MAINSTREAMING THE LIVED EXPERIENCES OF PERSONS WITH DISABILITIES IN NAGALAND: A GENDER PERSPECTIVE

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Dedicated to all persons with disabilities

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INTRODUCTION

In recent years, there has been a considerable amount of research on persons with disabilities (PwDs) worldwide conducted with the aim of understanding their lived experiences (World Bank 2009; United Nations 2018; WHO 2011). Even in India there has been a steady growth in research revolving around PwDs and their correlations with gender, caste, and income levels (Addlakha 2008; Ghai 2003; Hans and Patri 2002; Mehrotra 2011).

This research documents the lived experiences of PwDs in Nagaland, especially women with disabilities (WwDs), by mainstreaming the issues and challenges that they face. While doing so, this study contextualises how PwDs are perceived and treated in Naga society. It uses a qualitative method to document the experiences of PwDs, especially WwDs, narrated by them or by their parents and siblings. The study also gathered oral testimonies and narratives through personal and telephonic interviews along with emails and WhatsApp chats.

Based on a random sampling technique, some selected WwDs from both urban and rural areas in Kohima and Dimapur districts were interviewed. A few cases from the other districts have also been incorporated to highlight issues from across the state. Apart from female respondents, some male PwDs were interviewed with a view to understanding and accommodating a wider perspective. The views and experiences of some disability rights activists, NGOs, teachers, and administrators of special schools or inclusive schools, and government officials involved in disability issues have also been incorporated. Moreover, some laypeople were interviewed to understand society's social and cultural perceptions about PwDs.

UNDERSTANDING DISABILITY

PwDs are considered one of the most marginalised and deprived groups in most parts of the world. They have poorer health outcomes, lower educational achievements, less economic participation, and higher rates of poverty as compared to people without disabilities. They constitute the most socially, educationally, and economically disadvantaged section without much opportunity for self-assertion on matters such as identity and development.

Disability is not just a medical condition; it also has very strong social and cultural connotations which, in most cases, lead to victimisation and discrimination of PwDs (Kundu 2000). Mehrotra (2013) maintains that disability is largely seen as a product of cultural impediments such as mythological beliefs and stereotypes as well as structural impediments like poverty; lack of employment opportunities and development; illiteracy; and caste, class and gender barriers. The victimisation of PwDs is more visible in the education and employment sectors and in the lack of physical access to public institutions (Srivastava and Kumar 2015). While attempts have been made at the global and national levels to create awareness about the need to protect and promote their rights, many PwDs still suffer in silence without adequate community support and a proactive role by governments. Some find solace in the care given by their families, while some are cared for by non-governmental organisations (NGOs). Yet there are many who are unable to receive such interventions, depriving them of their right to live with dignity and equality. Disability issues are a matter of grave concern for all since most people are likely to develop some form of impairment in their lives either permanently or temporarily (WHO 2011).

According to the *World Report on Disability*, there were over one billion PwDs in the world in 2011 (WHO 2011), which was about 15 percent of the world's population. The rate of disabilities is increasing due to ageing and sedentary lifestyles and, this in turn, exacerbates chronic health conditions as PwDs have less access to healthcare services. In India, there are about 26.8 million PwDs, which is 2.21 percent of its 1.21 billion population (Census 2011), a majority of whom reside in rural areas. Of these, 56 percent (15 million) are men and 44 percent (11.8 million) are women. While official estimates of PwDs in India are low (around 2 percent), alternative estimates using better methods and more inclusive definitions suggest a higher incidence of disability (at least 5-8 percent) or between 40 to 80 million people (World Bank 2009; *The Wire* 2017).

Along with the rest of the world, the Indian government has been adopting several measures to protect PwDs' rights including the enactment and enforcement of the Persons with Disability (Equal Opportunities, Protection of Rights and Full Participation) Act, 1995. In 2007, India ratified the United Nations Convention on the Rights of Persons with Disabilities (UNCRPD). The Rights of Persons with Disabilities Act, 2016 was enacted in compliance with UNCRPD. However, despite these legislations, many PwDs still suffer from physical, financial, attitudinal, information, and communication barriers. They are confronted with issues such as lack of access to education, employment opportunities, and healthcare facilities. Such deprivations have a cascading effect on their rights and quality of life, including those of their families and caregivers. Despite the magnitude of the issue, both awareness and scientific information on disability issues are lacking in India.

MEANING AND DEFINITION OF DISABILITY

Disability is a complex, dynamic, multidimensional, and contested concept. The International Classification of Functioning, Disability and Health (ICF) defines disability as an umbrella term for impairments, activity limitations, and participation restrictions. Disability refers to negative aspects of interactions between individuals with health conditions such as cerebral palsy, Down Syndrome, and depression and personal and environmental factors such as negative attitudes, inaccessible transportation and access to public buildings, and limited social support (WHO 2011). Thus, disability is not only a health issue but it is a complex phenomenon, reflecting an interaction between the features of a person's body and how society responds to their impairment.

According to the UNCRPD, 2006, PwDs include those who have long-term physical, mental, intellectual, or sensory impairments which in interaction with various barriers may hinder their full and effective participation in society on an equal basis with others. While defining disability it is also very important to differentiate between impairment and disability. Impairment refers to any temporary or permanent loss or abnormality in the body structure or function, whether physiological or psychological. Disability refers to restrictions or inability to perform an activity in the manner or within the range considered normal for a human being, mostly as a result of an impairment.

PwDs are a diverse and heterogeneous group based on the type of disability, gender, age, socioeconomic status, sexuality, ethnicity, cultural heritage, and location. For instance, people with mental health conditions or intellectual impairments are more disadvantaged in many settings as compared to those who experience physical or sensory impairments (WHO 2011). As compared to adult men with disabilities, women and children are more vulnerable to disadvantages due to socio-cultural and environmental factors. Moreover, there are wide differences in experiences among PwDs who became disabled due to an injury or accident and those who have congenital disabilities from the time of birth.

Currently, there are 21 types of disabilities specified in the Rights of Persons with Disability Act, 2016, which were previously categorised into seven types. These are: Blindness, Low Vision, Leprosy Cured persons, Locomotor Disability, Dwarfism, Intellectual Disability, Mental Illness, Cerebral Palsy, Specific Learning Disabilities, Speech and Language disability, Hearing Impairment (Deaf and Hard of Hearing), Muscular Dystrophy, Acid Attack Victim, Parkinson's disease, Multiple Sclerosis, Thalassemia, Hemophilia, Sickle Cell disease, Autism Spectrum Disorder, Chronic Neurological condition, and Multiple Disabilities including Deaf Blindness.

CONTEXTUALISING THE SOCIAL-CULTURAL CONSTRUCTS ON DISABILITIES IN NAGALAND

There are different models of disability used by different people to study disabilities. These models provide a systematic approach to understanding the causes and contexts of disability. However, due to paucity of space, this paper provides only some of the prevailing constructs and notions of disabilities in Nagaland.

During the course of this study, the moral or religious model was predominantly found in Nagaland, which considers disability as an act of God or something to do with supernatural encounters. Many of the respondents considered disability as a blessing or a curse and a burden or a responsibility from God. Though all the respondents were Christians by faith, they still linked their perceptions to pre-Christian traditional beliefs and practices widely prevalent in the pre-Christian era. Connecting the present disability in a family with the curse of headhunting practices of their forefathers is common among different Naga tribes in the state. Even after the advent of Christianity, many people still connected disabilities with God, believing that the generational curse as mentioned in the Old Testament was the cause of disabilities going up to seven generations (Thong 2020).

