify NSD. This is done by updating the information registered in the Notification Form. On our website we explain which changes must be notified. Wait until you receive an answer from us before you carry out the changes.

TYPE OF DATA AND DURATION

The project will be processing general categories of personal data until 14.05.2021.

LEGAL BASIS

The project will gain consent from data subjects to process their personal data. We find that consent will meet the necessary requirements under art. 4 (11) and 7, in that it will be a freely given, specific, informed and unambiguous statement or action, which will be documented and can be withdrawn.

The legal basis for processing general categories of personal data is therefore consent given by the data subject, cf. the General Data Protection Regulation art. 6.1 a).

PRINCIPLES RELATING TO PROCESSING PERSONAL DATA

NSD finds that the planned processing of personal data will be in accordance with the principles under the General Data Protection Regulation regarding:

- lawfulness, fairness and transparency (art. 5.1 a), in that data subjects will receive sufficient information about the processing and will give their consent
- purpose limitation (art. 5.1 b), in that personal data will be collected for specified, explicit and legitimate purposes, and will not be processed for new, incompatible purposes
- data minimisation (art. 5.1 c), in that only personal data which are adequate, relevant and necessary for the purpose of the project will be processed
- storage limitation (art. 5.1 e), in that personal data will not be stored for longer than is necessary to fulfil the project's purpose

THE RIGHTS OF DATA SUBJECTS

NSD finds that the information that will be given to data subjects about the processing of their personal data will meet the legal requirements for form and content, cf. art. 12.1 and art. 13.

Data subjects will have the following rights in this project: access (art. 15), rectification (art. 16), erasure (art. 17), restriction of processing (art. 18), data portability (art. 20). These rights apply so long as the data subject can be identified in the collected data.

We remind you that if a data subject contacts you about their rights, the data controller has a duty to reply within a month.

FOLLOW YOUR INSTITUTION'S GUIDELINES

NSD presupposes that the project will meet the requirements of accuracy (art. 5.1 d), integrity and confidentiality (art. 5.1 f) and security (art. 32) when processing personal data.

To ensure that these requirements are met you must follow your institution's internal guidelines and/or consult with your institution (i.e. the institution responsible for the project).

10/03/2021

Meldeskjema for behandling av personopplysninger

FOLLOW-UP OF THE PROJECT

NSD will follow up the progress of the project at the planned end date in order to determine whether the processing of personal data has been concluded.

Good luck with the project!

Contact person at NSD: Kajsa Amundsen

Data Protection Services for Research: +47 55 58 21 17 (press 1)

Annex X: Time Plan of the study

Time Plan for Master Thesis

Jan-Nov-15, 2021

Activities / Months	Jan- March	April- June	July- August	Sep	Oct-Nov 15
Meeting with the professor and with the contact person of the Save the children					
Finalizing the methodology and objectives					
Write up of Introduction chapter					
Write up of Methodology and literature review					
Access secondary data of Save the Children Norway					
Collection of documents and application for ethical clearance from Nepal Health Research Council and Norwegian Center for Research Data					
Data Collection from Nepal (In-Depth Interview)					
Translation and transcription of the qualitative data					
Qualitative and Quantitative Analysis and Start-up of Report Writing					
Discussion and Conclusion					
Final edit and Submission					