

Inclusion of Children with Disabilities in Early Childhood Development Programs in Nepal: Construction of a Stakeholder Informed Framework

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Nepal's Early Childhood Education and Development (ECED) programs are designed to support young children's holistic development including a focus on physical, emotional, social, moral and intellectual development. They are also designed to support children's successful transition to school. As such, inclusion of children with disabilities in these ECED programs would appear to be an important early intervention strategy for this already marginalised group. However, while inclusion of these children in ECED programs is viewed as desirable by the government and communities, in reality, it is not widespread. This research examined the reasons for the lack of inclusion of children with disabilities in the ECED programs with the aim of constructing a stakeholder-informed framework that would serve as a foundation for increasing enrolment of children in ECED programs. Through interviews, focus group discussions with key stakeholders and document reviews, it became evident that several contextual and organisational factors interacted to create multiple barriers to successful inclusion. Contextual factors included spirituality, caste, ethnicity, language, economic status and geographic location. Organisational factors included policy, attitudes, teacher efficacy, resources, coordination and communication processes and parental engagement. The identification of these factors by stakeholders provides an opportunity to develop a framework, in which these factors can be explicitly addressed, and policy and strategic resourcing to address current barriers to the inclusion of children with disabilities in ECED programs in Nepal. This action is critical to ensuring increased numbers of young children with disabilities access early intervention and education programs to support their holistic development and the opportunities that education affords.

Keywords: early childhood education and development, disabilities, Nepal, inclusion framework.

Introduction

The OECD Starting Strong Report (2017) provides extensive evidence on the value and importance of access to Early Childhood Education (ECE) programs for all children. The report identifies that high quality ECE provides the foundation for lifelong benefits and well-being. Specifically, the report states that ECE provides an opportunity for creating greater equity of learning outcomes, a reduction in life-long poverty and improvements in social mobility across generations. Given such powerful outcomes, it is not surprising that many countries including developing countries such as Nepal are investing in access to Early Childhood Education and Development (ECED) programs for their youngest citizens. While the introduction of ECED programs commenced in Nepal in the early 2000s (Shrestha, Bajracharya, Aryal, Thapa, & Bajracharya, 2008), and have now expanded to over 35,000 centres across the country (Ministry of Education, 2017), children with disabilities have largely been excluded from these programs (Department of Education, 2019). There are numerous and complex reasons for this exclusion. Given the country's commitment to the United Nations Convention on the Rights to Person with Disabilities (2006) and Sustainable Development Goal Number 4, it is timely and important to address these reasons to ensure children with disabilities are provided with the opportunity to achieve the benefits of ECE as identified in the Starting Strong report.

Beyond providing ECE benefits to individual children, the inclusion of children with disabilities in ECED programs provides additional social dimensions of development for all children. Inclusive education, especially in the early years establishes a foundation for inclusive societies, as it acknowledges the rights of all children to an education and builds relational understanding and regard for children and teachers from diverse backgrounds (Lewis & Bagree, 2013). Research also indicates that 'students with disabilities thrive when they are, to the greatest extent possible, provided the same educational and social opportunities as nondisabled students' (Hehir et al., 2016, p.1). To date, the Nepalese Government's Education Act (1971), and the National Education Policy (2019) have not made provisions for inclusion of all children with disabilities in mainstream education nor access to ECED programs. Therefore, attention to how a change of policy can be achieved is paramount.

One of the aims of this research was to analyse international literature on high quality inclusive early childhood education programs as a foundation for developing an inclusive education framework of relevance to the context of

Nepal. The Index for Inclusion of Children in Early Years and Childcare developed by Booth and Ainscow (2002), and the United Nations' Girls Education Initiative (UNGEI) Guide for Equity and Inclusion (2010) provided valuable foundations to direct additional exploration of the factors of influence on the inclusion of children with disabilities in ECED programs in Nepal. The research undertook an extensive review of international and available Nepalese literature, although the latter was limited. Following the development of a literature-informed framework, consultation with key stakeholders would determine a final stakeholder informed inclusive education framework for Nepal's ECED programs. The purpose of commencing with a literature-informed framework was to provide a comprehensive overview of factors that may not be highlighted by families or educators with limited exposure to, or information about, inclusive education, given the dearth of research in inclusive education in Nepal (Lamichhane, 2013; Regmi, 2017). The purpose of the final inclusive education framework (IEF) was to inform future policy development for inclusive ECED programs.

In order to develop the IEF, research questions were framed for different phases of the research, phase 1 being the literature-informed IEF development and phase 2 and 3 focused on consultation with the key stakeholders.

Research questions

Phase 1 research questions

1. What does the existing national and international literature postulate about the inclusion of children with disabilities in ECED generally and in Nepal particularly?