While some saw a disability in the family as a punishment for committing sins such as sexual promiscuousness, false oaths, and breaching social and moral norms like disrespecting the old and those with 'deformities', there are others who blame disabilities, especially mental disabilities, on 'spirits' or 'ghosts' or 'satanic worshipping'.

Neikho (name changed), is a 70-plus old woman who has visual impairment. There is a common perception among the people that her vision has been affected because her family had offended *therhuomia* (in Tenyidie) or 'spirits' or 'ghosts' by constructing their house on the tri-junction where the 'ghosts' gathered for meetings. However, a deeper investigation revelead that she lost her sight due to late medical interventions and wrong self-medication, which had nothing to do with 'ghosts'.

While some consider disabilities as a curse by God, some have accepted disability as a gift and blessing for the family. Zaputuonuo Rossi, a 31-year-old girl from Kohima has an intellectual or learning disability. She attended mainstream school till her third standard and later attended the sessions run by the Spastic Society in Kohima. In conversation with her parents in her presence, the mother remarked, 'We have been given this gift (*mhaphruo* in Tenyidie) from God with a purpose. All we need to do is to love her and fulfil our parental duties and follow God's calling.' Though Baby (her nickname) has a learning disability, she actively participates in all social and church programmes.

Zaputuonuo Rossi attending church service.
Source: Viketoulie

Zaputuonuo Rossi with her pets during the lockdown. PC: Ketoukhrieü,
19 September, 2020

Zaputuonuo singing with her friends in the church
Source: Viketoulie

She loves children, pets, and singing. With encouragement from her parents and siblings, Baby is fully immersed in society as a full-fledged member. However, issues related to her marriage will be difficult, if not impossible.

A case of glorification of disabilities among some people is recalled by the founder of the Spastic Society of Nagaland, Dr P. Ngully. He says, 'There was a case where a boy with a disability was taken to the field every year during harvest. According to his family, his visits yielded the family a bountiful harvest. Therefore, attired in good clothes he would be taken to the field.' Apart from these cases, most of the parents of PwDs interviewed for this study confirmed that they had taken their children to prayer and healing centres even as they visited medical hospitals and mental institutions. This reflects how traditional beliefs and myths continue to deeply influence perceptions and understanding of disability.

While the moral or religious model of disability is widely prevalent, there is also the emergence of the medical model of disability. According to the medical model, disability is a health condition or a problem that needs to be fixed or cured by medical professionals. This model views people with disabilities as 'abnormal' who are different from 'normal' people and, therefore, uses terms like 'invalids', 'cripples', 'spastic', 'handicapped', and 'retarded' to refer to PwDs. By creating a binary between what is 'normal' and what is 'abnormal', this model privileges the able-bodied and considers disability as a tragedy for PwDs and their families. This implies that PwDs are to be pitied (Nakhro 2013). Thus, this model focuses on dependence on medical and paramedical professionals, rehabilitation professionals, and on special schools and special educators, side by side with medical interventions by hospitals and rehabilitation centres. By exclusively focusing on the limitation(s) associated with a person's disability, this model essentially disregards environments that might intensify a person's functional abilities and does not look at other aspects in the lives of PwDs.

Diethono Nakhro, a PwD and the State Commissioner for Persons with Disabilities, Government of Nagaland, remarked in 2013, 'For Naga society in general, PwDs continue to be objects of charity needing welfare assistance to survive. The focus remains on what a person cannot do rather than what they can do. To be precise, we still follow the medical model, and this is reflected in people's attitudes and is associated with negative outcomes.' Though medical facilities in Nagaland are below average, there are some PwDs, especially those with severe intellectual disability and hearing and vision impairments, who are being taken care of in mental hospitals, children's homes, and rehabilitation centres run by medical professionals, such as the State Mental Health Institute, Prodigals' Home in Dimapur, and the Deaf Biblical Ministry. There are some institutions designated as 'special schools' and 'inclusive schools'. However, the only rehabilitation centre at the Civil Hospital Dimapur is operating with great difficulties. Thus, there is a need for proper rehabilitation or resource centres in the state with many PwDs yet to avail of the facilities provided by the state.

With changing times and changing attitudes there has been an increasing trend of PwDs turning to medical and other health professionals. In this context, Daniel Thong, father of Tejopi Thong, a 14-year-old boy with an Autism Spectrum disorder, recalls how he and his physician wife had taken their son for medical treatment to different hospitals across India. He insists on the importance of early detection and intervention for any restorative measures for the health and well-being of all PwDs. He had gone to the extent of doing genetic testing to see if there was any problem with their genes, which fortunately was not the case. Consequently, he started the Jo Foundation, an inclusive school with the aim to create inclusiveness through education. He laments the lack of awareness and dearth of information on disability in Nagaland and wishes that no one should go through the difficult journey that they have gone through.

Over the years, there is increasing awareness about the role and significance of therapies such as physiotherapy, speech therapy, and language therapy. All the special and inclusive schools have special educators and therapists who help students with disabilities. Thejavinuo Metha, an 11-year-old girl from the Tabitha Enabling Academy in Kohima has an Autistic Spectrum disorder and intellectual disability. She loves singing, reading, and writing. Her mother Ane recalled that Thejavinuo was a very frail baby at the time of birth and did not have the strength to even cry out loud, let alone be breastfed. Due to her condition, she was kept in the Intensive Care Unit in the hospital for about 20 days. Eventually, she was brought home but could not reach the developmental milestones as per her age. She was taken to many hospitals and prayer centres in Kohima but without much improvement. Subsequently, she was enrolled in the Tabitha Enabling Academy, a special school in Kohima. Her mother acknowledges that teachers and therapists helped her daughter walk within a month of attending the school, which to her was nothing less than a miracle.

Thejavinuo Metha, a student of Tabitha Enabling Academy
Source: Ane, Thejavinuo's mother, 18 November 2020.

While discussing the importance of therapies for CwDs, Kopele Tepa, a special educator and headmistress of Bumblebee Inclusive School, Kohima, also echoed a similar opinion on how early detection and intervention is vital for curing and reducing disabilities among PwDs. However, she lamented the inadequate medical infrastructure and medical specialists in Nagaland to correctly diagnose the extent of disabilities for early medical and professional attention. She said, 'As a professional in this field, I have faced parents and individuals who refused to allow mainstream children to mingle with CwDs.'

Accessibility to the 'limited' medical services provided by doctors and therapists and inclusive schools are limited only to those who have the means to afford them and those who are based in Kohima and Dimapur. According to Dr P. Ngully, even in Kohima there are so many CwDs staying at home who are unable to get professional help due to financial constraints. In the absence of any government-run inclusive school in Nagaland, though there are provisions for this in the Sarva Shiksha Abhiyan programme, CwDs have to turn to private-run institutions which are very expensive, as these institutions heavily invest in barrier-free infrastructure, transportation facilities, and engage special teachers and therapists to deal with different aspects of disabilities.

For those who occupy the economically lower stratum of society and those in rural areas, getting help from health professionals is extremely rare and difficult. Only a few get an opportunity to enrol in the Community-Based Rehabilitation Programme and rehabilitation centres or care homes managed by NGOs. This is seen in the case of Anyeih (name changed), an 11-year-old girl from Mon district. Anyeih was born with vision impairment. Right after her birth, her mother left her and remarried. Unfortunately, her father who was taking care of her passed away when she was very young. Thereafter, she was looked after by her grandparents. However, the grandparents could not give her adequate care as they were busy in their *jhum* fields. After washing and feeding her in the morning, they locked her in a room for the whole day as there was no one to take care of her. Slowly, the girl born with vision impairment developed other locomotor disabilities. She started walking on 'four legs' which led to a bent back. After continuing in this condition, she was brought to the Prodigals' Home in Dimapur. According to K. Ela, the director of Prodigals' Home, Anyeih is able to walk with the help of a physiotherapist though her posture still needs some improvement.

Even for those receiving treatment and therapies, the journey is wearisome and difficult. They are not seen purely from a medical perspective since social and cultural perceptions about PwDs based on moral or religious models are deeply ingrained in the psyche of the people. Lack of awareness and information about different types of disabilities and limited medical services and facilities available make things worse. Most of the PwDs are often given medical treatment much after they have visited healing centres and prayer centres, and they are brought to hospitals only when their condition is at its worst (Raman 2020). In some cases, both the medical treatment and seeking healing through prayer centres go hand in hand, like in the case of 37-year-old Keduovilie from Ziezou village in Kohima district. His mother, Neilatuoü, narrates how the family went through a very difficult situation when her son got mentally ill in his adolescence. Apart from his mental illness, he had difficulty using his hands and feet for work, though he is capable of carrying things.

After visiting prayer centres in and around Kohima, they took him to the State Mental Health Institute, Kohima. Though they had sought medical help, their experience shows a strong presence of social and cultural beliefs around PwDs. Neilatuoü recounts, 'There was a cook in the hospital who reportedly had the ability to see vision. He prayed for my son, and he reported seeing a big black bird accompanying my son in his dream. According to him, the bird represented the evil spirit which was ultimately chased out of my son's life through a series of prayers.' On the other hand, the doctor assessed Keduovilie's condition and prescribed medicines for his mental issues. As per the doctor's prescription, he was to be given four tablets every day. However, the mother reported that he was administered medicines twice a week because the medicines were of a high dosage that led to sleepiness. Moreover, cutting down the dosage helped them financially since they had to buy the medicines from Kohima at their own expense or depend on their relatives. Unfortunately, during the Covid-19 pandemic some of his medicines bought in bulk expired and needed to be replaced. It was also reported that Keduovilie sometimes missed his medicines due to limited stocks at home, or that sometimes his family forgot to give him the medicines, which made him become non-cooperative. Keduovilie's mother talked about the plight of the family and wondered if her son's disability could be due to the sins of their ancestors and was God's work.

From these narratives we learn that though the medical model has been followed officially, there is a blend of both the moral or religious model and the medical model of disability.

In recent years, there has been a gradual emergence of another model of disability called the social model. The social model views disability as a product of social, attitudinal, physical, and communication barriers rather than a body's lack of ability. Disability is not an individual attribute but a complex collection of conditions which may be created by a PwD's social environment. Over the last couple of years, awareness campaigns on the rights of PwDs have become more visible in Nagaland due to an active role played by NGOs like the Nagaland Parents Association for Disability (NAPAD), the Spastic Society of Nagaland, Cherry Blossom Society, Prodigals' Home, and the Disability Peoples' Organisations (DPO) like the Nagaland State Disability Forum (NSDF); and a spurt of inclusive schools like GRio school, Cherry Blossom, Jo Foundation, and other special schools for CwDs. All these organisations have played an effective role in creating awareness about disability issues and provided both academic and skill development training to PwDs. However, a lot more work needs to be done to meet the needs of PwDs. With active advocacy carried out by the various NGOs along with disability rights activists, the Office of the State Commissioner for Persons with Disability was created with Dr Atha Vizol as its first commissioner in 2013 (Mobility India 2016).

Diethono Nakhro's appointment as the Nagaland State Commissioner for Persons with Disabilities in January 2019 proved to be a catalyst for a whole new approach and development of PwDs' rights (Das 2019). Since then, the Office of the State Commissioner for Persons with Disabilities, Nagaland has been actively advocating the rights of PwDs, creating awareness, networking with various NGOs, DPOs, and civil society groups, and holding the government responsible for fulfilling its responsibilities towards PwDs.

Thus, the current trend is taking the shape of a human rights model. Among the models of disability in Nagaland, the human rights model is very recent, and it can be considered a result of the emergence of the disability movement in the state. While looking at the social and human rights models, we find similar areas of interventions as they both seek to address the inhuman and unfair treatment which is sub consciously present in people's psyche in Naga society. For a very long time, Naga society did not consider PwDs as equal citizens. Says Ghunavi Kinny, a 29-year-old with hearing impairment, 'PwDs in Nagaland often experience the violation of their basic rights leading to discrimination, deprivation, exclusion, and environmental barriers. PwDs' issues in Nagaland are not addressed with concern. PwDs are never treated equally in the rest of society.' Despite the social

Diethono Nakhro, State Commissioner for Persons with Disabilities, Nagaland receiving the A. Kevichüsa Citizenship Award 2020 stigma and discrimination, Kinny finished his B.Tech (Agricultural Engineering) and now works with Indian Railways based in Guwahati, Assam. He is among the few PwDs who are very proactive in fighting for disability rights in Nagaland.

Talking about the disability rights movement in Nagaland, Ashe Kiba, a PwD stated, ‘In Nagaland, we are the first-generation disability rights activists. For too long Naga society did not consider persons with disabilities as equal members of society.’ Ashe, who has a locomotor disability with deformed hands, is currently the general secretary of the Nagaland State Forum for Disability and the programme coordinator at the Office of the State Commissioner for Persons with disabilities, Kohima. She adds that there was hardly any awareness about PWDs’ rights in Nagaland before the Nagaland State Forum for Disability was formed.

The Nagaland State Forum for Disability (NSFD) is the first state level DPO based in Kohima which promotes the rights of PwDs. Since its inception in 2014, NSFD has been demanding equal rights and opportunities for PwDs as equal citizens in the state. While advocating equal rights for PwDs, disability rights activist and the advisor to the Nagaland State Disability Forum, Diethono Nakhro said, ‘We are no longer willing to exist like third class citizens. We are also not looking for pity or charity; we don’t need that. We just want our fellow citizens

Ashe H. Kiba, General Secretary of the Nagaland State Disability Forum
Sources: https://www.youtube.com/watch?v=qph6S9h1JXE and https://www.tatasteel.com/initiatives/samvaad/pdf/tlp/TLP%20Newsletter%20(English).pdf

and our government to ensure equal rights and opportunities that we deserve as equal citizens. This can start with the strict and proper implementation of the Rights of Persons with Disability (RPwD) Act, 2016' . Despite the adoption and implementation of RPwD, NSDF has reminded the government time and again to implement the act in letter and spirit by highlighting the existing gaps in the implementation of the act. Some of these gaps identified by NSFD in Nagaland include inadequate and irregular disability pensions for all PwDs, non-implementation of inclusive education in government schools, an ill-equipped and under-staffed District Rehabilitation Centre at Dimapur, no special employment exchange for PwDs in the state, and social stigma and discrimination (*Nagaland Page* 2020). According to Kezhaleto Zecho, the President of NSDF, 'NSDF has been tirelessly working for the welfare of PwDs through different means like advocacy, surveys, interventions, RTI, networking, district tours, awareness programmes, and organising medical camps in collaboration with the Office of the State Commissioner for Persons with Disabilities, different government bodies, and other like-minded NGOs and individuals.' Since 2015, NSDF has been participating in

Nagaland State Disability Forum creating awareness on Rights of Persons with Disabilities Act, 2016
Source: *Morung Express*, 14 March 2020.

the Hornbill Festival to create awareness about PwDs and to 'generate funds' to run the organisation (Rolnu 2020). Though NSDF is active at the state level, it has not penetrated the rural areas, and many PwDs in rural Nagaland are not aware of this organisation.