Phase 2 research questions

2. What factors do stakeholders believe need consideration to achieve effective inclusion of children with disabilities in ECEDs in Nepal?
3. How are stakeholders' perspectives reflected or overlooked in the proposed ECED IEF for children with disabilities?

Phase 3 research questions

4. What are stakeholders' perceptions of the proposed ECED IEF?

5. How could the ECED IEF contribute to policy design in order to support more effective inclusion of children with disabilities in ECED in Nepal?

Phase 1

Development of Literature- and context- informed Inclusive Education Framework (IEF) as an outcome of literature review

At the outset, this research developed the literature-informed IEF, whereby many interacting factors of apparent relevance to the Nepal ECED context emerged. They included policy, attitudes, teacher efficacy, resources and funding, coordination and parental engagement.

Policy is vital to safeguard the rights of beneficiaries through legal proceedings and the accountability of service providers and stakeholders by defining and distributing their roles (Eleweke & Rodda, 2002). Policy influences all other factors. However, policy does not necessarily improve the likelihood of the inclusion of children with disabilities in education when it lacks conceptual clarity, comprehensiveness, resourcing and coordination capabilities (Forlin, Chambers, Loreman, Deppeler, & Sharma, 2013; Sharma, Loreman, & Macanawai, 2016). Given the absence of a universally agreed understanding of inclusive education, conceptual and operational understanding among all stakeholders is crucial for ensuring the inclusion of children with disabilities in education in the South Asian context (Sharma, 2011). Such a clarity and understanding of inclusive education enables stakeholders to commit to their duties and responsibilities.

As a concept, the inclusion of children with disabilities means ensuring ‘four As’, which includes access to education for all children with their acceptance and active participation or engagement, which should result in their achievements or progress (Ainscow, 2003). "Inclusion means bringing children who have been excluded (e.g., children with disabilities, the female child, children from poor families, and street children) from the mainstream school system into regular classrooms" (Sharma, 2011, p. 8).

As an operation strategy, an inclusive education aims to enhance the education system by reducing impediments to learning and by recognising learning needs and abilities of every child (Ahmmed, 2013).“The goal of this

approach is to make a significant impact on the educational opportunities of those who attend school but who for different reasons do not achieve adequately and those who are not attending school but who could attend if families, communities, schools and education systems were more responsive to their requirements" (Ahuja & Ibrahim, 2006, p. 6, as cited in Ahmmed, 2013).

The concept of inclusive education in specific contexts needs to be clarified by localised policy (Forlin, 2018). Inclusive education should be viewed as a continuum, ranging from special education through integration to inclusion of all children including those living with disabilities in education (Smith, Polloway, Patton & Dowdy, 2005). Still, there is a need for precise understanding of this continuum within the specified context. Nepal is a low-income country in South Asia with multiple cultures, caste and ethnic groups, economic class and geography. Diversity as such greatly affects the inclusion of all children with disabilities in education as a whole, and ECED in particular. In Nepal, inclusive education for early years' children is not embraced by education policies, which is a major barrier to children's active participation and achievement in learning. This not only results in a lack of vision, but also creates ambiguity in operating programs by failing to address the basic requirements or key components for inclusive education, for example, teacher professional development, resources, accountability procedures for coordination and the development of physical environments (Forlin, et al., 2018).

Although policy is fundamental to inclusive education, negative attitudes towards disabilities impede the execution of policy. Negative attitudes are the state of cognitive dissonance and uneasiness to a phenomenon, a situation or an object (McLeod, 2018). Negative attitudes reflect negative beliefs, impacting behaviours. When communities' attitudes towards disabilities are negative, its members become disinterested, resisting initiatives required for inclusive education. Hannon (2006, p.8) argues, "Negative public attitudes can be a formidable barrier to the success of particular policies because the public significantly influences how much importance is given to an issue". The root cause of negative attitudes towards disabilities in Nepal is, its association with many negative constructs, stigma and stereotypes resulting in lack of recognition of the need for the inclusion of children with disabilities in education. Stakeholders underestimate the learning abilities of individuals with disabilities and neglect their learning and developmental needs (Livneh, 1982), believing that individuals with disabilities are incapable of achieving the same as individuals without disabilities due to their functional limitations.

On many occasions, the Hindu and Buddhist faiths interpret disabilities as the result of past sin by connecting it with the negative interpretation of the law of Karma (Sharma, 1999). Negative attitudes are both the cause and consequence of the exclusion of children with disabilities in education. Attitudes as such restrict the inclusion of children with disabilities in education. A lack of opportunity for education perpetuates negative attitudes, which further affects emotional wellbeing of these children.