WOMEN WITH DISABILITIES: 'DOUBLE DISCRIMINATION' OR 'TRIPLE JEOPARDY?'

Among PwDs, women are the most marginalised throughout the world due to both their gender and disabilities, which is called 'double discrimination' (Shenoy 2011). However, it is also found that women with disabilities face multiple discriminations or 'triple jeopardy', if they are from particular ethnic groups or if they belong to lower economic rungs of society. There are about 250 million WwDs in the world with roughly 75 percent of them in developing countries. As per a report by United Nations Enable, global literacy rate is a low 1 percent among WwDs The gender gap between women and men is wider among PwDs than among persons without disabilities (UN 2019). In terms of access to protein rich-meals, housing, education, healthcare facilities, reproductive health, social and financial services, and employment, WwDs face more deprivation than their male counterparts.

In India, WwDs face double discrimination due to the prevalence of traditional gender roles and expectations (Mehrotra 2004). In a patriarchal Indian society, most WwDs are considered a 'burden' on their families and are less eligible for marriage even though their disability may not affect their reproductive system since society constructs WwDs as incomplete. There are also misconceptions about the possibility of WwD's children inheriting their disability and about them being poor homemakers due to prevalent beliefs that household chores and childcare need physical fitness and mobility (Thomas and Thomas 2002).

WOMEN WITH DISABILITIES IN NAGALAND

Women with disabilities account for 13,483 of the total 29,631 PwDs in Nagaland (Census 2011). Like elsewhere, WwDs in Nagaland face more social stigma and discrimination as compared to their male counterparts. Being a tribal state deeply rooted in its patriarchal and traditional ethos, women in Naga society do not enjoy equal status with men in general, especially in decision making and property ownership. Though the traditional thinking of the Nagas, including a strong family bonding and an 'egalitarian' and rich social capital, may have somehow benefited PwDs to some extent, socio-cultural constructs and perceptions about PwDs, especially women, act as psychological and emotional impediments impacting society's response to its PwDs. This in turn affects PwDs' perceptions about themselves and their world.

As the aim of this research is studying and understanding the intersections between gender and disability in Naga society from a feminist perspective, the following section looks at the intersectionality between gender and disability in Nagaland. Though there are variations in response, it is learnt that WwDs in Nagaland are more disadvantaged and discriminated against as compared to men with disabilities. In this connection, Diethono Nakhro, the State Commissioner for Persons with Disabilities, Nagaland, says that WwDs in Nagaland face more barriers due to socio-cultural constructs. These barriers include a gender imbalance in the form of a dominant role for men in decision making, both in domestic and public spheres in the patriarchal Naga society. A similar opinion was expressed by Dr Avinuo Kire, a Naga writer and Assistant Professor, Kohima College when she said, 'Being a patrilineal and a patriarchal society, women are traditionally seen and not heard. In that sense, other than taking on the role of being a man's mother, wife or daughter, a female has little intrinsic value as a human being. Her intellect and capacity of mind means relatively little as her worth is attached to her male partner who is seen as her "protector/guardian". WwDs are most likely to remain unmarried as they are not regarded as viable marriage partners. Not being able to fulfil the roles traditionally expected of women and also being impaired, they bear double the discrimination as compared to their male counterparts.'

Going into the depth of social stigma on WwDs in Nagaland, Dr Konei Nakhro, Assistant Professor at Kohima College said, 'WwDs are more vulnerable to societal stigma than men with disabilities in the patriarchal Naga society. As a result, most WwDs are confined to their home and restrained from free movement unlike men with disabilities who roam freely. When a WwD comes out of her home, she is stigmatised. Moreover, the stigma extends to her family, mostly to female members of the family as the responsibility of looking after PwDs falls mostly on women as primary caregivers.' It needs to be stated here that most of the primary caregivers of PwDs who took part in this study were women—in most cases mothers, aunts, and sisters—though men are also caregivers in a few families.

Ashe H. Kiba explained how WwDs in Nagaland are discriminated against and stigmatised. She recalled how people talked behind her back, 'Maiki aru etu opor te disabled (in addition to being a woman, she is disabled)', suggesting the double tragedy of being a woman and being disabled. She recollected how WwDs are stigmatised in a way that takes away their right to live their lives as per their choice, especially the right to marry and right to reproduction. She says, 'In Nagaland many people think that WwDs are not eligible for marriage. People fear that WwDs may give birth to children with disabilities. People also have the notion that WwDs are not cut out for for household chores and becoming homemakers. However, people forget that some WwDs can carry out their responsibilities much better than able-bodied women . Moreover, not all disabilities are due to genetic factors. Some disabilities are a result of stress, the mother's poor diet during the gestational period, and some are due to the birthing process. While some disabilities are developed within a few years of birth some are acquired due to accident or injury.'

Vikenguno Fatima Kera, a WwD, adds how Naga society looks down on women with disability using a patriarchal mindset. She agrees that WwDs are often perceived as being perpetually dependent on their family to take care of and provide for them throughout their lives. When it comes to work and employment, the community looks only at their disabilities rather than focusing on their abilities. She narrates her personal experience as a WwD. She said, ‘As a woman with a disability, I experienced negative labelling and stereotyping from the community. I grew up with people calling and referring to me by my disability and not by my name. I was known as the girl with the crooked foot (club foot). I was constantly stared at and given negative labels. Such social stigma and discrimination continued even after I reached my adulthood. After finishing my graduation, I started working as a library assistant at St. Joseph College (Autonomous), Jakhama. However, after my father’s untimely demise, I decided to leave the job and stay with my mother since I had stayed away from my family while pursuing my education. As I was thinking of leaving my job, many people came to learn about my plans and gave me a lot of negative comments. Some people asked me how I would survive after leaving my secured job since according to them I was not capable of working in the fields and nor was I fit to earn *hajara* (daily wage). I was very angry at their insensitive responses, which made me reflect on my decision. After a few days, I resigned from my job and started living independently in a rented house in the village. Though my family members supported my decision, they were also concerned about my well being. Being adamant I stuck to my decision and started tailoring. I earn a decent amount that is enough to manage my life and help my family in a small way. However, the social stigma continues as some people have started questioning my staying all alone. Had I been a fully-abled person, they would not have asked such questions. Through the community’s moral policing, people have started painting my character in a very negative light, thinking that I might have done something immoral that is making my family leave me alone. However, my family has supported me through thick and thin. My association with other PwDs changed my perceptions and defined my identity. During the initial years, I had to struggle a lot accepting and embracing my disability.

But having lived independently for some years and being associated with disability issues, now my disability is my strength and identity.’

Today, Vikenguno works at Prodigals’ Home in Dimapur and shares her knowledge and expertise in tailoring for empowering CwDs. Her story depicts how WwDs in Naga society face seemingly insurmountable challenges regarding their identity, self-worth, and the right to take their own decisions and live independently.

In another case, a blind couple had been living together as husband and wife without the approval of their families. Consequently, the wife conceived and delivered a healthy boy. However, the husband’s family forcefully separated them and kept their child with his paternal uncle. As per the information received from the Nagaland State Disability Forum, the husband’s family is not ready to accept this union though the couple wanted to stay together and raise their son. Now the couple is fighting for justice in the court (Zecho 2020).

Vikenguno Fatima Kera
Source: Vikenguno Fatima Kera.

Over the years, a sense of insecurity has become more intense as more cases of gender-based violence against women, both with and without disabilities, are making news. Such instances put more pressure on parents who have daughters with disabilities to think about their safety and security. Talking about her concerns, Kelhouletuonuo's mother Keneileü says she is apprehensive about leaving her daughter alone at home because of such crimes against women. Her daughter is hearing impaired. She adds that her daughter is always accompanied by her siblings whether at home or outside. Zaputunuo's mother, Alenuo added, 'Because of my daughter's condition, I used to accompany her to her classes and other programmes. As she is growing older, concerns about her safety have increased since it is not safe for women, especially women like her. Most crimes are committed by those known to the victims. Therefore, we have to always be vigilant.'

During interactions with some disability activists, it was learnt that a woman with intellectual disability from a district in the interiors of Nagaland was rescued by an NGO based in Dimapur. This lady reportedly fled her home and was found pregnant and loitering in Dimapur. Later, she was rescued by an NGO and her child was put up for adoption. However, the identity of the father of the child could not be established since she was not in a position to identify him (Zecho 2020). There was another case of a blind girl student in a blind school in Dimapur who was allegedly raped by the administrator of the school who was a blind himself. Consequently, the school was reportedly closed down due to the pending court case. A similar story was reported from a village near Kohima where a woman with intellectual disability was raped by two persons from the same village. Cases of sexual and gender violence such as molestation and rape are more common among blind and women with intellectual disability as they are more vulnerable to such abuse because they cannot defend themselves by identifying the culprits (Ngully 2020). Therefore, in many such instances, women are denied their rights, and justice is not delivered due to lack of evidence and the social stigma and discrimination involved in such incidents.

There are also many reported cases of involuntary or forced sterilisations or womb removals of sexual assault victims . However, most of these cases are kept under wraps due to the shame and social stigma associated with them. A disability activist based in Kohima shared her experience with the involuntary removal of wombs of sexual assault victims. Esha (name changed) said, 'As someone working in the field of disability rights, I have come across cases where the wombs of the women with intellectual disability are taken out at the initiative of their families. The families still deny this, but they are confirmed by relatives and people in the community. A girl had become a victim of repeated sexual assaults and rape. She got pregnant and delivered a baby which was taken away by her relatives. In a short span of time, she again had sexual encounters, which made her family decide to remove her womb.' From the family's point of view this was the right option for a woman with intellectual disability as well as the family as the issue of unwanted pregnancy would not occur again.

However, the larger issue of violence against women is not addressed. Such sexual violations are not only against unmarried girls with disabilities but also against those who are married. In Peren district, there was a case where a mother with intellectual disability of eight children was allegedly raped by an adult man who absconded after the incident (*Eastern Mirror* 2015). In another incident, a minor girl with intellectual disability was allegedly raped by a policeman in Kohima (*Eastern Mirror* 2015).

While talking about such crimes against PwDs, especially WwDs, Ashe H. Kiba asserts, 'There are sexual perverts who consider women as objects of entertainment and sex,' referring to an incident in Dimapur where a man and woman with intellectual disability were forced to have sex in public by some boys who videographed the act and circulated it in the media. These are some glaring cases where WwDs have been treated unfairly by predators who often go unpunished. In some cases where the culprits are identified and caught, nominal punishment is given by the male-dominated village authority. In some cases, the matter is resolved or hushed up by way of 'compromise' with the families in the name of the Christian principle of 'forgive and forget'.

Apart from sexual violence, there have also been a few cases of abandonment of married WwDs. For example, Manju, a mother of two daughters, was abandoned by her husband. She has a locomotor disability due to impairment in her right hand and right leg. She faced extreme difficulties as she lost her parents at a young age and was abandoned by her husband. For Manju, life is extremely difficult as she is a non-Naga with no relatives around her. Since she was not in a position to take care of herself, she and two daughters were taken in by an Angami family in the village. She confesses, 'This is not the first time he is doing this. He left us for about a year when I was pregnant with my second daughter. Even if he comes back now I am not going to stay with him. I will spend my whole life with Ama and Baba (referring to her foster parents).' Manju suffers from multiple factors due to her disbility, gender, poverty, illiteracy and status as a non-Naga minority. Such is the condition of some WwDs orphaned and/or abandoned and left to fend for themselves.

Sano (name changed), a 55-year-old mother of five children, was abandoned by her husband because of her intellectual disability. Consequently, all her children were taken away from her. Sano was forced to return to her parents' home 'empty'. In good health, Sano contributed equally with her husband to the family's income. But with her intellectual disability, she not only lost her children whom she loves dearly but also all her savings and the family property that she had helped build. In this context, Dr Konei Nakhro states, 'Even if a man is disabled, he has property rights and, therefore, gets financial security because his properties can look after his financial needs, whereas women do not have property rights.' Such discrimination is seen in particular in rural areas where women face more discrimination when it comes to property rights.

Despite the various impediments that PwDs and WwDs in Nagaland face, there is no denying that there are many WwDs in Nagaland who have emerged as role models and a source of

Manju
Source: Ketoukhrieü, 19 September 2020.

inspiration for many PwDs and even abled-persons. Ameno Catherine Rolnu, Assistant Training & Pedagogy, ADAPT (Able Disabled All People Together), Mumbai is one of them. Ameno says, 'I was born a "normal" and healthy child. When I was barely 2 years old, I developed Osteogenesis Imperfecta. This badly affected my bones due to which my upper and lower limbs were seriously damaged. My bones became brittle, and I find it difficult to stand or walk a lot. I couldn't walk for nearly three years. Both my parents were made to leave their jobs and everything behind in the village as we had to shift to Kohima for my treatment. My parents took me from one doctor to another and local masseurs and took all kinds of measures based on cultural beliefs to find a cure for my condition. However, they were told by the doctors that there was no cure and that I would live a vegetative life, alive but immobile. Initially during my primary schooling, every morning my parents carried me to school as I was not able to walk. Looking back, those were some of the hardest times of my life. I never liked school because of bullying, stigma, and discrimination. But my parents encouraged me to carry on and to never give up. My parents and siblings are my greatest support and inspiration; they never treat me or consider me a disabled person but consider me as a normal person. Today I am what I am because of family support. They nurtured and moulded me to stand on my own feet and to live an independent life all alone in a city like Mumbai.'