Since teachers are the heart of inclusive education, their lack of knowledge and skills of teaching strategies and developing learning materials in inclusive settings as well as a lack of support from school administration inhibit children's inclusion (Avramidis & Norwich, 2002; Darragh, 2007; Forlin & Chambers, 2011; Underwood, Valeo, & Wood, 2012). Teachers must adopt inclusive methods and approaches, such as inclusive pedagogy and twin track approach to teaching children with disabilities. In Nepal, teacher professional development programs do not provide teachers with the necessary capabilities in applying inclusive approaches to teaching and learning (Regmi, 2017).

Furthermore, inclusion of children with disabilities requires additional funding and resources to create the least restrictive environments in schools and in communities. Necessary resources include physical infrastructure, assistive devices, support services, and the development and use of multi-sensory techniques and materials (Chaikind, Danielson, & Brauen, 1993). With inadequate budget for essential resources allocated by governments, inclusion in education is restricted. Multidisciplinary services such as regular medication, therapies and early stimulation to learning by occupational therapists, speech pathologists and educators are fundamental to inclusive education (Ainscow, 2005; Corps, Ceralli, & Boisseau, 2012). Collaboration among these services provides early intervention as well as ongoing support to improve children with disabilities' development trajectory and learning. The system of collaboration between agencies and professionals for inclusive education has not been established in Nepal. Similarly, as the first teachers of children including children with disabilities, parents' participation in their children's learning at home and in schools is vital. They are an enormous source of local wisdom. However, there is a knowledge gap in the academic literature relating to the roles of parents in Nepal (Pokhrel, 2020). The existing policies have not tapped parent's potential due to the lack of clearly defined responsibilities for a parent in their children's schooling (Ministry of Education, 2004).

There is a universal consensus amongst international and national literature that these organisational factors, such as policy, attitudes, teacher efficacy, resources and funding, coordination and parent participation are interconnected and influence inclusive education (Forlin et al., 2013; Sharma et al., 2016; UNESCO, 1994). Harmonisation of these factors is a precondition for successful inclusive ECED programs. Therefore, these factors provided the basic foundation underpinning the literature-informed framework (Forlin, 2018).

In addition to these factors from the international literature, national literature and local researchers' knowledge of the Nepalese context were included in the initial IEF to add relevance. Key contextual factors identified in the national literature included economic class, gender, caste, ethnicity, language of instruction and geographic location (Acharya, 2007; Armstrong et al., 2011; Awasthi, 2004; Claire, 2004; Koirala, 1996; Regmi, 2017).

The literature- and context- informed framework detailed in Figure 1 includes organisational factors of influences in the central circle surrounded by contextual factors. The arrows are designed to note the anticipated interaction between contextual factors which would be further explored in Phase 2 and 3 of the research.