Arenmongla Longkumer is an old friend and classmate whom I knew very well during my higher secondary days. She had a disability caused by Poliomyelitis when she was four and a half years old. When

Ameno Catherine Rolnu (extreme right) at the Able Disabled All People Together (ADAPT), Mumbai

Source: *Morung Express*, 4 February 2020.

asked about her personal experiences, she said, 'No doubt there is societal stigma and discrimination in Naga society. But I look at my disability positively. My leg is affected by polio and is not a curse, because polio is not a curse but a virus like any other virus. I have accepted my disability as a blessing in disguise because it brought me closer to God. If not for my leg, I would have been very proud and might have lived my life very carelessly.' Today Aren works as a computer assistant in the Department of School Education and is posted at Tuensang. She adds, 'I am very grateful to God for all the blessings in my life. I am very thankful to my parents and my true friends who helped me through thick and thin. My life is beautiful and meaningful because of them despite my disability.' Narratives of Ameno, Arenmongla, Ashe, Vikenguno, Diethono, and many others prove that though there is stigma and discrimination in society, there may also a good support system provided by family members and genuine friends. Therefore, it would be wrong to paint a negative story for all PwDs.

MAINSTREAMING PERSONS WITH DISABILITIES: RECOMMENDATIONS AND WAY FORWARD

After interacting with PwDs and their families and other persons involved with disability issues, it came to light that, despite Nagaland adopting the Rights of Persons with Disabilities Act, 2016, the PwD community, their families, and other NGOs involved with disability issues still face many challenges. These include social stigma and discrimination, lack of awareness about disabilities, lack of adequate proper rehabilitation services, non-implementation of disability laws, fewer numbers of educated PwDs, and physical and attitudinal barriers (Zecho 2020). The following recommendations will help in providing overall measures for inclusive and integrated living for all.

Family: Family being the most important social organisation has tremendous responsibilities in accommodating PwDs. Every family may or may not have PwDs, but it is found that most people have PwDs in extended families. Since disability is a human condition it is important for the families to train children to learn to respect and accommodate PwDs (WHO 2011). It is proven that most of one's attitudes in life are built during the formative years. Therefore, children should be made to learn how to accept and respect PwDs as equal fellow members.

Families with PwDs should be more supportive and aware of PwDs' conditions. The home should be PwD-friendly both in terms of attitudinal and architectural or physical aspects. In this context, Amongla Ao, Co-Founder and Administrator, Deaf Biblical Ministry, states, 'There is a perception that PwDs are a burden to the family and society. Therefore, many families feel reluctant to send them outside the four walls of their homes. Most people do not believe that most PwDs can live independent lives if equipped and encouraged.' However, she adds that such attitudes are changing, especially among young people who are more accommodative of PwDs.

Looking at the role of the family, it is observed that sometimes due to the over-caring nature of family members, some PwDs develop dependency issues making them depend on others throughout their lives. According to Kezhaleto Zecho, there are certain families with PwDs, especially with severe disabilities and other intellectual disability, who are overprotective of the PwDs in their families. 'Most of my friends and families are very supportive. The only problem with a few of them is that they see my disability first instead of my abilities which, at times, makes them over supportive. This makes a disabled person more disabled.' Therefore, those with low and moderate disabilities should be taught to take care of themselves as far as possible so that they can live independently. Proper knowledge about various therapies and other measures to empower PwDs should be learned by all family members. Apart from daily chores, PwDs should be informed and equipped to know about their rights and government schemes and how to avail them (Nekha 2020).

Another important aspect is the need to accept and embrace disabilities among PwDs themselves and their families. Accepting their disabilities is crucial for the empowerment of PwDs. Most of the PwDs and their families interviewed during the course of this research have accepted the disabilities and have provided holistic support. There are many like Ameno, Aren, Ashe, and Vikenguno who got family support, but there are still many whose families are struggling to accept their disabilties. Some are hiding their disabilities to protect themselves and their families from stigmatisation.

2. CHANGE IN COMMUNITIES' ATTITUDES AND PERCEPTIONS

The biggest disability that the PwDs face is not physical or mental but attitudinal barriers in the form of social stigma and discrimination. In Nagaland, PwDs and their families face tremendous social stigma and discrimination. There is a lot of negative stereotyping and negative labelling without actually knowing the types of disabilities. Instead of calling disabled persons by their names, PwDs are called or known by the nature of their disabilities. For instance, derogatory terms like 'single tyre', 'crippled', or '*langara*' are used to refer to those who have problems with their legs or hands; 'mad', '*pakala*' or '*pakali*' to people with intellectual disability and '*bhudu*' for people with learning disability.

Ashe H. Kiba says, 'When I was growing up, I faced a lot of social stigma and discrimination every day. I got regular stares and verbal abuse due to my deformed hands.' With such a negative social environment around her, Ashe admitted to asking God why she was created in this way when she was growing up. Even in adulthood, she continues to face social stigma and discrimination. In her interview, she mentioned how she was asked to resign from the post of president of her village students' union because of her disability. But now she admits that it was not God or other people's fault but the result of ignorance and lack of awareness about disability issues.

Like Ashe, Vikenguno also experienced social stigma as a PwD. She said, 'I got disabled after one year of birth due to a disease. I have a locomotor disability called a club foot. During my early childhood, I was not aware of any discrimination since my family members were overprotective. I was very playful and could climb trees. Some people in the community would comment, "Your foot is bad, but you are very naughty." Such comments made me very sad and questioned God. I grew up expecting miracles from God that he would intervene and heal me. As I grew older, I became an introvert and a recluse. I did not want to go out even to visit my relatives because the children would shout, "Hey! Look, the girl with the impaired foot is coming!" Some would even imitate the way I walked. All these negative comments made me very shy and I lost self-confidence. I grew up without much awareness about disability issues. It was only in 2014, when I attended a programme along with other PwDs, that I woke up to the fact that there are many PwDs like myself, or even worse off than me. Thereafter, I started accepting my condition as reality. By attending various programmes and courses organised for PwDs, I became more confident and aware. Before accepting the reality, my disability was my weakness, but now it is my identity. My disability has taken me beyond my imagination.'

Slightly differently from Ashe and Vikenguno, Kezhaleto opines that discrimination may be both intentional and unintentional due to ignorance and non-communication. He admits that sometimes he faces unintentional discrimination giving examples from his life before and after his disability due to an accident where he lost his left forearm. He said, 'I was an active youth member in my colony, but due to my disability, I don't get many invitations for social work these days. I may not be able to do everything they do, but I can always be a part of them. Maybe it's partly my fault for not explaining things properly to them.' While understanding social stigma and discrimination, we must note that these vary from person to person based on different types of disabilities, whether the disability is congenital or acquired, whether it was aquired in early childhood or adulthood.

Experiences of social stigma were cited by PwDs and non-PwDs. Ngutoli Y Swu, a doctoral candidate, Tezpur University, and Assistant Professor, Zunheboto Government College, said, 'We live in a society that does not know how to live with PwDs. Our society lives in a mirage of perfection which does not allow anything "abnormal". Anything and everything that does not fall under societal norms is subject to a lot of judgment, unkind words, and stares. My daughter was born with a small mark on her upper lip resembling a post cleft surgery mark. But to me, she is perfectly fine and much smarter than most kids her age. But the unkind stares, curious questions, and ugly comments she gets concern me as a mother. All these are due to ignorance of the people.'

These narratives show that attitudes and perceptions of community members in Nagaland, including those of the PwDs themselves and their families, must change to accelerate the mainstreaming of PwDs in the state.