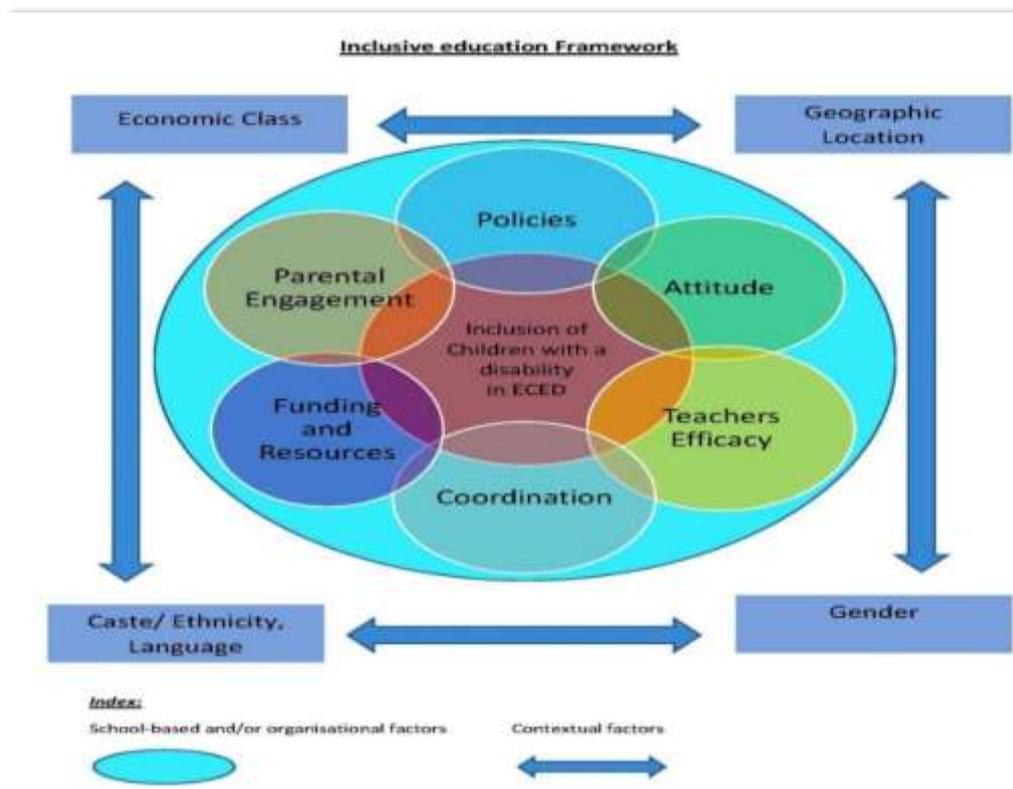


Figure 1. Literature- and context- informed Inclusive Education Framework (IEF).

Research design and methods

The research employed a heuristic qualitative design. In-depth data on stakeholders' experiences and perceptions were sought to inform the development of the stakeholder informed IEF. The research employed individual interviews, document (ECED related plan, policy and program documents) reviews and focus group discussions with 36 stakeholders. These three methods were used to triangulate the data generated from each source. Prior to presenting the IEF detailed in Figure 1 to stakeholders, interviews and focus group discussions were conducted. This process was employed to avoid the stakeholders being influenced by the factors included in the initial framework, and to focus on their experiences and perspectives as an important starting point in understanding factors they believed were of relevance to either the exclusion or inclusion of children with disabilities in Nepal's ECED programs. Following the interviews, focus groups and document reviews, the

data generated were analysed to determine whether factors identified by the stakeholder groups reflected those in the initial framework, or if those in the initial framework were not mentioned by stakeholders. Of importance was attention to whether stakeholders had included additional factors that had not been previously included in the initial IEF.

A criterion-based purposive sampling method was adopted to select key stakeholders, including parents and professionals, the relevant and important sources of knowledge regarding reasons for, and factors influencing exclusion and inclusion of children with disabilities ECED.

Research participants. The participating stakeholders comprised five parents of children with disabilities and five parents of children without disabilities, whose children were included in the same ECED centre. Six ECED staff with experience of inclusion of children with disabilities in ECED programs, five ECED teachers without experience of inclusion, five government professionals engaged in policy and programs for ECED, five persons with disabilities and five NGO professionals involved with ECED programs were also interviewed.

The researcher spent four months in the field from September 2016 to January 2017 gathering, recording, transcribing data, and in final consultations.

Data Analysis. The data were analysed by adopting theoretical thematic analysis techniques as recommended by Braun and Clark (2006), that include six steps: data familiarisation, identification of the latent meaning and pattern in the whole data set, coding the themes or ideas, combining the codes generated from individual interviews, focus group discussions and document review, reviewing the codes, defining the codes and finally the report preparation. N-vivo software was used to analyse the data. Although the literature-informed IEF and research questions guided the data analysis process, a Nepal IEF was developed by inviting these key stakeholders to agree, disagree or add other dimensions to the framework as an outcome of their lived experiences. The new iteration of the IEF was developed and shared with a second focus group of the same research participants for their feedback on its relevance and soundness. The research had potential limitations. First, it involved stakeholders relating to education, not stakeholders from other aspects of ECED. Second, it was unfeasible to include parents of those children with disabilities, who were not included in ECED programs.

Phase 2

During phase 2, the research undertook a detailed analysis of all stakeholder generated data, confirmed with documents review. The data strongly supported the organisational and contextual factors that had been included in the initial literature-informed IEF. Numerous other examples from research participants highlighted factors that were based on their lived experiences included in the initial literature-informed IEF, and some examples as part of the stakeholders- informed IEF are detailed below. The stakeholder-informed IEF in Figure 2 specifics the most significant findings related to the contextual factors of relevance to the ECED IEF.



Figure 2. Stakeholders informed framework – contextual factors

Phase 3

In phase 3, the key stakeholder driven additional factors were included in the revised stakeholder-informed IEF. This included spiritual beliefs and more detailed information in relation to caste-based discrimination, ethnicity,

cultural beliefs and practices, and language of instruction. Such contextual factors also affect certain organisational factors. Due to limitations on the length of the paper, organisational factors identified in the ECED IEF are not addressed in detail but are acknowledged in the final section for their influence on successful progress in the area of inclusion of young children with disabilities in ECED programs in Nepal.