3. MORE INFORMATION AND AWARENESS ABOUT PERSONS WITH DISABILITIES

The existing social stigma and discrimination is mostly due to lack of awareness and information about PwDs. Most people in Naga society still use the moral and religious model of disability to look at PwDs and think that disabilities are an act of God as retribution. Such a narrow understanding of PwDs must be replaced by the human rights model where everyone with or without disabilities is treated equally. While talking about awareness about PwDs, one must know the causes and different types of disabilities among PwDs in Nagaland.

Coming to the availability of information on PwDs, it is found that the Nagaland government does not have accurate figures for PwDs in the state. The only available data on PwDs is the Disability Census in Census 2011. The State Commissioner for Persons with Disabilities admitted that the current number is under-reported. There are many PwDs, especially in rural areas, who are yet to register with government departments. Moreover, many PwDs were not counted during the census as the Disability Census was done on the basis of 7 parameters and not 21 as identified by the RPwD Act, 2016. Apart from the total number of PwDs, the various government schemes and the process for getting disability certificates is not widely circulated in public. There are still many who are not aware of the process of getting a disability certificate, disability pensions, and scholarships for students with disabilities. Some PwDs avail such schemes, but there are many who are yet to get anything despite submitting their particulars with the Directorate of Social Welfare (Thinuosalie 2020).

Apart from inadequate information on PwDs in Nagaland, there is not much academic work on PwDs in the state and what little has been done is not being made available to the public (Aier 2020). Mobility India’s *Disability and Rehabilitation Services in Nagaland* provides only a quantitative study of PwDs and rehabilitation services in the state without looking at the experiences and challenges faced by PwDs. Dr Nitoshe Nekha has written a thesis on well being and disability for Doctorate of Ministry from a Christian perspective. However, this is not available for wide readership. Therefore, to gain more understanding about PwDs, more research and studies have to be done. Most importantly, the PwD community in Nagaland must be well versed in their rights and responsibilities. They must be made aware of the various developments taking place at the international and national levels concerning PwDs.

4. ACTIVE ROLE OF THE CHURCH

Nagaland is predominantly a Christian state with 99.9 percent of the population following different Christian denominations. Therefore, the church can play a big role in creating awareness about issues concerning disabilities and creating inclusiveness in society. However, most churches in Nagaland, except a negligible few, are not concerned with the well being of PwDs and their families. Christianity is based on the premise of love, compassion, and care for others. Therefore, the churches have a huge social and moral responsibility towards the spiritual and physical well being of all their members, both those with or without disabilities. Diethono Nakhro (2016) writes in this context, 'In our Naga context especially, the church plays such a central role in the lives of the people, and so it has a much bigger responsibility to lead the way for our society in standing up against social injustices and to show what a human community ought to be and then to expect a better society to come. And for this to happen, the church must be socially involved through practical social action, not only words.'

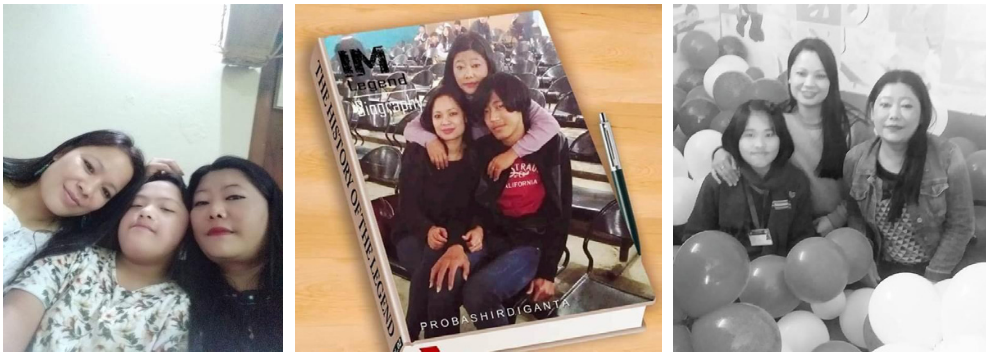
Recognising the vital role of the church in creating awareness about PwDs, the first State Commissioner for Persons with Disabilities, Dr Atha Vizol and other disability rights activists in the state approached the Nagaland Baptist Church Council (NBCC). Subsequently, NBCC formed the NBCC Disability Commission and, in 2016, decided to observe the 3rd Sunday of November as Disability Sunday. Accordingly, the NBCC Disability Commission has come up with inclusive church or disabled-friendly guidelines, which instruct Baptist churches in Nagaland to be more sensitive to the needs of PwDs by providing physical or structural accessibility to PwDs. However, in reality, it is seen that not many churches in Nagaland are observing these guidelines. Another problem with these guidelines is that they are confined to Baptist churches and not other denominations. According to Dr Nitoshe Nekha, many churches in Nagaland still lack basic care and counselling for PwDs and their families. However, he adds that the

Ao Baptist Arogo Mundang (ABAM) has one annual special Sunday Service for PwDs, which is to be appreciated and adopted by others. The church can give strong emotional support and spiritual nurturing to PwDs and their families too.

5. MORE INCLUSIVE EDUCATIONAL INSTITUTIONS AT ALL LEVELS

Educational institutions have a big role to play in mainstreaming PwDs and creating an inclusive society. Inclusive education is the inclusion and accommodation of all children in society under the same roof regardless of their physical, intellectual, social, or linguistic barriers. Over the last decades, there has been a spurt in inclusive and special schools for children with disabilities in Nagaland, such as the GRio Higher Secondary School, the Cherry Blossom School, Jo Foundation, Bumblebee inclusive pre-school, Tabitha Enabling Academy, Silver Lines Academy Dimapur, and the Deaf Biblical Ministry. However, these schools are confined only to Kohima and Dimapur districts. Such schools must be established in all the districts of Nagaland (Viseba 2020). Moreover, there are virtually no students with disabilities (SwDs) in higher education as almost all the higher educational institutions do not have facilities for SwDs. In this context, Dr Anungla I. Aier, the former director of Higher Education, Nagaland states, ‘Persons with disabilities in Nagaland hardly come up to the higher education level simply because special facilities do not exist at the lower schooling level on a large scale. Moreover, the state still lacks trained teachers and other facilities necessary for SwDs.’

Therefore, it is very essential that educational institutions at all levels, including colleges and universities, should have accessible education for PwDs. Universities in the state should have centres for disabilities studies that provide opportunities to SwDs and encourage more research on the disability sector. More special teachers and other professionals like physiotherapists, psychotherapists, psychiatrists, speech therapists, and sign language interpreters should be trained. Due recognition should be given to teachers dealing with students with disabilities (Kevitshemeü 2020).



Kevitshemeü (R), Special Educator at G.Rio Higher Secondary School Kohima with her colleague and students
Source: Kevitshemeü.

Students and teachers of Tabitha Enabling Academy, Kohima, Nagaland
Source: Arenla Ozukum.