Contextual conditions

The seven contextual conditions featured in the ECED IEF (see Figure 2) are gender, spirituality, caste-based discrimination, cultural beliefs, ethnicity, economic situation and geographic location. The research identified that some of these factors featured more significantly in rural and remote location as opposed to urban ECED centres. Nevertheless, many featured in all settings. The following sections address the contextual conditions independently and in relationship to each other to highlight not only connections between the contextual conditions but how they may work in relationship to generate multiple barriers to young children with disabilities accessing early childhood education.

Gender. Gender was identified as a contextual factor as the preference for the education of boys is a long held cultural belief and practice across castes and locations in Nepal. One research participant commented:

There is discrimination...between sons and daughters... When my father carried me to school, our neighbours in Terai used to ask my father “why are you taking your lame daughter to school?” What is the use of educating your lame daughter? Who would marry this girl? I saw the same case in Sindhupalchok one month ago, after 25 years. Parents brought their son with a disability to a primary school, but they don’t think they should do the same for their daughter with a disability and kept her at home.

Preference for sons and their education, underpinned by patriarchal constructs are commonplace in Nepal for three reasons; cultural, economic and religious. Culturally, females take their husband’s surname and are required to leave their parental home to stay in their conjugal home following marriage. As a result, fathers undervalue daughters for being unable to continue their lineage. Sons stay with their parents and succeed to their fathers’ caste. They

provide welfare and security support in their parents' old age including economic support (Stash & Hannum, 2001). Daughters after marriage are not responsible to assist their conjugal families and not obliged to contribute to their parents economically. For this reason, their parents and community members believe that it is worthless to invest in a daughters' education who will soon belong to others (Bista, 2004). Religiously, it is believed that without the last rites performed by a son, parents will not be liberated after their death (Khemaka, 2000). The influence of these cultural, economic and religious factors is evident in almost all castes and ethnicities (Shrestha, 2007). This research noted the practice of promoting boys' educational opportunities in urban settings takes on a slightly different form of exclusion as noted by one early childhood educator:

There is gender discrimination in ECED. Parents send their sons to expensive private ECED [centres] and daughters to community ECED [centres]. This is the reason why we can see many girls in community run ECED [centres]. Female children are more disadvantaged in terms of getting access to education among the lower caste in the Terai region and rural areas.

This educator is referring to children without disabilities but indicates there may be similar preferences, if parents in urban settings choose to educate their child with disabilities. Another effect of male domination in society on the education for females with disabilities is the consequence of male's common choice not to marry females with disabilities, which prevents parents from pursuing education for their daughters.

In Nepal, education for female children with disabilities is influenced by a famous Hindu code stipulated by Manu in 1500 BC, which postulated that "Pita rakshati kaumare, bharta raskshati youvana, putrah rakshati varddhakye, nastree swatantryam arhati" (Manusmriti, 2005, p. 14). This code translates to "a father should protect a female in childhood, her husband in her youth and her son in later age. Women should not be left free at any time in their life". This code discourages females' independent existence in the community due to unequal power relationships between male and female. As a consequence, parents want their daughters to marry and establish a family life (Gharbar) so that there will be someone to care for them in their old age. The purpose of educating a female is to find a capable husband for her. Since female children with disabilities are less likely to marry (Dhungana, 2006; Singal, 2016), parents do not want to invest in their daughters' education. Being a female child with disabilities means being doubly disadvantaged by the interaction of

two factors—gender and disabilities—and stigmatised as being unable to marry. Greater awareness about the importance of education for women with disabilities for their productivity, independence and a dignified life is vital to the inclusion of female children with disabilities in education. Caste –based discrimination

The context of gender, particularly being a female child with disabilities, presents a major barrier to accessing early education opportunities, and this is compounded by the child’s caste. In particular, Dalit children, with or without disabilities, male and female, face discrimination and possible exclusion from education. One educator noted that discrimination was being addressed in urban areas but remained an issue in rural locations:

This is a city area and there is no caste-based discrimination. We treat all children equally. However, parents of Dalit children doubt us whether we discriminate [against] their children similar to their village on many occasions, for example, letting them eat together with non-Dalit children, taking water from the common water filter in schools and letting them participate in many activities.

A parent also stated:

Although we are from the Dalit community and my child has a disability, he can eat day-meals together with his friends at schools. He shares his food and accompanies his friend Bibek.... He can play and read together with his friends. I could not think that a teacher would treat my son as equal to other non-Dalit children. He would not eat, play and work with his friends, if he were in my village.

While this parent’s observation is encouraging and provides evidence that some change in attitudes and opportunities are occurring, it can also be noted she is referring to her son. Throughout the research, there was no reference of female children with disabilities from the Dalit caste attending an ECED program. Indeed, Pokhrel (2020) has found that

Gender discrimination was the strongest factor in educational marginalisation of persons with disabilities. The research also identified that caste-based discrimination is manifested in two forms; labelling as Dalit in urban schools, and untouchability and name-calling Dalit in rural schools.

Using the term ‘Dalit’ to signify long held humiliation, exploitation and subjugation of this populace continues their exclusionary status. This suggests specific attention is required to eliminate the labelling of children as Dalit and importantly to the triple discrimination faced by females with disabilities from the Dalit caste.

An intensely rooted caste-based discrimination against children from the Dalit communities resulted in their marginalisation in education including ECED programs. In Nepal, caste- based discrimination was entrenched by a law passed in 1854. The law specifically divided communities into Chhut (touchable; individuals are free to have social intercourse) and Achhut (untouchable; individuals are barred to have social intercourse). The law categorised the Dalit community as in Achhut group. Consequently, this community is not allowed to participate in the same educational institutions with their non- Dalit peers (Gurung, 2002).

Although the Government of Nepal amended this law several times to prohibit such inhuman and immoral activities in public places including educational organisations, including through the Constitution of Nepal (2015), the changes have not been implemented. In schools, children are unable to oppose discrimination against them and forced to drop out of school due to the stress, anxiety and fear of derogating their dignity (Paudel, 2007). Parents, despite being fully aware of the discrimination against their children, lack information about the complaint registration process and finances for effective access to justice in caste-based discrimination through the court. On top of this, the Dalit community are hesitant to lay complaints against non- Dalit communities due to the dependency of the Dalit communities on Non- Dalit communities for their basic needs. A majority of Dalit communities are poor, landless and compelled to barter their labour with non- Dalit communities in rural areas (Cameron, 2009). When caste-based discrimination interacts with poverty, it multiplies the complexity of discrimination against the Dalit community. Gender and disabilities further interact to magnify such complexity.

Spirituality, Ethnicity, cultural beliefs and medium of instruction. The issues of spirituality, ethnicity and cultural beliefs are complex and varied in their influence on young children with disabilities accessing ECED programs, and while identified separately in Figure 2 are discussed together here. Three specific issues were raised in this research including the role of spirituality in

preference of schools, cultural beliefs and practices of ethnic minorities and lack of ethnic language use in ECED programs.

Many parents with strong spiritual beliefs prefer to send their children to traditional Hindu (Gurukul and Ashram), Buddhist (Gumba) or Islamic (Madarasas) schools. In these schools ECED services are not yet available or viewed as relevant. These schools also have other specific conditions, for example, female children and children from Dalit and ethnic groups are not accepted in Gurukuls and Ashrams while Madarasas do not enrol children from Brahmin or other ethnic groups (Thapa, Sherpa, Bajracharya, & Pandey, 2007). Schools have the right to practices based on traditional spiritual beliefs, however, this should not be at the discrimination of some children to an education. If spiritual schools are not considered appropriate for some children, then dialogue is needed about their right to an education and also the importance of education to future opportunities. Specifically, there is a need to address educational opportunities for young children with disabilities from these communities and recognition of the difference early intervention and early childhood education can make not just to the child but to their families as well.

Some parents, who have been worshipping many deities for progress, prosperity and healthy life as daily routines strongly, believe that Tantric healers can cure their children's diseases and disabilities. They believe that modern health professionals alone are not able to cure their children's diseases. As one parent said:

We usually take our children to the Tantric and doctors concurrently. We believe that doctors alone cannot cure our children. The Tantric suggest us to do Devi-Dewatako Puja [worship Goddesses and Gods]. They help us to do Puja, when it is difficult. They sometimes give our children some herbal medicines as well. They also suggest us take our children to the doctors. When we follow this, we get our children cured of disease. Once, my daughter fainted. Tantric did puja and she recovered without taking her to the doctor and without applying medicine.

It is believed that Tantric healers can please the goddesses and gods, by worshipping, praying, reciting mantra and sacrificing foods or animals and persuade them heal human disease (Goudriaan & Gupta, 1981). Another reason for consulting Tantric healers is that the number of Tantric healers are

more abundant, affordable and available than modern health professionals (Paudel, Javanparast, Dasvarma, & Newman, 2018). However, taking their children to Tantric healers can prevent parents from consulting modern medical professionals about their children's disabilities. This also delays the identification of disabilities. Delayed identification results in delayed intervention to address the overall development and learning needs for children with disabilities.

As there is confusion between disease and disabilities parents first consult tantric healers in the hope of finding a cure to disabilities. In many instances, Tantric healers themselves decide whether parents should follow Tantric methods or consult modern health professionals. As another parent narrated:

When my child does not feel well, I first take him to the Tantric. They try to identify the cause of sickness or disabilities. If they think Devi-Dewata are angry with us and Puja will help cure disease. They do it. When they think everything is okay with Devi-Dewata, then they suggest I consult with the doctors. When my child could not speak until four years, I took him to the Tantric. He suggested I take the boy to the hospital, because he knew that this case had nothing to do with Devi-Dewata.