6. PROACTIVE ROLE OF THE GOVERNMENT

UNCRPD as well as the RPwD Act have placed huge responsibilities on governments to take necessary measures to implement the rights of PwDs. For many decades, the Nagaland government has not fulfilled its responsibilities towards PwDs. Only recently have things started turning positive slowly thanks to active advocacy by NGOs and disabled people's organisations like the Nagaland Parents Association for Persons with Disabilities (NAPAD) and the Nagaland State Disability Forum (NSDF). The Nagaland government adopted the Rights of Persons with Disability Act, 2016 in September 2018. However, the implementation of the act has been rather slow. Nakhro says, 'It does not give me joy to say this and obviously it's not a badge of honour for our state. But we cannot deny the truth' (*Eastern Mirror* 2020). She adds that though the pace is slow, things are gradually improving with notifications on various provisions of the act. The government's activities so far include the implementation of 4 percent reservations for persons with disabilities in the state government, notification on Sections 16 and 31 of the Rights of Persons with Disabilities Act, 2016 pertaining to the education of children with disabilities, provision of physical accessibility by way of installing ramps and reserved parking spaces in some government offices and market areas in Kohima, implementation of the Unique Disability ID (UDID) project, introducing the use of sign language interpreters in the government's official programmes, Covid-19–related information and online classes conducted by the School Education Department, Government of Nagaland, and advocacy on the right to vote among PwDs.

Another important step for empowering PwDs is the establishment of vocational training centres so that they can undergo different kinds of training and become self-reliant (Kevitshemeü 2020; Ngully 2020). Most of the respondents in this study were of the opinion that the government should look at providing free vocational courses and loans or subsidies to PwDs to start their own enterprises.

7. MORE COMMUNITY-BASED REHABILITATION PROGRAMMES AND MORE NGOS WORKING IN THE DISABILITY SECTOR

Community Based Rehabilitation (CBR) is an effective way of empowering PwDs through community intervention and participation. During the fieldwork, it was learned that a few CBR programmes have been successfully launched in Nagaland by Prodigals' Home along with CARITAS, India in Dimapur district and by the Cherry Blossom Society in Kohima district (Ela 2020; Kayina 2020). Under CBR programmes, trained field workers were sent to work closely with PwDs and their families to overcome physical and sociological barriers in their communities through a holistic approach in the areas of health, education, livelihood, social inclusion, skill development, and empowerment. Apart from CBR programmes, the Cherry Blossom Society, Kohima has been partnering with government departments and other organisations for carrying out programmes for PwDs. One such programme was ADIP (Assistance to Disabled Persons for Fitting of Aids and Appliances) where aids and assistive appliances were distributed to PwDs in various districts in Nagaland (Kayina 2020). Many more NGOs should be formed in the state to work with PwDs and initiate CBR activities in partnership with other organisations for PwDs.

8. DISABILITY-FRIENDLY MEDIA

Media is a very powerful instrument in raising awareness, countering stigma and misinformation, and mainstreaming the lived experiences of PwDs with an accurate and balanced portrayal of disability as a part of everyday life. By increasing awareness and understanding of disability issues and the diversity of persons with disabilities and their situation, the media can actively contribute to an effective and successful integration of PwDs in all aspects of societal life. The media can play an important role in promoting the rights of PwDs as well as promoting their access to education, employment, health, and other areas of development on an equal basis with others.

For a very long time in Nagaland, PwDs were rarely covered in the media, and when they were featured, they were often negatively stereotyped and not appropriately represented. In some cases, PwDs were treated as objects of pity, charity, or medical treatment who had to overcome a tragic and disabling condition, or conversely, they were presented as superheroes who had accomplished great feats. In recent times, media coverage of PwDs has improved slightly. However, news coverage should not be confined to publishing reports on the International Day of Persons with Disabilities, implementation of government schemes by various departments, and charity work carried out by individuals and groups. Investigative journalism should be done to delve deeper into the lives of PwDs and their experiences to present a balanced and objective reality of PwDs. Awareness programmes and seminars should be conducted through the use of different media.

9. MORE SELF-ADVOCACY AND VISIBILITY OF PERSONS WITH DISABILITIES IN SOCIETY

Self-advocacy by PwDs can be considered the most impactful tool for empowering PwDs. Self-advocacy is when a person with a disability starts speaking or acting for themselves and deciding what is best for them. In the same manner, there can be group self-advocacy when PwDs come together to advocate for a common cause. For any self-advocacy to be successful, PwDs should first accept their disabilities and forge their identities. They should also be aware of their rights and other existing legal provisions for them as well as societal stigma and discrimination so that they can counter and overcome these. PwDs should communicate their lived experiences by talking about them and writing about them and getting involved in community work in any capacity. Diethono Nakhro, State Commissioner for Persons with Disabilities, states that more PwDs in Nagaland should come forward and be self-advocates for their cause by being visible in society. This will definitely help in spreading awareness on issues that PwDs confront. Nakhro is one of the first self-advocating PwDs in Nagaland who motivates other PwDs to come forward to speak for themselves. Nakhro's disability was the result of a spinal cord injury due to a car crash in 2006. As a wheelchair user, Nakhro uses both print and social media to create awareness among PwDs in the state. 'If there is no visibility, understanding cannot even begin. I started making myself visible as a disabled person writing about the dismal scenario in the state and my experiences.'

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Ane, mother of Thejavinuo Metha, a student of Tabitha Enabling Academy, in discussion with the author, 31 August and 20 September 2020.

Mother and aunt of Thejavotuo, a student of Tabitha Enabling Academy, in discussion with the author, 2 September 2020.

Keneileü, Kelhouletuonuo's mother, a student of Tabitha Enabling Academy, in discussion with the author, 3 September 2020.

Father of Tesinle Tep, a student of Tabitha Enabling Academy, in discussion with the author, 4 September 2020.

Arenla Ozukum, special educator, Tabitha Enabling Academy, in discussion with the author, 29 October 2020.

Diethono Nakhro, State Commissioner for Persons with Disability, Nagaland, and a PwD with locomotor disability, in discussion with the author, 21 and 24 November 2020.

Ashe H.Kiba, a PwD with locomotor disability with deformed hands, programme coordinator, Office of the State Commissioner for Persons with Disability, Nagaland and General Secretary of Nagaland State Disability Forum, in discussion with the author, 25 November 2020.

Ela. K., Director of Prodigals' Home, Dimapur, in discussion with the author, 18 November 2020.

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Dr P. Ngully, founder of Spastics Society of Nagaland, Kohima, in discussion with the author, 24 November 2020.

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Messages and Emails

Kevitshemeü, Special educator, G.Rio Higher Secondary School, Kohima, 8 November 2020.

Kopele Tepa, Headmistress of Bumblebee inclusive school, 13 November 2020.

Dr. Themmungla Raman, clinical psychologist, Kohima, 23 November 2020.

Gracy Aye, State Coordinator, State Resource Centre for Women, Kohima, 14 November 2020.

Lanurenla, Manager, Women Help Line, Nagaland, 20 November, 2020.

Ghunavi Kinny, Indian Railways, email to the author, 18 November, 2020.

Dr Avinuo Kire, Assistant Professor, Kohima College, 10 November 2020.

Dr Konei Nakhro, Assistant Professor, Kohima College, 12 November 2020.

Ngutoli Swu, PhD scholar, Tezpur University and Assistant Professor Zunheboto Government College, 10 October 2020.

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Viseba Sangtam, a student with hearing impairment, Deaf Biblical Ministry, Dimapur, 14 November 2020.

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Moangkaba Longkumer, a 31-year-old hearing impaired man, government employee, Seiuruzha colony, Dimapur, 18 November 2020.

Khareimi Lungleng, a 45-year-old hearing impaired freelance hairdresser, Diphupar, Dimapur, 26 November 2020.

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Aomeren, a 40-year-old man with hearing impairment, government servant, Diphupar, Dimapur, 20 November 2020.

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