It was reported that some Tantric healers can find remedies for children's diseases with the help of herbal medicine and worshipping goddesses and gods simultaneously. Therefore, parents prefer Tantric healers to modern health professionals. As modern health professional are not easily available (Khatry & Eliade, n.d.; Subedi, 2003), and they do not provide quality services to children with disabilities and families, parents lack confidence in the capacity of the modern health professionals' services. Hence, parents are compelled to depend on Tantric healers. This finding suggests educating Tantric healers to refer the case of disabilities and disease to modern health professionals would be of benefits.

The challenges of children with disabilities from spiritually- focused families is also reflected in families from ethnic minorities, for example, the nomadic indigenous Raute ethnic community. This research identified that despite ECED services being imperative for children from Raute, as well as remote Chepang communities, for their survival (Banu, 2017; Khanal, 2014; UNDP, 2011), all children including those with disabilities in these

communities are excluded from early educational opportunities. The Raute community rejects ECED and schools for three reasons. First, as jungle dwellers, with little interaction with villagers and the outside world, the Raute community perceives that no other culture is more important than their culture. Such perceptions are regarded as ethnic encapsulation, in which certain ethnic communities perceive that their culture is the best and they are reluctant to mix with other cultures (Banks, 1976). In addition, they do not see the relevance of modern education to their livelihood, for example, the knowledge of biodiversity and the skills of carpentry and foraging wild foods results in the Raute community refusing schooling. Culturally and contextually relevant ECED intervention is required to support children in the Raute community, such as involving mothers and grandmothers in ECED activities and using natural materials and setting for learning activities. However, for children with disabilities such isolation from education and health services may result in diminished life expectancies and/or development.

Another factor influencing the early education of young children with disabilities and connected to ethnicity is that of language. Many children from ethnic minorities may not have access to learning the Nepali language at home. If presented with the opportunity to attend an ECED program, they may face the additional barrier of challenges in communication. As one early childhood educator noted:

Children, who come from a Non-Nepali speaking background, can learn better if teachers use children's mother tongue during the initial years of their enrolment in school, but it is challenging to find teachers who can speak the mother tongue of different children given that there are many different languages spoken in Nepal. It is also hard to develop learning materials in children's mother languages.

Certainly, the use of a child's home language would assist in early language and cognitive development through enhancing children's participation in learning, classroom interaction and practice (Phyak, 2019), yet at the same time the development of the official language of the country may serve to provide greater opportunities for seeking employment. As one mother commented:

I think teachers should use Nepali and English in the classroom because I want my child to be able to speak Nepali and English

as fluently as his counterparts. This would help him work with people without a disability in the future. I know that my child can naturally learn Tamang language from me.

This contrast between educators' and parents' perceptions suggest an ongoing focus and dialogue about language of instruction that can best support effective inclusion and future-oriented outcomes is required. Children with intellectual disabilities may experience even greater challenges when the language of instruction is not in mother tongue.

Economic class. The identification of 'economic class' as a contextual condition of relevance to the inclusion of children with disabilities in ECED programs is not surprising. Much research has identified poverty as a factor in exclusion from education for many children in developing countries (Plan International & London School of Hygiene Tropical Medicine, 2014; UNESCO, 2009; UNICEF, 2013). As 18 per cent of the Nepalese population is extremely poor, family poverty is identified as a cause and consequence of disabilities. Poor families are unable to afford education and health services for their child with disabilities. As children's developmental and educational needs are not met, their disabilities may worsen. They become dependent on others and less productive. This results in perpetuating poverty, which may continue for three or more generations (Singal, 2015). Reflecting the views of other research participants, one professional shared:

Poverty affects disabilities in two ways. First, parents need more money to cure a disability and educate their children with a disability. Second, people with a disability cannot earn, or earn less, as compared to people without a disability and they become poorer. We need to address these two dimensions of poverty within disabilities.

The use of 'cure a disability' by this professional suggests that families and professional may lack knowledge about some disabilities and believe there are cures. The belief there may be a cure for a child's disabilities can result in using much needed family funds for seeking cures that have no basis for success. While the Nepalese government is providing some financial support to families of children with disabilities, it appears this is not well-directed and currently not available to support the cost of enrolment in ECED programs. One parent stated:

I have a complaint that the Government is discriminating [between] younger and older children. Early years children are not getting scholarships, but primary year children are getting scholarships. This is not fair for parents like us who cannot pay fees for ECED programs.

Other research participants went on to note that ECED programs should be free for children with disabilities, who come from poor families. Many ethnic minorities and families living in remote locations are living in poverty, which creates an intersection between factors of influence in access to early education for children with disabilities. All research participants agreed there were multiple barriers to some children accessing early childhood education but access to a high quality ECED program was a potential strategy for breaking a family's poverty cycle. Rose (2018) argued that family poverty is a great barrier to education for children with disabilities. He further argued that if we address the issue of poverty half the problems of the inclusion of children with disabilities in education would be overcome. However, in Nepal the stipend policy, which aimed to support children with disabilities' access to primary and secondary education by providing financial support to the families of children with disabilities, has not been successful in bringing such children to schools (Mishra, Devkota, Karmacharya, & Acharya, 2014). The stipend only supports the middle-class families who can afford the cost of medication and therapies for their children with disabilities, while it has no value to those families who are living in absolute poverty and who are unable to afford necessities and health services for their children with disabilities. This policy discriminated early years' children by not provisioning for a stipend for these children. The stipend policy for primary and secondary education suggests that ECED services should be free for all children with disabilities with an additional stipend for those children whose families are living in absolute poverty through the identification of family's economic status.

Geographic location. A final contextual factor of influence in children with disabilities is geographic location. Nepal is recognised world-wide for its mountainous terrain and challenging environment. Many families are living in rural and remote mountainous and hill regions which again act as a barrier to inclusion in ECED programs. One professional working in rural and remote regions said:

We will never bring children to ECED centres from those communities who reside in difficult areas in Pahad and Himal.

It is not easy to develop the transportation system there. That is why we need to think of a different way. There should be a policy of home or community-based ECED centres in extremely difficult geographic locations, if we really want to include all children in ECED programs.

While this research participant noted the challenge of geographic regions to accessing educational programs, it is a positive sign that they believe there are other options for supporting families of children with disabilities including home and community education options.

Although the interaction of organisational factors affects the inclusions of children with disabilities in ECED, the effects of contextual factors create additional barriers to children's inclusion in education. Contextual factors are complex due to their association with century old cultural malpractices and the country's economic and geographic hardship. These factors individually are sufficient to impede the access and participation of children in ECED. When these factors interact with children's disabilities, the children become invisible. Their needs for education are notoriously underestimated. In Nepal, it is evident that even the pilot programs on inclusive education for children with disabilities in schools in the past were not able to include this cohort due the dominant nature of contextual factors such as poverty, gender, caste-based discrimination and geographic location over children's disabilities (Phuyal, Thapa, Bajracharya, & Thapa, 2006). The effect of contextual factors on the inclusion of children with disabilities revealed that the goal of inclusion of children with disabilities in ECED is unlikely to be achieved unless the effects of these contextual factors are addressed. However, these factors and their interaction have varying effects on different cohorts of children with disabilities. There is a need for case-specific approaches, rather than the same standard for all approach to address the issue of varying effects of contextual factors.

Conclusion

In essence, a young girl with a disability who is from an ethnic minority community or from the Dalit community whose family is living in poverty in a remote region is highly unlikely to access any form of early years education. Unfortunately, due to the many contextual factors of Nepal, this scenario is likely to be the norm rather than the exception, and while it is

challenging to know where to start when addressing intersecting factors that result in exclusion, this research provides an impetus for making a start. Through acknowledgement of the many factors of influence in the exclusion or inclusion of young children with disabilities in ECED programs policy makers, educational administrators, educators and families have starting points for working in collaboration. The focus of this paper has been specifically on contextual factors of influence in Nepal as it is important for those wishing to support change to understand the unique and often complex nature of cultural beliefs on moves towards inclusion in ECED. The research participants have contributed to a greater awareness of the issues at hand and although much of this was ‘insider’ knowledge for professionals and families in Nepal. The publication of the research findings in the form of the ECED IEF provides a sound stakeholder-informed foundation for strategic action.

Beyond the unique contextual factors identified in this research many organizational factors, often replicating the research founds in more developed countries (Booth & Ainscow, 2002; Forman & Arthur-Kelly, 2008) require specific attention and strategic action. For ECED programs to effectively include young children with disabilities they require insightful leaders, confident teachers, community support and relevant resources to name a few factors of significance. However, the fundamental starting point in any change is attitude. For Nepal to embrace inclusion of young children with disabilities in ECED programs all stakeholders must believe this is not only the right of the children but a very positive action for all in the community and, ultimately, the country. The multitude of factors influencing successful inclusion in ECED will not see an overnight transformation but with commitment and leadership from government and communities positive progress should be evident in the near future.

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